

**DETERMINA DEL DIRETTORE DELLA  
AREA VASTA N. 5**

**N. 267/AV5 DEL 30/03/2015**

**Oggetto: Abbonamento Banca dati UpToDate.**

**IL DIRETTORE DELLA  
AREA VASTA N. 5**

- . . . . -

**VISTO** il documento istruttorio, riportato in calce alla presente determina, dal quale si rileva la necessità di provvedere a quanto in oggetto specificato;

**RITENUTO** per i motivi riportati nel predetto documento istruttorio e che vengono condivisi, di adottare il presente atto;

**ACQUISTI** i pareri favorevoli del Direttore Medico P.O. SBT e Direttore Dipartimento Medico, ciascuno per quanto di rispettiva competenza;

**- DETERMINA -**

1. di contrarre mediante esperimento di procedura di affidamento a norma dell'art. 125 comma 11 del D.Lgs. n. 163/2006 l'abbonamento alla Banca dati on line UpToDate, così come da proposta di contratto Wolters Kluwer Health - UpToDate – USA n. 001-00-21253624 del 23-12-2014, della durata 12 mesi, che forma parte integrante e sostanziale del presente atto [ALLEGATO 1];
2. di dare atto che il contratto con Wolters Kluwer Health - UpToDate – USA sarà stipulato sulla base dell'offerta formulata dall' Ing. Davide Navone – Market Management esclusivista di UpToDate in Italia[ALLEGATO 2];;
3. di dare atto che la spesa di \$ 19.000,00, pari ad €17.921,00 valorizzato alla data del 11 marzo 2015 corrispondente al costo dell'attivazione annuale dell'abbonamento, trova disponibilità nell'autorizzazione AV5FORM 5 sub 1 conto economico 0521030601, Abbonamenti, Libri e riviste (quota UOC Formazione);
4. di dare atto che l'importo di € 17.921,00 potrà subire variazioni in aumento o diminuzione in relazione al cambio vigente alla data dell'effettivo pagamento;
5. di dare atto che la presente determina non è sottoposta a controllo regionale, ai sensi dell'art. 4 della Legge 412/91 e dell'art. 28 della L.R. 26/96 e s.m.i.;
6. di dare atto che a norma dell'art. 28, comma 6, della L.R. 26/96, così come modificata dalla L.R. 36/2013, il provvedimento diverrà esecutivo dal giorno della pubblicazione all'Albo Pretorio dell' Area Vasta 5;
7. di trasmettere il presente atto al Collegio Sindacale a norma dell'art. 17 della L.R. 26/96 e s.m.i..

**IL DIRETTORE DI AV5**  
(Dott. Massimo Del Moro)

**PER IL PARERE INFRASCritto :**

**ATTESTAZIONE DEI DIRIGENTI DELLE UU.OO. ECONOMICO FINANZIARIA E CONTROLLO DI GESTIONE**

Come dichiarato nel documento istruttorio in ordine agli oneri, il costo indicato nel presente atto trova disponibilità nell'autorizzazione 2015 AV5FORM 5 sub 1 conto economico 0521030601, Abbonamenti, Libri e riviste (quota UOC Formazione);

**Il Dirigente del Controllo di Gestione**  
(Dott. Alessandro Ianniello)

**Il Dirigente f.f. dell' U.O.C.**  
**Att. Economiche e Finanziarie**  
(Dott. Cesare Milani)

**- DOCUMENTO ISTRUTTORIO -**

**U.O.C. FORMAZIONE**

▣ **Normativa di riferimento:**

- Decreto Legislativo 30 dicembre 1992, n. 502 “Riordino della disciplina in materia sanitaria, a norma dell’art.1 della legge 23 ottobre 1992, n. 421” ;
- Decreto Legislativo 19 giugno 1999, n. 229 “Norme per la razionalizzazione del Servizio sanitario nazionale, a norma dell’articolo 1 della legge 30 novembre 1998, n. 419” ;
- Del. G.R. n. 2673/2000 avente per oggetto “Linee guida alle Aziende Sanitarie Ospedaliere INRCA ed ARPAM per la gestione delle attività di formazione;
- D.G.R. n. 1704/2005 (modalità di esercizio delle funzioni dell’ASUR);
- DGR n. 229/2005 (allegato 1) con la quale sono stati definiti gli obiettivi formativi di interesse regionale, quale riferimento unico per la progettazione delle attività formative da parte del sistema pubblico del servizio sanitario regionale;
- D.Lgs. n. 163/2006;
- L.R. n. 17 del 22/11/2010 avente per oggetto “Modifiche alla L.R. n. 13 del 20/06/2003 – Riorganizzazione del S.S.R.”;
- L.R. n. 17 dell’ 01/08/2011 avente per oggetto “Ulteriori modifiche della L.R. 20/06/2003 n. 13 – Riorganizzazione del S.S.R., alla L.R. 17/07/1996 N. 26 – Riordino del S.S.R. e modifica della L.R. 22/11/2010 n. 17”
- Determina del Direttore AV5 n. 1179 del 17/10/2013 ad oggetto “Approvazione nuovo regolamento Formazione AV5 Ascoli Piceno – San Benedetto del Tronto;
- Nota del Direttore U.O.C. Attività Economiche e Finanziarie Ascoli Piceno del 7.01.2014, ad oggetto “Decreti di approvazione nuovo Piano dei Conti in vigore nel 2014”.
- Patto per la Salute 2014-2016
- D.G.R.M. n. 1440 del 22.12.2014, ad oggetto: “L.R. n. 13 del 20/06/2003 – Autorizzazione agli Enti del SSR ed al DIRMT alla gestione provvisoria dei rispettivi bilanci economici preventivi per l’anno 2015”;
- Determina del Direttore AV5 n. 162 del 26/02/2015 ad oggetto “Approvazione Piano di Formazione AV5 – anno 2015”.

▣ **Motivazione:**

Come per alcuni anni, la Direzione di AV5 si è avvalsa della Banca dati on line **UptoDate** quale strumento di supporto alle decisioni cliniche “Evidence Based” e “Peer Reviewed” fornendo raccomandazioni cliniche sulle prove di efficacia, al fine di diminuire gli esami inutili, il tempo di degenza medio, il tasso di mortalità ospedaliera e degli effetti avversi.

Negli ultimi 15 anni sono stati pubblicati più di 30 studi indipendenti riguardanti Uptodate e che dimostrano l’impatto che l’utilizzo di Uptodate produce: <http://www.uptodate.com/home/about/research.html>;

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- Allergologia e Immunologia;
- Cardiologia;
- Chirurgia generale e Anestesiologia;
- Ematologia;
- Endocrinologia e Diabete;
- Gastroenterologia e Epatologia;
- Geriatria;
- Malattie Infettive;

- Medicina Clinica;
- Medicina d’Emergenza – Urgenza Pediatrica e dell’ Adulto;
- Medicina di Base dell’adulto e Medicina Interna;
- Medicina di Famiglia e Generale;
- Nefrologia e Ipertensione;
- Neurologia;
- Oncologia;
- Ostetricia, Ginecologia e salute della donna;
- Pediatria;
- Pneumologia, Rianimazione e Medicina del sonno;
- Psichiatria
- Reumatologia
- Dermatologia

Specialità in corso di integrazione: Cure Palliative.

L’utilizzo di UpToDate appare strumento di lavoro in grado di produrre benefici finanziari quantitativi per le strutture che lo utilizzano [ALLEGATO 3] e che sono diretta conseguenza dell’ottenimento di un generale miglioramento della qualità di cura dei pazienti;

Visto il parere favorevole, del Direttore Medico P.O. SBT e Direttore Dipartimento Medico;

Valutata la necessità espressa dal Collegio di Direzione (verbale del 2 marzo 2015), al rinnovo urgente della banca dati “UpToDate”;

Preso atto che con Determina del Direttore AV5 n. 162 del 26/02/2015 si è stato approvato il Piano di Formazione AV5 – anno 2015 e relativi impegni di spesa;

Di dare atto che la spesa di € 17.921,00 corrispondente al costo dell’attivazione annuale dell’abbonamento, trova disponibilità nell’autorizzazione AV5FORM 5 sub 1 conto economico 0521030601, Abbonamenti, Libri e riviste (quota UOC Formazione);

### **Per quanto sopra esposto si propone:**

1. di contrarre mediante esperimento di procedura di affidamento a norma dell’art. 125 comma 11 del D.Lgs. n. 163/2006 l’abbonamento alla Banca dati on line UpToDate, così come da proposta di contratto Wolters Kluwer Health - UpToDate – USA n. 001-00-21253624 del 23-12-2014, della durata 12 mesi, che forma parte integrante e sostanziale del presente atto [ALLEGATO 1];
2. di dare atto che il contratto con Wolters Kluwer Health - UpToDate – USA sarà stipulato sulla base dell’offerta formulata dall’ Ing. Davide Navone – **Market Management esclusivista di UpToDate in Italia** [ALLEGATO 2];
3. di dare atto che la spesa di \$ 19.000,00, pari ad € 17.921,00 valorizzato alla data del 11 marzo 2015 corrispondente al costo dell’attivazione annuale dell’abbonamento, trova disponibilità nell’autorizzazione AV5FORM 5 sub 1 conto economico 0521030601, Abbonamenti, Libri e riviste (quota UOC Formazione);

4. di dare atto che l'importo di € 17.921,00 potrà subire variazioni in aumento o diminuzione in relazione al cambio vigente alla data dell'effettivo pagamento;
5. di dare atto che la presente determina non è sottoposta a controllo regionale, ai sensi dell'art. 4 della Legge 412/91 e dell'art. 28 della L.R. 26/96 e s.m.i.;
6. di dare atto che a norma dell'art. 28, comma 6, della L.R. 26/96, così come modificata dalla L.R. 36/2013, il provvedimento diverrà esecutivo dal giorno della pubblicazione all'Albo Pretorio dell' Area Vasta 5;
7. di trasmettere il presente atto al Collegio Sindacale a norma dell'art. 17 della L.R. 26/96 e s.m.i..

**Il Responsabile del Procedimento**  
(dott.ssa Manuela Gagliardi)

**Il Direttore U.O.C. Formazione**  
(dott.ssa Anna Giuseppina Mandolini)

**- ALLEGATI -**  
**N. 3**

La presente determina consta di n. 18 pagine di cui n. 13 allegati formano parte integrante della stessa.



Contract No.: 001-00-21253624

Azienda Sanitaria Unica Regionale Marche Ascoli Piceno San Benedetto del Tronto  
Ascoli Piceno San Benedetto del Tronto  
Marche,  
Italy

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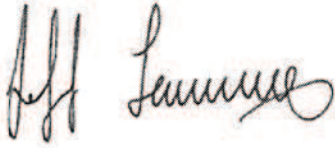
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This Agreement constitutes the entire understanding between the parties with respect to the subject matter hereof, and all prior agreements, representations, statements, and undertakings, oral or written, are hereby expressly superseded and canceled.

All. 2



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October 31, 2011

To Whom It May Concern:

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Mark Clermont  
Chief Financial Officer  
UpToDate, Inc.

ALBO PRETORIO



Roma, 22 Gennaio 2014

Azienda Sanitaria Unica Regionale  
Marche Ascoli Piceno e San  
Benedetto del Tronto

**Oggetto: Proposta di offerta per una sottoscrizione ad UpToDate per l' Azienda Sanitaria Unica Regionale Marche Ascoli Piceno e San Benedetto del Tronto**

Lo scopo di questo documento è di fornire una quotazione di una sottoscrizione ad UpToDate per l' Azienda Sanitaria Unica Regionale Marche Ascoli Piceno e San Benedetto del Tronto

**Uptodate è uno strumento di supporto alle decisioni cliniche "Evidence Based" e "Peer Reviewed" che fornisce raccomandazioni cliniche basate sulle prove di efficacia.**

UpToDate è scritto da medici e professionisti internazionali per rispondere in modo veloce ed accurato a questioni cliniche, per migliorare la conoscenza clinica e per migliorare la cura del paziente.

Uptodate è utilizzato per ottenere risposte a questioni cliniche che hanno un impatto sulle decisioni di cura per il paziente producendo come effetto un miglioramento degli outcome e dell'efficienza ospedaliera.

Negli ultimi 15 anni sono stati pubblicati più di 30 studi indipendenti riguardanti UpToDate e che dimostrano l'impatto che l'utilizzo di UpToDate produce:

<http://www.uptodate.com/home/about/research.html>

**UpToDate è l'unico strumento di supporto alle decisioni cliniche associato ad un miglioramento delle performance e outcome ospedalieri:**

- diminuzione degli esami inutili
- diminuzione del tempo di degenza medio
- riduzione del tasso di mortalità ospedaliera e degli effetti avversi

Una sottoscrizione ad UpToDate offre, pertanto, un ritorno dell'investimento ( ROI) molto elevato, come ad esempio analizzato nello studio del Salford Royal NHS Foundation Trust del 2011 allegato a questa proposta ( ROI calcolato del 402%, completa compensazioni dei costi di uptodate in meno di 3 mesi).

L'utilizzo di uptodate produce benefici finanziari quantitativi per le strutture che lo utilizzano e che sono diretta conseguenza dell'ottenimento di un generale miglioramento della qualità di cura dei pazienti.

**Quantificazione dei benefici:**



- **Miglioramento della produttività:** quantificato in molti studi in un giorno all'anno per persona
- **Efficienza dei test Diagnostici:** diminuzione molto conservativa dell'1% di tutti i test diagnostici
- **Diminuzione della durata di degenza:** diminuzione stimata ( si veda studio Solucent allegato) in 0,167 giorni letto per paziente ricoverato

Inoltre UpToDate permette di mantenere e migliorare la conoscenza clinica: uno studio della Mayo Clinic ha analizzato l'impatto dell'uso di 20 minuti al giorno di UpToDate da parte di studenti e specializzandi. L'impatto di UpToDate sull'acquisizione di conoscenza medica è stato poi misurato analizzando i risultati dei test degli specializzandi di medicina interna (Internal Medicine In-training Examination IM-ITE).

UpToDate è interamente finanziato dai propri sottoscrittori e offre una copertura completa delle tematiche di interesse medico, presentando 14.500 argomenti originali (9500 argomenti + 5100 argomenti farmacologici), che coprono 21 specialità.

Più di 5100 medici esperti di 50 paesi diversi aggiornano gli argomenti ogni giorno monitorando più di 475 giornali e riviste con Impact Factor più alto.

Gli argomenti sono sotto forma di testo e ogni aggiornamento è effettuato integrandolo nel testo già esistente. Tale modalità consente una più agevole fruizione dei contenuti anche di patologie che si presentano con ridotta frequenza di osservazione.

UpToDate fornisce raccomandazioni cliniche basate sull'evidenza e graduate. UpToDate indica sempre chi sono gli autori editori e peer reviewer di un argomento e permette all'utilizzatore di scrivere direttamente agli editori e ottenere delle risposte in 24-48 ore.

#### UpToDate copre 21 specialità cliniche:

- Allergologia e Immunologia
- Cardiologia
- Chirurgia Generale e Anestesiologia
- Ematologia
- Endocrinologia e Diabete
- Gastroenterologia e Epatologia
- Geriatria
- Malattie Infettive
- Medicina Clinica
- Medicina d'Emergenza-Urgenza Pediatrica e dell'Adulto

- Medicina di base dell'adulto e Medicina Interna
- Medicina di Famiglia e Generale
- Nefrologia e Ipertensione
- Neurologia
- Oncologia
- Ostetricia, Ginecologia e salute della donna
- Pediatria
- Pneumologia, Rianimazione e Medicina del sonno
- Psichiatria
- Reumatologia
- Dermatologia

Specialità in corso di integrazione: Cure Palliative

### Principali Caratteristiche di UpToDate

#### Gli Autori di UpToDate

Gli autori, editori e peer reviewer di UpToDate sono scelti in quanto accreditati tra i principali esperti del loro settore, sono clinicamente attivi e hanno un'affiliazione accademica.

UpToDate permette di eseguire delle domande direttamente agli stessi garantendo una risposta in 24-48 ore lavorative affiliazioni accademiche.

**Processo Editoriale: /Qualità del Contenuto:** Ogni Argomento presente in UpToDate è originale e sottoposto a triplice peer review prima della pubblicazione e una volta pubblicato è costantemente aggiornato.

#### Raccomandazioni Cliniche

UpToDate fornisce raccomandazioni graduate in base all'evidenza. UpToDate utilizza un sistema di graduzione dell'evidenza riconosciuto a livello internazionale.

Per maggiori informazioni sul GRADE system si faccia riferimento al link seguente:

<http://www.gradeworkinggroup.org/society/index.htm>



Grade 1B recommendation

**A Grade 1B recommendation is a strong recommendation, and applies to most patients. Clinicians should follow a strong recommendation unless a clear and compelling rationale for an alternative approach is present.**

Explanation:

A Grade 1 recommendation is a strong recommendation. It means that we believe that if you follow the recommendation, you will be doing more good than harm for most, if not all, of your patients. Grade B means that the best estimates of the critical benefits and risks come from randomized, controlled trials with important limitations (eg, inconsistent results, methodologic flaws, imprecise results, extrapolation from a different population or setting), or very strong evidence of some other form. Further research (if performed) is likely to have an impact on our confidence in the estimates of benefit and risk, and may change the estimates.

Recommendation grades

1. Strong recommendation: Benefits clearly outweigh the risks and burdens (or vice versa) for most, if not all, patients
2. Weak recommendation: Benefits and risks closely balanced and/or uncertain

Evidence grades

- A. High-quality evidence: Consistent evidence from randomized trials, or overwhelming evidence of some other form
- B. Moderate-quality evidence: Evidence from randomized trials with important limitations, or very strong evidence of some other form
- C. Low-quality evidence: Evidence from observational studies, unsystematic clinical observations, or from randomized trials with serious flaws

For a complete description of our grading system, please see the UpToDate editorial policy which can be found at [www.uptodate.com](http://www.uptodate.com) by clicking "About Us" and then selecting "Policies".

## Banca Dati Farmacologica

UpToDate offre una vasta banca data di farmaci 5100 linkati a clinical trials e all'utilizzo su diversi tipi di pazienti (adulto, pediatrico, geriatrico).

## Banca dati di Interazioni farmaci, cibi ed erbe

UpToDate offre una completa e quotidianamente aggiornata banca di interazione tra farmaci cibi e erbe - Lexi Intercact

## Journals e Riviste - Accesso agli articoli Full Text

Si faccia riferimento al link sotto riportato per una lista complete di tutti i journals e riviste referenziati con UpToDate

<http://www.uptodate.com/home/about/journals.html>

Con UpToDate è possibile avere un link diretto agli articoli full text delle riviste sottoscritte dall'istituzione

Medline® Abstract for Reference 4  
of 'Overview of hypertension in adults'

UpToDate link to Full Text

TI The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure: the JNC 7 report  
AU Chobanian AV, Bakris GL, Black HR, Cushman WC, Green LA, Izzo JL Jr, Jones DW, Materson BJ, Offord S, Vogt JT Jr, Roccella EJ, National Heart, Lung, and Blood Institute Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure, National High Blood Pressure Education Program Coordinating Committee  
SO JAMA. 2003;289(19):2560.

"The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure" provides a new guideline for hypertension prevention and management. The following are the key messages: (1) In persons older than 50 years, systolic blood pressure (BP) of more than 140 mm Hg is a much more important cardiovascular disease (CVD) risk factor than diastolic BP. (2) The risk of CVD, beginning at 115/75 mm Hg, doubles with each increment of 20/10 mm Hg; individuals who are normotensive at 55 years of age have a 90% lifetime risk for developing hypertension. (3) Individuals with a systolic BP of 120 to 139 mm Hg or a diastolic BP of 60 to 89 mm Hg should be considered as prehypertensive and require health-promoting lifestyle modifications to prevent CVD. (4) Thiazide-type diuretics should be used in drug treatment for most patients with uncomplicated hypertension, either alone or combined with drugs from other classes. Certain high-risk conditions are compelling indications for the initial use of other antihypertensive drug classes (angiotensin-converting enzyme inhibitors, angiotensin-receptor blockers, beta-blockers, calcium channel blockers). (5) Most patients with hypertension will require 2 or more antihypertensive medications to achieve goal BP (<140/90 mm Hg, or <130/80 mm Hg for patients with diabetes or chronic kidney disease). (6) If BP is more than 20/10 mm Hg above goal BP, consideration should be given to initiating therapy with 2 agents, 1 of which usually should be a thiazide-type diuretic, and (7) The most effective therapy prescribed by the most careful clinician will control hypertension, on end if patients are motivated. Motivation improves when patients have positive experiences with and trust in the clinician. Empathy builds trust and is a potent motivator. Finally, in presenting these guidelines, the committee recognizes that the responsible physician's judgment remains paramount.

AD Department of Medicine, Boston University School of Medicine, Boston, Mass, USA

PMID 12739197



<b>Item Details:</b>		<b>UpToDate</b>
<b>Title:</b>	The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure: the JNC 7 report.	
<b>Author(s):</b>	Chobanian, Aram V; Bakris, George L; Black, Henry R; Cushman, William C; Green, Lee A; Izzo, Joseph L; Jones, Daniel W; Materson, Barry J; Oparil, Suzanne; Wright, Jackson T; Rocella, Edward J; ;	
<b>Source:</b>	JAMA-Journal of the American Medical Association ISSN: 0098-7484 DOI: Vol: 289 (19) 2003 Page: 2560-72 Publisher: American Medical Association (AMA)	

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### Grafici e Referenze:

UpToDate mette a disposizione più di 24.000 tra grafici e tabelle per presentazioni e studi e la possibilità di compiere ricerche grafiche e di avere 323,000 referenze bibliografie (abstracts) linkate a Medline.



### Linee Guida

UpToDate include le linee Guida NICE come nell'esempio riportato sotto.

UpToDate offre delle linee guida per il paziente accreditate dall'organizzazione del codice di onore: HONcode standard for trustworthy health.

Management of hypertension in pregnant and postpartum women

RECOMMENDATIONS OF SELECTED NATIONAL SOCIETIES.

- The US National High Blood Pressure Education Program Working Group on High Blood Pressure in Pregnancy states that anti-hypertensive therapy is indicated for women with chronic hypertension and blood pressures exceeding 150–160 mmHg systolic or 100–110 mmHg diastolic or the presence of target organ damage (eg, renal insufficiency, left ventricular hypertrophy) [1]. They also recommend treatment of “dangerously high” blood pressure in women with preeclampsia; they do not define a specific level, but suggest a diastolic pressure greater than 100–110 mmHg be considered depending on patient-specific risk factors, such as baseline blood pressure.
- The Society of Obstetricians and Gynecologists of Canada guideline recommends anti-hypertensive treatment for new onset systolic blood pressure >160 mmHg or diastolic blood pressure >110 mmHg with goal blood pressure <160/110 mmHg [10]. For women with chronic hypertension without comorbid conditions and blood pressure of 140–159/90–109 mmHg, antihypertensive drug therapy should be used to keep systolic blood pressure at 130–155 mmHg and diastolic blood pressure at 80–106 mmHg. For women with chronic hypertension without comorbid conditions, antihypertensive drug therapy should be used to keep systolic blood pressure at 130–139 mmHg and diastolic blood pressure at 80–89 mmHg.
- The National Institute for Health and Clinical Excellence [11,12] recommends that for pregnant women with uncomplicated chronic hypertension the goal is to keep blood pressure lower than 150/100 mmHg [13]. In women with gestational hypertension or preeclampsia, treatment is initiated at blood pressures ≥160/100 mmHg with goals of systolic blood pressures <150 mmHg and diastolic blood pressures of 90–100 mmHg. They also recommend use of low-dose aspirin (75 mg/day) from 12 weeks of gestation to reduce the risk of preeclampsia. (See “Prevention of preeclampsia”, section on Approach to therapy.)

## Accesso

L'accesso ad UpToDate avverrà mediante l'abilitazione di tutte le postazioni pc all'interno della rete istituzionale senza alcun limite di accesso concorrenziale.

**Contenuto Divulgativo:** UpToDate presenta contenuto specifico per i pazienti su due livelli Basico e Intermedio, con annesso figure semplificate

**Motore di Ricerca Argomenti in Italiano:** UpToDate ha un metodo di ricerca molto semplice e intuitivo con l'assistenza alla scrittura e allo spelling.  
Possibilità di effettuare ricerche in 9 lingue compreso l'italiano