



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)

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## **Italy is ...**

- ▶ 60.387.000 citizens
- ▶ 20 Regions
- ▶ 110 Provinces
- ▶ 194 Local Health Authorities (ASLs)
- ▶ 8094 Municipalities

## **Responsibilities**

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

# ICIDH - WHO

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**1980**

***International Classification of Impairments, Disabilities and Handicaps (ICIDH).***



# The Italian Assistive Technology provisioning system

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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

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- ▶ ***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

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- ▶ ***Direct provision of AT equipment***

- ▶ By the National Health Service;
- ▶ By the National Labour Insurance;
- ▶ By few others: some Regions, Universitites, ...

- ▶ ***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***

- ▶ Reimbursements by ***private insurances***

# AT provision through the ASL

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- ▶ **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

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- ▶ *Establishes the List of types of equipment eligible for NHS prescription (Nomenclature 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**)

DESCRIZIONE	CODICE EX DM 28/12/92	CODICE CLASSIFICAZIONE ISO	TARIFFA
<p>CARROZZINA AD AUTOSPINTA CON DUE MANI SULLE RUOTE POSTERIORI PIEGHEVOLE O A TELAIO RIGIDO RIDUCIBILE SUPERLEGGERA</p> <p>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)</p> <p>Caratteristiche:</p> <ul style="list-style-type: none"><li>- struttura in materiali compositi (carbonio e/o kevlar) o leghe superleggere ad altissima resistenza;</li><li>- schienale e braccioli estraibili o pieghevoli;</li><li>- pedana unica o doppia estraibile;</li><li>- due ruote grandi a gommatura pneumatica o massimo 650 mm. ad estrazione rapida con anello corrimano in alluminio o nylon e due ruote piroettanti Ø massimo 200 mm.;</li><li>- forcelle anteriori con inclinazione regolabile;</li><li>- sedile con larghezza tra 34 e 45 cm.;</li><li>- peso massimo in assetto di uso kg. 13;</li><li>- garanzia non inferiore a 24 mesi.</li></ul>	22.51.124	12.21.06.060	2.856.100

# Our situation

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

# Expected developments

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- ▶ 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

# New challenges

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- ▶ 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**

*[www.centriausili.it](http://www.centriausili.it)*

# GLIC

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- ▶ **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?

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## 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

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- ▶ *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:

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## 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**



# The services delivered

Information/orientation

Assessments and consultancy



in the centre  
on site

Support



in the centre  
on site

Advise for professionals and institutions

Training / raising awareness / dissemination

Research



## 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



**CONSIP**

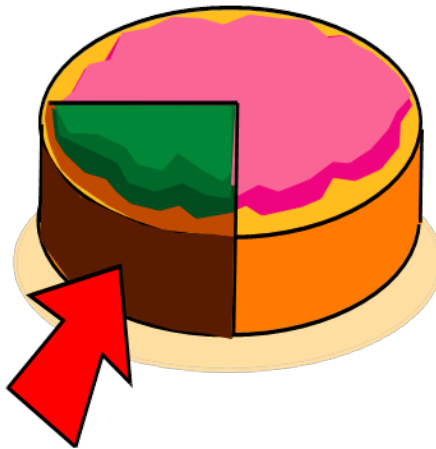
Virtual market place in ICT-AT field

Other projects ...

# Goals reached

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



*Networking is... in our DNA !*

# AT for All?

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

Tak til jer Alle  
(Thank you all ;-)



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