



SHARING VALUE AND VISION AMONG THE INTEGRATED CARE CHAIN: HOW PUGLIA REGION FOSTERS THE COLLABORATIVE CAPACITY OF DIFFERENT STAKEHOLDERS STARTING FROM INTEGRATED CARE MATURITY ASSESSMENT

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INTRO

In the Italian Region of Puglia, the prevalence of people with chronic care conditions is recorded as 40% of the population and the available resources to enable the delivery of care are used up to 80%. To improve the care management of chronic patients, Puglia Region introduced the Integrated Care (IC) Model "Care Puglia". In 2020, the Regional Agency for Health and Social Care AReSS Puglia assessed the IC maturity level of the Local Health Authorities (LHAs) using the EU Health Programme funded SCIROCCO Exchange (SE) Tool.



METHODS

The SE online Tool is a 12-dimensions online tool to assess the provision of IC, structured as a 12 questions survey, each of which is associated to a specific "dimension". The maturity level of each dimension is assessed on a 0 (minimum) to 5 (maximum) rating scale. The methodology included: selection of five key role stakeholders for each LHA (General Director; Integrated Health and Social care Community Centre Director; Care Manager; IT specialist; Patients' Representative); individual assessments through the online SE Tool; consensus workshops for each LHA among the involved stakeholders. The outcomes of the assessment were captured in the form of radar diagrams, highlighting Puglia LHAs' strengths and weaknesses in IC.



RESULTS

The research has provided qualitative and quantitative multi-stakeholders representation of the IC maturity level of Puglia LHAs. The level of maturity of each LHA varies from medium to high. The outcomes of the six consensus workshops have brought to evidence space for improvement in the IC on three dimensions: 1. Finance & Funding; 2. Removal of Inhibitors; 3. Evaluation Methods.

DISCUSSION

The data gathered have provided evidence of the presence of several e-Health good practices still on the verge of being scaled up as a result of a positive assessment by the Regional HTA centre. Inhibitors are still present and require systematic actions to be removed.

CONCLUSIONS

Capacity building is the dimension that stakeholders emphasised as the solution to foster progress in the other dimensions of the SE Tool. The following key findings are significant to build up an improvement plan:

- 1) Communication, both inside and outside the organisations, is the best solution to promote collaborative capacity among multiple stakeholders in the IC chain;
- 2) Culture has emerged as crucial factor for effective change and modernisation of the organisations' IC model;
- 3) Citizen empowerment: citizens are very much willing to take responsibility for their own care even if lack of information and ICT knowledge do not ease this process.

LESSONS LEARNED

The research demonstrated the need for: a novel communication platform for stakeholders to discuss, compare, and share visions to foster multidisciplinary; a continuous plan to carry out knowledge exchange activities and multi-stakeholders education and training for IC.

Limitations

The research does not aim to be exhaustive due to the limited number of involved stakeholders within one Region.

SUGGESTIONS FOR FUTURE RESEARCH

This work shall provide the basis for the systematic use of enabling practices and tools (e.g. SE online Tool) to put in place corrective actions against identified gaps.



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