

CONFERENCE ABSTRACT

User reported measure of care coordination across catalonia, spain

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Introduction: People with chronic conditions often receive inadequate attention because of the different providers that are taken care of them. As the number of chronic diseases in the elderly increase, it is necessary to improve the coordination between institutions and services from health and social system. We already know previous experiences of care coordination improvement: Holland, Germany, Austria and the United Kingdom. In Spain, despite the efforts of the healthcare policies and the great commitment of professionals, we still find a lack of synergies and alliances between different levels of care, between social and health services and other services used. The aim of this study is to describe the perception of people over 65 with complex chronic conditions on the coordination of social and health care across Catalonia.

Methods: The study is divided into two phases. (1) Spanish validation of the instrument "User Reported Measure of Care Coordination (Crump, 2017)". (2) Descriptive study on citizens point of view. The selection of the participants was done through the different Primary Care Centers of the NHS. Inclusion criteria: people over 65 with multimorbidity. People who receive private healthcare was excluded. The instrument's reliability was measured with Cronbach's alpha, internal consistency with Pearson's correlation coefficient and reliability with the Spearman-Brown correlation. For the description, a univariate analysis of the variables and a correlation analysis was made for the comparison at the territorial level.

Results: The content validity and the reliability study showed satisfactory indexes in all cases. It provides a useful measure of the perception on health and social coordination in complex conditions for elder people. Population is not aware about their own care plan. Lack of coordination between different levels of care is identified by population. Also, between social and health care professionals. Important differences across Catalonia have been identified, mostly between urban and rural areas.

Discussion/Conclusion: The development of tools focus on care coordination measurement is a growing need across Europe. It is important to involve citizens in the evaluation of our healthcare policies. Early results suggest that our tool may have a contribution to make in

these areas. However, more work is required to test the efficacy of the tool on our population of interest.

Lessons Learned/Limitations: The study population presents a fragile health status and may have had problems responding to the questionnaire, so caregivers need to be included. Although this questionnaire tried to measure subjective aspects, such as perception/ experience, some elements may not be collected, that is why this study should include a qualitative approach, too. The main difficulty of the study, especially in the validation phase, is to obtain the completed questionnaire twice with just 14-days apart.

Suggestions future research: Measuring the experience of the older population on care coordination is a complicated activity, moreover when suffering from chronic conditions and when care is provided by many professionals and providers. However, patient experiences' studies allow us to improve care provision. Future research needs to be focused on developing and testing new interventions to improve care coordination; more intervention research is needed.

Keywords: care coordination; chronic; elderly; social care; health care
