

EASE-CEA: an Italian general practice reform model balancing autonomy and accountability in Italy's primary care

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INTRODUCTION

Over a decade ago, the authors of this manuscript anticipated the current crisis in the Italian National Health Service with the publication *The Perfect Storm/La tempesta perfetta*,¹ forecasting the unsustainable trajectory of the system in the face of demographic, epidemiological and organisational trends. That early warning has now materialised, with worsening fragmentation, resource strain and poor outcomes for chronic patients.

Today, a new wave of institutional proposals for primary care reform is emerging, yet many of them remain anchored in partial or reactive models. In contrast, the EASE-CEA framework represents a coherent, forward-looking and structurally grounded solution, capable of reconciling professional autonomy with systemic governance and sustainability.

Italy, like most high-income countries, is undergoing a significant demographic shift. As of 2024, 23.5% of the Italian population is aged 65 or older. This proportion is expected to rise to 33% by 2050 and 36% by 2070, with a concurrent increase in frailty, disability and chronic multimorbidity—particularly cardiovascular disease, diabetes, chronic respiratory conditions, cancer and neurodegenerative disorders.²

The economic impact of this shift is considerable. In 2022, total healthcare expenditure in Italy was approximately 9.1% of gross domestic product (GDP), with public spending accounting for 6.8% and private out-of-pocket and insurance spending for 2.3%. By 2050, projections estimate that total health expenditure could reach 10.8–11.5% of GDP, of which 7.8–8.2% public and 3–3.3% private, primarily driven by age-related chronic care and long-term assistance.³

Primary care in Italy is facing what can be described as a 'perfect storm'—rapid population ageing, increasing chronic multimorbidity, rising costs, fragmentation of service

delivery and the progressive ageing of general practitioners (GPs). Recent analyses highlight that thousands of GPs will retire within the next 5 years—with some regions facing retirements exceeding 70% of their current workforce—while generational turnover remains insufficient. This impending mass shift exacerbates workforce shortages and underscores the urgency of structural reform.

MODEL DESCRIPTION

- ▶ Each EASE-CEA group serves 10 000–25 000 people (variable).
- ▶ Teams consist of 7–12 GPs, nurses, administrative and social workers.
- ▶ Shared budget, elected coordinator and digital health tools.
- ▶ Care provided from GP's practices/spoke community hubs.
- ▶ Multilevel governance: territorial, district, regional and national.
- ▶ Focus on chronic care, home care (ADI), prevention and telehealth.

The term CEA stands for *Convenzionamento Evoluto con Autogestione* (Evolved Agreement with Self-Governance), indicating a renewed contractual and organisational framework that empowers GP teams to share resources, responsibilities and outcome-based incentives while retaining self-governance and accountability to the SSN (Servizio Sanitario Nazionale).

Provision of financing is aimed at modern GP practices, healthcare and administrative collaborators, and payment-per-service for basic diagnostic tests and procedures performed in-practice, including the adoption of in-office diagnostic tools and point-of-care ultrasound (POCUS).

EXPECTED OUTCOMES

- ▶ 25% reduction in inappropriate Emergency Room visits.



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- ▶ >75% adherence in chronic treatments.
- ▶ >70% frail elderly managed with ADI.
- ▶ 100% multidimensional assessment in those over 80.
- ▶ Access to extended primary care services.

DISCUSSION

The EASE–CEA model enables greater professional responsibility and data-driven care, overcoming structural limits of current models. It can be adapted across regions and potentially scaled nationally, pending appropriate legislative and economic support. It also aligns with WHO principles of people-centred, integrated care.

Implications for clinical governance and standardisation

The EASE–CEA model supports a formalised system of clinical governance at multiple levels:

- ▶ At the local level, each EASE–CEA group is coordinated by an elected GP and includes monthly review meetings, performance dashboards and joint care planning.
- ▶ Clinical pathways are based on national guidelines (eg, AGENAS or Ministry of Health) and locally adapted protocols.
- ▶ Digital health records and predictive analytics tools support stratification, adherence monitoring and proactive intervention.
- ▶ Regional authorities oversee guideline compliance and support training.
- ▶ A central benchmarking system compares CEA groups and links financial incentives to population-level outcomes.

In addition, the model introduces certification aligned with ISO 7101 (healthcare organisation management) and ISO 17024 (personnel competence), covering structural criteria, care processes and outcome indicators. Certification is granted through regional authorities, supporting transparency, equity and continuous quality improvement.

Furthermore, national standardised criteria are envisaged for key components of primary care delivery: structural standards for facilities/equipment; service delivery standards for prevention, chronic disease management and home care; competence standards; measurable targets and proactive clinical pathways.

Operationally, governance also includes intensive utilisation of in-practice diagnostics and procedures (including POCUS), with routine audit cycles and performance dashboards reviewed monthly to drive adherence and proactive care.

INTEGRATION AND ALIGNMENT WITH DM 77/2022 AND AGGREGAZIONI FUNZIONALI TERRITORIALI STRUCTURES

The EASE–CEA model is fully compatible with Italy's Ministerial Decree 77/2022 (DM 77) and the 'Aggregazioni Funzionali Territoriali (AFTs)'.⁴

DM 77 reorganises territorial healthcare services outlining the creation of Community Health Centers (Case della Comunità), the activation of Territorial Operational Centers, the deployment of Family and Community Nurses and the establishment of service and personnel standards.

EASE–CEA aligns with these objectives by providing

- ▶ A structured model of clinical governance consistent with Community Health Centers (Spoke Hubs).
- ▶ A stable multiprofessional team model, operating within or in coordination with Community Health Centers.
- ▶ Digital systems, alignment with digital and artificial intelligence tools and measurable indicators, supporting DM 77's emphasis on performance and accountability.
- ▶ Strategic contribution to the implementation of Mission 6 of the National Recovery and Resilience Plan (PNRR).

Through this integration, EASE–CEA offers a viable path to implement the principles of DM 77 while enhancing their operational depth and local adaptability.

FROM AFTS TO EASE–CEA: AN EVOLUTIONARY LEAP

The current AFTs, introduced through the 2016 National Collective Agreement (ACN), represent loose functional aggregations of GPs. They typically lack shared budgets, structured governance and stable integration with nurses or social workers. EASE–CEA therefore represents a transformative step forward, evolving from functional groupings to accountable clinical networks.^{5,6}

Compared to AFTs, EASE–CEA formalises financing, governance and multiprofessional integration, introducing benchmarking and outcome-linked incentives within a national accountability framework.

LIMITATIONS AND POTENTIAL UNINTENDED CONSEQUENCES

Although conceptually strong, the EASE–CEA model has not yet undergone formal pilot testing or nationwide implementation. Its success depends on alignment with national legislation, regional support and sufficient investment. Risks include unequal regional uptake and tensions between self-management and oversight mechanisms.

COMPARATIVE CONTEXT

EASE–CEA takes inspiration from international experiences like Primary Care Networks (the UK), Groupes de Médecine de Famille (Canada) and Accountable Care Organizations (the USA). However, unlike these models, it is deeply rooted in Italy's convention-based system and aims to bridge the

autonomy–accountability gap within a decentralised National Health Service.

CONCLUSION

The EASE–CEA model enables greater professional responsibility and data-driven care, and offers a structured, scalable response to Italy’s primary care challenges. Balancing autonomy with accountability, it aligns with current reforms (DM 77/2022) and WHO principles of integrated, people-centred care, while remaining adaptable to regional contexts.

An additional note

Regarding the recent publication of the 2025 policy act (Atto di Indirizzo) for the renewal of the ACN for GPs that regulates the working conditions, rights and duties of family doctors who operate within the Italian National Health Service, we would like to highlight that the document emphasises several elements that are strongly consistent with the EASE–CEA model. They are listed below:

- ▶ Consistency with DM 77/2022 and the PNRR: the contract explicitly links new resources to the functioning of Community Health Centers and AFTs.
- ▶ Objective fund for AFTs (30% of resources): opening to performance-based incentives and coverage, in line with dashboards and indicators envisaged by the EASE–CEA model.
- ▶ Support for young GPs: structured integration of GP trainees into AFTs, consistent with the generational renewal strategy proposed by EASE–CEA.
- ▶ Working hours flexibility and gender balance: the Act recognises the growing role of women in the profession, paving the way for organisational models that balance flexibility with continuity of care.
- ▶ Collaboration with pharmacies: greater involvement of pharmacies, aligned with the territorial integration perspective of EASE–CEA.
- ▶ Digitalisation and ‘Anagrafe Nazionale Assistenti—National Register of Assisted Persons’ (ANA): strong

emphasis on the Electronic Health Record and ANA, already integrated into the EASE–CEA proposal.

- ▶ Economic resources: the contract foresees a concentrated increase in 2024 (+5.78%), which may be insufficient to fully support innovative models without stable multiyear planning.

These convergences confirm the timeliness of the EASE–CEA model as an operational reference to give substance and continuity to the innovations introduced by the policy act.

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