• The prevalent organizational model of primary care in Italy, based mainly on interpersonal continuity of care between the GP and “his” patient, meets some difficulties when facing the complex needs of frail/vulnerable elderly people. This increasing population of patients requires more capacity to manage rapid, multidisciplinary, integrated care intervention in primary care.

• A review of the literature related to this issue shows that several community intervention projects have proven effectiveness in reducing morbidity and mortality in vulnerable patients and in reversing the status of frailty. Results are strongly influenced by different primary care organizational models, so there is no certainty about effects of same interventions in different countries.

• This knowledge can realistically only be acquired “on field”, with a pre-defined grid of aspects to be investigated. An eminently cultural approach involving young GPs in their training course might be useful to gather suggestions and ideas for new organizational models in primary care.

TOOLS.

• Evaluation tool for general data: it has been elaborated developing the WHO document “Primary care evaluation tool” (2010, modified) that identifies some key dimensions (access to services, continuity, coordination, comprehensiveness). Each dimension has been translated into information items or indicators (clinics for specific patient groups, longitudinal/interpersonal continuity of patient care, collaboration among family doctors and other primary care workers, disease management, etc.)

• Trace-disease questionnaire (adult onset diabetes): includes some items exploring key tasks and responsibilities of GPs, nurses, diabetologists in each phase of the typical course of diabetes (diagnosis, follow up, shift to insulin, complications, etc)

THE PROJECT.

• It has been structured in 3 phases:
  • 6 trainees form post graduate vocational training of Trento will be hosted for 2 weeks in one (or more) practices in 6 different European countries, as part of their educational program. During their period of stay the trainee collect information about the organizational aspects of the practice using the pre-defined tools.
  • All the gathered data will be collectively discussed and systematically analyzed (through otherview of the topics, giving direction and coherence to the information, etc), with particular focus on the organizational aspects of primary care for elderly frail patients.
  • The project is currently underway. All the stages will be concluded within September 2012.
  • The key results of this experience will be presented in the seminar “Primary care in Europe: ideas for a change “ (1th december 2012)

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Preliminary suggestions.

“Too many GPs in our region still work as solo practice, and even when we work with others we are only get paid according to our own individual patient list size”.

“We are essentially driven by patient satisfaction but we don’t work to deadlines and targets”.

“Our system needs improvements to eradicate the vast variability of our practice”.

“We have very strong caring relationship with our patients but targets may serve to encourage a standard of excellence and a cost-effective practice”.

“There is a substantial need to improve quality of care developing the academic dimension of General Practice”.

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