POSTER ABSTRACT

Developing a strategy for evaluating integrated Mental Health programmes in Catalonia

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Mental Health management involve several actors and a high level of services integration. Our objective is to develop a strategy for specifically assessing the quality of Mental Healthcare performance in Catalonia using a methodology developed by AQuAS based on(1): a) to identity the indicators more adequate for the assessment; b) to identify the integrated care programmes for Mental Health (ICP-MH) actives in Catalonia; c) to pilot the implementation of a set of indicators using the Basic Healthcare Areas (BHA) as analysis unit.

Methods: Indicators identification: using a structured literature review (Pubmed, grey literature, handmade search). Indicators were classified according the dimensional framework for integrated care assessment developed by AQuAS (2).

ICP-MH identification: identified through a documental search (providers’ websites, technical reports, institutional databases such as the Observatori d’Innovació en Gestió Sanitària, etc). Main characteristics were collected (pe: presence of a case manager, integral assessment of the patient, individualized plans, etc) in order to determine the degree of integration. BHAs covered by programmes were also identified.

Piloting indicators implementation: ratio of observed/expected cases was calculated for each BHA in each indicator for severe mental health disorders (IDC-10 codes). Data belonged to 2015-2016 and were obtained from the Catalan public health system databases (SISCAT). Performance results of BHA with ICP-MH were compared with those without ICP-MH through funnel plots and Poisson regression.

Results: Indicators: 343 indicators were identified that mainly belonged to Effectiveness (22,5%) and Accessibility (21,8%) dimensions, followed by Continuity of Care (14,8%) and Efficiency (13,5%). The rest belonged to other dimensions.

Programmes: 43 active ICP-MH were identified, mainly in the Health Region of Barcelona (58,1%), then Girona (14,0%), Camp Tarragona (9,3%) and Alt Pirineu & Aran, Lleida and Catalunya Central (2,3% each one). Any programme was found in Terres del Ebre Health Region.
Implementation: according to the availability in public health databases were implementes "Readmissions before 30 days", "Urgent admissions", "Average length of stay", and "Length of stay longer than 30 days". Areas with ICP-MH had lower rates of readmissions, urgent admissions, and lengths of stay longer than 30 days.

**Discussions:** Both the heterogeneity of the ICP-MH and the lack of indicators available fully addressed to integrated care complicate the assessment.

**Conclusions:** BHA with ICP-MH had a better performance on hospital indicators when compared with areas without ICP-MH regarding severe mental disorders.

**Lessons learned:**
- indicators identified focused on Efectiveness rather than in Continuity or Integrated Care
- there are several differences in the concept of "integrated care"
- public Catalan databases are not ready for assessing ICP-MH

**Limitations:**
- lack of structured information about ICP-MH
- the number of available indicators in mental health public databases is small and sometimes of low quality
- available indicators in public databases don’t capture integrated care attention

**Suggestions for future research:** The list of identified indicators will be validated with professionals, careers and patients for choosing those that better captures the quality of care.

**References:**

**Keywords:** mental health; assessment; integrated care programmes; indicators; quality of care