

CONFERENCE ABSTRACT

Effectiveness at hospital of integrated care units (Functional Unit of Chronic patient; FUCP) in primary care (PC).

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Objectives: Evaluate the impact of the FUCP intervention on hospital admissions and visits to hospital emergency room of high risk patients (with Clinical Risk Groups higher or equal to 5 CRG and with 2 or more hospitalizations) in the last 12 months in a healthcare center.

Methodology: Before-after comparative retrospective cohort study of CCP and descriptive analysis using STATA package. Patients diagnosed with heart failure (HF) and / or chronic obstructive pulmonary disease (COPD) with CRG higher or equal to 5 and with 2 or more hospitalizations are identified, labelled and monitored by the FUCP as Complex Chronic Patient (CCP). All these patients are provided with one-to-one attention to meet their socio-healthcare needs (case management) transversally, acute treatment in the event of decompensation, control after decompensation and proactivity. The follow-up of these patients includes medical record, hospitalization and emergency room lists, PC visits and calls. The number of visits to the emergency department the year before entering the program is compared to hospital admissions of CCP with the intervention of the FUCP (2012 vs 2013).

Results: Nominal target population of 286 patients; of which 110 (38.46%) followed controls and direct care intervention by this Unit through direct intervention (DI) for their pathology and 176 (61.54%) for indirect intervention (II). A comprehensive and multidisciplinary assessment was performed.

Previous admissions to the performance of the FUCP in 2012: 541. There were 228 admissions of patients with heart failure and / or COPD and 313 patients with other pathologies.

Hospital admissions during the intervention of the FUCP 2013: 206. 96 admissions of patients with heart failure and / or COPD direct intervention (DI) and 110 admissions of patients with other diseases indirect intervention (II).

The decrease in admissions was 57.89% for DI and 64.87% for II. The total reduction was 61.82%. The visits to hospital emergency decreased to 44.33% and 42.81% respectively; the total being 43.55%.

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Mean for hospital admissions per patient (2012) was 2,55 (CI95%; 2,15-2,95) vs 1,82 admissions del 2013 (CI95%; 1,42-2,22). T-test of reduction statistically significant ($p=0,0203$), checked out by Wilcoxon for twin data ($z=2,614$, $p=0,0089$)

Mean for emergency room admissions per patient was decreased from 3,51 (CI95% 2.872213-4.159037) to 2,26 (IC95%; 1.749959-2.781291). Statistically different ($p=0,0007$ for t-test and $p=0,0002$ for Wilcoxon test).

Comments and conclusions: The multidisciplinary and integrated work from the PC in coordination with the hospital and health and social services is effective in the CCP. Facilitating access to health care, continuing care and early case management on the onset of decompensation reduces hospital admissions and visits to the hospital emergency room. Individualized care of these patients in PC achieves similar results to those by Day Hospital units.

Keywords: integrated care; social work; primary care; complex chronic patient; effectiveness
