Coordinación Servicios



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Generalidades

- Segun W. N. Leutz (1999) , hay 3 tipos de integración en los cuidados de la salud:
  - vínculo
  - coordinación
  - Integración total
- Combinar medios técnicos y personas dirigiendo sus trabajos para llevar a cabo una acción común, con un método o sistema determinado.

Hébert, R. , Raîche, M.,et. al & The PRISMA Group (2010). Impact of prisma, a coordination-type integrated service delivery system for frail older people in quebec (canada): a quasi-experimental study. Journal of Gerontology: Social Sciences, 65B(1), 107–118, doi:10.1093/geronb/gbp027. Advance Access publication on May 4, 2009.

¿Cómo funciona el sistema actual?

Díficl abordaje de Fragilida

Estas deficiencias se pueden categorizar en diferentes niveles (OMS):

- **A nivel micro (nivel del paciente):**
  - Falla en empoderar al paciente.
  - Falta de adecuados canales de comunicación.

- **A nivel meso (sistema de salud y comunidad):**
  - El sistema de salud ofrece atención aguda, reactiva, fragmentada, atención poco flexibles y adaptable.
  - No logra cumplir con las expectativas de los pacientes.
  - Los sistemas de salud no aprovechan o no tienen las herramientas y tecnologías necesarias para una adecuada atención.
  - Los profesionales de salud no cuentan con entrenamiento adecuado y no toman decisiones basadas en evidencia científica.
  - No se logra una adecuada coordinación entre los diferentes equipos que intervienen en la atención del paciente.
  - No se conocen los recursos comunitarios que rodean al paciente.

Niveles de coordinación necesarias



Entre los miembros del equipo.

- Quien coordina
- A quien tamizar



Entre el paciente y el equipo.



Entre el paciente y su comunidad.

- Recursos disponibles



Entre los miembros de la comunidad y los Equipos.



Entre diferentes equipos y ámbitos de atención dentro del sistema de salud.

- Redes de apoyo adecuadas

Diferentes experiencias a nivel mundial



Experiencia Gérontopôle

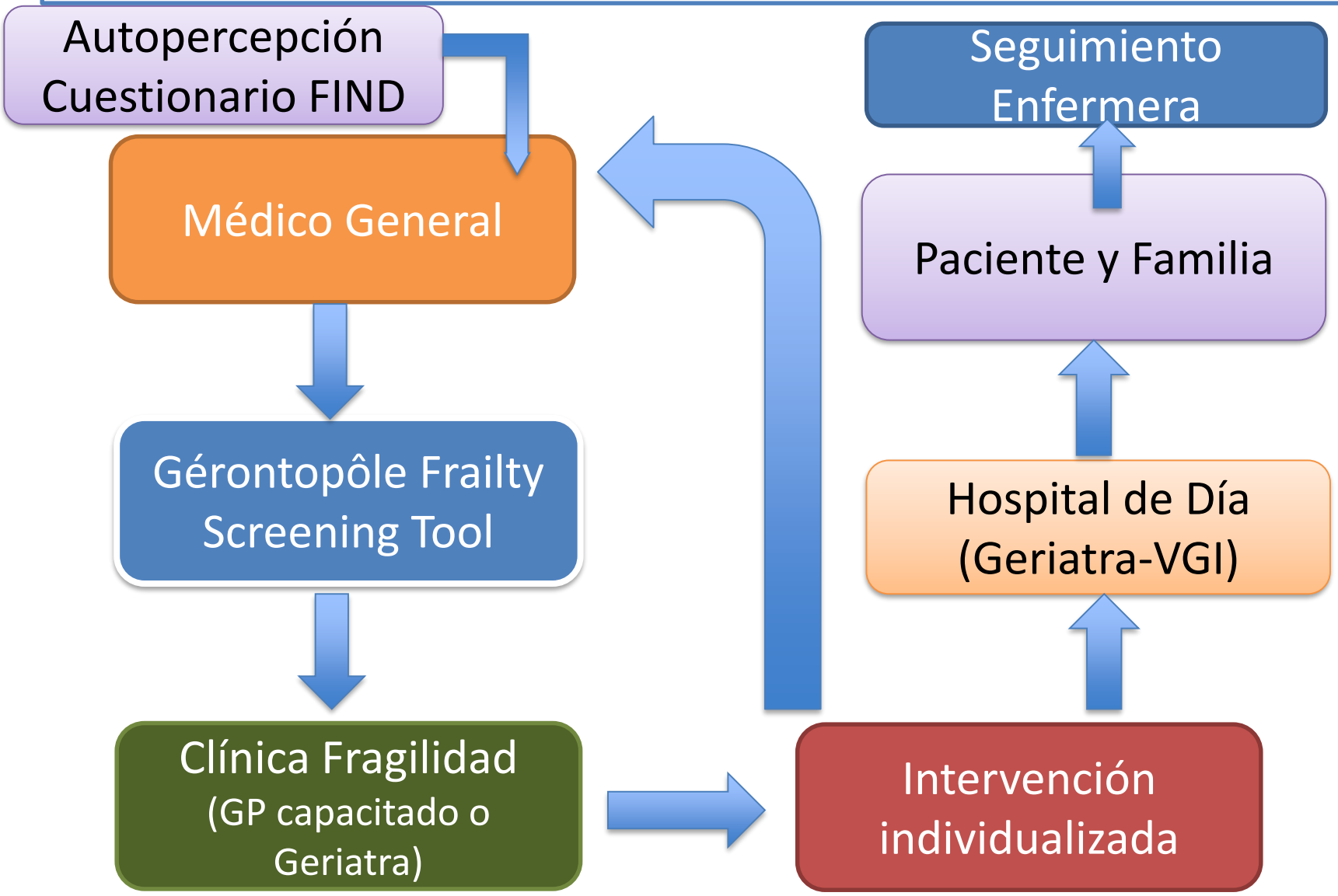


Table 1

Settings, target population, persons involved, and possible tools for the evaluation of frailty

Setting	Population	Persons involved	Possible Tool
Community Health Promotion Program	Older persons living in the community	Responsible for the screening campaigns (e.g., municipalities, health insurance, public health authorities…), researchers involved in large-scale studies	FiND Questionnaire
Outpatients' Clinic for Frailty	Pre-frail and frail older persons	Responsible for the referral to the clinic: GP, healthcare professional, Geriatrician, individual or his/her proxies Responsible for the assessment at the clinic: GP (specifically trained), Geriatrician	GFST
Day Hospital for Frailty	Pre-frail and frail older persons (usually more complex cases)	Responsible for the referral to the day hospital: GP, Geriatrician Responsible for the assessment at the day hospital: GP (specifically trained), Geriatrician	GFST (for referral only) Frailty phenotype, comprehensive geriatric assessment

Vellas B et al. Implementing frailty screening, assessment, and sustained intervention: The experience of the gérontopôle. The journal of nutrition, health & aging. June 2015, Volume 19, Issue 6, pp 673-680 al.

Frailty Intervention Trail

Fairhall, N. Economic evaluation of a multifactorial, interdisciplinary intervention versus usual crae to reduce frialty in frail older people; J Am Med Dir Associ. 2015 Jan;16(1):41-8.

Fairhall, N; Frailty intervention Trial (FIT) BMC Geriatrics october 2008.

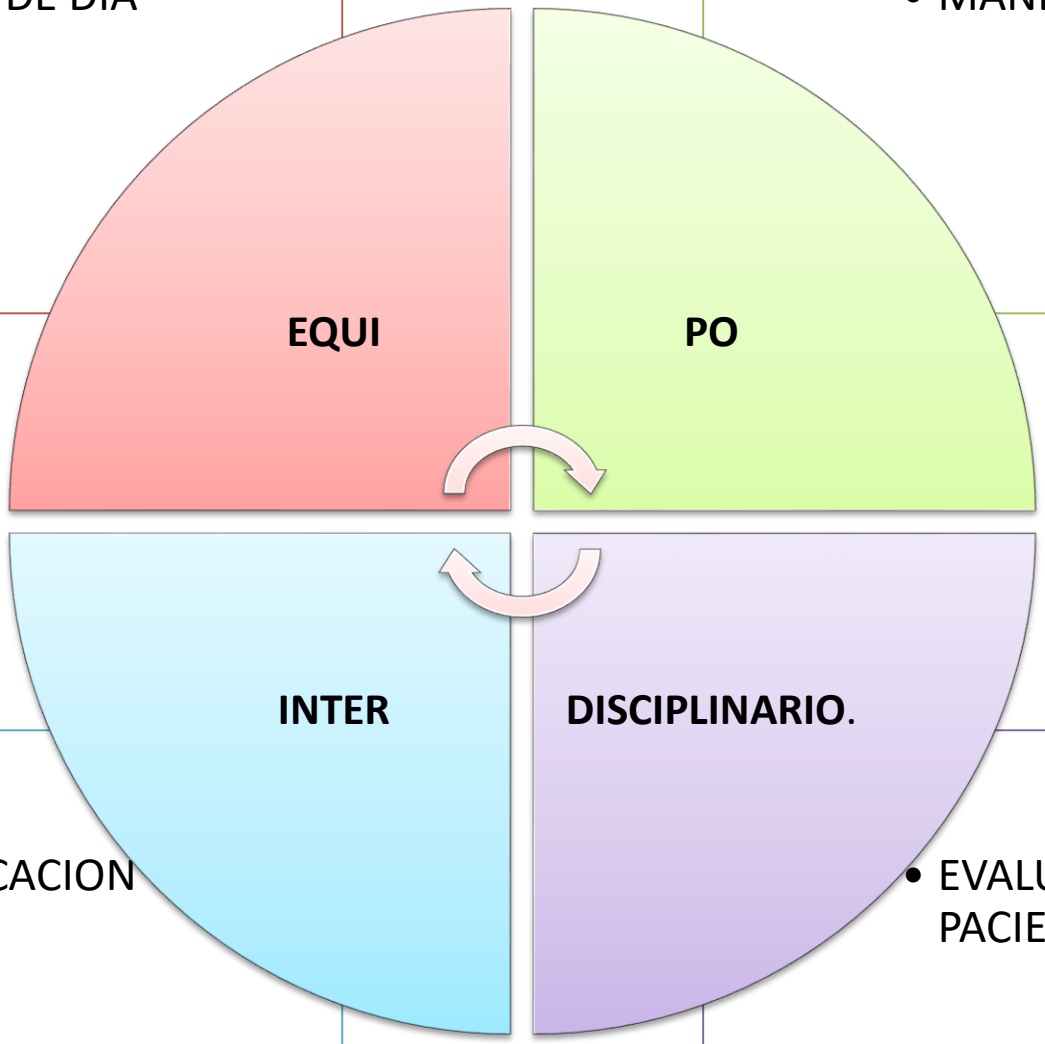
Fairhall, N. Effect of a a multifactorial, interdisciplinary intervention on mobility-related disability in the frail older peole: randomised control trial. BMC. Geriatrics october 2012.


Población abordada
Enfermera
Población frágil intervenida multidimensional según área afectada
Manejo de casos por Fisioterapéutas
Seguimiento mensual y cada 3 y 12 meses
Equipo

PACE
ADMISION: Medicare

- CENTRO DE DIA

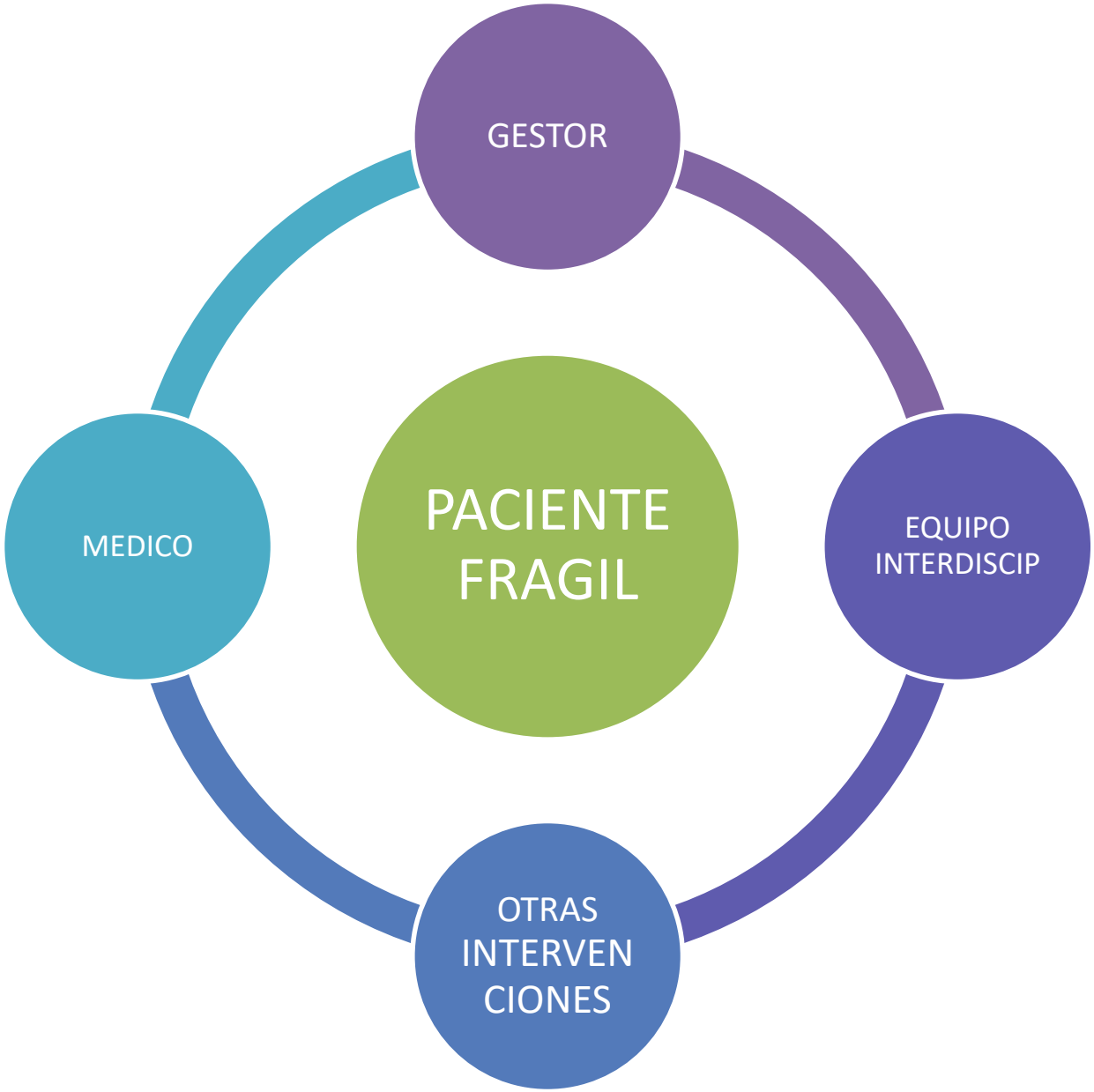
- MANEJO CASOS

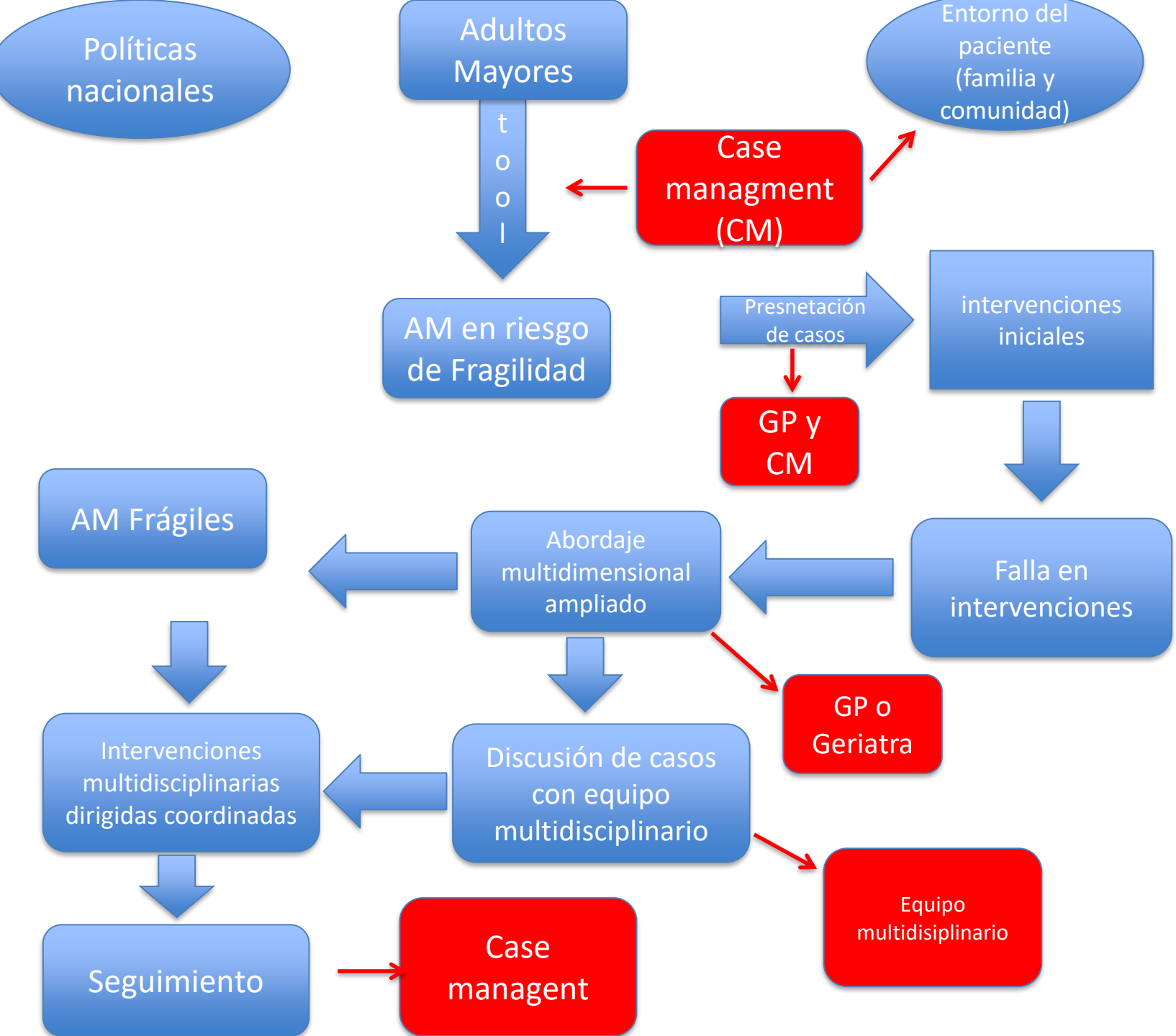


- PLANIFICACION

- EVALUACION PACIENTE

OPERATIVIDAD




Políticas nacionales
Adultos Mayores
Entorno del paciente (familia y comunidad)
t o o l
Case managment (CM)
AM en riesgo de Fragilidad
Presnetación de casos
intervenciones iniciales
GP y CM
AM Frágiles
Abordaje multidimensional ampliado
Falla en intervenciones
GP o Geriatra
Intervenciones multidisciplinarias dirigidas coordinadas
Discusión de casos con equipo multidisciplinario
Equipo multidisiplinario
Seguimiento
Case managent

Conclusiones

- Existencia de múltiples modelos de coordinación de servicios para paciente frágil a nivel mundial.
- Aspectos comunes:
  - Rol importante del médico general y de gestor de casos.
  - Trabajo en Equipo
- Rol del Geriatra: Educación, evaluación casos complejos.





Diapositivas Complementarias

Gérontopôle Frailty Screening Tool

Gérontopôle Frailty Screening Tool[48]

Frailty Screening			
Older patients, 65 y and older, not dependent (activities of daily living ≥5/6)			
	Yes	No	Unknown
Is your patient living alone?	☐	☐	☐
Involuntary weight loss in the past 3 months?	☐	☐	☐
Fatigability from the past 3 months?	☐	☐	☐
Have some mobility difficulties for the past 3 months?	☐	☐	☐
Memory complaints?	☐	☐	☐
Slow gait speed (+4 s for 4 meters)?	☐	☐	☐

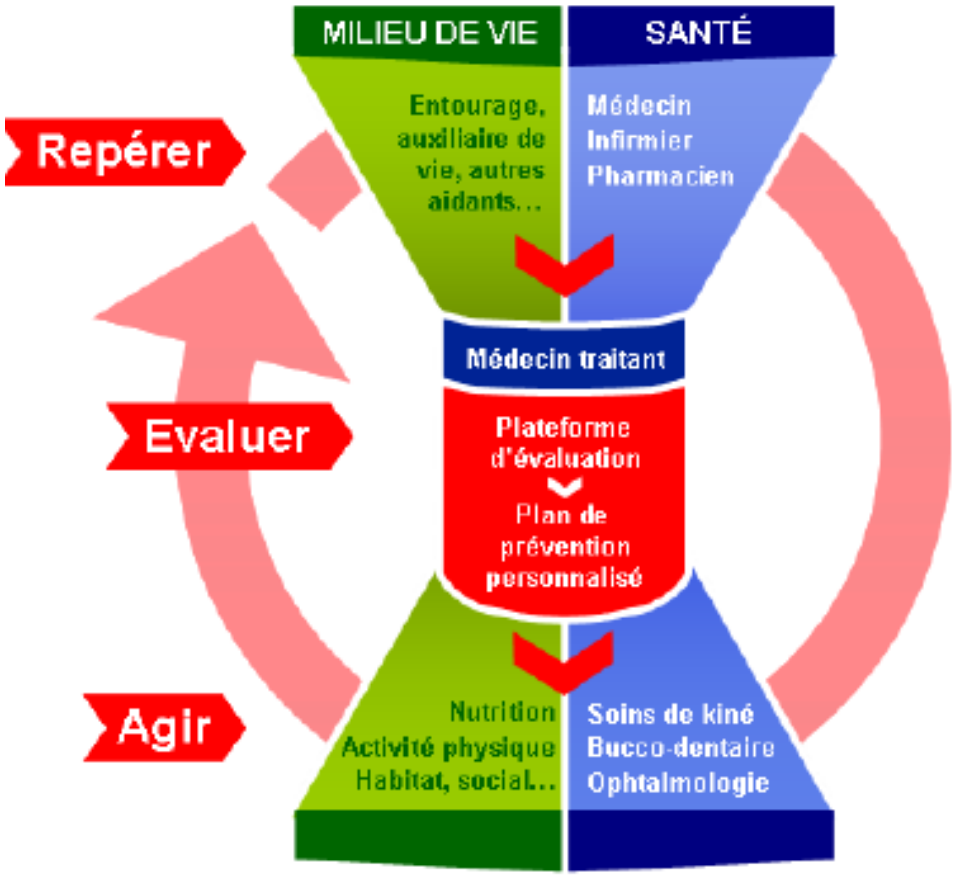
If yes to at least one of these questions:
Do you feel in your own clinical opinion that your patient is frail and at an increased risk for further disabilities?
☐ Yes ☐ No
If yes, propose to the patient an evaluation of the causes of frailty and prevention of disabilities in a day hospital.
Reprinted with permission from Subra et al.[48]

The Frail Non-Disabled (FiND) Questionnaire

Domain	Questions	Answers	Score
Disability	A. Have you any difficulties at walking 400 meters?	a. No or some difficulties b. A lot of difficulties or unable	0 1
	B. Have you any difficulties at climbing up a flight of stairs?	a. No or some difficulties b. A lot of difficulties or unable	0 1
Frailty	C. During the last year, have you involuntarily lost more than 4.5 kg?	a. No b. Yes	0 1
	D. How often in the last week did you feel than everything you did was an effort or that you could not get going?	a. Rarely or sometimes (2 times or less/week) b. Often or almost always (3 or more times per week)	0 1
	E. Which is your level of physical activity?	a. Regular physical activity (at least 2-4 hours per week) b. None or mainly sedentary	0 1

If A+B ≥1, the individual is considered as "disabled".
If A+B=0 and C+D+E ≥1, the individual is considered as “frail”.
If A+B+C+D+E=0, the individual is considered as “robust".

Implementing Frailty into Clinical Practice:
TARGETED, STRONG, SUSTAINED INTERVENTION





Toulouse GÉRONTOPÔLE

MULTI-COMPONENT FOLOW-UP

Bloc1

- Personalized multi-domain Intervention:human, education,exercises

Bloc 2

- **Captors** at home : activity, weigth, nutrition, sleep, social, mobility etc.

Bloc 3

- **Coaching, connection , patient health care professional inter action**:
- → Patient frailty status follow-up, adaptive intervention, …

Architecture organisationnelle

- Coaching motivationnel
- Réévaluation des objectifs
- Invitation à consulter si besoin



Médecin gériatre



Plateau de téléopérateur

- Feedback
- Coaching motivationnel

Internet

Tablette tactile





Capteurs

- Suivi des indicateurs de fragilité
- Suivi de l'observance
- Suivi des interventions
- Alertes selon seuils personnalisés

Frailty Intervention Trail

País: Australia

- Población: Pacientes mayores de 70 años que han visitado sido valorados en los centros “DRACS” (Division Rehabilitaction and Age Care Services).

Características de la población incluida en la intervención:

- Cumplen con 3 o más de los 5 criterios de Fried.
- No tienen deterioro cognitivo (MM mayor a 18) o enfermedad con expectativa de vida corta.
- Los detecta el médico que los vio en la DRACS.

Tipo de intervención:

- Abordaje multidimensional e interdisciplinaria individualizada.

Quién coordina la intervención? Terapeutas físicos.

Como participan el resto de las disciplinas?

- Por medio de conferencias semanales sonde se analizan los casos complejos.

- INTEGRA DESDE COMUNIDAD – HOSPITALES - RESIDENCIAS

- FINANCIERO:
- Reduce costos sistema 16 a 38%

- Aumenta fin de vida en Hogar del pcte

Table 3
Cost of Delivering the Intervention

Intervention	No. of Intervention Participants (%)	Resource Use	Unit Cost, $AUD	Cost, $AUD	Reference/Web Site
Assessment stage					
Nurse/administration staff to process referral and screen for eligibility (frailty)	120 (100)	0.5 hours	72.54	4352.40	Nurse $37.20/hr + on costs (= $48.36/h), Public hospital nursing award http://www.health.nsw.gov.au/careers/conditions/Awards/nurses.pdf Plus office overheads of 50%[17]
Physiotherapist	120 (100)	2 hours	48.96	11750.40	Public hospital physiotherapist award, $48.96/h, http://www.health.nsw.gov.au/careers/conditions/Awards/hsu_health_professional.pdf
1 × 20-minute interdisciplinary of participant's initial assessment	120 (100)	Physiotherapist, geriatrician, rehabilitation specialist, dietician, nurse		15451.20	Geriatrician, rehabilitation specialist $120/h from trial financial sources. Dietician $48.96/h, Public hospital dietician award, http://www.health.nsw.gov.au/careers/conditions/Awards/hsu_health_professional.pdf Nurse $37.20/hr + on costs (= $48.36/h), Public hospital nursing award http://www.health.nsw.gov.au/careers/conditions/Awards/nurses.pdf
9 × 5-minute interdisciplinary case-conference discussions per participant over 12 months	120 (100)	Physiotherapist, geriatrician, rehabilitation specialist, dietician, nurse		34765.20	
Intervention stage				**Proportion by unit cost**	
Exercise program: staffing	120 (100)	Costed as 9 treatments each of 1-hour duration by physiotherapist	48.96	52876.80	
Exercise program: cost of staff travel time, average 15-minute round trip	120 (100)	Costed for 10 visits by physiotherapist (1 assessment, 9 treatments)	12.24	14688.00	
Exercise program: cost of travel, average 12-km round trip	120 (100)	Costed for 10 visits (1 assessment, 9 treatment) at $0.69 per km	8.28	9936.00	Australian Tax Office Web site
Management by rehabilitation specialist or geriatrician	22 (18)	2 specialist visits	120.00	5280.00	
Dietician	41 (34)	4 dietician appointments	48.96	8029.44	
Psychiatrist	4 (3)	2 specialist visits	260.30	2082.40	MBS Code 296
Phone calls	120 (100)	Cost of 8 phone calls per participant	0.40	384.00	
Equipment		20 steps	13.30	1732.00	Steps/wedges made by Willoughby Men's Shed. http://www.healthmg.com.au/X_Vest_Weighted_Vests_s/1931.htm
		20 wedges	13.30		
		5 weight vests	160.00		
		10 weight belts	40.00		
Instruction booklets	120 (100)	Exercise instruction booklets	0.50	60.00	www.officeworks.com.au/
Home medicine review	4 (3)	1 home medicine review (general practitioner referral, pharmacist review)	194.07	776.28	http://www.medicareaustralia.gov.au/provider/pbs/fourth-agreement/hmr.jsp
Aged care assessment team	29 (24)	ACAT assessment	195.84	5679.36	Senior social worker $48.96/h, Public hospital award, http://www.health.nsw.gov.au/careers/conditions/Awards/hsu_health_professional.pdf
Memory clinic	2 (2)	1 clinic appointment	282.95	565.90	MBS Code 143
Continence clinic	3 (3)	1 clinic appointment	96.72	290.16	Nurse $37.20/h + on costs (= $48.36/h), Public hospital nursing award http://www.health.nsw.gov.au/careers/conditions/Awards/nurses.pdf
Optometrist	7 (6)	Costed as optometrist appointment ($65.15) + 21% getting glasses ($299) and follow-up appointment ($32.10).		787.15	Day (2009)
Hearing Australia	10 (8)	Costed as 2-hour audiologist appointment	97.92	979.20	Senior audiologist $48.96/h, Public hospital award, http://www.health.nsw.gov.au/careers/conditions/Awards/hsu_health_professional.pdf
Orthotics	4 (3)	Cost of 1 pair of orthotics	29.95	119.80	http://www.footlogics.com.au/orthotics-insoles-inserts-podiatry.html
Mobility aids changed	27 (23)			1275.00	http://www.mobsol.com.au/
		15 × rubber tips	5		
		3 × cane	35		
		8 × walking frame	130		
		1 × bed rail	55		
Access emergency department	7 (6)	Emergency department visit	1282.21	8975.47	Day only admission for the relevant Diagnosis-Related Group
Footwear	27 (23)	Cost of purchasing good shoes	70	1890.00	http://www.paulswarehouse.com.au/b/0-59006/MENS-WALKING/New-Balance-MW411BK-D-Mens.aspx
Hip protectors provided	4 (3)	3 pants and 1 set of removable hip protecting pads	174.00	696.00	http://www.hipsaver.com.au/hipsaver-open-bottom-order.php
Total				**183,422.16**	

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ACAT, Aged Care Assessment Team.

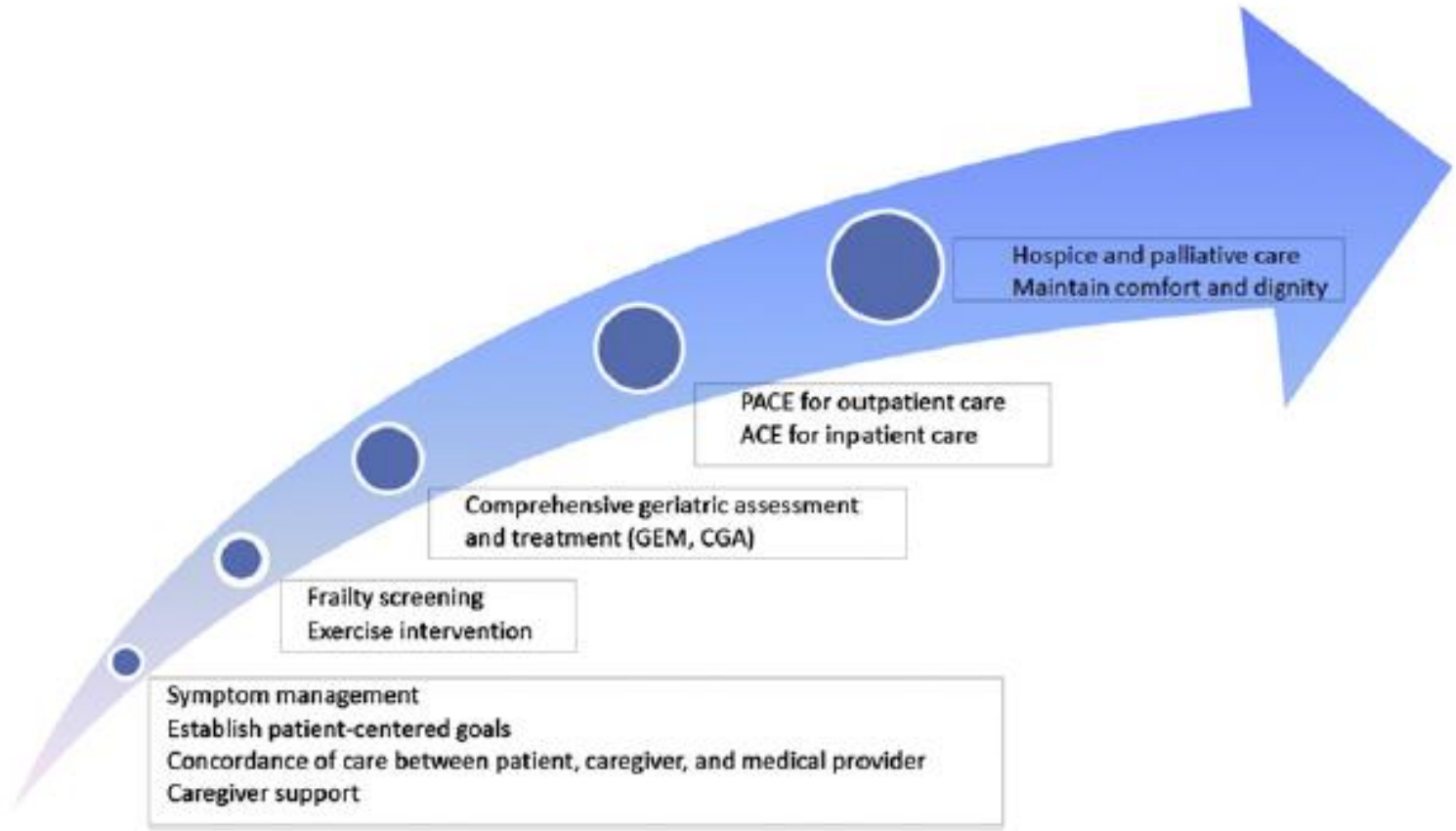


Fig. 1. Clinical management along the spectrum of frailty in older adults. The direction of arrow reflects increasing frailty. Each circle indicates potentially beneficial interventions at different stages of frailty syndrome.