

**ASSESSMENT OF PATIENT'S AND HEALTH PROFESSIONAL'S EXPERIENCE OF INTEGRATED CARE:  
PRELIMINARY RESULTS FROM A PILOT SURVEY IN VENETO REGION-ITALY.**

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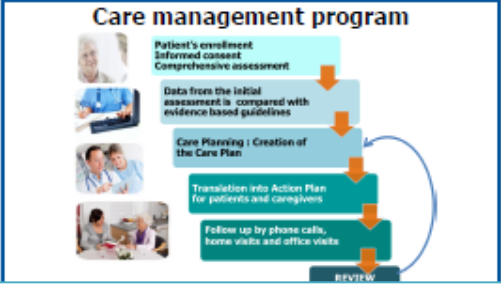
**Introduction**

Population ageing is associated with an increased co-prevalence of chronic diseases. For persons with multimorbidity, care fragmentation may lead to adverse outcomes and patient dissatisfaction while care management programs can improve quality of care.

In 2015, Veneto Region started an integrated care-program in the whole region, involving older persons with Congestive Heart Failure (CHF) and multimorbidity in a primary care setting, to reduce the risk of inappropriate hospitalization.

The purpose of the present pilot survey was to assess the experience of integrated care among patients, general practitioners (GPs) and nurses involved in the project.

Surveillance data on hospitalization and outcomes will be available 12 months after enrollment.



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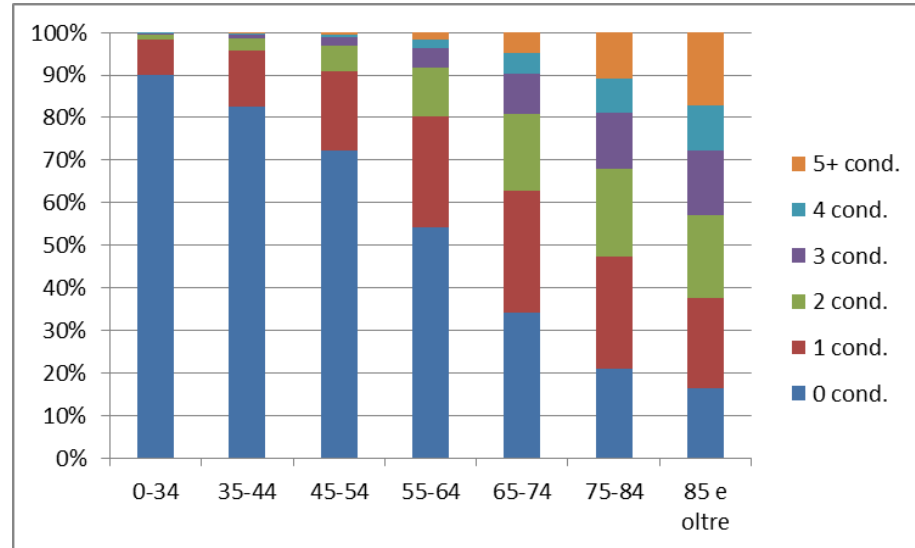
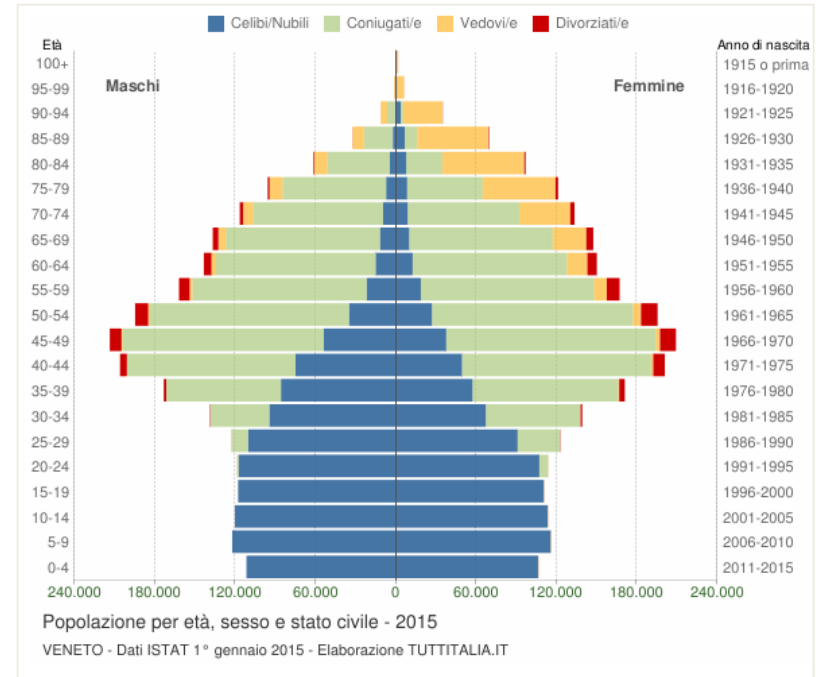
**Conclusions**

Patients' and nurses' experience of integrated care is very positive in areas such as communication, comprehension, utility and satisfaction. For GPs and nurses however, the assessment tool was considered not easy to use due to its length and complexity: a redesign of the assessment instruments used in the program is probably required.

Integrated care can improve communication and satisfaction of health professionals but it is necessary to reduce the reporting burden and to provide GPs and nurses with additional team-building assets: increasing multidisciplinary group meetings is a way to facilitate integrated care and overcome barriers; furthermore actively involving GPs in the change process, sharing goals and objectives, would enhance their engagement in the program. Data on the effects of Veneto Region's program in terms of hospitalization, ER access and mortality will be available 12 months after enrollment.

# Introduction

- Veneto Region has a growing older population with an increasing prevalence of multimorbidity.
- In 2015 started an integrated care-program involving patients with CHF and multimorbidity in a primary care setting to reduce the risk of inappropriate hospitalization.



# Methods

Nurses and GPs (40 in each group) received specific training on Care Management using a collaborative team-based approach. To identify the patients with CHF, co-morbidities and complexity we used the case-finding tool of the Adjusted Clinical Groups (ACG) System that generates high risk case management lists.

The Care management program was applied to 164 patients of the 525 identified by the ACG System.

To assess the "experience" of integrated care we developed a 10-items questionnaire focused on difficulties, utility and comprehension of the tools, and on communication, timing and self-satisfaction. 29 nurses (72,5%) and 28 GPs (70,0%) answered to the questionnaire and the questionnaire was administered to 74 patients (35,1%) by the nurses 2 months after the first home assessment.

# Results



PATIENTS: 56% consider the Integrated Care program "very useful" (34%) or "useful" (28%).  
95% would like to continue participating.

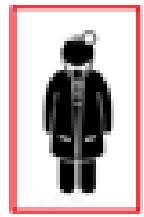
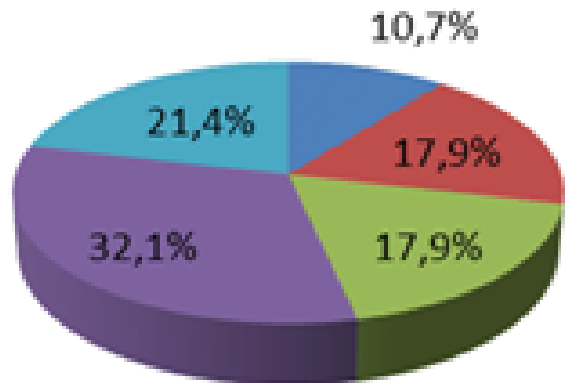
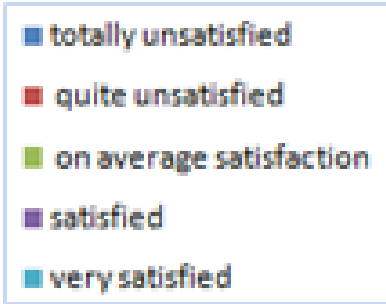


NURSES: 24% is quite unsatisfied of the relationship with GPs.  
More than 96% would like to continue participating.

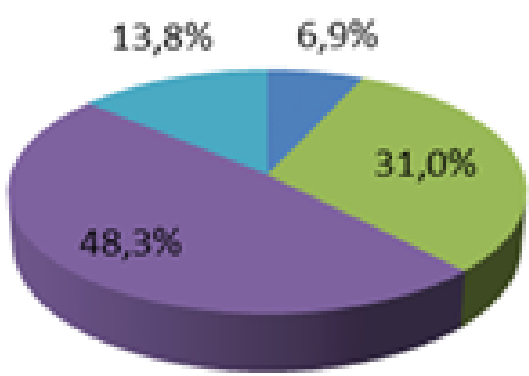


GPs: 39% said that the Integrated Care program is "rather useful" and that the easiest part of the program was the working relationship with the nurse  
82,1% would like to continue participating.

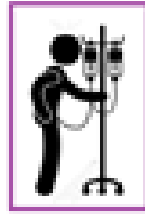
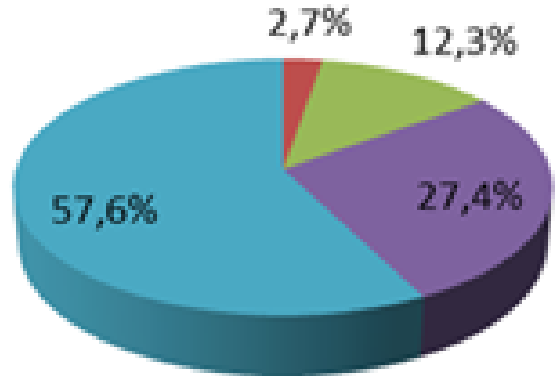
**Satisfied or highly satisfied participating in this program**



**GP (72%)**



**CM - Nurse (93%)**



**Patient (97%)**

# Conclusions

- Patients' and nurses' experience of a team-based approach to comorbidities is very positive.
- A multidisciplinary approach is an important way to meet complex patients needs.
- Patients quoted they felt considered and their satisfaction improved.
- It is necessary to provide GPs and nurses with additional team-building assets and training.

Data on the effects of Veneto Region's program in terms of hospitalization, ER access and mortality will be available 12 months after enrollment.