Task 9.2 Key activities at European level

ATS BERGAMO: FROM NETWORK TO ECOSYSTEM – REINVENTING PARKINSON CARE TOGETHER

A THCS ECOSYSTEM CASE STUDY

Version 1.0

WP9

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CASE STUDIES OF TRANSFORMATIVE ECOSYSTEMS

Case Study: ATS Bergamo — From Network to Ecosystem: Reinventing Parkinson Care Together

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EXECUTIVE SUMMARY

Parkinson care exposes the problems of fragmented health care systems fast. It demands continuity instead of episodes, teamwork instead of handovers, and proximity instead of distance. In Bergamo, this reality became the starting point for a **FUNDAMENTAL SHIFT** in how care is organised and how people work together.

ATS BERGAMO, the Local Public Health Agency of the Region Lombardy in Italy, chose to act where fragmentation hurts most. With responsibility for governance, prevention, and integration across a €1.5 billion public health system, ATS Bergamo was uniquely positioned to convene actors who rarely shared responsibility beyond formal mandates. Hospitals, primary care, social services, accredited private providers, professionals, and patient associations were all part of the picture, but didn't pull in one direction.

The main **SHIFT IN PERSPECTIVES** came when the **THCS ECOSYSTEM APPROACH** entered the conversation. What had long been described as "network" or "collaboration table" suddenly gained clarity and direction. The ecosystem lens made one thing explicit: lasting improvement depends on what remains after projects end. From that moment on, the ambition sharpened: to build a way of working that holds.

"When we started to work in this way, it became clear that results could stay in the system instead of disappearing when a project ended."

At the centre of this shift is the cross-sector **PARKINSON ROUNDTABLE** (public-private + patient association). It functions as a coordination mechanism with intent: structured meetings, transparent decision-making, follow-up on actions, and a clear strategic role for ATS Bergamo as facilitator rather than operator. **CO-DESIGN** is deliberate. Participation is purposeful. Evidence is treated as a shared asset. **QUALITY OF LIFE**, measured through tools such as Parkinson's Disease Questionnaire (PDQ)-8, is embedded as a core outcome.

The effects are already **VISIBLE ON THE GROUND**. Multidisciplinary teams collaborate at micro level, changing everyday practice. Public-private pathways have become smoother. Stakeholders increasingly operate from shared responsibility rather than defensive positioning. Patient associations contribute as active partners, grounding decisions in lived experience.

What strengthens this ecosystem further is the investment made beyond the Parkinson pathway itself. Through training, shared methodologies, and European exchange, ATS Bergamo focused on **READINESS**: building a common language for collaboration, strengthening confidence across institutions, and turning participation into contribution.

As the pilot phase approaches its conclusion, sustainability has become the central focus. ATS Bergamo is **EMBEDDING MULTIDISCIPLINARY PRACTICES** into routine care, working toward **FORMAL RECOGNITION** at regional level, and **STRENGTHENING PROFESSIONAL OWNERSHIP** across all stakeholders. The objective is clear: ensure that collaboration becomes indispensable and therefore irreversible.

ATS Bergamo shows how ecosystems grow in real life: through disciplined design, shared responsibility, and results that are fed back into the system. This is how ecosystems begin to matter.

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1 INTRODUCTION

ATS Bergamo's ecosystem journey started with a simple but disruptive insight:

"Parkinson care cannot be 'owned' by any one silo. Not the hospital. Not the specialist. Not the public or the private sector. The answer is coordinated, multidisciplinary, community-based care that is standardized where it must be, and personalized where it matters most."

That's why the public health care agency set out to solve a concrete problem in a new way: how to improve Parkinson care across a territory where responsibilities, services, and expertise were spread across hospitals, primary care, social services, public and private providers, and patient associations. All doing valuable work, but rarely together.

Powered by cross-border learning and practical capacity building, ATS Bergamo connected all these stakeholders around a shared table and a shared aim. The early result is already tangible: smoother referrals between public and private services, a shift from "my patient" thinking towards shared responsibility, and multidisciplinary teamwork at the micro level as a real-world success marker.

10 years in the making: ATS Bergamo was established in 2015, following the regional reform and transformation from the former ASL structure, with a strong commitment to integrating social and health care from the start.

Funding: ATS Bergamo is funded primarily through the **Lombardy Regional Healthcare Fund**, financed via general taxation, with **99%** coming from the regional authority. The overall budget of ATS Bergamo cited in the interview is approximately **€1.5B** (public, zero-sum, no profit).

People involved: Internally, the work started with a small core team (initially around **3 people**), and expanded over the last years to involve roughly **25–30** people across the ATS public health agency, a substantial share of internal collaboration. Externally, micro-grant activity engaged around **40 external stakeholders** through trainings and related activities.

This is an ecosystem that is learning fast, building trust deliberately, and putting evidence and quality-of-life measurement on the agenda while it scales.

2 THE REALITY CHECK: WHY PARKINSON CARE CAN'T LIVE IN SILOS

Bergamo faces the same pressure-cooker as many European regions: ageing and rising morbidity, workforce shortages, siloed systems, inequities, and fragmented data. In Parkinson's these pressures hit hard and the disease exposes the limits of fragmented systems. It is chronic, progressive, and deeply intertwined with social context, autonomy, and caregiver burden.

The "traditional" Parkinson care model struggles because it defaults to episodic, specialist-driven, hospital-centric pathways. Care pathways differ across providers. Access varies by geography. Information travels slowly. Professionals work hard, but mostly within their own silos. Patients and families absorb the friction.

So the challenge is not lack of competence. It is lack of integration.

That's why the ATS Bergamo ecosystem's aim is structural and cultural change: continuous, integrated community care delivered by teams, not lone actors:

"ATS Bergamo recognized that improving Parkinson care required a structural shift: from hospital-centric logic to interdisciplinary, continuous, team-based care."

3 THE SPARK: WHEN THE ECOSYSTEM IDEA CLICKED

ATS Bergamo looked beyond its borders to learn faster, adapt what works, and avoid reinventing the wheel.

A concrete catalyst was the CIRCE-JA Joint Action (Link: https://circeja.nfz.gov.pl), transferring best practices in primary care and focusing on integrated care in Community Health Homes, built around multidisciplinary teams: General Practitioners (GPs), nurses, psychologists, physiotherapists, admin, social workers.

The pilot became possible through the **cross-sector Parkinson Roundtable**, explicitly designed as a first step toward an ecosystem across public providers, accredited private providers, and patient associations.

Then, what changed everything was a shift in perspective:

"When ATS Bergamo was introduced to the THCS ecosystem approach, the concept resonated immediately. It gave language, structure, and direction to something that already existed in fragments. More importantly, it injected new energy into the initiative."

The result is a transition that matters: from coordination to ecosystem. From parallel efforts to shared responsibility. From isolated interventions to a model with the potential to endure.

4 INSIDE THE ECOSYSTEM: HOW ATS BERGAMO TURNS COLLABORATION INTO MOMENTUM

4.1 A roundtable that produces alignment

The Parkinson Roundtable is a coordination mechanism: regular meetings, follow-up on actions, and full transparency in how proposals are handled, and decisions are made.

As one interviewee put it:

"Being fully transparent in the meeting, sharing outcomes, and always giving feedback on the activity and on what participants propose is really important and highly valued."

Transparency builds trust. Trust sustains participation.

Strategic role: ATS Bergamo does not deliver care. It enables it.

Its role within the Parkinson Roundtable is explicitly strategic: facilitator of integration, catalyst for project development, and bridge between hospital care, territorial services, specialists, GPs, social-healthcare facilities, and the third sector.

This positioning matters. It allows ATS Bergamo to convene without competing, moderate without dominating, and structure collaboration without absorbing it.

4.2 Co-design that creates ownership

ATS Bergamo learned quickly that inclusivity needs structure. Too many voices at once dilute outcomes.

The solution was differentiation: operational working groups for design and implementation, broader consultation formats for alignment and legitimacy. Expertise determines involvement, not hierarchy.

And the co-design methodology.

ATS began with status quo analysis and needs assessment, explicitly focused on the quality of life of people with Parkinson, and shared this process with stakeholders to create real ownership.

It worked. Suddenly, all stakeholders were on board, pulling in one direction for the wellbeing of the patient.

4.3 Methodology and evidence as an ecosystem service

ATS Bergamo's capability is positioned as a support function for the whole ecosystem, helping partners work in an evidence-based way and guiding monitoring and evaluation designed into the pathways.

Quality of life is measured using validated tools such as Parkinson's Disease Questionnaire (PDQ)-8, signalling a shift from output counting to outcome relevance.

5 EARLY SIGNALS THAT MATTER: WHAT'S ALREADY CHANGING ON THE GROUND

Although the ecosystem is still taking shape and evolving, its impact is already evident in how people work together, make decisions, and deliver care:

- **Multidisciplinary teamwork at micro level** has emerged as the most tangible success so far. Teams confer, plan, and adjust together, changing everyday practice rather than policy documents.
- **Public-private pathways are smoother** with referrals and collaboration across sectors becoming less exceptional and more routine.
- **Mindsets are shifting**. Working together has reduced defensive behaviour and positioned stakeholders "on the same side."
- **Patient associations are active contributors**, not symbolic participants, reinforcing a shared focus on lived experience.
- **Outcome measurement** is being introduced systematically, laying the groundwork for evidence-based scaling.

None of this is accidental. It is the result of deliberate design, moderation, and persistence.

6 BEYOND PARKINSON: MAKING THE SYSTEM READY TO COLLABORATE

Beyond improving Parkinson care, ATS Bergamo has invested in something more fundamental: the system's ability to collaborate. Through training, shared methodologies, and European exchange, stakeholders were not only invited to participate but equipped to do so meaningfully. This work happened before outcomes were visible and before scaling was even possible. It created a shared language, raised confidence, and turned participation into contribution. As one interviewee noted:

The training and exchange were essential. They helped people understand the approach and see their own system differently.

In this sense, ATS Bergamo is not just addressing a single care challenge. It is building collaborative capacity that will remain in the system and support future ecosystem development.

7 ATS BERGAMO THROUGH THE THCS'S TRANSFORMATIVE ECOSYSTEM LENS

ATS Bergamo shows several of the beacon elements THCS uses to recognize transformative ecosystems: cross-sector collaboration, a shared strategic direction, early service-user integration via patient associations, and legitimacy built through acceptance and sustained work practices.

It also illustrates a key THCS point: ecosystems mature. ATS Bergamo is moving from an initial network or collaboration table identity towards an ecosystem mindset where results and capabilities remain in the system and generate new energy, not just a temporary project buzz.

Indicators to move solutions into regular operation: ATS describes itself as still in an early ecosystem phase. Current success metrics focus on practical adoption signals such as stakeholder engagement (number and breadth of partners), new partners joining projects, and evidence-building via monitoring and evaluation, including quality-of-life measurement, i.e. Parkinson's Disease Questionnaire (PDQ)-8.

8 WHAT COMES NEXT: FROM PILOT ENERGY TO LASTING ECOSYSTEM IMPACT

The immediate risk is not motivation. It's sustainability. The pilot phase is closing around early 2026, with the broader joint action continuing beyond that, and the ecosystem is actively seeking ways to secure funding and institutional recognition, so the model does not dissolve when the pilot ends.

"Our ambition is clear: become officially recognized and inspire peer agencies beyond the province to adopt a similar ecosystem approach", as one interviewee put it.

Next steps include deeper engagement with professional bodies (doctors, nurses, physiotherapists) to anchor multidisciplinary teamwork as a norm in primary care, plus continued training and advocacy to bring more General Practitioners into the model.

To prevent the ecosystem from dissolving once the pilot ends, ATS Bergamo tackles the risk of discontinuity through three concrete, structural actions:

8.1 Embedding practices into routine care, not projects

Instead of treating the Parkinson pathway as a stand-alone pilot, ATS is anchoring multidisciplinary teamwork in everyday primary care practice. By working through professional bodies and care teams, collaboration becomes part of how care is delivered, not an extra activity dependent on project funding.

8.2 Institutionalizing recognition and ownership

ATS is actively working toward formal institutional recognition of the model at regional level. This shifts the ecosystem from "experimental" to "legitimate," making it easier to secure ongoing support, align with regional planning, and justify continuation beyond Joint Action timelines.

8.3 Investing in people, not just structures

Through continued training, advocacy, and engagement especially with GPs, doctors, nurses, and physiotherapists, ATS strengthens human capital and shared capability. Even if funding streams change, the know-how, relationships, and ways of working remain in the system.

In short, sustainability is addressed by making the ecosystem indispensable: embedding it in routine practice, aligning it with institutional mandates, and ensuring that collaboration skills live in people and organisations, not in the pilot itself.

9 A FINAL REFLECTION FROM THE ECOSYSTEM

What distinguishes this initiative is not that people came together. It is that they chose to stay together, to change how they work, and to accept shared responsibility for outcomes that extend beyond individual mandates. Over time, collaboration stopped being an effort and started becoming a welcomed asset to really help the patient.

As one interviewee reflected:

"Working together put everybody on the same side. That was not granted at the beginning, but it changed everything."

That shift marks the passage from coordination to ecosystem. Not a collection of projects, but a way of working that holds. Not temporary alignment, but accumulated capability.

Momentum, in this case, does not rest on ambition or goodwill. It rests on something more durable: practices that survive personnel changes, relationships that outlast funding cycles, and a shared commitment to keep results inside the system rather than letting them fade when a project ends.

This is how ecosystems begin to matter.

In short: ATS Bergamo shows how a public health authority can turn coordination and collaboration into trusted capability. By anchoring collaboration in everyday practice, sharing responsibility across sectors, and making results visible and reusable for all stakeholders, it demonstrates how integrated health and care ecosystems can take root and endure.

10 ABOUT ATS BERGAMO:

ATS Bergamo is a Local Public Health Agency in Lombardy, Italy, created to implement regional health planning and ensure the Essential Levels of Care (LEA), with a clear focus on governance, prevention, and integrating health and social care into local action.

- **Organization**: ATS Bergamo, Local Public Health Agency, Lombardy, Italy
- **Established:** in 2015 (following regional health system reform)
- **Team & involved stakeholders:** From an initial core team of ~3 to 25–30 internal contributors, plus ~40 external stakeholders engaged
- **Involved patients:** Approx. **1,000** potential patients in scope, with around **200** patients expected to enter care within the first year of implementation (indicative figures)
- **ATS Bergamo annual budget**: **€1.5 billion** (public funding via Lombardy Region)
- **Role**: Governance, integration of health and social care
- **Ecosystem focus**: Integrated Parkinson care
- **Key structure**: Parkinson Roundtable
- **Core success indicators**: multidisciplinary teamwork, cross-sector participation, outcome measurement Parkinson's Disease Questionnaire (PDQ)-8, stakeholder engagement
- **Ecosystem maturity**: early to mid-stage, with clear trajectory toward institutionalization

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Sources:

This case study is based on an in-depth, guided interview with two representatives of ATS Bergamo conducted by Red Swan on December 17, 2025. Additional sources include a PowerPoint presentation provided by the interviewees.

Recommended Links:

ATS Bergamo Website: https://www.ats-bg.it/
Prestige Project Caregiver Bergamo: https://caregiverbergamo.it/