ADMIT atenció domiciliària integrada

Integrated Home Care

Next Generation Catalunya

Generalitat de Catalunya

Agenda

General context

From idea to action

Implementation update

Identified challenges

Key lessons and success factors

Setting the context

- Population aging
- Multimorbidity, vulnerability, frailty and complexity (clinical, systemic and social)
- Social vulnerability
- Caregiver (informal/professional)
- System sustainability
- Care and organisational model

Setting the context

NATIONAL GOVERNMENT — Sets the legislative framework for both health and social services. Does NOT directly manage delivery

transfers competency

SPANISH REGIONS

HEALTH

Fully managed by the regions.
In Catalonia → CatSalut (Catalan Health Service) manages hospitals, primary care & home health visits.

No role for local governments.

SOCIAL CARE

Shared between regions & Local Governments.
In Catalonia → Dept. of Social Rights manages residential care (nursing homes, day centres).

delegates basic care to

LOCAL GOVERNMENTS

Basic social services & home care (SAD) — managed by municipalities and local councils.

Broader context: Spain has 17 regions • Catalonia: 7.9M inhabitants • 1 of the largest regional health systems in Europe

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From idea to action

End goal

> Increase the time older people with frailty and complex care needs can live at home, improving their quality of life.

Impacts

Improved health and well-being

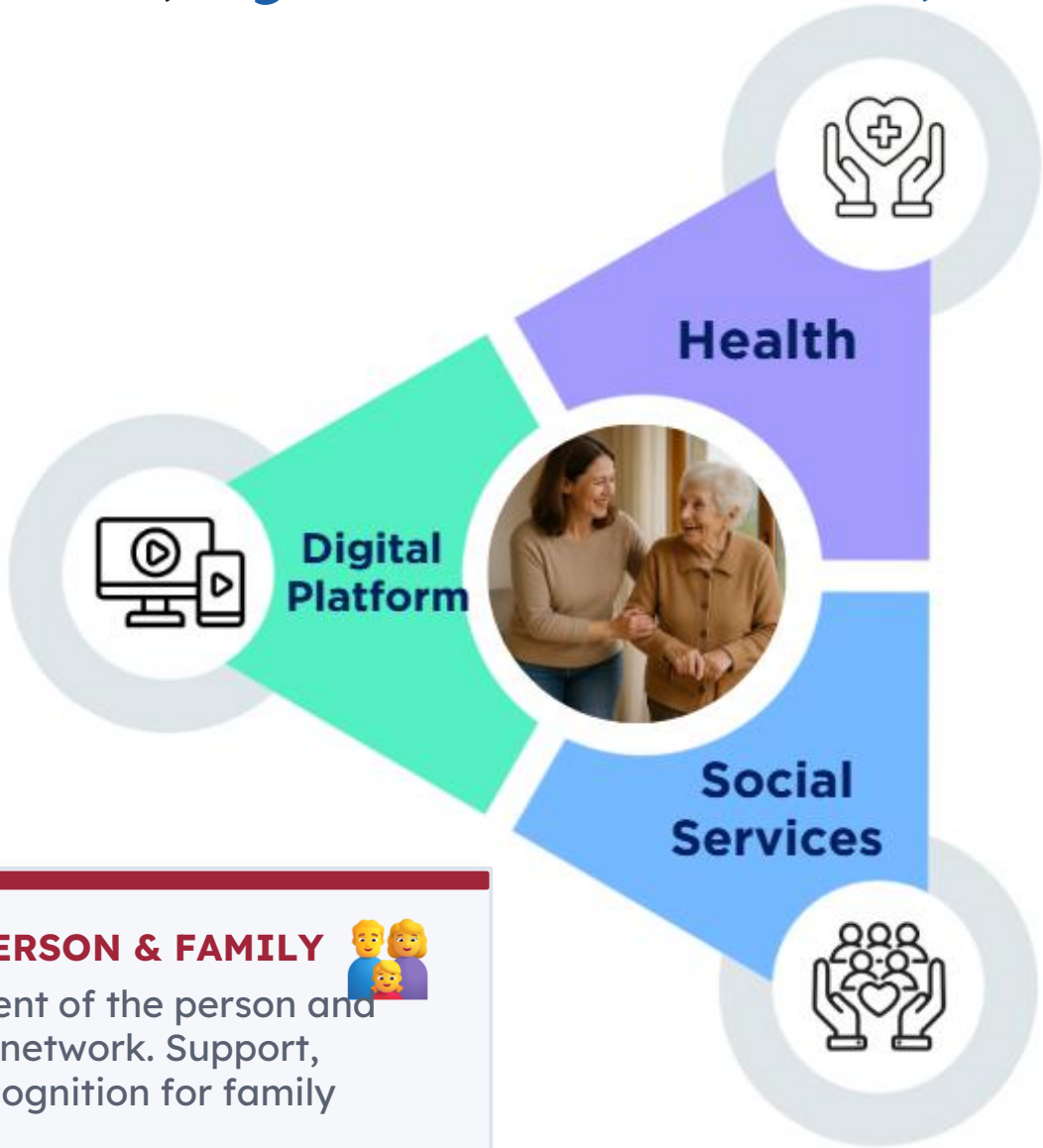
sustainability of the welfare system

Improved experience

Reduction of inequalities

Purpose

Health and social care, *together and coordinated,* at the service of the person.



DIGITAL PLATFORM

Advanced technology with AI, robotics and sensors to connect professionals, patients, and families in real time.

SINGLE INTEGRATED PLAN

A shared Individual Integrated Care Plan co-designed by health and social professionals, tailored to each person.

PERSON & FAMILY

Active involvement of the person and their caregiving network. Support, training, and recognition for family carers.

FROM IDEA TO ACTION

Demonstrating project

The demonstration project, driven by ten leading organizations, aims to present a new model tested with 1,000 people in Barcelona, La Garrotxa, and Osona across two care pathways.

Training | Currently completed:

+50

Training sessions across the 3 territories.

+200

professionals trained in key project concepts, its care model, the technological platform and digital tools.

Partners Ecosystem

Entities participating in the joint acquisition of the Technological Platform (PAI).

Co-creators and collaborators in the demonstrative project of the new **ADMIT** Comprehensive and Integrated Care Model

Parc Sanitari Pere Virgili
Atenció Primària Vallcarca – Sant Gervasi
Ajuntament de Barcelona
CONSORCI HOSPITALARI DE VIC
Parc Sanitari Pere Virgili
Consorci d'Acció Social de la Garrotxa
Salut/Institut Català de la Salut/ Girona
Consorci Sanitari Alt Penedès-Garraf

Users and caregivers

Providers of services

Integrated Social and Health Care (AISS)
National Expert Panel
Expert Panel International
AMADIP UTE Model and Technological Tools
CatSalut SISCAT MAPES
Information Security
Research
Parc Sanitari Pere Virgili
OT ADMIT
Participatio
TIC Health and Social Foundation
AQuAS
TIC DPD Health and Social

Cross-cutting expert support and advisory

ADMIT integrated care model

ADMIT project - general overview

1. 

New Integrated Social and Healthcare Care Model

Developed **collaboratively** between:

- Social and healthcare sectors
- People and professionals

2. 

ADMIT platform

Technological supportive tool

- Sensors
- Robotics pilot
- Monitoring systems
- Predictive tools
- Artificial Intelligence

3. 

Assessment

Results

- Increase by 5% the number of days people remain at home

Other aspects

- Scalability
- Monetization

Phases of the care process

For each care pathway, it is necessary to define what to do, how to do it, who can do it, when, and with which resources.

1. 

Population identification and screening

Proactive detection of individuals who may benefit from the project.

2. 

Assignment of a reference person

Designation of health and social care coordinators to ensure continuity and coordination of care. Additional professionals are incorporated as needed.

3. 

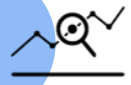
Situation Assessment

Multidimensional assessment including functional, clinical/disease, social and mental dimensions.

4. 

Individual Care Plan (PIAI)

Definition of an individualized plan including preferences, jointly defined care goals, and planned activities.

5. 

Follow-up

Regular monitoring of interventions and any incidents or crises.

6. 

Closing

Completion of the care process.

Recruitment principles

Long-term home care

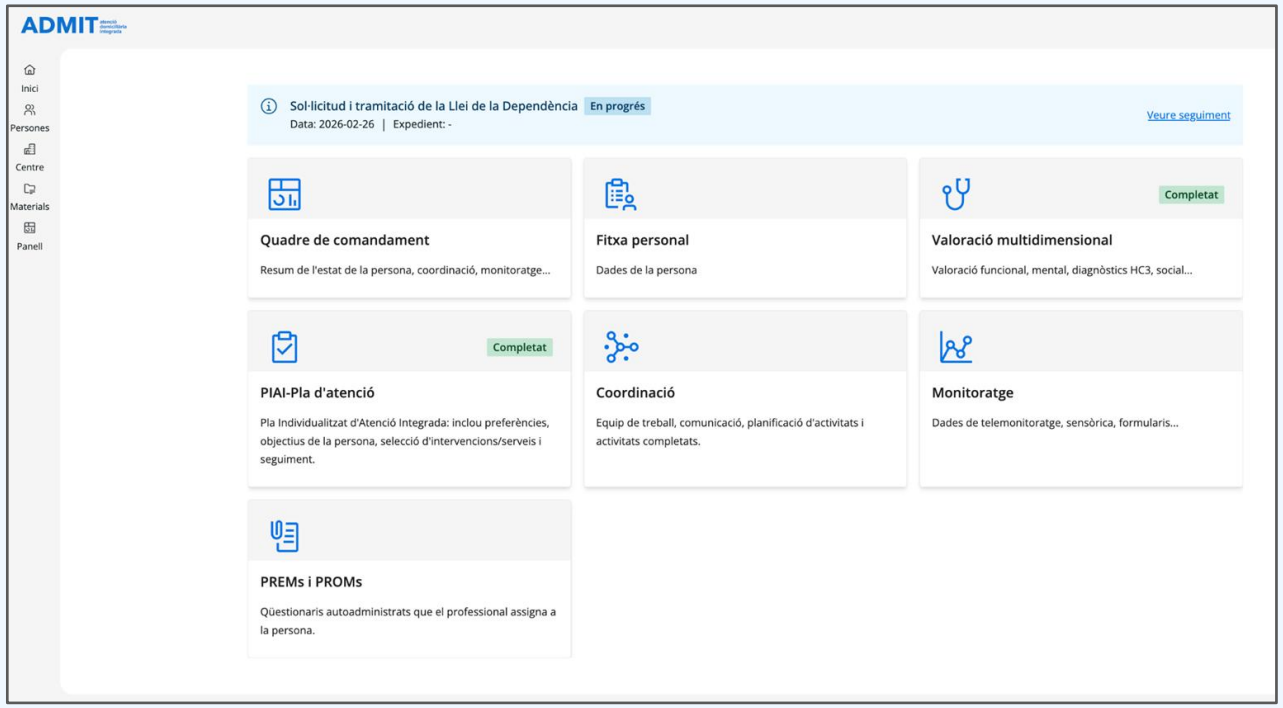
Maintain people with health and social complexity at home, with good quality of life, for as long as possible, avoiding unnecessary hospital admissions.

1. People over 70 years old.
2. Capacity of the person or caregiving environment to make decisions.
3. Social and health complexity.

Supporting technological tools in ADMIT platform

ADMIT Platform

ADMIT Platform – what it brings into the system



1. Situation assessment
2. Individual Care Plan
3. Home-care tech

ADMIT Platform

Situation Assessment

A conversational-form assessment has been chosen to facilitate integrated care.

From:

- Conducted separate assessments within professional's area of expertise
- Multiple interactions with the person and repeated questions
- Difficulty in collecting contextual information
- Complex automation of recommendations for the Individual Comprehensive Care Plan (PIAI)

To:

- Conducted unique end-to-end assessment
- One single conversation with one professional, where questions are asked organically, reducing the time required for the assessment.
- Increased understanding of the person's situation and preferences
- Simplified automation of recommendations for the PIAI

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ADMIT Platform

Individual Care Plan (PIAI)

1.  Person’s preferences

2.  Main care objectives for the person

3.  Interventions and services (health, social, personal/environmental, and administrative procedures)

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Home-care inputs

HOME SENSORS

Environmental & movement sensors for real-time monitoring

ADVANCED ANALYTICS

AI-driven insights from clinical and social data streams

AI ASSISTANT

Smart virtual support for persons, families & professionals

ROBOTICS

Assistive robotics for daily activity support at home

Informal Caregiver Platform Interaction

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ADMIT Platform

Value proposition

- Enables the creation of a single comprehensive assessment and a shared work plan.
- Facilitates coordination and communication among social and care professionals
- Facilitates participation and communication with the family and their support circle.
- A user-friendly interface designed for natural interaction; fully responsive across devices to ensure continuity of care during home visits and on-site consultations.

Implementation Update

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Implementation update

582
Recruited People

330
Completed Assessments

272
Completed Individual Care Plan

3 territories

19 health and social centers

+50 home care tech kits

100% target achievement

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Identified Challenges

Identified Challenges

Professionals availability

CHALLENGE

Teams have **limited time and resources**, and the implementation of ADMIT has not always been accompanied by organizational adjustments.

ACTIONS TAKEN

Time slots in schedules have been freed up.

Some management teams have added **a support professional** to coordinate the project.

Identified Challenges

Coordination & Communication between professionals

CHALLENGE

Communication between Primary Care and Social Services referents **remains limited for case discussions and resolving questions,** which affects the smoothness of care delivery.

ACTIONS TAKEN

Joint follow-up sessions have been held to foster coordination.

This approach has been reinforced and cascaded down within the teams.

Promote **regular structured case review sessions.**

Identified Challenges

Trust in a new model

CHALLENGE

In certain groups of professionals, it is necessary **to reinforce the perceived value of the model** to consolidate adherence and integration into daily practice.

ACTIONS TAKEN

The **active role of management teams** has been promoted.

Training and awareness sessions on the value of the model have been conducted.

Key Lessons Learned & Success Factors

Key Lessons Learned & Success Factor

How do we transform a tool from "another administrative burden" into an essential ally for the professional? What specific value-threshold must be crossed to ensure it is perceived as a solution rather than an imposition?

Scaling innovation is not just a technical challenge, but a race against professional burnout. What keeps a tool alive when the early adopter energy is replaced by daily survival mode?

In projects where co-creation and deployment run in parallel, how do we protect the emotional buy-in of professionals when the tool they are learning is constantly evolving under their feet?

Key Lessons Learned & Success Factor

1

Active leadership

Implementation success is directly related to management engagement and proactive involvement.

2

Progressive scaling

Start with driving teams: Small, committed core teams facilitate progressive scaling and minimize initial resistance.

3

Iterative design

Field experience enables the continuous adjustment and redefinition of initial protocols, ensuring they are always aligned with real-world clinical needs

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Key Lessons Learned & Success Factor

5 KEY INSIGHTS

4

Strategic synergy & integration

Seamlessly connecting with existing systems is vital to eliminate redundancy and transform the platform into an essential, non-redundant workflow accelerator.

5

Change management

Parallel development and deployment increase operational complexity and intensify change management difficulties, amplified by the constraints of tight deadlines.

6

Human-centered innovation

The guiding principle should be ensuring innovation serves as an active tool to deepen intervention and generate tangible value for individuals.

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Questions?

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Find out more

Distribution channels

Website

LinkedIn Profile

YouTube channel

Leading and Partner Organizations in the ADMIT Project

/Salut

Generalitat de Catalunya

Parc Sanitari Pere Virgili

Ajuntament de Barcelona

Atenció Primària Vallcarca – Sant Gervasi

Consorci d'ACCIÓ SOCIAL de la Garrotxa

eap Sarrià Vallvidrera Les Planes

Parc Sanitari Pere Virgili Larrard CENTRE D'ATENCIÓ PRIMÀRIA

Fundació HOSPITAL d'OLOT COMARCAL DE LA GARROTXA

PGAC Programa de gestió de l'Atenció Complexa OSONA

Salut/Institut Català de la Salut/ Girona

BAL BARCELONA AGING AND LONGEVITY LAB

Consorci Sanitari Alt Penedès-Garraf

CHV CONSORCI HOSPITALARI DE VIC

amalfi analytics

ARONTE

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Institut de Robòtica i Informàtica Industrial

upf. Universitat Pompeu Fabra Barcelona

CRES CENTRE DE RECERCA EN ECONOMIA I SALUT

sayoscarrera global IT engineers

Qida

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