

The General Practitioner between protocols and therapeutic pathways

A protagonist of primary care managing or a managed subject?

Which role for the guidelines?

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The drug use

The pharmaceutical prescription in the primary care, in Italy, is defined by compulsory regulatory rules, the AIFA (Agenzia Italiana del Farmaco) notes, that, among the technical schedule indications, defines, for a lot of drugs, which of these allow the repayment by SSN

The AIFA notes

- The notes were introduced for the first time in 1994 (named as CUF notes), during an “emergency” moment for the pharmaceutical expense. The notes are periodically updated.
 - The notes represent a compulsory protocol for the general practitioner.
 - The general practitioner has to repay personally the cost of eventual prescriptions in charge to the SSN, carried out following the technical schedule indications, but without respecting the AIFA notes
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The control regarding AIFA notes respect

- The control is responsibility of the “Aziende Sanitarie Locali” (also following the rules established by the general practitioner Trade Unions agreement)
 - The accounting judge (Corte di Conti) can intervene, binding the General Practitioner to repay the Treasury damn, praxis, this one, often adopted in the last years
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The AIFA notes system

- The system is effective to obtain the expense control
 - It allows to uniform the doctor prescription habits
 - It represents a simple way to manage the pharmaceutical expense in a primary care system with evident managing shortages
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The AIFA notes system

- It is seen by the professionals as an imposition, with the connected risk of “burn out”
 - It isn't able to effectively control the drug use among the patient permanence in the hospital and it generates conflicts in the care prosecution between hospital and home
 - It determines conflicts between doctor and patient
 - It can provoke defensive behaviours by the doctor
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The diagnostic therapeutic pathways (PDT)

While the regulatory actions concerning drug use are in the most part centralized, the diagnostic therapeutic pathways organization is responsibility of the Regions

The national Trade Unions agreement of the general practitioners

It establishes on the section II art. 54 subsection g)
for the doctors operating in associative form
(pratically the majority of the doctors)

*“To share and implement the diagnostic therapeutic
guidelines for the most frequent pathologies and to
carry out periodical checks”*

From the guidelines to PDTs

In a lot of Regions, and in particular in Lombardy, were defined guidelines for the most relevant pathologies.

The ways to define this guidelines among the national and regional levels, the various agencies. activity and their integration are object of other presentations.

The guidelines then have to allow, at local level, the definition of diagnostic therapeutic pathways

Bergamo ASL experience

The following PDTs were carried out:

- Diagnostic therapeutic pathway for the integrated managing for the diabetic patient
 - Prevention of the cardiovascular pathology in the patients with unknown arteriosclerotic pathology
 - Cardiovascular pathology managing in the patient with known arteriosclerotic pathology
 - Managing of the patient with heart condition
 - Managing of the patient with chronic brochitis
 - Managing of the patient with bronchial asthma
 - Managing of the patient with gastroesophageal pathology and Helicobacter Pylori infection
 - Managing of the patient with acute backpain
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The pathways were:

- Defined at local level, basing on the existent guidelines, by general practitioners and by hospital based physicians
 - Inserted in the agreements between ASL and hospitals
 - Proposed to the general practitioners (choice of two pathways) among incentivised “clinical governance” objectives and training initiatives on the field
 - Inserted in a peer review between general practitioner and hospital based physicians and verified with periodical reports
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627 G.P. over 682 (92,34%) agreed to Bergamo ASL PDTs in 2007.

In 2006 the support to PDTs were of 86,29%.

The managing quality and results remain to be valued.

In synthesis

- Primary care represents a range in which guidelines , diagnostic therapeutical pathways and protocols are widely used in Italy for some years
 - The imposition of rigid protocols as AIFA notes represents probably an effective expense control system, but generates conflicts in the relationships between professionals and patients
 - Primary care system suffers, not less then the other SSN sectors of organizative shortages in the guidelines implementation, diffusion and auditing
 - A better organization of primary care system as the one described in the recent CSS document “Territorio, continuità dell'assistenza e cure primarie” and defined in the recent law project of SSN reorder will allow a better integration of the professionits in the system managing
 - It exists the necessity to develop audit solutions that will substitute generally approved ehancing processes of the professional quality to compulsory processes
 - More effective ways to mesure and incentive the professional quality should be introduced among primary cares
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