interlinks

Health systems and long-term care for older people in Europe. Modelling the interfaces and links between prevention, rehabilitation, quality of services and informal care

Integrated Access Point for Older People (3.1.b)

Transfer of information between services for older people in LHA 10 – "Veneto Orientale"

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Introduction: main objectives, key-issues addressed, status

The integrated access point aims to promote and facilitate equal access and continuity of care for older people in social and health services, by:

- making it easier for older users to go through many different services
- fostering appropriate and complete information
- helping older users with bureaucratic procedures
- linking home care, social and health services, formal and informal carers

PILOT PROJECT TERMINATED	PILOT PROJECT ONGOING	PROJECT TERMINATED	PROJECT ONGOING	IMPLEMENTED PRACTICE RESTRICTED AREAS	WIDELY SPREAD PRACTICE ROLLED OUT

Why was this project developed/implemented?

- Lack of full information about available services for older people needing LTC

- Difficulties in access to services because of several and complex beraucratic procedures

- Low level of integration between hospital and home care health and social services, formal and informal carers

Main features of the example (description)

- Branch offices of the Integrated Access Point have been opened in each of the 3 Districts of the LHA n. 10 (Veneto Orientale).

- Affiliate branch offices have also been established in each hospital to facilitate 'protected discharge'.

- Access point works on 3 different levels:

  1. **Front office tasks**
  2. **Back office tasks**
  3. **Coordination**

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Main features of the example (description)

1. Front office tasks
- information, support and counselling
- first assessment by a social worker to activate access procedures
- support in bureaucratic procedures
- "protected discharge"

2. Back office tasks
- collecting information about service providers
- simplifying bureaucratic procedures
- monitoring, i.e. statistics about activated interventions, data collection and analysis, etc.

3. Coordination
- managing relations with internal and external services of the local health system
- linking competent bodies and services for access procedures and continuity of care
- promoting public events and initiatives about older people

What are/were the effects?

The Integrated Access Point has been implemented since 2009. First tangible results:

- simplification and improved user-friendliness of the assessment procedure for disability certification (link between the 'Prosthesis and Auxiliaries Office' with the Provincial Board of the National Institute for Social Security)
- definition of comprehensive access rules to home care services for the entire catchment area
- sharing criteria, instruments and processes among health and social services in order to plan continuous care

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Strengths and limitations

Strengths

- making older people aware of their rights and of the opportunities offered by the service network
- increasing the cooperation and transfer of information among competent bodies in order to plan continuous care and assistance.

Limitations

- there are still different and un-integrated systems running even within the LHA n. 10 itself.
- still superficial knowledge of local and informal resources (volunteer associations, migrant care workers)
- lack of information and proper training for professionals about the Integrated Access Point

Conclusions

For practice and policy:

In order to integrate hospital and home care, health and social services, formal and informal carers, back-office and coordination tasks are very important, such as:

✓ collecting information about service providers, associazioni e volontari che operano nel territorio

✓ simplifying bureaucratic procedures ,

✓ monitoring, i.e. statistics about activated interventions, data collection and analysis, etc.

Questions:

- Is the example relevant for your country and why (not)?

- What is crucial for its implementation?