

CONFERENCE ABSTRACT

Implementation of an evaluation system for chronic care models in Spain

17th International Conference on Integrated Care, Dublin, 08-10 May 2017

Roberto Nuño-Solinís¹, Jose Joaquín Mira², Mercedes Guilabert², Paloma Fernández-Cano³

1: University of Deusto, Spain;

2: University Miguel Hernández, Spain;

3: MSD, Spain

Background: The Spanish public healthcare system is composed of 17 regional health services managed by the Autonomous Regions. The Autonomous Regions have full management autonomy at structural, organizational and budgetary levels in health and social policies. In the last decade, it became clear that it was needed to rethink the way of responding to the needs of people with one or more chronic conditions, especially with older, multimorbid, polymedicated patients and in situations of greater complexity or vulnerability. In 2010, the IEMAC-ARCHO instrument was designed with the purpose of evaluating and re-orienting chronic disease management strategies in various regions.

Objective: To describe the evaluation of the chronic care models in the Regional Health Services of Spain during the period 2011-2016.

Method: Review of the frequency of use of the IEMAC-ARCHO tool in the different regional health services at the macro, meso and micro levels for the evaluation of plans, programs and strategies of integrated chronic care.

IEMAC-ARCHO is the only validated tool that is being used in Spain for evaluation purposes of approaches to chronicity. With 75 items the tool is based on the Chronic Care Model (CCM) and provides a score in all 6 dimensions of the CCM. There are specific versions for diabetes and musculoskeletal conditions.

The use of this tool allows to draw the degree of evaluation (and in some way of its deployment) of the strategies or plans of integrated care for chronicity.

Results: In the period 2011 to 2016, the IEMAC-ARCHO tool was used in 157 evaluations (14 at the macro level, 78 at the meso level and 65 at the micro level). At the macro level, it has been used by 14/17 (82,3%) of regional health services. At the meso level, 45/78 (57,7%) correspond to evaluations in the Basque Health Service and 8/78 (10,2%) to Andalusia. At the micro level, 28/65 (38,2%) evaluations were performed in Catalonia. The dominant profile of meso-level centers that used IEMAC-ARCHO corresponded to Integrated Care Organizations (ICOs) (42.3%).

The highest scored dimension was “The reorganization of Delivery Model” (45 points in average) and the lowest “Community Health” (30 points in average). 14,1% of organizations have evaluated twice or more showing highest improvements in “The reorganization of Delivery Model”, “Self-management Support” and “Information Systems”.

Conclusions: The mapping of the self-assessments carried out with IEMAC-ARCHO gives us an overview of the development of new models in relation to chronicity in Spain, which largely corresponds with the development of chronicity plans. The main users of the tool are the vertically integrated organizations, since to a large extent the development of these new organizational forms is linked to new approaches of integrated care for chronicity and to new approaches of population health management. In the Spanish context where evaluation of policies is usually scarce, IEMAC-ARCHO has proven to be a useful tool for systematic evaluation of plans and strategies related to chronicity.

Keywords: chronic care models; strategies; evaluation
