



SC-08

Monitoring chronic diseases and risk stratification through clinical data repository (BDA) in the local health authority of Enna

V. Calabrese(1), M. C. Burgio(1), P. La Paglia(2), A. Di Pasquale(2), L. Gritti(2), N. La Grotteria(4), R. Miserendino(2), M. Zappia(2), A. Allotta(3), A. Cristaldi(1), V. Restivo (1|2), S. Scondotto(1|2),

(1)Specialty School of Hygiene and Public Health University Kore of Enna, Enna IT; (2)Local Health Authority of Enna, Enna IT; (3)Department of Health Activities and Epidemiological Observatory, Sicilian Region, Palermo IT; (4)Local Health Authority of Caltanissetta, Caltanissetta IT

Background. Chronic diseases represent a major public health priority due to population ageing and the increasing burden of multimorbidity. Reliable tools for estimating disease prevalence and stratifying the population are essential to plan health assistance level, according to the objectives of the Italian National Chronicity Plan. The Clinical Data Repository (called Banca Dati Assistiti, BDA) is a valuable resource for population health management and the implementation of community-based care pathways.

Methods. A descriptive observational study was conducted involving people residents in the Local Health Authority (LHU) of Enna during the period 2022–2024. Data were extracted from the local BDA, which integrates data from hospital discharge records, pharmaceutical databases, exemption registries, patients anagraphis, and mortality register. Chronic conditions were identified and patients classified using algorithms inspired by the Chronic Related Groups (CReG) model. The prevalence of chronic diseases and their distribution by age group and health district were analysed.

Results. A total of 56,912 individuals were identified as having at least one chronic condition, corresponding to a prevalence of 37.5% among residents in LHU of Enna. Differences among health districts were observed, due to variations in the age structure of the resident people. Analysis by diagnostic subgroup showed a marked concentration of patients in a limited number of highly prevalent conditions, hypertension (15.5%), hypercholesterolaemia (10.0%), type 2 diabetes mellitus (7.5%), and chronic obstructive pulmonary disease (COPD). Population stratification revealed that approximately two-thirds of patients belonged to low healthcare-needs categories.

Conclusions. Approximately one-third of people residents in Enna were managed by the National Health Service for at least one chronic condition. The adoption of clinical data repository tools represents a key strategy to improve the accuracy of supplying care and ensure the sustainability of healthcare systems.

References. Ministry of Health. National Chronicity Plan (Piano Nazionale della Cronicità). Rome: Italian Ministry of Health; 2016. World Health Organization. Non communicable diseases: Key facts .Geneva: World Health Organization; 2025. Organization for Economic Co-operation and Development, European Commission. Health at a Glance: Europe 2024. State of Health in the EU Cycle. Paris: OECD Publishing; 2024. Regione Lombardia. Chronic Related Groups (CReG): A model for the management of chronic diseases. Milan: Lombardy Regional Health Service; 2011.