

FROM SCIENTIFIC FACTS TO EVERYDAY USE

The Status of Health Care Technology Assessment in Italy

Stoccolma, 1 ottobre 1999. Istituto Italiano di Cultura

Carlo Favaretti, Director General, Local Health Unit No. 19, Veneto Region, Italy, and Unit for Technology Assessment, Italian Society for Quality in Health Care

Aldo Mariotto, Unit for Technology Assessment and Quality Assurance, Local Health Unit No. 16, Padova, Veneto Region, Italy

Introduction

In the Italian health care system, health care technology assessment seems to be an essential tool for planning and evaluating health care services because:

1. increases the role of scientific evidence in decision making
2. integrates different disciplines (i.e.: medicine, epidemiology, economics, engineering, sociology, ethics, etc.)
3. emphasizes the role of systematic reviews
4. requires effective communication strategies for getting research into practice.

The Italian health care system

The Constitution, in article 32, states that health is a right for all Italian citizens and health protection is a primary benefit not only for individuals but also for the society, and a prerequisite for the development of social progress and common welfare.

In Italy, the health care system is dominated by the National Health Services (NHS), which was established in 1978, even though in recent years the private sector has become more assertive. The NHS underwent two major reforms in 1992 and 1999 and is changing in several institutional mechanisms, with an increasing role of regional governments (which will become fully responsible of funding in the next three years), the diffusion of a directive management instead of that based on consensus and a clearer accountability of different levels. The mandate of the NHS is broad, encompassing activities of disease prevention, treatment, rehabilitation, environmental and occupational health and health promotion.

With reference to the today topic, the last reform, approved in June 1999 and now under implementation, states in article 1 entitled “Defence of health as a right, health planning and definition essential and uniform levels of health care”:

- The defence of health as a right ... is guaranteed by the NHS ...
- The definition of essential and uniform levels of care is based on dignity of human being, health needs, equity of access to health care, quality of care, appropriateness and economic evaluation.
- The NHS will pay health care packages based on scientific evidence, with high probability to produce health gain both for individuals and community, and cost-effective
- The NHS will not pay health care services and procedures which are not effective and appropriate.

This is the first time that an utilitarian approach is introduced in the Italian legislation, overcoming the tradition of the humanitarian approach. This is a cultural shift which will probably create some problems in the short term for politicians and doctors. Anyway, some experiences carried out in the last decade will probably help the diffusion of health care technology assessment in the day by day activity of NHS.

Experiences

The most important national experience is called TRiPSS, an acronym corresponding to the English GRIP. The meaning is: getting research into practice.

This program was initiated in 1995, was coordinated by the Centre for Health Services Research of the Mario Negri Institute in Milan, headed by professor Alessandro Liberati. 20 Local Health Units and Hospital Trust in the northern and central Italy were involved. The aim was to introduce principles and methods of TA in the decision making both at managerial and clinical level. The idea was to try to link the separate worlds of clinicians and managers.

Activities, tools and specific projects were activated.

The coordinating Centre produced a data base, including about 400 clinical guidelines in different fields, thoroughly examined by panel of experts and classified by quality of production and affordability; the same Centre organized several continuing education programs in order to increase knowledges, skills and attitudes of a group of key persons working at managerial and clinical level in the 20 participating organizations.

Four specific projects have been carried out by groups of organizations: preoperative examinations; heart failure; pregnancy; breast cancer.

Several managerial tools have been identified to support the transfer of scientific knowledge to practice: continuing education; appropriate use of financial incentives; coherent investments policy; budgeting system; audit and monitoring of clinical practice; patients education.

Conclusions

Technology assessment is more and more seen as an important bridge between science and health policy. Several experiences have been carried out in Italy: two National Consensus Conferences on head trauma and on breast cancer follow-up, coordinated by Liberati and colleagues; Italian groups took part to EU projects headed by David Banta and others; several TA services or centres were set up at local or regional level: in Veneto Region, Bergamo and Modena.

In Veneto Region several initiatives have been carried out, including implementation in decision making process: time trends in distribution and utilization of cardiac catheterization facilities in Italy, 1983-1993; appropriateness of use of coronary angiography; appropriateness of use of hospital; appropriateness of use of blood; appropriateness of use of echocardiography (involving GP's); utilization of hospital-based services by the elderly; utilization of coronary angioplasty (PTCA); use of contrast media in Radiology; assessment of Hospital Preventive Medicine examinations; perceptions of waiting lists by the elderly; clinical guidelines (within TRiPSS project); hospitalized patients' falls; urinary catheterization management.

Bergamo worked in the field of appropriate use of intensive care units, vascular surgery, contrast media in radiology, bone computerized densitometry. In addition, the hospital Trust is giving particular attention to innovative technology. Bergamo has a relevant impact on other hospitals of Lombardia Region, which is one of the most important in the country because of the amount of the population (10 million) and the socio-economic level.

Modena will act as scientific leader of an extended national program, coordinated by the Autonomous Region Valle d'Aosta financed by the Ministry of Health and 9 Regions, focused on the identification and application of tools to implement clinical guidelines in the NHS.

At the national level, following the mandate of the last reform of the NHS, the Agency for Regional Services, headed by F. Taroni, will probably be more and more involved in systematic technology assessment activities.

At scientific level, the Italian Society for Quality in Health Care established a specific interest group on technology assessment within its Scientific Committee, which is coordinated by C. Favaretti, and we are trying to have systematic contribution on the matter in the Society Journal, to have specific session during the national and regional meetings, to simulate multicentric activities.

Appendix 1

TRiPSS Project

The *Hospital of Bassano* (Veneto Region) very well documented the results of its experience with preoperative examinations. A perspective study, with historical control, has been set up on seven surgical procedures carried out in day-surgery regime. Inclusion criteria were the same in cases and controls. The clinical guideline has been implemented in 67% of patients. When it was not implemented this was due in 46% of cases because the classification of patients was overestimated (we must take into account the initial very prudent attitude of clinicians!). In 33 patients out of 184 the guidelines was not implemented because of negative attitudes of clinicians.

When the guideline was implemented the main results were the reduction of the average number of patients visits in hospital before the procedure; the fall in costs; and the decrease of waiting lists to have the procedures. No adverse effects were reported.

After this experience, which was stimulating for a significant group of clinicians, the hospital is carrying out a definite policy of organizational development based on guidelines implementation.

The *Local Health Unit 19* (Veneto Region) joined the project at the beginning and helped the development of the whole project, taking part to the scientific committee.

It participated to the educational activities both at managerial and clinical level and collaborated to define the documentation system of the project.

Among the four projects identified by the member Trusts, the LHU 19 choose that dealing with preoperative examinations.

According to the suggestion of the scientific committee, several managerial tools were identified to support the transfer of scientific knowledge to practice: continuing education; appropriate use of financial incentives; coherent investments policy; budgeting system; audit and monitoring of clinical practice; patients education. This first experience gave the opportunity to spread the initial experience to almost all the departments of the hospital. To overcome difficulties dealing with the habit of defensive medicine a specific continuing education program was organized to discuss medico-legal problems of the implementation of clinical guidelines. The data base produced by the Centre for Health Services Research, Mario Negri Institute was widely spread across the institution. The use of financial incentives, the definition of coherent investments policy and the implementation of a system for quality management in hospital wer used as tools to support this organizational change. At the moment the following guidelines are implemented in hospital: minor head trauma in children; adenoidectomy and tonsillectomy; depression therapy; anti-ulcer therapy; antibiotic prophylaxis; hypertension; diabetic retinopathy; hip replacement; prostatic adenoma; stroke rehabilitation; pregnancy. In addition a clinical guidelines implementation policy has been established also with GP's, in the field of antibiotics, anti ulcer and anti hypertention drugs, which resulted in increased quality of prescription and significant decrease of costs.