ISTITUTO SUPERIORE DI STUDI SANITARI
Giuseppe Cannarella

CARD

Associazione Direttori e Dirigenti Sanitari dei Distretti del Lazio

IL **PNRR** E LE CASE DELLA COMUNITÀ

La proposta della Card Lazio

18 giugno 2021

ore 14.30/17.00

IL PNRR
E LE CASE DELLA COMUNITÀ
La proposta della Card Lazio

CONSIDERAZIONI CONCLUSIVE

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Sapienza Università di Roma

18 giugno 2021

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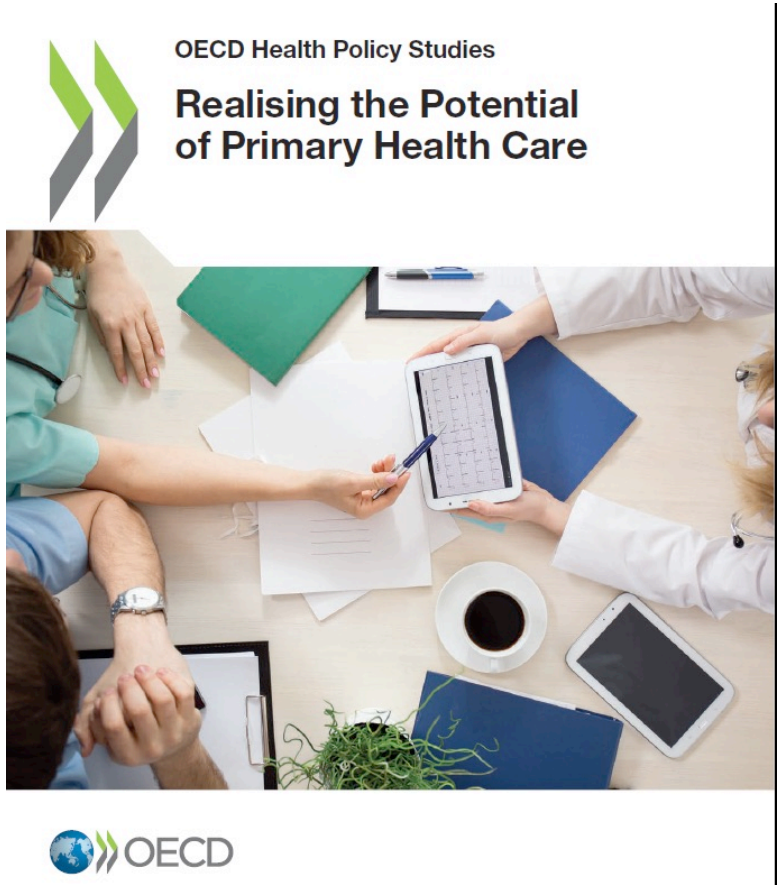
La proposta della Card Lazio

REALIZZARE IL POTENZIALE DELL'ASSISTENZA PRIMARIA



Box 1.1. The Astana declaration

In October 2018, health experts and policy makers met in Astana (Kazakhstan) to renew the commitment to comprehensive primary health care for all. The new Astana declaration reaffirms the commitment to the Alma-Ata core principles.

The new Declaration envisions "primary care and health services that are high quality, safe, comprehensive, integrated, accessible, available and affordable for everyone and everywhere, provided with compassion, respect and dignity by health professionals who are well-trained, skilled, motivated and committed". Priority is explicitly given to promotive, preventive, curative, rehabilitative and palliative care; and to the increasing importance of non-communicable diseases which lead to poor health and premature deaths, and to environmental factors such as natural disaster, climate change or other extreme weather events.

Source: Declaration of Astana – Global Conference on Primary Health Care (2018[7]), https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf; Hirschhorn et al., (2019[8]), "What kind of evidence do we need to strengthen primary healthcare in the 21st century?", https://doi.org/10.1136/bmjgh-2019-001668.

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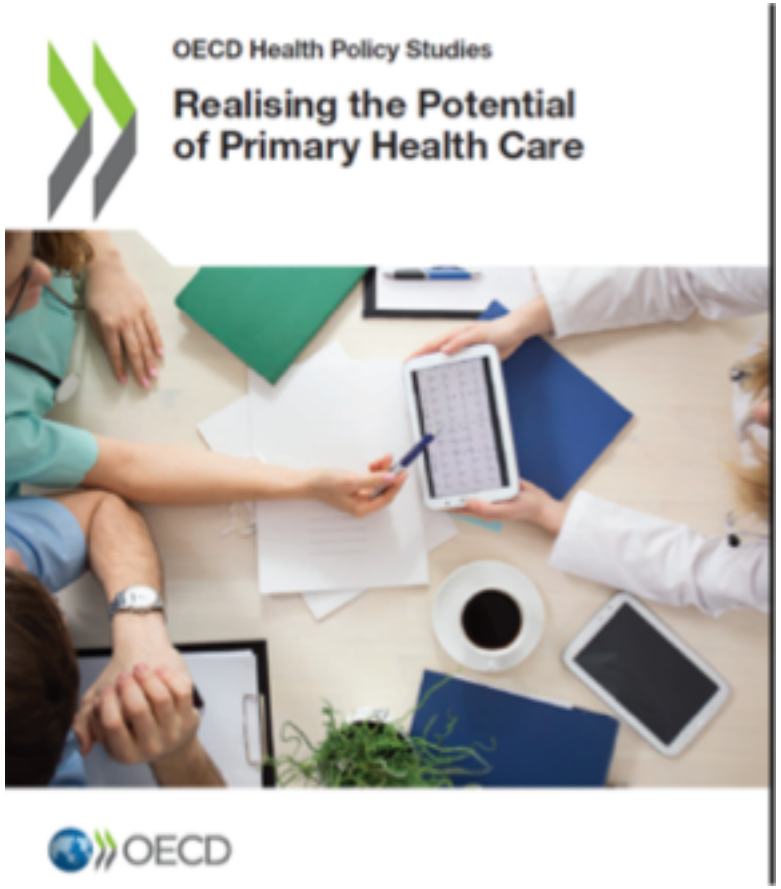

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1 Good primary health care makes health systems more inclusive and performing

As societies age and the burden of chronic disease grows, people need care that is centred on increasingly complex care needs, co-ordinated across the care pathway, and accessible (financially, geographically and around the clock). This makes good primary health care ever more vital. As the first point of contact, providing comprehensive health care, good primary health care:

- Improves health and helps to fight inequalities, through improved financial access to care, targeted preventive actions within the community, and disease management programmes. Across OECD and EU countries, 68% of people with lower-income have seen a GP in the past 12 months (versus 72% in the higher income group), a rather small difference.
- Fosters people empowerment and centredness, notably through improving people health literacy.
- Makes health system more efficient, for example by reducing rates of avoidable hospitalisations and unnecessary emergency department visits.

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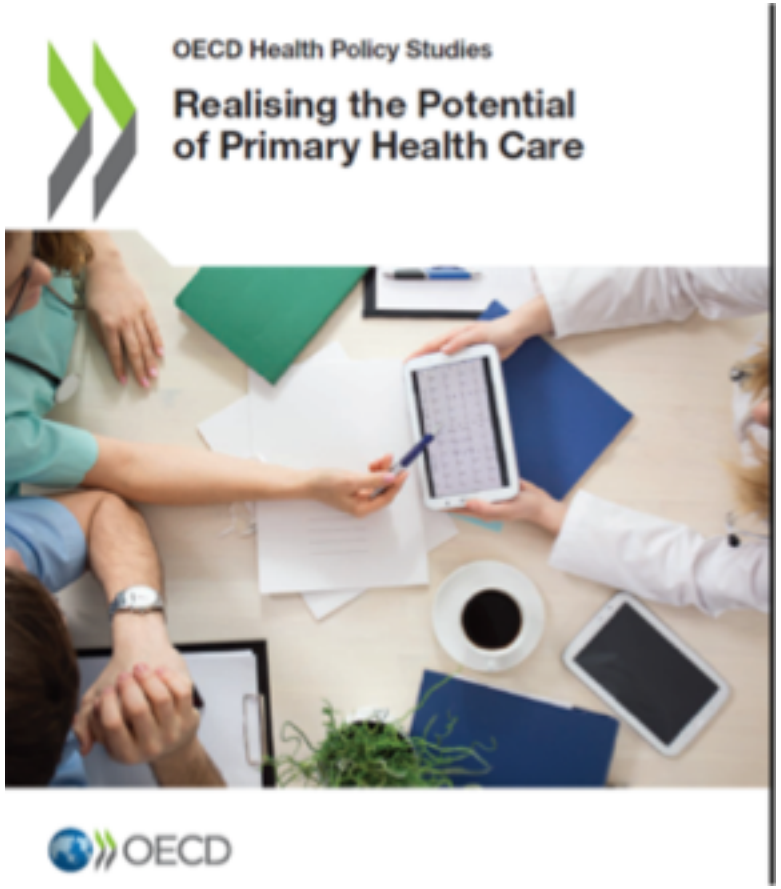

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2 Yet primary health care is still too weak

- Across EU countries, 26% of patients suffering from some chronic conditions did not receive any of the recommended preventive tests in the past twelve months.
- Avoidable admissions for chronic conditions that should be treated in primary health care were equivalent to 6.1% of hospital bed days in 2016, costing at least US$ 835 million on average across OECD countries.
- The inappropriate use of antibiotics in general practice ranges between 45% and 90%. High levels of antibiotics consumption increase the risks of resistant strain, costing lives and money.

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OECD Health Policy Studies

Realising the Potential of Primary Health Care

OECD

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3 Strengthening it requires the right resources and organisation

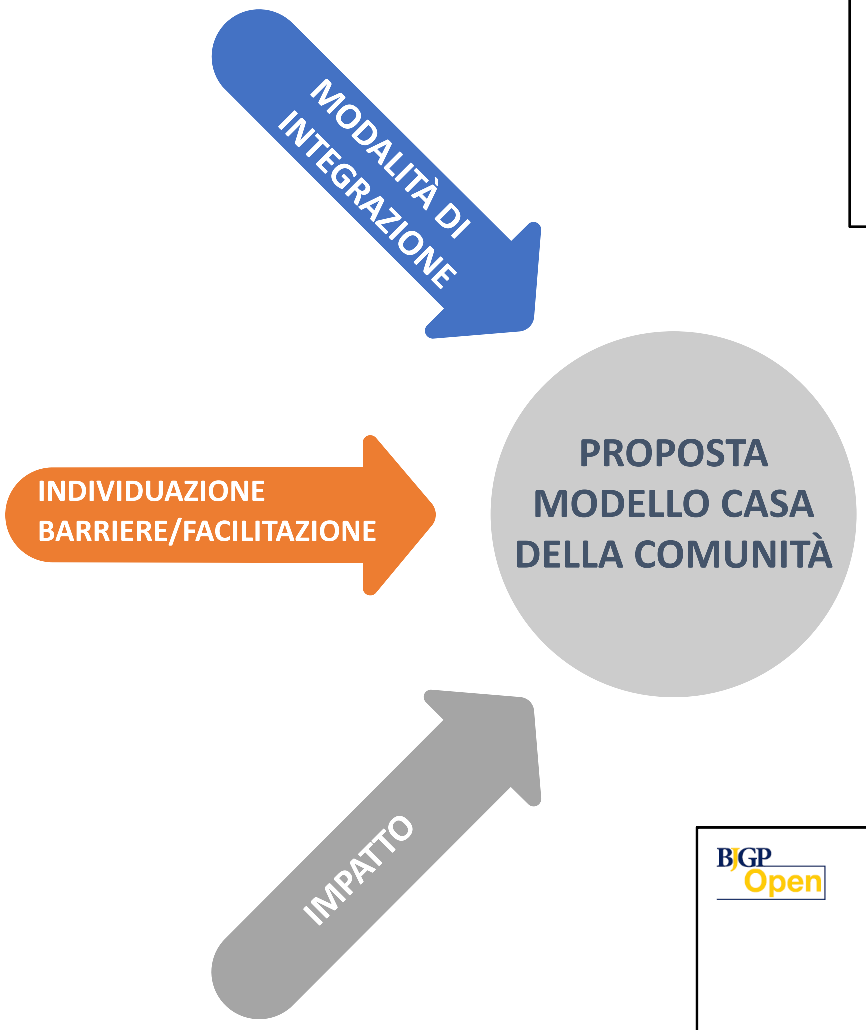
To deliver high quality and accessible people-centred care, more needs to be done to strengthen primary health care, notably focus on:

- **Right resources.** Investing in primary health care generates good returns for society but this requires adequate resources. Yet only 14% of total health spending is currently devoted to primary health care across OECD countries, while the share of general practitioners as a share of all doctors has dropped from 32% in 2000 to 29% in 2016 across OECD countries.
- **Right organisation.** There is an urgent need to shift from the reactive solo-practice primary health care model to a proactive, preventive and participatory approach. In 2018, only 15 OECD countries had primary health care services based on teams or network. Robust and portable Electronic Health Record (EHR) across the care continuum is also key for proactive, people-centred primary health care.
- **Right incentives.** While 13 countries introduced innovative payment models in primary health care in recent years, there is scope for greater diffusion of new payment systems incentivising quality care, greater care co-ordination and prevention for people with complex needs.
- **Right measurement.** There are too few efforts nationally and internationally to measure the outcomes of primary health care. While experience measures are collected in 18 OECD countries, hardly any country surveys patient reported outcomes within primary health care.

SCOPING REVIEWS

SYSTEMATIC REVIEWS

DELPHI METHODS



REFLECTION

The Challenges of Measuring, Improving, and Reporting Quality in Primary Care

Richard A. Young, MD[1]
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ABSTRACT
We propose a new set of priorities for quality management in primary care, acknowledging that payers and regulators likely will continue to insist on reporting numerical quality metrics. Primary care practices have been described as complex adaptive systems. Traditional quality improvement processes applied to linear mechanical systems, such as isolated single-disease care, are inappropriate for nonlinear, complex adaptive systems, such as primary care, because of differences in care processes, outcome goals, and the validity of summative quality score-cards. Our priorities for primary care quality management include patient-centered reporting; quality goals not based on rigid targets; metrics that capture avoidance of excessive testing or treatment; attributes of primary care associated with better outcomes and lower costs; less emphasis on patient satisfaction scores; patient-centered outcomes, such as days of avoidable disability; and peer-led qualitative reviews of patterns of care, practice infrastructure, and intrapractice relationships.

Ann Fam Med 2017;15:175-182. doi: https://doi.org/10.1370/afm.2014.

RESEARCH PAPER

Establishing a Primary Care Performance Measurement Framework for Ontario

Mise en place d'un cadre pour la mesure du rendement des soins primaires en Ontario

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On behalf of the Primary Care Performance Measurement Steering Committee

BJGP Open

RESEARCH

Developing measures to capture the true value of primary care

Tim C olde Hartman, MD, PhD[1]*, Andrew Bazemore, MD, MPH[2], Rebecca Etz, PhD[3], Ryuki Kassai, MD, PhD[4], Michael Kidd, MBBS, MD[5], Robert L Phillips Jr, MD, MSPH[6], Martin Roland, BM Bch, DM[7], Kees van Boven, MD, PhD[8], Chris van Weel, MD, PhD[9], Felicity Goodyear-Smith, MBChB, MD[10]

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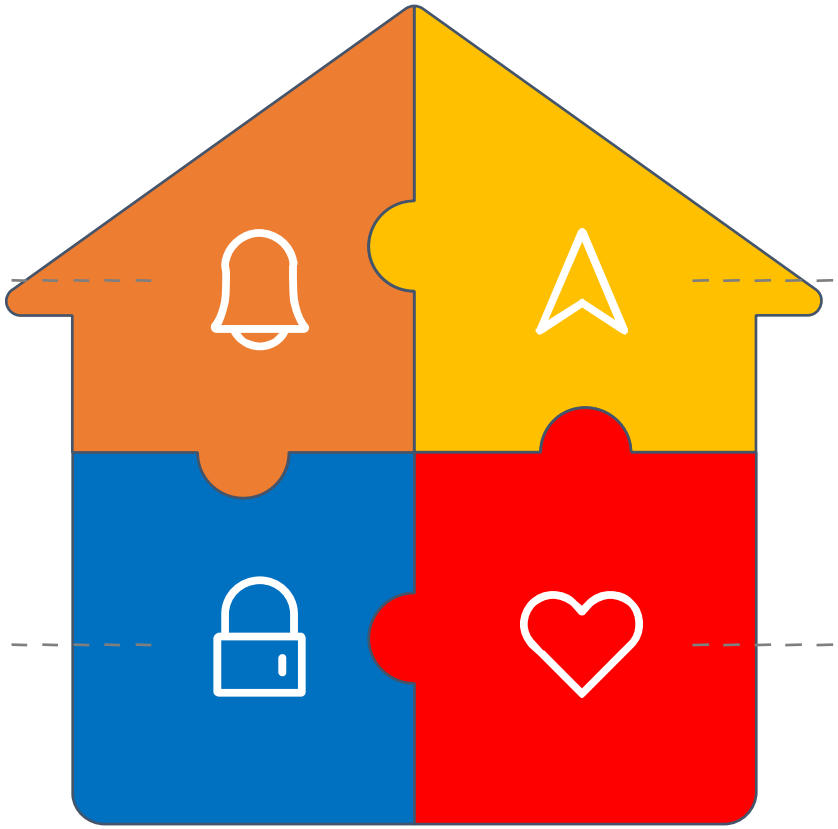
FUNZIONI ESSENZIALI DELLA CASA DELLA COMUNITÀ



Medici di Medicina Generale

Punto Unico d'Accesso

Rappresentanti dei cittadini

COMUNITÀ

18 giugno 2021

"You have to learn about thousands of diseases, but I only have to focus on fixing what's wrong with ME! Now which one of us do you think is the expert?"

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