

IMPROVING THE PERFORMANCE OF TYPE 1 DIABETES CARE IN A HIGH-VOLUMES SPECIALTY CENTER IN ITALY. INITIAL ASSESSMENT OF PERCEIVED ISSUES IN CARE DELIVERY.

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INTRODUCTION

- The **increasing prevalence of diabetes** presents challenges for clinical management of patients.
- The **current Italian model** does not always support clinicians' aims of delivering high-quality diabetes care with an effective and efficient use of resources.
- **VBHC principles** advise the reorganization of care from a system organized around physicians, toward a system organized around what patients need.
- One of the challenges of transforming an organization in a value-based structure is the **change of the present mind-set**, that is designed to provide health services in silos.
- The **aim** of the present qualitative study was to **explore staff perceived barriers to meeting unmet needs for optimal care delivery** in a clinical, scientific, and academic institution, with high specialty for diabetes care. Its high-volumes clinic (>2000 patients with type 1 diabetes) is the regional reference center for the study and cure of diabetes.

METHODS

- A team of three consultants conducted a series of **semi-structured interviews with 19 participants**. The interviewees were: 4 adult endocrinologists; 2 pediatric endocrinologists; 2 nurses; 2 dieticians; IT head; Quality Assessment Head; 3 administrative staff; 2 psychologists; 1 Patient advocate; Chief of Endocrinology. Interviewees were informed about the study purpose and format.
- The consultants asked respondents a series of predetermined open-ended questions, guided by a flexible interview protocol and supplemented by follow-up questions and reviews.
- Responses were recorded in writing at the time of the interviews; after completion of all the interviews, a thematic analysis was performed; this activity involved conceptualizing responses and relating common contents.
- A consensus on the content and interpretation of each theme was reached by the team of consultants and reviewed by participants.

RESULTS

Content analysis of the perceived barriers to optimal care revealed several key concepts. The dominant themes were categorized in **capacity, process, and technology issues**.



CONCLUSIONS

This study represents an initial exploration of the perceived barriers to optimal care delivery for patients with type 1 diabetes. It discovers problems common to many healthcare providers: **organization by specialty; fee-for-service payments by specialty; delivery systems with little integration; siloed IT systems**. Adding value of care to patients is critical for all stakeholders. The clinic would benefit from increased capacity (space, personnel, IT), decreased bureaucracy through remote care and assistance, team integration in a formal IPU, and standardized pathways and processes – some key actions to reach a Value-Based Healthcare system.