# Integrated care for complex chronic patients in Andalusia (Spain): Personalized care action plans (PAPs)

Regional Ministry of Health and Families of Andalusia
Andalusian Health Service







#### **OVERVIEW**

- Andalusia main facts
- Andalusian Healthcare system
- Design and implementation of PAPs
- Results (CHRODIS+)
- Success factors





#### Andalusia: basic data

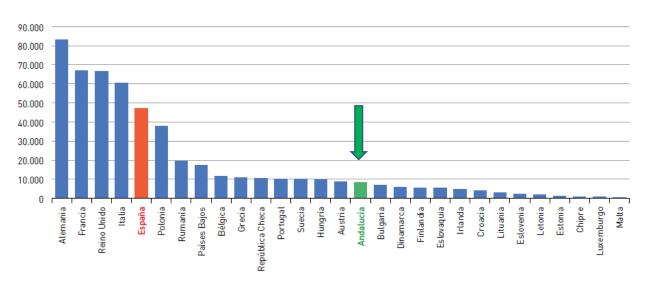
#### **87.597** Km<sup>2</sup>

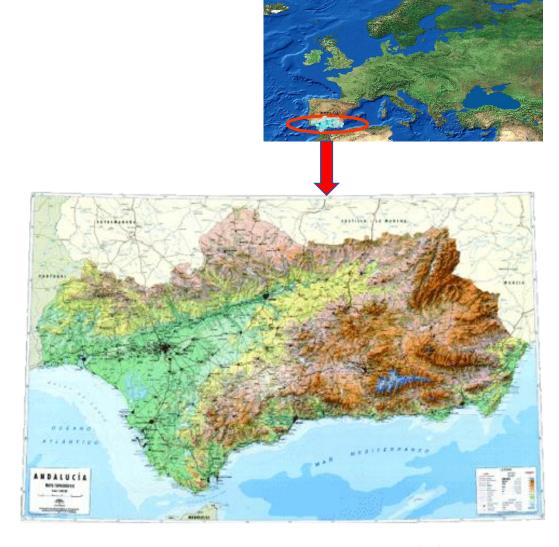
#### **8.464.411** habitants

- 655.555 foreigners
- 32.476.854 tourists (2019)

#### Life expectancy at birth

- **81,9** (Total)
- **84,6** (♀)
- 79,2 (♂)









# **Andalusia: political context**

- Political Autonomy since 1981
- Regional Institutions
  - Parliament
  - Government ("Junta de Andalucía")
  - Court of Justice (TSJA)



Regional Parliament

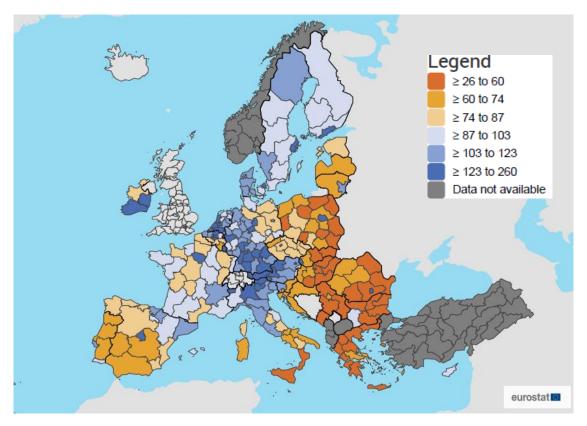
Regional Government

Regional Court of Justice





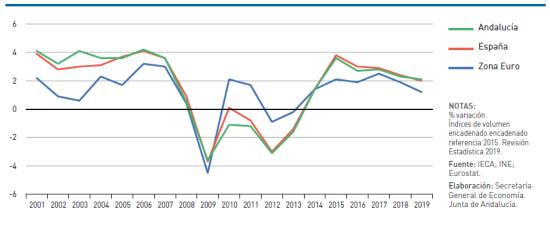
#### **Andalusia: economic context**



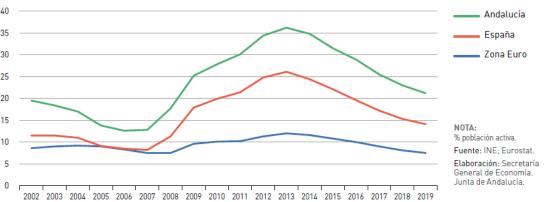
Regional gross domestic product (PPS per inhabitant) by NUTS 2 regions

#### Geopolitical entity (reporting) / Time: 2019 Time frequency: Annual Unit of measure: Purchasing power standard (PPS, EU27 from 2020), per inhabitant in percentage of the EU27 (from 2020) average

#### Gráfico 10. PRODUCTO INTERIOR BRUTO A PRECIOS DE MERCADO



#### Gráfico 19. TASA DE PARO, ANDALUCÍA-ESPAÑA-ZONA EURO



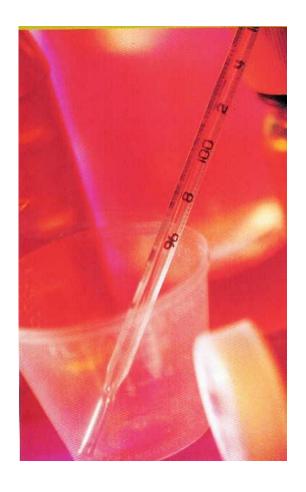




# **Spain: National Health System**

- 100 % Public Funding
- Universal coverage
- Free of charge (Pharmacy co-pay)
- Integrated care
- 2 levels:
  - Primary Care
  - Specialized Care

Spanish Healthcare General Act 1986
National Health System Cohesion and Quality Act 2003
National Public Health Act 2011
RDL 7/2018 Universal access to National Health System







# **Andalusian Public Healthcare System: Framework Principles**



- Full Autonomy for Health Policy since 1984
- Healthcare Management at regional level
- Same Principles as national law
- Some specific driving principles:
  - Public provision of the services
  - Based on cooperation & coordination
  - Stress on:
    - Equity
    - Guarantee of rights
    - Territorial homogeneity
    - Accessibility
    - Transparency
    - Participation

Andalusian Health Act 1998

Andalusian Public Health Act 2011





# **Andalusian Public Healthcare System: Main features**

**1,519** Primary care centers

**50** Public Hospitals

**104,198** Healthcare professionals

**10,729 M €** Health Budget 2021

3,972 Pharmacies

**8,507,269** Users

#### **Andalusian Health Service**

https://www.sspa.juntadeandalucia.es/servicioandaluzdesalud/







#### **IV Andalusian Health Plan**

- Health problems analysis
- Available resources
- Health objectives
- Priorities
- Strategies and policies
- Calendar
- Resources needed



https://www.juntadeandalucia.es/organismos/saludyfamilias/areas/planificacion/plan\_andaluz\_salud.html





# **Comprehensive Health Plans**

- Identification main health problem
- Analysis of the situation and causes
- Definition of recommended interventions
- Development of activities in prevention, health education and promotion; health care delivery organization, training, research, etc
- Evaluation

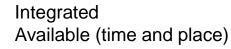




https://www.sspa.juntadeandalucia.es/servicioandaluzdesalud/el-sas/planes-integrales-y-de-salud

# Corporate information system and eHR





**Primary HC**: 43 M consultation sheet 3,6 M cons/month

12,3 M Radiology 5,9 M Lab requests 72,8 M Lab results



#### **Hospital care:**

3,4 M emergencies 4,5 M outpatient visits

1,7 M episodes

All health information for each citizen: 8.5 M eHR 440 M diagnoses

106,8 M appointments (97 M PHC)







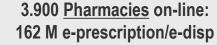
Commission















https://www.sspa.juntadeandalucia.es/servicioandaluzdesalud/profesionales/sistemas-de-informacion/diraya

## **Hospital Care in Andalusia**

- Hospital Network. Patient referral by levels of complexity
- Financing based on capitation + level of complexity + foreign patients
- Professionals are civil servants or salaried
- % of salaries depends on outcomes (incentives & professional career)
- Multidisciplinary teams working by objectives
- Close coordination between hospitals and primary care districts\*

<sup>\*</sup> In 12 cases, the Hospital and the Primary Care District are unified as an "Integrated Area"



#### **Hospitals**

5 Level I (>1.000 beds)

10 Level II (500-1,000 beds)

19 Level III (<500 beds)

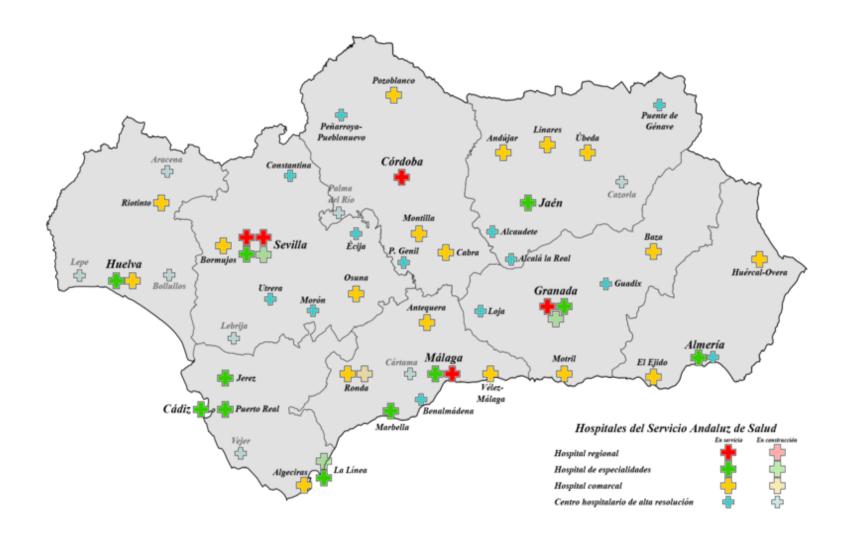
16 HRH (proximity hosp)

**Total: 50 Hospitals** 





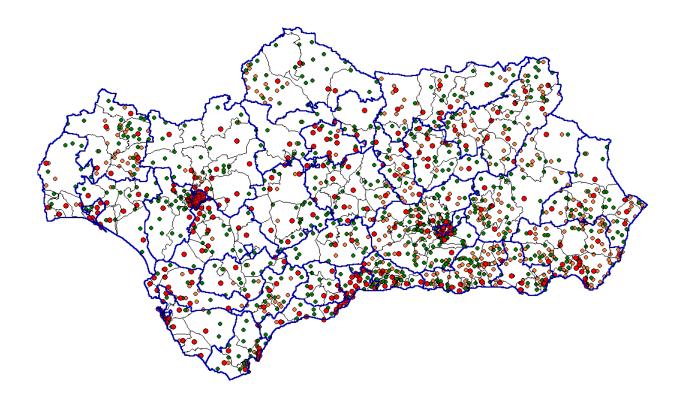
# **Hospital Care in Andalusia: Map**







# **Primary Healthcare in Andalusia**

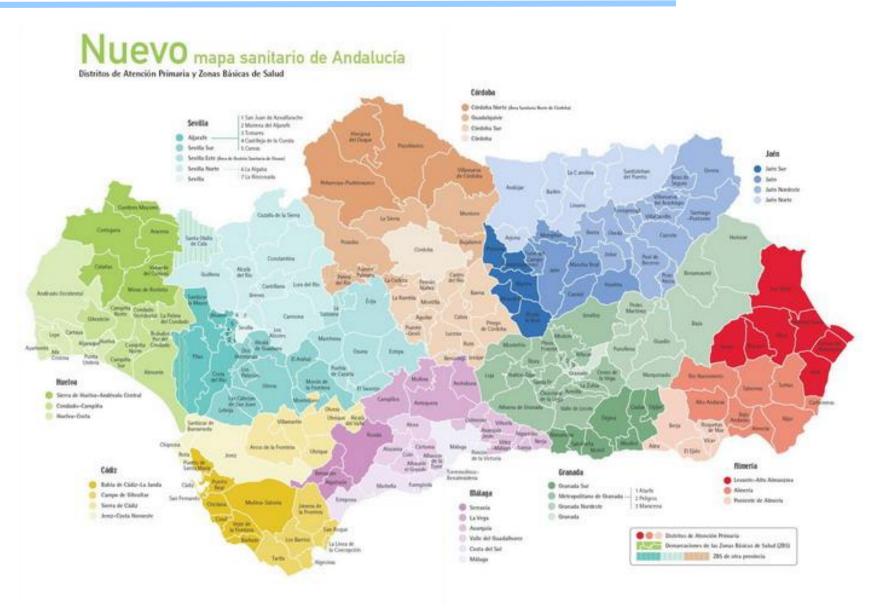


- Healthcare system Backbone
- Capitation: 1 GP/1,400 inhabitants
- Team of professionals working in a PC Centre
- Homogeneous territorial distribution
- Aggregation of PC Centres in "Districts"
- Supportive teams at Districts for Public Health purposes: Epidemiologists, Vets, Pharmacists...
- Professionals are civil servants
- Focus on health promotion and prevention





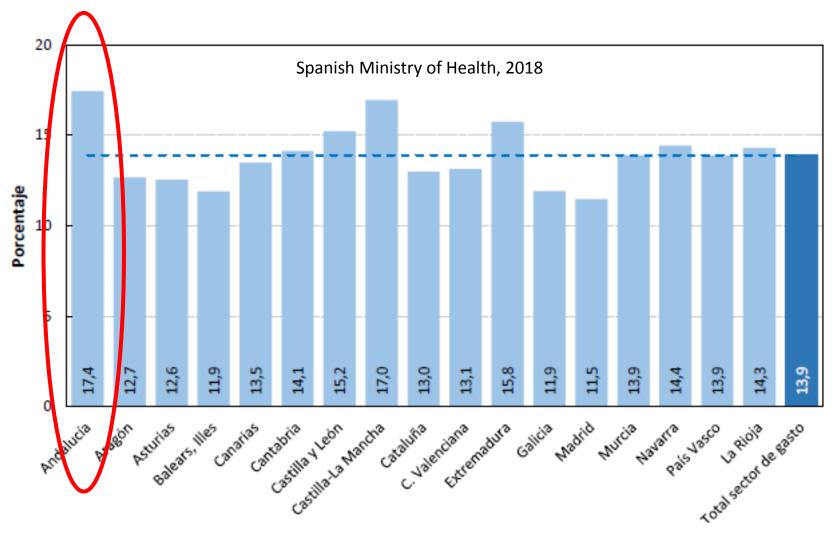
# **Primary Healthcare in Andalusia: Map**







# Public healthcare expenditure in PHC in Spain



https://www.mscbs.gob.es/estadEstudios/estadisticas/sisInfSanSNS/tablasEstadisticas/InfAnSNS.htm





## Management of complex chronic patients in Andalusia: PAPs in PHC



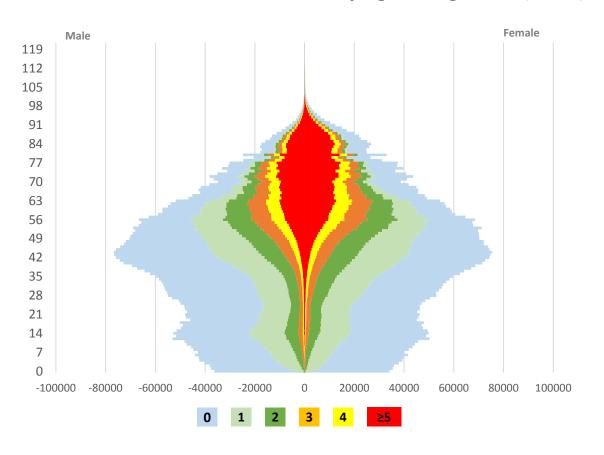


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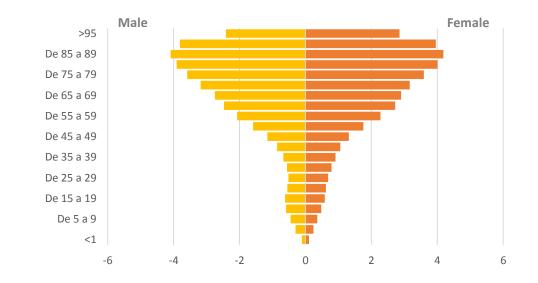
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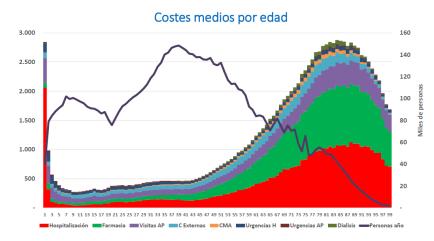
#### Patients with chronic conditions in Andalusia

#### Number of chronic diseases by age and gender (2020)



# Average nº of chronic diseases per person, age group and gender (2020)









# Personalized care action plans (PAPs): main characteristics

- Written plans (within eHR-Diraya)
- Multidisciplinary teams (Fam Dr, RN, Internists, case managers, pharma, social w, ...)
- Agreed with pat + family/caregiver
- Comprehensive assessment (target symptoms, functional ability, quality of life, ...)
- Patient preferences (desired pat outcomes)
- Recorded and stored in the corporate information system and eHR (Diraya)
- Regularly monitored and revised

**PAPs in Andalusia** 







## Personalized care action plans (PAPs): implementation

Activities for PHC professionals to ensure the success of the practice deployment and implementation:

- Awareness-raising sessions,
- Training sessions on CCPs management and PAPs elaboration.



https://www.opimec.org/

Awareness and training sessions (total number)	2017	2018	2019
Awareness-raising sessions	0	48	0
Attendees to the awareness-raising sessions	0	154	0
Training sessions (OPIMEC)	5	6	4
Healthcare professionals trained (OPIMEC)	2,711	3,107	2,570



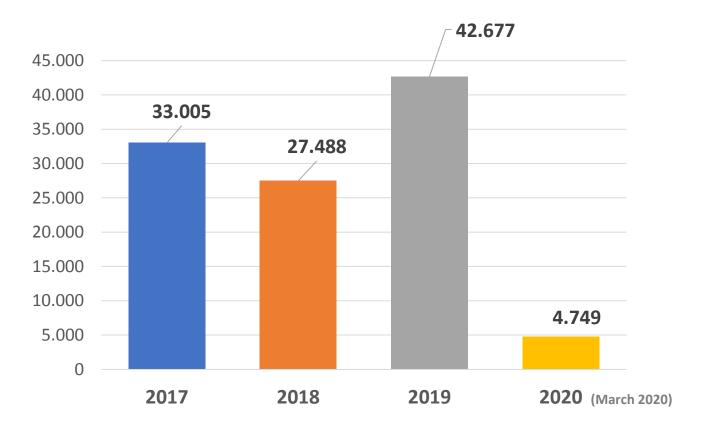
https://www.picuida.es/





# Personalized care action plans (PAPs): Overall results

#### PAPs delivered (per year)







#### **PAPs Assessment**



- Overall: 2788 CC Patients included (PAPs initiated between Dec. 2018-Feb. 2019).
  - CCPs followed for 12 month, data routinely collected in the corporate eHR-DIRAYA.
  - Key Indicators:
    - Potentially preventable unplanned hospitalisations
    - Primary healthcare visits
    - Inpatient episodes
    - Outpatient visits
    - Emergency episodes
- PACIC+ (patients' perception)
- Quality assessment of drafted PAPs
  - Study design: transversal descriptive study
  - Subjects: random sample of 350 anonymized PAPs
  - Criteria: agreed by expert group (Score: 0-5)



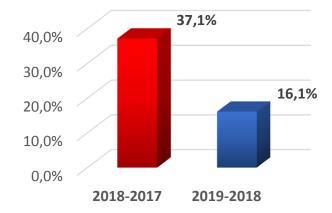


#### Main results: Healthcare services utilisation



Indicator	2017 (n)	2018 (n)	2019 (n)	2018 Vs 2017 (%)	2019 Vs 2018 (%)
Unplanned potentially preventable inpatient episodes	472	647	751	37,1%	16,1%
Family physicians' visits at PHC	35,471	39,630	36,049	11,7%	-9,0%
Family nurses' visits at PHC	33,331	41,767	40,350	25.3%	-3.4%
Family physician home-visitis	543	903	1,499	66.3%	66.0%
Family nurses home-visitis	8,431	12,176	13,746	44.4%	12.9%
Emergency episodes at PHC	3,408	3,841	3,716	12.7%	-3.3%
Emergency episodes at hospitals	2,647	3,032	3,102	14.5%	2.3%
Outpatient visits	14,635	16,048	15,421	9.7%	-3.9%
Inpatient episodes	1,121	1,382	1,402	23.3%	1.4%

# Reduction in the increment of unplanned potentially preventable inpatient episodes



#### **Economic impact estimation**

	O 2018	O 2019	E 2019	(O-E)/O
Costs	19.897.248,63 €	20.541.162,59 €	24.726.246,52 €	23,51%



O: Observed; E: Estimated





# Main results: Patients' perspective



#### Qualitative assessment: PACIC+ questionnaire

Subscale	PACIC component	PRE (n=51)	POST (n=42*)	IMPROVEMENT
Patient Activation	1-3	2.8	3.4	22.6%
Delivery System Design / Decision Support	4-6	3.6	3.9	10.7%
Goal Setting	7-11	2.8	3.4	19.7%
Problem-solving / Contextual Counseling	12-15	3.1	3.7	19.6%
Follow-up / Coordination	16-20	2.4	3.1	25.7%
Items derived from the 'Patient-centered model of behavioral counseling'	21-26	2.6	3.2	25.4%
Health status change perceived by	y patients		5.3	

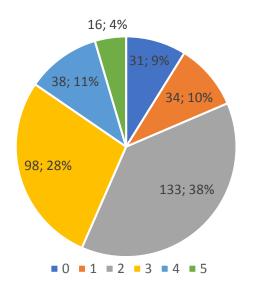




Assessing the Pilot Implementation of the Integrated Multimorbidity Care Model in Five European Settings: Results from the Joint Action CHRODIS-PLUS. Rodriguez-Blazquez et al, Int J Environ Res Public Health. 2020 Jul 22;17(15):5268.

#### Main results: Qualitative assessment





# Average score 2.36

PAPs that meet all PAP requirements	4.6%
PAPs that are fully filled but do not meet all PAP requirements	76.9%
PAPs that are not fully filled	18.5%

#### • Scores:

- **0: PAP No field filled-up** (no text to be assessed)
- 1: PAP Some but not all compulsory fields filled-up
- 2: PAP All compulsory fields are filled-up
- **3: PAP,** with all **compulsory fields filled-up**, but **one criterium** addressed adequately or according to patient's situation and diseases (a, b or c)
- **4: PAP**, with all **compulsory fields filled-up**, and **two criteria** addressed adequately or according to patient's situation and diseases (a+b, a+c, b+c)
- **5: PAP**, with all **compulsory fields filled-up**, and **all criteria** addressed adequately or according to patient's situation and diseases (a, b y c)

Areas of improvement identified







#### **Barriers**

- Deployment of the methodology at the same time throughout the territory: Andalusia extension is 87.597 km2, with 8.5 M inhabitants (average size of an EU MS)
- Variability in PAP drafting by healthcare professionals (lack of systematization)
- Unclear IT PAP form, with many compulsory fields to be filled within the corporate eHR "Diraya" to register a PAP without direct explanations
- Healthcare professionals' agendas have to include all activities and daily tasks





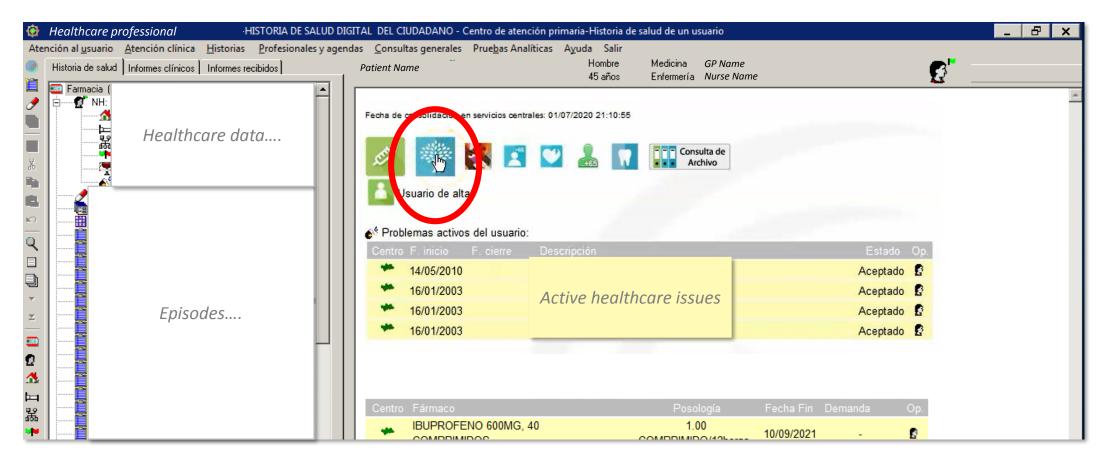


#### **Enablers**

- Teams of experts developed training materials (on-line training courses and guidelines) to tackle CCPs as well as to perform PAPs
- Availability of standard documents and guidelines and on-line training courses
- Each field to be filled in the IT PAP form can display a help window including an explanation of the needed information
- Healthcare professionals' agendas were adapted to include time for performing PAPs



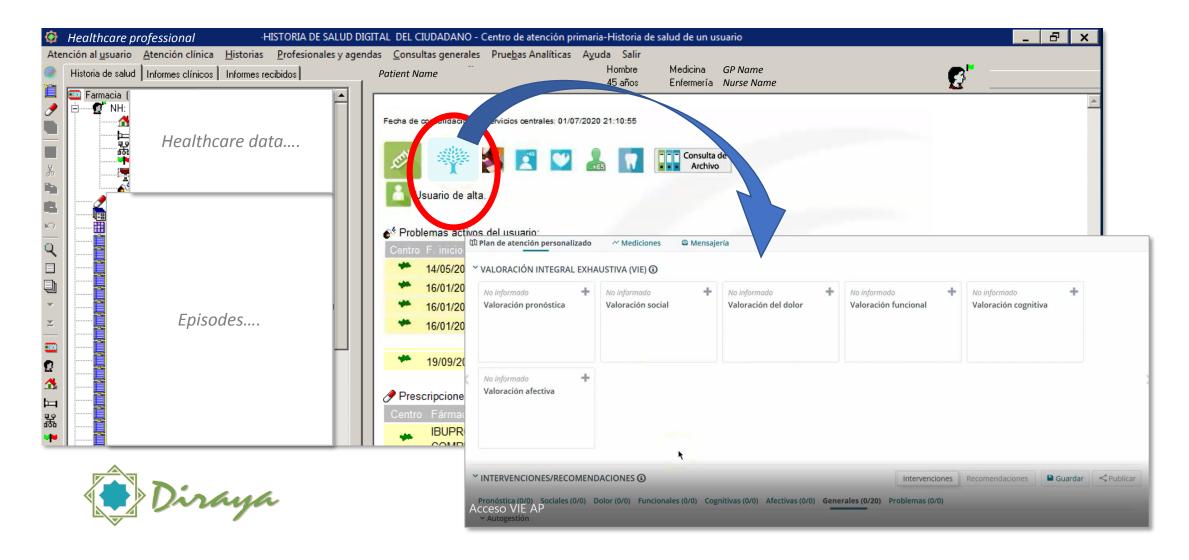






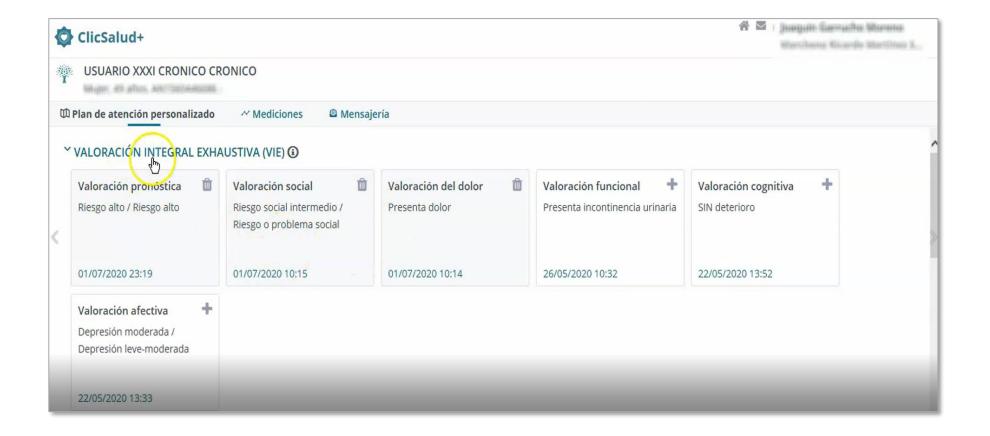






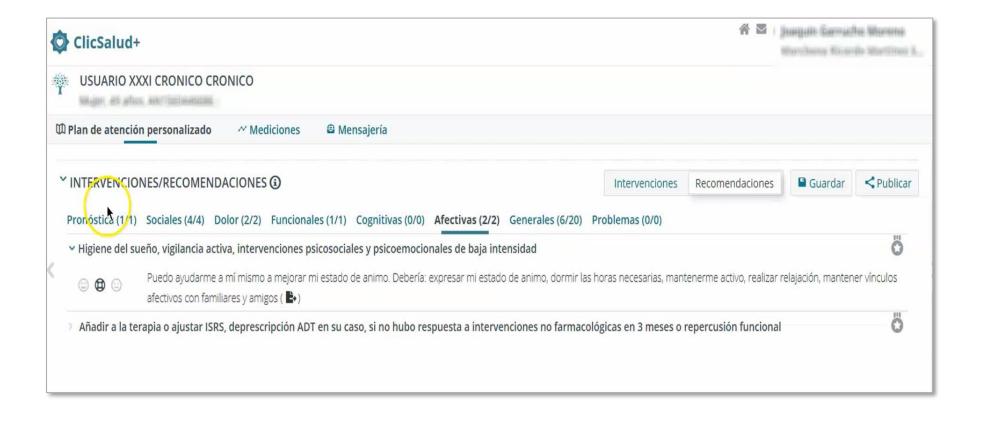
















#### PAP delivered to the patient



Plan de atención personalizado

ClicSalud+

#### DATOS IDENTIFICATIVOS

#### **USUARIO XXXI CRONICO CRONICO**

Fecha de nacimiento: 15 enero de 1971

Número de historia de salud de Andalucía (NUHSA) AN1

36 - DNI 099999999R

En este documento usted podrá consultar su 'Plan de atención personalizado'. Este plan incluye el conjunto de recomendaciones que usted y los profesionales de salud que le atiende han acordado poner en marcha para mejorar su salud . Su equipo de salud le acompañará y le ayudará siempre que lo necesite.

Estas son las recomendaciones que he acordado con el profesional que me atiende y que voy a realizar con la ayuda que necesito para mejorar mi salud:

 Puedo ayudarme a mí mismo a mejorar mi estado de animo. Debería: expresar mi estado de animo, dormir las horas necesarias, mantenerme activo, realizar relajación, mantener vínculos afectivos con familiares y amigos

Estas son las recomendaciones que también serían convenientes para mejorar mi salud pero que no podré realizar por el momento:





# Thank you Merci Dzięki Gracias

Merci Dzięki Thanks Aitäh Grazie Takk

Vďaka Ευχαριστώ Vielen Dank

Merci Thanks Grazie ευχαριστίες Dík

Köszönöm Merci



