CONFERENCE ABSTRACT

Screening for Social Care Complex Needs – Review of current experiences

16th International Conference on Integrated Care, Barcelona 23-25 May 2016

Pilar Hilarión1,2,3, Marta Ballester1,2,3, Josep A. Domínguez4, Xavier Delgado5, Ester Sarquella6, Josep de Andrés Pizarro7, Rosa Sunol1,2,3

1: Avedis Donabedian Research Institute (FAD), Barcelona, Spain;
2: Universitat Autònoma de Barcelona, Spain;
3: Red de Investigación en Servicios de Salud en Enfermedades Crónicas (REDISSEC), Spain;
4: Barcelona Provincial Council, Spain;
5: Family and Social Welfare Department (Government of Catalonia), Spain;
6: Inter-ministerial Health and Social Care and Interaction Plan (PIAISS, Government of Catalonia), Spain;
7: City Council of Sabadell, Spain.

Background: The importance of the social dimension on health is well known, and care systems around the world are trying to align their interventions to tackle health and social elements in a comprehensive and integrated care continuum. Arguably one of the first steps towards surpassing this gap is creating a common approach and language of understanding between both areas.

A main feature in designing integrated care models is the need to evaluate the complexity of care needed by the population in order to enable the scaling of efforts and planning resources. Health care complexity scales are based on previous diagnosis, age and health resources consumption and can easily be applied to the overall population, as most of them have this information coded and recorded in the health information systems. This seems to be not so easy for the evaluation of social complexity.

It is in this context that the Barcelona Provincial Council jointly with the Inter-ministerial Health and Social Care and Interaction Plan (PIAISS, Government of Catalonia), the Family and Social Welfare Department (Government of Catalonia) and the City Council of Sabadell have lead a research project to review existing systems of screening for social care complex needs, conducted by the the Avedis Donabedian Research Institute.

Method: The first part of this project has consisted on a review of existing experiences. This was conducted with a mixed methodology by review of the published literature and with interviews with key referents in the area (over 60 contacts 30 in Spain, 31 internationally). Given the relative newness of the topic a snowballing technique was selected to carry out the review of the literature (over 200 documents reviewed). In order to ensure that all relevant instruments were captured the screening criteria was flexible and the selected documents (to full text review) included screening instruments for social complexity, evaluation instruments for social complexity and documents presenting a conceptual framework of social complexity.
Results: From the 200 documents reviewed 31 instruments to screen or carry out a preliminary evaluation of complexity of social care (or closely related concepts) were detected. In a full text review the 31 instruments were narrowed down to 8 (interRAI, Northern Ireland Single Assessment Tool, Caseload Management Model, Self-sufficiency matrix, OARS, Gijón, TIR, Outcomes Star). The main reasons for dismissal were: a lack of a fully formed instrument or a concept deemed to be too detached from that of social complexity.

In an analysis of the concepts that those instruments evaluate 205 different items were detected. Grouping them in thematic areas the following covered most of the evaluated items: characteristics of the person itself (8% of identified items); impact of health in the daily life (31%), living conditions (18%), relational network (25%), relation with the system of provision of services (18%).

It should be also noted that the review didn’t detect any instrument that was both a screening instrument and evaluated social complexity, although some were close. Particularly two wider systems included a screening instrument complemented with a detailed evaluation of what is close to social complexity: interRAI and NISAT and one instrument that has been used both as a screening and as an evaluation tool, the Self-Sufficiency Matrix.

Discussion: The development of strong screening instruments of social complexity can be a crucial step towards this holistic approach to care in several ways. First, relating to social services themselves, it is believed that in an ever more complex context of social care, having a common screening system can contribute to prioritize most needed cases at an individual level and to plan social services at a policy/managerial level. In addition, screening for complexity of social care can help to give a common language with health teams and therefore, contribute to the process of health and social integration.

Conclusion: The lack of clear models of screening of social complexity highlights the needs of further development of the social care field in terms of the systematic identification of needs of a potential population and the consequential plan of social services.

*Its impact would very likely overreach form the social field into the health care field and potentially enable the development of the integrated care models.*

Looking ahead, the screening of social complexity poses some dilemmas to the future of health and social integration particularly regarding the convenience of sharing information and coordinating care plans.

Keywords: screening; integration; social care; complexity