

Le cure intermedie: il modello internazionale

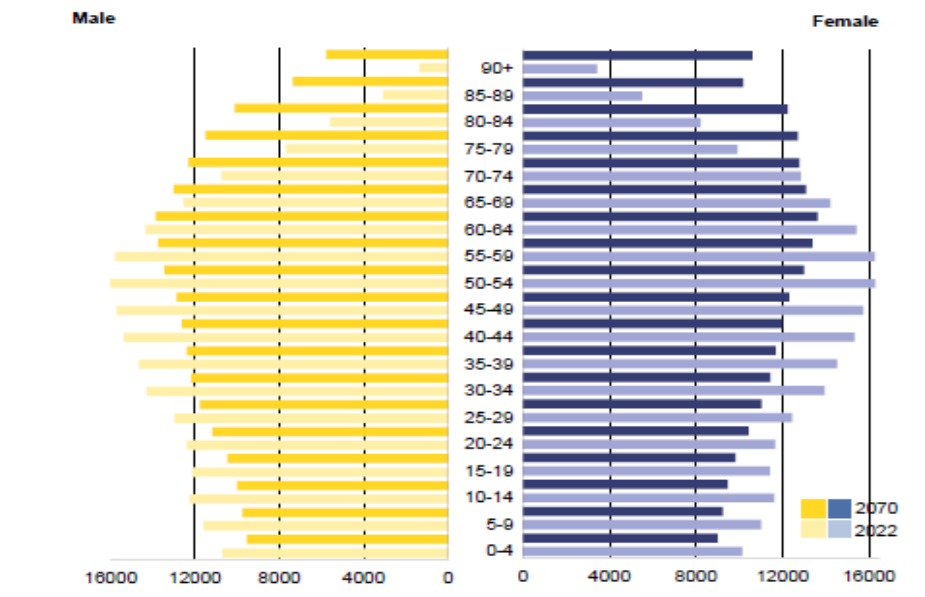
Marco Inzitari, MD, PhD

Direttore generale, Parc Sanitari Pere Virgili

Coordinatore, REFIT Barcelona aging research group, Vall d'Hebron Institute of Research (VHIR)

Professore associato di Scienze della Salute, Universitat Oberta de Catalunya (UOC)

Graph 2: EU – Population by age group and sex, 2022 and 2070 (thousands)



Source: European Commission, EPC.

“Aging report” 2024

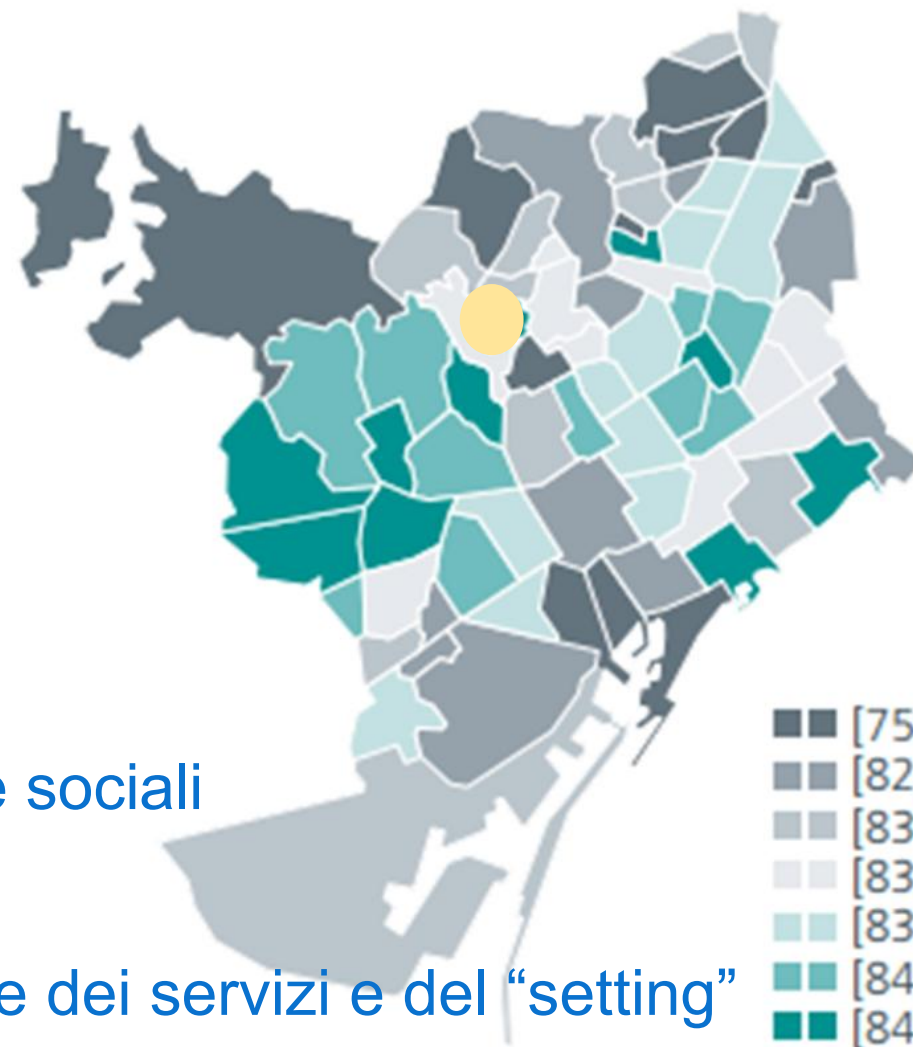
Complessità delle problematiche sanitarie e sociali

Individualizzazione dei trattamenti ma anche dei servizi e del “setting”

Esperança de vida



Agència de Salut Pública



The “Decade of Healthy Aging” action areas and enablers



Decade  of Healthy Ageing
2020-2030

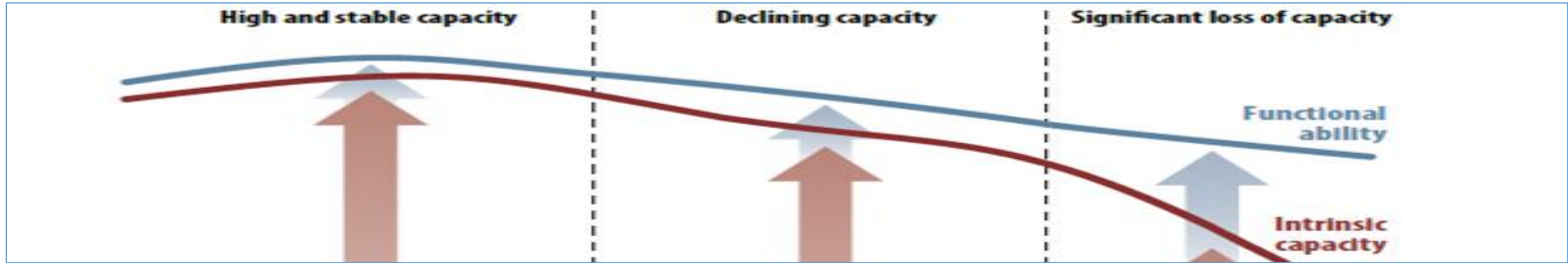
Aree di azione

- Ecosistemi e ambiente amabili con gli anziani
- Lotta al “*ageism*”
- Cure integrate
- Cure di lunga durata

Strumenti

- Dar voce e “*empowerment*”
- Creare capacità e *leadership*
- Connettere gli agenti
- Rafforzare ricerca, dati e innovazione

Continuum di cure integrate di lunga durata (OMS)



Servizi sociali

Caregivers (formali, informali)

Sistema di salute: assistenza / cure primarie e di comunità

Riabilitazione (mantenimento funzionale)

Cure palliative (dignità alla fine della vita)

Cure intermedie: limitate nel tempo ("short term")

Ambiente circostante (compensazione dei deficit e stimolo)



Framework for countries to achieve an integrated continuum of long-term care



Lo "spazio di transizione"



DH Department of Health

Intermediate Care – Halfway Home
Updated Guidance for the NHS and Local Authorities



Consenso internazionale sulle cure intermedie


Sezgin D, et al
(Advantage Joint Action)



 Springer Link

Original Article | Published: 19 May 2020

Defining the characteristics of intermediate care models including transitional care: an international Delphi study

[Duygu Sezgin](#), [Rónán O’Caoimh](#) , [...] European Union Advantage Joint Action Work Package 7 partners in collaboration with the International Foundation for Integrated Care Special Interest Group on Intermediate Care

Intermediate care represents **time-limited services** which ensure **continuity and quality of care, promote recovery, restore independence and confidence** at the interface **between home and acute services**, with **transitional care** representing a subset of intermediate care. Models are best delivered by an **interdisciplinary** team within an **integrated** health and social care system where a **single contact point** optimises service access, communication and coordination.

Fondamenta delle cure intermedie



Obiettivi per il sistema:

- Ridurre le degenze non necessarie negli ospedali per acuti (“early discharge”)
- Evitare ricoveri inappropriati negli ospedali per acuti (“admission avoidance”)
- Ritardare l’istituzionalizzazione

Obiettivi per il paziente:

- Massimizzare l’autonomia per consentire il ritorno alla vita domiciliare, se possibile

Basato su:

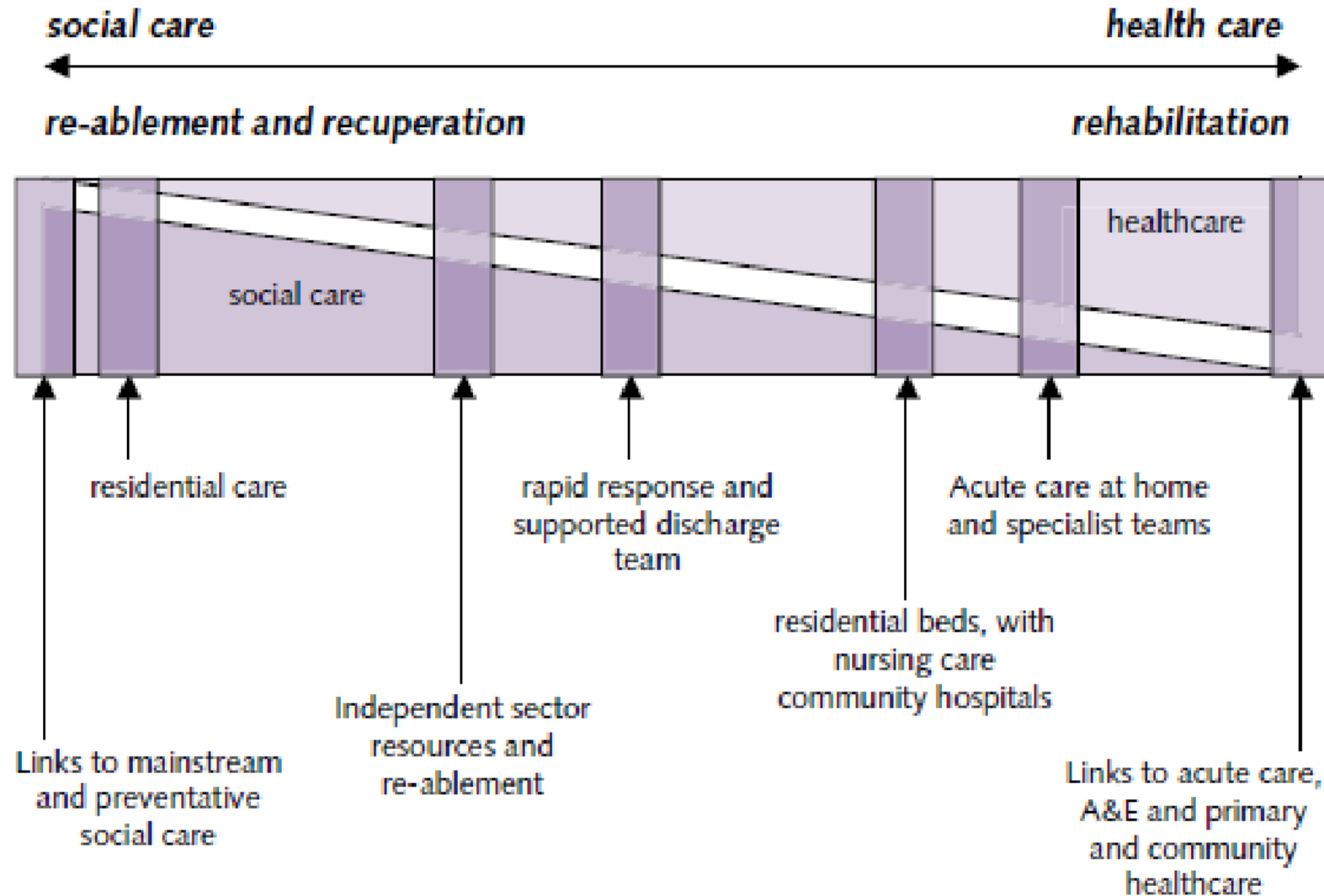
- Valutazione Geriatrica Multidimensionale e piano di trattamento individualizzato
- Approccio multidisciplinare
- Intervento limitato nel tempo, < 6 settimane (in media 1–2 settimane)

Quadro internazionale: il modello UK

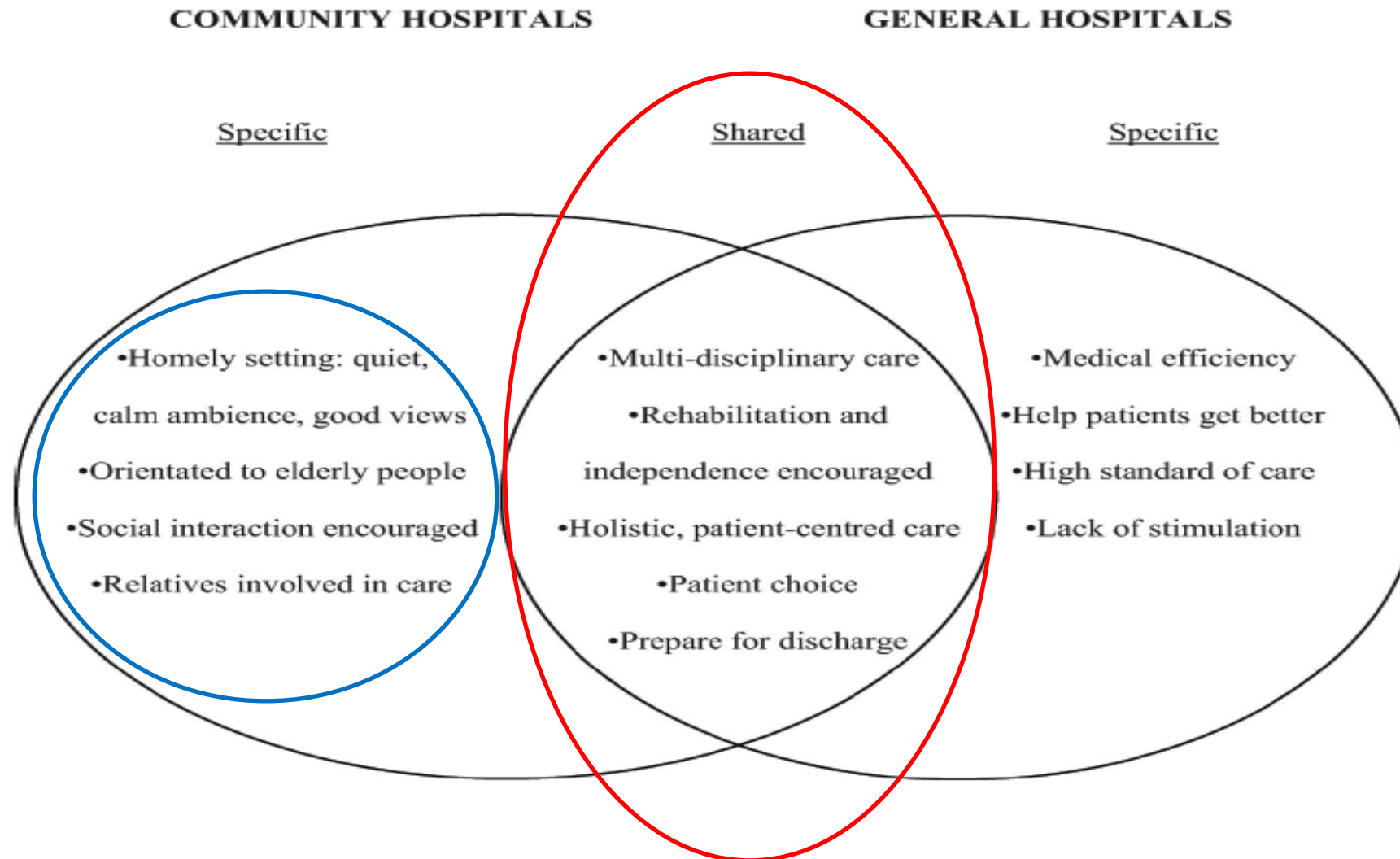


The continuum of intermediate care (adapted from Brophy 2008)

Department of Health *Intermediate Care*
– *Halfway Home*; Updated Guidance for
the NHS and Local Authorities, 2009



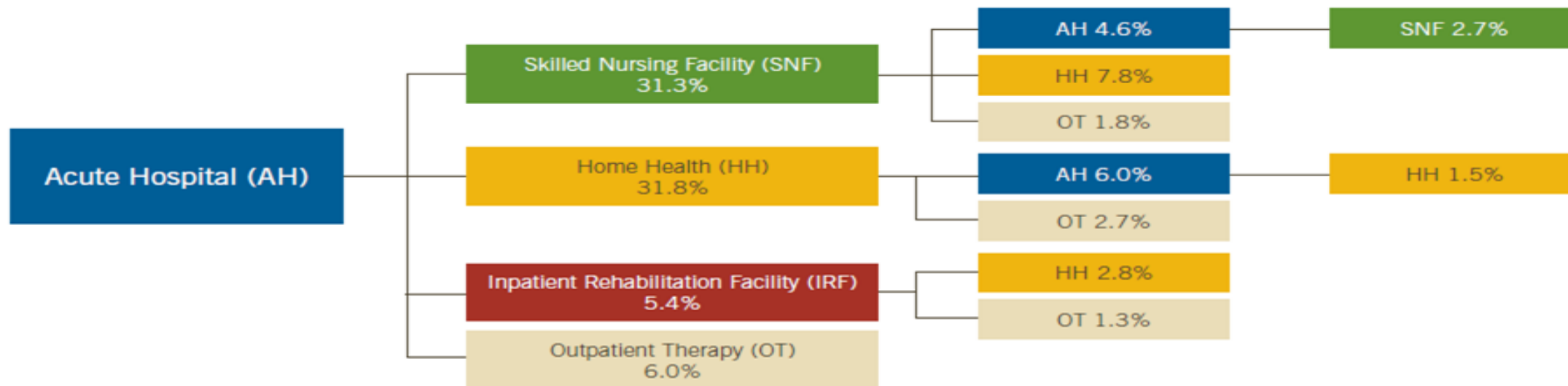
Quadro internazionale: il modello UK ed i “community hospitals”



NHS Scotland, Community Hospital Strategy Refresh, 2012
Adapted from Small et al., Disability and Rehabilitation 2009



Quadro internazionale: il modello USA

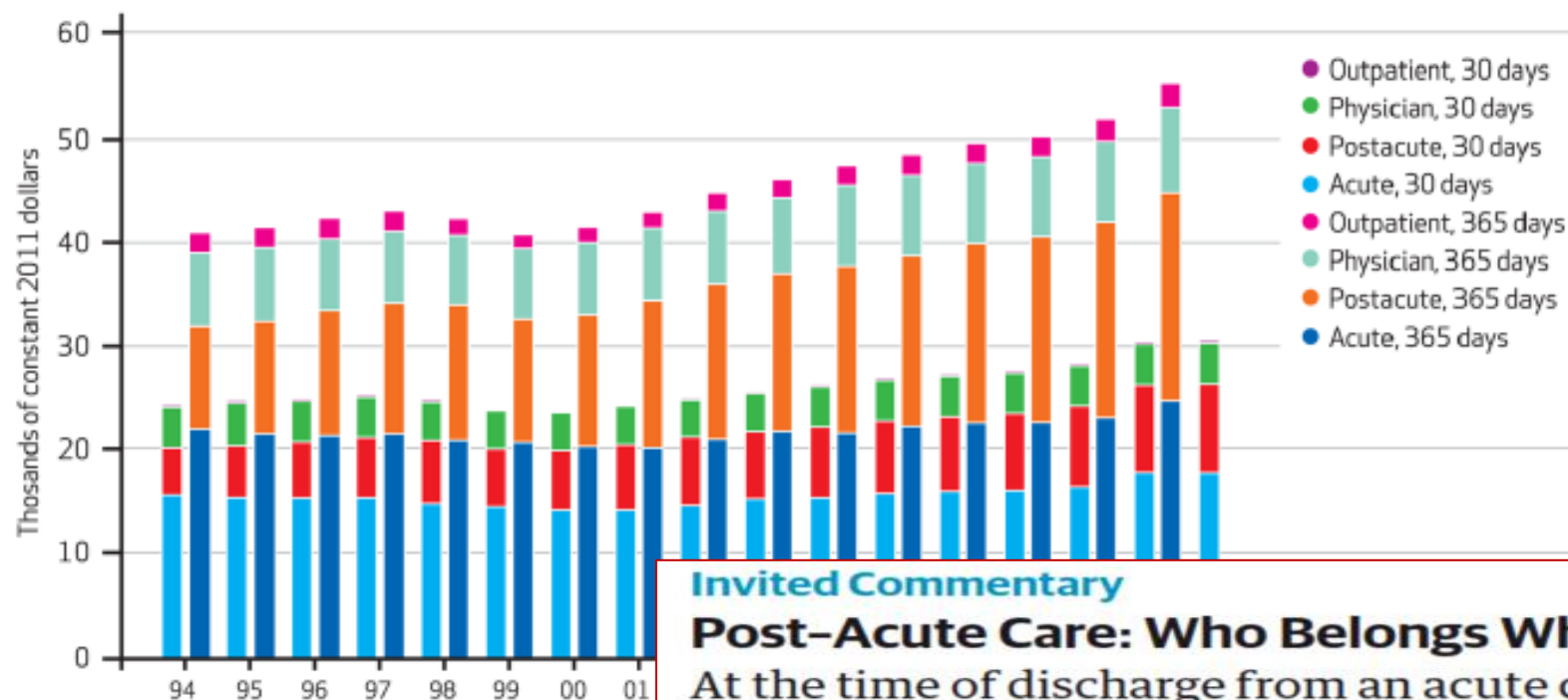


Principales perfiles ingresados en post-agudos	%
IRF	
• Ictus	20,6
• Fractura extremidades inferiores	15,5
SNF	
• Prótesis y amputaciones extremidades inferiores	5,5
• Neumonía simple	3,7
LTACH (Long Term Care)	
• Condiciones respiratorias que requieren ventilador (96+ horas)	11,5
• Edema de pulmón y insuficiencia respiratoria	6,7

Maximizing the Value of Post-acute Care, American Hospital association 2010

Importanza e impatto crescente

Costi del processo della frattura di femore, a 30 e 365 giorni

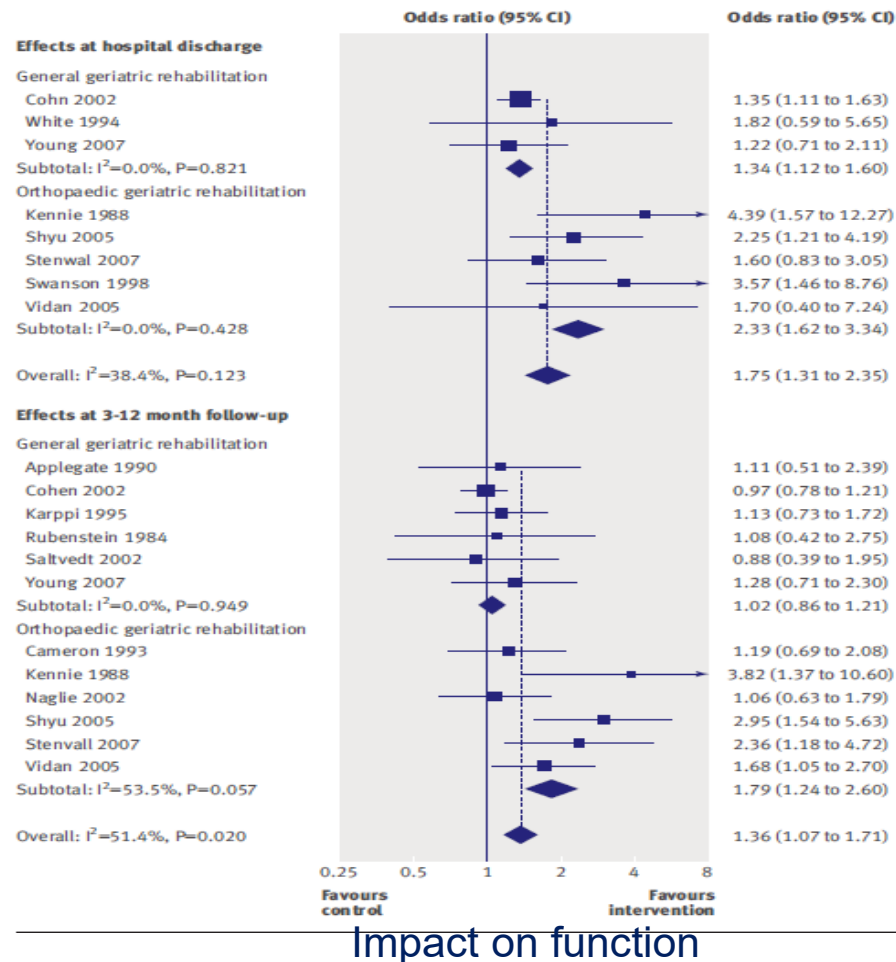


Invited Commentary
Post-Acute Care: Who Belongs Where?
 At the time of discharge from an acute care hospital many patients are not able to return home and need a short or extended stay at skilled nursing facilities. This is not a new phe-

Grace Y. Jenq, MD
 Mary E. Tinetti, MD

- Variabilità estrema in efficienza (giorni di degenza e riammissioni), tra -5% e +166% del benchmark
- Mancano criteri omogenei

Evidenza di impatto clinico-funzionale



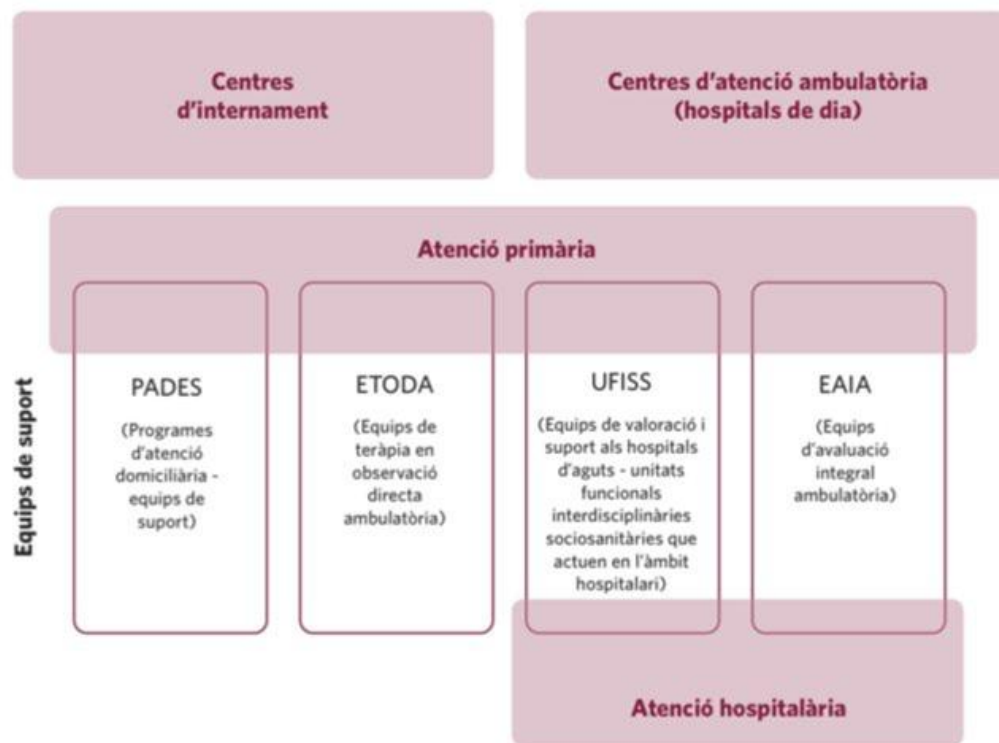
- Miglioramento funzionale e riduzione dell'istituzionalizzazione e della mortalità
- La durata della degenza può essere ridotta o aumentata, a seconda del modello e del tipo di programma
- La riduzione dell'istituzionalizzazione può comportare una diminuzione o un aumento dei costi, a seconda di come vengono calcolati.
- Studi di confronto con unità geriatriche per acuti, e impatto di una transizione alla dimissione più rapida (gruppo di Leeds, prof. J. Young, A. Forster, O'Really)

La rete dei servizi di cure intermedie in Catalogna

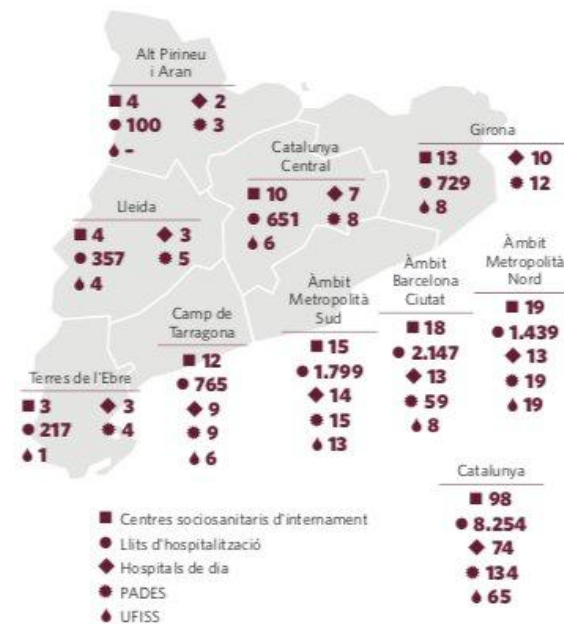
98 centri ospedalieri, 8.254 letti, 74 day hospital, 65 team di consulenze in ospedale per acuti, 76 team di cure palliative domiciliari, 82 ambulatori (incluse U di memoria).

Linee: “subacuti”, riabilitazione, cure palliative, lungodegenza, demenze.

Rimborso pubblico, database centralizzato.



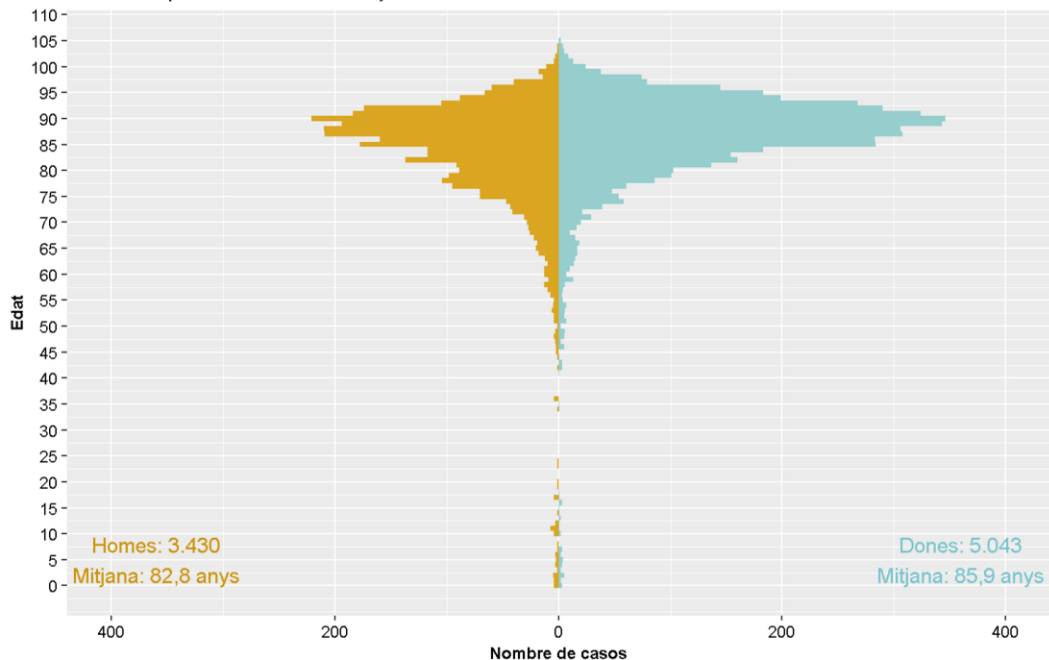
Centres socioanitaris d'internament, llits d'hospitalització, d'hospitals de dia i equips de suport



Font: Divisió de Provisió de Serveis Assistencials.

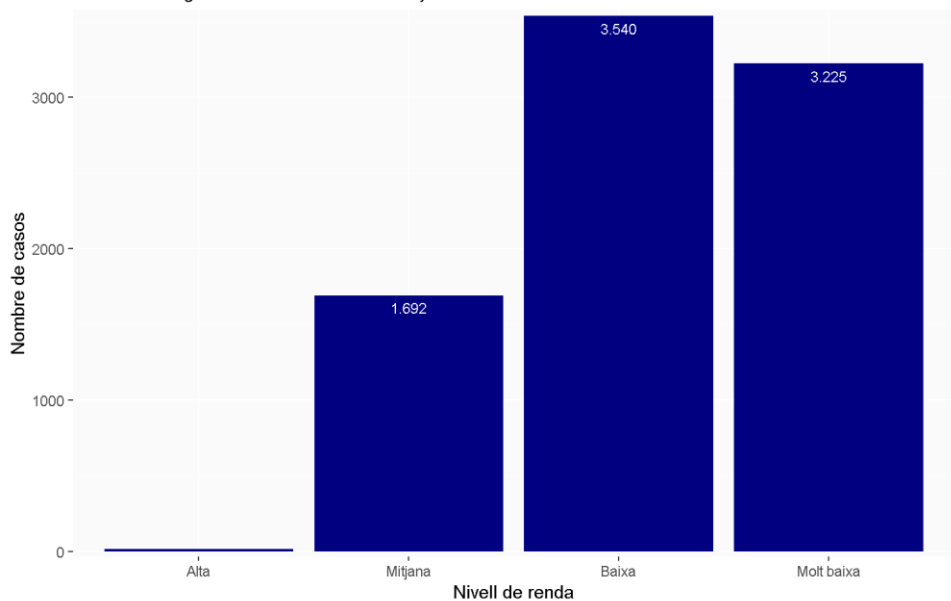
Ingressos a subaguts

Distribució per edat i sexe. Catalunya 2023*



Ingressos a subaguts

Distribució segons nivell de renda. Catalunya 2023*

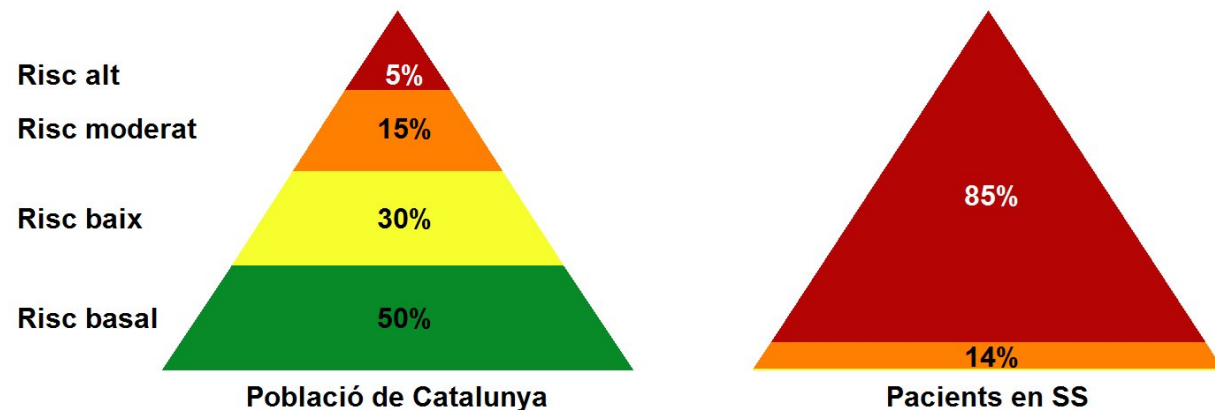


Font: CMBD-RSS
S'exclouen els casos Covid-19
2023* Dades del primer semestre

Le cure intermedie in Catalogna vedono una popolazione complessa (comorbidità e problemi sociali)

Pacients en centres Sociosanitaris

Estratificació segons GMA



Le cure palliative, parte delle cure intermedie, in Catalogna

Vol. 43 No. 4 April 2012

Journal of Pain and Symptom Management

Special Article

The Catalonia World Health Organization Demonstration Project for Palliative Care Implementation: Quantitative and Qualitative Results at 20 Years

Xavier Gómez-Batiste, MD, PhD, Carmen Caja, RN, Jose Espinosa, MD, Ingrid Bullich, RN, Marisa Martínez-Muñoz, RN, Josep Porta-Sales, MD, PhD, Jordi Trelis, MD, Joaquim Esperalba, MD, MBA, and Jan Stjernsward, MD, PI
The "Quality" Observatory/WHO Collaborating Center for Palliative Care Public Health Program (X.G.-B., J.E.R., M.M.-M., J.S.), Palliative Care Service (J.P.-S., J.T.), Catalan Institute of Oncology and Catalan Department of Health (C.C., I.B., J.E.), Government of Catalonia, Barcelona, Spain

Increase in Services and Facilities: 2005–2010

Service Type	n	
	2005	2010
HCSTs	70	72
PCUs	63	60
PC beds	552	742
HSTs	34	49
OCs	14	50
PSSTs	—	6
Total care services	181	237

HCST = home care support team; PCU = palliative care unit; PC = palliative care; HST = hospital support team; OC = outpatient clinic; PSST = psychosocial support team.

complexitat de maneig → necessitats pal·liatives → pronòstic de vida limitat



Fons: PIMC 2012, Departament de Salut

Parc Sanitari Pere Virgili, azienda pubblica regionale, *hub* di riferimento di cure integrate



Parc Sanitari
Pere Virgili

4 centri di
assistenza
primaria e
comunitaria +
CUAP



1
Riabilitazione
territoriale

Servizi
trasversali
integrati
(Unità RSA,
domiciliare
etc)

360 letti di
cure
intermedie +
day h + 5 team
domiciliari



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Scuole
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Med. i Inf.
FeC, Geriatria

UNIVERSITAT DE BARCELONA

Universitat

Gruppo di ricerca REFIT



Gruppo di ricerca APiCBA

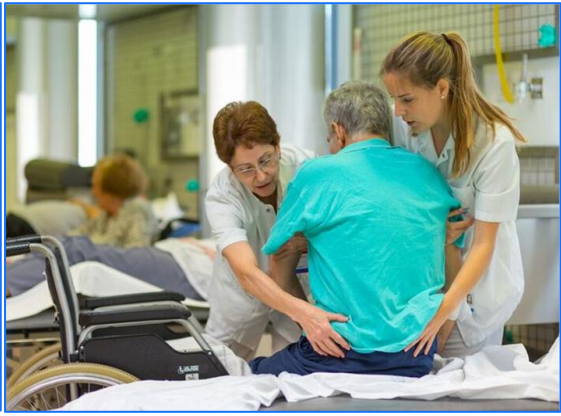


Living Lab: innovazione partecipativa e dialogo sociale

Proton-
terapia...



Cure intermedie al PS Pere Virgili

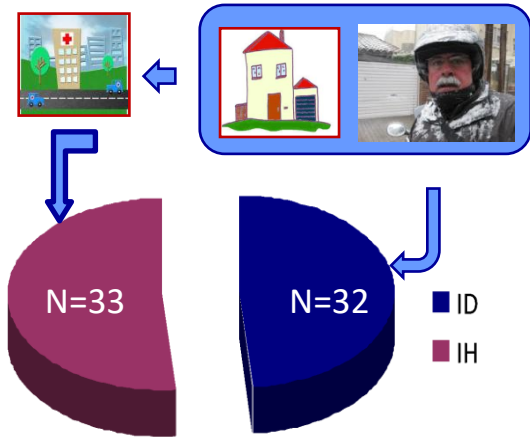


Innovazione in cure intermedie al PS Pere Virgili ed in Catalogna



1. **Ammissione diretta** (dal pronto soccorso o direttamente dalle cure primarie / da casa)
1. Potenziamento della risposta della geriatria e delle cure palliative al **domicilio** e residenza

Primi studi sull'accesso diretto (2013)



Colprim D, et al.
JAMDA 2013



Estudi quasi experimental

Mostra:

- Mal. cròniques aguditzades + deteriorament funcional
 - Mateixes àrees bàsiques
 - Mateixes característiques al ingrés
- Ingressats al 2010 per convallescència + rehabilitació:
- **DIRECTE: via Unitat de cronicitat (n:32)**
- **POST-AGUTS: des de h d'aguts(n:33)**

Vs

	Acute Discharge, n = 33	Direct Admission, n = 32	P Value
Baseline characteristics			
Age	84.7 ± 7.11	86.5 ± 7.21	.31
Female gender	25 (38.5)	18 (27.3)	.10
Lives alone	8 (12.3)	9 (13.8)	.72
Comorbidity (Charlson index)	2.45 ± 1.48	2.59 ± 1.54	.71
No. medications	9.0 ± 3.58	9.91 ± 2.70	.25
Functional status (Barthel index)	66.03 ± 30.45	54.65 ± 27.58	.13
Cognitive status (Pfeiffer SPMQ)	2.53 ± 3.07	1.72 ± 2.23	.25
Falls risk (Downton scale)	4.23 ± 2.33	4.87 ± 1.54	.21
Pressure ulcer risk (Emina scale)	5.26 ± 2.91	5.42 ± 2.40	.76
Outcomes at discharge			
Mortality	5 (7.7)	3 (4.6)	.48
Transfer to acute hospital	4 (6.2)	4 (6.2)	.96
Length of stay at ICGU	47.63 ± 25.54	38.40 ± 23.01	.13
Global length of stay (acute + ICGU)	60.78 ± 26.58	38.40 ± 23.01	<.001

ICGU, intermediate care geriatric unit; SPMQ, Short Portable Mental Status Questionnaire.

Data are mean ± SD or n (%). Bivariate comparisons were obtained through chi-square or Fisher exact test (dichotomous variables) and t test or Mann-Whitney U (continuous variables).



ELSEVIER

Atención Primaria

www.elsevier.es/ap



ORIGINAL

Perfil y evolución de pacientes crónicos complejos en una unidad de subagudos



Neus Gual^{a,b,*}, Anna Yuste Font^a, Belen Enfedaque Montes^c, Carles Blay Pueyo^d, Remedios Martín Álvarez^e y Marco Inzitari^{a,b}

#REFITBcn
aging research



Direct admission from the Emergency Department

- N=700 patients discharged (mean age \pm SD=85.2 \pm 7.6 years, 63% women)
- 95% came from ER/A&E of University General Hospitals
- Main admission reasons: respiratory problems, heart failure; 40-50% dementia
- 72% discharged at home, 10% die, 3% return to ED, 15% long term care, Mean LOS=8,5 days

Inter-disciplinary geriatric assessment and approach, for prevention and treatment of crises




Inzitari M, et al, JAMDA 2015

Ribbink M, et al, JAMDA 2021, 22; 1228-1234





 **Tessa Mazzarone**
Geriatra i doctoranda





Comprehensive Geriatric H@H aumenta i giorni a casa

Modello che integra geriatria e riabilitazione

Graphical Abstract

Comprehensive Geriatric Hospital-at-Home increases the days at home in older adults compared to bed-based intermediate care: a propensity score matching analysis

Introduction

Is CGA-HaH a viable alternative to inpatient intermediate care for older adults?



CGA-HaH



BBU

- Traditional intermediate care takes place in a bed-based unit (BBU)
- **CGA-HaH** allows home-based care for older adults with a multidisciplinary geriatric assessment
- Both services rely on a multidisciplinary team for continuity of care and recovery

Objective

To compare the safety and effectiveness of CGA-HaH with BBU,

Methods



Cohort study



1180 CGA-HaH and 10528 BBU



2018-2023



Parc Sanitari Pere Virgili (Bcn)

961 CGA-HaH vs 961 BBU

Propensity
Score
Matching



% days at home (%DH) → Linear regression

Mortality & rehospitalizations → Cox regression

Results

- ✓ CGA-HaH patients had a 7.4 higher %DH (95% CI: 4.54-10.2) compared to BBU
- ✓ **Mortality** (HR: 0.93, 95% CI: 0.81-1.06) → No significant difference
- ✓ **Rehospitalization** (HR: 1.02, 95% CI: 0.91-1.1) → No significant difference

Conclusions



CGA-HaH represents a feasible alternative to inpatient intermediate care, allowing older adults to spend more time at home without increased mortality.

Implementation of the geriatric H@H in the catalan healthcare model

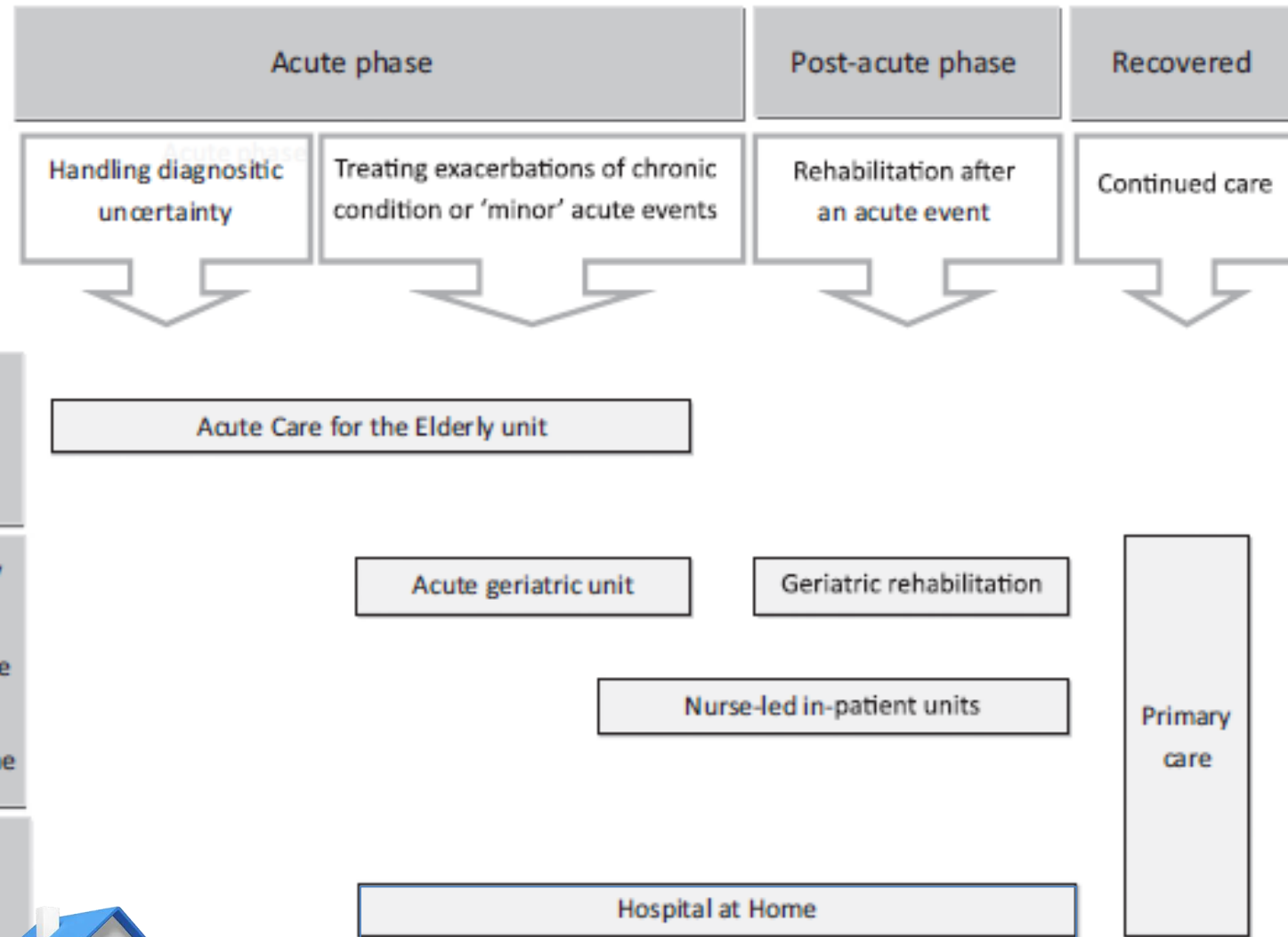
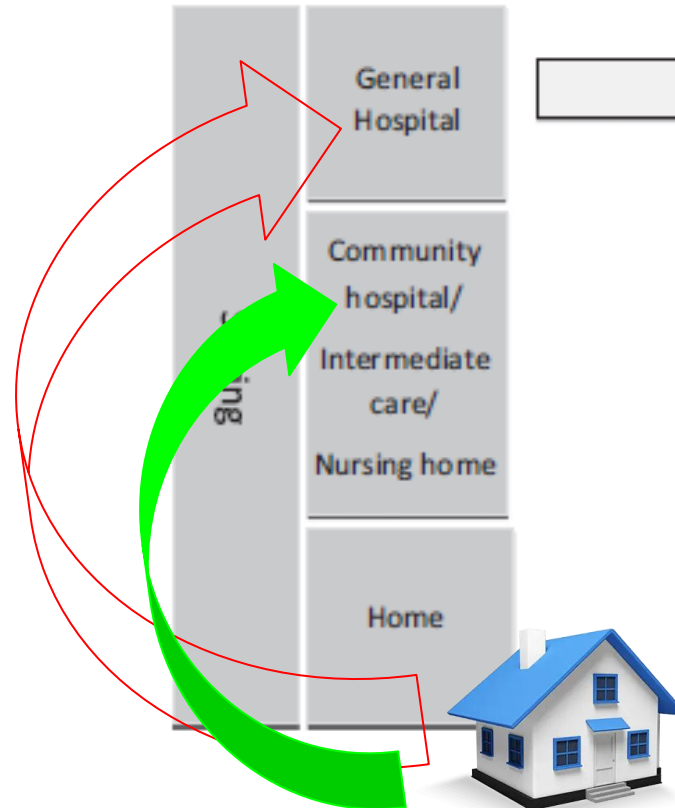
- Official framework (pic)
- Mapping and harmonization of existing experiences (9)
- Unified data requirements (Minimum Data Set) for 2025
- Unified entry point for the patient
- Scale-up of new teams according to the implementation of integrated Health and social care plan
- Online training course



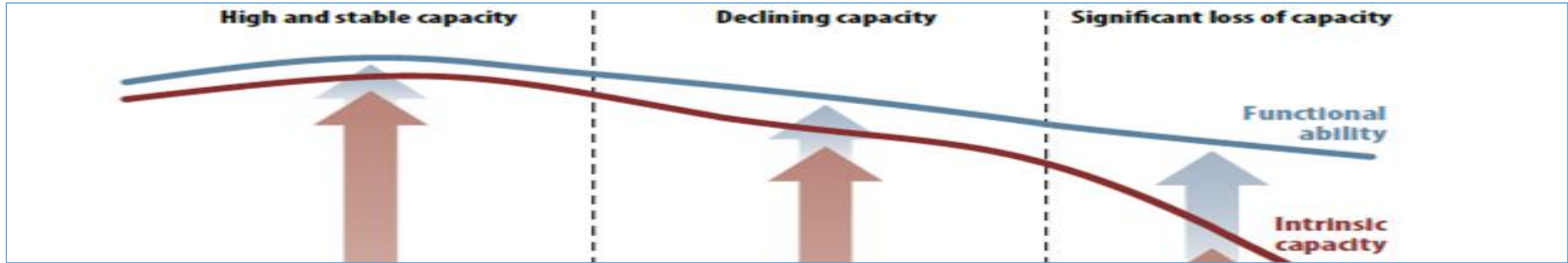
Specialist CGA / elderly units

1. Interdisciplinary expert approach to disease & complications (immobility, delirium)
2. Adapted environment
3. Lower costs

Integrated HER of Catalonia
Shared pathways



Continuum di cure integrate di lunga durata (OMS)



Servizi sociali

Caregivers (formali, informali)

Sistema di salute: assistenza / cure primarie e di comunità

Riabilitazione (mantenimento funzionale)

Cure palliative (dignità alla fine della vita)

“Cure intermedie: limitate nel tempo (*short term*)”

Ambiente circostante (compensazione dei deficit e stimolo)



Framework for countries to achieve an
integrated continuum
of long-term care



Le cure intermedie nelle cure integrate sanitarie e sociali



Modello di integrazione tra cure primarie e servizi sociali municipali + persona e caregivers

Strategia multifattoriale

- **Co-creazione, gestione del cambiamento**
- **Formazione e supporto a caregivers**
- **Persona con complessità sanitaria + sociale a domicilio o in transizione dalle cure intermedie**
- **Supporto delle c intermedie alle c primarie**



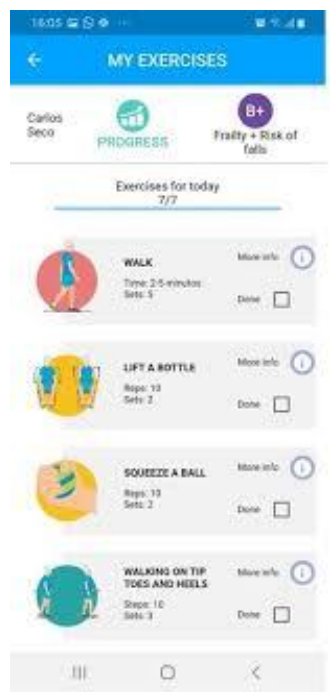
Tecnologia di supporto alle cure integrate

Obiettivi: + 5% di giorni a casa, esperienza della persona e dello staff, scalabilità del modello

Supporto alla prevenzione: +AGIL

Ferrara C, et al, Journal of Internal Medicine 2023

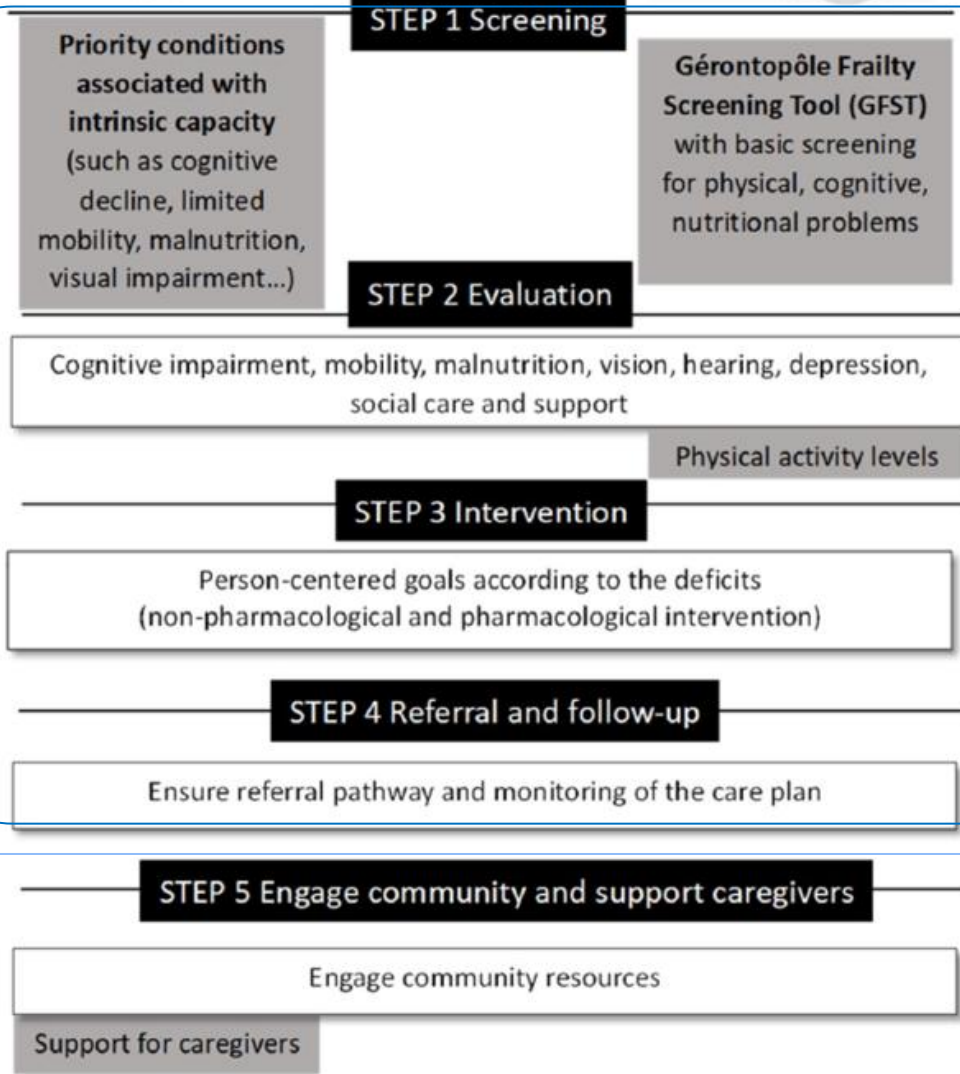
- 1. Integrated care
- 2. Person-centered
- 3. Sustainable



Soto L, et al, Age and Ageing 2024

ICOPE

+AgilBCN



Cure primarie e supporto geriatrico

Risorse di comunità



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