

“EVERYBODY IS EQUAL BEFORE THE HEALTH”: THE ROLE OF GENERAL PRACTITIONER IN THE MULTIETHNIC SERVICE MANAGEMENT IN THE SETTING OF LAZIO REGION’S PRIMARY CARE

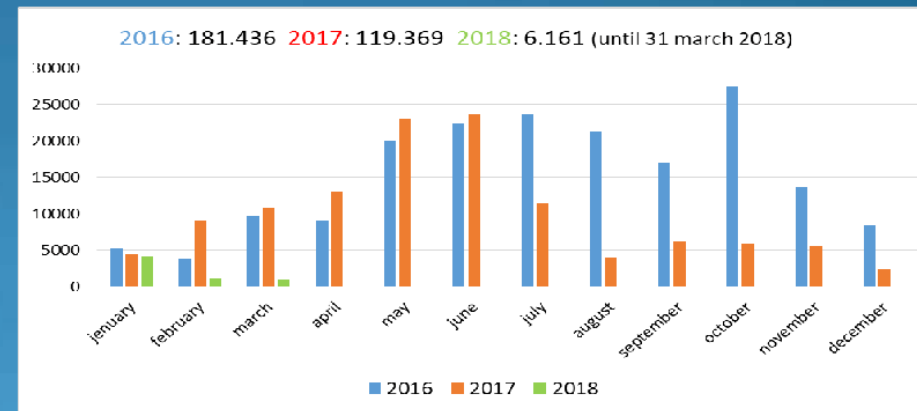
Grimaldi E¹, Bartoletti PL²

¹ MMG FIMMG Formazione Lazio, Frosinone (Regione Lazio)

² MMG FIMMG Roma, (Regione Lazio)

Introduction

Lazio Region is the protagonist of socio-cultural changes that give an International character to the Territory related to the new Setting of Primary Care where Multiethnic Service is provided. According to Ministry of the Interior’s data, in Italy from the beginning of 2018 to march 2018, the number of migrants was 6.161; in Lazio, 14.893 migrants were accepted, so these compared to 9% of migrants who was landed in Italy. In our country from 2016 to march 2018 there was a gradual decrease of migrants.

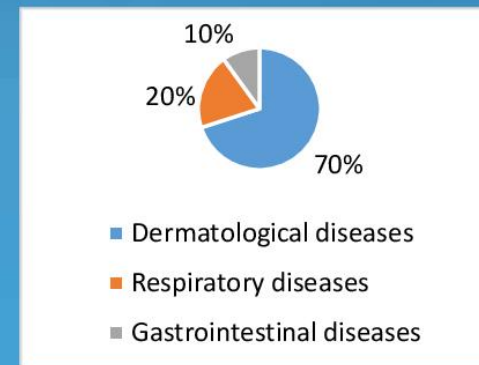
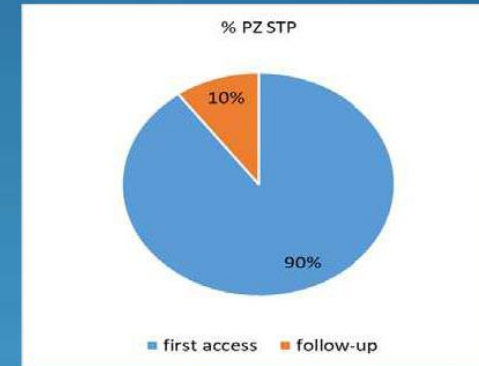
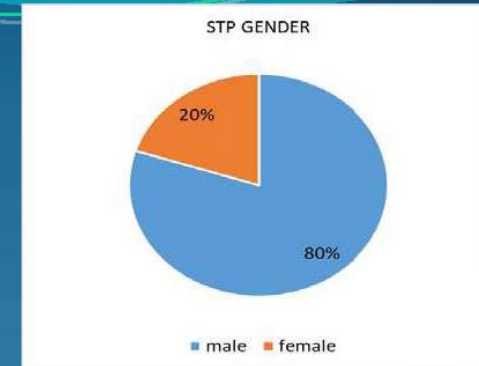
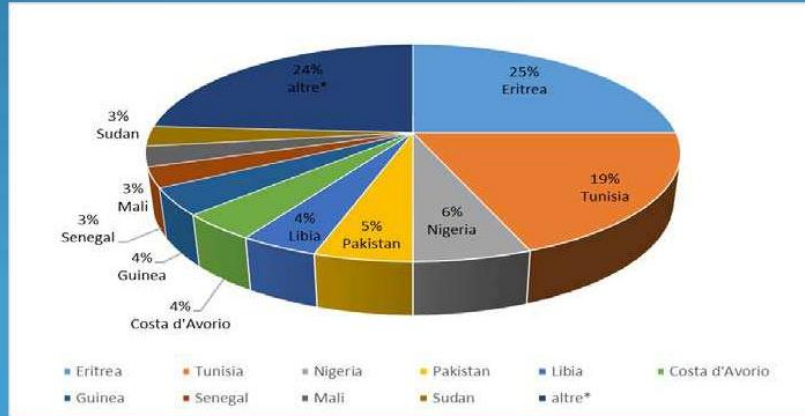


Objectives

A working group of Frosinone ASL defined guide lines for the social-health care to refugees and asylumseekers (STP) realized in the setting of “Casa della Salute” at Pontecorvo, including: reception service and health services with “Integrated Care Pathway” (PDTA); training course for the professional net work according to the integration of the territorial social-health network; campaigns of information and awareness for the meeting with the different communities of immigrants.

Results

From 1 July 2016 to 30 April 2018 at the General Practitioners' surgery of Multiethnic Service the physicians, who took part to the project, collected data through a clinical diary for every patient that was included in the SISMED, the regional computer program used. 1.800 STP (80% males vs 20% females) was included and visited; they were Africans from Eritrea, Senegal, Ethiopia, Ivory Coast, Mali and Afghanistan. 2.000 medical visits (90% first access vs 10% follow-up) were performed. At the 2016 there were 250 medical visits in 6 months, 1.553 at the 2017 and 130 from January to April 2018 in relation to the flow of landings. There were dermatological diseases (70%), respiratory diseases (20%) and gastrointestinal diseases (10%), while a case of suspected pulmonary TBC was reported, but the diagnosis was not confirmed.



Discussion

The working method was the governance of the multi-professional network through the sharing of strategies and objectives between the GPs and the other professionals of the Multiethnic Service. This project centralized the role of the GPs in the management of a different kind of health service with the collaboration between social and health professionals to offer high levels of flexibility and adaptability to regional and local systems for the organization of multiethnic services.

Conclusions

The GP have a new identity in the welfare social system and the Multiethnic Service is an example of the “active medicine” in order to create the “Community oriented Primary Care”. This experience highlights the important aspects of the STP’s health care: there is the right coverage that assures the individual and collective health through specific clinical pathway.

Bibliography

Piano Operativo Aziendale (ASL di Frosinone), Progetto “Salute senza esclusioni: per un servizio sanitario attivo contro le disuguaglianze, 2014.

Decreto del Commissario ad Acta 4 ottobre 2013, n. U00428 (Regione Lazio): Approvazione del documento “Raccomandazioni per la stesura degli Atti aziendali di cui al D.C.A. n. 206 del 2013, relativamente all’organizzazione delle Case della salute”.

“Migrazione e salute: le tappe di una storia che ci trasforma”. S. Geraci. Società Italiana di Medicina delle Migrazioni.

Geraci S., “La politica sanitaria per gli immigrati nella regione Lazio”, in Agenzia Sanitaria Italiana (ASI), n. 1-2, gennaio 2001, pp. 42-43.

Dossier statistico Immigrazione (2016).