

European Respiratory Society Annual Congress 2013

Abstract Number: 2592

Publication Number: P5103

Abstract Group: 1.2. Rehabilitation and Chronic Care

Keyword 1: COPD - management **Keyword 2:** Health policy **Keyword 3:** Primary care

Title: Cost and effectiveness of integrated care intervention on the patients with COPD

Dr. Sara 15056 Balestracci sarabalestracci@alice.it MD ¹, Dr. Anna 15057 Porcu anna.porcu@gmail.com MD ¹, Dr. Luigi 15058 Vignale l.vignale@usl1.toscana.it MD ¹, Dr. Marco 15059 Morale m.morale@usl1.toscana.it MD ², Dr. Carlo 15060 Zannoni c.zannoni@usl1.toscana.it MD ², Dr. Giuliana 15070 Andreani g.andreani@usl1.toscana.it MD ², Dr. Mariella 15072 Polselli m.polselli@usl1.toscana.it ², 15074 FIMMG-MC/Progetto MITO vatteroni4@virgilio.it MD ³, Dr. Andrea 15079 Macuzzi a.macuzzi@usl1.toscana.it MD ⁴, Dr. Biagio 15080 Marsiglia b.marsiglia@usl1.toscana.it ⁴ and Dr. Maurizio 15082 Moretti m.moretti@usl1.toscana.it MD ¹. ¹ U.O.Pneumologia, ASL1 Massa e Carrara, Carrara, Italy ; ² U.O. Medicina Massa, ASL1 Massa e Carrara, Carrara, Italy ; ³ FIMMG, Massa e Carrara, Carrara, Italy and ⁴ Direzione Generale, ASL1 Massa e Carrara, Carrara, Italy .

Body: COPD is a chronic disease with a high prevalence and rapidly increasing economic burden. Implementation of a disease management program might improve outcomes in patients with severe COPD. Objectives The effect of a 3-year program of integrated care intervention (ICI) on the incidence of hospitalizations due to acute exacerbations of COPD (AECOPD) was examined and a cost analysis was performed. Methods The ICI, sheared between primary care and hospital base specialists, included home visits and phone contacts by nurse care team, educational program with individually tailored care plan, specialist supervision during scheduled visits. Cost analysis included hospitalizations, pulmonary drugs, long-term oxygen therapy and nurse care team organization Results Data were analysed for 334 COPD patients (57% GOLD stage 3 and 4). Data from the 2-year follow-up were compared with the 2 year pre-enrolment without ICI support. Mean number of hospital admissions per patient/yr fell from 0.59 to 0.21 (p<0.01), mean hospitalisation days per patient/yr were reduced from 5.5 to 2.30 (p<0.01). Mean disease cost fell from € 2374 to € 2180 per patient/yr; introduction of the ICI saved € 183 per patient/yr and completely covered the nurse care team costs Conclusions COPD ICI program sheared between primary care and hospital base specialists lead to fewer hospitalizations for AECOPD and lower disease costs.