

The Italian healthcare model

Past, present and future

The Italian healthcare system

Health Service expenditure

Main problems

Prospects for the future

Diapositiva 2

CR1

io userei perspectives o outlook al posto di prospects

Carlo Ramponi; 28/01/2006

Healthcare system

National Health Service is divided into Italian regions

(21 Italian Health Regions with a really different size)

A strong regional devolution of:

Healthcare organization;

Health policies;

Criteria of evaluation.

Healthcare system

Each Regional Authority is subdivided into Local health Authorities (ASL) about 180, and they might include public hospitals.

There are other 100 public hospital autonomous

The National Health Service is composed of public and private health providers.

The private health providers are authorized by regional authorities.

For example in 2003, 200.000 public and 50.000 private hospitals beds, for acute patients, have been counted.

The relationship between public and private sector varies among Regions and it is related to the history.

Healthcare system

Each health services provider has to be accredited

The rules of accreditation are stated by the Regions.

Not all Regional Authorities did set the accreditation process yet.

The issue of quality in health services is in the limelight with several initiatives:

ISO certification

JCI and CCHSA experiences

Clinical risk management

Healthcare system

Characteristics of a regional health system (RHS): the Regione Lombardia

9,5 millions of inhabitants

Divided in 15 Local Health Authorities (ASL)

34 public hospitals

66 private hospitals that collaborate with RHS

200 private ambulatory that collaborate with RHS

700 long term beds

Healthcare system

Characteristics of a regional health system (RHS): the Regione Lombardia

Purchaser (ASL) and producer's (Hospital) model

A system of accreditation has been set long time ago

Customer or Client free choice

Health care expenditure

Italy

Total health care expenditure % GDP in 2003 8,4

Public health care expenditure % GDP in 2003 6,3

Source oecd and rgsep

Health care expenditure, Euros per capita

Regional difference 2003: an example

	Expenditure per capita	Deficit per capita
Lazio	1.461	475
Lombardia	1.366	61
Italia	1.440	197

The main problems

Sustainability of HCS (investments, research, development)

High level of regional differentiation in health services (quality and costs)

Demotivation of MDs employees in HCS

Increase of political influences on the management of state-controlled enterprises

Perspectives

Two very different settings:

- Increase of central policies
- Confirm of regional differentiation

Research of alternative sources

- reduction of assistance
- creation of funds for not self-sufficiency

A considerable problem

Which level of governance in public hospitals?

Who has the responsibility on enterprise's actions?