HAMP Hospital Administration and Medical Practices

COMMENTARY

A new challenge for Italy's National Healthcare System

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Italy's Servizio sanitario nazionale (SSN, National Healthcare System), established in 1978, is a universal public service that guarantees equal rights to access health care and protection services to all citizens, pursuant to Art. 32 of the Italian Constitution.[1]

Even though the Italian health expenditure is below the average of the other European Countries, the Italian SSN has some of the best performance levels of the world.[2]

The coronavirus disease 2019 (COVID-19) pandemic, with its devastating impact, has reminded us all of health's universal value as an essential public asset; Italy managed to tackle the emergency with great ability, both in the two exploding waves (February-March 2020 and October 2020), and in implementing the vaccination campaign that followed. Public opinion and institutions acknowledged the importance and value of the SSN.

At the same time, the emergency highlighted some of the issues of our healthcare system: marked local differences in providing the services; the lack of integration between hospital, territorial and social services; excessively high waiting times to provide certain services; the need for investments to update technology and accelerate the digital transition.

On 31 July 2021, the European Union approved the National Recovery and Resilience Plan (NRRP)[3] submitted by the Italian Government, which describes the investment and development priorities for the Country over the 2021–2026 five-year period, by identifying six primary missions.

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Mission 6 is entirely devoted to healthcare, with approx. € 1,563 billion in investments over the 2021–2026 period, and divided into two essential components: (1) Proximity network, transitional care, and telemedicine; Innovation, research, and digitalization of the National Healthcare Service.

The first component is aimed at making the healthcare service more accessible to citizens, with special focus on vulnerable people with chronic diseases, and at considering our homes as the first place of care.

In order to strengthen the proximity services, specific interventions have been set out:

1. Creation of Community Homes, as places of access and care of chronic patients, capillary distributed throughout the territory. The investment entails the creation of 1,288 Community Homes before mid-2026, both by adapting existing structures and creating new ones.
2. Activation of 602 Local Operations Centres, with a liaison function with General Practitioners and with all healthcare facilities (hospitals and otherwise), in order to ensure a full integration of diagnostic-therapeutic treatments, and continued support in the different care settings.
3. Strengthening of home care and telemedicine. The aim is managing 10% of people older than 65 years of age, by mid-2026.
4. Presence of Community Hospitals, as hospitalization facilities for those patients with a low-medium clinical intensity and requiring short stays. The project foresees the creation of 381 Community Hospitals.

Concerning the innovation, research and digitization of the national healthcare service, the measures include a renovation and updating of the existing technological and digital structures, by investing over 4 billion euros. The goal is replacing obsolete healthcare equipment and digitizing the tasks, as well as expanding beds in the intensive and semi-intensive care units and strengthening the emergency network.

One of the government priorities indicated in the NRRP is the Country's digital transition. The healthcare sector requires: strengthening of its data collection infrastructures, layering of the population risk factors - also in order to improve the capacity of scheduling the services and achieving a full integration between all health-related data and documents of all citizens, through the Electronic Healthcare File.

Other investments include safety in hospital buildings, to update them to earthquake-proof standards.

Lastly, concerning training, scientific research and technology transfer, the aim is to strengthen the Italian biomedical research system, by improving the reaction times of rare disease excellence centres, promoting technology transfer between research and companies, and developing technical, professional, digital, and managerial competences in the healthcare workers.

Therefore, the next years will be marked by great changes for the Italian Healthcare Service, with the aim of responding to the population healthcare needs even better, and make it stronger and even more reliable. After difficult years, during which cost rationalization and efficiency recovery were priorities, it is now time to focus on innovation and on new, more integrated, and digital organizational models, with greater resources and new investments.

In order to do this, the larger healthcare budget is not enough; we also need to build a proactive approach towards citizens and local communities, pay more attention to prevention and health promotion, and rethink the healthcare and social service network.

One of the most important aspects to implement these changes is the role of management. Public healthcare units and local institutions need to entrust this change into the hands of skilled people, with strong leadership skills, to transform the NRRP goals into actual and tangible results for the citizens.[4]

As known, healthcare organizations are among the most complex institutions, because of their strong professional and technological component, and provide services that significantly affect people's lives, with great media and political impact. Management should be able to enhance professional skills and clinical excellence, improve communication to citizens and humanization in treatment centres, and implement an efficient management and build good relationships with other public and private institutions.

Today, working in a logic of competitiveness between healthcare structures is no longer enough: we must build cooperation networks. Certain needs, such as chronic diseases, mental health, disabilities, require a system-wide vision, rather than a single-service provision logic. In addition, at local level, we should build stable networks between all public and private entities, and involve volunteering organizations and community resources, in order to provide social protection nets for the most vulnerable people.[5]

In order to do this, we need a great ability to combine technological innovation and organizational/social development. This is the most important challenge of the coming years for the global healthcare management.

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Conflict of Interest

The authors declare no conflict of interest.

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