Basque Country – Scotland (Risk Stratification)

Twinning overview

Originator:	Adopter:	Innovative Practice:
Kronikgune, Basque Country	NHS 24, Scottish Centre for Telehealth and Telecare, Scotland	Osakidetza – Risk Stratification

Innovative Practice Description

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.

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 to assess the effectiveness of the tool, but actually only the 95th percentile is used and only for the 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 (standardized costs of admissions, visits and procedures provided to each patient) recorded in 2008 and 2009 from more than two 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.

Link to the EIP on AHA Repository of innovative practices:

https://ec.europa.eu/eip/ageing/repository/population-risk-stratification-deployment-stratification-methods-basque-country_en

Innovation Scope:

- Risk Stratification Tool

Innovation Type:

- Knowledge exchange and training

The learning derived from the twinning process to date has led to an increased knowledge of the Basque RS approach and tool within Scotland. This is likely, in turn, to influence our thinking in the future development of the Scottish risk stratification tool, SPARRA and other related innovative developments in the field of risk stratification

AHA Action Group:

✓ A3 – Prevention of functional decline and frailty

Twinning Objectives:

The overall shared objective is to enhance implementation of innovation strategies on integrated health and care between Scotland and the Basque Country. One of these innovations is the RS tool as a predictive tool for chronic conditions management: the visit has allowed delegates and experts to exchange knowledge on population risk stratification strategies in order to strengthen programmes

and build expertise finding new ways to address gaps in services and promote integrated care to treat and prevent chronic conditions. Later on the opportunity to transfer the good practice will be further evaluated.

The constitution of a working group may be the first step in the transfer of learning: it will be in charge of identifying the main goal/purpose of risk stratification population (economic, health management, etc), any barriers and how to overcome them, and finally how to adapt the Basque learning to Scotland's regional health system.

The final objective of the working group will be to define the basis for further collaboration: it seems quite likely that this may be research collaboration in order to gather expertise and competences in risk stratification before starting a phase of transfer/adoption of approaches with other regions.

Twinning end result:

We did not implement the Basque Country RS model in Scotland as a result of this twinning. However, the twinning has helped to facilitate internal discussion in Scotland on our approaches to risk stratification and tools to support a whole population approach, incorporating the lessons shared and learned during the visit.

Adoption of the Basque RS tool did not happen in Scotland as we have already a well-developed risk prediction tool in our own SPARRA tool.

That said, elements of the approach and development of the Basque tool and methodologies have provided invaluable learning for Scotland and will be used to inform our future developments in this field.