

The MaiSON Project (Italy). Developing integration strategies for oncology organizations/associations through a participatory approach

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The efficacy of highly complex and biotechnology-based treatments requires organizational models, which must be largely connected and within a network with a continuous exchange of information and mutual support, built on learning groups with the ability of self-improvement. Participatory organization arises therefore as a crucial element, and a prerequisite to optimize the effectiveness and the efficiency of health service delivery, ensuring the centrality of the patient, the sharing of care and treatment programs, and the equity of access to health care. The creation of a model based on departments, included in a network, able to internalize and execute innovation across the board, represents to date the challenge central to the future of the health profession. It requires intuition, strategic planning, and most of all courage in exploring new ways to address the needs of patients and to optimize health care interventions.

Albeit with different methodology, the Italian regions that have created an oncology comprehensive cancer network are becoming more and more numerous. Indeed, the capabilities of networking, planning, the ability to anticipate future scenarios are essential for all the scientific organizations and professions, especially in areas such as oncology that thrive on constant innovation and updates. Italian oncologists live today within a complex community of medical and relational knowledge, which is surely among the first in Europe in terms of clinical outcome and scientific publications. In this community, with increasingly constrained resources, there is currently no synergy of objectives and strategies between the different actors (scientific societies, research institutes). For this reason, in recent years the Italian Association of Medical Oncology (AIOM) has undertaken initiatives to encourage a self-reflexive discourse within the scientific community, and to promote and implement new organizational forms. The goal has been to intercept the innovations constantly emerging from research and experimentation while dealing with the growing political, social, economic, and financial pressures.

Throughout 2007, with AIOM support and under its umbrella, the MaiSON Project was conceived and subsequently initiated. It aimed to build a synergy between the principal national oncological organizations such as AIOM itself, CIPOMO (Italian College of Head Physicians in Hospital Medical Oncology), COMU (College of University Medical Oncologists) and the IRCCSs (research hospitals). Assistance, research and training are the cornerstones on which rests the health system in general, and oncology in particular. These three aspects are of common interest to the several organizations committed to create an effective networking platform. In this perspective, five priority themes were identified, around which to develop a common, medium-term program of action, and five working groups were set up, with the organization more involved in the specific area as the coordinator. They are: from research to the clinic (IRCCS); university and higher education (COMU); defining standards of care and models of organization for the Oncology Operative Units (CIPOMO); the diagnostic-therapeutic pathway: centrality of the patient and continuum of care (AIOM); the national

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and regional cancer networks. The presence of a member of each organization was strictly guaranteed in the composition of each working group (Table 1).

The kick-start of the project took place in April 2007, in Florence, with a convention in the form of an open laboratory. Fifty health professionals and teachers, representative of the different realities involved in the working groups, assisted by professional coaches, worked together in order to identify differences and discuss critical issues and needs. Finally, the participants elaborated proposals with the aim to converge gradually within the next two years towards the development of a guideline document for each of the five selected strategic areas. The five guideline documents, developed by AIOM, CIPOMO, COMU and IRCCSs, were finally published in *“Il Sole-24 Ore”*, on May 2010, in monograph form in the series “Healthcare Papers”.

In the long history of Italian oncology, several valid proposals have been developed and widely diffused for the development of integrated cancer services, both at national and regional levels (Oncology Plans, Action Plans, etc). However, within the welfare system, little progress has yet been made in relation to the needs of a more organic and coordinated network, which is what cancer research and treatment require. To overcome such separation, still dominating our health system, an educational effort is required of all the leaders and operators towards a participatory culture, an integration of services, and a major attention to the human factors involved in the organizational processes.

In this sense, once the first phase of the Project was completed with the publication of the guideline documents for each of the identified strategic areas (research, training, standards of care and organizational models), a second phase was designed. The objectives of this phase were: transformation of a general, shared, point of view in projects and/or operational measures; programming of training courses in project management; development of an organizational culture through a self-reflexive training in parallel with the formulation of operational projects; joint management of the projects taking care of the mutual points of view and interests of the single organizations involved, and negotiation of solutions.

In parallel to the second phase, it seemed strategically important to start a third phase looking at a progressive involvement of other, medical oncology-related professional figures, such as radiotherapist (AIRO), palliativists (SICP), surgical oncologists (SICO), and more.

The development of the MaiSON Project, as a whole and in each of its stages, is configured both as a top-down process (the leaders take the initiative to coordinate themselves, develop a new culture, and disseminate new settings in the welfare system), as well as a bottom-up process (the operators, at the different levels of the involved organizations, have roles of increasing responsibility in planning and realizing complex networks of interactive work). Moreover, the project aims to build a mainstream able to self-propagate itself, to promote in the involved organizations the development and establishment of a culture of project management, to train agents able to foster changes (and supporters of these agents), within networks with high cognitive competence. Beyond the research and the development of a synergy of objectives and strategies in the national oncology scene, the MaiSON experience represents the beginning of a new participatory and shared working method, a manifestation of the drive to overcome professional particularism in favor of an effective orientation towards the centrality of the patient and his needs. It should be highlighted that the project has contributed to an interesting increase in joint initiatives between professional organizations, with particular reference to the AIOM-CIPOMO collaboration. In parallel to the increase in connections between the various professional organizations, there has been considerable effort to break, within the individual organizations, an excessive individualism and personalism, which ultimately lead to aggregations with the only objective of obtaining resources, cutting themselves off from processes of cultural improvement and wider visions of the socio-professional ecology, within which cancer care can evolve innovatively.

The most critical aspect for the progression of the MaiSON Project has been the inertia of the organizations with regard to an intensive training in project management. Establishment of a culture of self-reflex-

Table 1 - Guideline documents for selected strategic areas elaborated in the first phase of the MaiSON Project

• From research to clinical outcome: the paths through organization, management, & standards for screening & treatment	A Paradiso, R Bertorelle, PG Casali, B Daniele, S De Placido, G Gasparini, A Mancuso, P Pronzato, A Sobrero, G Tortora
• Graduate & post-graduate education: a strategic variable in the process of change	G Francini, V Adamo, G Castello, GL Cetto, A Falcone, V Fosser, R Polizzi, A Riccardi, S Siena
• On stage the rehearsal to build standards of care & organizational standards for the Oncology Units	G Cruciani, R Bordonaro, S Cascinu, M D’Aprile, M Giordano, A Jirillo, P Milella, A Molino, S Palazzo
• From prevention to the role of the general practitioner to follow-up all the prescriptions to ensure the continuity of care	E Maiello, M Aglietta, S Barni, L Dogliotti, G Galmozzi, R Mattioli, F Perrone, RR Silva, G Tuveri
• For cancer networks, coordination is essential: implications in terms of efficiency and competitiveness	G Amunni, P Bruzzi, PG Casali, F Cognetti, S Crispino, G Mantovani, M Pierotti, V Sidoti, P Tagliaferri, M Tonato

ivity through a rapid sequence of actions and experiences to create relational and cognitive networks probably represents a premature challenge for the organizational culture of Italian oncologists. Thus, there is a need to reformulate more concrete and feasible goals while maintaining the pattern of action with two central points represented by the culture of project management: 1) selection and training, which must be thorough and sustained over time (coaching, etc.), of motivated and responsible agents of change; 2) selection and training to mentoring of apical figures, which must monitor, propel and above all support the initiatives promoted by the agents of change. With this approach it

can be reasonably expected to generate innovations to deal creatively with the logic imposed by external conditions and higher power, such as political pressure, economic and financial constraints and external economic interests.

Italian oncology must make a choice between the development of expert, self-aware projects on one hand and the politics of pursuit of special privileges and advantages on the other hand in order to deal with more organized and concrete "players" (politics, industry, finance, etc.). Would oncology health professionals be able to take up this challenge with a spirit of initiative and innovation?