

April 2017 Newsletter

News & Facts: **1.** On April 25th, the **ICDA** (International Care Delivery Alliance), a prestigious Think Tank promoting coordination of care within and across healthcare settings, analyzed in depth **Nextcare** and fully endorsed the current implementation strategies for the project. **2.** All partners enrolled in the activities of the first semester of 2017 are actively contributing to the project development. Moreover, the management team is scheduling additional meetings to activate partners for the subsequent phases of the project. **3.** Registrations for the first Assembly of the Community (Nethealth) scheduled on Tuesday, 9th May at the School of Medicine-UB are open.

Risk assessment (Action 1): **1.** Recent achievements in the performance of GMA (Adjusted Morbidity Grouper) have been submitted for publication in the BMJ Open (*Vela E et al. Population-based analysis of COPD patients in Catalonia: implications for case management*). The results support the initial Nextcare goals. **2.** Current activities are addressing developments in the area of cognitive computing and integration of datasets in order to generate enhanced predictive modelling for the services developed in Action 3. The first outcomes linking risk assessment and services selection are scheduled for end of July.

Healthy lifestyles (Action 2): **1.** The results of the **prehabilitation RCT** have been accepted for publication in the Annals of Surgery (IF 8.5) and the program has been adopted as mainstream service at Hospital Clinic. **2.** The **new PREHAB ward at Hospital Clinic** (sponsored by the tennis player Rafael Nadal) has opened this Friday 28th April. **3.** The extension of the program to innovative services promoting physical activity in chronic patients will be structured within the activities of **Sport for Health (S4H)** an EIT-Health project recently launched in Barcelona and Grenoble. **4.** Specifics on current developments can be found in the [website](#).

Complex chronic patients (Action 3): **1.** Technological requirements to support **adaptive case management** within the **Home Hospitalization program** at Hospital Clinic have been [defined](#). **2.** The two protocols for assessment of cost-effectiveness of integrated care programs in Barcelona- Esquerra (AISBE) and in Badalona Serveis Assistencials (BSA) have been completed, as part of the population-based analysis planned in the [H2020 project SELFIE](#).

Diagnosis transfer (Action 4): **1.** The different elements of the forced spirometry program are in place since mid-April. **2.** The [regional deployment of the program](#) has been organized in two phases: (i) From early May to end of July, the program will be assessed in one primary care unit and the plan for data analytics will be designed; (ii) During September – October, it will be released and evaluated at regional level.

Digital health (Action 5): **1.** The adaptive case management for collaborative work of professionals across levels of care will be supported by a process engine (e.g., [Camunda](#), [RedHat jBPM](#), etc.). This case management system will be integrated into the current Electronic Medical Record of the Hospital Clínic (SAP-IPA) and with the Electronic Medical Records of Primary Care Centres (e.g., eCAP). **2.** The very initial steps for a pilot adaptation of the personal health folder ([Cat@Salut LMS](#) and [AppSalut](#)) into a self-management tool have been initiated. **3.** The two projects Nextcare and HL4.0 (Sant Joan de Deu & I2Cat) are exploring joint developments in the area of Digital Health.