# Integrating health and social services in San Marino

## Overview

Since the early 2000s, San Marino has faced rising rates of chronic disease and multimorbidity in the context of an ageing population, placing growing pressure on health and social services to effectively coordinate and manage complex care needs. In 2006, the government adopted the first social health plan, outlining a strategy for the integration of health and social services under a single organization. Health and social sectors were united with a single budget and common objectives managed by the Social Security Institute. Redesign of care pathways and protocols to support integration has helped standardize services provided, drive efficiency improvements and increase accountability. This has included the development of a protected hospital discharge pathway, which brings health providers, social workers and informal caregivers together to collectively design care plans. Due to San Marino's small size – with only one hospital and three primary health centres to cover population needs – providers worked in close proximity to one another and had close, collaborative relationships across sectors. A shared electronic information system has been developed to increase connections between providers and facilitate information sharing the introduction of peer-led training sessions aim to support knowledge sharing across disciplines. At present, the Social Security Institute continues to focus on "the whole system" and collectively plan future directions in an integrated and collaborative way, seeking input from all stakeholders. Upgrades to the information system are currently underway to provide the Social Security Institute with data to support evidence-based system planning.

## Problem definition

Over the past two decades, San Marino has seen rising levels of chronic disease and multimorbidity, which are expected to continue given population ageing trends. In this context, greater demand has been placed on both health and social services to coordinate and effectively meet population needs (Box 1). Despite San Marino's small size, separate management of health and social sectors hindered effective coordination of services, contributing to inefficiencies in care delivery.

**Box 1**
What problems did the initiative seek to address?

- Ageing population with increasing chronicity and multimorbidity.
- Increasing demands for greater coordination between health and social services.

## Health service delivery transformations

**Timeline of transformations**
In 2004, the Government of San Marino began the process of integrating the health and social services system to improve care coordination and efficiency, publishing the first social-health plan to guide this process in 2006.

**Description of transformations**
**Selecting services.** A comprehensive package of health and social services is available to the population, with efforts continuously made to expand health promotion, disease prevention and outreach services. Recently, this has included expanding cancer-screening, encouraging the use of preventive services such as the influenza vaccine, and strengthening homecare services. Agreements with the Italian government allow patients to have access to highly-specialized services not available in San Marino.

**Designing care.** Evidence-based care pathways have been developed with input from clinical experts to help standardize services delivery. Care pathways are continuously updated and improved; "we are trying to make the care pathway better all the time. ... We try to do our best to follow these patients in the best possible way." The integration of health and social services has led to the development of a protected hospital discharge pathway, bringing health providers, social workers and informal caregivers together to collectively design care plans in an effort to avoid hospital readmissions. Additionally, new pathways have been introduced to include patients in care decision-making. Providers inform patients of care options and provide information to enable meaningful patient participation. Families and caregivers are also included in this process.

**Organizing providers.** San Marino has three primary health centres, on average one per 10 000 population.[1]

Each centre houses six to seven general practitioners, nine nurses and a mix of other professionals, such as psychologists and gynaecologists. General practitioners act as gatekeepers to care and "it is the rule that patients must go to general practitioners" instead of directly seeking higher-level services. "When patients go directly to the specialists, the specialists feed-back to general practitioners. … The patient is educated to start from the general practitioner next time." San Marino has one centrally located hospital, from which the maximum journey time is 20 minutes with an average journey time of 10 to 12 minutes.[1] In addition to specialists, the hospital houses social workers, public health professionals and health administrators.

As a result of the integration of health and social sectors at the system level, coordination across services delivery has increased. Multidisciplinary teams have been developed to pool expertise and deliver more coordinated care to patients.

*If there is needed some help at home we can already ask social assistants about the things the patient needs. And the multidisciplinary team all know the condition of the patient the moment they leave the hospital. The multidisciplinary team all have parts in this group.*

Due to San Marino's small size and close physical proximity of providers, interprofessional communication and collaboration was high prior to the initiative, with collaboration often occurring informally between the two sectors. "Professionals really know other professionals. We all know each other." The initiative has served to formalize these connections across care levels and disciplines. To further enhance coordination and continuity, a shared information system has been developed across all levels of health and social services. In addition, shared

radiographic digital imaging has been incorporated into this system.

**Managing services.** The Social Security Institute has been established as the single authority responsible for managing health and social services. Within the Institute there are three departments: prevention (environmental, occupational and public health), hospital (hospital and specialist care) and health and social services

(primary care, mental health, services for the elderly and maternal and child health). Each department has a steering committee, which meets regularly. The heads of each department are members of the Executive Committee within the Social Security Institute. "The departmental model has established multi-professional representation in the Committees of the department and, therefore, the possibility to better exploit

Table 1
How was the delivery of health services transformed through the initiative?

| Before | After |
| --- | --- |
| **Selecting services** | |
| Comprehensive package of health and social services available free-of-charge to population; highly-specialized services available in Italy. | Expansion of health promotion, disease prevention and outreach services; increased home-care services for elderly population. |
| **Designing care** | |
| Absence of formal protocols for majority of care "because it was so easy for providers to call and ask other providers what to do"; strict protocols in place for ambulatory care. | Care pathways formally defined and protocols implemented to control quality and efficiency; clinical experts helped design pathways and continue to inform improvements; new pathways more inclusive of patients. |
| **Organizing providers** | |
| One hospital and three primary health centres serve population; small population size and close proximity facilitate close interprofessional communication and collaboration; general practitioners act as gatekeepers to care and have close relationships with patients. | Providers across the health and social system continue to work closely; multidisciplinary teams collectively design coordinated care plans for patients; shared information system connects providers to give access to "the same computerized information". |
| **Managing services** | |
| Separate health and social services departments manage care delivery in silo. | Social Security Institute established to jointly manage health and social services. |
| **Improving performance** | |
| Sporadic availability of training opportunities for providers. | Regular programme of continuing education; informal peer-led courses offered. |

the skills and the value of other professions."

**Improving performance.**
Professional continuing education courses are available to health and social services providers. An annual programme of available courses is published by the Social Security Institute. In addition to formal training opportunities, informal education sessions led by providers are held at the hospital. "We are organizing small courses in the hospital, usually in the afternoon, where we see each other for certain things we want to do better." A substitute general practitioner is available to take the place of another provider wishing to attend trainings if needed.

**Engaging and empowering people, families and communities**
A special office has been established to manage feedback between the population and the Social Security Institute. Patients are able to share their opinions and file complaints through this office. This service is "the way by which the patient can have a dialogue with the Social Security Institute". Patient associations also play an important role in representing patients' voices. The Social Security Institute has encouraged participation from these associations, who are subsequently becoming more involved in planning processes. "When we have, for example, a meeting about a specific topic, the population participates. We have a lot of interactive discussions."

## Health system enabling factors

The first social health plan in 2006 advocated for integration of health and social services at the system level and laid out the main points for how integration was to be achieved. This policy provided the framework for the initiative to take shape (Table 2). The main feature of this first social health plan was to establish the Social Security Institute as the single authority responsible for

managing health and social services. The Social Security Institute is responsible for annual planning to achieve long-term goals laid out by the Ministry. Annual plans detail short-term objectives and assign the annual budget. Discussions surrounding the development of the Social Security Institute's annual plans are inclusive, with the government, clinical experts and general population all providing input. Although health and social system planning had previously been controlled by politicians, significant contributions and representation of clinical experts at the system level now enable development of more practical proposals. Annual plans must still be approved by the Ministry of Health. The Social Security Institute has just one budget

for all health and social services and consequently plans these services in an integrated way.

*The budget, in this case, is not a mere economic instrument, but it is a complex and dynamic tool for annual programming that contains objectives (process and outcome), human resources, economic resources, equipment and – the most important thing – the links and the integration targets.*

The "budget is a goal" and is somewhat flexible based on needs. Providers have set levels of expenditures and are discouraged from exceeding allocated funds. All providers can freely access the claims and expenses data of other providers through an

**Table 2**
How has the health system supported transformations in health services delivery?

| System enablers | Example |
| --- | --- |
| Accountability | • Social-health plan guided integration of health and social sectors.<br>• Ministry of Health responsible for long-term planning of the health and social system.<br>• Social Security Institute responsible for management of the health and social system under direction of the Ministry of Health; Institute is responsible for short-term planning and annual budget decisions. |
| Incentives | • Shared budget for all departments encourages collaboration and integrated working at the system level.<br>• Providers' expenses openly available to all providers, creating strong financial accountability and incentivizing appropriate care practices. |
| Competencies | • Intersectoral teams within Social Security Institute "better exploit the skills and the value of other professions". |
| Information | • Information system being updated and expanded to support data collection for system planning by the Social Security Institute and Ministry of Health.<br>• Health and social care experts included in system planning process; clinical experts, not politicians, design the system. |

open information system. This has introduced a high level of transparency among professionals and discourages unnecessary expenditures.

Investments have been made to equip care facilities with the technology needed to connect to the shared health and social information system and the hospital was recently equipped with a wireless network. To enable greater use of data in future decision-making, the shared information system is currently being upgraded to "be more complex and structured so we can have statistics". The evolution of the information system will provide the Social Security Institute with full data on medicines, technologies and activities for both providers and patients across the entire health and social system.

## Outcomes

Impact directly attributable to the integration of health and social sectors is difficult to determine, but it is believed that reforms have improved cost-effectiveness of care and encouraged greater coordination among providers.

## Change management

### Key actors

While the design and planning of system reforms to integrate health and social sectors was led in a top-down approach by the Ministry of Health, changes have felt largely organic as a result of San Marino's small size and close-knit community which favoured collaboration with multiple stakeholders (Box 2). While the Ministry of Health led the reform process, input on changes was sought from both providers and patients. All stakeholders were given a voice and were able to influence

reforms. Rather than politicians dictating the system, clinical experts significantly contributed to the design process, enabling the development of practical solutions to drive change.

### Box 2

Who were the key actors and what were their defining roles?

- **Ministry of Health.** Led development of first social-health plan; established Social Security Institute as the single authority responsible for coordinating health and social services; guides Social Security Institute by setting three-year programmes detailing long-term goals.
- **Social Security Institute.** Single authority responsible for managing and coordinating health and social services; develops annual programmes detailing budgets, goals and objectives in line with long-term Ministry of Health goals.
- **Health and social care providers.** Work collaboratively to deliver coordinated/integrated health and social services to patients; coordinate peer-led training workshops; provide expert input on guidelines and protocols developed by the Social Security Institute.

### Initiating change

San Marino has a long history of providing health and social protection to its population. This cultural context was important for helping to establish formal links between health and social sectors in response to emerging demographic pressures on the health and social care system.

## Implementation

Reforms reinforced already widespread informal practices in health and social services delivery and nurtured the existing community spirit stemming from mutual respect, collaboration and effective communication. Due to San Marino's small population size, all professionals within the health and social sector have strong working relationships. Patients, for the same reason, also have close relationships with providers. A sense of connectedness and willingness to collaborate derives from these close ties, which has been essential for ensuring coordinated and continuous care to patients through integrated services delivery.

## Moving forward

The Social Security Institute continues to focus on "the whole system" and collectively plan future directions in an integrated and collaborative way, seeking input from all stakeholders.

### Highlights

- Familiarity and close professional relationships between the health and social care sector were integral to the development of the initiative.
- Integration of management structures at the system level provided a strong platform from which to drive integration at the services delivery level.
- A focus on peer-led multidisciplinary education and trainings provided professionals with improved knowledge of each other's disciplines and fostered mutual respect.

1  Pasini, P., & Aalders, M. (2011). *Virtual Study Trip to Integrated Care in San Marino*. Odense: International Network of Integrated Care. Retrieved from http://www.integratedcare.org/Portals/0/congresses/Pasini%20Virtual%20Studytrip%20SM.pdf