



Evolution in Primary Care

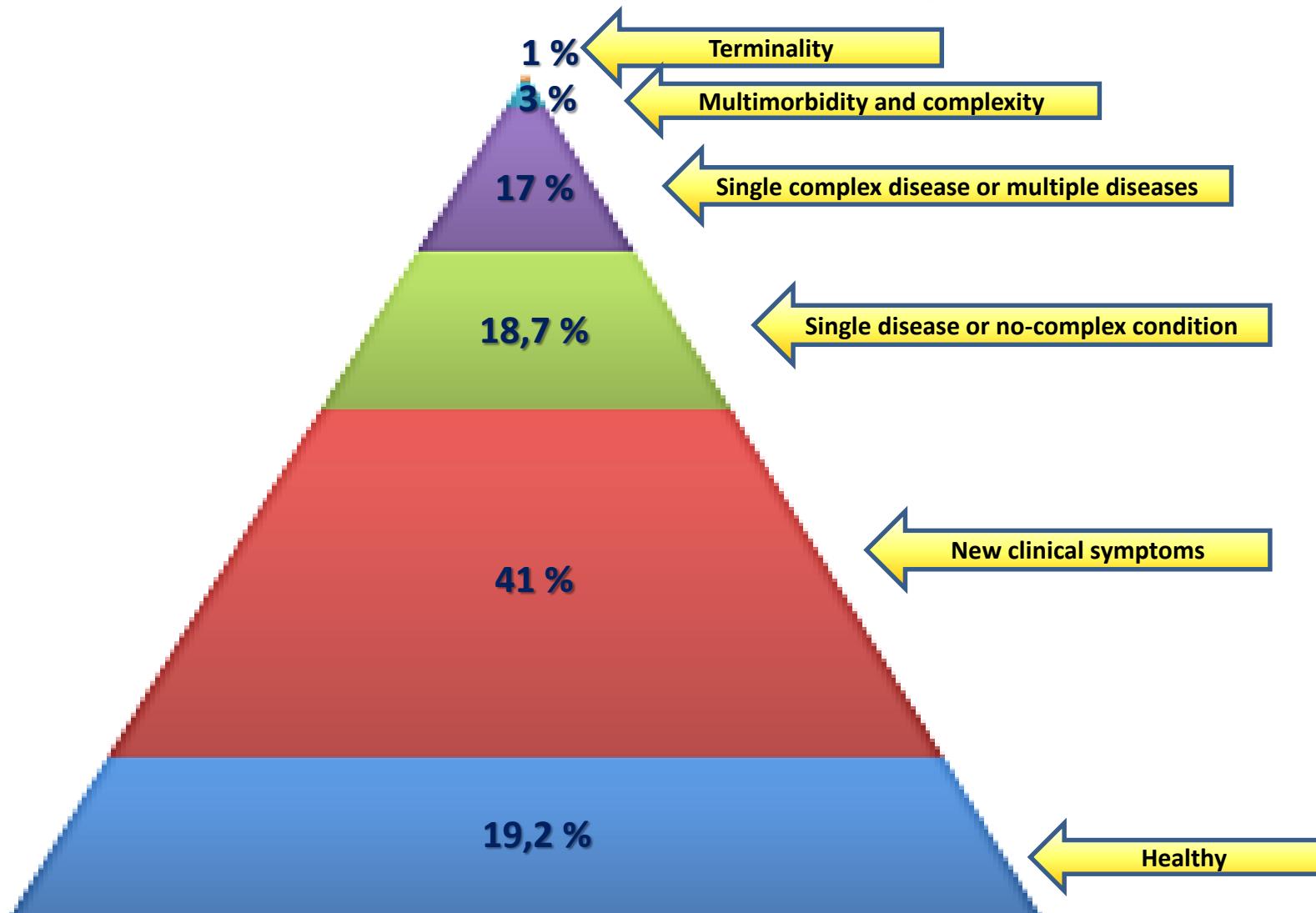
28 luglio 2015

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Settore Assistenza Distrettuale e Cure Primarie



Population distribution





The Regional Strategy

Veneto Region Health Plan 2012-2016 (**PSSR**) presents the context to increase and develop primary Care in Veneto Region, introducing the concept of "**care supply chain**" to protect each single step: individual/family/community. The basic elements of regional planning are:





Why reorganize primary care?

There is the need:

- to “identify” a ***reliable professional*** in the territory for patients;
- ***to entrust to a specific professional*** the ***management*** and ***monitoring*** of the diagnostic-therapeutic relationship with the problematic patient, often fragmented in different professionalisms
- ***to ensure*** the ***functional integration*** between hospital and territory, ***including both health and social dimension.***

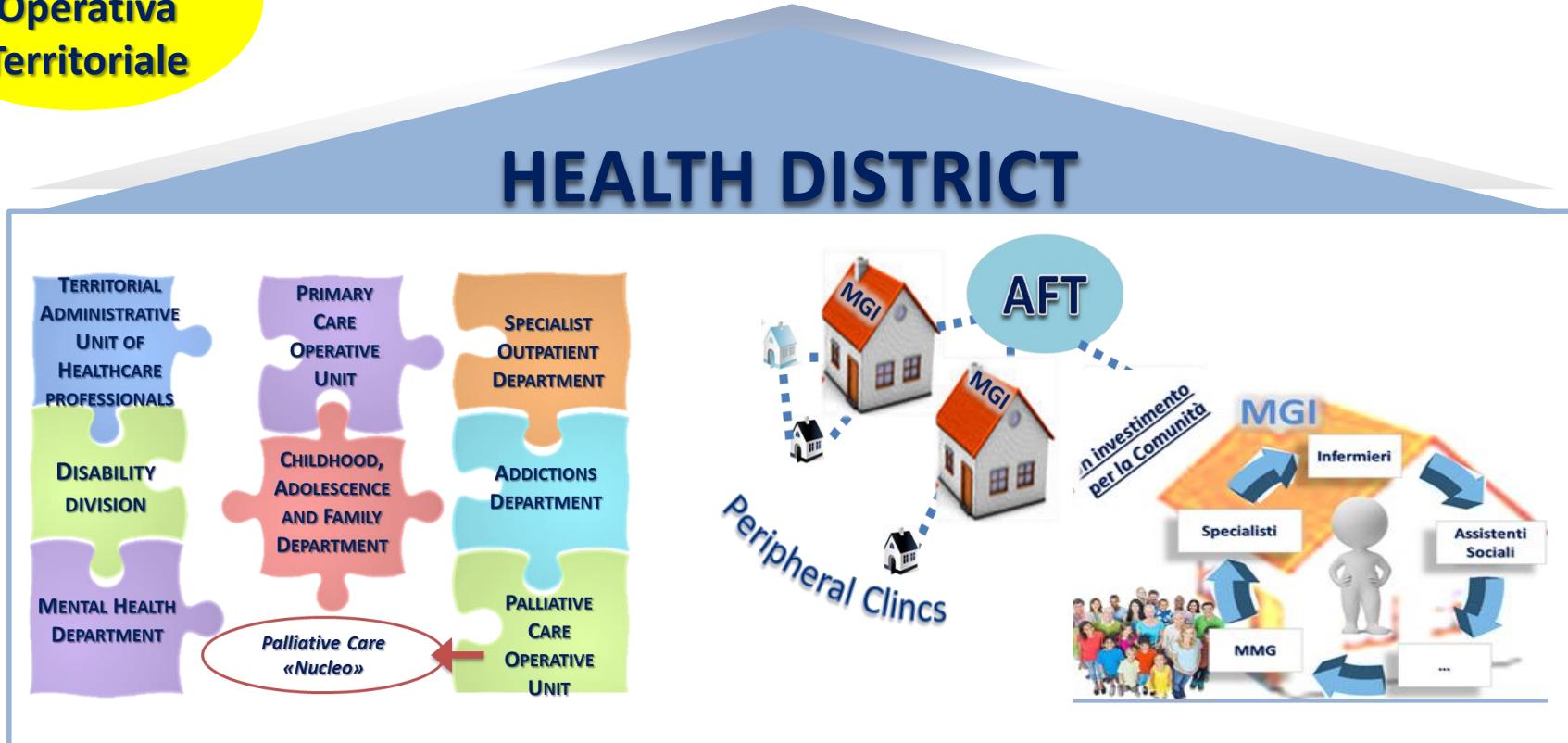
Strategic Goals: *Care Continuity* and integrated patient's management



Community Health District reorganization

(PSSR 2012-2016)

Centrale
Operativa
Territoriale





«**MEDICINE DI GRUPPO INTEGRATE**»

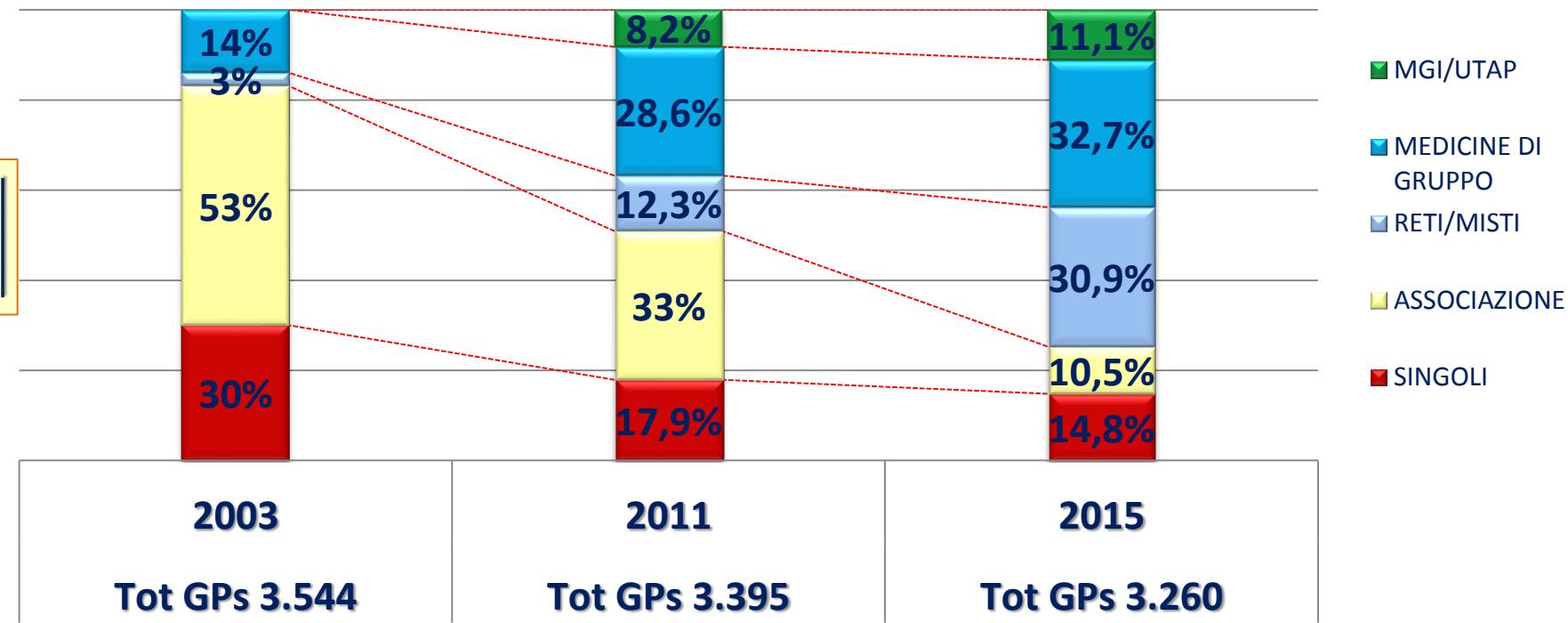


Multiprofessional Team of General Practitioners, supported by **NURSES** and **ADMINISTRATIVE STAFF**, that is related to **SPECIALIST** and guaranteed an **H12 HOUR OPENING TIME**



Association forms of Primary Care in Veneto

2003-2011-2015



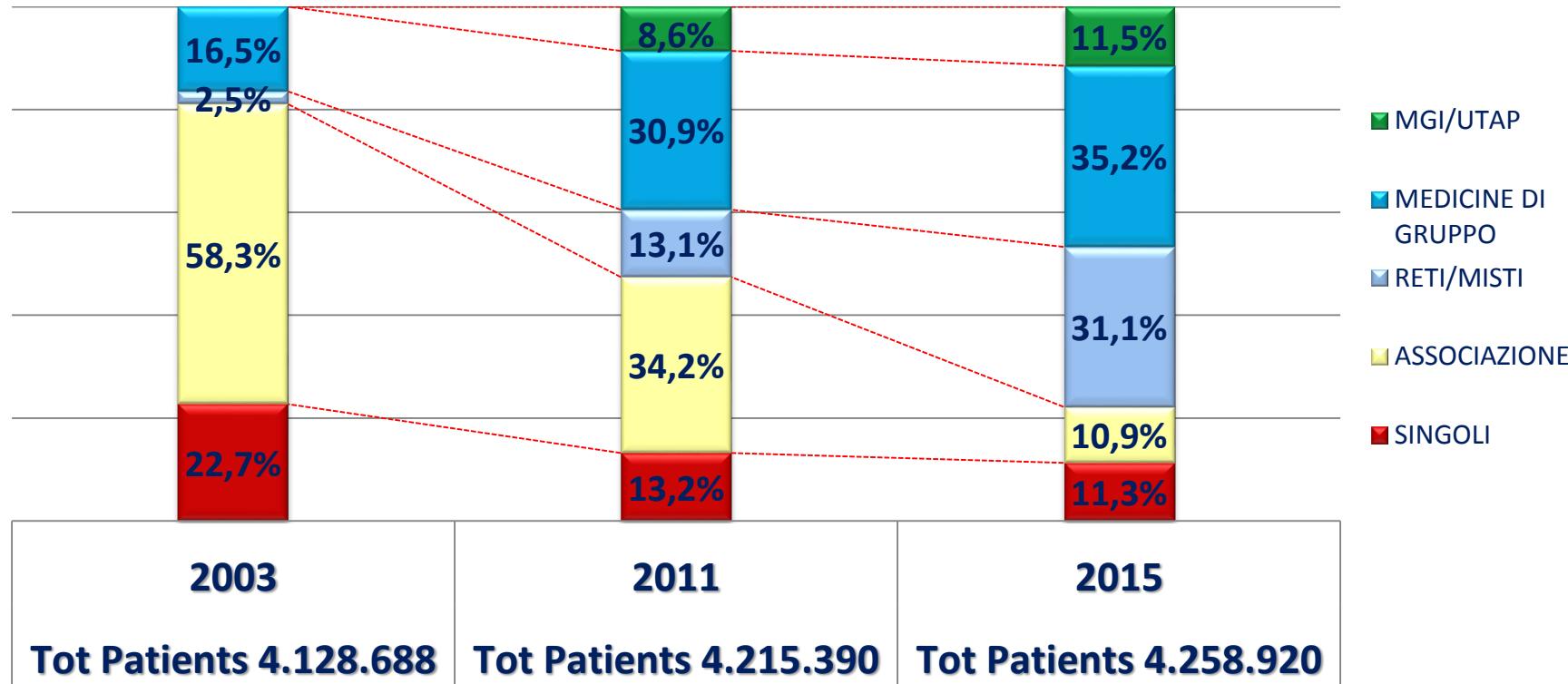
Source: «Monitoraggio quote variabili regionale» – data at 31/12/2013 – Settore Assistenza distrettuale e Cure primarie
Data «AUR» at 17/07/2015

- ✓ **MGI:** it's multiprofessional GPs team
- ✓ **Gruppi:** it's a group of GPs who share the same practice
- ✓ **Rete:** It's a network group of GPs who works in separate practice in telematic connection



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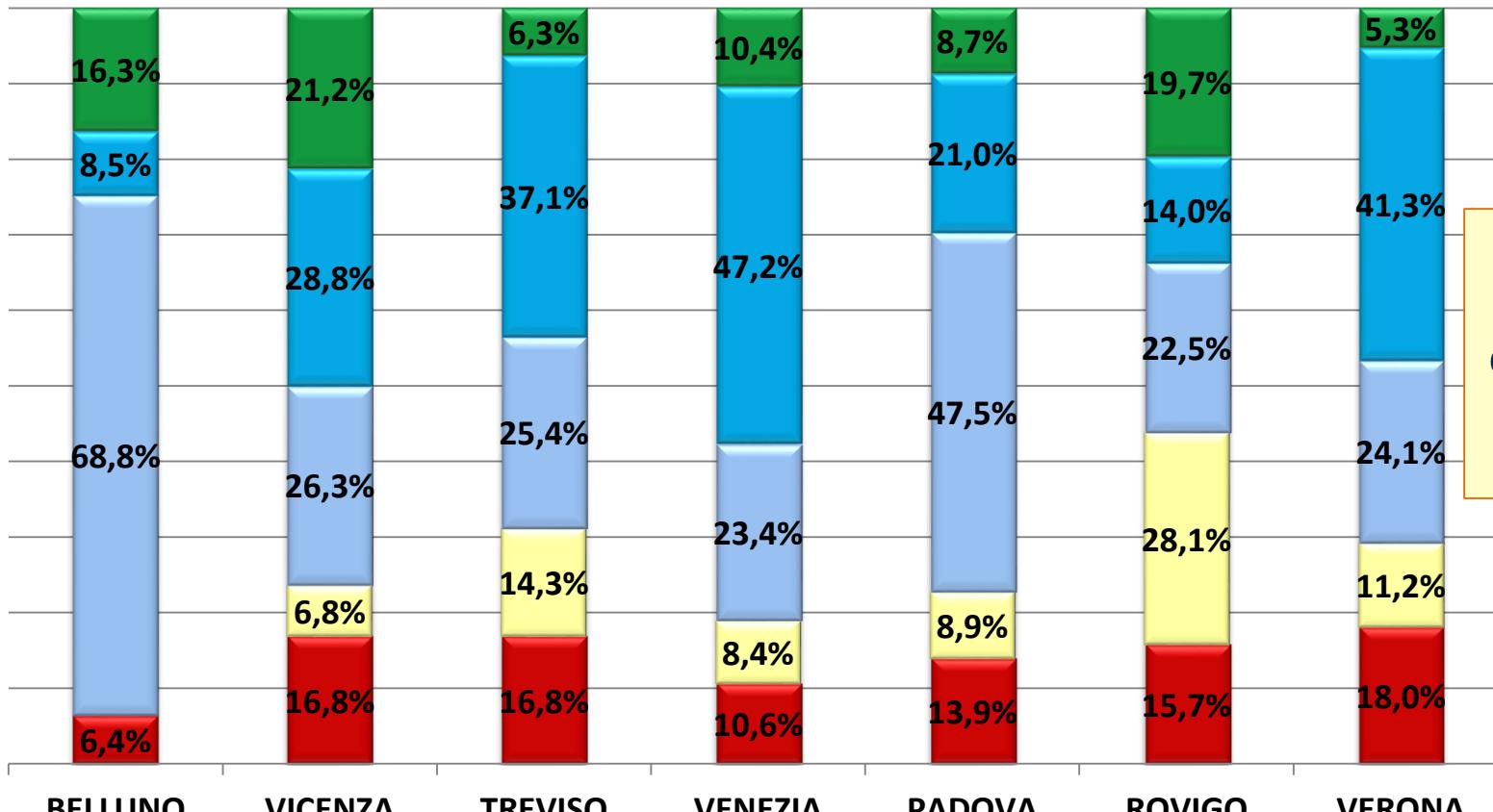
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Association forms of Primary Care in macro-Areas

% GPs



There is a
different
distribution in
macro-Areas

■ I - Medicina di Gruppo Integrata / ■ G - Medicina di Gruppo / ■ R - Rete dei medici / ■ ASS - Associazione semplice / ■ S - Medico Singolo
U - UTAP
M - Forma miste

Source: Anagrafe Unica Regionale – data at 17/07/2015



The meaning of "Contratto di esercizio"

“Contratto di esercizio” is:

- ✓ A **planning tool for Integrated Primary Care Team** (“Medicine di Gruppo Integrate”), strictly cooperating with the Community Health District services and in close relationship with the local community;
- ✓ An instrument which requires from each team to explain the **“packages” of services provided** and the **health goals** to be pursued;
- ✓ An instrument which **defines goals and indicators** not related to the individual GPs but to the **team**, with **different tasks**; and **monitoring the Team’s results** .



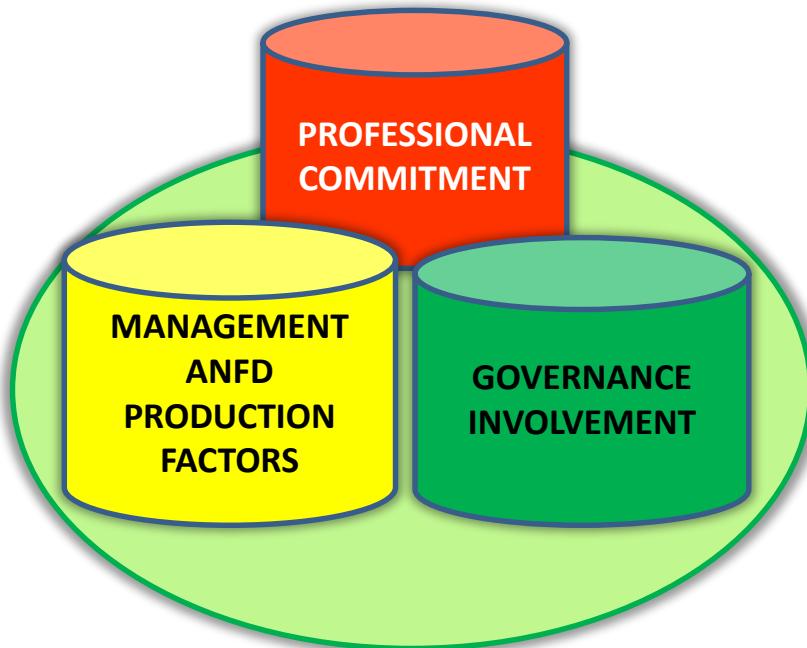
DGR
751/2015

it has been defined at the regional level

«CONTRATTO DI ESERCIZIO – TIPO»

CdE is the tool that define OBJECTIVES, INDICATORS and RESOURCES

Its three constitutive elements are:



To measure the performance of the Community Care



PROFESSIONAL COMMITMENT

Prevention

- *Educational action on lifestyles*
- *Evaluation of the cardio-vascular risk*

The assistance to chronic illness' patients

- *Local clinical pathway in Diabetes and Chronic Obstructive Pulmonary Disease*

Training and audit

- *self-audit system*

The correct maintenance of the digital individual health dossier

- *Registration of disease's diagnosis*



MANAGEMENT AND PRODUCTION FACTORS

Accessibility

- *within reach by phone*
- *h 12 hours opening time*

Staff (standard)

Balanced with the MGI activities and goals



GOVERNANCE INVOLVEMENT

Partecipation to the reach of their AULSS goals
Established by region Administration

About:

- *Standardized hospitalization rate*
- *Pro Capite Annual cost for the pharmaceutics*
- *Specialist and waiting lists*
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