Catalan position on VBHC

People-centered integrated healthcare, social & communities services

MD. MPH. PhD. **Leslie Barrionuevo-Rosas**

lbarrionuevo@gencat.cat

Salut/ Agència de Qualitat i Avaluació
Sanitàries de Catalunya

Conflict of interest

No relationships/ conditions/ circumstances that

present a potential conflict of interest

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Q1. What was the **reason** that Catalonia wanted to develop a VBHC strategy?

Q2. What does the VBHC strategy **look like** in Catalonia?

Q3. What are **challenges** in developing such strategy at a regional level?

- Steps forward: Challenges in guidance **implementation**

Catalan Healthcare system:

- ➢ **National Health service** (NHS) based System (spending 9.1% of Catalan GDP).

- ➢ **Healthcare system is funded through taxes.**

- ➢ **Universal coverage** & **free access** at the point of use by NHS.

- ➢ **Drugs** have an out-of-pocket **copayment** except for retired people.

- ➢ **Multi-provider** system **publicly funded.**

- ➢ **Providers have the duty to share data.**

Q1. What was the **reason** that Catalonia wanted to develop a VBHC strategy?

Catalan Health system *challenges*

Relevant challenges to address

- **Complex** health care burden.

- **Fragmented** health services.

- **Unsuccessful** coordination.

- Social determinants of health: Focusing on the **most disadvantaged**.

- **Rebalancing** health services towards primary and community-based care.

- Engaging **communities**: co-production.
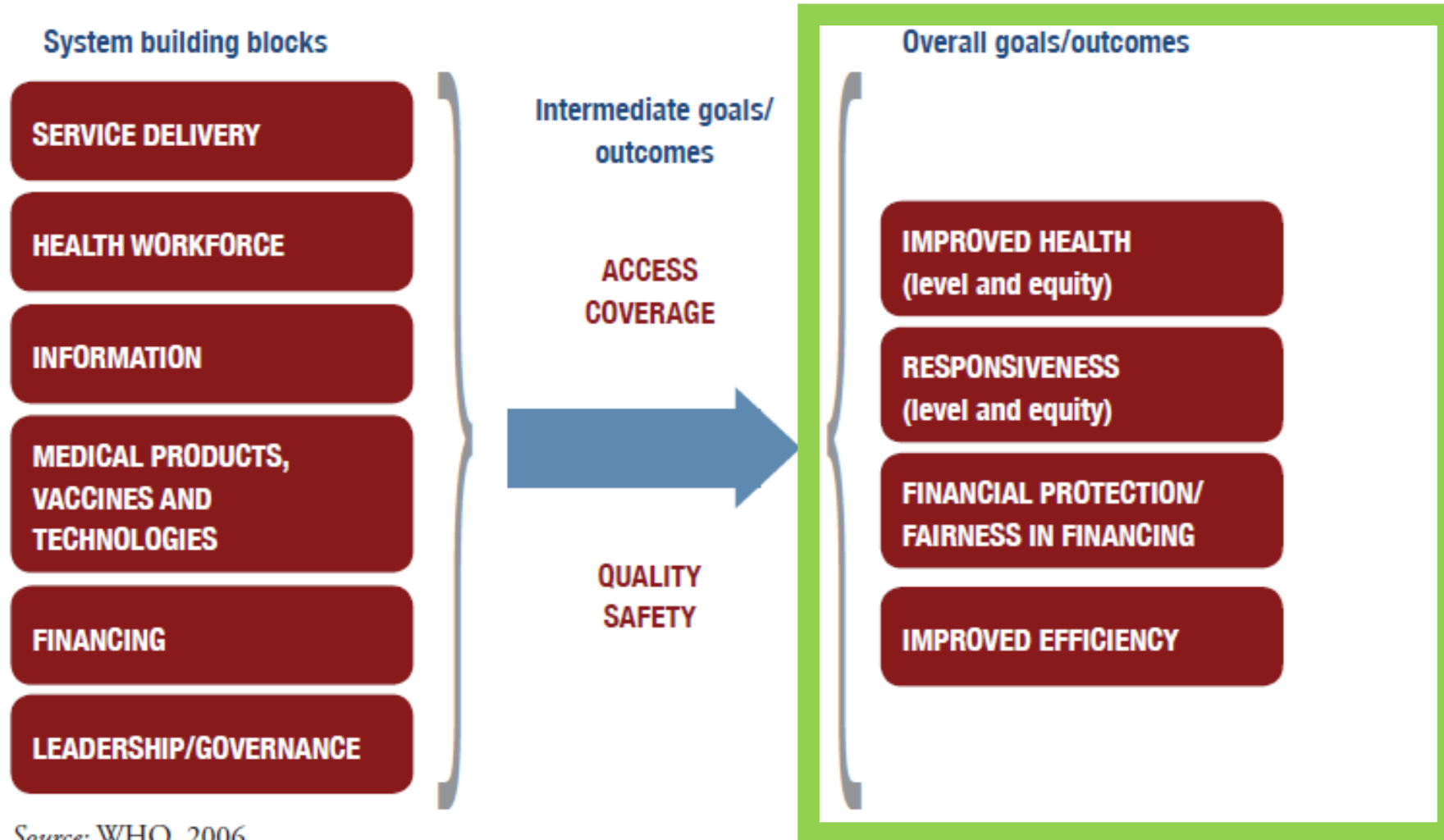
- Ensuring Health System **sustainability** & best Impact.
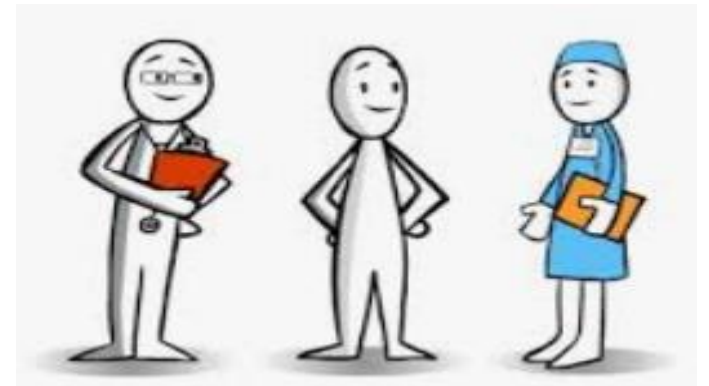
People-centered integrated healthcare, social & communities services

The best Health Impact
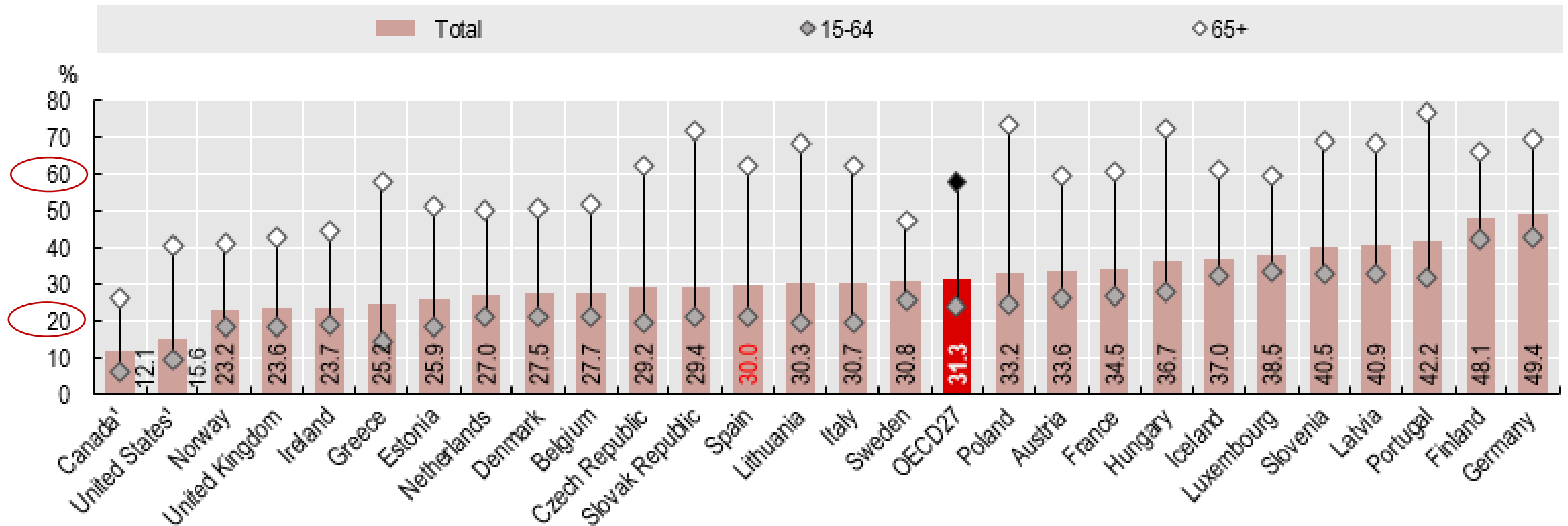
IMPACT

Quality is an intermediate goal of health systems

System building blocks

- SERVICE DELIVERY
- HEALTH WORKFORCE
- INFORMATION
- MEDICAL PRODUCTS, VACCINES AND TECHNOLOGIES
- FINANCING
- LEADERSHIP/GOVERNANCE

Intermediate goals/ outcomes

ACCESS
COVERAGE

QUALITY
SAFETY

Overall goals/outcomes

- IMPROVED HEALTH (level and equity)
- RESPONSIVENESS (level and equity)
- FINANCIAL PROTECTION/ FAIRNESS IN FINANCING
- IMPROVED EFFICIENCY

Source: WHO, 2006

Source: European observatory on health systems and policies 2019

Challenges

Multimorbidity

People living with two or more chronic diseases, by age, 2014

Challenges

Multimorbidity

People living with two or more chronic diseases, by income level, 2014
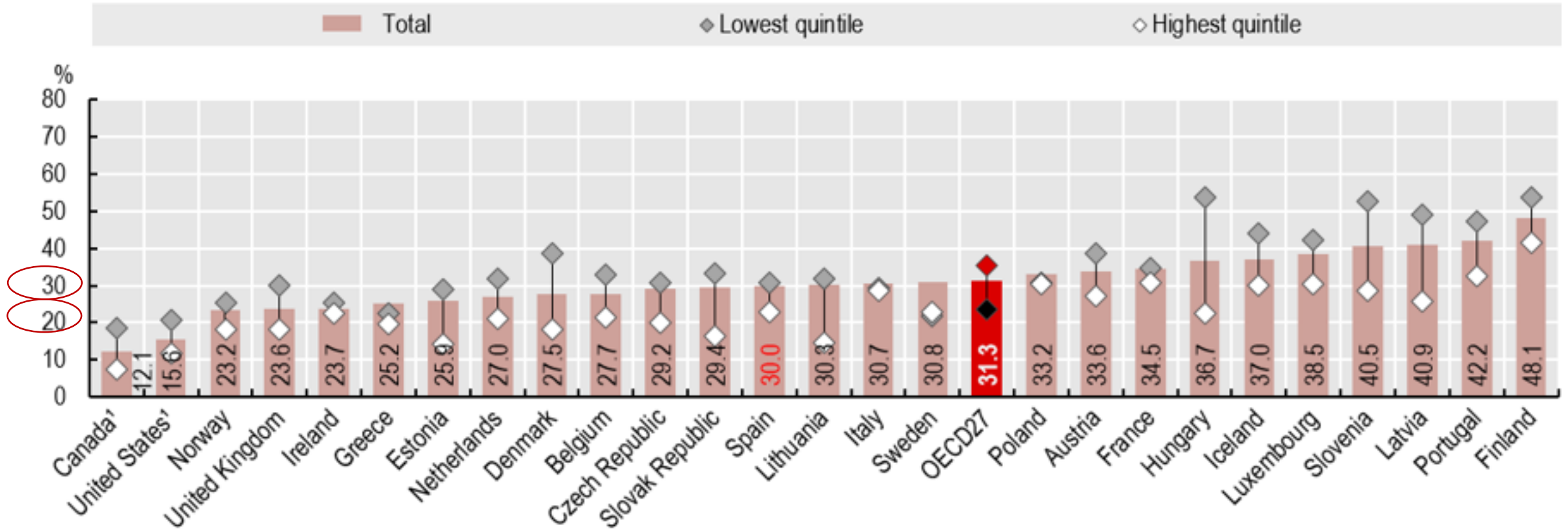
Challenges

Complex multimorbidity

Population distribution by age, sex and risk stratum
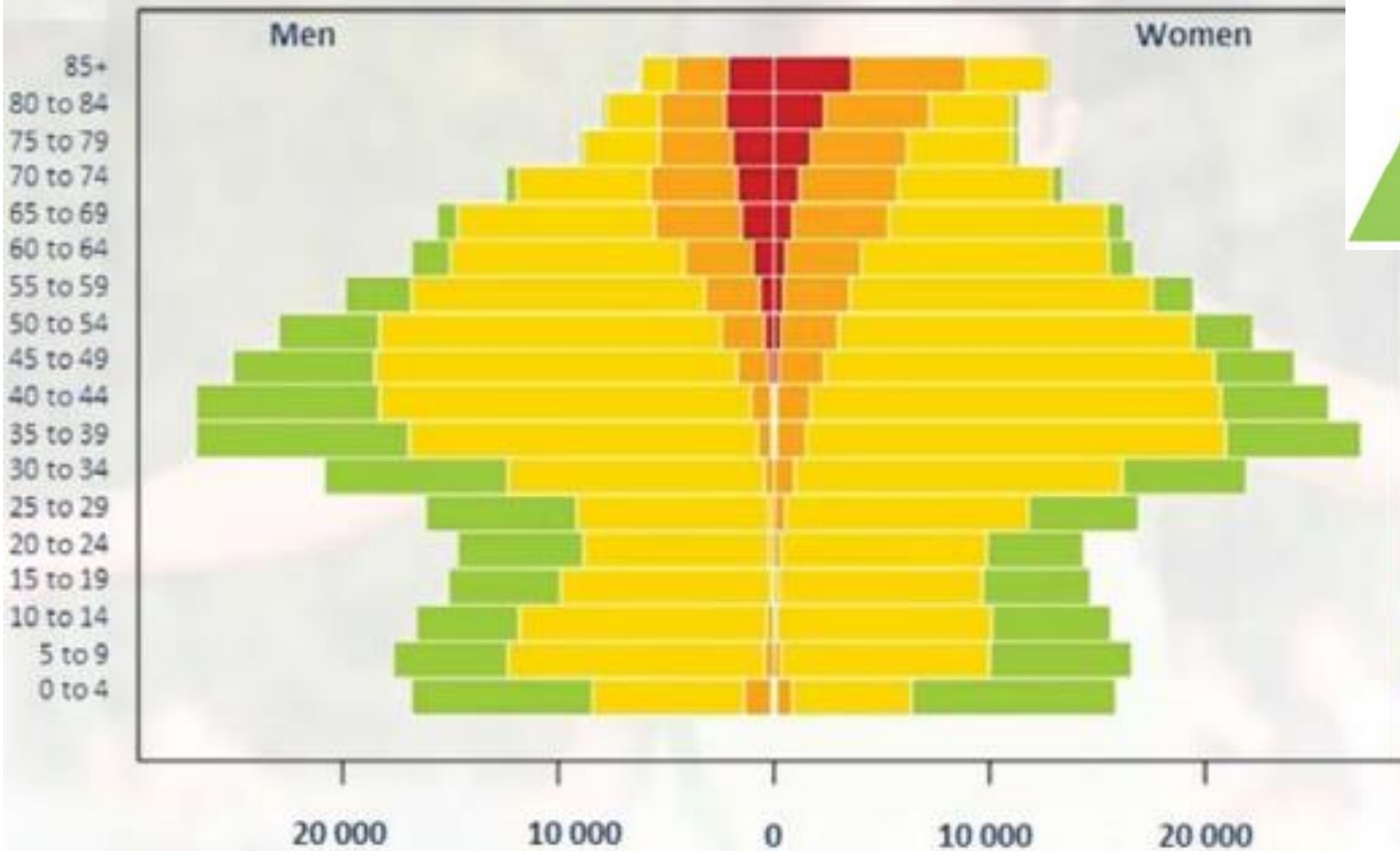
Stratification pyramid based on complexity index

D High-risk population: people with an individual complexity value greater than that of the 95th percentile of the population with chronic disease

C Moderate-risk population: people with an individual complexity value between the 80th and 95th percentiles of that of the population with chronic disease

B Low-risk population: people with an individual complexity value lower than that of the 80th percentile of the population with chronic disease

A Population with no chronic disease

High-risk population
Moderate-risk population
Low-risk population
Population with no chronic disease

Source: Ministerio de Sanidad, Servicios Sociales e Igualdad, 2018

Challenges

Resource needs by health risk

Risk level population	Population 2015	GP visits (median number)	Social workers visits at primary care	Emergency visit rate (per 100)	Emergency admission to hospitalization rate (per 100)	Mortality rate in a year (per 100)	Drugs prescribed (median number)	Annual costs per person (Euros)	Percentage of the total budget
High	5%	23	49%	175.5	59.7	12.3	13	7.466	36%
Moderate	15%	13	12%	76.0	6.7	1.1	8	2.262	33%
Low	30%	7	3%	48.0	2.4	0.1	4	817	24%
Baseline	50%	2	0.4%	15.5	0.5	0.1	1	174	8%

Source: Catalan Health System Observatory, 2017. |

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Guidance for addressing the Challenges

National

- **Catalan Health Plan** (2011-2015): **Integrated clinical processes & Co-responsability** & **Co-education**: Chronic patients (DM2, HF, COPD & depression).

- **Catalan Health Plan** (2015-2020): Proposal of a new health care model focused on **people-centered & integrated Health services** (2015-2020).
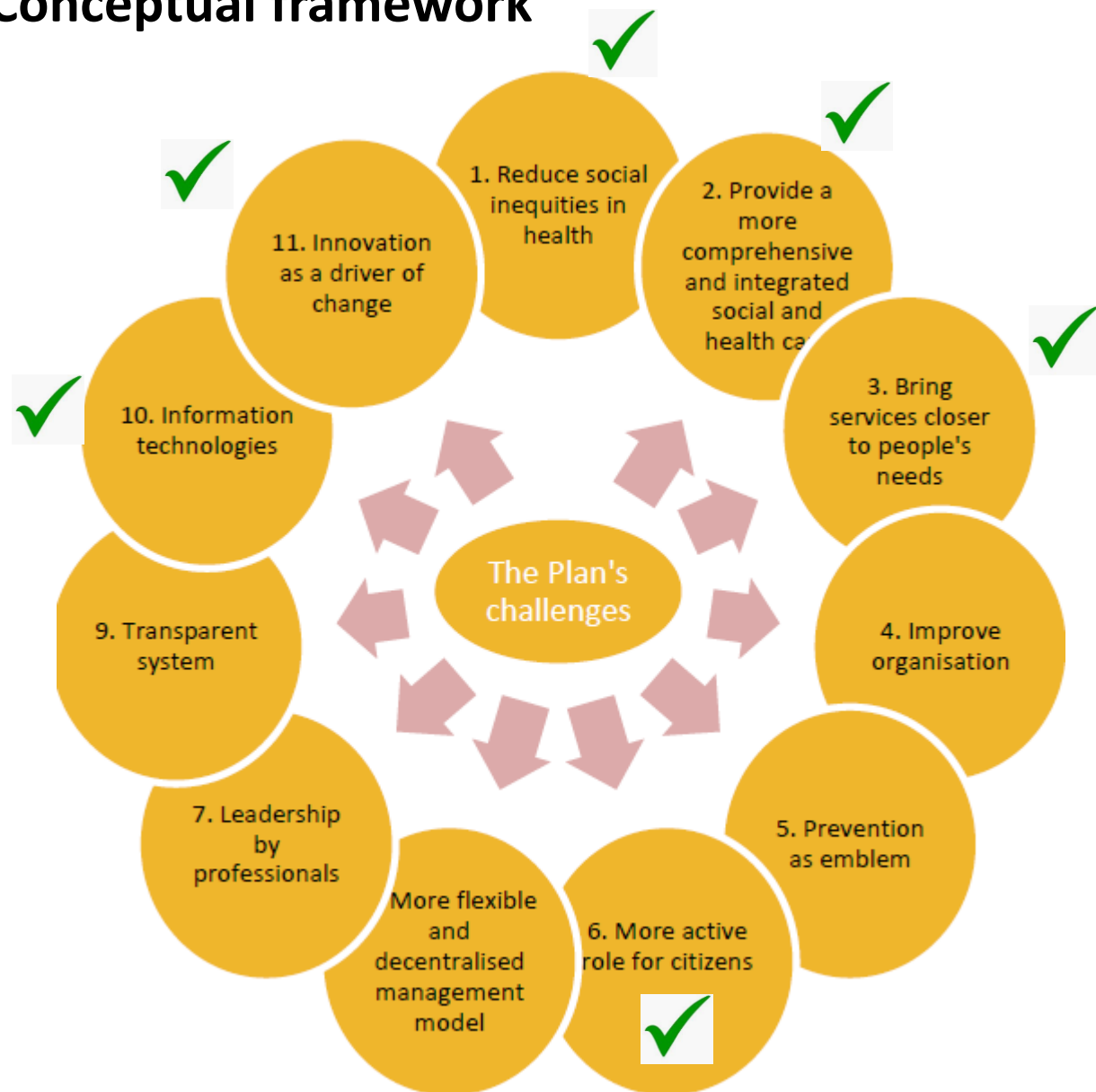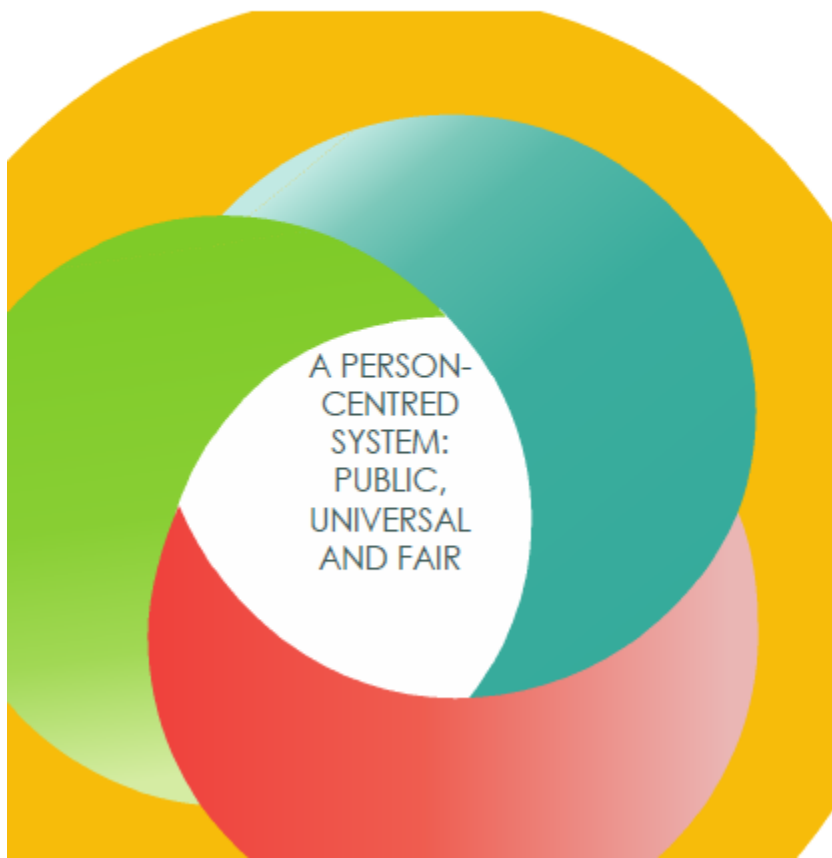
- **WHO** Global strategy on people-centered & integrated health services (2015).

- **OECD** Quality framework (2015).

Health Plan for **Catalonia** 2016-2020. **Conceptual framework**

Health Plan
for Catalonia 2016-2020

A PERSON-CENTRED SYSTEM: PUBLIC, UNIVERSAL AND FAIR

The Plan's challenges

1. Reduce social inequities in health ✓
2. Provide a more comprehensive and integrated social and health ca ✓
3. Bring services closer to people's needs ✓
4. Improve organisation
5. Prevention as emblem
6. More active role for citizens ✓
7. Leadership by professionals
More flexible and decentralised management model
9. Transparent system
10. Information technologies ✓
11. Innovation as a driver of change ✓

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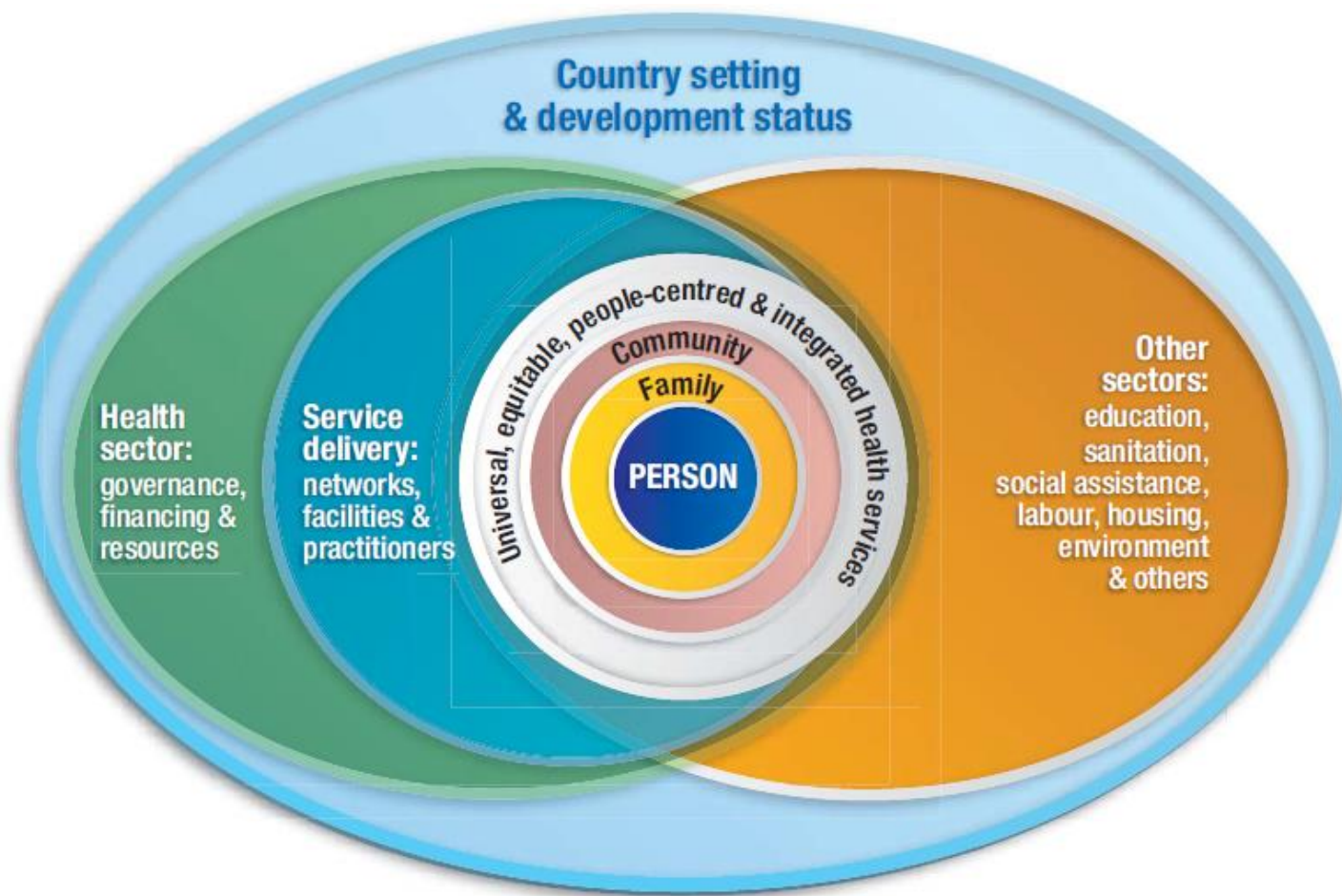
Source: Health Plan for Catalonia 2016-2020.

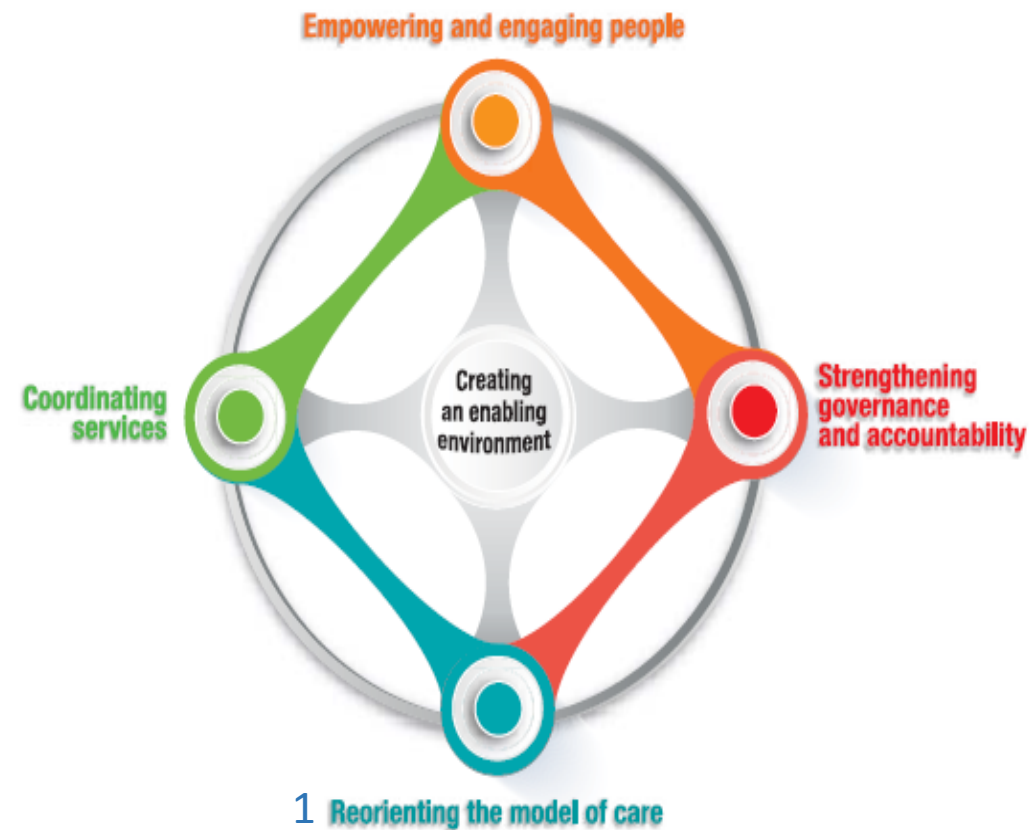# Quality definitions focused on Patient involvement & Integration & Equity

Quality dimensions in ten selected definitions of quality, 1980–2018

		Donabedian (1980)	IOM (1990)	Council of Europe (1997)	IOM (2001)	OECD (2006)	WHO (2006b)	EC (2010)	EC (2014)	WHO (2016)	WHO (2018)
Core dimensions of healthcare quality	Effectiveness		X	X	X	X	X	X	X	X	X
	Safety			X	X	X	X	X	X	X	X
	Responsiveness			X	Patient-centredness	X	Patient-centredness	X	Patient-centredness	Patient-centredness	Patient-centredness
Subdimensions (related to core dimensions)	Acceptability						X				
	Appropriateness			X					X		
	Continuity										
	Timeliness				X					X	X
	Satisfaction		X	X							
	Health improvement		X	X							
	Other	Patient Welfare		Assessment of care process					Patient's preferences	Integration	Integration
Other dimensions of health systems performance	Efficiency			X	X		X	X	X	X	X
	Access			X			X				
	Equity				X		X	X	X	X	X

Source: European observatory on health systems and policies 2019

WHO global strategy on people-centred & integrated health services (2015):
Conceptual framework

Framework: Europe commission & OECD: Patient Experiences & Integrated Care

OECD framework for health care system performance measurement

Health

Non-health care determinants of health

Health Care System Performance
How does the health system perform?
What is the level of quality of care across the range of patient care needs?
What does the performance cost?

Current focus of HCQI project	Dimension				
	Quality			Access	Cost/expenditure
Health care needs	Effectiveness	Safety	Responsiveness/ patient centredness	Accessibility	
1. Primary/Secondary prevention					
2. Getting better			Individual patient experiences		
3. Living with illness or disability/chronic care			Integrated care		
4. Coping with end of life					

Equity

Efficiency
Macro and micro-economic efficiency

Health system design, policy and context

Source: Carinci F, Int J Qual Health Care 2015;27(2):137.
Framework of the OECD HCQI project, first published in 2006 (Arah et al., 2006).

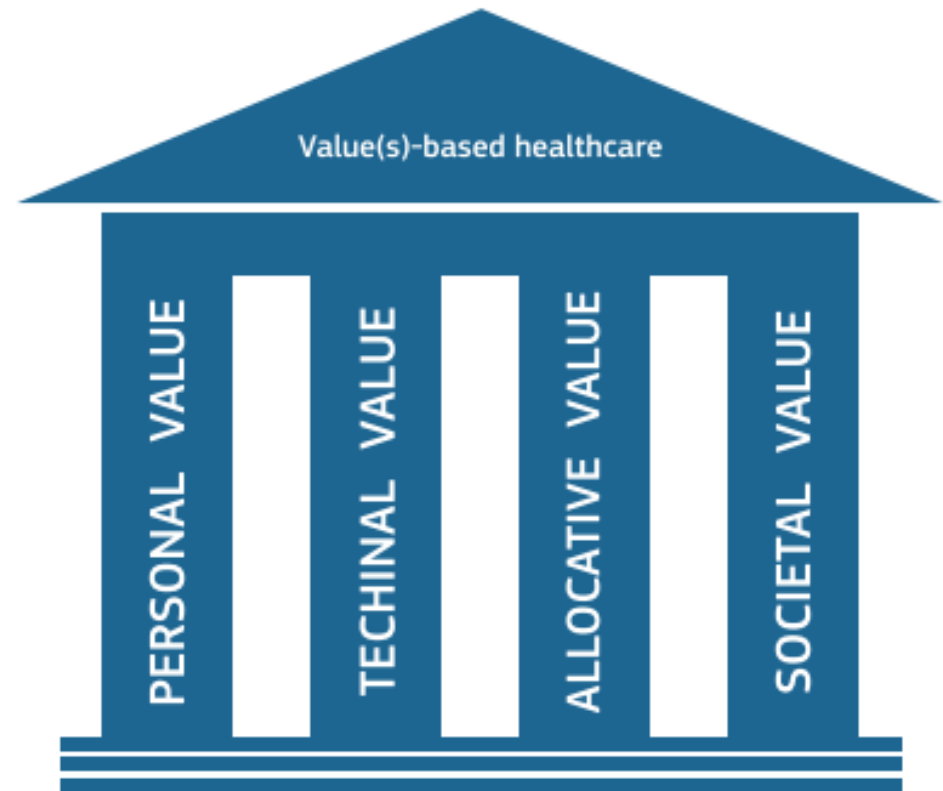Q2.   What does the VBHC strategy **look like** in Catalonia?

What is VBHC?
What are its core components?

DEFINING VALUE IN 'VALUE-BASED HEALTHCARE'
Opinion by Expert Panel on effective ways of investing in health (EXPH)
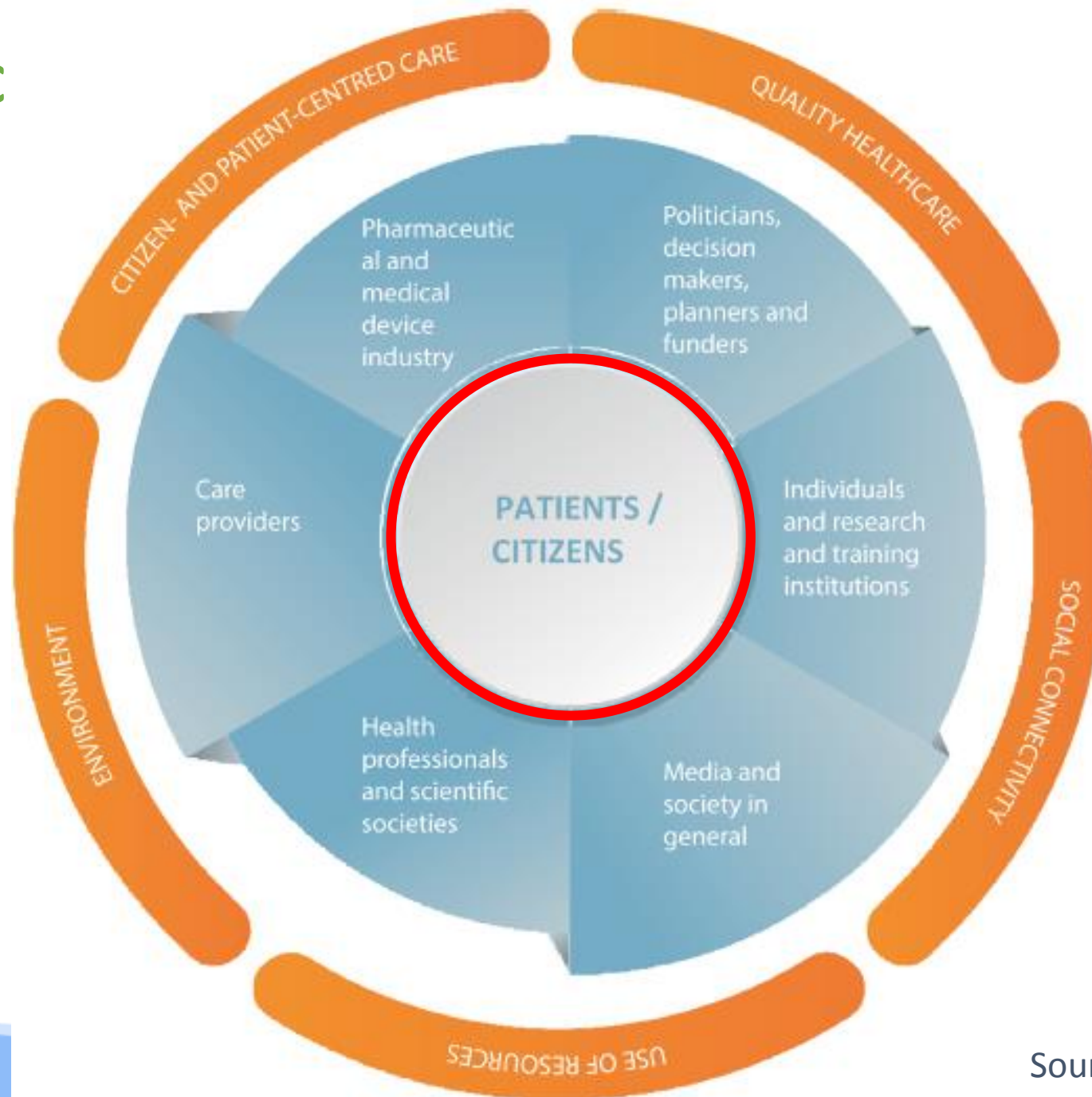
- ➢ **No single definition** of 'value' within VBHC.
- ➢ Definition of value is **subjective**.
- ➢ What is considered **valuable** can **differ**:
  - ✓ patients
  - ✓ Clinicians
  - ✓ healthcare providers
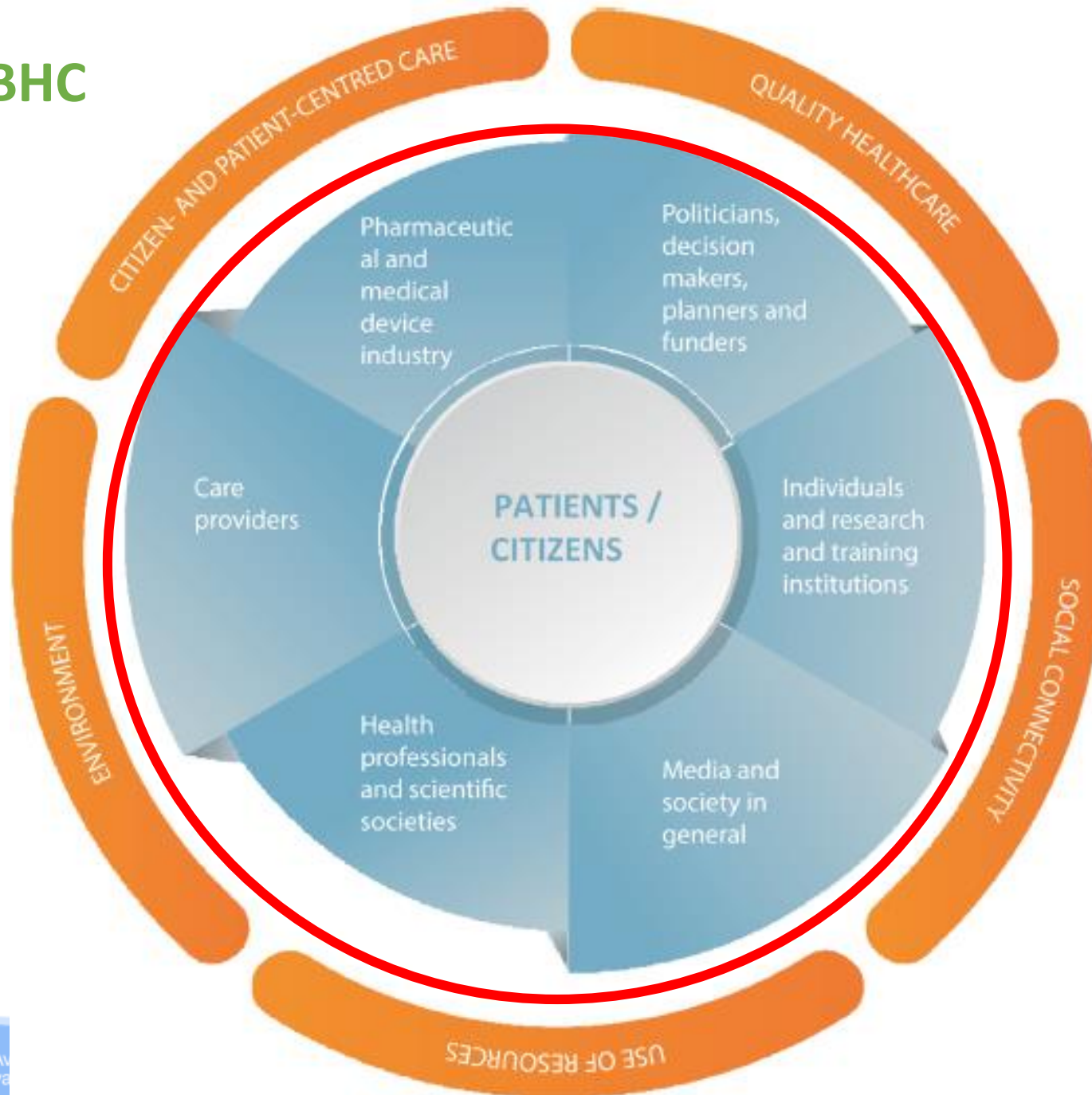 - ✓ policy makers
  - ✓ industry stakeholders...

Value(s)-based healthcare

PERSONAL VALUE | TECHINAL VALUE | ALLOCATIVE VALUE | SOCIETAL VALUE

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Catalan VBHC

CITIZEN- AND PATIENT-CENTRED CARE

QUALITY HEALTHCARE

SOCIAL CONNECTIVITY

USE OF RESOURCES

ENVIRONMENT

Pharmaceutic al and medical device industry

Politicians, decision makers, planners and funders

Care providers

PATIENTS / CITIZENS

Individuals and research and training institutions

Health professionals and scientific societies

Media and society in general

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Catalan VBHC

Source: VBHC. AQUAS. 2019.

Catalan VBHC core components

- Disinvestment on low value healthcare (evidence based).
- Reinvestment on higher value healthcare (evidence based).
- Better cost-effectiveness.
- Avoiding waste arising from inefficiencies, fraud and corruption.

Costs

Integrated healthcare & social system

Equity

- Equitable resource distribution.
- Relevant health needs.
- Reducing health inequalities.

Patient-centered

- Patients
- Society
- Health professionals
- Social and health services

Involvement & Connectedness

Evidence based

Social cohesion

Outcomes & Experiences

- Evidence based:
- Relevant to patients
- Relevant to health professionals
- Relevant to social & public health
- Avoiding unwarranted variations *

Q3. What are **challenges** in developing such strategy at a regional level?

Challenges

Guidance on implementation

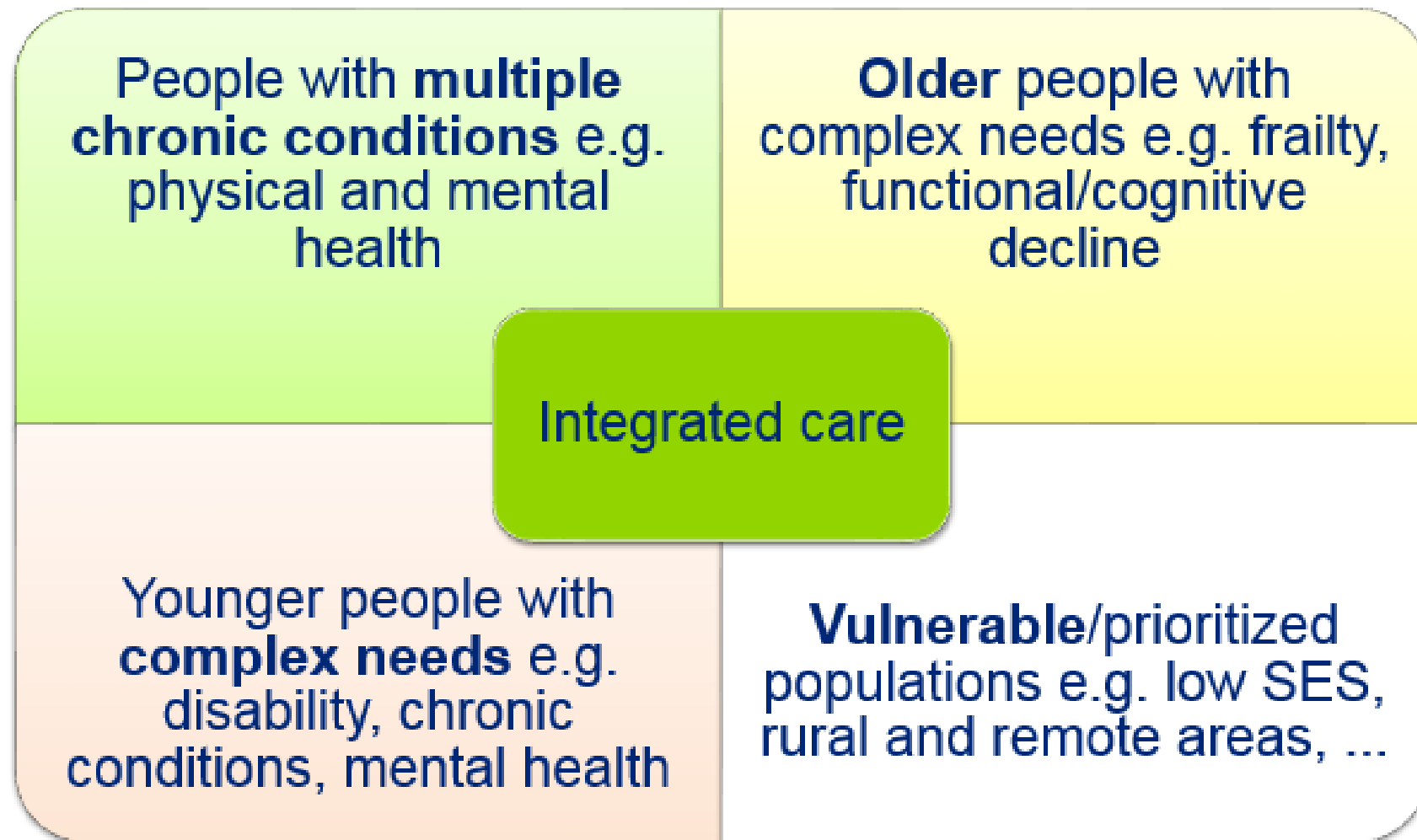**What is the best way to operationalize the core components?**

➢ **Implementation** model with:
- ✓ Evidence
- ✓ Systematic
- ✓ **Integrated implementation** of the core components.

Specific **standardized** operational **actions** for:
- ✓ Adaptation
- ✓ Scaling up
- ✓ Evaluation of the implementation
- ✓ Sustainment

Target population?

People with **multiple chronic conditions** e.g. physical and mental health	**Older** people with complex needs e.g. frailty, functional/cognitive decline
Younger people with **complex needs** e.g. disability, chronic conditions, mental health	**Vulnerable**/prioritized populations e.g. low SES, rural and remote areas, ...

Integrated care

Europe commission & OECD: Patient-Reported Indicators Surveys (PaRIS).
http://www.oecd.org/health/paris.htm

Steps forward: Challenges

Guidance on implementation

- Horizon scanning
- International collaboration
- Multi-agency initiative
- Multilevel approach
- Active learning communities
- Patient engagement & involvement international initiative
- Mentoring, advisory & consultancy work adapted to be deliver virtually

- Free fast track advice for researchers developing novel approaches
- Promoting guidelines for implementation evidence generation:
  - ✓ **Implementation Science**
  - ✓ **Science of engagement**
  - ✓ **Social (media) listening**
  - ✓ **Health advocacy**
  - ✓ **Health literacy**

- Support the use of evidence-based decision making in health & social & communities care systems

Looking forward to be involve in an *international learning community* with *sustainable EU long-term funding*

An integrated international governance framework for quality in healthcare

Source: European observatory on health systems and policies 2019

Examples of quality strategies by levels:

System level strategies	Organizational/institutional level strategies	Patient/community level interventions
Legal framework for quality assurance and improvement	Clinical quality governance systems	Formalized patient and community engagement and empowerment
Training and supervision of the workforce	Clinical decision support tools	Improving health literacy
Regulation and licensing of physicians and other health professionals	Clinical guidelines	Shared decision-making
Regulation and licensing of technologies (pharmaceuticals and devices)	Clinical pathways and protocols	Peer support and expert patient groups
Regulation and licensing of provider organizations/institutions	Clinical audit and feedback	Monitoring patient experience of care
External assessments: accreditation, certification and supervision of providers	Morbidity and mortality reviews	Patient self-management tools
Public reporting and comparative benchmarking	Collaborative and team-based improvement cycles	Self-management
Quality-based purchasing and contracting	Procedural/surgical checklists	
Pay-for-quality initiatives	Adverse event reporting	
Electronic Health Record (HER) systems	Human resource interventions	
Disease Management Programmes	Establishing a patient safety culture	

Experiences

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Source: European observatory on health systems and policies 2019
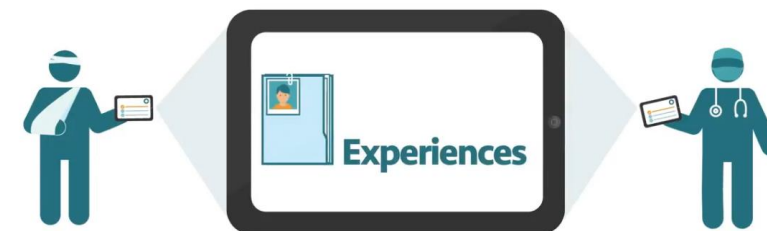
Examples of quality indicators focused on Patient involvement

| Dimension of quality	Donabedian's triad (Quality indicators)		
	Structure	**Process**	**Outcome**
Effectiveness	Availability of staff and equipment Training expenditure for staff	Aspirin at arrival for patients with acute myocardial infarction HPV vaccination for female adolescents Beta blockers after a myocardial infarction	Hospital readmission rate Heart surgery mortality rate Rate of preventable hospital admissions Activities of daily living Patient-reported outcome measures (PROMs)
Patient safety	Availability of safe medicines Volume of surgeries performed	Safe surgery checklist use Staff compliance with hand hygiene guidelines False-positive rates of cancer screening tests	Complications of diagnosis or treatment Incidence of hospital-acquired infections (HAI) Foreign body left in during procedure
Patient-centredness	Patient rights Availability of patient information	Regular doctor spending enough time with patients during consultation Patient-reported experience measures (PREMs)	Activities of daily living Patient satisfaction Willingness to recommend the hospital Patient-reported outcome measures (PROMs)

PROMs

PRIMs

PREMs

Sal

To sum up: Challenges on **integrated implementation**

- Complex health burden
  - Just few studies: Complex multimorbidity patients

- Narrow or fragmented vision
  - Not integrated health care

- Audience- multiple summaries, guidelines and reports (mostly narrative reports).
- Rapidity with which models/interventions/tools **changing** but NOT validated
- Multiple options available (others: Business models frameworks in healthcare)

- Current paucity of evidence: Enough low quality, very little high quality
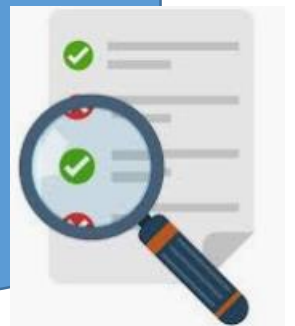
Still in the learning curve…

- People-centered (standardized) integrated clinical & social pathways

- "Living guidelines"
- (Speed/rigor) quality & adaptation
- Coordination, research, regulation
- Collaboration & information sharing
- Commissioning, HTA, communication
- Virtual way of working

Moltes gràcies!

Leslie Barrionuevo lbarrionuevo@gencat.cat

LinkedIn: Leslie Barrionuevo Rosas

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