TITLE: THE THIRD TRANSITION – the Clinical Evolution oriented to the Contemporary Older Patient

Authors and affiliation

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Alan J Sinclair, MD, PhD
Diabetes Frail Ltd, UK and University of Aston, UK

JAMDA, 2017
From disease to function

1. Clinical manifestation
2. Pathophysiology
3. Prognostic value
4. Efficiency markers

Clinical management
Systems design
TOTALLY DIFFERENT
Average expenditure per capita per year on nursing home care within the whole sample, adjusted by PPP

**Whole sample**

Total NH costs: $211.15; incurred by people with diabetes: $12.66

- Chronic lung disease ($0.07)
- Cancer ($0.02)
- Cognitive impairment ($0.28)
- Heart attack ($0.06)
- Severe functional impairment ($0.76)
- Moderate functional impairment ($0.59)
- Stroke ($0.45)
- Mild functional impairment ($1.82)

Data sources: SHARE study, World Bank, OECD

Rodriguez-Sánchez B et al., JAMDA 2017
THE NEW TRUE CHALLENGE

LONGEVITY
(AMOUNT OF LIFE)

Prevention
Risk manag.
Empowerment

CHRONIC
DISEASE

HEALTH
SYSTEMS
+
SOCIAL
SYSTEMS

QUALITY OF LIFE
FUNCTION

Integrated
Coordinated.
Continued

FUNDACIÓN
para la Investigación Biomédica
Hospital Universitario de Getafe

Hospital Universitario
de Getafe
Frailty & Function vs Chronic Disease

Table 1. Characteristics of classical and innovative frameworks

<table>
<thead>
<tr>
<th></th>
<th>Classical framework</th>
<th>Innovative framework</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focus</strong></td>
<td>Disease</td>
<td>Function</td>
</tr>
<tr>
<td><strong>Cluster of diseases</strong></td>
<td>Unusual</td>
<td>Usual</td>
</tr>
<tr>
<td><strong>Aim</strong></td>
<td>Prolong life expectancy</td>
<td>Improve QoL</td>
</tr>
<tr>
<td><strong>Mean</strong></td>
<td>Cure</td>
<td>Care</td>
</tr>
<tr>
<td><strong>Approach</strong></td>
<td>React</td>
<td>Prevent</td>
</tr>
<tr>
<td><strong>Prognosis based on</strong></td>
<td>Disease</td>
<td>Function</td>
</tr>
<tr>
<td><strong>Model of care</strong></td>
<td>Episodical</td>
<td>Integrated and continued</td>
</tr>
<tr>
<td><strong>Main cost component</strong></td>
<td>Complications of disease</td>
<td>Functional decline/Disability</td>
</tr>
</tbody>
</table>
Frailty as a dynamic functional state

**CARE FOCUSED ON**

<table>
<thead>
<tr>
<th>Preventing frailty</th>
<th>Preventing Disability</th>
<th>Preventing Disability</th>
<th>Preventing Dependency</th>
<th>Managing Dependency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Treating Frailty</td>
<td>Treating Functional</td>
<td>Treating Disability</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Decline</td>
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</tbody>
</table>

Potential reversibility of functional decline

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<table>
<thead>
<tr>
<th>Definition</th>
<th>Robust</th>
<th>Frail</th>
<th>Functional Limitation</th>
<th>Disability</th>
<th>Dependency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Interventions to improve quality and outcomes - and prevent or delay further functional decline</strong></td>
<td><strong>What</strong></td>
<td><strong>How</strong></td>
<td><strong>Where</strong></td>
<td><strong>What</strong></td>
<td><strong>How</strong></td>
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</tbody>
</table>

[Images representing different stages of frailty and interventions]
INTEGRATED CARE

ACU: Acute Care Unit; FRPAC: Functional Recovery Post-Acute Care; FOU: Falls and Orthogeriatric Unit; GDH: Geriatric Day Hospital; LT: Liaison Team; OC: Outpatient Clinic; CCU: Community Care Unit
The World report on ageing and health: a policy framework for healthy ageing

John R Beard, Alana Office, Ismael Araujo de Carvalho, Ritu Sadana, Anne Mangriet Pot, Jean-Pierre Michel, Peter Lloyd-Sherlock, JoAnne E Epping-Jordan, G.M.E.E (Geeske) Petters, Wahyu Retno Mahanani, Jathushwaran Arutchandani Thiagarajan, Somnath Chatterjee

Although populations around the world are rapidly ageing, evidence that increasing longevity is being accompanied by an extended period of good health is scarce. A coherent and focused public health response that spans multiple sectors and stakeholders is urgently needed. To guide this global response, WHO has released the first World report on ageing and health, reviewing current knowledge and gaps and providing a public health framework for action. The report is built around a redefinition of healthy ageing that centres on the notion of functional ability: the combination of the intrinsic capacity of the individual, relevant environmental characteristics, and the interactions between the individual and these characteristics. This Health Policy highlights key findings and recommendations from the report.

Published Online
October 29, 2015
http://dx.doi.org/10.1056/SDI0014-5166(15)30516-4
Aging and Life Course
(J R Beard PhD, A Office MPH, I Araujo de Carvalho MD, R Sadana ScD, A Mangriet Pot PhD, J E Epping-Jordan PhD, G M E E (Geeske) Petters, W Retno Mahanani, J Arutchandani Thiagarajan, S Chatterjee

Key Action Areas

- Alignment of Health Systems
- Provision of LTC
- Age-friendly environment
- Improve measuring, monitoring and understanding

Action

Aligning health systems to the needs of the older populations they now serve

Ensure access to older-person-centred and integrated care
- Provide services that are close to where older people live
- Ensure comprehensive assessments and service-wide care planning
- Build structures that foster multidisciplinary teams
- Support self-management
- Ensure access and affordability of medical products, vaccines, and technologies

Orient systems around intrinsic capacity
- Develop information systems that collect, analyse, and report data for intrinsic capacity
- Establish performance monitoring, rewards, and financing mechanisms that encourage care that optimises capacity
- Provide clinical guidelines on trajectories of intrinsic capacity

Ensure a sustainable and appropriately trained health workforce
- Provide training on ageing and age-related conditions for all health professionals
- Ensure core geriatric and gerontological competencies in all health curricula
- Match supply of geriatricians to population need and develop geriatric units for management of complex cases
- Consider new workforce cadres and extend roles of existing staff to act as care coordinators and self-management counsellors
The pathway from robustness to disability and dependency

**Life-course Determinants:**
- Biological (including genetic)
- Psychological
- Social, Societal Environment

**Chronic Disease**
- Decline in physiologic reserve

**Candidate markers**
- Nutrition
- Mobility
- Activity
- Strength
- Endurance
- Cognition
- Mood

**Adverse outcomes**
- Disability
- Morbidity
- Hospitalization
- Institutionalization
- Death

**Frailty in the clinical scenario**

The aim of health care has changed substantially—after centuries of trying to live longer, the time for living better has come. This change in focus has two main

*Leocadio Rodriguez-Mañas, Linda P Fried*

*Lancet, February 2015*
EIP on Active & Healthy Ageing

objectives, targets, scope & focus

specific actions

+2 HLY by 2020

*Triple win for Europe*

**Pillar I**
- Prevention
  - screening early diagnosis

**Pillar II**
- Care & cure

**Pillar III**
- Independent living & active ageing

- Prescription and adherence to medical plans (A1)
- Better management of health: preventing falls (A2)
- Preventing functional decline and frailty (A3)
- Integrated care for chronic conditions, inc. telecare (B3)
- ICT solutions for independent living & active ageing (C2)
- Age-friendly cities and environments (D4)
Frailty Decalogue

Anne Hendry, Leo Manas, Roberto Bernabei on behalf of the A3 subgroup coordinators
Frailty is a public health problem and societal challenge in Europe that can be prevented & will benefit from a European approach.

The EC supports MS to work on a EU policy to prevent frailty.

Work should be progress from:
- EIP on AHA AG Frailty
- Scientific evidence

Work will consider:
- MS individualities
- EC funded projects
- 2014 Council Conclusions
- 2014 SPC LTC report

Building a European approach to tackle frailty at national level.
Joint Action on Frailty

Working on frailty prevention by

Analysis
- Understanding frailty
- Framing the concept

Intervention
- Prevention
- Diagnosis
- Treatment
- Clinical pathways
- Services organization

Implementing results
- Awareness
- National structures/plans
- Capacity building
- Facilitators/barriers to change

"Frailty prevention approach" at EU level
ADVANTAGE JA

Joint Action on Prevention of frailty 2017-2019
ADVANTAGE JA

“A comprehensive approach to promote a disability-free Advanced age in Europe: the ADVANTAGE initiative”

A Joint Action with **22 Member States and 35 organizations** involved.
It is co-funded by the EU Commission and the Member States.

- **DURATION:**
  1\textsuperscript{st} January 2017 - 31\textsuperscript{st} December 2019 (3 years)

- **COORDINATOR:**
  Servicio Madrileño De Salud (SERMAS-HUG), Spain

- **BUDGET:**
  The estimated eligible costs of the action are EUR 5,738,934.60
  (The grant reimburses 60% of the action's eligible costs)
ADVANTAGE Coordinator Team
Other beneficiaries

- Medizinische Universitat Graz (MUG), Austria;
- Institut Scientifique de Sante Publique (WIV-IPH), Belgium;
- Natsionalen Centar Po Obshtestveno Zdrave i Analizi (NCPHA), Bulgaria;
- Hrvatski Zavod Za Javno Zdravstvo (CIPH), Croatia;
- Ministry of Health of the Republic of Cyprus (MOH), Cyprus;
- Ministerstvo Zdravotnictvi Ceske Republiky (MZČR), Czech Republic;
- Terveyden ja Hyvinvoinnin Laitos (THL), Finland;
- Agence Nationale De Sante Publique (ANSP), France;
- Ministere des Affaires Sociales et de la Sante (MASSDF), France;
- Medizinische Hochschule Hannover (MHH), Germany;
- Company of Psychosocial Research and Intervention (EPSEP) (SPRI), Greece;
- Panepistimio Patron (UPAT), Greece;
- Nemzeti Egészségfejlesztési Intezet (NIHD), Hungary;
- Health Service Executive HSE (HSE-NUI), Ireland;
- Agenzia Nazionale per i Servizi Sanitari Regionali (AGENAS), Italy;
- Istituto Nazionale di Riposo e Cura per Anziani INRCA (INRCA), Italy;
- Istituto Superiore di Sanita (ISS), Italy;
- Regione Marche (ARS), Italy;
- Universita Cattolica del Sacro Cuore (UCSC), Italy;
- Lietuvos Sveikatos Mokslu Universitetas (LSMU), Lithuania;
- Ministry for the Family and Social Solidarity (MFSS), Malta;
- Rijksinstituut voor Volksgezondheid en Milieu (RIVM), Netherlands;
- Folkehelseinstituttet (NIPH Norway), Norway;
- Helsedirektoratet (Hdir), Norway;
- Narodowy Instytut Geriatrii Reumatologii i Rehabilitacji Im.Prof.Dr Hab. Med. Eleonory Reicher (NIGRIR), Poland;
- Ministerio da Sauda - Republica Portuguesa (DGS), Portugal;
- Centrul National de Sanatate Mintala si Lupta Antidrog (CNSM), Romania;
- Scola Nationala de Sanatate Publica, Management si Perfectionare in Domeniul Sanitar Bucuresti (SNSMPDSD), Romania;
- Universitatea Babes Bolyai (UBB), Romania;
- Nacionalni Institut Za Javno Zdravje (NIJZ), Slovenia;
- Asociacion Centro de Excelencia Internacional en Investigacion Sobre Cronicidad (KRONIKGUNE), Spain;
- Consejeria de Salud de la Junta de Andaluca (CSJA), Spain;
- Fundacion para la Investigacion del Hospital Clinico de la Comunitat Valenciana, Fundacion Incliva (INCLIVA), Spain;
- NHS Lanarkshire (NHS LANARKSHIRE), United Kingdom.

AFFILIATED ENTITIES
- Fundacion Para La Investigacion Biomedica Del Hospital Universitario De Getafe (FIBHUG), Spain;
- Servicio de Salud de Castilla la Mancha (SESCAM), Spain;
- Servicio Vasco de Salud Osakidetza (Osakidetza), Spain;
- Statni Zdravotni Ustav (NIPH), Czech Republic;
- Azienda Ospedaliera Universitaria Federico II (FEDERICO II), Italy;
- Istituto di Ricerche Economico Sociali del Piemonte (IRES Piemonte), Italy;
- Regione Emilia Romagna (RER-ASSR), Italy;
- Regione Liguria (Liguria), Italy;
- Svim – Sviluppo Marche Spa Società Unipersonale (SVIM), Italy.
Objectives

1. To promote important sustainable changes in the organization and implementation of care in the Health and Social Systems;

2. To prepare a common European framework on screening, early diagnosis, prevention, assessment and management of frailty;

3. To develop a common strategy on frailty prevention and management, including raising awareness and advocacy among stakeholders, especially policy and decision makers.

ADVANTAGE JA aims at building a common understanding on frailty to be used in all the Member States, by policy makers and other stakeholders, which should be the base for a common management both at individual and population level of older people who are frail or at risk of developing frailty throughout the European Union.
TARGET GROUPS

1. Policy makers and stakeholders, both from the public and private sectors.

2. Health and Social care professionals

3. Frail older people and their carers, those at risk of frailty, and the EU population at large.
EXPECTED OUTCOMES /RESULTS

A GENERAL EUROPEAN FRAMEWORK

A SPECIFIC MS PERSPECTIVE which will be aligned with the European one, but implemented according to the local capability and context.
What are frailty main areas identified for a common approach? What would be the outcomes?

✓ Building a **common understanding** on frailty

✓ **Validating tools** for **early diagnosis** of frailty & **screening** of frailty risk factors

✓ **Preparing common guidelines** or frameworks on **screening**, **prevention**, **assessment** and **management** of frailty

✓ **Distinguishing frailty interventions** at clinical level & population level **from chronic diseases** interventions

✓ Developing the concept of the ‘**Prevention of Frailty Approach**’ in **health** and **social care services**

✓ Building consensus on the convenience of addressing frailty independently **from long-term conditions**

✓ Providing **road-maps fitted** to the interests of the EU states interested in the JA
EXPECTED OUTCOMES /RESULTS

• Develop and **encourage consensus in the concept of the Prevention of Frailty** in health and social care services.

• **Improve understanding of long-term medical conditions affecting older patients by its functional impact.**

• Contribute to **a more effective and sustainable response to the needs of older people.**

• **Reduce the burden and inefficiency in care delivery.**
<table>
<thead>
<tr>
<th>CHALLENGES</th>
<th>ADVANTAGE</th>
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<tbody>
<tr>
<td>CLINICAL MANAGEMENT</td>
<td>WP4</td>
</tr>
<tr>
<td>PUBLIC HEALTH ISSUES</td>
<td>WP5</td>
</tr>
<tr>
<td>TREATING FRAILTY</td>
<td>WP6</td>
</tr>
<tr>
<td>HEALTH SYSTEMS</td>
<td>WP7</td>
</tr>
<tr>
<td>RESEARCH &amp; TRAINING</td>
<td>WP8</td>
</tr>
</tbody>
</table>
How could this be done? / Work packages

- Horizontal work packages (coordination + dissemination + evaluation)
- Knowing frailty at an individual level
- Knowing frailty at a population level
- Treating/approaching frailty at an individual level
- Models of care to prevent, delay or treat frailty
- Extending and expanding the knowledge on frailty

**JA on Frailty Prevention**
- It should develop the concept of the ‘Prevention of Frailty Approach’ in health and social care services.
- It will build consensus on the convenience of addressing frailty independently from long-term conditions & Chronic Diseases.
Coordinator

WP leaders/Co-leaders

Task leaders

Members

State of the Art

Local development

Road-maps

Position St Roadmaps

Collecting information and draft writing

Draft review

Writing the final version

COORDINATION, DISSEMINATION, EVALUATION
16 Deliverables
33 Milestones
22 Member States
35 Partners
10 Affiliated Entities
1220 Persons/month
IMPLEMENTATION PHASES


**Phase II** (2018) - developing and testing the draft version of the common European model to approach frailty (frailty prevention approach – FPA document).

**Phase III** (2019) - drafting final documents, debating these with participant MSs, and drafting the final framework, the FPA document and policy recommendations.
State of the Art
WP leader /Co-leaders
Task leaders

Months 1-6

Drafting of frameworks/road maps
WP leader /Co-leaders

Months 1-12

Piloting of drafts
WP leader /Co-leaders
Task leaders
Local partners
Local institutions

M17-21
M22-24
M25-32

Working documents from each period
(1) State of the Art
(2) Local status and clustering
(3) First Drafts
(4) Second drafts (post-piloting)
(5) Comments to the road-map by clusters
(6) Final documents

Refining drafts
WP leader /Co-leaders
Local partners
Local institutions

Final Road-maps
WP leader /Co-leaders
Task leaders

Months 30-36

Local status
WP leader /Co-leaders
Local partners
Local institutions

(1) State of the Art
(2) Local status and clustering
(4) Second drafts (post-piloting)
(5) Comments to the road-map by clusters
(6) Final documents
Establishing the State of the Art
Looking for the Evidence

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**Search Strategy**

Reviews should ideally be registered with a prospective register such as PROSPERO (see [https://www.crd.york.ac.uk/PROSPERO/](https://www.crd.york.ac.uk/PROSPERO/)) and have adhered or reported their findings according to PRISMA guidelines. If high quality reviews on the topic are already available, these reviews can be updated rather than producing a completely new one.

**Bibliographic databases:**

- PubMed
- Cochrane
- Embase
- Uptodate
- Cinahl
- Google Scholar
Grey Literature:
Focused search based on recommendations of partners on their respective MS. Google can be also an excellent search tool for these documents.

Timeframe:
Look for last 15 years (2002-2017) publications. Former publications should be conveniently justified by its relevance.

Search terms and Boolean operators:
The search terms should be defined so as to describe each of the concepts we came up in the questions that need to be answered. At least the following key words will be used: "Elderly" "Aged", "Older adult", "Older person", "Geriatric"; "Frailty", "Frail", "Vulnerable", "Functional decline"; Function, disability.
We use Boolean operators to combine our search terms together correctly.
OR is used to find items containing ANY of your terms. It is typically used to join synonyms for the same concept.
AND is used to find items containing all of your terms. It is typically used to join different concepts together.
Age: adults; no minimum age 65 years, no maximum age.

Languages:
Articles in English + languages of partners participating in the WP might be included (non-English articles can be shared with partners for data extraction)

Guidelines review
- PICOT (Clinical research oriented) or
- PIE (Qualitative research oriented)

Citation
The publications refered should be mentioned according APA Citation Format: Author, A.A (Year of Publication). Title of work. Publisher City, State: Publisher.
When citing according APA, keep in mind:
- Capitalize the first letter of the first word of the title and any subtitles, as well as the first letter of any proper nouns.
- The full title of the book including any subtitles, should be stated and italicized
ESTABLISHING THE GOOD PRACTICES

Annex 2: Method for good practices review

Review Method
There will be no systematic search for good practices across MS, but rather an “opportunistic” one, meaning a focused or targeted search, taking advantage of the large number of countries and regions involved in this JA. This is to say, the search will

Sources
To ensure a homogenous approach and avoid duplication of work, partners will take advantage of other initiatives supported by the European Commission such as the following:

A) European Innovation Partnership on Active and Healthy Ageing (EIP-AHA)

B) Joint Action On Chronic Diseases And Promoting Healthy Ageing Across The Life-Cycle (CHRODIS) is a European collaboration that brings together over 70 associated and collaborating partners from national and regional departments

Template to summarize key information for analysis extracted from good practices or projects relevant for ADVANTAGE

<table>
<thead>
<tr>
<th>Good practices and projects of interest for ADVANTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title or definition</td>
</tr>
<tr>
<td>Country/region</td>
</tr>
<tr>
<td>Responsible and contact details</td>
</tr>
<tr>
<td>Time of execution</td>
</tr>
<tr>
<td>Description/ including target population and setting</td>
</tr>
<tr>
<td>Subclassify according to target population/setting/ and if it includes costs</td>
</tr>
<tr>
<td>Results obtained (Mention if there is an evaluation report)</td>
</tr>
<tr>
<td>Transferability (yes or no)</td>
</tr>
<tr>
<td>If transferable, what are the lessons for ADVANTAGE</td>
</tr>
<tr>
<td>Relevance for ADVANTAGE</td>
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<tr>
<td>Actions to be implemented</td>
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<tr>
<td>e.g: Join activities with ADVANTAGE members as workshops, conferences, publications etc</td>
</tr>
</tbody>
</table>
ADDING THE LAST CONTRIBUTIONS

Method for EU funded projects review

EU Health Programme

310545 ACT: Advancing Care coordination & TeleHealth Deployment Programme
https://www.act-at-scale.eu/

536189 CHRODIS-JA: Joint Action addressing chronic diseases and promoting healthy ageing across the life cycle http://www.chrodis.eu/

307828 ICARE4U: Innovating care for people with multiple chronic conditions in Europe http://http://www.icare4eu.org/

304279 MANAGE Care: Active Ageing with Type 2 Diabetes as Model for the Development and Implementation of Innovative Chronic Care Management in Europe http://http://www.manage-care.eu/

533157 Urban Health Centres 2.0: Integrated health and social care pathways, early detection of frailty, management of polypharmacy and prevention of falls for active and healthy ageing in European cities http://uhce.eu/

709770 ACT-at-scale Advancing Care Coordination and Telehealth deployment at Scale https://www.act___programme.eu/

FP7 Integrated Care

610359 PERSILIAA: Personalised ICT Supported Service for Independent Living and Active Ageing
https://persiliaa.com/

305821 Project Integrate: Benchmarking integrated care for better management of chronic and age-related conditions in Europe (RTD E3)
http://projectintegrate.eu/

602645 COFI: Comparing policy framework, structure, effectiveness and cost-effectiveness of functional and integrated systems of mental health care (RTD E3)
http://cordis.europa.eu/project/rcn/180146_en.html

223123 EQUITY-LA: Impact on equity of access and efficiency of integrated health care networks in Colombia and Brazil (RTD E3)
http://cordis.europa.eu/project/rcn/913111_en.html

305555 InSup-C: Patient-centred palliative care pathways in advanced cancer and chronic diseases (RTD E3)
http://www.insup-c.eu/

222954 HOME CARE: Clinical continuity by integrated care (RTD E3)

261369 INTERQUALITY: International research on quality in healthcare (RTD E3)
http://interqualityproject.eu/content/project

223037 Interlinks: Health systems and long-term care for older people in Europe (RTD E3)
http://interlinks.euro.centre.org/

242189 ECHO: European collaboration for healthcare optimization (RTD E3)
http://cordis.europa.eu/project/rcn/94070_en.html

201655 PRISMA: Reflecting the positive diversities of European priorities for research and measurement in end of life care (RTD E4)

H2020 Integrated Care

634144 SUSTAIN: Sustainable tailored integrated care for older people in Europe (RTD E3)
http://www.sustain-eu.org/

634288 SELFIE: Sustainable integrated care models for multi-morbidity; delivery, financing, performance (patient-centred care models, RTD E3)
http://www.selfie2020.eu/

611223 WELCOME: Wearable sensing and smart cloud computing for integrated care to COPD patients with comorbidities (integrated care management tool and a monitoring vest)
http://www.welcome-project.eu/about-the-project.aspx

216487 COMPANIONABLE: Integrated cognitive assistive and domotic companion robotic systems for ability and security
http://cordis.europa.eu/project/rcn/85553_en.html
IMPLEMENTATION PHASES


**Phase II** (2018) - developing and testing the draft version of the common European model to approach frailty (frailty prevention approach – FPA document).

**Phase III** (2019) - drafting final documents, debating these with participant MSs, and drafting the final framework, the FPA document and policy recommendations.
Figure: Procedure to prepare and conduct the MSs’ survey.
THE THIRD TRANSITION
BREAKING THE CLINICAL INERTIA

CURE
DISEASE
SURVIVAL
TO DO
LONG-TERM
REACT
EPISODES

ADVANTAGE

CARE
FUNCTION
QUALITY OF LIFE
RISK TO BENEFIT RATIO
TIMELY INTERVENTIONS
PREVENT
INTEGRATED/CONTINUED

Rodriguez-Mañas et al., JAMDA 2017
¡Thanks for your attention!

leocadio.rodriguez@salud.madrid.org