



## ESF project “Resilience and development of the National Healthcare System”

Italy

### Key facts

#### NAME OF THE OPERATIONAL PROGRAMME

Operational Programme for EU Structural Funds Investments for 2014-2020 – Governance and Institutional Capacity

#### TARGET GROUPS



Regions and healthcare organisations

#### BENEFICIARY ORGANISATION


Ministry of Health

#### PROJECT DURATION

02/11/2016 – 30/04/2020

#### COORDINATOR

Andrea Urbani

 [pongovsalute@sanita.it](mailto:pongovsalute@sanita.it)

#### PARTNERS

Regions and autonomous provinces,

National Institute of Health (ISS)

Italian Medicines Agency (AIFA)

National Institute of Social Security (INPS)

National Institute for Insurance against Accidents at Work (INAIL)

National Institute of Statistics (ISTAT)

#### BUDGET

**EUR 6,375,163.00**

Project is financed from ESF funds



#### PROJECT/ORGANISATION WEBSITE



<http://bit.ly/2RvN1II>  
[www.salute.gov.it/](http://www.salute.gov.it/)

### Activities implemented

#### MAIN PROJECT TASKS



##### Macro-area 1:

Development and test of a simulation model:

1A) Identification of the variables and mapping of available databases

1B) Development and testing of the model simulating healthcare supply and costs

##### Macro-area 2:

Development of methods and tools supporting monitoring and decisions on resources allocation:



2A) Census, analysis and elaboration of existing databases and of available data sources on goods and services

2B) Design and testing of the model of data analysis in support of decision making

## Project journey: from conception to delivery

### INITIAL STAGE

#### CONTEXT OF THE PROJECT

The Italian national healthcare system (NHS) was established in 1978 and founded on the principles of universal coverage, social financing through the use of general taxation and non-discriminatory access to the health care services. Managerial and institutional reforms carried out in the 1992-1993 and in 1999-2000 have produced mixed results and raised concerns over the **control of public expenditure** and the growing **north-south gap** in terms of access and quality.

#### PURPOSE OF THE PROJECT

The project intervenes in this context by aiming to provide a **different evidence base** on which to take funding decisions that are able to safeguard both equity and financial sustainability. The project aims at providing an **expenditure planning mechanism** that goes beyond historical expenditure levels (incremental approach) or basic indicators such as age and gender and is based on the use of **big data** to estimate future costs, demand features (social, epidemiological etc.) and assistance volumes.

#### MAIN CHALLENGES FACED, AND DIFFICULTIES ENCOUNTERED

A key obstacle has been the **interoperability of different data flows** of the new health information system (NSIS) with the external data flows. The solution has been to launch an **institutional dialogue** with the Italian Data Protection Authority and to make an in-depth analysis of the compliance with the regulation on personal data protection. Another difficulty has concerned **inter-institutional collaboration**: the participation of the working group members has been fragmented and discontinuous, slowing down their progress.

### PROJECT PHASE

#### KEY DEVELOPMENTS AND EVENTS DURING THE IMPLEMENTATION PROCESS

The project developed along **two macro-areas**. The first one - **development and test of a simulation model** – included two main activities. The identification of the main socio-economical and epidemiological variables to be used for predicting and defining the assistance needs of the population on the one hand. And the development and testing of the model simulating healthcare supply and costs proceeded on the other hand.

The second macro-area – **development of methods and tools** supporting monitoring and decisions on resources allocation – also progressed through two groups of activities. The first consisted in the census, analysis and elaboration of existing databases and of available data sources on goods and services. The second concerned the design and testing of the model of data analysis in support of decision-making.

#### KEY RESULTS AND SUCCESS FACTORS

The simulating model has been developed along three basic modules: i) the **demographic module**: will study the evolution of the population, identifying medium-long term projections, distinguishing per gender and age classes; ii) the **epidemiological module**: will study the distribution and the frequency of pathologies and health relevant events in the population, estimating medium and long term evolution; iii) the **lifestyle module**: will analyse its medium and long-term effect on the population and its health conditions, distinguishing per gender and age classes.

At the same time, the development of the **technological infrastructure** has started, aimed at defining the data access and exchange modalities.

Regarding procurement processes, the first application of the method has allowed to: i) identify the average price of health devices; ii) carry out benchmark analysis on regional unitary prices; iii) use unitary prices as a performance indicator; and iv) estimate the savings.

#### (EXPECTED) IMPACT ON CITIZENS AND THE ADMINISTRATIVE SYSTEM IN GENERAL

The project has a strong expected impact on **citizens** as it aims to improve both expenditure control and equity of healthcare access and quality. Businesses are less affected, although accredited private healthcare organisations and private providers of the NHS will be directly affected by the project results.

#### LESSONS LEARNT: THE ROLE OF ESF FINANCIAL SUPPORT

The key lesson learnt from the project is **the need to establish effective inter-institutional collaborations at the outset of the project** in order to address earlier legal, technological and privacy issues, over which other institutional actors have authority. The **networking approach** adopted during the project implementation has proved so far very effective in sharing information and competencies on a continuous basis and, most of all, in facilitating dialogue for reaching key decisions. Working groups gathering people from different regions and dedicated platforms for exchanging and sharing documents were two important tools in achieving this. The ESF support is recognized to have had an important role in presence of severe financial resource limitations.

### REFLECTIONS

## Personal experiences



'Legal, technological and privacy issues – over which other institutional actors have authority – arose during the project implementation, producing delays. Having identified these earlier and addressed by engaging with competent institutions would have made project implementation more smoothly.'

– Ministry of Health representative

The study "Progress Assessment of the ESF Support to Public Administration" (PAPA) aims to present specific cases of ESF-funded public administration reform and capacity building initiatives. The contractor prepared 30 case studies and factsheets on ESF supported projects funded in 17 beneficiary countries of Thematic Objective 11 during the programming period 2014-2020.

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PPMI

Find out more about the project by following the link <http://bit.ly/PAPA-PPMI> or scan the QR code using your smartphone camera.

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