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Advantages of a new healthcare model to attend chronicity in primary care

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Background & Aim: The progressive aging of the population has resulted in significant challenges for health administrations. In Catalonia, 80 % of health resources are used in the care of chronic patients. The goal is to establish a model of collaborative care between different devices and healthcare areas (health and social) that advance a model of quality care
1) Determine the attention characteristics for patients in situation of complexity: Complex Chronic Diseases (CCD) and patients included in the Advanced Chronicity Care Model (ACCM); observing origin (Case Managers, Palliative Care Units, Primary Care), type of management (home visit or telephone consultation), and destination (home or hospital).
2) Determine the causes of referrals to hospital.
Methodology: Cross-sectional study of multidisciplinary care provided to Complex Chronic Diseases
patients (CCD) and patients included in the (ACCM) recorded in the database (e-CAP) of our Attention to Chronicity Unit (UFACC) during the period between 02.01.2013 and 09.30.2015.
Methood: Healthcare processes were recorded from the CCD agenda of L'Hospitalet de Llobregat recording data of home visits (D) or telephone consultations (CT); origin of the patients (Palliative Care Units, Case Managers, Home Care, Primary Care, Emergency Medical Services) and resolution (transfer to hospital or not).
Results: Since the creation of the Chronicity Care Attention Service (SEVIAC) in 2013, there has been a significant increase (57.3%) of referrals from Primary Care Teams through the figure of the Case Managers in 2015.
The total procedures performed at home or by telephone contact showing a clear increase in telephone negotiations resolved in 2014 (64.4%).
Since the beginning of the SEVIAC program in 2013 to the present, an increase in telephone negotiations addressing health problems were resolved (97.9%) and hospital referrals significantly decreased (2,3%).
Conclusion: Multidisciplinary assessment and ongoing attention allows an optimum management of social-health resources according to the patients needs.