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Agenda

- Context
- Methods
- Results & Discussion
- Open issue
Equity is the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g. sex, gender, ethnicity, disability, or sexual orientation). Health is a fundamental human right. Health equity is achieved when everyone can attain their full potential for health and well-being.

World Health Organization (WHO)
Methods

- Scoping literature review
- Framework design
- Framework adaptation
- KPIs development
- KPIs validation
Methods

- Scoping literature review
- Framework design
- Framework adaptation
- KPIs development
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- Insights into different dimensions of equity
- Preliminary framework development guided by literature review results
Methods

- Scoping literature review
- Framework design
- Framework adaptation
- KPIs development
- KPIs validation

• **Adaptation of the preliminary framework** according to experts’ opinion gained through qualitative interviews

• **Framework application** in a pilot case on Alzheimer’s Disease

  - Neurologists
  - Geriatricians
  - Patient advocacy groups
  - Individuals involved in national health policy and planning
Methods

- Scoping literature review
- Framework design
- Framework adaptation
- KPIs development
- KPIs validation

- Development of **Key Performance Indicators** linked to identified **inequalities**
- **KPIs validation** through a two-round **Delphi** process involving a **multiperspective expert panel**

**Delphi steps**
- Sharing preliminary set of indicators
- Integration of proposals from the working group
- Round 1 Delphi voting indicators on a Likert scale
- Delphi round 2 for uncertain indicators
Results & Discussion

<table>
<thead>
<tr>
<th>STEPS</th>
<th>ELEMENTS</th>
<th>METHODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preliminary</td>
<td>CASE FINDING</td>
<td>• Desk analysis</td>
</tr>
<tr>
<td>Blueprint</td>
<td>DIAGNOSIS</td>
<td>• Interviews</td>
</tr>
<tr>
<td>Definition</td>
<td>TREATMENT</td>
<td>• Working Group Meetings</td>
</tr>
<tr>
<td></td>
<td>FOLLOW-UP</td>
<td></td>
</tr>
<tr>
<td>Identifying</td>
<td>HC DELIVERY (provider)</td>
<td></td>
</tr>
<tr>
<td>potential</td>
<td></td>
<td>• Root – Cause Analysis at Pilot HCOs</td>
</tr>
<tr>
<td>inequities</td>
<td>HEALTH DETERMINANTS (population)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HEALTH STATUS (patient)</td>
<td>• Final Project Think Tank</td>
</tr>
<tr>
<td>Control Model</td>
<td>PRIORITYs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>INDICATORS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AUDIT CYCLES</td>
<td></td>
</tr>
<tr>
<td>Final Output</td>
<td>MANAGEMENT MODEL</td>
<td></td>
</tr>
</tbody>
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- Equity assessment framework
Results & Discussion

➢ General blueprint of AD patient’s journey

➢ Blueprint localized in a pilot center
### Results & Discussion

- **Potential inequities identified in the patient journey**

<table>
<thead>
<tr>
<th>CASE FINDING</th>
<th>DIAGNOSIS</th>
<th>TREATMENT</th>
<th>FOLLOW-UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Under-diagnosed pathology: late referral to CCDDs</td>
<td>• Waiting times for the first visit at the CCDD</td>
<td>• Limited availability of non-pharmacological treatments</td>
<td>• Limited availability of slots for instrumental examinations</td>
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<tr>
<td>• Failure to perform cognitive screening by the GP</td>
<td>• Waiting times for the execution of instrumental examinations</td>
<td>• Absence of eligibility criteria for non-pharmacological treatments</td>
<td>• Waiting times for follow-up visits</td>
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<tr>
<td>• Poor GP training on the pathology</td>
<td>• Lack of a multidisciplinary team</td>
<td>• Limited availability of palliative care for advanced patients</td>
<td>• Limited availability of caregiver support services</td>
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<td>• Absence of uniform cognitive screening protocol</td>
<td>• Possibility of improving the territorial network</td>
<td>• Absence of eligibility criteria for palliative care</td>
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</tbody>
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- **KPIs defined according to the relative inequality**
Open issue

Equity KPIs

- Integration of equity KPIs with routinely collected indicators of patient care pathways
- Health Equity audit process activation

IT infrastructure

Enhancement of IT infrastructure and cross-setting interoperability to support this integration
Thanks for the attention

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