

# Programma Nazionale Esiti – PNE

2014 Edition

## National Evaluation Program (PNE)

Many studies have been published on comparative evaluation of outcomes and some research projects have been implemented also in Italy with their results widely spread in the scientific community. These findings have aroused much interest among policy-makers, health professionals, scientific societies, and also in the general population.

While it is desirable that a national outcome assessment may take advantages from the evidence coming from countries with different health system organizations, on the other hand the development and application of standardized, rigorous, reproducible and validated methodologies are essential.

In many health systems programs for comparative assessment of outcomes among providers have been running together with communication and dissemination strategies of their results. In Italy, the first experiences carried out are represented by the project “Mattoni-misura dell’outcome” and the Regional Evaluation Program of health care interventions of Lazio, called “P.Re.Val.E”. Its results represented the methodological basis for the development of the National Evaluation Program (PNE). PNE was undertaken in 2010 and is running now the fourth edition. A recent national law has recognized PNE as being a stable and periodical evaluation program, commissioned by the Ministry of Health to the National Agency for Regional Health Services (AGENAS), through the operational support of the Department of Epidemiology of the Lazio Regional Health Service. The aim of this program is to measure the outcome variability among providers and/or health professionals and among Local Health Units (ASL) in Italy, with possible applications in terms of accreditation, remuneration as well as patient information. Data publication and dissemination are part of the process aimed at patients empowerment, helping them in the selection and evaluation of the services provided by the health service.

In particular, main objectives of the PNE include:

- evaluation of efficacy and effectiveness of health interventions;
- comparative evaluation among healthcare providers;
- comparative evaluation among subgroups of patients - stratified, for example, for socio-economic level or area of residence - in order to promote equity in the delivery of health services;



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- identification of the variables of healthcare pathways that influence outcomes -for example, the estimate of thresholds of volume activity associated with an improved outcome and its use as a criterion in the process of accreditation of facilities.
- Internal and External Auditing

Each of these applications present different methods of communication and dissemination of results, with a variable impact in terms of costs and benefits, as reported in the literature. A careful approach is therefore required in considering any possible use of the program results, taking into account all the characteristics of the health systems (organizational, economic and social).

The Program has developed and has been currently monitoring 129 outcome indicators, organized in 10 medical areas: cardiovascular diseases, surgical procedures, cerebrovascular diseases, gastroenterology, musculoskeletal disorders, respiratory diseases, urogenital disorders, gynecology/obstetrics, infectious diseases. In particular, PNE monitors 57 outcomes of care (i.e. 30-day mortality), 23 indicators of hospitalisation and 49 indicators of volume activity. These measures take into account both demographic and clinical characteristics of the patients. Their use is currently limited to the improvement of the quality and appropriateness of healthcare services, representing an important resource for developing health planning interventions both at commissioning and delivering levels.

PNE contains a specific section in which the methodology used for data analysis is described. Specific operative protocols have been developed for each outcome indicator. These protocols, based on the most recent scientific literature, do contain operational definitions of the study population, outcome and confounding. Proxy measures of outcome are also considered for those measures which are proved to be associated with the outcome under study (i.e. waiting times for hip fracture surgery, postoperative hospital stay for laparoscopic cholecystectomy) .

Outcome indicators provided by PNE give information on the hospital/health professional performance and can vary across areas and hospitals. This heterogeneity may be explained not only by differences in the quality of care provided but also by difference in the case mix or in the distributions of the risk factors (age, gender, and comorbidities).

Data of PNE outcome measures can be used appropriately only in critical evaluation settings, especially at regional and local level. These measures represent, therefore, assessment tools to support clinical and organizational audit programs aimed at improving both effectiveness and equity in the national health system.



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Auditing on quality of data is a key issue of PNE and needs to be integrated in the overall auditing processes.

It is important stating that PNE does not classify or judge hospitals or health professionals. Its results are published and disseminated through communication tools adapted to specific target audiences, using different ways of presentation and communication of results in relation to the audience characteristics.

In particular PNE:

- presents detailed information, through a dedicated website addressed to health care professionals and managers;
- provides NHS communication tools with clear and easily comprehensible information to non-specialist audiences (i.e. patients);
- conducts studies to evaluate effectiveness and impact of different modes of presentation and communication of results.

In addition, PNE promotes regional outcome evaluation programs and helps discussion and comparison between health professionals and scientific societies. It also supports the development and management of research projects aimed at testing new evaluation methods and their use within the national health system.

The Ministry of Health preserves the independence and integrity of PNE; the scientific direction of PNE is responsible and accountable for it, also developing the necessary procedures for the statement and management of conflicts of interest.

