

*“We are a social enterprise supporting health systems  
achieve optimal value for populations and individuals”*

## ISS VALUE IMPROVEMENT PROJECT PROTOCOL

The aim is to show how the work of the ISS can improve value and it is often helpful to focus on one aspect of Triplo Valore

- **Personal value:** improving the *outcomes that matter* to an individual for a given investment of resource used by the health system and by the individual and their family
- **Allocative value:** investing resources more wisely within a health system to optimise the outcomes for the given population for which the health system is responsible
- **Technical value:** optimising the use of resources to get the best possible outcomes for people being treated within a given pathway or process

The simplest way to think about the relationship between the work you and your colleagues are doing and to relate it to one, or more than one, of the four new ways way of increasing value (These are in addition to the four traditional ways of increasing value – prevention, evidence based decision making , quality improvement and cost reduction.

- Increase personal value by ensuring that every individual receives high personal value by providing people with full information about the risks and benefits of the intervention being offered
- Shift resource from budgets where there is evidence of overuse or lower value to budgets for populations in which there is evidence of underuse and inequity
- Develop population based systems and networks that deliver care high quality care to the people that are most likely to benefit in the population
- Create the culture that hates waste

What health problem is the principal focus of the work of your team?

The TISP center is involved in all aspects related to technological innovations in public health. More specifically, the traditional activities rely on three main areas (medical physics, biomedical engineering and ultrastructural characterization by electron microscopy). These activities are related to diagnostic imaging and associated quality assurance issues, to medical devices (MD) in general (with a special attention to implantable MDs), to telemedicine and e-health, to nanomedicine and to advanced natural therapies. The common factor that link such a wide array of activities is the interest in (and possibly the development of) technological instruments to enhance healthcare delivery.

What sub group of the population is the main focus of your work ?

Given the huge number of different activities in the TISP center, it is not easy to identify a definite subgroup of the population that benefits from the work. In general, the target is on non-communicable diseases (NCD), such as cancer or cardiovascular diseases, with the emphasis on non-pharmaceutical therapies (e.g., hadron therapy, coronary stent insertion, heart valve surgery).

What could be done to help individuals within that subgroup understand how the problem that is your main focus relates to them, for example by providing decision support, or by reaching people who have low levels of health literacy using new methods of communication such as the phone?

The individuals within the NCD subgroup could be given support by advising them to search for appropriate instruments. For instance, the market of apps related to healthcare is increasing at a huge rate, but very few of the users look for the compliance of such instruments to the European Directive for MDs (MDD). If an app is compliant to the MDD, this is clearly described in the text presented as an introduction to the app itself, in the app marketplace.

At the TISP center, there is an ongoing activity for creating a library of apps (CE- and not CE-marked, fitness-related, etc.) that could be browsed by individuals in search of trusted information in the topics of interest for the center.

What are the top priorities for the provision of more high value services for this group of people?

The top priority is the evaluation of the appropriateness of the diagnosis and/or therapy, given that advanced diagnostic systems and innovative MDs (such as hadron therapy facilities) are very expensive. The correct patient selection is a key factor to improve clinical outcome, as well as budget allocation nationwide.

What lower value activities or interventions are offered this group of people and could therefore be reduced to release resources for these high value interventions ?

The amount of quite old radiological systems (especially for imaging) is not negligible, in Italy. The question about their real value can be posed, since there is not a definite correlation between age and performance of a given system, especially when appropriate maintenance is regularly scheduled. Quality assurance in radiology (one of the topics of the center) helps healthcare

organization plan the decommissioning of their older, underperforming systems. Probably a higher amount of dissemination of the best practices in QA in radiology could release resources (especially human resources) and relocate them to higher-value activities.

Is there any Region or local clinical network that has a well organized system of service that could be used as a model for Italia

As for diagnostic imaging, to the best of our knowledge, we are not aware of such a well-organized system to be used as a model for Italy. Of course, very specialized and high-quality activities in this domain can be found locally, but they are not part of a system that can be taken as a reference for all the national centers. In any case, it must be underlined that the translability at national level of excellence practices is hampered by the fragmentation that characterizes the Italian National Health Service (SSN), which foresees a high degree of regional autonomy.

Are there any good educational or leadership initiatives which are helping the clinicians involved think about the value of the resources they are using ?

Rome-based ALTEMS (High school of economy and management of the healthcare services), <https://altems.unicatt.it/>, organizes a series of masters and courses related to different economic implications of the healthcare systems, among which the value of the resources is foremost. An act of governance related to such topics has been a recent initiative of the Ministry of Health, aimed at curbing the so-called defensive medicine ([http://www.salute.gov.it/portale/news/p3\\_2\\_1\\_1\\_1.jsp?lingua=italiano&menu=notizie&p=dalministero&id=1994](http://www.salute.gov.it/portale/news/p3_2_1_1_1.jsp?lingua=italiano&menu=notizie&p=dalministero&id=1994)), thereby implicitly emphasizing the role of value in healthcare systems.

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