Experience of a system mainly based on a health model

Overview of the Italian Assistive Technology provisioning system

AAATE workshop 2012

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The Italian National Health Service (NHS)

**Italy is …**
- 60,387,000 citizens
- 20 Regions
- 110 Provinces
- 194 Local Health Authorities (ASLs)
- 8,094 Municipalities

**Responsibilities**
- Defining the “minimum standards of care” >>> Ministry of Health
- Services Planning >>> Region
- Social Services >>> Municipality
- Health Services >>> ASL- LHA

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ICIDH - WHO

1980

*International Classification of Impairments, Disabilities and Handicaps (ICIDH).*
The Italian Assistive Technology provisioning system

Mainly stemmed from a medical model

(handicap VS participation)

didn’t take into account the contextual factors

1992 - Law #104

- National regulation for integration of handicapped
Who is responsible

- **Public facilities and services**
  - The owner, in compliance with accessibility rules

- **Workplaces**
  - The employer, in compliance with the Labour safety rules and the supported employment procedures

- **Schools - Universities**
  - Each Institution has its own autonomy
  - (except for devices for strictly personal use)

- **Environments and equipment for daily living**
  - The user (supported by the AT service provision systems)
Financial support to the user

- **Direct provision of AT equipment**
  - By the National Health Service;
  - By the National Labour Insurance;
  - By few others: some Regions, Universities, …

- **Fiscal benefits**
  - Reduced VAT or tax deduction for equipment directly bought by the user

- Grants for *removal of architectural barriers*

- Grants for buying or adapting *cars*

- Grants for *individual independent living programmes*

- Reimboursements by *private insurances*
AT provision through the ASL

- **Assessment**
  - *No regulation on who should do it*

- **Prescription**
  - *by a qualified physician (physiatrist; oculist; othorynolaringologist…)*

- **Authorisation**
  - *by a ASL official (checking user eligibility and evidence)*

- **Provision**
  - *by the company chosen by the user unless the ASL has a bulk procurement contract*

- **Verification**
  - *by a qualified physician*
Who decides what

- The Ministry of Health
  - Establishes the List of types of equipment eligible for NHS prescription (Nomenclatore Tariffario)

- A medical Commission at the ASL
  - Decides that a citizen is eligible for AT provision

- The prescriber
  - Decides the types of devices – and the related specifications – to be provided to an individual citizen

- The citizen
  - Decides brand, model and company

- The prescriber and the citizen
  - Decide whether the item provided is acceptable
Example: an item from the Ministry list
*(666 types of products; 386 optional components; 694 repair services; 31 adaptations; **total 1777 items**)*

<table>
<thead>
<tr>
<th>DESCRIZIONE</th>
<th>CODICE EX DM 28/12/92</th>
<th>CODICE CLASSIFICAZIONE ISO</th>
<th>TARIFFA</th>
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</thead>
<tbody>
<tr>
<td>CARROZZINA AD AUTOSPINTA CON DUE MANI SULLE RUOTE POSTERIORI PIEGHEVOLE O A TELAIO RIGIDO RIDUCIBILE SUPERLEGGERA</td>
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<tr>
<td>È indicata per adulti invalidi e minori di anni 18 non deambulanti che svolgono una intensa attività esterna (è alternativa alle altre 12.21.06)</td>
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<td>Caratteristiche:</td>
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<tr>
<td>- struttura in materiali compositi (carbonio e/o kevlar) o leghe superleggere ad altissima resistenza;</td>
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<tr>
<td>- schienale e braccioli estraibili o pieghevoli;</td>
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<tr>
<td>- pedana unica o doppia estraibile;</td>
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<tr>
<td>- due ruote grandi a gomatura pneumatica o massimo 650 mm. ad estrazione rapida con anello corrimano in alluminio o nylon e due ruote piroettanti Ø massimo 200 mm.;</td>
<td></td>
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<tr>
<td>- forcelle anteriori con inclinazione regolabile;</td>
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<tr>
<td>- sedile con larghezza tra 34 e 45 cm.;</td>
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<tr>
<td>- peso massimo in assetto di uso kg. 13;</td>
<td></td>
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<tr>
<td>- garanzia non inferiore a 24 mesi.</td>
<td>22.51.124</td>
<td>12.21.06.060</td>
<td>2.856.100</td>
</tr>
</tbody>
</table>
Our situation

- uncoordinated services from several providers
  - public and private
- several regions are in default with health budget
  - out of control spending
Expected developments

- Upgrade of the NHS List (ready since 2008, not yet enforced)

- Registration procedure for products provided through NHS

- More Regions expected to introduce free choice / individual programme approach

- The new Ministry “Guidelines for rehabilitation services” will better highlight the AT role

- More Regions expected to officially recognise AT Assessment Centres

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New challenges

- merging social services and health services
  - which are still kept separated in Italy
- providing high level services to all people who need it
- implementing all this with the restricted budget currently available
The Italian network of ICT - AT centres

1997:
- 13 AT Centres
- 6 regions

2012:
- 29 AT Centres
- 13 regions

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GLIC

- It is:
  - National Network of specialized Centres in the area of technologies for people with disabilities and elderly

- Goals:
  - To strengthen the area of AT to promote Activity and Participation of people with disabilities (OMS – WHO ICF 2001)
  - To endorse AT Centres as a factor of public spending optimization, favoring social inclusion and quality of life
  - Diffusion of Best Practices
What is an independent AT Centre?

Features

• Established competence centre
• No commercial interest in AT
• Multidisciplinary team
• Permanent showroom of devices and solutions
• Networking with other local stakeholders:
  • services in health, education and social services
GLIC: The Activities

- **Experiences Sharing**
- **Peer Training**
- **Research – Surveys - Analysis**
- **Institutional Networking**
- **Lobbying**

*and last but not the least:*

- **Build local networks between different actors**
  - **health, social, work, education**...
Typical staffing of the AT-ICT centres:

The areas of professional competence

Workflow
- Rehabilitation: PT, S&LT, OT, Medical doctor, Psychologist
- Psycho-educational: Pedagogist, psychologist, educator, teacher
- Technological: Technicians, electronic engineers, ICT experts, software engineers

Towards profiles of competences

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The services delivered

Information/orientation

Assessments and consultancy

Support

Advise for professionals and institutions

Training / raising awareness / dissemination

Research

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GLIC: main institutional collaboration

VAT reduction AT-ICT
AT for communication
Review list of PHS fundable AT-ICT
Repository fundable ICT-

Educational software and accessibility

Training and support for AT resources in education

Virtual market place in ICT-AT field

Other projects …

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Goals reached

A lot has been done…
but a lot more still needs to be done

Networking is… in our DNA!
AT for All?

damn technology!
I must go
somewhere now!
(Altan)

Tak til jer Alle

(Thank you all ;-)
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