

MANAGED CARE NETWORKS

Centro
CARDIOLOGICO Monzino



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1. HEALTHCARE: ACTIVITIES IN THE NETWORK



The integrated work of health and social operators in the network addresses a real patient's need and ensures the continuity of care and of the health systems to improve their efficiency and appropriateness.

The efficiency of each local healthcare provider, infact, does not guarantee the efficacy and the efficiency of the system as a whole.

The health service value chain requires both a managed healthcare network and a systemic planning.

2. NATURAL CARE NETWORKS

VS

MANAGED CARE NETWORKS



The health system is a framework based on spontaneous networks involving physicians and health providers who:

- 1. share a common goal: patient's care**
- 2. have specific skills and specific ways of providing comprehensive and continuous health services**

2. NATURAL CARE NETWORKS

VS

MANAGED CARE NETWORKS



The clinical networks are defined by:

- **Public Health Authorities planning action**
- **The initiatives and the management action exerted by public and private healthcare providers interested in ensuring the best possible service to patients**

2. NATURAL CARE NETWORKS

VS

MANAGED CARE NETWORKS

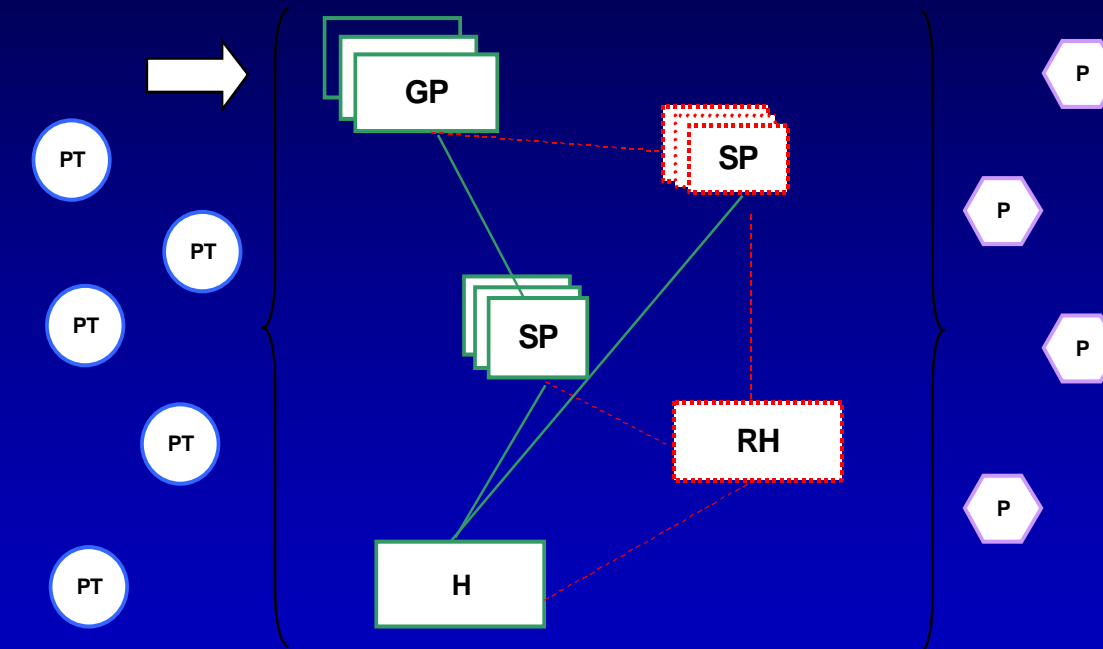




A better level of efficacy and efficiency in the production of the health services can be reached by health professionals who cooperate in a network in order to:

- **increase coverage and satisfy the market demand**
- **improve the specialization, the productivity and the innovation levels of the health services thanks also to ICT**

3. COMPLEMENTARY CLINICAL NETWORK

(variable geometry)



| | | | |
|---|----|---|---|
|  : Generalist Care Network | PT | = | Patients |
|  : Specialist Care Network | MP | = | General Practitioner |
| | SP | = | Specialist Physician (medical filter for admissions) |
| | H | = | General Hospital with Emergency Ward |
| | RH | = | Reference Hospital for Specialistic Care and Research |
| | P | = | Provider |

4. SPECIALISTIC CLINICAL NETWORK STRUCTURE



The structural elements of a managed clinic specialistic Network are:

- **AIM**
- **NODES**
- **RELATIONSHIPS**
- **NETWORK SERVICES**
- **NETWORK TECHNOLOGIES**
- **FUNDING**
- **EVALUATION**
- **PARTNERSHIP AGREEMENT**

4. SPECIALISTIC CLINICAL NETWORK STRUCTURE



The **AIM** of the network is the development of health value chain in order to ensure a end-to-end specialistic health service

The **NODES** are:

- the Reference Centre or Centre of Excellence (CoE)
- the certified Points of Care (PoC)

The **RELATIONSHIP** among the nodes is:

- the specialistic medical filter and the patient's referral and possible transfer
- the sharing of knowledge and information for the best management of the patients' care

4. SPECIALISTIC CLINICAL NETWORK STRUCTURE



The **NETWORK SERVICES** mainly consist of:

- specialist consultation (also by telematic means)
- continuous professional development (CDP), reference Integrated Care Pathways, etc.
- easy access to the Reference Centre and to the other network services

The **NETWORK TECHNOLOGIES** are represented by: the ICT in its most friendly configuration

4. SPECIALISTIC CLINICAL NETWORK STRUCTURE



The **NETWORK FUNDING** is provided by all the nodes according to fairness principles

Network outcomes: interaction systematic **EVALUATION**

The **PARTNERSHIP AGREEMENT**: fixes the rules accepted by all parties for sharing competences, resources , information and brand

5. CONSTRAINTS AND OPPORTUNITIES

In Healthcare :

1. Intellectual property cannot be claimed on care strategies
2. Economic connivance among physicians and service providers to route patients is forbidden !!

The advantages that players derive from the Network are of clinical nature and not necessarily of financial one

(PROFESSIONAL ETHICS)

5. PROBLEMS OF A BUSINESS MODEL IN THE HEALTHCARE NETWORK



Critical issues to solve:

- *Lack of direct economic incentives*
- *Need for a critical mass of Points of Care in the Network*
- *Physicians self-referencial attitude*
- *Enterprises autonomy*
- *Lack of perception of the clinical opportunity and of the economic one*

6. COMPETITION FOR THE EXCELLENCE

In order to improve the value of the health specialistic chain is mandatory to develop an effective level of management of the players involved in the network, ruled by the patient's needs and by the "quasi-market health" requirements so to obtain the following benefits:

- **high level of innovation, completeness and appropriateness of services and processes**
- **better flexibility and timeliness of the specialistic offer**
- **continuous professional development of the operators and optimal use of the resources of each player involved in the healthcare chain**

6. COMPETITION FOR EXCELLENCE



The management of a specialistic clinical network, based on a clear partnership agreement, requires:

a TWO LEVEL NETWORK, one based on the professional/consultant community, the other one on network support services provided by a Centre of Excellence