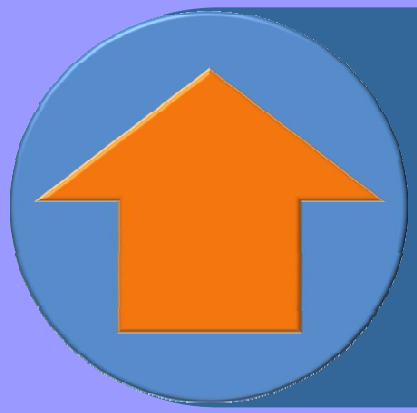


The Bellagio Model
Population-oriented Primary Care

A diagnostic grid to assess, improve and enhance primary care

Sophia Schlette, Anne Frølich, Tino Martí

BMJ International Forum
Session B 5
Berlin, 18 March 2009

INTERNATIONAL FORUM ON
Quality and Safety
in Health Care

The Bellagio Model of Population-oriented primary care

- Introduction
- Key features
- Testing the model
  - Integration experience in Copenhagen
  - Innovation experience in Catalonia
- Discussion
- Summing up

What it is

- The Bellagio Model is a comprehensive **reference framework** for accessible, continuous, comprehensive, population-oriented primary care for the 21st century
- Ten distinct and synergistic key features make the Bellagio Model a **diagnostic grid** to assess and advance primary care in any given health system, and at the same time a **guide for practice improvement**.

Where we met

The Rockefeller Foundation
Bellagio Study and Conference Center, Italy
April 2008

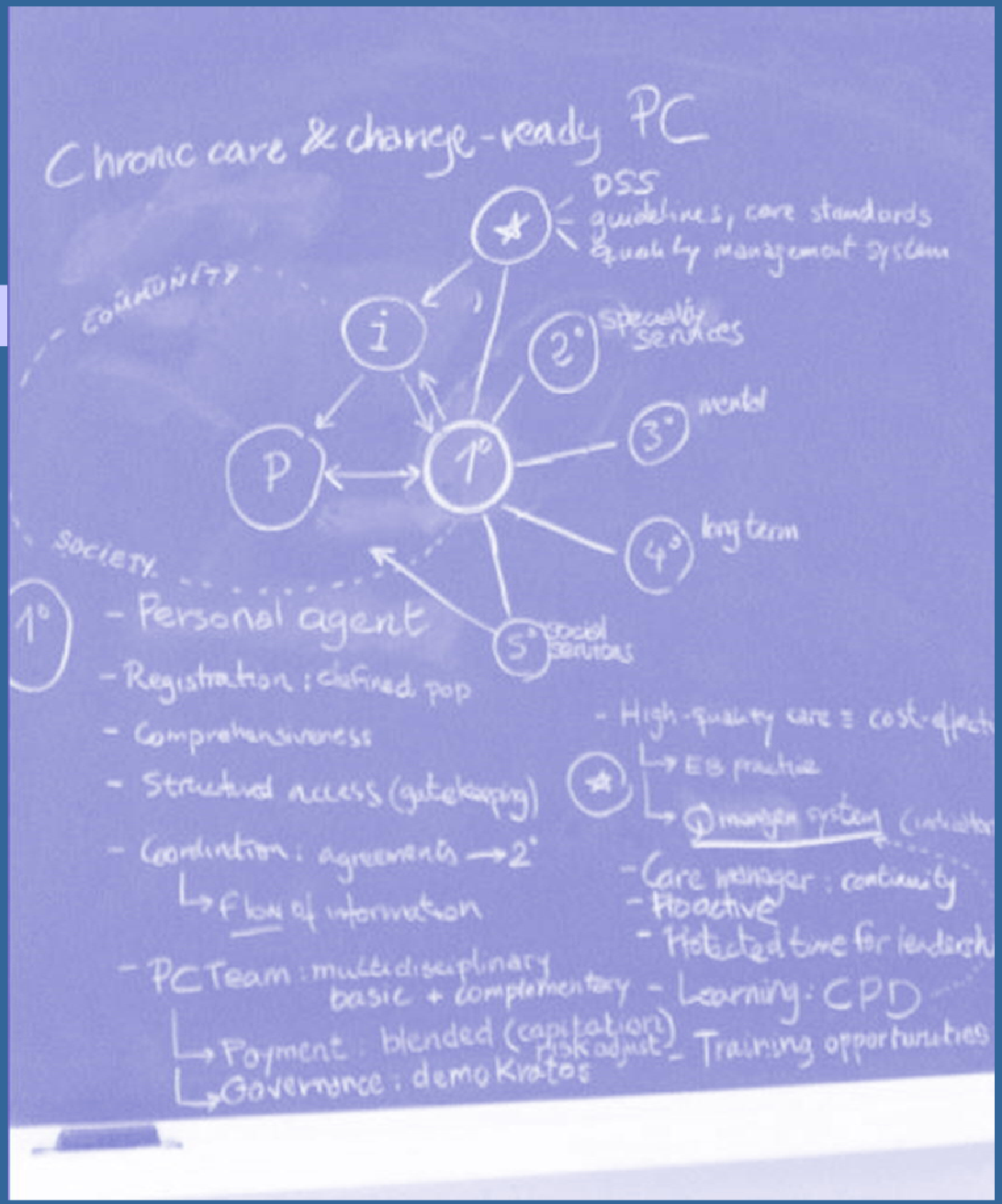
Who we are


Top row: Nick Goodwin, Chuck Kilo, Jennifer Dixon, Josep Argimon, Michel Wensing, Chris Ham, Bert Vrijhof, Jochen Gensichen, John Tooker, Ed Wagner, Derek Feeley, Marianne Samuelson, Zbigniew Krol
Front row: **Anne Frølich**, Norbert Donner-Banzhoff, Yann Bourgueil, Barbara Starfield, **Sophia Schlette**, **Tino Martí**, Melanie Lisac, Sophia Chang, Thomas Heil, Frede Olesen, Ain Aaviksoo

Where we are from

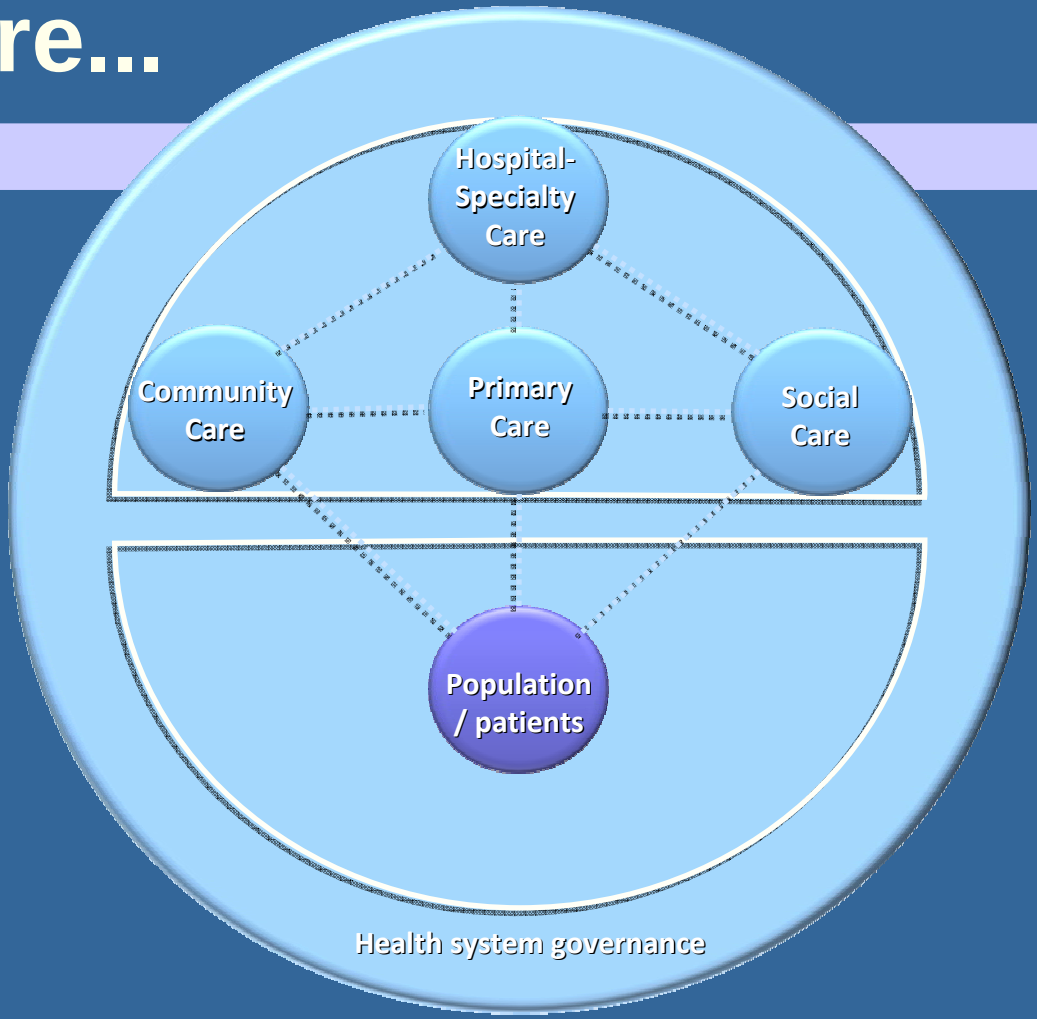
- United Kingdom (England, Scotland)
- Denmark
- Spain (Catalonia)
- Poland
- Estonia
- France
- The Netherlands
- Germany
- United States

From there...


Chronic care & change-ready PC
DSS
guidelines, care standards
& quality management systems
COMMUNITY
specialty services
mental
long term
SOCIETY
- Personal agent
- Registration : defined pop
- Comprehensiveness
- Structured access (gatekeeping)
- Coordination : agreements → 2°
→ flow of information
- PC Team : multidisciplinary
basic + complementary
→ Payment : blended (capitation) risk adjust
→ Governance : demokratos
- High-quality care = cost-effect
→ EB practice
→ managem system
- Care manager : continuity
- Proactive
- Protected time for leadersh
- Learning : CPD
- Training opportunities

The relational model

To here...



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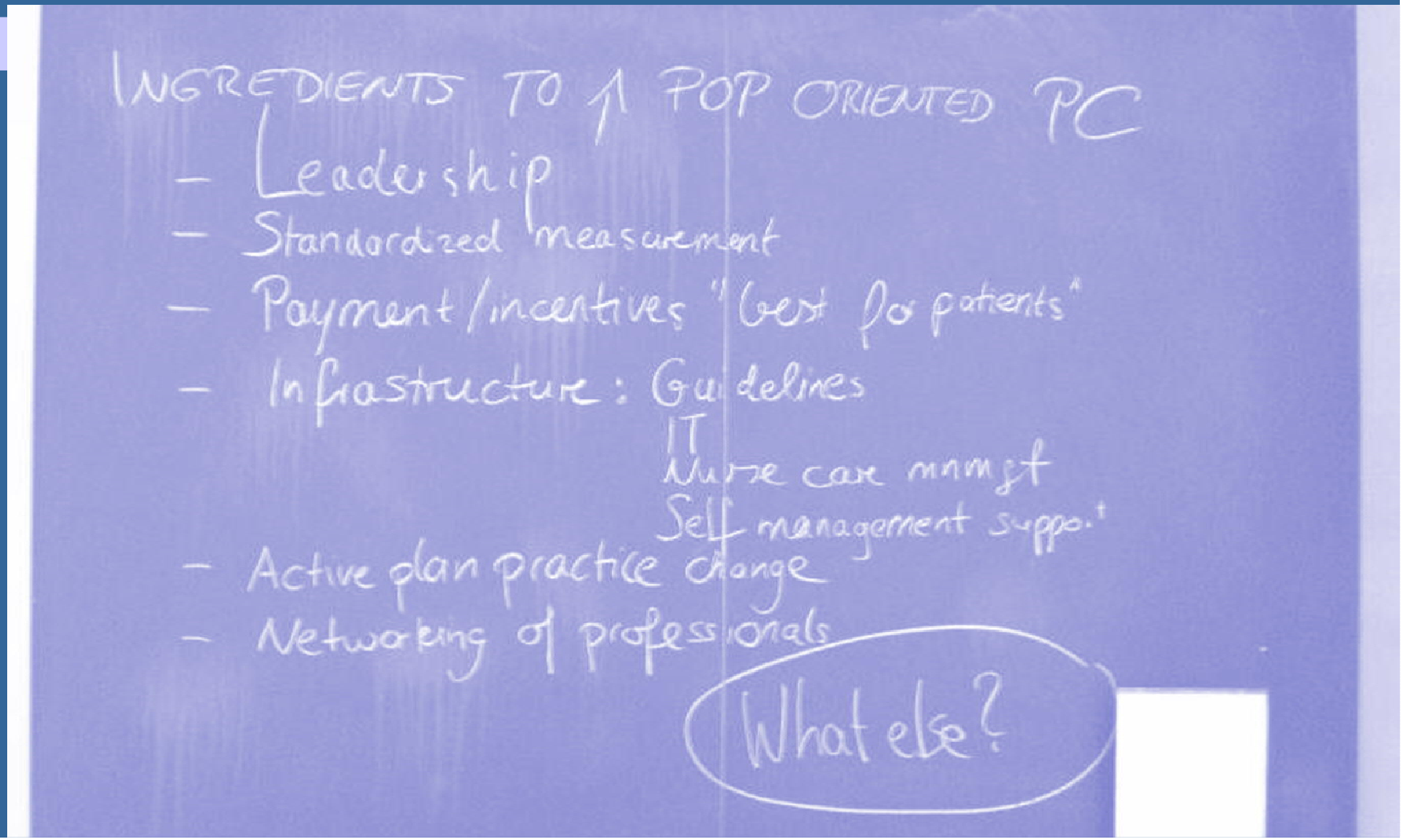
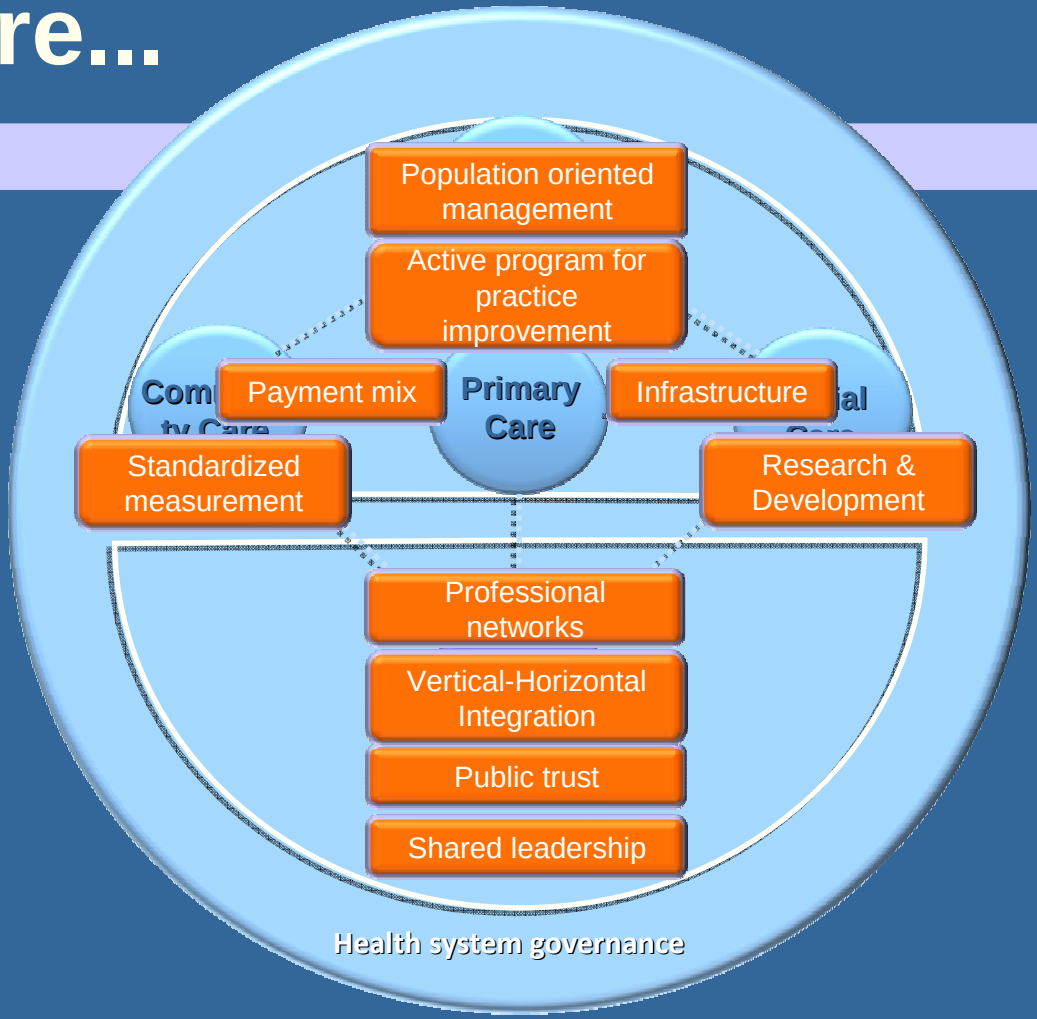

INGREDIENTS TO 1 POP ORIENTED PC
- Leadership
- Standardized measurement
- Payment/incentives "best for patients"
- Infrastructure: Guidelines
IT
Nurse case mnmgt
Self management suppo.t
- Active plan practice change
- Networking of professionals
What else?

Complexity and interdependency

To here...



10 features guiding model

Shared leadership

Shared leadership – collaboration between health care providers and institutions, health system experts, and political leadership of the health care system develops and implements a shared vision of health for a population.

As a public good, ***primary care needs protection*** and endorsement from independent governance or umbrella organizations that can strategically guide the redesign of (primary) health care systems

- *The system will not adapt naturally as a 'complex adaptive system'*
- *Leadership is required at every level*
- *Joined-up governance and shared responsibility through accountability*

Public Trust

Public Trust – results from reliability of policy makers and governance structures based on accountability and transparency, as well as from positive experiences with providers to deliver accessible, high-quality, safe and efficient health care

- *The public (patients) must have trust in the reliability, accessibility and quality of care, and in the people who are in charge of shaping the system.*
- *Trust can develop through accountability & transparency; by bringing in people's experiences; by establishing quality markers; by tapping in to underlying societal values*

Vertical and horizontal integration

Horizontal Integration – Integration with health and social professionals in the local community, healthcare centers, general practitioners, social workers, community nurses, physiotherapists, dieticians, etc.

Vertical integration - Integration in the organisations. Leaders at the different levels communicate on important issues and share information

- *'Horizontal' integration in primary & community care settings to promote 'holistic' management of the person – effective treatment and care management*
- *'Vertical' integration from primary care settings – effective diagnosis & rapid access to specialist care*

Networking of professionals

Networks supporting hospital, ambulatory care and community-based care. Networking between specialists and primary care providers offer opportunities for collaborative learning and quality improvement

- *Knowledge-sharing*
- *Trust-building*
- *Vision-making*
- *Culture-crossing*
- *Innovation-developing*
- *Partnership-inducing*
- *Policy-shaping*
- *Educational*
- *Collective core business*

Standardized measurement

Systematic recording, evaluation, and feedback of results on **accessibility**, **usability**, **safety**, **integration**, and **efficiency** of healthcare services using standardized and validated indicators is a demand to ensure provision of high quality care

Both internal and external reporting data will have to be taken into account, as well as different reporting to different users

- *Evidence required to convince on efficacy of approaches*
- *Systemic generation of evidence and use of improvement methods*
- *Standardized measurement for benchmarking performance in primary care*

Research and development

Combined clinical effectiveness and health services research with a focus on populations and primary care is vital for appropriate decision making and organization of care by both clinicians and policy makers

The use of information technology is equally vital to better understand the nature of changing health needs and better ways to deal with them

- *Focus on needs in the population and in clinical primary care*
- *Focus on best ways to organize care*
- *Focus on most effective ways of developing quality and enabling implementation of change*

Payment mix

Payment mix – capitation fee with additional incentives that are "best for patients". Primary care clinics should receive a basic capitation based fee for defined preventive and curative duties; aligned with incentives for high quality clinical performance

- *Incentives that 'crowd-in' professional and organisational behaviours that are best for patients*
- *Mix of capitation payments and pay for performance*
- *Incentives linked to system or health outcomes vs activity*

Infrastructure

Infrastructure – application of evidence-based guidelines in clinical care; information technology across all care settings; care management by medical professionals other than doctors; integrated and coordinated disease management programs; self-management support for patients, combined cost and clinical effectiveness research that is vital for appropriate decision making by both clinicians and policy makers

- *Application of evidence-base;*
- *Shared IT across all settings;*
- *Multidisciplinary care teams and care management by medical professionals other than doctors;*
- *Integrated and coordinated care management;*
- *Individualised care plans;*
- *Self-management support*

Active program for practice improvement

Active program for practice improvement – structuring change management in health care at different levels (i.e. medical education, professional development); formulation of goals, actions, measurement and continuous evaluation (e.g. plan/do/study/act)

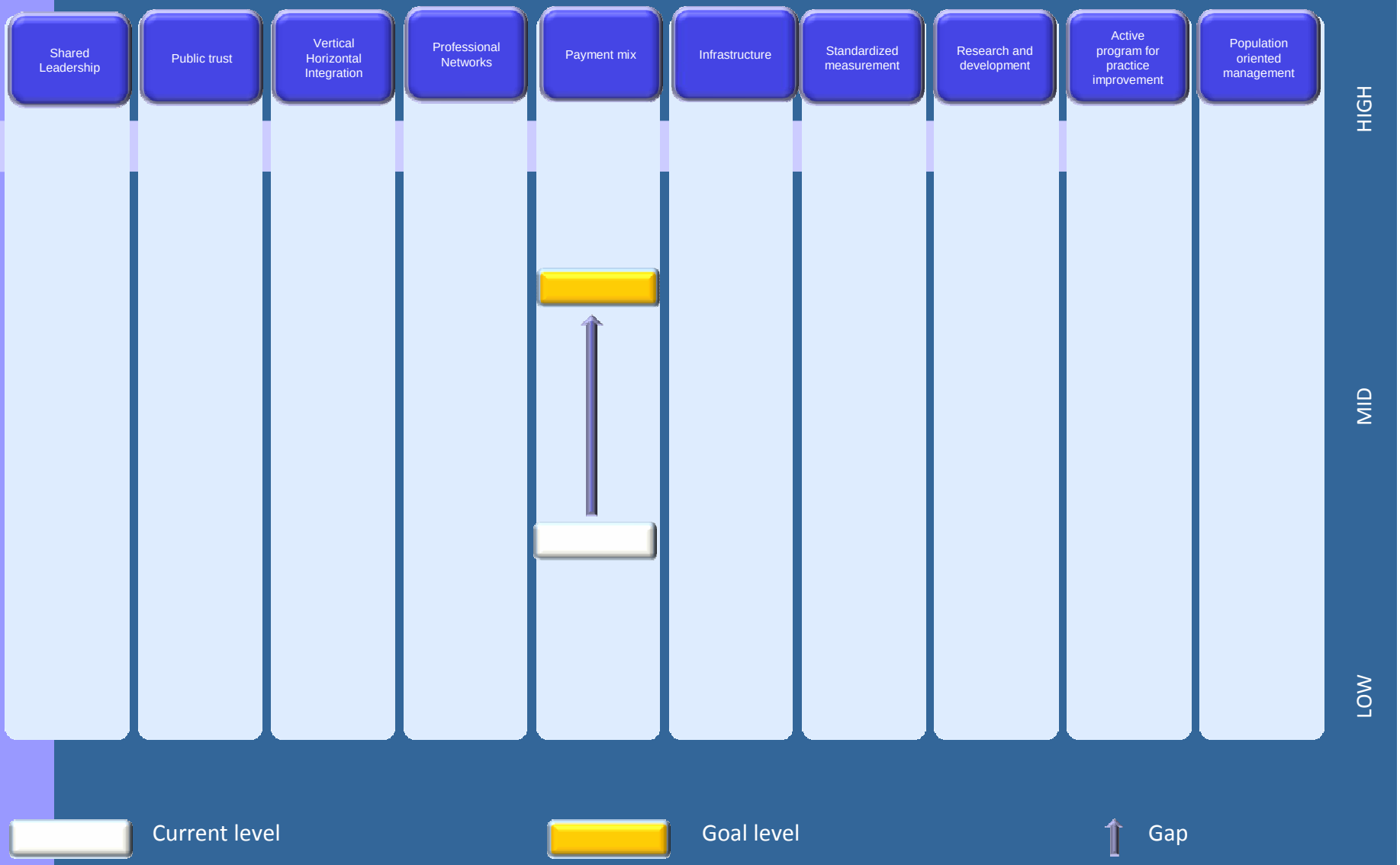
- *Enhancing practice change at many levels:*
  - *Medical and inter-professional education;*
  - *Professional development;*
  - *Use of improvement methodology to formulate goals, take action, measure and evaluate outcomes and seek continuous improvement*

Population oriented management

Population-oriented management across the care continuum, following and managing both the well and those with acute and chronic conditions/problems. An inprescindable premise for the Bellagio Model to succeed is universal coverage and access for all.

- *Use public health and routine data to identify at-risk patients and communities;*
- *Develop pro-active systems that manage care in the community;*
- *To prevent disease onset to those at risk and to manage those already with disease.*

Bellagio Model Grid

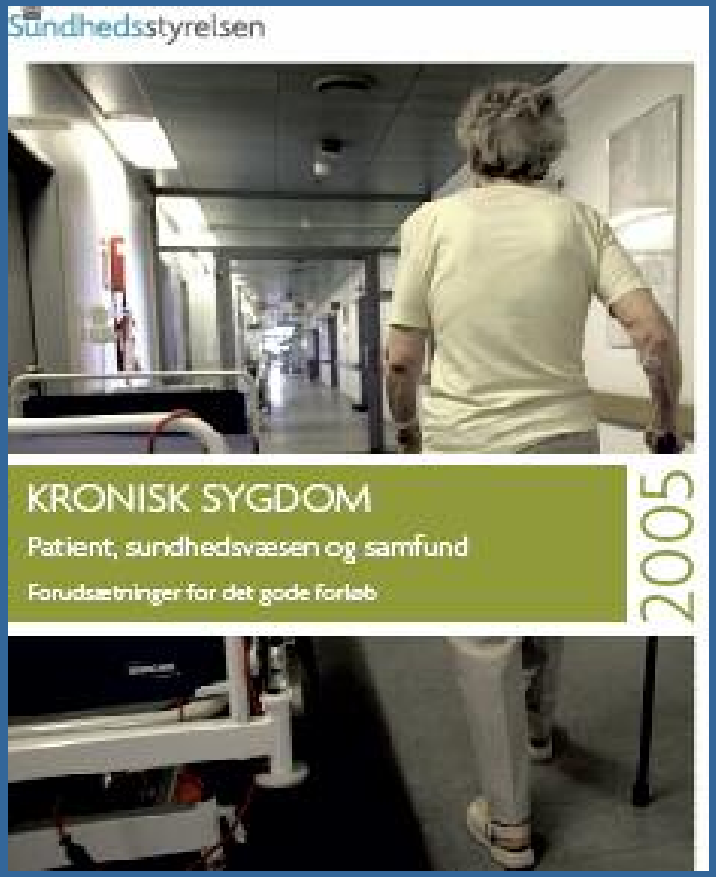


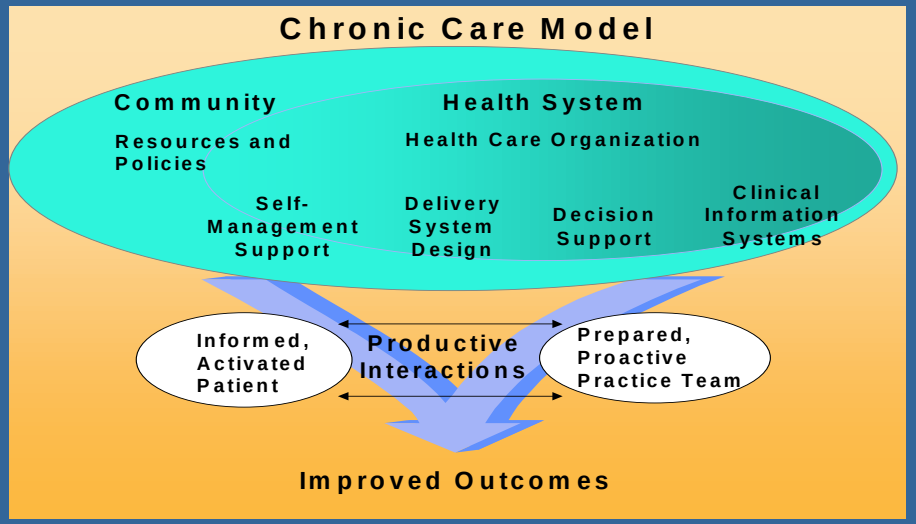
The Danish case:
Integrated Care in Chronic Conditions

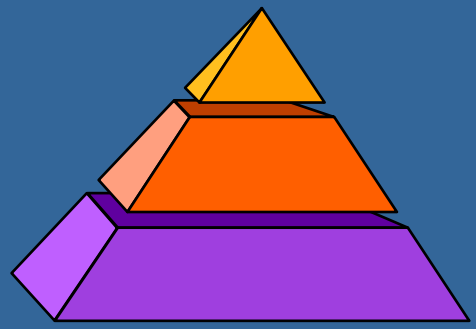
- Contextualization
- Main drivers
- Action plan

National Board of Health – Publication with Recommendations in 2005

"Chronic Conditions. Patient, Healthcare System and Society - Requests for a Successful Care Path"







Methods and Material

Project started in Copenhagen in 2004

City of Copenhagen: 503.000 citizens

Østerbro local area: 80.000 citizens

Bispebjerg Hospital: 700 beds and 3.500 employees

General practitioners: 57 GP's, 50% in solo practices

Chronic Conditions:

- COPD
- Type 2 diabetes
- Heart failure
- Balance problems

Integration of Care at the Macro, Meso and Micro level

Macro level State level

Meso level Organizational level

Micro level Patient-provider level

Integration –Governance Level

- Structure Reform
- New Health Act

  demanding “Healthcare agreements between regions and municipalities”

Integration – Management Level

- **Cross-sector leadership - horizontal and vertical** cultures and goals for patient care aligned
- **Knowledge sharing meetings**
- **Teaching programs across sectors** for nurses and therapists and for physicians
- **Disease management programs identical and developed in collaboration between hospital, municipality and general practitioners**
- **Agreed stratification of patients between sectors** ex. COPD FEV1% of expected magnitude limit at 50% changed to 30%
- **Use of identical measures including,** diagnosis, diagnosis specific, general measures (BMI, smoking rates, etc.,), physical measures (senior fitness tests), quality of life; general and disease specific,

Integration at the Practice Level

- Patient education – Activation of the patient
- Action plans - Agreements between patient and provider for goals of the rehabilitation

Model for integrated Care in Chronic Conditions

•Between-sector leadership

•Collaboration between health professional leadership

•Collaboration between health professionals

Patient

Disease Management Programs

Copenhagen Municipality

Bispebjerg Hospital

Patient

Patient

General Practitioners

The Catalan case:
Primary Care Innovation Plan (2007-2010)

- Contextualization
- Main drivers
- Action plan

The Catalan case:
Primary Care Innovation Plan (2007-2010)

- 25 years from previous reform
- Government mandate to reinforce integral care to persons through PC&CH and better care to dependents and chronic patients
- Need for change

The Catalan case:
Primary Care Innovation Plan (2007-2010)

CITIZEN

1. Integrated care
2. Health professionals as referents
3. Share health information and give access to individuals
4. Selfcare responsibility
5. Health as a personal value
6. Less burocracy

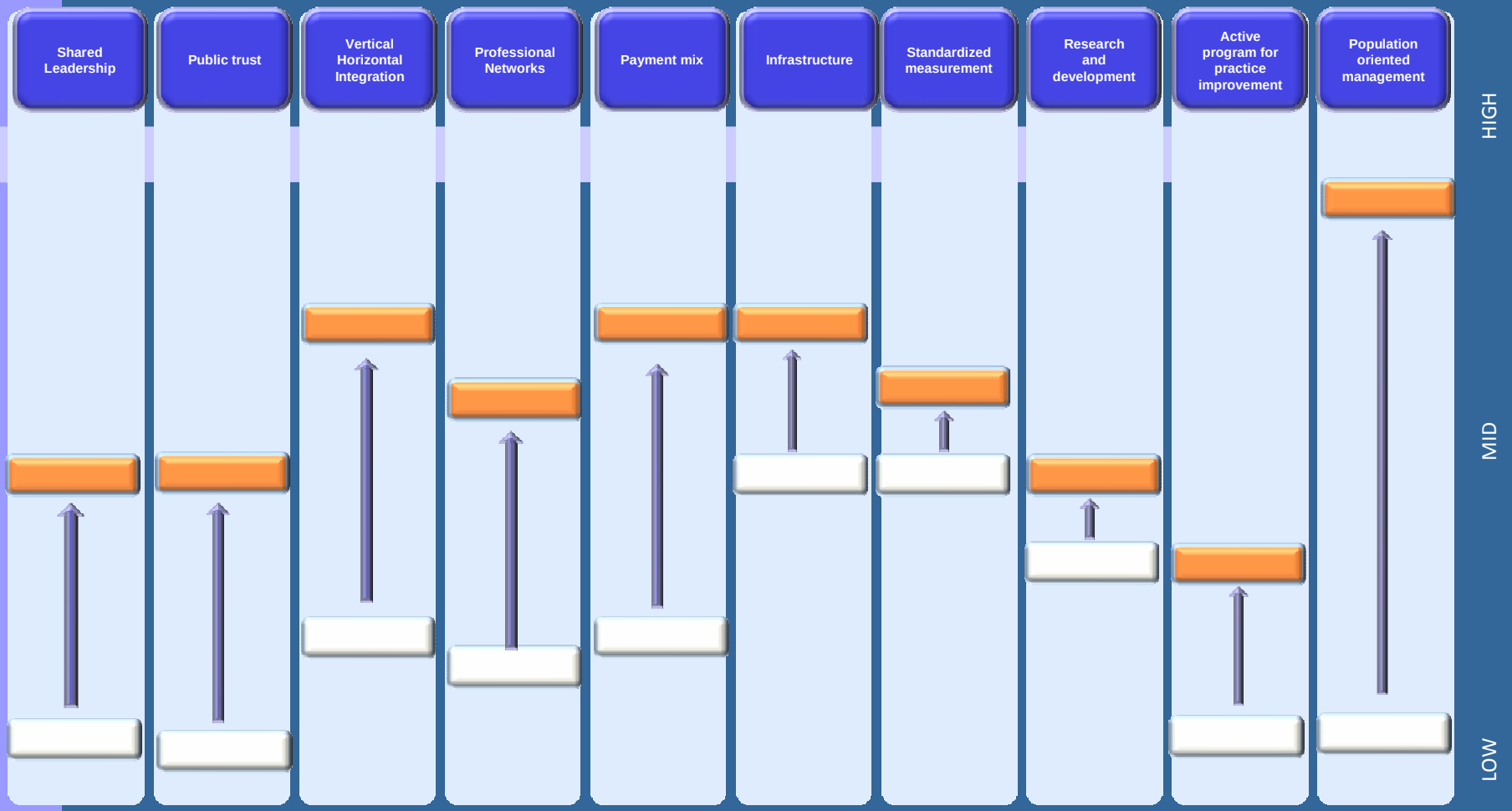
HEALTH SYSTEM

1. Integrate community services for each territory
2. Interoperability of HIS
3. Talent and knowledge management
4. Citizen participation in health councils

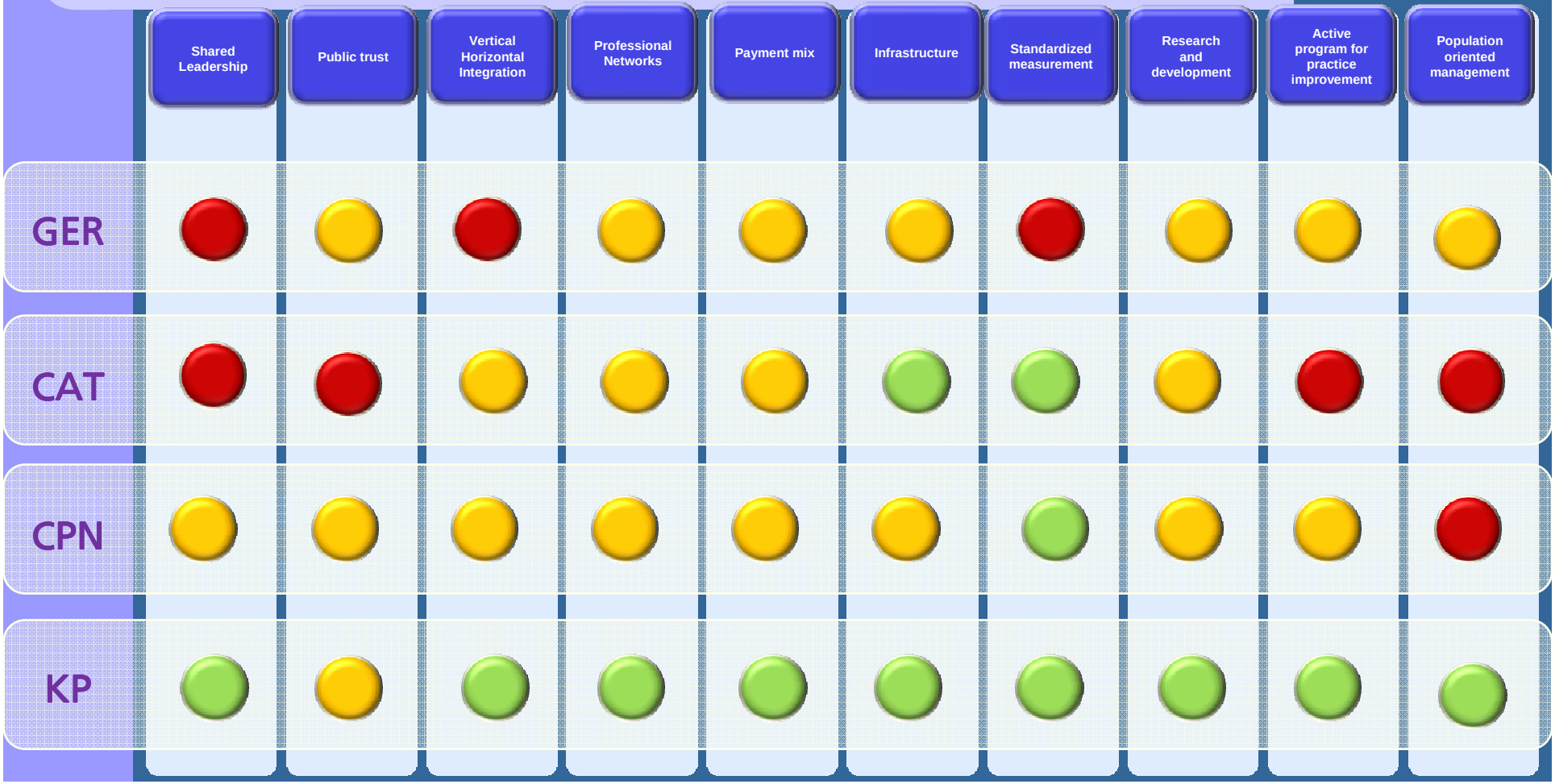
PROFESSIONALS

1. Territorial health teams (PC&CH)
2. Skill mix empowerment
3. Nurses as referents and with direct access
4. Management autonomy for PCTs
5. Professional accountability of care processes
6. Individualised CPD

Primary Care Innovation Plan vs the Bellagio Model Grid



Primary care key ingredients: how well is your country or system doing?

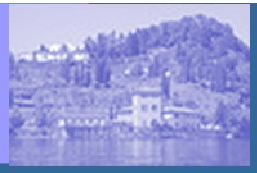


Bellagio Model: What's unique

- Serves as a reference framework, a diagnostic tool, and as a guide for practice improvement
- Combines governance, management and practice roles
- Embraces leadership, accountability and public trust
- Facilitates complexity management
- Has a transatlantic horizon and multiprofessional endorsement

Bellagio Model: Putting it in place

- Singling out selected features can only be a first step, as all of these features do work together in a **synergistic** and **reinforcing** fashion.
- With R & D and practice improvement tools built into it, the Bellagio Model is a **dynamic learning system**, ready to change and to adapt.
- More combined cost and clinical effectiveness **research** is needed, and the use of HIT is vital in this.



Summing up

In advancing and redesigning primary care, the Bellagio Primary Care Group postulates the implementation of the ten features identified as key, all equally necessary and sufficient. Not every feature on its own may be innovative everywhere; it is their integrative function and simultaneous pursuance that make a difference and that makes the Bellagio Model unique.

www.bellagioprimarycare.org

stay tuned - more to come