PRESENTAZIONE DI WALTER RICCIARDI

AL

11^ FORUM MERIDIANO SANITÀ

Palazzo Rospigliosi - Roma

15 novembre 2016

Questa documentazione costituisce la base sintetica di una presentazione, ed è incompleta senza i commenti e le integrazioni del relatore. Data la natura interattiva dell’iniziativa, è probabile che non tutti i lucidi qui previsti siano utilizzati nel corso delle presentazioni e/o che ne possano essere utilizzati altri, qui non contenuti.

Riprodotta da The European House - Ambrosetti, per gentile concessione dell’Autore, per esclusivo uso interno.
The perfect healthcare system…

• Does not exist in any one country in the world

• Depends on cultural values and expectations – what is ‘perfect’ in one country may not be so in another
That said, if we could start from scratch, with an empty sheet of paper, the perfect system might look like:

- Values of universal healthcare, as in Italy and Canada
- Health promotion, as in Nordic countries
- Funding levels of Switzerland
- Patient choice, as in France and Germany
- Excellent, innovative primary care, as in Israel
- Fabulous mental health and approach to well-being, as in Australia
- Patient and community empowerment, copied from Nigeria and Kenya
- Brilliant approach to care for the ageing population, as in Japan
- State-of-the art communication, information flows and technology, as found in Singapore
- R&D of the US and innovative thinking of India

(with special thanks to Jenny Simpson and Mark Brittnell, whose book 'In Search of the Perfect Health System' set me off on this train of thought)

But, the reality of healthcare means that we do not have:

- The luxury of blank sheets of paper or plentiful resources

- ‘Down time’ to stop doing what we do, think about it and start doing something different

- Freedom from political and economical drive/interference
The waves of demand and supply

Demographic and epidemiological transition

Technological innovation

Health Systems

Professional differentiation

Populations needs and demand
Stagnating Economic Growth After 2008

Western Economies Still Stalled (8 years after 2008)

- Low/No Growth
- Low/No Job Creation
- Negative Interest Rates/Low Capital Investment

Revenue Consequences for Health Sector:

- Tax Revenues Fall/Stop Growing
- Health Sector Personnel Unions Respond
  (English junior hospital doctor strikes Spring 2016)
  (English GPs to vote on strike vote Spring 2016)
  (Finnish labor unions required to work 72 hours more per year)
  (French unions reject Hollande’s labor market restructuring reforms)

- Rising Individual Financial Responsibility:
  Co-payments, Family Responsibility
  (Netherlands: 2015 Long Term Care Reform)
Potential Context Challenges Over Next Years

• Changing Geo-Politics
  - Europe: Higher Military Expenditures
  - BREXIT
  - Trump

• Changing Economies
  - China Slowdown
  - Negative Interest Rates

• Changing Institutions
  - Increasing Centralization (to State level)
  - Increasing De-centralization (to Municipal level)

• Changing Demography
  - Migration

The European social model

• A system of transfers
  – From rich to poor
  – From young to old
  – From employed to unemployed
  – From healthy to ill
La sostenibilità dei Sistemi Sanitari

I Sistemi Sanitari devono essere riorganizzati e la sostenibilità rappresenta una scelta prioritaria per guidare nuove politiche, piani e programmi.

Policy Maker ➔ Investire

Cittadino ➔ Guadagnare salute

Obiettivo

Prevenzione e intervento precoce

Empowerment e responsabilizzazione dei cittadini

Riorganizzazione dell’erogazione delle prestazioni sanitarie

Modelli a confronto

- Nuovo contratto sociale
  - Solidarietà nazionale
  - Stili di vita influenzati dal governo
  - Governance nazionale
  - Dati gestiti dai governi
Il modello Beveridge (Italia)

Modelli a confronto

- Sanità Commerciale
  - Solidarietà condizionata
  - Stili di vita influenzati dalle organizzazioni
  - Governance sovranazionale
  - Dati gestiti dalle organizzazioni (opt out)

- Attuale contratto sociale
  - Solidarietà regionale
  - Stili di vita influenzati dalla Regione
  - Governance regionale
  - Dati gestiti dai governi regionali

Source: World Economic Forum, modified
A complex challenge

As seen, health care providers are currently faced with an extremely complex challenge characterised by rising demand, increasing cost and insufficient funding.

Never as much as today have health care systems been interested and involved with the potential benefits deriving from innovations.

Innovation is a key feature that organisations have to incorporate as a condition to offer sustainable and efficient solutions.

• Changes in information technologies (electronic medical record, e-health capacities, tablet-based patient management, centralized Big Data)
• Changes in citizen expectations (choice of provider, equal and rapid access, privacy)
• Changes in patient expectations (participation in decision-making, second opinions, international quality standards, patient rights)
• Changes in payment systems (public and private): case-based payment, penalties for poor outcomes (readmission, re-treatment), volume based contracting
• Changes in provider configuration (consolidating hospitals and services, integrating health and social care)