Integrated care: The Basque perspective

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Abstract

Introduction: The increasing healthcare expenditure, the rising prevalence of chronic diseases and the ageing of population pose some challenges to Basque Health System, like to other health systems in Europe. Hence, a Strategy for Tackling the Challenge of Chronicity in the Basque Country was published in 2010 to address chronicity and to contribute to sustainability.

Objective: To analyze and describe the transformation of the Basque health system carried out in the last years, as well as, the different initiatives implemented in order to improve coordination and continuity of care.

Conclusion: The effects of the ongoing reform of the Basque health system have started to be evaluated. So far, results are only available regarding the impact of specific pilots. However, to date, the results obtained from the different projects carried out are very promising and preliminary evaluations suggest that the Basque health system is on the right track.

Value of the paper: This paper represents the most updated version of the progress made to date in integrated care in the Basque Country. In addition, it highlights the explicit use of assessment schemes which is one of the cornerstones underlying the Basque healthcare transformation process.

Keywords: Basque health system, Chronicity, Coordination, Innovation, Integration, Strategy

The ‘Strategy for Tackling the Challenge of Chronicity in the Basque Country’: an agenda for large-scale health system transformation

The Basque Health System, like other health systems in Europe, has to deal with the need to manage an increasing number of chronic patients in its catchment population, most of them with multiple chronic conditions (in 2011, 55% of chronic patients being reported to have more than one chronic condition), as well as the need to guarantee its future sustainability as a public health system.

In March 2009, a new government was formed in the autonomous region of the Basque Country. Aware of the great challenges to be addressed in terms of chronicity and sustainability, the Department of Health and Consumer Affairs of the Basque Government launched the ‘Strategy for Tackling the Challenge of Chronicity in the Basque Country’ in July 2010. This Strategy sets the agenda for the transformation of the health system in order to respond to the needs generated by the phenomena of chronicity in all affected groups, as well as to shift from a reactive to a proactive health system that is better integrated and more efficient across the healthcare delivery continuum.

The Strategy has a medium-term vision and proposes the implementation of the strategic guidelines through 14 strategic projects across five policy areas (see Fig. 1).

Spanish Health System and its current situation

The Spanish Health System is formed by the coordinated health services of the Central Government and the health services of the 17 regions, known as autonomous communities (see Fig. 2).

Several Spanish Autonomous Communities, including Andalucía, Cataluña, Valencia, and more recently Murcia and Castilla y Leon, refer to the management of chronicity in their strategic plans. The strategy implemented in the Basque Country, however, is considered a reference for the rest of...
the country, as it stands out for its specificity and the degree to which it has already been implemented. In addition, a Spanish national strategy for addressing chronicity across the national health system has been recently released, as an attempt to set a framework for general recommendations for the field of chronicity in Spain.

Chronicity as a driver for integrated care

Traditionally, patients have had an episodic relationship with a health system that was well oriented to deal with acute care but not well adapted to the needs of a growing population of multimorbid chronic patients.

The Basque Country has a strong primary care system in which each citizen is assigned a family physician who acts as a gatekeeper, being the first point of contact. The ongoing relationship between the patient and their doctor is appreciated by the population and it is considered one of the strengths of the Spanish health system in general. However, primary and specialized care are not well enough connected for chronicity and multimorbidity to be properly addressed. It is estimated that patients with chronic diseases account for over 77% of health expenditure and, what is more, the cost of care for the heaviest users in the Basque population, most of them multimorbid chronic patients, corresponds to 23.4% of the total health budget. Population ageing and rising chronic disease prevalence is expected to increase this trend.

Integrated care has arisen as an important mechanism through which to promote the ongoing viability and sustainability of health systems, as well as to address the problems of a lack of continuity and coordination. The aim of the Basque approach in this field is to integrate care received by people from various healthcare providers, trying to achieve more patient-centred care, as well as to improve population health by optimizing the use of resources.

Due to the fact that the transformation strategy emphasizes both context-specific and local solutions, a diversity of integrated care models is currently being followed in the Basque Country, and these can be classified into three different approaches (sometimes applied in combination):

- Organizational integration, with the development of local integrated delivery systems in which primary care providers and local community hospitals have been brought together under a single management entity and a common contracting framework in order to provide healthcare to their catchment population. So far, four integrated delivery organizations have been created: Bidasoa, Goierri-Alto Urola, Bajo Deba and Alto Deba. Notably, the Bidasoa Integrated Health Organisation has decreased the rates of referral

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Figure 1: Strategic projects within the ‘Strategy for Tackling the Challenge of Chronicity in the Basque Country’.
to medical specialists by more than 4% and of hospitalizations by more than 3% since its creation in 2011.  

- Process integration, by establishing integrated clinical pathways for specific diseases (such as chronic obstructive pulmonary disease, heart failure, and diabetes) which are jointly implemented by primary and specialized care clinicians, while maintaining the managerial independence of their respective organizations.
- Partnerships between generalists, with the development of shared care models for complex chronic patients. Here, the internal medicine specialist acts as an ‘assigned specialist’ and shares the responsibility for the most complex cases with the respective general practitioner, taking the role of coordinator with other specialists. Such ‘assigned specialists’ regularly visit the primary care centres, to analyze the situation of their patients together with the general practitioners. These improvements in coordination, communication, joint planning, and knowledge sharing have had a positive impact, with a trend to decreasing readmissions, emergency attendances and overall costs.

Figure 2: Spanish and Basque Health Systems.
The integrated care and chronicity agendas are converging in the Basque Country in a coherent way,13 with studies that show that integration is positively correlated with the presence of elements of the Chronic Care Model.14 To help advance this vision of integrated care for chronic conditions, several new tools have been designed; these include the Assessment of Readiness for Chronicity in Healthcare Organizations (ARCHO),15 which is being used in Basque health organizations.

Another important component of the strategy has been the development of a population health management approach, with the stratification of patients by risk.16 This approach helps to identify the future care requirements of each individual, making it possible to analyze the levels of complexity and comorbidity in the population, which in turn facilitates the design and implementation of specific interventions for subgroups with different health profiles. Predictive modeling is being used for case identification in several care programmes, such as: cardiovascular risk prevention activities for low-risk chronic patients; disease management programmes for patients with type 2 diabetes; and the introduction of new nursing roles, such as case managers for complex multimorbid patients.

**Strengthening the role of professionals as innovators**

As the strategy recognizes, in the implementation of the projects and initiatives, a new balance needs to be sought with the adoption of a more distributed style of leadership: neither a ‘top-down’ interventionist focus nor a more development-focused ‘bottom-up’ style would appear to be sufficient to act alone as drivers of change. On the one hand, a top-down focus is based on clear direction from top management and requires the setting of a suitable playing field, one which provides support and the necessary tools as well as objective and standardized measurement of progress. On the other hand, though leadership has an essential role in creating the conditions for change to take place at the operational level, the agent of change must not be the corporate leadership, but rather the professionals themselves.

During the 3 years since the publication of the Strategy, more than 150 bottom-up initiatives have been launched as a result of local experimentation and through the creation of conditions for people on the ground to identify the best solutions. Notably, two thirds of these initiatives are related to clinical integration.

**Integrated care facilitated by information and communication technologies**

The development of an electronic health record (EHR) system for primary care professionals in the Basque Country started in 1998 and now covers 100% of primary care. The EHR supports a database which contains information related to patient diagnoses, prescriptions, and laboratory test results, together with referrals and sick-leave certificates issued.

In 2010, the Shared EHR (called Osabide Global) was designed and piloted in Osakidetza, the Basque Health Service, and it is expected to be fully implemented in the course of 2013. This instrument enables professionals (at all levels of care) to access and collect all relevant data concerning each patient, to guide decision making and, in general, allows them to have a comprehensive and global vision of the patient.

Since 1 year ago, patients can arrange non-face-to-face interaction with professionals through the Multi-channel Health Service Centre called Osarean, which coordinates the provision of e-health17 services, health advice, prescription support and non-face-to-face appointments, among other activities, using Web access and SMS technology. Moreover, all Basque citizens have access to all objective clinical data contained in their own personal health record.

**Is the Basque Country on the right path for achieving integrated care?**

The effects of the ongoing reform of the Basque Health System have started to be evaluated. One of the cornerstones underlying the transformation process is the explicit use of assessment schemes, both for tracking progress in care for chronic illness (such as ARCHO), and for assessing outcomes (at both patient and population levels) linked to the integrated care initiatives. So far, results are only available regarding the impact of specific pilots, but as the projects go on, more evaluations are expected to be conducted and these will provide a basis for identifying sound initiatives to be spread across the health system.

Several factors are deemed to be facilitating the transformation process, aiming to achieve sustainable change, in the Basque Health System. Firstly, a clear vision from the policy makers has fostered the joining of forces and making of alliances between the various institutions and agents involved. Leadership, as the catalyst for change to be assimilated and implemented, is playing a key role in the deployment of a strategy in which professionals are
considered to be the driving force of the transformation. More distributed and clinical leadership is essential to take full advantage of the commitment, energy and innovation of the professionals who participate in the system. These professionals, traditionally separated in different levels of care, with different cultural, structures and interests, have started to develop a common language that facilitates multidisciplinary work around the patient and seamless care is now on their agenda.

Secondly, funding mechanisms have to be taken into account in order to transform a fragmented model into a coordinated system which does not necessarily reward mere activity, but rather good performance and the achievement of results. In 2012, the Contract-Programme, the instrument that sets the objectives, budget and evaluation system for provider organisations, has linked 3% of the budget for the public sector providers that are located in the same area and are responsible for the same population to the achievement of several pro-integration objectives.

Thirdly, prevention and health promotion are an indispensable element to enhance the effectiveness of the strategies being implemented. Such effectiveness is achieved through action in institutional and local areas, incorporating population and community-based approaches.

Nonetheless, although all these factors have contributed to the development of a certain degree of integration among primary and specialized care, much more needs to be done to achieve more integrated care between health and social services, which have traditionally been managed as silos with no communication between them. Fortunately, as part of the Basque Strategy, the collaboration between social and health services has started, but it is still at an embryonic stage.

We are aware that the progress and dynamism of all the projects in the medium-term depends on the ability to extend all the initiatives to the entire health system and, above all, on the commitment and innovation of the professionals and the citizens who participate in the system as patients and as carers. The results already obtained from the various projects that have and are being carried out are promising, and even though there is still a long way to go on the path to integrated care, preliminary evaluations suggest that the Basque health system is on the right track.

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