



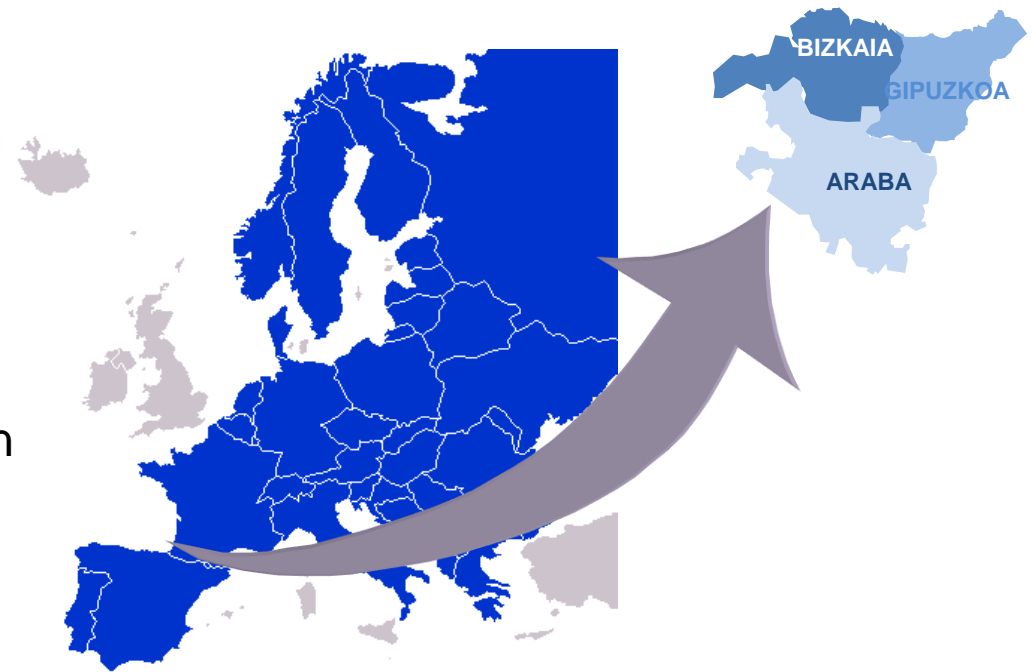
# Scalability and Transferability of Good Practices: What does it take?

**Example of the Basque Country**  
**Presenter: Olatz Albaina**

**ICIC 2016**  
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# Background and targeted population

- **Osakidetza, Basque Health System**, has a target population of **2.2 million** inhabitants.
- In **2015**, more than **20%** (458000 inhabitants) of the total population was **older than 65**, more than **28%** had one or more chronic conditions.
- **The whole population** have been stratified in the BC.



# Introduction to Good Practice

## Transversal approach of pain from a pain unit

- Design a functional plan for Pain treatment with agreements of continuing and transversal care between **primary care**, **specialized care** and the **pain unit**.
- National Health System framework
- **Aim**
  - Improve the care of patients with pain
  - Coordinate conventional care with other modalities of on-line attention
  - Avoid delays
  - Prevent impediments to the arrival of patients to the pain units (guarantee accessibility)
  - Avoid duplicate treatments

A group of medical professionals in light blue scrubs are pushing a gurney with a patient in a hospital hallway. The patient is covered with a blue blanket. The scene is captured from a low angle, looking down the hallway. The lighting is bright and clinical. A red rectangular box with white text is overlaid on the center of the image.

**BEFORE ANYTHING**  
Patients and professional Expectatives

## **WHAT DO PATIENTS EXPECT FROM THEIR FIRST VISIT TO A PAIN CLINIC?**

PETRIE, KEITH J; FRAMPTON, TIM; LARGE, ROBERT G; MOSS-MORRIS, RONA; JOHNSON, MALCOLM; MEECHAN, GERALDINE.

**CONCLUSIONS: FOR PATIENTS ATTENDING PAIN CLINICS, THE EXPLANATION OF THEIR PAIN PROBLEM IS RATED AS IMPORTANT AS THE CURE OR RELIEF OF THEIR PAIN. IMPROVED UNDERSTANDING OF PATIENT EXPECTATIONS BY PAIN CLINIC CLINICIANS MAY LEAD TO GREATER PATIENT SATISFACTION AND REDUCED TREATMENT DROPOUT.**

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*Clinical Journal of Pain:*  
*July/August 2005 - Volume 21 - Issue 4 - pp 297-301*  
*Original Article*

Auckland, New Zealand

## Patient expectations of treatment for back pain: a systematic review of qualitative and quantitative studies.

Verbeek J, Sengers MJ, Riemens L, Haafkens J.

Spine (Phila Pa 1976). 2004 Oct 15;29(20):2309-18. Review

New strategies need to be developed in order to meet patients' expectations better. Practice guidelines should pay more attention to the **best way of discussing the causes and diagnosis with the patient and should involve them in the decision-making process.**

## Patient expectations for pain medication delivery

American Journal of Emergency Medicine - Volume 19, Issue 5 (September 2001)

Patients expect rapid delivery of pain medication after arrival in the ED. **Time to delivery of pain medication in this ED does not meet patient expectations.**

*Osakidetza survey from april 2011, 145 patients, ¿what do our patients ask for?*

- "Relieve my pain to return to a normal life" (77%).
- "I want to have my appointment as soon as possible" (72%).
- "Explain me clearly what happens to me" (53%).
- "Let me get another treatment" (29%).
- "Heal me" (8%).

**ACCORDING TO OUR HEALTH INFORMATION SYSTEM SOME DATA WE SHOULD TAKE INTO ACCOUNT IN ORDER TO MANAGE TIMES AT PSISICIANS AND NURSES AGENDAS**

- We knew that in 2013 , 57% of patients should have been expected to attend for chronic low back pain.
- 5% of the patients was treated with chronic cancer pain.
- And as first preferred consultation, we have provided 10% of scheduled appointments (for cancer, neuropathic and ischemic).

# Big aims from Pain unit

1. Attend soon the received inquiries.
2. Confirm and explain proposals.
3. Propose treatment as soon as possible.
4. Share decision making with the patient and family.
5. Inform and collaborate with your Primary Health Center
6. Designing the agendas.



# Introduction to Good Practice

## Transversal approach of pain from a pain unit

- **How**

- Incorporate the unified electronic history
- Organizational change (meetings with all services)
- It has been reached agreements
- Circuits of non-Presential Attention
  - Increase the time available for face-to-face attention
  - Increase training and healthcare collaboration with physicians in primary health centers and specialized consultations.
- Psychological treatment
  - To patients with impossible expectations and high levels of dissatisfaction.

- **Process evaluation**

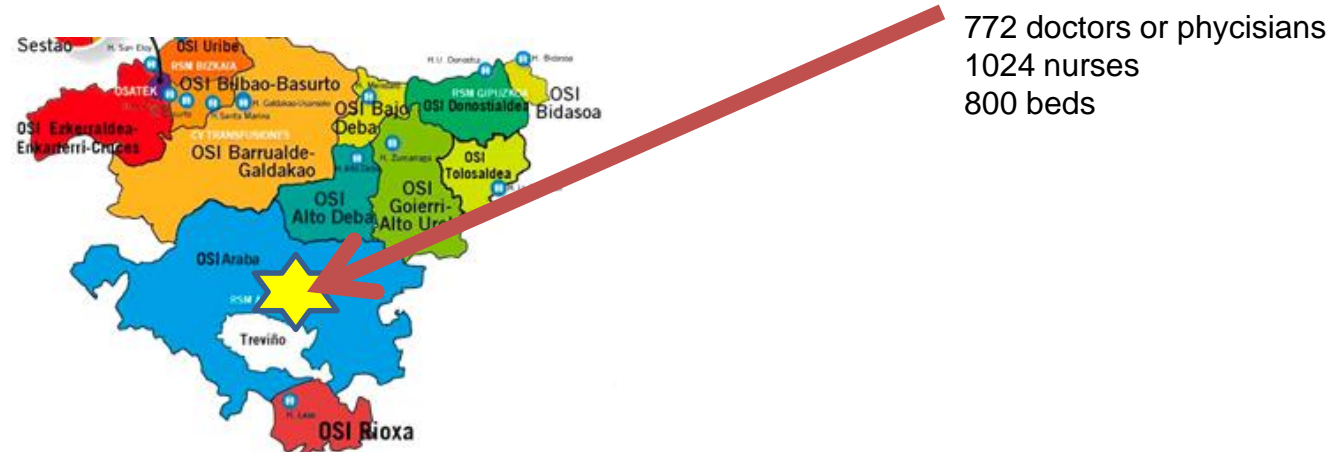
- Professionals:
  - Use of non face to face consultation
  - Regular meetings about their level of acceptance.
- Patients: measuring the rate of refusal of non-presential consultation of those who have the technological devices (phone and/or internet).

# Introduction to Good Practice

- **Topics the good practice addresses**

- Unified electronic patient history
- Programming time of each agenda
- Unified prescription
- Agreements between inter levels : primary and hospital level

- **Where it was implemented/responsible organization**



# Highlights: Impact and Outcomes

**LESS THAN 15 DAYS**

Medical consultation sheet



Medical consultation in a non Presential agenda



Pain specialist decides in a week



Treatment proposal:  
GP consultation

Treatment proposal:  
With other spcecialist  
consultation

Treatment proposal:  
Pain spcecialist Presential  
consultation

Before 1 week

Less than 1 month

Before 3 months



# Impact and Outcomes

- **How critical it was?**

- The delay for first consultations for pain was 4 to 8 months and 4 to 6 months for invasive procedures.

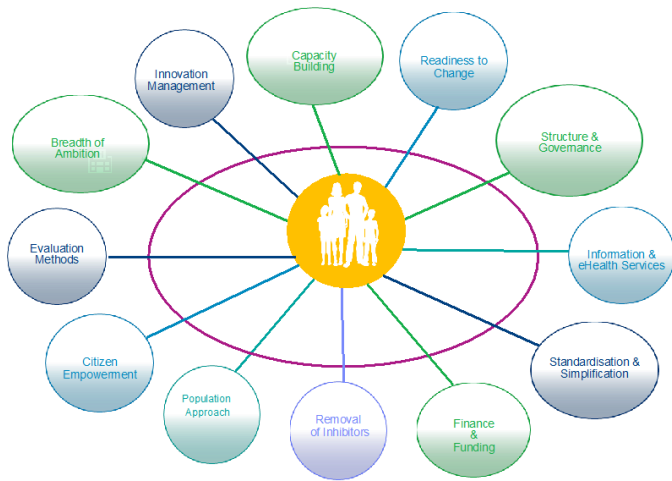
- **Challenge the good practice has solved**

- Reduce the waiting list of patients received into the pain unit from months to days
- Increase the time of care for patients that require invasive procedures

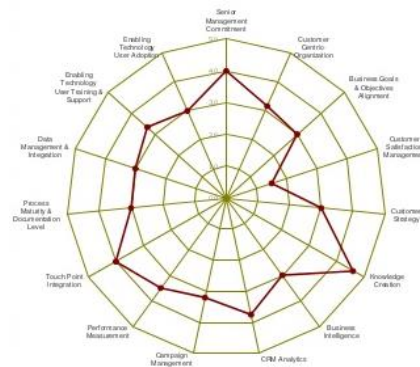
# Transferability of Good Practice – What Does it Take?

- The innovative practice has been transferred in other locations/ regions and national scale in the same country.
- This model is applicable in almost any European area, depends on the degree of development and implementation of the EHR.
- The unified electronic record is a highly desirable tool, this change in management:
  - An order is given to referrals,
  - Speeds up the citation,
  - Coordinates care
  - Avoid unnecessary displacement of patients and families.

# Contextual Requirements for the Scalability of Good Practice



Dimension		Maturity indicators
Readiness to change	to	Public consultation, clear strategic goals & milestones, stakeholder engagement
Structure & Governance		Funded programmes, ICT competence centres, distributed leadership, communications
eHealth/eServices		Unique citizen ID, linked records, regional EHR, scale teleservices
Standardisation		Use of international standards, reduction in number applications, regional procurements, mandates
Inhibitors		Laws to enable data sharing, financial incentives & training
Population Approach		Risk stratification, range of care pathways, prevention, feedback
Evaluation Methods		Agencies - HTA, health impact, care cost/quality improvements
Breadth of Ambition	of	Both vertical and horizontal integration, citizen engagement
Innovation Management		Outreach to regions, academic & industry relations, procurement
Capacity Building		Capturing bottom-up innovation, deployment skills



# Lessons Learned

- Big importance of electronic health record and the interconsultation process.
- Need to create clinical commissions or multidisciplinary groups of professionals
- Shared Development of protocols
- Promote actions to improve the information of the patients about their pain
- Professionals training
- Required the participation of patients in the redesign process. For non-face to face consultation: permission and opinion.

**Thanks a lot**