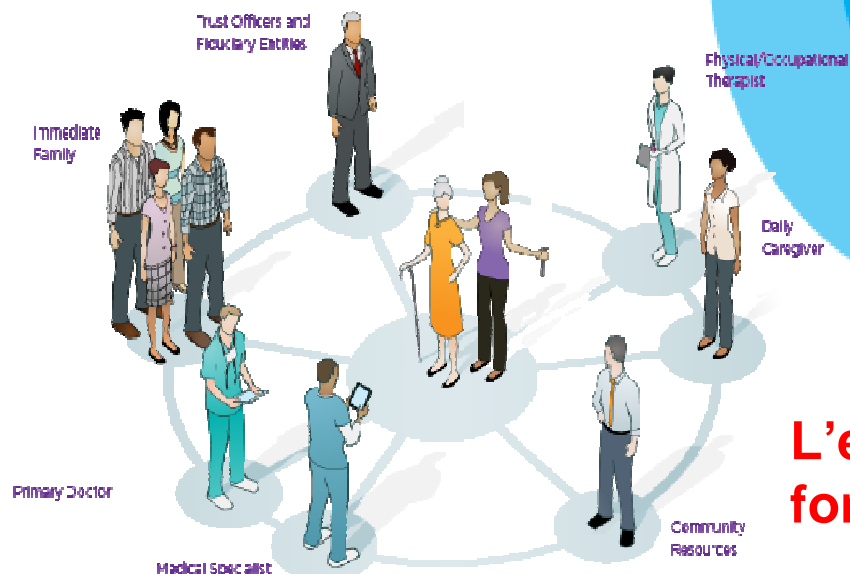


FIRENZE, 17 Marzo 2018

Sala Blu, Cenacolo del Fuligno – Via Faenza, 40

La gestione del paziente complesso nel territorio: un compendio di buone pratiche



L'esperienza delle Case della Salute: punti di forza e di debolezza"



L'esperienza della CdS di Querceta

Integrazione con la Specialistica

Audit e Briefing

giancarlo.casolo@uslnordovest.toscana.it

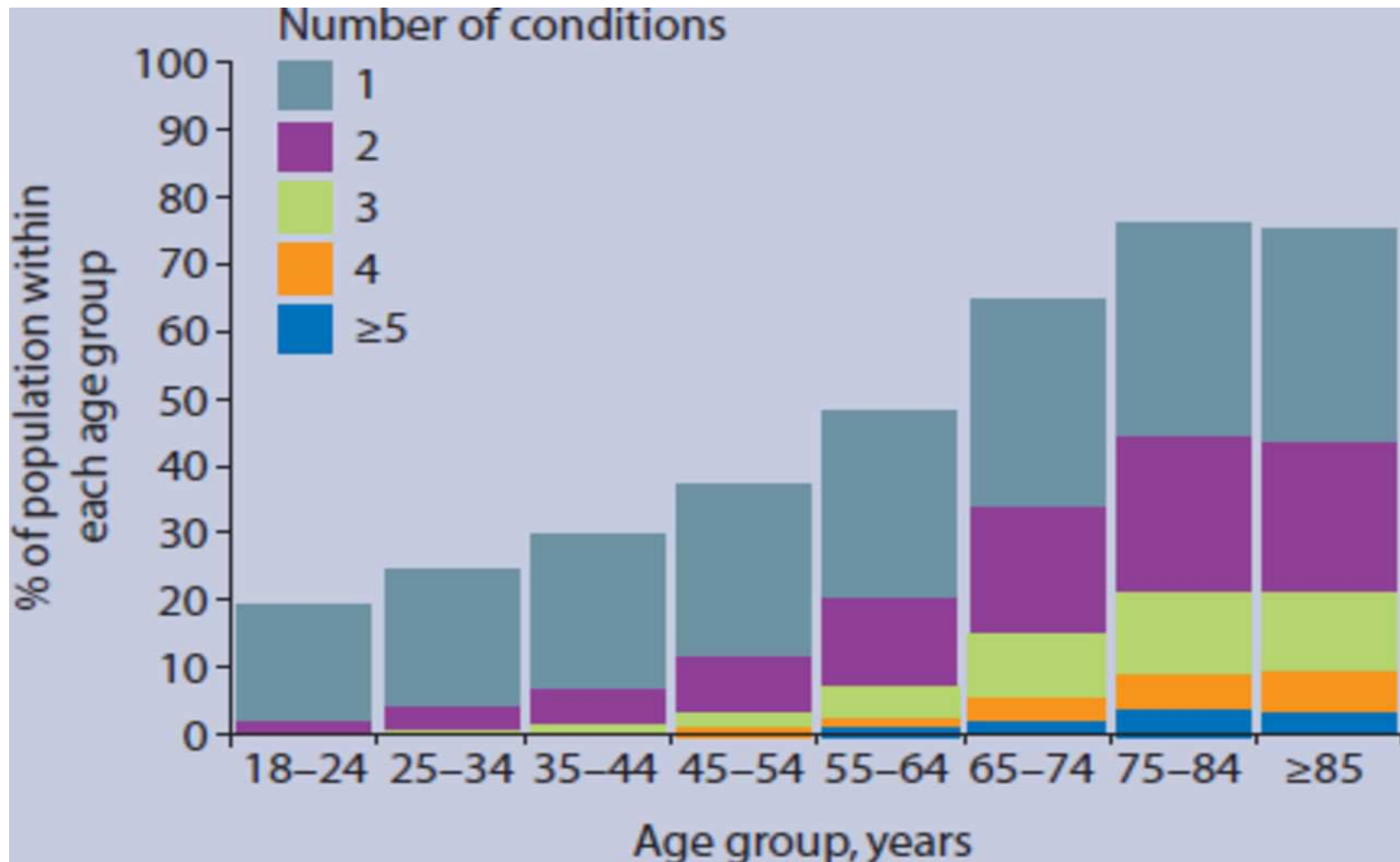


Regione Toscana

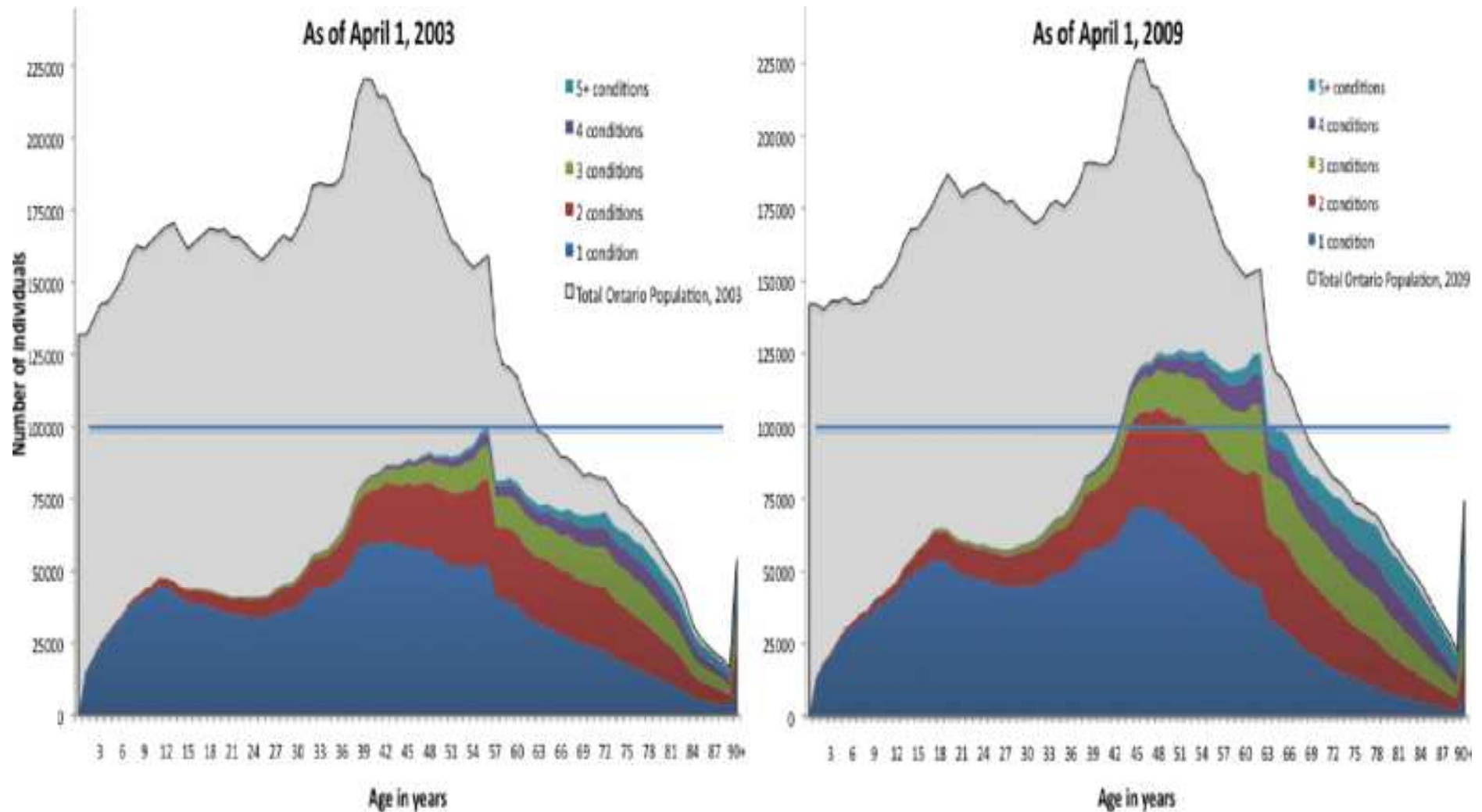


ARS TOSCANA
agenzia regionale sanità

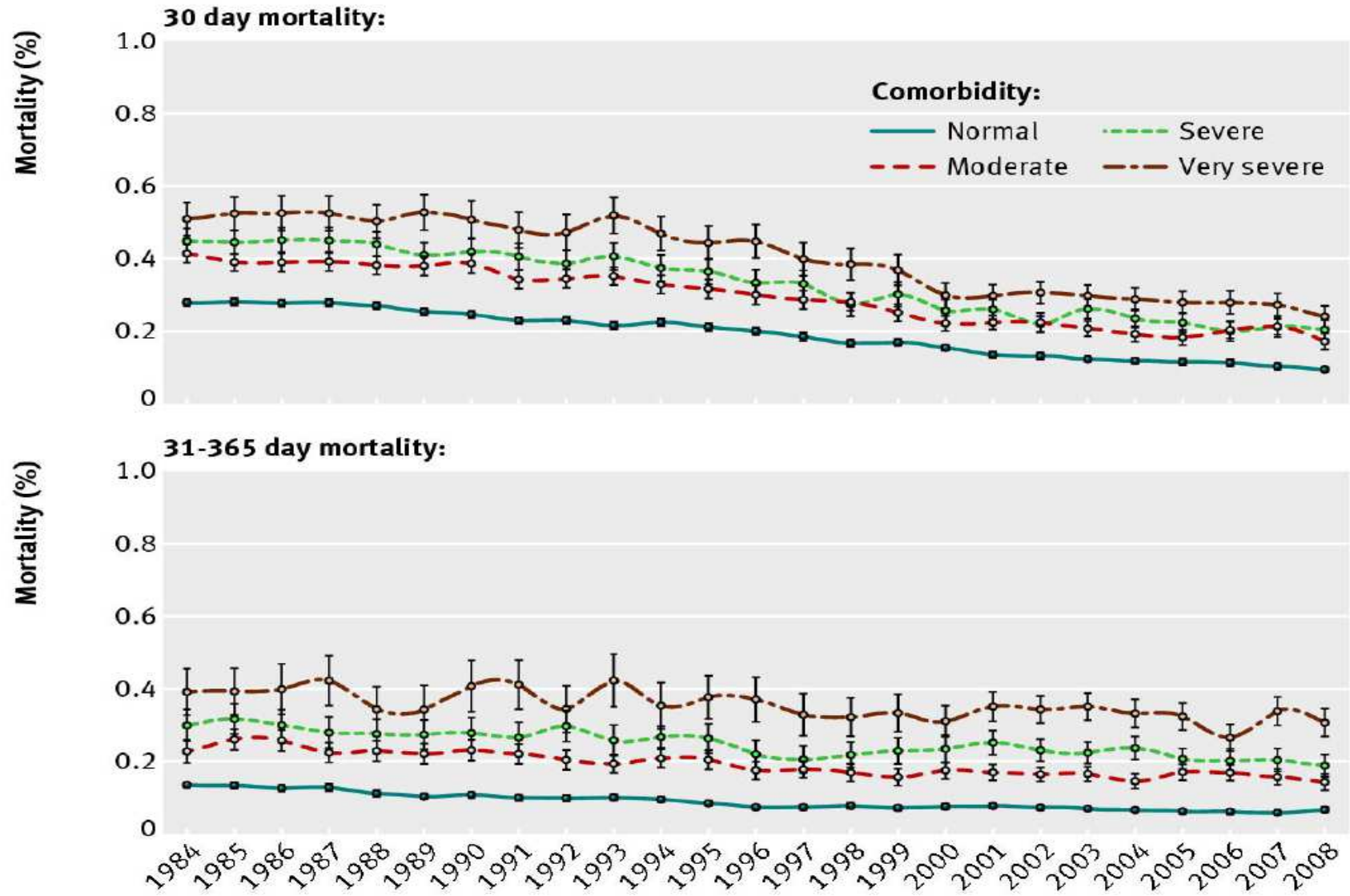
Number of conditions by Age



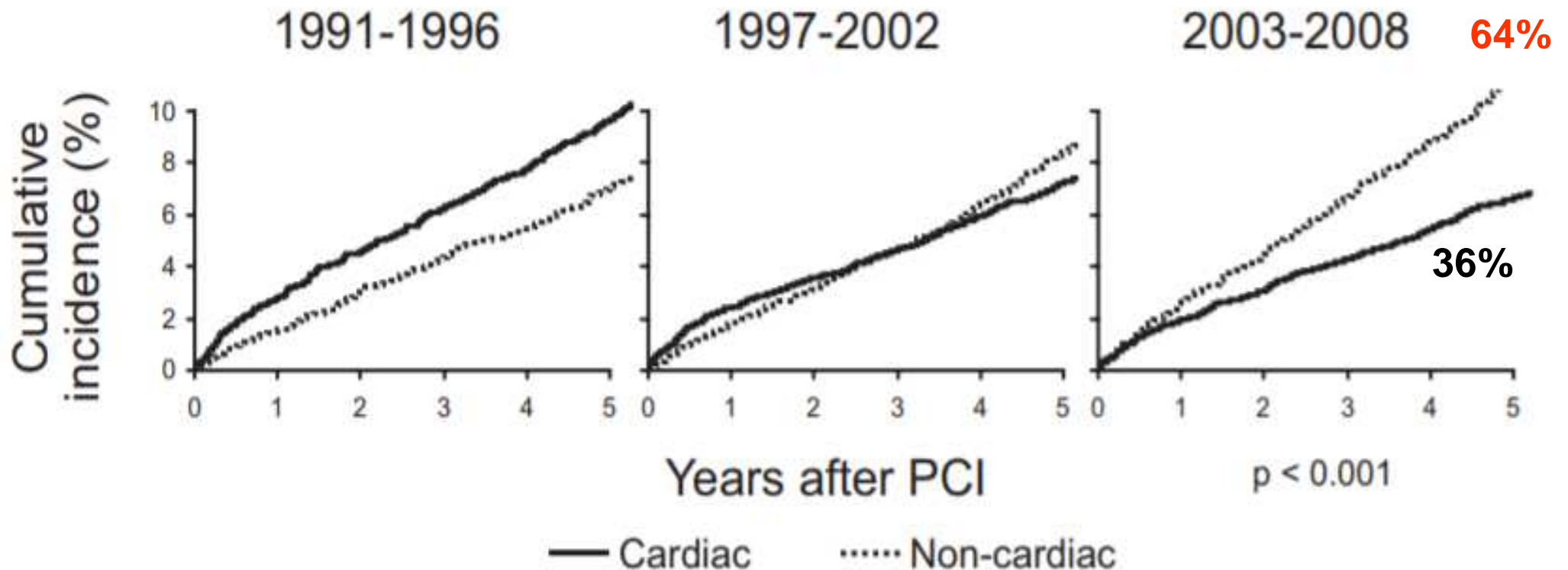
Distribution of the number of individuals with multimorbidity in Ontario



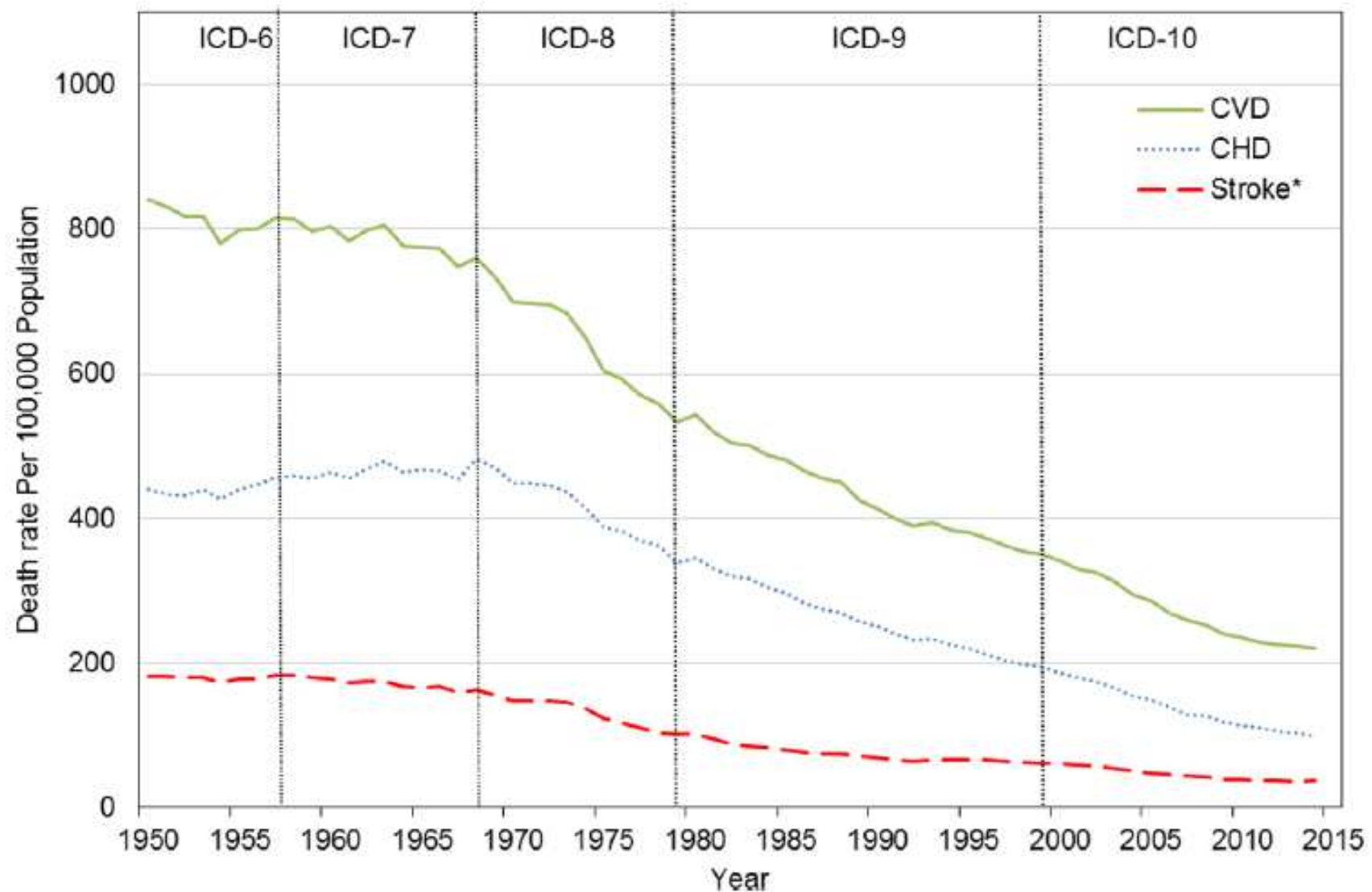
Mortalità a 30 giorni e 1 anno dopo IMA 1984 and 2008



Years after PCI



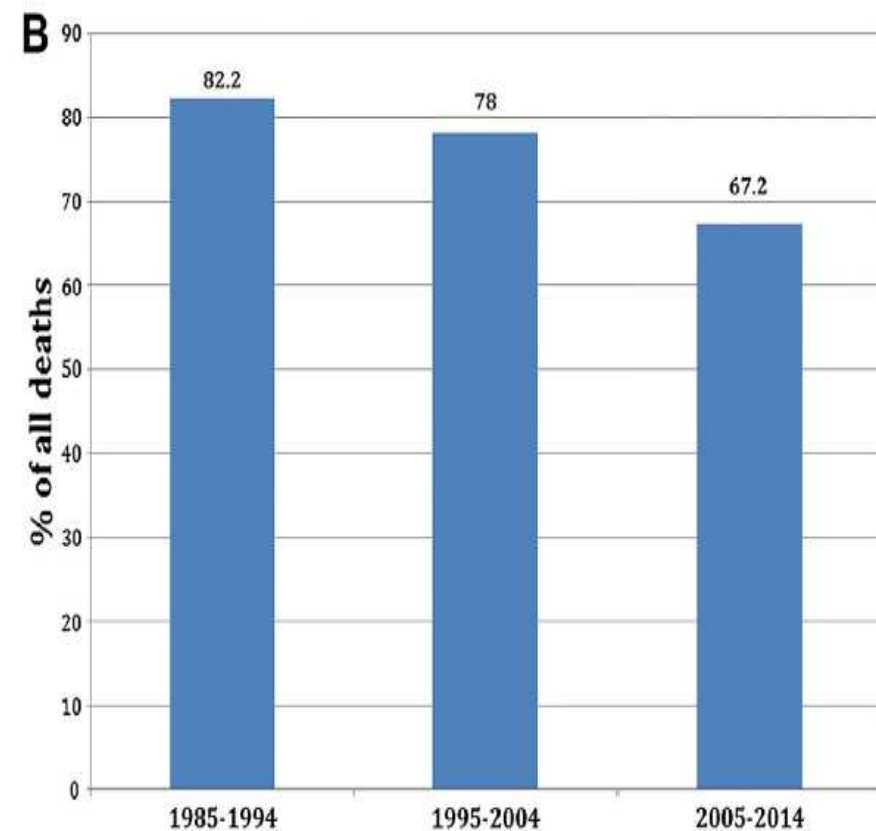
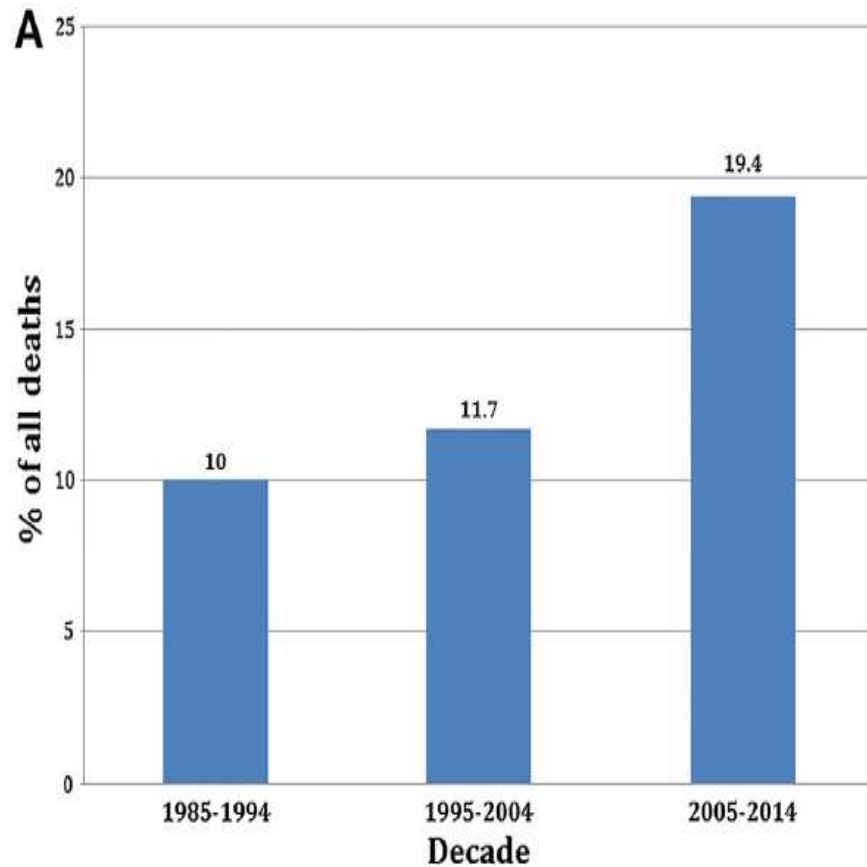
Declino della Mortalità Cardiovascolare





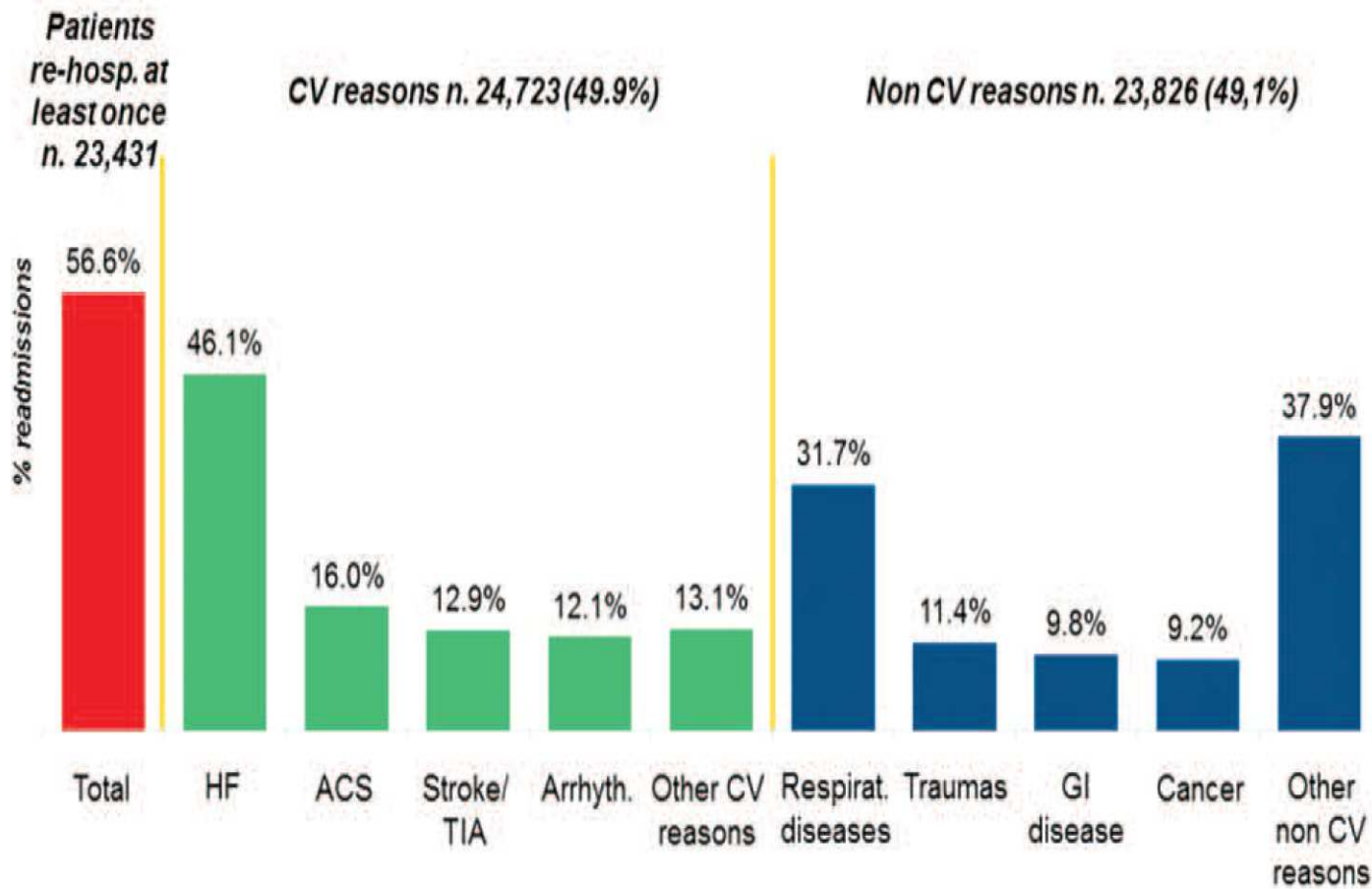
Falling Cardiovascular Mortality in Heart Failure With Reduced Ejection Fraction and Implications for Clinical Trials

Christopher J. Rush, MBChB,* Ross T. Campbell, BSc, MBChB,† Pardeep S. Jhund, MBChB, PhD,‡
Eugene C. Connolly, MBChB,† David Preiss, MBChB, PhD,† Roy S. Gardner, MD,‡ Mark C. Petrie, BSc, MBChB,‡
John J.V. McMurray, MD†

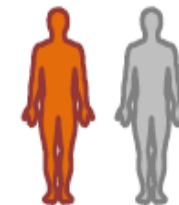


CHF – Readmissions are common

Total number of readmissions = 48,548
(2.1 per patient)



Almost 1 out of 4 hospitalized patients (24%) are rehospitalized for heart failure within the 30-day post discharge period⁴



Nearly 1 out of 2 patients (46%) are rehospitalized for heart failure within the 60-day post discharge period⁴

Elementi di complessità

- Anemia
- Fibrillazione atriale
- Insufficienza renale
- Diabete Mellito
- Valvulopatie associate
- Demenza
- Malattie oncologiche
- Scarsa aspettativa di vita
- Fragilità



Problemi

- Cambiamento epidemiologico della popolazione
- Necessità di cambiare la propria organizzazione
- Rimodulare la visione di continuità assistenziale
- Ampliare le competenze
- Visione proattiva
- Lavorare in team multiprofessionali e multispecialistici

Hirco Onoda



Opportunità offerte dal lavoro in Team presso le Case della Salute

Prossimità del paziente al proprio domicilio e care givers

Accesso a molteplici elementi relativi alla salute

Pazienti indirizzati partendo dalle necessità cliniche

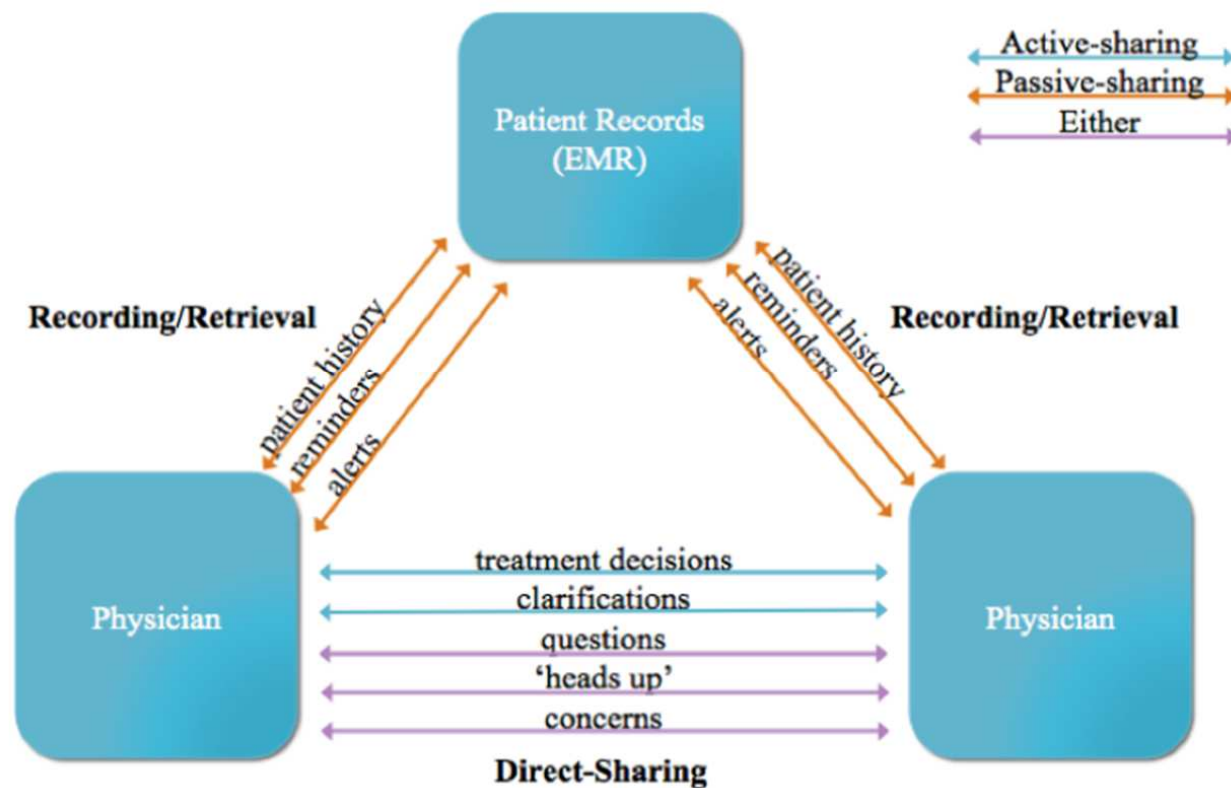
Possibilità di eseguire un follow-up programmato e ragionato

Interazione con il Medico di Famiglia

Opportunità di miglioramento

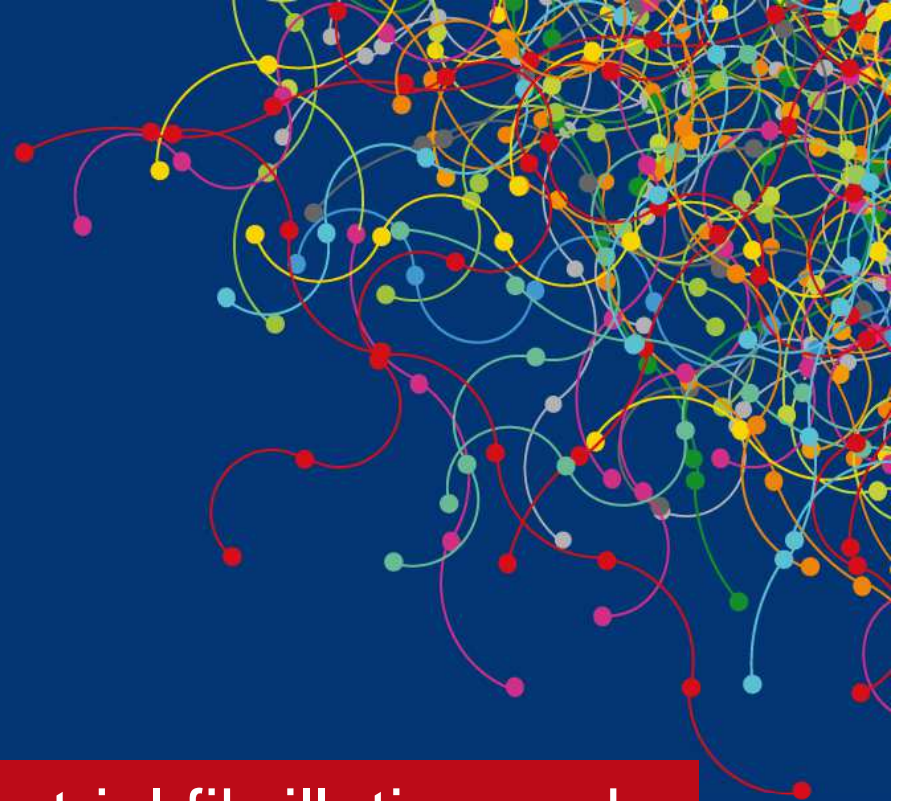
Audit

- Prevalenza delle malattie non conosciuta o scarsamente nota
- Tracciabilità della traiettoria dei pazienti



R I M I N I
2-4 Giugno 2016
Palacongressi

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ANMCO
2 0 1 6



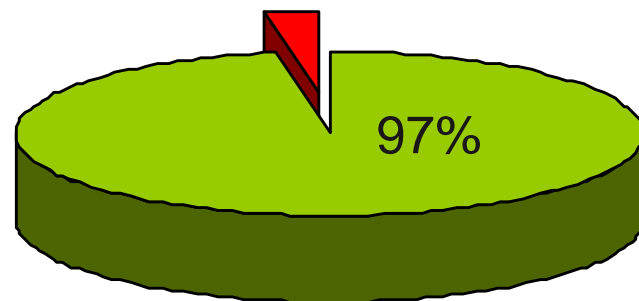
47° Congresso Nazionale
Associazione Nazionale Medici Cardiologi Ospedalieri

Prevalence of non valvular atrial fibrillation and anticoagulation treatment in a large outpatient population. Analysis of the personal health records from different General Practitioner Groups

G. Casolo, G. Cavarani, M. Pardini, PL. Franceschi, F. Vivaldi,
F. Michelotti, C. Ciabattini – Versilia Hospital, Department of Cardiology,
Aft 1 e 3, Società della Salute Versilia, Italy

PREVALENZA DELLA FA NELLA POPOLAZIONE ESAMINATA

Prevalenza di FA

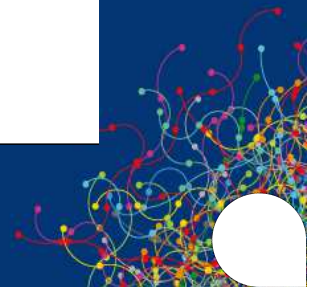
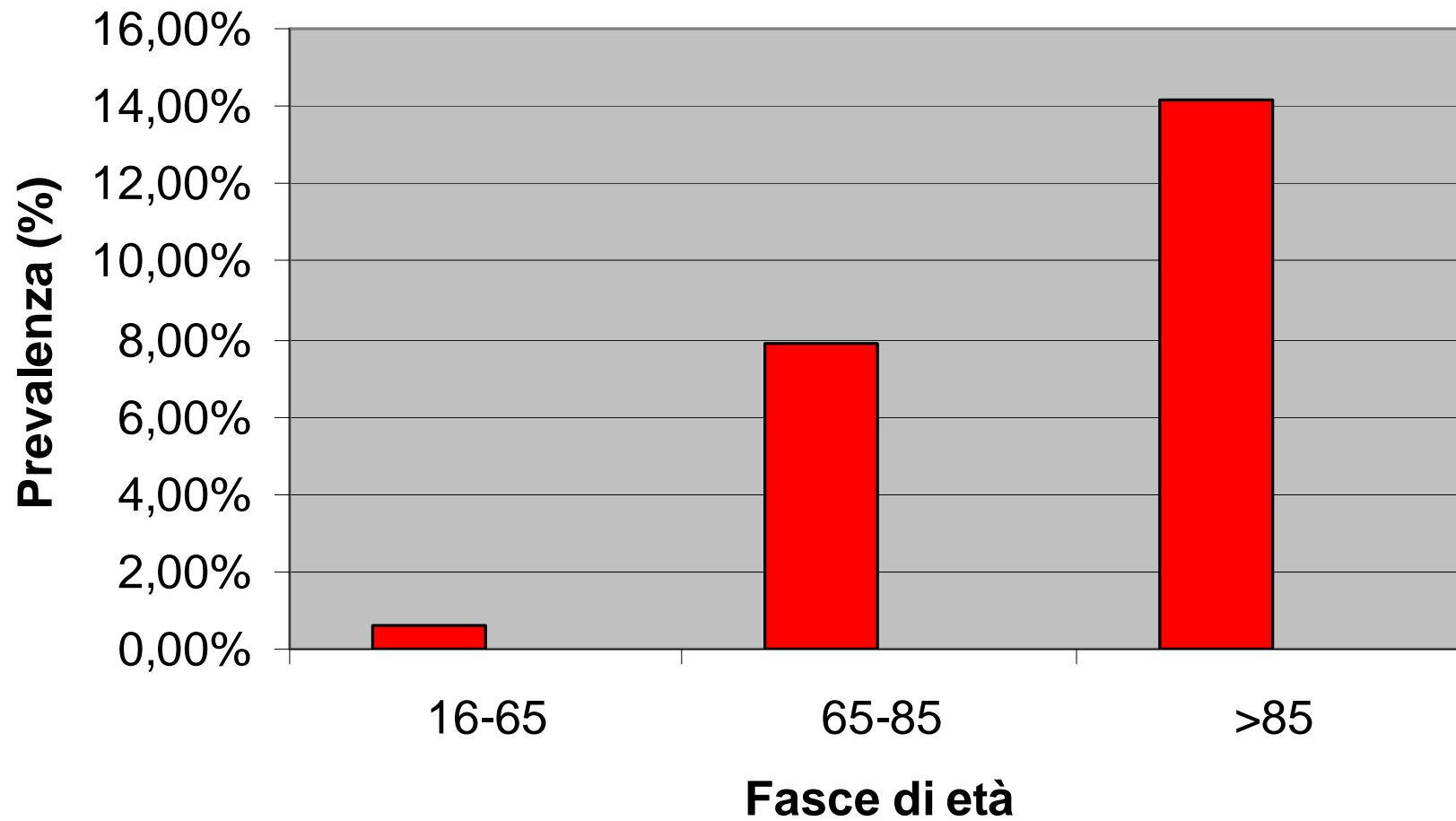


2.96%

- Popolazione totale
- Pazienti con FA

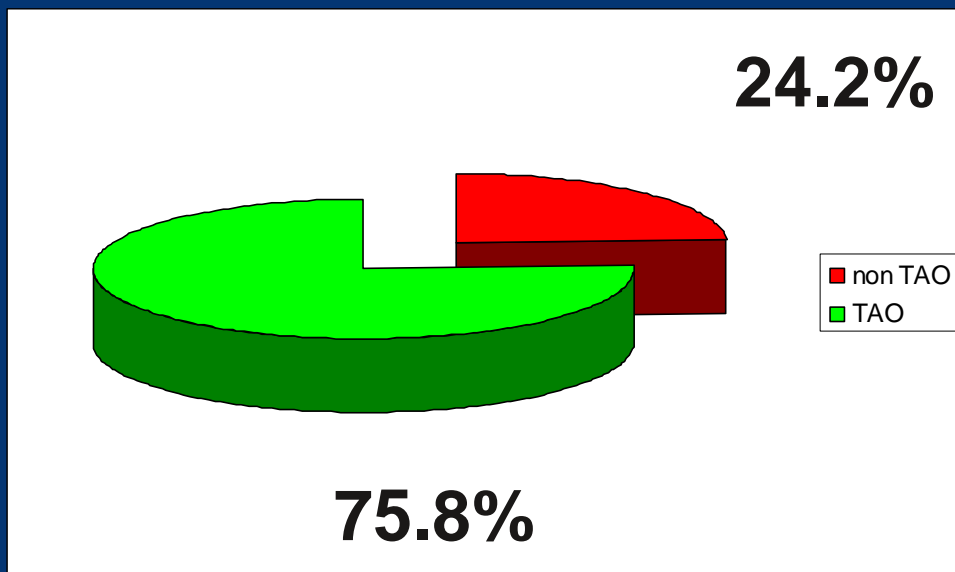


Prevalenza della FA per fascia di età'

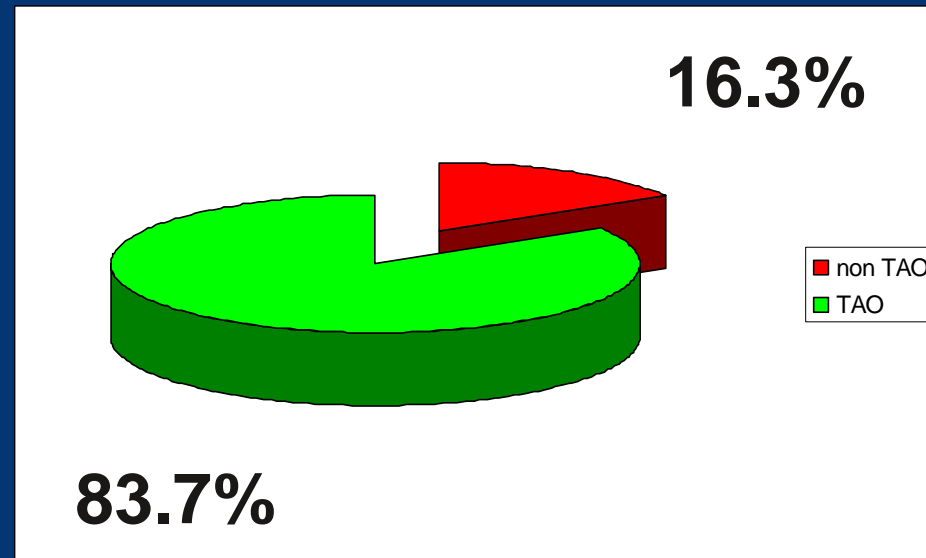


Proporzione di Pazienti con FA non parossistica che assumo TAO (2015-2016)

2015



2016



Prevalence of non valvular atrial fibrillation and anticoagulation treatment in a large outpatient population. Analysis of the personal health records from different General Practitioner Groups

G. Casolo, G. Cavirani, M. Pardini, PL. Franceschi

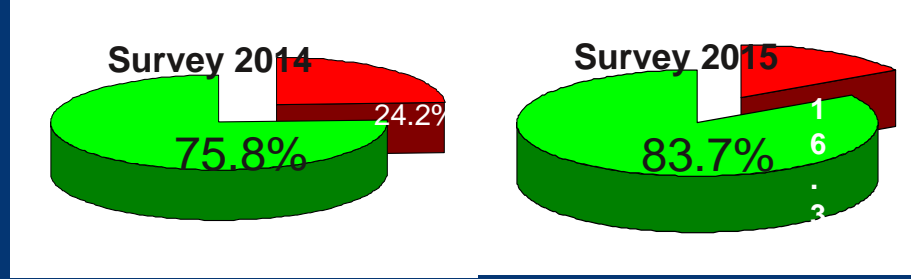
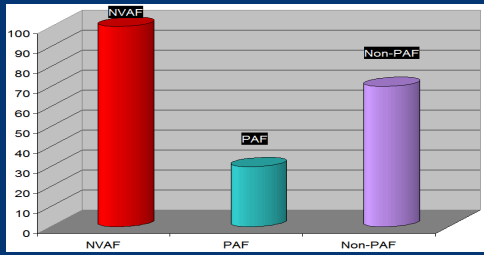
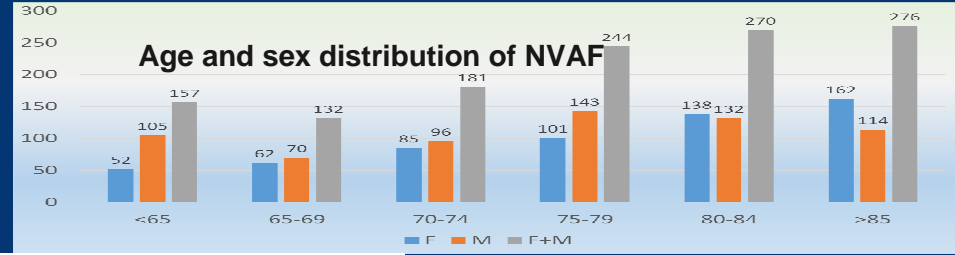
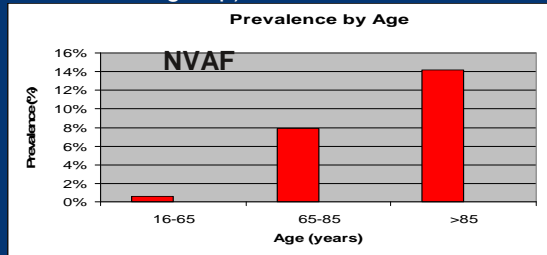
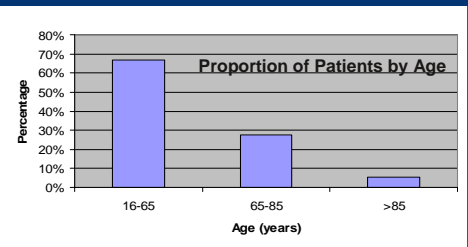
Versilia Hospital, Department of Cardiology and Territorial Functional Aggregate 1-3-6

Background: Non Valvular Atrial Fibrillation (NVAF) is a common cardiac arrhythmia. However, prevalence varies among studies. Population-based data are poor. In our study, we used medical practice management software to analyze personal health records. The aim of the survey was to evaluate the prevalence, and the use of oral anticoagulation (OAT) in a large outpatient population.

Methods: We identified 33 GPs from 6 different General Practitioner Groups (TFA) checked by verifying the adherence to the guidelines. The aim was to reach a target >90% of adherence to the guidelines.

Results: Data from 42,545 pts >16 years old. The prevalence differed among TFA ranging from 1.4% to 14.2%. The TFA with the highest prevalence and 14.2% was the TFA group 80-85 y (21.4%) and over 85 y (21%).

The gender distribution was similar (52.4% males, 47.6% females). Overall, fifty-two percent of these NVAF patients were on treatment with oral anticoagulation (VKA and DOAC). The percentage of treated patients increased when considering only permanent NVAF patients with wide differences among TFA (83.7% of patients in the best group).



Proportion of patients with NVAF (non-PAF) taking OAT (green) vs no OAT (red) and belonging to TFA 6. The first survey (2014) refers to the first survey. The present (2015) survey shows a significant improvement in therapeutic coverage with OAT.

Conclusions: The prevalence of NVAF in this population-based cohort is higher than that reported in previous studies. One source of variability appears to be a low recording rate of paroxysmal NVAF compared to permanent or persistent forms. In the real world more than 40% of NVAF patients still do not receive an adequate antithrombotic therapy although with wide variations among GP teams. Access to EHR allow to analyse, and evaluate medical practice. Quality programs can be implemented and monitored by highlighting those sources of variability that can potentially be relevant for both diagnosis and therapy. EHR represent a powerful tool for public health interventions. TFA organization of GP practice appear to offer a chance of improvement in NVAF patients.



ANMCO



Medici di Medicina Generale 8
Assistiti (AFT 6) 30.000
C.CA

Punto Prelievi
Consultorio
Studi Medici
CUP

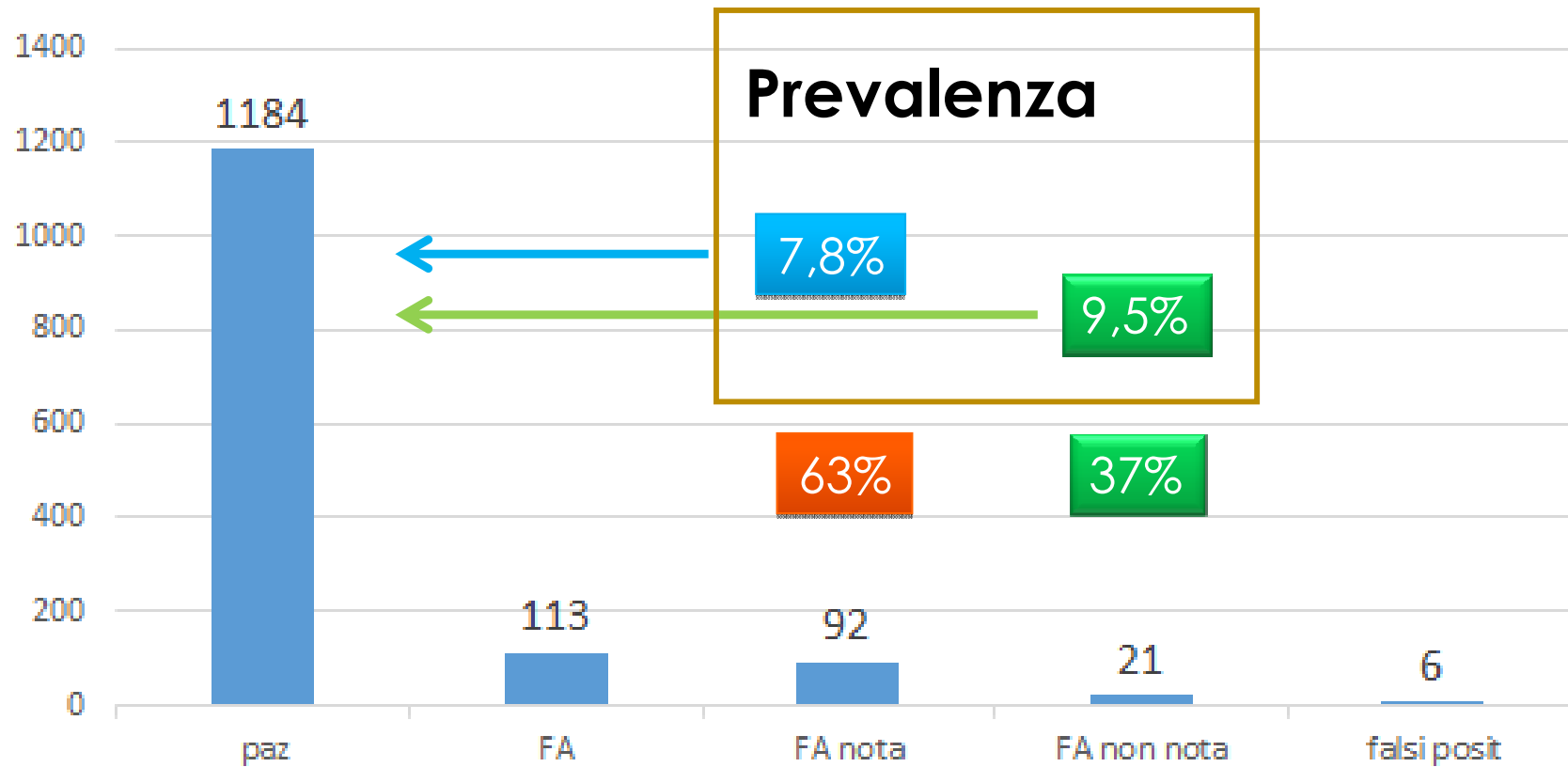


My Diagnostik



Il dispositivo è conforme alle norme dell'Unione Europea in materia di dispositivi medici (NB 0344).

Risultati



+ 3.7%

Rischio CV in Versilia

Very high-risk

Subjects with any of the following:

- Documented CVD, clinical or unequivocal on imaging. Documented clinical CVD includes previous AMI, ACS, coronary revascularization and other arterial revascularization procedures, stroke and TIA, aortic aneurysm and PAD. Unequivocally documented CVD on imaging includes significant plaque on coronary angiography or carotid ultrasound. It does NOT include some increase in continuous imaging parameters such as intima-media thickness of the carotid artery.
- DM with target organ damage such as proteinuria or with a major risk factor such as smoking or marked hypercholesterolaemia or marked hypertension.
- Severe CKD (GFR <30 mL/min/1.73 m²).
- A calculated SCORE $\geq 10\%$.

High-risk

Subjects with:

- Markedly elevated single risk factors, in particular cholesterol >8 mmol/L (>310 mg/dL) (e.g. in familial hypercholesterolaemia) or BP $\geq 180/110$ mmHg.
- Most other people with DM (with the exception of young people with type I DM and without major risk factors that may be at low or moderate risk).
- Moderate CKD (GFR 30–59 mL/min/1.73 m²).
- A calculated SCORE $\geq 5\%$ and $<10\%$.



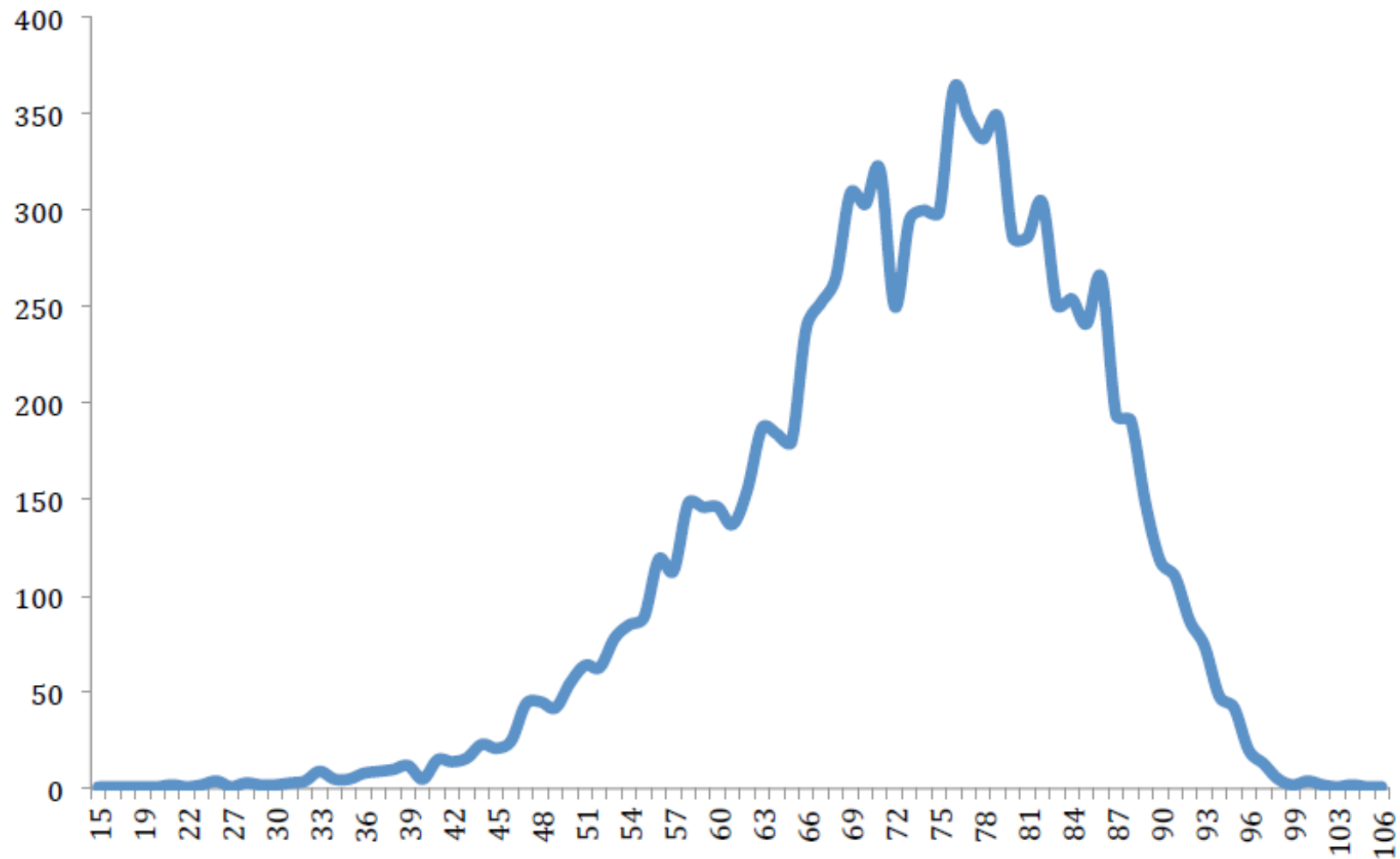
European Heart Journal (2016) 37, 2315–2381
doi:10.1093/eurheartj/ehw106

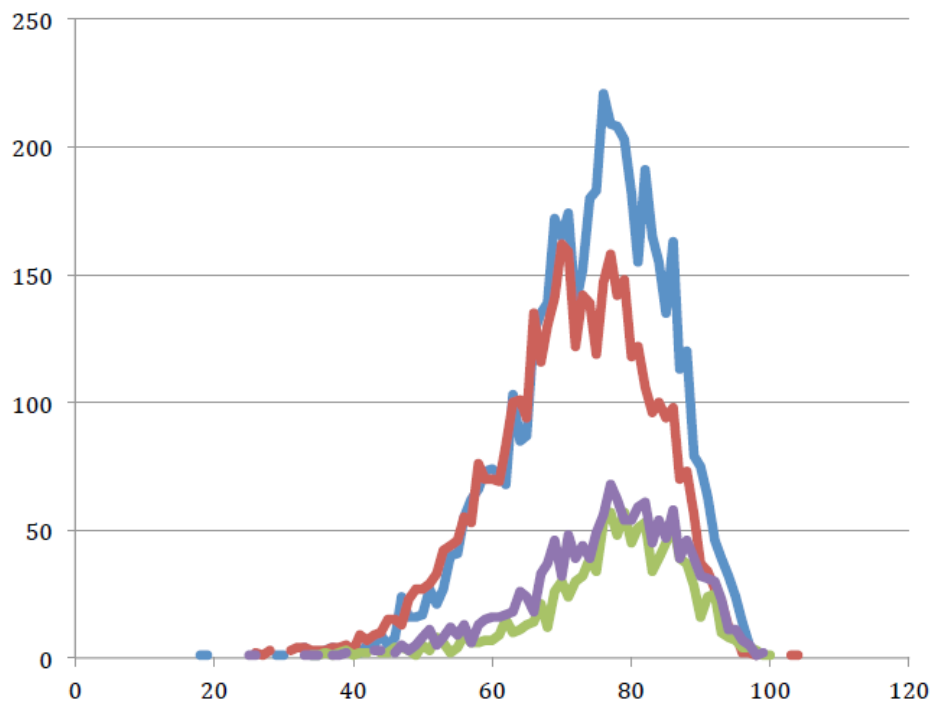
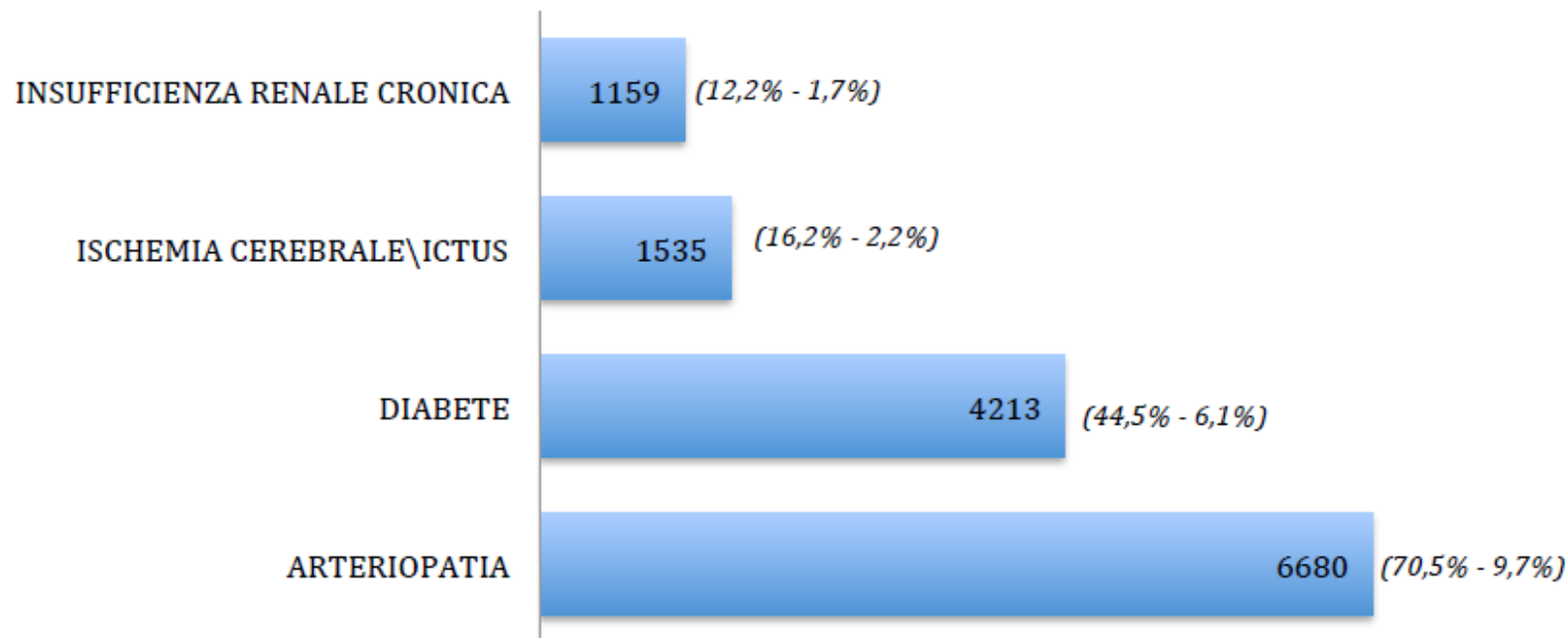
JOINT ESC GUIDELINES

2016 European Guidelines on cardiovascular disease prevention in clinical practice

Sono considerati tutti i pazienti registrati nel Personal Health Record di 50 MMG per almeno una patologia tra:

- Diabete
- Insufficienza Renale Cronica (IRC)
- Ictus/TIA
- Arteriopatia (SCA, aneurisma, procedure di rivascolarizzazione, AOAI e stenosi carotidea)





X REPORT HEALTH SEARCH

ISTITUTO DI RICERCA DELLA SIMG:
SOCIETÀ ITALIANA DI MEDICINA GENERALE E DELLE CURE PRIMARIE

edizione 2017

ICTUS ISCHEMICO

4,1%

In netta crescita, andando dall'1,8% nel 2005 al 4,1% nel 2015.

DIABETE MELLITO TIPO 2

7,3%

Trend crescente: dal 5,2% del 2005 al 7,3% del 2015.

Nel paziente complesso

Opportunità

- Individuazione del problema principale
- Pianificazione interventi
- Scelta trattamenti
- Eventuale ricovero

Limiti

- Risorse tecnologiche e professionali
- Sanità digitale
- Supporto all'autocura

