

 AGENZIA NAZIONALE PER I SERVIZI SANITARI REGIONALI

ISQua 26th International Conference

“Improving Appropriateness in General Practice through Educational Initiatives: An Evaluation Tool”

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 “Quality and Accreditation” division


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OUTLINE

1. The Italian Healthcare System
2. The National Agency for Healthcare Regional Services - Agenas
3. The Italian CME System
4. The project
 - Methods
 - Results
 - Conclusions


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THE ITALIAN HEALTHCARE SYSTEM


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1. THE ITALIAN HEALTHCARE SYSTEM (1)

Art 32 of the Italian Constitution:
 “...The Italian State has the responsibility of safeguarding the health of each citizen as a fundamental right of Individuals and as a common interest of the social community”


- ✦ Regions are the key operative actors
- ✦ INHS provides universal coverage
- ✦ INHS is organized at three levels:
 - **national** ➔ general objectives and fundamental principles
 - **regional** ➔ organization and administration of healthcare service delivery
 - **local** ➔ delivery of healthcare service (through local health units and public and private accredited hospitals)


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1. THE ITALIAN HEALTHCARE SYSTEM (2)

REGIONS:


- Responsibility for planning, organizing and administering healthcare services
- Responsibility for monitoring the quality, appropriateness and efficiency of the services provided
- Financial responsibility



STATE:

- Public health protection and promotion
- Defining and monitoring uniform and essential levels of health services across the country

*Italy has 5 special Regions, one of which is further divided into 2 autonomus provinces which also enjoy constitutionally based self-government rights


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1. THE ITALIAN HEALTHCARE SYSTEM (3)

Government

Ministry of Health

ISPESL
National Institute of Occupational Safety and Prevention

ISS
National Institute of Health

IRCCS
National Institutes for Scientific Research

IZZSS
National Zoo-prophylactic Institutes

CSS
National Health Council

AGENAS
National Agency for Healthcare Regional Services

AIFA
National Agency for Drugs

NATIONAL LEVEL

Regional Government

Regional Health Department

Regional Agencies for Healthcare Services

REGIONAL LEVEL

Local Health Units
(ex Digs 502/517 92/93)

Private Accredited Hospitals

Public Hospital Trusts

LOCAL LEVEL

Sources: Adapted from European Observatory on Health Care Systems 2001

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**THE NATIONAL AGENCY FOR
HEALTHCARE REGIONAL
SERVICES - AGENAS**

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2. THE NATIONAL AGENCY FOR HEALTHCARE REGIONAL SERVICES - AGENAS

Established in 1993 by Legal Decree n.266 (art.5) as Agency for Healthcare Regional Services and reformed:

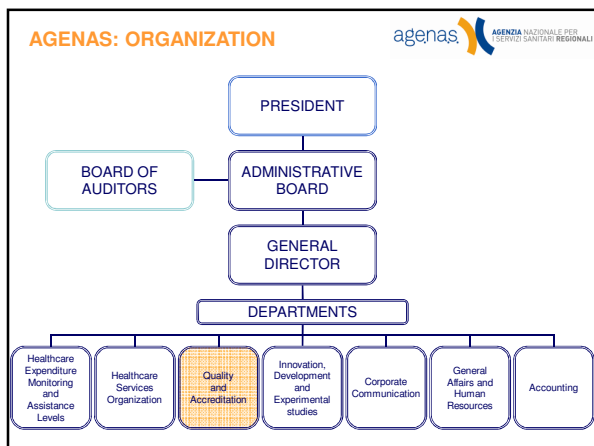
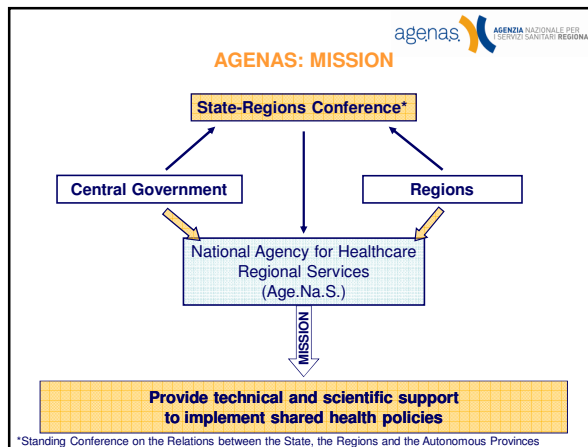
- in 1998 (by D.Lgs n.115 - reorganization of governance model)
- in 2001 (by Act n.129)
- and in 2007 (by Act n.244) as National Agency for Healthcare Regional Services, a scientific and technical body of the National Healthcare System authorized to carry out research activities with the aim to support Ministry of Health and Regions

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2. THE NATIONAL AGENCY FOR HEALTHCARE REGIONAL SERVICES - AGENAS



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00187 ROME
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- agenas AGENZIA NAZIONALE PER I SERVIZI SANITARI REGIONALI
- AGENAS: ACTIVITIES**
1. Monitoring of healthcare expenditure
 2. Monitoring of basic assistance levels
 3. Analysis of healthcare services organization
 4. **Quality Assurance and Accreditation**
 5. Experimental studies and innovation in management
 6. Central archive and corporate communication
 7. **Continuing Medical Education (CME)** (by Act 244/2007)

**THE ITALIAN CME
(Continuous Medical Education)
SYSTEM**

<http://www.ministerosalute.it/ecm/ecm.jsp>

3. THE ITALIAN CME SYSTEM⁽¹⁾

Ministry of Health (implementing the provisions of D.Lgs 229/1999), has developed and introduced an experimental program (compulsory since 2002) for Continuing Medical Education (CME)

The main aims of CME are:

- to assure the quality of educational events
- to ensure that professionals can choose from among several opportunities for gaining credits (each professional is expected to earn a total score of at least 150 credits in 5 years)

"Although promoted by regional healthcare authorities, the educational programme must be homogeneous throughout the national territory"

3. THE ITALIAN CME SYSTEM⁽²⁾

The CME programme applies to all healthcare personnel (medical and non-medical staff, employed and self-employed personnel, working in public or private health organizations)

Educational events are classified in:

- Residential educational activities
- Distance learning activities (by electronic means)
- In-field training

CME events are organized and managed by *providers* (qualified for this by Ministry of Health subject to their compliance with specific requirements)

**THE PROJECT
Improving Appropriateness in
General Practice through
Educational Initiatives:
An Evaluation Tool**

INTERNATIONAL CONTEXT

The literature highlights some critical issues related to continuing education in healthcare:

- the lack of standardization of methods and assessment tools at the international level
- the lack of attention in assessing the effectiveness of training events in terms of changes in clinical performance and impact on the health of the population

Agency for Healthcare Research and Quality - The Johns Hopkins University, Evidence-based Practice Center, Baltimore, Effectiveness of Continuing Medical Education, AHRQ Publication No. 07-E006, January 2007

OBJECTIVES



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- To provide a continuous quality improvement framework for foster appropriateness of care in General Practice
- To promote the use of validated tools for evaluating educational training programmes aimed at instilling appropriate prescribing behaviours in General Practice.

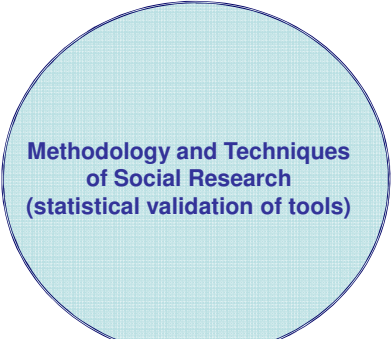
FRAMEWORK

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CONTINUOUS QUALITY IMPROVEMENT

Consensus and participation


Methodology and Techniques of Social Research (statistical validation of tools)



OUTPUT

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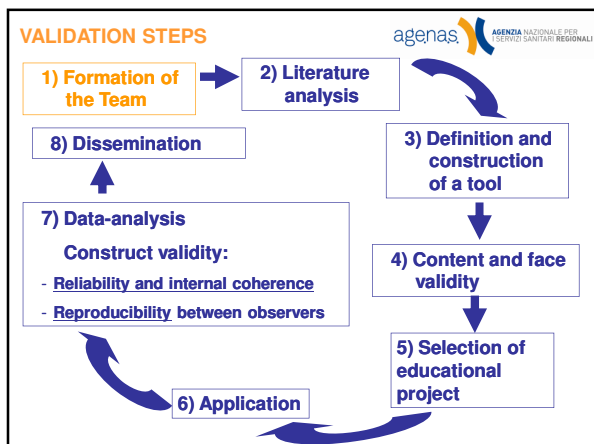
1. Review of literature*
2. Statistically validated tool to evaluate the effectiveness of training interventions aimed at improving medical appropriateness of prescription



* Effectiveness of Continuing Medical Education
Evidence Report/Technology Assessment, *AHRQ Publication No. 07-E006*, January 2007

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METHODS



THE TEAM

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Multidisciplinary team including:
Regional Health Authorities, the scientific association of the Italian Federation of General Practitioners, Health Trust professionals responsible for primary care management, experts in evaluation educational training, continuous quality improvement and statistics



Age.na.s	Giovanni Caracci, Sara Carzaniga, Giorgia Duranti, Carmen Mantuano
Metis-FIMMG	Guido Sanna
Emilia-Romagna Region	Corrado Fini, Milena Belletti
Lombardy Region	Fulvio Lonati, Marianna Cavazza
Puglia Region	Vincenzo Pomo
Sicilian Region	Salvatore Brugaletta

THE TOOL
EDUCATORS

10) How many teachers are involved? (specify) _____

11) How many tutors are involved? (specify) _____

12) How many facilitators are involved? (specify) _____

13) "Name" "surname" and "organization" of the teacher? _____

14) Instructional role of teachers:
 - oral (specify) _____
 - practical _____
 - theoretical _____
 - others (specify) _____

15) Criteria for teacher selection:
 - Curriculum vitae _____
 - no. of publications _____
 - no. of lectures _____
 - other (specify) _____

16) The teachers are also involved in planning phase of macroprocess? _____

17) The teachers are:
 - General practitioners _____
 - Specialists _____
 - Others (specify) _____

Part2: Evaluation of the training intervention (26 items)

Area2 – Educators (8 items)

THE TOOL

18) The training is targeted to all disciplines (the stabilizer of the project)? _____

19) Learners involved:
 - General practitioners _____
 - Specialists _____
 - Nurses _____
 - Physiotherapists _____
 - Others (specify) _____

EVALUATION

20) A evaluation of effectiveness of training is provided? _____

21) Indicators to evaluate effectiveness of training:
 - Increase of participants' experience and reaction _____
 - Increase of knowledge (test and practical) _____
 - Change in state of behavior (observed/real result) _____
 - Increase in satisfaction (among participants) _____

22) Knowledge evaluation? _____

Part2: Evaluation of the training intervention (26 items)

Area3 – Learners (2 items)

Area4 – Evaluation (3 items)

THE TOOL

TRANSFERABILITY

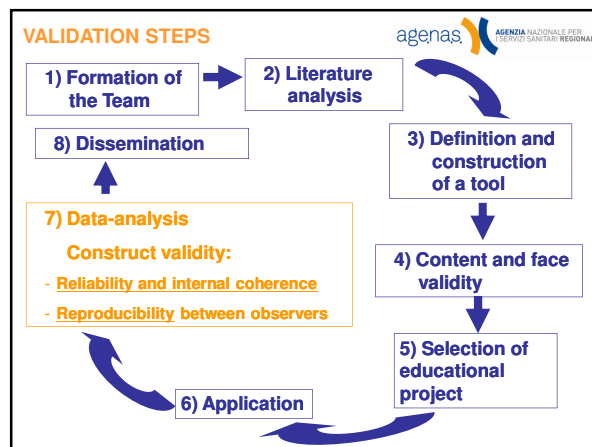
23) The training process is transferable? _____

24) Type of transferability:
 - Content transferability _____
 - Local health first _____
 - District _____
 - Regional _____
 - between professional areas _____
 - in professional profiles _____

25) A dissemination strategy of training center is provided? _____

Part2: Evaluation of the training intervention (26 items)

Area5 – Transferability (3 items)



The validation of the tool
Reliability: Internal coherence

Part 1: Evaluation of the "Macro-Process"

Evaluating Area	Cronbach's Alpha coefficient
Area 1 – General Description of Macro-Process	0,765
Area 2 – Macro-Process Design	0,955
Area 3 - Results and Transferability	0,861
Total score	0,722

Part 2: Evaluation of training intervention

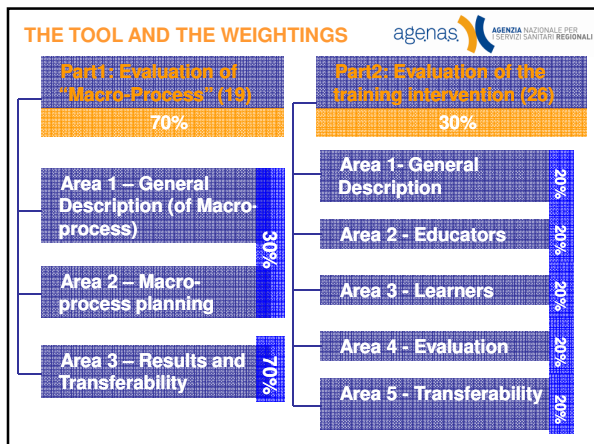
Evaluating Area	Cronbach's Alpha coefficient
Area 1 - General Description	0,718
Area 2 - Educators	0,675
Area 3 - Learners	0,687
Area 4 - Evaluation	0,701
Area 5- Transferability	0,733
Total Score	0,713

The validation of the tool
Reliability: Factor Analysis

Principal components analysis (with Varimax Rotation)*

The factor analysis allowed the testing of the proper allocation of items within the areas.
 - The presence of correlated latent and significantly influential factors is not shown

* The correct application of the factor model was tested with:
 - Bartlett's test of sphericity (which allows the application of the model if the significance level is less than 0.05)
 - Kaiser Meyer Olkin measure of sampling adequacy (if the value is less than 0.5 the factor model is adequate to explain the correlation between variables).



WEIGHTING SYSTEM (1)

PRIMA PARTE – LIVELLO MACRO
Area 2: Risultati e trasferibilità del macroprocesso

ID Domanda	RISPOSTE	PUNTEGGI PESATI
16) RISULTATI OTTENUTI SU (multi risposta)	MIGLIORAMENTI APPROPRIATEZZA	- Farmaceutica 9,54 - Specialistica 9,54 - Diagnostica strumentale 9,54
	MIGLIORAMENTI ORGANIZZATIVI	- Si, previsti negli obiettivi 3,18 - Si, come ricaduta/impatto 1,59 - No -
	EFFICIENZA GESTIONALE	- Si, previsti negli obiettivi 3,18 - Si, come ricaduta/impatto 1,59 - No -
SICUREZZA DEL PAZIENTE	- Si, previsti negli obiettivi 9,54 - Si, come ricaduta/impatto 4,77 - No -	
	DIMINUIZIONE DEI RISCHI	- Si, previsti negli obiettivi 9,54 - Si, come ricaduta/impatto 4,77 - No -
PREVENZIONE	- Si, previsti negli obiettivi 9,54 - Si, come ricaduta/impatto 4,77 - No -	
	COMPETENZE/CONOSCENZE	- Si, previsti negli obiettivi 3,18 - Si, come ricaduta/impatto 1,59 - No -
SODDISFAZIONE CLIENTE ESTERNO	- Si, previsti negli obiettivi 3,18 - Si, come ricaduta/impatto 1,59 - No -	

WEIGHTING SYSTEM (2)

SODDISFAZIONE CLIENTE INTERNO	- Si, previsti negli obiettivi 3,18
	- Si, come ricaduta/impatto 1,59
	- No -
FATTORI INNOVATIVI	- Si, previsti negli obiettivi 3,18
	- Si, come ricaduta/impatto 1,59
	- No -
ALTRO	- Si 1,59
	- No -
17) I RISULTATI SONO DOCUMENTATI	- Si 4,77 - No -
18) TRASFERIBILITA' IN ALTRI CONTESTI	- Si 4,77 - No -
19) CARATTERISTICHE DI TRASFERIBILITA	- Si 3,18 - No -
Tot Area 2	-

The validation of the tool

Reproducibility among observers
agreement between different observers at the same time (multiple Cohen's K coefficients for the degree of association between more than two observers)

	Cohen's K coefficient	Significance (p<0,005)	Level of concordance
Project 1	0,667	0,002	Substantial
Project 2	0,628	0,004	Substantial
Project 3	0,776	0,005	Substantial
Project 4	0,599	0,002	Moderate

RESULTS AND CONCLUSION

CONCLUSION

- A validated, shared tool to evaluate educational training programmes aimed at fostering appropriate prescribing behaviours in Primary Care, is at present available to General Practitioners, continuing medical education professionals, scientific associations and regional Health Authorities in Italy.
- The tool is useful for a self-evaluation or for a "third party" evaluation.
- The instrument was also adapted for an ex-ante evaluation of educational projects.

The concept that continuous education and training programmes aimed to increase appropriate behaviour in healthcare is seen as one step of a quality improvement circle, has been promoted throughout the healthcare system.

**Thank you for your
attention!**

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