

**Round table: Potential
implementation in the Italian
diabetes prevention and care.
Italian stakeholders**

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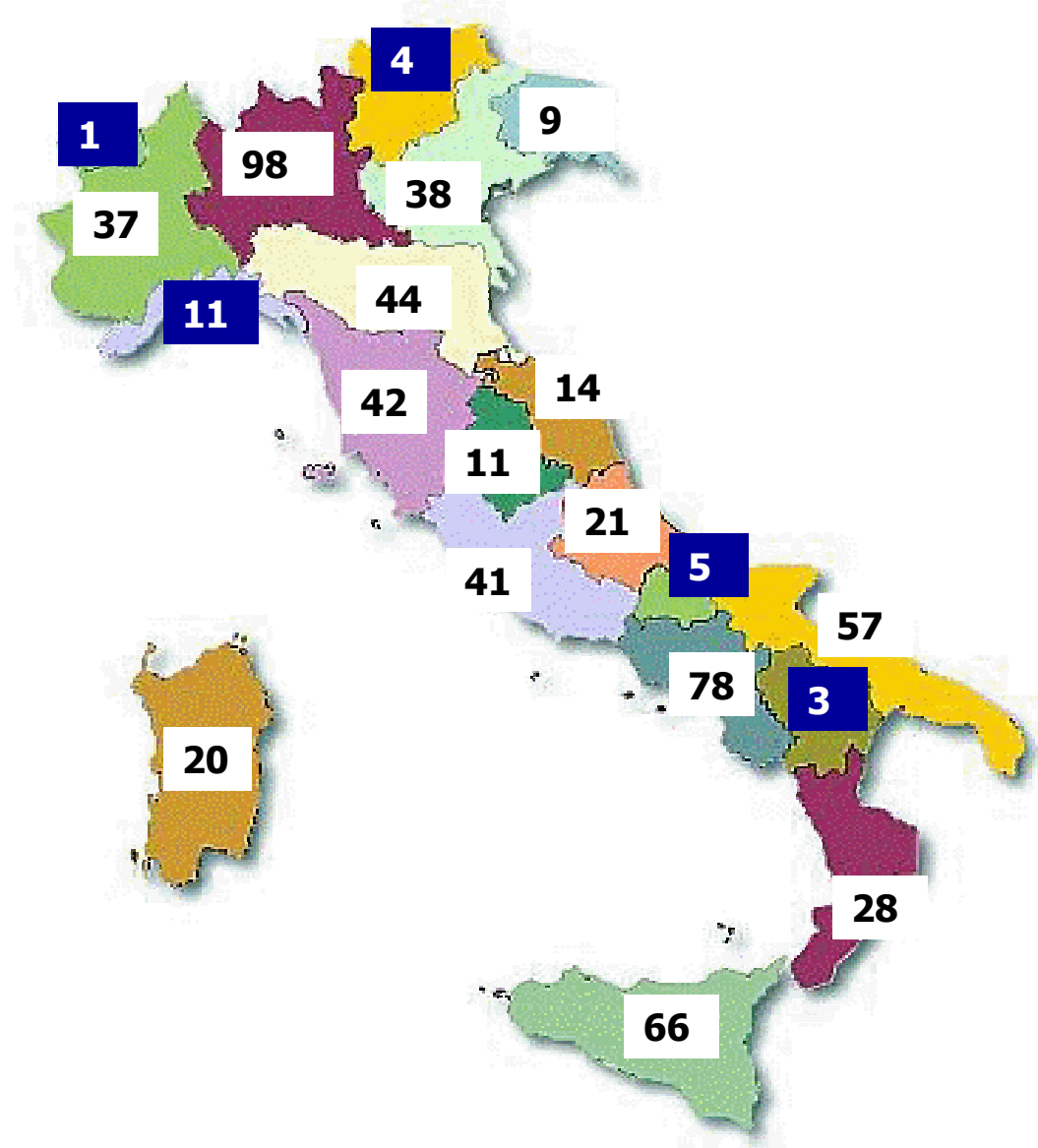
The primary care system



- About 60000 GPs
- 60% solo in office
- Usually a nurse per office
- 80% use electronic sheet
- Paid per capita
- Average number of patients: 1000 per doctor

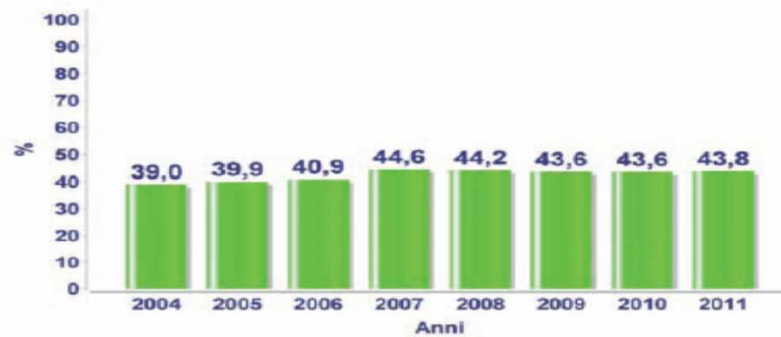
Diabetes Network

- About 600 outpatient clinics
- Three Medical Scientific Societies (AMD – SID - SIEDP), one for Professionals (OSDI)
- A federation (Diabete Italia)
- Diabetic Persons' Associations

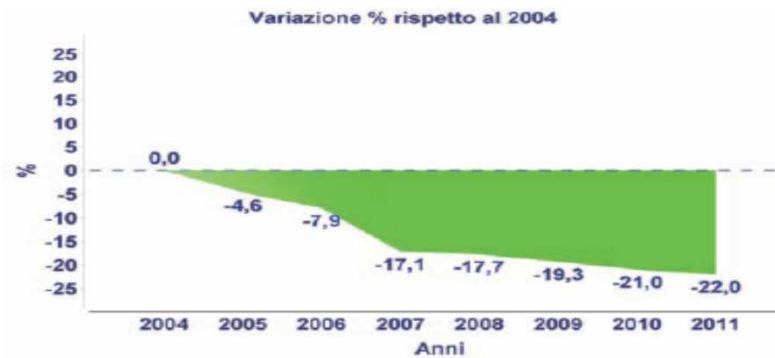
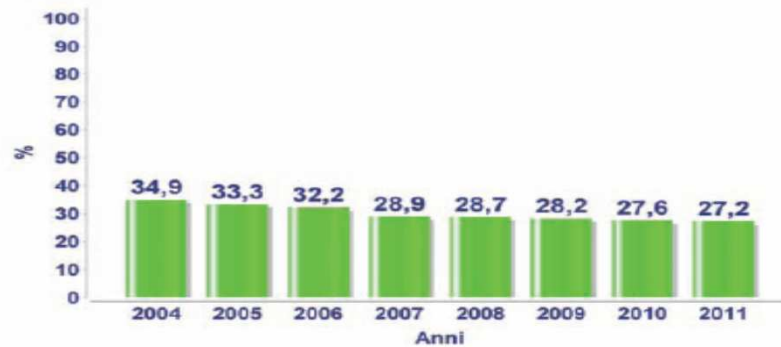


AMD Annals 2012

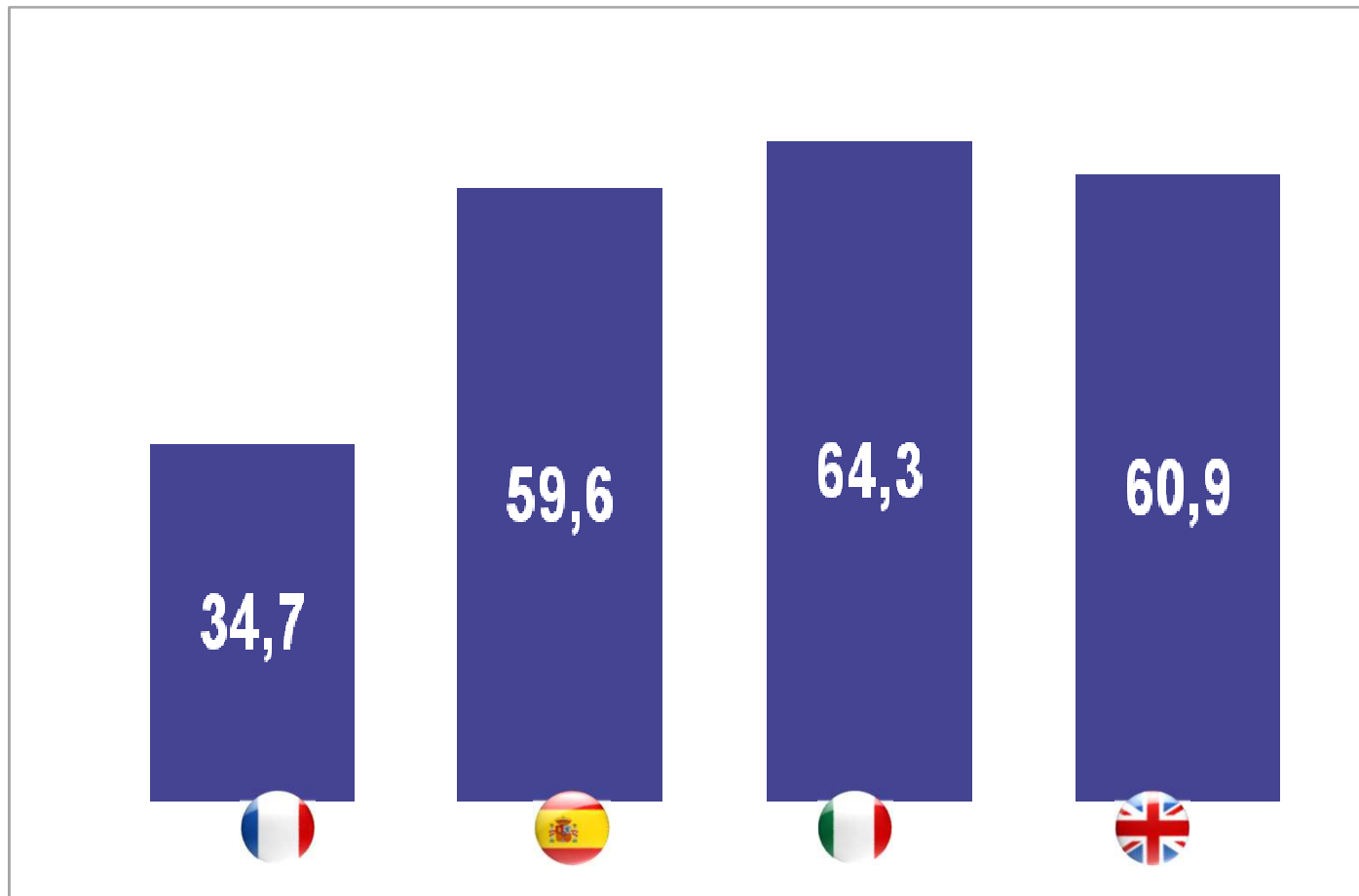
Soggetti con HbA1c $\leq 7,0\%$



Soggetti con HbA1c $> 8,0\%$



Proportion of T2D patients not at target HbA_{1c} levels (>7%)



1-Datamonitor report Jan 2016; 2- Perez et al. 2012 (ES); Stone MA et al. 203

COMMUNITY – PATIENTS’ ASSOCIATIONS

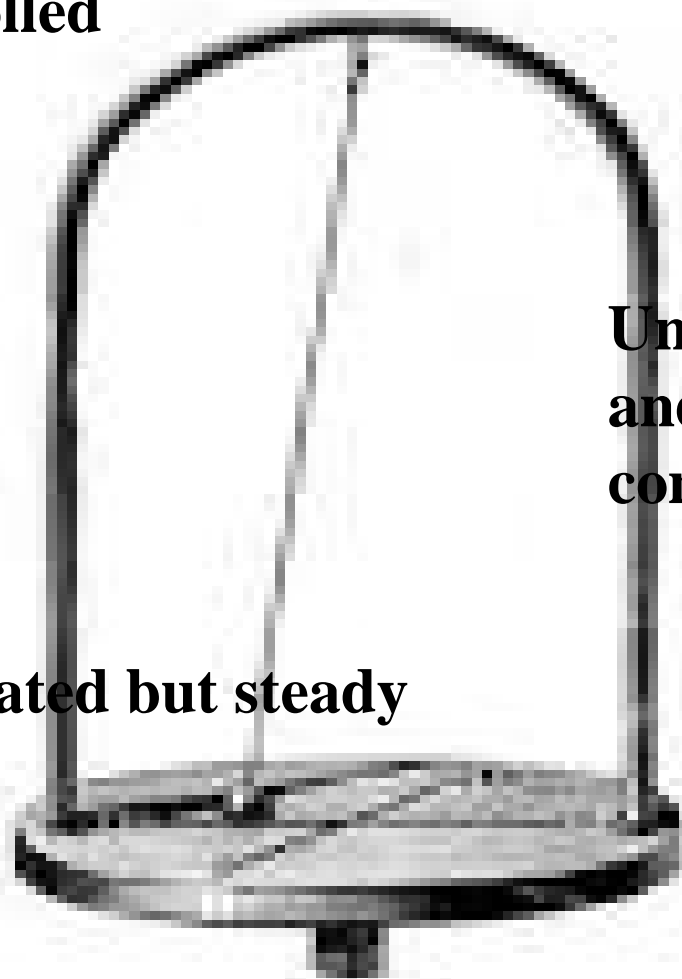
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Well controlled
T2DM

Prediabetes

Complicated but steady



Acute phase

Unsteady
and
complicated

Type 1
diabetes

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Italy: a case for study

- We got a good National Diabetes Plan
- We got a fine network of healthcare operators
- We got the will to establish and implement the Plan and the recommendations of CHRODIS – JA
 - **WHY DIDN' T WE MAKE YET?**

Actually it isn't true

- In Italy we have several examples of implementation of applicated Chronic Care Models
- Tuscany, Lombardy, Veneto, Piedmont, Emilia Romagna and other Regions have already taken the way of an organised integrated network
- These models are often different, as tools and methods
- Unfortunately anyone thinks to be better than other

Diabetic foot: a striking result

Rate of major amputations for diabetes per million residents in Tuscany Provinces

	2008	2012	
ASL8 (Arezzo)	17,53	11,44	-34%
ASL2 (Lucca)	31,82	26,75	-15.9%
ASL7 (Siena)	56,33	44,01	-21.87%
ASL9 (Grosseto)	53,71	39,45	-26.55%
ASL 3 (Pistoia)	45,23	37,53	-17.02%
ASL1 (Massa)	93,86	73,57	-21.62%
ASL 10 (Firenze)	44,58	35,20	-21.04%
ASL12 (Viareggio)	59,8	47,21	-21.05%

source: MeS of Superior School Sant' Anna Pisa

Steps to implementation

1. Primary Care

- Redesigning the nuclei of primary care by establishing groups of GPs and paediatricians associated with nursing service and recall systems
- Define incentive systems based on performance indicators, using the tool of National Convention, **linking the incentives to outcomes** (“pay for pathways” and “pay for value” instead of “fee for service”)
- the Trade Unions of GPs are the new stakeholders to be involved
- Implement the collection and transmission of clinical data on computer (Patient Record)

Steps to implementation

2. Diabetes Clinics

- Rationalize, with appropriate mergers, the Services for diabetes care, using the results of the DIA&INT project
- Enhance the role of nurses and professionals inside the Teams
- Share a training program for professionals in Primary Care (the IGEA model)

We need Leadership

- As the JA report show, the changing needs:
 - Acts of Health Policy, (and we got them)
 - involvement of all Stakeholders, (and we got them)
 - a strong action of training. (we still miss it)
 - And it needs *Leadership (and we can have it)*
- The key step now should be a strong alliance with Scientific Societies and Patients' Associations, that may support the Regions as Local Leaders able to drive the regional systems on the way of implementation

The Role of Scientific Societies

- National Scientific Societies in Diabetes and in General Practice (AMD, SID, SIEDP, SIMG, FIMMG, OSDI) are totally available for support actions:
 - AMD is ongoing on the best definition of the figure of Diabetes Specialist (DIA&INT Project) and of Diabetes Team
 - All can do a great programme for training, using the experience of IGEA Project
 - They can support Regional Governments in driving the change

Diabetes Intelligence

- This great project of AMD uses the experience of Industry in “Business Intelligence”
- All of the diabetes specialist tasks are used on a computer platform, and are identified those that have the greatest value in terms of outcomes
- in this way the Teams of the clinics for diabetes will make available to the system, using up the appropriateness and willingness to integrate

Thank you for your kind attention

Mavis Maseh