



**EASYNET**

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**A&F OBSTACLES**

**WP4 - Giulio Marchesini**

**Azienda Ospedaliero-Universitaria di Bologna Policlinico S. Orsola**

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## **WP4 - Effectiveness of Audit and Feedback interventions to improve healthcare practice in Type 2 Diabetes Mellitus and Chronic Heart Failure**

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### **Specific Aim 1**

Development of an A&F intervention based on administrative databases available at the Regional level.

### **Specific Aim 2**

Implementation and impact evaluation of the A&F intervention based on administrative databases available at the Regional level.

### **Specific Aim 3**

Analysis of patients' and physicians' needs based on focus groups arranged in the participating units. Design of an A&F procedure integrating Regional administrative databases with other information sources.



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### **Analysis of patients' and physicians' needs based on focus groups (summary)**

Evidence of critical points both from an organizational (waiting lists, distance from hospital, availability of resources) and an individual perspective (competence, communication abilities).

#### **Additional problems:**

- a) demographic transition (progressive frailty of patients), with a high number of patients of recent immigration, different lifestyle (complicating communication).
- b) SARS-COV2 pandemic (moving in-presence care to web or IT communication).

#### **Needs:**

1. holistic approach not limited to analysis and treatment of diseases, but also taking into account the social determinants of health, acting within a multidisciplinary perspective.
2. Coordination of activities within pre-planned model of care (PDTAs).
3. More frequent feed-backs to involve professional in activities finalized to improvement, easy-to-use in daily practice.



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### **State of the art, obstacles, favorable conditions**

The WP was intended to tackle two areas completely deranged by pandemic, starting from early 2020 to the. Specialists were moved to act inside novel unit caring patients with SARS-COV2 infection; epidemiology units were involved initially in the analysis of disease incidence/prevalence, and later in vaccine injection and arrangements.

The pre-planned analysis based on administrative databases was stopped and it was not possible to resume the activities until the second semester of 2021.

The integration of administrative data with clinical data residing in specialist units was delayed due to privacy problems that were not solved until recently. We expect to have them completed by the end of 2021.

A large collection of databases is available inside the area of Bologna, including social determinants of health, with will be collated in a subset of the study.



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### **Future activities and obstacles**

Based on the results of Audits of administrative databases in the different regional areas, feed-back activities will be planned in specific, selected Primary Care Units (selection is being carried out), using the formal reports.

The same PCU will be sequentially informed of their performance during the 2022-23, using a more intense report frequency. Data will be analyzed considering the impact of pandemic and the different standard of care provided to chronic patients.

Protocols and data will be shared with those of Regione Lazio, having a similar target population, and compared with data derived from National collections, for benchmarking purposes.

In the Metropolitan area of Bologna the reports will be supplemented by clinical data derived from the integration of the different databases.

Obstacles may occur in the event of a resurgence of pandemic, considering the recent evidence of a fourth wave interesting several Italian areas.

