management esanità
Laboratorio di ricerca e formazione per il Management dei Servizi alla Salute

Improving Primary care for patients with chronic illness:

the Tuscan experience

Daniela Scaramuccia, Tuscany Health Councillor

Sabina Nuti, Prof. Scuola Superiore Sant'Anna

Gavino Maciocco, Prof. University of Florence

Pisa, 31 agosto 2010

The Tuscan Healthcare System: some data

- 3,7 millions inhabitants

- 6.300 millions € for healthcare spending in 2009:
  - 5% prevention
  - 43% hospitals services
  - 52% primary care

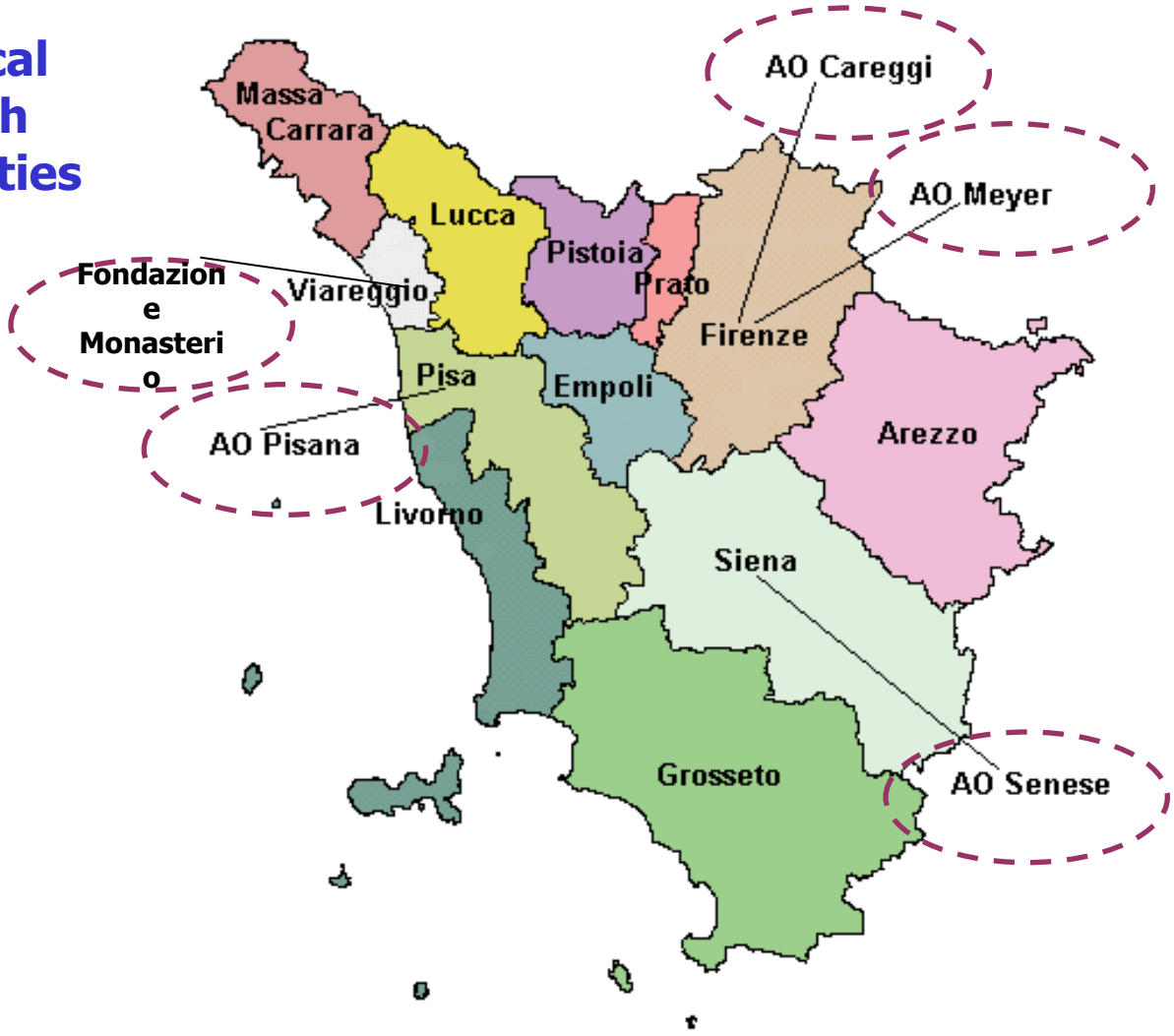
- 17 Public Health Authorities:
  12 Local Health Authorities and 5 Teaching Hospitals organized in three Network "Area Vasta":
  - North West Area Vasta: 2 T.H. and 5 L.H.A.
  - Center Area Vasta: 2 T.H. and 4 L.H.A.
  - South East Area Vasta: 1 T.H. and 3 L.H.A.

- 51.000 employees
- 2.940 GPs
- 14.000 private and public hospital beds
  (3,8 per 1.000 inhabitants)

[2009]

The Tuscan Healthcare System

12 Local Health Authorities



5 Teaching Hospitals

Chronic diseases

From the second half of the 20° century:

Reduction of the morbility and mortality of infective diseases

Increase of the chronic diseases prevalence

The management of the increasing chronic diseases prevalence is one of the most important healthcare problems to deal with.

(Tuscany Strategic Health Plan PSR 2008-2010, p. 34)

Which is the mission of regional public healthcare systems?

Better health

Responsiveness

Fair financing

(World Health Organisation 2000)

Financial sustainability

The challenge:

Growing health needs
(epidemiological evolution)
Economic situation
(GDP e global crisis)
Sharing of ethical values
(equity)
Growing of production costs
(new tecnologies)

Defining priorities

Resources allocation and reallocation

Manage variation

… the problem is not "if" but *HOW* to do it!

Does Tuscany health system has resources that can be reallocated?

Yes!

7% of the financial budget

Health Policy (2009)

Contents lists available at ScienceDirect

Health Policy

journal homepage: www.elsevier.com/locate/healthpol

Disinvestment for re-allocation: A process to identify priorities in healthcare

Sabina Nuti*, Milena Vainieri, Anna Bonini

Laboratorio Management e Sanità, Scuola Superiore Sant'Anna, piazza Martiri delle Libertà 33, 56127 Pisa, Italy

ARTICLE INFO

Keywords:
Health priorities
Benchmarking
Efficiency
Health resources

ABSTRACT

Resource scarcity and increasing service demand lead health systems to cope with choices within constrained budgets. The aim of the paper is to describe the study carried out in the Tuscan Health System in Italy on how to set priorities in the disinvestment process for re-allocation.

The analysis was based on 2007 data benchmarking of the Tuscan Health System with an impact on the level of resources used. For each indicator, the first step was to estimate the gap between the performance of each Health Authority (HA) and the best performance or the regional average. The second step was to measure this gap in terms of financial value.

The results of the analysis demonstrated that, at the regional level, 2–7% of the healthcare budget can be re-allocated if all the institutions achieve the regional average or the best practice.

The implications of this study can be useful for policy makers and the HA top management. In the context of resource scarcity, it allows managers to identify the areas where the institutions can achieve a higher level of efficiency without negative effects on quality of care and instead re-allocate resources toward services with more value for patients.

1. Introduction

Resource scarcity and increasing demand for services require health systems to cope with difficult choices within constrained budgets. A range of concerns, ranging from ethical principles such as "accountability for reasonableness" through to economic goals of increasing productivity argue for a thoughtful approach that targets reductions as opposed to across-the-board cuts.

The typical health system approach of deriving budgets based on historical spending or political pressures can lead to sub-optimal use of limited resources [1]. Economic approaches can help decision makers by providing a systematic and explicit way to set evidence-based priorities [2,3] even if they are not the sole consideration [4,5].

In the process of resource re-allocation, different countries have followed varying approaches for setting priorities at national level [6]. Since 1970s many countries have adopted the Program budgeting and marginal analysis (PBMA) in the health sector [4,7]. PBMA has been developed as an attempt to rationalize the incremental budgeting approach, based on applications of opportunity cost and marginal analysis [8]. PBMA can be deployed at the micro-level (i.e. specific service areas or treatments) but also at the meso-level (Health Authorities) and the macro-level (Regional Health Systems or National Health Systems) [9]. Other budgeting and re-allocation techniques have used Health Technology Assessment techniques to guide disinvestment decisions in ineffective treatments (e.g. guidance on disinvestment from NICE) [10,11].

This paper describes a study carried out in the Regional Health System of Tuscany, Italy. Using 2007 performance data, the study measures the impact that performance improvement could have on the amount of resources that

* Corresponding author. Tel.: +39 050883871; fax: +39 050883890.
E-mail address: snuti@sssup.it (S. Nuti).

0168-8510/$ – see front matter © 2009 Published by Elsevier Ireland Ltd.
doi:10.1016/j.healthpol.2009.11.011

Where Tuscany wants to invest?

From traditional healthcare to proactive healthcare

Traditional healthcare:

The healthcare system acts only when the chronic patient worsens becoming acute.

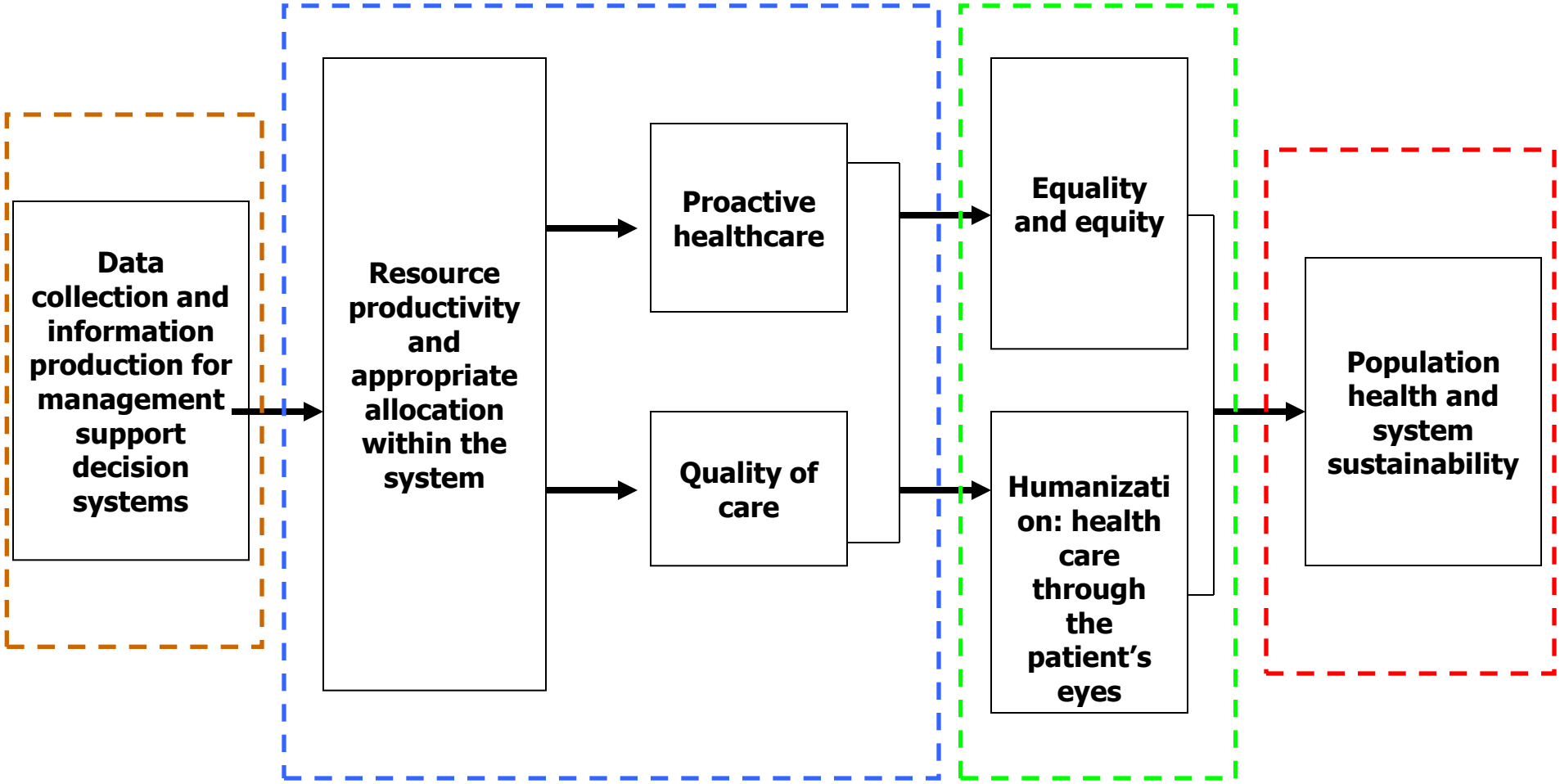
Chronic diseases are not well treated and prevention as well as risk factors are not taken into account

Proactive healthcare:

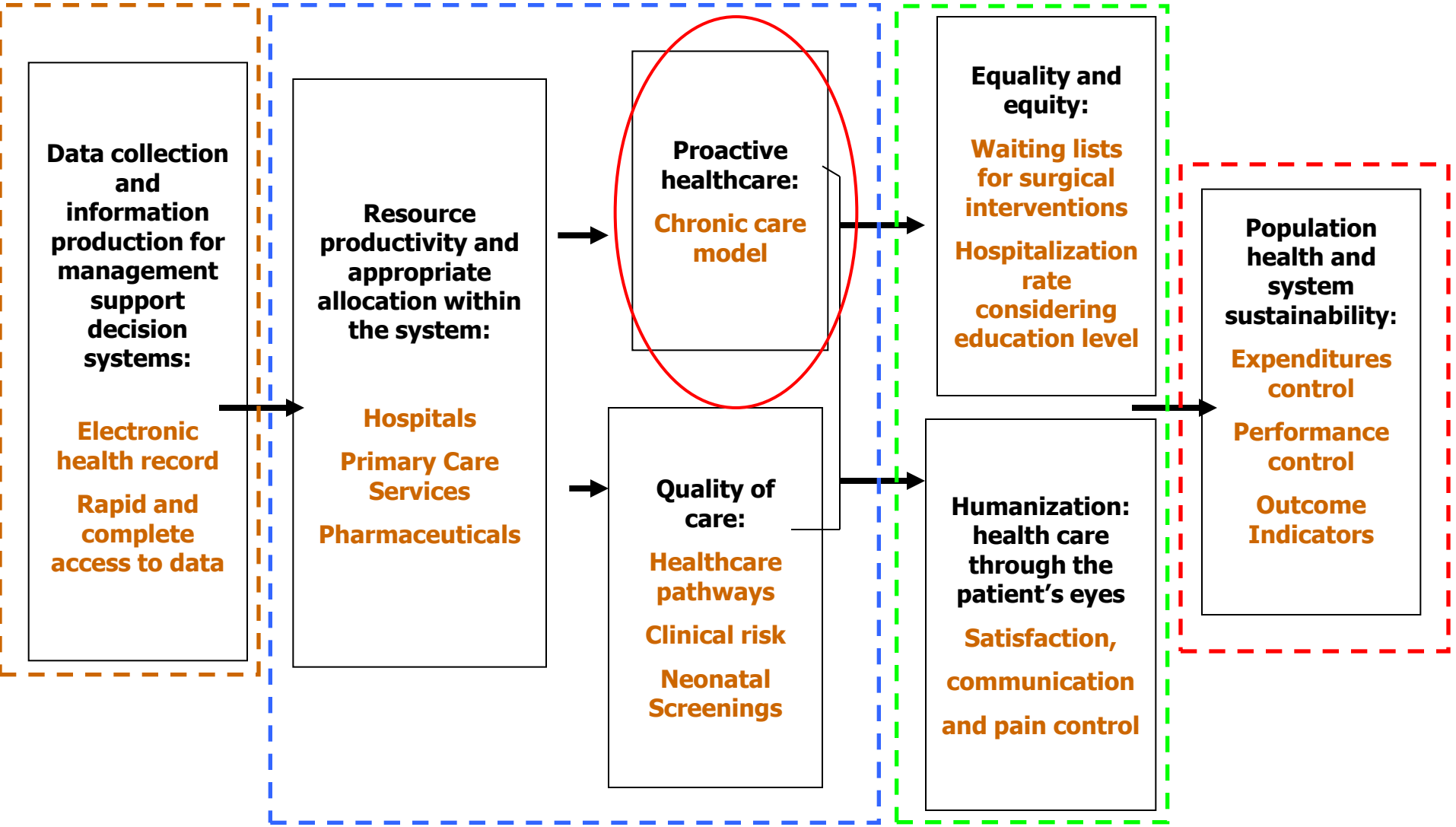
The patients' needs are taken into account before the disease worsening and possibly before disease onset, getting better health conditions for the population

The healthcare system is able to manage chronic diseases and to be effective in facing the acute diseases onset.

Strategic map of Tuscan Regional Health Plan (PSR)

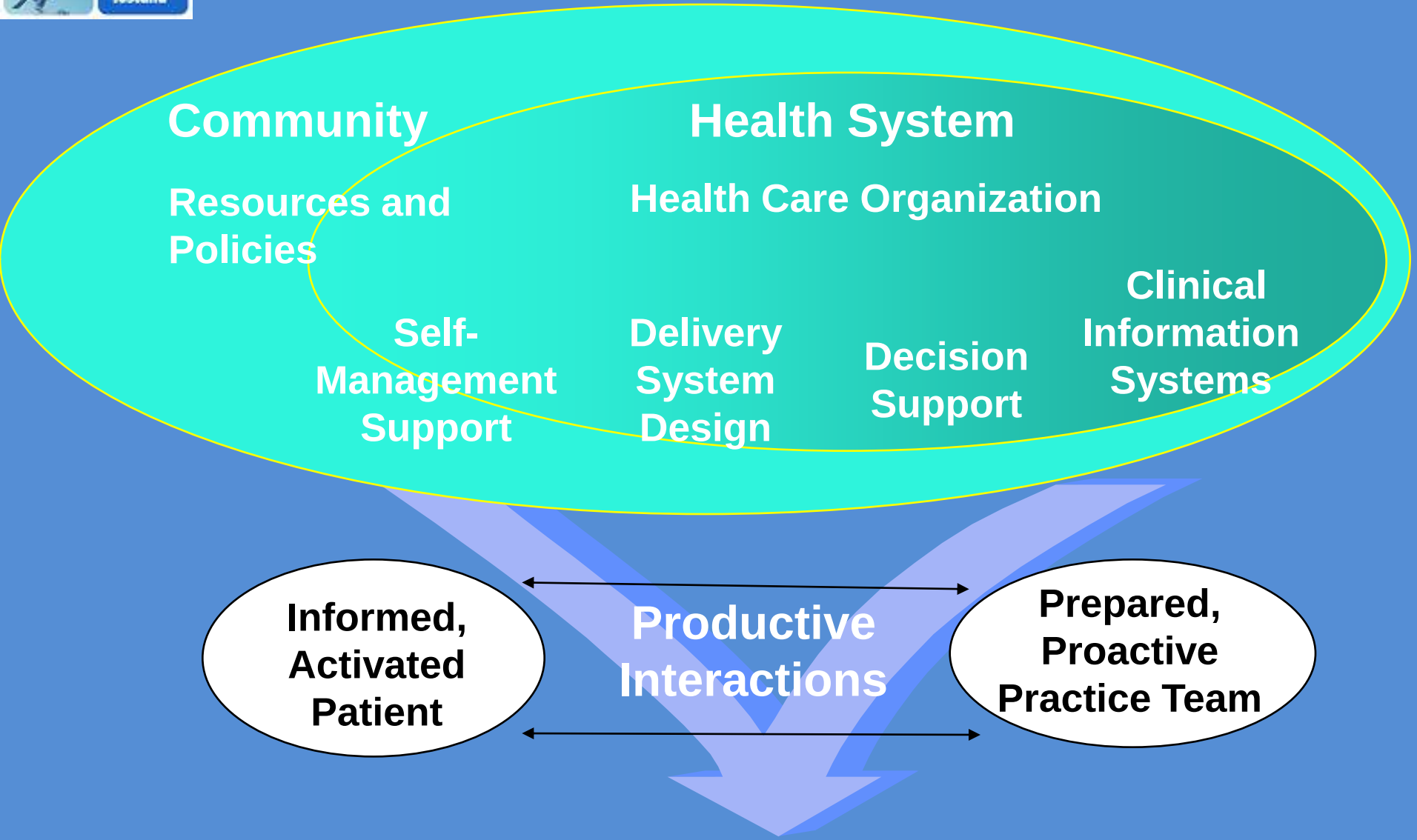


Strategic map of Tuscan PSR: scheduled actions for the year 2010



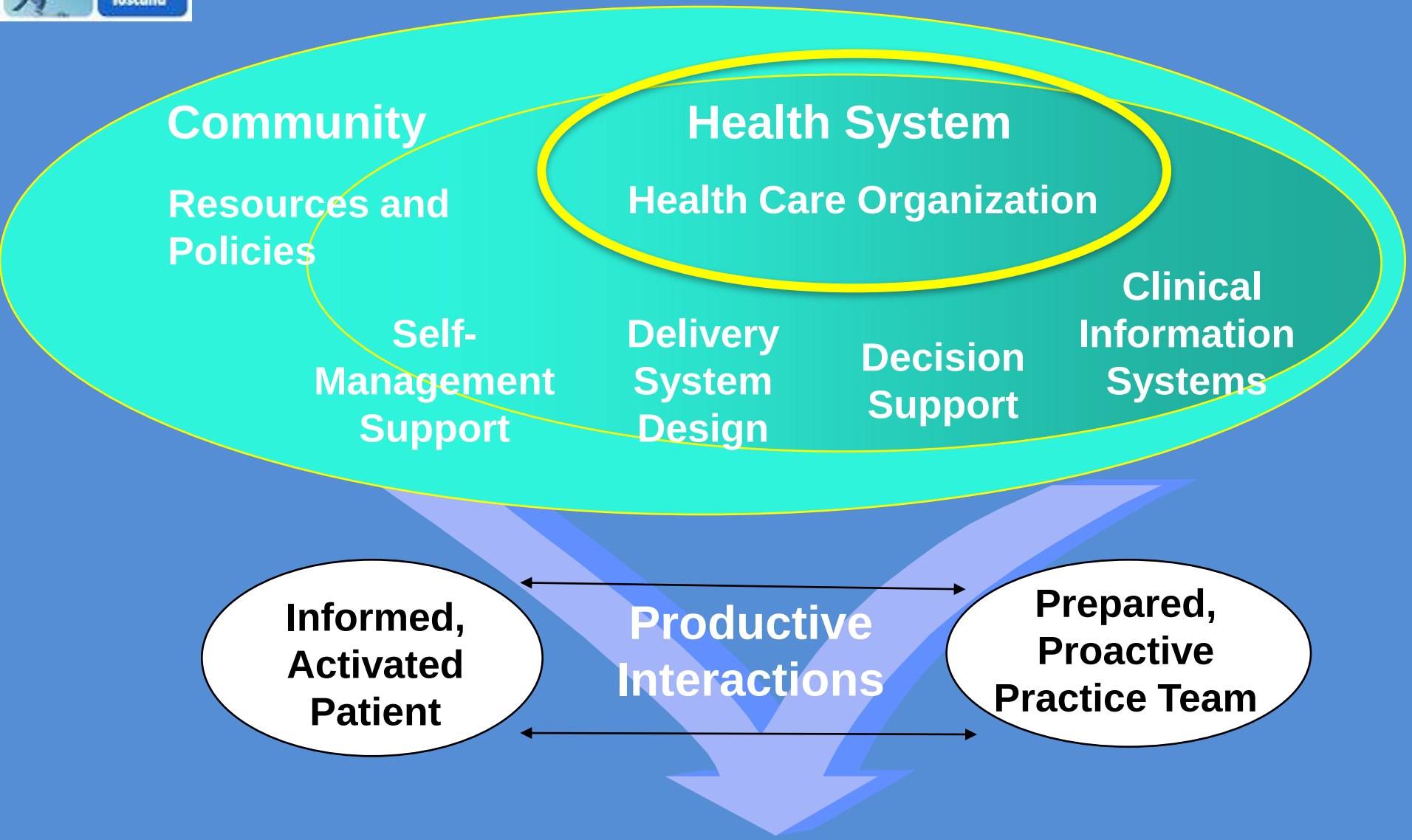
- Improving *Performance*
- *Investiments: Healthcare and economic growth*

Chronic Care Model



11

Chronic Care Model



Improved Outcomes

12

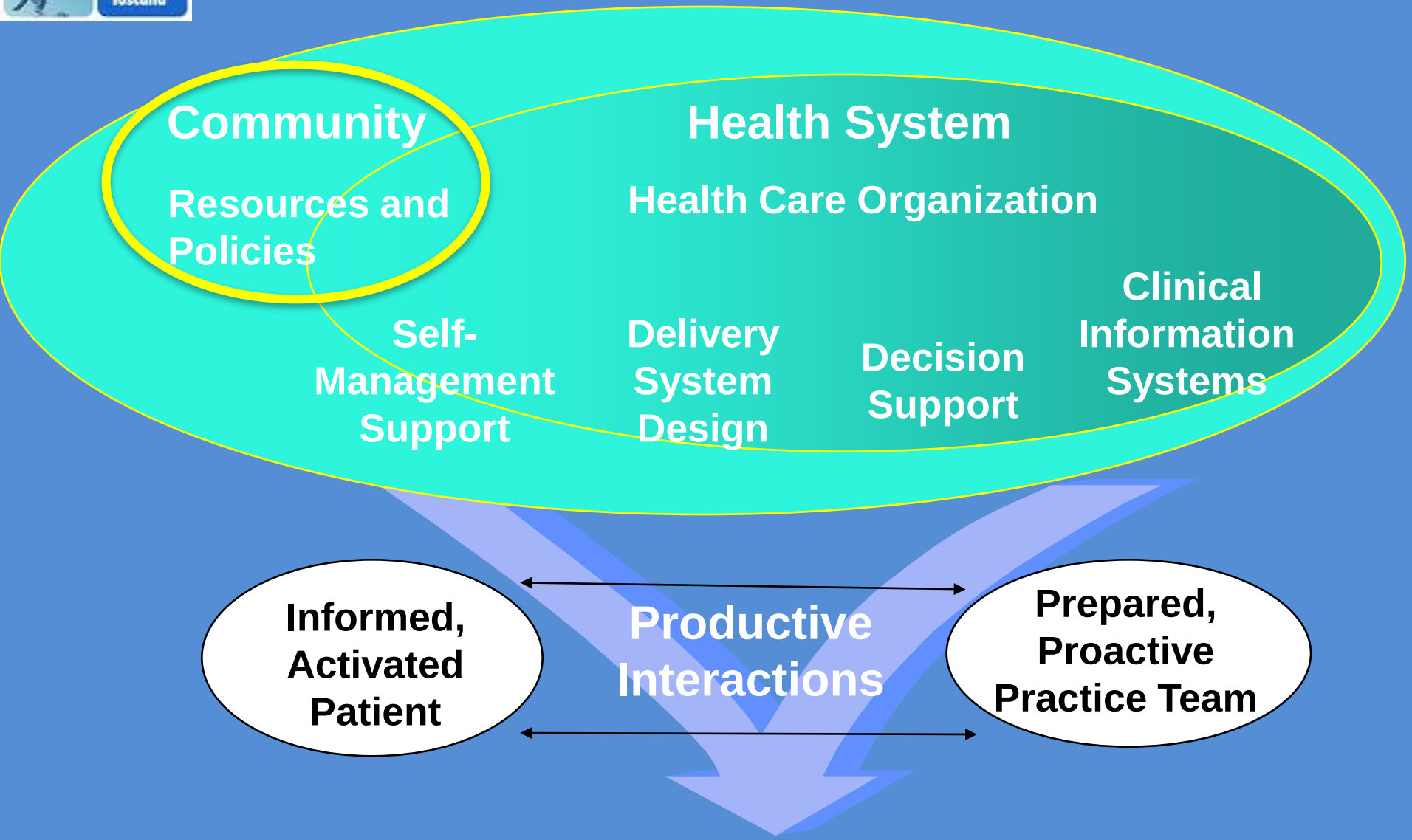
Regione Toscana

Diritti Valori Innovazione Sostenibilità

STRATEGIC HEALTH PLAN

A PLAN FOR HEALTH
THE PROACTIVE HEALTHCARE

Chronic Care Model



Improved Outcomes

14

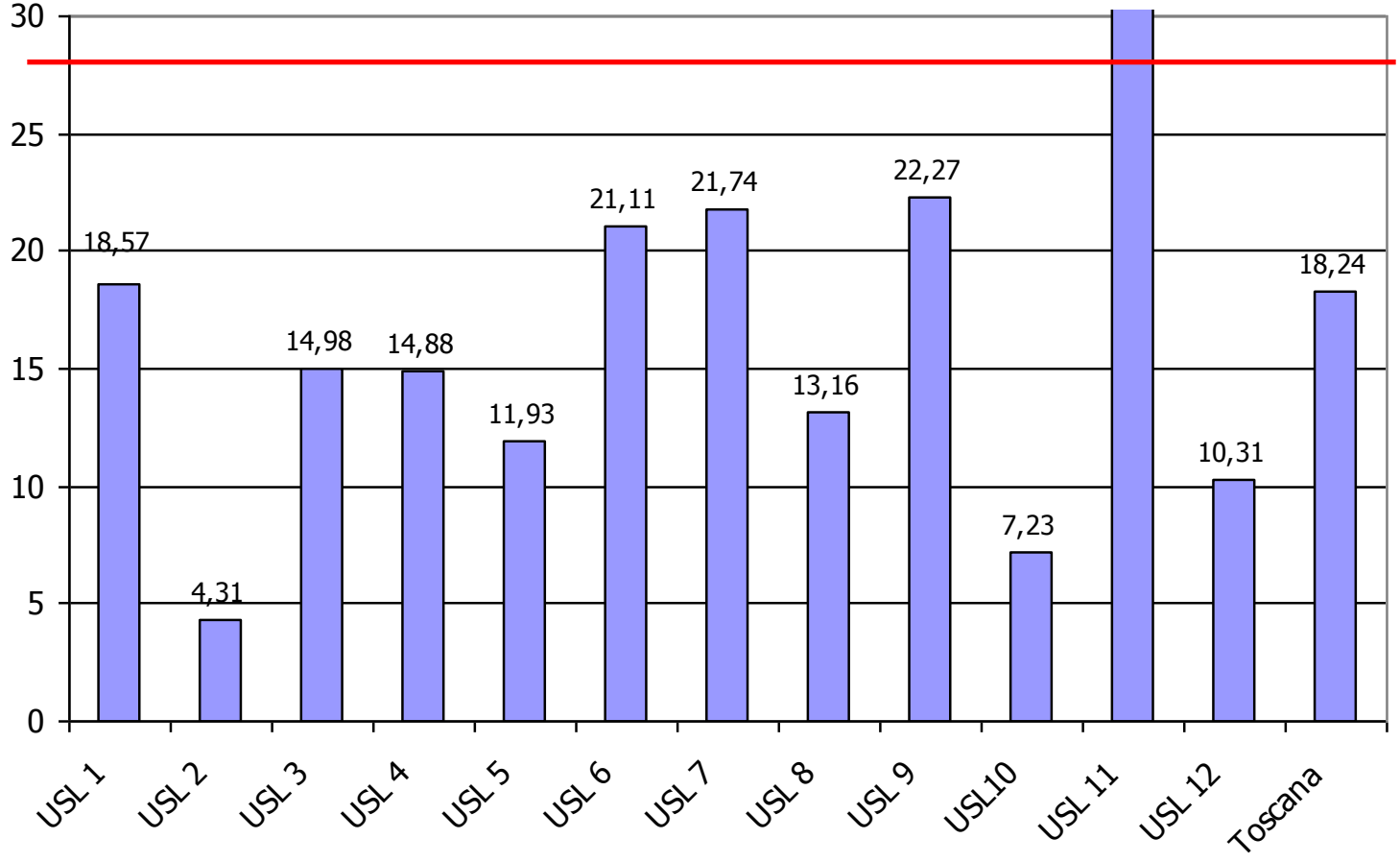
Adapted Physical Activities for elderly people (APA)

- Based on physical exercise programmes
- Adressed to citizens affected by stabilized chronic diseases and focused on lifestyle change for secondary and tertiary disability prevention
- Organised by groups
- Concentrating on health and not on illness
- Involving Local Authorities
- Not taking place in healthcare services
- Low cost activity

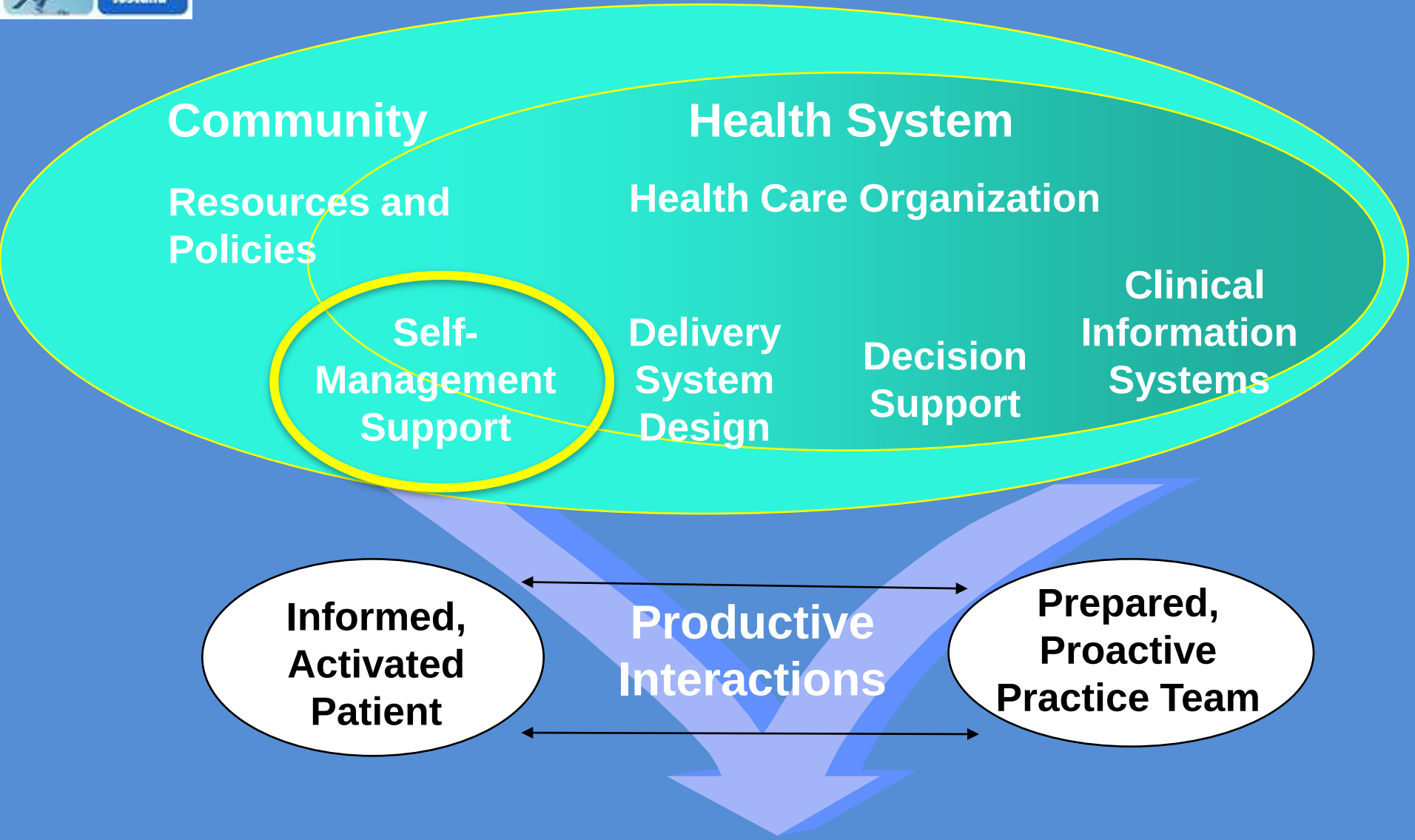
Population involved in APA >65 x 1.000 population - 2009

90,49

Regional target 2009: 20 per 1.000.



Chronic Care Model



Improved Outcomes

17

Self-Management Support

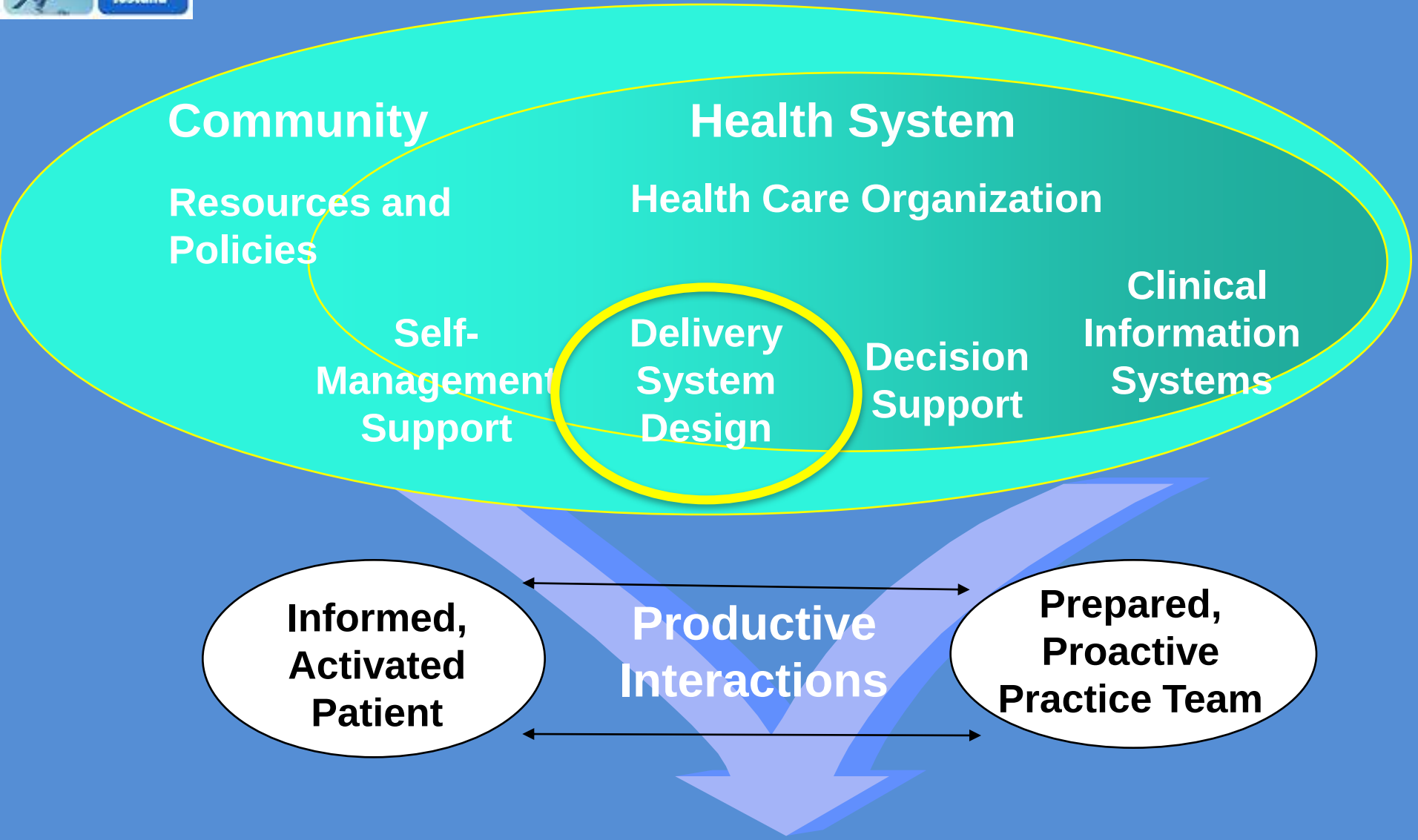
- Emphasize the patient's central role.
- Effective self-management support strategies include assessment, goal-setting, action planning, problem-solving, and follow-up.

TRAINING > NURSES

COURSE > COUNSELLING & SELF-MANAGEMENT SUPPORT

18

Chronic Care Model



Improved Outcomes

19

Delivery System Design

- Define roles and distribute tasks among team members.

CONSENSUS CONFERENCE

- Separate acute care from

doctors

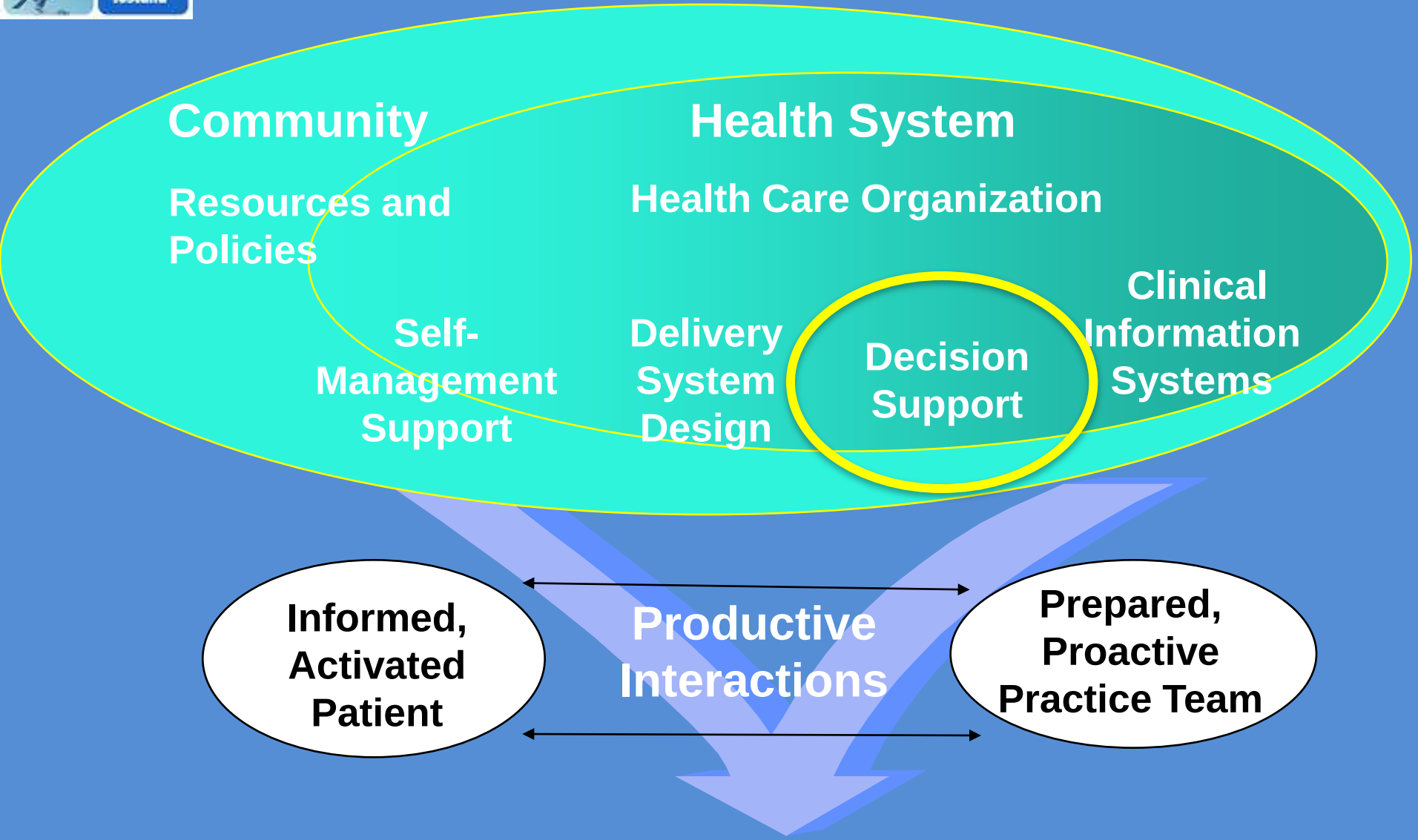
the planned management of chronic conditions.

nurses

20

- Successful chronic care interventions require increased clinical **involvement of the non-physician members of the care team**. We are talking about actually having a team who discusses the work they do, how they are going to do it, and how to improve on it.
- **Planned interactions must have an agenda**, like a routine immunization or a prenatal visit.
- **Follow-up should not left to chance**. Better outcomes in chronic illness care are due to proactive follow-up by the health care team.

Chronic Care Model



Improved Outcomes

22

Decision Support

- Embed **evidence-based guidelines** into daily clinical practice.
- **Share** guidelines and information with patients.

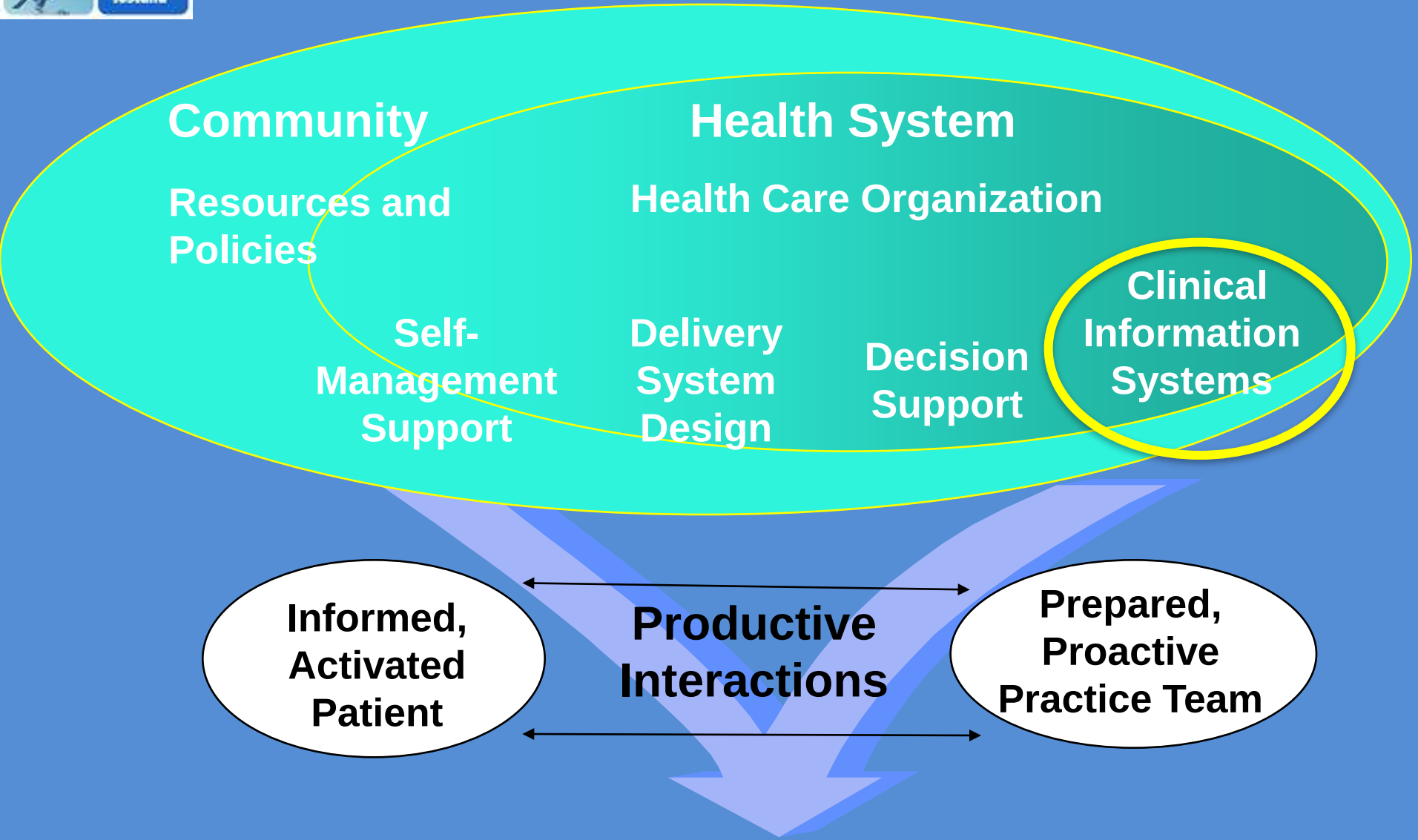
Regional Health Council

Evidence-based guidelines > 5 chronic disease

DISSEMINATION - TRAINING

23

Chronic Care Model



24

Clinical Information Systems

- The crucial factor in improving chronic illness care is a **clinical database** (***electronic medical record***) that collects the critical information that one needs to make a disease registry.
  - Provide **reminders** for providers and patients.
  - Identify relevant **patient subpopulations** for proactive care.
  - Facilitate individual **patient care planning**.
  - **Share information** with providers and patients.
  - **Monitor performance** of team and system.

Regional Health Agency

MaCro - List of indicators – Prevalence of chronic disease – Adhesion level of practices to clinical guidelines

GPs and other health professionals organized in groups to care for chronic patients with a proactive approach (*Chronic Care Model*)

Pilot phase
January 2010

11 Healthcare
- 56 groups
- 497 GPs
- 112 Nurses
- 618.969 Patients

MITO project– 1 Healthcare
- 4 policlinics
- 166 GPs
- 175.000 Patients

Extention phase
October 2010

Other groups are expected to be involved
- 31 groups
- 301 GPs
- 62 Nurses
- 337.213 Patients

goals to achieve and measures used at regional and local level:

Improve process care for chronic desease

Disseminate APA programms

reduce the rate of avoidable Chronic hospitalizations (age selection 50-74)

reduce variations due to social economics conditions

Strengthening the citizens role

From 2006, the rewarding system of the Tuscan Health Authorities CEOs is connected to the performance evaluation system including their capacity to achieve specific goals regarding the application of the chronic care model

Targets are differentiated for each Health Authorities, according to the level of performance.

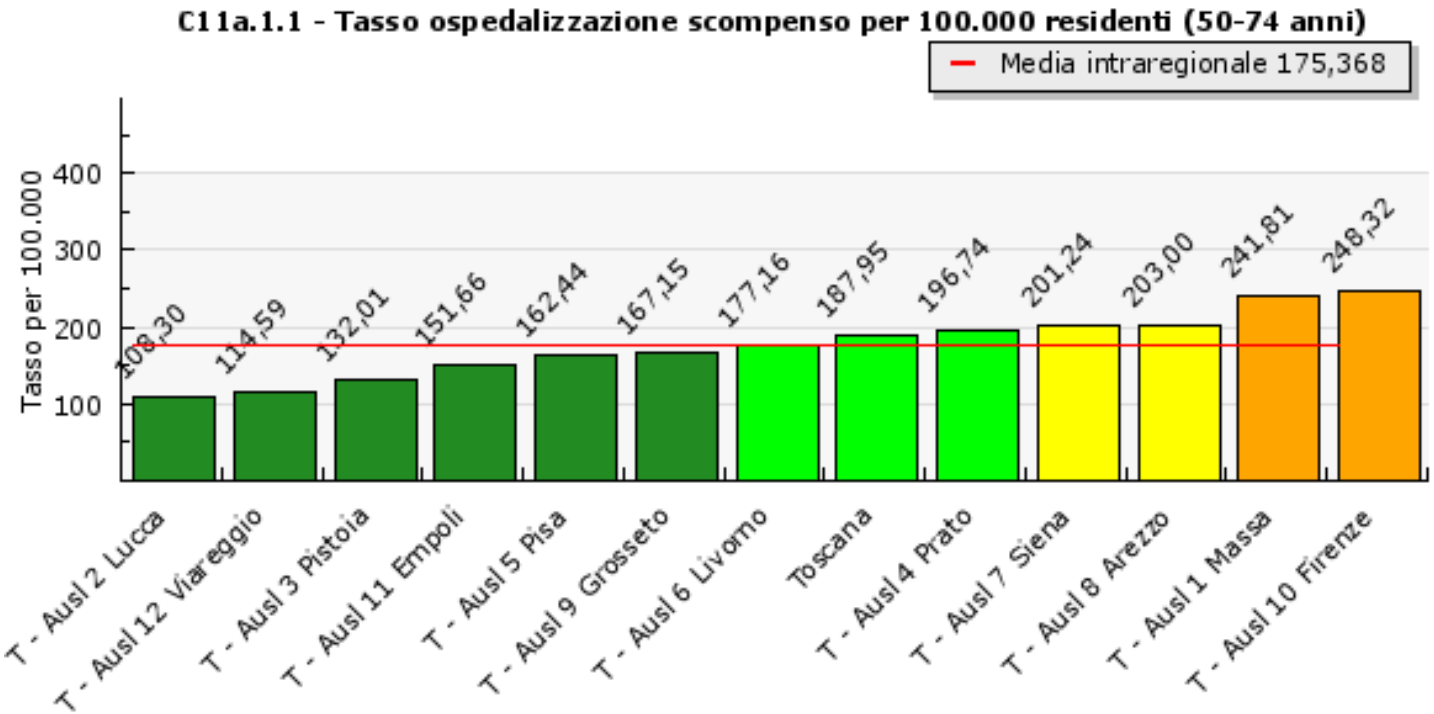
During the year MeS Lab provides a quarterly monitoring of the targets to verify them timely and systematically, supporting the periodic meeting between the Regional Councillor and each Health Authority CEO.

The rewarding system in 2010 involves also the MMG participating to the Chronic Care Programme.

reduce the rate of avoidable Chronic hospitalizations

C11a.1.1 Hospitalization rate for heart failure per 100.000 residents (age selection 50-74)

(2009)

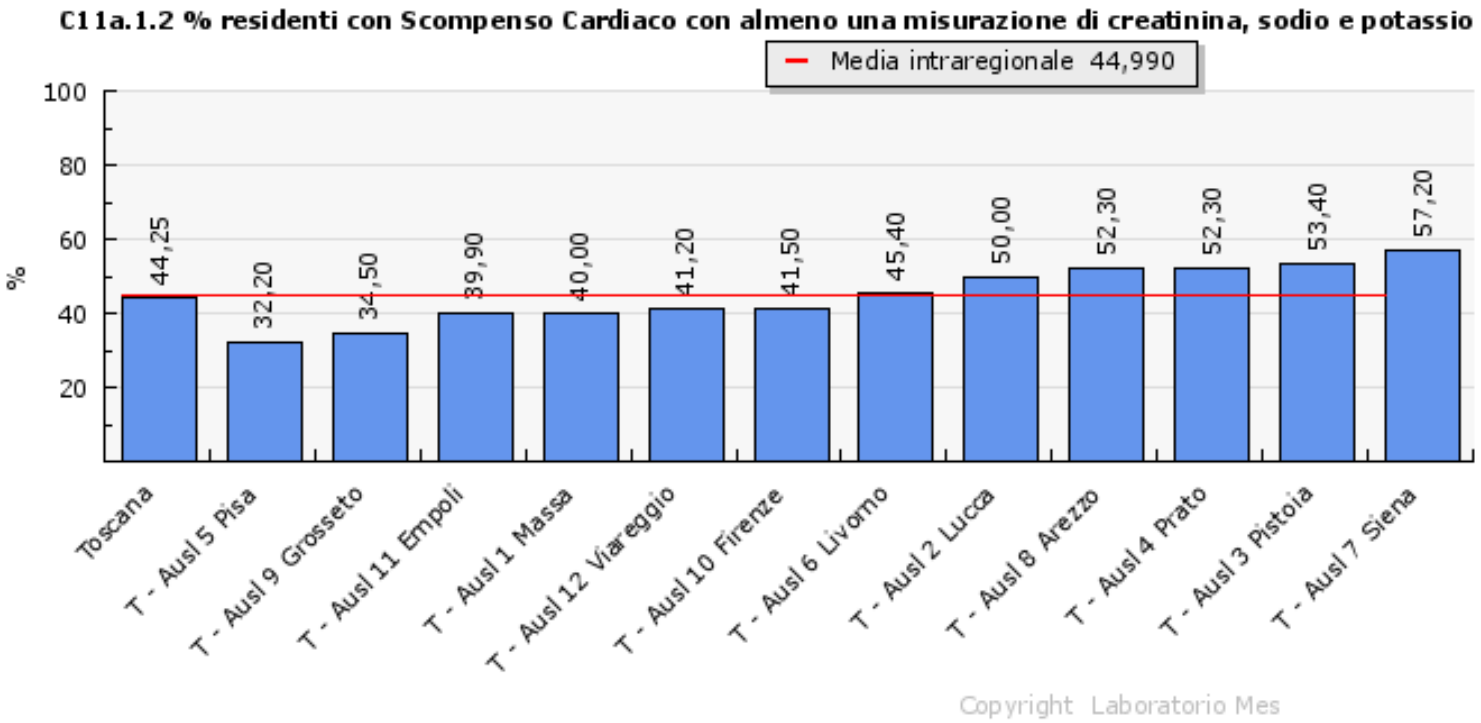


Where we can act:
Heart failure re-admissions within one year 2009

	N of admissions for the same ID											
LHAs	1	2	3	4	5	6	7	8	Totale complessivo ID ricoverati	Totale complessivo ricoveri (numeratore TO globale)	TOT ID che hanno subito alemno un re-ricovero	% ID re-ricoverati su tot ID ricoverati
AUSL 1 MC	486	50	4	4	1				545	619	59	10,83
AUSL 2 LU	275	32	2	2					311	353	36	11,58
AUSL 3 PT	466	49	16	1	3				535	631	69	12,90
AUSL 4 PO	384	43	14	3	1			1	446	537	62	13,90
AUSL 5 PI + AOUP	740	79	23	3					845	979	105	12,43
AUSL 6 LI	749	87	18	7	2		1		864	1022	115	13,31
AUSL 7 SI + AOUS	764	108	11	11	4	3			901	1095	137	15,21
AUSL 8 AR	772	113	19	5		3			912	1093	140	15,35
AUSL 9 GR	421	40	5	4		1			471	538	50	10,62
AUSL 10 FI + AOUC	2256	318	69	20	7	4	1		2675	3245	419	15,66
AUSL 11 EM	531	67	14	5	3	1	1		622	755	91	14,63
AUSL 12 VI	230	34	4	1	1				270	319	40	14,81
Toscana	8074	1020	199	66	22	12	3	1	9397	11186	1323	14,08

Improve performance in the process care.

C11a.1.2 % of residents with heart failure with at least one creatinine, sodium and potassium screening.
(2008)



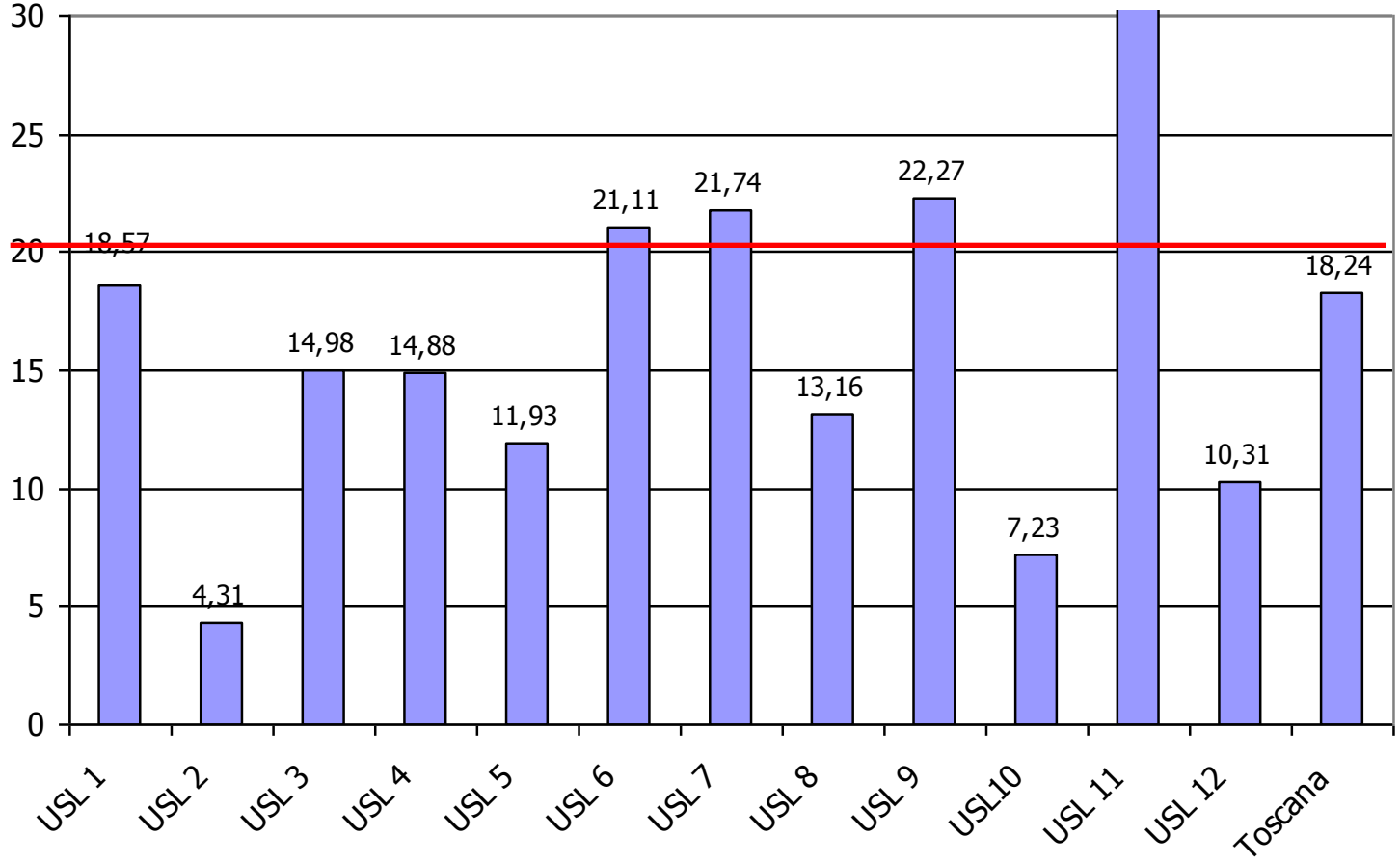
Disseminate APA programms

Population involved in APA >65 x 1.000 inhabitants

2009

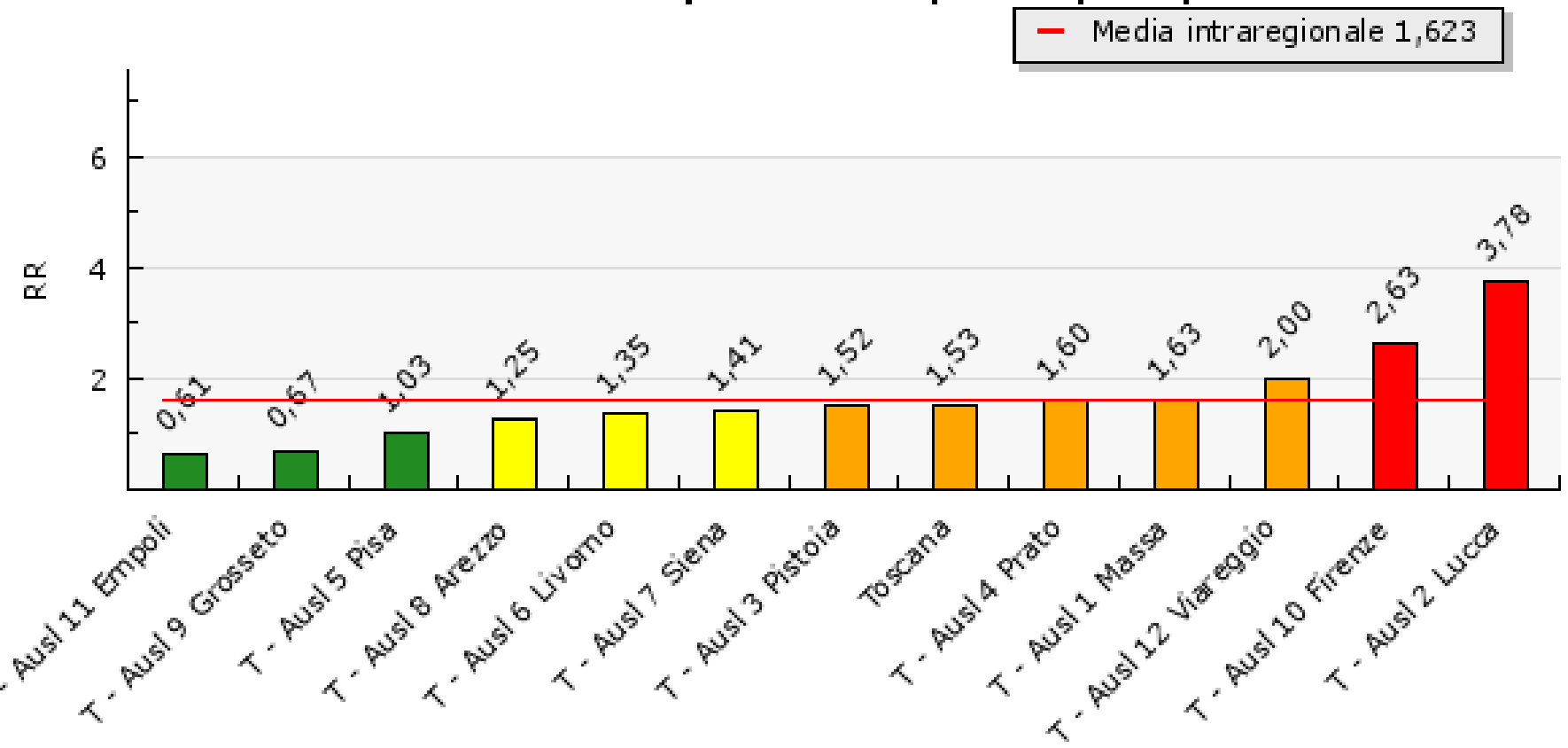
90,49

Obiettivo regionale 2009: 20



reduce variations due to social economics conditions

B9.5.1 - Rischio relativo di ospedalizzazione per scompenso per titolo di studio



Strengthening the citizens role

The last time you went to your GP were you happy about how he involved you in the decisions regarding your health (referrals, exams..pharmaceutical prescriptions…)

All the data of the Tuscan Performance System are available on the web site:

http://85.18.244.220/toscana/

Thank you for your attention and Welcome to Tuscany!