

III Spanish Conference on Chronic Care

*Building capacity for progress:
the role of clinicians*

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Donostia-San Sebastián
Kursaal Congress Center

19th-20th | may | 2011

Pre-conference workshops

18th | may | 2011



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*Building capacity for progress:
the role of clinicians*



El debate sobre la cronicidad y, especialmente, sobre cómo hacerle frente está madurando. Congresos previos al que presentamos, como el de Toledo y el de Santiago de Compostela, y los cada vez más numerosos encuentros, jornadas y foros han contribuido de manera decisiva al avance en esta materia.

Este III Congreso Nacional de Atención Sanitaria al Paciente Crónico de Donostia-San Sebastián recoge el testigo y se propone seguir impulsando el aprendizaje, aportando nuevos puntos de vista, difundiendo buenas prácticas y, sobre todo, contribuyendo a la construcción de respuestas innovadoras: respuestas que tienen en los profesionales clínicos a sus protagonistas en la atención directa al paciente y en el avance hacia un modelo que responda de mejor manera a las necesidades de los pacientes crónicos.

El mayor potencial innovador reside en el ámbito donde se presta el servicio y se interactúa con el paciente, y es ahí donde asumen el mayor protagonismo los profesionales de la salud. De esta manera, los clínicos se convierten en agentes de cambio respecto de la forma en que se atienden las necesidades sanitarias de los pacientes crónicos.

Para que estas iniciativas de cambio alcancen todo su potencial, resulta necesario un liderazgo facilitador a nivel directivo, que configure contextos apropiados para la colaboración y la experimentación, y que provea los recursos imprescindibles para el cambio y para la creación de las capacidades necesarias a tal fin. Se trata, en definitiva, de impulsar un ciclo virtuoso de innovación en el que las iniciativas que emergen desde los clínicos y las que promueven los responsables sanitarios se refuercen mutuamente.

Éste es el espíritu del Congreso; el de una amplia alianza de partícipes que comparten una visión: la prevención de la cronicidad y la mejora de la atención a los pacientes crónicos a lo largo de su vida. Las diferentes conferencias, mesas y sesiones que conforman el Congreso, pretenden aportar ideas, difundir buenas prácticas, conectar personas, y sembrar la semilla de la innovación respecto a temas tan diversos como la atención integrada, la relación entre paciente y profesional sanitario, la prevención de las enfermedades crónicas, la sanidad 2.0 y la eHealth, la innovación en el manejo de los pacientes crónicos complejos o los hospitales del futuro.

Estamos seguros de que el Congreso va a conseguir su propósito con la participación de todos. Os esperamos.

Javier Rafael Bengoa Rentería

Osasun eta Kontsumo Kontseilaria. Eusko Jaurlaritza
Consejero de Sanidad y Consumo. Gobierno Vasco



Wednesday, May 18th 2011

Pre-conference Workshops 15.00-20.00

WORKSHOP 1. WHICH INDIVIDUALS WILL REQUIRE THE GREATEST CONSUMPTION OF RESOURCES AND IN WHICH IS THERE A GREATER POTENTIAL FOR PREVENTION?

Predictive and population models based on stratification by risk and use of health resources are essential tools to guide chronic care interventions. This workshop will deal with recent innovations in the design of predictive models and will show how they are being used in the United Kingdom, for example, for running virtual wards. Experience to date with stratification models developed within the Spanish National Health System, such as that of the regions of Girona and the Basque Country, will also be presented.

Panelists:

Geraint Lewis. Researcher and expert in Public Health, Nuffield Trust, UK.

Josep María Inoriza Belzunce. Researcher, Department of Evaluation, Information and Research, Serveis de Salut Integrats Baix Empordà, Girona, Spain.

Jon Orueta Mendia. Researcher, Osakidetza/Basque Health Service, Bizkaia, Spain.

WORKSHOP 2. USE OF CHRONIC CARE MODEL TOOLS ADAPTED TO THE CIRCUMSTANCES OF THE SPANISH NHS

The care needed by chronic patients requires profound changes in health systems in order to guarantee quality and efficiency. One of the most important models is the so-called CCM (the Chronic Care Model). A large number of institutions and professionals have reviewed the intervention areas of the CCM and validated a tool, the IEMAC, to assess approaches and working methods as well as the intensity of changes required to provide better care to chronic patients in the 21st century.

Panelists:

Nuria Toro Polanco. Senior Researcher, O+berri, Basque Institute for Healthcare Innovation, Basque Country, Spain.



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Roberto Nuño Solinis. Director, O+berri, Basque Institute for Healthcare Innovation, Basque Country, Spain.

José Joaquín Mira Solves. Lecturer, Miguel Hernández University of Elche, Alicante, Spain.

WORKSHOP 3. SHARED DECISION-MAKING

Workshop structured to promote reflection, identification and acquisition of skills by health professional to improve their involvement of patients in decision-making. Attendants will exchange their views on a range of concepts and strategies that can be used to involve patients in decision-making. Participants will also explore how the skills needed to involve patients in decision-making can be put into practice using practical examples, videos and other material provided by participants themselves. The current literature on the subject will also be discussed.

Panelists:

Roger Ruiz Moral. Head Family and Community Medicine, Andalusian Health Service, Córdoba, Spain.

Juan José Rodríguez Salvador. Family doctor, Ortuella Health Centre, Osakidetza/Basque Health System, Bizkaia, Spain.

Juan Carlos Arbonies Ortiz. Family doctor, Beraun-Errenteria Health Centre, Osakidetza/Basque Health Service, Gipuzkoa, Spain.



Thursday, May 19th 2011

09:00 Introduction.

Jesús M^a Fernández Díaz

Deputy Minister of Health in the Government of the Basque Country, Vitoria-Gasteiz, Spain

09:15 Presentation: **"MANAGEMENT OF CHRONIC PATIENTS: EXPERIENCES IN THE USA".**

Thomas Bodenheimer. Adjunct Professor, University of California, San Francisco, USA.

Care management concerns activities designed to provide assistance to patients and related support systems to enable more effective management of medical conditions and associated psychosocial problems. The goal of these interventions is both to improve the functional status of patients and to promote the coordination of care, eliminating duplication of services and reducing the need for high-cost medical services. Bodenheimer will present the results of various projects in *care management* that have been launched in the USA.

10:00 Round Table I: **BUILDING CAPACITY FOR PROGRESS: CLINICAL LEADERSHIP**

Moderator: Cristina Domingo Rico

Medical Director, Interior Health Region, Osakidetza/Basque Health Service, Bizkaia, Spain.

The key element to make progress in the improvement of chronic patient care is strong leadership by professionals who are in direct contact with the patients. To show this clinical leadership, it is essential that, as well as there being support from managers and law makers, inter-professional alliances are established. Recent pilot programmes in the Spanish National Health System are looking promising, and can be inspired by experiences of others including the high-performing clinical microsystems already used in Sweden.

– **Establishing alliances between professionals**

Manuel Ollero Baturone. Head of the Continuity of Care Department, Integrated Medical Care Clinical Unit, Virgen del Rocío University Hospital, Sevilla and Domingo Orozco Beltrán, Vice-president of the Spanish society for family and community doctors (SEMFYC), Valencia, Spain.



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- **Progress in the implementation of the Basque Chronicity Strategy**
Director of Health Care, Osakidetza/Basque Health System, Vitoria-Gasteiz, Spain.
- **High-performing clinical microsystems: the experience in Jonköping County**
Jörgen Tholstrup. Head of the Unit of Gastroenterology at the Medical Department in Eksjö, Jönköping, Sweden.

11:30 Official Opening.

12:00 Break.

12:15 Presentation: **WHICH CHRONIC PATIENTS ARE GOING TO HAVE GREATER CARE REQUIREMENTS?**

Geraint Lewis. Researcher and expert in Public Health, Nuffield Trust, UK.

Chronic disease programmes should be focused on patients at risk of future non-planned admissions to hospital, and consider the important role of the predictive risk models in developing strategies for chronic conditions. Lewis will talk about recent innovations in the design of predictive models and will show how these are being used in practice.

Introduced by: Juan Carlos Contel Segura, Coordinator of Nursing Processes Catalan Institute of Health, Barcelona, Spain

13:00 **Oral communications I.** Parallel sessions of oral communications.

14:00 Working Lunch.



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15:30 **Table II: BEST COMMUNICATIONS**

Moderator: Paloma Fernández Cano
Manager of External Relations, Head of the Chronic Care
Programme of MSD Spain, Madrid.

The four best oral communications, as judged by the Scientific Committee, will be given in plenary session.

17:00 **Parallel sessions**

SUBJECT 1. **ACTIVATED PATIENTS AND PATIENT SCHOOLS: THE VISION OF THE EXPERT PATIENT**

Moderator: Koldo Piñera Elorriaga
Senior Researcher, O+berri, Basque Institute of Health Innovation,
Basque Country, Spain.

Self-care plays an essential role in the management of chronic illness. For this reason, it is crucial to reinforce the autonomy of patients and support training for them to take on greater control and responsibility for their illness. In this session, speakers will discuss experiences in patient education in Andalusia, the Basque Country, Catalonia and Galicia, from the perspectives of both professionals and patients.

– **Schools of patients in Andalusia**

M^a Ángeles Prieto. Head of the Department of Citizenship and Ethics, Andalusian School of Public Health, Granada, Spain.

– **Active Patient Programme in Basque Country**

Estíbaliz Gamboa Moreno. Nurse, Ondarreta Health Centre, Osakidetza/Basque Health Service, Gipuzkoa, Spain.

– **Expert Patient Programme of the Catalan Institute of Health**

Assumpció González Mestre. Nurse, Catalan Institute of Health, Barcelona, Spain.

– **Galician Health School for Citizen**

Mercedes Carreras Viñas. Deputy Director General of Healthcare Development and Safety, Galician Health System, A Coruña, Spain.



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SUBJECT 2. HEALTH 2.0: USEFULNESS OF SOCIAL NETWORKS FOR CHRONIC PATIENTS

Moderator: Joan Escarrabill Sangl s
Head of Leadership and Innovation, Catalan Institute of Health,
Barcelona, Spain.

The use of the Internet and social networks allows the citizens to become more empowered with respect to health. Network-empowered citizens is a utopia that begins to be possible in the century of the universalization of the Internet, the wide-scale acceptance of the so-called social networks, and the emergence of citizens who collaborate in private for the creation of public value. Health organisations must adapt to this new reality and take advantage of its potential.

- Jorge Juan Fern ndez Garc a. Head of the Department of e-Health and Health 2.0, San Juan de Dios Hospital, Barcelona, Spain.
- Francisco Lupia nez-Villanueva. Scientific Director, Institute for Prospective Technological Studies (IPTS), Sevilla.
- Miguel  ngel Ma ez. Deputy Director of Finance and Human Resources, Department of Health, Alicante-Sant Joan Health District, Valencia Regional Health Agency, Spain.
- Alberto Ortiz de Z rate Tercero. Director of the Citizens Advice Bureau, Department of Justice and Public Administration, Government of the Basque Country, Vitoria-Gasteiz, Spain.
- Tino Mart . Director of Finance and Innovation, CASAP, Casteldeffels, Spain.

SUBJECT 3. ADVANCED PROJECTS in e-HEALTH AND ICTS

Moderator: Rafael S nchez Bernal
Medical Director, Txagorritxu Hospital, Osakidetza/Basque Health Service, Vitoria-Gasteiz, Spain.

ICTs and the development of electronic health (e-health) is changing the way in which health organisations and clinical professionals interact and provide services to society. In this session, international experiences in e-health will be discussed, in particular projects in Canada and China, as well as those carried out within the Spanish National Health System, in Catalonia and the Basque Country.



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– **Overall overview of e-Health**

Alex Jadad. Founder of the Centre for Global eHealth Innovation, Canada.

– **Establishment of e-Health in China**

Xiao Shaobo. Professor and Coordinator of the e-Health Project, Beijing Institute of Technology, China.

– **The use of ICTs for polymedicated chronic patients**

Arantxa Catalán Ramos. Director of the medicament coordination and strategy, Catalan Institute of Health, Barcelona, Spain.

– **The use of e-health in Canada**

Harvey Skinner. Dean of the Health faculty, University of York, Toronto, Canada.

– **E-Health in the Basque Country: Osarean platform**

Pablo Arbeloa López. Director of the Osarean Project, Osakidetza/Basque Health Service on the Net, Osakidetza, Basque Country, Spain.

SUBJECT 4. INNOVATION IN THE MANAGEMENT OF COMPLEX CHRONIC PATIENTS: INTEGRATED PROCESSES, CONTINUITY OF CARE AND NEW PROFESSIONAL ROLES.

Moderator: Rosario García de Vicuña Pinedo
Head of the Rheumatology Unit, La Princesa University Hospital,
Madrid.

It is essential to ensure continuity of care for chronic patients, and this is especially true in the case of chronic patients with complex and multiple pathologies. The establishment of integrated processes and new professional roles are two key strategies for moving towards a more integrated and continuous care. In this session, several initiatives for integration and continuity of care being implemented in the Spanish National Health system will be discussed.

– **Experiences in case management in Tarragona**

Pilar Espelt. Head of the Complexity and Dependence Care, Catalan Institute of Health, Tarragona, Spain.



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– **New nursing profiles for integrated management of patients with complex chronic conditions and palliative care**

Juan Gallud Romero. Head of Development of the Plan for the Improvement of Home Care, Valencia Regional Health Agency, Spain.

– **Assessment of interventions in patients with multiple pathologies**

Dolores Nieto Martín. Specialist in Internal Medicine, Virgen del Rocío Hospital, Sevilla, Spain.


– **Integration project in the Bidasoa region**

Iñaki Berraondo Zabalegui. Managing director, Bidasoa Integrated Health Organisation, Osakidetza, Gipuzkoa, Spain.

– **The "Esperanza" Project: early care of patients with spondylitis**

Loreto Carmona. Researcher, Rheumatology Unit, Santiago University Hospital Complex, Spain.

19:00 Reception.



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09:00 Round Table III: **HOW TO PROMOTE HEALTHY LIFESTYLE HABITS WITHIN HEALTH SYSTEMS?.**

Moderator: Gonzalo Grandes Odriozola
Head of the Primary Care Research Unit, Osakidetza/Basque Health Service, Bizkaia, Spain.

Unhealthy lifestyles such smoking, alcohol abuse, poorly balanced diets and lack of exercise are responsible for the onset and worsening of many chronic illnesses. Therefore, there is no doubt that there is great potential for the promotion of healthy lifestyle habits to decrease the morbidity burden in our society, and that healthcare professionals are key allies in improving population health. However, it is much more difficult to identify the best way to promote healthy lifestyles. In this session, a range of the strategies being used in different health systems will be discussed..

– **Promoting change towards healthier behaviour**

Harvey Skinner. Dean of the Health Faculty, University of York, Toronto, Canada.

– **The Fresneda Project**

Valentín Pérez García. Managing Director, La Fresneda Health Centre, Oviedo, Spain.

– **The "DE_PLAN" Project in Castilla y León**

Marisol Fragua. Castilla y León Health Service, Segovia, Spain.

– **The "Prescribe Vida Saludable" Project**

Álvaro Sánchez Pérez. Senior Researcher, Primary Care Research Unit, Osakidetza/Basque Health Service, Bizkaia, Spain.

10:30 **Oral communications II.** Parallel sessions of oral communications.

11:30 Break.



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12:00 Simultaneous events

• **POSTER PRESENTATIONS**

• **FAIR FOR COLLABORATIVE NETWORK PROJECTS**

Moderator: Andrés Cabrera León
Lecturer of Statistics and Epidemiology, Andalusian School of Public Health, Granada, Spain.

Forum for the spreading awareness of improvement projects in chronic care with a collaborative approach.

12:45 Round Table IV: WHAT KIND OF HOSPITAL DO WE NEED TO COPE WITH CHRONICITY?

Moderator: Félix Rubial Bernárdez
Medical Director, Lucus Augusti Hospital, Galician Health Service, Lugo, Spain.

Our hospitals were designed to respond to needs of populations with epidemiological profiles characterised by acute illnesses, the dominant pattern in the past. The current context of population ageing and the increase in the prevalence of chronic conditions questions the validity of this model. The adaptation of hospital care to current needs requires a series of profound operational and organisational changes. In this session, the experiences of three hospitals will be discussed; the projects have quite different scope, but have a common denominator, the fundamental role of clinical leadership in the organisational transformation..

– **Chronic care innovation**

Bernardo Valdivieso Martínez. Director of Planning, La Fé University Hospital, Valencia, Spain.

– **The reorientation of hospitals to address chronicity**

Antonio Fernández Moyano. Head of the Internal Medicine Service, San Juan de Dios del Aljarafe Hospital, Sevilla, Spain.

– **The case of the Vic Hospital: a response to the challenge of chronicity**

Joan Espauella Panicot. Specialist in Internal Medicine and Geriatrics, Santa Creu de Vic Hospital, Barcelona, Spain.



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14:15 Working lunch.

15:45 Round Table V: **LISTENING TO PATIENTS AND CAREGIVERS**

Moderator: Alex Jadad

Founder of the Centre for Global e-Health Innovation, Canada.

In order to focus care to patient needs, it is essential to listen to them, to open new lines of communication between clinical professionals and patients, allowing the latter to participate in the creation, design and organisation of health and social care products and services. Patients and caregivers will participate in this round table, sharing their opinion concerning the role they could play in the design of the health and social care provision.

- **Laura Adams.** President of the Rhode Island Quality Institute, USA.
- **Ankylosing Spondylitis Society of Córdoba (ACEADE)**
Juan Luis Garrido Castro. Representative of the ACEADE , Córdoba, Spain
- **Social Network of Family and Professional Caregivers**
Maite Martínez Lao. Family Nurse, Río Nacimiento Clinical Management Unit, Almería, Spain.
- **Gipuzkoa Association of Families of Patients with Alzheimer (AFAGI).**
Koldo Aulestia, President of AFAGI , Gipuzkoa, Spain.

17:00 **Conclusions**


Julián Pérez Gil. Director of Osakidetza/Basque Health Service, Vitoria-Gasteiz, Spain

Prize Awards

Roberto Nuño Solinis. President of the Scientific Committee.

17:30 Presentation: "**A NEW RELATIONAL MODEL TO ACHIEVE ORGANISATIONAL CHANGE**"

Koldo Saratxaga. University Lecturer and expert in organisational change, K2K emocionando, Bizkaia, Spain.



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Saratxaga understands organisations as a shared project. In these organisations, he says that the aim is to obtain added value from diversity and achieve creative richness. The new organisation he proposes is based on teamwork, establishing networks for action and communication. The teams encourage people to become excited by and enjoy new challenges, letting people with leadership and decision-making skills come to the fore, allowing our organisation to expand its knowledge base by creating networks of communication and information that support the creation of a common and shared project".

18:15 Close of Proceedings

Olga Rivera Hernáez. Deputy Minister for Health Quality, Research and Innovation, Government of the Basque Country, Vitoria-Gasteiz, Spain.



Áreas temáticas para la presentación de comunicaciones

1. POLÍTICAS Y ESTRATEGIAS REGIONALES Y LOCALES FRENTE A LA CRONICIDAD

2. ATENCIÓN INTEGRADA Y CONTINUIDAD ASISTENCIAL

3. INTERVENCIONES DE PROMOCIÓN DE SALUD Y PREVENCIÓN ENFERMEDADES CRÓNICAS

4. E-HEALTH, SANIDAD 2.0 Y TICS PARA EL CUIDADO Y APOYO DE PACIENTES CRÓNICOS

5. EQUIPOS Y NUEVOS PERFILES PROFESIONALES EN LA ATENCIÓN A CRÓNICOS

6. AUTOCUIDADO Y RESPONSABILIZACIÓN DE LOS PACIENTES



Normas para la presentación de comunicaciones

1. Podrán presentarse comunicaciones a las áreas temáticas preferentemente, y libres.
2. Las comunicaciones libres estarán relacionadas necesariamente con intervenciones o experiencias innovadoras en la gestión de pacientes crónicos en cualquiera de sus facetas.
3. Deberá expresarse la preferencia en presentar la comunicación oral o póster. El comité científico, se reserva el derecho de decisión sobre la presentación de la comunicación, pudiendo pasar una comunicación póster a oral, ó a la inversa. Tal decisión se comunicará oportunamente y podrá ser revocada por el autor/es, que, renunciarán a su presentación en este congreso.
4. De todas las comunicaciones presentadas, el comité científico seleccionará las 4 más interesantes, bien por representar una línea continuada de trabajo, por su carácter innovador, o por el impacto en la organización, para su inclusión como ponencias en la Sesión Mejores Comunicaciones, que tendrá lugar el día 19 de Mayo a las 15:30h en la sala principal.
5. La fecha límite para recepción de comunicaciones es el 28 de febrero de 2011. El comité científico faculta al Presidente para ampliar dicho plazo.
6. Los resúmenes, caso de no tener acceso a la web (www.osakidetza.euskadi.net), se remitirán a la secretaría técnica por correo electrónico a la dirección: cientifica@osakidetza.net ó bien por fax y/o correo postal.
7. Habrá de respetarse el formato establecido (documento en word, letra estilo arial, cuerpo 11, espaciado interlineal sencillo, sin ampliación de márgenes).
8. Los autores, hasta un máximo de 6, harán constar dos apellidos e inicial del nombre. Y centro de trabajo, indicando claramente la dirección e-mail de contacto.
9. El autor que figure en primer lugar será quien presente y/o defienda la comunicación. Por motivos excepcionales, y debidamente justificados, podrá ser sustituido por otro coautor.
10. La persona que presente la comunicación deberá estar inscrita necesariamente en el congreso.
11. Los resúmenes se estructurarán en los siguientes apartados: planteamiento, objetivo de la intervención, descripción de la misma, resultados y conclusiones. Se hará referencia expresa a qué agentes han intervenido en la experiencia, a los recursos humanos y materiales utilizados y a si la intervención ha sido evaluada. En cualquier caso, esta información deberá aparecer en el póster en caso de aceptación.
12. Los resúmenes tendrán un máximo de 300 palabras y no contendrán tablas, figuras, gráficos, agradecimientos o citas bibliográficas. En caso de utilizar abreviaturas, el



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- término completo deberá preceder a su primer uso, que irá entre paréntesis.
- Los resúmenes serán evaluados desconociendo la identidad de los autores y su procedencia.
 - A la recepción de la comunicación, la secretaría técnica le enviará,-a la dirección e-mail indicada en el impreso-, el número de registro adjudicado; por favor, guarde éste número para futuras referencias.
 - La aceptación de la comunicación y su formato oral o en póster, se comunicará a la dirección de contacto entre el 21 de marzo y el 1 de abril de 2011. Así mismo, junto a la aceptación se le informará sobre el día y hora de exposición y/o defensa. Todas las comunicaciones serán expuestas y/o defendidas en sala.
 - En el caso de que la comunicación haya sido rechazada, podrá presentar solicitud de revisión argumentada en la dirección e-mail cientifica@osakidetza.net.
 - Los pósters deberán tener unas dimensiones máximas de 90 cms de ancho por 120 cms de alto.
 - Todos los resúmenes aceptados podrán ser incorporados en la página web, www.osakidetza.euskadi.net y, posteriormente, en la web de la(s) institución(es) que pueda(n) dar continuidad al proyecto de mejora de la atención a los pacientes crónicos.
 - El envío de comunicaciones implica la cesión de derechos y plena aceptación de estas normas por parte de los autores y el consentimiento para su publicación en la documentación que se genere del III Congreso Nacional de Atención Sanitaria al Paciente Crónico, en cualquier tipo de soporte.
 - Con el fin de proceder a la edición de la documentación mencionada, deberá enviarse el texto completo a la secretaría técnica, a la dirección cientifica@osakidetza.net, entre el 4 y el 20 de abril de 2011
 - De entre todas las comunicaciones presentadas, el comité científico otorgará un premio a la mejor comunicación oral y otro al mejor póster.
 - Para cualquier consulta y/o información adicional dirigirse a la secretaría técnica en horario de 8:00 h. a 16:00 h. y al telf.: 610 494 332, de forma continuada.

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