Analisi Sistema Sanitario Nazionale: Open Point e Criticità

Settembre 2019



The better the question. The better the answer. The better the world works.

Bloomberg 2019 Healthiest Country Index

_	2019	2017					Health Risk
	Rank	Rank	Change	Economy	Health Grade	Health Score	Penalties
	1	6	+5	Spain	92.75	96.56	-3.81
	2	1	-1	Italy	91.59	95.83	-4.24
	3	2	-1	Iceland	91.44	96.11	-4.67
	4	7	+3	Japan	91.38	95.59	-4.21
	5	3	-2	Switzerland	90.93	94.71	-3.78
	6	8	+2	Sweden	90.24	94.13	-3.89
	7	5	-2	Australia	89.75	93.96	-4.21
	8	4	-4	Singapore	89.29	93.19	-3.90
	9	11	+2	Norway	89.09	93.25	-4.16
	10	9	-1	Israel	88.15	92.01	-3.86
	11	10	-1	Luxembourg	87.39	92.03	-4.64
	12	14	+2	France	86.94	91.70	-4.76
	13	12	-1	Austria	86.30	90.81	-4.51
	14	15	+1	Finland	85.89	90.18	-4.29
	15	13	-2	Netherlands	85.86	90.07	-4.21
	16	17	+1	Canada	85.70	90.31	-4.61
	17	24	+7	S. Korea	85.41	89.48	-4.07
	18	19	+1	New Zealand	85.06	89.68	-4.62
	19	23	+4	U.K.	84.28	88.74	-4.46
	20	22	+2	Ireland	84.06	89.57	-5.51



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Sources: World Health Organization, United Nations Population Division, World Bank

Notes: Health grade = Health score (A) - Health risk penalties (B)

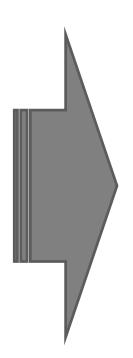
A: Health score metrics: 1. Mortality by communicable, non-communicable diseases and injuries; 2. Life expectancy at the defining age of birth, childhood, youth and retirement; 3. Probability to survive neonatal, into young adulthood and retirement stages. B: Health risk penalties: 1. Behaviroral/endogenous factors such as high incidences of population with elevated level of blood pressure, blood glucose and cholesterol, prevalence of overweight, tobacco use, alcohol consumption, physical inactivity and childhood malnutrition, as well as mental health and basic vaccination coverage; 2. Environmental/exogenous factors such as population with access to clean air, water and sanitation facilities.

Of the more than 200 economies evaluated; 169 had enough data to be included in the final outcome; Final index only included those with 0.3 million (rounded) population or more. Those scored above 60 are displayed.

Bloomberg







- 1. Mantenere/migliorare l'attuale performance
- 2. Ridurre il GAP di performance tra i diversi sistemi regionali



1. PROPOSTA OPERATIVA: DAL PREZZO AGLI ESITI

Ripartizione della Spesa Sanitaria tra la tipologia di prestazione**

	High Value	No value	Basso impatto/Valore negativo
€ milioni*	116.218	14.412	24.560

% di high value per classe di spesa**

Tipo di spesa	% di High Value
Pubblica	81%
Out of pocket	61%
Intermediata da fondi/assicurazioni	46%

Provare a costruire esempi concreti di modelli di approvvigionamento innovativi che tengano conto del valore generato

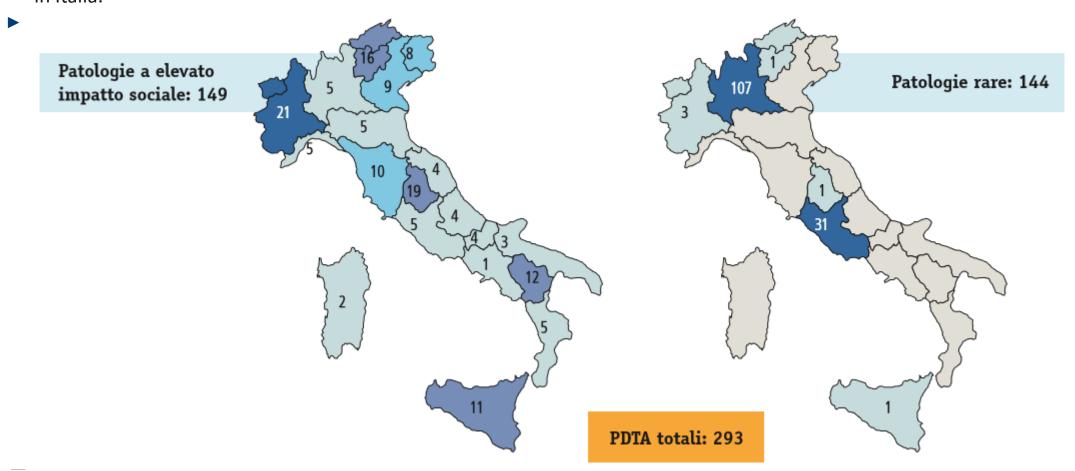


[«]Value della spesa sanitaria: quando i numeri non bastano più», 06/2019 - Sole 24 Ore

^{** «4°} Rapporto sulla sostenibilità del Servizio Sanitario Nazionale», 2019 - GIMBE

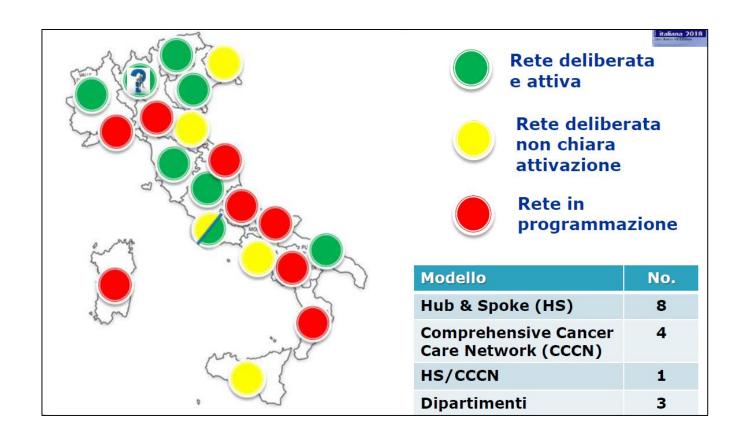
2. PROPOSTA OPERATIVA: PDTA*

- ▶ In Italia ad oggi sono presenti **293 PDTA**: **149** per patologie ad alto impatto sociale e **144** per patologie rare.
- ▶ Il **71**% sono implementati solo in **6 regioni e le sole Lombardia, Piemonte e Lazio** da sole cubano **il 58**% dei PDTA implementati in Italia.





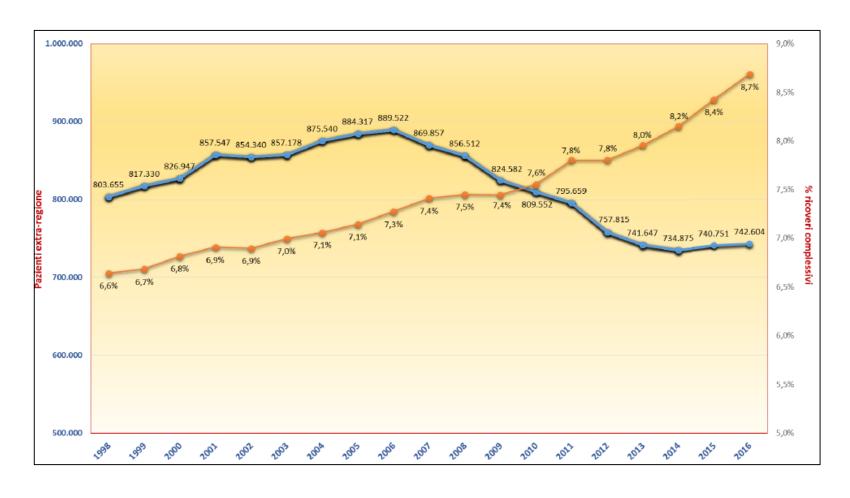
2. PROPOSTA OPERATIVA: PDTA VS PATOLOGIE ONCOLOGICHE*



- 1. ATTUATI
- 2. DINAMICI
- 3. MONITORATI



3. PROPOSTA OPERATIVA: MOBILITA' SANITARIA – ALZIAMO L'ASTICELLA*



- 1. ACCORDI BILATERALI
- 2. FOCUS SULLE ECCELLENZE



RIEPILOGO PROPOSTE OPERATIVE

PROCESSO DI ACQUISTO BASATO SUL **VALORE** PDTA ATTUATI – DINAMICI - MONITORATI **ACCORDI REGIONALI BILATERALI E FOCUS SULLE ECCELLENZE**

