

## CONFERENCE ABSTRACT

### "Counting the intangible": The use of evaluation tools and indicators to measure integrated care outcomes in the Basque Country

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**Introduction:** There is currently the debate about how to measure the elements that are key to "successful integrated care", which are the outcomes that should be achieved and which evaluation tools can be used.

The Basque Country has been implementing integrating care policies since 2010. One of the cornerstones of this strategy has been the launch of 13 Integrated Care Organisations (ICOs) to integrate under the same structure Primary and Secondary Care Services (1). Since 2014, changes have been introduced in the metrics of the Contract-Programme (CP) that regulates the relationship between the Ministry of Health (commissioner) and each ICO (health providers). These changes, based on Kelly and Hurst (2), are both qualitative and quantitative and aim to provide the Ministry of Health with a new framework to evaluate the success of all integrated care policies being implemented.

Moreover, one of the new indicators being introduced in the new Contract Programme is IEMAC-ARCHO (3), which is an instrument with 75 items for ICOs to perform a self-assessment in terms of their degree of implementation of chronic care management models and is based on the Chronic Care Model (4).

**Aims, objectives and results:** In this abstract we would like to explore the co-relation in the evolution of the results of both the CP and IEMAC across time.

In order to do that we have selected some of the actions/policies behind the new indicators in the CP (see in Figure 1) such as: (i) the provision of case managers and liaison nurses, (ii) systematized agreements with "outsiders" such as social and community care, (iii) unified health care records, (iv) patient empowerment and participation among others. All these elements aim to improve continuity of care and improve the experience of care across settings.

On the other hand in Figure 2 shows the results from 20 evaluations using IEMAC sessions that were conducted with 18 ICOs. Each session was run by health professionals and managers from both levels of care (Primary and Hospital Care) and actors from other areas such as mental

health and social care were also represented. The self assessment of IEMAC allows each ICO to identify areas of improvement, define a plan and implement it following what the CP requests.

**Conclusions:** Integrated care is a dynamic process that involves cultural change and measuring that can be rather hard. However evaluation tools are necessary for tracking the evolution of key aspects for integrated care and the various changes that occur when implementing integrated care policies.

Looking at the results we can observe a positive evolution of both CP indicators and IEMAC-ARCHO, which indicates good degree of achievement of the policies implemented by the Ministry of Health.

In addition to being useful for evaluation purposes, both the CP and IEMAC are powerful tools to identify line of actions and improvement areas that can be supported by the Ministry of Health.

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