Measuring performance of the health care pathway for Hepatitis C: a population-based analysis in an Italian Region

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Background

They represent citizens, define health system strategies, choose management

POLICY MAKERS

Is responsible for empowering health care professionals to do their jobs, is accountable for the organization, performance, and financial sustainability of the health care organization

MANAGEMENT

They elect policymakers, fund the health care system with their taxes

CITIZENS

They are in information asymmetry and weaker position

Value

PATIENTS

They are "professionals" and not mere employees; they define patient care

HEALTHCARE PROFESSIONALS
Background

From measurement...
“Numbers to analyze and understand.”

...to evaluation.
“Numbers to judge and hold accountable for results.”
Background – Our innovative approach

Administrative data
To measure Key Performance Indicators

Patient Reported Experience Measures (PREMs)
To improve quality of care

Patient Reported Outcome Measures (PROMs)
To measure effectiveness or improve health status of individual patients
Background – Why HCV?

- Less than 5% of people with chronic viral infections are aware of their condition
- In 2016, the WHO introduced the global health sector strategy on viral hepatitis for 2016–2021, aiming to eliminate viral hepatitis as a public health threat by 2030
- An estimated 398,610 Italians (1.7% of the country’s population) have active HCV infection.
- The prevalence is highest in the central regions (0.88%), followed by the southern (0.72%) and insular areas (0.67%), and finally the northern regions (0.54%)
Aim

To develop a methodology to measure and evaluate the care pathway for hepatitis C

References:

Method

- Six out of the fourteen centres were enrolled
- Literature review to identify KPIs and evaluation standards
- Semi-structured interviews with clinicians and physicians to co-design the PREMs survey
- SF-12 scale for the PROMs Survey
# Method

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<tr>
<th>DIMENSION</th>
<th>INDICATOR</th>
<th>SOURCE</th>
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<tbody>
<tr>
<td>Prevention</td>
<td>Number of services providing screenings</td>
<td>Administrative data</td>
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<tr>
<td>Prevention</td>
<td>Population screening coverage</td>
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<tr>
<td>Prevention</td>
<td>Genotyping</td>
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<td>Taking charge</td>
<td>Time to treatment</td>
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<td>Taking charge</td>
<td>Timeliness of take-over (%)</td>
<td>Patient-reported experiences</td>
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<td>Taking charge</td>
<td>Time between the first telephone contact and the visit with the specialist</td>
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<td>Taking charge</td>
<td>Ease of access</td>
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<td>Taking charge</td>
<td>Communication with the specialist</td>
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<tr>
<td>Treatment</td>
<td>Appropriateness of the treatment pathway</td>
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<tr>
<td>Outcome</td>
<td>Percentage of completed treatments</td>
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<td>Outcome</td>
<td>Percentage of patients reporting improved outcomes at 6 months</td>
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<td>Outcome</td>
<td>Health gain regarding the social domain at 6 months</td>
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<td>Outcome</td>
<td>Percentage of patients reporting improved outcomes at 12 months</td>
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References:
Results

**Prevention**
- Number of services providing screening
- Genotyping
- Population screening coverage

**Linkage to care**
- Time to treatment
- Timeliness of takeover
- Ease of access
- Communication with specialist

**Treatment**
- Treatments appropriateness
- Treatments completed
- Improved Outcomes 6 months

**Outcome**
- Health gains 6 months
- Health gains 12 months
- Improved Outcomes 12 months
Conclusions and future research

- This is a first attempt in Italy to design and develop an infectious disease pathway integrating KPIs from both patient-reported measures and administrative data.

- The graphic representations allow for a quick identification of shortcomings of the healthcare services for chronic HCV patients.

- Useful to inform allocation of resources to accelerate HCV elimination in Tuscany.

- Investigate potential applications of infectious pathway model to address other public health issues related to infectious diseases.
Thank you

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