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Conference Abstract

## Assessment of a chronic care programme in Girona (CRONIGICAT)

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## Abstract

**Introduction:** The Programme for Prevention and Care of Chronic Illness in Girona CRONIGICAT aims to provide sustainable, integrated, quality care to chronic patients, targeted levels of care and interventions, and collaboration with other healthcare providers and social services.

CRONIGICAT emerged during 2011 in the Girona Primary Care Region of the Institut Català de la Salut as a result of the Health Plan 2011-2015 by the Department of Health of the Generalitat de Catalunya (Spain), which aimed to achieve a more chronic care oriented health care system.

**Short description of practice change implemented:** CRONIGICAT includes a total of 20 different projects strategically related to the integration of care, continuity with social services, adapting the organization to the needs of chronic patients, patient involvement and self-care, prevention and health promotion, technological innovation, professional development and research.

**Aim and theory of change:** To determine the usefulness and viability of a chronic care programme. CRONIGICAT has acted as a catalyst for a self-directed shift to a better chronic care model and has identified areas for improvement.

**Targeted population:** A population of approximately 500,000 people registered in 26 primary care teams (PCT).

**Stakeholders:** 7 hospitals and 76 nursing homes

**Timeline:** 2011-present

**Highlights:** Design: Cross-sectional descriptive study with qualitative and quantitative evaluation. Main measures: The degree of development of the programme, consensus indicators for chronic care proposed by the policy maker, the Department of Health of the Generalitat de Catalunya, and the Assessment of Readiness for Chronicity in Health Care Organisations (ARCHO/IEMAC) tool.

**Outcomes:**

- Evaluation of the degree of development: 75% of projects were partially or fully implemented.
- Improvement trends were found in the consensus indicators for process (e.g. patients contacted 48 hours after hospital discharge, population included in chronic care programmes).
- Slight decline in the consensus indicators for effectiveness (e.g. readmissions, mean length of hospital stay, avoidable hospital admissions, medicines expenditure, number of emergency appointments, and mortality).
- The dimensions receiving the highest scores on the ARCHO/IEMAC tool were those evaluating information systems and clinical decision support, while those receiving the lowest scores were community health and self-care.

Comments on sustainability: CRONIGICAT is sustainable in its implementation as all actions and projects are integrated within routine clinical practice. No additional resources are required for evaluation as the consensus indicators used are already compiled by the Department of Health.

Comments on transferability: Implementation of projects directly focused on chronic patients carry a high degree of transferability of the actions designed.

Conclusions: CRONIGICAT is useful, viable and sustainable.

**Discussions:** Evaluation of a health care program can prove complex and it must take into account qualitative and quantitative aspects.

**Lessons learned:** The need for integration within the health care system of the practical implementation of chronic care projects and their evaluation to allow the use of existing resources, and the involvement of all stakeholders towards common goals.

## Keywords

health programmes; chronic care; evaluation

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## PowerPoint presentation

<http://integratedcarefoundation.org/resource/icic15-presentations>