

# Basque Country – Liguria (Risk Stratification)

## Twinning overview

<b>Originator:</b> Kronikgune, Basque Country	<b>Adopter:</b> Regione Liguria	<b>Innovative Practice:</b> Risk Stratification
<b>Innovative Practice Description</b>		
<p>The stratification process in the Basque Country (BC) classifies more than two million citizens according to the resources that they will require during the following twelve months. The data comes from Osakidetza (Basque Public Health Service) and the Department of Health, based on the previous use of health resources, demographic, socioeconomic and clinical variables.</p> <p>The outcome (dependent variable) generated by the Basque Country Risk Stratification (RS) is the predicted next year healthcare costs (Predictive Index PI). Then population is classified in four groups according to the presence or not of a chronic disease, 95th percentile of healthcare costs is used and only for chronic population. Two different thresholds are being considered for next year's healthcare expenditure which will involve dividing the population into low- and high-cost patients: 95th and 99th percentiles of healthcare costs. This was used only to assess the effectiveness of the tool, but actually only 95th percentile is used and only for chronic population. The RS is based on predictive modelling using regression techniques and both the calibration and internal validation of the model have been performed using the data (standardised costs of admissions, visits and procedures provided to each patient) recorded in 2008 and 2009 from more than 2 million patients from the Basque Country. Thus, the expected use of health resources, the "output", is a proxy of patient morbidity and severity with different needs of care. The aim of stratifying is to identify and select target groups that may benefit from specific programmes of action. Consequently, Integrated Intervention Programmes for multi-morbid and specific diseases patient groups (e.g. for diabetes, COPD, etc.) have been already deployed with the objective to provide anticipatory care and coordinated care to all patients identified through the risk stratification tool.</p>		
<b>Link to the EIP on AHA Repository of innovative practices:</b>		
<a href="https://ec.europa.eu/eip/ageing/repository/population-risk-stratification-deployment-stratification-methods-basque-country_en">https://ec.europa.eu/eip/ageing/repository/population-risk-stratification-deployment-stratification-methods-basque-country_en</a>		
<b>Innovation Scope:</b>		
<ul style="list-style-type: none"> <li>• Health and care needs assessment toolkit</li> </ul>		
<b>Innovation Type:</b>		
<ul style="list-style-type: none"> <li>• Knowledge exchange &amp; training</li> </ul>		
<b>AHA Action Group:</b>		
<ul style="list-style-type: none"> <li>✓ B3. Replicating and tutoring integrated care for chronic diseases, including remote monitoring at regional level</li> </ul>		
<b>Twinning Objectives:</b>		
<p>The twinning action aims:</p> <ul style="list-style-type: none"> <li>• To create the bases for a two-step risk stratification: through the RS tool, identify the population that will use more health resources and within this part of population (mostly old) favour the clinical decision making for the elderly by means of a validated Multidimensional Prognostic Index (MPI),</li> <li>• To implement and disseminate the use of MPI in older people to improve appropriateness and cost-benefit ratio of health interventions in hospitalised older patients (acute/subacute care interventions) and in community-dwelling older people living in nursing-home and at their home.</li> </ul>		
<b>Twinning end result:</b>		
<p>The twinning did not yet result in implementation. RS is a comprehensive, systemic and effective practice. It takes more time than the lifetime of this twinning to generate and sustain the technical</p>		

and political consensus that is necessary to finance and adopt the practice. Nevertheless, the hints received were precious, the exchange absolutely fruitful and the process for evaluating the adoption of the practice has indeed started, especially at the level of the regional central health agency.