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Editorial

Chronicity: Alternatives and New Trends

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Editorial

The prevalence and incidence of Chronic Diseases (CD) in present day society is very high. In Catalonia, we are facing new challenges with a deep ageing process of population comparing with other European countries. Nowadays, we have 17% and 4.4% population over 65 and 80 years [1,2]. In 2050 over 30% and 12% population will be over 65 and 80 years old respectively [1,2]. As a consequence an increasing number of people with CD will increase very intensively, and the majority of morbidity/mortality cases are due to chronic health problems [1,2]. In 2009, circulatory system diseases, tumors, respiratory system diseases, nervous system diseases and mental disorders accounted for 78% of deaths [1,2]. Moreover, the impact of CD is also very high in terms of the health system resources consumes [1,2]. It is estimated that more than 50% of resources are allocated to the treatment of CD or acute care episodes associated with them [1,2]. Therefore it is necessary to make changes to the healthcare model in order to better response to chronicity.

It has been introduced a new Chronic Care Program with in the new Health Plan for Catalonia (CCPHPC) 2011-2015 [3].

The CCPHPC is operating in some basic work projects:

1. Developing Comprehensive Clinical Processes for the chronic conditions with the greatest impact in all areas, constructing Integrated Care Pathways in each geographical area which comprises a hospital, primary care centres, nursing home facilities and mental health network.
2. Strengthening health protection, promotion and prevention as instruments for maintaining health and preventing chronic disease.
3. Promoting the self-care and personal responsibility of citizens for their health, risk factors or diseases.
4. Deploying social services and healthcare facilities working in a more integrated care approach and adequate comprehensive systems for providing care for chronic and dependent patients.
5. Providing comprehensive and proactive care of patients with complex chronic disease and advanced chronic disease, assuring a 24/7 coverage model with good response to potential exacerbations of these group of patients.
6. Rationalizing the use of medications, especially with people with polipharmacy, improving adherence in chronic patients.
7. Promoting alternative non-presential model substituting presential vists by contacts (telephone and electronic messaging).
8. Substituting acute conventional hospitalizations by alternatives: sub-acute facilities, day care facilities, and a more proactive Home Care programmes in Primary Health Care.

Substituting acute conventional hospitalizations by alternatives, such as sub-acute facilities, is one of the main important instruments elaborated by CCPHPC for Complex Chronic Patients (CCP) [3]. Sub-Acute Care Unit (SACU) is comprehensive in patient care designed for someone who has an acute illness or exacerbation of a chronic disease process, dedicated to provide appropriate interventions to avoid unnecessary and frequent hospitalizations. SACU is a relatively new and rapidly-growing medical care service in the early 1980s. It is generally more intensive than traditional nursing facility care and less intensive than acute care. Subacute care patients are more younger, have less cognitive impairment, and have a better rehabilitation potential and more favorable functional outcome, compared with nursing home patients [4,5].

The Hospital Sociosanitario Francolí (HSSF) is a geriatric center with a capacity of 156 beds (for convalescent, palliative and long-term care program). The SACU was established in January of 2011 as a separate unit with a capacity of 15-beds licensed by the Department of Health of Catalonia. Nowadays, our main objective is to admit patients directly from primary health care teams to avoid acute hospital readmission. Based on our experience, this model of care allowed the patient to spend 16.3 (mean) patient bed-days in the SACU, hence allowing the acute care beds to be used for emergency cases [6]. However, detailed cost-effectiveness or cost-utility analyses is required to evaluate more completely this model of care, given the complexity of needs of the frail elderly persons in a complex healthcare system [7].

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