



## *Ministero della Salute*

### National Chronicity Plan (NCP)

Chronic non-communicable diseases are constantly increasing, also in relation to the progressive ageing of the population, with a consequent considerable commitment of resources. This above all in relation to the need to guarantee the care continuity for long periods and a strong integration of health services with social services, as well as the increased need for residential and territorial services so far not adequately available in the country.

The National Chronicity Plan (NCP) stems from the need to harmonize activities in this field at national level, proposing a document, shared with the Regions, which, compatibly with the availability of economic, human and structural resources, identify a common strategic plan aimed to promote interventions based on the unity of approach, centered on the person and oriented towards a better organization of the services and a full responsibility of all the assistance actors.

The aim is to contribute to improving protection for people with chronic diseases, reducing their burden on the individual, their family and the social context, improving the quality of life, making health services more effective and efficient in terms of prevention and assistance and ensuring greater uniformity and equity of access to citizens.

The Plan aims to promote an organized system based on this vision, but each Region, exercising its autonomy in the organizational and operational choices. It will have to take into account the potentialities and criticalities present in local contexts to design innovation projects in the management of chronicity in harmony with the national design.

The Plan also intends to promote an evolution towards the "Value Based Medicine", passing to an effective but sustainable medicine both in economic terms (able to reconcile the increase in costs associated with innovation with the need for care) as in the perspective of individual and social values (able to reconcile the EBM guidelines with the actual needs / values of the patient and the community in which they live).

Starting from a suitable staging, it will therefore be necessary to activate personalized courses, standardized in terms of costs and differentiated in relation to the degree of complexity of the individual patient and his specific needs, also in terms of comorbidity, addressing the most complex cases (chronicity to high complexity) towards programs that include more intensive follow-up and less complex actions by the primary care level.

Among the expected benefits, the Plan clearly identifies the role of Telemedicine and e-health (and more generally of technologies applied to medicine), as fundamental to sustainably improve health outcomes. The economic relevance of Telemedicine is therefore expressed not only in a potential

containment of health general expenses, but also in a significant contribution to the economy, in a sector in which European industries, but also national actors, have undergone rapid expansion. Furthermore, the major advantages deriving from the use of integrated home automation and ambient intelligence systems concern a high level of security and space control. This could significantly improve the quality of life of chronically disabled people who, using the easy interfaces made available from smarter systems, should manage their homes and equipment in a way that would not be otherwise possible.

The document consists of two parts:

- first part present the general guidelines for chronicity;
- the second one contains details about pathologies with specific care characteristics and needs.

In the first part the overall strategy and the objectives of the Plan are indicated, some lines of intervention are proposed and the expected results are highlighted, through which improve the management of chronicity in compliance with scientific evidence, the appropriateness of performance and the sharing of Diagnostic Therapeutic Path (PDTA). In addition, the part relating to chronicity in developmental age is examined in depth.

In the second part, the Plan identifies a first list of chronic pathologies, most of which at the moment there are no specific programmatic acts at national level, identified through criteria such as epidemiological relevance, severity, disability, welfare and economic weight , the difficulty of diagnosis and access to care.

They are:

- chronic kidney diseases and kidney failure;
- chronic rheumatic diseases: rheumatoid arthritis and chronic arthritis in developmental age;
- chronic intestinal diseases: ulcerative colitis and Crohn's disease;
- chronic cardiovascular diseases: heart failure;
- neurodegenerative diseases: Parkinson's disease and parkinsonism;
- chronic respiratory diseases: COPD and respiratory failure;
- respiratory failure in developmental age;
- asthma in developmental age;
- endocrine diseases in developmental age;
- chronic kidney diseases in developmental age.

For each the Plan includes:

- a) a brief general overview (definitions, epidemiological data, general characteristics of assistance);
- b) a list of the main critical points of the assistance;
- c) the definition of general and specific objectives, the proposal of lines of intervention, expected results and some indicators for monitoring.