



# **VENETO REGION AND ITS HEALTH CARE MODEL**

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*Bojnice, 21 October 2010*



# Political Context



Italy is a parliamentary republic.

The country is divided into 20 regions, which are extremely varied, differing in size, population and levels of economic development.

Veneto is one of this regions and is located in the NorthEast of Italy.

# The Veneto Region

Veneto is today among the wealthiest, most developed and industrialised regions of Italy.

Historically, Veneto was a poor agricultural region, as well as a land of mass emigration. But, since the 1970s it has seen impressive development, thanks to the so-called 'Veneto Development Model' that is characterised by strong export-oriented entrepreneurship.

Veneto is actually the third richest region in terms of total GDP (€139 billion) in Italy.



The regional industry is especially made of small and medium-sized businesses, which are active in several sectors.

# The Veneto Region

## Population Structure

(As of the 2001 General Consensus)



Source: Veneto Regional Government

	<b>VENETO</b>	<b>ITALY</b>
<b>Total population:</b>	<b>4,778,694</b>	<b>56,305,568</b>
<b>Surface area</b>	<b>18,390 Km<sup>2</sup></b>	
<b>N. Families:</b>	<b>1,699,235</b>	<b>21,503,088</b>
Members per family:	2.62	2.60
Birth rate:	9.3	9.2
Death rate:	9.0	9.5
Natural growth rate	0.3	-0.2
Total growth rate:	5.6	1.9
Elderly persons' index %	135.7	127.10
<b>% population &gt;65 years: 18.5%</b> (compared to a EU average of 14.08%)		

## The Reform of V<sup>th</sup> Title of the Constitution

- The only task of the State is to fix the so called “LEA” or “ELHC”: **Essential Levels of Health Care** provision, limited to civil and social rights (art.117, comma 3 cost.).
- All domains concerning human health come under the legislative function of the Regions...
  - *...with the sole responsibility for guaranteeing the **Essential Levels of Health Care** and for respecting the fundamental principles deriving from State Legislation in force.*

# Financial Reporting: Region to State



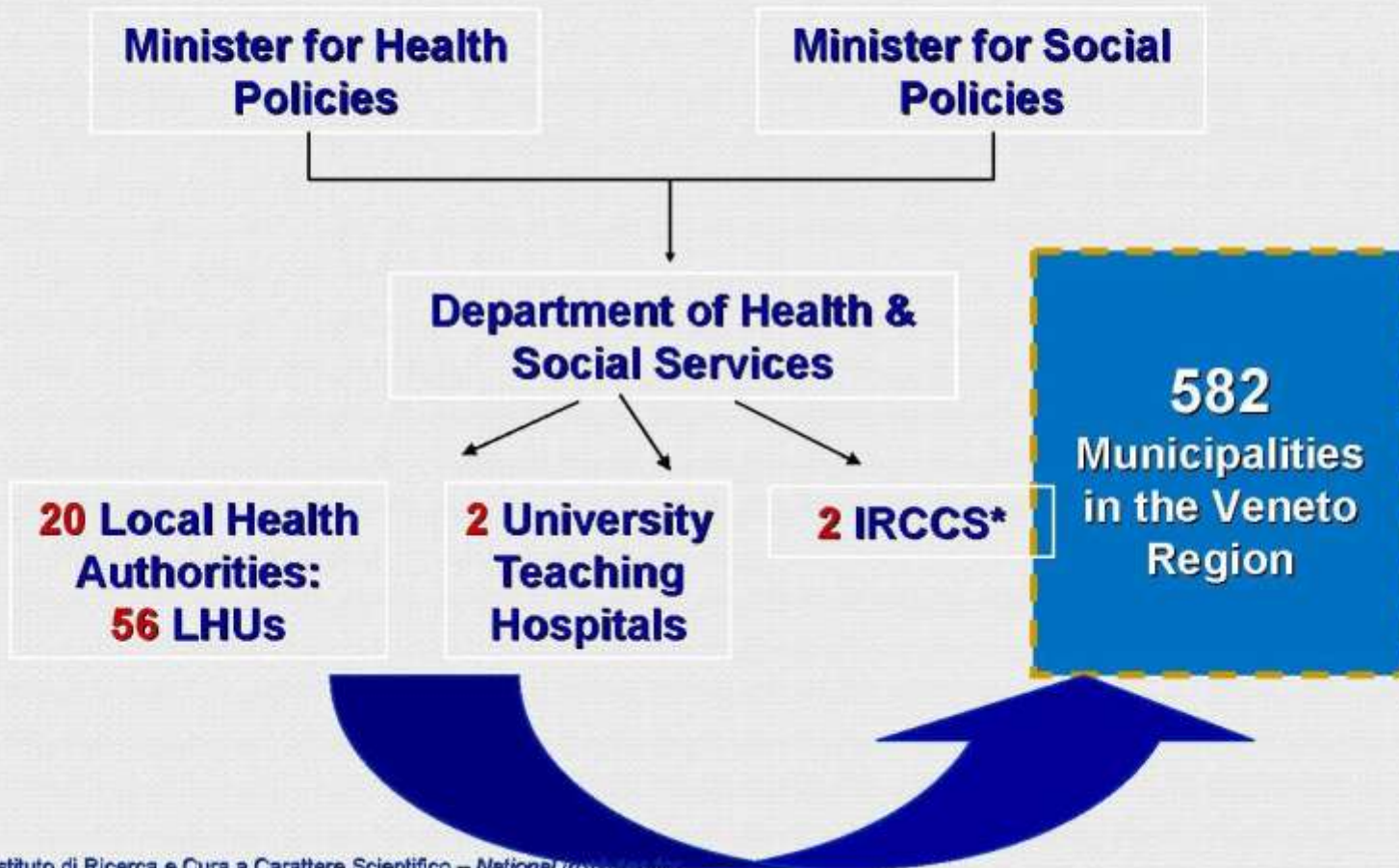
## Annual Budget Prediction

Before 31<sup>ST</sup> December of each financial year, the Region has to make anticipated income and expenditure predictions for the following year based on financial reports made by all local health units, to be submitted for approval

The State is responsible for consolidating all economic information provided by the Regions to be compiled into a final financial report presented before Italian and European Institutions

Regional budget allocation for Healthcare in **2007: €7.3 Billion**  
Regional investment allocated to the Social Sector: **€820 M**

# The Veneto's responsibility in policy-making in the Health & Social Sector



\*IRCCS – Istituto di Ricerca e Cura a Carattere Scientifico – *National Institute for Scientific Research*, as of 03/2006, institute for cancer research, Busonera, Padova.

## Challenges for Veneto Health Care

- ✓ Increase in EU citizens expectations;
- ✓ Ageing population  home-care in rural and mountain areas;
- ✓ Rising costs due to technological innovation;
- ✓ Reduction of public health care expenditure;
- ✓ Patient mobility: - tourists  
- immigrants
- ✓ Lack of health professionals (mainly pediatricians and nurses);
- ✓ Restrictions imposed in public funding by commitments towards maintaining EU stability treaties.



# **The Veneto Social & Health Care Model**

**...departs from the articulation of the 3 following health-providing bodies:**

- **Department of Health Promotion**
- **Health District**
- **Hospital**

**The essential levels of health care provision (ELHC or LEA) include:**

- **In- patient and hospital health care**
- **Specialist health care**
- **Pharmaceutical care**
- **Integration between Social & Health care**

# Integration between Health & Social Sectors

**582 MUNICIPALITIES** share with the **21** local health units the responsibility of planning the system to provide health and social services to citizens and more vulnerable groups

**Areas of the Community Health Plan with a strong integration between the Health and Social Services focus on:**

- **The elderly**
- **The disabled**
- **Young people and their families**
- **Drug and alcohol prevention**
- **Mental health**
- **Socially excluded people**
- **Immigrants**

**Community Health Plans (CHP)** are developed between each of the **21** local health units and **582** municipalities of the territory

# **The Regional Social & Health Plan : the tools**

- **Local Health Authorities (LHAs):** where services are integrated;
- **Social & Health Care Districts:** the hub of territorial activities;
- **Territorial Health Programmes\*:** an instrument for local health care planning
- **Devolution of management responsibilities:** of social services to the LHAs

*\*Piani di Zona*

## **The strategic model of governance in the Veneto**

The integration between the Territory-Hospital network is fundamental to the strategy underlying the Veneto Social & Health Care Model:

- Promotion of healthy lifestyles and environments;
- Continuity in Health Care provision;
- Guarantee of equity of the System;
- Fostering greater individual and family responsibility for health

## **Challenges promoting greater quality in healthcare provision**

- Reduction in mortality, also child mortality;
- Increase in life expectancy ;
- Increase in tobacco, alcohol and drug consumption;
- Increase in road accidents and accidents in the workplace;
- Bad lifestyles: increased sedentariness and obesity;
- Increase in chronic pathologies;
- Increased mortalities due to neoplasia.

# The Veneto Social & Health Care Budget in Numbers, 2008

- Investment for hospital activities **3076 \***
- Investment in prevention **346\***
- Investment in extra-hospital services **3184\***
- Investment in social services **820\***

## **The development of a new health concept departs from...**

- Progressive ageing of the population in the Veneto;
- Changes in the social, cultural and economic sectors of Veneto society;
- Changing the concept in society from “not being ill to being well”

# The Regional Health Care System

## Organizational structure



**21 territorial Local Health Authority (LHA)**

**2 hospital trusts (University teaching hospitals of Padova and Verona)**

**a National Institute for cancer research (IOV)**

**a number of private accredited health care providers**

**Each of these health institutions has management and administrative autonomy**



# LHA Organizational Structure

LHAs are **geographically based organizations** responsible for assessing needs and providing comprehensive care to a defined population.

LHAs **provide care directly through their own facilities or through services supplied by AOs, research hospitals and accredited private providers (acute and long-term hospitals, diagnostic laboratories, nursing homes, outpatient specialists and GPs).**

A **general manager appointed by the regional department of health, based on professional qualifications and technical skills, manages each LHA**

# LHA Organizational Structure

Services are structured under a typical **divisional model**.

Each division has financial autonomy over, and technical responsibility for, one of the **three different areas of the** health care system:

- 1) Acute care and rehabilitation hospitals (presidi ospedalieri)
- 2) Health districts
- 3) Health promotion divisions

# 1) LHA Organizational Structure

Directly managed **acute-care and rehabilitation hospitals** (**presidi ospedalieri**) provide hospital-based acute inpatient, outpatient and rehabilitation care.

These hospitals usually provide only secondary care.

Physicians in these hospitals receive salaries directly from the LHA.

## 2) LHA Organizational Structure

### Health districts

**are geographical units responsible for** coordinating and providing primary care, non-hospital based specialist medicine and residential and semiresidential care to their assigned populations.

**The number of districts in each LHA depends on its size and on other geographical and demographic characteristics** (average 100.000 inhabitants)

### **3) LHA Organizational Structure**

#### **Health promotion divisions**

**are responsible for health promotion, preventing infectious and other diseases, promoting community care and enhancing people's quality of life.**

These divisions also provide services for controlling environmental hazards, preventing occupational injuries and controlling the production, distribution and consumption of food and beverages.

They provide services for animal health (veterinary services)

# Public hospital enterprises (AOs)

They are quasi-independent public agencies called AOs.

AOs provide **highly specialized tertiary hospital care** (inpatient and outpatient).

AOs have a national, or at least interregional, catchment population and are **financial and technical autonomy**.

**Only 2 in Veneto ( Padova and Verona)**

# Private accredited providers

Private accredited providers supply ambulatory care, hospital treatment and/or diagnostic services financed by the SSN.

The regional departments of health regulate this participation through the **authorization and accreditation system**.

Authorized private health care organizations are financed by regional departments of health under a DRG payment scheme after having been accredited by the same body.

# Physical resources

## The numbers of health system

N° of public hospital beds: **19,429**  
(85.85% of the regional total)

N° of private hospital beds: **3,470**

N° of pharmacies: **1,307**

N° of residential homes for the elderly: **250**



# Italy - Financing

Total expenditure on health as a **proportion of GDP** has risen from 7.9% in 1990 to **8.7% in 2007**.

Public spending on health accounted for **77.0% of the total in 2007**,

Health care is mainly financed by **earmarked central and regional taxes**

The former tax is **collected nationally**, but 90% of its revenue is **allocated back** to the region in which it is levied, thus favouring those regions with a stronger economic sector

Due to near universal coverage, voluntary health insurance (VHI) **does not play a significant role in** funding health care in Italy and in Veneto.

# LHAs - Financing

**LHAs services are financed by the Region under a global budget with a weighted capitation mechanism.**

The global budget is also adjusted according to historical spending, and additional compensation is given for cross-boundary flows, which vary significantly from region to region (from South of Italy to Northern Italy) and within each region.

Hospital providers are paid **fees for services based on DRGs for inpatient activities** and through various mechanisms for outpatient and other specific health care services, such as intensive care, transplants and chronic patient management

# Primary Health Care

Primary care is provided by GPs, paediatricians and self-employed and independent **physicians working alone under a government contract**, who are paid a capitation fee based on the number of people (adults or children) registered on their list

**There is an additional Regional Agreement for further activities and also another level of agreement at LHA level**

**GPs act as gatekeepers for access to secondary services**

# Primary Health Care

GPs and paediatricians write pharmaceutical prescriptions and visit patients at home if necessary, as well as vaccinate patients against influenza during the vaccination campaign period.

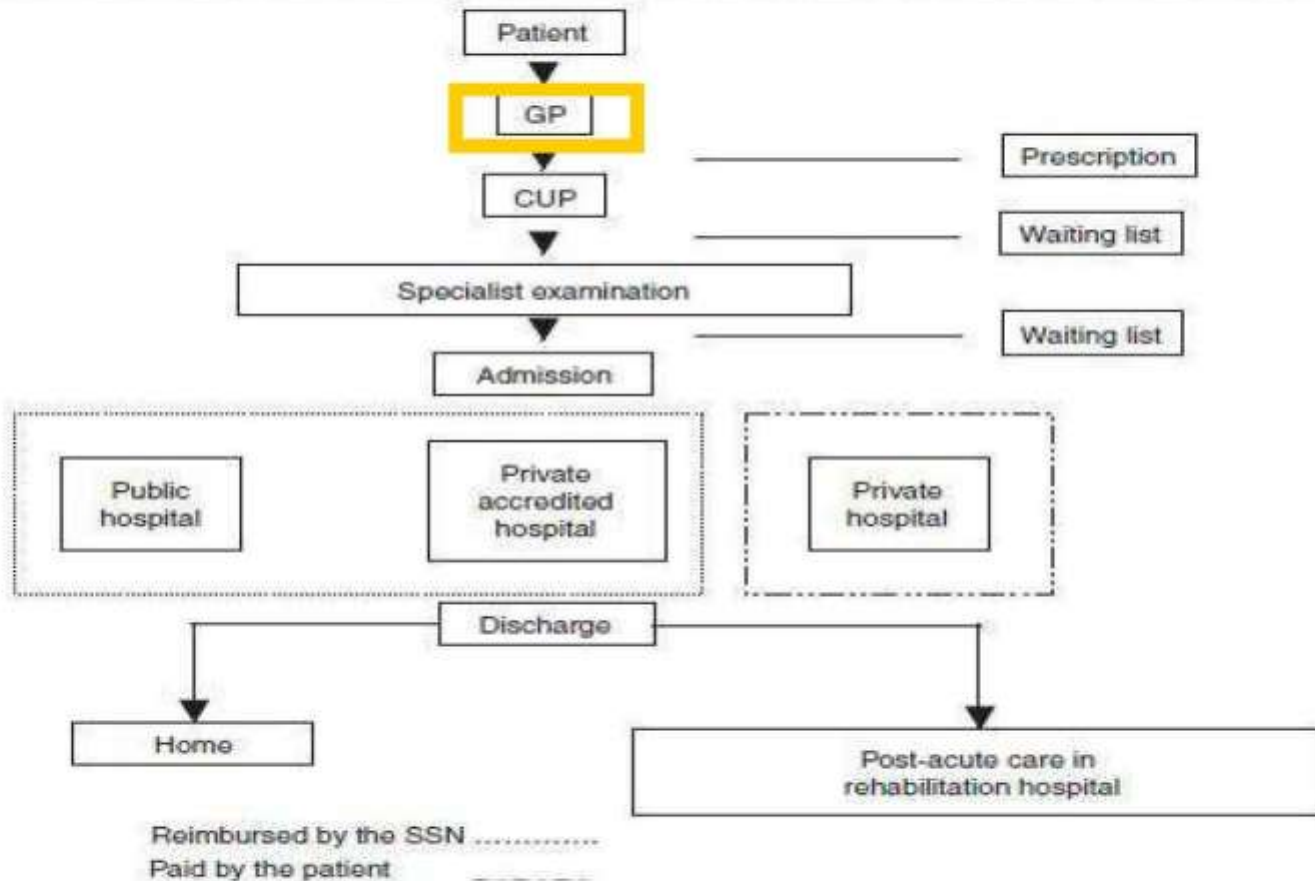
**People may choose any physician they prefer at any time, provided that the physician's list has not reached the maximum number of patients allowed (1,500 for GPs and 800 for paediatricians)**

# Ambulatory Care

Specialist ambulatory services, including **visits and diagnostic activities**, are provided either by LHAs or by accredited public and private facilities with which LHAs have agreements and contracts.

People are allowed to access specialist care either through a referral by their GP or for some services, by directly booking an appointment themselves through a central booking point

# Patient Pathway



Notes: GP: General practitioner; CUP: Central booking point; SSN: National Health Service.

# Hospital care

Hospital care is delivered **mainly by public structures**, which provide both outpatient and inpatient services.

LHAs also contract out services to private hospitals, especially not-for-profit institutions

Patients can choose to receive treatment from hospitals within their own LHA or through a provider in another LHA (within the same region or in another region)

## Long-term care

LTC usually requires a high level of **coordination between health and social services** (i.e. LHA s and municipalities).

Municipalities have traditionally been responsible for organizing the delivery of social care, and LHA s have managed health care services.

The presence of different providers, however, has sometimes hampered unified social and health care services, and in response municipalities sometimes decide to delegate the delivery of social care to local health authorities.

**Veneto is one of the region with the best level of integration between health and social services**



## Long-term care

Elderly and disabled people in Italy can be treated either in residential or semiresidential facilities (residenze sanitarie assistenziali [RSA]) and in community facilities (case protette).

RSAs are normally used for patients whose health status requires an intensive use of health care resources, while community home care is often utilized when patients do not have severe or critical health conditions

## Dental care

At the national level, dental health care is included in the **benefits package for specific populations**, such as children (0–16 years old), vulnerable people (the disabled, people with HIV, people with rare diseases) and individuals who need dental health care in some urgency/emergency cases.

Other members of the population purchase dental services out of pocket.

Tariffs for dental services are

Tariffs for dental services are centrally regulated by the national formulary

# Mental Health Care

Services are provided within a variety of settings, including:

- community mental health centres,
- general hospital inpatient wards,
- semi-residential facilities (day hospitals and day-care centres)
- residential facilities.

**A significant proportion of services related to people with mental disorders and learning disabilities are also operated by voluntary organizations.**



**Thanks for your attention**

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