2024

ROMA 1°OTTOBRE

Ministero della Salute, Auditorium Cosimo Piccinno

LA PERSONA ANZIANA PROTAGONISTA DEL SUO TEMPO E DELLA SUA SALUTE

FEDERAZIONE ITALIANA AZIENDE SANITARIE E OSPEDALIERE

FIASO

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FEDERAZIONE ITALIANA AZIENDE SANITARIE E OSPEDALIERE

Stefano Orlando
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La sostenibilità del SSN

Aumento della domanda di servizi, anche per l'aumento del numero di anziani fragili

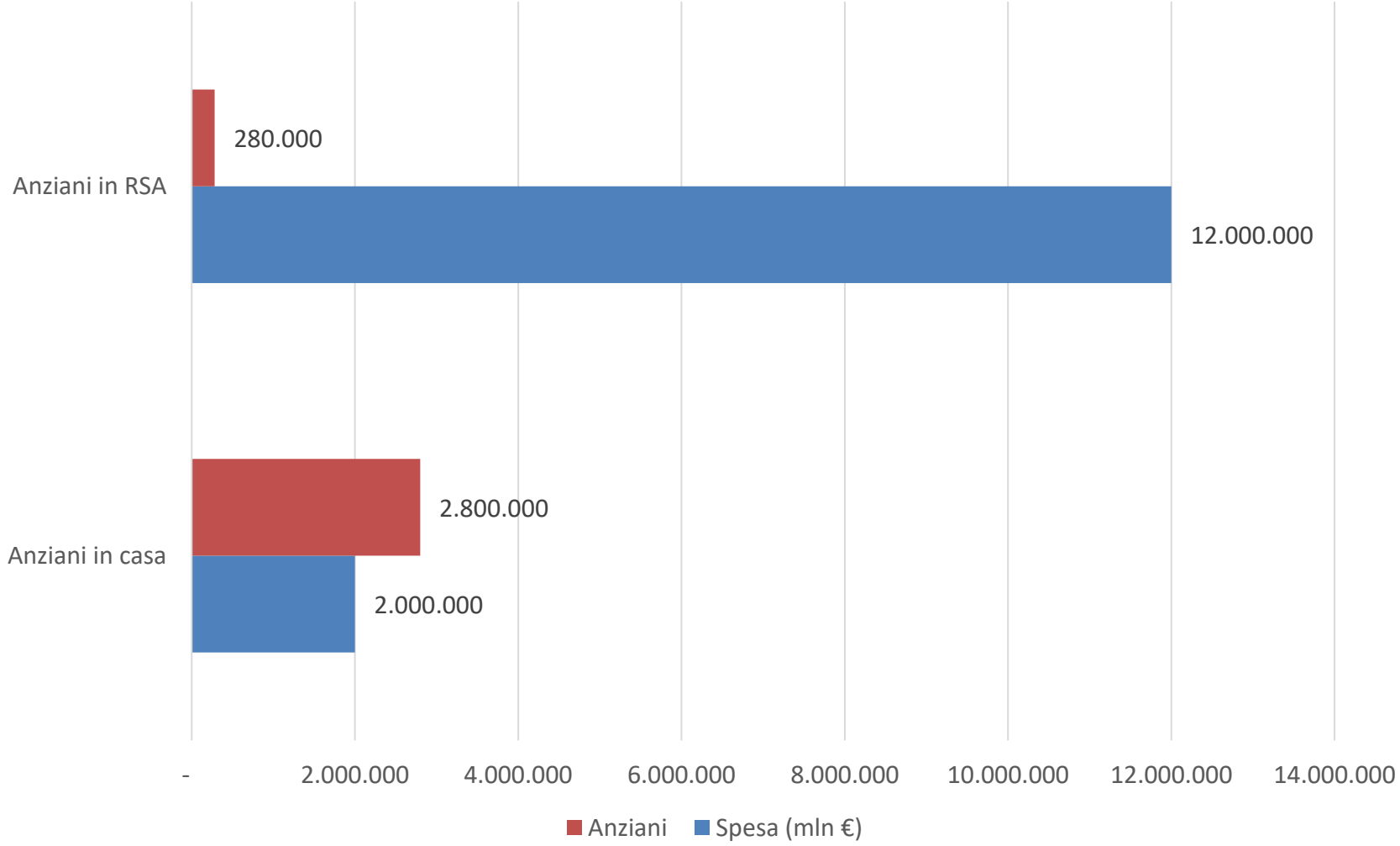
Scarsità di risorse

Diminuzione popolazione attiva	Debole crescita economica

Dove possiamo migliorare?

- 1,3 milioni di ricoveri inappropriati con un costo stimato di 7 miliardi l'anno (secondo l'OMS uno degli sprechi maggiori in sanità)
- Spesa sanitaria rispetto alla spesa pubblica bassa (36%) ma spesa ospedaliera alta (45% della spesa sanitaria)
- 51 miliardi di spesa ospedaliera su 114 miliardi di spesa sanitaria

Territorio/Domicilio vs Long Term Care



Possibili risparmi a valle della legge 33

- Diminuzione di accessi inappropriati al PS (frequent users per motivi prevalentemente sociali)
- Diminuzione di ricoveri non necessari o non appropriati
- Diminuzione della durata dei ricoveri (soprattutto per un sistema più efficace di transizione alla assistenza territoriale e comunitaria)
- Diminuzione del ricorso alla long term care residenziale

QUALI INTERVENTI PRODUCONO RISPARMI MAGGIORI RISPETTO A QUESTI CANALI?
ABBIAMO UNA STIMA DI QUESTI RISPARMI?

Quali interventi? Quanto risparmio?

- Abbiamo evidenze che è possibile ridurre accessi a PS, ricoveri inappropriati o eccessivamente lunghi, e ingressi in RSA
- Tuttavia pochi casi di studio, ed evidenze contradditorie
- Ci sono tanti «Dipende»

ORIGINAL RESEARCH • RECHERCHE ORIGINALE 2020

WEBINAR

Effectiveness of hospital avoidance interventions among elderly patients: A systematic review

Caillie Pritchard, BSc*; Alyssa Ness, MD§; Nicola Symonds**; Michael Siarkowski, MBT; Michael Broadfoot, BSc; Kerry A. McBrien, MD, MPH*†¶; Eddy Lang, MD‡§¶; Jayna Holroyd-Leduc, MD†§¶††; Paul E. Ronksley, PhD†¶

- Community-based interventions that include comprehensive geriatric assessments and multidisciplinary teams with a geriatrician were more likely to reduce acute care.
- Community-based strategies reduced ED visits, particularly those that included comprehensive geriatric assessments and home visits.
- These strategies reported decreases in mean ED use (for interventions versus controls) ranging from -0.12 to -1.32 visits/patient. Interventions that included home visits also showed reductions in hospital admissions ranging from -6% to -14%.
- Applicato ai nostri 52 miliardi, assumendo che solo un terzo siano legati a ricoveri di anziani, sarebbero 2 miliardi risparmiati
- Ma è un intervento fondamentalmente sanitario e non integrato sociale-sanitario (come previsto dalla legge 33)

Di Pollina et al. BMC Geriatrics (2017) 17:53
DOI 10.1186/s12877-017-0449-9

BMC Geriatrics

RESEARCH ARTICLE Open Access

Integrated care at home reduces unnecessary hospitalizations of community-dwelling frail older adults: a prospective controlled trial

Laura Di Pollina[1*], Idris Guessous[1,2*], Véronique Petoud[4], Christophe Combescure[3], Bertrand Buchs[5], Philippe Schaller[6], Michel Kossovsky[1] and Jean-Michel Gaspoz[1]

- the intervention led to lower cumulative incidence for the first hospitalization after the first year of follow-up (69.8%, CI 59.9 to 79.6 versus 87 · 6%, CI 78 · 2 to 97 · 0; p = .01). Secondary outcomes showed that the intervention compared to the control group had less frequent unnecessary hospitalizations (4.1% versus 11.7%, p = .03), lower cumulative incidence for the first emergency room visit, 8.3%, CI 2.6 to 13.9 versus 23.2%, CI 13.1 to 33.3; p = .01)
- Integrated care that included a home visiting multidisciplinary geriatric team significantly reduced unnecessary hospitalizations, emergency room visits and allowed more patients to die at home. It is an effective tool to improve coordination and access to care for frail and dependent older adults

Received: 6 August 2020 | Revised: 30 September 2020 | Accepted: 7 December 2020
DOI: 10.1111/opn.12361

ORIGINAL ARTICLE

International Journal of Older People Nursing
WILEY

The impact of community nurse-led interventions on the need for hospital use among older adults: An integrative review

Thea Dunn BSc, Community Staff Nurse[1] | Julie Bliss MSc, PGDE, BSc, Associate Dean Practice Learning[2] | Iain Ryrie MSc, BSc, Visiting Senior Teaching Fellow[2]

- Whilst disparities in the evidence base persist, specialist high-intensity, team-based hospital-at-home services were significantly more likely to reduce hospital admissions than standard care. An individual case management services that incorporated self-help education for chronic disease management also reduced hospital admissions. Financial data suggest that whilst high-intensity services are costly, they can lead to significant efficiency savings in the longer-term.

Luker et al. BMC Geriatrics (2019) 19:217
https://doi.org/10.1186/s12877-019-1210-3

BMC Geriatrics

RESEARCH ARTICLE Open Access

The evidence for services to avoid or delay residential aged care admission: a systematic review

Julie A. Luker[1*], Anthea Worley[1], Mandy Stanley[1,3], Jeric Uy[1], Amber M. Watt[2] and Susan L. Hillier[1]

- Single focus interventions did not show a significant effect in reducing residential aged care admissions (risk difference 0, 95% CI -0.01, 0.01; p = 0.71), nor for mortality or quality of life.
- Subgroup analysis of complex interventions for people with dementia showed significant risk reduction forresidential aged care admissions (RD -0.05; 95% CI -0.09, -0.01; p = 0.02). Compared to controls, only interventions targeting participants with dementia had a significant effect on improving quality of life (SMD 3.38, 95% CI 3.02, 3.74; p < 0.000001).
- **Conclusions**: Where the goal is to avoid residential aged care admission for people with or without dementia, there is evidence for multifactorial, individualised community programs. The evidence suggests these interventions do not result in greater mortality and hence are safe. Minimal, single focus interventions will not achieve the targeted outcomes.

JAMDA 25 (2024) 105225

JAMDA

journal homepage: www.jamda.com

Original Study

Avoidable Hospitalizations in Frail Older Adults: The Role of Sociodemographic, Clinical, and Care-Related Factors

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- The adjusted 12-year cumulative incidence of avoidable hospitalization was significantly higher for frail persons (cumulative incidence 33.2%, 95% CI 28.9%-38.1%) than for prefrail (cumulative incidence 26.6%, 95% CI 24.5%-29.0%) and nonfrail (cumulative incidence 25.2%, 95% CI 22.5%-28.3%) individuals. In addition, prefrailty [hazard ratio (HR) 1.21, 95% CI 1.00-1.45] and frailty (HR 1.91, 95% CI 1.47-2.50) were associated with increased avoidable hospitalization hazards.
- whereas provision of formal social care (HR 1.15, 95% CI 0.77-1.72) seemed to act as a buffer.

Alcuni elementi comuni

- I costi dell'assistenza si possono ridurre
- MA servono interventi integrati, multifattoriali, continui
- Interventi minimali, single focus, esclusivamente sanitari, non sono sufficienti
- Pochi hanno quantificato i risparmi a valle

Le sperimentazioni possono…

- Quantificare i risparmi a valle
  - Ma le analisi costo-efficacia che usano QALY e DALY vanno usate con cautela, perché sono biased rispetto agli interventi sulla popolazione anziana
- E’ necessario studiare in maniera sistematica e completa gli elementi che caratterizzano un intervento efficace, e le loro interazioni. In primis l’integrazione socio-sanitaria per la quali esistono pochissime evidenze

RE-AIM FRAMEWORK

Elements of the RE-AIM Framework

Una grande opportunità

- Sviluppare modelli innovativi
- Migliorare la qualità della vita di un terzo della popolazione italiana
- Favorire la sostenibilità del sistema sanitario
- Produrre evidenze su modelli fattibili, replicabili e in grado di durare nel tempo