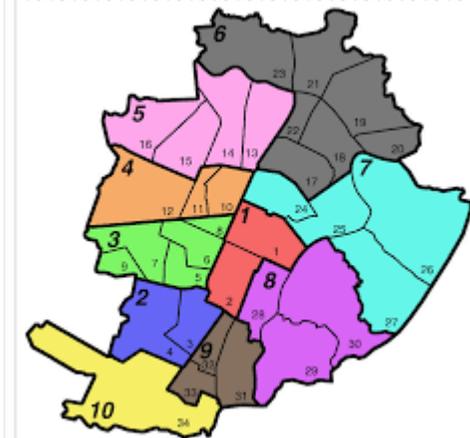


European Health Property Network 2017 Workshop

Healthcare infrastructure and health system
policy in Piedmont and Italy

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City of Turin

Health policies and healthcare infrastructures and technologies

discrepancies



Programming of Infrastructures and Technologies are strictly linked to objectives and logics of health planning: this is natural but we know how many discrepancies could happen between these two moments.

HEALTH POLICIES

DEVELOPMENT



**HOSPITAL
FUNCTION
(especially
acuteness)**

PRIMARY CARE

During past years Health Policies have been aimed to develop both hospital function (especially acuteness) and primary care as to manage important demographic transition and epidemiological change.

Nowadays development of primary care function is definitely backward in comparison with hospital function.

TERRITORIAL HEALTH POLICIES

STRATEGIC ASPECTS

**HEALTH
PROMOTION**

**TAKEOVER OF
CRONIC
PATIENTS**

Strategic aspects identified by territorial health policies are typically the development of health promotion and the takeover of chronic patients within the community.

NATIONAL HEALTH PLANS



REGIONAL HEALTH PLANS



LOCAL HEALTH PLANS

**PREVENTION
PLAN**

**CHRONICITY
PLAN**

Recently both the prevention plan and the chronicity plan have been approved at national level. Then they found implementation at regional level and at local one.

EXPANDED CHRONIC CARE MODEL

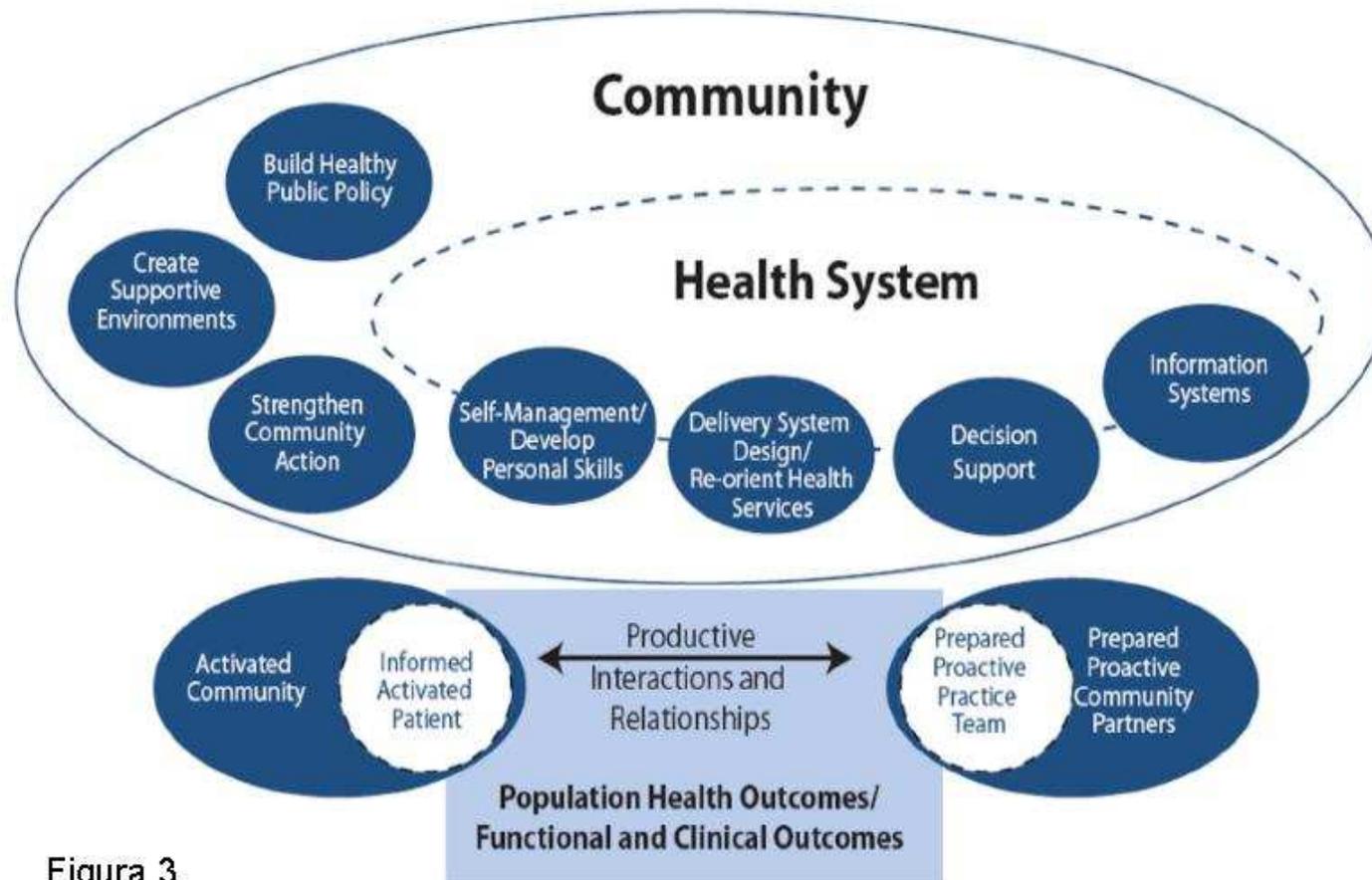
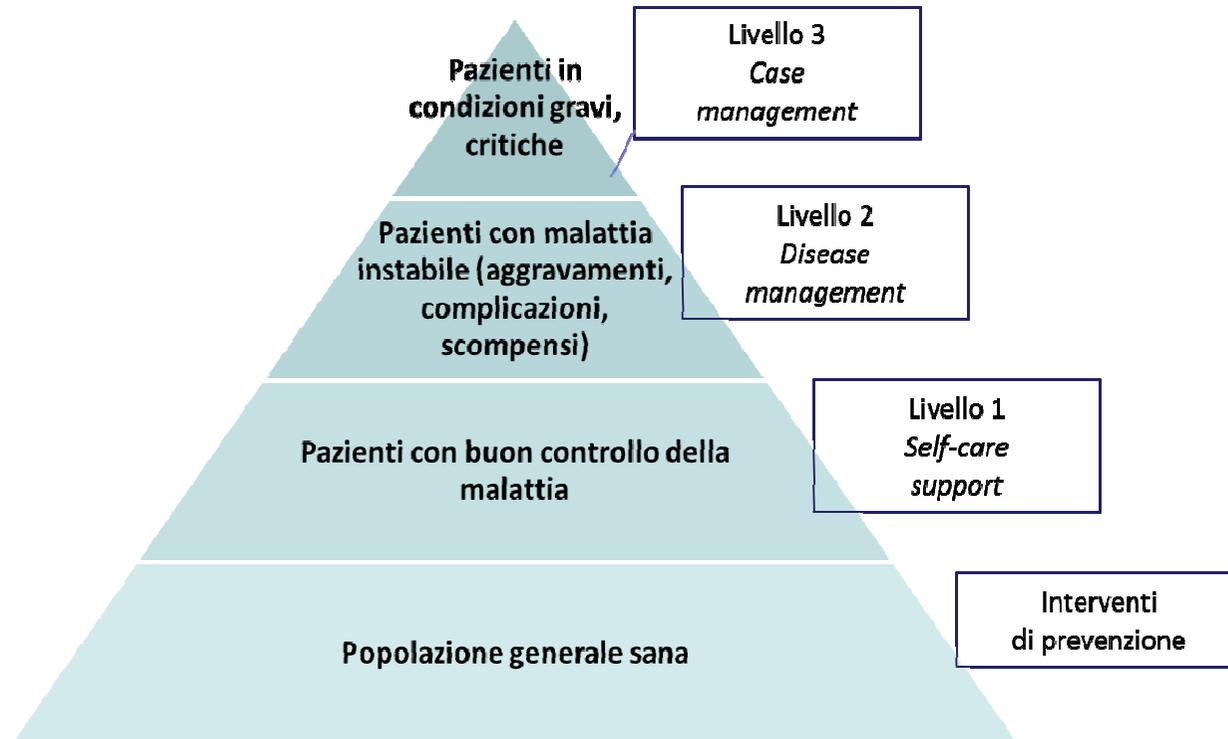


Figura 3

The chronicity plan uses the chronic care model as a reference model for interventions within the community. It provides a systemic approach to chronic diseases as it links all the organizational and operational levers to promote an appropriate approach by the operators.

CHRONICITY PLAN

Chronic Care Model



The chronicity plan stratifies the population needs and provides specific care strategies for each level of need.

It cares about health promotion to the takeover of cronic patients till to the building of therapeutic diagnostic pathways (PDTA).

CHANGE AREAS

Territorial policies require an impressive change in the culture of intervention and the way in which professionals work:

- **holistic patient vision**
- **multi-professional and multidisciplinary teams**
- **integration between healthcare and social intervention**

Beside of cultural changes and modification of intervention models, this development requires the implementation of coherent structural and technological equipment.

CASA DELLA SALUTE

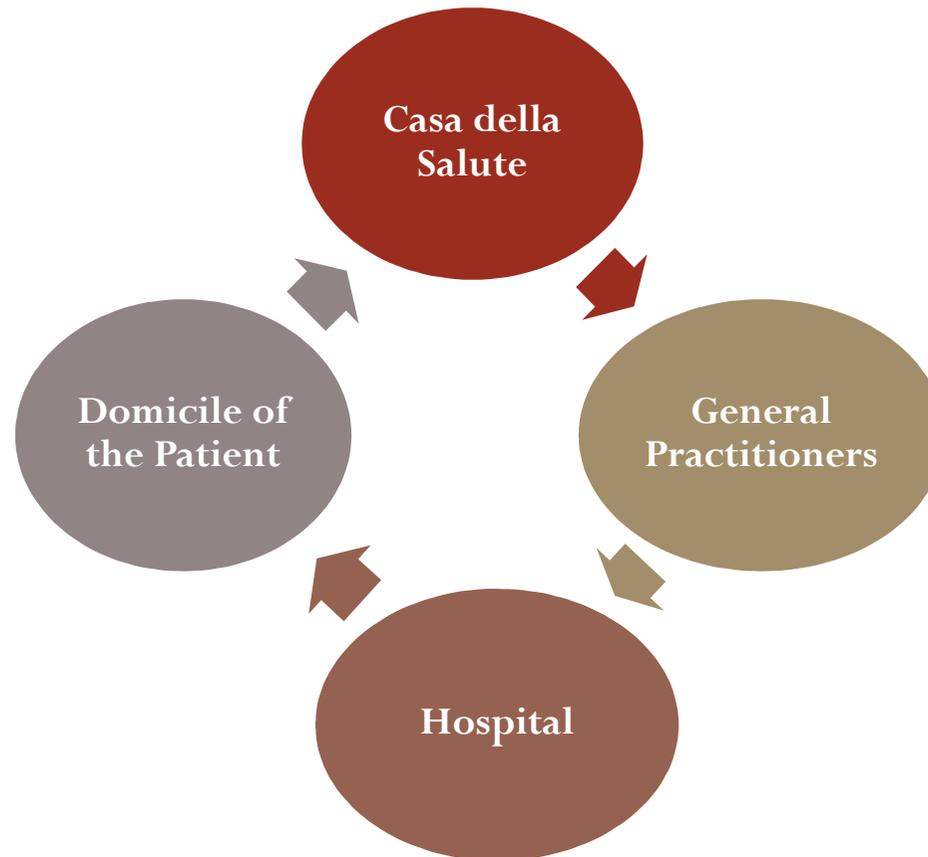
At structural level the reference model is the place called *Casa della Salute*. It's a building that, besides being a point of reference for citizens, is the place where doctors, nurses, social assistants and other Practitioners together with GP - General Practitioners give assistance both at clinical level and at operative one, caring of building therapeutic diagnostic pathways (PDTA).



CASA DELLA SALUTE: structure and functions

Casa della Salute requires environments and processes able to receive citizens, give them information, healthcare and social assistance. At territorial level research on architectural solutions, able to understand territorial needs, is less developed than at hospital level. One of the reasons is that territorial functions are quite new.

CASA DELLA SALUTE: connections



Our priority to develop territorial policies is to link domicile of patients, for example in heart failure, diabetes for telemonitoring and teleservice processes.

CASA DELLA SALUTE: other connections

- Another relevant connection is the one between specialist facilities and healthcare homes for older people or non-self-sufficient patients, requiring telemonitoring and teleservice
- An additional and relevant aspect of enabling technologies is the electronic health file that allows the connection between the general practitioner and the healthcare structure.

Telemedicine: advantages

Telemedicine allows to overcome various obstacles that might arise

- Providing care or assistance to a patient or
- in monitoring patients conditions in the most serious cases
- in choosing the best therapeutic pathway in that specific condition,

using advanced devices which make it possible to transmit information from the territory to the Casa della Salute and viceversa

Telemedicine: key factors

| | |
|--|--|
| e-Health | Electronic health is a general definition used to describe most aspects of healthcare delivery or management that is enabled by information technology or communications. |
| Telemedicine | Provision of patient care and consultation over a distance, using telecommunications technology. Basically, telemedicine considers the use of medical information, also known as Electronic Health Records, exchanged via electronic communications improving the patient's health status. |
| Telehealth | Telehealth, refers to 'remote clinical care enabled by technology supported and communication between patient and clinical staff'. It comprises care delivery or monitoring between a health care professional and a patient in a variety of clinical settings, in their home or assisted living residence and the integration of electronic transfer of physiological data via mobile phones, wearable electronic devices, or implantable electronic devices. |
| mHealth | Mobile health: all the mobile technologies (including phone and smart phone, tablet, digital device, with or without wearable sensors), used to deliver healthcare anytime and anywhere. mHealth architectures use the interaction among doctors and patients. |
| Telemonitoring | Remote data collection from a patient through a device (ICD, pacemaker, ECG, blood pressure, glycaemia. . .) to measure his/her vital parameters and symptoms at home on a daily base. |
| Remote control | The device interrogation is made periodically to the patient's home, manually by the patient or automatically by the monitoring system at predefined intervals. |
| Remote monitoring | Remote monitoring of patient's physiological signals is one of the common applications in telemedicine. There is a planned data transmission to the physician or store-and-forward and analysis. |
| Teleconsultation | Second opinion consultation |
| Tele + specialty (i.e. Telecardiology) | Application of telemedicine to a specific branch of medicine. |
| Telesurveillance = telemanagement = telesupport | All these words indicate surveillance over a distance with the use of mobile wireless devices. |

Quick access to counseling

Wherever the patient is

Distance (and time) critical factors

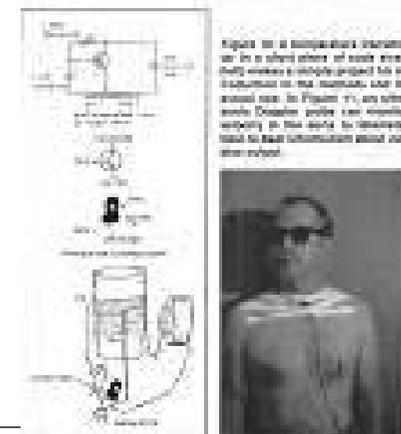
Telemedicine: a funny story

- '60: The first telemedicine experiments are designed and implemented to assist the astronauts of the Mercury mission (Cardiac Rhythm)



- 1964-68: the first attempts in Health System. Bell Laboratories experience the transmission of ECG between the Boston Airport Emergency Center and Massachusetts General Ho

Quick access to counselling
Wherever the patient is
Distant (and time) critical Factors



ICT has found relevant
development in critical care areas

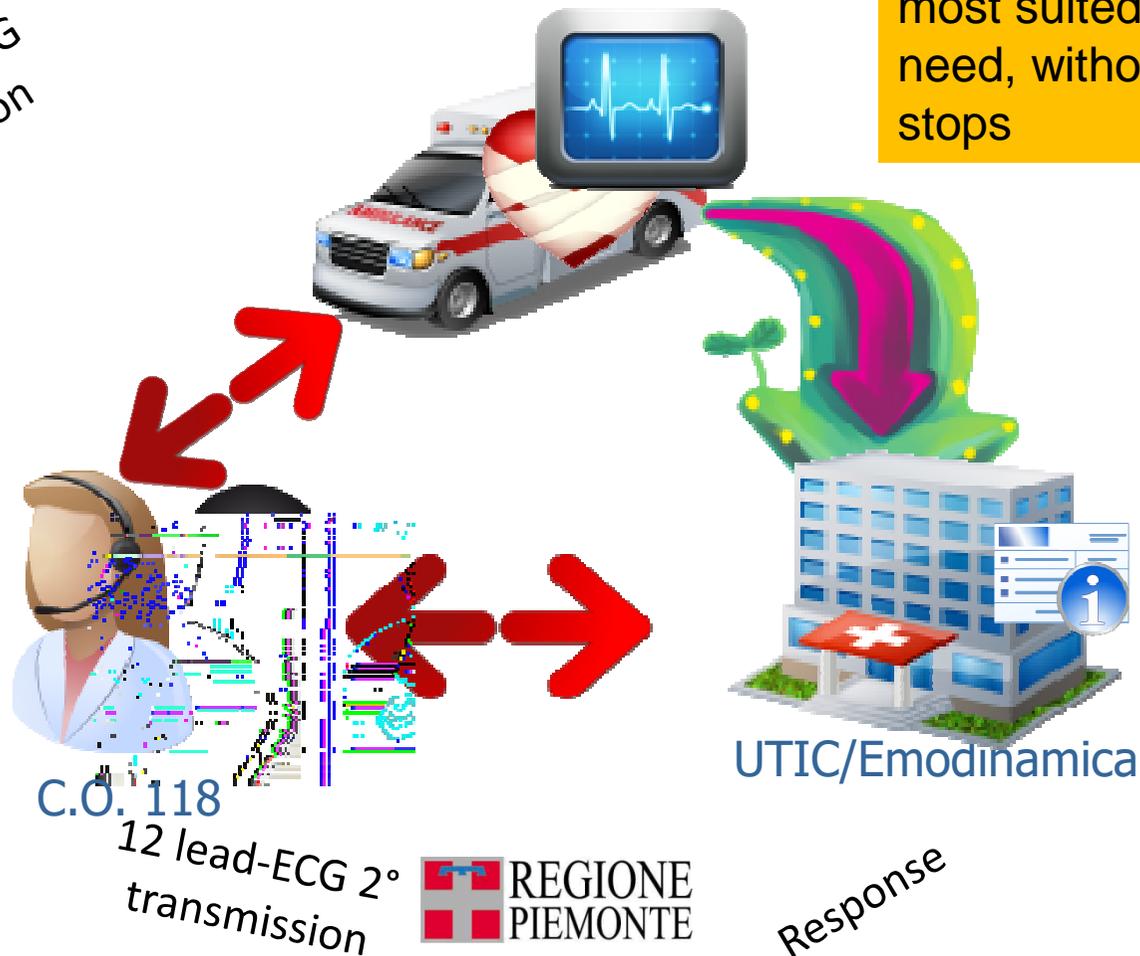
- 1) Regional Emergency System (112)
- 2) Regional Health System (CUP)
- 3) Antidotes Center
- 4) Center for Organ Transplantation

Hub-Spoke policy and TeleCardiology in STEMI Network in Piedmont

12 lead-ECG
Transmission

Ambulance

The right patient in the
most suited hospital to his
need, without intermediate
stops



Response

Critical issues

As for the development of technologies, we have good pilot experiences but not extensive and systemic experiences.

That's a problem as the development of territorial assistance is our priority.

Conclusions

Particularly as for the development of technologies, primary care support, despite technologies are mature, their effective introduction will require a big effort at cultural level, in reorienting organizational behaviors and will also require important investments.