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Policy Context Analysis

Project Partner 06
ULSS7 Pedemontana Agency

Associated Policy Authority
Veneto Region - Italy

2023

This template is meant to help partners in carrying out the Policy Context Analysis (PCA) in their region. Each section of the template is set up for to accommodate not only textual information, maps, tables, diagrams and images that align with your desired descriptions.
The outcomes of the analysis will not only guide you in selecting Good Practices of your interest but also in plotting your Roadmap in the 4th Semester.

The Policy Context Analysis (PCA) serves as a diagnostic document of the current situation of telecare and telemedicine in the different regions of the CARES partners. Its purpose is to identify the strengths and potential for the development of such services in each region and to characterize the policy areas which are to be addressed in the project. The provided descriptions on e.g. national/regional regulations, demography, available services will be incorporated in a Final Report. The PCA will act as a stepping stone for further work on guiding the refinement the chosen policy instrument, including the development of a Roadmap in the 4thSemester.

1. Policy instrument addressed in the CARES project: name and short characteristic

Name: Regional Social and Health Plan (RSHP) 2019 - 2023
Description (max. 1000 characters): RSHP's main feature is putting Veneto's citizenship at the very centre of policies and its goal is ensuring global care in Veneto Region respecting efficacy and efficiency, equity among people and sustainability. In short, its measures addressed are: 1) Digitalization to respond to the challenges linked to the new needs in terms of health and the development of innovative solutions. It's important to identify the ongoing problems and assess the results to answer present and future needs; 2) Promoting a participative approach of more accessible services to the citizens using new technologies and innovations; 3) Pharmaceutical, as well as medical devices, governance; 4) Increasing the role of "Community Pharmacies", with new types of services offered to the people; 5) Active involvement of patients and all people from Veneto Region in the management of their own and the community health to create a strong bond and relationship between our regional health care system and people in every phase of their lives.

2. Other policy instruments relevant to the project scope (plans, programmes, strategies on national and regional level).

- *Review the project's goals and objectives to ensure alignment with the policy instruments being addressed*

Name: National Recovery and Resilience Plan (NRRP), Ministerial Decrees (MDs) n. 77 of 23/05/2022 and n. 298 of 30/09/2022, Resolutions of the Regional Council (RRC) n. 296 del 22/03/2022, n. 574 of 09/05/2023 and n. 103 of 04/08/2023

Description (max. 1000 characters):

NRRP is part of the “Next Gen EU” programme, born after the COVID crisis. This plan has 6 missions and its sixth is dedicated to health: among other goals, NRRP’s aim is to strengthen the National Health Service, modernising and digitising it, and ensuring equal access to care. The new regulations of a new model and standard of territorial care has been described in the MD n.77 of 23/05/2022 and Telemedicine is introduced into this new standard as a method aimed at increasing accessibility to care, mainly for elderly and/or people with severe frailty. The procedures for selecting telemedicine solutions and the nationwide deployment and mechanisms for evaluating regional requirement proposals for telemedicine services are contained in the MD n. 298 of 30/09/2022.

From NRRP, Veneto Region, with RRC n. 296 of 22/03/2022 and n. 574 of 09/05/2023, described all the strategic regional projects, among which telemedicine as an instrument of treatment and care directly at every patient’s home.

3. **General characteristic of your region, including its current demography, projections for future demographic changes, and the aspect of an ageing population**
    - *Basic information on your region (incl. area covered by the policy instrument), e.g. area, demography, economy*
    - *The current state of the aging population in the region and the demographic forecast*

Description (max. 2000 characters):

RSHP is a plan which affects social and care activities of all the nine Health Agencies and two Universities Hospitals into which the Veneto Region is divided. In this Region 4,847,745 inhabitants live in an area of 18,390 km^2, the eighth largest region in Italy: flat areas prevail (56.4%), but almost a third is mountainous (29.1%), with all the associated difficulties of health coverage. Almost a quarter of residents (more than 1.1 million) are over 65 y.o., and the ageing index has been steadily increasing since 2004: from 138 over-65s per 100 under-14s in 2004 to 167 over-65s per 100 under-14s in 2021. The number of elderly people is expected to grow further in the coming years, with forecasts of 200,000 more over-65s in the Veneto region by 2030.

Economically, Veneto Region contributes about one-tenth of the national GDP, compared to the presence of 8.9% of all Italian companies in this region (about 460,000 companies), a figure that has been constantly growing over the recent years. Mainly, economic activities involve the areas of agriculture, steel and electronics industry and tourism. Also the foreign trade network in terms of exports is steadily growing. The density of infrastructure is on average higher than the national percentage and is second only to the Piedmont Region.

The population of ULSS7 Pedemontana Agency is 361,213, of which 84,651 are over 65 y.o. (about 23.4% of the total). From regional data, it’s clear that a large proportion of these patients are followed by physicians for cardiology (24,161 patients), diabetes (19,756 patients) and respiratory (8,981 patients) problems. These and other medical specialties can be assessed remotely through an all-in-one device on which the Agency’s Project is based.

ULSS7 is divided into two districts: District 1, with 178,110 inhabitants, including 41,460 over-65 y.o. (23.3% of the total), and District 2, with 183,103 inhabitants, including 43,191 over-65 y.o. (23.6% of the total).

4. The current services and offerings for the elderly in the region, considering their adequacy and accessibility.

- *Care services and institutional care*
- *Health and medical care*
- *Activation of seniors*
- *Access to public services for senior citizens*

Description (max. 3000 characters):

Veneto Region pays its utmost attention to the category of elderly and non-self-sufficient people, by setting up a system of services: on one hand, the home care system, on the other hand, residential and semi-residential services. The home care services system includes:

- Home Assistance Service (in italian “SAD”) and Integrated Home Assistance (“ADI”): SAD provides for patient's daily activities (home hygiene, laundry, meal preparation, etc.) and can be activated through the social services of the municipality of residence; ADI provides services aimed at patient's health (medical and nursing services, including specialist services, physiotherapy, social work, etc.) and can be activated through the general practitioner (GP);

- Telecare and remote control: a system connecting patients with an Operations Centre (OC) through a device connected to the landline with a radio control worn around the neck or wrist. When pressed, it immediately puts the patient in contact with the OC, which will verify his/her need, if necessary requesting the intervention of emergency services (ambulance, police etc.). The OC also operates in remote control mode, contacting the user twice a week, in order to find out the state of health and to test the functionality of the device delivered;

- Respite interventions, such as pathways for temporary access to Day Care or Residential Centres on the territory or recognition of economic benefits to families directly caring for elderly or disabled people with high care burdens.

In residential and semi-residential services, the patient is accommodated in public facilities designed to provide care with the intensity required to cover his/her health needs:

- Day care centres for the non-self-sufficient elderly, with the aim of delaying institutionalisation and the psycho-physical decline of the elderly, providing a prompt response to their care needs and relief to families, allowing the patient to remain in their family and social environment;

- Service centres for the elderly and non-self-sufficient elderly, a socio-medical residential service divided into two levels of care intensity: level I, or reduced/minimum intensity, or level II, or medium intensity, also of a temporary nature. It provides a level of medical/nursing, rehabilitation and protective care based on the patient's health needs.

- Alzheimer's High Protection Section ("SAPA"): SAPA has the characteristics of high-protection residential care for a limited period of time for patients with dementia and moderate-to-severe cognitive impairment not responsive to other care programmes;

- Permanent Vegetative States Sections ("SVP"): these are inpatient and care facilities for patients in a 'vegetative state' following severe brain injury, without burdening families and the home care network.

Each agency has a service directly linking hospitals to these services, called 'protected discharges', which allows them to take care of all the needs of patients being discharged from hospitals. In addition, each agency can invest in community welfare and innovative care projects for these people: telemedicine, ultra technological domotic houses also connected to primary care services, more services for elderly people without a social and family network (home delivery of medicines directly from pharmacies, new telerehabilitation programmes, etc.) and many more.

5. **The legal regulation of telecare and telemedicine at national and regional, local levels**
    - *Current legislation and guidelines*
    - *Alignment with policy instruments addressed in the project*

Description (max. 3000 characters):

With the European Communication (EC - COM-2008-689) 'Telemedicine for the benefit of patients, healthcare systems and society' of 4th November 2008, a series of actions have been identified involving all levels of government, both at EU and Member State level, to foster integration of telemedicine services in clinical practice, trying to remove the main barriers to their full and effective implementation.

In Italy, to implement the EC and systematically use telemedicine within our National Health System (NHS) , a Technical Working Group was set up at the Superior Council of Health (CSS), which ended up with specific National Guidelines approved on 10th July 2012, aimed at:

- Identifying the priority areas of application of telemedicine;
- Analysing models and methods for integrating telemedicine services in clinical practice
- Defining common taxonomies and classifications;
- Defining aspects concerning legal and regulatory profiles and the economic sustainability of telemedicine services and services.

To ensure a coordinated, harmonious and coherent development of telemedicine within the NHS, on 20th February 2014 all the Italian Regions and Autonomous Provinces of Trento and Bolzano signed the "Telemedicine - National Guidelines" as a significant result in view of the need to rethink the organisational and structural model of our NHS in our Country and how telemedicine services can be an important factor. From 2018, all the Regions and Autonomous Provinces of Trento and Bolzano adopted and transposed the guidelines with their own resolutions.

In 2019 the Ministry of Health approved the establishment of a Working Group on Telemedicine with members of Lombardy, Veneto, Emilia-Romagna, Piedmont and Tuscany region as well as the National Telemedicine Center of the Superior Institute of Health ("ISS"), which created a national mapping of every regional experience. After this work, with the outburst of the COVID-19 pandemic, they decided publish two new set of guidelines for providing remote services:

- "Ad interim directions for telemedicine care services during the COVID-19 health emergency" (ISS report n. 12 of 13 April 2020)

- “Ad interim directions for telemedicine care services in paediatrics during and beyond the COVID-19 pandemic” (ISS report n. 60 of 10 October 2020)

Two final documents, summing up and providing up-to-date indications to deliver remote services in Italy, with particular regard to specialist activities, were published afterwards:

- “National directions for the provision of telemedicine services'' (approved with the agreement in the State-Regions Conference on 17th December 2020, act n. 215): its purpose was to provide indications to be adopted to deliver telehealth, teleconsultation, teleassistance by healthcare professionals, tele-referral services in order to give to our NHS a more concrete innovation in the healthcare process;
- “Directions for the provision of telerehabilitation services from health professions” (approved with the agreement in the State-Regions Conference on 18th November 2021, act n. 231).

The National Recovery and Resilience Plan (NRRP) defines the goals of a new health strategy, starting from a suitable institutional and organisational set-up to enable our Country to achieve the best quality of care. On 23rd May 2022, Ministerial Decree (MD) n. 77 brought a new model and standard for territorial care for the NHS. In this decree, there are a lot of references to the national guidelines of 2014, 2020 and 2021 and the focus of telemedicine is on the management of chronic conditions: telemedicine services must comply with five criteria to guarantee the most homogenous usability throughout our Country, interoperating with national and regional systems supporting healthcare.

6. Characteristic of telemedicine and telecare services at local, regional and national levels, focusing on their availability and effectiveness

- *Services for the elderly and people with limitations also from peripheral areas*
- *Systemic solutions and experimental actions/pilot projects already implemented (numbers, technologies)*
- *Link to Good Practices*

Description (max. 3000 characters):

Since the SARS CoV2 pandemic, a huge number of projects and implementations of standards of care have been set up in Italy, mainly involving teleconsultation, telehealth and telemonitoring. Unfortunately, despite the fact that the regulatory framework allows services to be provided according to national guidelines, no concrete studies have ever been carried out on the good practices found by each project, to summarise this in an easy-to-consult 'handbook of recommendations' for drafting a new project from that point on.

In Veneto Region, the project of ULSS7 Agency is a major innovation in terms of conducting medical examinations remotely, since it is, to the best of our knowledge, the first to use an all-in-one device that allows the assessment of different anatomical districts, such as the cardiovascular, respiratory, tegumentary, otorhinolaryngological and visual systems. These examinations are conducted in pharmacies participating in the project, to expand the capacity of territorial medical coverage, open to all residents of the region and free of charge. This device communicates with a software, which makes it possible, on one hand, to carry out a video call between a doctor and the pharmacist with the patient, and, on the other hand, to fully use the device's functions, thanks to the sensors implemented in it.

Outside the Veneto Region, other telemedicine projects have been carried out. Some of them are:

- In Tuscany Region, a Unified Regional Information System was created so that the software in use in every health agency could communicate with that used for providing tele-visits and telemonitoring through mHealth technologies. This was extremely useful for special units of doctors who visited COVID patients at home during the pandemic. Two other projects are currently active: the 'specialist teleconsultation' project, which allows the sharing of images and reports on the healthcare agency's applications to other specialists in Tuscany; the 'CARED' project, which strengthens hospital-territory continuity of care through the integration of the hospital electronic medical record on the GP's management softwares, so that they can monitor their patients in real time;
- In Lombardy Region, the focus was more on the home management of particular categories of patients: for example, one project aimed at the home telerehabilitation of patients with a single chronic disease over 65 years of age; a second project aimed at the remote management of anticoagulant therapies for patients with comorbidities; another project was aimed at monitoring patients with medium-severe heart failure or severe or very severe COPD, in order to prevent visits to the E.D. or hospitalisations;
- In Calabria Region, an attempt was made to find out how to reduce E.D. admissions and hospitalisations for patients at high risk of poor outcomes by developing a protective system for them that would be applicable also after the COVID-19 pandemic: 2,231 people over 65 with comorbidities (hypertensive heart disease, diabetes, COPD, ischaemic heart disease, etc.) were monitored, with none of them entering the E.D. or being admitted to hospital during the study.

7. Current challenges and needs regarding the availability and implementation of telemedicine and telecare services for older people at local and regional levels

- *SWOT analysis to identify areas of improvement, potential opportunities, and threats to the implementation of telemedicine and telecare services*
- *Areas to be developed*
- *Relevance of the policy instrument*

Strengths	Weaknesses
- Huge investments (with the NRRP: 15 bn - actual annual expenditure: 1.5 bn); - Redesigning access to healthcare services by rethinking new pathways; - More tailored follow-up by doctors and GPs for certain chronic conditions; - Lower avoidable admissions to ED and GPs if patients are properly followed up at home; - Increasing citizen empowerment; - More accessibility to health reports by doctors and health professionals;	- Low literacy of the Italian population, mainly in the peripheral areas; - The lack of a clear unitary project can greatly increase the waste of resources/money; - Resistance to change and failure of previous projects; - Low 'digital literacy' of elderly and frail patients, but also of doctors and GPs; - Low investments in IT and mHealth technologies (up to now);

- Join together with telemedicine the actual compartmentalised logic that separates all the players in the provision of care; - Shorten the distance between citizens - institutions by modernising health infrastructures.	- Inability to assess certain apparatuses of the body (e.g. gastrointestinal, rheumatologic, orthopaedic ecc.) to fully implement telemedicine on the routine care; - Lack of preparation of the regions to evaluate business proposals of the many players involved; - Lack of a single central purchasing centre in almost all regions to centralise purchasing (volume-based quality).
Opportunities - Increased efficiency and effectiveness of health coverage by increasing therapeutic adherence of patients and reducing their expenses for both mobility and cost of health services; - Lower investment of money for prevention of acute diseases rather than the cure of the exacerbations; - Lower expense of money for health agencies by creating a digital techno-structure (maybe supported by AI) replacing the physical one; - Create an 'all-in-one' point of care to deliver healthcare services; - Bring the NHS closer to citizens.	Threats - Paradoxical lengthening of the distance between the health system and the citizen (moreover for remote visits); - Risk of interpretation of telemedicine as a substitute and not as a supplementary act of the health care; - Cyber attacks on national and regional servers; - Health phishing (scams) against the older population; - Limited pilot studies, on which it is difficult to make major economic investments; - Lack of an easy-to-consult 'handbook of recommendations' for drafting a new telemedicine project; - Lack of adequate digital literacy of the operators involved and lack of willingness to train on these issues.

Description (max. 3000 characters):

From the loco-regional point of view, there are numerous needs and challenges to consider in the effective implementation of medical activities through telemedicine.

First, it is important that the investment of money reflects the new health needs of the population: after decades of cuts in healthcare spending, with the COVID pandemic and with the increasingly pressing technological progression, it has been understood that the 'hospital-based' system of Italy's NHS had become obsolete. The MD n. 77/2022 establishes a new 'territorial-based' organisation, in which people are at the centre of medical attention, towards a preferably home or territorial management of health problems, leaving hospitals to solve the most complex or

multidisciplinary issues. Investments must foresee a possible reduction in some areas, in favour of a wider offer for those areas that best adapt to the progress of health needs for people, but also progress of technology of the next few years.

Subsequently, it is necessary that the organisational structure reflects a 'handbook' of good practices to be pursued, but also bad practices not to be replicated, common throughout Italy, if you want to offer a quality service and useful for citizenship. The lack of indicators of outcome and process for the joint evaluation of telemedicine projects in Italy is an area that in the near future must also be considered in order to improve the efficiency of the resources invested and better manage the little money available for these investments. The 'CARES' project would open an interesting topic of discussion that could have resonance not only on a loco-regional, but even national level, preparing the basis for a new document of evaluation of the welfare of every health agency, regional health system, and even the whole NHS.

Finally, IT literacy will be very important in the future not only for future patients, but also to GPs, specialists and health professionals. Italy is now experiencing a very difficult time in which wrong planning and economic investments in the past, the COVID-19 pandemic, a shortage of medical personnel and the consequent lengthening of waiting lists, a reduction in the number of hospitals and points of care and a media campaign against the work of doctors, who are forced to work increasingly long shifts of work without adequate rest, are now well and truly evident to the population. For this reason, there is less and less medical turnover, leading to a gradual ageing of the medical and nursing staff, which is poorly adapted to the advent of the technological and organisational innovations necessary for a resilient and adaptive healthcare system.

The RSHP was written in 2018 and is valid from 2019 to 2023. During this time, several national documents have been published (see question n. 2 and n. 5), changing the face of the NHS and, by referral, also of regional health systems. It's necessary for this policy document to be updated with all the changes that have taken place, leading the Veneto Region's Health System to standardise the care offered to the population by its health agencies. Veneto Region, in this sense, could act as a promoter of a renewed interface with telemedicine, arousing in the group of stakeholders a new way of evaluating these projects that we hope will trigger a chain of interest on a national scale.

8. Characteristics of the local Stakeholder Group

- *Composition, purpose, tasks performed, possible influence on the policy instrument to ensure they are effectively contributing to the project's objectives.*

Description (max. 2000 characters):

Because of the need to give greater visibility to this project, in addition to a core group of experts operating in the Veneto Region, it was decided to include a broader trans-regional audience in the stakeholder group, so that what is learnt from this project could act as a driving force for discussion at national working tables.

The idea is to add:

- A working group, led by the Italian Ministry of Health, to bring the health systems of the Italian regions closer to Europe, and vice versa, through dissemination activities of local, regional, national and international interest, called 'ProMIS'. For this reason Lisa

Leonardini, Nicola Scomparin, Federica Rosin and Giuseppe Cavallo have joined the stakeholder group;

- Exponents from Veneto Region, other Italian regions and even the Italian government interested in better understanding the potential of telemedicine in the near future: in this sense, Director Carlo Clini, Mirko Mazzarolo and Elena Curtopassi (Veneto Region) and other members of other Italian regions (whose name are going to be confirmed soon) were involved. Exponents from Veneto Region will also be able to directly modify the policy instrument, trying to assess the outcomes that the ULSS7 Pedemontana Agency will bring through the agency's project, but above all through the exchange of good practices and information at an international level thanks to the 'CARES' project;
- Representatives of the best Italian universities for the collection of the most eminent academic experts' opinions: their involvement is going to be planned and soon we can confirm wh the universities involved are those of X, Y, Z in the persons of X, Y, Z;
- The presence of the ISS (see question n. 5), as one of the most distinguished bodies in the field of research, control and technical-scientific advice on public health in Italy. For ISS, X has decided to join this working group;
- The presence of AgeNas (National Agency for Regional Health Services), as a technical-scientific body of the NHS that carries out research and support activities for the Ministry of Health, the Regions, and Autonomous Provinces. The representative for AgeNaS is X.