ORIGIN AND DEVELOPMENT OF DESDE-LTC

eDESDE-LTC PROJECT







Classification of Services

OCDE - ICHA/WHO - NHA

International Classification of Health Accounts
National Health Accounts

WHO - ICF

International classification of functioning, disability and health

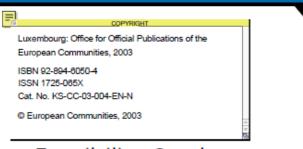
WHO — ICHI

International Classification of Health Interventions

WHO 1970 - 1987

Mental health services in pilot study areas: Report of on a European study. Copenhagen: WHO Regional Office for Europe

There is a large diversity of mental health services in Europe with consequent difficulties in developing any standard method of assessment



Feasibility Study – Comparable Statistics in the Area of Care of Dependent Adults in the European Union



25 years later...

It is not possible to set up international comparisons on the availability and use of services for dependent adults in **Europe (EC, 2003)**



What is a Service?







What is a Hospital?



EPCAT-1 Battery

- > Framework for MHC assessment
 - Epidemiology based
 - Meso-level (Small Health Areas)
 - Based on Main Types of Care (MTC) and NOT in services
- Instruments
 - ESDS (sociodemographic indicators)
 - ESMS (tool for mapping services)
 - ICMHC (activities Care modalities- within services - Care modules)
- Studies: Usability & Psychometric properties

SERVICES: Units of analysis

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Meso-organisation
 Hospitals
     Micro-organisation
      Services
        Main Types of Care (MTC)
          Units
             Programs
               Care packages
                Activities
                  Microactivities
                    Philosophy of care
```

WHAT IS A SERVICE?

Basic Care Input System (BCIS) composed by the minimal administrative unit with an organised arrange of structures and professionals that provide care.

What is a service?

- Main Types of Care (MTCs) provide the essential descriptors and functions of a service.
- A "service" or BIS must fulfil one of the following criteria to be coded as a unit of analysis:
 - <u>Criterium 'a'</u> The service is registered and acknowledged as a legal organization (with its own company tax code) and not as a part of a meso-organization (i.e a hospital) and a separate official register in the Community.
 - Criterium 'b' To have its own Administrative unit and/or secretary's office
 - Criterium 'c'_(complementary criteria)
 - c.1 To have professional staff specifically for the aims of the service.
 - c.2 All activities are used by the same users.
 - c.3 Separate location (not as part of other facility i.e hospital)
 - c.4 Separate financing and specific accountancy

A "service" or BIS must fulfil one of the following criteria to be coded as a unit of analysis:

- Criterium 'a'
- Criterium 'b' AND 2 criteria from section c
- 4 criteria from Section 'c'_(complementary criteria)

SERVICES: Units of analysis

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Meso-organisation
 Hospitals
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MAIN TYPE OF CARE

DESDE-LTC defines services according to a number of descriptors classified on levels of care:

- 1 –Status of user. This level relates to the clinical status of the users who are attended in the care setting (i.e. whether there is a crisis situation or not)
- 2 Type general of care. This level describes the general typology of care (home & mobile/non-mobile, hospital/non hospital,..)
- 3 Intensity of care. This level refers to the intensity of care that the service can offer
- 4 Subtype of care. This level provides a more specific description of the type of care at the setting
- 5 Additional Qualifiers. This level incorporates additional qualifiers when needed to differentiate across similar care settings.

EPCAT Approach

ESMS / DESDE

- Framework for service assessment: based on MTC / Atheoretical approach / Tree structure / Suitable for area comparison
- Glossary of terms
- Coding system for MTC
- Mapping instrument
 - ESMS A: Introduction
 - ESMS B: Mapping of MTC at meso-level
 - ESMS C: Utilisation of MTC at meso-level
 - ESMS D: Standard Service Listing

Glossary: operational definitions

> Non-hospital residential services:

All residential facilities located outside hospital grounds

> Time-limited:

These are facilities where a fixed maximum period of residence is routinely specified. A facility should be classified as time-limited if a maximum length of stay is fixed for at least 80% of those entering it.

> Indefinite stay:

Residential facilities which do not fulfil the above criteria for 'time-limited' services.

> 24 hour support:

Facilities where there are staff present within the facility 24 hours a day, with responsibilities relating to the monitoring and clinical and social care of the patient (i.e. domestic or security staff are not included)

Day staffed facilities:

Facilities where there are members of staff regularly on site at least five days a week for some part of the day, with responsibilities related to the monitoring and clinical and social care of the patient.

SECURE RESIDENTIAL **GENERIC ACUTE NON ACUTE Disab** DAY & **STRUCTURED** Ageing **ACTIVITY** LTC **OUT-PATIENT & COMMUNITY SELF-HELP &** NON PROF. CARE **INFORMATION/ACCESIBILITY**

HOSPITAL 24 h/limited stay

NON HOSPITAL 24 h/limited stay

HOSPITAL 24 h/limited stay

NON HOSPITAL 24 h/limited stay

ACUTE

NON ACUTE
Work
work related
structured activity
social contact

EMERGENCY CARE

CONTINUING
CARE
High/moderate/low
intensity

TIME LIMITED

INDEFINITE

STAY

TIME LIMITED

INDEFINITE STAY

HIGH INTENSITY

LOW INTENSITY

MOBILE

NON MOBILE

MOBILE

NON MOBILE

ORIGINAL PAPER

Luis Salvador-Carulla · Giuseppe Tibaldi · Sonia Johnson · Elena Scala · Cristina Romero · Carmine Munizza (for the CSRP/RIRAG groups)

Patterns of mental health service utilisation in Italy and Spain An investigation using the European Service Mapping Schedule

Soc Psychiatry Psychiatr Epidemiol (2007) 42:131-139

DOI 10.1007/s00127-006-0141-4

ORIGINAL PAPER

Grigory Rezvyy · Terje Øiesvold · Alexander Parniakov · Oleg Ponomarev · Olga Lazurko · Reidun Olstad

The Barents project in psychiatry: a systematic comparative mental health services study between Northern Norway and Archangelsk County

Meso-Level Comparison of Mental Health Service Availability and Use in Chile and Spain

Luis Salvador-Carulla, M.D., Ph.D. Sandra Saldivia, Ph.D.

Rafael Martinez-Leal, M.Sc.

PSYCHIATRIC SERVICES ♦ ps.psychiatryonline.org ♦ April 2008 Vol. 59 No. 4

The Journal of Mental Health Policy and Economics J Ment Health Policy Econ 8, 95-106 (2005)

Indicators Predicting Use of Mental Health Services in Piedmont, Italy

Giuseppe Tibaldi, ¹ Carmine Munizza, ¹ Sherri Pasian, ² Sonia Johnson, ³ Luis Salvador-Carulla, ⁴ Serena Zucchi, ¹ Simona Cesano, ¹ Cristina Testa, ¹ Elena Scala, ¹ Luca Pinciaroli ¹

The Journal of Mental Health Policy and Economics J Ment Health Policy Econ 10, 63-76 (2007)

Use of an Operational Model of Community Care to Assess Technical Efficiency and Benchmarking of Small Mental Health Areas in Spain

Luis Salvador-Carulla,1* Carlos García-Alonso,2 Juan Luis Gonzalez-Caballero,3 Marco Garrido-Cumbrera4

ESMS/DESDE Other experiences and Derivatives

- 1. **DESDE Project** (IMSERSO, Spain)
 - Disability services
 - Child and adolescent
 - Intellectual disabilities
 - Ageing population
 - Dependent population (3rd person aid)
- 2. MH Service terminology (Basque C, Catalonia)
- 3. SPECTURE OF SERVICES (MHEEN)

















Electronic standard coding and mapping of services for long-term care (eDesde-LTC)

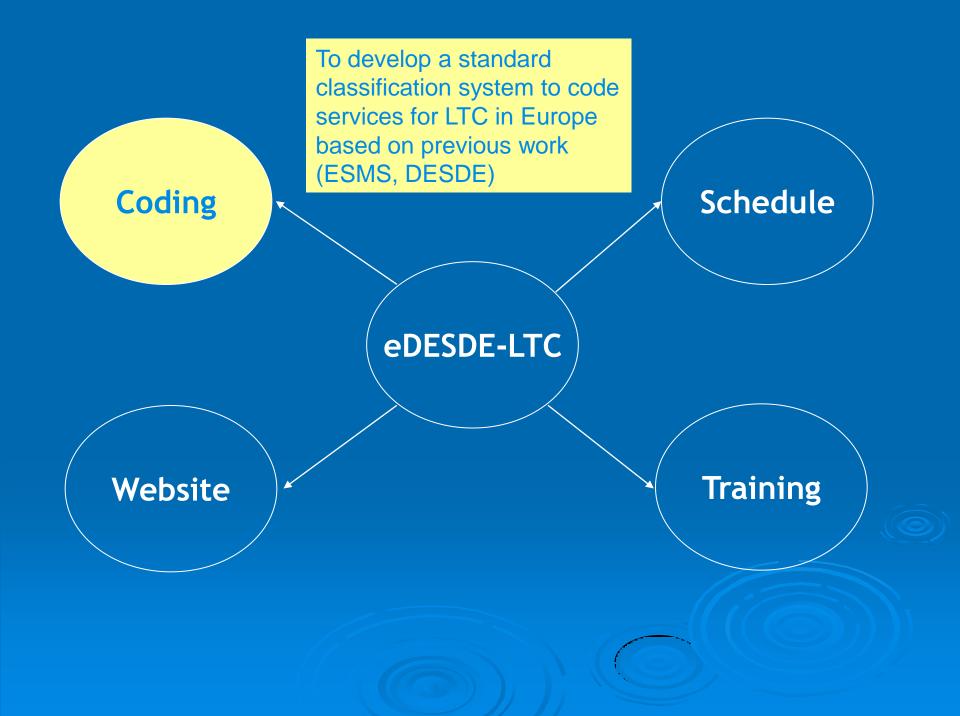
EAHC 2008

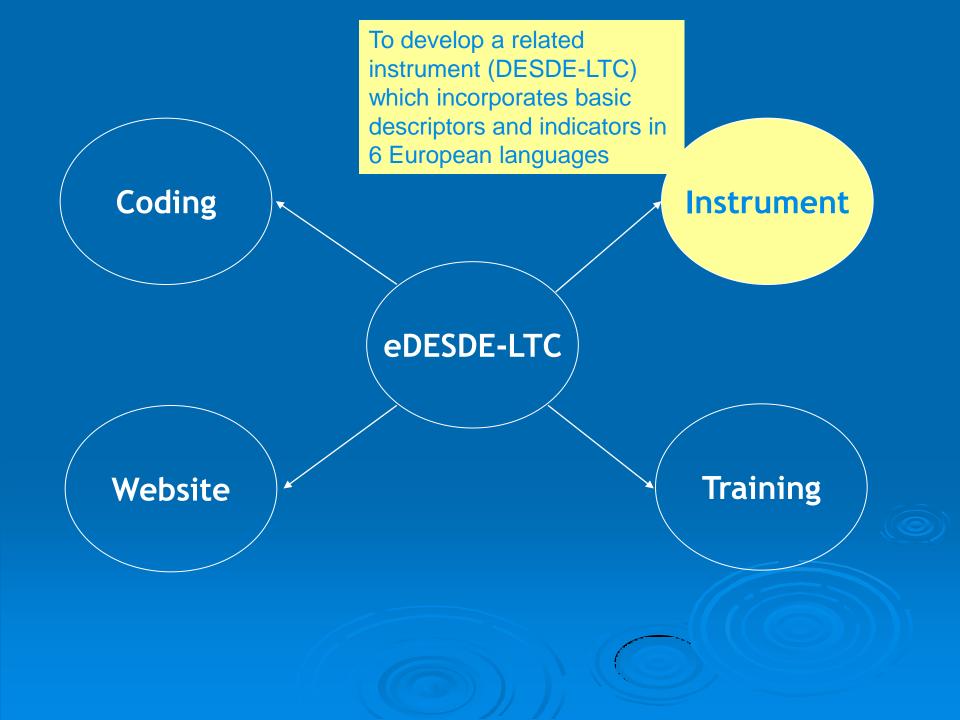
Partners

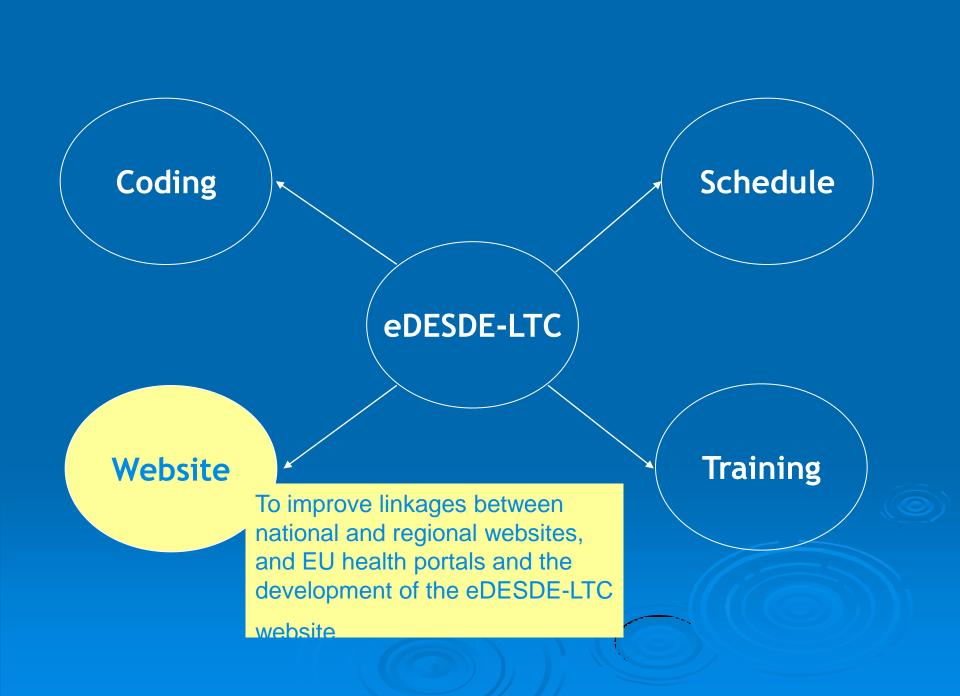
University of Vienna	UNIVIE	Austria
Public Health Association	PHA	Bulgaria
Izobrazevalno Raziskovalni Institute Ozara Ljubljana	IRIO	Sloveni a
Scientific Research Centre of the Slovenian Academy of Sciences and Arts	SRC SASA	Sloveni a
SINTEF Health Research	SINTEF	Norway
The London School of Economics and Political Science	LSE	UK
Fundació Caixa Catalunya	FCC	Spain
PSICOST Scientific Association	PSICOST	Spain

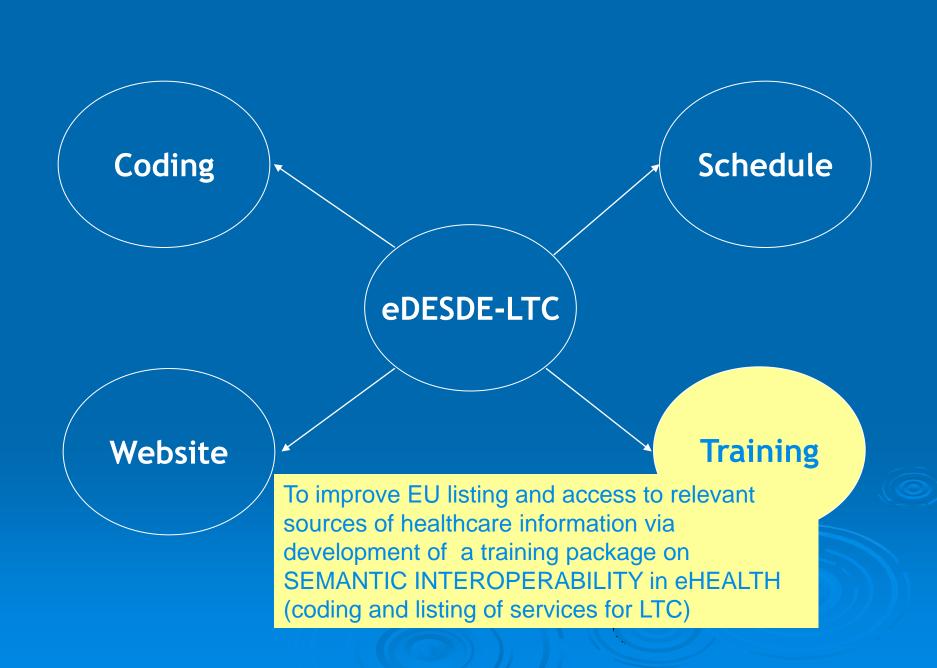
Collaborating partners

OECD – Health Division	FR
Dept Mental Health sciences	UK
ASLTO2 Centro Studi e Ricerche	Italy
ETEA University of Cordoba	Spain
Catalan Department of Health	Spain
Ministry of Health. National Center for Public Health Protection	Bulgaria
Delegación Municipal de Igualdad y Salud. Ayto Jerez	Spain
Universitat d'Alacant	Spain
Universidad Politécnica de Catalunya	Spain
Fundacio Villablanca	Spain









Expected results: LTC Europe

- Improve semantic interoperability of information systems
- Facilitate a classification system which can be used to code services
- Facilitate an instrument for assessing services
- Facilitate patient mobility