ADMIT atenció domiciliària integrada

ICIC 2026

Integrated Home Care

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Agenda

General context

From idea to action

Implementation update

Identified challenges

Key lessons and success factors

Setting the context

- Population aging
- Multimorbidity, vulnerability, frailty and complexity (clinical, systemic and social)
- Social vulnerability
- Caregiver (informal/professional)
- System sustainability
- Care and organisational model

Setting the context

NATIONAL GOVERNMENT — Sets the legislative framework for both health and social services. Does NOT directly manage delivery

transfers competency

SPANISH REGIONS

HEALTH

Fully managed by the regions.
In Catalonia → CatSalut (Catalan Health Service) manages hospitals, primary care & home health visits.

No role for local governments.

SOCIAL CARE

Shared between regions & Local Governments.
In Catalonia → Dept. of Social Rights manages residential care (nursing homes, day centres).

delegates basic care to

LOCAL GOVERNMENTS

Basic social services & home care (SAD) — managed by municipalities and local councils.

Broader context: Spain has 17 regions • Catalonia: 7.9M inhabitants • 1 of the largest regional health systems in Europe

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From idea to action

Final aim

> Increase the time the older adults with frailty and complex care needs can live at home, improving their quality of life.

Impacts

Improved health and well-being

sustainability of the welfare system

Improved experience

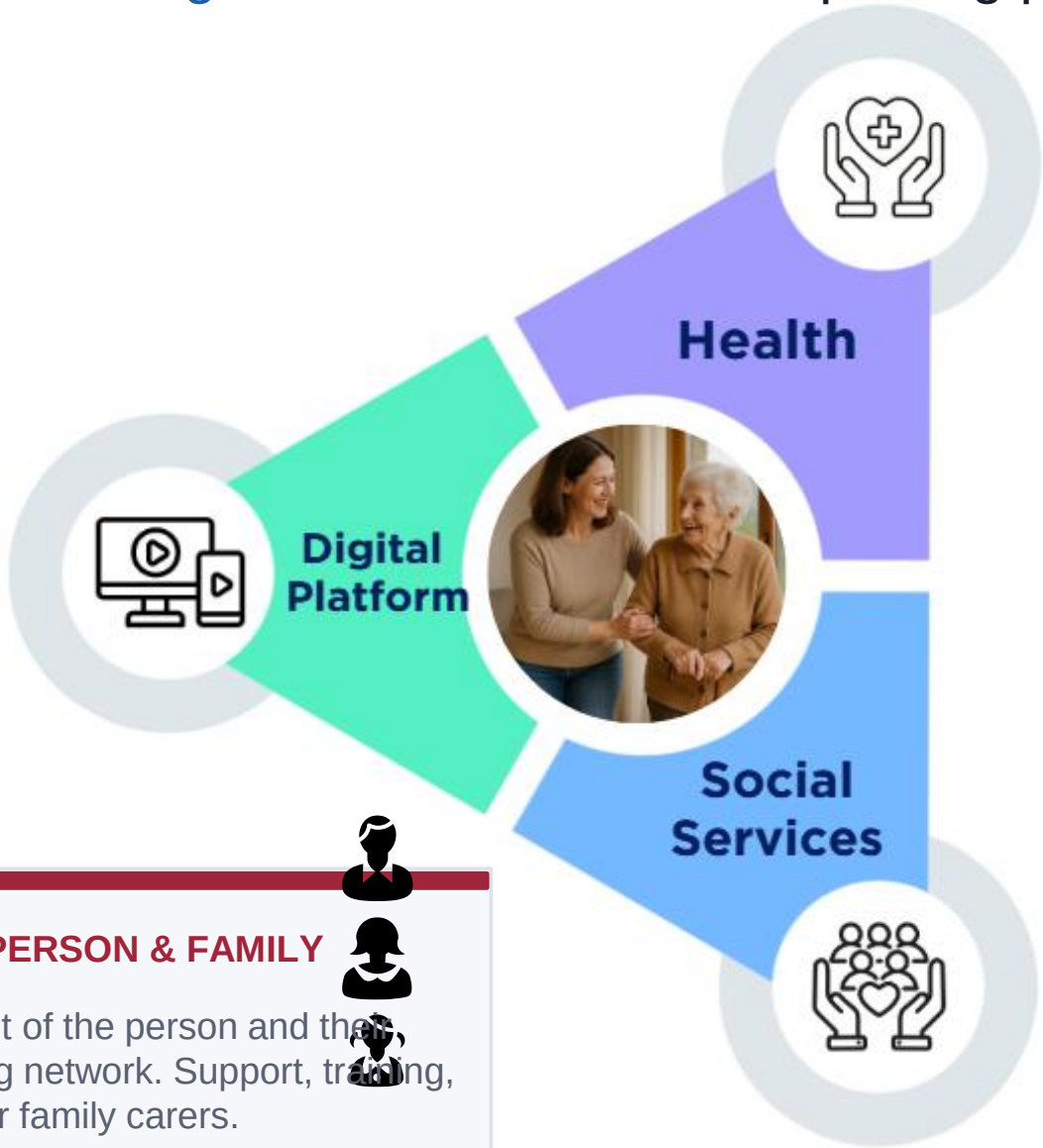
Reduction of inequalities

Key elements

Health and social care, *together and coordinated,* placing person at the center.

DIGITAL PLATFORM

Advanced technology with AI, robotics and sensors to connect professionals, patients, and families in real time.



SINGLE INTEGRATED PLAN

A shared Individual Integrated Care Plan co-designed by health and social professionals, tailored to each person.

PERSON & FAMILY

Active involvement of the person and their informal caregiving network. Support, training, and recognition for family carers.

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Target group

1. People over 70 years old.

2. Coexistent social and health complexity.

3. Capacity of the person or caregiving environment to make decisions.

FROM IDEA TO ACTION

Demonstration project

The demonstration project, driven by ten leading organizations, aims to present a new model tested with **1.000 people** in three territories: Barcelona city, La Garrotxa, and Osona across.

Training | Currently completed:

+50

Training sessions across the 3 territories.

+200

professionals trained in key project concepts, its care model, the technological platform and digital tools.

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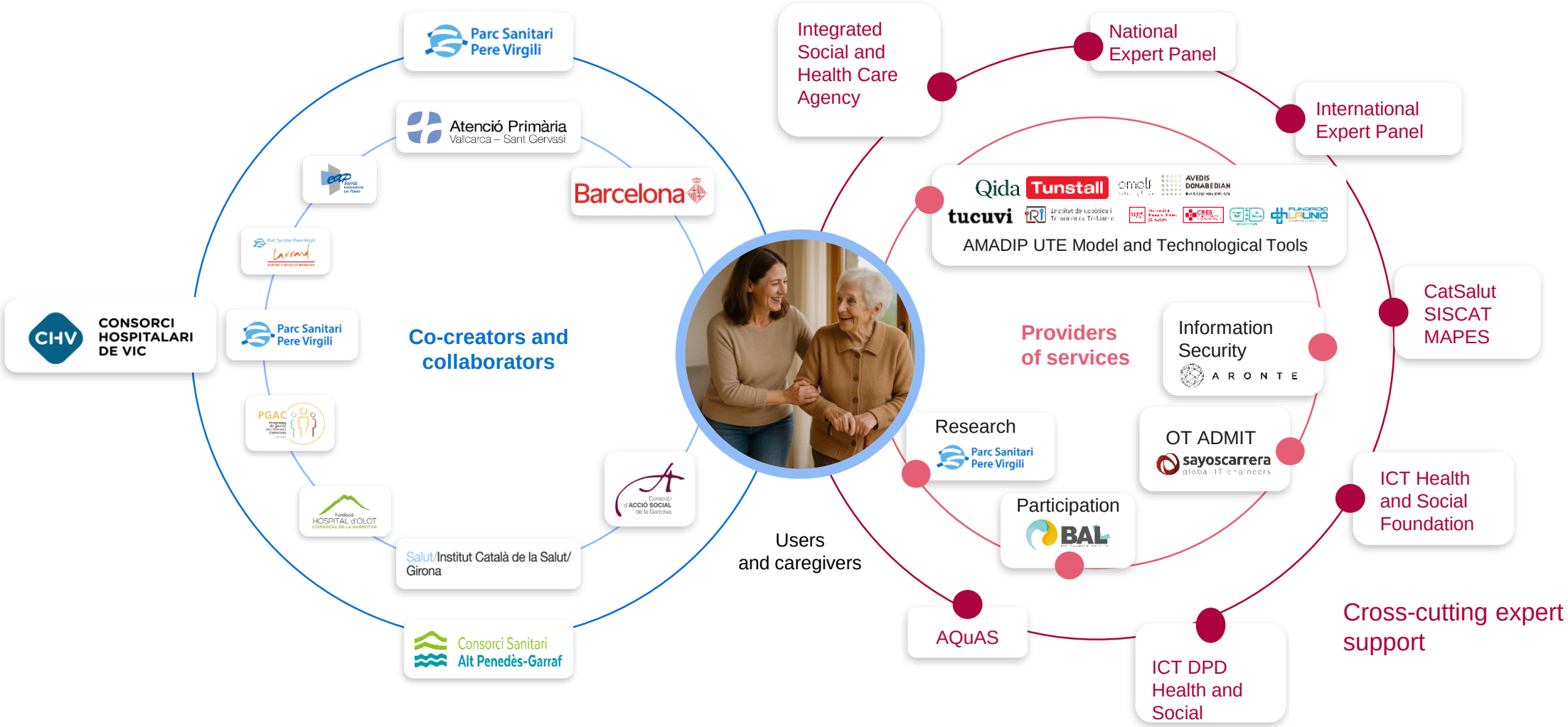
Budget and Schedule

5’9 M €

November 2024 - November 2026

Finançat per la Unió Europea NextGenerationEU
GOBIERNO DE ESPAÑA MINISTERIO PARA LA TRANSFORMACIÓN DIGITAL Y DE LA FUNCIÓN PÚBLICA
Pla de Recuperació, Transformació i Resiliència
Next Generation Catalunya
Generalitat de Catalunya

Partners Ecosystem



ADMIT integrated care model

ADMIT project - general overview

1.

ADMIT Integrated care model

Developed **collaboratively** between:

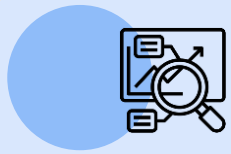
- Social and healthcare sectors
- People and professionals

2.

ADMIT digital platform

Technological supportive tool

- Sensors
- Robotics pilot
- Monitoring systems
- Predictive tools
- Artificial Intelligence



Specific goal

- Increase by 5% the number of days people remain at home

Stages of the care process

For each care pathway, it is necessary to define what to do, how to do it, who can do it, when, and with which resources.

1. **Population identification and screening**

2.

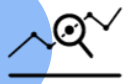
Assignment of a reference and co-reference professional

3.

Situation Assessment

4.

Individual Care Plan

5. 

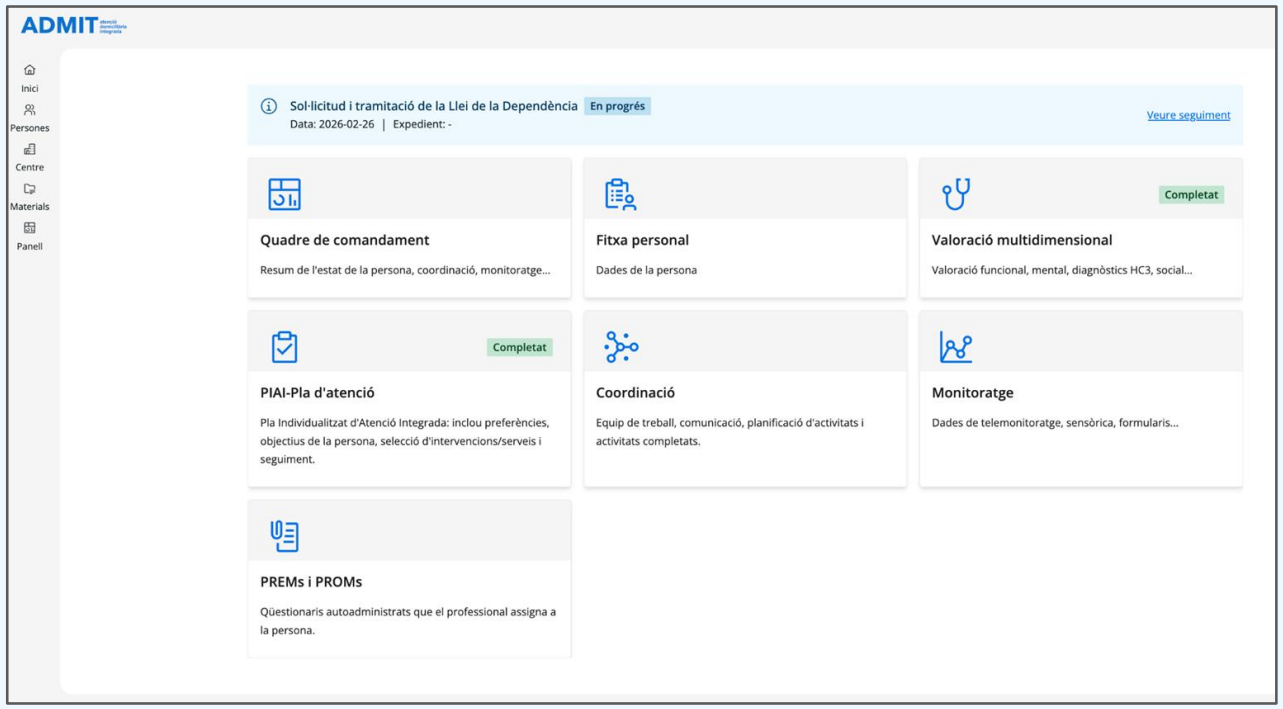
Follow-up

6.

Closing

ADMIT digital platform

ADMIT Platform



ADMIT Digital Platform – what it brings into the system

1. Situation assessment
2. Individual Care Plan
3. Home-care tech

Situation Assessment

A conversational-form assessment has been chosen to facilitate integrated care.

From:

- Conducted separate assessments within professional's area of expertise
- Multiple interactions with the person and repeated questions
- Difficulty in collecting contextual information
- Complex automation of recommendations for the Individual Comprehensive Care Plan (PIAI)

To:

- Conducted unique end-to-end assessment
- One single conversation with one professional, where questions are asked organically, reducing the time required for the assessment.
- Increased understanding of the person's situation and preferences
- Simplified automation of recommendations for the PIAI

Individual Care Plan

1. Person’s preferences

2. Main care goals for the person

3. Interventions and services (health, social, personal/environmental, and administrative procedures)

Home-care inputs

HOME SENSORS

Environmental & movement sensors for real-time monitoring

ADVANCED ANALYTICS

AI-driven insights from clinical and social data streams

AI ASSISTANT

Smart virtual support for persons, families & professionals

ROBOTICS

Assistive robotics for daily activity support at home

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ADMIT Platform

Value proposition

- Enables the creation of a single comprehensive assessment and a shared work plan.
- Facilitates coordination and communication among social and care professionals
- Facilitates participation and communication with the family and their support circle.
- A user-friendly interface designed for natural interaction; fully responsive across devices to ensure continuity of care during home visits and on-site consultations.

Implementation Update

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Implementation update

582
Recruited People

360
Completed Assessments

345
Completed Individual Care Plan

3 territories

19 health and social centers

+50 home care tech kits

100% target achievement

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Identified Challenges

Implementation strengths and barriers

Data source:

- Professionals: 14 online questionnaires, 5 in-depth interviews, 4 focus groups (including managers)
- End-users: 4 interviews
- Informal caregivers: 21 phone interviews

STRENGHTS

- Person-centered assessment and care plan
- Shared health and social data
- New communication channels
- Improved coordination skills
- Users feel more supported

BARRIERS

- Limited integration with existing electronic records
- Platform complexity
- Increased workload linked to social needs uncovered through the program
- Insufficient ongoing follow-up to consolidate practice change, evaluate outcomes, and guide scalability

Identified Challenges

Professionals availability

CHALLENGE

Teams have **limited time and resources**, and the implementation of ADMIT has not always been accompanied by organizational adjustments.

ACTIONS TAKEN

Time slots in schedules have been freed up.

Some management teams have added **a support professional** to coordinate the project.

Identified Challenges

Coordination & Communication between professionals

CHALLENGE

Communication between Primary Care and Social Services referents **remains limited for case discussions and resolving questions,** which affects the smoothness of care delivery.

ACTIONS TAKEN

Joint follow-up sessions have been held to foster coordination.

This approach has been reinforced and cascaded down within the teams.

Promote **regular structured case review sessions.**

Identified Challenges

	CHALLENGE	ACTIONS TAKEN
Trust in a new model	In certain groups of professionals, it is necessary **to reinforce the perceived value of the model** to consolidate adherence and integration into daily practice.	The **active role of management teams** has been promoted. **Training and awareness sessions** on the value of the model have been conducted.

Key Lessons Learned & Success Factors

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6 Key Insights

1

Active leadership

Implementation success is directly related to management engagement and proactive involvement.

2

Progressive scaling

Start with driving teams: Small, committed core teams facilitate progressive scaling and minimize initial resistance.

3

Iterative design

Field experience enables the continuous adjustment and redefinition of initial protocols, ensuring they are always aligned with real-world clinical needs

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6 Key Insights

4

Strategic synergy & integration

Seamlessly connecting with existing systems is vital to eliminate redundancy and transform the platform into an essential, non-redundant workflow accelerator.

5

Change management

Parallel development and deployment increase operational complexity and intensify change management difficulties, amplified by the constraints of tight deadlines.

6

Human-centered innovation

The guiding principle should be ensuring innovation serves as an active tool to deepen intervention and generate tangible value for individuals.

International Expert Panel

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Find out more

Distribution channels

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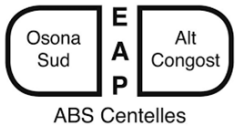
Leading and Partner Organizations in the ADMIT Project