

Clinical pathways of Parkinson's Disease: analysis of regional differences towards a proposal of National monitoring system by ReS Foundation and LIMPE-DISMOV

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Background and Aim

Clinical pathways (CPWs) represent the key tool to focus the care management on the patient. **Parkinson's Disease (PD) meet all eligibility criteria for CPWs:** high impact on patient and community health, availability of clinical guidelines, heterogeneity in health services, clinical and organizational complexity and huge economic burden. Therefore, **the National Plan of Chronicity listed PD among the conditions that need regional CPWs. This study aimed to compare CPWs of PD approved by Italian regions until 31st December 2018, in order to create the basis for the proposal of a National monitoring system**

Methods

As part of **PDTA Net project** (by ReS Foundation and CINECA), collecting and comparing all CPWs approved by Italian regions, documents concerning PD were selected. They were compared under the following structural information: document description and organisation, clinical care (diagnostic/follow-up procedures and health facilities involved), drug treatments, regional organisation, and stakeholders (health professionals, centres and patient associations). All monitoring indicators were collected and examined under clinical significance and applicability to administrative data analyses.

Results

Until 31st December 2018, **four Regions approved CPWs concerning PD: Piemonte (2010), Toscana (2013), Umbria and Puglia (2017)**. All documents were organised according to disease phases. CPWs of Piemonte and Toscana had a specific section describing rehabilitation. PD prevalence was estimated through local data by Toscana and Umbria and through literature by the other two. Clinical care sections were similar in all CPWs (that of Piemonte was the most detailed). Drugs are listed only by Toscana and Piemonte. **All CPWs are based on a Chronic Care Model (CCM)**, with specific tasks for general practitioners and neurologists. Several stakeholders have their roles in follow-up well-defined. Patient associations are positioned in all CPWs. Indicators are reported only in some documents and, often, were not applicable to administrative data analyses.

Conclusions

These findings pointed-out that **few Italian regions approved CPWs on PD**, and showed all their diversities and similarities. This heterogeneity could be due to the **different adoptions of the CCM by regions**. In this scenario, to guarantee the equity in care for all Italian patients, **a unique national monitoring system needs to be established**. To this purpose, **LIMPE-DISMOV (Accademia per lo Studio della Malattia di Parkinson e i Disturbi del Movimento)** and ReS are proposing a monitoring system to the Ministry of Health specific working group, called "Nuovo Sistema di Garanzia dei LEA".

