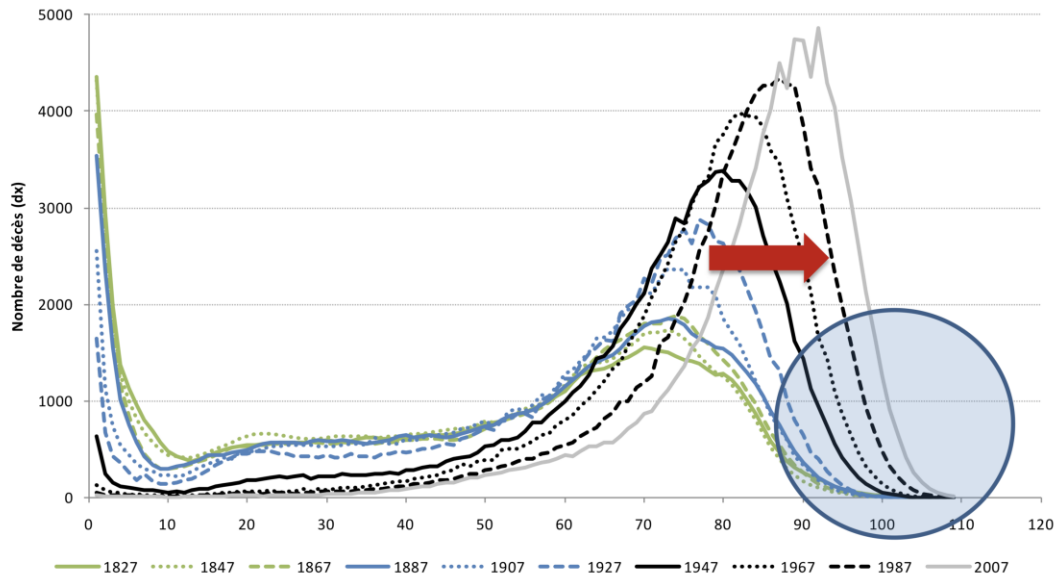
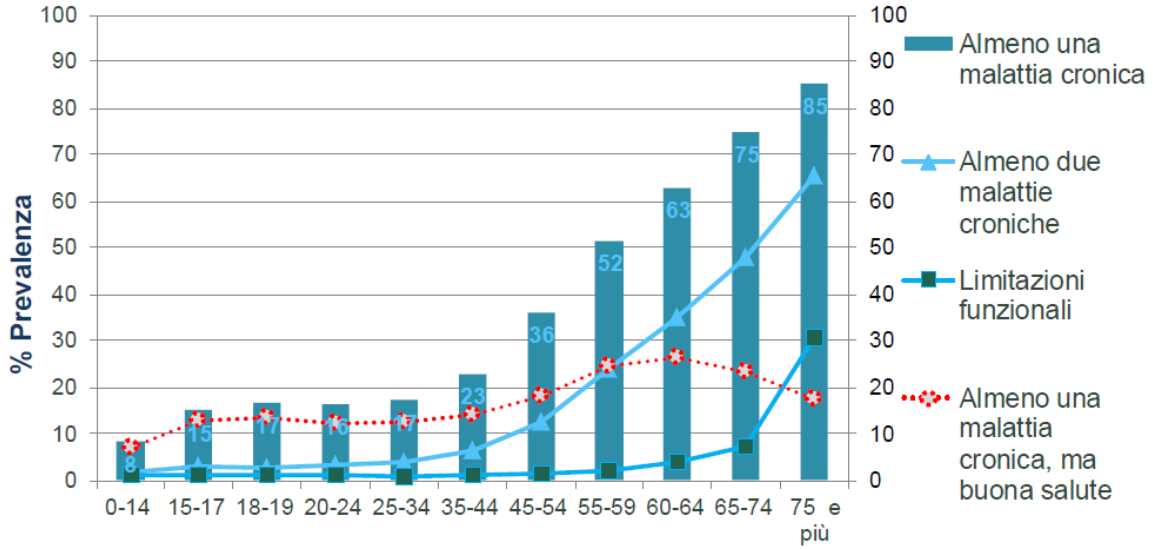
La Presa in Carico:
a Disruptive Innovation in Health Care

GIORGIO CARLO MONTI

Il futuro del nostro SSN…

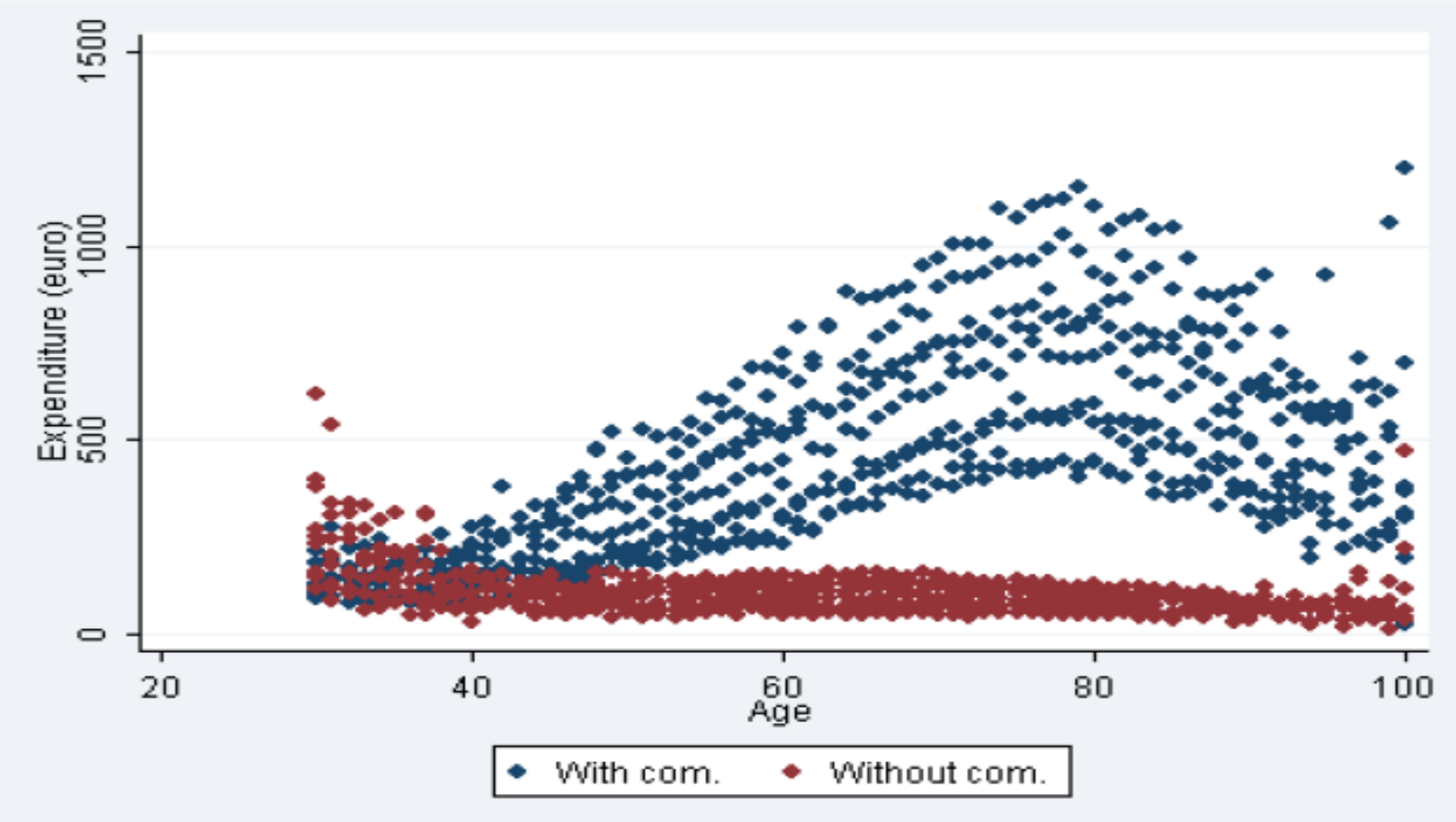
The longevity revolution & Chronicity





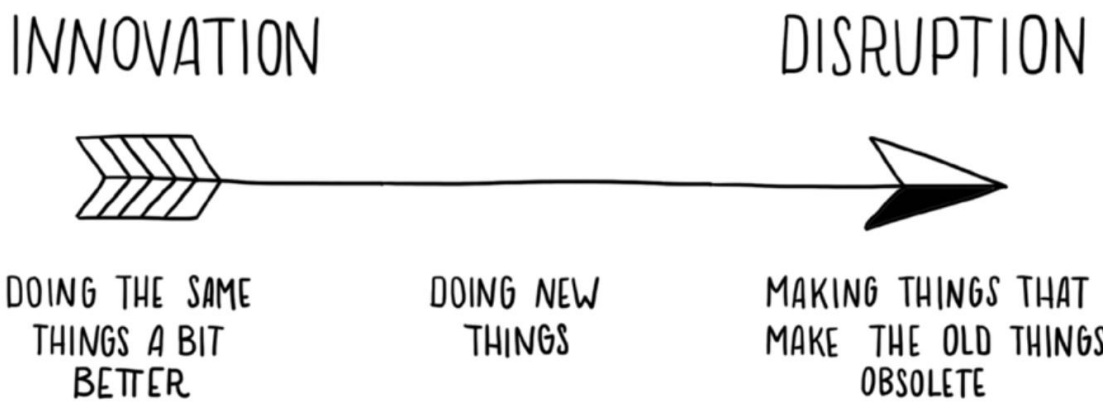
38,3 % della popolazione dichiara almeno una malattia cronica

Costi del diabete per età e comorbilità in Italia



Fonte: HS, 2009

Che fare ?



Old Model	New Model
Books	eBooks / Amazon Kindle
Navigation	Google GPS
Encyclopedia	Google / Wikipedia
Classified	Craigslist
Bricks and Mortar Retail	Amazon / Alibaba
Hotels	AirBnB
Taxi	Uber
Movies	Netflix
Telecom	Skype / WhatsApp
Local Stores	eBay

Disruptive Innovation in health care

- **“Disruptive Innovation”** in health care as a type of innovation that creates new networks and new organisations based on a new set of values, involving new players, which makes it possible to health improve outcomes and other valuable goals, such as equity and efficiency. This innovation displaces older systems and ways of doing things.

EXPERT PANEL ON EFFECTIVE WAYS OF INVESTING IN HEALTH (EXPH)
Disruptive Innovation
Considerations for health care in Europe, 2016

Areas of main focus for disruptive innovations in health care

- *New models of person-centred community-based health delivery*
- *New technologies*
- *Person-oriented approaches for the treatment of patients with multiple chronic diseases*
- *Education of the health workforce and transfer of skills and tasks*

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Characteristic of Disruptive Innovation

- Provide improved health outcomes
- Create new services and overcomes challenges regarding accessibility to existing or new services
- Lead to cost-effective methodologies that improve access
- Promote person-centred health delivery
- Empower the patient/person
- Disorder old systems
- Create new professional roles and capacities
- Create new sets of values for the health workforce, patients, citizens and community
- Introduce transformative cultural change

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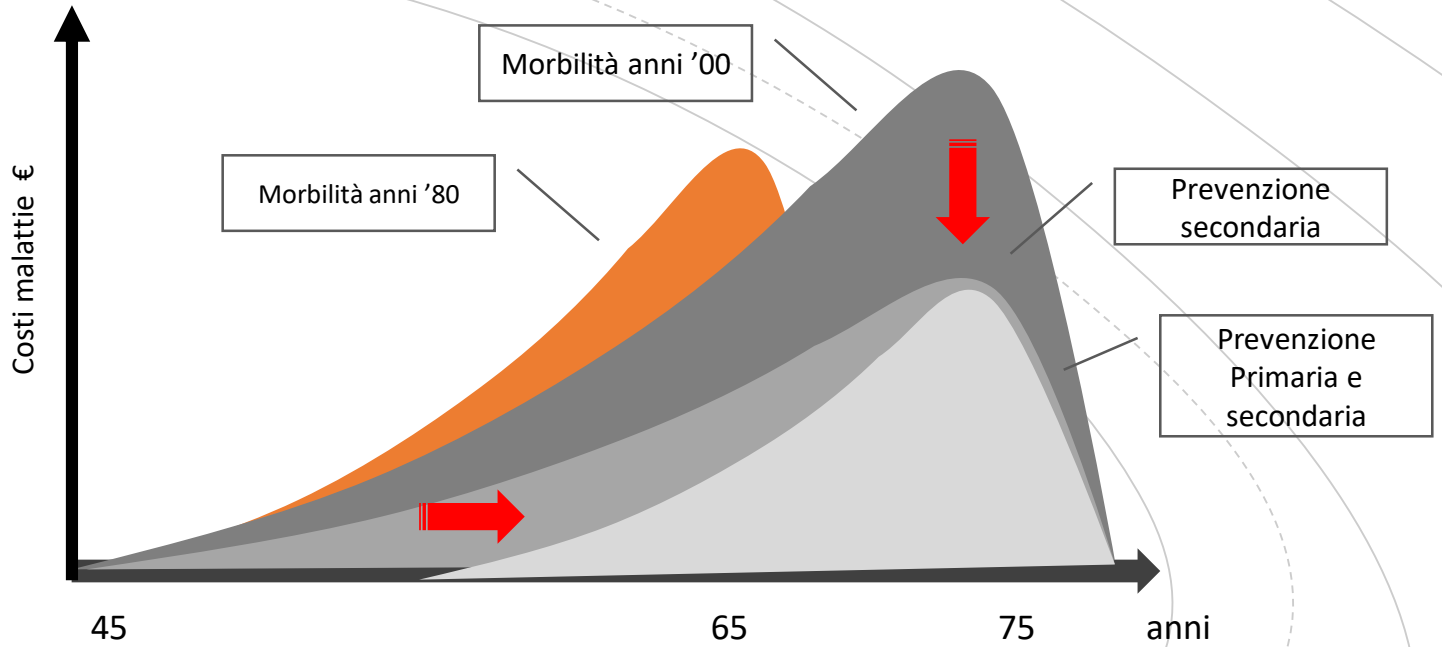
La Presa In Carico è una DI?

1. E’ una Innovazione di «processo»
   a. Dal «PDTA» al «Disease Management»
2. E’ una Innovazione di «mercato»
   a. Dalla cura individuale a strategie di popolazione target per stratificazione
   b. Da ruoli e confini organizzativi ben definiti alla concorrenza
   c. Da rapporti fra stakeholders basati su convenzioni (Regione/ATS<>MG), accreditamenti a «rapporti contrattuali»
   d. Dalla libera scelta di cura alla sottoscrizione di un patto di cura da parte dei pazienti
3. E’ una innovazione di «servizio»
   a. Da stakeholders «erogatori per conto» a stakeholders «gestori»
4. E’ una fonte di BIG DATA
   a. Dai dati amministrativi alla Correlazione Clinico-Amministrativa-Sociale

Obiettivo della PIC: Compressione della morbilità

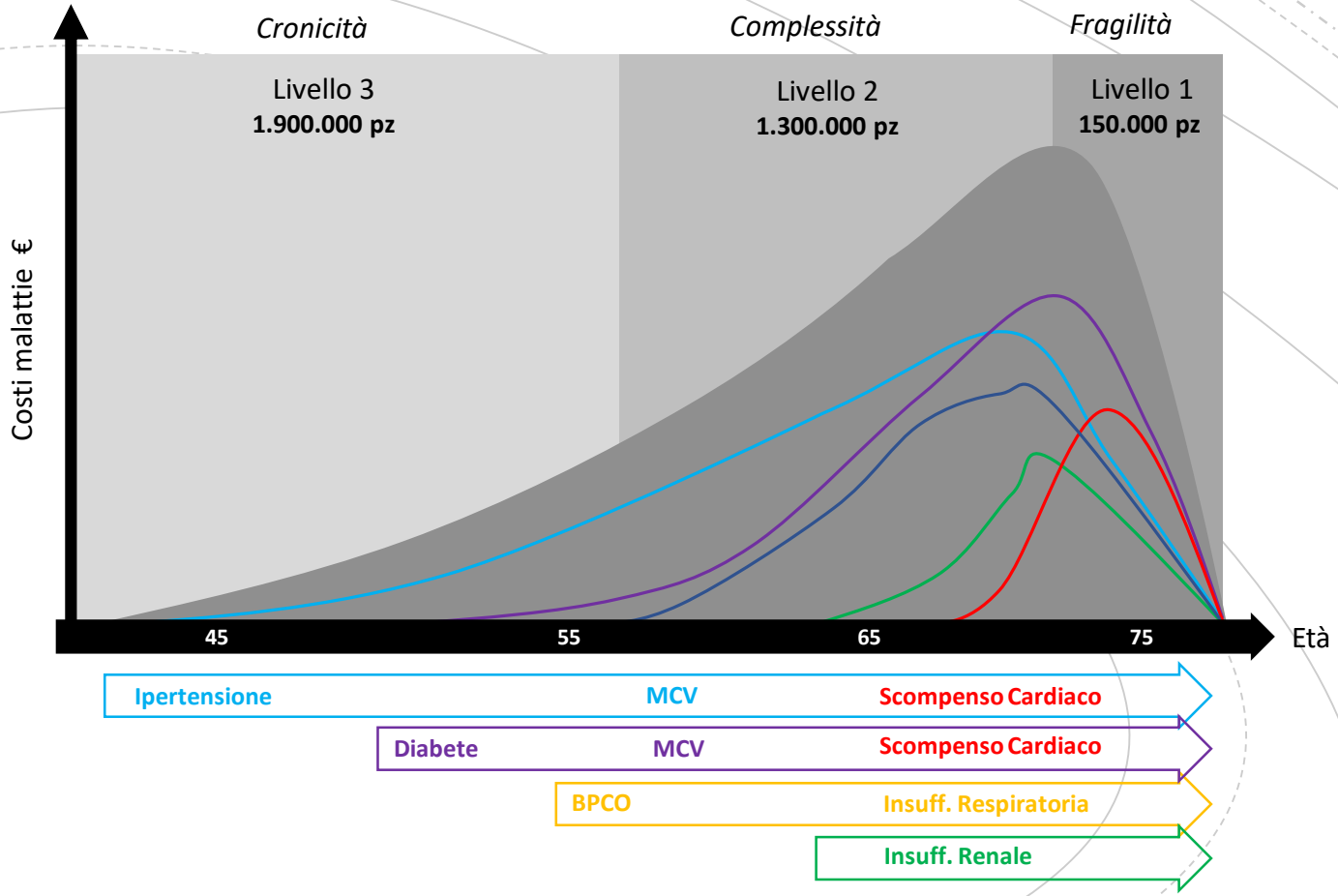


Da Fries 1980, modificato

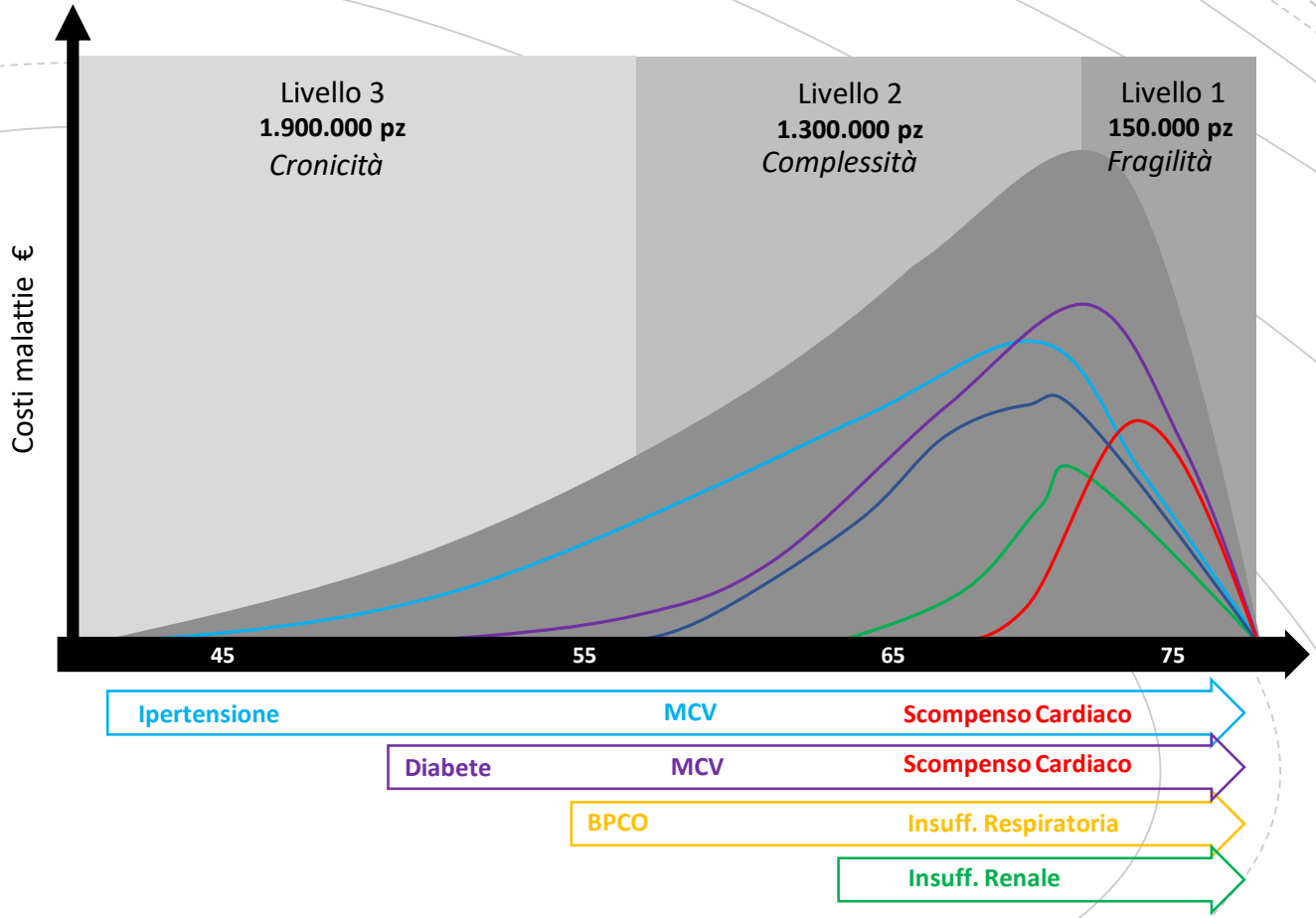
1. PIC dal PDTA al PAI

- Gestione del percorso di cura attraverso un processo gestionale che prevede una successioni strutturata di attività che trasformano input in output capaci di creare valore per il fruitore del processo quali:
  - Responsabilizzazione del gestore
  - Arruolamento e sottoscrizione del patto di cura da parte del paziente
  - Personalizzazione del piano assistenziale
  - Erogazione di servizi
  - Sorveglianza attiva sull'aderenza diagnostico-terapeutica

2. La stratificazione del malato cronico in RL



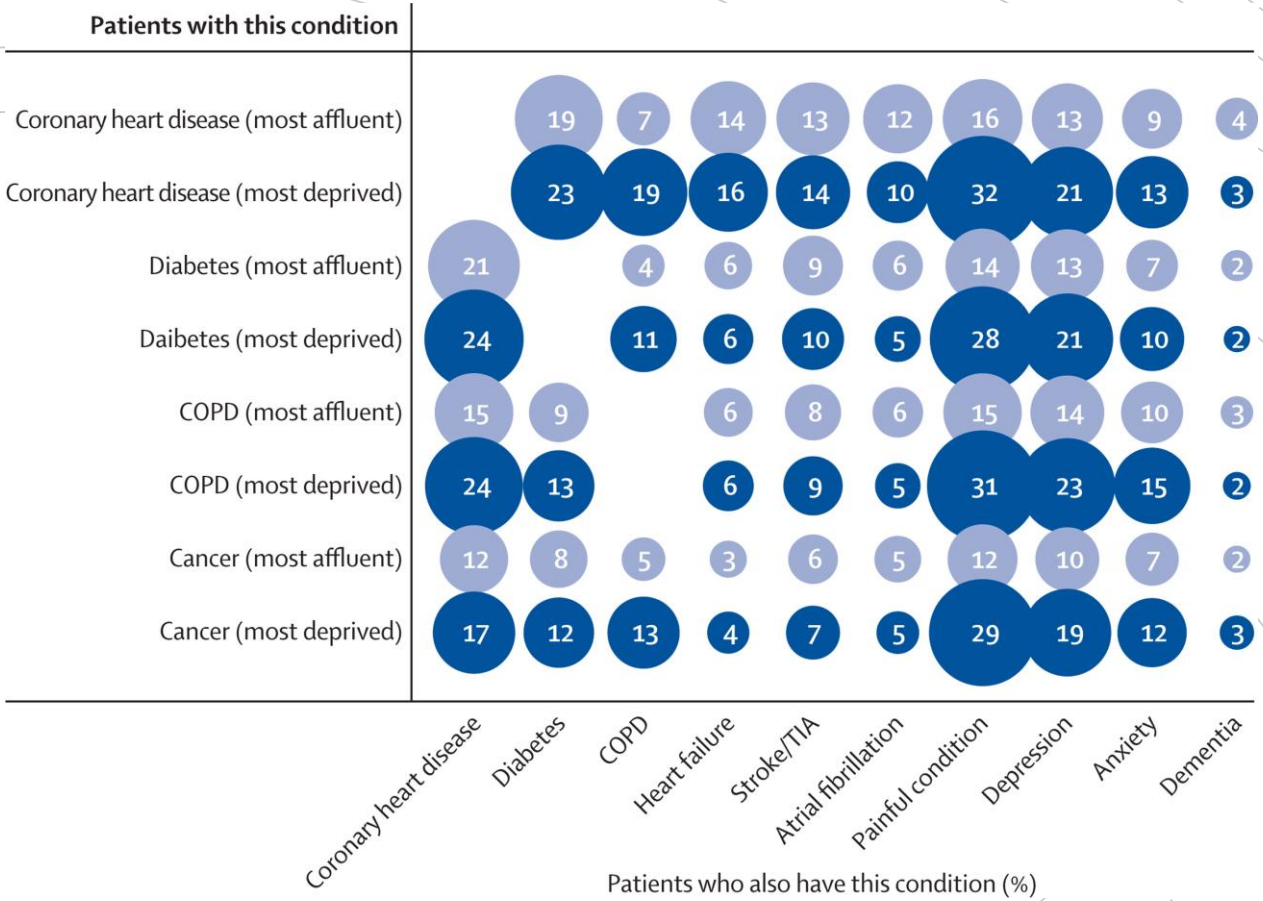
Il nuovo «mercato»



- MG GESTORI
- MG CLINICAL MANAGER
- ASST
- PRIVATO ACCREDITATO
- RSA
- ALTRI...

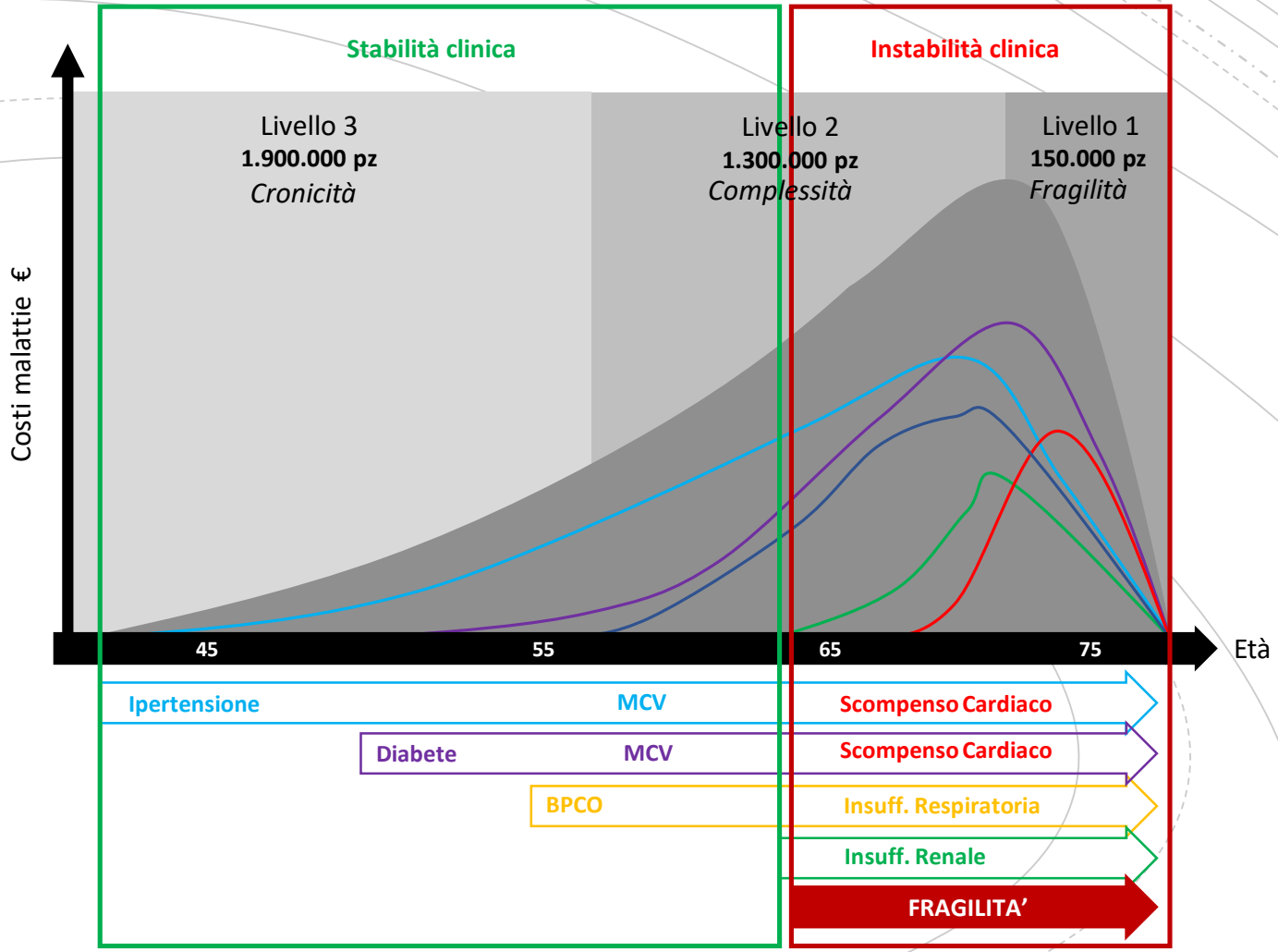
- FARMACIA dei SERVIZI
- MG SOLI

Combinazione di patologie croniche in comorbilità

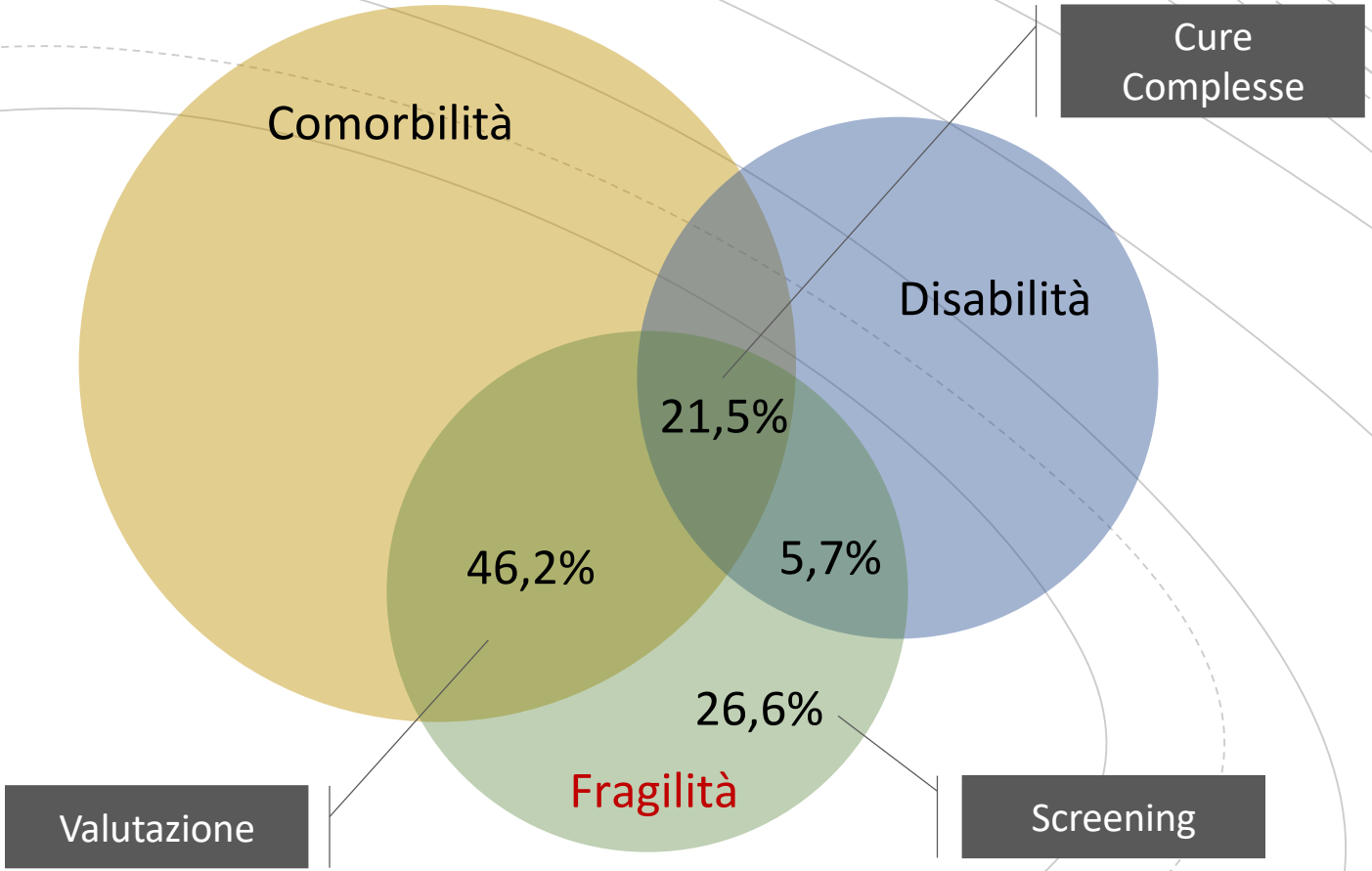


Barnett K. Et al, Lancet 2012

Stratificazione della cronicità vs realtà clinica...

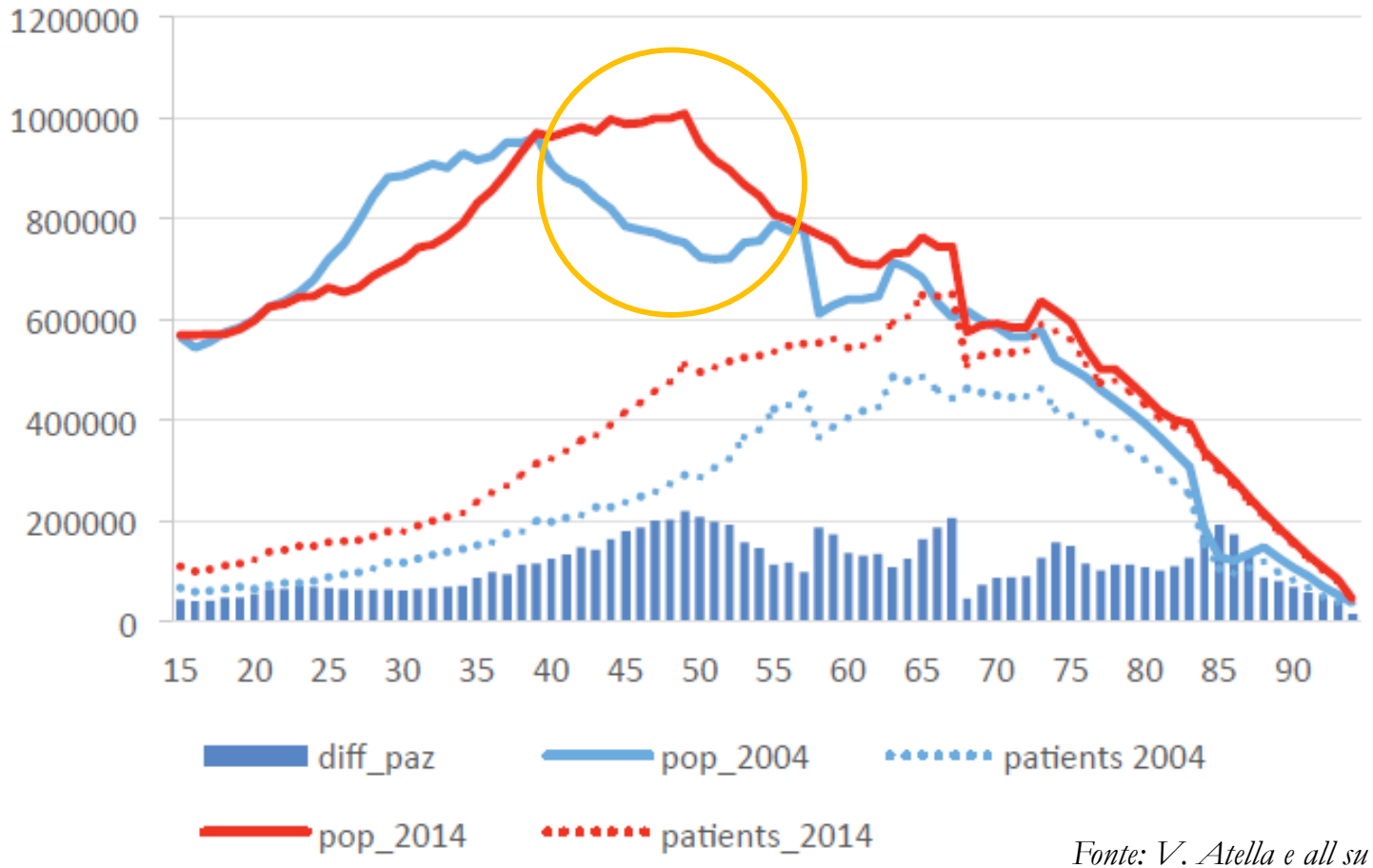


I rapporti tra Fragilità, Comorbilità e Disabilità



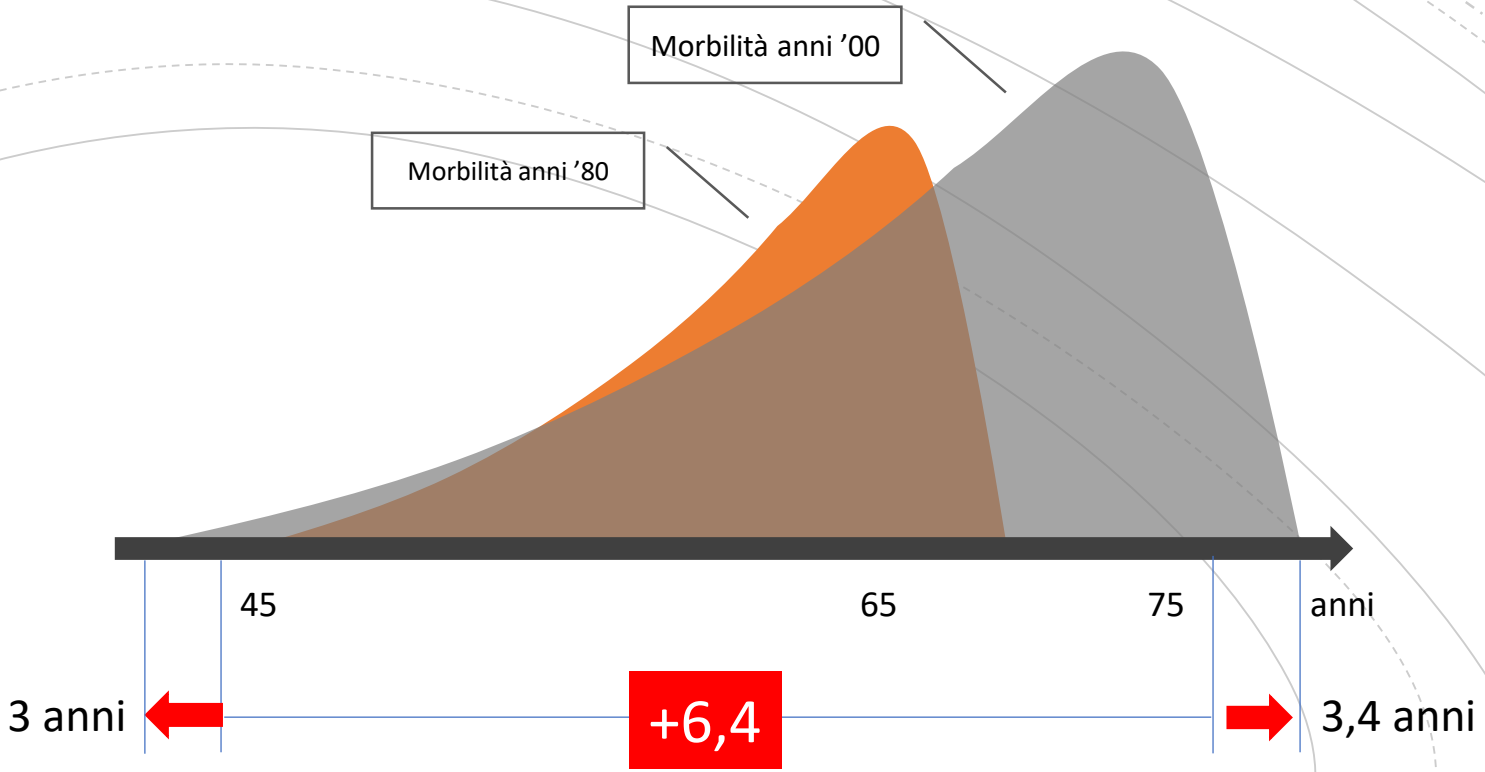
L.Freid, J.Gerontology, 2004

Effetti della Doppia Espansione della Morbilità sui pazienti cronici (2014 vs 2004)



Fonte: V. Atella e all su dati HS-SiSSI e ISTAT

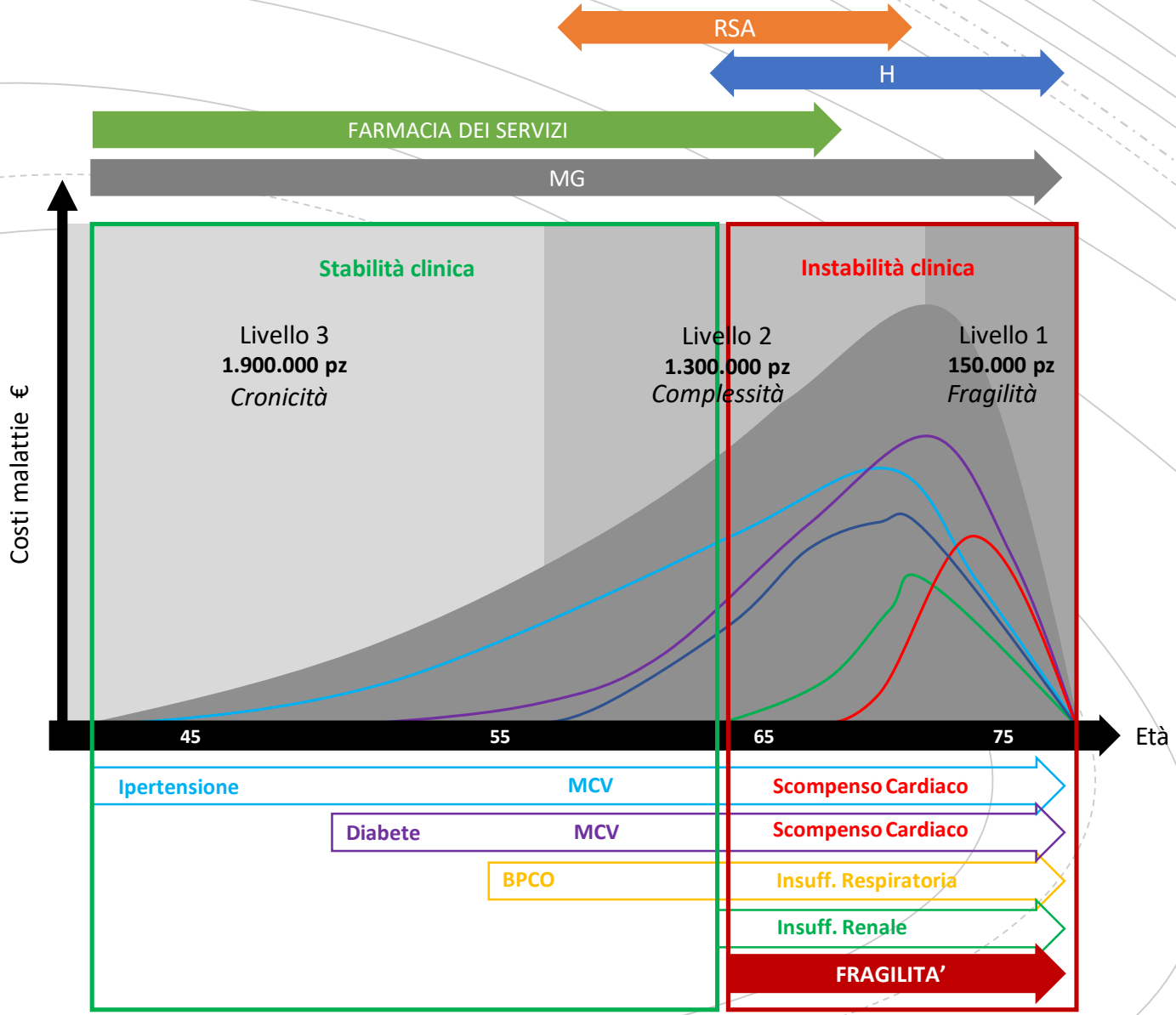
Doppia espansione della morbilità



Effetti della Presa in Carico...

- Impatto sulle professioni e le organizzazioni...
- Empowerment del cittadino
- Riorganizzazione interna dei gestori
- Riorganizzazione della filiera erogativa
- Acquisizione di cultura organizzativa e manageriale
- Formazione di personale dedicato
- Investimenti
- Riposizionamento degli stakeholders
- Integrazione dati clinici ed amministrativi

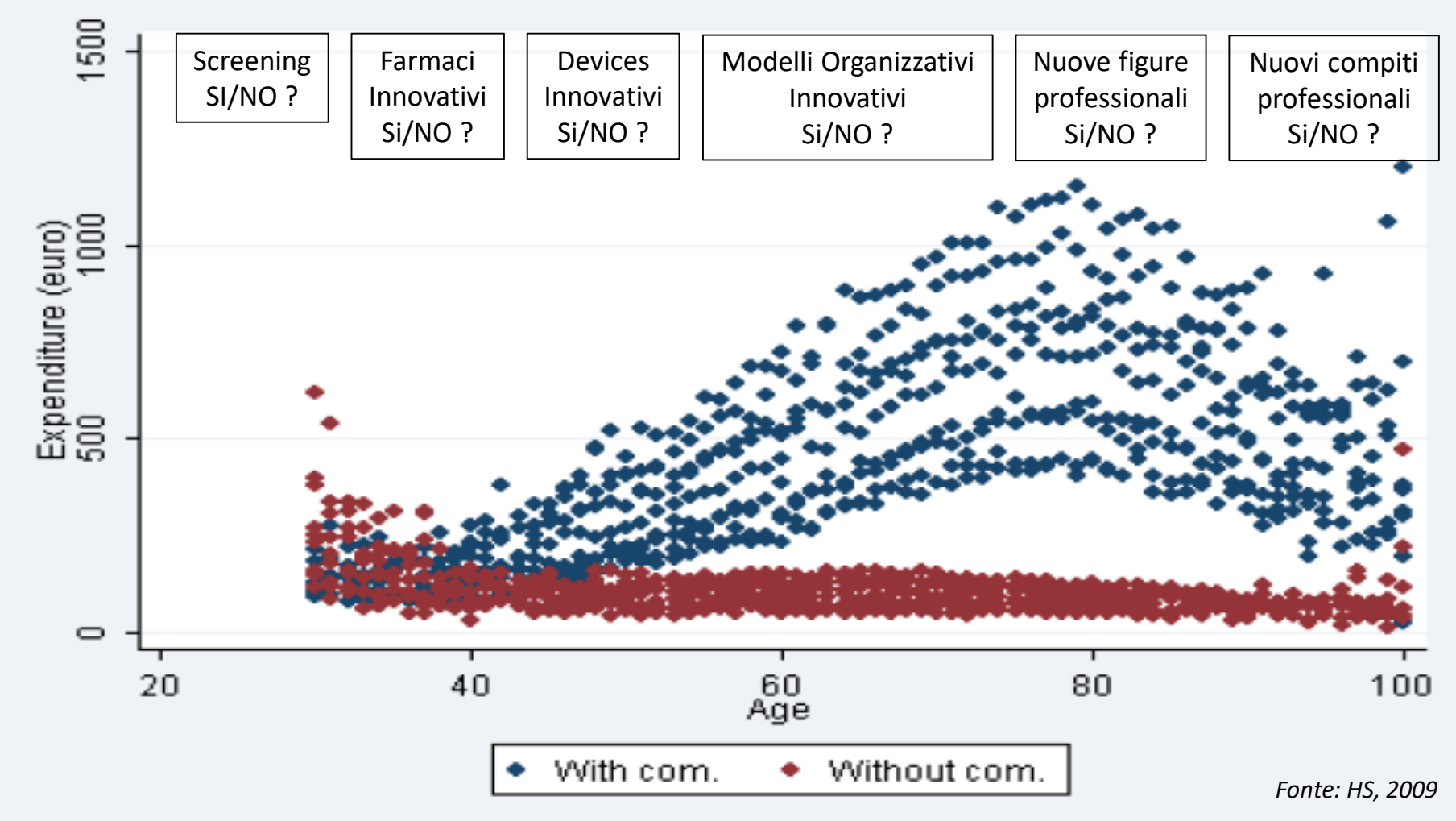
Riorganizzazione riposizionamento degli stakeholders..



Dal dato all'informazione: BIG DATA

- Integrazione dati clinici ed aamminiustrativi
- Validazione clinica dei dati amministrrativi
- Stratificazione ed Individuazione Coorti pazienti
  - Per singola malattia, comorbilità, fragilità..
  - Per gravità clinica
  - Per complessità assistenziale, organizzativa
  - Per complessità/costo
  - Per complessità/fragilità
  - Per rischio clinico
  - Per screening, vaccinazioni
  - .....

Dal disease management al percorso di HTA per coorti di pazienti diabetici



Fonte: HS, 2009

The most important barriers to Disruptive Innovation

- Lack of engagement of patients/people;
- Lack of resistance of the health workforce and organisational/institutional structures;
- Lack of inadequate networks and processes; economic and legal factors;
- Lack of political support;
- Lack of coordinated actions across agents;
- Lack of knowledge and evaluations

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The successful implementation of a disruptive innovation depends on the following elements

- *Creation of new organisational models and management plans* that allow/promote the integration of the disruptive innovation in regular practice
- *Engagement of all relevant actors* involved in the design, development and practical implementation of the disruptive innovation
- *Favourable framework conditions* (patent system, health guidelines, interoperability and technical standards, market incentives to drive changes) that improve the functioning of the technology markets (eHealth systems, tele-monitoring)
- *New models of commissioning and financing*

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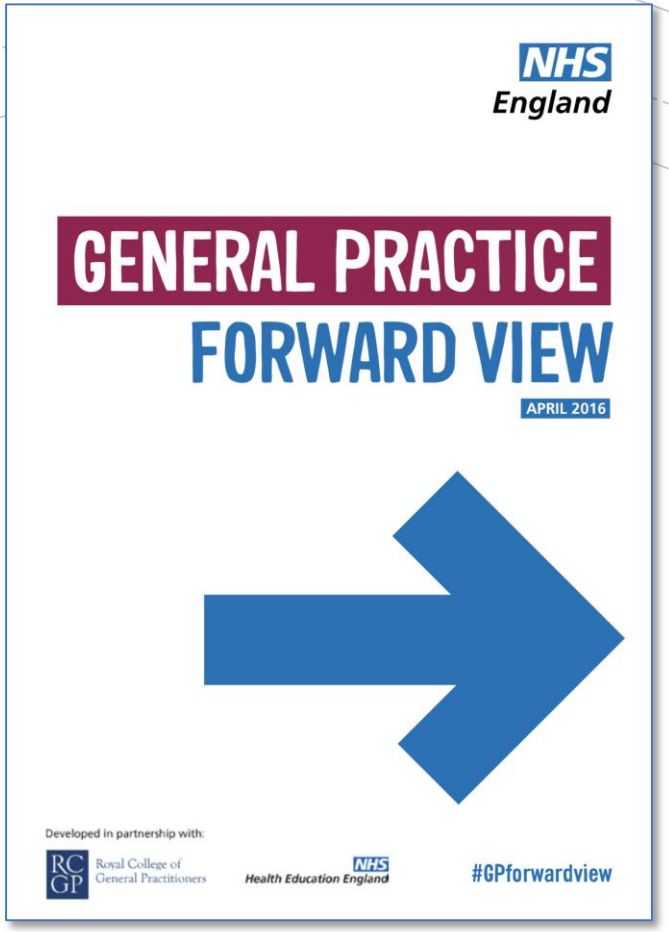
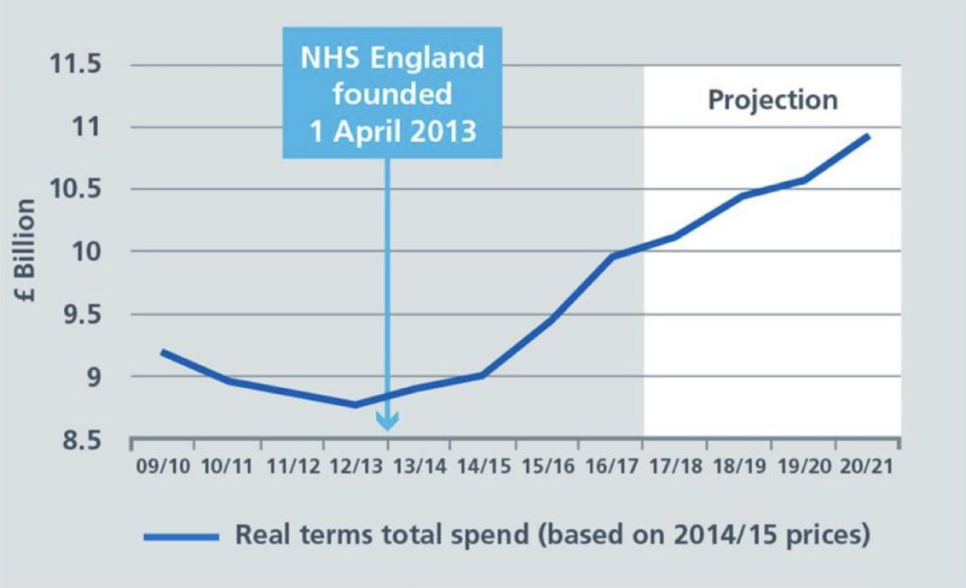
Back to the future...



- **Investment**
- **Workforce**
- **Workload**
- **Practice infrastructure**
- **Care redesign**

Investment



We will increase the levels of investment in primary care:

- By investing a further £2.4 billion a year by 2020/21 into general practice services. This means that investment will rise from £9.6 billion a year in 2015/16 to over £12 billion a year by 2020/21.
- Represents a 14 percent real terms increase, almost double the 8 percent real terms increase for the rest of the NHS.
- This is the expected increase nationally. Investment is likely to grow even further as CCGs build community services and new care models, in line with the Five Year Forward View.
- This includes capital investment amounting to £900 million over the next five years.
- Will be supplemented by a Sustainability and Transformation package, totalling over half a billion pounds over the next five years, to support struggling practices, further develop the workforce, tackle workload and stimulate care redesign.
- A new funding formula to better reflect practice workload, including deprivation and rurality.
- Consult the profession and others on proposals to tackle indemnity costs in general practice by July 2016.

Workforce

- A general practice nurse development strategy, **with an extra minimum £15 million national investment** including improving training capacity in general practice, increases in the number of pre-registration nurse placements, measures to improve retention of the existing nursing workforce and support for return to work schemes for practice nurses.
- **National investment of £45 million** benefitting every practice to support the training of current reception and clerical staff to play a greater role in navigation of patients and handling clinical paperwork to free up GP time.
- Investment by HEE in the training of **1,000 physician associates to support general practice.**
- Introduction of pilots of new medical assistant roles that help support doctors, as recommended by the RCGP.
- **£6 million investment** in practice manager development, alongside access for practice managers to the new national development programme.
- £3.5 million investment in multi-disciplinary training hubs in every part of England to support the development of the wider workforce within general practice.

Health and wellbeing

£16 million extra investment in specialist mental health services to support GPs suffering with burn out and stress, and support retention of GPs, in addition to the £3.5 million already announced.

The General Practice Forward View cannot be delivered without sufficient recruitment and workforce expansion. Therefore NHS England and Health Education England (HEE) have set ambitious targets to expand the workforce, backed with an extra £206 million as part of the Sustainability and Transformation package. We will also support the development of capability within the current workforce and support the health and wellbeing of staff.

Expansion of workforce capacity

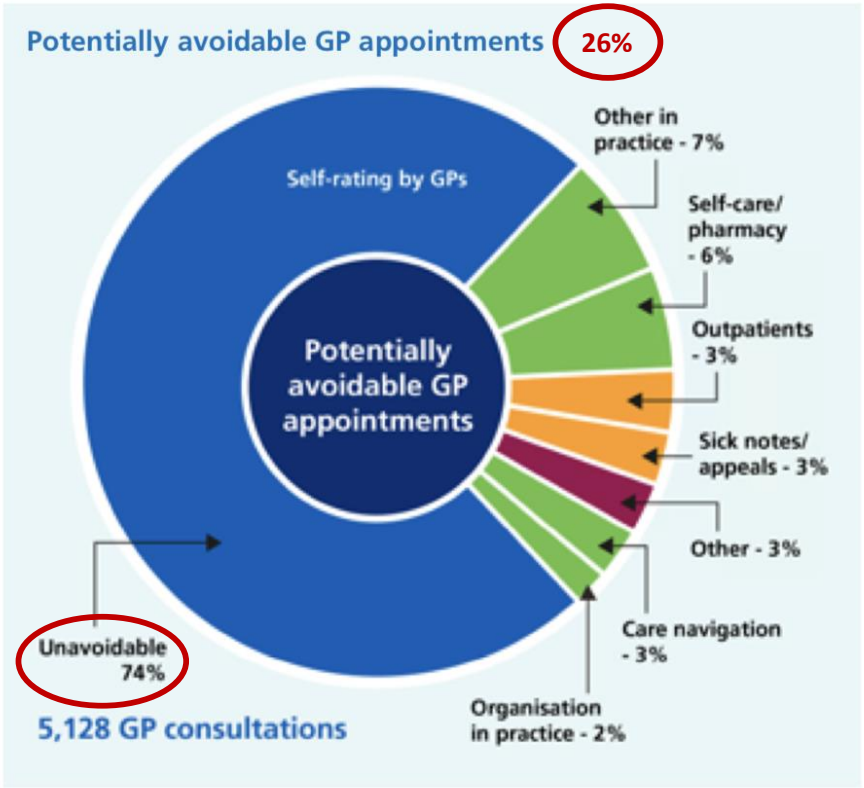
Plans to double the rate of growth of the medical workforce to create an extra 5,000 additional doctors working in general practice by 2020. This five year programme includes:

- Increase in GP training recruitment to 3,250 a year to support overall net growth of 5,000 extra doctors by 2020 (compared with 2014).
- Major recruitment campaign in England to attract doctors to become GPs, supported by 35 national ambassadors and advocates promoting the GP role.
- Major new international recruitment campaign to attract up to an extra 500 appropriately trained and qualified doctors from overseas.
- Targeted £20,000 bursaries in the areas that have found it hardest to recruit into GP training.
- 250 new post-certificate of completion of training (CCT) fellowships to provide further training opportunities in areas of poorest GP recruitment.
- Attract and retain at least an extra 500 GPs back into English general practice, through:
  - simplifying the return to work routes further, with new portfolio route, and other measures to reduce the length of time.
  - launch of targeted financial incentives to return to work in areas of greatest need.

A minimum of 5,000 other staff working in general practice by 2020/21. This five year programme will include:

- Investment in an extra 3,000 mental health therapists to work in primary care by 2020, which is an **average of a full time therapist for every 2-3 typical sized GP practices.**
- Current investment of £31 million to pilot 470 clinical pharmacists in over 700 practices to be supplemented by **new central investment of £112 million** to extend the programme by **a pharmacist per 30,000 population** for all practices not in the initial pilot – leading to a further 1,500 pharmacists in general practice by 2020.
- Introduction of a new Pharmacy Integration Fund.

Workload



Support for general practice with the management of demand, diversion of unnecessary work, an overall reduction in bureaucracy and more integration with the wider health and care system including:

- Major £30 million 'Releasing Time for Patients' development programme to help release capacity within general practice (see also Chapter 5).
- New standard contract measures for hospitals to stop work shifting at the hospital/general practice interface.
- New four year £40 million practice resilience programme, starting in 2016.
- Move to maximum interval of five yearly CQC inspections for good and outstanding practices.
- Introduction of a simplified system across NHS England, CQC and GMC.
- Streamlining of payment processes for practices, and automation of common tasks.

Practice infrastructure

We will go further faster in supporting the development of the primary care estate:

- Investment for general practice estates and infrastructure – supported by continued public sector capital investment, estimated to reach over £900 million over the course of the next five years. This will be backed with measures to speed up delivery of capital projects.
- New rules on premises costs to enable NHS England to fund up to 100 percent of the costs for premises developments, up from a previous cap on NHS England funding of 66 percent (with a proposed date of introduction of September 2016).
- New offer for practices who are tenants of NHS Property Services for NHS England to fund Stamp Duty Land Tax for practices signing leases from May 2016 until the end of October 2017, and compensate VAT where the ultimate landlord has chosen to charge VAT.
- New funding routes for transitional funding support for practices seeing significant rises in facilities management costs in the next 18 months, in leases held with NHS Property Services and Community Health Partnerships.

Greater use of technology to enhance patient care and experience, as well as streamlined practice processes:

- **Over 18 percent increase** in allocations to CCGs for provision of IT services and technology for general practice.
- **£45 million national programme** to stimulate uptake of online consultations systems for every practice.
- Online access for patients to accredited clinical triage systems to help patients when they feel unwell.
- Development of an approved Apps library to support clinicians and patients.
- Actions to support the workload in practices reduce, and achieve a paper-free NHS by 2020.
- Actions to support practices offer patients more online self-care and self-management services.
- Actions to make it easier for practices to work collaboratively, including achievement of full interoperability across IT systems.
- Wi-Fi services in GP practices for staff and patients. Funding will be made available to cover the hardware, implementation and service costs from April 2017.
- A nationally accredited catalogue and buying framework for IT products and services, supported by a network of local procurement hubs offering advice and guidance.
- Work with the supplier market to create a wider and more innovative choice of digital services for general practice.
- Completion of the roll out of access to the summary care record to community pharmacy, by March 2017.

Care redesign

Support to strengthen and redesign general practice:

- Commissioning and funding of services to provide extra primary care capacity across every part of England, backed by over £500 million of recurrent funding by 2020/21. This forms part of the proposed increase in recurrent funding of £2.4 billion by 2020/21.
- Integration of extended access with out of hours and urgent care services, including reformed 111 and local Clinical Hubs.
- £171 million one-off investment by CCGs starting in 2017/18, for practice transformational support.
- Introduction of a new voluntary Multispeciality Community Provider contract from April 2017 to integrate general practice services with community services and wider healthcare services.

A new national three year 'Releasing Time for Patients' programme to reach every practice in the country to free up to 10 percent of GPs' time.

- Building on recent NHS England and BMA roadshows, spread the best innovations across the country, helping all practices use 10 High Impact Actions to release capacity.
- Learn from the GP Access Fund and vanguard sites to support mainstreaming of proven service improvements across all practices.
- Fund local collaboratives to support practices to implement new ways of working.
- Provide free training and coaching for clinicians and managers to support practice redesign.

Considerazioni…

- Vedere il PAI non come strumento burocratico di mera programmazione sanitaria, ma come strumento dinamico di gestione del malato cronico
- Consentire l'arruolamento di un nuovo paziente cronico al momento della diagnosi
- Correggere la stratificazione in base ai dati clinici con una riattribuzione di livello consentita al medico
- Adattare la gestione del PAI alle condizioni cliniche instabili del paziente introducendo un PAI dinamico
- Introdurre una valutazione multidimensionale utilizzabile da parte del medico per identificare il paziente fragile
- Introdurre il PAI condiviso con lo specialista per pazienti complessi/fragili
- Consentire il rinnovo automatico del PAI
- Ridefinire algoritmi di validazione
- Ottimizzare integrazione con cartelle cliniche
- …….

Physician Leadership…

Forbes / Opinion / #PublicHealth

SEP 6, 2017 @ 04:49 PM 1,886

2 Free Issues of Forbes

Physician Leaders Will Shape the Future of Medicine

- In practical action, all physicians are leaders, regardless of title, hierarchy or workplace.
- They must be because the nature of their roles demands it.
- What other career requires years and years of training, confidence and calm in the face of trauma, and split second life-and-death decision-making, all while orchestrating precision teamwork despite sleep deprivation?
- To handle the incredible demands on the frontlines of care requires an incredible range of skills.
- Every day, physicians contribute expertise, experience, knowledge, vision and wisdom to their patient teams and communities.

…follia è fare sempre le stesse cose ed aspettarsi risultati diversi !!!

A.Einstein