



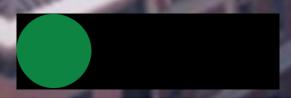
The value of effective clinical data interchange among Healthcare Organizations. 13 years of experience in Catalonia

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CMIO, Hospital Clínic of Barcelona

University of Barcelona

27TH INTERNATIONAL CONFERENCE ON HEALTH PROMOTING
HOSPITALS AND HEALTH SERVICES



Outline of this presentation

- Brief introduction to the Hospital Clinic
- The problem
- Proposed Solution
- Implementation
- New challenges, new projects ongoing





The Hospital Clínic Campus New **Projects Emergencies** Medical School Research Outpatients Inpatients Dx&Tr units

Hospital Clínic: a high-tech acute care hospital

High technology University Hospital (2017 data)

Beds: 710; operating rooms: 31; delivery rooms: 7; outpatient offices: 240

Acute care hospital (43.135 admissions / yr)

Outpatient clinic for specialties (496.741 visits / yr)

Surgery (22.817 / yr) (Organ transplantation: 448 / yr)

Deliveries (3.083 / yr)

Emergency care (133.950 / yr)

One-day stay session (125.509 / yr)

Human resources: 4.511

Physicians: 1.120

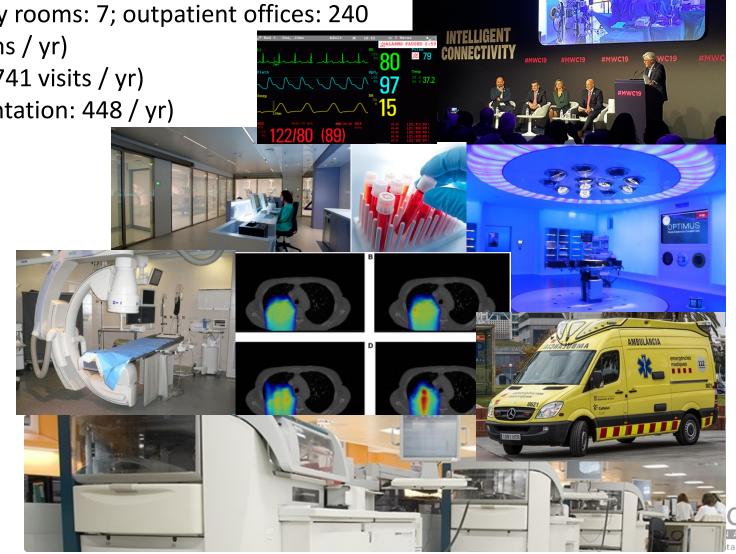
Nurses / Auxiliary nurses: 2.485

Administrative staff: 634

General services: 263

Management Board: 9

Budget: 489,349.000 euros



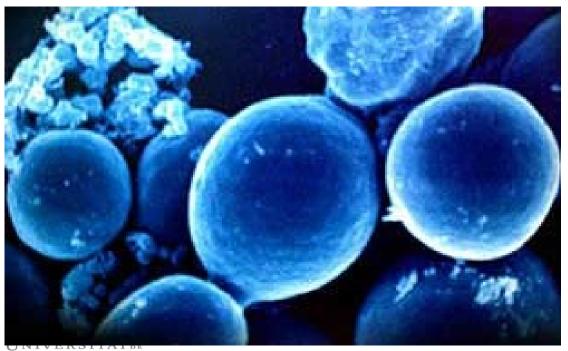


Hospital Clínic: involved in translational research

IDIBAPS:

Research consortium sponsored by:

- Hospital Clínic
- University of Barcelona
- Consejo Superior de Investigaciones Científicas
- Generalitat de Catalunya





Fundació Clínic:

Research brand of the Hospital Clínic to collect private or public funds for research projects

Global Budget in 2017: 56,6 M euros





Hospital Clínic: a teaching hospital of the University of Barcelona

Undergraduate programs with UB:

- Biomedical Engineering
- Biomedical Sciences
- Medicine
- Nursing





Postgraduate programs:

- Residency programs
- Doctorate courses
- Master courses
- Postgraduate courses
- Continuous Medical Education
- Healthcare training



- Aula Clínic
- Clinic Summer School
- Scientific dissemination activities to the citizenship

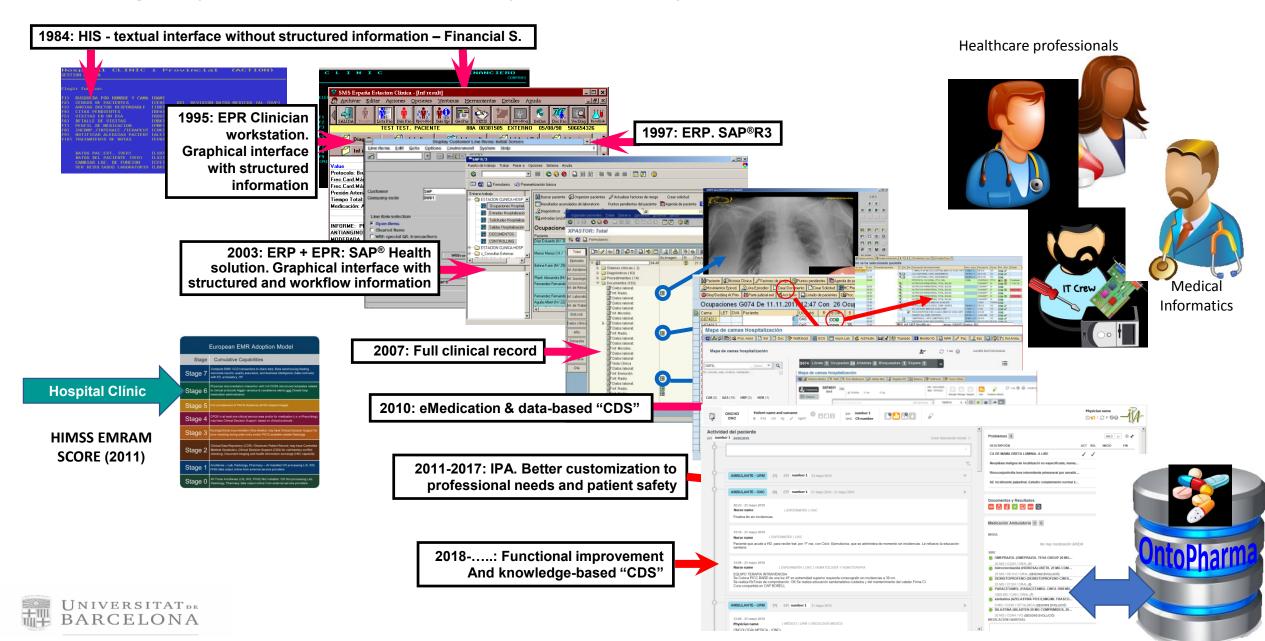




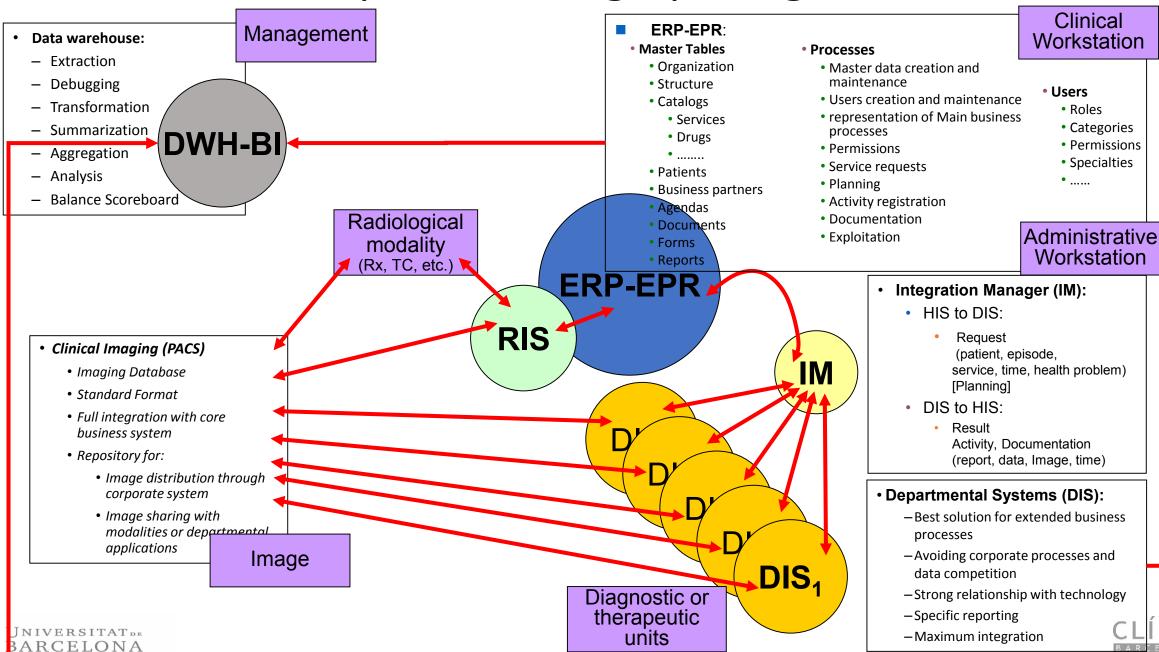




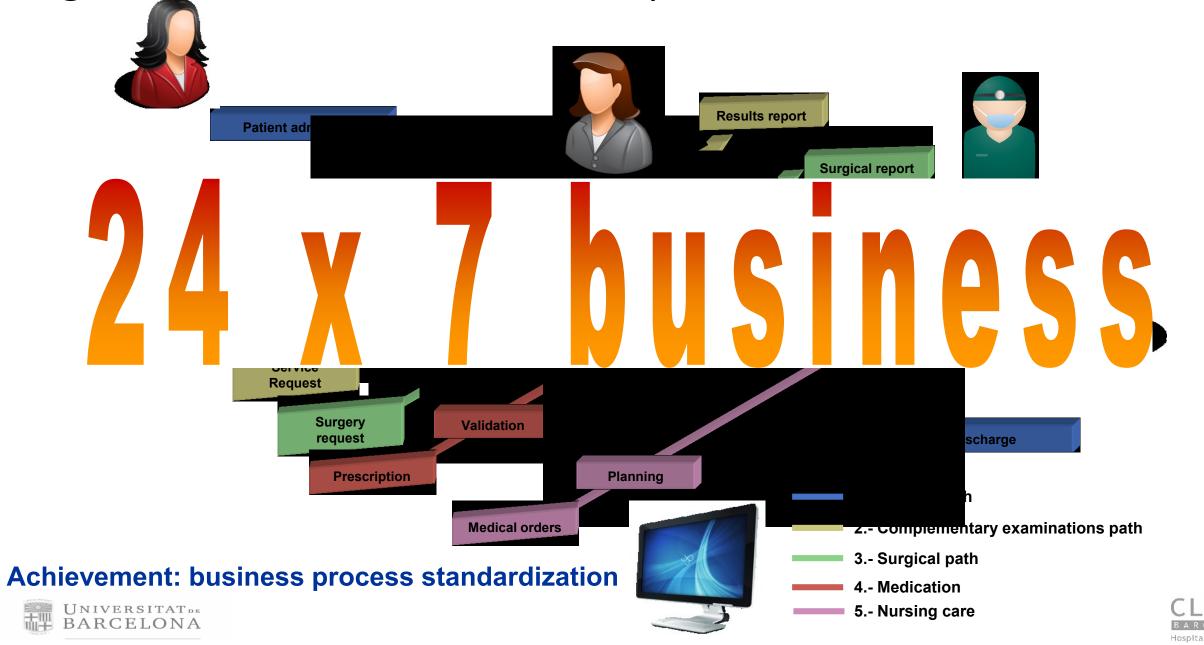
A graphical summary of Hospital Clínic ICTs evolution



Information Systems: a highly integrated model

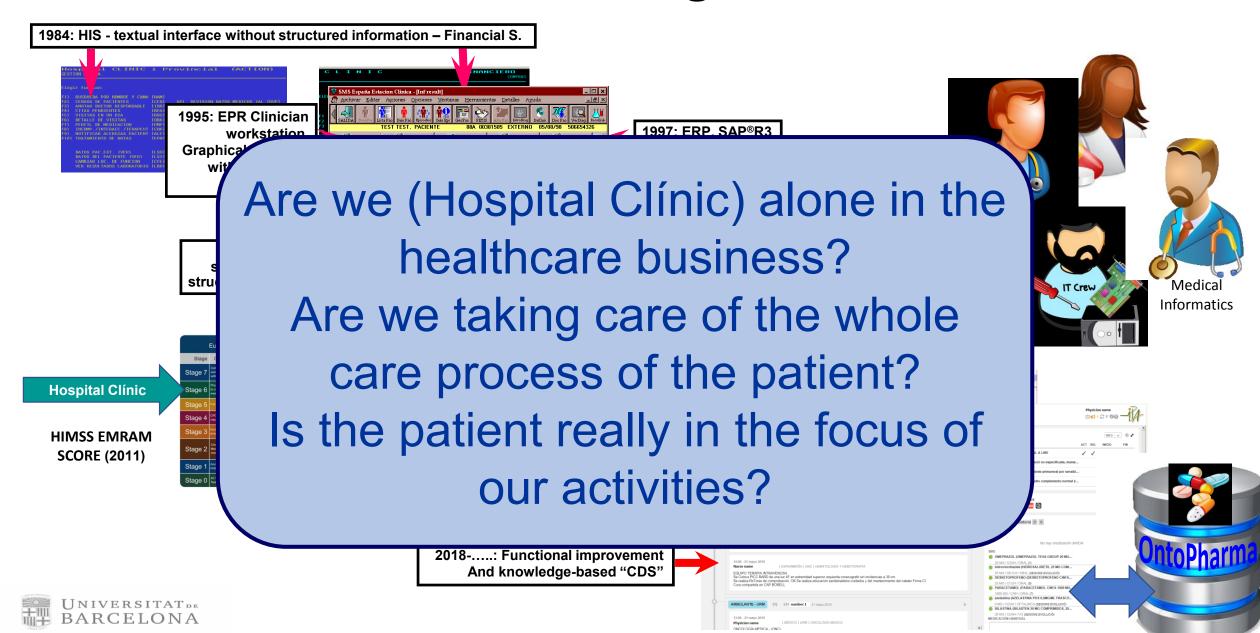


Registration of the main business processes in healthcare facilities





Is it all right?



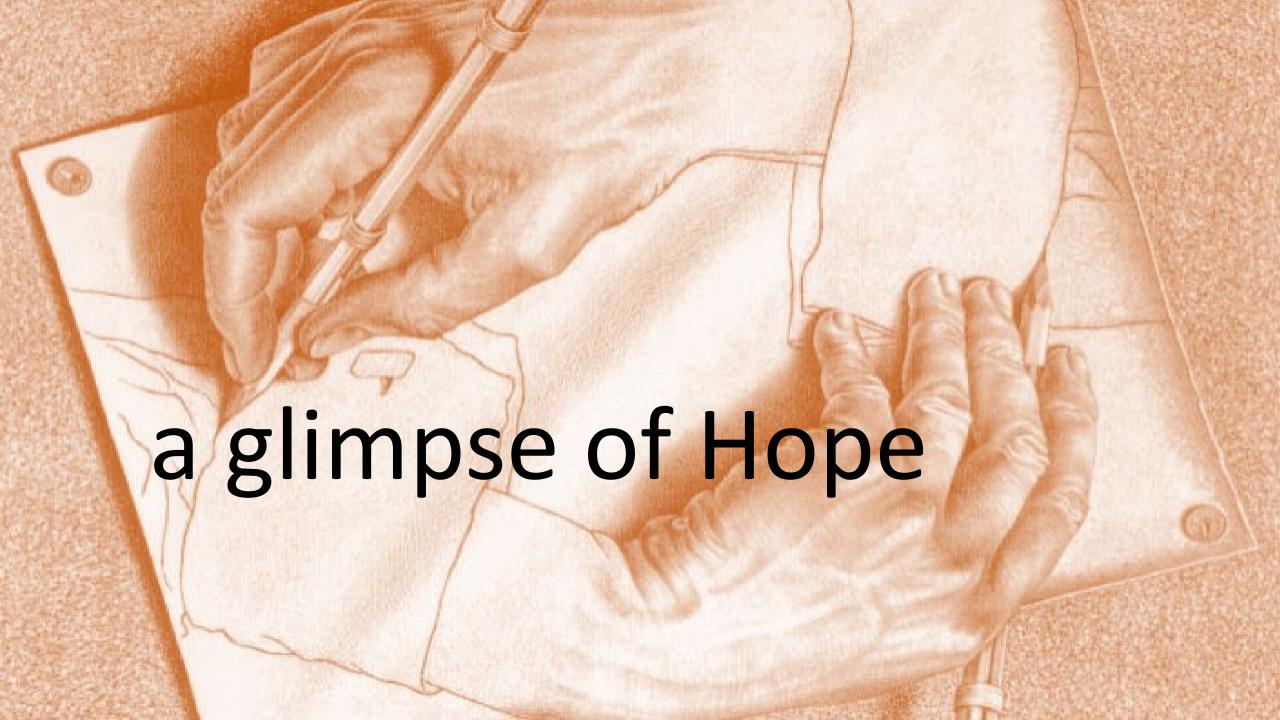
2004, fifteen years ago: Primary – Specialized Care

- The mean time to establish a lung cancer diagnosis by the specialist after the initial consultation of patient to the Family physician was 50 days.
- Top-down measures from Health Authorities hadn't be successful to improve such situations.









AISBE

Public Healthcare Insurance

Catsalut: 7 health regions

Health region of Barcelona

Health Consortium of Barcelona city

4 Integral Healthcare Areas (AIS)

Mission:

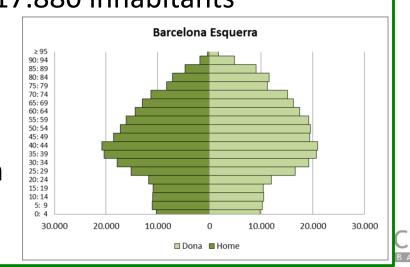
To offer an integral health care to the population in a territorial framework by effective coordination between institutions and health care professionals



Population: 517.880 inhabitants

Aging

Immigration





Hospital Clínic: "dual" model a real challenge

High technology University Hospital (2017 data) Keep the threshold reached rooms: 7; outpatient offices: 240 as a high tech hospital 1 visits / yr) Sul ation: 448 / yr) and... Face and lead the challenge Or "Continuous Patient Care" Budg Hum in AISBE Nurses / A rses: 2.485 Administr General s Managemer

Leading the reengineering process between Primary and Specialized care to deliver a true "Integrated care" including Home care & chronic patients programs (COPD, HF, AIDS, Cancer) and Long Term Care and Mental Health connection over a Universe population about 520.000 inhabitants.





Departure situation in AISBE

Healthcare facilities:

- 23 Primary Care centers (6 providers)
- 2 Outpatient Specialized centers (1 provider)
- 4 Acute care Hospitals (4 providers)
- 6 Mental health centers (6 providers)
- 4 Long-term care centers (3 providers)

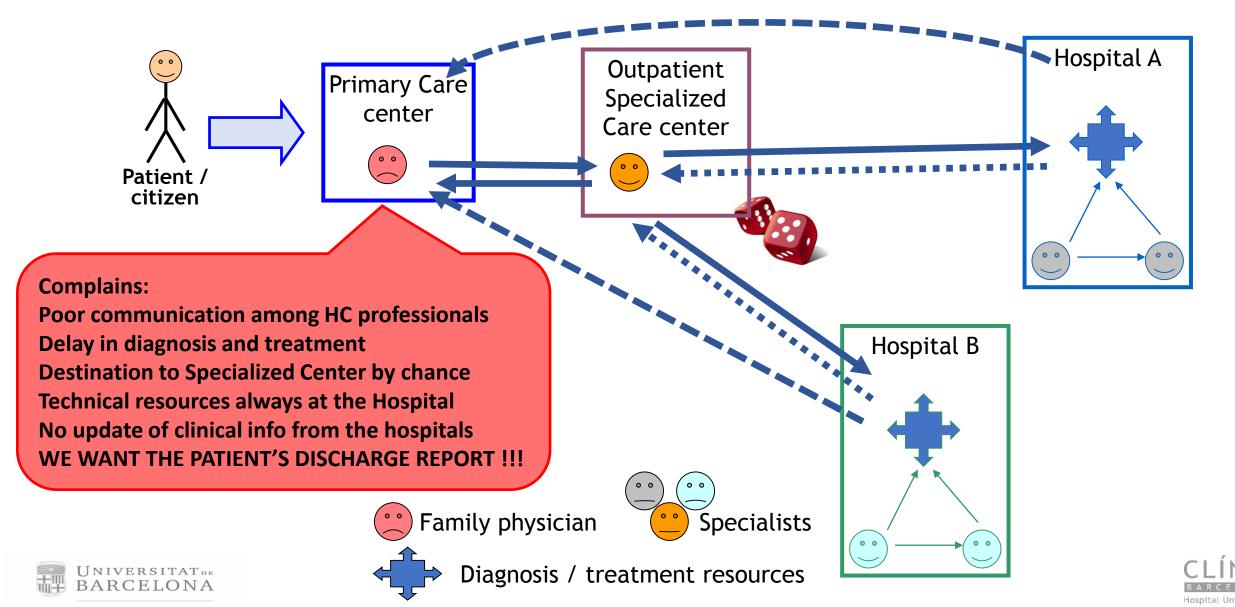
Very BIG differences in many dimensions:

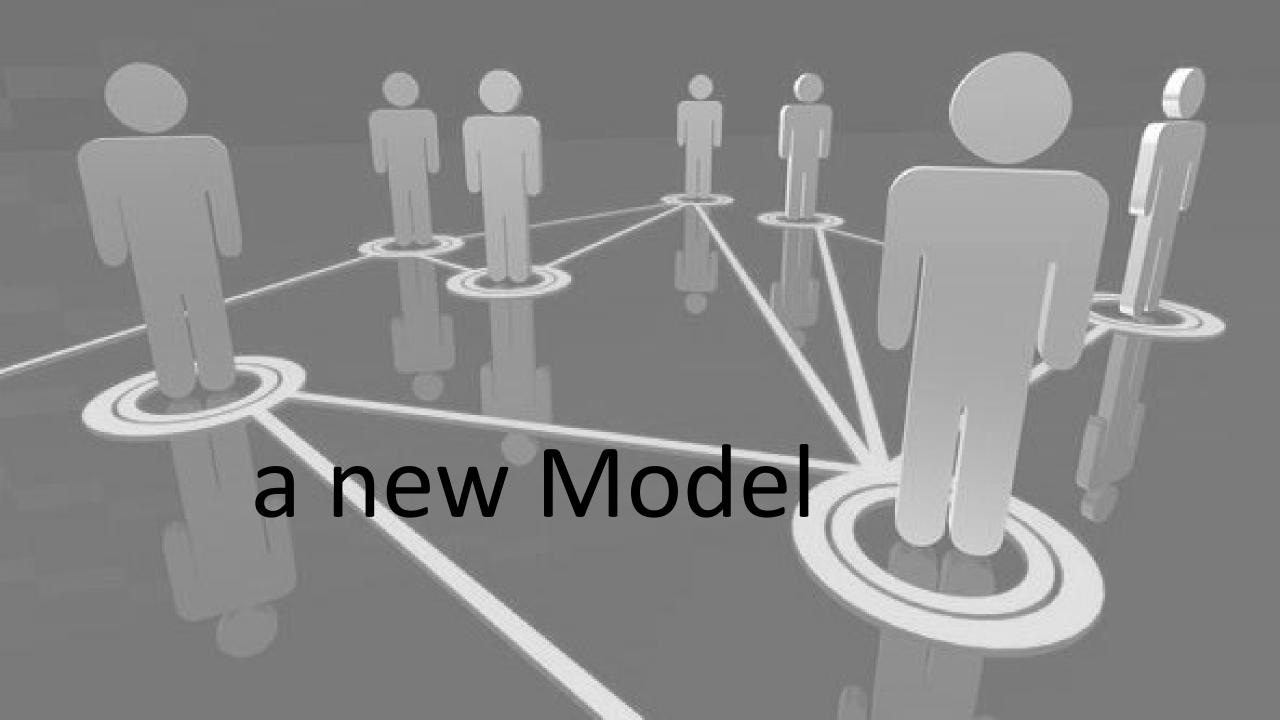
- Size
- Complexity
- Organization
- Equipment
- Human resources
- ICTs





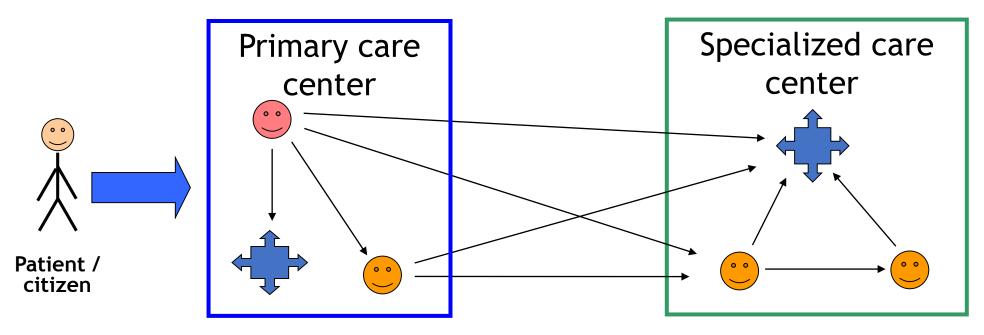
Primary and Specialized Care: initial relationship



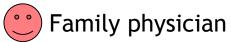


Reengineering the relationship between Primary and Specialized Care

1st Goal: Improve the patient care with a new approach over the relationship among family physicians and clinical specialists.



Patients' flow regulated by agreements and clinical protocols based on scientific evidence







Diagnosis / treatment resources

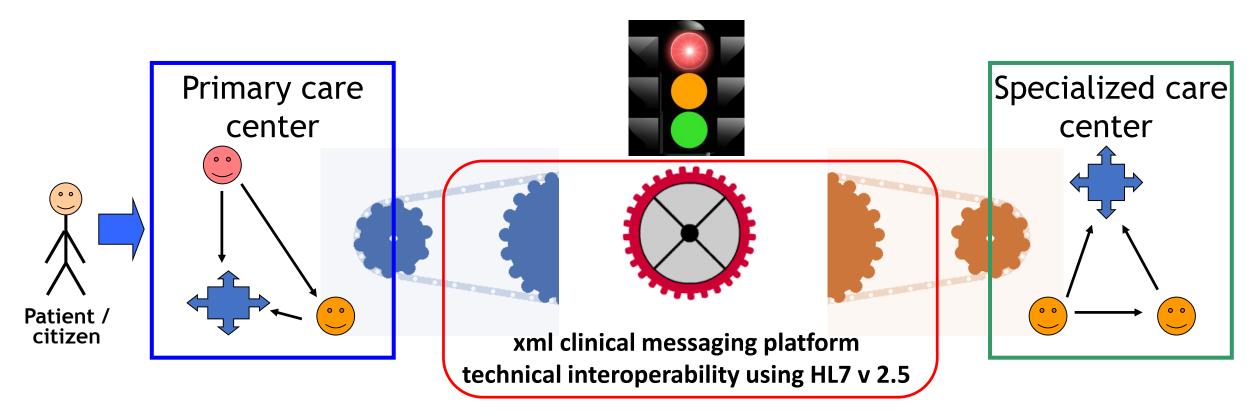






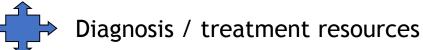
Searching the proper technology

Patients' flow regulated by agreements and clinical protocols based on scientific evidence







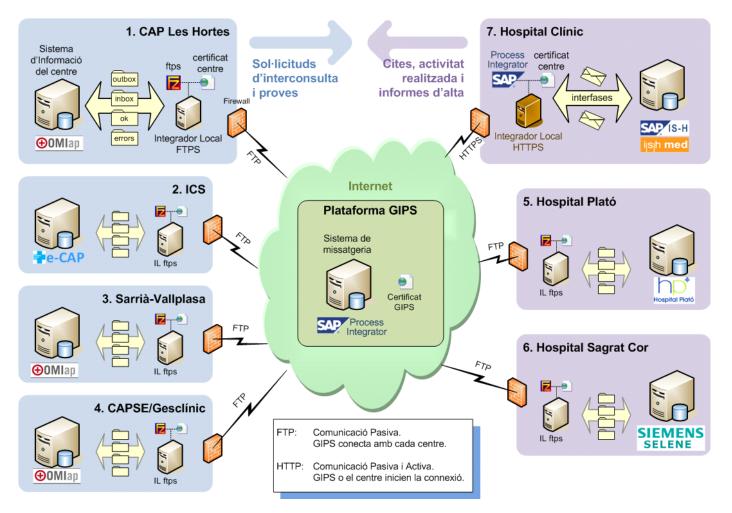


Affordable approach Quick wins Scalability





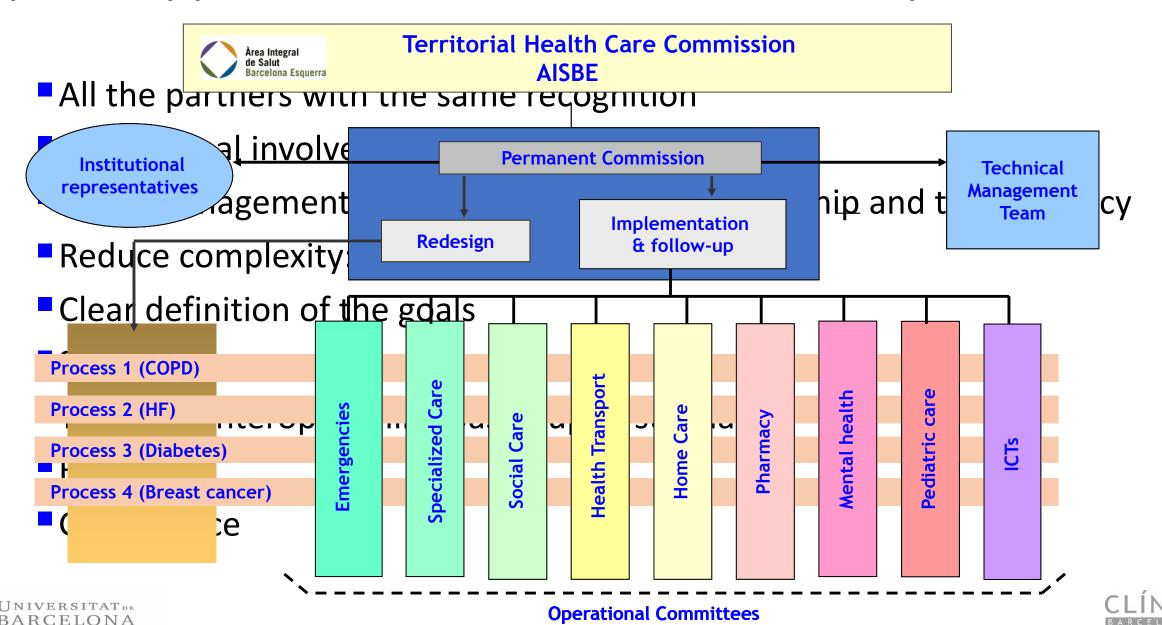
Interoperability using a Common Platform



Connecting EPRs with a Technically Interoperable Platform based upon accepted and affordable communication standards for interchanging meaningful clinical information to share the processes with added value



Stepwise approach: from middle-out with the professionals



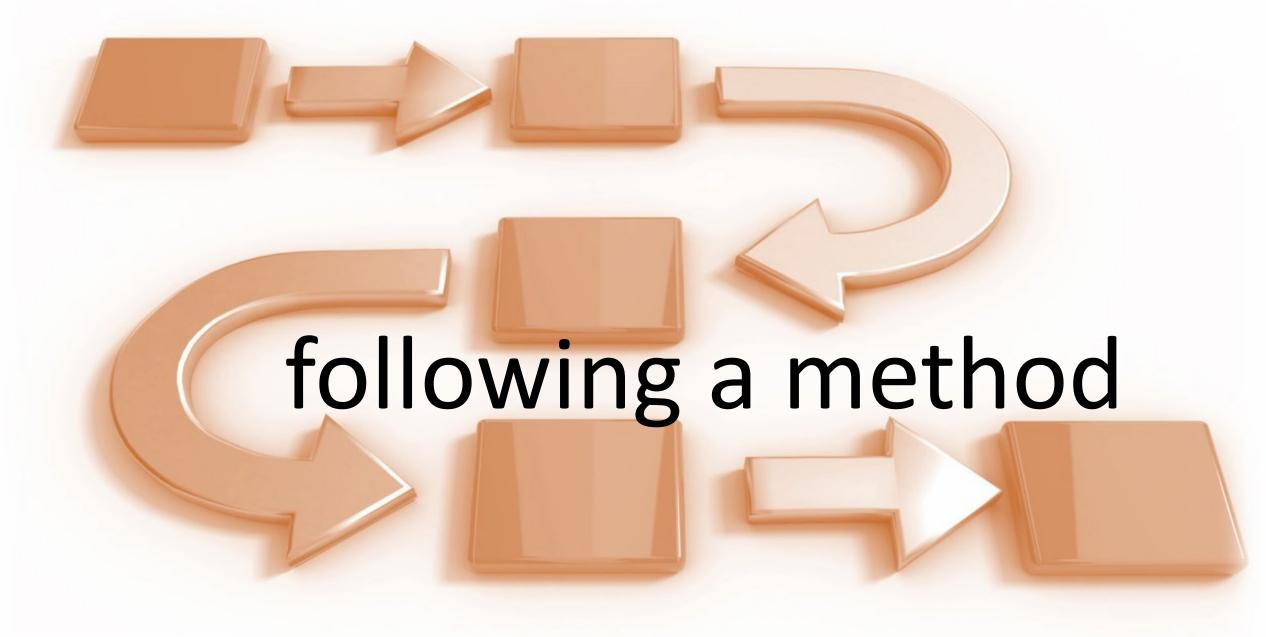
Working Group on Information and Communication Technologies

- Composition:
 - For each provider Institution
 - ICT responsible
 - Responsible of patients' management
 - Technological partners
 - One responsible of the Public Health Insurance (Catsalut)
- Method:
 - Yearly objectives
 - Global monthly meeting
 - Group sessions according ongoing projects

- Working meetings
- Coordination tasks
 - With the Executive Committee
 - With ongoing projects (HC3, WIFIS, etc...)
- Support tasks
 - Monitoring.
 - Security audits and updates.
 - Operating Support Systems.
- Diffusion tasks
 - Sessions, workshops and meetings.
 - Academic courses.











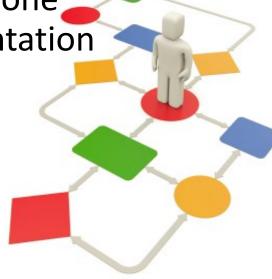
Clinical processes: functionality and status

Clinical information tracks:

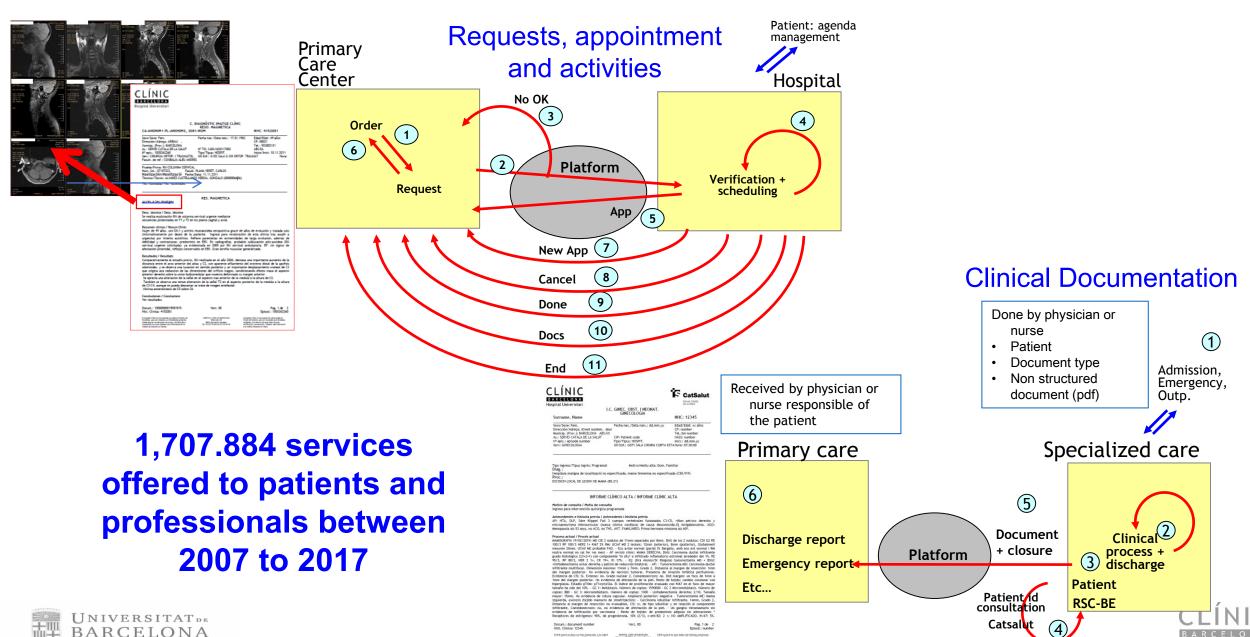
- Specialists activity done at PC center
- Interconsultation to SC at the hospital with appointment
- Pre-scheduled interconsultation to SC at the hospital
- Relevant Clinical Documentation
- Service requests to hospital and delivery of reports and images
- Teleconsultation (dermatology, vascular surgery, hematology,...)
- Patient's derivation between Emergency Deps.

Status:

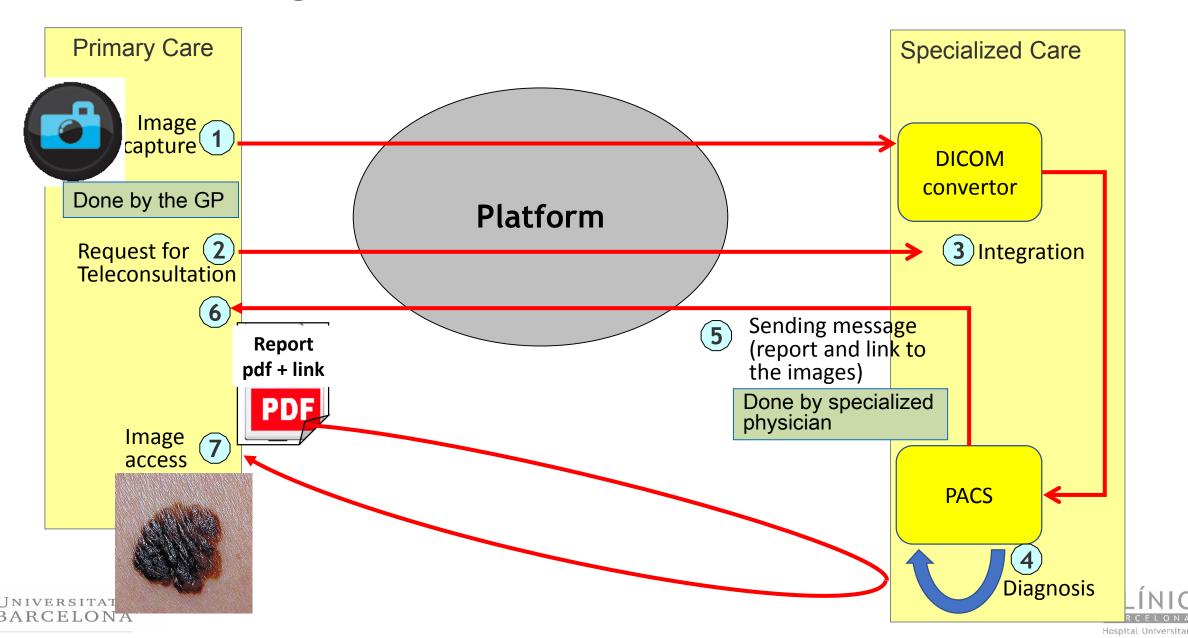
- Reception
- Rejection
- Appointment
- Re-appointment
- Cancellation
- Activity done
- Documentation
- Image
- Closure

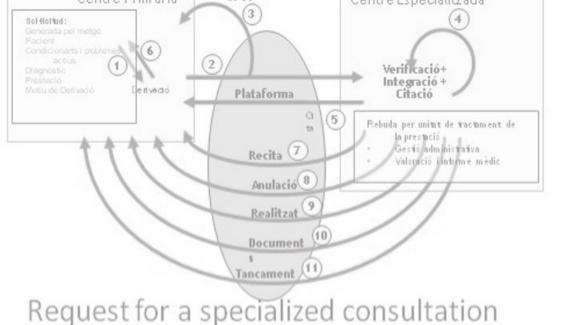


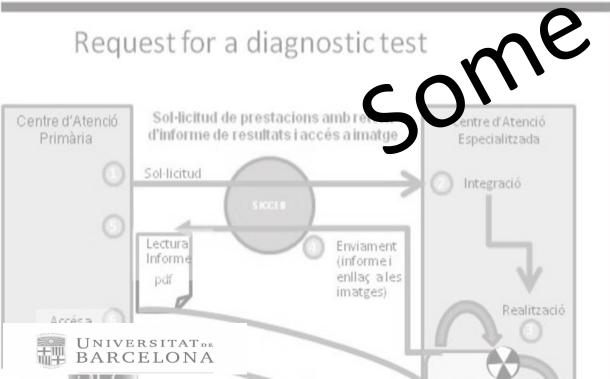
AISBE 1st goal: Interchange of meaningful information

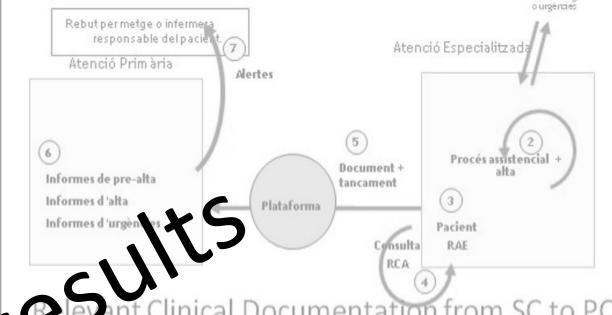


AISBE 2nd goal: innovation. Teleconsultation



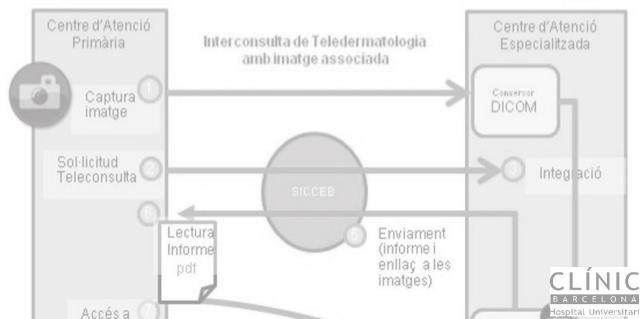






Clinical Documentation from SC to PC

Request for a teleconsultation in Dermatology

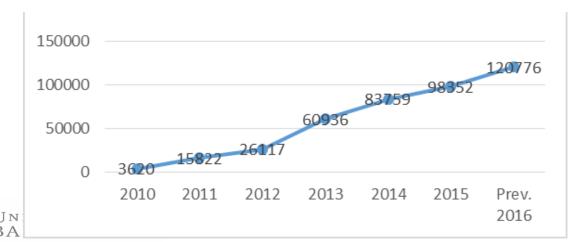


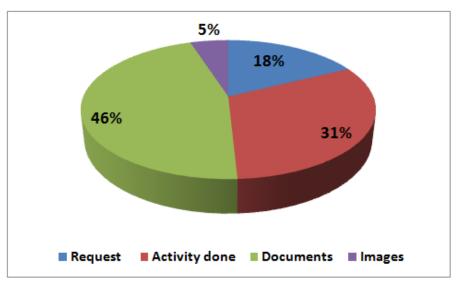
Some results (1)

Improving and growing activity of the system in "classical" processes

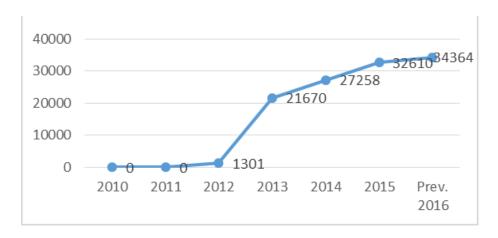
Туре	Number (2010-2015)
Requests	323360
Activity done	577575
Documents	839779
Images	91374

Services requested by PC





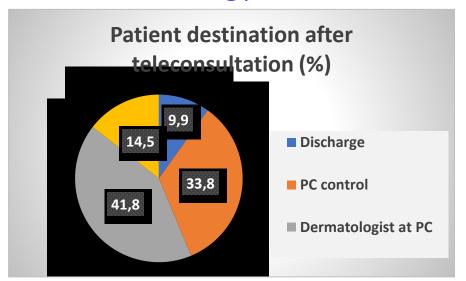
Images provided by SC





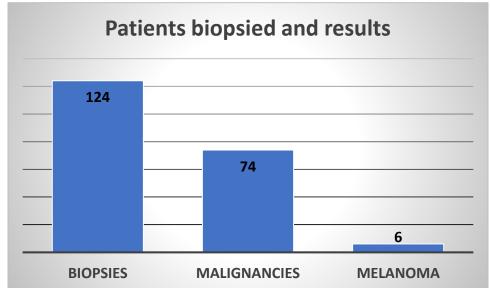
Some results (2)

Teledermatology: a successful example of a new process mediated by ICTs



Period	Jan 13 – Jun 14
PC physicians	68 (= 13,5 TC by Phys)
Teleconsultation	920 cases
Dermat. answer	1,84 days (mean)
Picture quality	94,3 %
Visits saved	535 (58.2%)

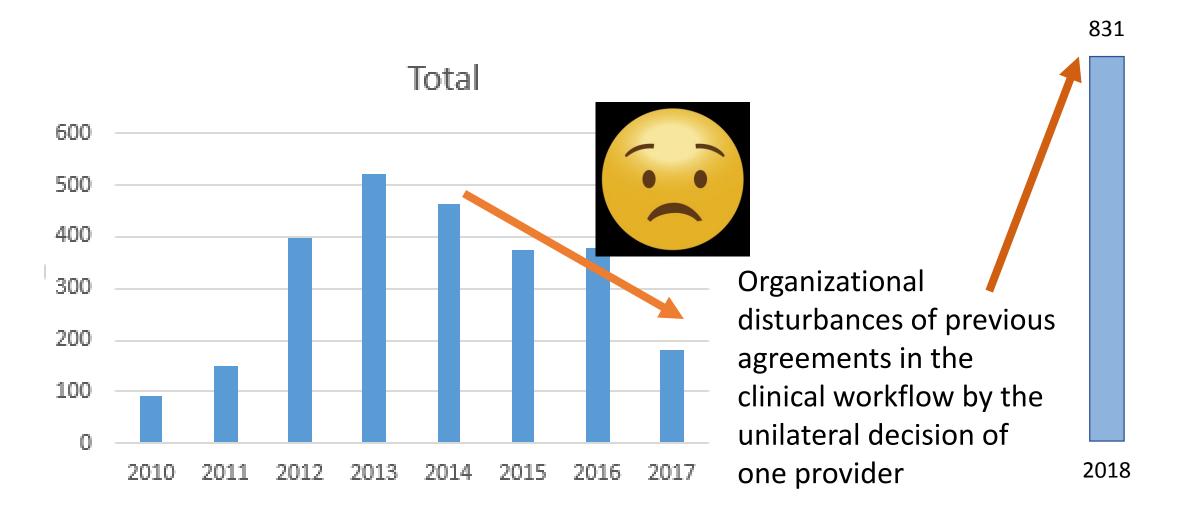








Lessons learned: the case of Teledermatology

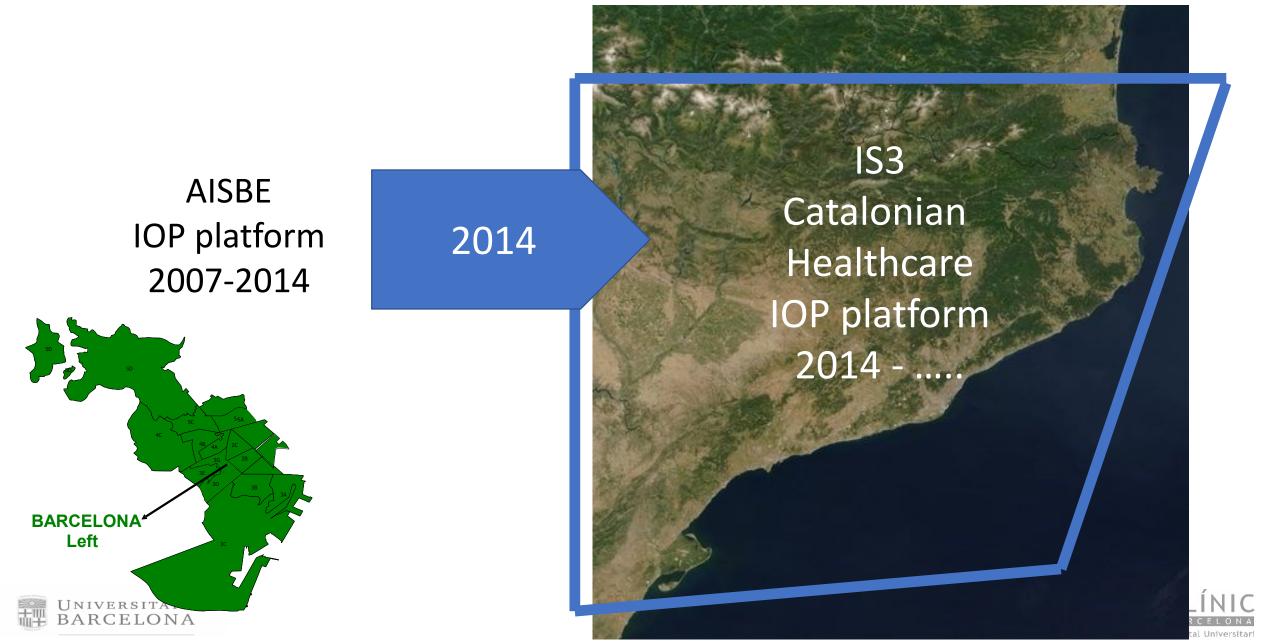




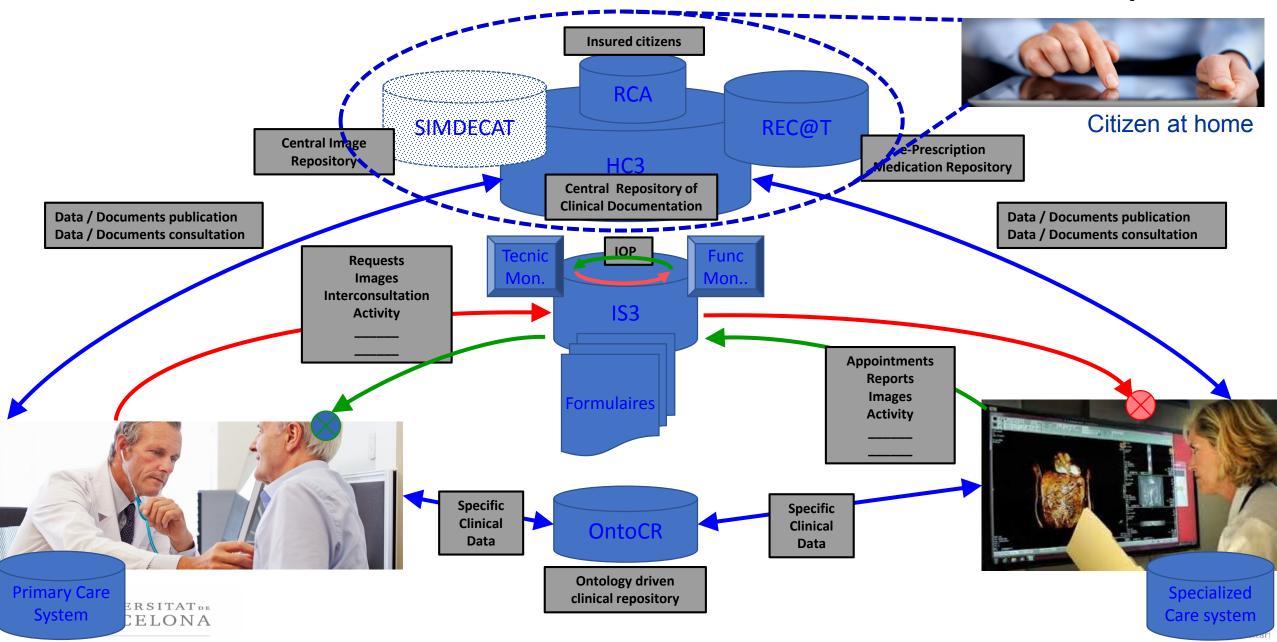




2014: The AISBE model extended to the rest of Catalonia



Shared eHealth resources in Catalonia today





Hospital Universitari Sagrat CoreAp Barcelona 2C - Esq. Example-Rosselló

Functional monitoring: tracking capabilities

Línia Odontològica Manso

Monitoratge de dominis

Domini	Seleccionar Va 🔻	ld. Solicitud	Seleccionar Va 🔻	UP Origen	EAP Barcelona 2 ▼	UP Destí	Seleccionar Va ▼
Període	2019-05	ld. Flux únic	Seleccionar Va ▼	Prestació Sol·licitada	Seleccionar Va ▼	Servei destí	Seleccionar Va ▼
Data Sol·licitud	20/05/2019 00:0 🔻	ld. Prestació	Seleccionar Va ▼			Últim estat	Seleccionar Va 🔻
		Número Autorització	Seleccionar Va ▼			Ahir?	0 •
						Aplio	ar Restablecer▼

Informació detallada

Domini: TOTS, Període: TOTS, Data sol·licitud: 20/05/2019 00:00:00,19/05/2019 00:00:00,18/05/2019 00:00:00,17/05/2019 00:00:00,16/05/2019 00:00:00,15/05/2019 00:00:00

Id Sol·licitud: TOTS, Id Flux únic: TOTS, Id Prestació: TOTES, Número Aurorització: TOTS UP Origen: EAP Barcelona 2C - Esq.Eixample-Rosselló, Prestació Sol·licitada: TOTES

UP Destí: TOTES, Servei Destí: TOTS, Últim estat: TOTS, Ahir: 0

Individual patient process

ld.	ld. Flux únic	ID. Prestació	Estat Derivació	Data Calliaitud	UP Origen	UP Destí	Servei destí	Prestació Sol·licitada
28107849	ldMsglntWmb_2019-05-15 09:51:00.4146c1	19537802	Resultats disponibles - A	15/05/2019	EAP Barcelona 2C - Esq.Eixample-Rosselló	Hospital Clínic de Barcelona	Dermatologia	interconsulta - 204311000135100
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28107923	ldMsglntWmb_2019-05-15 09:52:46.622528	19538105	Programada - SC	15/05/2019	EAP Barcelona 2C - Esq.Eixample-Rosselló	Hospital Clínic de Barcelona	No disponible	ecocardiografia - 40701008
28107934	ldMsglntWmb_2019-05-15 09:53:26.677a07	19538106	Reprogramada - RG	15/05/2019	EAP Barcelona 2C - Esq.Eixample-Rosselló	Hospital Clínic de Barcelona	No disponible	tomografia computada del crani sense contrast - 05040101
28108001	ldMsglntWmb_2019-05-15 09:54:14.9e9c52	39V00290001872369	Pendent Confirmació Creació - NW	15/05/2019	EAP Barcelona 2C - Esq.Eixample-Rosselló	Hospital Clínic de Barcelona	Cirurgia Maxil·lofacial	primera consulta - 117741000135105
28108689	IdMsgIntWmb_2019-05-15 10:14:08.609f9f	19538122	En ours - IP	15/05/2019	EAP Barcelona 2C - Esq.Eixample-Rosselló	Hospital Clínic de Barcelona	No disponible	ecografia pelviana - 04030401
28108966	IdMsgIntWmb_2019-05-15	2019/355895	En ours - IP	15/05/2019	EAP Barcelona 2C -	Hospital Universitari	Rehabilitació	primera consulta - 117741000135105

Hospital Cos de Mai



Process status



Reporting (1)

EAP Barcelona 2E - Esq. Example-Casanova

Línia Odontològica Manso

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Domini	Seleccionar Va ▼	ld. Solicitud	Seleccionar Va 🔻	UP Origen	EAP Barcelona 2▼	UP Destí	Seleccionar Va 🔻
Període	2019-05	ld. Flux únic	Seleccionar Va ▼	Prestació Sol·licitada	Primera visita;pri ▼	Servei destí	Seleccionar Va 🔻
Data Sol·licitud	20/05/2019 00:0 🔻	ld. Prestació	Seleccionar Va ▼			Últi m estat	Seleccionar Va 🔻
		Número Autorització	Seleccionar Va ▼			Ahir?	0 •
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Informació detallada

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from one Primary
Care Center

00:00,16/05/2019 00:00:00,15/05/2019 00:00:00

to the Hospital destination

	11111				
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28112612	IdMsgIntWmb_2019-05-15	WE#2019:010185	Programada - SC	15/05/2019	EAP Barcelona 2C - Esq.Eixample
				_	

UP Destí	Servei destí	Prestació Sol·licitada
Hospital Clínic de Barcelona	Cirurgia Maxil·lofacial	primera consulta - 117741000135105
Hospital Universitari Sagrat Cor	Rehabilitació	primera consulta - 117741000135105
Hospital Plató	Urologia	primera consulta - 117741000135105
Hospital Clínic de Barcelona	Ginecologia	primera consulta - 117741000135105
Hospital Clínic de Barcelona	Al·lergologia	primera consulta - 117741000135105
Hospital Universitari Sagrat Cor	Rehabilitació	primera consulta - 117741000135105
Hospital Plató	Oftalmologia	primera consulta -



Reporting (2) Barcelona 2C - Esq. Example-Rosselló EAP Barcelon

EAP Barcelona 2E - Esq. Example-Casanova

Línia Odontològica Manso

Monitoratge de dominis

Domini	Seleccionar Valo ▼	ld. Solicitud	Seleccionar Valo ▼	UP Origen	EAP Barcelona 2C ▼	UP Destí	Seleccionar Valo	•
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		Número Autorització	Seleccionar Valo ▼			Ahir ?	0	•
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Informació detallada

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UP Destí: TOTES, Servei Destí: Dermatologia, Últim estat: En curs Resultats disponibles, Ahir: 0

Status of the process and time lapse

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Refrescar - Inprimir - Exportar

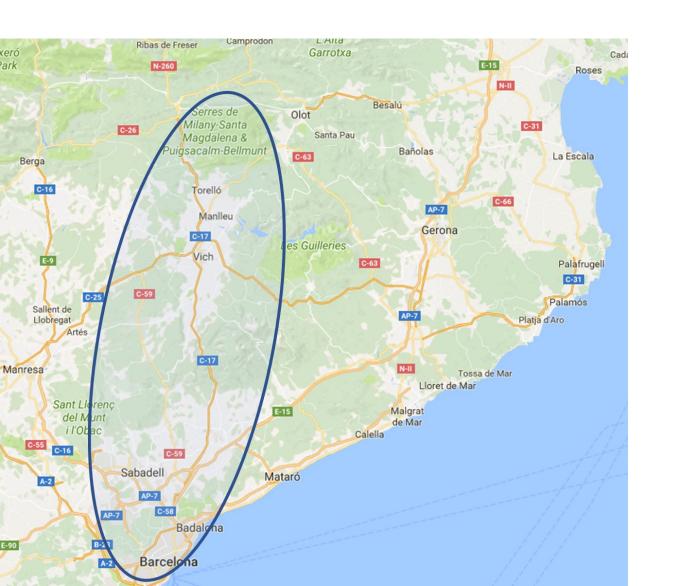








The ongoing C-17 project



- Tertiary care
 - Oncology
 - Surgery
 - Complex diagnosis
- Specific patient data
 - Oncology
 - Lung Cancer
 - Breast Cancer
 - Leukemia / Lymphoma
 - Ovarian cancer



Facing new challenges

- Full coverage of the implemented processes
- Development of new functionalities
 - Event notifications
 - Patient's connection
- Decentralized management
 - Monitoring improvement
 - From reporting towards a Territorial Clinical Scorecard
- Governance and Quality issues
 - Functional refinement
 - Cancer registry





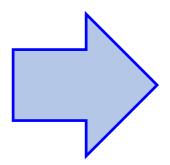
2019: Public healthcare collaboration **Upcoming** Spain Cancer Insured Spanish patients EHR ePresc. Cat. Catalonia Interoperability **EHR** platform Citizen access Healthcare providers BARCELONA

Concluding remarks

It's possible to redesign an improve healthcare processes with ICT support

Key factors for success are:

- Leadership
- Transparency
- Governance
- Professional involvement
- Agreements
- Methodology



Return of investment includes more things than savings or revenues:

- Better quality of care
- A big field for research and growth of new ideas
- Stimulus for organizational development and improvement
- Trust to afford new objectives



- Milestones reached > Project accomplishment
- Professional acknowledgement → Real added value
- Patient's reconnaissance \rightarrow "Healthcare has improved"







be patient







Thank you very much for your attention!!! xpastor@clinic.cat