



**Forum Risk Management**

obiettivo sanità salute

**26-29 NOVEMBRE 2024**  
**AREZZO FIERE E CONGRESSI**

**19**

## **LE LISTE DI ATTESA E L'APPROPRIATEZZA PRESCRITTIVA**

### **PRIORITA', CONCORDANZA e APPROPRIATEZZA nel METODO RAO**

**Giuliano Mariotti**

Direttore sanitario

Azienda Provinciale per i Servizi Sanitari

Provincia Autonoma di Trento



Milano, 1999

Milano, 2006

**Italy's public health system is changing from waiting times to priority**

EDITOR—Fricker reports that the BMA proposes a strategy to reformulate waiting lists in the United Kingdom.<sup>1</sup> In the public health system, issues such as priority setting and appropriateness ratings in the referral of patients by general practitioners to specialists are usually faced in a hard (top down)

BMJ VOLUME 318 19 JUNE 1999 www.bmj.com

Giuliano Mariotti, Arezzo, 27.11.24



- Il metodo delle priorità cliniche RAO costituisce un approccio di sistema per il contenimento dei tempi di attesa per le prestazioni specialistiche ambulatoriali.
- Il metodo prevede:
  - l'assegnazione ad un raggruppamento di attesa attraverso attribuzione di un codice RAO (basato su parole chiave cliniche concordate con MMG, PLS e specialisti) da parte dei medici prescrittori
  - L'assegnazione di un codice RAO anche da parte dei medici prescrittori che erogano la prestazione
  - La **verifica della concordanza** (verifica della medesima o diversa attribuzione di codice da parte di prescrittore ed erogatore delle prestazioni)

## Raggruppamenti di Attesa Omogenea (RAO)

- Tempistica comune a livello nazionale\*
  - urgenza/emergenza
  - tipo U: max 3 gg
  - tipo B: max 10 gg
  - tipo D: max 30 o 60 gg
  - tipo P: 120\*\* gg

\* Decreto MEF e MdS 2008

\*\* PNGLA 2019-2021



Newsletter n° 32

June 2006

European Hospital and  
Healthcare Federation

National project on Waiting Times has been presented by Mr. Carlo Liva from the Tuscany Region. There are five Italian regions (Emilia Romagna, Lombardy, Puglia, Toscana, Trentino) that are participating in the project, called BRICK, which is aiming at defining the methodology monitoring of waiting times in hospitals and outpatient services and the methodology to set priority for access to hospital and outpatient services. Among others, the project is based on the principle of priority setting, which means that the patient's admission to services must be related to the Priority Categories, which determines different waiting times. Two monitoring systems have been presented: one based on the prospective survey (measures the proposed waiting time, not the real one) and the other on the retrospective survey ("real" time) on data systems. In order to reach the objective of the project, some tools have been made available, these are: guidelines for "Agenda" of admissions to hospital; analysis of steps and processes for access to hospital and outpatient services; focus groups with stakeholders in each region; proposals for monitoring waiting times in diagnostic and therapeutic paths and guidelines for the management of Centralised Booking Centers. The Focus Group also analyzed patients' and doctors' behaviors regarding the waiting times and some problems have been observed (patients sometimes prefer to wait, and go to the hospital they have confidence; there are making several reservations or are resigned from the treatment, etc).

PART II  
*Chapter 9*

**Italy**

by  
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Giuliano Mariotti,  
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and  
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*In Italy, waiting time is a critical issue for out-patient specialist care and diagnostic services, and it is being tackled by national plans issued in the last decade. Most regions improved patients' access through better information on waiting times, process re-engineering and the creation of unified booking centres. In addition, important prioritisation criteria have been piloted to manage waiting time based on clinical criteria and professional judgment (for example, the Homogenous Waiting Groups pilots). However, actual policies, including the implementation of national legislation, vary across the regions, with some of them very active and others often lagging behind. Policies on co-payments, intramoenia dual practice and voluntary insurance also have substantial effects on waiting time. National and regional co-payments have likely reduced waiting time via the reduction of demand for national health services, but rather broad exemption criteria have limited their effect on the more affluent and healthier part of the population. The expansion of intramoenia dual practice and the promotion of additional private health insurance could undermine access to the NHS basic health care package: the former may encourage doctors to build up long lists in their public practices so as to maintain demand for their private practice, whereas the latter may worsen equity of access to the NHS services.*



Luxembourg: Publications Office of the European Union, 2018

### Performance of primary care

#### **Box 1: Improving the appropriateness of GP referrals in Italy**

To respond to rising demand for referrals and diagnostic procedures, a number of Health Authorities, known as Local Health Units, in Italy have responded by implementing formalised waiting-time prioritisation tools, giving rise to what are known as Homogeneous Waiting Groups (HWGs). This approach identifies five clinical groups: A (maximum waiting time of 3 days), B (not more than 10 days), C (not more than 30 days), E (without a maximum wait), P (planned follow-up examination).

An effective management of waiting lists for outpatient services calls for a prioritisation process in which GPs and specialists co-operate and agree upon the definition of clinical criteria for timely referrals. Evidence from the pilot Local Health Unit suggests that the degree of agreement between GPs and specialists regarding the priority groups assigned has improved. Continuing collaboration between GPs and specialists, and the implementation of Information Technology tools in primary-secondary care setting may, improve the prioritisation of patients waiting to see a specialist or to receive a diagnostic test.

Source: Mariotti et al., 2014

## TOOLS AND METHODOLOGIES FOR ASSESSING THE PERFORMANCE OF PRIMARY CARE

Report of the  
**Expert Panel on effective ways of  
investing in Health (EXPH)**

Health Policy 117 (2014) 54–63



Contents lists available at [ScienceDirect](#)

Health Policy

journal homepage: [www.elsevier.com/locate/healthpol](http://www.elsevier.com/locate/healthpol)



## Waiting time prioritisation for specialist services in Italy: The homogeneous waiting time groups approach



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Salvatore Brugaletta<sup>i</sup>, Pierluigi Camboa<sup>j</sup>, Paola Casucci<sup>k</sup>, Dino Dessi<sup>l</sup>,  
Pierpaolo Faronato<sup>m</sup>, Mariangela Galante<sup>n</sup>, Alessio Gioffredi<sup>o</sup>,  
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Original research

## Improving the appropriateness of referrals and waiting times for endoscopic procedures

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*Journal of Health Services Research & Policy* Vol 13 No 3, 2008: 146–151

Priority, appropriateness and significant endoscopic disorders

Our data seem to demonstrate that GPs make timely referrals for endoscopic procedures in the case of patients presenting with signs and symptoms suggesting significant disorders but are not as good as specialists at combining prioritization and appropriateness.

SHORT REPORT

## Analysis of effectiveness and safety of a three-part triage system for the access to dermatology specialist health care

J. Deluca,<sup>1</sup> A. Goldschmidt,<sup>2</sup> K. Eisendle<sup>1,\*</sup>

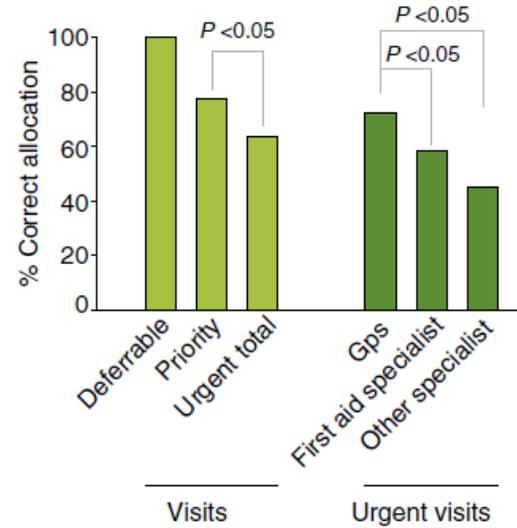
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**Results** Overall, 56.5% retrieved cases were deferrable, 13.1% priority and 30.4% urgent. Frequency of diagnoses differed significantly between the three groups ( $P < 0.05$ ). Appropriateness of the triage level was higher for priority than for urgent referrals ( $P < 0.05\%$ ). An overestimation of urgency levels was noted and urgent cases were not overseen. Triage levels were best assessed by general practitioners (75% correct allocations) followed by emergency physicians (59%) and other specialists (45%) ( $P < 0.01\%$ ).

**Conclusion** The triage system according to clinical need is safe. Correct allocation according to urgency occurs in <75% and leaves space for improvement. General Practitioners address patient's access significantly better than other physicians, therefore are best suited to function as gatekeepers to the access of specialist care in public funded health care systems.



**Figure 2** Percentage of correct allocation to triage levels according to urgency and referral physician.

J. Deluca,<sup>1</sup> A. Goldschmidt,<sup>2</sup> K. Eisendle<sup>1,\*</sup>

DOI: 10.1111/jdv.13295

JEADV

JEADV 2015

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## APPROPRIATEZZA o CONCORDANZA ?



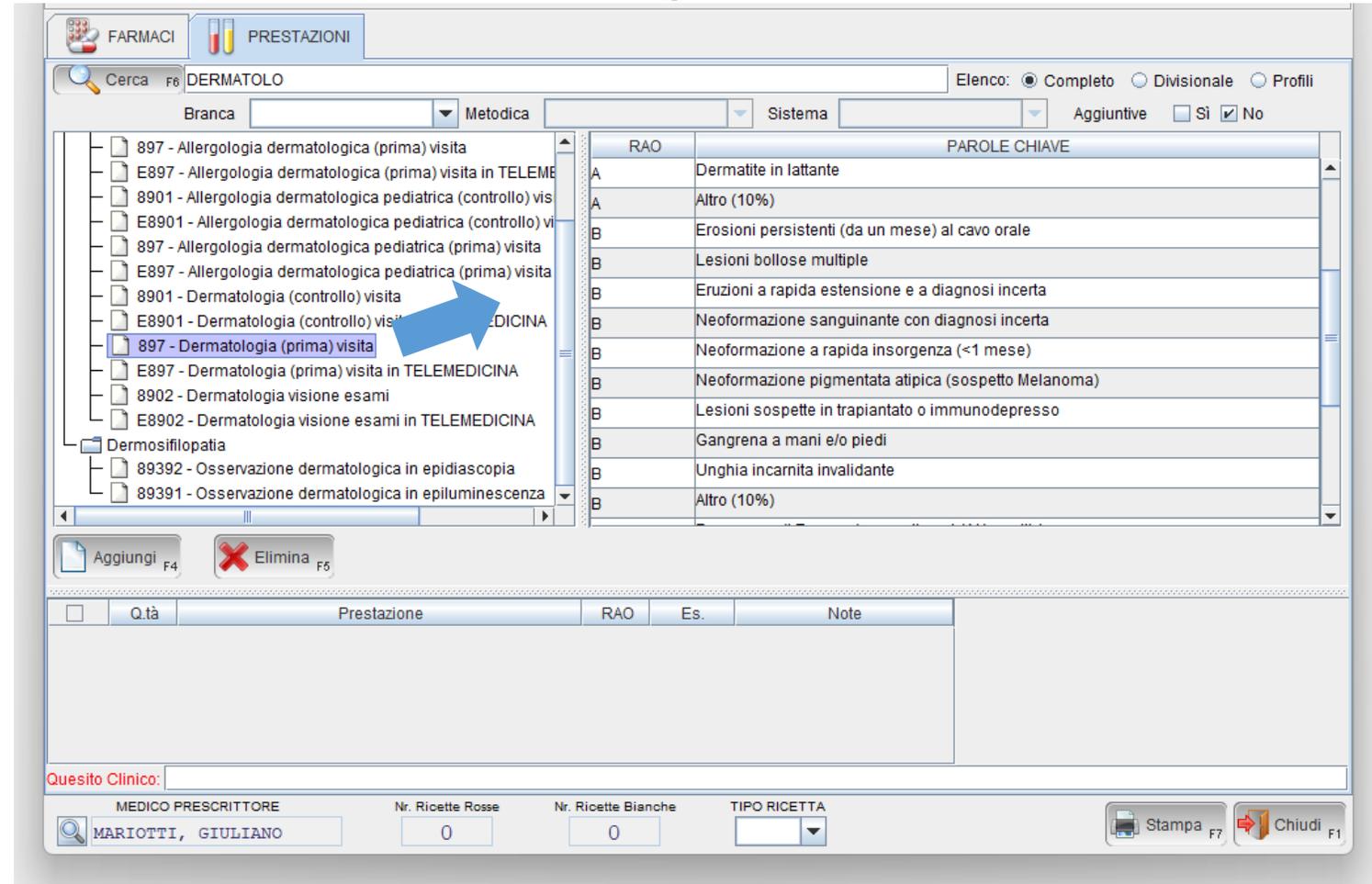
### 2.4. *Concordance PCP-specialist definition*

To assess the dual PCP-specialist agreement on priority level assignment, the steering group decided to encourage specialists, while examining the patient, to reattribute the priority category to which each patient was originally assigned. The evaluation of priority PCP-specialist agreement for each case was called “concordance”.

*Giuliano Mariotti, Arezzo, 27.11.24*

## Modello RAO integrato nella cartella clinica

Azienda provinciale per i servizi sanitari



The screenshot shows a medical software interface with the following elements:

- Navigation:** FARMACI, PRESTAZIONI, Cerca F8, DERMATOLO, Elenco: Completo, Divisionale, Profili.
- Filters:** Branca, Metodica, Sistema, Aggiuntive (Si, No).
- Left Panel (List of Visits):**
  - 897 - Allergologia dermatologica (prima) visita
  - E897 - Allergologia dermatologica (prima) visita in TELEME
  - 8901 - Allergologia dermatologica pediatrica (controllo) vis
  - E8901 - Allergologia dermatologica pediatrica (controllo) vi
  - 897 - Allergologia dermatologica pediatrica (prima) visita
  - E897 - Allergologia dermatologica pediatrica (prima) visita
  - 8901 - Dermatologia (controllo) visita
  - E8901 - Dermatologia (controllo) visita
  - 897 - Dermatologia (prima) visita** (highlighted with a blue arrow)
  - E897 - Dermatologia (prima) visita in TELEMEDICINA
  - 8902 - Dermatologia visione esami
  - E8902 - Dermatologia visione esami in TELEMEDICINA
  - Dermosifilopatia
  - 89392 - Osservazione dermatologica in epidiascopia
  - 89391 - Osservazione dermatologica in epiluminescenza
- Right Panel (RAO Table):**

RAO	PAROLE CHIAVE
A	Dermatite in lattante
A	Altro (10%)
B	Erosioni persistenti (da un mese) al cavo orale
B	Lesioni bollose multiple
B	Eruzioni a rapida estensione e a diagnosi incerta
B	Neoformazione sanguinante con diagnosi incerta
B	Neoformazione a rapida insorgenza (<1 mese)
B	Neoformazione pigmentata atipica (sospetto Melanoma)
B	Lesioni sospette in trapiantato o immunodepresso
B	Gangrena a mani e/o piedi
B	Unghia incarnita invalidante
B	Altro (10%)
- Buttons:** Aggiungi F4, Elimina F5.
- Table:**

Q.tà	Prestazione	RAO	Es.	Note
- Footer:** Quesito Clinico, MEDICO PRESCRITTORE (MARIOTTI, GIULIANO), Nr. Ricette Rosse (0), Nr. Ricette Bianche (0), TIPO RICETTA, Stampa F7, Chiudi F1.

Giuliano Mariotti, Arezzo, 27.11.24

**Azienda provinciale per i servizi sanitari**

The screenshot shows a web browser window with the address bar displaying 'SID [sb - 1.15.2.82 - 01/09/2009 00:00] [http://urisio04/sioprod/leavlet]'. The page title is 'File Applicazioni aziendali Schermo ?'. The main content area is titled 'GESTIONE CARTELLA AMBULATORIALE' and includes a patient ID '537270 / MAMB010' and a timestamp '20/10/2009 18:25'. There are input fields for 'Cognome/Nome:', 'Genere: M', 'Data di Nascita:', and 'Età: 50'. A navigation bar contains tabs for 'Visita', 'Referto', 'Prestazioni', 'An.Familiare', 'An.Pat.Remota', 'An.Farmacologica', 'An.Pat.Prossima', 'Icd9-CM', and 'Note'. The 'Referto' tab is active, showing a text area with the following content: 'Usione di 1°-2° grado alla mano dx, con flittena già evacuata in sede palmare. Non segni di sovrainfezione. Si medica, previa detersione con soluzione fisiologica, con sofargen crema e garza grassa e si programma controllo dermatologico per dopodomani h 8:30.' Below this is a 'Conclusioni diagnostiche' section with the text 'Usione di 1°-2° grado alla mano dx'. At the bottom, there are checkboxes for 'Consigli e indicazioni terapeutici' and 'Accertamenti consigliati', both set to 'No'. A 'Controllo il' field is set to '21/10/2009'. There are dropdown menus for 'Agenda prenotazioni', 'RAO (CUP)', and 'RAO (specialista)'. The 'RAO (specialista)' dropdown is circled in blue. At the very bottom, there are radio buttons for 'in bozza' and 'definitivo', and a toolbar with icons for 'Applicazioni', 'Stampa', 'Salva', and 'Chiudi'.

INTERNATIONAL JOURNAL OF MEDICAL INFORMATICS 82 (2013) 1144–1151



ELSEVIER

journal homepage: [www.ijmijournal.com](http://www.ijmijournal.com)



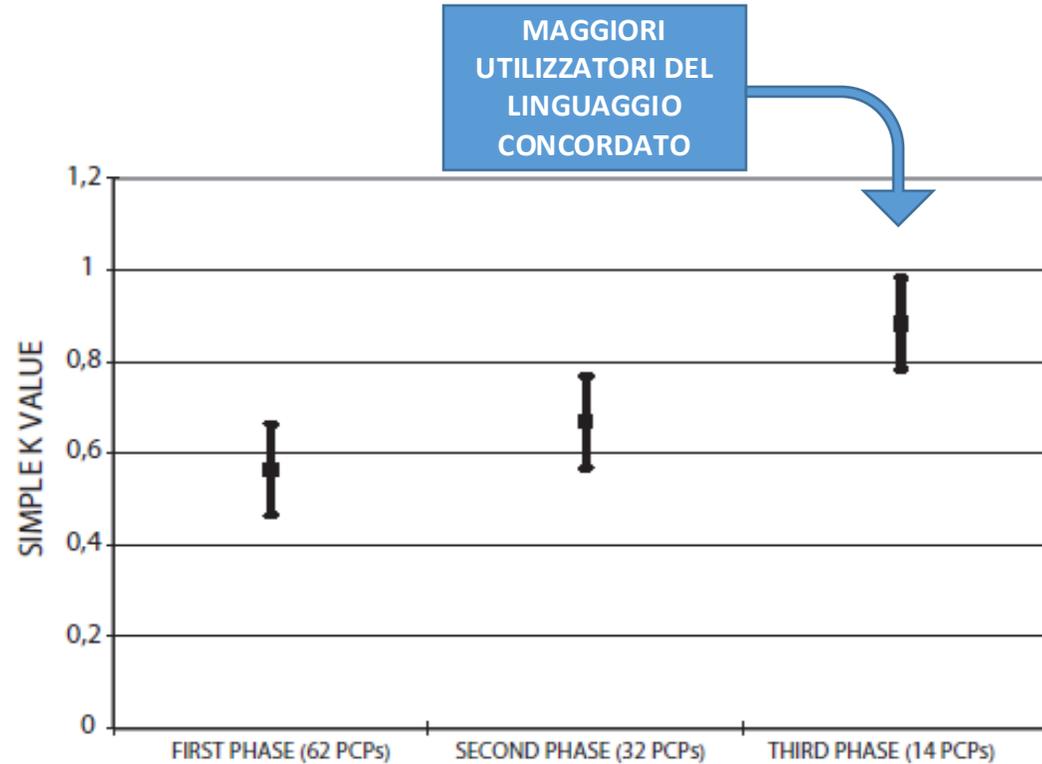
## Improving referral activity on primary–secondary care interface using an electronic decision support system

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INTERNATIONAL JOURNAL OF MEDICAL INFORMATICS 82 (2013) 1144-1151

**Fig. 2 – The agreement of PCPs versus specialists priority assignment is increasing between the three groups ( $\chi^2 = 182.5$ , 2 df,  $p < .0001$ ).**



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Digestive and Liver Disease 51 (2019) 1562–1566



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Contents lists available at ScienceDirect

## Digestive and Liver Disease

journal homepage: [www.elsevier.com/locate/dld](http://www.elsevier.com/locate/dld)



### Digestive Endoscopy

## Priority and appropriateness of upper endoscopy out-patient referrals: Two-period comparison in an open-access unit



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## Priority and appropriateness of upper endoscopy out-patient referrals: Two-period comparison in an open-access unit

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### ABSTRACT

**Background:** In the early 2000s we introduced a prioritization model for referrals based on involvement of primary care physicians (PCPs) and specialists.

**Aims:** Assess the application of that model of prioritisation, comparing gastroscopies performed 8 years apart, with respect to priority level, appropriateness and relevant endoscopic findings (REFs).

**Methods:** The studies included 247 and 354 out-patients, who had undergone gastroscopy in 2006 and in 2014, respectively. To reduce interspecialists variability, both studies were performed by the same specialist as investigator.

**Results:** In both years, most patients were assigned low-priority referral by PCPs (78.6% and 75.1% respectively). The agreement PCPs versus specialist on referral priority was moderate in 2006 (0.60, Landis–Koch scale 0.41–0.60) and high in 2014 (0.81, Landis–Koch scale 0.81–1.00). In both years we observed a similar rate of inappropriateness: 27.5% and 27.1%, respectively. Due to multiple logistic regression, the odds ratio (OR) for REF increased when: (i) very high-priority referral versus nopriority referral was indicated (8.813 OR,  $p=0.0012$ ), (ii) referral followed the guidelines (9.29 OR,  $p<0.0001$ ), and (iii) agreement of priority occurred (1.911 OR,  $p=0.0308$ ).

**Conclusions:** Our findings highlighted that the issues of low-priority referrals should be addressed in order to discontinue gastroscopy overusing and reduce related operational costs.

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Health policy 126 (2022) 906–914



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Contents lists available at [ScienceDirect](#)

## Health policy

journal homepage: [www.elsevier.com/locate/healthpol](http://www.elsevier.com/locate/healthpol)



### Consensus among clinicians on referrals' priority and use of digital decision-making support systems

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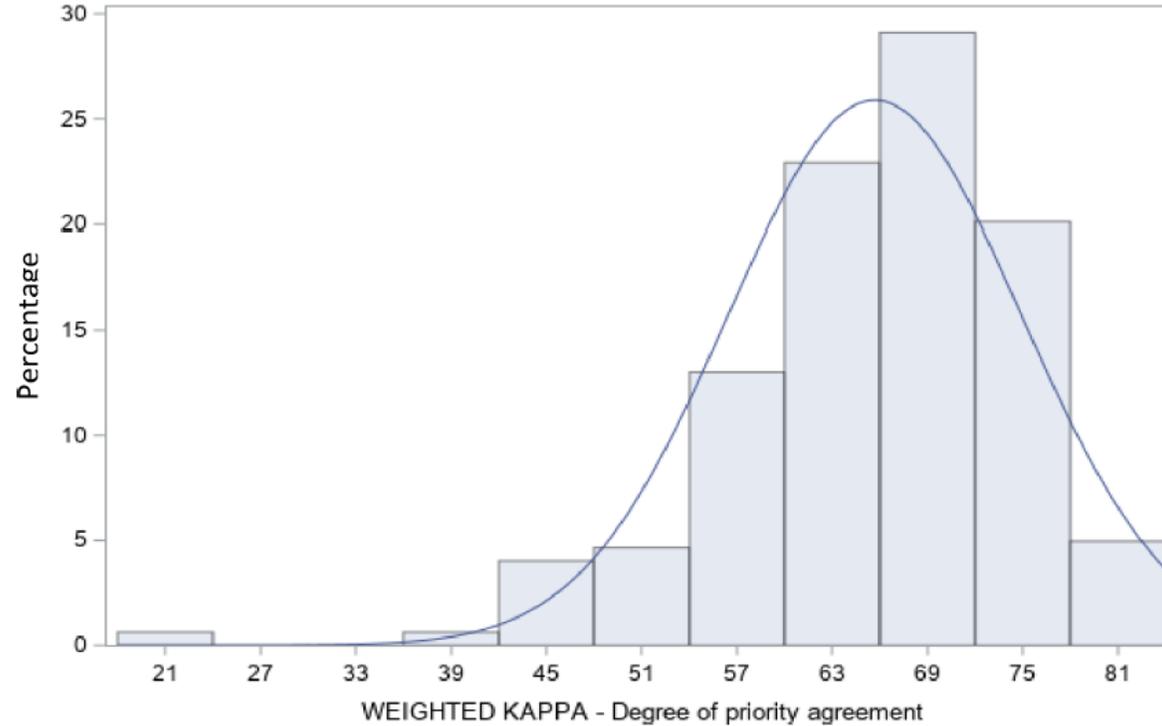


Fig. 1. Weighted kappa deciles histogram.

G. Mariotti et al., *Health Policy*, 126: 906-914, 2022

**% Concordanza vs variabili indipendenti**  
**Dati Anno 2017 (430 MMG)**

**Table 3**  
Parameters estimation of the multiple linear regression of the degree of agreement between GP and specialist.

Variable	Parameter estimate	Standard error	T value	Pr >  t	95% - confidence limits of parameter estimate	
GP Age	-0.06977	0.06734	-1.04	0.301	-0.2023	0.06274
→ Gender 0 = M, 1 = F	<b>2.05709</b>	<b>1.01069</b>	<b>2.04</b>	<b>0.0427</b>	<b>0.06836</b>	<b>4.04581</b>
Total no. of GP referrals	0.00184	0.00104	1.77	0.0784	-0.0002	0.00389
→ Rate of referrals in high priority (ABC)	<b>-0.47879</b>	<b>0.06823</b>	<b>-7.02</b>	<b>&lt;0.0001</b>	<b>-0.613</b>	<b>-0.3445</b>
→ e-RSS utilization rate	<b>0.14427</b>	<b>0.01789</b>	<b>8.07</b>	<b>&lt;0.0001</b>	<b>0.10908</b>	<b>0.17947</b>
EMR 1	-1.34969	1.1618	-1.16	0.2462	-3.6358	0.93639
EMR 2	<b>5.40616</b>	<b>1.88167</b>	<b>2.87</b>	<b>0.0043</b>	<b>1.70362</b>	<b>9.10871</b>
EMR 3	1.28633	3.18259	0.4	0.6864	-4.976	7.54869
→ GP working in association	<b>2.9508</b>	<b>0.99014</b>	<b>2.98</b>	<b>0.0031</b>	<b>1.00251</b>	<b>4.89909</b>
GP geographical location: East Trentino	-1.14198	1.14297	-1	0.3185	-3.391	1.10704
GP geographical location: West Trentino	<b>2.68469</b>	<b>1.14883</b>	<b>2.34</b>	<b>0.0201</b>	<b>0.42414</b>	<b>4.94524</b>
GP in benchmark area	1.78707	2.28395	0.78	0.4346	-2.707	6.28118
Population served aged 61 years and older	0.08651	0.07305	1.18	0.2372	-0.0572	0.23024
Proportion of referrals for specialist visits	-0.01705	0.06437	-0.26	0.7912	-0.1437	0.1096
Intercept	65.21125	5.92724	11	<0.0001	53.5483	76.8742

Notes. Significant parameters in bold. Geographical area: Central Trentino omitted category; Type of electronic medical record (EMR): EMR 4 omitted category.

G. Mariotti et al., *Health Policy*, 126: 906-914, 2022



**Forum Risk Management**

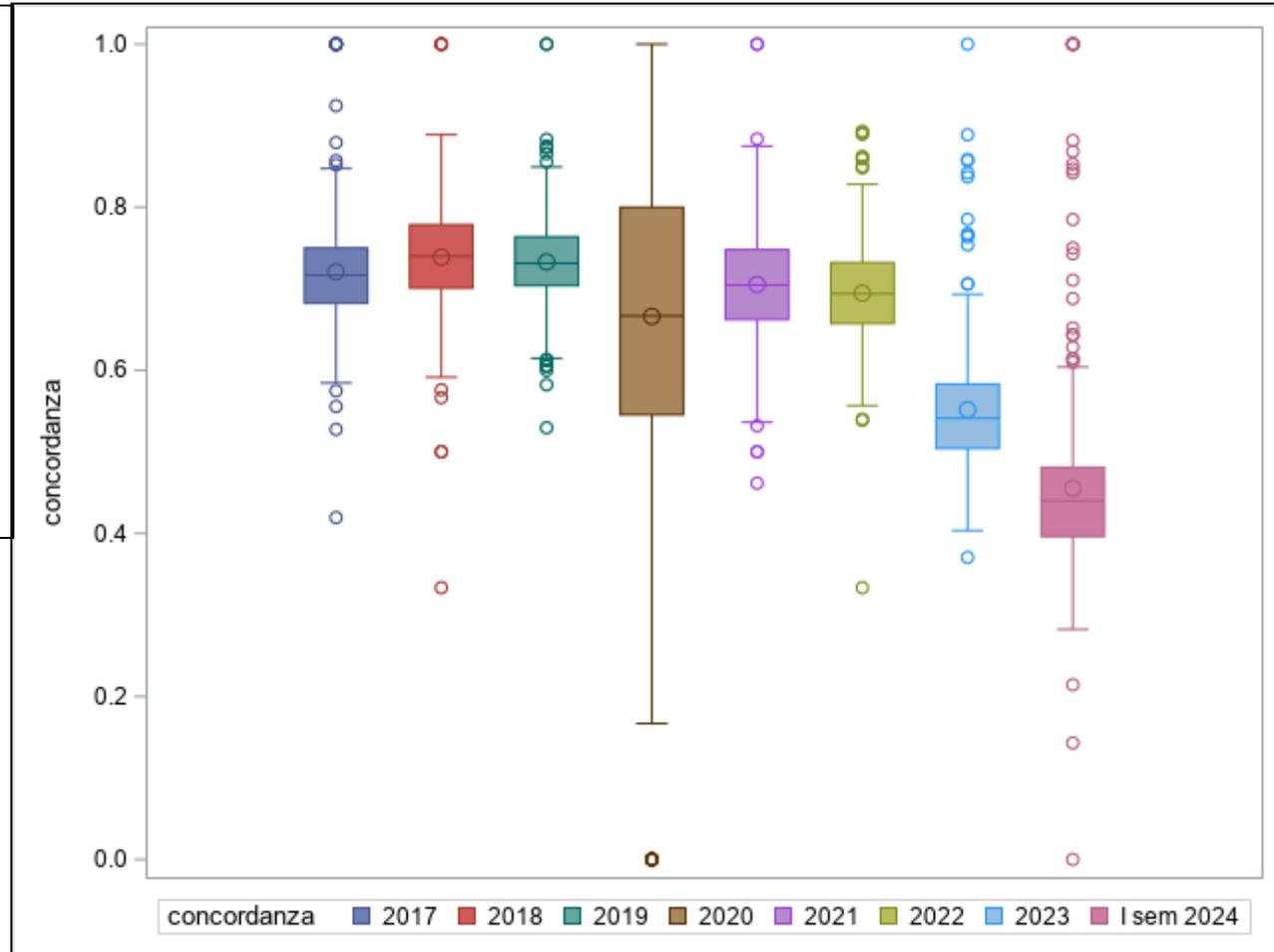
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**26-29 NOVEMBRE 2024**  
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**COVID**  
(MARZO 2020)

Per confrontare se le **CONCORDANZE MEDIANE** dei vari anni e semestre 2024 siano uguali è stato usato il test di Kruskal-Wallis (1124.6, 7 gdl,  $p < 0.0001$ ).  
 La concordanza mediana decresce soprattutto nel 2023 e nel 1° semestre 2024. Nel 2020 la concordanza mediana evidenzia una diminuzione rispetto al 2017-2019 e una forte variabilità rispetto a tutti gli altri periodi analizzati.

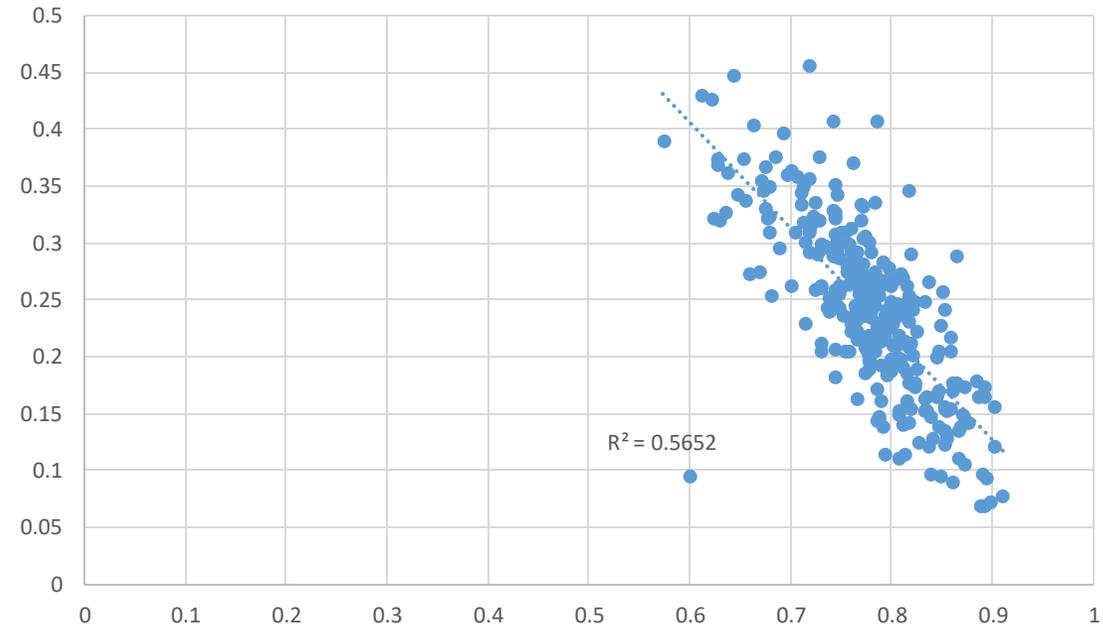


Giuliano Mariotti, Arezzo, 27.11.24

Azienda provinciale per i servizi sanitari

% Concordanza vs Tasso utilizzo RAO U+B+D  
Dati Anno 2022 (293 MMG)

uso RAO UBD vs % CONCORDANZA  
ANNO 2022



Giuliano Mariotti, Arezzo, 27.11.24



Article

# The Role of Homogeneous Waiting Group Criteria in Patient Referrals: Views of General Practitioners and Specialists in South Tyrol, Italy

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*Healthcare* **2024**, *12*, 985. <https://doi.org/10.3390/healthcare12100985>



The results of the GP survey on perceptions of HWG criteria are presented in Table 2. A diversity of opinions among respondents was found when evaluating the impact of HWG criteria on referrals. Approximately one-third believed that the criteria facilitated referrals or shortened waiting times, whereas almost 60% reported that referrals became more difficult, had longer waiting times, or had no noticeable effect as a result of the criteria. Thus, over half of the participants did not perceive an improvement in referrals, contrary to the intended goal of enhancing the referral process using the HWG criteria. Most GPs reported high levels of familiarity and agreement with the HWG criteria. The frequency of

when and how often to refer patients to HPs. On average, GPs reported that they believed they could meet the HWG criteria in approximately 70.1% of their referrals. However, it is worth noting that there is variability in individual responses, suggesting that GPs may have different levels of confidence in applying the HWG criteria to their referrals.



Regarding HPs' opinions on whether refining the HWG referral priority criteria could reduce inappropriate referrals from GPs to specialists, the data showed that the majority of HPs (61.4%) answered affirmatively, with 17.7% answering "yes, definitely" and 43.7% answering "yes, probably." On the other hand, 26.8% of HPs did not think that changing the criteria would make a significant difference ("no, probably not"), while a smaller fraction (7.8%) responded with a definitive "no, not at all".

With regard to non-compliance with the HWG criteria, a significant number of GPs cited long waiting times for postponable visits as the most common reason. Other reasons

*Healthcare* 2024, 12, 985. <https://doi.org/10.3390/healthcare12100985>

Gastroenterol Hepatol. 2020;43(7):389–407



## Gastroenterología y Hepatología

[www.elsevier.es/gastroenterologia](http://www.elsevier.es/gastroenterologia)



### CLINICAL PRACTICE GUIDELINES

## AEG-SEED position paper for the resumption of endoscopic activity after the peak phase of the COVID-19 pandemic<sup>☆</sup>



José Carlos Marín-Gabriel<sup>a,\*</sup>, Enrique Rodríguez de Santiago<sup>b</sup>, on behalf of the Asociación Española de Gastroenterología and the Sociedad Española de Endoscopia Digestiva

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**26-29 NOVEMBRE 2024**  
**AREZZO FIERE E CONGRESSI**

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**Letter to the editor**

## **Proposal for returning to routine endoscopy during the COVID-19 pandemic: what is really feasible?**

Gianpiero Manes , Cristina Bezzio , Simone Saibeni

Endoscopy 2020; 52(09): 815  
DOI: 10.1055/a-1185-9768

**Letter to:**

ESGE and ESGENA Position Statement on gastrointestinal endoscopy and the COVID-19 pandemic

Endoscopy 2020; 52(06): 483-490  
DOI: 10.1055/a-1155-6229



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**TAKE HOME MESSAGE**



Aumentare attenzione nel prescrivere attribuendo *correttamente* l'appropriata priorità clinica

Ridurre richieste ad elevata priorità non necessarie

RAO	CODICE # DESCRIZIONE DIAGNOSI
015 - E - 2 - Altre condizioni cliniche	- controllo mani
015 - E - 2 - Altre condizioni cliniche	- OSSERVAZIONE DI LESIONI PIGMENTARIE E NON CON VIDEOENDOSCOPIA, CONTROLLO NEVI
015 - E - 1 - Altre patologie non acute (ad es.: psoriasi, eczema, micosi, altre, verruche ecc.)	- (218.9) CONTROLLO NEVI
015 - E - 1 - Altre patologie non acute (ad es.: psoriasi, eczema, micosi, altre, verruche ecc.)	- micosi ungueali maniepoli
015 - C - 2 - Dermatiti viso o diffuse in paziente con sospetta connettivite	- neof ormazione laterocervicale sin
015 - E - 2 - Altre condizioni cliniche	- macula in sede pericolare da herpes in espansione
015 - E - 1 - Altre patologie non acute (ad es.: psoriasi, eczema, micosi, altre, verruche ecc.)	- (110) 7) DERMATOFITOSI DELL'UNGHIA ALLICE PIEDI DX, CHERATOSI SEBORRICA TRAU MATIZZATA (EMTORACE DX)
015 - E - 1 - Altre patologie non acute (ad es.: psoriasi, eczema, micosi, altre, verruche ecc.)	216.9
015 - C - 5 - Altre (10%)	- NEOF ORMAZIONE EMTORACE DX DI REC INSORGENZA, CONTROLLO NEVI, LENTIGO GIAMBA DX
015 - E - 1 - Altre patologie non acute (ad es.: psoriasi, eczema, micosi, altre, verruche ecc.)	- LESIONI CROSTOSE MULTIPLE DORSO, PUJURIGOROSE E PERSISTENTI
015 - E - 1 - Altre patologie non acute (ad es.: psoriasi, eczema, micosi, altre, verruche ecc.)	- MACULE DESQUAMANTI AGLI AVAMBRACCI
015 - D - 4 - Neof ormazione sanguinante con diagnosi incerta	- NEOF ORMAZIONE NASO (INF. PRESENTE DA QUALCHE MESE)
015 - E - 2 - Altre condizioni cliniche	- area di depigmentazione dorsi
015 - E - 1 - Altre patologie non acute (ad es.: psoriasi, eczema, micosi, altre, verruche ecc.)	- (218.9)controllo NEVI
015 - E - 2 - Altre condizioni cliniche	- neof ormazione gamba sin
015 - C - 5 - Altre (10%)	- ULCERA PLANTARE PERSISTENTE
015 - E - 1 - Altre patologie non acute (ad es.: psoriasi, eczema, micosi, altre, verruche ecc.)	- CHAZZA A LIV. ZIGOMATICO DX, IN ESPANSIONE, VS VALUTAZIONE
015 - E - 1 - Altre patologie non acute (ad es.: psoriasi, eczema, micosi, altre, verruche ecc.)	- VEROSIMILE VERRUCA MANO DX

RAO	CODICE # DESCRIZIONE DIAGNOSI
015 - A - 2 - Emozione estesa da faringo (dosamento)	- DERMATITE CRONICA DIFFUSA, SOSPETTA REAZIONE ALLERGICA A LUSIANA
015 - B - 2 - Neof ormazione sanguinante con diagnosi incerta	- TEMPAZIONE GUANCIA DX IN FC CON PROGRESSO MELANOSI
015 - B - 4 - Neof ormazione pigmentata atipica (sospetto melanoma)	- lesioni genitali
015 - C - 1 - Fattore di Raynaud con artropatia ANA positiva	- psoriasi da guariga antica
015 - C - 1 - Fattore di Raynaud con artropatia ANA positiva	- CRANZA IPEREMICA REGIONE NUCALE
015 - C - 1 - Fattore di Raynaud con artropatia ANA positiva	- cheratiti naia
015 - C - 1 - Fattore di Raynaud con artropatia ANA positiva	- dermatite da urea
015 - C - 1 - Fattore di Raynaud con artropatia ANA positiva	- DERMATITE DIFFUSA
015 - C - 1 - Fattore di Raynaud con artropatia ANA positiva	- DERMATITE VULVA
015 - C - 1 - Fattore di Raynaud con artropatia ANA positiva	- ENFERECI
015 - C - 1 - Fattore di Raynaud con artropatia ANA positiva	- FAMILIARITA DI MELANOSI
015 - C - 1 - Fattore di Raynaud con artropatia ANA positiva	- herpes labiale destro
015 - C - 1 - Fattore di Raynaud con artropatia ANA positiva	- LESIONE CHERATITICA GIAMBA SIN
015 - C - 1 - Fattore di Raynaud con artropatia ANA positiva	- LIPOMA FRONTALE
015 - C - 1 - Fattore di Raynaud con artropatia ANA positiva	- macchia naia
015 - C - 1 - Fattore di Raynaud con artropatia ANA positiva	- neof ormazione guancia dx
015 - C - 1 - Fattore di Raynaud con artropatia ANA positiva	- NEOF ORMAZIONE PRURIGINOSA SPALLA DX
015 - C - 1 - Fattore di Raynaud con artropatia ANA positiva	- neof ormazione trase
015 - C - 1 - Fattore di Raynaud con artropatia ANA positiva	- nevo borso
015 - C - 1 - Fattore di Raynaud con artropatia ANA positiva	- nevo cervicale
015 - C - 1 - Fattore di Raynaud con artropatia ANA positiva	- ONCOMIOMI
015 - C - 1 - Fattore di Raynaud con artropatia ANA positiva	- PAPULOSI CUTANEI
015 - C - 1 - Fattore di Raynaud con artropatia ANA positiva	- progressio melanica
015 - C - 1 - Fattore di Raynaud con artropatia ANA positiva	- VERRUCA PERE
015 - C - 1 - Fattore di Raynaud con artropatia ANA positiva	- VERRUCA GIAMBE E MINO
015 - C - 1 - Fattore di Raynaud con artropatia ANA positiva	- NEOF ORMAZIONE VICE DANTE FRONTE LATO DX - COMPANSA DA TRE MESI
015 - C - 1 - Fattore di Raynaud con artropatia ANA positiva	- Controllo
015 - C - 1 - Altre (10%)	- CONTROLLO
015 - C - 1 - Altre (10%)	- Controllo dentale
015 - C - 1 - Altre (10%)	- CHERATOSI NASALE
015 - C - 1 - Altre (10%)	- Controllo
015 - C - 1 - Altre (10%)	- Controllo naia
015 - C - 1 - Altre (10%)	- Controllo naia
015 - C - 1 - Altre (10%)	- CONTROLLO NEVI - LESIONI TORACICHE
015 - C - 1 - Altre (10%)	- Monitoraggio melano guancia in borso
015 - C - 1 - Altre (10%)	- NAUOI BORSO
015 - C - 1 - Altre (10%)	- NEOF ORMAZIONE PALMARE E SUPERIORE SX
015 - C - 1 - Altre (10%)	- oncomiomi vettura di alto piede dx
015 - C - 1 - Altre (10%)	- PROGRESSO CUIO CAVALLATO
015 - C - 1 - Altre (10%)	- SECREZIONA BANCAROTTE GLANDULARETRA
015 - C - 1 - Altre (10%)	- SOSPETTA MICOSI SULLE MANI
015 - C - 1 - Altre (10%)	- ungue heredito alcuni distale
015 - C - 1 - Altre (10%)	- verruche naia dx
015 - E - 1 - Altre condizioni cliniche	- controllo naia
015 - E - 2 - Altre condizioni cliniche	- neof ormazione polso dx cinto braccio dx
015 - P - 2 - Follow-up	- naia di recente elevati di macule rosacea dx

Medico prescrittore **A1**  
 Prima visita dermatologica  
 3 mesi anno 2019

RAO	CODICE e DESCRIZIONE DIAGNOSI
015 - E - 2 - Altre condizioni cliniche	- controllo nevi
015 - E - 2 - Altre condizioni cliniche	- OSSERVAZIONE DI LESIONI PIGMENTARIE E NON CON VIDEODERMATOSCOPIA, CONTROLLO NEVI
015 - E - 1 - Altre patologie non acute (ad es.: psoriasi, eczema, micosi, acne, verruche ecc.)	- (216.9) CONTROLLO NEVI
015 - E - 1 - Altre patologie non acute (ad es.: psoriasi, eczema, micosi, acne, verruche ecc.)	- micosi ungueale mani/piedi
015 - C - 2 - Dermatiti viso o diffuse in paziente con sospetta connettivite;	- <b>neoformazione laterocervicale sin</b>
015 - E - 2 - Altre condizioni cliniche	- macula in sede perioculare dx riferita in espansione
015 - E - 1 - Altre patologie non acute (ad es.: psoriasi, eczema, micosi, acne, verruche ecc.)	- (110.1) DERMATOFITOSI DELL'UNGHIA ALLUCE PIEDE DX, CHERATOSI SEBORROICA TRAUMATIZZATA EMITORACE DX ?
015 - E - 1 - Altre patologie non acute (ad es.: psoriasi, eczema, micosi, acne, verruche ecc.)	216.9 -
015 - C - 5 - Altro (10%)	- <b>NEOFORMAZIONE EMITORACE DX DI REC INSORGENZA, CONTROLLO NEVI, LENTIGO GAMBA DX</b>
015 - E - 1 - Altre patologie non acute (ad es.: psoriasi, eczema, micosi, acne, verruche ecc.)	- LESIONI CROSTOSE MULTIPLE DORSO, PRURIGINOSE E PERSISTENTI
015 - E - 1 - Altre patologie non acute (ad es.: psoriasi, eczema, micosi, acne, verruche ecc.)	- MACULE DESQUAMANTI AGLI AVAMBRACCI
015 - B - 4 - Neoformazione sanguinante con diagnosi incerta	- NEOFORMAZIONE NASO (RIF. PRESENTE DA QUALCHE MESE)
015 - E - 2 - Altre condizioni cliniche	- area di depigmentazione dorso
015 - E - 1 - Altre patologie non acute (ad es.: psoriasi, eczema, micosi, acne, verruche ecc.)	- (216.9)controllo NEVI
015 - E - 2 - Altre condizioni cliniche	216.9 -
015 - C - 5 - Altro (10%)	- neoformazione gamba sin
015 - C - 3 - Ulcere resistenti a terapia e/o necessità di curettage;	- ULCERA PLANTARE PERSISTENTE
015 - E - 1 - Altre patologie non acute (ad es.: psoriasi, eczema, micosi, acne, verruche ecc.)	- CHIAZZA A LIV ZIGOMATICO DX, IN ESPANSIONE, VS VALUTAZIONE
015 - E - 1 - Altre patologie non acute (ad es.: psoriasi, eczema, micosi, acne, verruche ecc.)	- VEROSIMILE VERRUCA MANO DX

Medico prescrittore **B1**  
 Prima visita dermatologica  
 3 mesi anno 2019

RAO	COCCICE e DESCRIZIONE DIAGNOSI
015 - A - 2 - Eruzione estesa da farmaco (tossidermia)	- DERMATITE CROSTOSA DIFFUSA, SOSPETTA REAZIONE ALLERGICA A LIXIANA
015 - B - 3 - Eruzioni a rapida estensione e a diagnosi incerta	- TUMEFAZIONE GUANCIA DX IN PZ CON PREGRESSI MELANOMI
015 - B - 4 - Neoformazione sanguinante con diagnosi incerta	- candidosi genitale
015 - B - 6 - Neoformazione pigmentata atipica (sospetto Melanoma)	- ipercheratosi guancia destra
015 - C - 1 - Fenomeno di Raynaud con anticorpi ANA positivi;	- chiazza ipercromica fronte
015 - C - 1 - Fenomeno di Raynaud con anticorpi ANA positivi;	- CHIAZZA IPERCROMICA REGIONE NUCALE
015 - C - 1 - Fenomeno di Raynaud con anticorpi ANA positivi;	- controllo nevi
015 - C - 1 - Fenomeno di Raynaud con anticorpi ANA positivi;	- controllo nevi
015 - C - 1 - Fenomeno di Raynaud con anticorpi ANA positivi;	- dermatite al volto
015 - C - 1 - Fenomeno di Raynaud con anticorpi ANA positivi;	- DERMATITE DIFFUSA
015 - C - 1 - Fenomeno di Raynaud con anticorpi ANA positivi;	- DERMATITE VOLTO
015 - C - 1 - Fenomeno di Raynaud con anticorpi ANA positivi;	- EMORROIDI
015 - C - 1 - Fenomeno di Raynaud con anticorpi ANA positivi;	- FAMILIARITA' DI MELANOMA
015 - C - 1 - Fenomeno di Raynaud con anticorpi ANA positivi;	- ipercheratosi dorso
015 - C - 1 - Fenomeno di Raynaud con anticorpi ANA positivi;	- LESIONE CHERATOSICA GAMBIA SIN.
015 - C - 1 - Fenomeno di Raynaud con anticorpi ANA positivi;	- LIPOMA FRONTE
015 - C - 1 - Fenomeno di Raynaud con anticorpi ANA positivi;	- mappatura nevi
015 - C - 1 - Fenomeno di Raynaud con anticorpi ANA positivi;	- neoformazione guancia dx
015 - C - 1 - Fenomeno di Raynaud con anticorpi ANA positivi;	- NEOFORMAZIONE PRURIGINOSA SPALLA DX
015 - C - 1 - Fenomeno di Raynaud con anticorpi ANA positivi;	- neoformazione torace
015 - C - 1 - Fenomeno di Raynaud con anticorpi ANA positivi;	- nevo dorso
015 - C - 1 - Fenomeno di Raynaud con anticorpi ANA positivi;	- nevo orecchio dx
015 - C - 1 - Fenomeno di Raynaud con anticorpi ANA positivi;	- ONICOMICOSI
015 - C - 1 - Fenomeno di Raynaud con anticorpi ANA positivi;	- PAPPILLOMI CLITANEI
015 - C - 1 - Fenomeno di Raynaud con anticorpi ANA positivi;	- pregresso melanoma
015 - C - 1 - Fenomeno di Raynaud con anticorpi ANA positivi;	- VERRUCA PENE
015 - C - 1 - Fenomeno di Raynaud con anticorpi ANA positivi;	- VERRUCHIE GAMBE E MANO
015 - C - 3 - Liscere resistenti a terapia ero necessità di curettage;	- NEOFORMAZIONE VEGETANTE FRONTE LATO DX - COMPARSA DA TRE MESI
015 - C - 4 - Psoriasi con artralgie	- Controllo
015 - C - 5 - Altro (10%)	- CONTROLLO
015 - C - 5 - Altro (10%)	- cheratosi atliche
015 - C - 5 - Altro (10%)	- CHERATOSI NASALE
015 - C - 5 - Altro (10%)	- Controllo
015 - C - 5 - Altro (10%)	- controllo nevi
015 - C - 5 - Altro (10%)	- controllo nevi
015 - C - 5 - Altro (10%)	- CONTROLLO NEVI - LESIONI TORACICHE
015 - C - 5 - Altro (10%)	- fibroadenomi multipli (gluteo e dorso)
015 - C - 5 - Altro (10%)	- lesioni bollose
015 - C - 5 - Altro (10%)	- NEOFORMAZIONE PALPEBRALE SUPERIORE SX
015 - C - 5 - Altro (10%)	- onicomicosi + verruca 5 dito piede dx
015 - C - 5 - Altro (10%)	- PSORIASI CUOIO CAPELLUTO
015 - C - 5 - Altro (10%)	- SECREZIONI BIANCASTRE GLANDE URETRA
015 - C - 5 - Altro (10%)	- SOSPETTA MICOSI ALLE MANI
015 - C - 5 - Altro (10%)	- unghie incarnite alluce bilaterale
015 - C - 5 - Altro (10%)	- verruca terzo dito mano sx
015 - E - 2 - Altre condizioni cliniche	- controllo nevi
015 - E - 2 - Altre condizioni cliniche	- neoformazione polso dx, cisti braccio dx
015 - F - 2 - Follow-up	- esiti di recente exeresi di macule coscia dx



- Appropriatelyzza della domanda di prestazioni tramite utilizzo completo del metodo RAO con coinvolgimento medici di assistenza primaria e specialisti ospedalieri e specialisti ambulatoriali interni (SAI)
  - progetti obiettivo medici di assistenza primaria
  - progetti per specialisti ospedalieri



*progetti annuali* dei medici di assistenza primaria e *obiettivi di budget* agli specialisti ospedalieri



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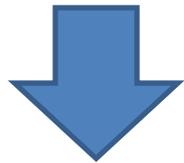
**19**

*NEL PROSSIMO FUTURO ...*

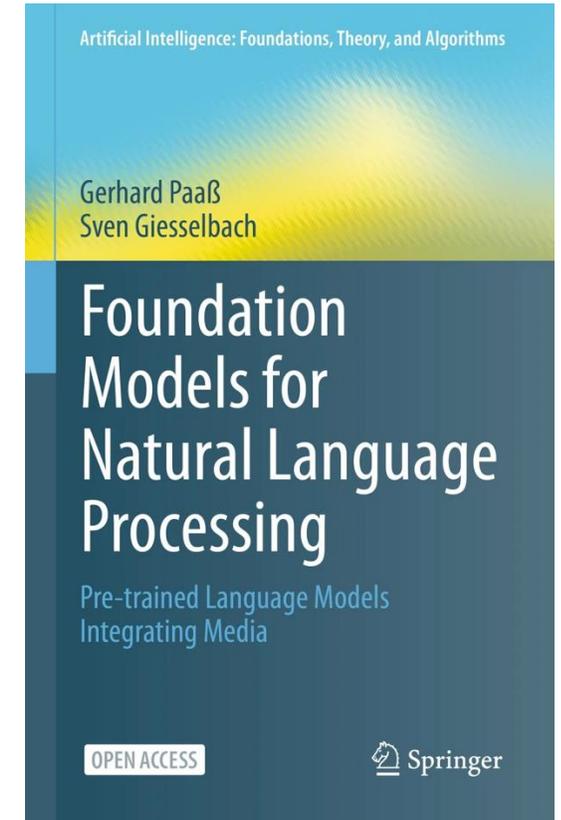
## MEDICINA SEMPRE PIU' MULTIDISCIPLINARE NELLE E TRA LE CURE PRIMARIE E SECONDARIE

La carenza di un linguaggio medico sintetico e specifico mina:

- i) la comprensibilità delle idee;
- ii) il confronto delle idee;
- iii) la scelta e la condivisione della cura del paziente



*Doctor-centred language*



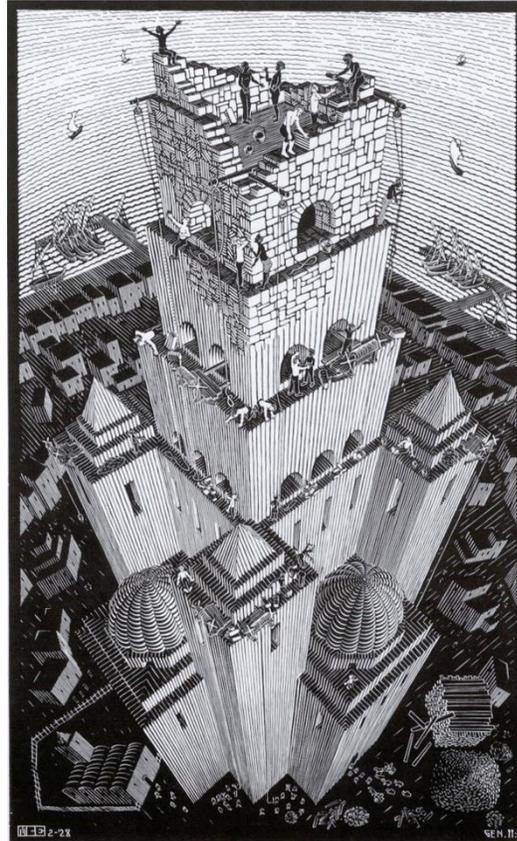


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**GRAZIE DELL'ATTENZIONE !**

*“Il **duale** è il numero del patto, dell'accordo, dell'intesa.”*

Andrea Marcolongo, *La lingua geniale*, Ed. Laterza, 2016