A systematic analysis of the multi-annual journey of Badalona towards integrated care

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Introduction: We produced and analysed a structured description of 13 Integrated Care initiatives deployed according to local plans plus 7 pilots managed within European projects in the Municipality of Badalona (200,000 inhabitants, in Catalonia), where joint health and social planning is active since year 2000.

Methods: Each initiative is described through 23 Classes of Unmet Integration Needs, refined by Federsanità from a prototype classification developed within the STOPandGO project. Each Class of Needs denotes specific care&cure services and the related types of enabling technologies, from a systemic perspective.

A structured format, called "Value-Oriented Map" (VOM), allows the local experts to consider how the care&cure services address each Class of Needs within an initiative, to assign a score to its "Contingent Contribution to the Value" (CCV) about the overall care model, from 0 (null) up to 4 (maximum contribution).

All the CCVs of an initiative yield a lean index on its "Contingent Complexity of Deployment" (CCD).

Results: We ranked the initiatives according to their CCDs; their average complexity shows a tendency to increase along the years, from a modest range (mean CCD index between 30% and 60%) to a very high range (between 50 % and 80%).

We also analysed the evolution of the CCV for each Class of Needs in 12 years of initiatives.

Conclusion: Badalona is one of the few ecosystems where several initiatives are deployed at full scale and offer the opportunity to see how the programs have evolved over time to meet a wide range of needs. The ex-post analysis of the initiatives in Badalona demonstrated that our approach can highlight similarities and motivated differences among initiatives and thus is suitable to involve several stakeholders with different cultures and perspectives, including patient advocates, to provide an initial input to co-design multiple initiatives, to replicate good practices with suitable adaptations, to envisage the evaluation criteria, to prompt a Value-based Procurement process about the required technology-enabled services.

Lessons learned: We claim that creating a rational framework through the structured description of the initiatives by the Classes of Needs may facilitate: to reach a consensus among local stakeholders; to manage a Value-based Procurement process; to transmit the lessons learned among different localities; to reshape successful good practices into the care model best fitting in a different local context.
Limitations: The CCV scores and the CCD Index are “contingent”; i.e. they depend on the local regulatory, organisational and technological context in a precise period, including also the cross-relations among the initiatives already running or foreseen in that period. This limit is intrinsic in any process of replication and scaling up, in the same locality or between localities.

Future research: Similar considerations, to be assessed and investigated independently in other locations, can be useful to face the urgent need for a disruptive change in the care&cure systems, to create a shared view on local or regional multi-annual roadmaps towards Integrated Care, to replicate and adapt successful initiatives in different locations, or to set up Value-based procurement processes to purchase technology-enabled services.

Keywords: value-based care; value-based procurement; multi-annual journey; unmet integration needs; co-design of technology-enabled services