



INDICATORS FOR THE ASSESSMENT OF FORMAL HEALTH ASSET RECOMMENDATIONS IN PRIMARY CARE

*A guide to improving social
prescribing in primary care*

 **EvaLRA**

Development of a model of assessment indicators for
formal asset recommendation schemes in primary care

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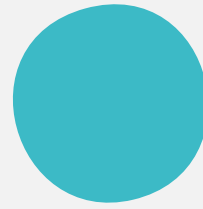
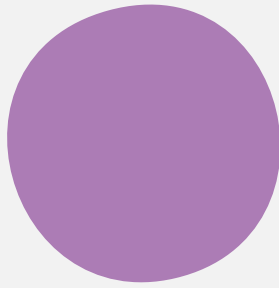
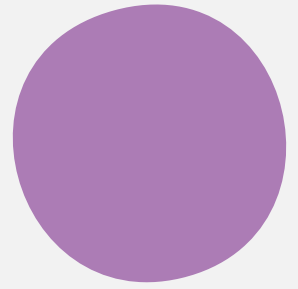
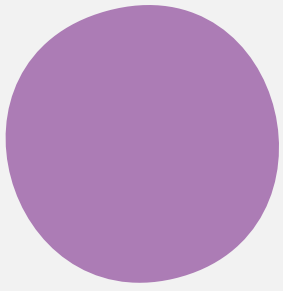
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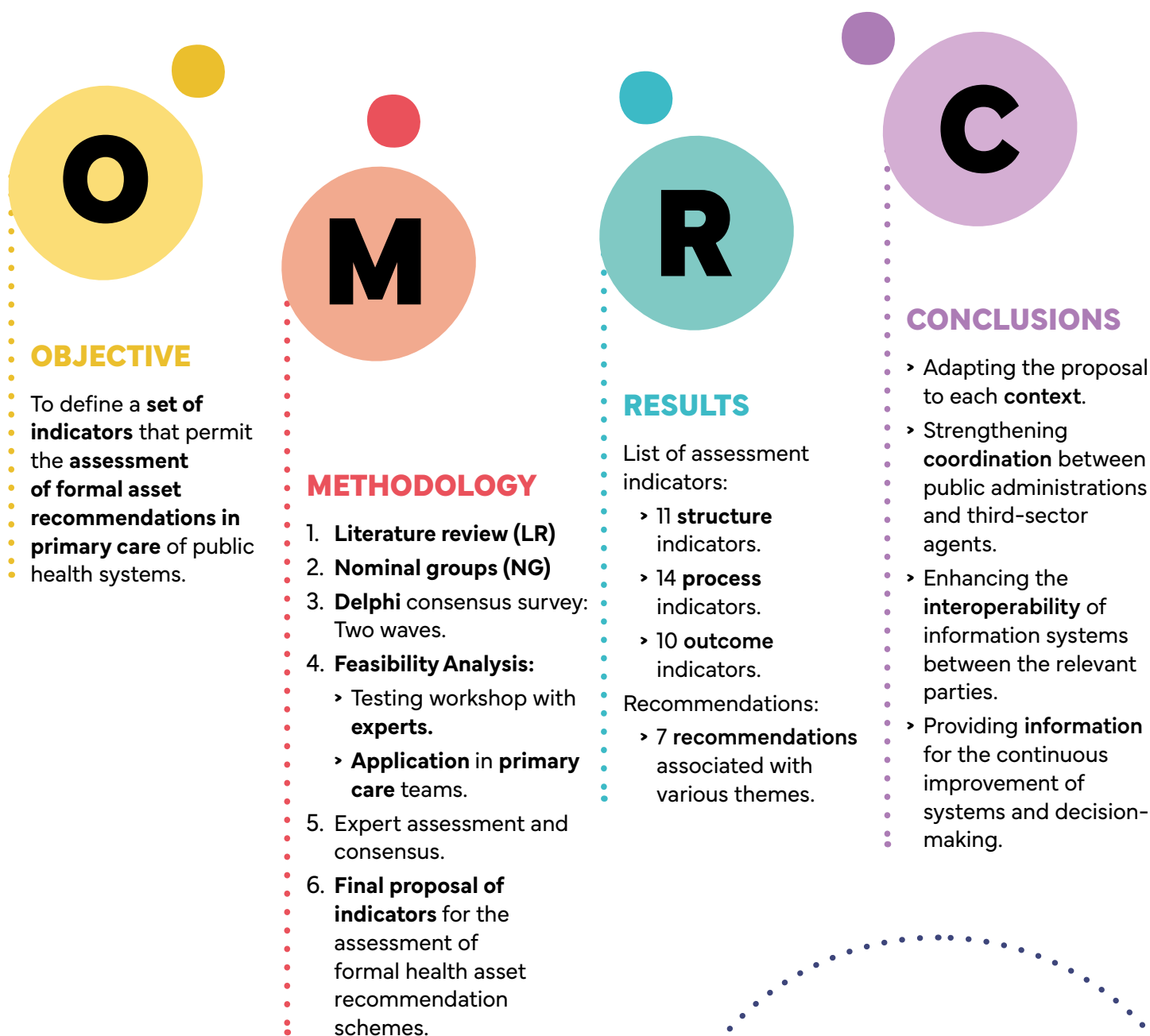
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Graphical overview



Development of a model for assessment indicators in formal asset recommendation schemes in primary care



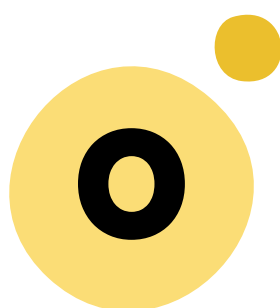
ABBREVIATIONS

PCT: Primary Care Team.

FAR: Formal Health Asset Recommendation

Introduction

“EvaLRA: Development of a model of assessment indicators in formal health asset recommendation schemes in primary care” is a research project funded by the Health Research Fund of the Instituto de Salud Carlos III and the European Regional Development Fund ERDF. This project has been developed within the existing national and regional framework regarding **community health and care and assessment**.^{(1),(2)}



Objective

The aim of this study is to define a set of **indicators** permitting the **assessment of formal health asset recommendations in primary care** of the public health systems.

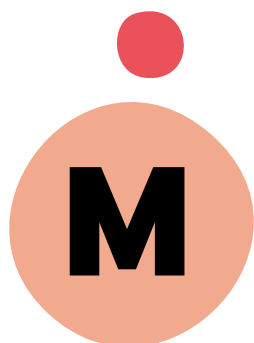
Justification:

A **health asset** is defined as a factor or resource that enhances the capacity of individuals, families and communities to maintain their health and well-being.⁽³⁾

The **recommendation of assets for health or social prescription** is a tool that allows primary care professionals to refer individuals to local resources in order to encourage their involvement as agents of their own health, improving their quality of life, autonomy, coping skills and personal and community resources.^{(4), (5), (6)}

In 2015, Kimberlee established four levels of social prescription or recommendation of health assets, based on the degree of structuring and coordination of the different parties involved (professionals, community and community resources).⁽⁷⁾ This classification was adapted by the “**Community Care Strategy in the Aragon Health System. Primary Care**”, referring to Kimberlee’s level 1 as “Non-Formal Health Asset Recommendations” and grouping levels 2, 3 and 4 into the “Formal Health Asset Recommendations”.⁽⁸⁾⁽⁹⁾ **Emerging evidence** has suggested that recommending health assets may **improve the health and well-being of the population**. However, the complexity and significant variability in the understanding and application of this tool, among other factors, renders this **evidence insufficient**.⁽⁵⁾ **Assessment methods** should be adapted to the reality of health asset recommendations and the distinct means of understanding and applying them while ensuring they share a common, scientific basis.

Methodology



Development and consensus of the assessment indicators:

A national and international **literature review** was performed in the main biomedical databases for information collection. A variety of **qualitative methodologies** were used to reach a consensus on a set of indicators that would permit the assessment of formal health asset recommendations in primary care of the public health systems⁽¹⁰⁾

During the first year of the study, five **nominal focus groups** were conducted, each of which consisted of 8 to 12 participants (primary care professionals, public health and other health promotion professionals, health asset providers and beneficiaries/patients). There was a total of 48 participants. In these two-hour group sessions, the criteria of relevance, effectiveness, efficiency, usefulness and sensitivity were examined, with other concepts of interest emerging. The results of the groups were triangulated, considering the productivity of ideas, spontaneity and consistency.

The results obtained were used to create a set of 116 quality criteria for the formal recommendation of health assets. They were classified by structure, process and outcome criteria, as subsequently determined using the **Delphi technique**.

During the first wave of the Delphi survey, 101 participants provided responses (participation rate: 77.7%). The second wave attained a higher participation rate of 96% (97 out of 101 participants). The results were analysed to identify the criteria that reached consensus among the experts, as well as those items that were not accepted for inclusion in the formal asset recommendation scheme. The criteria accepted in the Delphi process were characterised by high mean scores (≥ 8.5), low inter-rater variability (Coefficient of Variation, C.V. $\leq 20\%$) and a significant proportion of scores in the ≥ 9 category ($\geq 50\%$). These results indicate a broad consensus among the experts regarding its importance for the successful implementation and assessment of the formal asset recommendation. In general, the criteria that were not accepted had lower levels of agreement, with mean scores below 8.0, higher variability (C.V. $> 20\%$) and less than 50% of participants scoring ≥ 9 . These criteria were considered to be less relevant or less feasible for integration into the framework. Finally, 91 criteria were agreed upon.

Participant recruitment for the development of both methodologies (groups and Delphi) was carried out using snowball sampling. Selected professionals had at least 7 years of professional experience in community activities and/or social prescription processes.

Using these techniques, **the research group** drafted a **list of indicators** organised by structure, process and outcome. At least one indicator was designed for each quality criterion, having the following components: definition, calculation or assessment method, segmentation dimensions and data sources.

These indicators were subjected to **analysis by three expert groups** from different backgrounds (primary care professionals, health managers, health asset providers, public health professionals and other health promotion fields).

The groups discussed the understanding of the indicator, the feasibility of the data collection and the clinical utility of the set of indicators. Different proposals for indicators were made, resulting in a final list of 35 indicators.

Based on these results, **a complete list of indicators** was compiled for the assessment of the formal health asset recommendations.

Assessment and monitoring of indicators and final development:

Assessment and monitoring of the agreed indicators were carried out in **the primary care teams** that had integrated formal health asset recommendation as a tool in their clinical practice.

In order to provide information on the project and request participation, a session was held with all of the requested primary care teams (24) and the asset providers (28) with whom they coordinated in their basic health zones. Each of these sessions lasted approximately two hours. Participants came from different areas of Aragon and had distinct profiles.

To **gather information** on the feasibility and usability of the indicators, the usual and **common working tools** of the participants were used (Primary Care: Electronic Medical Record, Providers: no existing common tool), as well as a **web application** that was developed during the study.(11)

The collected **information** was **analysed** at the time of initial recommendation and 3 to 6 months later.

The **narratives** of the participants in the completion of these indicators, primary care professionals and health asset providers, were collected in two **nominal groups** containing 6 to 8 participants each and having a duration of 2 hours. Participants came from different areas of Aragon and had distinct profiles.

Next, a document was drafted and **9 assessment experts** were invited to review it. Of these, 8 participated and their input was incorporated into the final report.

This methodology made it possible to create a **set of relevant and feasible indicators** to assess formal health asset recommendations in primary care.



Results

LIST OF INDICATORS

STRUCTURE INDICATORS

1. CHARACTERISTICS

- E.1.1. A health asset is identified through a community process
- E.1.2. Cooperation of the primary care team with health asset providers
- E.1.3. The asset is not harmful to health
- E.1.4. The asset promotes equity
- E.1.5. The asset is validated by the health institution
- E.1.6. The formal health asset recommendation has regulatory support

2. MODEL

- E.2.1. There is a specific protocol in the medical record for formal health asset recommendation
- E.2.2. Asset recommendation is an objective of management agreements
- E.2.3. Asset recommendation is recorded with respect to a health issue
- E.2.4. Training of the primary care team on health asset recommendation

3. ADAPTABILITY

- E.3.1. The health asset adapts to individual preferences

PROCESS INDICATORS

1. HEALTH PROBLEMS

- P.1.1. Individuals having certain health problems who receive a formal health asset recommendation
- P.1.2. Health problems associated with the formal health asset recommendation

2. HEALTH ASSETS

- P.2.1. Population with formal health asset recommendations
- P.2.2. Type of asset associated with the formal health asset recommendation
- P.2.3. Recommended asset support
- P.2.4. Intensity of asset use

3. ACTIVITY DEVELOPMENT

- P.3.1. Follow-up by primary care professionals making the formal health asset recommendation
- P.3.2. Intensity of follow-up by primary care team professionals making the formal health asset recommendation
- P.3.3. Follow-up by asset providers
- P.3.4. Patient compliance with the asset
- P.3.5. Individuals who regularly use the asset
- P.3.6. Satisfaction of patients participating in the formal health asset recommendation
- P.3.7. Satisfaction of health asset providers
- P.3.8. Satisfaction of primary care professionals making the formal health asset recommendation

OUTCOME INDICATORS

1. IMPROVEMENT OF QUALITY OF LIFE AND AUTONOMY

- R.1.1. People improving their health-related quality of life
- R.1.2. People improving their autonomy for activities of daily living

2. IMPROVEMENT OF SKILLS

- R.2.1. People improving their skills: physical sphere
- R.2.2. People improving their skills: cognitive sphere
- R.2.3. People improving their skills: social sphere
- R.2.4. People improving their skills: emotional sphere

3. APPROPRIATE USE OF HEALTH RESOURCES

- R.3.1. People reducing frequentation or adapting primary care visits
- R.3.2. People reducing the use of medicines through formal health asset recommendation

4. IMPROVING COMMUNITY ORIENTATION

- R.4.1. Development of cross-sectoral work
- R.4.2. Growth and development of the community fabric

DESCRIPTION OF THE INDICATORS:

S STRUCTURE INDICATORS

1. CHARACTERISTICS

CODE E.1.1	THE HEALTH ASSET IS IDENTIFIED THROUGH A COMMUNITY PROCESS	
 Type of indicator	Structure. Characteristics	
 Method of assessment / calculation	Audit: Is the health asset identified through a community process?	
 Definitions Clarifications	It is a dichotomous indicator (Values: Yes / No) The community process may be a health asset mapping or other processes involving the community and the PCT	
 Segmentation dimensions	Territory Type of health asset. They are listed in Table 4	
 Source of data	Documentation from the PCT, the Directorate of Primary Care or Public Health (mainly work procedures, meeting minutes, community health networks) Interviewing key informants from the community	
 Quality criterion	The health asset must be recognised by the population and identified through a process involving the community	
CODE E.1.2	COOPERATION OF THE PRIMARY CARE TEAM WITH HEALTH ASSET PROVIDERS	
 Type of indicator	Structure. Characteristics	
 Method of assessment / calculation	Audit: Does the health asset recommendation scheme arise from the PCT's cooperation with asset providers?	
 Definitions Clarifications	It is a dichotomous indicator (values: Yes / No) There is a process of work and cooperation between the PCT and health asset providers to organise the implementation of health asset recommendation schemes	
 Segmentation dimensions	Territory Type of asset. They are listed in Table 4	
 Source of data	Documentation from the PCT, the Directorate of Primary Care or Public Health (mainly work procedures, collaboration agreements, meeting minutes) Interviewing health asset providers	
 Quality criterion	The implementation of asset recommendation schemes should emerge from a process of work and cooperation between the PCT and the health asset providers	

CODE E.1.3		THE ASSET IS NOT HARMFUL TO HEALTH
 Type of indicator		Structure. Characteristics
 Method of assessment / calculation		Audit: Is the asset harmful to health?
 Definitions Clarifications		It is a dichotomous indicator (values: Yes / No)
 Segmentation dimensions		Territory Type of asset. They are listed in Table 4
 Source of data		Institutional registry of health assets Key informant interviews Evidence summaries, reviews and other scientific publications
 Quality criterion		The asset should not be harmful to health. For example: “alcoholic beverage tasting” would not be a health asset

CODE E.1.4		THE ASSET PROMOTES EQUITY
 Type of indicator		Structure. Characteristics
 Method of assessment / calculation		Qualitative analysis: Does the asset promote equity?
 Definitions Clarifications		It is a dichotomous indicator (values: Yes / No) Analysis based on the different axes of inequality (social class, gender, age, ethnicity, territory, disability)
 Segmentation dimensions		Type of asset. They are listed in Table 4.
 Source of data		Institutional register of health assets. Key informant interviews (community, PCT, etc.) Equity assessment tools Evidence summaries, reviews, other scientific publications
 Quality criterion		The asset should promote equity along the axes of inequality (age, gender, geographic areas, ethnic groups, etc.)

CODE E.1.5		THE ASSET IS VALIDATED BY THE HEALTH INSTITUTION
 Type of indicator		Structure. Characteristics
 Method of assessment / calculation		Audit: Is the asset validated by the health institution?
 Definitions Clarifications		It is a dichotomous indicator (values: Yes / No)
 Segmentation dimensions		Territory Type of asset. They are listed in Table 4
 Source of data		Institutional register of health assets Work procedures State, regional or health institution standards
 Quality criterion		The health asset must be validated by a recognised health authority The period of validity of the assets must be specified and will depend on each institution

CODE E.1.6		THE FORMAL ASSET RECOMMENDATION HAS REGULATORY SUPPORT
 Type of indicator		Structure. Characteristics
 Method of assessment / calculation		Audit: Does the FAR have legal and institutional support?
 Definitions Clarifications		It is a dichotomous indicator (values: Yes / No)
 Segmentation dimensions		Territory Type of asset. They are listed in Table 4
 Source of data		State, regional or health institution regulation Primary Care Services Portfolio of the NHS and Strategic Framework for Primary and Community Care Work procedures Community Institutional Register of Health Assets
 Quality criterion		The primary care professional making the recommendation must have regulatory support

2. MODEL

CODE E.2.1		THERE IS A SPECIFIC PROTOCOL IN THE MEDICAL RECORD FOR FORMAL ASSET RECOMMENDATION
 Type of indicator	Structure. Model	
 Method of assessment / calculation	Audit: Is there a protocol in the medical record for the recommendation of health assets?	
 Definitions Clarifications	It is a dichotomous indicator (values: Yes / No)	
 Segmentation dimensions	Territory	
 Source of data	Medical record applications or usage manuals	
 Quality criterion	The recommended asset should be recorded through a specific protocol in the medical record	

CODE E.2.2		ASSET RECOMMENDATION IS AN OBJECTIVE OF THE MANAGEMENT AGREEMENTS
 Type of indicator	Structure. Model	
 Method of assessment / calculation	Audit: Are there objectives in PCT management agreements regarding health asset recommendations?	
 Definitions Clarifications	It is a dichotomous indicator (values: Yes / No)	
 Segmentation dimensions	Territory	
 Source of data	Primary care management agreements or contracts	
 Quality criterion	Health asset recommendation should be part of the primary care team's management agreement	

CODE E.2.3		THE ASSET RECOMMENDATION IS RECORDED WITH RESPECT TO A HEALTH PROBLEM
 Type of indicator		Structure. Model
 Method of assessment / calculation		Audit: Does the medical record procedure allow the recommendation to be linked to a health problem?
 Definitions Clarifications		It is a dichotomous indicator (values: Yes / No) Health problems are situations that the PCT practitioner considers to warrant the care episode and that may benefit from a formal health asset recommendation. Table 1 lists the health problems that may benefit from the FAR
 Segmentation dimensions		Territory
 Source of data		Medical record applications or usage manuals
 Quality criterion		Asset recommendations must be linked to a health problem or care episode in the patient's medical record

CODE E.2.4		TRAINING OF THE PRIMARY CARE TEAM TO RECOMMEND HEALTH ASSETS
 Type of indicator		Structure. Model
 Method of assessment / calculation		Formula: $(A/B) \times 100$ A: No. of professionals in the PCT receiving training B: No. of PCT professionals
 Definitions Clarifications		The indicator measures the percentage of PCT professionals who have been trained to make formal asset recommendations
 Segmentation dimensions		Territory Professional profile
 Source of data		Registers of continuing training for primary care professionals Continuous Training Plan for Primary Care
 Quality criterion		Primary care professionals should receive continuous training on asset recognition, problem linkage, the performing of FAR and patient follow-up.

3. ADAPTABILITY

CODE E.3.1		THE HEALTH ASSET ADAPTS TO INDIVIDUAL PREFERENCES
 Type of indicator		Structure. Adaptability
 Method of assessment / calculation		Interview: Does the asset adapt to individual preferences?
 Definitions Clarifications		It is a dichotomous indicator (values: Yes / No) Qualitative analysis of the interviews Table 2 lists different aspects that may be considered to determine if the asset suits individual preferences
 Segmentation dimensions		Type of asset. They are listed in Table 4.
 Source of data		Key informants or Community survey
 Quality criterion		The health asset should be adapted to individual preferences (time, place, type of activity, etc.)

P PROCESS INDICATORS

1. HEALTH PROBLEMS

CODE P.1.1		PEOPLE WITH SPECIFIC HEALTH PROBLEMS RECEIVING FAR
	Type of indicator	Process. Health problems
	Method of assessment / calculation	Formula: $(A/B)*100$ A: No. of people with a health problem who undergo FAR B: No. of people with a health problem assigned to a basic health zone
	Definitions Clarifications	The indicator measures the percentage of people for whom an asset linked to a health problem is recommended out of everyone having that health problem Health problems are conditions or situations that the PCT professional believes warrant the care episode The health problems that can benefit from formal asset recommendation are listed in Table 1 The indicator is measured in a population that has had at least one contact with the PCT for any reason over the last year
	Segmentation dimensions	Age, gender, socioeconomic status, territory or other axes of inequality Profile of the recommending professional. The professional categories that can make FAR are listed in Table 3
	Source of data	Medical record. Database of health service users. Registration of appointments in primary care schedules
	Quality criterion	FAR should be used as a non-clinical resource to improve certain health problems
CODE P.1.2		HEALTH PROBLEMS ASSOCIATED WITH FAR
	Type of indicator	Process. Health problems
	Method of assessment / calculation	Formula: $(A/B)*100$ A: No. of people undergoing FAR with a specific health problem B: No. of people undergoing FAR assigned to a basic health zone
	Definitions Clarifications	The indicator measures the percentage of people having a health problem out of all of those who have received a FAR during the study period The indicator is used to construct the frequency distribution of the main problems for which the PCT carries out FAR during the study period Health problems are those conditions or situations that the PCT professional believes warrant the care episode The health problems that may benefit from formal asset recommendations are listed in Table 1

CODE P.1.2	HEALTH PROBLEMS ASSOCIATED WITH FAR
 Segmentation dimensions	Age, gender, socioeconomic status, territory or other axes of inequality Profile of the recommending professional. The professional categories that can make FAR are listed in Table 3 Type of asset. They are listed in Table 4
 Source of data	Medical record. Health service user database
 Quality criterion	FAR should be used as a non-clinical resource to improve certain health problems

2. HEALTH ASSETS

CODE P.2.1	POPULATION WITH FORMAL ASSET RECOMMENDATIONS
 Type of indicator	Process. Health assets
 Method of assessment / calculation	Formula: $(A/B)*1000$ A: No. of persons to whom FAR is carried out B: Number of individuals assigned to a territory who have had at least one contact with the PCT over the last year
 Definitions Clarifications	The indicator measures the rate of individuals receiving FAR during the study period per 1000 people assigned to a territory The indicator is measured in a population that has had at least one contact with the PCT for any reason over the last year
 Segmentation dimensions	Age, gender, socioeconomic status, territory or other axes of inequality Profile of the recommending professional. The professional categories that can make FAR are listed in Table 3 Type of asset. They are listed in Table 4
 Source of data	Medical record. Database of health service users. Registration of appointments in primary care schedules
 Quality criterion	FAR should be used as a non-clinical resource in primary care consultations

CODE P.2.2		TYPE OF ASSET ASSOCIATED WITH THE FORMAL ASSET RECOMMENDATION
 Type of indicator		Process. Health assets
 Method of assessment / calculation		Formula: $(A/B)*100$ A: No. of people recommended to attend a specific health asset B: No. of people undergoing FAR
 Definitions Clarifications		The indicator measures the percentage of people who have been recommended to attend a specific health asset out of the total number who have attended the FAR during the study period The indicator is used to construct the frequency distribution of the main health assets recommended by the PCT during the study period Table 4 lists assets that may be useful for FAR
 Segmentation dimensions		Age, gender, socioeconomic status, territory or other axes of inequality Profile of the recommending professional. The professional categories that can make FAR are listed in Table 3
 Source of data		Medical record. Health service user database Community Health Assets Register
 Quality criterion		The different health assets should be used as non-clinical resources in primary care

CODE P.2.3		RECOMMENDED ASSET SUPPORT
 Type of indicator		Process. Health assets
 Method of assessment / calculation		Formula: $(A/B)*100$ A: No. of people attending the recommended asset B: No. of people with FAR
 Definitions Clarifications		The indicator measures the percentage of people who attend at least one asset for the first time from among those for whom the health asset has been recommended The indicator is measured in a population that has undergone FAR by the PCT assigned to them
 Segmentation dimensions		Age, gender, socioeconomic status, territory or other axes of inequality Profile of the recommending professional. The professional categories that can make FAR are listed in Table 3 Type of asset. They are listed in Table 4

CODE P.2.3	RECOMMENDED ASSET SUPPORT
 Source of data	Medical record. Appointment or activity record of the recommended asset provider Community health assets register Health service user database
 Quality criterion	Assets should be used by the population as a health resource

CODE P.2.4	INTENSITY OF ASSET USE
 Type of indicator	Process. Health assets
 Method of assessment / calculation	Formula: A/B A: No. of visits or contacts to an asset B: No. of people using the asset
 Definitions Clarifications	The indicator measures the average number of visits or contacts made during the study period per person who has used the asset during that period The indicator is measured in a population that has received a FAR from their assigned PCT
 Segmentation dimensions	Age, gender, socioeconomic status, territory or other axes of inequality Type of asset. They are listed in Table 4
 Source of data	Appointment or activity record of the provider of the recommended asset Community health asset register Health service user database
 Quality criterion	Assets should be used by the population as a health resource

3. DEVELOPMENT OF THE ACTIVITY

CODE P.3.1		FOLLOW-UP BY PRIMARY CARE TEAM PROFESSIONALS CARRYING OUT THE FAR
 Type of indicator		Process. Activity development
 Method of assessment / calculation		Formula: $(A/B)*100$ A: No. of people who have been followed up by the PCT that carried out the FAR B: No. of people with a FAR
 Definitions Clarifications		The indicator measures the percentage of people who have been followed up by the PCT professional with respect to the total number who have been recommended the asset during the study period Follow-up may be defined as at least one scheduled contact between the PCT and the beneficiary (face-to-face or non-face-to-face) made by the PCT recommending the asset The definition of monitoring may include content-related aspects or other topics depending on the asset, the area to be promoted or the health problem
 Segmentation dimensions		Age, gender, socioeconomic status, territory or other axes of inequality Profile of the recommending professional. The professional categories that can make FAR are listed in Table 3 Type of contact Type of asset. They are listed in Table 4
 Source of data		Medical record. Health service user database Community health assets register Registration of appointments in primary care schedules
 Quality criterion		PCT practitioners must follow up on the recommendations they make
CODE P.3.2		INTENSITY OF FOLLOW-UP BY PRIMARY CARE TEAM PROFESSIONALS MAKING THE FORMAL HEALTH ASSET RECOMMENDATION
 Type of indicator		Process. Development of the activity
 Method of assessment / calculation		Formula: A/B A: No. of contacts made by the PCT to follow up on the asset B: No. of people with a FAR
 Definitions Clarifications		The indicator measures the average number of contacts made by the PCT per person receiving the FAR during the study period The indicator may also be calculated with the denominator No. of persons with a FAR who have been followed up on Follow-up contacts with the patient may be face-to-face or non-face-to-face

CODE P.3.2		INTENSITY OF FOLLOW-UP BY PRIMARY CARE TEAM PROFESSIONALS MAKING THE FORMAL HEALTH ASSET RECOMMENDATION
 Segmentation dimensions		Age, gender, socioeconomic status, territory or other axes of inequality Profile of the recommending professional. The professional categories that can make FAR are listed in Table 3 Type of contact Type of asset. They are listed in Table 4
 Source of data		Medical record. Health service user database Community health assets register Registration of appointments in primary care schedules
 Quality criterion		PCT practitioners must follow up on the recommendations they make in an appropriate manner

CODE P.3.3		FOLLOW-UP BY THE ASSET PROVIDERS
 Type of indicator		Process. Development of the activity
 Method of assessment / calculation		Formula: $(A/B) \times 100$ A: No. of people with FAR followed up by the provider B: No. of people with a FAR attending the asset
 Definitions Clarifications		The indicator measures the proportion of people followed up by the asset provider out of the total number attending the recommended asset The definition of monitoring may include content-related aspects or other topics depending on the asset, the area to be promoted or the health problem The indicator is measured in a population that has received a FAR from the PCT assigned to them
 Segmentation dimensions		Age, gender, socioeconomic status, territory or other axes of inequality Type of asset. They are listed in Table 4
 Source of data		Medical record. Health service user database Community health assets register Asset provider tracking register User survey
 Quality criterion		Providers of health assets should monitor the service they provide in an appropriate manner

CODE P.3.4		PATIENTS' COMPLIANCE WITH THE ASSET
 Type of indicator	Process. Development of the activity	
 Method of assessment / calculation	Formula: $(A/B)*100$ A: No. of people expressing agreement with asset B: No. of people offered a FAR	
 Definitions Clarifications	The indicator measures the percentage of people accepting the recommendation out of the total number offered the FAR during the study period Compliance can be channelled through an acceptance protocol containing information on the asset and the patient's commitment to participate	
 Segmentation dimensions	Age, gender, socioeconomic status, territory or other axes of inequality Type of asset. They are listed in Table 4	
 Source of data	Medical record. Health service user database	
 Quality criterion	The person must explicitly agree to participate in the recommended asset	

CODE P.3.5		PEOPLE WHO REGULARLY USE THE ASSET
 Type of indicator	Process. Development of the activity	
 Method of assessment / calculation	Formula: $(A/B)*100$ A: No. of people attending the recommended asset on a regular basis B: No. of people with a FAR attending the asset	
 Definitions Clarifications	The indicator measures the proportion of people attending the recommended asset on a regular basis as set out in the health asset recommendation procedure The level of compliance at which regular use is considered to take place will depend on the asset. Some assets have an established programme or plan of activities where the minimum compliance is considered to be 80%	
 Segmentation dimensions	Age, gender, socioeconomic status, territory or other axes of inequality Type of asset. They are listed in Table 4	
 Source of data	Medical record. User or provider survey. Health service user database Appointment or activity record of the provider of the asset that has been recommended	
 Quality criterion	Attendance at the health asset must be regular in order for it to have a positive effect on health	

CODE P.3.6		SATISFACTION OF PATIENTS PARTICIPATING IN FORMAL HEALTH ASSET RECOMMENDATION
 Type of indicator		Process. Development of the activity
 Method of assessment / calculation		Formula: $(A/B)*100$ A: No. of patients with a FAR who responded to the survey with a mean score in the upper limits of the scale B: No. of patients with a FAR who responded to the survey
 Definitions Clarifications		The indicator measures the percentage of PCT respondents with the highest levels of satisfaction about their experience of using an asset during the study period The indicator is measured in a population that has undergone FAR by the PCT assigned to it The response rate should be provided along with the results Information on the experience of FAR participants can be complemented by a qualitative assessment
 Segmentation dimensions		Age, gender, socioeconomic status, territory or other axes of inequality Type of asset. They are listed in Table 4
 Source of data		Self-administered questionnaire with a Likert scale for responses Interviewers for people with language barriers, computer skills, cognitive skills, etc.
 Quality criterion		User experience with the recommended asset should be satisfactory. The measure has value for analysing and improving the FAR process
CODE P.3.7		SATISFACTION OF HEALTH ASSET PROVIDERS
 Type of indicator		Process. Development of the activity
 Method of assessment / calculation		Formula: $(A/B)*100$ A: No. of asset providers responding to the survey with a mean score at the upper limits of the scale B: No. of asset providers responding to survey
 Definitions Clarifications		The indicator measures the percentage of providers with the highest levels of satisfaction about FAR during the study period The response rate should be provided along with the results Information on the experience of asset providers may be complemented by a qualitative assessment
 Segmentation dimensions		Territory Type of asset. They are listed in Table 4
 Source of data		Questionnaire or Interviews
 Quality criterion		The experience of the recommended asset providers should be satisfactory. The measure has value for analysing and improving the FAR process

CODE P.3.8		SATISFACTION OF THE PRIMARY CARE TEAM PROFESSIONALS MAKING THE FORMAL HEALTH ASSET RECOMMENDATION
 Type of indicator	Process. Development of the activity	
 Method of assessment / calculation	Formula: $(A/B)*100$ A: No. of PCT professionals responding to the survey with a mean score at the upper limits of the scale B: No. of PCT professionals who responded to the survey	
 Definitions Clarifications	The indicator measures the percentage of PCT professionals with the highest levels of satisfaction about FAR during the study period The response rate should be provided along with the results Information on the experience of FAR practitioners may be complemented by a qualitative assessment	
 Segmentation dimensions	Territory Profile of the recommending professional. The professional categories that can make FAR are listed in Table 2 Type of asset. They are listed in Table 4	
 Source of data	Questionnaire or Interviews	
 Quality criterion	The experience of primary care professionals with FAR should be satisfactory. The measure has value for analysing and improving the FAR process	

OUTCOME INDICATORS

1. IMPROVEMENT OF QUALITY OF LIFE AND AUTONOMY

CODE R.1.1	PEOPLE IMPROVING THEIR QUALITY OF LIFE
 Type of indicator	Outcome. Improving health-related quality of life and autonomy
 Method of assessment / calculation	Formula: $(A/B)*100$ A: No. of people increasing their health-related quality of life B: No. of people with a FAR who regularly attend the asset
 Definitions Clarifications	The indicator measures the percentage of people increasing their health-related quality of life out of everyone who regularly attends the recommended asset The indicator is measured in a population that has had a FAR made by its assigned PCT and that regularly attends the recommended asset (see indicator P.3.5 on regular asset use)
 Segmentation dimensions	Age, gender, socioeconomic status, territory or other axes of inequality Profile of the recommending professional. The professional categories that can make FAR are listed in Table 3 Type of asset. They are listed in Table 4
 Source of data	Pre-post assessment of health-related quality of life using validated quality of life questionnaires (e.g. EuroQol-5D https://euroqol.org/information-and-support/euroqol-instruments/eq-5d-5l/ o https://www.bibliopro.org/es/buscador/cuestionario/?id=3840 , COOP/WONCA SHEETS https://www.bibliopro.org/es/buscador/cuestionario/?id=109 Medical record. Health service user database
 Quality criterion	FAR should be considered a therapeutic tool to improve health-related quality of life
CODE R.1.2	PEOPLE IMPROVING THEIR AUTONOMY FOR ACTIVITIES OF DAILY LIVING
 Type of indicator	Outcome. Improving the quality of life and autonomy
 Method of assessment / calculation	Formula: $(A/B)*100$ A: No. of people increasing their autonomy when performing basic/instrumental activities of daily living B: No. of people with a FAR who regularly attend the asset
 Definitions Clarifications	The indicator measures the percentage of people increasing their autonomy when performing basic/instrumental activities of daily living out of all of those who regularly attend the recommended asset The indicator is measured in a population that has undergone a FAR performed by its assigned PCT and that regularly attends the recommended asset (see indicator P.3.5 on regular asset use)

CODE R.1.2	PEOPLE IMPROVING THEIR AUTONOMY FOR ACTIVITIES OF DAILY LIVING
 Segmentation dimensions	Age, gender, socioeconomic status, territory or other axes of inequality Profile of the recommending professional. The professional categories that can make FAR are listed in Table 3 Type of asset. They are listed in Table 4
 Source of data	Pre-post assessment with a validated questionnaire on Basic Activities of Daily Living (including the Barthel index https://www.bibliopro.org/es/buscador/cuestionario/?id=66) or Instrumental Activities of Daily Living (e.g., Lawton and Brody's scale https://www.bibliopro.org/es/buscador/cuestionario/?id=399) Medical record. Health service user database
 Quality criterion	FAR should be considered a therapeutic tool to improve people's autonomy

2. IMPROVEMENT OF SKILLS

CODE R.2.1	PEOPLE IMPROVING THEIR SKILLS: PHYSICAL SPHERE
 Type of indicator	Outcome. Improvement of skills
 Method of assessment / calculation	Formula: $(A/B)*100$ A: No. of people improving their physical activity. B: No. of people with a FAR who regularly attend the asset
 Definitions Clarifications	The indicator measures the percentage of people improving their physical activity out of all of those who regularly attend the asset The indicator is measured in a population that has undergone a FAR with the objective of improving its physical sphere, as recommended by its assigned PCT, and that regularly attends the recommended asset (see indicator P.3.5 on regular use of the asset)
 Segmentation dimensions	Age, gender, socioeconomic status, territory or other axes of inequality Profile of the recommending professional. The professional categories that can make FAR are listed in Table 3 Type of asset. They are listed in Table 4
 Source of data	Pre-post assessment with a validated physical activity questionnaire (e.g. Brief Physical Activity Questionnaire for Primary Care Consultations https://www.bibliopro.org/es/buscador/cuestionario/?id=3400 y https://www.elsevier.es/es-revista-atencion-primaria-27-articulo-como-identificar-inactividad-fisica-atencion-S0212656712000571) or International Physical Activity Questionnaire (IPAQ) https://www.bibliopro.org/es/buscador/cuestionario/?id=3522) Medical record. Health service user database
 Quality criterion	FAR should be considered a therapeutic tool to improve the physical sphere of people

CODE R.2.2		PEOPLE IMPROVING THEIR SKILLS: COGNITIVE SPHERE
 Type of indicator	Outcome. Improvement of skills	
 Method of assessment / calculation	Formula: $(A/B)*100$ A: No. of people improving their cognitive skills B: No. of people with a FAR who regularly attend the asset	
 Definitions Clarifications	The indicator measures the percentage of people improving their cognitive skills out of all of those who regularly attend the recommended asset The indicator is measured in a population that has undergone a FAR with the objective of improving its cognitive sphere, which was recommended by its assigned PCT, and that regularly attends the recommended asset (see indicator P.3.5 on regular use of the asset)	
 Segmentation dimensions	Age, gender, socioeconomic status, territory or other axes of inequality Profile of the recommending professional. The professional categories that can make FAR are listed in Table 3 Type of asset. They are listed in Table 4	
 Source of data	Pre-post assessment with validated cognitive skills questionnaire (e.g. Pfeiffer/SPMSQ questionnaire https://www.bibliopro.org/es/buscador/cuestionario/?id=64 or Montreal Cognitive Assessment (MoCA) https://www.bibliopro.org/es/buscador/cuestionario/?id=3900) Medical record. Health service user database	
 Quality criterion	FAR should be considered a therapeutic tool to improve the cognitive sphere of people	

CODE R.2.3		PEOPLE IMPROVING THEIR SKILLS: SOCIAL SPHERE
 Type of indicator	Outcome. Improvement of skills	
 Method of assessment / calculation	Formula: $(A/B)*100$ A: No. of people improving their social skills B: No. of people with a FAR who regularly attend the asset	
 Definitions Clarifications	The indicator measures the percentage of people improving their social skills out of all of those who regularly attend the recommended asset The indicator is measured in a population that has undergone a FAR with the objective of improving its social sphere, which was recommended by its assigned PCT, and that regularly attends the recommended asset (see indicator P.3.5 on regular use of the asset)	

CODE R.2.3	PEOPLE IMPROVING THEIR SKILLS: SOCIAL SPHERE
 Segmentation dimensions	Age, gender, socioeconomic status, territory or other axes of inequality Profile of the recommending professional. The professional categories that can make FAR are listed in Table 3 Type of asset. They are listed in Table 4
 Source of data	Pre-post assessment with validated questionnaire on social skills (among others, OSLO-3 scale https://www.bibliopro.org/es/buscador/cuestionario/?id=1589 or Socio-family Assessment Scale TSO https://www.bibliopro.org/es/buscador/cuestionario/?id=4412)) Medical record. Health service user database
 Quality criterion	FAR should be considered a therapeutic tool to improve the social sphere of people

CODE R.2.4	PEOPLE IMPROVING THEIR SKILLS: EMOTIONAL SPHERE
 Type of indicator	Outcome. Improvement of skills
 Method of assessment / calculation	Formula: $(A/B)*100$ A: No. of people improving their emotional skills B: No. of people with a FAR who regularly attend the asset
 Definitions Clarifications	The indicator measures the percentage of people improving their emotional skills out of all of those who regularly attend the recommended asset The indicator is measured in a population that has undergone a FAR with the objective of improving its emotional sphere, which was recommended by its assigned PCT, and that regularly attends the recommended asset (see indicator P.3.5 on regular use of the asset)
 Segmentation dimensions	Age, gender, socioeconomic status, territory or other axes of inequality Profile of the recommending professional. The professional categories that can make FAR are listed in Table 3 Type of asset. They are listed in Table 4
 Source of data	Pre-post assessment with a validated questionnaire on mental and emotional skills (among others, SWEMWBS scale https://www.bibliopro.org/es/buscador/cuestionario/?id=4428 or Subjective Happiness Scale https://www.bibliopro.org/es/buscador/cuestionario/?id=1501)) Medical record. Health service user database
 Quality criterion	FAR should be considered a therapeutic tool to improve the emotional sphere of people

3. APPROPRIATE USE OF HEALTH RESOURCES

CODE R.3.1		PEOPLE REDUCING FREQUENTATION OR ADAPTING VISITS TO PRIMARY CARE
 Type of indicator		Outcome. Appropriate use of health resources
 Method of assessment / calculation		Formula: $(A/B)*100$ A: No. of people reducing frequentation or adapting visits to primary care B: No. of people with a FAR who regularly attend the asset
 Definitions Clarifications		The indicator measures the percentage of people who reduce the number of unscheduled visits to the PCT and/or adapt these out of all of those who regularly attend the recommended asset. The indicator refers to on-demand primary care consultations outside of the scheduled check-ups with the PCT professional to monitor the patient's health situation. The indicator is measured in a population that has had a FAR performed by its assigned PCT and that regularly attends the recommended asset (see indicator P.3.5 on regular use of the asset).
 Segmentation dimensions		Age, gender, socioeconomic status, territory or other axes of inequality Profile of the recommending professional. The professional categories that can make FAR are listed in Table 3 Type of asset. They are listed in Table 4
 Source of data		Pre-post assessment with questionnaire or interview on frequency and/or appropriateness of visits Registration of appointments in Primary Care schedules Medical record. Health service user database
 Quality criterion		The FAR should contribute to improving on-demand use of Primary Care services

CODE R.3.2		PEOPLE REDUCING THEIR USE OF MEDICINES WITH THE FORMAL HEALTH ASSET RECOMMENDATION
 Type of indicator		Outcome. Appropriate use of health resources
 Method of assessment / calculation		Formula: $(A/B)*100$ A: No. of people reducing the use or dose of medicines B: No. of people with a FAR who regularly attend the asset

CODE R.3.2		PEOPLE REDUCING THEIR USE OF MEDICINES WITH THE FORMAL HEALTH ASSET RECOMMENDATION
	Definitions Clarifications	The indicator measures the percentage of people reducing the use or dose of medicines out of all of those who regularly attend the recommended asset. The indicator is measured in a population that has had a FAR performed by its assigned PCT and that regularly attends the recommended asset (see indicator P.3.5 on regular use of the asset). This indicator refers to certain medicines that are used to alleviate symptoms or for the management of certain chronic conditions and lifestyle-related risk factors.
	Segmentation dimensions	Age, gender, socioeconomic status, territory or other axes of inequality Profile of the recommending professional. The professional categories that can make FAR are listed in Table 3 Type of asset. They are listed in Table 4
	Source of data	Pre-post assessment with questionnaire or interview on medicine use. Medical record. Pharmacotherapeutic record. Database of health service users.
	Quality criterion	The FAR should contribute to the improvement of the use of medicines for certain chronic pathologies or associated symptomatology.

4. IMPROVING COMMUNITY ORIENTATION

CODE R.4.1		DEVELOPMENT OF CROSS-SECTORAL WORK
	Type of indicator	Outcome. Improving community orientation
	Method of assessment / calculation	Formula: $(A/B) \times 100$ A: No. of PCTs improving their intersectoral work B: Total no. of PCTs involved in FAR processes
	Definitions Clarifications	The indicator measures the percentage of PCTs that improve their intersectoral work out of all of the PCTs in a territory participating in FAR processes Cross-sectoral work involves the coordination of institutions and bodies belonging to different sectors (educational, health and residential centres, patients' associations, etc.). Improvement refers to an increase in the number of relations with other sectors or improved coordination
	Segmentation dimensions	Territory

CODE R.4.1		DEVELOPMENT OF CROSS-SECTORAL WORK
	Source of data	Pre-post assessment with questionnaire or interviews with key informants from the PCT and other sectors in the same territory Documentation of the PCT, intersectoral roundtables, community health networks (work procedures, meeting minutes, community agendas, collaboration agreements, etc.) Interviewing key informants from the community FAR activity records. Health service user database
	Quality criterion	FAR should contribute to improving the intersectoral work of the PCT

CODE R.4.2		GROWTH AND DEVELOPMENT OF THE COMMUNITY FABRIC
	Type of indicator	Outcome. Improving community orientation
	Method of assessment / calculation	Formula: $(A/B) \times 100$ A: No. of Basic Health Zones (BHZs) that improve community fabric B: Total no. of BHZs involved in FAR processes
	Definitions Clarifications	The indicator measures the percentage of BHZs that improve their community fabric out of all of the BHZs in a territory participating in FAR processes. Community fabric is understood as the creation of networks, the development or promotion of participation roundtables or health councils, etc.
	Segmentation dimensions	Territory
	Source of data	Pre-post assessment with questionnaire or interviews with key informants from the community Documentation of the PCT, health council, intersectoral roundtables, community health networks (work procedures, meeting minutes, community agendas, collaboration agreements, among others) Records and minutes of community participation spaces FAR activity records. Database of health service users. Record of community development as perceived by the asset provider
	Quality criterion	The FAR should contribute to the improvement of the community fabric of the basic health zone

RECOMMENDATIONS

The assessment of the feasibility and usability of the agreed indicators made by the Primary Care professionals and providers participating in the EvalRA study, as well as the work done with them by the research team, led to a series of general recommendations for feasible and integrated assessments in the daily work of primary care professionals and providers of formal health asset recommendation schemes.

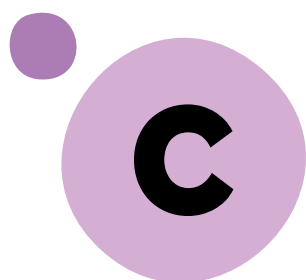
GR GENERAL RECOMMENDATIONS:

- The list of indicators is extensive, given that it may be adapted to the variability of existing realities. For application in a specific context, they should be adapted and selected in accordance with the environment where they are needed, while also considering the characteristics of the asset and the target population.
- There is a diversity of priorities in the different territories, therefore, some indicators may be selected based on internal interests and possibilities.

SR SPECIFIC RECOMMENDATIONS:

1. Improving coordination and information exchange between primary care professionals and asset providers, as well as institutions involved in the FAR process (primary care, public health and other institutions).
A simple and secure shared system should be established to facilitate the exchange of information between recommending professionals and asset providers.
2. Optimising the asset finder and other associated tools:
 - The implementation of new functionalities has been proposed, such as new filters or lists of assets that are the most recommended by the PCT, with the aim of a more efficient use.
 - Collaboration between all levels of primary care, public health and asset providers is essential to further harmonise the criteria for inclusion/exclusion of health assets in the search engine and for appropriate search engine use.
3. Adapting indicators to the variability of existing health assets:
 - Indicators should be sufficiently open and comprehensive to accommodate the diversity of situations and asset supply.
4. Professional training:
 - Providing information and training on the formal health asset recommendation process and its assessment to primary care teams, asset providers and the community.
5. Facilitating information collection in consultation:
 - The data collection process should be simplified.
 - Incorporating the diversity of the team's professionals in the collection of indicators.
 - Automating the collection process is suggested, as well as using agile tools that are integrated into the information systems commonly used.
6. Homogenising and standardising data collection:
 - It is necessary to unify criteria and simplify data collection tools to improve the quality and relevance of the collected information. These tools must be valid, adapted to the diversity of topics worked on with the formal health asset recommendation and feasible for use under regular work conditions.

- › Linking the formal health asset recommendation to a health problem or reason for consultation recorded in the medical record.
 - › It is desirable to have an automated scorecard of all of those indicators based on database recording
7. Improving patient follow-up:
- › Agreeing on minimum follow-up periods for all recommendations and implementing tools within the medical record or other applications to facilitate and remind professionals to follow up on these recommendations.
 - › A follow-up date should be scheduled at the time of the initial recommendation, e.g., every three months.



Conclusions

The EvaLRA project creates a shared and consensual basis for establishing feasible and useful assessment designs for the implementation of formal health asset recommendation schemes in primary care. This assessment is based on the Spanish national healthcare system but it may be adapted to other realities and models.

Ethical approval:

The EvaLRA project was approved by the Research Ethics Committee of the Autonomous Community of Aragon (PI20/606 - 13 January 2021).

Conflict of interest:

The authors declare that they have no conflicts of interest.

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Tables:

HEALTH PROBLEMS THAT MAY BENEFIT FROM FORMAL ASSET RECOMMENDATIONS

Cancer

Consumption and Addictions: alcohol, tobacco and other drugs

Psychomotor Development

Cognitive Impairment

Diabetes Mellitus

Bereavement

Obesity/Excess Weight

Other chronic diseases and cardiovascular risk factors: hypertension and dyslipidaemia.

Other social welfare issues (complex family situation, gender-based violence, workplace harassment)

Dependent patients (dementia, immobility, etc.)

Socialisation problems

Problems related to the locomotor system (arthrosis, loss of muscle mass, unsteadiness, etc.)

Problems related to life transitions: immigration, retirement, pregnancy, parenting, menopause, childhood, adolescence, etc.

Sedentary lifestyle

Unwanted loneliness

Mood disorders: Sadness, anxiety, stress, difficulty in managing life events (e.g., caregiver syndrome), low self-esteem, etc.

Severe mental disorders (schizophrenia, bipolar disorder, borderline personality disorder, eating disorders)

NOTE: The list of problems is based on the International Classification of Primary Care

TABLE 1. Health problems that may benefit from formal asset recommendations according to the EvalRA study consensus

ADAPTABILITY CRITERIA IN FORMAL HEALTH ASSET RECOMMENDATIONS

Age

Cultural context (value system, customs, beliefs, etc.)

Physical, mental, social situation

Territory and place of residence

Gender

Personal preferences (manual activities, dancing, physical activity)

Use of Internet and other technologies

Socioeconomic status

Education level

TABLE 2. Adaptability criteria in formal asset health recommendations according to the consensus of the EvalRA study

PRIMARY CARE PROFESSIONALS WHO CAN MAKE FORMAL HEALTH ASSET RECOMMENDATIONS

Nursing (family and community care, paediatrics, obstetrics and gynaecology)

Physiotherapy

Medicine (family and community care, paediatrics) Social Work

Trabajo Social

NOTE: the list of professionals may vary according to the health services of the different autonomous communities (e.g., psychologists, occupational therapists...)

TABLE 3. Alphabetical order of primary care professionals who can make formal health asset recommendations according to the EvalRA study consensus

ASSETS FOR THE FORMAL HEALTH ASSET RECOMMENDATIONS

Centres for the elderly (retirement homes, daycare centres, senior citizens' centres)

Carer support resources and activities

Sports centres (multi-component physical activity, sports training, swimming, yoga, tai chi, dancing, healthy walks, etc.)

Adult education centres and memory training activities

Associations and support centres for drug dependence (associations, centres)

Services and other support devoted to improving autonomy and social well-being

Resources related to mental health and emotional well-being

Resources and activities related to culture, leisure and socialisation

Resources and activities to support life transitions (parenting, migration, separation, bereavement)

Neighbourhood support networks and other community networks

Patient associations, foundations and other resources related to chronic diseases

TABLE 4. Assets for formal health asset recommendations according to the EvaLRA study consensus

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