PHP ITALY – LOCAL REPORT

Interviews with:
- Anna Beltrano, public health responsible, Local Health Agency Cortona, ASL 8 Tuscany,
- Filippo Bauleo, risk manager ASL 2, Umbria,
- Lamberto Briziarelli, Public Health Professor, University of Perugia,
- Massimo Gigli, public health manager responsible with health and safety at workplace, ASL 2 Umbria,
- Andrea Vignini, Mayor of Cortona, Tuscany

There are several regulatory health policies the ASLs are involved in.

One is the "Piano Attuativo Locale" – the Local Health Agency Action Plan. This is based on the Regional Health Plan, which is adapted to local health needs and resources. It is based on health and socioeconomic data. It is a statement of main strategic directions.

Among these is the support for Clinical Governance. Clinical Governance is a systematic approach to quality of patient care within the health system, developed in UK NHS. It has three key attributes: recognizably high standards of care, transparent accountability and responsibility for those standards and a constant dynamic of improvement. It is based on six elements: education and training (clinicians' duty to continuous professional development), clinical audit (review of clinical performance), clinical effectiveness (measuring the appropriateness and effectiveness of an intervention), research and development (critical appraisal of the literature, guidelines and protocols based on evidence), openness (performance is open to public scrutiny), risk management (managing risks to patients, staff and organization).

Next chapters in the Local Health Agency Action Plan are Healthcare Delivery by Levels and Actions for Health. Examples of actions for health are: The Blood Project, Diabetes Mellitus Project, Food Safety, Prevention at Workplace, Health Promotion among Immigrants, Fighting Nephropathy, Prevention and Control of Transmittable Diseases, Protection of Old Women Health and Family, Oncological Prevention and Care, Promotion and Protection of Mental Health, Addictions, Fight Against Heart and Cerebral-vascular Diseases, Palliative Care, Artificial Nutrition, Integrated Medicine, Transplants, Prevention of Traffic Accidents. Other chapters of Local Health Agency Action Plan are: Agency Projects (Elderly Health, reorganizing the Pathology department, transforming the hospital of Pieve City), Resource interventions.

Another type of local Health policy is the "Sanita de iniziative" (the Chronic Care Model). This is a model developed in USA and designed to encourage high quality chronic disease management mainly in primary care. The model considers the healthcare provider as a part of the community served and it is based on the productive interactions between informed patients and the prepared practice team. The provider must focus on six areas of interest: Self management (the informed patient is responsible about the decisions regarding the care), Decision support (proven guidelines are the base for clinical decisions), Delivery system design (the

1

members of the care team have clear roles and tasks, based on centralized patient information; follow-up is mandatory), Clinical information system (a clinical information system with comprehensive patient medical files), Organization of Health Care (The provider not only delivers care but also creates an environment favorable to the management of the chronic disease), Community (the healthcare provides create strong alliances with local authorities and NGOs).

In Umbria Region this model is applied through the health centers (territorial health care delivery branches of ASLs). An ASL has many districts and each district 3 health centers. These centers are in charge with evaluating the health needs of the population in their area, delivering integrated care, designing preventive interventions, mobilizing community resources. Task forces are organized in Nuclei de Asistenza Primaria (Primary Care Teams), comprising health care providers, representatives of local public institutions, members of NGOs and voluntaries, functionally integrated. These task forces are formalized in binding documents (Territorial Pacts). Some of the areas of intervention are: Physical Activity for Back Pain, Integrated Medical Consultancy for Menopause, Alzheimer Services, Monitoring for Oral Anti-clot Therapy, Intermediate Care: Community Hospital, Health Producing School.

The collaboration between the health care providers, public institutions, NGOs, industry, individuals is formalized in "Patti per la Salute" (Pacts for Health) which tackles recognized health problems from different perspectives related to health determinants: social-economic conditions, environment, lifestyles, health system. These pacts comprise actions and interventions of all participating actors towards a common public health objective. Each pact for health is based on regional guidelines regarding the content, priorities objectives, means, operational aspects, evaluation. Each health problem is described, its causes analyzed, specific objectives are set, analysis of resources and constraints, evaluation planning, operative program, communication, project team.

Agency Health Plans are the mainframe for integrated zonal plans, created together with the City Councils. These zonal integrated plans have a health dimension and a social dimension. They are further translated in specific projects and programs which are proactive and unitary. It is a legal requirement. As described above it is correlated with other public policies (occupational health, environmental health, health promotion and prevention, healthcare delivery

I.   PROCESSES QUESTIONS
1. The <u>decision</u> to make the new public health policy

The decision to develop a PHP is taken by the "Giunta provinciale" Provincial Council; The General director of ASL decides after a debate in the Commune Assembly (local council?); the stakeholders in the process are the ASLs, municipalities, the Mayor of the town, and other public institutions (fire department, police, customs, immigration services)

Which are the reasons for deciding to develop the PHP?
What kind of data is used to justify actions/decisions?
Are there any rules you have to consider while developing a PHP?

2. The <u>development</u> of the public health policy

"Public Health Policies – Training Romanian staff at Regional level to develop Public Health Policies (PHPRO)"

WHO?
PHPs are developed mainly by ASLs and municipalities
Professional and politicians work together for the development of PHPs. (conditions they have to comply with)?

HOW?
Health and socio-economic data is used to justify decisions.
There are guidelines for development of PHPs.
How are people selected to work in developing the PHP (skills and credentials)?

The <u>approval</u> of the public health policy

WHO?
Who approves the PHPs? Agency Health Plan, Pact for Health, Territorial Pacts?

HOW?
How is the PHP approved?
Are there any rules you have to consider while approving a PHP?

4. The <u>implementation</u> of the public health policy

WHO?
PHPs are implemented by the healthcare providers and other actors involved in the pacts and plans
Who controls its implementation?

HOW?

5. The <u>monitoring</u> of the public health policy outcomes / effects

WHO?
The pacts for Health are monitored bys ASLs.

HOW?
What are the formal instruments (mechanisms) used to monitor the PHP?
Clinical data, surveys are used for monitoring the PHPs.
Are there any rules you have to consider while monitoring the PHP?

6. The <u>evaluation</u> of the public health policy

WHO?
The region health department evaluates the Regional Health Plan and PPS are evaluated by ASLs.

HOW?
What are the instruments and methodology used to evaluate the PHP?
What kind of data (indicators) is used for evaluation (impact assessment)?
How are people selected to work in evaluation of the PHP (skills and credentials)?
Are there any rules you have to consider while evaluating the PHP?

II.   FINAL QUESTIONS

PHPRO / WP 3 / Italy study visit/ PHP Italy - Local Report

The strengths of the process are considered to be team work, participation agreement of objectives and the good administration of ASLs.

Some of the weaknesses of these processes are: resources are not always available; decision depends on the province local authorities; lack of qualified personnel

One should notice that the plans can not be extremely ambitious; not all problems can be solved at once.

The recommendations for a successful local agency in charge of PHP development are:
• good collaboration between medical professionals and managers; agreement between health managers, politicians, NGOs, professionals, GPs.
• paying attention to three issues critical: priorities, relationships (responsibilities) and resources;
• total autonomy for the region;
• considering main values equity and solidarity;
• balanced financing;
• policies should be based on demographic, health and economic profiles;
• municipalities should play a major role;
• knowing the functioning mechanisms of the system;
• knowing the limits;
• balancing the politics with professional issues.

PHPRO / WP 3 / Italy study visit/ PHP Italy - Local Report