

CONTINUITY OF CARE IN MULTIMORBIDITY AND POLYPATHOLOGY

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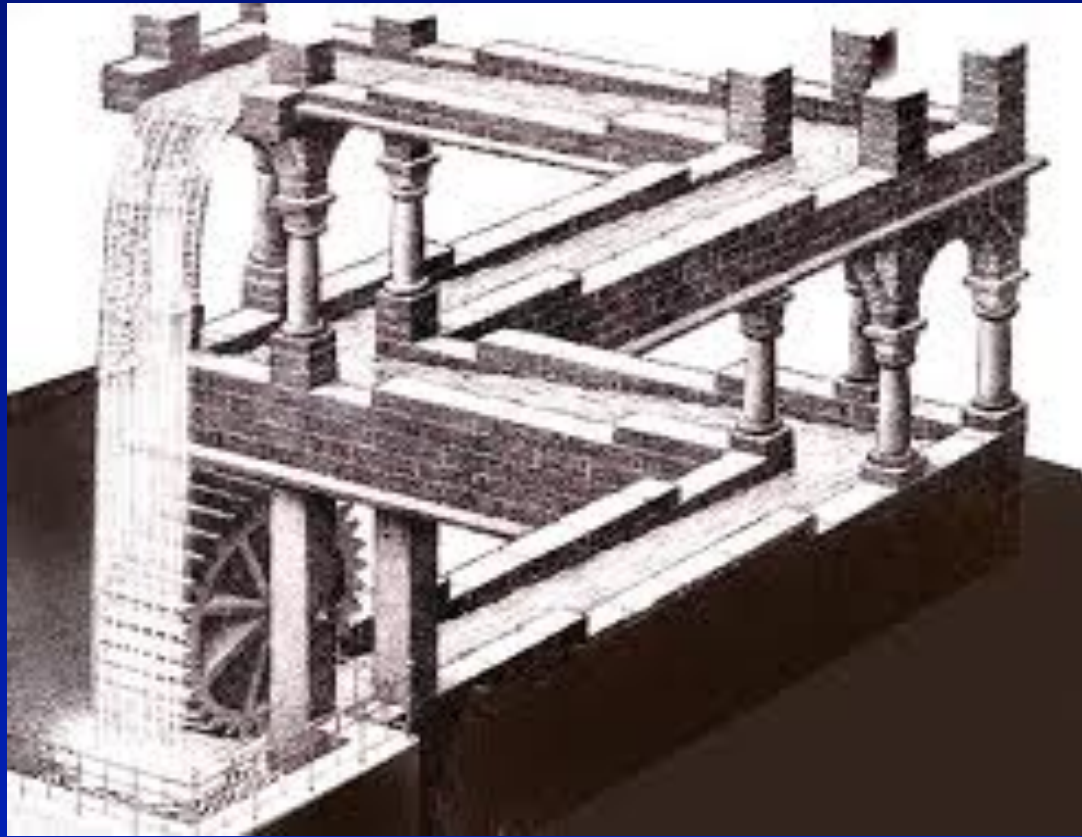
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Conflict of interest

- **Member of Andalusian and Spanish Soc. Of Internal Medicine, and Spanish Soc. Of Infectious Diseases.**
- **Perception in past 3 years of fees as teacher in training actions for the Andalusian Health Service, Univ. Huelva, and Univ. Sevilla (Associate Prof of Geriatrics).**
- **No perception in past 3 years of fees from pharmaceutical industry organizations.**
- **No shares nor partnerships in companies in the health sector, pharmaceutical or biotechnological industries.**

*“The Instant is the continuity of time, because
it joins the past with the future”*

Aristotle



CONTINUITY OF CARE

- **WHAT IS CONTINUITY OF CARE?**
- **DOES IT REALLY WORK?**
- **HOW TO IMPLEMENT CONTINUITY OF CARE?**
 - **MACRO**
 - **MESO**
 - **MICRO**

CONTINUITY OF CARE...THE PAST



- The doctor-nurse were in the community
- The perception and concept of continuity was similar in doctors-nurses and citizens
- Continuity of care was the natural way of health care delivery

CONTINUITY OF CARE...AN EVOLVING ISSUE



- **Health Care Systems: complex**
- **Many levels, and actors in delivering health**
- **High-tech care...but not always high-touch care**
- **Diversification leads to advance...but also to atomization**
- **Epidemiological patterns have changed in last 50y**

CONTINUITY OF CARE...DIFFERENT VIEWS



- **Patients and community:** experience of a 'continuous caring relationship' with an identified health care professional
- **Health teams:** the delivery of a 'seamless service' through integration, coordination and the sharing of information between different providers and actors of health care

ARE BOTH VISIONS COMPATIBLE?

CONCEPTS IN CONTINUITY OF CARE

'the care provider following his

patient and taking into account changes over time (chronological continuity), providing care regardless of the site (geographical continuity), treating diverse illnesses in one patient (interdisciplinary continuity), earning 'trust' from patients, families and colleagues (interpersonal continuity) and having knowledge of his patients (informational continuity)'.

'the planning

of care according to patient's needs (individual dimension), providing an ongoing relationship with a care provider (relationship), communicating with patients and other care providers (communication) and enabling patients to move orderly through services (longitudinal dimension), having a broad range of services available (cross-sectional continuity), being able to move between services flexible (flexibility) and having easy access to care services (accessibility)¹¹.

GEOGRAPHICAL – CHRONOLOGICAL – INTERDISCIPLINAR – INTERPERSONAL – CROSS-SECTIONAL – COMMUNICATIONAL – FLEXIBLE – ACCESIBLE – AND THAT IS ALL!!

Box 1 *Related concepts of continuity of care*

Coordination (of care)/co-ordination (of care)/ Coordinated (care)/co-ordinated (care)/ Coordinating (care)/co-ordinating (care)	Follow up (care)/follow-up (care)
Integration (of care)/integrated (care)/ Integrating (care)	Medical home
Patient centered (care)/patient centred (care)/ Patient-centered (care)/patient-centred (care)/ Patient focused (care)/patient-focused (care)	Transfer (of care)
Case management	Team (care)
Transition (of care)/transitions (of care)/ Transitional (care)	Shared (care)
Discharge planning	Ongoing (care)
Continuum (of care)	Seamless (care)
Continuing (care)	Consistent (care)
Continuous (care)	Connected (care)
Continued (care)	Collaborative (care)
	Cooperative (care)
	Transmural (care)
	Smooth (care)
	Accessibility (to care)/Access (to care)
	Multidisciplinary (care)
	Interdisciplinary (care)

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EVIDENCES OF CONTINUITY OF CARE

The obvious: increases Out- and inpatient Satisfaction.....

- Review of 22 articles (1966-2002) that addressed continuity and patient satisfaction (4 randomized, 4 cohort, and 14 “correlative”)
- 19/22 had a statistically significantly higher level of satisfaction that correlated with measurements of continuity
- (Saultz, JW 2004 Ann Fam med 2(5);445-451)

EVIDENCES OF CONTINUITY OF CARE

Outpatient Outcomes....

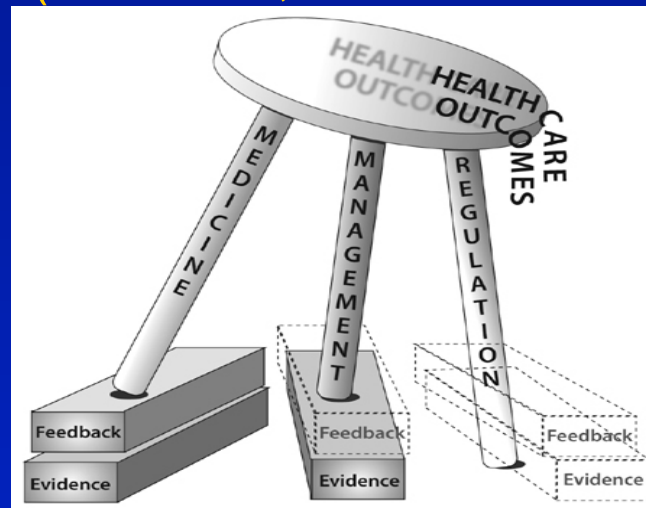
- Systematic review found 18 studies (12 cross sectional, 5 cohort, 1 randomized)
- 7 studies showed decreased hospitalizations and ER visits, particularly in patients with chronic disease
 - 5 studies showed improved receipt of preventative care
(Cabana J Fam Practice 12/04 53(12);974)



EVIDENCES OF CONTINUITY OF CARE

Inpatient Outcomes and Continuity

- 5308 patients After 2 years the hospitalist patients:
 - Had shorter LOS (0.61 days shorter (P=.002))
 - Reduced costs (\$822 less (P=.002))
 - Lower inpt. mortality (4.8% vs. 7.2% (P=.03))
- (Auerbach, A Ann Int Med 2002 137;11:859)



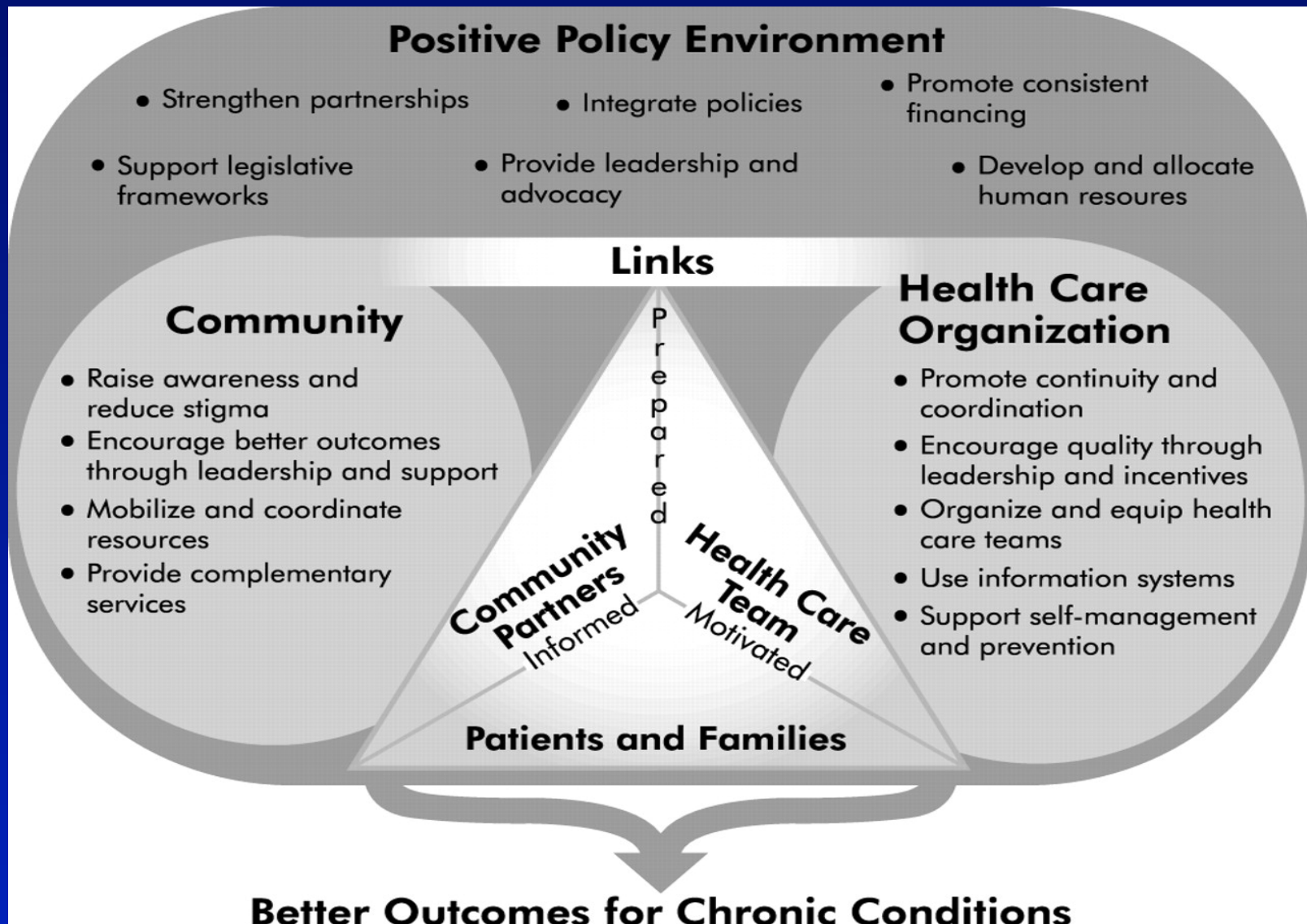
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HOW IMPLEMENT CONTINUITY OF CARE? THE MACRO

- **The same spirit...different local solutions**
 - **Health care system / Economy / Society...**
- **The empowerment of community**
 - **The leadership of civil organizations**
- **The essential role of Primary Care**
 - **The natural level of continuity**
- **The also essential role of Hospital Integral Care and their relation with Primary Care**
 - **Internists / Geriatricians /Hospitalists**
- **The boundaries of Social-Health systems**
 - **Towards a sociosanitary common workplace**

HOW IMPLEMENT CONTINUITY OF CARE? THE MACRO



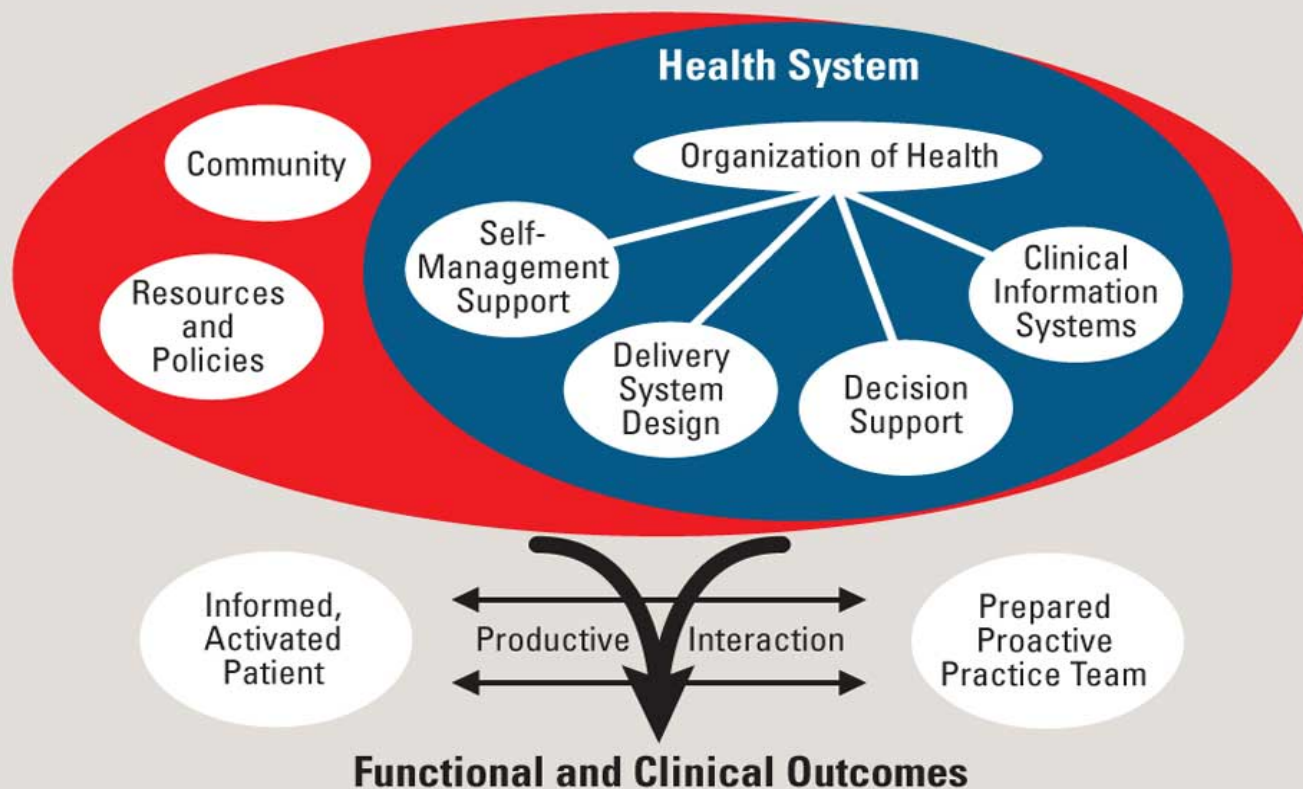
HOW IMPLEMENT CONTINUITY OF CARE? THE MESO

- **The REAL power of prevention**
 - TO invest, to invest and to invest...
- **The efficiency of self management**
 - Towards expert patients and main caregivers
- **The promotion of talented professionals**
 - The best teams for the most difficult task
- **The communication among levels and professionals**
 - Enable personalized and easy communication of professionals

HOW IMPLEMENT CONTINUITY OF CARE? THE MESO

FIGURE 1

Chronic Care Model

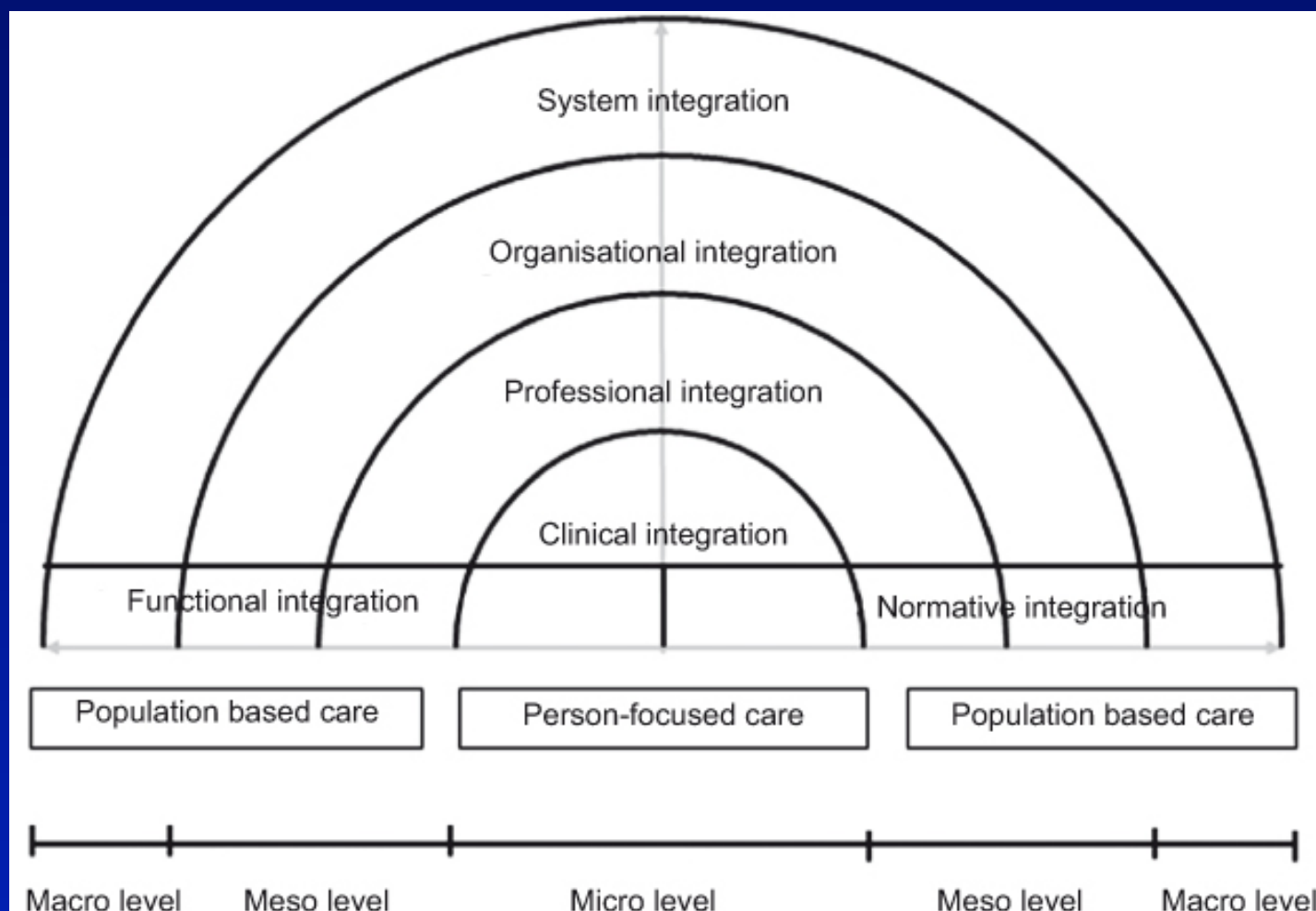


Reproduced with permission from Wagner EH. Chronic disease management: what will it take to improve care for chronic illness? *Eff Clin Pract.* 1998;1:2-4.

HOW IMPLEMENT CONTINUITY OF CARE? THE MICRO

- **The importance to be convinced**
 - Micro- continuity of care may be very stressfull and hard...
- **The tolerance and health-care team spirit:**
 - Team working is not only working with other colleagues
 - Incorporating pharmacists, social workers...
- **The responsibility in acquiring specific competences**
 - To offer best clinical practice and to apply the best evidence
 - To innovate and investigate in the improvement of results
- **The task to change future professionals, and organizations**
 - Lobbying in medicine schools, Health-care agencies...

HOW IMPLEMENT CONTINUITY OF CARE? THE MICRO



FROM UP TO DOWN...AND FROM DOWN TO UP

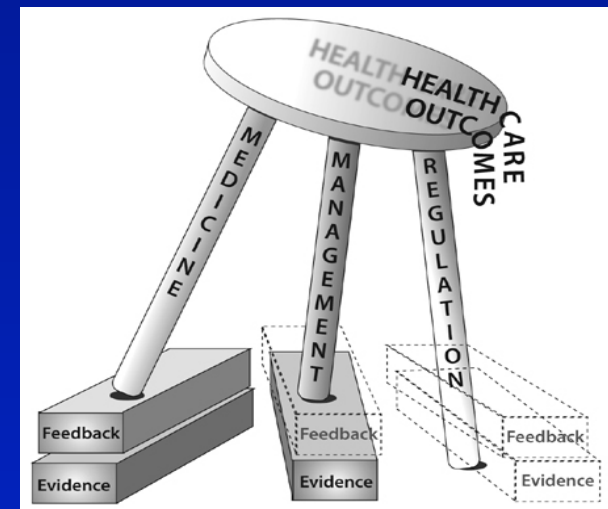
TO TAKE HOME

CONTINUITY OF CARE: TWO LOOKS TO BE RECONCILIATED



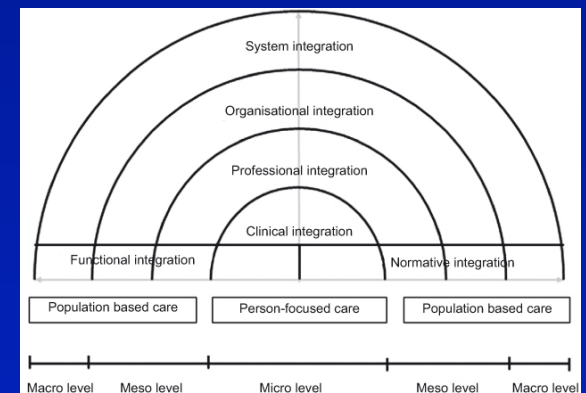
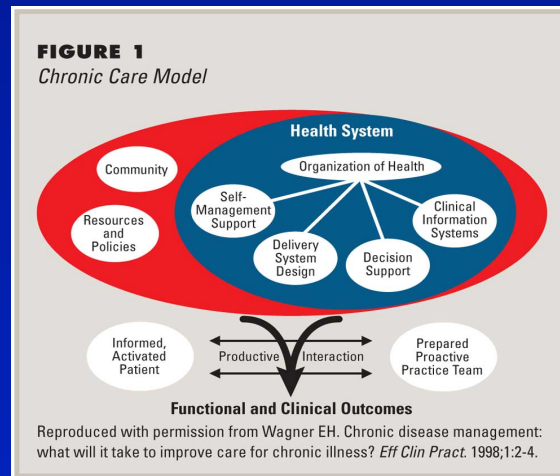
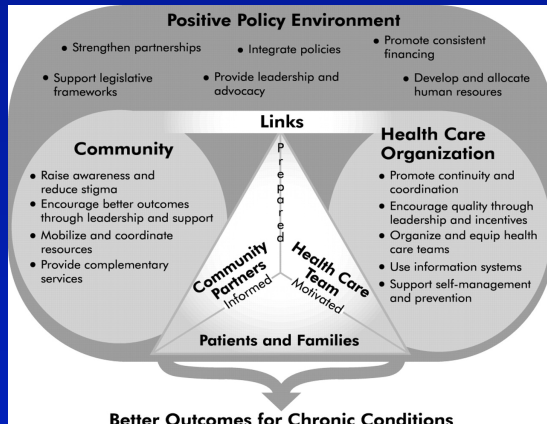
TO TAKE HOME II

CONTINUITY OF CARE: THE EVIDENCE AGREES WITH THE COMMON SENSE



TO TAKE HOME III

CONTINUITY OF CARE: A TASK OF ALL CONCENTRIC SPHERES. FROM THE MACRO TO THE MICRO...FROM THE MICRO TO THE MACRO



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ATTENTION**

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