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## How long Italian public healthcare system will be sustainable?

**Ageing of population, chronicity of some pathologies, cut in budget are stressing universalistic system of public healthcare in Italy. Which action can be implemented in order to keep a satisfying level in quality and access to services? Some recipe from insiders: Nicola Pinelli and Francesco Ripa di Meana, respectively director and chairman at the Italian Federation of Health Agencies and Hospitals (FIASO), Giovanni Fattore, professor of Public Management at the University Bocconi in Milan, and Walter Ricciardi, chairman at the National Health Institute (ISS) also author of the book “The perfect storm: the likely shipwreck of Italian healthcare system and how avoid it”.**

“The universalistic system ‘from cradle to grave’ – explains **Nicola Pinelli** - we imported from the UK during the '60s is now at a critical point. After the ‘Golden Age of Doctors’ and the ‘New Public Management’ age, now in Italy we are affording the time of ‘Critical Governance’”. Anyway the quality of services in our country is still at the top of world range: Italy stands at the 2<sup>nd</sup> place for life expectancy (according to OECD, 1<sup>st</sup> Japan), at the 3<sup>rd</sup> place for efficiency of the system (according to Bloomberg, 1<sup>st</sup> Singapore, 2<sup>nd</sup> Honk Kong) and at the 12<sup>th</sup> place for quality and access to therapy (according to The Lancet). Yet, in Italy 77% of total expenses in healthcare are related to public sector. **Francesco Ripa di Meana** supports the data offered by Pinelli adding: “till now the dominant karma the central government repeated to the operators was ‘resilience’, but now it is time that politics takes back the control of the ship. Further cut in budget cannot be sustained anymore.”

**Giovanni Fattore** from Bocconi University agrees with the analysis presented by public healthcare operators. “In Italy the so-called spending review experimented two paths: horizontal cut and attempt of efficiency – outlines Fattore – but no way to introduce a reshaping of granted services. Moreover, providing lower quality health service increases social disparities, since just wealthy people can substitute private services with private ones”.

**Walter Ricciardi** is even more dramatic in his position, quoting his book “the perfect storm”. “Our country is the most aged in the world - warns Ricciardi -, there is a huge gap in health public service between Northern Italy (with level comparable to Swiss or Japan) and Southern Italy (with standard similar to Bulgaria or Tunisia) and the use of new expensive pharma need a lot of money (just to have an idea, using state-of-the-art anti HCV pharma for Italian patients could cost some 80 billion euro per year). It is time to convince politician to invest more, citizen to gain in health through appropriate lifestyle and operators to reorganise assistance.” Finally, quoting W.E. Deming, Ricciardi concludes: “Changing it is not necessary. Surviving it is not mandatory”.

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