

Competing Logics in Primary Health Care Reform: NPM and Community-Based Care in Italy

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The COVID-19 pandemic, demographic ageing and rising chronicity have intensified pressures on health systems, calling into question organisational models centred on biomedical, hospital-based and standardised interventions. In response, calls to strengthen primary health care through integrated, territorial and community-based models have come from supranational organisations and national governments, as well as from civil society and from branches of medicine promoting a biosocial approach to care. These models aim to promote individual and community health through a holistic conception of wellbeing inspired by the Planetary Health approach, which frames health as the outcome of interrelated physical, social and environmental conditions.

In Italy, since 2022, a national primary care reform has introduced organisational arrangements explicitly aimed at strengthening the primary care network and supporting integrated, proximity-based care and fostering socio-health integration based on the principles of community-based care and person-centred care (Starfield, 1998; Coulter, 2011). Yet implementation takes place within a system profoundly shaped by three decades of New Public Management (NPM), characterised by metrics-based performance management, service specialisation, standardised interventions and a structural separation between health and social provision (Hood, 1991; Bevan & Hood, 2006).

The paper analyses policy implementation dynamics in Lombardy, where metrics-based performance management logics are particularly entrenched. The paper is based on a comparative case study of three Case di Comunità (Community Houses) located in the Milan metropolitan area (Lombardy). These facilities, introduced by the 2022 reform, are intended to function as key organisational hubs for the delivery of integrated, community-based services. The empirical analysis draws on an integration of qualitative and quantitative data, including semi-structured interviews with healthcare and social care professionals, managers and administrative staff, a quantitative analysis of publicly available open data on the health and social conditions of the populations served, document analysis of academic and policy sources, and field observations of organisational practices and service coordination processes. This integrated approach enables an in-depth analysis of policy implementation dynamics at the territorial level.

Focusing on the territorial level, the paper shows how the clash between metrics-based performance management logics and community-based, relational and person-centred approaches to care translates into practical tensions in local implementation. The findings highlight frictions in several key dimensions of implementation. First, tensions emerge in the definition of individual and community needs, as data collection is organised through predefined assessment forms and digital data-sharing platforms structured around fixed fields for clinical information. These tools prioritise standardised clinical data over socio-health and

contextual information on patients' living conditions, leading to a partial representation of social needs and limiting the development of personalised and integrated care pathways. Second, care pathways remain only partially integrated, reflecting persistent organisational fragmentation despite formal policy goals. Third, the implementation of the reform reveals constraints and resistances to multiprofessional collaboration and to the integration of health and social care, linked both to general resistance to organisational change and to difficulties in defining the roles and responsibilities of newly introduced professional figures, whose functions often overlap or conflict with those of pre-existing staff.

Overall, deeper collaborative tensions emerge, reflecting a broader misalignment between a metrics based performance management logics, centred on standardised indicators and quantifiable outputs, and a community-based, relational and person-centred approach to care, which seeks to address the social and contextual dimensions of health through integrated and personalised interventions. The paper contributes to the European debate on primary health care reform by showing how community-based models confront structural constraints and path-dependent dynamics inherited from decades of NPM.

Short bibliography:

Bevan, G., & Hood, C. (2006). What's measured is what matters: targets and gaming in the English public health care system. *Public administration*, 84(3), 517-538.

Starfield, B. (1998). *Primary care: balancing health needs, services, and technology*. Oxford university press.

Coulter, A. (2011). *Engaging patients in healthcare*. McGraw-Hill Education (UK).

Hood, C. (1991). A public management for all seasons?. *Public administration*, 69(1), 3-19.

Bevan, G., & Hood, C. (2006). What's measured is what matters: targets and gaming in the English public health care system. *Public administration*, 84(3), 517-538.