

Which is our rehabilitation model from intake to discharge?

➤ Intake

- *We take care since the early onset of disability*
- *however, after the acute stage*
- *including also children and elderly patients*
- *providing all involved diagnostics in the fields we are involved in*

➤ Discharge

- *We discharge early subacute inpatient (providing high intensity rehabilitation programs) to other settings:*
 - late subacute inpatient (providing low intensity rehabilitation programs);*
 - day hospital;*
 - ambulatory with both single and multiple daily treatments;*
 - residential;*
 - home care;*
 - telerehabilitation*
 - hospice keeping in touch with patient to the end-of-life*

What is our model to ensure continuity of care from the acute stage to the community?

- We are prepared for all stages of the continuity-of-care chain
 - *habilitation programs*
 - *support programs to school integration*
 - *diagnostic and treatment programs for children, adults and elderly patients*
 - *post-acute medical rehabilitation programs: high and low intensity programs*
 - *rehabilitation of vegetative and minimally conscious state*
 - *Residential long-term care: RSA (elderly) and RSD (very important disability)*
 - *Integrated home care (ADI)*
 - *Day centres (socio-occupational programmes) for young and elderly patients*
 - *End-of-life care (hospices)*

Which are our main points of excellence?

- Clinical rehabilitative multidisciplinary pathways of: severe brain injuries, stroke, MS, PD, COPD, HT, ALS ;
- clinical research on neuro-imaging and techniques based on motor relearning, for severe brain injuries and stroke
- clinical research on spasticity and dystonia: tailored PM&R protocols using also gait analysis; botulinum toxin; orthoses; neuro-orthopedics surgery
- health technology assessment :serious games; virtual reality robot-assisted and tele-rehabilitation
- assistive technology information, assessment and prescription

In our Country, how is rehabilitation positioned within the medical and care system?

- Within the National Health Service (NHS)
 - *Local Health Authorities, within the framework of NHS, authorises public and private health structures*
 - *A citizen's right, falling within the Essential Care Levels (LEA). Out of LEA are provided by individual out-of-pocket and insurances*
 - *Current trend: reducing budget for acute care; improving support for chronic conditions*
- Within the social system (municipalities)
 - *The more the setting moves from medical to social care, the more the involvement of municipalities increases*

How are rehabilitation activities financed?

- By the National Health Service (NHS)
 - *through the Regions or the Local Health Authorities, depending on regional regulations*
 - *IRCCS s(Clinical Research Institutes) receive funding also from the Ministry of Health*
 - *resources come from the National Health Fund collected through national taxation*
- Alternative or additional options
 - *individual out-of-pocket payment*
 - *Individual out-of-pocket followed by reimbursement by insurances*
 - *direct contracts between service providers and insurances*
- Our target at FDG
 - *We aim at about 70% NHS and 30% alternative/additional options*