

CEOQA

LTC network

Quality and cost-effectiveness in long-term care and dependency prevention



POLICY SUMMARY: ITALY

Pact for Digital Healthcare 2016–2018 (Patto Sanità Digitale 2016-2018)

Francesco Barbabella, Georgia Casanova, Carlos Chiatti and Giovanni Lamura, INRCA – Centre for Socio-Economic Research on Ageing, Ancona

September 2017



| | |
|---------------------------------|--|
| Policy theme | Innovative care models and technologies |
| Design and implementation level | National design, locally implemented |
| Policy objective | Enable improvements of care and organizational models in the healthcare sector |
| Start date – End date | June 2016 – December 2018 |

Aims

To contribute to the efficiency and optimisation of the healthcare system by exploiting the potential of digitalization. The healthcare sector needs to be improved and made more competitive and attractive (including in the international context), reaching universal public health objectives but without exceeding the current public budget. The exploitation of information and communication technologies (ICT) in the healthcare system could preserve its sustainability, transparency and accountability, as well as enable patient empowerment and new services and

facilitate collaboration between stakeholders. The strategic objectives are to:

1. test solutions aimed at resource optimization;
2. evaluate healthcare system in terms of appropriateness, efficiency and effectiveness in relation to essential levels of assistance (LEA);
3. develop a vision of healthcare system based on attractiveness and competitiveness at an international level;
4. point out issues concerning the Pact for Digital Healthcare in order to find appropriate solutions.

Implementation

The Pact is a strategic policy in the form of an agreement between the Ministry of Health, the regions and the autonomous provinces. The governance of the healthcare sector is the responsibility of the national Ministry of Health, which sets the essential levels of assistance (LEA – healthcare services which should be available throughout the country in a universal scheme), provides the main guidelines concerning public health objectives (through the Pact for Health) and assigns the annual healthcare budgets to regions. The latter make their own regulations and manage the regional healthcare systems, in accordance with national guidelines and within the available budget. The Pact for Digital Healthcare works under this framework, and regions are expected to plan and implement measures for improving digitalization of healthcare in the coming years, though without additional funds being assigned.

Further funding for the regions might however be obtained – as explicitly mentioned by the policy – through instruments like European Structural Funds (for southern regions under the convergence objectives), Pre-Commercial Procurements, ad hoc funds (e.g., Horizon 2020, European Investment Bank, Private–Public Partnerships), project financing and performance-based contracting. Each region can discuss and set local objectives to be reached together with stakeholders, and proceed through three phases: a feasibility study; an evaluation of the proof of concept; and assessment of the level and type of commitment of regions and local health authorities in developing and implementing the innovations in healthcare. The overall governance and guidance role stays with the Ministry of Health and its Cabinet of the New Health Information System (NSIS).

| | | |
|--|---|---|
| Target group | All users of the regional healthcare systems, including primary and community care, secondary and acute care, palliative and long-term care. | |
| Eligibility criteria | There are no specific eligibility criteria, since the Pact is a strategic policy, requiring regions to define actual actions. | In general, the innovative services to be planned should be in line with the principles of the healthcare sector, i.e. being universal and accessible by anybody without any means-testing. |
| Resources | The policy has no specific funds. Regions are required to optimize their current healthcare budgets and seek external funds to be exploited for technological innovation. | Staff, equipment and capital needed might differ depending on the local implementation projects. |
| Performance assessment and monitoring | <p>The Pact was initiated in mid-2016 and there is no evidence of its outcomes yet available.</p> <p>The Pact clarified that the Ministry of Health will ask each region to provide actual evidence of results obtained through the innovation projects implemented, in terms of health and economic outcomes, investment</p> | <p>analysis, monitoring data, and plan for scaling up the project. This information will be publicly available on the Ministry of Health website.</p> <p>The Cabinet of the NSIS will monitor regions and their projects in order to coordinate and provide guidance.</p> |
| Evidence of SUCCESS (outcomes, quality, satisfaction, awareness) | No evidence is currently available. | |
| Transferability/uniqueness. | The heterogeneity of the projects to be implemented makes it difficult to draw conclusions about their transferability at this stage. | |
| Is this an emergent practice? (degree of innovation) | The digitalization of the healthcare sector began quite early in the 1990s, but progress was slow and even basic digital eHealth services (such as electronic health records) are not implemented everywhere in Italy. In | this context, the policy aims at boosting innovation in healthcare, by allowing regions to tailor digitalization projects to their actual needs and gaps. |

Sustainability

The policy is fully sustainable, since it does not produce further costs for the public sector.

Regions are required to optimise current funds and seek external funds in order to free budgets for these new initiatives.

Critical assessment

Although the policy is sustainable and planned to be re-framed and extended every three years, it has still to demonstrate its effectiveness in impacting on regions and

local health authorities in digitalizing healthcare and reducing fragmentation of healthcare services between richer and poorer regions.

Academic literature on this action

As yet, no literature is available on this policy.

Documents

In Italian

AID (2017). *Avanzamento Crescita Digitale – Fse*. www.agid.gov.it/monitoraggio

Ministry of Health (2016a). *Patto Sanità Digitale*. Rome: Ministry of Health. www.camera.it/temiap/2016/09/29/OCD177-2387.pdf

In English

Ministry of Health (2011). *The National eHealth Information Strategy*. Rome: Ministry of Health. www.salute.gov.it/imgs/C_17_pubblicazioni_1653_allegato.pdf
