CONFERENCE UNIFIED

In today's meeting of October 30, 2014:

In view of art. 9 of Legislative Decree 28 August 1997, n. 281 and, in particular, paragraph 2, letter c), pursuant to which this Conference promotes and establishes agreements between the government, regions, provinces, municipalities and communities' montane, in order to coordinate the exercise of their competence and play in cooperation activities' of common interest;

View the letter of 2 October 2014, by which the Ministry of Health sent the draft agreement currently in question, that a note dated October 10 and 'was sent out to the regions and the autonomous provinces of Trento and Bolzano and the Autonomy locals;

Considering that, at the meeting were agreed technical modifications of 16 October 2014, improvement of the text, incorporated in the final version that the Health Ministry has sent a note dated 17 October 2014 and that this Secretariat has issued on 22 October 2014;

View the note of 29 October 2014, by which the Veneto region, coordinator of the Health Commission, announced the technical opinion favorable to the agreement in the above version of the October 22, 2014;

Acquired, in today's session of this Conference, the consent of the government, regions and autonomous provinces of Trento and Bolzano and local self-government with the recommendation - formalized by the Conference of Regions and Autonomous Provinces by a note dated November 6, 2014 - that the implementation of the Plan to be strengthened with additional operational tools, in order to ensure both the operational and organizational autonomy of the regions and autonomous provinces;

Enshrines Agreement

Between the government, the regions and the autonomous provinces and local self-government, in the following terms:

Given that:

Legislative Decree n. 502/92 - "Reorganisation of the health-related discipline pursuant to art. 1 of the law 23 October 1992, n. 421 "and subsequent amendments and additions, directs the actions of the National Health Service to respect the principle of appropriateness and identification of therapeutic diagnostic pathways and guidelines;

In Europe it is estimated that the prevalence of dementia increases, in the same time period, from 1.6% in the age of 'class 65-69 years to 22.1% in the greater than 90 years for males and from 1 % to 30.8%, respectively, in women. Incidence rates for dementia range from 2.4 per 1000 person years in the class of eta '65-69 years to 40.1 per 1000 person-years in that more than 90 years in men and from 2.5 to' 81, 7 respectively in the female population. Alzheimer's dementia is, according to these estimates, about 60% of all dementias;

Unofficial Google translation version created for study by ADI July 2016
Dementias include a set of diseases (dementia of the Alzheimer's, vascular, frontotemporal, Lewy body, mixed forms, etc.) which have a significant impact in social and health terms is' cause an increasing number of families are dramatically involved, and because 'require the activation of a qualified integrated network of health and social care services. Dementias, furthermore, represent a major cause of disability '. Given the progressive aging of the general population these diseases are becoming, and will be more and more ', a significant problem in terms of health' public;

The symptoms of dementia, resulting in the serious impairment of cognitive function, and 'in fact characterized by a disabling' progressive whose clinical and care management is extremely complex. It should also be noted that the clinical condition of the patient with dementia and 'usually characterized by the pluripatologia phenomenon that inevitably involves various degrees of disability' which are accompanied by somatic problems, psychiatric, social, ethical and medico-legal;

On the national and 'present a differentiated organization of the territory between the different regions and sometimes even within individual regions and a marked variability' in offering qualitative and quantitative diagnosis and treatment services. Often it also detects a still poor integration and collaboration between hospital, general practitioners (GPs), local services and integrated home care likely to result in a shortage in taking charge and continuity 'welfare. Reality 'is very varied, with areas secure excellence alongside other where and' compelling need to give quality ';

The duties of Members subject to perform the function of governance, Ministry, regions and autonomous provinces, local authorities, based on the different prerogatives and responsibilities';

Set goals and strategies;

Designing the structures of government and control;

Monitor and evaluate the operation;

Measure and evaluate the degree of achievement of objectives,

Predict management systems aimed at continuous improvement and able to intervene during construction to enhance certain performance;

In Italy there are many initiatives to dementia but, despite the efforts of governments, associations and health care workers, social and health, the management of the problem and 'still often approached in moments and distinct paths;

Befits

1. On the need 'to define and implement the "National Plan dementia', Annex A), an integral part of this Act, intended as a global strategy for the promotion and improvement of quality 'and
appropriateness of care interventions in the sector, starting It assumes that, as in all chronic degenerative diseases in which the pharmacological approach is not 'decisive in changing the natural history, there should be a complex network and staff of care pathways, according to an integrated management philosophy of the disease.

2. The Government, regions, autonomous provinces and local authorities undertake to implement the National Plan dementias, divided into articulated objectives and actions in detail in the Technical Annex, for the promotion and improvement of quality 'and appropriateness of integrated interventions in the field of dementia.

3. The actions, which are complementary and mutually reinforcing, are to jointly undertake at national, regional and local.

4. The implementation by the individual regions, autonomous provinces and local authorities of the planned measures and 'made in the framework of the respective welfare programming and respect the related economic and financial planning, with respect to human resources, equipment and financial resources provided by law .

5. From the Actions under this Plan shall not derive new and increased burdens on public finances.

Rome, October 30, 2014

The President: Lanzetta

The secretary: Naddeos
NATIONAL dementias - Strategies for the promotion and improvement of quality 'and appropriateness of care interventions in the field of dementias

Introduction

Dementia and 'a chronic degenerative disease whose natural history and' characterized by progression more 'or less rapid cognitive deficits, behavioral disorders and functional impairment with loss of autonomy and self-sufficiency with varying degrees of disability' and consequent dependence on others, to the immobilization in bed. And 'necessary to reach the more' quickly as possible to an accurate diagnosis that allows pharmacological interventions and / or psychosocial aimed at curbing the progression of the disease in relation to the stage, the degree of disability 'and to comorbid'; and 'equally necessary and indispensable to manage all problems that arise in the course of the various stages.

Dementia and 'increasing in frequency in the general population and it' was defined according to the WHO report and ADI a priority 'global public health "in 2010 35.6 million people were living with dementia by two-fold increase estimated in 2030 , three times in 2050, each year 7.7 million new cases (1 every 4 seconds) and median survival after diagnosis of 4-8-years. Cost estimating and 'of 604 billion dollars / year with gradual increase and continuing challenge for health systems. All countries must include dementia in their public health programs; at international, regional and national and local programs and coordination are needed on more 'levels and among all stakeholders. And 'necessary to ensure the best quality' of life for the patient and adequate support for family members to be part of health systems, social, financial and legal. Therefore it must act now to: 1) promote worldwide a society 'able to understand and include dementia; 2) treating dementia a priority 'national social and health in all countries; 3) improve the attitude and knowledge of the public and professionals compared to dementia; 4) investing in health and social systems to improve care and services for patients and their families; 5) increase the priority 'given to dementia in the agenda of public health research. "(Geneva, 11 April 2012).

The majority of associated risk factor to the onset of dementia and 'age' and in a society 'aging, the impact of the phenomenon of alarming proportions is looming, and it' easy to predict that these diseases will become, in a short time , one of the most 'important problems in terms of health' public. It also emphasizes that the female sex is an important risk factor for the onset of Alzheimer's dementia, the most 'frequent form of all dementias (about 60%).

Increasing evidence available in terms of primary and secondary prevention identified seven potentially modifiable risk factors associated with the onset of Alzheimer's dementia, such as diabetes, hypertension in eta 'adult, obesity' age 'adult, smoking, depression, low education and inactivity 'physics. It is estimated that about one third of cases of Alzheimer's disease are potentially attributable to all of these factors. In this sense, some studies conducted for several
decades in some European and American populations appear to document, over the years more 'recent, a reduction in the prevalence of dementia probably due to a change in lifestyle.

With such a scenario is not surprising that the European Commission, the World Health Organization 'and recently also the specific of the G8 summit, held in London in December 2013 have reiterated that Alzheimer's dementia is a priority 'global agenda for the coming years. In particular the London summit has highlighted the need 'of policies to support innovation in research and healthcare of patients with dementia field.

An alert deserves the recent Joint Action European ALCOVE (Alzheimer Valuation Cooperatives in Europe) on policies for dementia. This project involved 30 partners from 19 countries, including Italy, who coordinated the area of epidemiology, and had as its objective the improvement of knowledge about the disease and its consequences helping to stimulate a reflection on the quality 'of life of people, on the concept of autonomy and the rights of those living with a form of dementia. The final recommendations of the ALCOVE project were focused on four specific areas such as epidemiology, diagnosis, support systems for the management of behavioral and psychological symptoms (BPSD) of people with dementia and ethical aspects (rights, autonomy, dignity ’).

With regard to the epidemiology of the most 'relevant aspects regarding the need' to promote further studies on both the prevalence of dementia in general, respecting high quality standards' as those defined in Alzheimer's Disease International Report of 2009, both the prevalence and incidence in people with dementia under the age of '65 years to better define the frequency of a little known phenomenon and very heterogeneous. Then it appears urgent to improve the collection of data on the use of antipsychotics in people with dementia in a prospective and systematic way in different contexts (communities', home care, memory clinics, nursing homes - RSA) in order to promote national campaigns appropriate use of these drugs by reducing the risk associated with their use.

For the diagnosis and 'it recommended the importance of the centrality' of the person. In particular, the timely diagnosis of dementia should be available for all citizens who require it the moment it is detected for the first time an alteration of the cognitive and / or behavioral functions. We have to reduce the fear and stigma about dementia.

The recommendations related to the support systems for the management of behavioral and psychological symptoms (BPSD) of people with dementia show that they are a source of considerable care burden and depression for caregivers, as well as an increase in the rate of institutionalization for people with dementia. All Member States should develop a three-dimensional holistic strategy focused on the development of structures and charitable organizations dedicated to BPSD, individualized interventions for the patient and the caregiver (Individualized Patient and Family Carers, IPCI) combining psychosocial interventions and drug therapies, and ultimately to ensure the competence of social and health professionals.

The recommendations relating to the rights, autonomy and dignity 'of people with dementia represent a real emergency from an ethical point of view. A person diagnosed with dementia should not automatically be considered unable to exercise his right of choice. The presumption
of competence must be guaranteed to persons with dementia during the entire course of the disease, and are also provided all possible support mechanisms in this direction. The Italian context

Italy and 'one of the countries in the world with the most' high proportion of older people (age 'equal to or greater than 65 years). In Europe, according to ISTAT data at January 1, 2013, is in second place after Germany, with a number of elderly 12,639,000, equal to 21.2% of the total population. Even the old age index, defined as the percentage ratio between the population aged 'elderly (65 years and more') and the population in age 'youth (under 15), Italy ranks second in Europe after Germany, with a ratio of 144 elderly people for every 100 young people. Demographic projections show an arithmetic progression of this indicator until you get to Italy in 2051 to 280 seniors for every 100 young people.

Therefore, they are increasing all chronic diseases, as age-related', and among these dementias. The prevalence of dementia in industrialized countries and 'approximately 8% in the sixty and salt to more than 40% after the eighties. The progressive increase of the elderly population will imply 'a further substantial increase in the prevalence of dementia patients. In Italy, the total number of patients with dementia and 'estimated at over one million (of which about 600,000 with Alzheimer's dementia) and about 3 million people directly or indirectly involved in the care of their loved ones. According to some projections, the cases of dementia could triple over the next 30 years in western countries.

The consequences on the economic and organizational level are easy to imagine, considering that the only direct annual costs for each patient are, in several European studies, estimated in numbers ranging from 9000 to 16000 Euros. depending on the stage of disease. Estimates calculation about the health and social costs of dementia in Italy speculate overall figures equal to about 10-12 billion euros per year, and of these 6 billion for the only Alzheimer's disease.

The growing already 'mentioned importance attached to interventions that have potential impact on the prevention of dementia, such as those mentioned above, and' also evidenced by the fact that for the first time the National Prevention Plan (PNP) 2010-2012 had included the issue of dementia among the priority 'action, and the theme, and' currently under consideration and also in the proposed definition of the new five-year PNP 2014-2018.

The "integrated management model 'and' now considered the most 'practical approach for improving care for people with chronic diseases. These people, in fact, they need, as well as effective treatments and modulated on the different levels of gravity', also of continuity' of assistance, information and support to achieve the maximum capacity 'self-management possible. To implement an intervention of integrated management and 'critical to have:

Identification of processes and tools of the target population;

of guidelines based on evidence;

for models of collaboration among the various professionals involved to promote multidisciplinary care;

Unofficial Google translation version created for study by ADI July 2016
of psycho-educational tools to promote self-management of patients and their families as an essential component of care for the chronically ill;

of process and outcome measures;

sustainable and well-integrated information systems on the territory that encourage not only the communication between doctors but also among doctors, patients and family members to get coordinated care and long-term;

mechanisms and training programs / upgrade for specialists and General Practitioners (GPs).

Especially for chronic degenerative diseases such as dementia, therefore, it seems necessary to define a set of care pathways according to an integrated management philosophy of disease, and as' documented in the literature by different international experiences, is effective and efficient in relation to a improvement of the natural history of the disease.

In Italy, despite the efforts of governments, associations and most of the social health of the workers, the management of dementias problem 'still approached in moments, and often with distinct pathways: the diagnosis, the care and the rehabilitation, forgetting that only an integrated approach, at all levels, can 'be an effective response to the complex issues that the disease brings with it'.

The current supply situation social care concentrates, to varying degrees, on specialized structures activated within the 'Progetto CRONOS ', launched by the Ministry of Health' in 2000. In implementation of the project were established in all Italian Regions 500 'United' rating of Alzheimer 's(UVA) for screening patients to start the administration of anti-cholinesterase drugs included in the study, according to a predefined path aimed at ensuring maximum accessibility' to all stakeholders.

In such services operate to date almost 2,000 health and socio-health professionals including doctors (who are responsible, in accordance with the decision adopted by the AIFA, the pharmacological treatment plan), psychologists, rehabilitation technicians, social workers, nurses, administrative personnel.

The criteria suggested, in the protocol of the project for the establishment of UVA were centered on the identification of joint coordination based on 'functional neurological, psychiatric expertise, internal medical and geriatric present as part of hospital departments, the specialist community services and home care of local companies as well as' general medicine.

Italy and 'was the first country that has focused on the creation of specialized centers where a diagnosis of dementia and coordinates a therapeutic phase. Even after France, Germany, United Kingdom, Austria and Ireland have promoted the establishment of "memory clinics", which are based on the same assumptions. In summary these structures, in connection with the general practice, have represented and represent the core of a system dedicated to dementia around which to build an integrated network of health and social and health services.
In years past, in some regions, however, 'the establishment of UVA and not' based on a program that would read the reality 'of needs and on it dimensionasse the facilities on offer, so much so that an assessment is carried out in 2002 Istituto Superiore di Sanita 'and' emerged in 2006 that about 25% of the service facilities and 'provided one day a week and that in about 7% and will' one doctor dedicated to this work.

It is worth noting that about 20% of UVA, in the course of the investigations conducted in the past, had not been reached.

After almost fourteen years these specialized structures are still, in many cases, in addition to general practice, the access point to the network of social and health services for patients and their families, but need, now, to urgent adaptation, rationalization and / or enhancement.

As an example, take for example the fact that some regions have seen fit to change in the first instance the same designation of dedicated specialized centers, going from UVA in 'United' Assessment of Dementia "(UVD) and / or" centers for the decay cognitive, "thus emphasizing 'the shift from a vision centered on Alzheimer's to a more' wide extended to all forms of dementia (remember that about 40% of dementias are otherwise) or to more 'structured spectrum stadiazioni.

A further element criticality 'of the system and' represented by the poor integration of health services with social, confirming the difficulties' that still meet to achieve its primary goal of building and coordinating the network.

On the basis of the above, it would therefore promote a strategic process aimed at identifying mode 'and structures that represent the access node to offer integrated health and social support networks, also in the light of experience gained in recent years with regard access to unique points (PUA) specifically targeting the elderly and the disabled.

At the same time we must give strength to clinical excellence, in diagnosis, therapy and rehabilitation and the experience gained from UVA in almost fourteen years of activity'.

Today repents the importance of a common name for these facilities on its territory that can above all characterize them as a clear point of reference and would also make explicit the fact that they are providing the taking charge of people with cognitive impairment and / or dementia and comply with the implications of prescription drugs provided by AIFA (eg note 85 published in the Official Gazette, general series n. 65 of 1973/2009 and the Press on the use of antipsychotics of 8/5/2009).

The shared name that appears incorporate more clearly the different instances and "Center for Cognitive Disorders and Dementia (CDCD)."  

An integrated health network, social and health and social allow 'the patient, the GP and family to enjoy in comfortable way of a qualified clinician and nursing reference that you use at each stage where it becomes necessary, the appropriate level of care, by acute care hospital specialists,
the hospital day care integrated home, from nursing homes to home hospitalization, the day care center etc.

The awareness of the complexity 'of the phenomenon of dementia, with all its implications on the premises of the social fabric, thus requiring an extraordinary effort on the part of the institutions, central and regional, in close cooperation with the associations of family members and patients.

This commitment must be directed towards the development of a capacity 'of governance of complex phenomena, essential to face a real social-health emergency.

To this end, the "National Plan dementia" is intended to provide strategic direction for the promotion and improvement interventions in health, not only with reference to specialized therapeutic aspects, but also the support and accompaniment of the patient and family members along the way nursing.

To homogenize the interventions on the national territory and the Plan 'aggregated around some priority objectives from which descend a series of actions.

These shares will be then appropriately declined and articulated on the basis of specific needs and the lessons learned, through a rationalization of resources aimed at achieving the same objectives.

Finally appears urgent the need 'of a complex development of scientific research with particular emphasis on those findings directly transferable to health' public because they are able to adequately support the prevention, timely diagnosis, appropriate treatment and rehabilitation.

The plan therefore focuses his attention on all appropriate health measures 'public interventions that can promote appropriate and adequate, in contrast to the social stigma, the guarantee of rights, updated knowledge of the activities' coordination, as a whole aimed at a proper integrated management of dementia.

Objectives and priority actions

Objective 1: Interventions and measures of health and social care policy:

Increase the knowledge of the general population of people with dementia and their families, as well as' professionals alike, each for their own levels of competence and involvement, about the prevention, early diagnosis, treatment and care of people with dementia with attention to the forms of early onset;

Achieve, through support for research, treatment advances and improvement in quality 'of life of people with dementia and their carers;

Organize and carry out activities' epidemiological survey aimed at improving programming and assistance for effective and efficient management of the disease.
Actions:

1.1. Promotion of strategies for primary and secondary prevention;

1.2. Realization of an updated map of the offer health, social care and social also in collaboration with the municipalities;

1.3. Promotion of actions aimed at the creation of an integrated regional care network, with local articulation, based on criteria of quality 'organizational and structural assessable and shared;

1.4. Presence of specific objectives related to interventions for dementia in the evaluation of general managers and managers of operating units identified by the regional planning;

1.5. Promotion and coordination of activities at national 'level of research in the field of health' public, with particular attention to the epidemiological, clinical, and social;

1.6. Activation of a permanent discussion table for dementia, including the Ministry of Health and the Regions, the latter perhaps organized through an inter-table (much already 'model case for other areas of intervention), which makes use of the scientific contribution Superiore di Sanita '(ISS) and Agenas as well' than that of the national Associations of family members of patients. It is considered important that the table is integrated by representatives of the social component in its national articulations, regional and local levels;

1.7. Implementation of an information system on dementias, from the exploitation of the already 'existing flows, enabling dialogue between the regional and national levels and is used to support the functions of:

monitoring of the phenomenon and planning of interventions based on indicators of appropriateness and quality ';

support for implementation verification of this Plan;

targeted research.

Objective 2: Creation of an integrated network for dementia and implementation of integrated management:

Promote the prevention, early diagnosis, taking charge, also in order to reduce discrimination, favoring appropriate intersectoral policies';

To standardize care, paying particular attention to social inequalities and conditions of fragility 'and / or vulnerability' social health.

Actions:
2.1. Creation, reorganization and strengthening of a network of services and functions, from CDCD, which is configured as an integrated system able to ensure the diagnosis and timely in taking charge, the continuity of care and a correct approach to the person and to his family at different stages of the disease and in the different contexts of life and care (GPs, clinics for dementia, Day Centres, dedicated ADI, etc.), with particular attention to the ethical aspects.

2.2. Structuring, based on the specific regional programming, this network of services and functions to respond to specific criteria of quality 'supply and shared care pathways, with particular reference to the following aspects:

- Sizing the offer of services based on the assessment of the requirements of the different territories;

- The identification of services, functions and skills to facilitate the correct answer to every need 'to patient care at every level of care, from primary care to outpatient specialist services, to those residential and semi-residential, hospital services;

- The networking of professionalism 'required multidisciplinary and multidimensional approach, ensuring the availability' of the professionals needed (MMG geriatrician, neurologist, psychiatrist, psychologist, nurse, social worker, occupational therapist, physical therapist, social health operator, etc.);

- The accessibility 'and usability' of the services, in terms of location, large number of hours of daily and weekly opening;

- The sharing and implementation of diagnostic and therapeutic-care nursing / paths paths (PDTA) that ensure the integrated management.

2.3. Formulation of a Charter of specific services in which they are contained indications concerning general information on the operability 'of services and on how' welfare of the entire route, to guarantee transparency in supply.

Objective 3: Implementation of strategies and interventions for the appropriateness of care:

- Improve the capacity 'of the NHS when disbursing and monitoring services, through the identification and implementation of strategies that pursue the rationalization and that they use working methods based primarily on the appropriateness of the services provided;

- Improve the quality 'care of people with dementia at your location, at the residential and semi-residential and at all stages of disease;

- Promote the appropriate use of drugs, technologies and psycho-social interventions.

Actions:

3.1 Development of Guidelines and Expert Consensus Documents:
3.1.1 Development of Guidelines (LG) which become necessary in view of promoting good preventive care and clinical practices based on scientific evidence, with particular attention to areas of criticality;

3.1.2 Processing of those LG within the national system guidelines (SNLG), with the involvement of all the institutional players (Ministry of Health, National Institute of Health, Regions, AGENAS) and the collaboration of the major associations of patients and family and the main Company 'scientific;

3.1.3 Monitoring of the dissemination and implementation of LG as well as' adherence to them, carried out at the regional level through the use of common indicators;

3.1.4 Formulation and approval of further consensus documents which, although not taking shape as LG 'cause relevant to areas of greater uncertainty, are still considered useful fitness tools and quality';

3.1.5 Endowment and adoption by the Regions, of a document relating to diagnostic and therapeutic-care nursing / paths paths (PDTA), which guarantee the integrated management since they are designed not only to improve the quality 'of care but also to reduce the delays in the delivery of appropriate treatments and to improve the use of resources;

3.2 Training and Upgrading:

3.2.1 Promotion of an adaptation of specialist training courses in general medicine organized and activated by the Regions;

3.2.2 Activation of training courses / refresher courses to all professionals working in the health, social and health services, with mode 'integrated and placing them in the context of continuing education ECM company and regional;

3.2.3 Promotion of training opportunities in collaboration with the associations of family members involving the participation of all social and health professionals and family / informal caregivers;

3.2.4 Promotion of systematic activities' audit which self-assessment tool for health professionals and the improvement of clinical practice.

Objective 4: Increased awareness and stigma reduction for improvement of quality 'of life:

Support people with dementia and their families by providing them with correct information about the disease and about the services available to facilitate access to them as much 'as early as possible;

Improve the quality 'of life and care and promote the full social integration for people with dementias through the personal involvement strategies and family;
Facilitating all forms of participation, in particular through the involvement of families and associations, developing not only the empowerment of the people but also that of the community. In this context, the regional governments take steps to the involvement also of local associations.

Actions:

4.1. Promotion of information events of national and regional importance, aimed at raising awareness of the general population, the fight against social stigma, promoting respect and dignity of people with dementia, even using the web-based communication systems;

4.2. Development of interventions of the active and informed involvement of family / caregiver parallel to offer personalized support, training and targeted information;

4.3. Use of monitoring tools of the health and protection of caregivers;

4.4. Support and development of associations of family members and volunteer networks, and their activities dedicated to the caregiver;

4.5. Encouragement of all opportunities low-threshold and high-capacity of contact for the involvement of people with dementia and their family and informal support (such as coffee Alzheimer's or other initiatives on the proven territory).

The activities monitoring of this Plan will be realized in the context of the comparison functions referred to in paragraph 1.6.

In the first year of enactment will be carried out the monitoring of the formal implementation of the Plan and subsequently will concern specifically monitoring its application, assessed on the basis of the indicators that will be identified as part of the permanent comparison function for dementia expected Objective 1.

This function is also assigned the task to highlight all the critical points in the application of the Plan, such as the uneven location of the centers in the organization, availability and the status of implementation of the current information flows in different regions, which should be funneled into an integrated information system, as also foreseen by Objective 1.

In this context expressly it provides for the possibility to draw up the following related documents will be submitted to the approval path such agreements Joint Conference, for topics which are of a special nature criticality and delicacy.

Alongside those already mentioned were also obtained:

the definition of quality indicators and criteria for the facilities included in the network of integrated management;
the formulation of guidelines to promote correct approaches in the communication of the diagnosis phase, the acquisition of informed consent, and in the use of legal institutions (eg. support administrator);

the valuation of certain ethical aspects, such as the topic of advance directives of treatment including the possibility of access to palliative care in the terminal phase of illness;

promoting the drafting of guidelines for operators to support and protect the patient's age "work;"

the deepening of issues related to the specificity "of early-onset dementia."