Service selection approach in ACT@Scale project: methodology and results

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Service Selection is an area addressed in the upscaling process of ACT@Scale project. The central hypothesis is that health risk prediction and stratification optimizes the definition of well-structured programs and adaptive case management. Service Selection aimed to promote the implementation of both population-based and individual risk assessment in order to respond to dynamic needs of a large number of patients.

Domains:
- Identification and selection of patients
- Services responding to patient’s needs
- On-boarding the required professionals and services

Approach:
- Qualitative indicators: strategy components such as approach, tools and participant’s involvement
- Quantitative indicators: strategy deployment, utilization and changes such us coverage, frequency of usage and professional numbers

Programs:
- Multimorbid population integrated intervention and Telemonitoring services for congestive heart failure-Basque Country
- Support of Complex case management; Integrated care for subacute and frail older adults; Collaborative self-management services to promote healthy life style-Catalonia

KPIs: The driver uses 21 key program indicators to evaluate the implementation process of each program. are formulated as questions with a closed range of responses. These indicators have been compiled in a survey targeting program managers

Results:
- PM survey 2016-2017
- Description, identification and selection of patients

1- Even though the stratification method is not fully developed in all programs, when it is used is accessible to health professional for suggestions or change.

2- Each program uses different inclusion and exclusion criteria
Services responding to patients needs:
1- Programs have organized care, including primary and specialist care coordination, however the level of service adaptation to patients’ condition and needs is not sufficiently evolved
2- Programs have a wide range of interventions depending on the patient’s needs.

On-boarding the required professionals and services:
1- Need to improve coordination and communication between care level (primary and secondary care) and between professionals (doctors, nurses, IT staff etc).
2- Programs intervened to evaluate staff’s awareness and to act upon findings.

Discussions/Conclusions: All program involved in service selection have successfully started the implementation process. Some program shows implementation in both strategy components and deployment areas, and some only in one area. The maturity level and the type of intervention between programs is very. For instance, within strategy components area (score 0 to 5), in 2016 programs scored between 2.5 and 3.2, while within strategy deployment it was between 1 and 2.8. This makes difficult to compare results between programs.

Lessons learned/Limitations: The environment in which each program develops is very unique. The implementation level of each action depends on both, the level of maturity of each single program at baseline and the context in which each program planned to target its implementation. The regions and the programs involved in the project have different population size, different stratification approaches, different target population and different inclusion criteria. All these factors need to be taken into account when discussing the results.

Suggestions for future research: All programs are actively involved in the implementation phase but we might need to wait for a longer timeframe to detect measurable result. We believe that the 2018 survey will confirm the trend in the implementation process.

Keywords: qualitative indicators; quantitative indicators; service selection; integration; implementation