Abstract

Hospital–Community Integration: The Territorial Oncology Center of Local Health Authority 04 of Teramo

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Citation: Barnabei, F., Battipane, R., Catalani, M., Di Giuseppe, G., Di Mercurio, F., Parravano, F., Raican, C. M., Ulian, A., & Zenobi, E. (2026). Hospital–community integration: The Territorial Oncology Center of Local Health Authority 04 of Teramo. *International Journal of Health Supplements*, 1(Suppl. 2), 138–139. https://doi.org/10.82051/ijhs-2026-Suppl2

Winner of the Early Bird Abstract Award

Introduction. Proximity-based care in oncology pathways represents an innovative model capable of improving accessibility, personalization, and humanization of care. Within this framework, the Territorial Oncology Center of Teramo has been established as a patient-centered facility designed to be welcoming, barrier-free, and focused on patient well-being. The center provides multidisciplinary services, ensuring access to oral and subcutaneous therapies and continuity between hospital and community care through a mobile unit-based organizational model, with outpatient clinics dedicated to specialist consultations and integrated services. The aim of this study was to evaluate the impact of this organizational model on quality of life, financial toxicity, service organization, and healthcare costs.

Methods. Data were collected from PROFFIT7 questionnaires, hospital information systems, and electronic medical records. Indicators included the number of accesses, services delivered, patients managed, quality of life, and costs. The study population comprised patients with HER2-positive breast cancer in early and advanced stages, luminal-like patients receiving adjuvant oral therapies, individuals in the diagnostic phase with potential inclusion in clinical care pathways (PDTA), and outpatient referrals through the centralized booking system (CUP).

Results. High levels of patient satisfaction were observed in both oncology and radiotherapy settings, particularly regarding staff availability and service accessibility. However, significant financial toxicity persisted, mainly related to transportation and out-of-pocket expenses. Hospital–community integration improved organizational efficiency: despite an increase in delivered services, the average

cost decreased by 43%, alongside an optimization of care settings.

Discussion. The model proved to be effective and sustainable, addressing the needs of a growing oncology population characterized by an increasing number of long-term survivors. The decentralization of low- to medium-intensity care activities enhances efficiency, reduces hospital overcrowding, and improves patients' psychosocial well-being. The role of the nurse is pivotal as educator, case manager, and facilitator of care continuity. Overall, this model confirms the value of an integrated, proximity-based approach capable of combining quality of care with the sustainability of the National Health Service.

Keywords: Decentralization Of Care, Hospital–Community Integration, Financial Toxicity

Funding: This research received no external funding. **Conflict of Interest:** The authors declare no conflict of interest.