Abstract Carme Hernández:

Deployment of Integrated Care Services for Chronic Patients Supported by Information and Communication Technologies

Catalonia is one of the 17 autonomous communities of Spain and it has been granted global competencies in the area of healthcare. The Catalan healthcare model is a multi-provider one integrated in a unique public network. It enhances the autonomous management of each provider. The Catalan Health Service regulates, plans, programs, evaluates, and inspects everything related to the public health sector as well as appropriating economic resources and establishing various agreements and contracts with providers for both the hospital and primary care system. The Catalan health care system is in a process of transformation, guided by the Catalan Health Plan (CHP). The CHP is the planning instrument utilized to establish priorities and to distribute resources in the most equitable and efficient manner for the Catalan Public Health System.

The current presentation relies on seminal contributions on chronic care management generated at the Hospital Clinic since the early years of the last decade (2000s) and focuses on the developments made during the lifespan of the European project NEXES (*Supporting Healthier and Independent Living for Chronic Patients* and Elderly) between 2008-2013.

The project assessed the deployment of four Integrated Care Services (ICS). The primary objective was to evaluate transferability of complex care from the hospital to the community and to identify strategies to foster more widespread implementation of the new model of care for chronic patients. The underlying hypothesis was that the approach may enhance health outcomes while containing overall costs to the healthcare system.

The four ICS assessed in NEXES were chosen because of their potential to cover most of the integrated care requirements for patients with chronic disease, regardless of the degree of severity. These four ICS included: Wellness and Rehabilitation (*W&R*); Enhanced Care for frail patients (*EC*); Home Hospitalization and Early Discharge (*HH/ED*); and Support to remote diagnosis in Primary Care (*Support*).

The lecture covers three main areas, namely: *(i)* the rationale behind the context of NEXES; *(ii)* the results of two ICS (HH/ED and EC) deployed in Barcelona, together with an overall assessment of project results; and, *(iii)* analysis of necessary developments for the future regional deployment of the approach proposed in NEXES.

The development of Integrated Care Services at Hospital Clinic dates back to year 2000, when there was a need of diminishing the unexpected seasonal outbreaks of exacerbations in chronic patients, in particular those affected by cardiac and respiratory diseases, leading to unplanned hospital admissions with a deleterious impact on scheduled tertiary care activities.

Parallel to these events, a wider strategy for coordination and integration in the health district, known as “Barcelona Esquerra” (AIS-BE, Area Integral de Salut, Barcelona-Esquerra), started in 2006, when the Health Consortium of Barcelona set-up a project to target the difficulties in the continuum of care due to the diversity of healthcare providers operating in the four health urban districts of the city. The hiring of a director for chronic care in 2013 must be read as a consolidation of this strategy aiming at an extension of care coordination to the entire health district.