WENNBERG INTERNATIONAL COLLABORATIVE
SPRING POLICY MEETING 2018

Regional–based quality management of health services: the Italian approach

Sabina Nuti

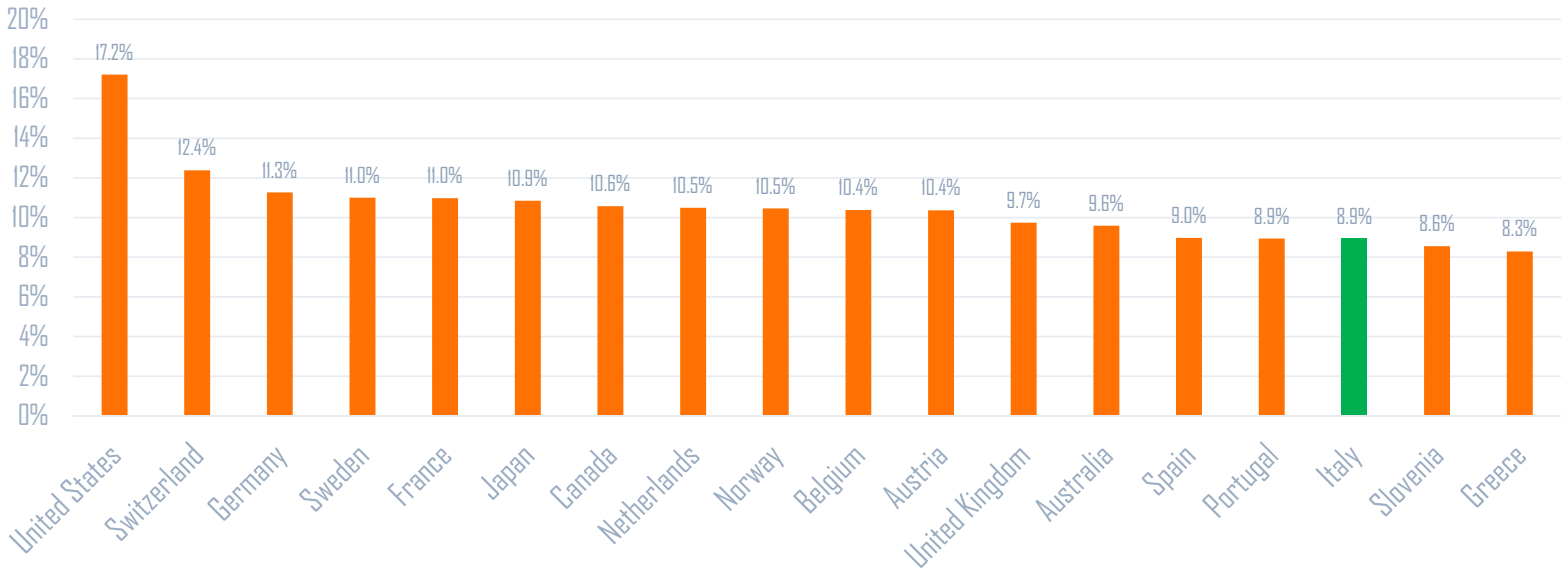
Management and Health Laboratory - Sant'Anna School of Advanced Studies, Pisa (Italy)

www.wennberg.org

12.04.18

Current expenditure on health, % of gross domestic product

Year: 2016



Source: OECD Health Statistics 2017

The Italian healthcare system

It's a *Beveridge-like model*: Universal, Comprehensive (almost), Free, Financed by general taxation.

It is organized in three levels:

- The national level is responsible for national health planning, including general aims and annual financial resources and for ensuring a uniform level of services, care and assistance (LEA).
- The regional level has the responsibility for planning, organizing and managing its health care system through LHA's activities in order to meet the needs of their population.
- The local level (Local Health Authorities): provides care through public and/or private hospitals, primary care and prevention services.

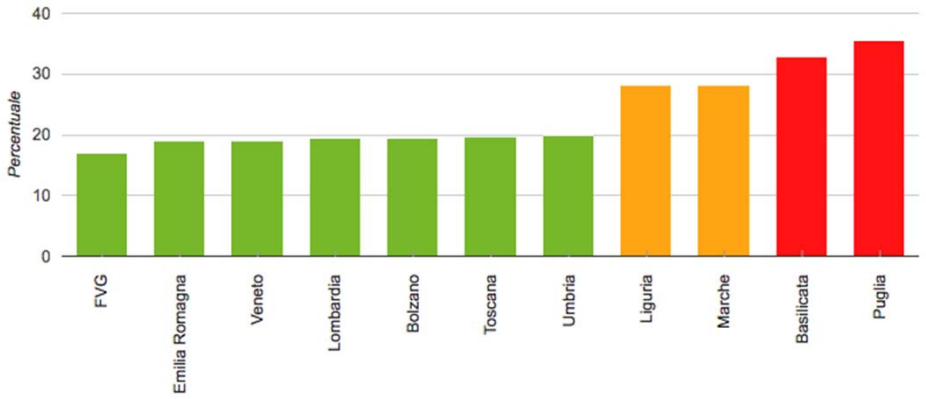
Since 2008, Regions involved in the Sant'Anna network sharing the performance evaluation system (300 indicators):

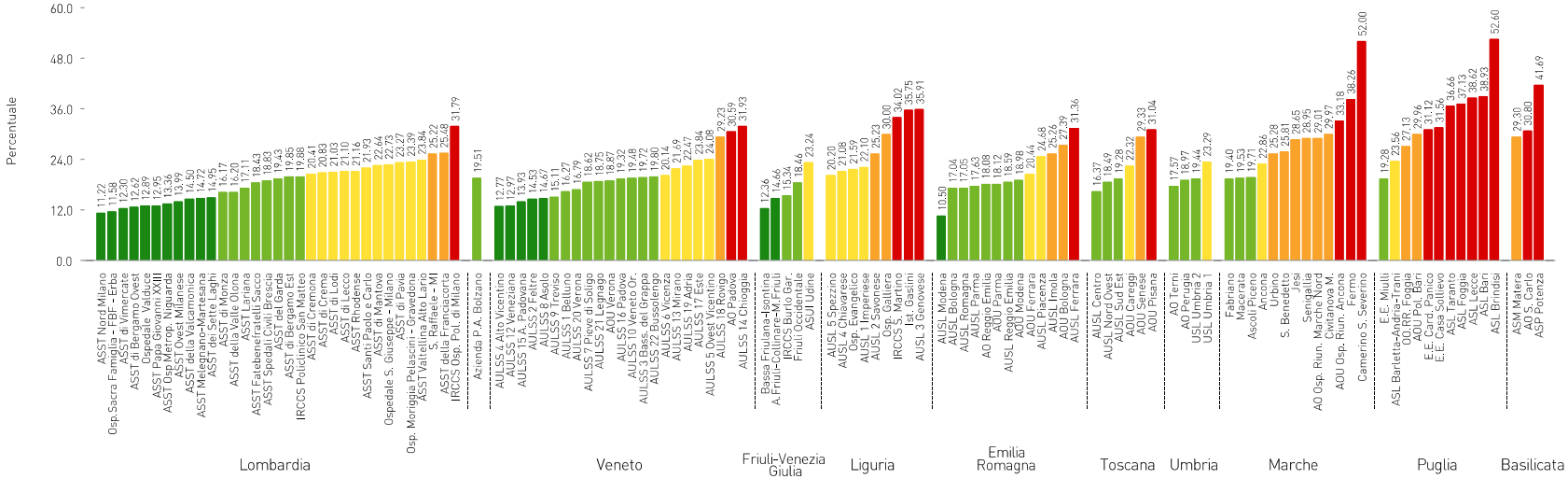
- Veneto
- Toscana
- Liguria
- Umbria
- PA Trento
- PA Bolzano
- Marche
- Basilicata
- Emilia Romagna
- Friuli Venezia Giulia
- Lombardia
- Puglia

http://performance.sssup.it/network

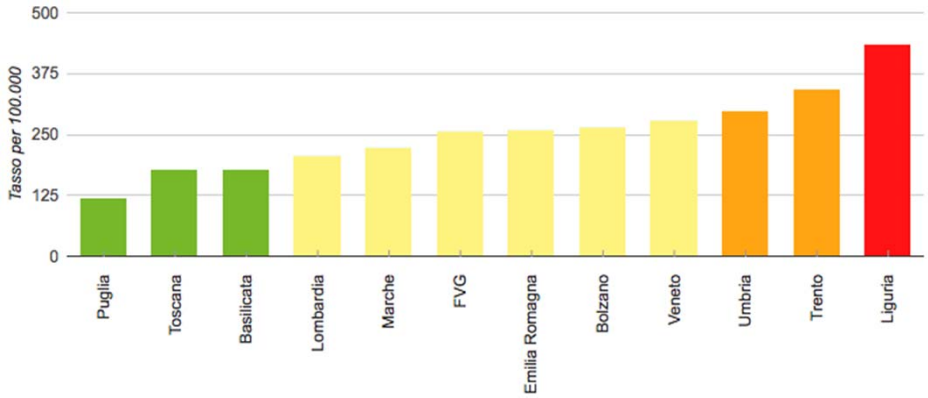
The Five Assessment Bands

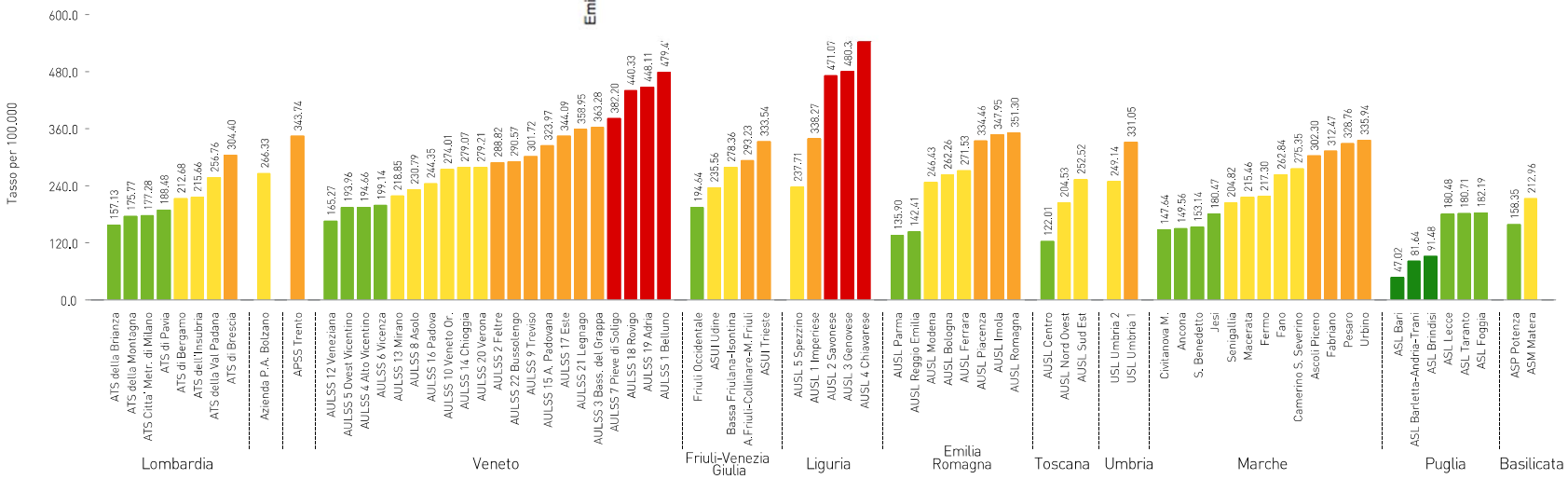
Percentage of caesarean section deliveries (NTSV)





Standardized hospitalization rate for tonsillectomy

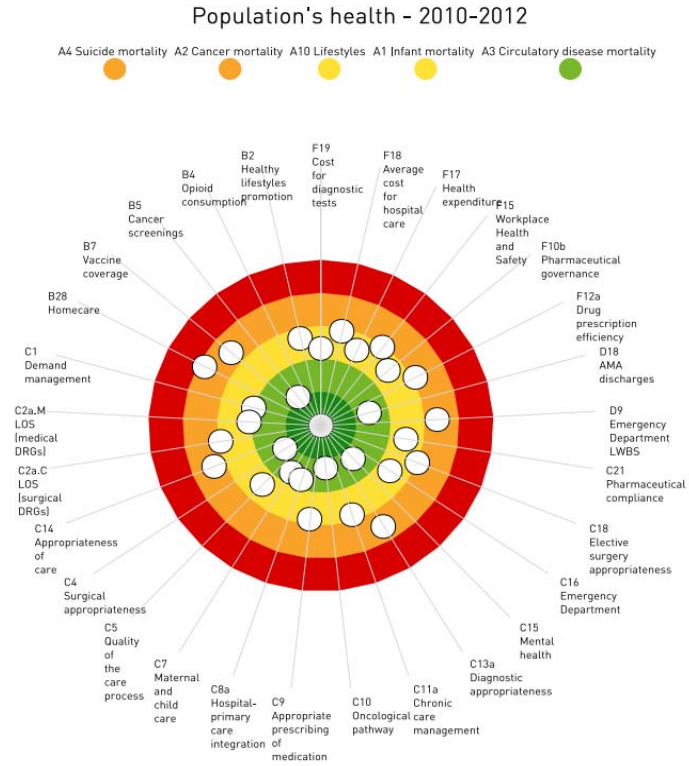




The PES system

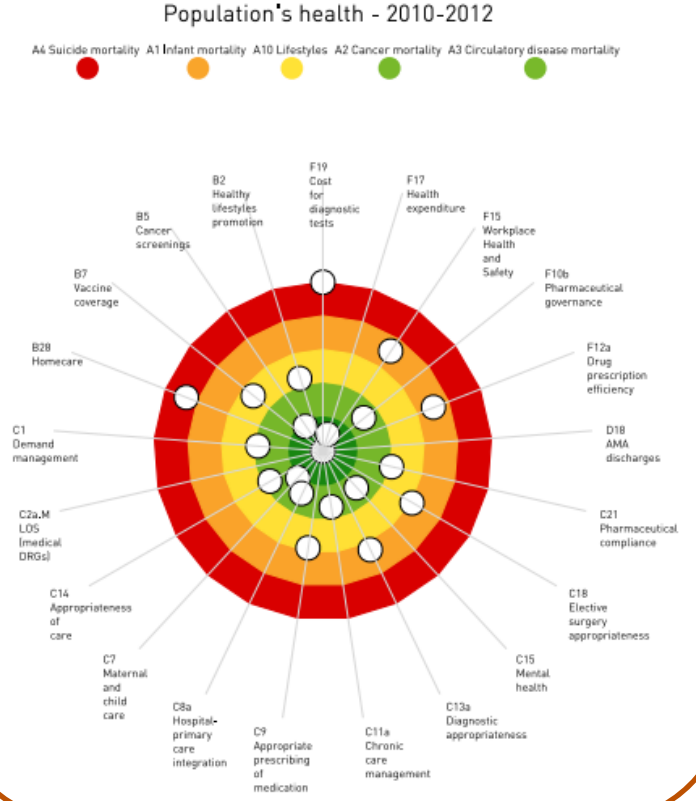
Region level

Friuli Venezia Giulia



Local authority level

ASS6 Friuli Occidentale



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Making governance work in the health care sector: evidence from a 'natural experiment' in Italy

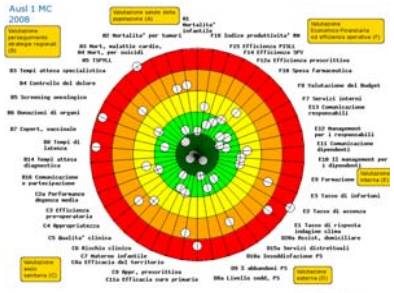
SABINA NUTI*
Laboratorio Management e Sanità, Institute of Management, Scuola Superiore Sant'Anna, Pisa, Italy
FEDERICO VOLA
Laboratorio Management e Sanità, Institute of Management, Scuola Superiore Sant'Anna, Pisa, Italy
ANNA BONINI
Laboratorio Management e Sanità, Institute of Management, Scuola Superiore Sant'Anna, Pisa, Italy
MILENA VAINIERI
Laboratorio Management e Sanità, Institute of Management, Scuola Superiore Sant'Anna, Pisa, Italy

Tuscan Governance System

Key critical features

PROFESSIONALS AND MANAGERS LARGE INVOLVEMENT

VISUAL REPORTING SYSTEM



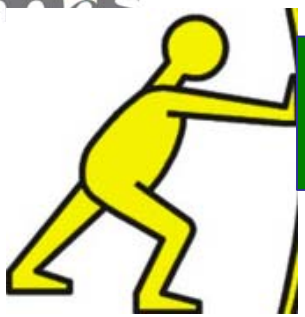
PUBLIC DISCLOSURE OF RESULTS

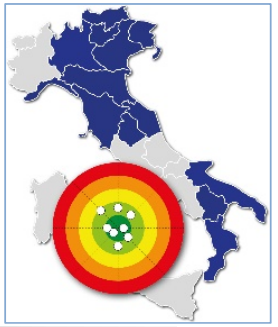
STRONG POLITICAL COMMITTMENT AND CONSISTENCY OVERTIME

PERFORMANCE EVALUATION SYSTEM LINKAGE TO CEO'S REWARDING SYSTEM

Nuti S, Seghieri C, Vainieri M. Assessing the effectiveness of a performance evaluation system in the public health care sector: some novel evidence from the Tuscany Region experience. Journal of Management and Governance, 2012

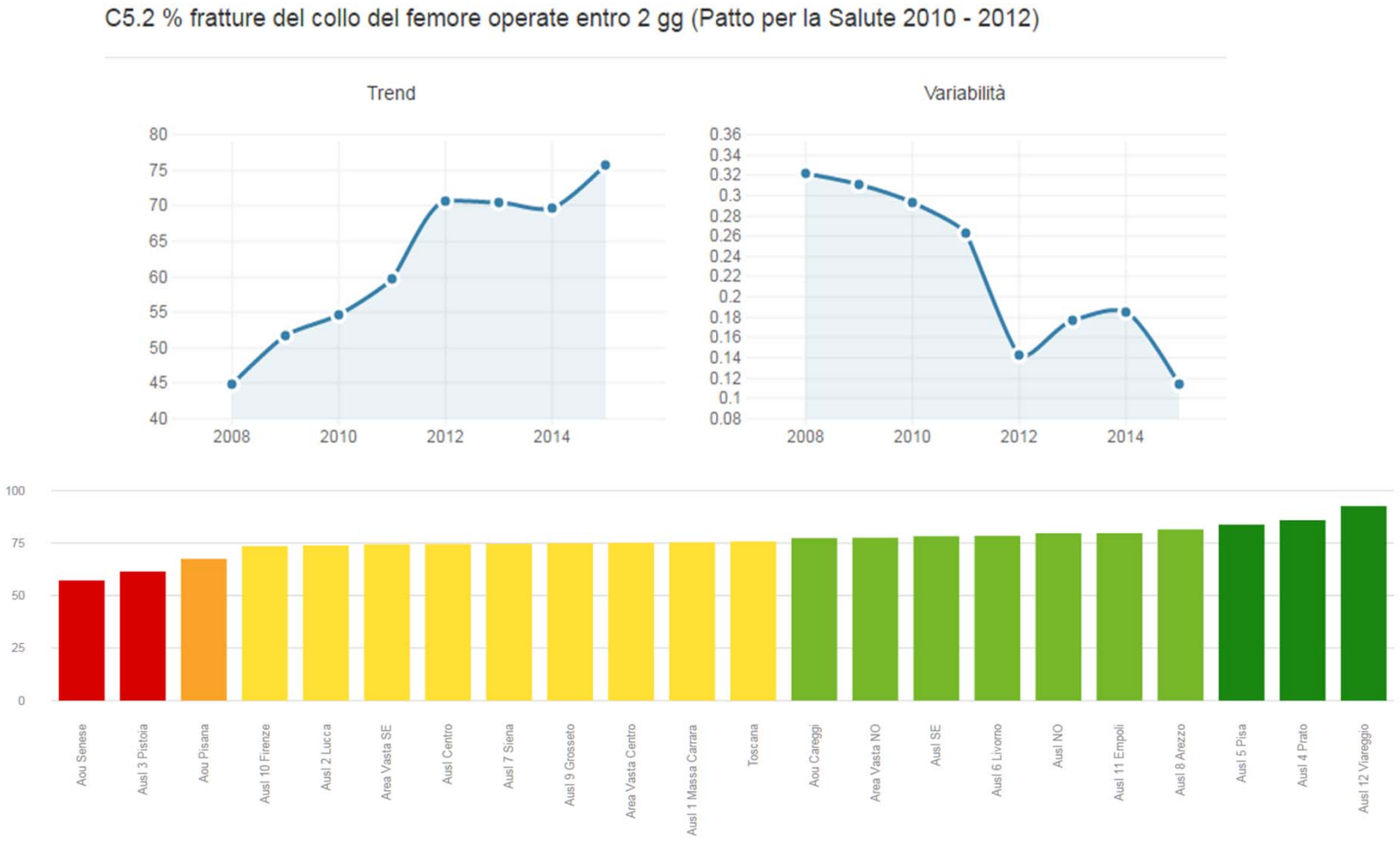
Performance



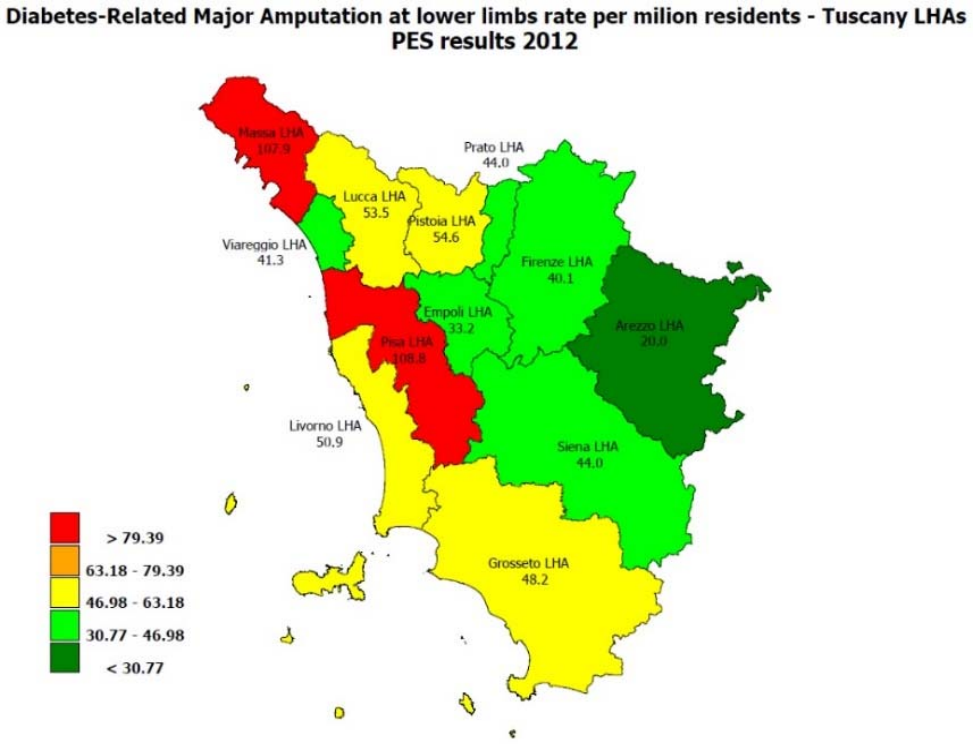


Ministero della Salute

Femur fractures: surgeries within 48 hours, Tuscany, 2015



But to improve quality of care and create value for patients we need to work on the determinants…



Diabetes-Related Major Amputation at lower limbs Rate per million residents – MeS-Lab Tuscany PES results, 2012. Source: MeS-Lab

INSTITUTE OF MANAGEMENT

Sant'Anna School of Advanced Studies – Pisa

When outcome unwarrented variation is determined by the absence of integrated care…

Nuti, S et al 2016 Bridging the Gap between Theory and Practice in Integrated Care: The Case of the Diabetic Foot Pathway in Tuscany. *International Journal of Integrated Care*, X(X): X, pp. 1–14, DOI: http://dx.doi.org/10.5334/ijic.1991

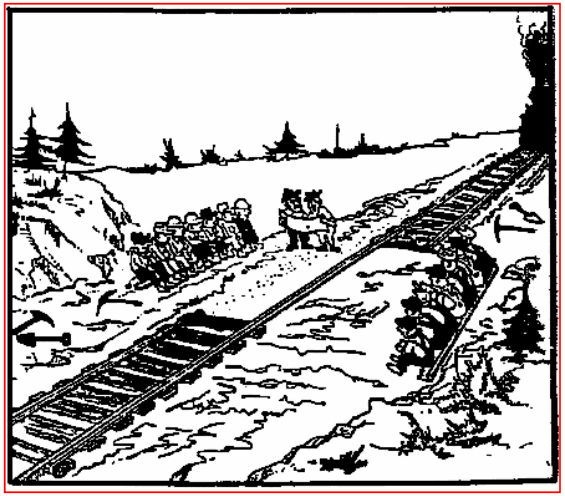
RESEARCH AND THEORY

Bridging the Gap between Theory and Practice in Integrated Care: The Case of the Diabetic Foot Pathway in Tuscany

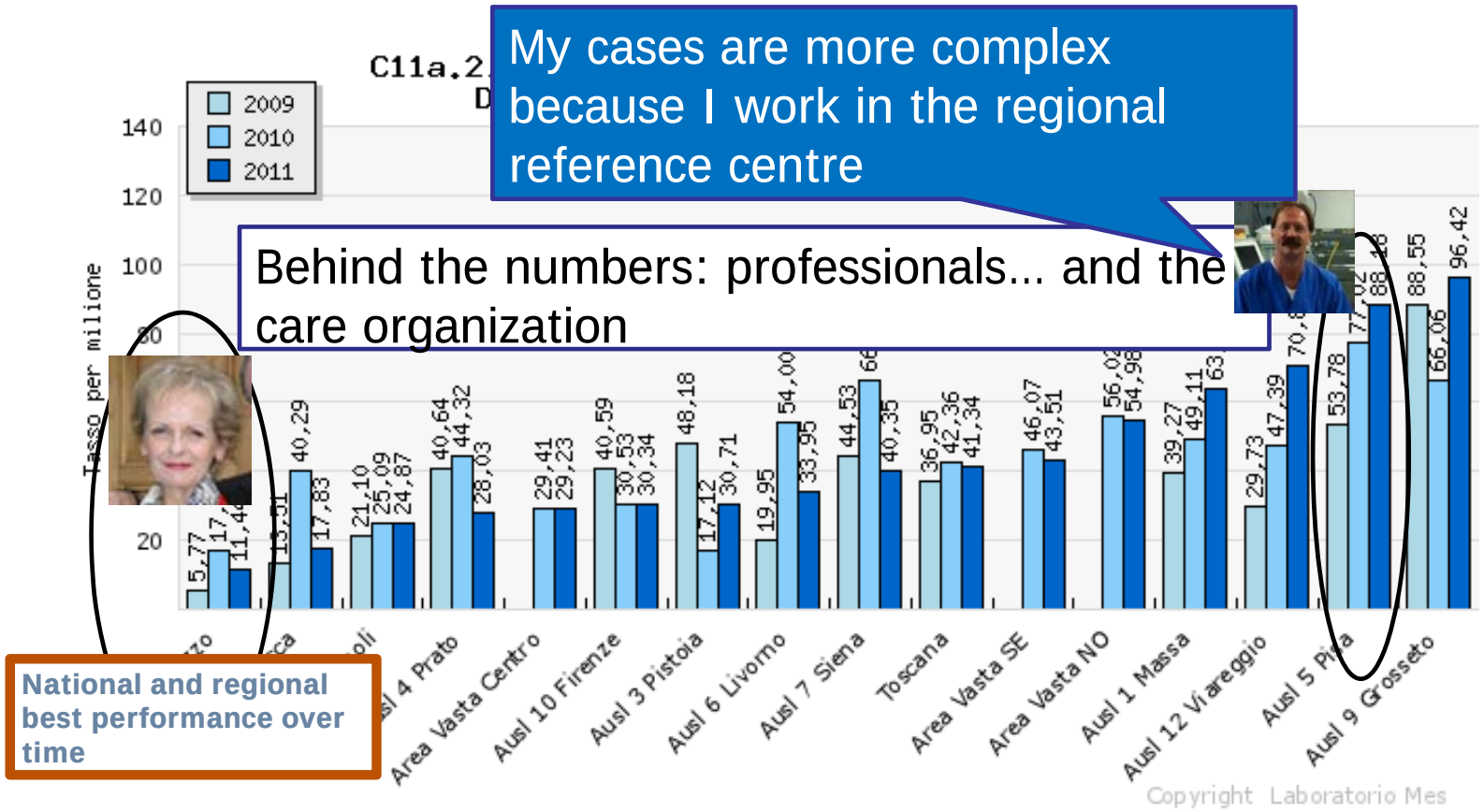
Sabina Nuti*, Barbara Bini*, Tommaso Grillo Ruggieri*, Alberto Piaggesi† and Lucia Ricci‡

Introduction and Background: As diabetic foot (DF) care benefits from integration, monitoring geographic variations in lower limb Major Amputation rate enables to highlight potential lack of Integrated Care. In Tuscany (Italy), these DF outcomes were good on average but they varied within the region. In order to stimulate an improvement process towards integration, the project aimed to shift health professionals' focus on the geographic variation issue, promote the Population Medicine approach, and engage professionals in a community of practice.
Method: Three strategies were thus carried out: the use of a transparent performance evaluation system based on benchmarking; the use of patient stories and benchmarking analyses on outcomes, service utilization and costs that cross-checked delivery- and population-based perspectives; the establishment of a stable community of professionals to discuss data and practices.
Results: The project enabled professionals to shift their focus on geographic variation and to a joint accountability on outcomes and costs for the entire patient pathways. Organizational best practices and gaps in integration were identified and improvement actions towards Integrated Care were implemented.
Conclusion and Discussion: For the specific category of care pathways whose geographic variation is related to a lack of Integrated Care, a comprehensive strategy to improve outcomes and reduce equity gaps by diffusing integration should be carried out.

Keywords: diabetes; diabetic foot; geographic variation; performance evaluation; benchmarking; sentinel events; engagement



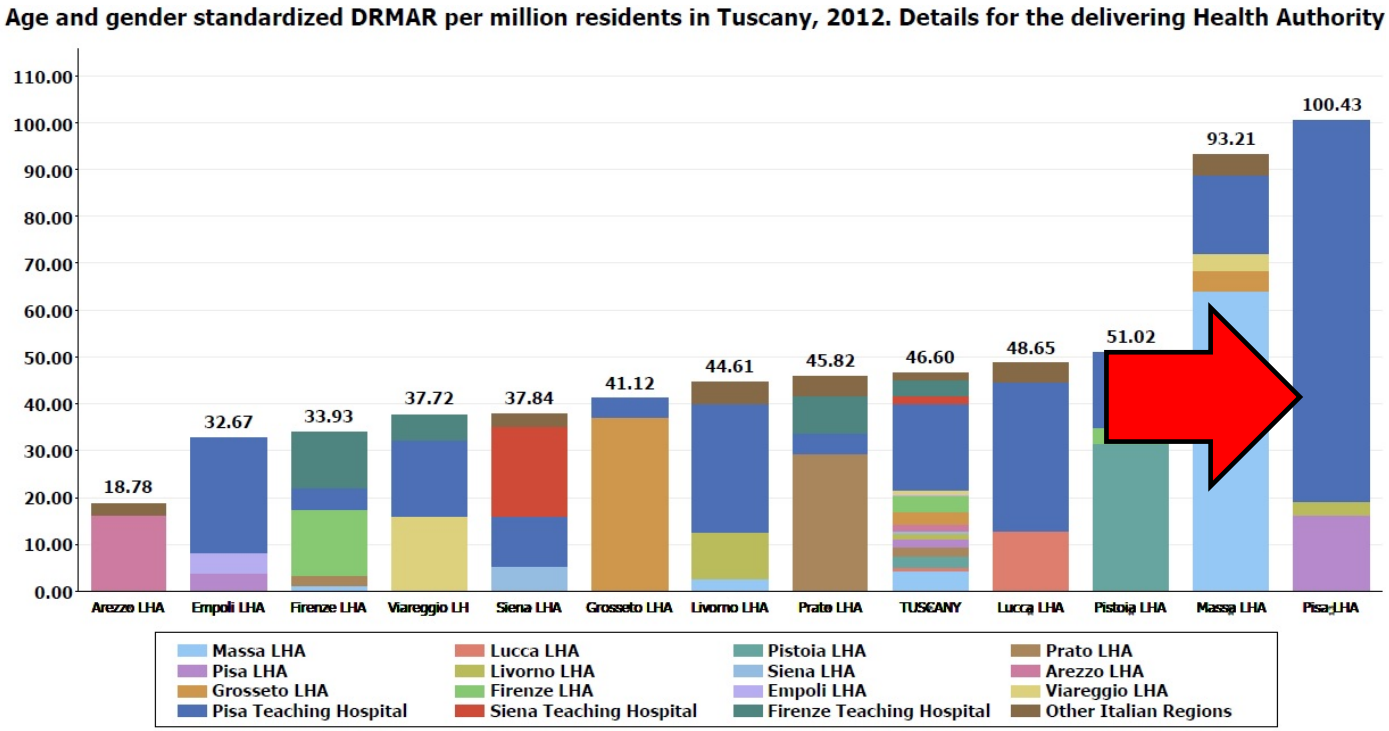
Diabetes-related major amputation rate per million residents in Tuscan Local Health Authorities (LHAs), 2009-2011



Differences could not be fully explained by the diabetes prevalence across LHAs

Changing the perspective…where patients are treated

Age- and gender-standardized Diabetes-Related Major Amputation at lower limbs per million residents in Tuscany, 2012. Details for the delivering Health Authority. Source MeS-Lab



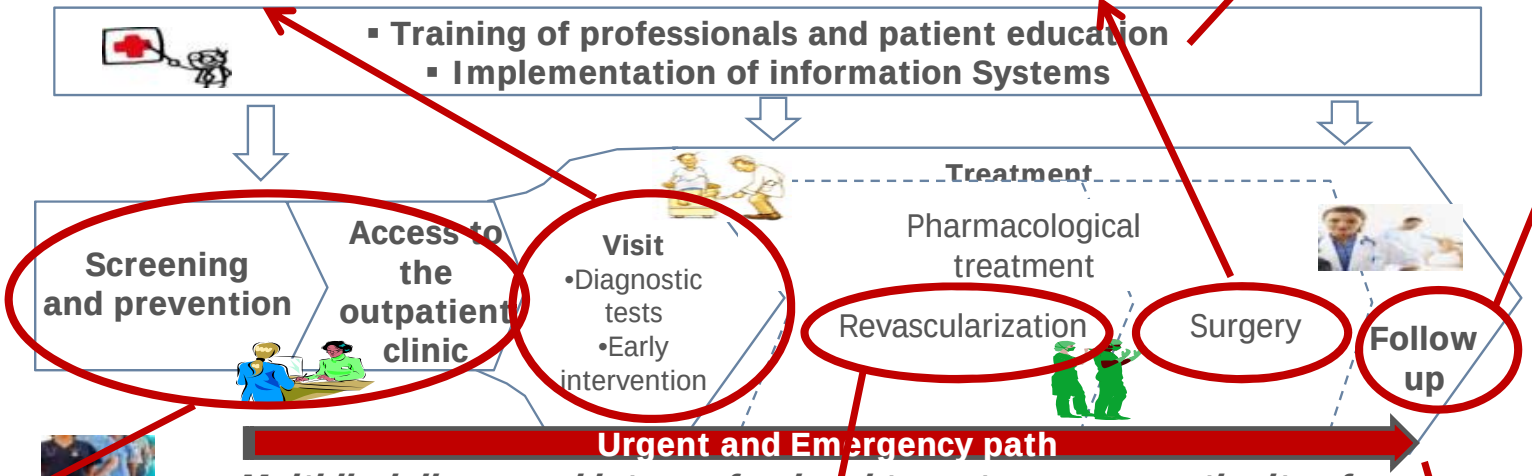
shift professionals' attitudes towards "population medicine". In a Beveridge healthcare system pursuing universal coverage, clinicians should not be considered responsible just for their specific departments and only for the outcomes of their patients. On the contrary, they should be involved in resources allocation decisions to foster shared responsibility <<to the population they serve, to the patients they never see, as well as to the patients who have consulted>> or that have been referred to, as "public health professionals" [Gray, 2013].

Mapping and sharing an evaluation of the organizational path

Some organizations perform diagnostic exams directly in the outpatient, whereas in others radiologists departments have dedicated hours to exams for diabetic patients.

The intervention is often planned and scheduled involving the diabetologists. After the intervention the diabetologists are generally informed in order to take appropriate action for follow-up treatments.

Communication with primary care professional is considered an aspect to be improved in almost every organization (training courses).
Education to patients and caregivers is provided not only as individual education during visits, but also as group education.
The level of development and implementation of Information Systems are very different among organizations



Diabetic patients have direct access or are sent by the GPs to the outpatient clinic.

Sometimes there are problems of communication and collaboration among professionals and providers, especially in big organizations (such as THs).

LHAs without cath labs send their patients to other LHAs or THs for revascularization. Dedicated hours of the cath lab to lower limbs revascularizations are not present in every organization.

Some organizations provide a dedicated “fast track” for exams, revascularization procedures and interventions. Many organizations are very flexible in timing and scheduling in order to meet urgent needs.

A shared proposal from professionals to regional health department

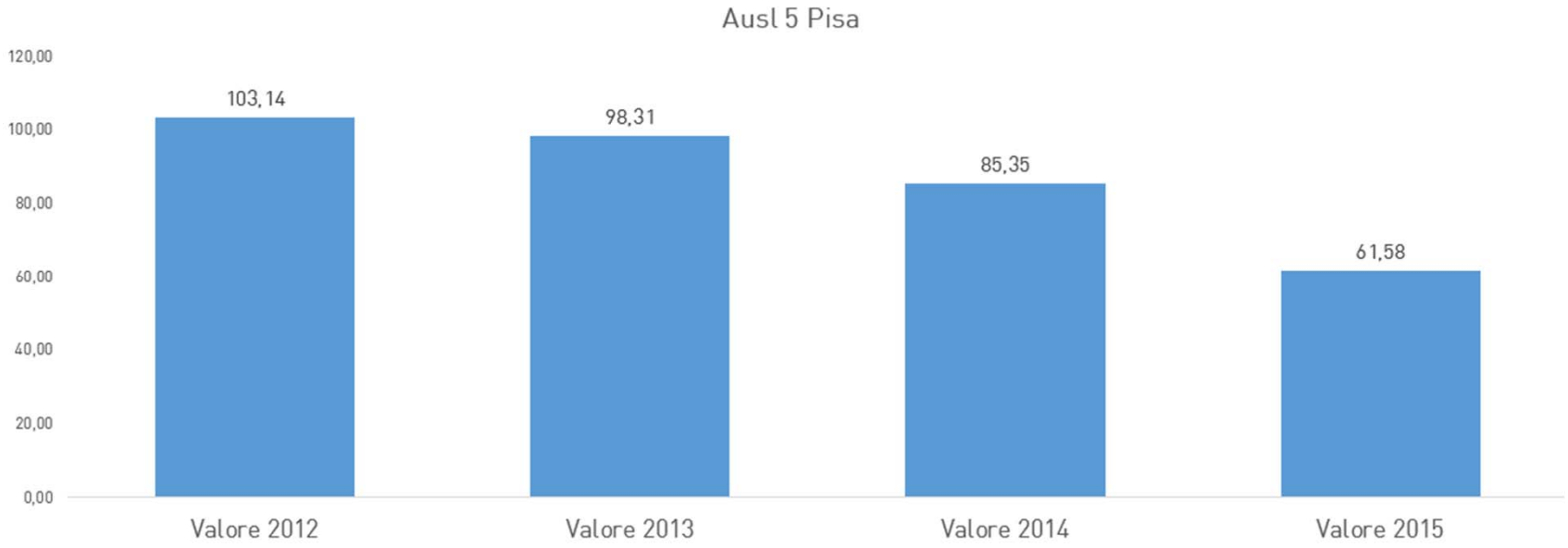
A REGIONAL PROTOCOL FOR DIABETIC PATHWAY (focusing on integration between PC and H)

AND A SPECIFIC DOCUMENT FOR THE DIABETIC FOOT PATH

*I always do my best for my patients and I thought to be on the right way. The population based perspective helped me to have a look at the **entire** path of the patients. I realized that our integration with the other professionals (namely PC) has to be boosted. Moreover this analysis allowed me to have data and results that I can use to reorganize the pathway within the hospital wall.*

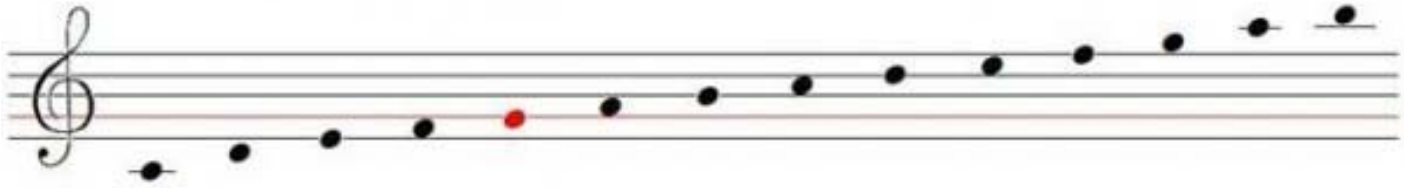
Improving results

Diabetes-related major amputation rate per million residents in Pisa LHA, 2012-2015



Categories of care variation revised	
Effective Care	Refers to services that are of proven value and have no significant tradeoffs; the benefits of the services outweigh the risks. Hence, all patients should receive them.
Supply-sensitive care	Represents services for which the supply of physicians and other resources—such as hospital beds—strongly influences the amount of care delivered
Preference-sensitive care	Comprises care for conditions that have more than one treatment option, each with its own benefits and tradeoffs. For these conditions, patients' preferences should take into account
Effective Integrated Care	Refers to variation due to lack of integration and communication among professionals and services along the whole care paths.

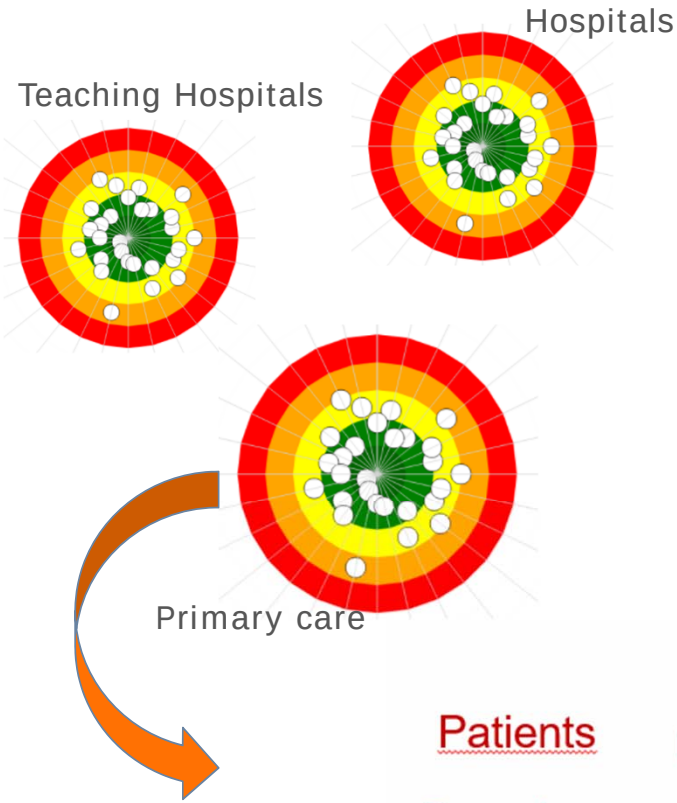
Let’s play the patient’s music….

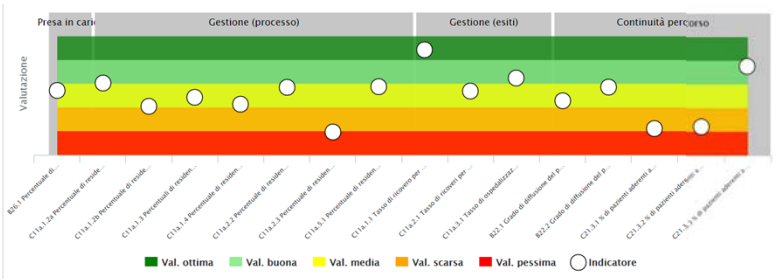


the <u>positive</u> metaphor of the “stave”

The stave, as well as the dartboard, relies on the five colour bands (from red to dark-green). These bands are now displayed horizontally and are framed to represent the different phases of care pathways. This view allows users to focus on strengths and weaknesses characterizing the healthcare service delivery in the different pathway phases.

From Siloes to Pathway





	Experience	Outcome	Adherence
Patients	PREMs	PROMs	…
Caregivers	…	…	…
Professionals	…	…	…

5
4
3
2
1
0
D17.1.2 Presentazione del percorso Materno Infantile da parte del personale
D17.1.6 Prenotazione esami da parte del personale del percorso
C7.17 Percentuale di primipare residenti con almeno tre presenze al CAN
C7.17.1 Equità di accesso al CAN per le primipare residenti per titolo di studio
D17.2.6 Gestione del dolore durante il travaglio
C7.1 Percentuale di parti cesarei depurati (NTSV)
C7.2 Percentuale di parti indotti
C7.12 Percentuale di attacco al seno entro le 2 ore dal parto
D17.2.9 Lavoro di squadra degli operatori ospedalieri
D17.3.7 Proattività dei servizi nell'offerta dell'assistenza nel puerperio
C7.18 Percentuale di donne residenti con almeno un accesso al consultorio nel post-partum
D17.3.6 Prima visita del pediatra a casa

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Thanks!!!

sabina.nuti@santannapisa.it