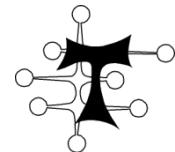


# Technological tools based models for integrated health care.

Carlos Alonso-Villaverde

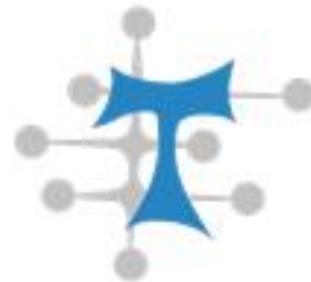


# Summary

- History.
- Introduction.
- General considerations.
- Our Network.
- Geographical distribution.
- Structure of centers.
- Connecting and sharing of information inter levels.
- Big data creation.
- Exploitation of results.
- Modeling and risk prediction.
  
- Conclusions

# History

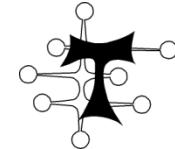
---



XARXA Sanitària i Social  
de SANTA TECLA

# History

- **Year 1151:** The history of the Hospital de Sant Pau and Santa Tecla was born in the old hospital of Santa Tecla (now seat of the Regional Council of Tarragona), the first documents about the existence of this appears in the twelfth century (1151) with a donation of goods to a particular hospital.
- **Year 1464:** On 15 December 1464, nominated by Archbishop Pedro de Urrea, the City and the Cathedral Chapter agreed to the union of the two hospitals, which legally has survived until today.
- **Year 1985:** In July 1985 formally recognized the Public Hospital Network of Catalonia

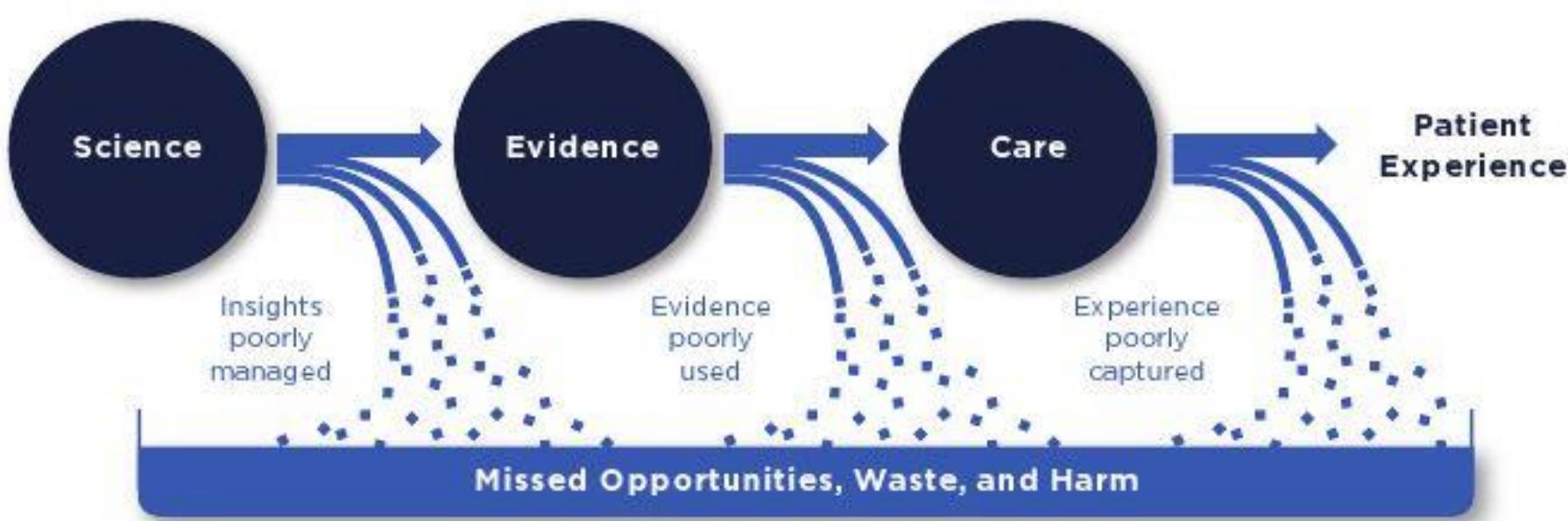


# Summary

- History.
- Introduction.
- General considerations.
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- Modeling and risk prediction.
- Conclusions

# Introduction.

- There is the need to manage information efficiently. The loss of translation of information from biomedical research to patient experience; induces the loss of opportunities for human well-being

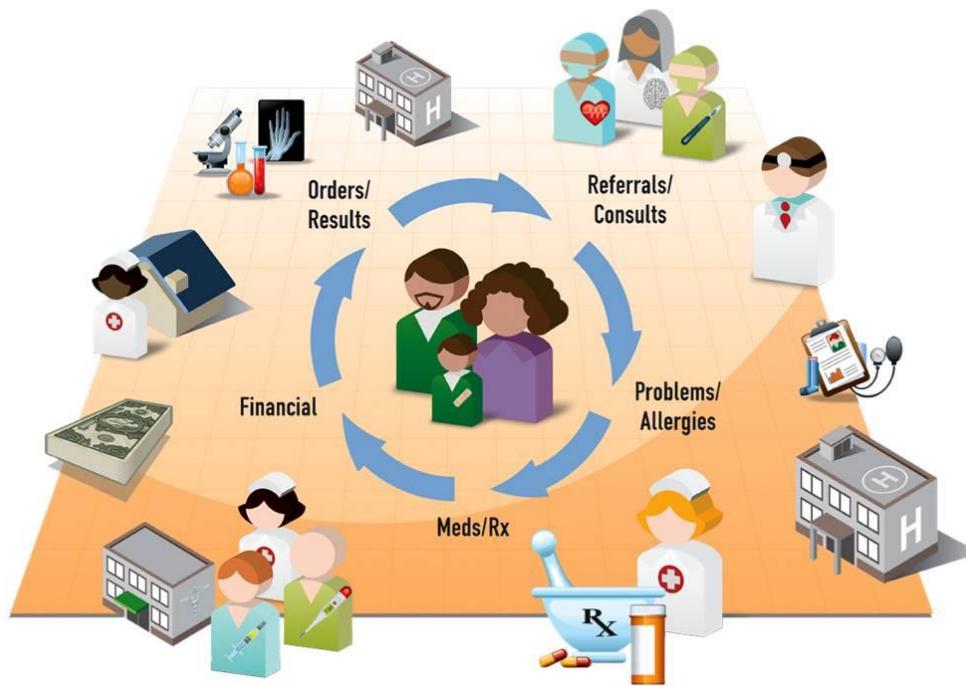


# Introduction.

## Disease versus Patient Focus



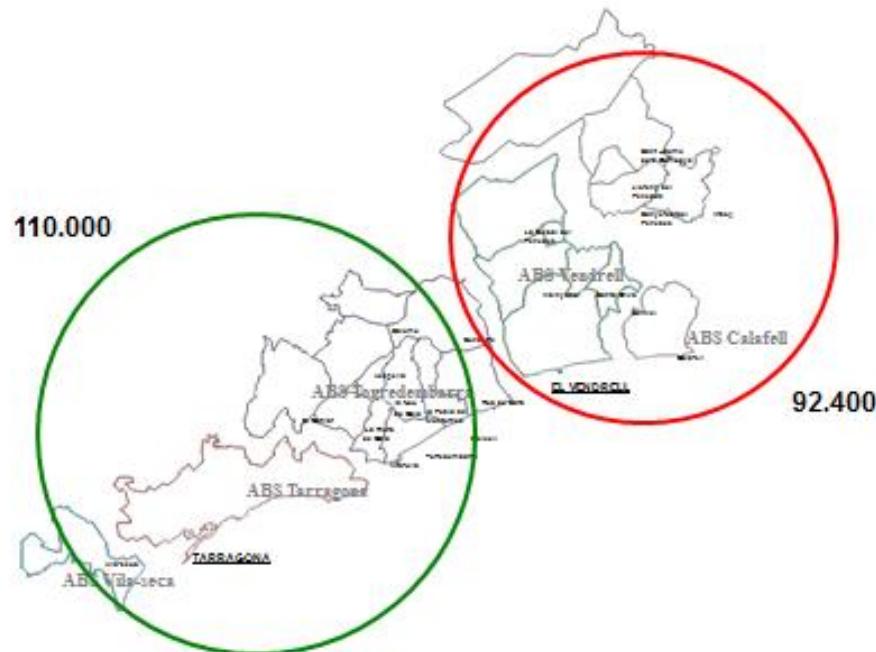
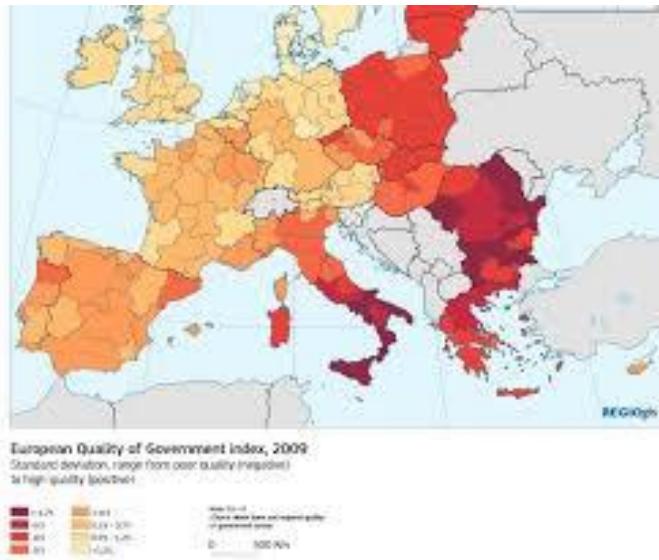
# Introduction.



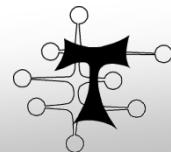
# Summary

- History.
- Introduction.
- General considerations.
- Geographical distribution.
- Our Network.
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# Geographical distribution.



# Primary Care (Our Network)



## Primary care centers (PCC)

Vila-seca

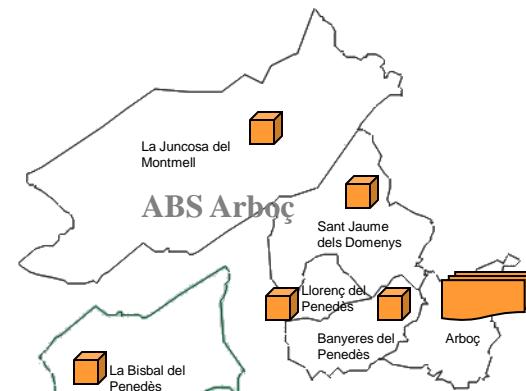
Torredembarra

El Vendrell

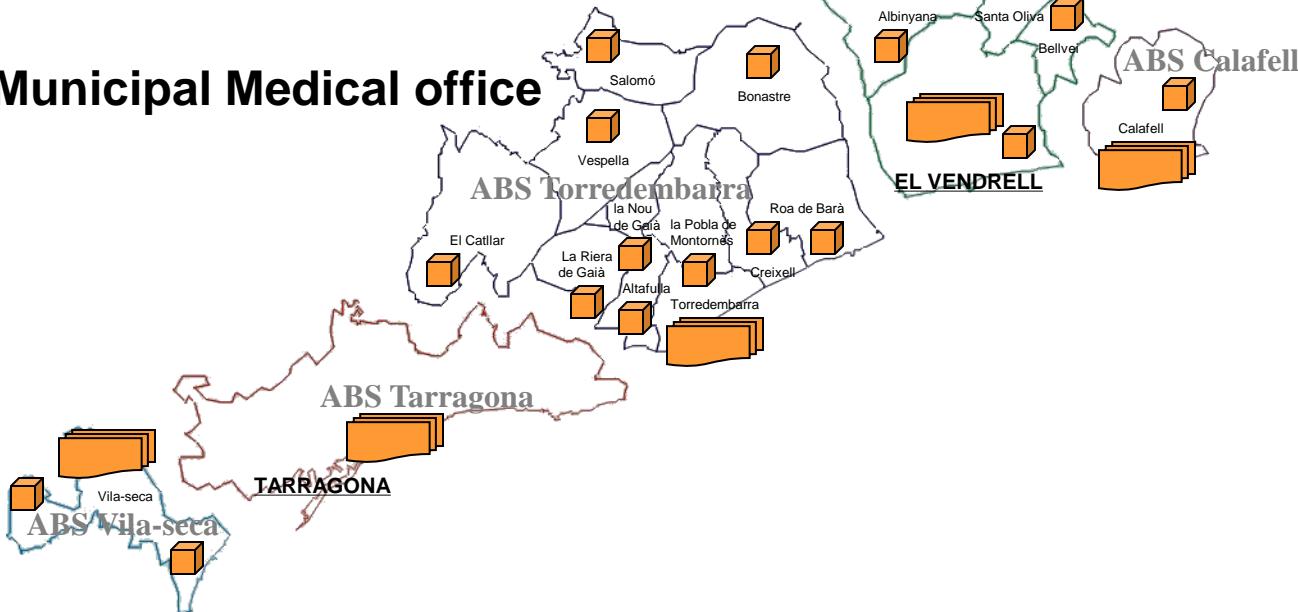
L'Arboç

Calafell

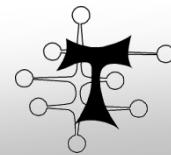
Tarragona • Llevant



## Municipal Medical office



# Basic Health Units



**ABS Arboç**



**ABS Torredembarra**



**ABS Calafell**



**ABS Vila-seca**



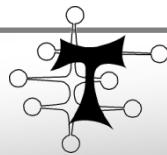
**ABS Arboç**



**ABS Vendrell**

## Services

**Family and Community Medicine • Dentistry • Pediatric Nursing • Adult •  
Nursing • Pediatrics and Reproductive Health Care (ASSIR) •  
Extractions and blood sampling • Home Care • Customer Service •  
community health programs**



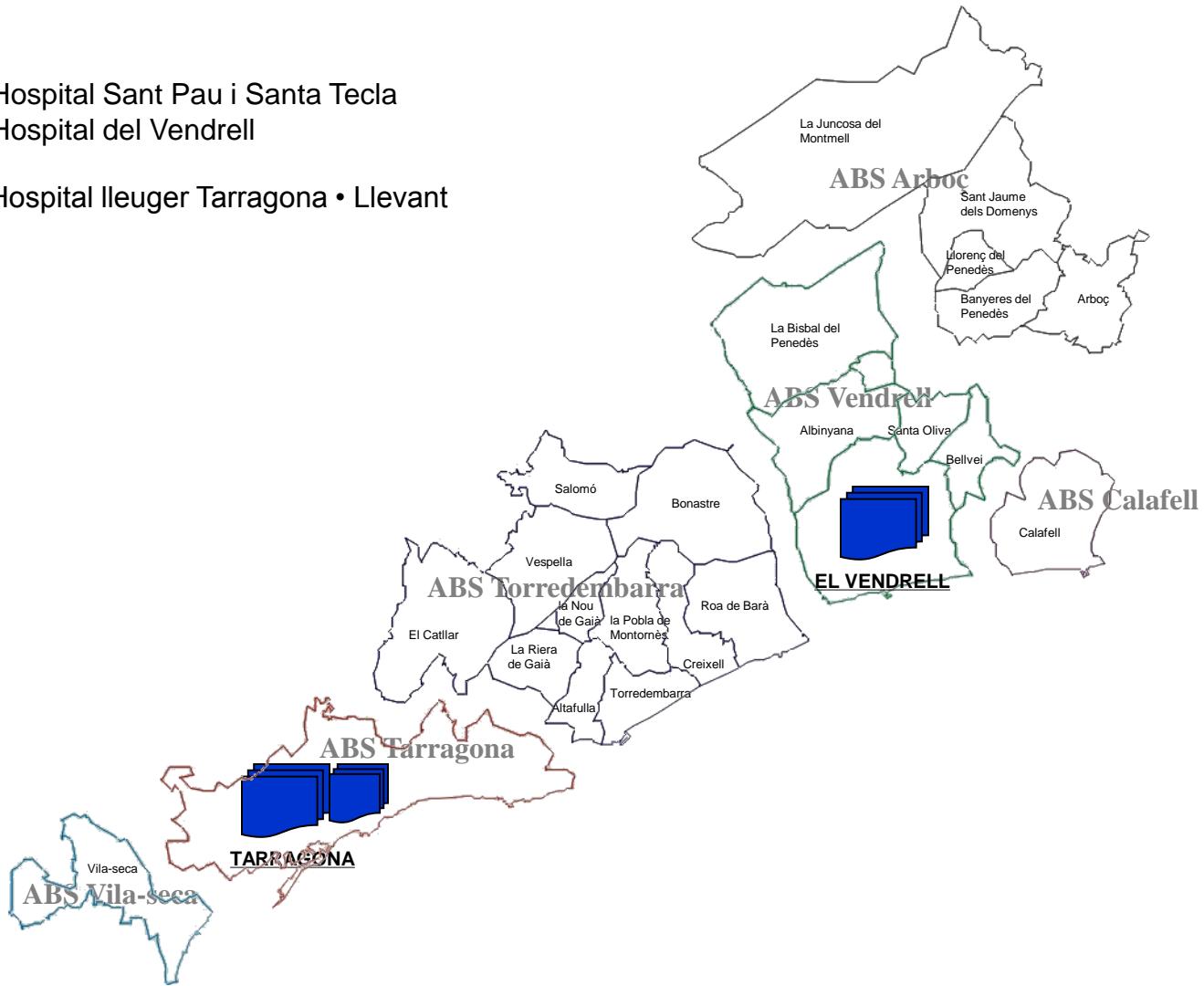
# Hospitals services (Our Network)

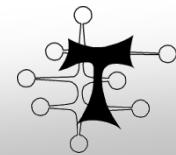


Hospital Sant Pau i Santa Tecla  
Hospital del Vendrell



Hospital lleuger Tarragona • Llevant





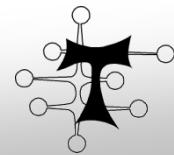
Total built area: 20,000 m<sup>2</sup>

## SERVICES

**Medical specialties:** Allergies • Digestive • Cardiology • Dermatology • Endocrinology • Hematology and Internal Medicine Haemotherapy • • Intensive Medicine Nephrology • Neurology • Paediatrics • Pulmonology • Rheumatology

**Surgical specialties:** General Surgery • Orthopaedic • Maxillofacial Surgery • Vascular Surgery • Obstetrics and gynecology • Otorhinolaryngology • Ophthalmology • Urology

**Headquarters:** • Clinical Pathology • Anesthesiology • Diagnostic imaging • Pharmaceuticals • Sports Medicine Rehabilitation • Emergency Intensive Care Unit



Total built area: 17,520 m<sup>2</sup>

## outpatients

**Services:** • Allergies • Surgery • Cardiology • Dermatology • Endocrinology • Neurology • Obstetrics and Gynaecology • Ophthalmology Otolaryngology • Pediatrics • Pulmonology • specialized orthopedics and traumatology

## REHABILITATION

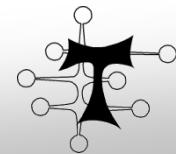
**Services:** Gymnasium • Hydrotherapy • Electrotherapy • Occupational Therapy

## DIAGNOSTIC IMAGING

CT	Densitometry
ECO	simple Radiology
MRI	orthopantographs
mammography	

## Surgical

• Ambulatory Surgery • Endoscopy Day Hospital



Total built area: 15,798 m<sup>2</sup>



## SERVEIS

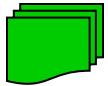
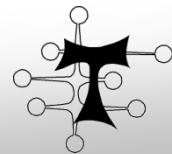
**Especialitats mediques:** Aparell digestiu • Cardiologia • Dermatologia • Endocrinologia • Hematologia • Hematologi SERVICES

**Medical specialties:** Digestive System • Cardiology • Dermatology • Endocrinology • Hematology and Internal Medicine  
Haemotherapy • • Neurology • Pediatrics • Pulmonology • Rheumatology

**Surgical specialties:** General Surgery • Orthopaedic • Maxillofacial Surgery • Vascular Surgery • Obstetrics and gynecology • Otorhinolaryngology • Ophthalmology • Urology

**Headquarters:** • Clinical Pathology • Anesthesiology • Diagnostic imaging • Pharmaceuticals • Rehabilitation • Sports Medicine • Emergencies i Hemoteràpia • Medicina interna • Neurologia • Pediatria • Pneumologia • Reumatologia

# Social Healthcare services (Our Network)



Centre sociosanitari Santa Tecla • Llevant



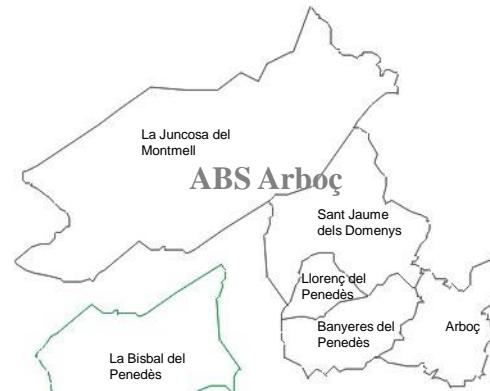
Residència Santa Tecla • Llevant



Residència Ponent



Residència Arboç



**ABS Vendrell**



**EL VENDRELL**

**ABS Calafell**



**ABS Tarragona**

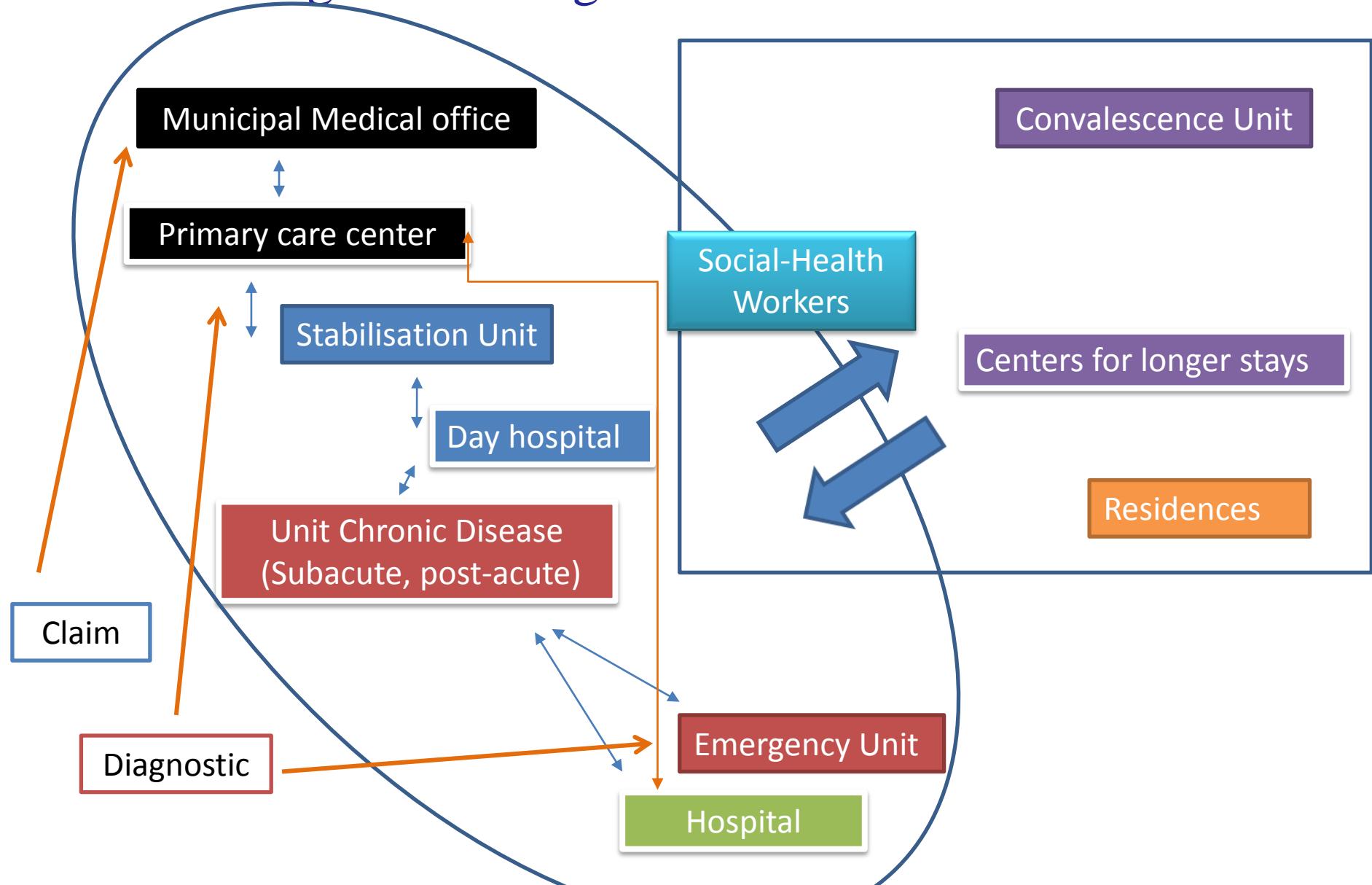


**ABS Vila-seca**

# Summary

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- **Connecting and sharing of information inter levels.**
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# Connecting and sharing of information inter levels.

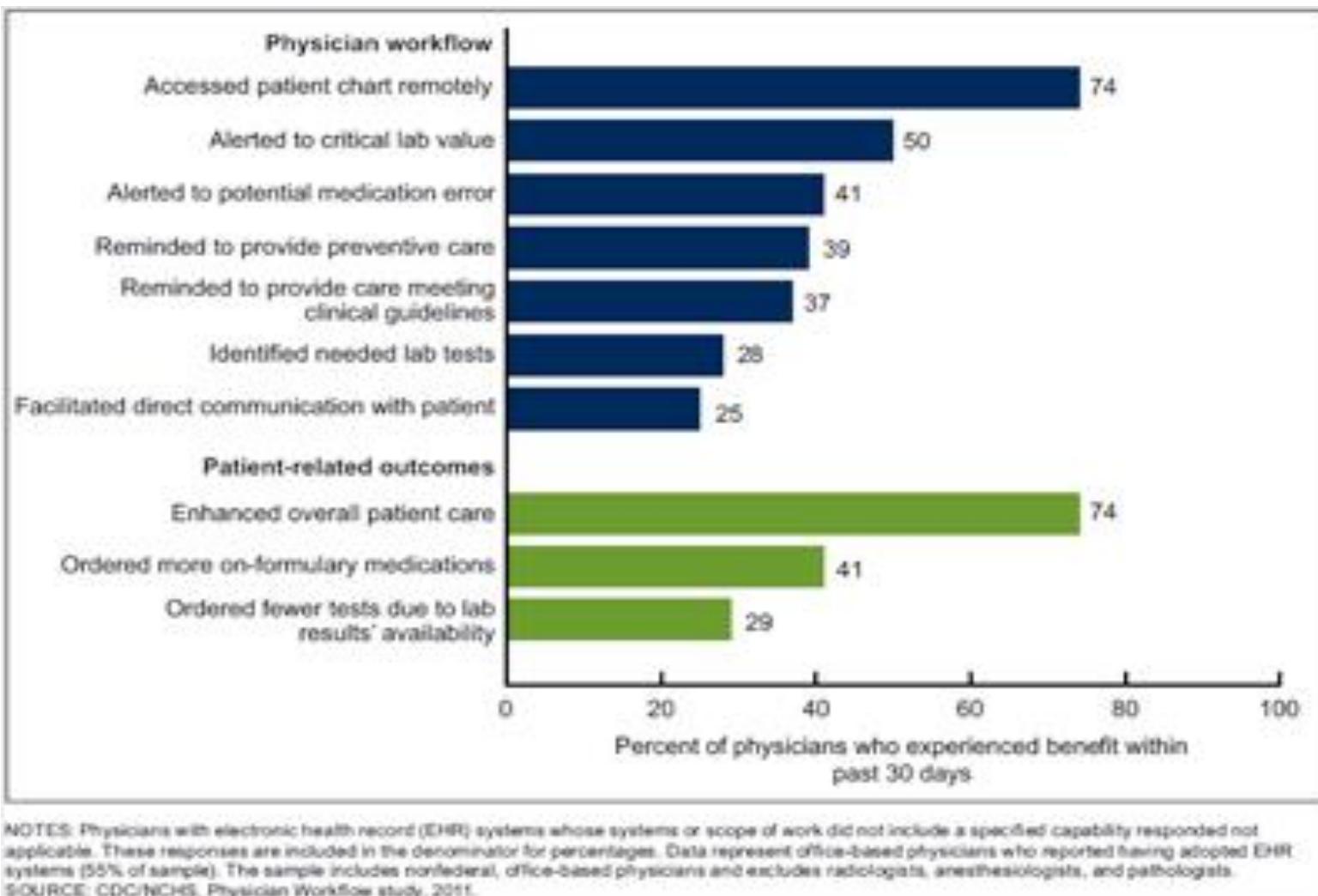


# Connecting and sharing of information inter levels.

- The geographical distribution of population diversity (seasonal, retired ...) and the desire to focus on the patient; led our organization to develop systems in which patient information could be shared between different levels of care.
- It was developed our HealthIT system

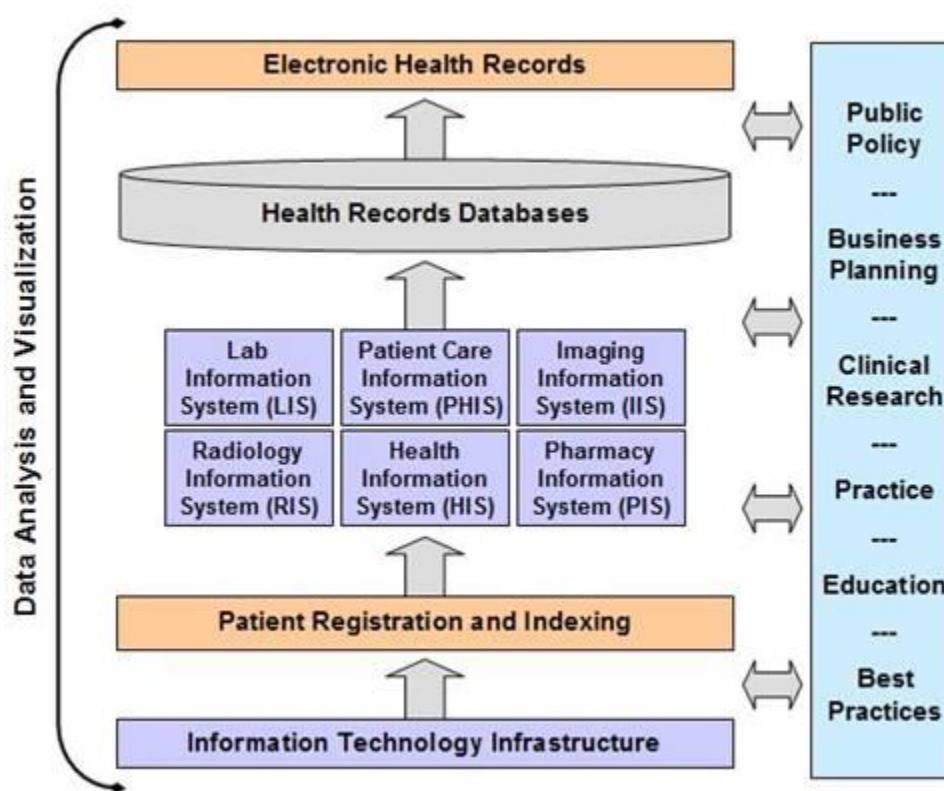


## Some studies show the advantages of electronic health records, shared in a system

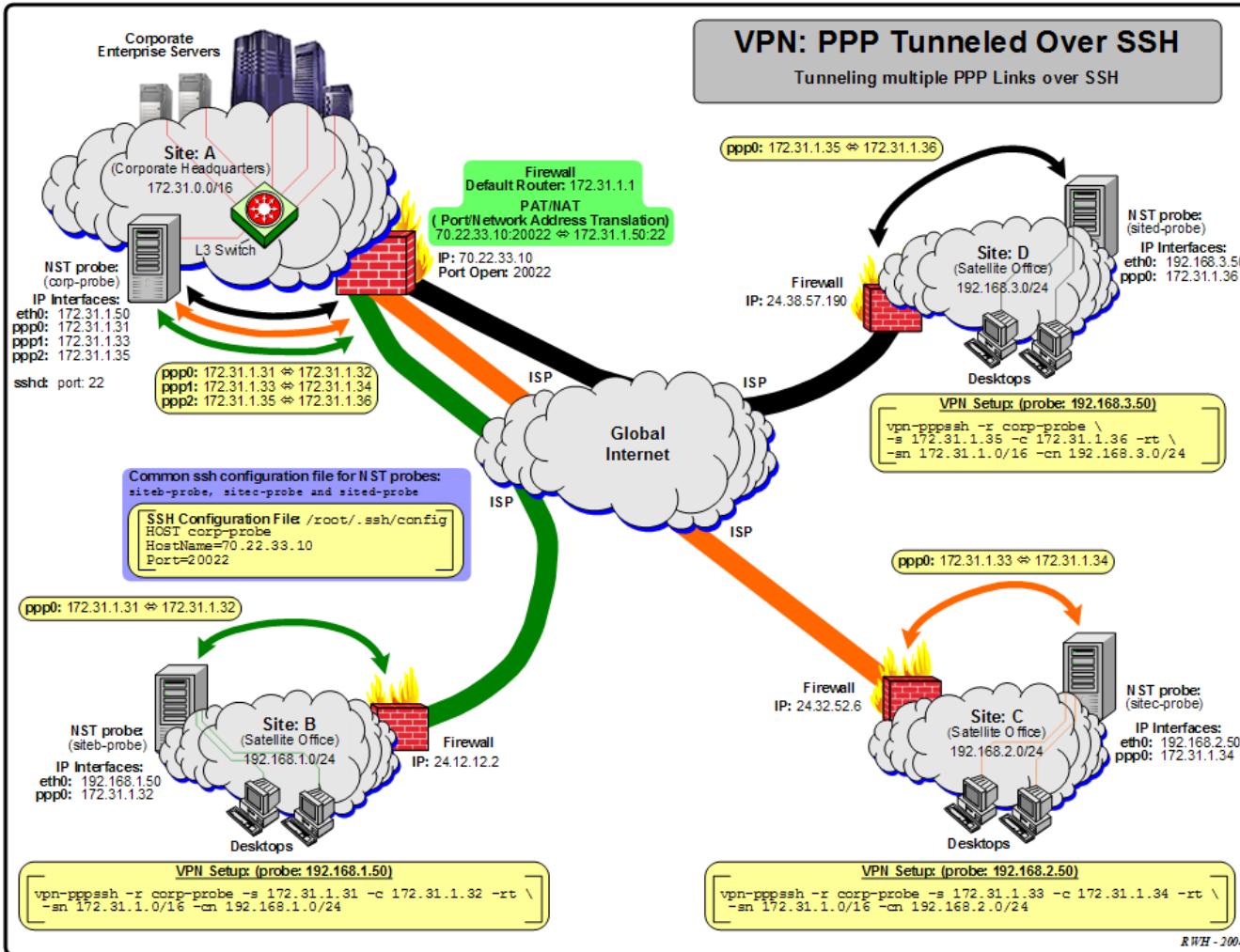


1.Jamoom E, Beatty P, Bercovitz A, et al. (2012) *Physician adoption of electronic health record systems: United States, 2011*. NCHS data brief, no 98. Hyattsville, MD: National Center for Health Statistics.

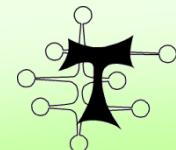
# Connecting and sharing of information inter levels.



# Virtual Private Network



# Shared medical records• home page



GoWinWs - [Hc. Resum]

Sortir Anterior Següent Buscar Cens Història Curs Clínic Dades Exp Agenda Urgències Quiròfan MailBox InBox

Eines Taules Base Palm Canvi d'Usuari Vacunes Tractaments Constants Llistats

Història: 26366 H 69A P Fr Al Va Ingrés : 01/02/2006

Antecedents Personals Antecedents Familiars Diagnòstics Previs Factors de Risc Allergies Historiat

Enfermedad de Madelung. EPOC. Cor pulmonale. Dislipemia. HTA. Ingreso en MI con alta el 6/09/05 y diagnosticos de Fibrilación auricular. Poliglobulia. Insuficiencia respiratoria hipercapnica. Ultimo ingreso MI en septiembre 2005 y diagnosticos de alta de EPOC agudizado. Cor pulmonale crónico. Fibrilación auricular paroxistica. Enfermedad de Madelung. Tratamiento actual: TEROMOL RETARD 300 MG 40 COMPR 1 cada 12 horas, ZYLORIC 300 MG 30 COMPRIMIDOS 1 cada 24 horas, ASTUDAL 5 MG 30 COMPRIMIDOS 1 cada 24 horas, SERETIDE ACCUHALER 50/500 MCG 60 ALVEOLOS POLVO INH PREDISPENSADO 1 cada 12 horas, SEGURIL 40 MG 30 COMPRIMIDOS 1 cada 24 horas, SINTROM, DIGOXINA.

Servei: FAM Data: 08/02/2005

Bebedor de Risc  
EPOC  
Hipertensio Arterial  
Dislipemia  
Obesitat  
ALEP,HT,LI,OB,TLD

Tractaments Exploracions Data Alfabètic Auto

TRACTAMENTS ACTIUS

26/04/2005 [FAM]  
TEROMOL RETARD 300 MG 40 COMPR 1 cada 12 horas  
ZYLORIC 300 MG 30 COMPRIMIDOS 1 cada 24 horas  
ASTUDAL 5 MG 30 COMPRIMIDOS 1 cada 24 horas

07/09/2005 [FAM]  
ATROVENT 20 MCG/PULS AERO 200 DOS 3 cada 6 horas

26/04/2005 [FAM]  
SEGURIL 40 MG 30 COMPRIMIDOS 3 cada 24 horas

07/09/2005 [FAM]  
DISOPYNO ACQUAFLUID 25 MG 50 COMPRIMIDOS 1 cada 24 horas

21/11/2005 [ANALITICA] SISTEMATICO

Hties: 4.570.000 mm<sup>3</sup> (4.4-6.0), Hb: 15.5 g/dL (13.5-17.5), Hto: 49.3 % (40-51), VCM: 107.9 fl (81-98), HCM: 33.9 PG (27-31), CHCM: 31.4 % (32-36), Leucocitos: 6.700/mm<sup>3</sup> (4.4-11), N: 93.2 % (40-80), L: 2.7 % (15-50), M: 4.1 % (2-11), Plaquetas: 94.000/mm<sup>3</sup> (150-400), VSG: 8 mm/h (0-15), T de protrombina: 25.0 % (65-100), Glucosa: 143.0 mg/dL (60-109), Creatinina: 1.2 mg/dL (0.6-1.2), Acido urico: 13.2 mg/dL (3.5-7.2), Colesterol: 188.0 mg/dL (140-250), Triglyceridos: 70.0 mg/dL (36-165), Proteïnes totals: 7.3 g/dL (6.0-8.0), Albumina: 4.1 g/dL (3.5-5.2), Bilirrubina total: 0.6 mg/dL (0.1-1.1), GPT (ALT): 14 U/L (10-37), FA: 64

GoWin Mw Ver: 4.0.1 Usuari: ADSGEBJOA - Joan M<sup>a</sup> Adsera Gebelli Area: Admisions

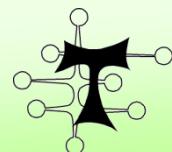
Inicio KODAK DIR... Documento... 10:28

Family doctor

Specialized

Display unique the three levels

# Shared medical records • vaccines



GoWinWs

Sortir Anterior Següent Buscar Cens Història Curs Clínic Dades Exp Agenda Urgències Quiròfan MailBox InBox

Eines Taules Base Palm Canvi d'Usuari Vacunes Tractaments Constants Llistats

Història: 26366 H 69A P Fr A Va Ingrés : 01/02/2006

### Administració de vacunes

Calendari Nova Administració Guardar Eliminar Imprimir

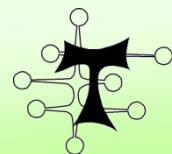
Especial  Ordenar per edat

Vacuna	68A	67A	66A	65A	64A	63A	62A	61A	
Triple vírica									
Hepatitis A									
Hepatitis B									
Hepatitis A+B									
Meningitis A+C									
Meningitis C									
Td Primovacu...									
Td Record							X		
Grip	X 3000...	X 3000...	X 4901	X	X	X	X	X	
Antipneumoc...							X		
Rubeola									
DT									
DTPa+IPV+Hib									
Pcn7 (Preven...									
Varicel·la									
Altres 1									
Altres 2									

GoWin Mw Ver: 4.0.1 Usuari: ADSGEBJOA - Joan M<sup>a</sup> Adsera Gebelli Area: Admisions

Inicio KODAK DIR... Documento... 10:31

# Shared medical records● laboratory



GoWinWs - [Hc. Resum]

Laboratori

Cancel.lar

Selecció  
Totes  10 Últimes  Actuals

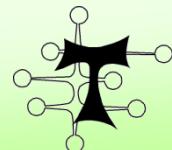
Determinacions	24/02/2006	21/02/2006	20/02/2006	17/02/2006	16/02/2006	15/02/2006	14/02/2006
HEMOCULTIU							
HEMOGLOBINA		13.5			12.1		
I.N.R.	2.50		1.898	1.552		2.71	
LEUCOCITS		4.34			5.47		
LIMFOCITS		21.2			27.24		
MONOCITS		12			9.34		
PLAQUETES		182			118.2		
POTASSI		3.9			4.4		
SODI		140.1			138.6		
TEMPS DE PROTROMBINA	31		41	52		29	
TEOFILINA		20.8					
ULCERA: CULTIU						XANNEX	
TIRFA		52.6			47.5		

INR.

Inicio

GoWinWs - ... KODAK DIR... Documento... 10:31

# Shared medical records• treatments



GoWinWs

Sortir Anterior Següent Buscar Cens Història Curs Clínic Dades Exp Agenda Urgències Quiròfan MailBox InBox

Eines Taules Base Palm Canvi d'Usuari Vacunes Tractaments Constants Llistats

H 83A P Fr Al Va Ingrés : 21/02/2006

Entrada de Tractaments Cancel.lar

Nova Prescripció Imprimir Imprimir Tot Targeta de Medicació Càlcul Receptes per un mes

Actiu | Historic | Imprimir | Entregues |

Diagnòstic: PSEUDOOBSTRUCCIÓN DE COLON

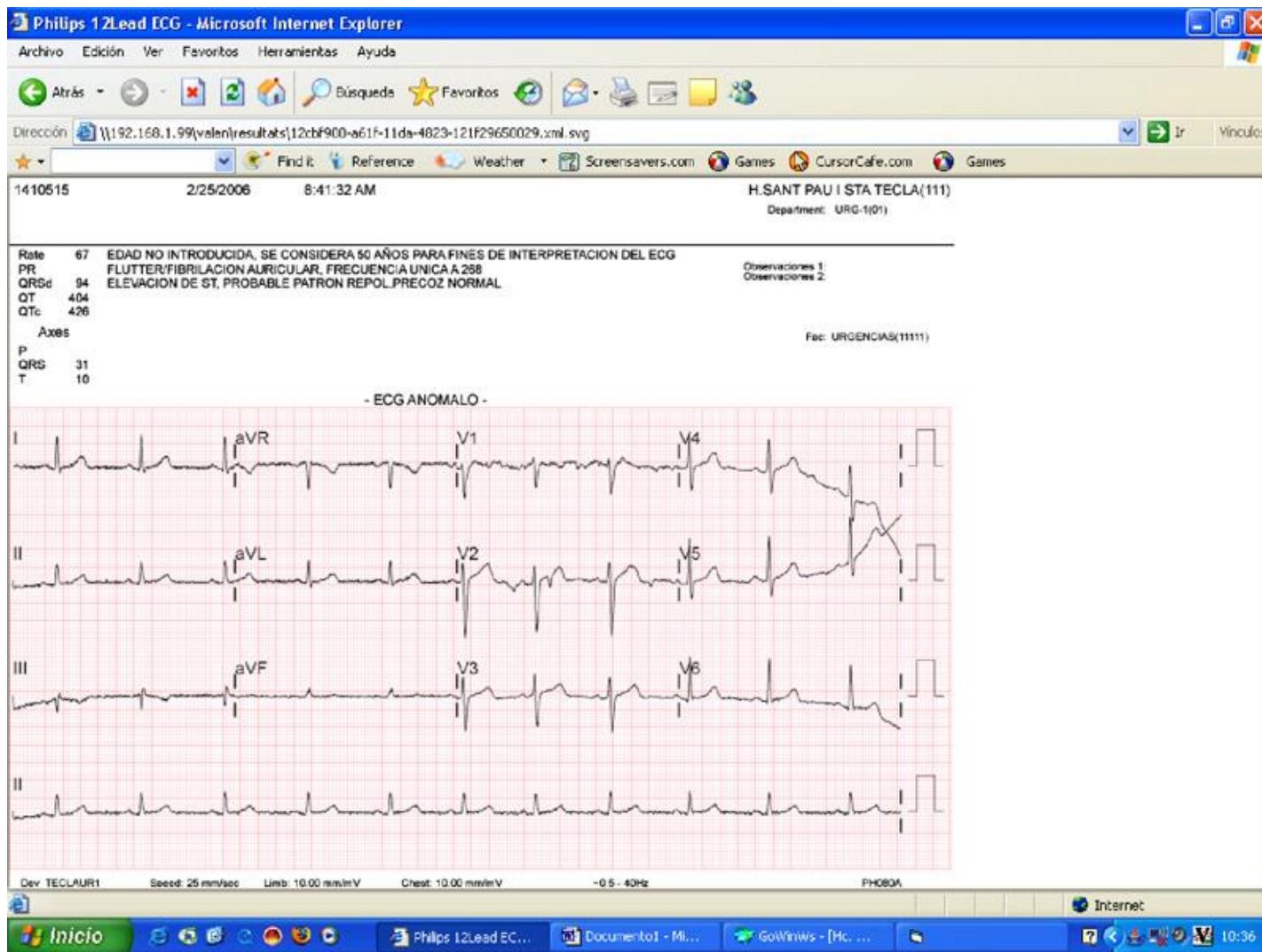
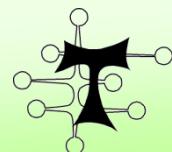
Data Inici	Data Fi	Medicament	Dosi	Cada	Dr./Dra.	Centre
04/12/2004		SINEMET PLUS 100/25 MG 100 COMPR	1	24		ABT
04/12/2004		FLUMIL FORTE 600 MG 20 COMPRIMIDOS EFE...	1	24		ABT
04/12/2004		VENTOLIN INHAL 100 MCG/PULS AERO 200 D...	2	6		ABT
05/01/2005		SPIRIVA 18 MCG 30 CAPSULAS + 1 DISPOS HA...	1	24		TRD
05/01/2005		UROTROL NEO 4 MG 28 CAPSULAS	1	24		TRD
02/02/2005		OMEPRAZOL SANDOZ 20 MG 28 CAPSULAS	1	24		TRD
02/02/2005		BOLSAS RECOGIDA ORINA CORYSAN 2 L 30 U	1	24		TRD
17/02/2005		BOLSAS RECOGIDA ORINA PIERNA 500 CC 30 U	1	24		ABT
03/03/2005		SINEMET PLUS RETARD 100/25 100 COMP	1	24		TRD
06/10/2005		GERBIN DIFUCREM 1.5% CREMA 60 G	1	24		TRD
14/10/2005		SEROQUEL 25 MG 6 COMPR RECUB	1	24		TRD
27/10/2005		SERTRALINA BEXAL 50 MG 30 COMPR RECUB	1	24		TRD
27/10/2005		DISTRANEURINE 192 MG 30 CAPSULAS	2	24		TRD

Prescriptor identification

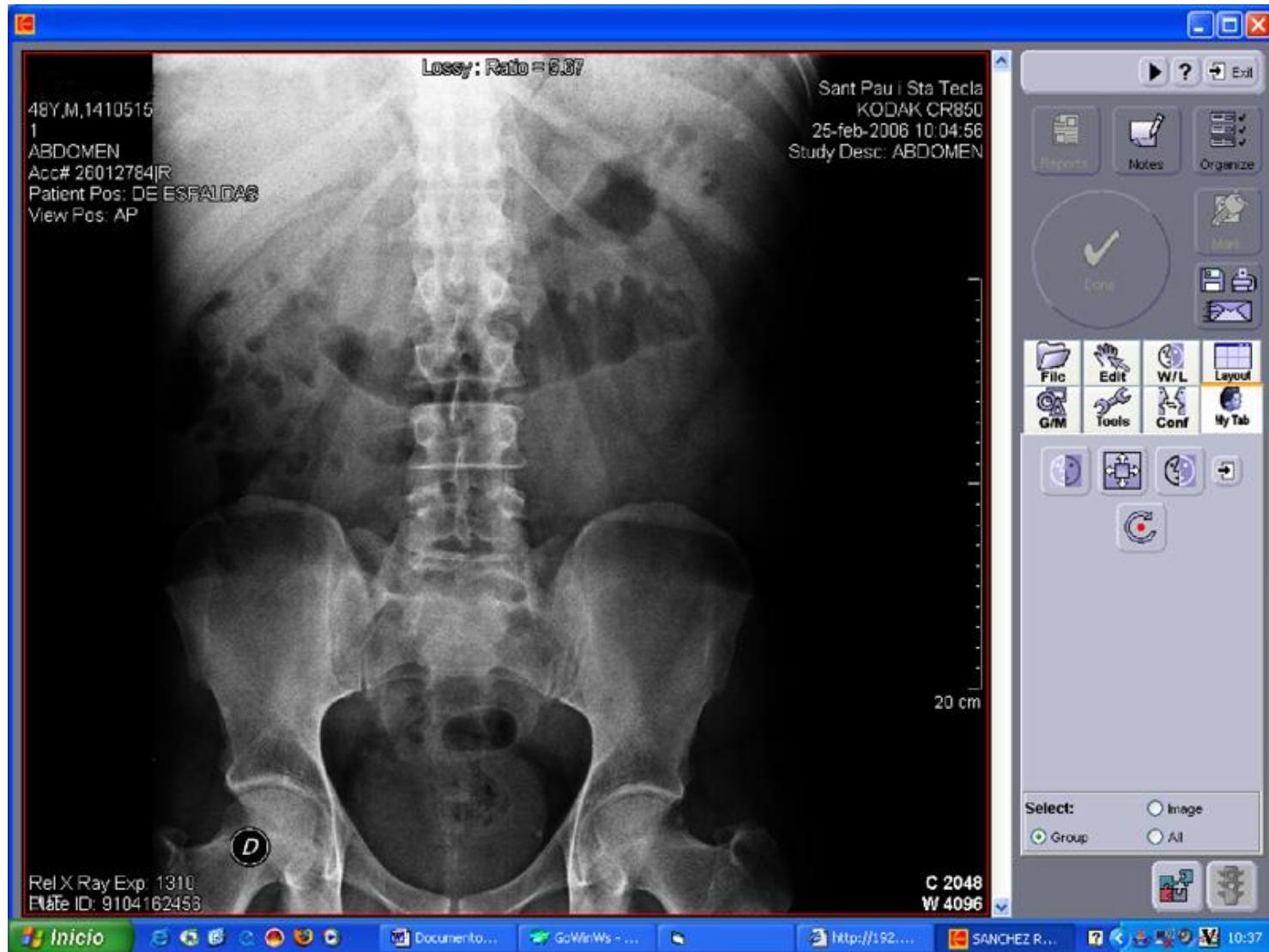
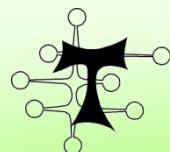
Torre dembarra

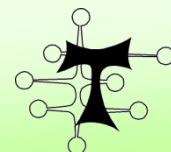
Roda de Barà

# Shared medical records • EKG



# Shared medical records • x-Ray





# Shared medical records • CT Scan/MRI...

Lossy : Ratio = 4.54  
Sant Pau i Sta Tecla  
GE MEDICAL SYSTEMS Li  
09-feb-2006 20:03:19  
120kV, 351mAs  
SC 500 mm  
SW 1.25 mm  
Study Desc: TAC Toracico

87261  
2-1  
8.5 mm  
Acc# 26005031|R  
Patient Pos: FFS

Lossy : Ratio = 6.52  
Sant Pau i Sta Tecla  
GE MEDICAL SYSTEMS Li  
09-feb-2006 20:05:30  
120kV, 350mAs  
SC 500 mm  
SW 1.25 mm  
Study Desc: TAC Toracico

87261  
3-10  
-81.5 mm  
Acc# 26005031|R  
Patient Pos: FFS

R 90 cm P C -600 W 1500

KODAK DIRECTVIEW Web Server Software - Microsoft Internet Explorer

Archivo Edición Ver Favoritos Herramientas Ayuda

Dirección: http://... Atrás Anterior Següent Buscar Cens Historia Curs Clínic Dades Exp Agenda Urgències Quiròfan MailBox

GoWinWs

TÉCNICA:

Se han realizado secuencias FAT-SAT, GE y SE potenciadas en T1 y T2 y en los tres planos del espacio para estudio de rodilla izquierda.

Nota: exploración artefactada por el movimiento involuntario del paciente, hecho que disminuye la sensibilidad de la técnica.

HALLAZGOS:

Se identifican indicios de desgarro en asta posterior del menisco interno, identificando un área de hipersenal que confluye con ambas superficies articulares. De forma asociada se aprecian cambios degenerativos y subluxación medial del cuerpo moniscal.

Cambios de señal en asta anterior del menisco externo en relación a cambios por degeneración mixóide.

En compartimento femorotibial interno se observa pinzamiento del espacio articular a expensas de adelgazamiento del cartílago tanto a nivel tibial como femoral, a lo que se añade alteraciones en la señal del hueso subcondral en forma de edema óseo y pequeñas lesiones óseas subcondrales. Presencia de formaciones osteofíticas marginales. En compartimento

Inicio Documento... GoWinWs - ... 210,3 x 297,0 mm 1 de 1

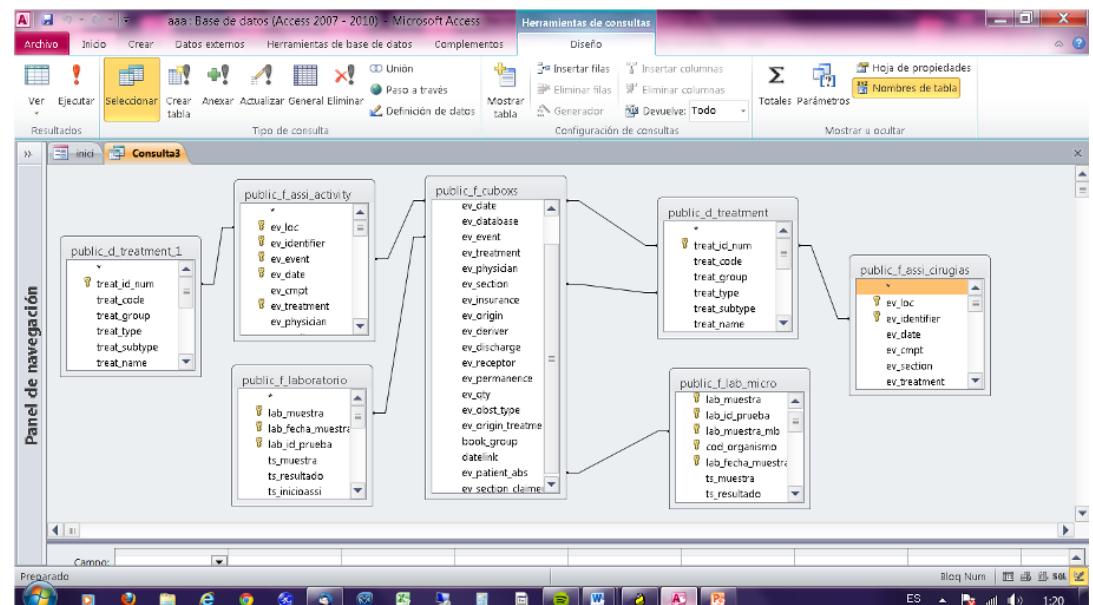
Informed images

# Summary

- History.
- Introduction.
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- Geographical distribution.
- Structure of centers.
- Connecting and sharing of information inter levels.
- Big data creation.
- Analysis of results.
- Modeling and risk prediction.
  
- Conclusions

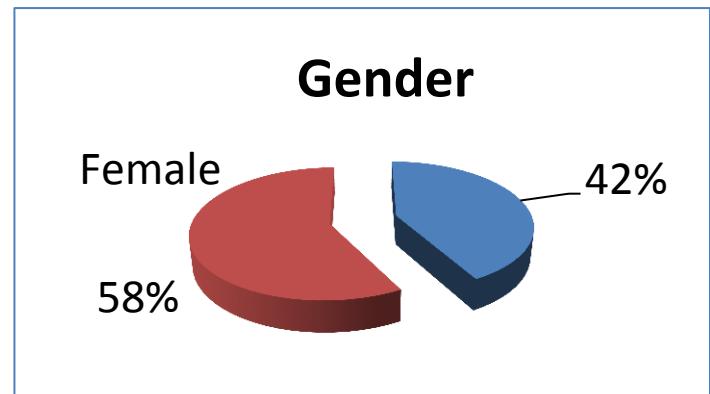
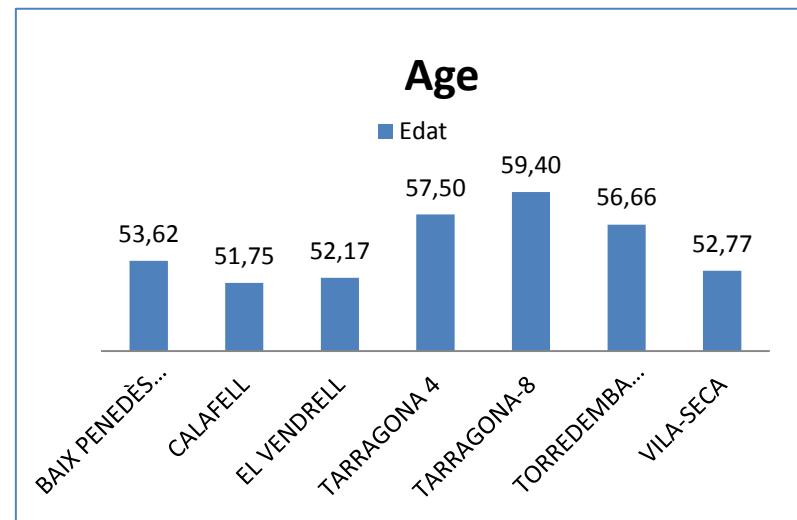
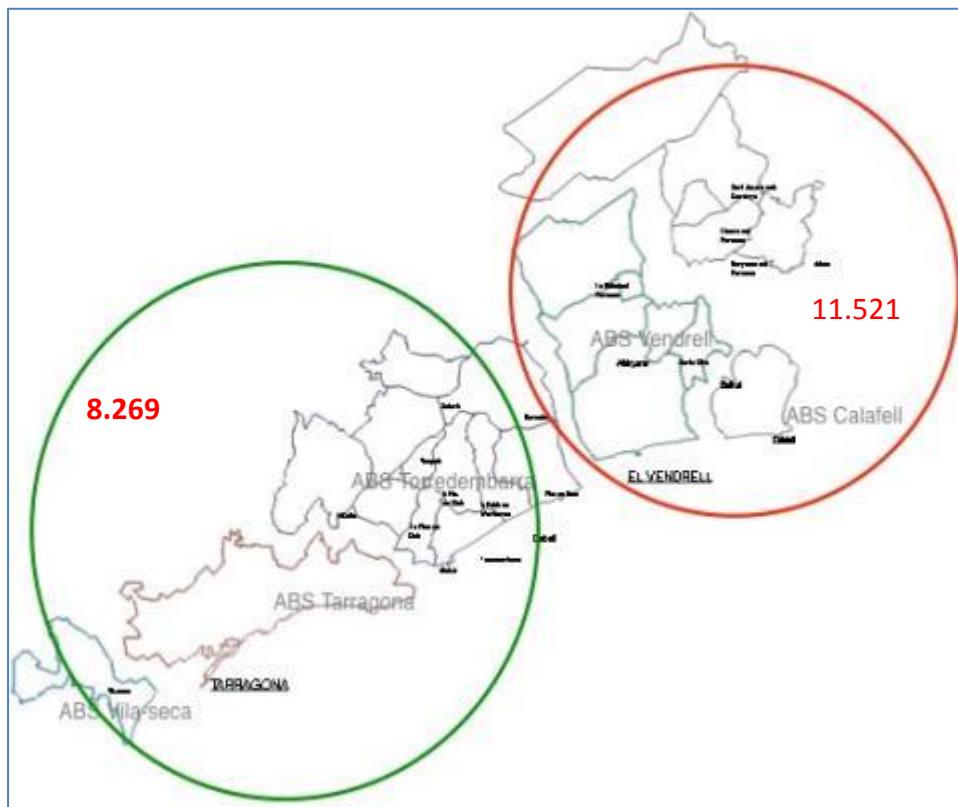
## Integration of variables:

Anthropological  
Clinics.  
Geographic  
Socio-economic.  
Analytical  
Medications



....

# Analysis of results.



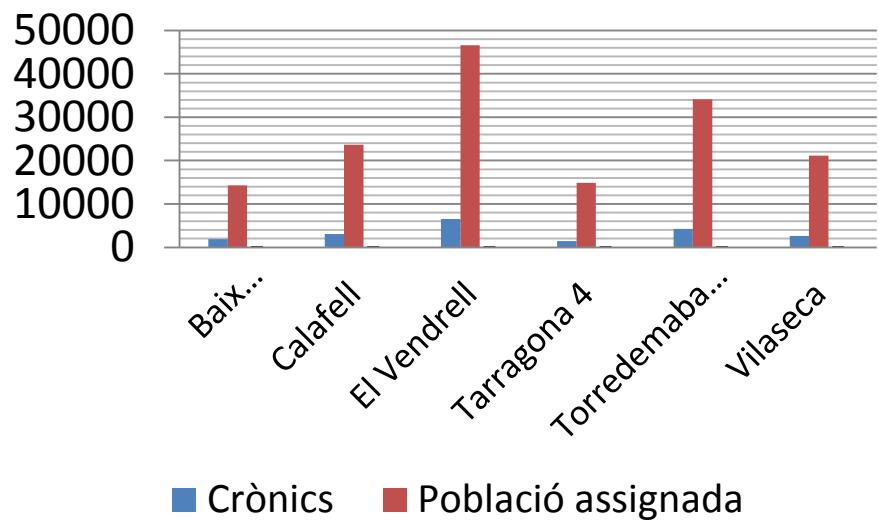
# Analysis of results.

- 25872 Number of persons coded with at least one diagnosis of chronic disease due to any network device at least one time.
- 14,672 Number of people coded with at least one diagnosis code for chronic attended any network device at least one time assigned to a network ABS WITH OVER 50 YEARS OLD.



# Analysis of results.

## Distribució per ABS



ABS	PC/Pobl.Assig
Baix Penedès Interior	13,2%
Calafell	13,07%
El Vendrell	14,00%
Tarragona 4	9,58%
Torredembarra	12,42%
Vilaseca	12,30%

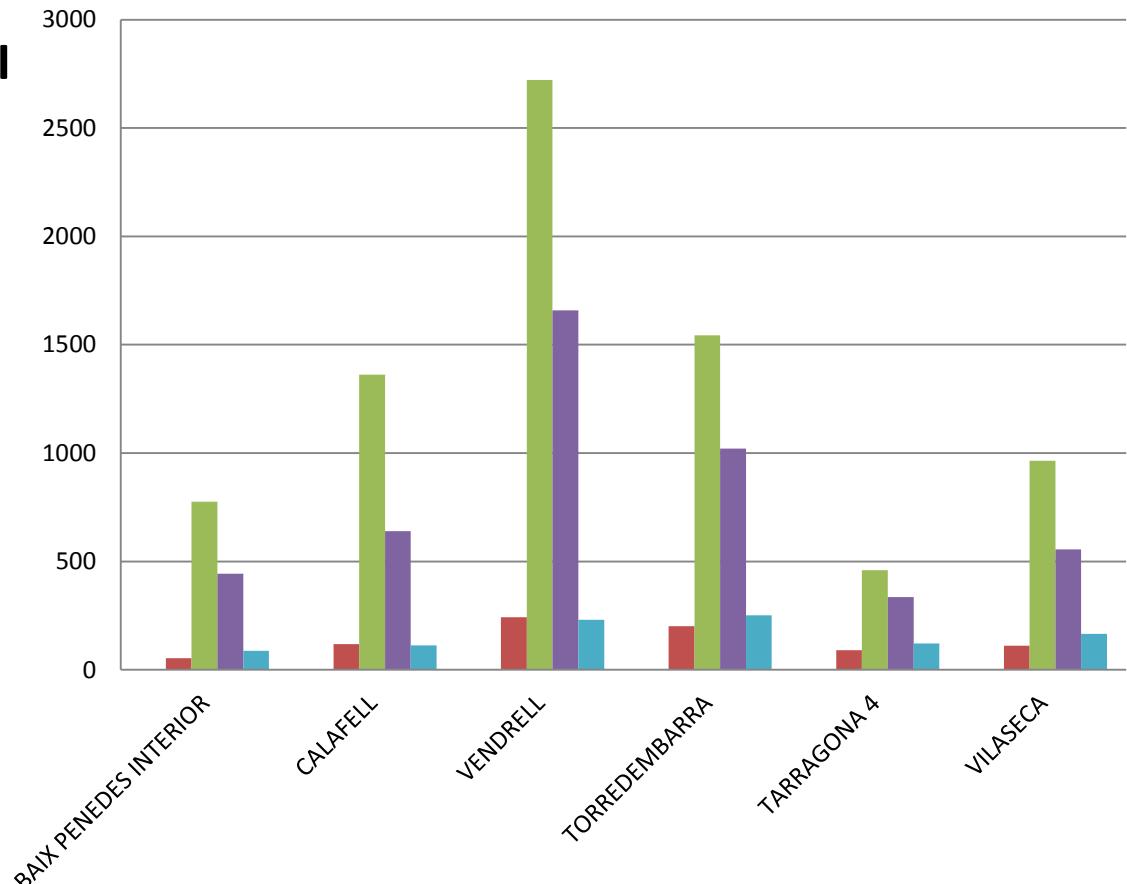


# Analysis of results.

## Diagnostics

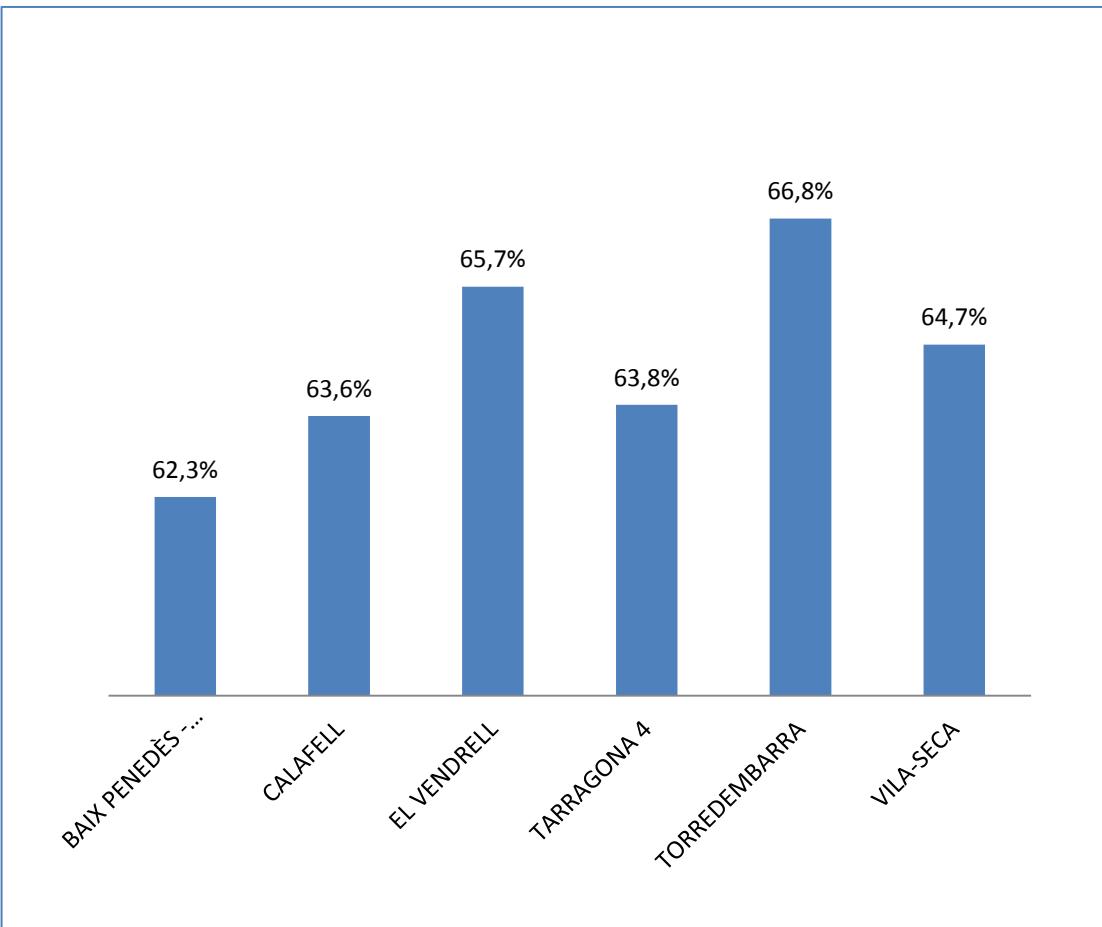
*Group diagnosed by the Department of Health for 2012 CIE.9.MC Code:*

1. Heart failure.
2. COPD.
3. Diabetes Mellitus Type II
4. Pneumonia.
5. Urinary tract infections.



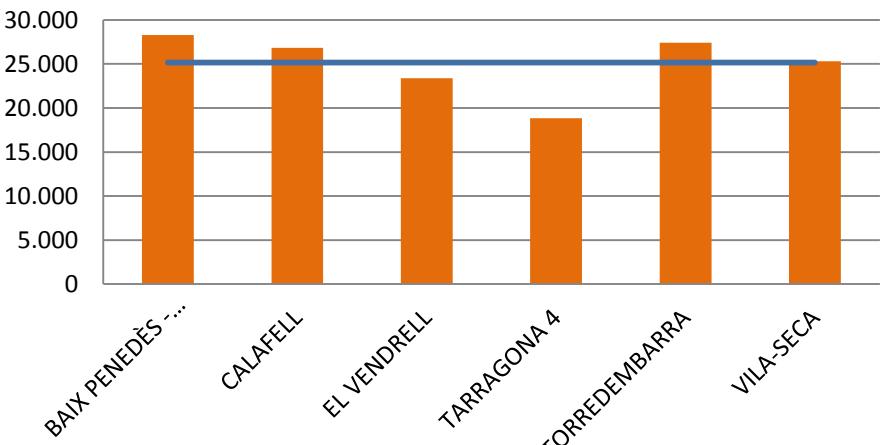
# Analysis of results.

## Chronic Patients Taking more of four drugs

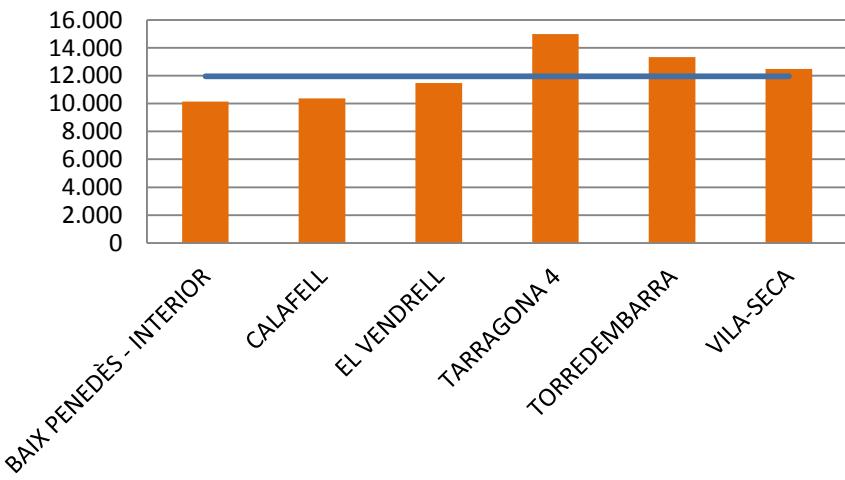


# Analysis of results.

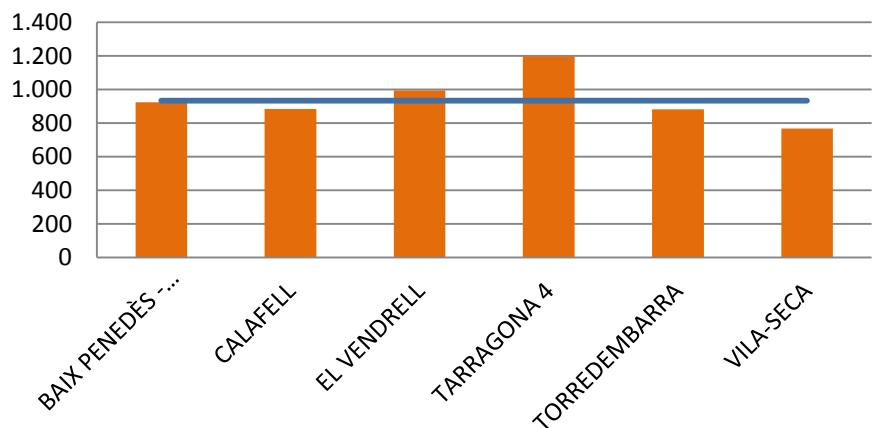
**PRIM**



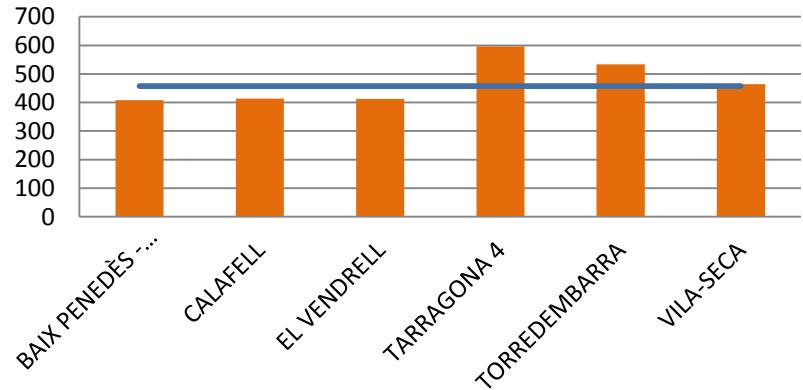
**CONS**



**URG**



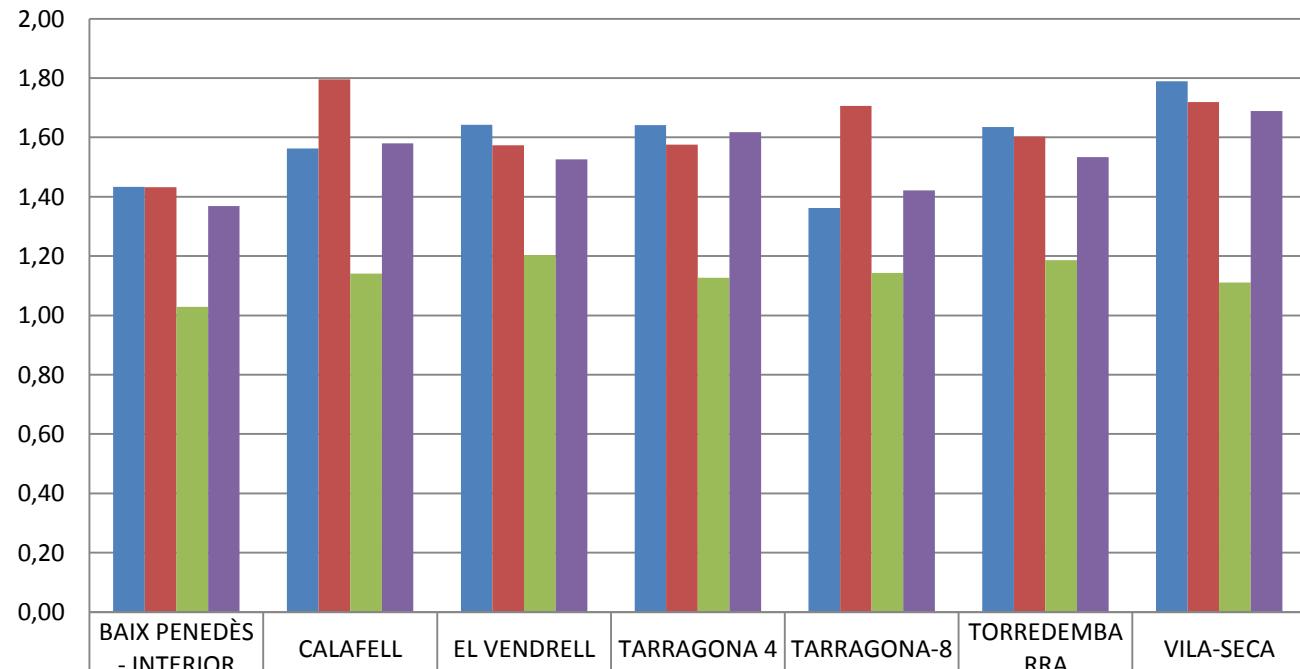
**HOSP**



# Analysis of results.

Frequency pathology and basic area

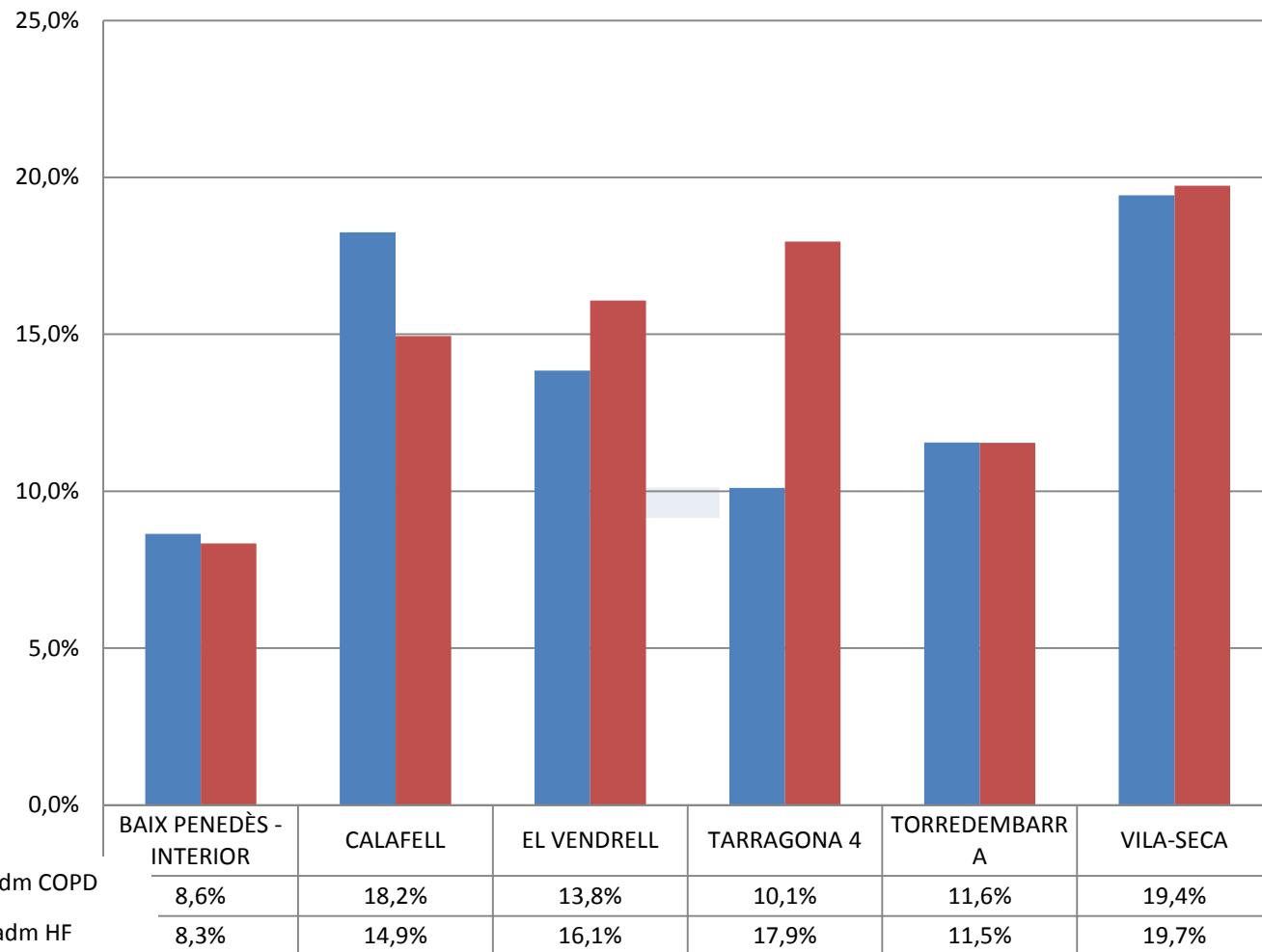
hospital admissions



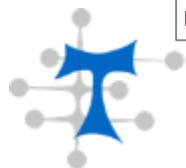
	Hospitalitzacions ICC	Hospitalitzacions MPOC	Hospitalitzacions Pneumonia	Hospitalitzacions DM
Hospitalitzacions ICC	1,43	1,43	1,03	1,37
Hospitalitzacions MPOC	1,43	1,80	1,14	1,58
Hospitalitzacions Pneumonia	1,56	1,57	1,20	1,53
Hospitalitzacions DM	1,64	1,58	1,13	1,62



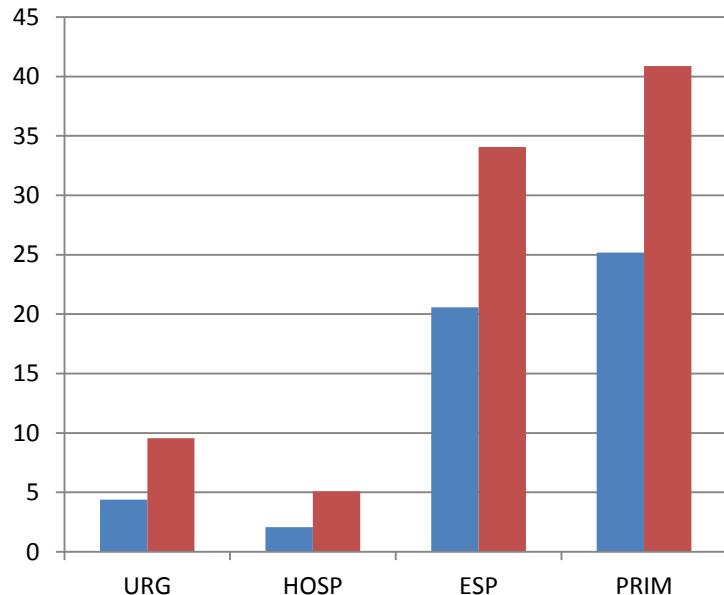
# Analysis of results



■ >3 adm COPD  
■ >3 adm HF

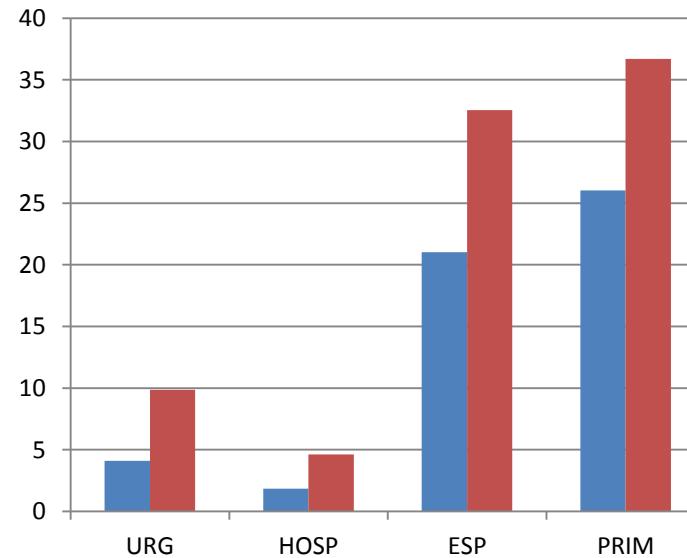


# Analysis of results.



Heart Failure

ICC HOSP <3  
ICC HOSP > 3



COPD

MPOC HOSP <3  
MPOC HOSP > 3



# Analysis of results.

## Hospitalary readmission for COPD exacerbation Predictive variables.

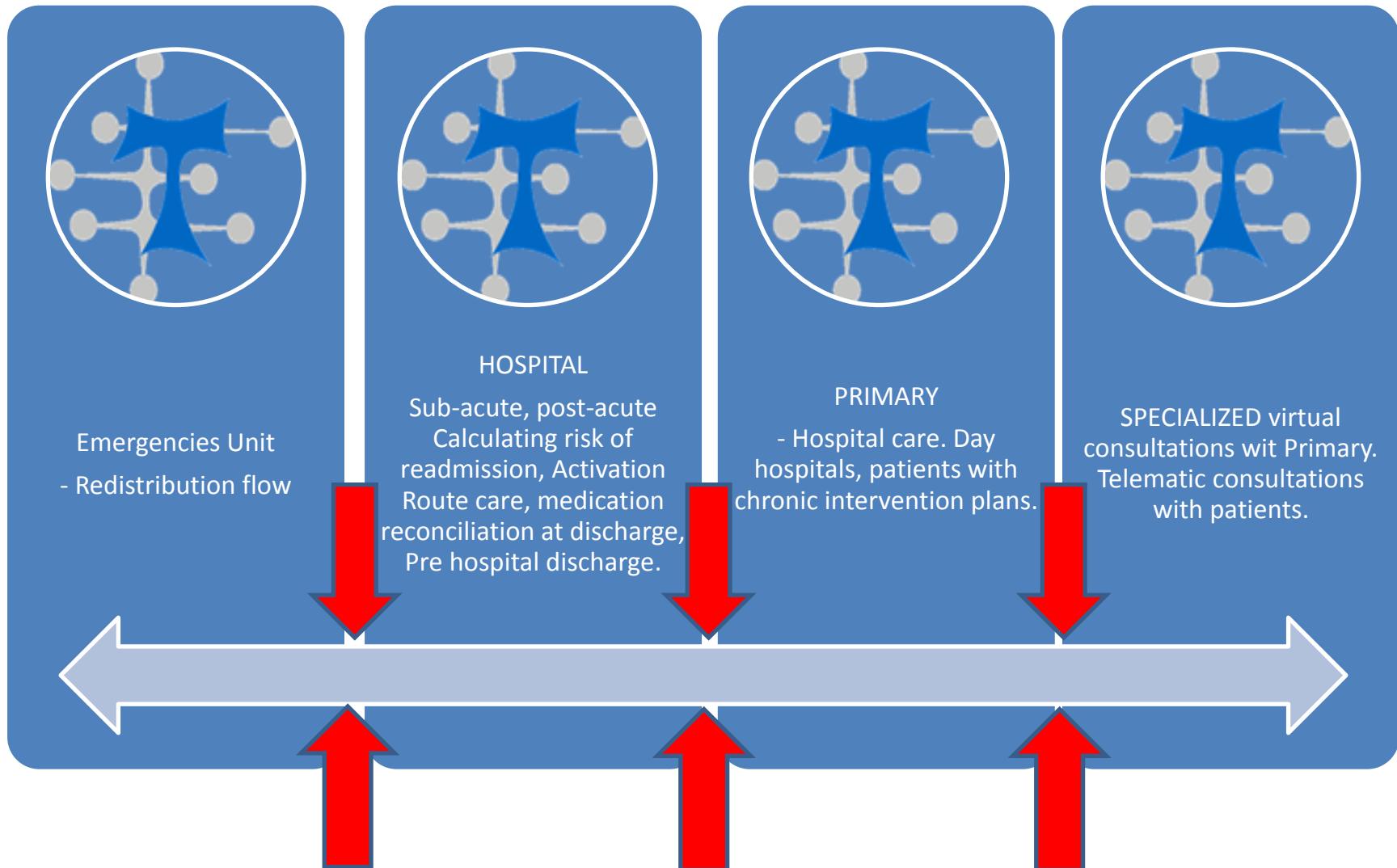
MPOC HOSP > 3							
		B	E.T.	Wald	gl	Sig.	Exp(B)
Paso 1(a)	ttoactiv4(1)	-0,901	0,628	2,061	1	0,151	0,406
	VSG	0,002	0,005	0,129	1	0,719	1,002
	PCR	-0,006	0,003	3,797	1	0,051	0,994
	Ferritina	0,001	0	2,295	1	0,13	1,001
	HbA1	0,041	0,126	0,104	1	0,747	1,042
	coLT	0,009	0,004	5,538	1	0,019	1,009
	coLHDL	0,011	0,008	1,842	1	0,175	1,011
	<b>Albumina</b>	<b>-1,046</b>	<b>0,268</b>	<b>15,171</b>	<b>1</b>	<b>&lt;0,0001</b>	<b>0,351</b>
	PRIMARIAfreqglobal	0,004	0,005	0,705	1	0,401	1,004
	CONSESPfreqglobal	0,011	0,006	3,822	1	0,051	1,011
	edad	0,004	0,017	0,064	1	0,8	1,004
	<b>Sexo(1)</b>	<b>1,586</b>	<b>0,432</b>	<b>13,479</b>	<b>1</b>	<b>&lt;0,0001</b>	<b>4,885</b>
	creat	0,215	0,179	1,444	1	0,229	1,24
	DMtotal	0,021	0,052	0,159	1	0,69	1,021
	Constante	-2,741	1,954	1,968	1	0,161	0,065



# Summary

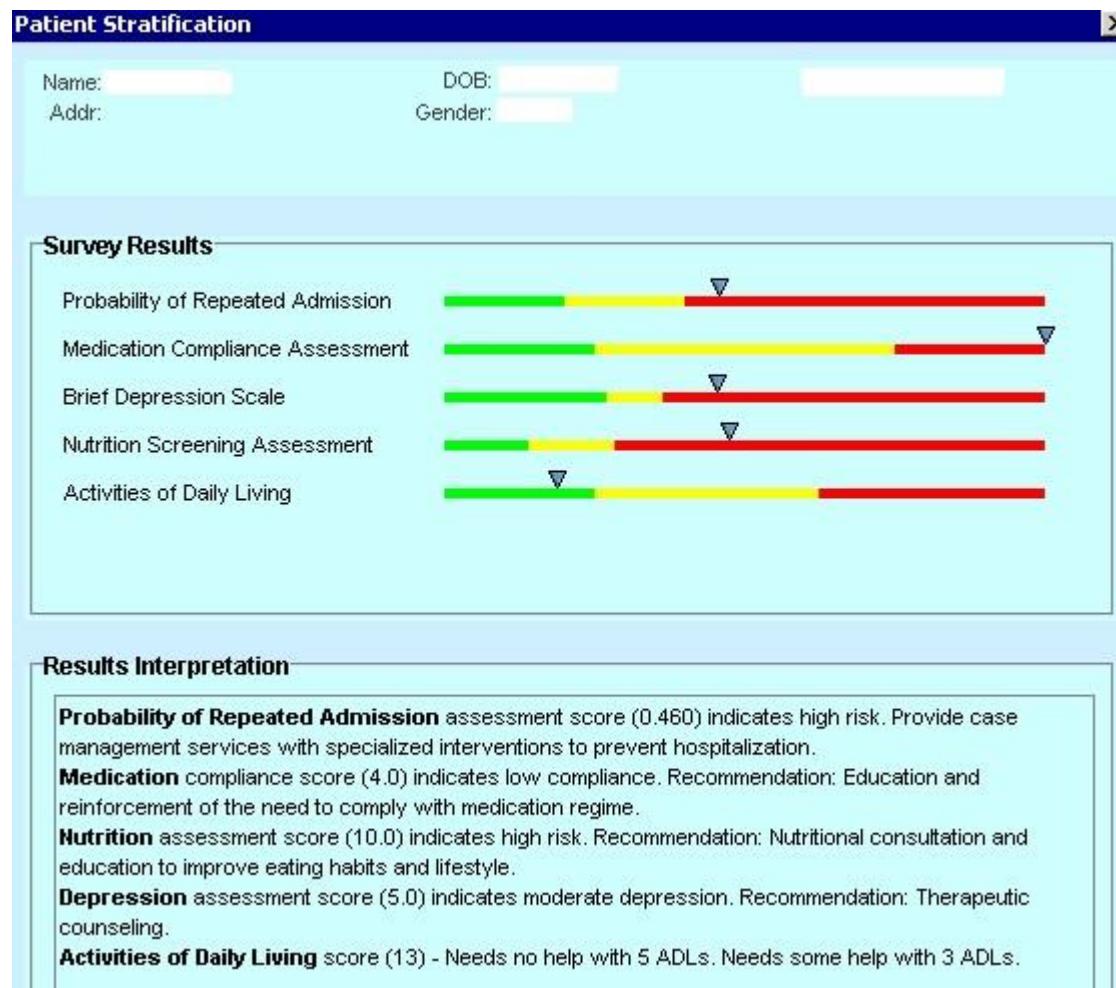
- History.
- Introduction.
- General considerations.
- Our Network.
- Geographical distribution.
- Structure of centers.
- Connecting and sharing of information inter levels.
- Big data creation.
- Exploitation of results.
- Modeling and risk prediction.
- Conclusions

# Conclusions

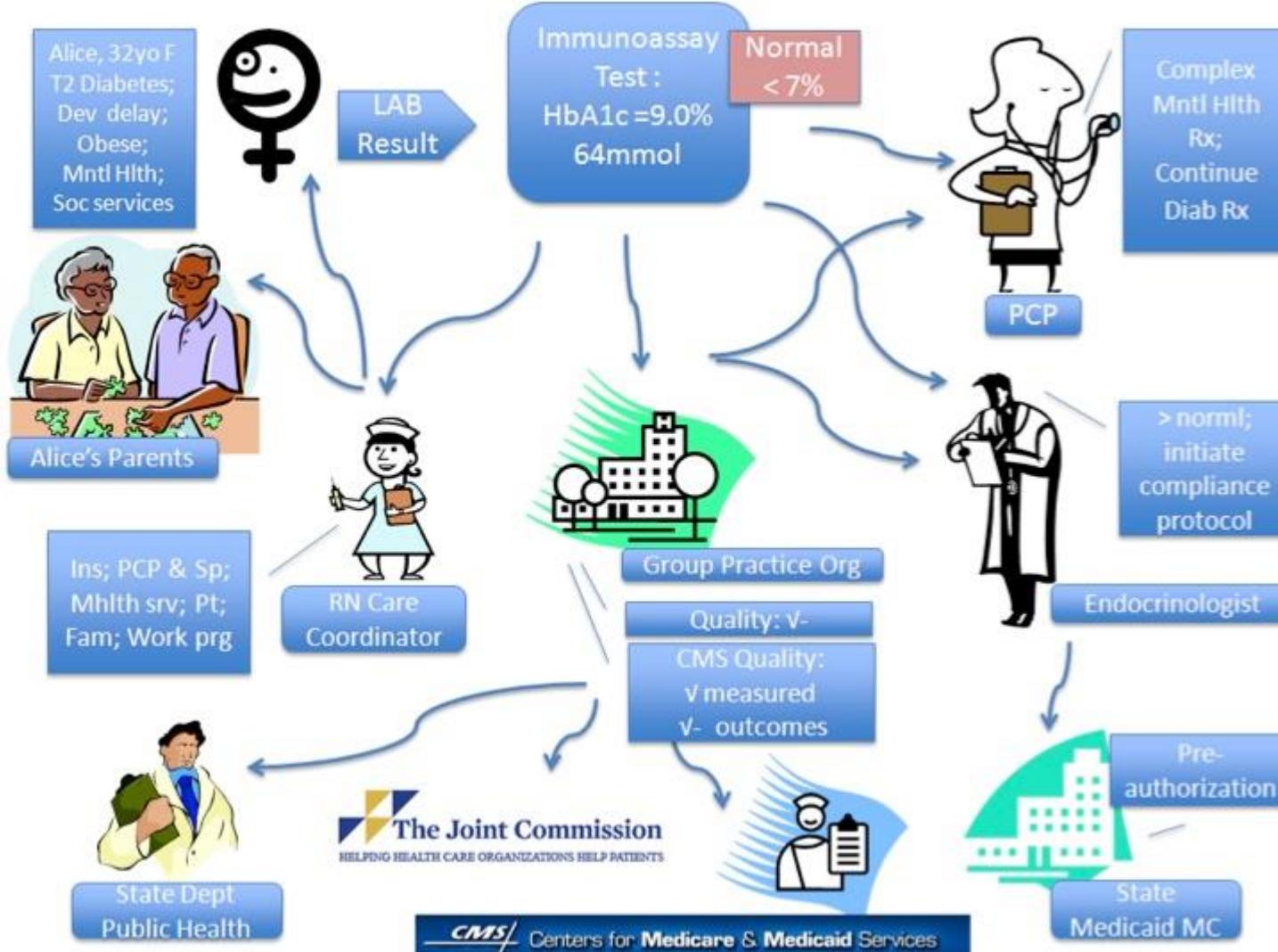


# Conclusions

- <http://aspe.hhs.gov/daltcp/reports/2013/HIEengage.shtml>



# Conclusions

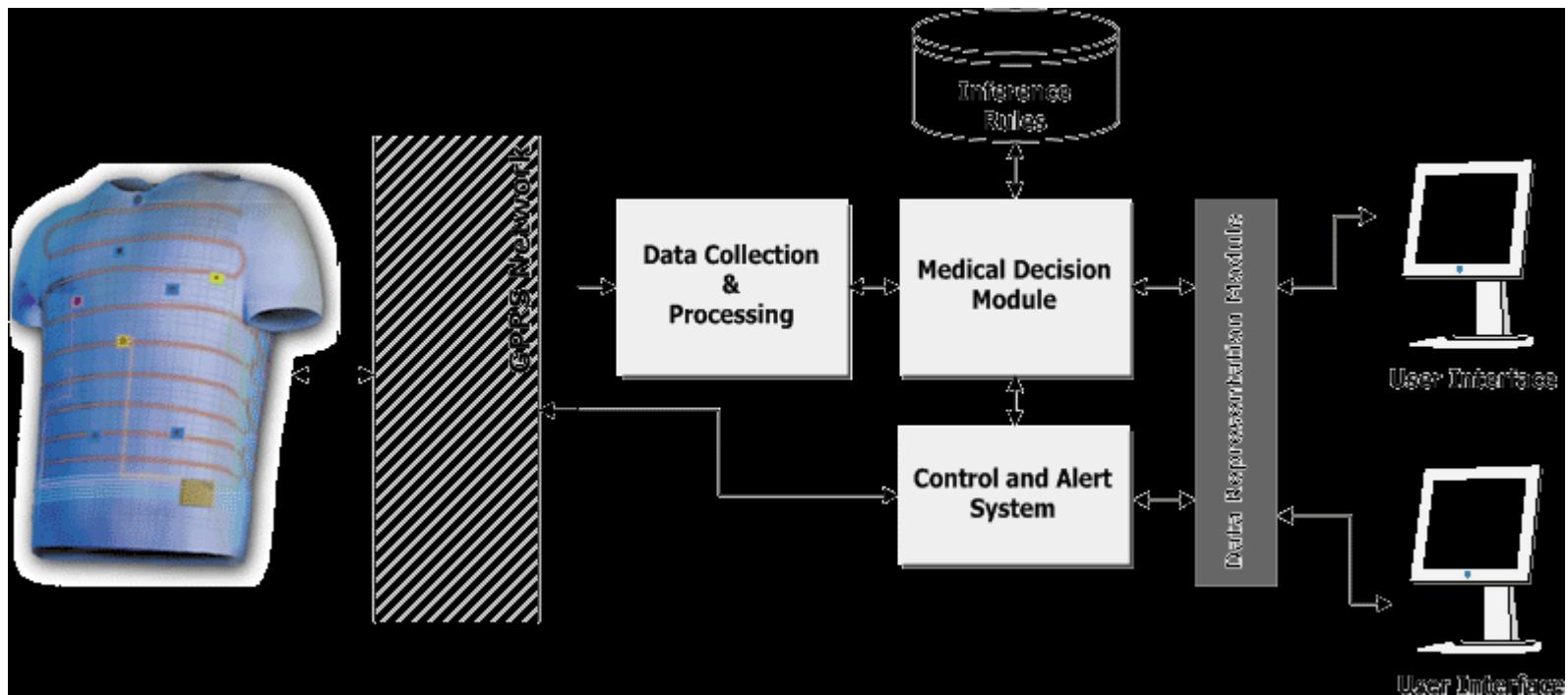


# Conclusions



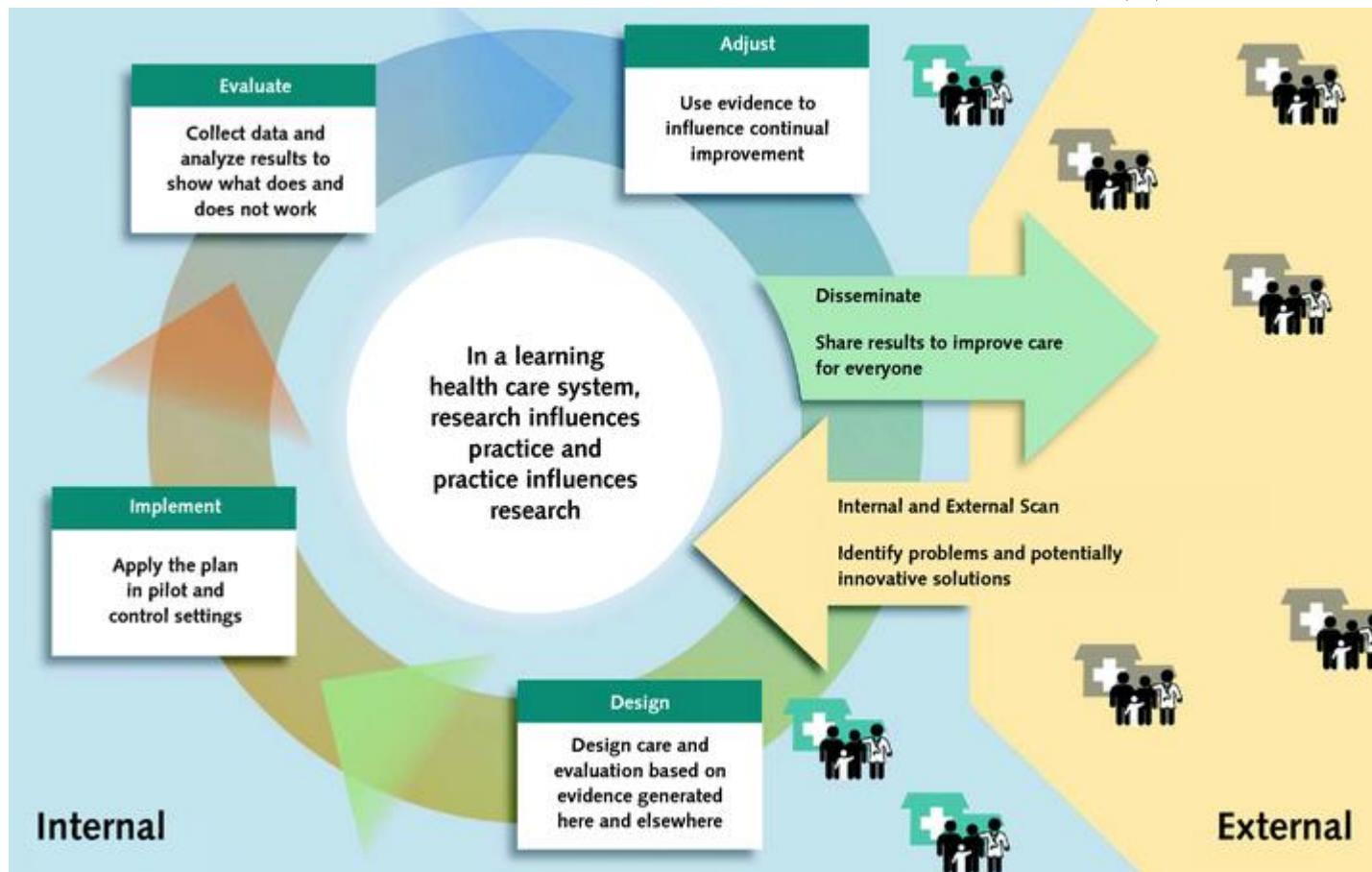
# Conclusions

<http://www.health-wear.eu/index.php?pg=1&LANG=en>



# Conclusions

- **Implementing the Learning Health System: From Concept to Action.** Sarah M. Greene. *Ann Intern Med.* 2012;157(3):207-210.





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## Benefits of Electronic Health Records (EHRs)

- Improve quality and convenience of patient care
- Increase patient participation in their care
- Improve accuracy of diagnoses and health outcomes
- Improve care coordination
- Increase practice efficiencies and cost savings