

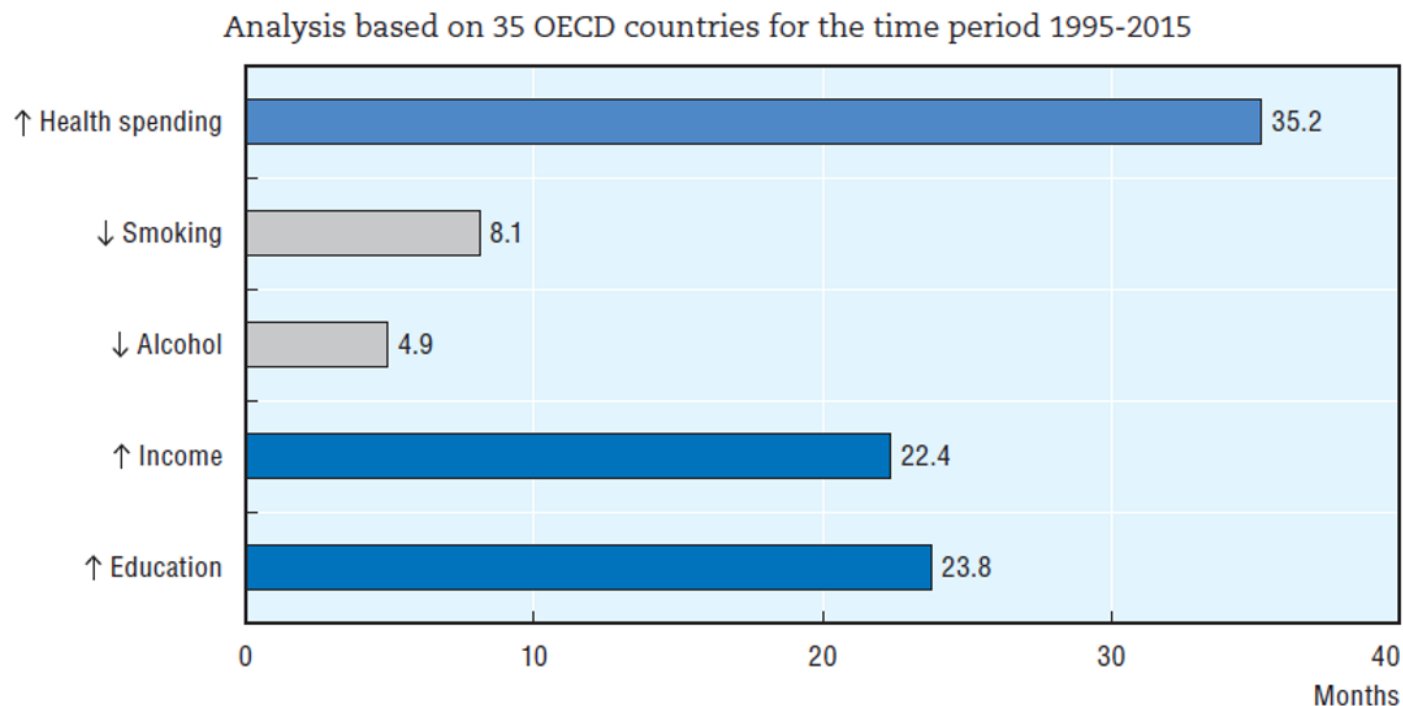
La presa in carico del paziente

Rivoli, 25 giugno 2018

Giulio Fornero

Healthier lifestyles, higher incomes and better education have all contributed to boost life expectancy in recent decades

However not just spending per se, but also how resources are used, that makes the difference in life

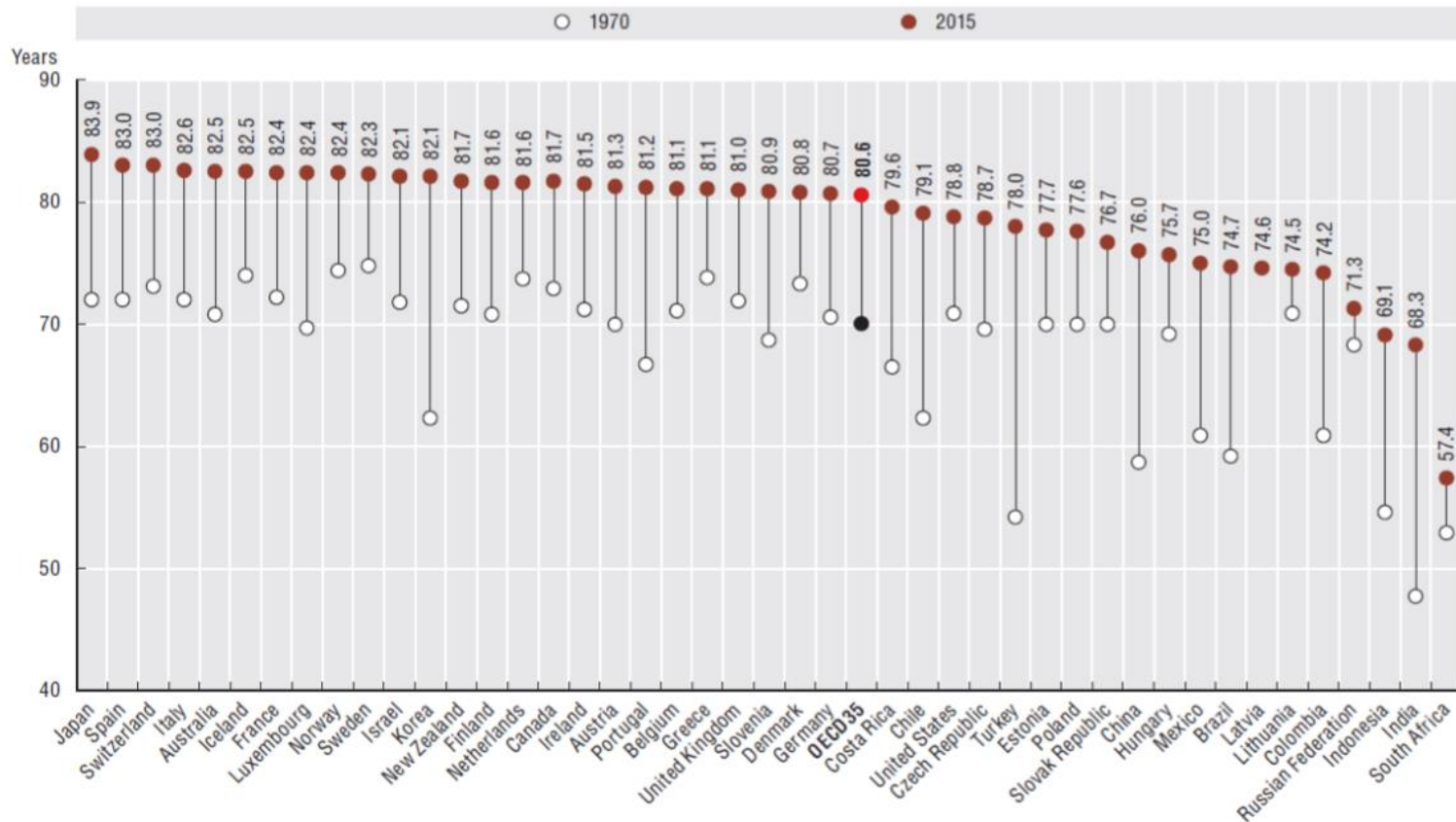


Note: Figures represent the gains in life expectancy that could be expected with doubling health spending, doubling income, reaching 100% of tertiary education, and halving smoking and alcohol use.

Source: Health at a Glance 2017.

Life expectancy at birth exceeds 80 years on average in OECD countries – a gain of more than 10 years since 1970

Life expectancy at birth, 1970 and 2015 (or nearest year)



Source: Health at a Glance 2017.

Example of dashboard: Quality and outcomes of care

No country performs substantially above OECD average across 5 selected indicators

	✔ Better than OECD average		● Close to OECD average		✘ Worse than OECD average		– Missing data			
	ASTHMA AND COPD HOSPITAL ADMISSIONS		ANTIBIOTICS PRESCRIBED		ACUTE MYOCARDIAL INFARCTION MORTALITY*		COLON CANCER SURVIVAL		OBSTETRIC TRAUMA (INSTRUMENT) **	
	Age-sex standardised rate per 100 000 population		Defined daily dose per 1 000 population		Age-sex standardised rate per 100 000 population		Age-standardised survival rate in %		Crude rates per 100 vaginal deliveries	
OECD	236		20.6		7.5		62.8		5.7	
Australia	371	✘	23.4	●	4.0	✔	70.6	✔	7.2	●
Austria	330	●	14.0	✔	7.4	●	63.7	●	–	
Belgium	286	●	29.2	✘	7.0	●	67.8	●	3.4	●
Canada	247	●	20.8	●	5.1	✔	67.2	●	16.9	✘
Chile	99	✔	–		11.3	✘	51.5	✘	–	
Czech Republic	193	●	19.6	●	6.9	●	56.1	✘	–	
Denmark	333	●	16.1	●	4.0	✔	61.6	●	10.9	✘
Estonia	137	●	12.1	✔	10.6	✘	58.4	●	3.9	●
Finland	184	●	17.2	●	5.6	●	64.8	●	3.7	●
France	150	●	29.9	✘	5.6	●	63.7	●	–	
Germany	284	●	14.4	✔	7.7	●	64.8	●	6.4	●
Greece	–		36.1	✘	–		–		–	
Hungary	428	✘	17.0	●	–		–		–	
Iceland	223	●	19.9	●	5.9	●	68.2	●	–	
Ireland	411	✘	25.6	●	6.4	●	60.5	●	4.2	●
Israel	259	●	21.4	●	6.7	●	71.7	✔	1.9	✔
Italy	64	✔	27.5	✘	5.4	●	64.1	●	1.9	✔

Example of dashboard: Quality and outcomes of care

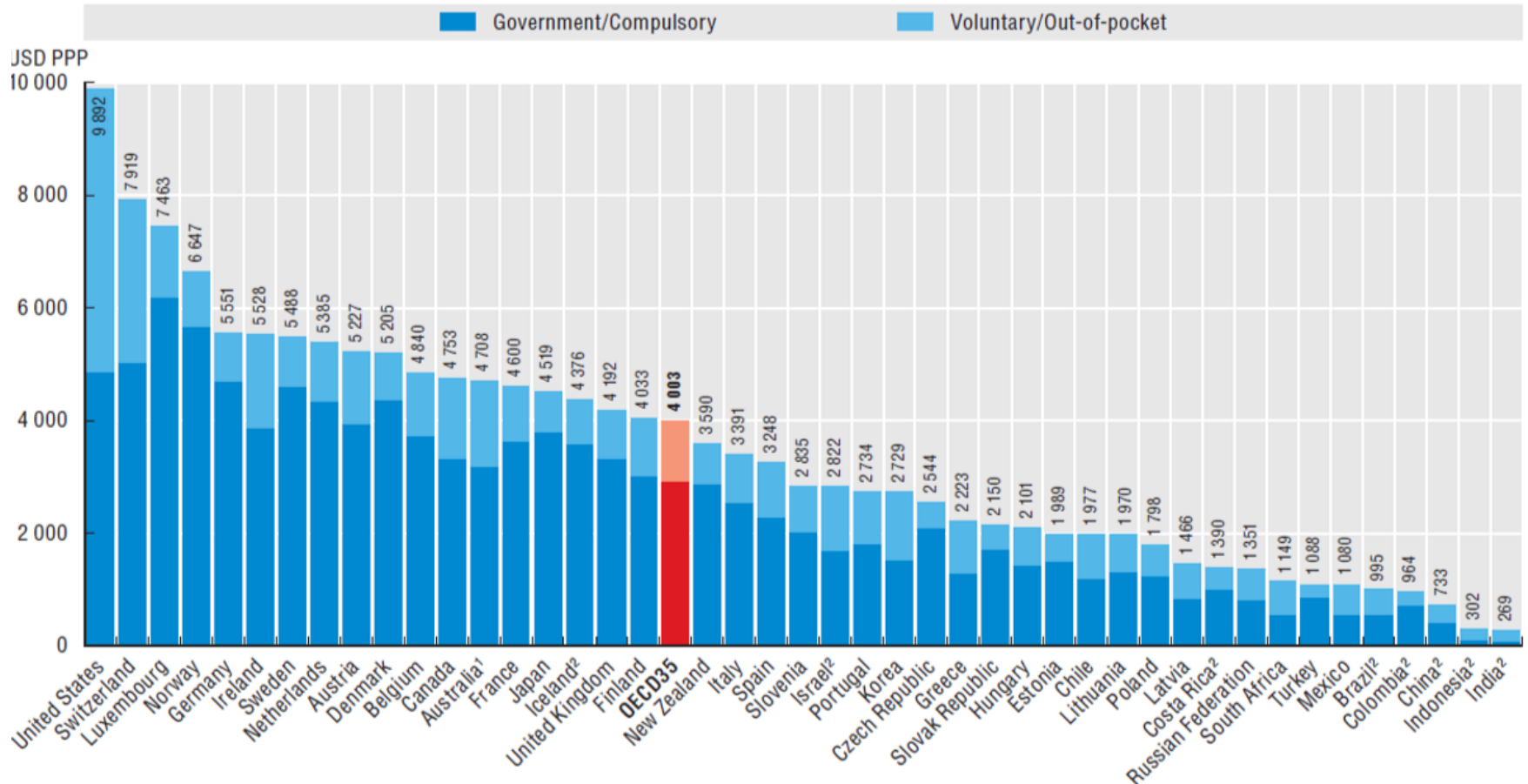
No country performs substantially above OECD average across 5 selected indicators

	✔ Better than OECD average		● Close to OECD average		✘ Worse than OECD average		– Missing data	
	ASTHMA AND COPD HOSPITAL ADMISSIONS	ANTIBIOTICS PRESCRIBED	ACUTE MYOCARDIAL INFARCTION MORTALITY*	COLON CANCER SURVIVAL	OBSTETRIC TRAUMA (INSTRUMENT) **			
	Age-sex standardised rate per 100 000 population	Defined daily dose per 1 000 population	Age-sex standardised rate per 100 000 population	Age-standardised survival rate in %	Crude rates per 100 vaginal deliveries			
Japan	58 ✔	–	11.7 ✘	67.8 ●	–			
Korea	309 ●	24.3 ●	8.1 ●	71.6 ✔	–			
Latvia	341 ✘	13.3 ✔	13.4 ✘	56.4 ✘	–			
Luxembourg	186 ●	26.3 ●	7.3 ●	–	–			
Mexico	96 ✔	–	28.1 ✘	–	–			
Netherlands	202 ●	10.7 ✔	5.4 ●	63.0 ●	3.2 ●			
New Zealand	363 ✘	25.8 ●	4.7 ✔	64.0 ●	8.5 ●			
Norway	261 ●	15.8 ●	3.7 ✔	66.6 ●	2.5 ●			
Poland	234 ●	26.2 ●	4.4 ✔	52.8 ✘	0.7 ✔			
Portugal	74 ✔	21.3 ●	7.9 ●	60.9 ●	2.5 ✔			
Slovak Republic	238 ●	24.5 ●	6.4 ●	51.7 ✘	–			
Slovenia	146 ●	14.5 ●	6.1 ●	61.9 ●	2.1 ✔			
Spain	234 ●	21.6 ●	7.9 ●	63.3 ●	4.8 ●			
Sweden	184 ●	12.3 ✔	4.2 ✔	64.9 ●	11.3 ✘			
Switzerland	138 ●	–	5.1 ✔	67.2 ●	7.4 ●			
Turkey	414 ✘	17.3 ●	8.6 ●	54.6 ✘	–			
United Kingdom	303 ●	20.1 ●	7.1 ●	60.0 ●	6.8 ●			
United States	262 ●	–	6.5 ●	64.9 ●	9.6 ✘			

Source: Health at a Glance 2017.

Spending on health in the OECD was about \$4 000 per person on average (adjusted for purchasing powers).
The United States spends almost \$10 000 per person

Health expenditure per capita, 2016 (or nearest year)



Note: Expenditure excludes investments, unless otherwise stated.

1. Australian expenditure estimates exclude all expenditure for residential aged care facilities in welfare (social) services.

2. Includes investments.

Source: Health at a Glance 2017.

La spesa sanitaria italiana (Rapporto GIMBE 2018)

Voci di spesa	Euro (mln)	(%)
Spesa pubblica	112.182	71,2
Spesa privata	45.431	28,8
(di cui intermediata)	(5.601)	(3,5)
(di cui out of pocket).	(39.830)	(25,3)
TOTALE	157.613	100

La spesa sanitaria delle famiglie italiane (Rapporto GIMBE 2018)

Voci di spesa	Euro (mln)	(%)
Servizi ospedalieri	5.225	13,1
Servizi ambulatoriali	15.477	38,9
(di cui da dentista)	(8.500)	
Medicinali, attrezzature medicali, ecc.	19.128	48,0
TOTALE	39.830	100
Spesa per cure domiciliari malati non autosufficienti	?	

La spesa sanitaria delle famiglie italiane (Rapporto OASI 2017)

Voci di spesa	Euro (mln)	(%)
Servizi ospedalieri	5.153	13,1
Servizi ambulatoriali	16.200	41,1
(di cui da dentista)	(8.700)	
Medicinali, attrezzature medicali, ecc.	18.100	45,9
TOTALE	39.453	100
Spesa per cure domiciliari malati non autosufficienti	?	

La spesa per la non autosufficienza delle famiglie italiane (Rapporto Ministero Salute 2010)

Voci di spesa	Euro (mln)	(%)
Spesa per cure domiciliari malati non autosufficienti	>9000	

Composizione spesa sanitaria pubblica (Rapporto OASI 2017)

Voci di spesa	Fattori interni (%)	Voci di spesa	Fattori esterni (%)
Personale	30,2	Medicina Generale Convenzionata	5,8
Beni e servizi	34,9	Farmaceutica Convenzionata	7,1
		Ospedaliera Accreditata	7,7
		Specialistica Conv. e Accreditata	4,0
		Altra Assistenza Conv. e Accreditata	10,2
TOTALE	65,1		34,9

Peso erogatori privati accreditati (Rapporto OASI 2017)

Posti letto Ospedalieri privati accreditati	(%)	Strutture territoriali	(%)
Acuti	22,6	Ambulatori e Laboratori	58,7
Lungodegenza	52,3	Strutture Residenziali	78,4
Riabilitazione	73,2	Strutture Semiresidenziali	66,2
		Altre Strutture (Dialisi, CSM, Consultori, ...)	12,7
TOTALE	30,0		54,4

Copertura servizi sociosanitari (Rapporto OASI 2017)

Target	Utenti in carico	Tasso copertura servizi sociosanitari (%)
Non autosufficienza anziani	1.367.101	32,3
Disabilità	205.401	29,4
Disagio minori	666.180	?

Universal health coverage

UNIVERSAL HEALTH COVERAGE: SERVICE COVERAGE SDG Target 3.8

Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
Indicator 3.8.1: Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, noncommunicable diseases and service capacity and access, among the general and the most disadvantaged population).

Italy: ≥ 80 %

Universal health coverage

UNIVERSAL HEALTH COVERAGE: FINANCIAL PROTECTION SDG Target 3.8

Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
Indicator 3.8.2: Proportion of population with large household expenditures on health as a share of total household expenditure or income

Proportion of population (%) with total household expenditures on health > 10% and > 25% of total household expenditure or income, latest available data, 2007–2015.

Italy: Spending > 10% : 9,3%

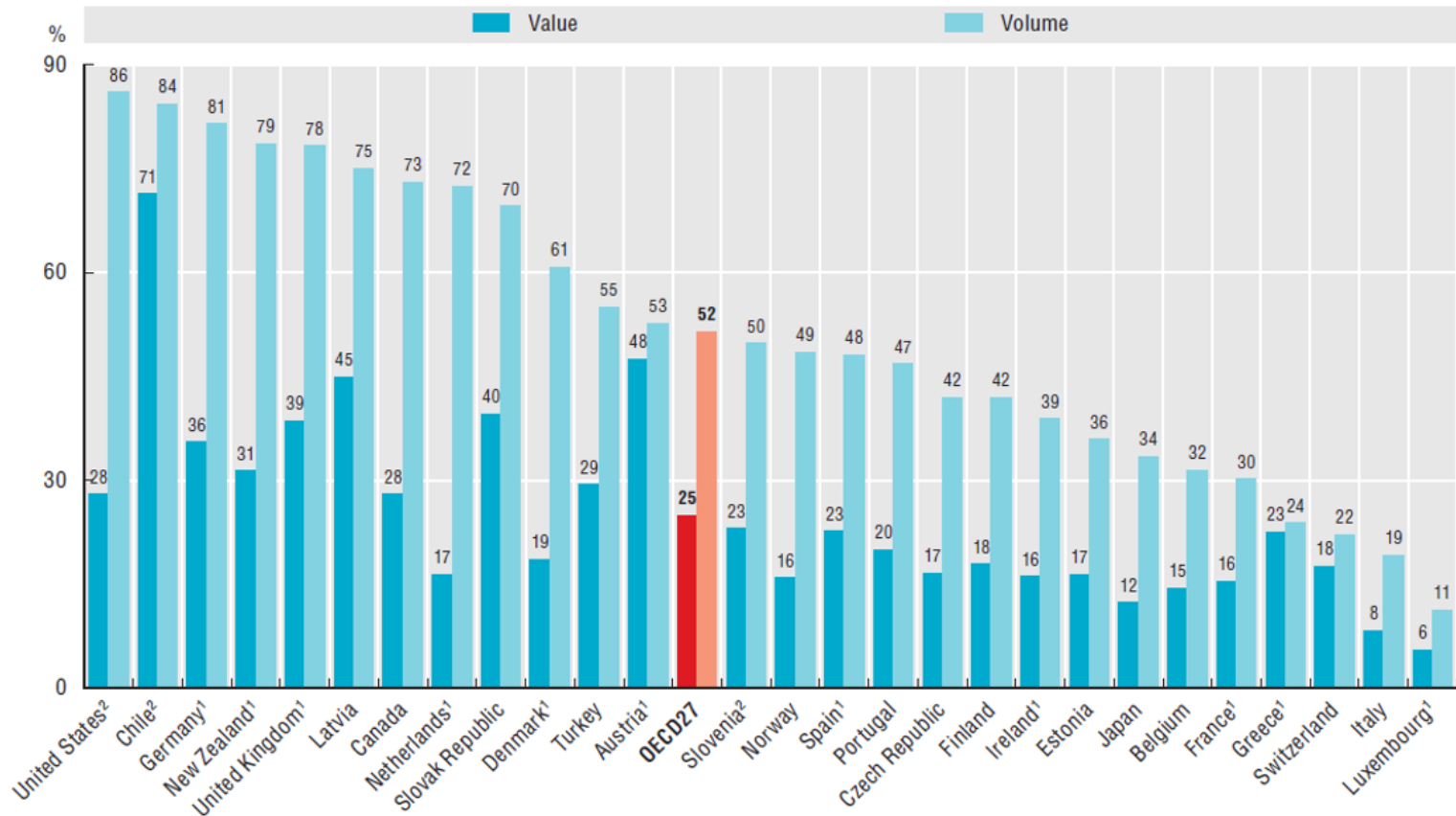
Universal health coverage

Incurring catastrophic expenses for health care is a global problem.

In richer countries in Europe, Latin America and parts of Asia, which have achieved high levels of access to health services, increasing numbers of people are spending at least 10 percent of their household budgets on out-of-pocket health expenses.

Increased use of generics has generated cost-savings, though they still represent < 25% of the volume of pharmaceuticals sold in Luxembourg, Italy, Switzerland and Greece

Share of generics in the total pharmaceutical market, 2015 (or nearest year)

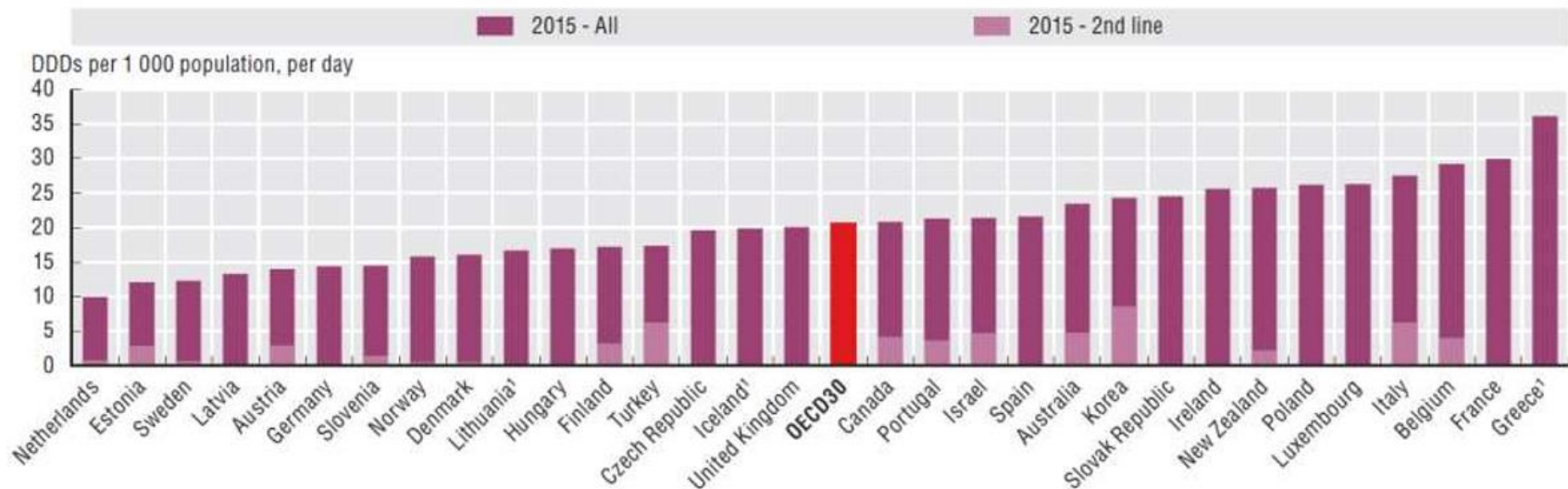


Notes: 1. Reimbursed pharmaceutical market. 2. Community pharmacy market.

Source: Health at a Glance 2017.

Unnecessary use of antibiotics contributes to antimicrobial resistance. The volume of antibiotics prescribed varies more than three-fold across countries

Overall volume of antibiotics prescribed, 2015 (or nearest year)



Note: 1. Data refer to all sectors (not only primary care).

Source: Health at a Glance 2017, extracted from the European Centre for Disease Prevention and Control and OECD Health Statistics 2017.

Health care resources

- Top third in health spending or resources
- Middle third in health spending or resources
- Bottom third in health spending or resources

Note: Countries are listed in alphabetical order. The number in the cell indicates the position of each country among all countries for which data is available. Although countries are ranked from highest health spending or availability of resources to lowest, this does not necessarily mean better performance.

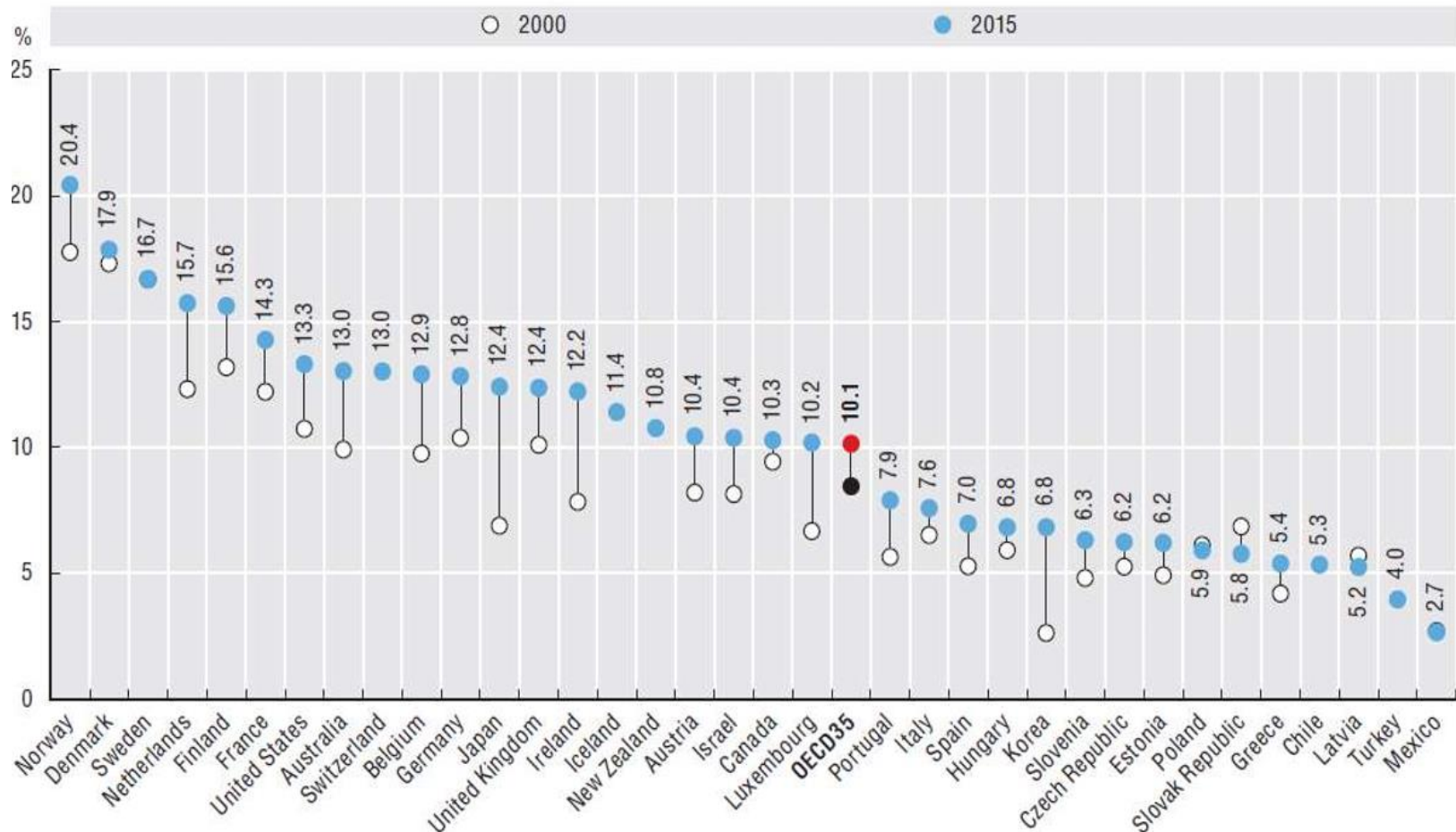
Indicator	Health expenditure per capita	Doctors per capita (active)	Nurses per capita (active)	Hospital beds per capita	MRI units per capita*	CT scanners per capita*
Australia	13	14	10	18	12*	2*
Austria	8	2	21	4	9	10
Belgium	11	21	15	9	19*	11*
Canada	10	28	16	29	22	23
Chile	30	33	27	32	26	26
Czech Rep.	27	10	20	7	24	22
Denmark	7	11	3	23	10	5
Estonia	31	18	23	12	17	15
Finland	17	20	5	13	6	13
France	12	16	17	8	21	24
Germany	6	5	6	3	15*	16*
Greece	25	1	32	14	5	8
Hungary	29	19	22	5	31*	31*
Iceland	15	11	4	21	7	4
Ireland	16	25	7	26	13	17
Israel	24	13	31	22	30	29
Italy	20	8	24	19	3	9
Japan	14	29	13	1	1	1
Korea	26	31	29	2	4	6
Luxembourg	9	22	9	11	14	12
Mexico	33	32	33	33	32	32
Netherlands	4	17	8	n.a.	16	28
New Zealand	18	22	14	26	18	20
Norway	3	3	2	17	n.a.	n.a.
Poland	32	30	28	6	28	19
Portugal	22	4	25	20	27*	14*
Slovak Rep.	28	14	26	10	25	21
Slovenia	23	26	18	16	23	27
Spain	21	9	30	24	11	18
Sweden	5	7	11	31	n.a.	n.a.
Switzerland	2	6	1	15	8*	7
Turkey	34	34	34	30	20	25
United Kingdom	19	24	19	26	29	30
United States	1	27	12	25	2	3

* Data for most countries marked with an * do not include MRI units and CT scanners installed outside hospitals, leading to an under-estimation. In Australia and Hungary, the data only include MRI units and CT scanners eligible for public reimbursement, also leading to an under-estimation.

Source: Health at a Glance 2015.

Employment in the health and social sector represents a growing share of the total labour force across OECD countries

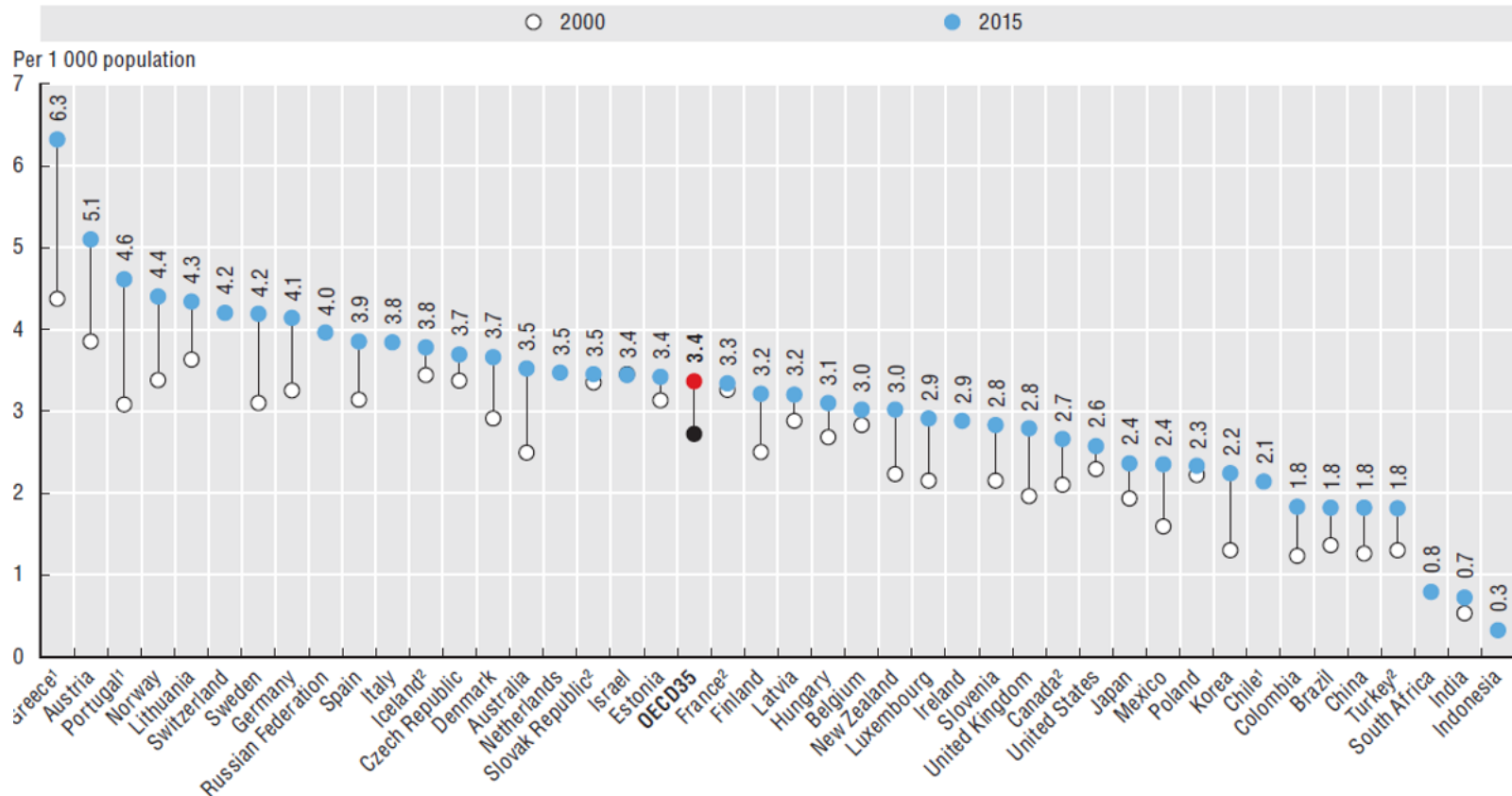
Employment in health and social work as a share of total employment, 2000 and 2015 (or nearest year)



Source: Health at a Glance 2017, extracted from OECD National Accounts; and OECD Annual Labour Force Statistics for Iceland and Turkey.

The number of physicians per capita has increased in nearly all OECD countries since 2000

Practising doctors per 1 000 population, 2000 and 2015 (or nearest year)



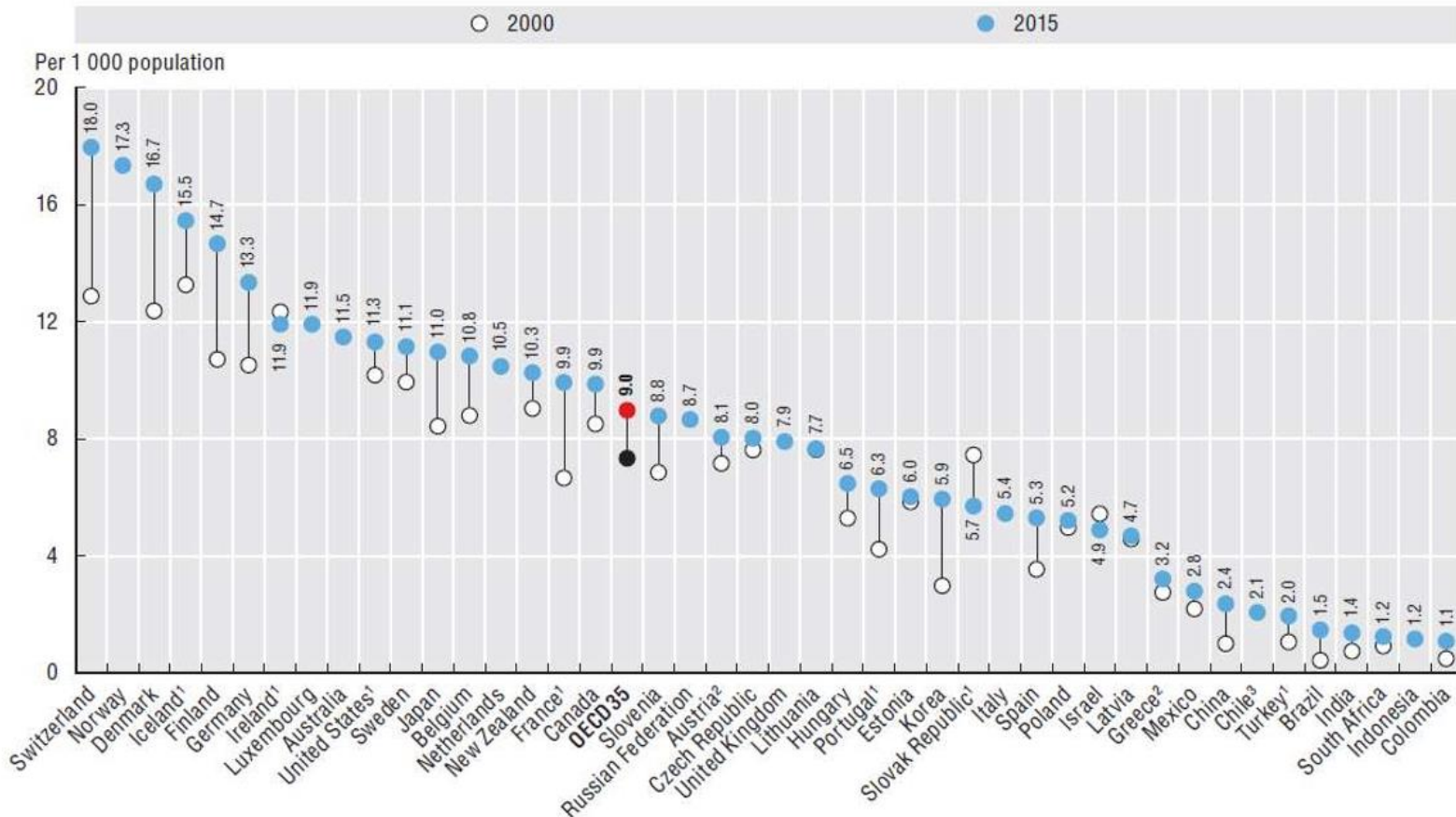
Notes: 1. Data refer to all doctors licensed to practice, resulting in a large over-estimation of the number of practising doctors (e.g. of around 30% in Portugal).

2. Data include not only doctors providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc. (adding another 5-10% of doctors).

Source: Health at a Glance 2017.

The number of nurses per capita has also increased in nearly all OECD countries

Practising nurses per 1 000 population, 2000 and 2015 (or nearest year)

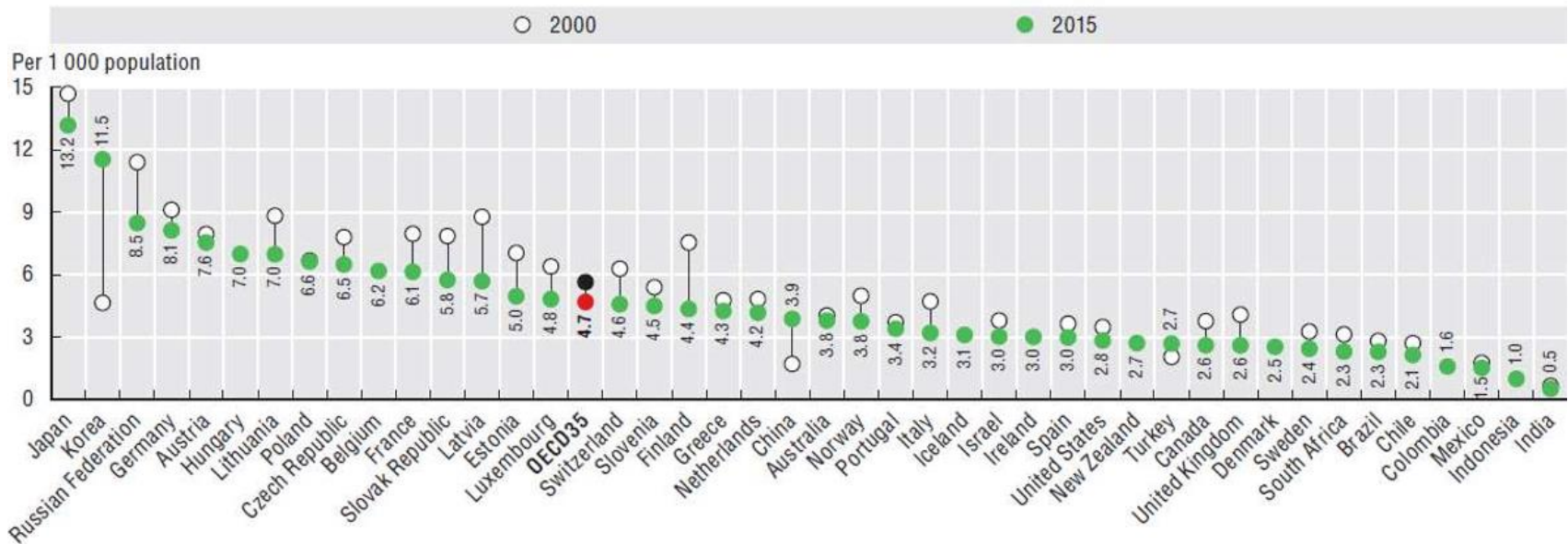


Notes: 1. Data include not only nurses providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc.
 2. Austria and Greece report only nurses employed in hospital.
 3. Data in Chile refer to all nurses who are licensed to practice.

Source: Health at a Glance 2017.

Hospital beds per capita have fallen in all OECD countries except Korea and Turkey, linked to lower hospitalisation rates and increased day surgery

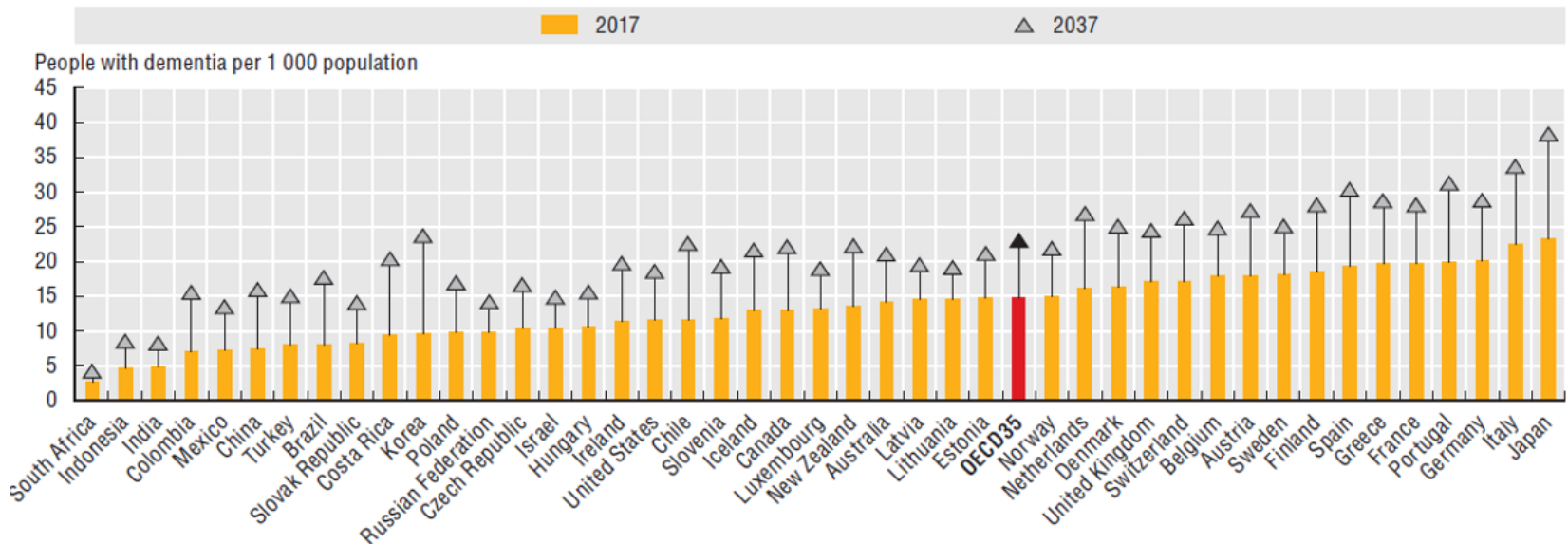
Hospital beds per 1 000 population, 2000 and 2015 (or nearest year)



Source: Health at a Glance 2017.

The prevalence of dementia is forecast to increase in all OECD countries, due to ageing populations

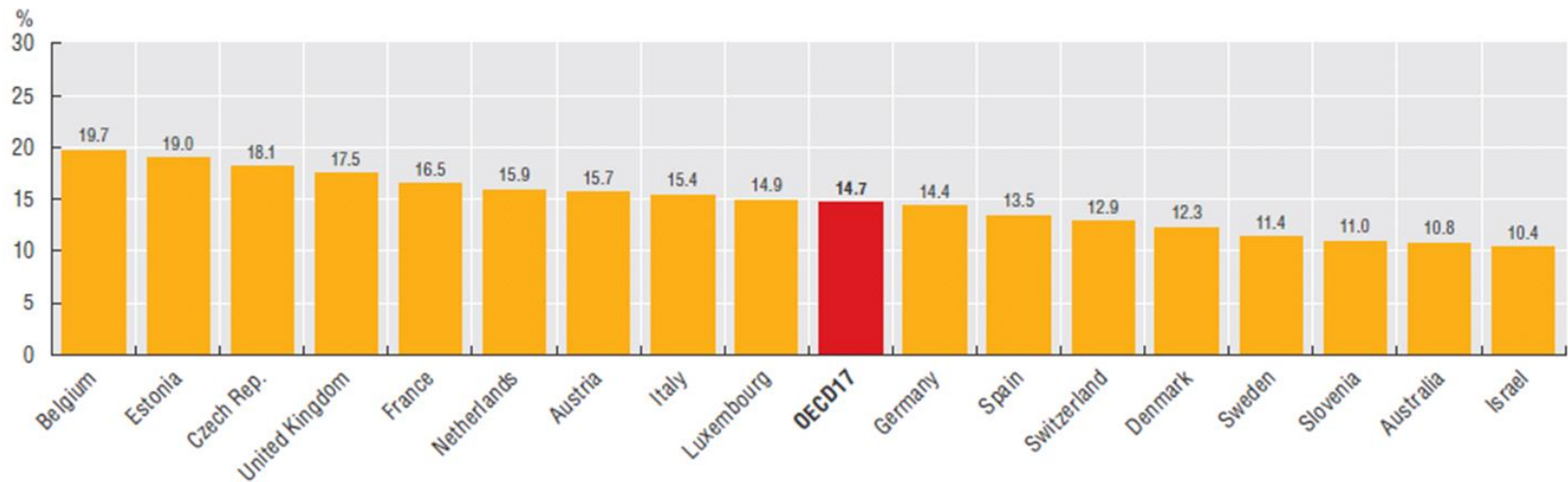
Dementia prevalence




Source: Health at a Glance 2017, OECD analysis of data from the World Alzheimer Report 2015 and the United Nations.

Population aged 50 and over reporting to be informal carers

11.14. Population aged 50 and over reporting to be informal carers, 2013 (or nearest year)



Source: OECD estimates based on 2013 HILDA survey for Australia, 2012-13 Understanding Society survey for the United Kingdom and 2013 SHARE survey for other European countries.

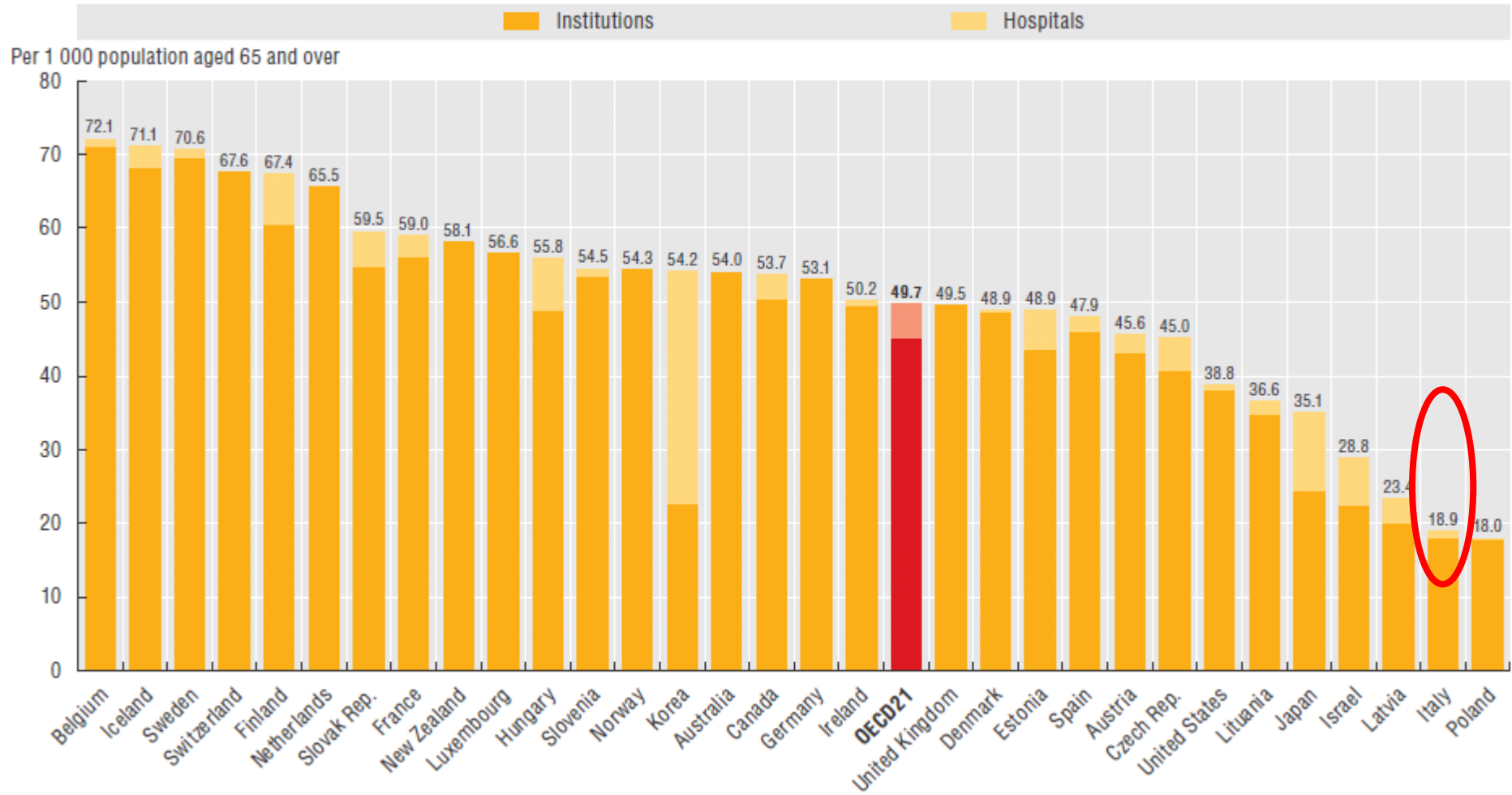
StatLink  <http://dx.doi.org/10.1787/888933281423>

Assistenza professionale a domicilio

Uso di assistenza professionale a domicilio (%)	
Nazione	2016
Lussemburgo	88,3
Repubblica Ceca	58,0
Danimarca	54,3
Francia	49,6
Svizzera	46,8
Cipro	45,8
Paesi Bassi	45,5
Austria	40,8
Belgio	37,7
Finlandia	30,0
Germania	27,1
Slovenia	24,9
Irlanda	23,9
Ungheria	20,9
Ue	20,4
Svezia	19,8
Norvegia	18,6
Portogallo	18,5
Regno Unito	17,5
Malta	17,4
Slovacchia	15,9
Islanda	15,1
Croazia	14,6
Lettonia	12,6
Italia	12,2
Spagna	11,9
Grecia	10,4
Lituania	8,0
Polonia	6,5
Romania	5,8
Estonia	5,3
Bulgaria	4,7

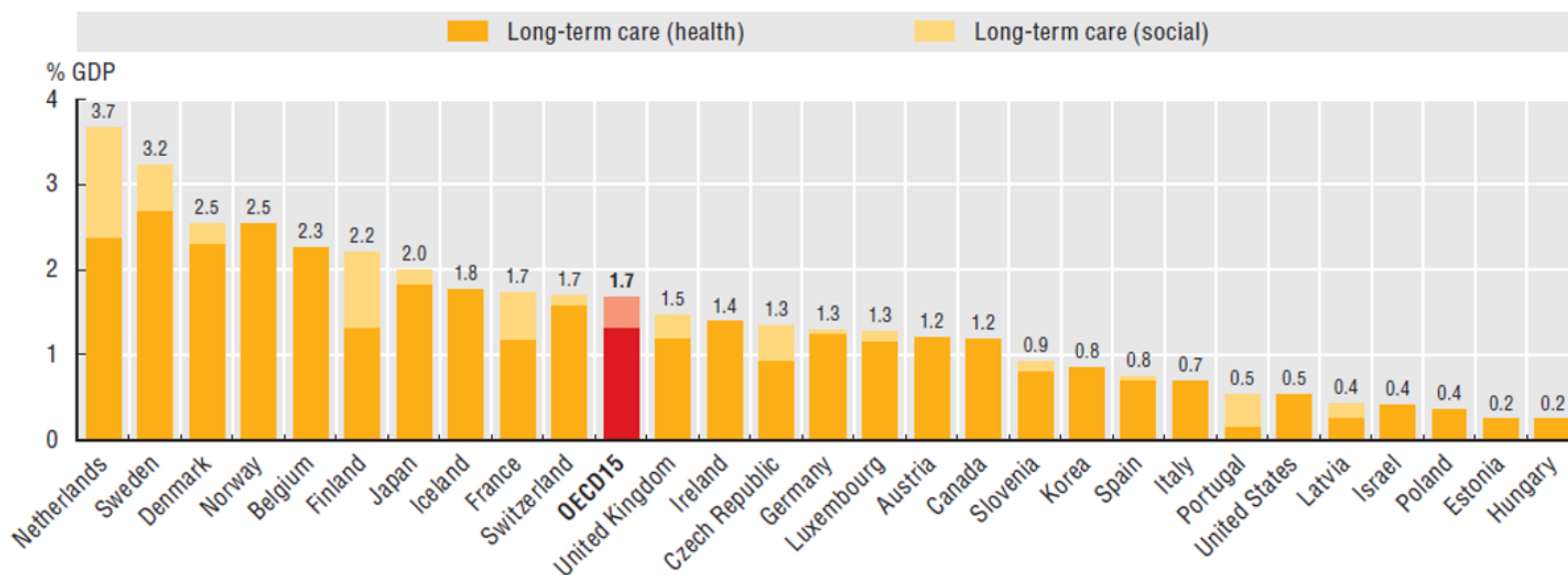
Long-term care beds in institutions and hospital

11.19. Long-term care beds in institutions and hospitals, 2013 (or nearest year)



Spending on long-term care has increased more than for any other type of care, but spending varies considerably across countries

Long-term care public expenditure (health and social components), by government and compulsory insurance schemes, as share of GDP, 2015 (or nearest year)



Note: The OECD average only includes the 15 countries that report health and social Long Term Care.

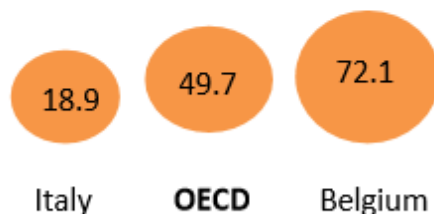
Source: Health at a Glance 2017.

Long term care for elderly should be more routinely available

► **The rapidly ageing population in Italy goes hand in hand with an increased prevalence of chronic illnesses and long-term conditions, but the provision of long-term care for the elderly remains poor in Italy**

Life expectancy and life expectancy at age 65 in Italy are among the highest across the OECD and dementia prevalence at age 65 is worse than the OECD averages.

Long term care beds in institutions and hospitals in 2013



In Italy only 2% of the total population receive long-term care in 2013, while this rate is up to 4.5% in countries like the Netherlands and Switzerland.

» What can be done?

- Develop new models of primary care, focussing on prevention of chronic diseases; management of frailty in old age.
- Produce guidelines that address care for elderly patients and patients having multiple morbidities.
- Improve coordination across social and health care sectors, and across levels of government.

To read more about our work:
[Health at a Glance 2015](#)