



eHealth
week

11 - 13 MAY 2015
RIGA, LATVIA

ORGANISED BY

Ministry of Health
of the Republic of Latvia



INCA SUSTAINABILITY

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Introduction



- **INCLUSIVE INTRODUCTION OF INTEGRATED CARE**
=> IN3CA, or short INCA (www.in3ca.eu)
- pragmatic deployment in five pilot sites across Europe that impact more than 125000 users.
- The quest for *Sustainability* bears parallels to problems Start-ups face. Hence, among others we consider key lean start-up methodologies to achieve market replication.

Key Features



- **ICP Engine:** Allows care providers to create as many tailor-made *Integrated Care Pathways* as needed.
- **Socio-Sanitary Interoperability Engine:** Connects INCA ICT instances, *e.g.* between Health and Social Services.
- **Care Calendar:** Helps all involved (patients, caregivers, nurses, doctors, social workers...) to organize their tasks.
- **Circle of Care:** Ensures patients' active participation in the care process.
- **Dashboard & Business Intelligence Integration:** Provides a management vision of care success, and an interface to the care providers data analytics system.



INCA Benefits - What our customers tell us

- **Tailor-made pro-active care** is delivered, resource usage is optimized, and patients' satisfaction increases.
 - Promotion of **self-care and personal autonomy**.
 - **Performance is measured**, achievements are tracked, care protocols are homogenized.
 - Critical resources are freed up through decentralized care
- => socio-sanitary systems' long term sustainability.**

INCA Cost Savings – An Example

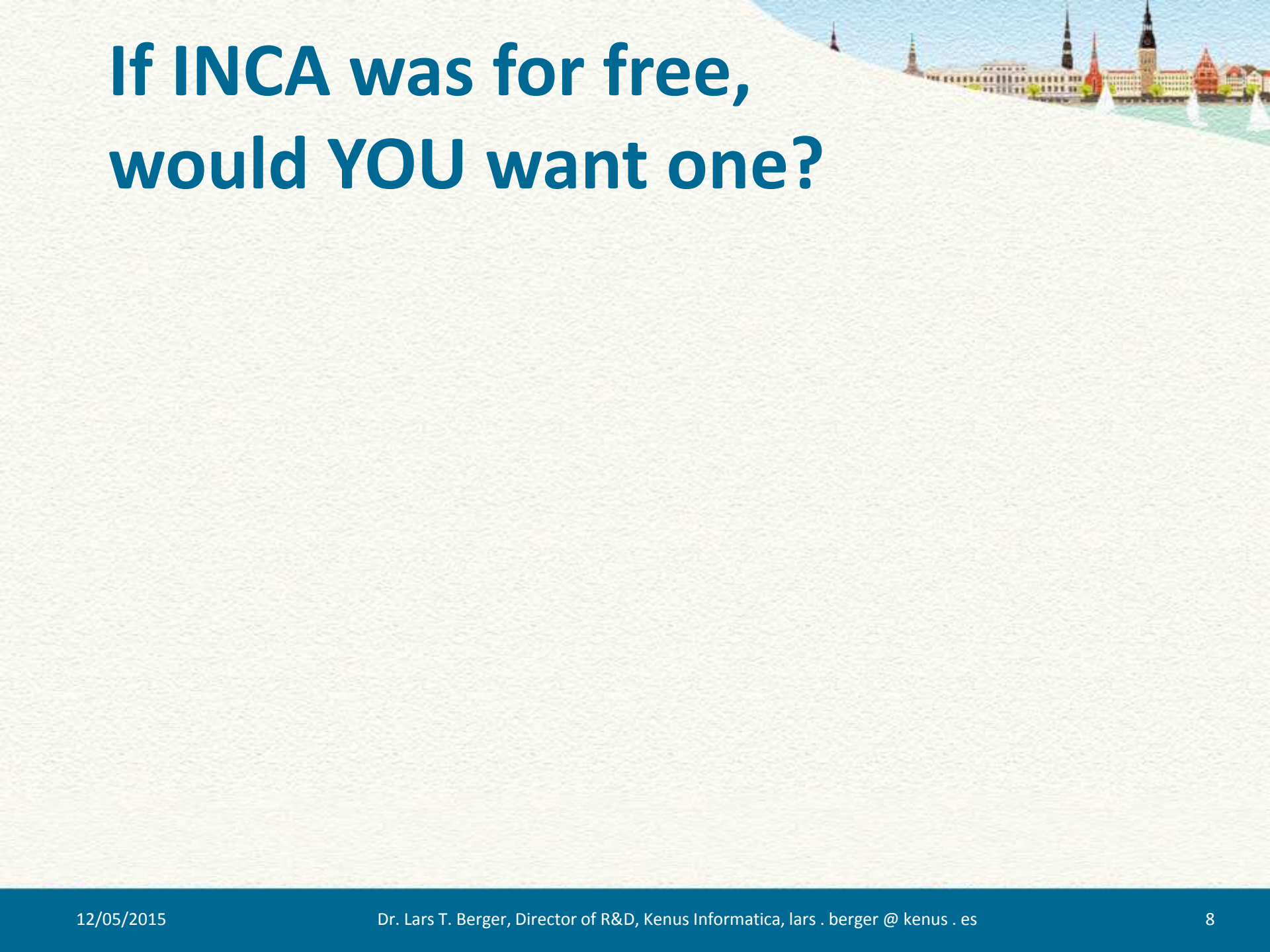
GROUP OF PROGRAMMES	PROGRAMME	APPROACH	Priority level	Time schedule
SEVERE DISEASES WITH CHRONIC CARE MODEL	Heart Failure	CCM programme	First priority	First implementation
	COPD	CCM programme	First priority	Second implementation after Heart Failure
	Palliative care	CCM programme	First priority	Already implemented. It will benefit from new approaches to other CCM programs
SEVERE DISEASES WITH SPECIALISED CARE	Stroke	Stroke code	First priority	First implementation
	Acute Coronary Syndrome	Infarct code	First priority	Implementation after Stroke
SEVERE DISEASES CCM FOR SECOND PRIORITY PHASE	Asthma	CCM model (synergies with COPD)	Second level priority	Potential implementation with COPD
	Major Mental Disorders	CCM model	Second level priority	To be decided
	Neurodegenerative disorders	Process improvement based on CCM model	Second level priority	To be decided

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INCA Cost Savings – An Example

Concept	Cost per resource usage		Heart Failure related resource usage (2011)	Heart Failure related cost (2011)	Cost reduction due to Chronic Care Model Implementation in %	Cost reduction due to Chronic Care Model Implementation in Euro
Hospitalization in Manises	123	Euro/day	9007	1,106,060	20	221,212
Hospitalization in a different Spanish hospital	268	Euro/day	188	50,328	20	10,066
Visit to Manises emergency services	61	Euro/visit	2090	126,863	10	12,686
Visit to other Spanish emergency services	131	Euro/visit	153	20,089	10	2,009
Visit to a Manises dependent health centre	23	Euro/visit	5658	128,437	-20	- 25,687
Visit to a different Spanish health centre	39	Euro/visit	491	19,051	-20	- 3,810
Total				1,450,827	savings	216,475



**If INCA was for free,
would YOU want one?**



If INCA was for free, would YOU want one?

- Prize draw: **One FREE INCA LICENSE** valid for first time installation in YOUR Organization.
- If you want to participate please pass us your **business card**:
 - Write on its back the **name/provider** of the system you are currently using for managing chronic populations? A HIS? An EHR?
 - Which **price** you paid for the initial set-up and which price you are paying for yearly maintenance?
 - If you don't have a system in place, please write down what you would be willing to pay for an ICT solution to **proactively manage chronic population** in your organization?

Adoption Cost – An Example

Category	Item Description*	Estimated Cost
IT/Infrastructure	<ul style="list-style-type: none"> Infrastructure: 0-1,000 € Man-power: 0-20h 	0 - 1 800€
Organizational Changes	<ul style="list-style-type: none"> ICP development: 500h MDG groups: 500h Training: 400h 	56 000€
Training	<ul style="list-style-type: none"> INCA ICT Tool average Training hours: 50h 	2 000€
“Duplicated efforts”	<ul style="list-style-type: none"> Average number of “lost hours”: 500h 	20 000€
Others	<ul style="list-style-type: none"> Average number of ad-hoc integration & interoperability efforts: 100 h Generating docs, guides, dissemination and training materials, preliminary meetings to have all stakeholders involved 	4 000€
Training	<ul style="list-style-type: none"> Average of hours: 30 	1 200€
Adoption Cost		86 200€ – 88 000€

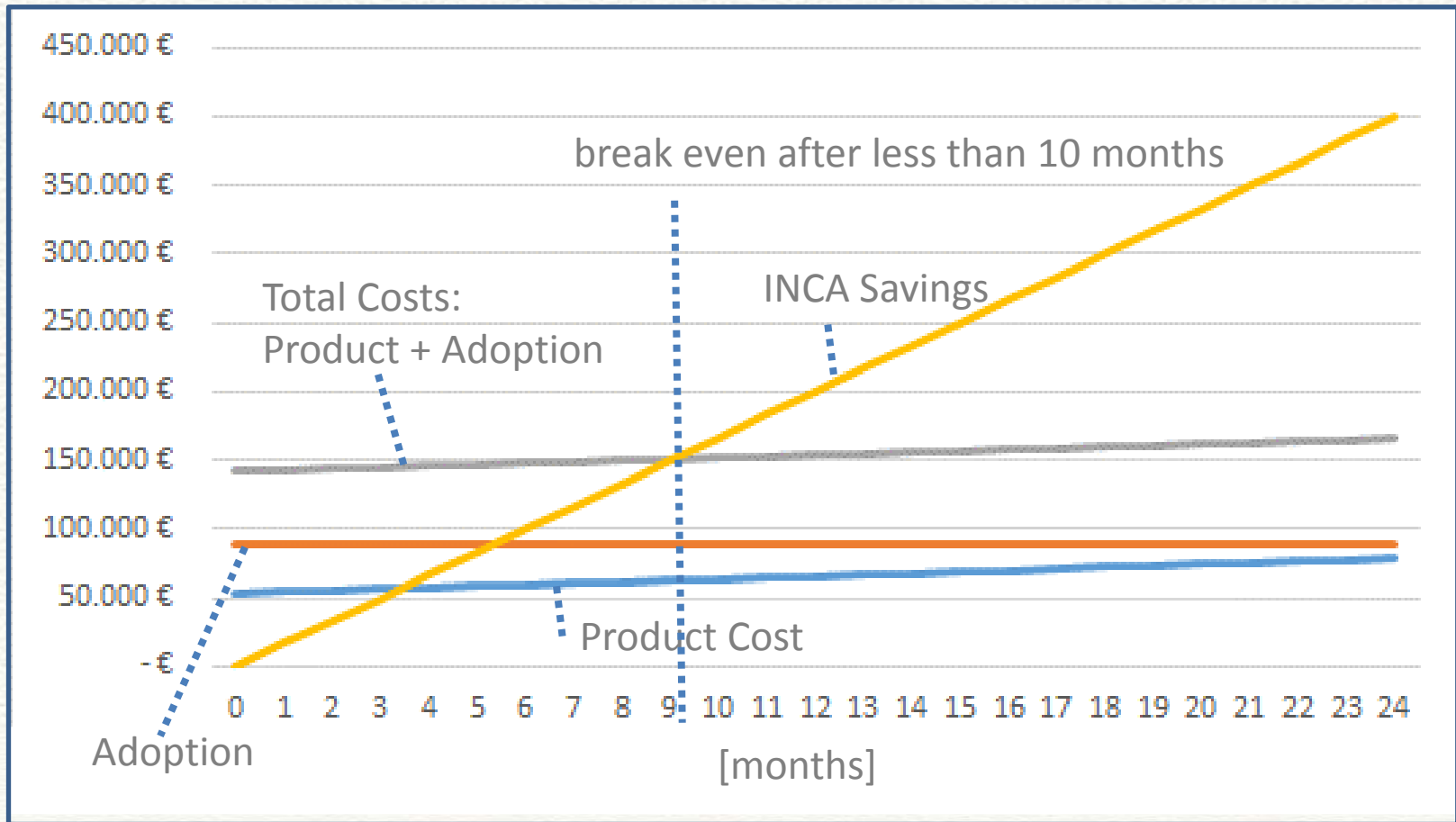
*Prices calculated with an average wage of 40€/h


Product Cost – An Example

Category	Estimated Cost*
License	60 000€
Maintenance Fee/year	12 000€
Customization	6 000€
Product Cost	78 000€

*Prices vary with size of organization, number of patients, and number of implemented care pathways.

INCA Returns





**If INCA was for free,
would YOU want one?**

.... and the winner is

Conclusions

- **Tailor-made pro-active care**
 - **Self-care and personal autonomy**
- => Critical resources are freed**
- **Payback Period: Less than one year**



THANK YOU



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