





Breaking Silos in the Management of Patients with Multiple Chronic Conditions



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AGENDA

1. Which are the required features for digital tools to efficiently support healthcare services?

2. How to scale-up digitally enabled integrated care services (lessons learned)?







DOCTORAL THESIS

Evaluation and Digital Transformation of Integrated Care Services

Erik Baltaxe

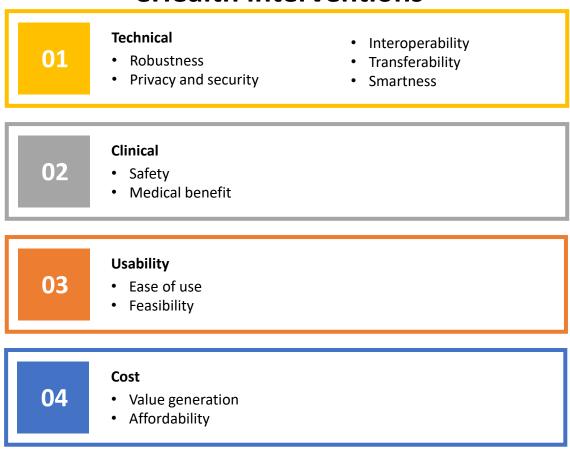
DOCTORAL PROGRAM IN MEDICINE AND TRANSLATIONAL RESEARCH

<u>Supervisors</u>: Josep Roca & Isaac Cano

Barcelona, July 3 of 2024

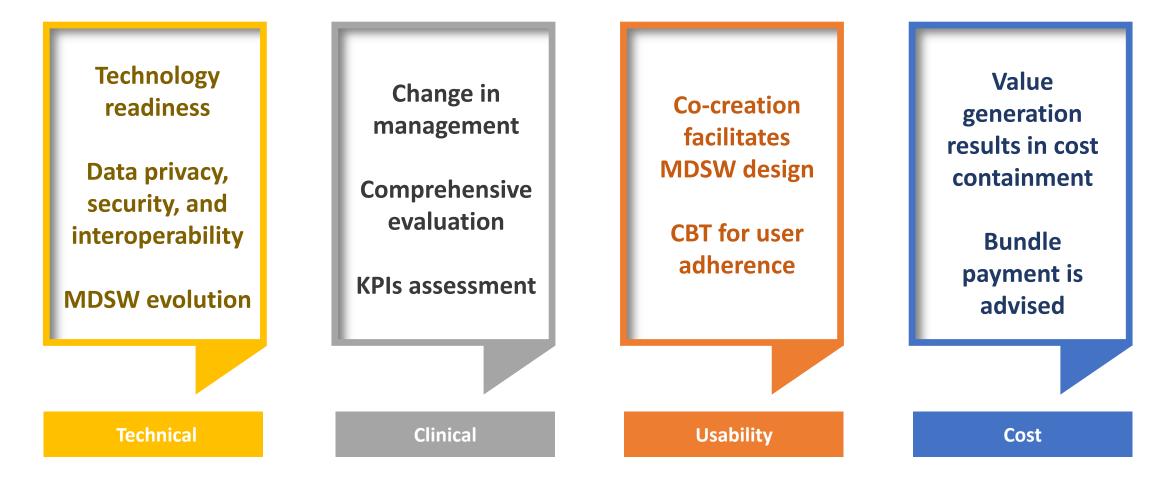
Assessment of digital tools supporting healthcare services for chronic patients: experience from a dual hospital

Domain validation in four local eHealth interventions



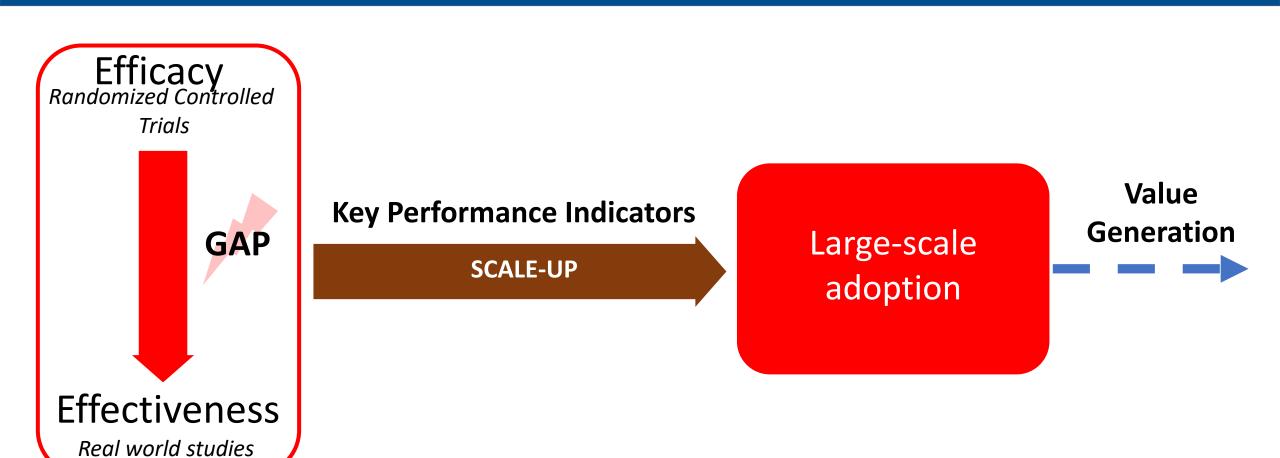
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Assessment of digital tools: Results and Lessons Learned



Bridging the efficacy-effectiveness gap

- O Hospital at Home
- Prehabilitation
- > Prevention of unplanned hospitalizations



Thompson D. Replication of Randomized, Controlled Trials Using Real-World Data: What Could Go Wrong? Value Health. 2021;24(1):112-115.

Applicability of evidence for the context of a relative effectiveness assessment. European network for health technology assessment. 2015. EU Commission. www.eunethta.eu

Breaking Silos in the Management of Patients with Multiple Chronic Conditions

Health care

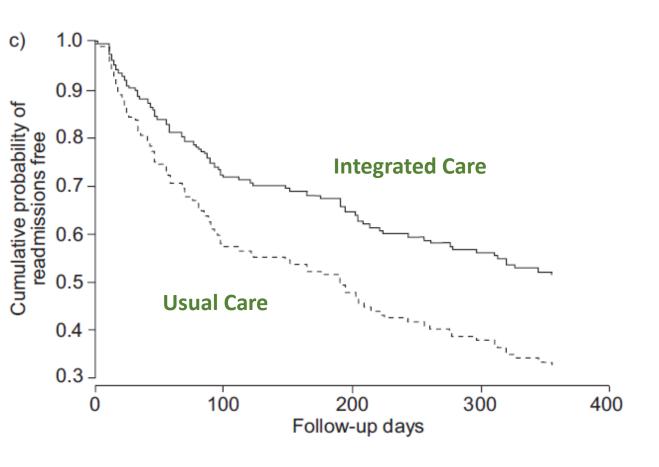
- Organizational silos: Organizational structures with poor collaborative work (healthcare tiers)
- Information silos: Lack of record sharing/integration of new info due poor interoperability
- Knowledge silos & Silo mentality: Disease-oriented approach vs patient-centered approach

Conventional healthcare shows inefficiencies to reduce the high burden generated by chronic conditions

Scalability of digitally enabled patient-centered care with a collaborative approach is a priority to achieve sustainable adoption of evidence-based interventions

Integrated Care Prevents Hospitalizations for Exacerbations in COPD patients

Casas A et al Eur Respir J. 2006 Jul;28(1):123-30



	IC	UC	p-value
Subjects	65	90	
Number of readmissions			
0	36 (55)	30 (33)	0.028
1	14 (22)	34 (38)	
≥2	15 (23)	26 (29)	
Number of readmissions during follow-up year	0.9±1.3	1.3±1.7	0.028
Rate of readmissions during follow-up year	1.5±2.6	2.1 ± 3.1	0.033
Difference on rate of re-admissions per year	0.5±2.6	1.5±3.1	0.003
Survival without readmissions	32 (49)	28 (31)	0.03
Total deaths	12 (19)	14 (16)	0.67

Effectiveness of community-based integrated care in frail COPD patients: a randomized controlled trial

Hernández C et al. NPJ Prim Care Respir Med. 2015 Apr 9;25:15022

Community-based integrated care main findings:

- 1. Significantly enhanced survival
- 2. Marked decrease of ER visits with no changes in total hospital admissions per year
- 3. Healthier lifestyle, improved self-management and higher health-related quality of life.

Lessons learned:

- 1. Need for better personalization of care Enhanced health risk assessment
- 2. Preparation of the community-based workforce Training & Education
- 3. Change Management Role of the nurse case manager
- 4. Mature digital support with an adaptive case management approach Favoring collaborative work between the nurse case manager and the advanced care nurse.

- Healthcare evolution towards digitally facilitated, integrated, and patient-centered care.
- Transferability from original good practices to early adopters.
- Catalan original good practice: Open Innovation Hub for ICT-supported Integrated Care Services for Chronic Patients.

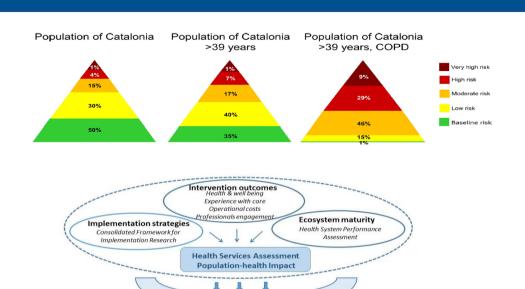


CAPACITY BUILDING IN EUROPE FOR DIGITALLY ENABLED INTEGRATED CARE



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Clínic-Barcelona: Three main blocks of action



Key Performance Indicators

Outcomes & Processes & Structure

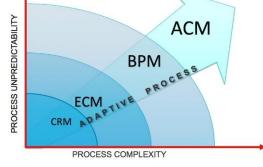




Scale-up of Evidence-based Services (Value-generation as a goal) - Quintuple Aim (KPIs for quality maintenance after adoption)









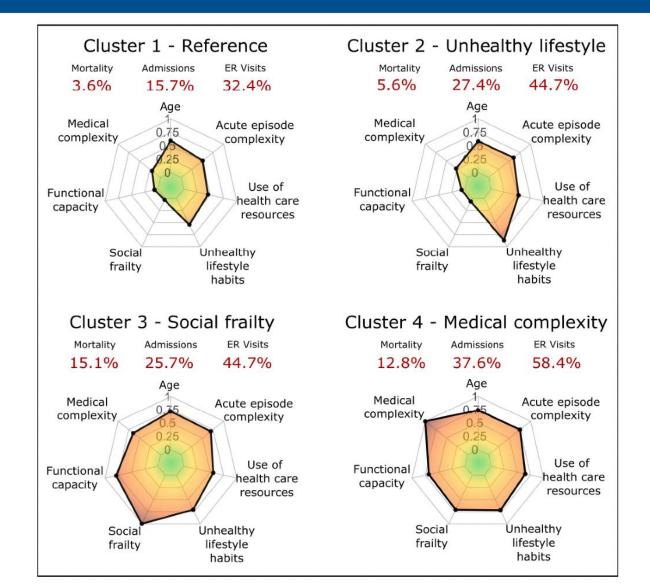
Mature Digital Health

(Collaborative Adaptive Case Management)
Transition toward Open EHR & Clí

Prevention of Unplanned Hospital Admissions in Multimorbid Patients Using Computational Modeling: Observational Retrospective Cohort Study

Gonzalez-Colom R et al. J Med Internet Res 2023 | vol. 25 | e40846

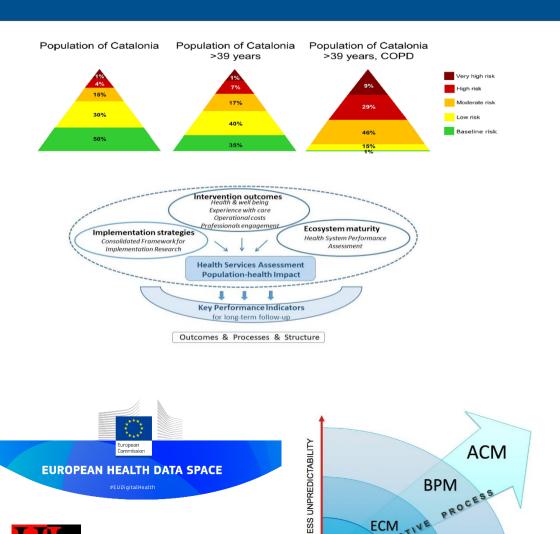




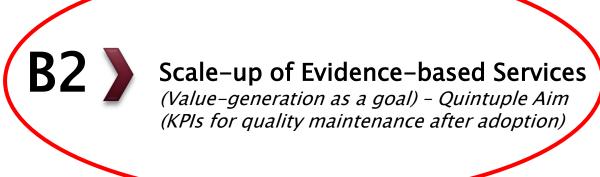
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Clínic-Barcelona: Three main blocks of action

PROCESS COMPLEXITY



Health Risk Assessment
(Personalized service selection & clinical decision making)





Mature Digital Health

(Collaborative Adaptive Case Management)
Transition toward Open EHR & Clí



Prevention of Unplanned Hospitalizations in Patients with Multiple Long-Term Conditions



DOCTORAL THESIS

VALUE-BASED, PATIENT-CENTERED CARE, TO PREVENT AVOIDABLE HOSPITALIZATIONS

Carme Herranz

2023

DOCTORAL PROGRAM IN MEDICINE AND TRANSLATIONAL RESEARCH

Supervised by

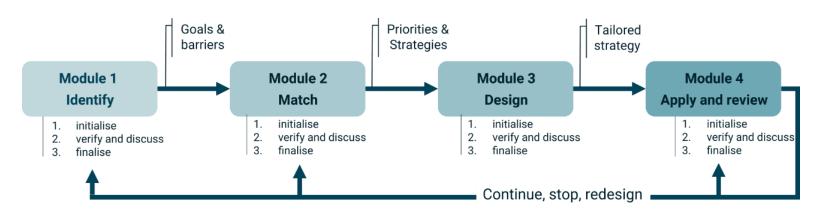
Josep Roca Torrent, Isaac Cano Franco and Antoni Siso Almirall

Herranz C et al. A Practice-Proven Adaptive Case Management Approach for Innovative Health Care Services (Health Circuit): Cluster Randomized Clinical Pilot and Descriptive Observational Study (J Med Internet Res 2023;25:e47672)

Herranz C et al. Toward Sustainable Adoption of Integrated Care for Prevention of Unplanned Hospitalizations: A Qualitative Analysis. *International Journal of Integrated Care*, 2024; 24(2): 28, 1–14.

The need for a highly applicable implementation toolkit guiding the service deployment and sustainable adoption

The BREAKING SILOS Toolkit represents a breakthrough in implementation support by providing an integrated digital platform that: 1) Guides stakeholders through implementation with context-sensitive pathways, 2) Enables data-driven health risk assessment and stratification, 3) Facilitates multidisciplinary care coordination through shared care plans, and 4) Supports continuous monitoring and adaptation for long-term sustainability.



The BREAKING SILOS Toolkit is an adaptation of the ItFits Toolkit, proven effective for implementation of complex interventions.

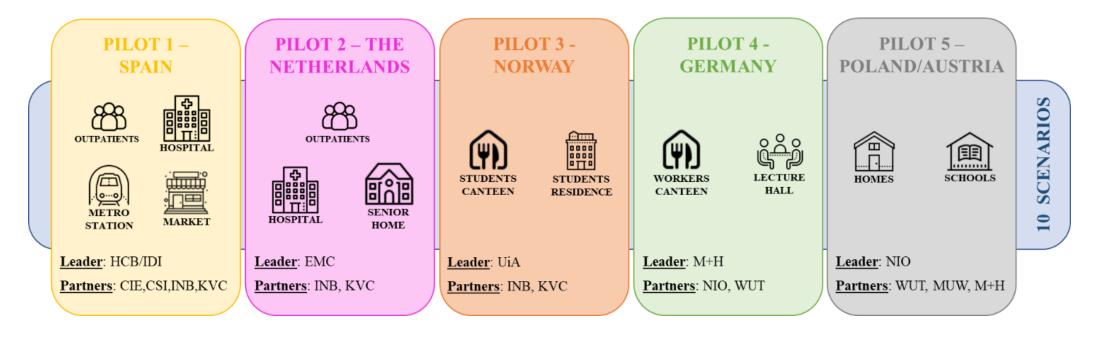
Vis, C. et al. J Med Internet Res 25, e41532 (2023)

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Knowledge for Improving Indoor Air Quality and Health (KHIA)

(https://k-healthinair.eu - 2022-2026)

The Horizon-Europe research project KhiA has as a main objective to explore the relationships between the quality of the air inside buildings/homes (indoor air quality, IAQ) and the health of citizens (acute effects).



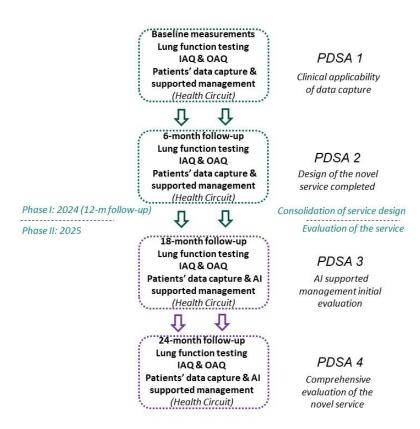
Gómez-Lopez A et al. Protocol for the Enhanced Management of Multimorbid Patients with Severe Asthma and Chronic Obstructive Pulmonary Disease (COPD): Role of Indoor Air Quality 2024 *Accepted in BMJ Open Respiratory Research.*(accessible in medRxiv DOI: 10.1101/2024.05.17.24307036)

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2025 Program: piloting the Breaking Silos Toolkit

Protocol for the Enhanced Management of Multimorbid Patients with Chronic Pulmonary Diseases

(Key Sequential Steps)



Expected Outcomes

- Quintuple Aim assessment of the service
- Evaluation of the deployment process
- Dashboard for quality assurance of the service

Study protocol flowchart:

The four main components of the service are designed and assessed at the end of the first year (2024).

The second year, 2025, addresses evaluating the novel service following a Quintuple Aimapproach and assessing the implementation process using the BREAKING SILOS Toolkit

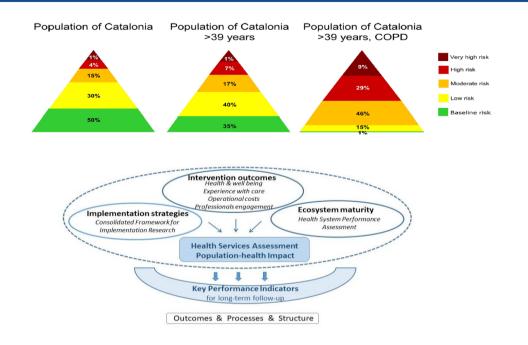
Throughout the protocol, four Plan-Do-Study-Act (PDSA) cocreation cycles, six months duration each, are conducted.

Follow-up of a cohort of 200 patients: 80% COPD with comorbidities (> P80 in the risk stratification pyramid) and 20% severe asthma patients (stages 5 and 6)

Gómez-Lopez A et al. Protocol for the Enhanced Management of Multimorbid Patients with Chronic Pulmonary Diseases: Role of Indoor Air Quality 2024 *Accepted in BMJ Open Respiratory Research*

Software as Service (SaS) approach.

Clínic-Barcelona: Three features within the Health Circuit platform complementing the institutional health information systems with a





Health Risk Assessment

(Personalized service selection & clinical decision making)

Clinical Decision Support Tools



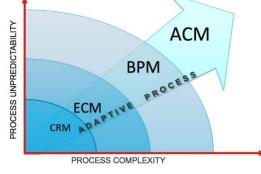
Scale-up of Evidence-based Services

(Value-generation as a goal) - Quintuple Aim (KPIs for quality maintenance after adoption)

Breaking Silos Toolkit









Mature Digital Health

(Collaborative Adaptive Case Management) Transition toward Open EHR &

Adaptive Case Management







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