

Does management integration improve cross-level clinical coordination? Experience of Catalonia

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BACKGROUND

- Cross-level clinical coordination is a priority for health systems.
- Evidence suggests that management integration may improve clinical coordination.
- Several types of management integration coexist in the National Health System of Catalonia.
- This study **aims** to evaluate clinical coordination according to the type of management integration of the area in the Catalan health system.

Clinical information coordination

- Transfer
- Use

Clinical management coordination

- Consistency of care
- Adequate patient follow up
- Accessibility

METHODS

Design

Cross-sectional study based on a survey using the online questionnaire **COORDENA-CAT** (October-December 2017).

Study population

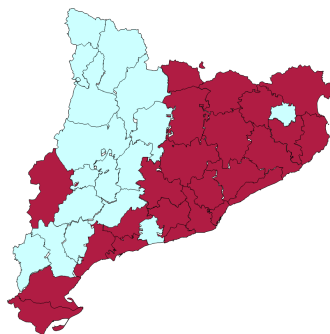
Primary and secondary care (acute and long term) doctors of the public Catalan health system.

Sample

3.308 doctors, participation rate **21%**.

Areas of study

32 areas including primary health centres and their hospitals (acute and long term).



Variables

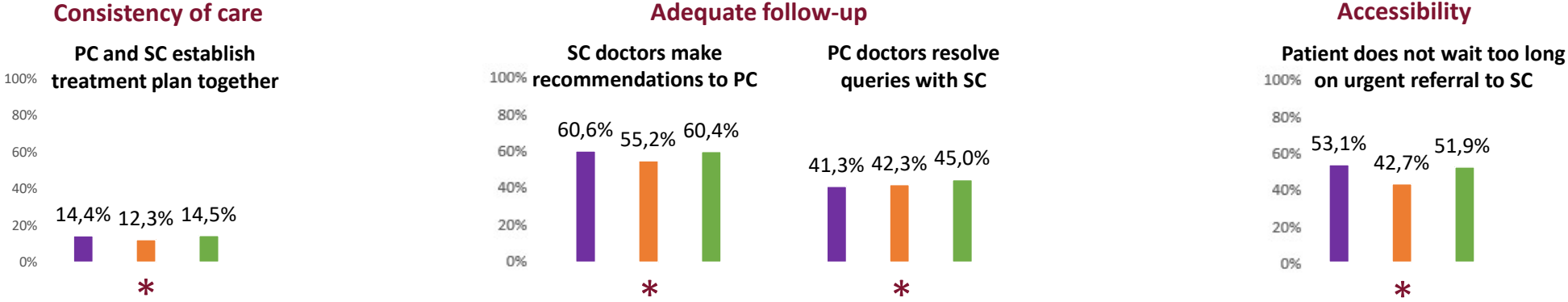
- Outcome: experience and perception of clinical coordination across care levels and related factors.
- Explanatory: area according to type of management (**integrated, semi-integrated and non-integrated**), demographic, employment characteristics and attitude towards work.

Analysis

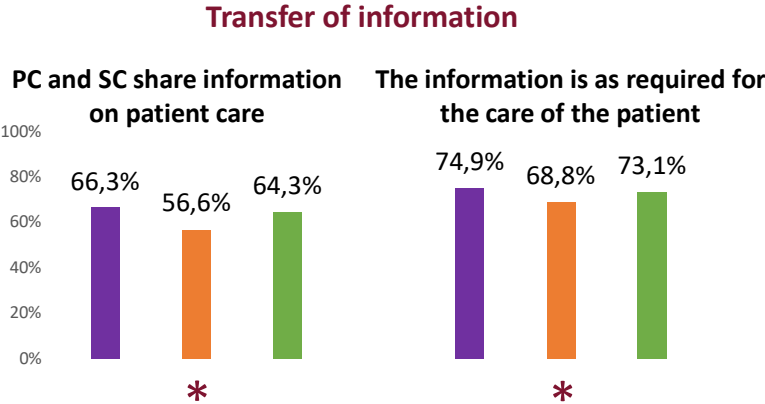
Descriptive and multivariate analysis using robust Poisson regression (PR 95% CI) to assess differences between areas.

RESULTS: Experience and perception of clinical coordination

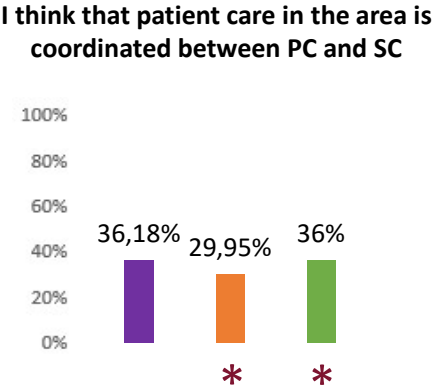
Coordination of clinical management



Coordination of clinical information



Perception of clinical coordination

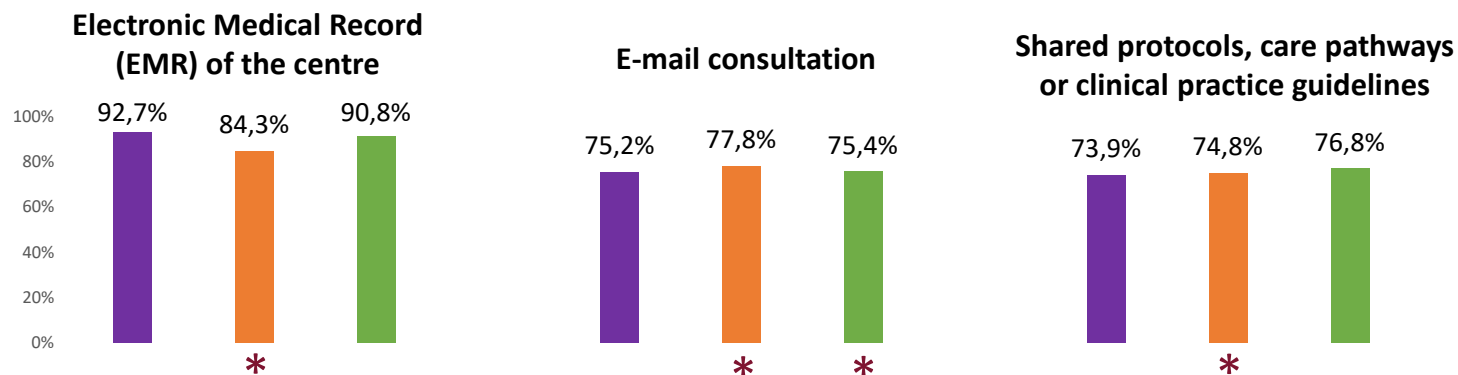


(Always/Very often) * Statistically significant PR adjusted by sex, years of experience as a doctor, level of care and type of hospital

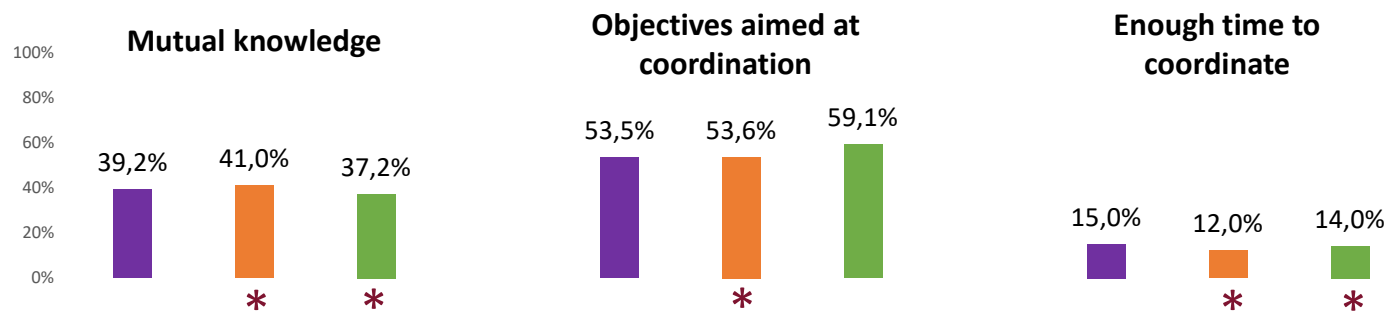
● Integrated ● Semi-integrated ● Non-integrated

RESULTS: Related factors

Knowledge of coordination mechanisms



Interactional and organizational factors



(Yes)

* Statistically significant PR adjusted by sex, years of experience as a doctor, level of care and type of hospital

● Integrated ● Semi-integrated ● Non-integrated

CONCLUSIONS

- Integrated areas showed better results in terms of clinical coordination experience and perception.
- This could be related to better results in related factors, such as the knowledge of coordination mechanisms.
- Few differences between integrated and non-integrated areas → management integration is not enough condition to improve clinical coordination.
- Differences with semi-integrated areas → coordination efforts are not equitable among all the providers of the territory → inequalities in quality of care.
- Cooperation formulas are needed between all territory providers that allow to fix common strategies to improve clinical coordination.
- Common fields for improvement found in all areas, such as accessibility to SC or the existence of objectives aimed at clinical coordination.

THANKS FOR YOUR ATTENTION!