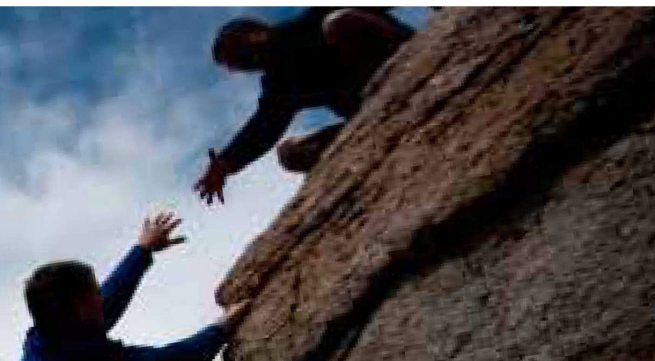


Forum sulla
Non Autosufficienza

Bologna 9-10 novembre 2011

Centro Congressi Savoia Hotel



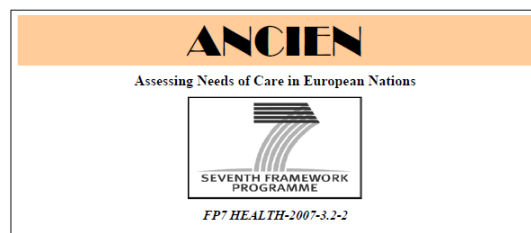
Politiche e indicatori di qualità del Long-Term Care in Europa

*Risultati del progetto ANCIEN, Assessing Needs of Care in
European Nations*

Roberto Dandi

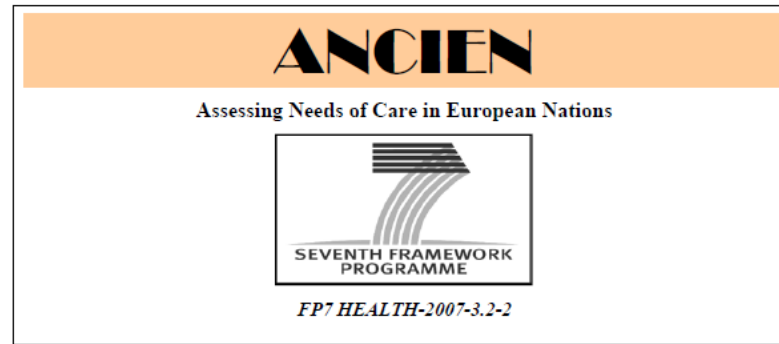
Georgia Casanova, Roberto Lillini

Contatto: rdandi@luiss.it



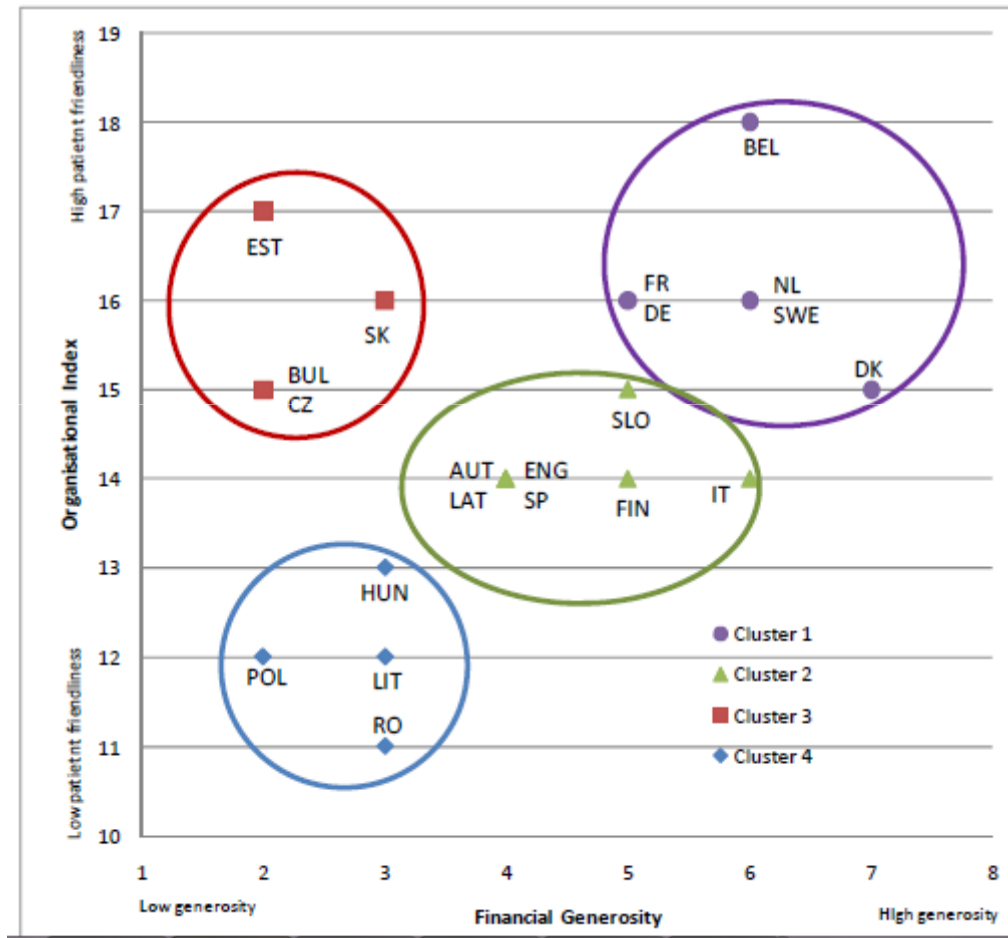
LUISS BUSINESS SCHOOL

Divisione LUISS Guido Carli



- Progetto FP7 di 44 mesi, iniziato nel gennaio 2009
- 20 partner EU
- Coordinatori scientifici: Belgian Federal Planning Bureau (FPB) and the Netherlands Bureau for Economic Policy Analysis
- Coordinatore amministrativo: CEPS
- 2 domande di ricerca:
 - Come evolverà il bisogno, la domanda , la fornitura e l'uso di LTC in Europa?
 - Quale sarà la performance dei sistemi LTC in Europa?
- LUISS Business School è leader del Work Package su Qualità nel LTC

Tipi di sistemi LTC in EU in base all'organizzazione e al finanziamento pubblico (analisi WP1)



- Patient friendliness = means-testing, entitlements for services, availability of cash benefits, provider choice, quality assurance and integration of care.
- Financial generosity = % of LTC public expenditure on GDP, and presence or not of cost-sharing

Tipi di sistemi LTC in EU in base all'uso dei servizi e al finanziamento privato (analisi wp1)

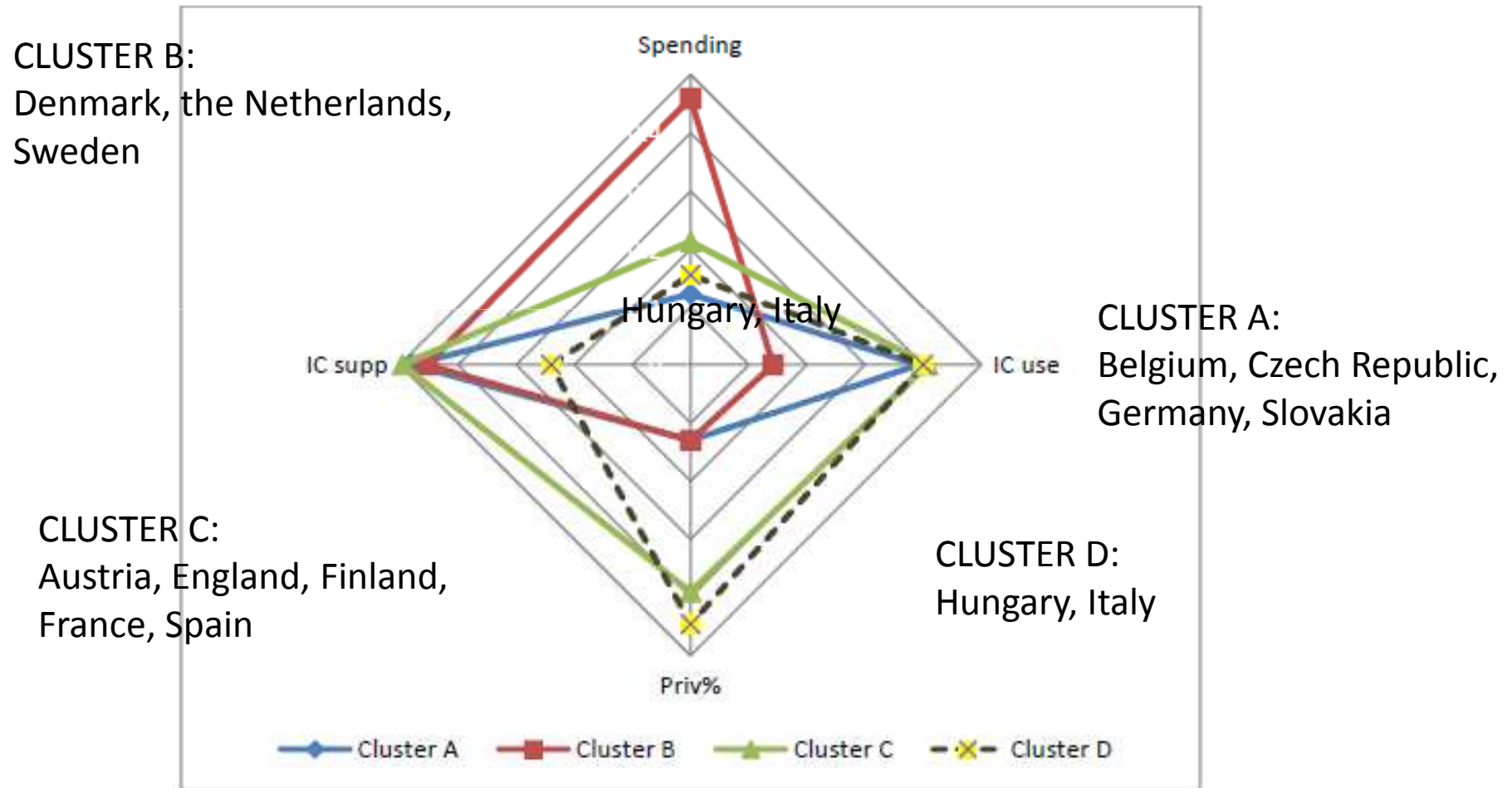
Nature of the system	Countries	Characteristics
Cluster A Informal care oriented, low private financing	Belgium,* Czech Republic, Germany, Slovakia	Low spending, low private, high IC use, high IC support, cash benefits modest
Cluster B Generous, accessible and formalised	Denmark, the Netherlands, Sweden	High spending, low private, low IC use, high IC support, cash benefits modest
Cluster C Informal care oriented, high private financing	Austria, England, Finland, France, Spain	Medium spending, high private, high IC use, high IC support, cash benefits high
Cluster D High private financing, informal care seems necessity	Hungary, Italy	Low spending, high private, high IC use, low IC support, cash benefits medium

Notes: IC = informal care.

* Denotes a medium spender.

Source: Markus Kraus, Monika Riedel, Esther Mot, Peter Willeme, Gerald Röhring and Thomas Czypionka, *A Typology of Long-Term Care Systems in Europe*, ENEPRI Working Paper No. 91, Centre for European Policy Studies, Brussels, August 2010 (www.ceps.eu).

Tipi di sistemi LTC in EU in base all'uso dei servizi e al finanziamento privato (star plot)



Source: Markus Kraus, Monika Riedel, Esther Mot, Peter Willemé, Gerald Röhring and Thomas Czypionka, *A Typology of Long-Term Care Systems in Europe*, ENEPRI Working Paper No. 91, Centre for European Policy Studies, Brussels, August 2010 (www.ceps.eu).

Le dimensioni della qualità dell'assistenza

HEALTHCARE SYSTEM PERFORMANCE					
How does the healthcare system perform? What is the level of care across the range of patient care needs? What does this performance cost?					
	<i>Dimensions of Healthcare Performance</i>				
<i>Healthcare Needs</i>	Quality			Access	Cost / Expenditure
	Effectiveness	Safety	Responsiveness / Patient-centeredness	Accessibility	
Staying healthy					
Getting better					
Living with illness or disability					
Coping with end-of-life					

Conceptual framework for Organization for Economic Cooperation and Development Health Care Quality Indicator (HCQI) Project (OECD ,2006)

Tipi di indicatori di qualità

- Donabedian distingue indicatori di:
 - Input (risorse umane, strutturali, tecnologiche)
 - Process (attività)
 - Outcome (risultati, soddisfazione)
- Un sistema di qualità pianifica azioni per gestire input-processi e outcome (plan), le mette in pratica (do), le controlla (check), e le migliora (act) (ruota di Deming)

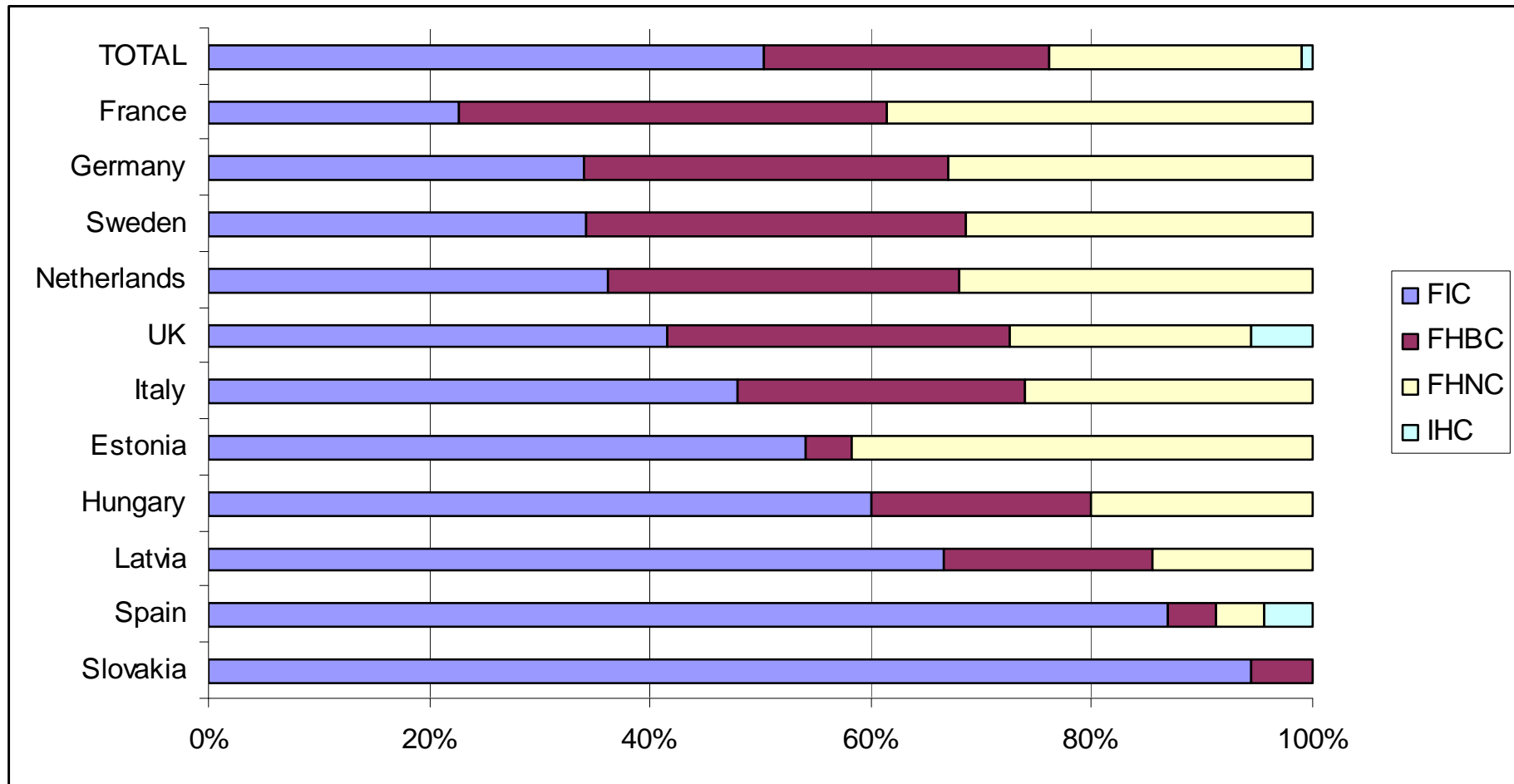
Questionario

- Domande su politiche (plan e do), indicatori di qualità (check) e azioni correttive (act) riguardanti:
 - 4 dimensioni della qualità: effectiveness, safety, patient-centredness, coordination
 - 4 tipi di assistenza: Formal Institutional Care (FIC), Formal Home Nursing Care (FHNC), Formal Home Based Care (FHBC), Informal Care.
- Categorizzazione degli indicatori di qualità nazionali in base a: input process outcome / tipo di assistenza / dimensione della qualità
- 15 paesi europei: Austria, Estonia, Finlandia, Francia, Germania, Ungheria, Italia, Lettonia, Olanda, Polonia, Slovacchia, Slovenia, Spagna, Svezia e Regno Unito.

Indicatori di qualità rispetto al tipo di assistenza

	FIC	FHBC	FHNC	IHC	TOT
Germany	49	47	47	0	143
France	27	46	46	0	119
UK	44	33	23	6	106
Sweden	25	25	23	0	73
Netherlands	26	23	23	0	72
Latvia	32	9	7	0	48
Italy	15	8	8	0	31
Estonia	13	1	10	0	24
Spain	20	1	1	1	23
Slovakia	17	1	0	0	18
Hungary	3	1	1	0	5
TOTAL	271	195	189	7	662

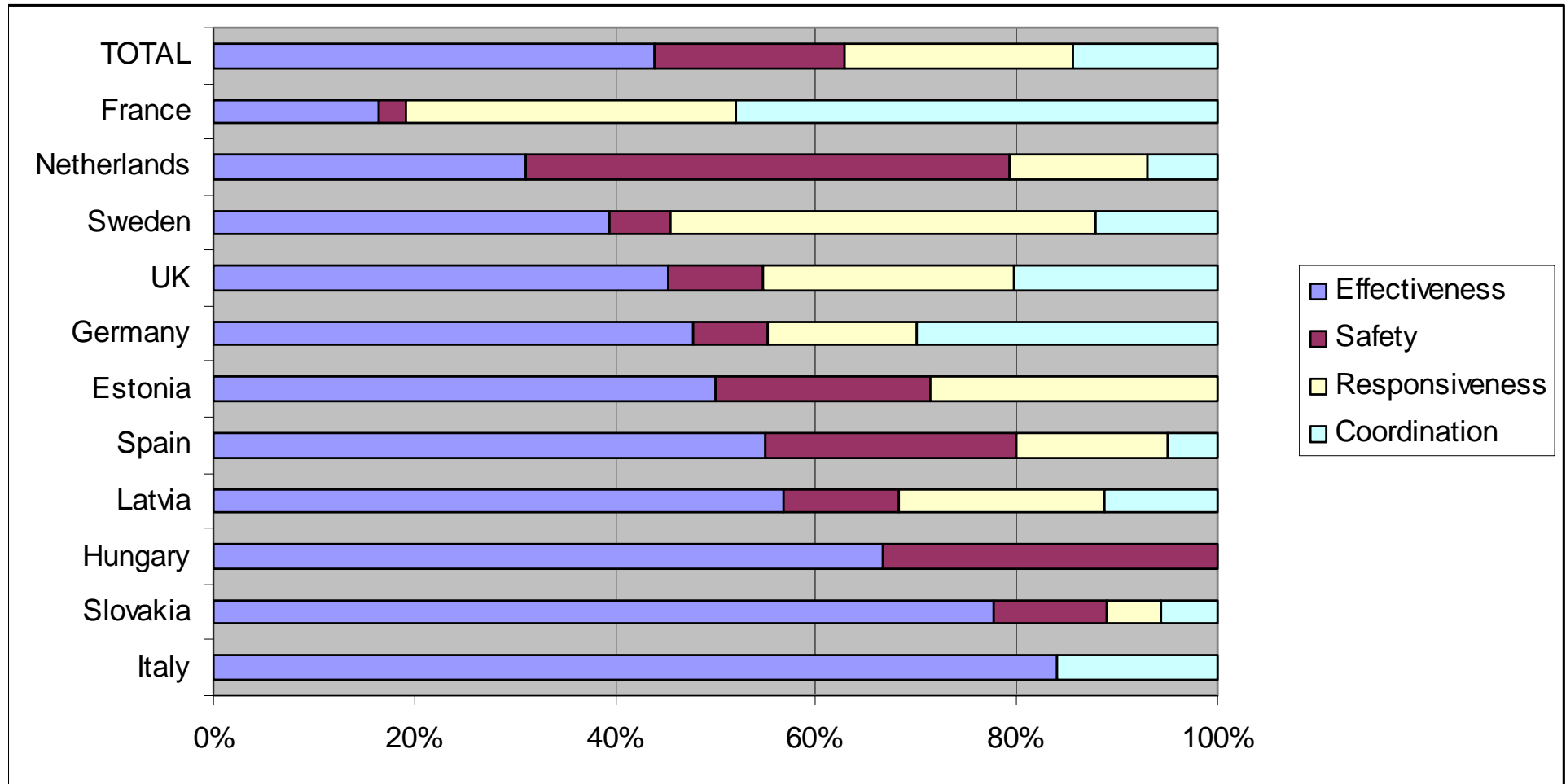
Indicatori di qualità rispetto al tipo di assistenza (%)



Indicatori di qualità rispetto al tipo di dimensione della qualità

	Effectiveness	Safety	Patient value responsiveness	Coordination	Tot
France	12	2	24	35	73
Germany	32	5	10	20	67
UK	29	6	16	13	64
Latvia	25	5	9	5	44
Sweden	13	2	14	4	33
Netherlands	9	14	4	2	29
Spain	11	5	3	1	20
Italy	16	0	0	3	19
Slovakia	14	2	1	1	18
Estonia	7	3	4	0	14
Hungary	2	1	0	0	3
TOTAL	170	45	85	84	384

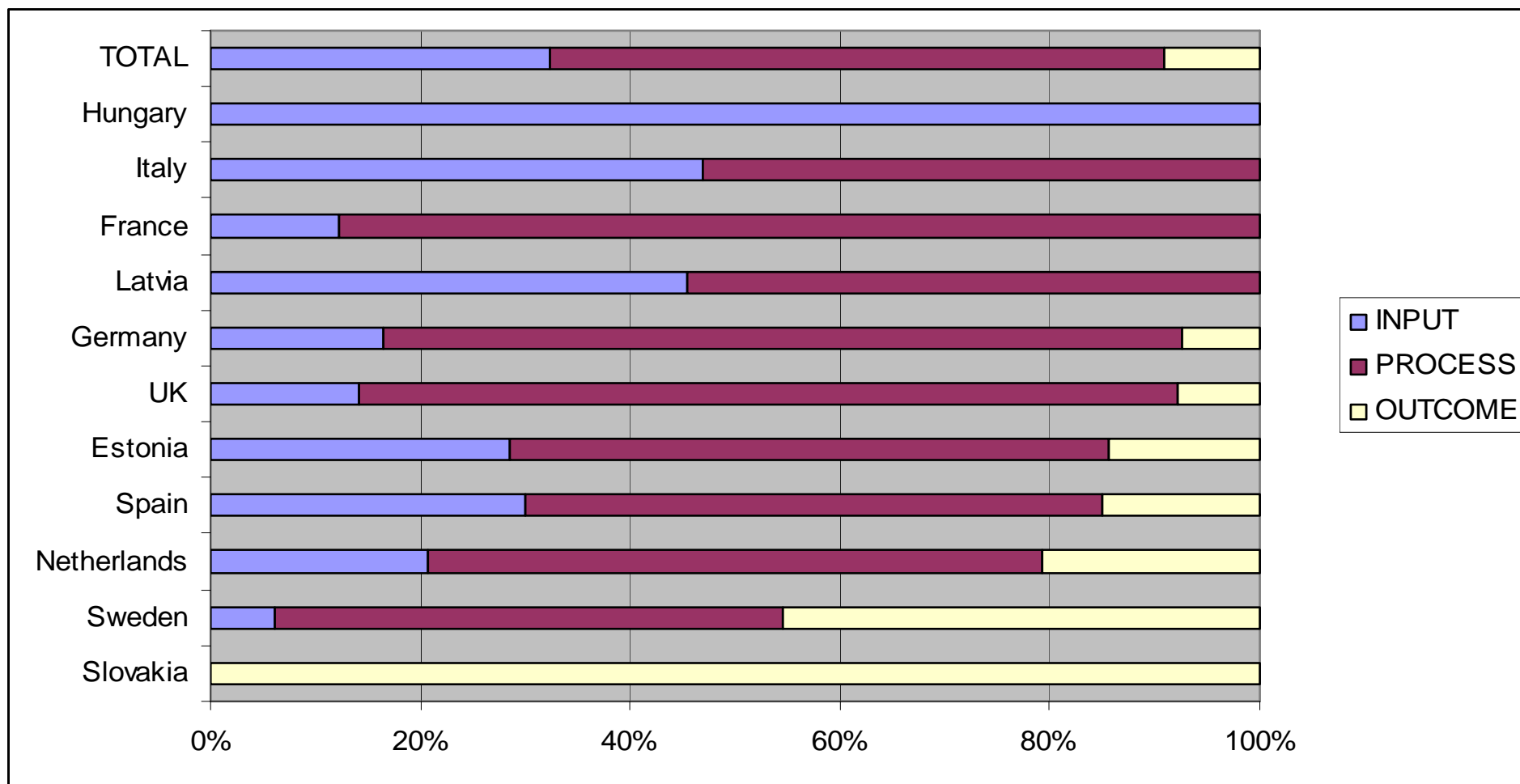
Indicatori di qualità rispetto al tipo di dimensione della qualità (%)



Indicatori di qualità di input, processo o outcome

	INPUT	PROCESS	OUTCOME	Tot
Sweden	9	64	0	73
Germany	11	51	5	67
UK	9	50	5	64
Latvia	20	24	0	44
Spain	2	16	15	33
Netherlands	6	17	6	29
Italy	6	11	3	20
Slovakia	9	10	0	19
France	0	0	18	18
Estonia	4	8	2	14
Hungary	3	0	0	3
TOTAL	79	251	54	384

Indicatori di qualità di input, processo o outcome (%)



Metodi di analisi

- un'analisi fattoriale delle corrispondenze multiple, con un numero massimo di 100 iterazioni per raggiungere la convergenza nell'estrazione dei fattori principali e una soglia di significatività statistica $p \leq 0.05$, basata sull'andamento del χ^2 rispetto alle variazioni dell'inerzia nelle variabili partecipanti all'analisi.
- Un'analisi di clustering delle k-means, con criterio di aggregazione basato sulla massima prossimità fra i casi rispetto alle variabili.

Variabili incluse nelle analisi

National visibility of quality performance	Quality Indicators Patient Value
Frequency of monitoring for confirming accreditation/ authorization to FIC (in years)	Quality Indicators Coordination
Quality guidelines effectiveness	Quality Dimension Formal Institutional Care
Quality guidelines safety	Quality Dimension Formal Home Based Care
Quality guidelines responsiveness	Quality Dimension Formal Home Nursing Care
Quality guidelines coordination	Quality Dimension Informal Home Care
WP1 Choose FIC/HBC	Quality Indicators Formal Institutional Care
WP1 assurance mandatory	Quality Indicators Formal Home Based Care
WP1 coordination between LTC and other services	Quality Indicators Formal Home Nursing Care
Quality Dimension Effectiveness	Quality Indicators Informal Home Care
Quality Dimension Safety	Proportion of quality indicators on inputs (scale 0-4), based on data in del. 5.2
Quality Dimension Patient value	Proportion of quality indicators on processes (scale 0-4) based on data in del. 5.2
Quality Dimension Coordination	Proportion of quality indicators on outcomes (scale 0-4) based on data in del. 5.2
Quality Indicators Effectiveness	LTC specific education mandatory for how many LTC roles
Quality Indicators Safety	

I fattori

Composizione delle dimensioni

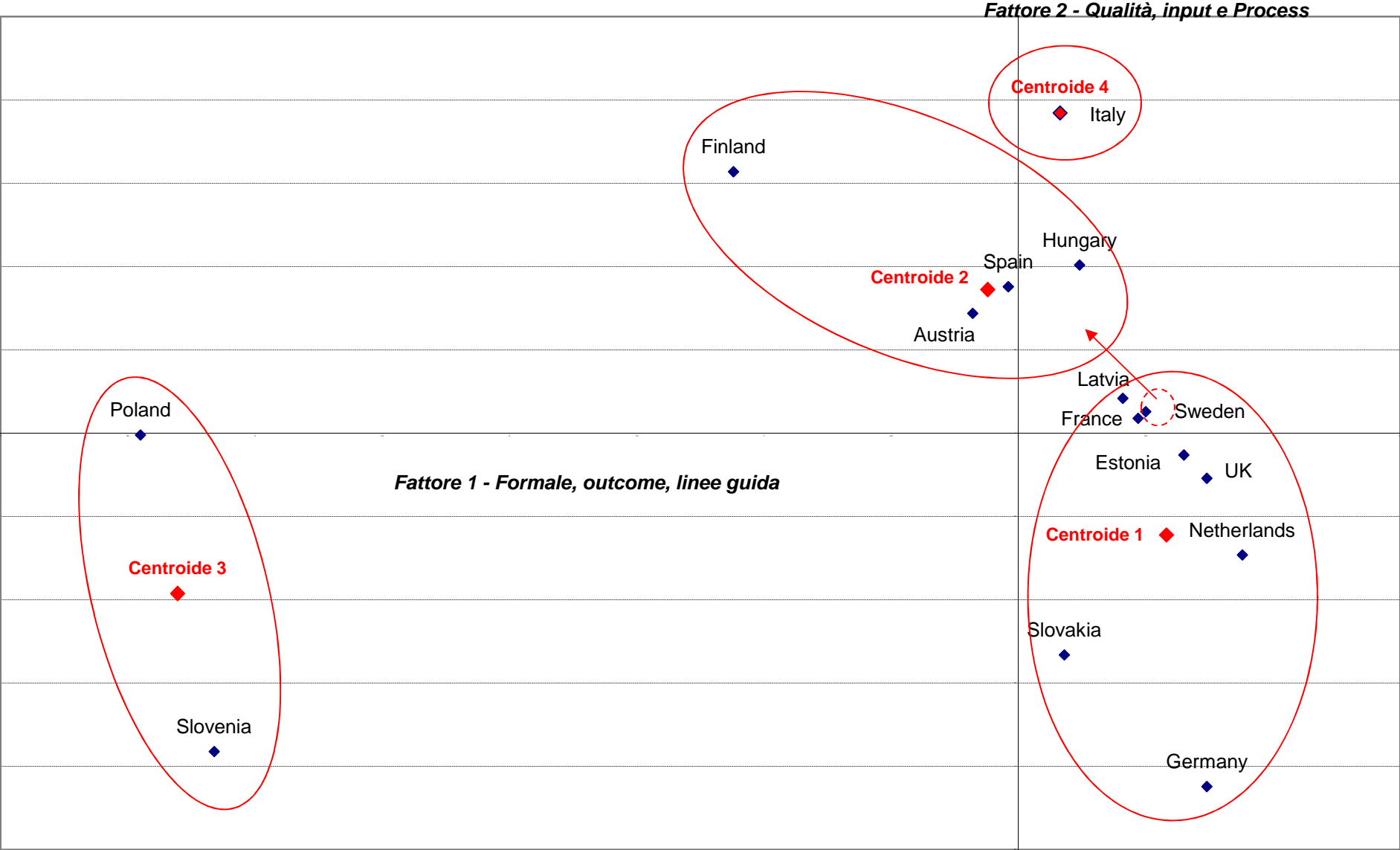
Fattore 1 – Qualità sull’offerta formale in base a outcome e con linee guida		Fattore 2 – Qualità degli input/processi		Fattore 3 – Indicatori di qualità	
Quality Dimension Formal Institutional Care	1.524	LTC specific education mandatory for how many LTC roles	.892	Quality Indicators Effectiveness	.777
Quality guidelines effectiveness	1.454	Quality Dimension Formal Home Nursing Care	.871	Quality Indicators Formal Home Nursing Care	.745
WP1 assurance mandatory	1.194	Frequency of monitoring for confirming accreditation/ authorization to FIC (in years)	.793	Quality Indicators Coordination	.658
Quality guidelines safety	1.076	Quality Indicators Formal Institutional Care	.566	Quality Indicators Formal Home Based Care	.600
Quality Dimension Patient value	1.006	WP1 Choose FIC/HBC	.531	Quality Indicators Informal Home Care	.479
Quality Dimension Safety	.956	Quality Dimension Informal Home Care	.517	Proportion of quality indicators on inputs	.453
Proportion of quality indicators on outcomes	.743	Quality Dimension Coordination	.473	Quality Dimension Effectiveness	.312
Quality Dimension Formal Home Based Care	.734	Proportion of quality indicators on processes	.291	WP1 coordination between LTC and other services	.309
Quality Indicators Patient Value	.586				
Quality guidelines responsiveness	.539				
Quality Indicators Safety	.509				
Quality guidelines coordination	.501				
National visibility of quality performance	.448				

50.4% della varianza (inerzia) totale del sistema ($p < 0.05$).

I cluster

Gruppi	Nazioni	Fattori di riferimento	Valore del fattore per nazione
Gruppo 1	Estonia	<i>Fattore 1 (anche Fattore 3 per la sola Latvia)</i>	0.65
	France		0.47
	Germany		0.74
	Latvia		0.41 (0.64)
	Netherlands		0.88
	Slovakia		0.18
	UK		0.74
Gruppo 2	Austria	<i>Fattore 2 (anche Fattore 1 per la sola Svezia)</i>	0.72
	Finland		1.57
	Hungary		1.01
	Spain		0.88
	Sweden		0.13 (0.50)
Gruppo 3	Poland	Fattore 3 (mancanza di)	0.25
	Slovenia		0.68
Gruppo 4	Italy	Fattore 3	2.67

Fattori 1 e 2



Cluster 3 (Polonia e Slovenia): caratteristiche discriminanti ($p \leq 0.05$)

- Quality guidelines effectiveness: No
- Quality Dimension Effectiveness: Policies about effectiveness for 0 types of organisations
- Quality Dimension Safety: Policies about safety for 1/2 types of organisations
- Quality Dimension Patient value: Policies about patient value for 0/1 types of organisations
- Quality Dimension FIC: Policies about FIC for 2 types of organisations
- Quality Dimension FHBC: Policies about FHBC for 0/1 types of organisations
- Quality Dimension FHNC: Policies about FHNC for 0 or 2 types of organisations
- Quality Indicators FHBC: Indicators about FHBC for 0 types of organisations
- Quality Indicators FHNC: Indicators about FHNC for 0 types of organisations

Cluster 4 (Italia): caratteristiche discriminanti ($p \leq 0.05$)

- Quality guidelines effectiveness: Yes
- Quality Dimension Effectiveness: Policies about effectiveness for 3 types of organisations
- Quality Dimension Safety: Policies about safety for 3 types of organisations
- Quality Dimension Patient value: Policies about patient value for 0 types of organisations
- Quality Dimension FIC: Policies about FIC for 3 types of organisations
- Quality Dimension FHBC: Policies about FHBC for 3 types of organisations
- Quality Dimension FHNC: Policies about FHNC for 3 types of organisations
- Quality Indicators FHBC: Indicators about FHBC for 2 types of organisations
- Quality Indicators FHNC: Indicators about FHNC for 2 types of organisations

WP1 (org) and WP5

C3: high friendliness
high generosity

C2: Medium
friendliness low
generosity

C1: Medium
friendliness
medium generosity

C4: low friendliness low
generosity

Country	Cluster WP1	Cluster WP5
Estonia	3	1
Slovakia	3	1
Germany	1	1
Netherlands	1	1
France	1	1
UK	2	1
Latvia	2	1
Sweden	1	2
Austria	2	2
Finland	2	2
Spain	2	2
Hungary	4	2
Slovenia	2	3
Poland	4	3
Italy	2	4

C1
Formale su outcome

C2
Formale su input e
process

C3
No politiche

C4

WP1 (uso) and WP5

	Country	Cluster WP1	Cluster WP5	
C1 Oriented towards informal care, low private financing	Estonia	1	1	C1 Formale su outcome
	Germany	1	1	
	Slovakia	1	1	
C2: Generous, accessible, formalized	Netherlands	2	1	
	UK	3	1	
	France	3	1	
C3: Oriented towards informal care, high private financing	Latvia	na	1	C2 Formale su input e process
	Sweden	2	2	
	Austria	3	2	
	Finland	3	2	
Spain	3	2		
C4: High private financ., informal care seems a necessity	Hungary	4	2	C3 No politiche
	Slovenia	3	3	
	Poland	4	3	
	Italy	4	4	C4

Conclusioni

- Non sorprendentemente gli indicatori di qualità degli esiti e gli indicatori relativi all'informal care sono poco diffusi in Europa
- I paesi si distribuiscono su 4 cluster, di cui 2 basati su politiche di qualità legate alla formal care
- I Paesi con sistemi di LTC caratterizzati da ricorso a assistenza formale con alto finanziamento pubblico hanno coerentemente investito in politiche e indicatori di qualità su offerta formale
- I Paesi che ricorrono più alla compartecipazione privata sono meno attrezzati sul piano della qualità