



# Challenges and achievements in integrated care: different healthcare providers working together

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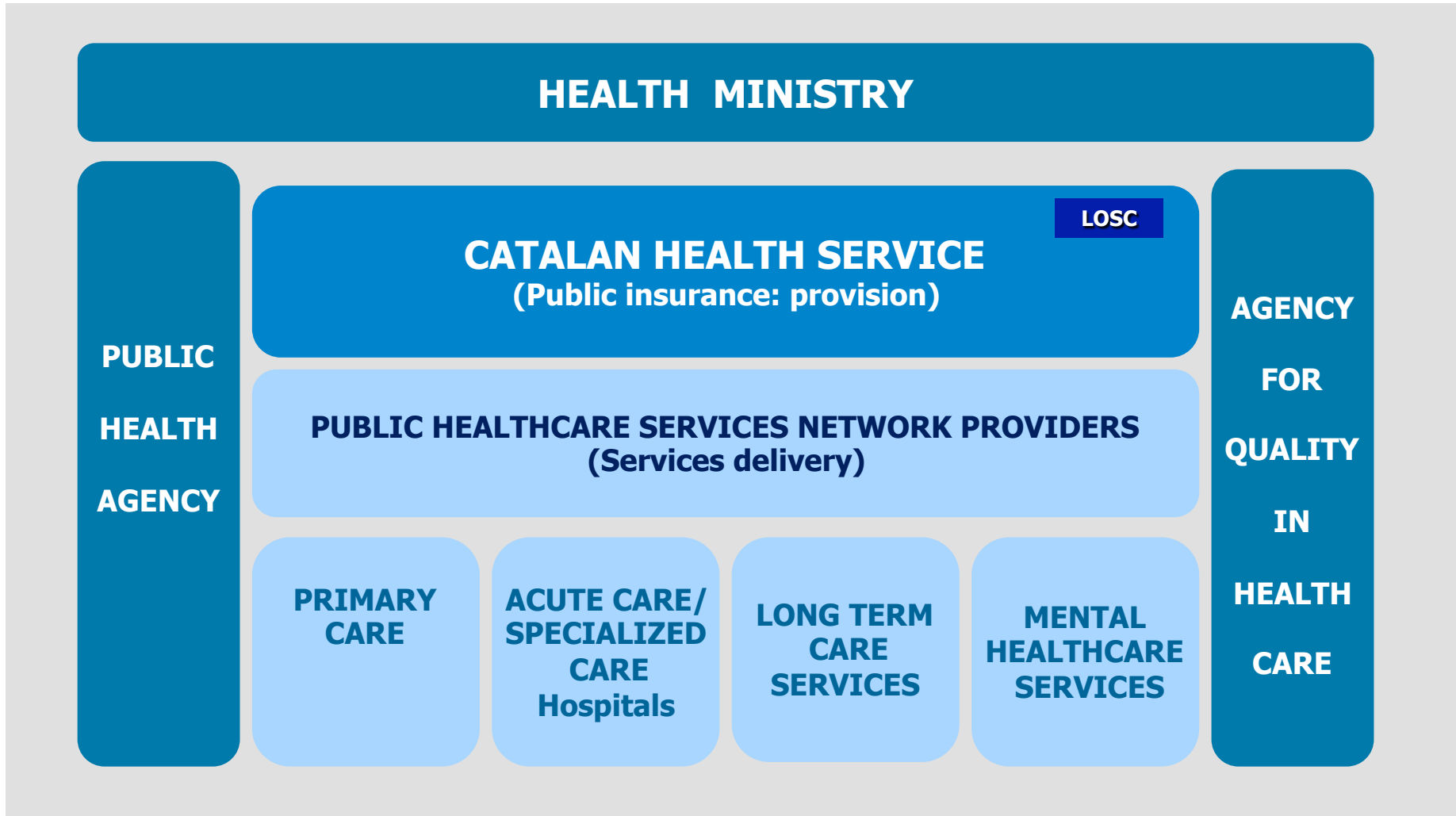


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## Contents

- **A brief explanation about how the Catalan Healthcare system is organized. Focus on Primary care system.**
- **Main challenges for integration in healthcare**
- **Role of Primary care in leading those trends**
- **Different models, an example**
- **Some considerations**



**POPULATION 7.553.650**

## Public policies What?



**Health Plan**

## Tools How?

**Contract/  
Provision  
Healthcare**

**Purchasing  
Model:  
Results-  
oriented**

## Service delivery Who?

**Primary Care  
Services**

**Specialized  
Care  
Services**

**Mental Health  
Services**

**Social Care  
and Long term  
Care  
Services**

## Quality Outcomes

**Contract  
objectives**

**CATALAN  
HEALTH  
SERVICE**

**Evaluation  
Accountability  
of the  
health system**

**HEALTH MINISTRY**

**CATALAN  
HEALTH  
SERVICE**

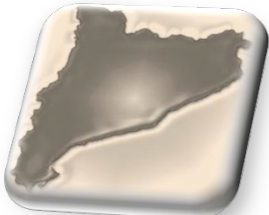
**PUBLIC HEALTHCARE  
SERVICES  
NETWORK PROVIDERS**

**PUBLIC AGENCY FOR  
QUALITY IN  
HEALTH CARE**

## How's Primary Care Health services organized?

**Àrea bàsica de salut (ABS)**

**Catalan territory divided in 367 territorial units for Primary care coverage upon territorial basis.**



**Centre d'Atenció Primària (CAP)**

**In each one there is a Primary Care center facility for primary care services delivery to population.**



**Equip d'Atenció Primària (EAP)**

**Primary care Team: healthcare professionals, multidisciplinary team that provide community promotion, prevention, health and rehabilitation healthcare to population assigned.**



**Primary Care Teams (367)**

## PUBLIC HEALTHCARE SERVICES NETWORK PROVIDERS (Services delivery)

PRIMARY  
CARE

ACUTE CARE/  
SPECIALIZED  
CARE  
Hospitals

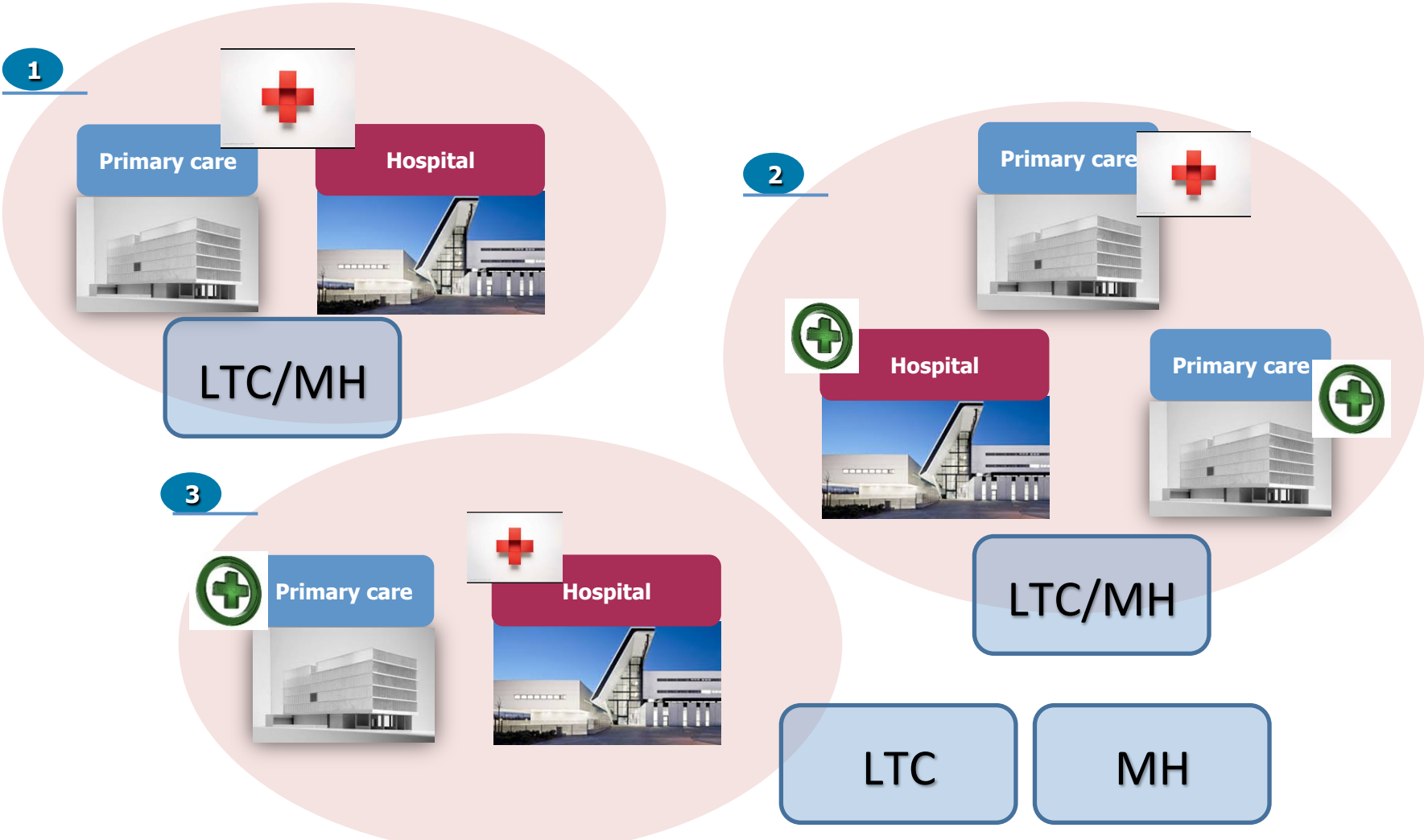
LONG TERM  
CARE  
SERVICES

MENTAL  
HEALTHCARE  
SERVICES

### PUBLIC HEALTHCARE SERVICES NETWORK PROVIDERS. Primary care

- Several healthcare providers (PC/Specialized care/LTC, MHC)
  - Relationship with other healthcare services:
    - Same healthcare organization(s)
    - Different organization(s) (ownership)
    - Different working conditions, management tools

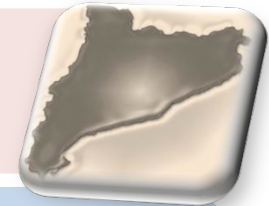
# DIFFERENT SITUATIONS



## MAIN CHALLENGES

**Mixed system of healthcare delivery**  
**Different healthcare providers**  
**Different working conditions**

**But one healthcare system**



**Promoting patient necessities-centered healthcare system**  
**Guaranteeing Continuity of health care services**  
**Providing healthcare in efficient conditions**  
**Improve Primary care resolution**  
**Develop models of sharing healthcare information between providers**



## MAIN CHALLENGES

**Different  
intervention  
Levels:  
key elements**

### At Health policy level

- Health plan objectives (strategic leadership)
- Contract and purchasing model for public health services, shared objectives (operative level)
- Give empowerment to Primary care (change the model)

### At healthcare organizations level

- Different healthcare delivery organizations, adaptability
- Shared healthcare objectives, according to those of Health plan
- Incentives (contract, purchasing model)
- Professional implication
- Information system, EHR (electronic health record)

**DIFFERENT CONDITIONS, SAME RESULTS**



## ROLE OF PRIMARY CARE IN LEADING THOSE TRENDS



**In our health system, there are different options for integration aims, different solutions, adapted to local conditions, that depend on the type of organization, the health status of the population, the management tools available.**



**DIFFERENT MODELS,  
SAME RESULTS should be guaranteed:**

- **Health objectives (contract)**
- **Public accountability (CdR)**

## An example: description

### Specialized healthcare Integration in l'Hospital Lleuger de Cambrils (HLLC) ("light" Hospital)



#### Healthcare services provided:

- Ambulatory specialized healthcare services (traumatology and orthopedic medicine, ophthalmology, dermatology, otorhinolaryngology and mental health)
- Continuous healthcare services (50.000 inhabitants)
- Rehabilitation and physiotherapy services

**All healthcare services depend on primary care doctors, who organize healthcare attention, allocate resources and manage functional dependence.**



## An example: design

**The main objective of this resource is to offer integral attention, patient-centered healthcare services, managed and led by primary care doctors and based on the following premises:**

- All healthcare services depend upon Primary care team supervision
- Specialized care doctors give support to primary care doctors team
- Functional coordination is based on fully flexible circuits, well defined for each disease, to what must be sent to specialized care
- Global information system with shared time schedules and one unique shared EHR
- Improvement of resolution and capabilities of primary care doctors
- One hierarchical dependence for both specialized and primary care doctors.



## An example: conditions

- 1. Primary care (PC) doctors are the gate through which patients enter the system and define the type of healthcare attention to be provided.**
- 2. Specialized care doctors must give support to PC doctors:**
  - Visiting those patients that PC doctors prescribe
  - Working as consultants to PC doctors
  - Training PC doctors in their skills related to their field
- 3. Healthcare circuits are well defined for each disease, where priority is determined and how specialized and PC doctors must work.**
- 4. Specialized doctors time schedules are managed by PC doctors regarding face-to-face visits, consultancy without the patient, consultancy together with the patient. PC doctors prioritize visits and manage waiting list.**





## An example: conditions

- 5. This model** (of shared visits, derivation circuits, consultancy support visits and training support that specialized doctors provide to PC doctors) **has improved professional competences of PC doctors** and visits to specialized doctors in the hospital (referred by PC doctors) have decreased.
- 6. Specialized doctors that visit out-patients in HLLC** work in the reference hospital (Hospital Universitari de Sant Joan de Reus). But when they go to the HLLC, depend functionally and from a management point of view from the HLLC, a facility that is managed by PC doctors. **That has improved integrated healthcare, commitment of specialized doctors with primary care aims and has improved work team and better outcomes.**



## SOME CONSIDERATIONS

- **Integration of care is possible, not depending on having a single healthcare organization.**
- **There are coordination tools, functional integration (more frequent in our healthcare system) and structural integration.**
- **There are different ways to reach same objectives, depending on conditions in every place**
- **It is necessary to have different tools:**
  - Health policies, Health plan
  - Contract and purchasing conditions
  - Management autonomy to adapt to different situations
  - Organizational innovations
- **And a frame of shared objectives**



Thank you very much

