

POSTER ABSTRACT

Developing shared values for strategies and policies on Primary Care Centres in Tuscany Region, Italy

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Introduction comprising context and problem statement: In Italy, Tuscany Region implemented since 2010 Primary Care Centres PCCs - in Italy known as "Case della Salute" - Health Homes in order to provide the population with a single point of access to primary care services, promoting integration and coordination of care. The present contribution describes the consensus building process promoted by Tuscany Region in order to renew the PCC policy based on shared values among the different stakeholders.

Description of policy context and objective: After a first pilot implementation, in 2016 the Tuscan Regional Health Authority established a regional act providing guidelines for the PCC model. This act focused mainly on the structural characteristics of PCCs, such as the number and type of professionals involved, opening hours, technological tools and equipment. The Tuscan Regional Health Authority promoted also to monitor the effective implementation of PCCs in terms of their structural mapping and impact evaluation. After two years, a research monitoring report pointed out a great variability in the implementation of PCCs model in the local context. Particularly there was evidence of the lack of a common vision on functions and core domains of PCCs among policy makers, professionals and citizens. Therefore, during 2017 a consensus conference has been organised with the aim of reviewing of regional guidelines and relaunching them through a participating process involving the different stakeholders.

Targeted population: The consensus conference involved more than one hundred stakeholders regional and local health managers, policy makers, GPs, nurses, social workers, specialists, community organisations and citizens in a process that included residential meetings, group works and web sharing of ideas and expression of agreement on specific themes through structured questionnaires.

Highlights innovation, Impact and outcomes: This experience is innovative for two key aspects: 1 the participative method adopted for renewing the regional policy on PCC, 2 the shift of PCC paradigm from a structural approach to a focus on PCC objectives and its specific interventions addressing the local community.

The consensus building process highlighted the following shared values:

- identification of the three key functions of PCCs, such as health promotion and prevention for and with community, chronic care management, and social and health integration;
- integration of PCCs interventions in the district health planning;
- valorisation of the role of PCCs to welcome the needs of individuals, families and community and orient them to the best healthcare answers;
- implementation of multi-professional teams within PCCs working together and promoting integrated care.

Comments on transferability: The results of the consensus conference has been used for the elaboration of a new regional act containing the updated guidelines for PCCs. Both its process and results can be transferred in other contexts.

Conclusions comprising key findings, discussion and lessons learned: The consensus building process promoted by Tuscany Region allowed to all stakeholders to active participate in the development of share values constituting a stronger base in which the new policy on PCCs may be anchored. It was useful to strength their awareness and commitment in the implementation of the new organisational model of PCCs.

Keywords: primary care centres; regional policy; integrated care; consensus building process
