Actions for containment of Health expenditure

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MoH - Italy
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  o Governance of the Regional Health Systems

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• Actions for containment
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  o Personnel
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Rethinking the health model and the organization of the National Health System:

- Preserve the right to health (fundamental right)
- Reconcile the public health service with dwindling resources

Possible ways and solutions:

- capitalizing on the internal changes in the health service
- planning (with a reforming role) and maintenance of the NHS
- role of care professionals, managers, providers, citizens
- sustainability and control of health expenditure
The growth of INHS financing in 2011 is 0.8%, in comparison with 2010, the year before it was 2.2%
The pro-capite national average financing is 1.815 €, with wide variations among Regions.
The % variations of financing remain linked to % variation of GDP  (this principle is confirmed in the Pact for Health 2010-12)
Current health expenditure

The average expenditure pro capite is 1862€, with wide differences among Regions.
Trend of expenditure before leg. Decree 95/2012
Spending Review

Health expenditure 2000-2010: **slowing down** of the expenditure growth since 2007, due to the development of a **governance** system and to the first adoption of “**return plans**”.
- Mean annual growth 2000-2005: **7,3%**;
- Mean annual growth 2006-2010: **2,8%**

### Table: Health Expenditure 2000-2010

<table>
<thead>
<tr>
<th>Year</th>
<th>Spesa sanitaria</th>
<th>% PIL</th>
<th>var %</th>
<th>PIL</th>
<th>var %</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>67.460</td>
<td>5,7%</td>
<td>11,9%</td>
<td>1.191.057</td>
<td>5,70%</td>
</tr>
<tr>
<td>2001</td>
<td>74.630</td>
<td>6,00%</td>
<td>10,60%</td>
<td>1.248.648</td>
<td>4,80%</td>
</tr>
<tr>
<td>2002</td>
<td>79.071</td>
<td>6,10%</td>
<td>6,00%</td>
<td>1.295.226</td>
<td>3,70%</td>
</tr>
<tr>
<td>2003</td>
<td>81.683</td>
<td>6,10%</td>
<td>3,30%</td>
<td>1.335.354</td>
<td>3,10%</td>
</tr>
<tr>
<td>2004</td>
<td>89.924</td>
<td>6,50%</td>
<td>10,10%</td>
<td>1.391.530</td>
<td>4,20%</td>
</tr>
<tr>
<td>2005</td>
<td>96.142</td>
<td>6,70%</td>
<td>6,90%</td>
<td>1.429.479</td>
<td>2,70%</td>
</tr>
<tr>
<td>2006</td>
<td>101.379</td>
<td>6,80%</td>
<td>5,40%</td>
<td>1.485.377</td>
<td>3,90%</td>
</tr>
<tr>
<td>2007</td>
<td>101.744</td>
<td>6,50%</td>
<td></td>
<td>1.554.199</td>
<td>4,60%</td>
</tr>
<tr>
<td>2008</td>
<td>108.891</td>
<td>6,91%</td>
<td></td>
<td>1.575.144</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>110.474</td>
<td>7,27%</td>
<td></td>
<td>1.519.695</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>112.742</td>
<td>7,26%</td>
<td></td>
<td>1.553.166</td>
<td></td>
</tr>
</tbody>
</table>

Source: Ministry of Economy and Finance – expenditure provision – 2012

Dr. Daniela RODORIGO  
Dr.Giuseppe RUOCCO  
Dr. Stefania GARASSINO
A further slowing down is foreseen for the period 2011-14:

Mean annual growth 2010-2014: **0,6%**

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Spesa sanitaria</strong></td>
<td>112.039</td>
<td>114.497</td>
<td>114.727</td>
<td>115.421</td>
<td>118.497</td>
<td>7,30%</td>
<td>2,80%</td>
<td>0,59%</td>
</tr>
<tr>
<td>% PIL</td>
<td>7,09%</td>
<td>7,21%</td>
<td>7,05%</td>
<td>6,90%</td>
<td>6,87%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>var %</td>
<td>-0,62%</td>
<td>2,19%</td>
<td>0,20%</td>
<td>0,60%</td>
<td>2,67%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PIL</strong></td>
<td>1.580.220</td>
<td>1.588.662</td>
<td>1.626.858</td>
<td>1.672.782</td>
<td>1.725.526</td>
<td>3,70%</td>
<td>1,14%</td>
<td>1,92%</td>
</tr>
<tr>
<td>var %</td>
<td>1,74%</td>
<td>0,53%</td>
<td>2,40%</td>
<td>2,82%</td>
<td>3,15%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Source: Ministry of Economy and Finance expenditure provision – 2012*
Composition of Health expenditure (2011)

- **Personale (36,1)**
- **Beni e altri Servizi (34,1)**
- **Primaria convenzionate (6,6)**
- **Farmaceutica convenzionata (9,9)**
- **Specialistica convenzionata e accreditata (4,7)**
- **Riabilitativa accreditata (2,0)**
- **Integrativa e Protesica convenzionata e accreditata (1,9)**
- **Mobilità verso B. Gesù (0,16)**
- **Mobilità verso Smom (0,03)**
- **Ammortamenti (1,49)**
- **Altra Assistenza convenzionata e accreditata (6,4)**

**Primary care delivered by private practitioners (6,6)**

**Pharmaceutical delivered by private pharmacists (9,9)**

**Hospital care delivered by private accredited providers (8,9%)**

**Goods and services (34,1)**

**Personnel (36,1)**

**Ammortamenti (1,49)**

**Mobilità verso Smom (0,03)**

**Mobilità verso B. Gesù (0,16)**

**Integrativa e Protesica convenzionata e accreditata (1,9)**

**Specialistica convenzionata e accreditata (4,7)**

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**Personale (36,1)**

**Beni e altri Servizi (34,1)**

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**Riabilitativa accreditata (2,0)**

**Integrativa e Protesica convenzionata e accreditata (1,9)**

**Mobilità verso B. Gesù (0,16)**

**Mobilità verso Smom (0,03)**

**Ammortamenti (1,49)**

**Altra Assistenza convenzionata e accreditata (6,4)**

**Personnel (36,1)**

**Goods and services (34,1)**
1) Anno 2007 - Regioni comprese: Abruzzo; Campania; Lazio; Liguria; Molise; Sardegna; Sicilia
2) Anno 2010 - Dalle precedenti: sono escluse le Regioni Liguria e Sardegna; è inclusa la Regione Calabria
3) Anno 2011 – Oltre alle Regioni del 2010 sono ricomprese le Regioni Puglia e Piemonte
General framework of financing

**PACT FOR HEALTH 2010-2012**

The State and the Regions, who are both responsible, with different role, for providing Health Services to population signed a pact for the period 2010-12 at the end of 2009.

Strategical choices, considered as opportunities and as critical points have been identified:

- improvement of prevention;
- re-modelling of primary care;
- promotion and diffusion of clinical governance, quality and patient’s safety in the health structures;
- improvement of national and inter-regional network (transplant, rare disease, etc.);
- diffusion and consolidation of the integration among social and health services;
- promotion of the empowerment of citizens and associations;
- improvement and qualification of health operators

The Priority Goals are:

- equity, affordability of service, semplification of bureaucratic procedures, creation of Unified Access Point to the system;
- assistance and care for weakest people (handicapped, not autonomous old people, psychiatric patients, drug addicts) working for their integration in the society;
- diffusion of palliative care and of antidolorific therapy;
- more efficient management of health services, aiming to reduction of waiting lists (considering specific facilitated paths for chronic diseases).
PACT FOR HEALTH 2010-2012

- The priority goals represent areas of activity where the health expenditure is growing more.
- The Pact give to the INHS tools and resources for dealing with these challenges.
- INHS finances with about 1.4 €/bil for year the priority goals, on the basis of projects presented by the Regions. The attainement of the goals is verified and monitored before payment.
- The Government applies a selective pressure aiming to encourage good practices and to discourage worse ones, with specific attention to two aspects
  - efficient use of productive factors (human resources, goods and services)
  - efficacy and appropriateness of care.
- With this purpose, the monitoring and verification system fo Regional performances has been reinforced.


PACT FOR HEALTH 2010-2012

AREAS FOR ACTION:

• remodelling of hospital network
• new standard for inpatient beds
• hospitals specialized and supported by technology for care of acute diseases in intensive and sub-intensive care units.
• implementation of territorial assistance
• tight integration in the care system with the purpose of assuring continuity of care from hospital to home
• wider involvement of family doctors
Actions for health expenditure containment from 2010 to now

Summary of measures

Reduction of main expenditure items
- Pharmaceuticals
- Goods and services
- Medical devices
- Personnel
- Specialized care delivered by private providers
- Hospital care delivered by private providers

Re-definition of resources for financing Regional Health Systems
- Setting the financing level
- New measures for participation of patients to the expenditure
- Reintroduction of fixed fee for territorial specialized care
- linked to GDP variations
- Proportionated - for personnel expenditure - to inflation rate

Specific rules for Regions under “Return Plan”
Pharmaceuticals

Interventions before the SPENDING REVIEW (from 2010 to August 2012)

Re-definition of pharmaceutical expenditure

Cut of hospital pharmaceutical expenditure (-600 €/mln)

Growth of territorial pharmaceutical expenditure (+600 €/mln)

The expenditure surplus over the ceiling (13.3% of the total health expenditure) is recovered by Regions through:

- Higher income due to pay-back (+200 €/mln) *(reimbursement by pharmaceuticals industries)*
- Reduction of the gain of distribution chain (-400 €/mln)
- Identification by the Italian Agency for drugs (AIFA) of appropriateness threshold for drug prescription (-600 €/mln)
- Identification by the Italian Agency for drugs (AIFA) of the reimbursement price for equivalent drugs (-600 €/mln)

*Pharmaceutical industries*

If the expenditure ceiling is exceeded, pharmaceutical industries have to participate (35%) to the coverage of the expense%

...and after the SPENDING REVIEW

Distribution made by private pharmacies on the basis of agreements with the INHS

- Discount to the INHS due by pharmacies (from 1.82% to 2.25%)
- Discount to the INHS due by pharmaceutical industries (from 1.83 to 4.1%)

- **Territorial pharmaceutical expenditure**
  - New expenditure ceiling (2012: from 13.3% to 13.1% - 2013: from 13.3% to 11.35%)

- **Hospital pharmaceutical expenditure**
  - New expenditure ceiling (from 2.4% to 3.5%)

*Pharmaceutical industries*.

If the expenditure ceiling is exceeded, pharmaceutical industries have to participate (35%) to the coverage of the expense%
Interventions before the SPENDING REVIEW

- Art. 17, c 1 lett a) law decree 98/2011 confirmed with modifications by law 111/11
  - Tool: reference prices standardised on quality-defined at national level by AGENAS
  - Observatory of prices
  - Purchasing stations

... and after SPENDING REVIEW

- Art 15, par. 13 letters a) and b), law decree 6 July 2012, n.95 (spending review) confirmed by law 7 August 2012, n.135
  - Expenses and purchasing volumes provided for by contracts already signed shall be reduced (for the remaining time) of 5%
  - Health agencies have to negotiate again contracts already subscribed and can interrupt the furniture (and the contract) if the price is 20% higher of the reference prices identified by the Observatory of contracts
INTERVENTIONS BEFORE THE SPENDING REVIEW

- Art 17, par. 1, lett c) law decree 98/2011 confirmed with modification by law 111/11.
  - Tool: expenditure ceiling fixed to 5.2% of the State financing

... AND AFTER THE SPENDING REVIEW

- Art 15, par 13 letters a) and b), law decree 6 July 2012, n.95 (spending review) confirmed by law 7 August 2012, n.135.
  - The expenditure ceiling for purchasing medical devices ix fixed to 4.9% of the State financing for 2013, and to 4.8 starting from 2014
  - If the expenditure ceiling is exceeded Regions shall cover the deficit (in absence of a pay back system)
PERSONNEL IS THE MAIN RESOURCE OF INHS and it’s fundamental for its functionality
It does cost 36% of the current expenditure of the INHS
Health agencies have a average number of 2.000 employees (70% with degree)

Pact for Health 2010-2012 (3 Dic 2009)

• Restrictions to the expenditure for personnel provided for by Financial Law 2007 are confirmed for the period 2010-2012

• Further interventions are related to the “de-hospitalisation”:
  • Reduction of number of employees and of budget for payment
  • Settlement of Standards regarding Simple and Complex Units in Hospitals and the related managerial positions
**Personnel**

**INTERVENTIONS BEFORE THE SPENDING REVIEW**

- Art. 17, par 2 law decree 98/2011 confirmed with modifications by law 111/11.
  - Tool: stop to some monetary bonus and to the signature of new economic contract
  - Revision of the number of employees of Health Structures.

**... AND AFTER THE SPENDING REVIEW**

  - Employees and Contractors:  
    - par. 21: Confirmed also for 2015 the reduction (-1.4%) of expenditure for personnel.
    - par 25: the containment measures adopted for Public Administration’s employees are extended to employees of INHS.
## Impact on the current expenditure

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Expen.</th>
<th>Interventions</th>
<th>% of the total expend.</th>
<th>% effect of the action on the expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>personnel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 redditi da lavoro dipendente</td>
<td>39.150</td>
<td>150</td>
<td>36,5%</td>
<td>0,3%</td>
</tr>
<tr>
<td>2 Medicina di base</td>
<td>7.048</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3=1+2 Totale</td>
<td>46.198</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pharmaceuticals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 territoriale (convenzionata + diretta)</td>
<td>14.336</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 ospedaliera</td>
<td>5.521</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6=4+5 Totale</td>
<td>19.857</td>
<td>1.000</td>
<td>1.000</td>
<td>15,7%</td>
</tr>
<tr>
<td>Goods and services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 consumi intermedi</td>
<td>33.800</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 farmaci ospedalieri e diretta</td>
<td>7.521</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 dispositivi medici</td>
<td>6.200</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10=7-8-9 consumi intermedi (al netto prodotti farmaceutici ospedalieri, spesa farmaceutica diretta e dispositivi medici)</td>
<td>20.079</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Altre prestazioni</td>
<td>27.415</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12=10+11 Totale</td>
<td>47.494</td>
<td>750</td>
<td>1.100</td>
<td>37,5%</td>
</tr>
<tr>
<td>13 Medical devices</td>
<td>6.200</td>
<td>750</td>
<td>750</td>
<td>4,9%</td>
</tr>
<tr>
<td>14 Others</td>
<td>6.763</td>
<td></td>
<td></td>
<td>5,3%</td>
</tr>
<tr>
<td>Ticket</td>
<td></td>
<td>2.000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totale generale</td>
<td>126.512</td>
<td>2.500</td>
<td>5.000</td>
<td>4,0%</td>
</tr>
</tbody>
</table>
### Summary of financial effects
#### Law Decree 95/2012 – Spending Review

<table>
<thead>
<tr>
<th>Commissione da 2 a 11</th>
<th>Effetti finanziari - settore sanitario</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Farmaceutica convenzionata - sconto</strong></td>
<td>A decorrere dalla data di entrata in vigore del presente provvedimento aumento sconto farmacisti dall’1,82% al 2,25%</td>
<td>20</td>
<td>45</td>
<td>45</td>
</tr>
<tr>
<td><strong>Farmaceutica convenzionata - sconto</strong></td>
<td>Anno 2012: aumento sconto industria dall’1,83% al 4,1% solo per il restante periodo dell’anno 2012</td>
<td>115</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Farmaceutica convenzionata</strong></td>
<td>Pay back sulla spesa farmaceutica convenzionata</td>
<td>190</td>
<td>1,510</td>
<td>1,510</td>
</tr>
<tr>
<td><strong>Rideterminazione del tetto al 13,1% per l’anno 2012 ed al 11,35% a partire dall’anno 2013 per conseguire i risparmi sulla spesa farmaceutica convenzionata</strong></td>
<td></td>
<td>325</td>
<td>1,555</td>
<td>1,555</td>
</tr>
<tr>
<td><strong>Farmaceutica ospedaliera</strong></td>
<td>Pay back pari al 50% dello scostamento dal tetto che viene elevato dal 2,4% al 3,5% - Inoltre dal calcolo della spesa vengono esclusi, vaccini, plasmaderivati e farmaci di classe C e C-bis. Rispetto alla manovra programmata di cui all’articolo 17 del DL 98/2011, pari a 1.000 milioni di euro annui, viene conseguita una manovra di 352 milioni, di euro annui, pertanto l’effetto netto è pari a -648 milioni di euro annui</td>
<td></td>
<td>-808</td>
<td>-808</td>
</tr>
<tr>
<td><strong>Beni e servizi - La riduzione dei corrispettivi per appalti e forniture del 5% dalla data di entrata in vigore del presente provvedimento (esclusi farmaci ospedalieri) e per la durata del contratto</strong></td>
<td></td>
<td>505</td>
<td>463</td>
<td>393</td>
</tr>
<tr>
<td><strong>Beni e servizi - Riduzione standard posti letto dal 4 per 1.000 al 3,7 per 1.000</strong></td>
<td></td>
<td>20</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td><strong>Beni e servizi - Ulteriore riduzione tetto di spesa per dispositivi medici dal 5,2% al 4,9% per il 2013 e al 4,8% dal 2014</strong></td>
<td></td>
<td>400</td>
<td>500</td>
<td></td>
</tr>
<tr>
<td><strong>Erogatori privati accreditati - Fissazione di un tetto per la remunerazione delle funzioni svolte dagli erogatori privati accreditati</strong></td>
<td></td>
<td>30</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td><strong>Erogatori privati accreditati - Riduzione dello 0,5% per l'anno 2012. 1% per il 2013 e 2% dal 2014 di tutti gli importi dei contratti e degli accordi con gli erogatori privati per assistenza specialistica e ospedaliera</strong></td>
<td></td>
<td>70</td>
<td>140</td>
<td>280</td>
</tr>
<tr>
<td><strong>Subtotal beni e servizi + private accredited providers</strong></td>
<td></td>
<td>575</td>
<td>1,053</td>
<td>1,253</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>900</td>
<td>1.800</td>
<td>2.000</td>
</tr>
</tbody>
</table>

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Due to these cuts the budget for INHS has been reduced of:

- 900 €/mil for 2012,
- 1.8 €/bil for 2013,
- 2.0 €/bill for 2014 and
- 2.1/bill starting from 2015.

On the basis of automatic mechanism provided for by law (increase of fiscal pressure in case of deficit) the effects of this actions are guaranteed.
Inpatients’ beds and Hospitals

- **Art. 15, par 13, lett. c), law decree 6 July 2012, n.95 (spending review) confirmed by law 7 August 2012, n.135.**

  - par 13, lett. c) lays down Regions have to reduce by 31 December 2012 the standard of beds in charge of INHS form 4/1000 inhabitants to 3.7.

  - 50% of this reduction has to be assured by public structures through the elimination of some Complex Operative Units.
  - At the same time Regions must reduce the hospitalization rate from 180/1000 inhabitants to 160
  - Regions must adopt measures aimed to promote appropriateness and a better management of hospital resources.
  - Before the end of October 2012 qualitative, quantitative, technological and structural standard on hospital care have to be laid down.
Reduction of hospitalization and hospital beds make available human and structural resources to be used for improving territorial care guaranteeing the most appropriate answer to health needs.

The trend of hospitalization rate shows a constant reduction in hospitalization: from 197 per 1.000 ab. in 2007 to 176 in 2010 (-11%).

The Pact for Health 2010-2012 lays down that hospital beds have to be 4.0/1000 inhabitants (3.3 for acute care and 0.7 for post-acute care).

In 2010 there is a frank reduction of acute beds (in comparison with 2007), and a substantial respect of the acute standard. Beds for hospital post-acute care are a bit under the standard (0.6 instead of 0.7).

On the territorial side, in the period 2007-2009, a significant improvement of assistance was registered. Anyway other improvements are necessary: for example, the assistance at home (ADI) growth of 11% and that is not sufficient to satisfy the standards (3.7% of elder people treated by ADI).
Specialized assistance and private accredited hospitals

- **Art. 15, par. 14 law decree 6 July 2012, n.95 (spending review) confirmed by law 7 August 2012, n.135.**

- The provisions are aimed to produce a reduction of the purchasing of specialized assistance and hospitalization from private providers (volumes and costs)

- The expenditure has to be reduced (in comparison with 2011)
  - 0,5 % for 2012,
  - 1% for 2013
  - 2 % starting from 2014.
Due to loss of budget balance, starting from 2007 Regions are obliged to subscribe a “Return Plan” for reaching the balance of the budget.

Since 1992 reform of INHS, each Region is responsible for maintaining budget balance and, at the same time, guaranteeing the essential level of assistance (LEA).

Regions who experienced difficulties in the respect of this responsibility law providers for a pathway assisted by the Central State, so called “Return Plan”, with regard to organization, qualification and improvement of Regional HS.

The Law 311/2004 (Financial Law for 2005) lays down that the Region prepare an up to 3-years Plan, in agreement with Ministries of Helath and of Economy.

5% is the standard of the deficit. Where the deficit is higher, the Region has to present a “Return Plan”.

If, after 3 years, the budget balance has not been reached, the Plan can be renewed for other 3 years at maximum.

Only after the full completion of the Return Plan the financial resource can be given to the Region.
The “Return Plans“—Interventions

The “Return Plans“ provide for structural interventions in the following areas, aimed to reorganize and requalify the Regional HS, and finally to improve health assistance and at the same time reaching the budget balance.

<table>
<thead>
<tr>
<th>Area</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital assistance</td>
<td>Reorganization of regional hospital network, integrating it with the other assistance networks aiming to the reduction of hospitalization rate, improvement of appropriateness, better organization of “birth-points”</td>
</tr>
<tr>
<td>Territorial assistance</td>
<td>Improvement of the different means of delivering territorial assistance (in relation with the reduction of hospital care): residential and semiresidential care; assistance at home; social and health integrated assistance at home; assistance to psychiatric patients, hospice.</td>
</tr>
<tr>
<td>Emergency care</td>
<td>Reorganization of emergency service (new classification of Emergency departements and First aid, creation of Point of first intervention, helicopter health assistance, Intensive Short Observation).</td>
</tr>
<tr>
<td>Relations with private providers</td>
<td>After the definition of needs, Regions accreditate private providers establishing budget for care deliverable in an year by Regional HS on the basis of the price adopted.</td>
</tr>
<tr>
<td>Laboratory Network</td>
<td>Implementation of a Laboratory Network with a central Management station and peripheral points in each hospital; specialized laboratory activities have to be centralized (i.e. Genetics, Toxicology, Immunology,…. ) in only one seat; create a network of points for blood sampling.</td>
</tr>
<tr>
<td>Territorial pharmaceutical assistance</td>
<td>Regions must adopt measures aimed to improve the appropriateness of prescriptions, the use of generic and off-patent drugs or giving budget to prescribers. On the other side the Regions have to rationalize drug purchasing and distribution. Finally they have to provide for tickets (participation to the expense) by patients.</td>
</tr>
<tr>
<td>Safety of care</td>
<td>Regions have to create multidisciplinary Units for risk management, to promote implementation and use of Guidelines and the adoption of tools for evaluation of results and information quality.</td>
</tr>
</tbody>
</table>
Regions introduce the turn over stop.
The personnel of Operative units (simplex and complex ones) shall be in line with the national standards.

Regions must create a Centralized Purchasing Station which is responsible for buying goods and services.

Regions adopt measures aimed to rationalize the use of hospital drugs, mainly those with an high price.

Regions adopt IT platforms and data flows aimed to improve the governance of economic and health data.
## Trend of regional deficit 2007-2011

### Disavanzo Regioni non n PdR

<table>
<thead>
<tr>
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<tr>
<td>LOMBARDIA</td>
<td>45</td>
<td>96</td>
<td>12.712</td>
<td>13.914</td>
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<td>P.A. BOLZANO</td>
<td>261.515</td>
<td>262.926</td>
<td>185.596</td>
<td>229.895</td>
<td>235.399</td>
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<td>P.A. TRENTO</td>
<td>150.415</td>
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<td>202.228</td>
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<td>VENETO</td>
<td>134.670</td>
<td>148.512</td>
<td>103.012</td>
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<td>FRIULI V.G.</td>
<td>44.445</td>
<td>42.125</td>
<td>67.892</td>
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<td>62.720</td>
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<td>EMILIA R.</td>
<td>91.204</td>
<td>12.712</td>
<td>118.360</td>
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<td>BASILICATA</td>
<td>11.868</td>
<td>34.749</td>
<td>25.120</td>
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<td>36.610</td>
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<tr>
<td>LIGURIA (1)</td>
<td>10.288</td>
<td>109.311</td>
<td>120.457</td>
<td>85.417</td>
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<tr>
<td>SARDEGNA (2)</td>
<td>111.437</td>
<td>184.926</td>
<td>225.675</td>
<td>283.560</td>
<td>283.065</td>
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<tr>
<td>TOTALE Non PdR</td>
<td>906.306</td>
<td>1.013.874</td>
<td>1.216.877</td>
<td>1.129.140</td>
<td>1.076.998</td>
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</table>

### Disavanzo Regioni in PdR

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</thead>
<tbody>
<tr>
<td>PIEMONTE (3)</td>
<td>170.753</td>
<td>360.576</td>
<td>387.523</td>
<td>422.444</td>
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<tr>
<td>PUGLIA (4)</td>
<td>265.742</td>
<td>219.575</td>
<td>350.329</td>
<td>332.705</td>
<td>114.376</td>
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<tr>
<td>CALABRIA (5)</td>
<td>277.059</td>
<td>195.304</td>
<td>249.030</td>
<td>187.511</td>
<td>126.396</td>
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<tr>
<td>LAZIO</td>
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<td>1.673.478</td>
<td>1.419.449</td>
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<td>ABRUZZO</td>
<td>138.433</td>
<td>107.656</td>
<td>43.358</td>
<td>8.117</td>
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<td>MOLISE</td>
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<tr>
<td>CAMPANIA</td>
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<td>641.196</td>
<td>773.853</td>
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<td>SICILIA</td>
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<td>195.989</td>
<td>34.064</td>
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<td>TOTALE PdR</td>
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<td>3.552.722</td>
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<td>TOTALE</td>
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<td>4.566.596</td>
<td>4.712.661</td>
<td>3.647.546</td>
<td>2.634.727</td>
</tr>
</tbody>
</table>

(1) La Regione Liguria ha terminato il PDR il 31 dicembre 2009;
(2) La Regione Sardegna ha terminato il PDR il 31 dicembre 2009
(3) La Regione Piemonte ha stipulato l’Accordo con i Ministeri per il Piano di Rientro in data 29 luglio 2010
(4) La Regione Puglia ha stipulato l’Accordo con i Ministeri per il Piano di Rientro in data 29 novembre 2010
(5) La Regione Calabria ha stipulato l’Accordo con i Ministeri per il Piano di Rientro in data 17 dicembre 2009

Fonte: Ministero della Salute - Direzione Generale della Programmazione Sanitaria
<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
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<td>C) <strong>TOTAL FINANCING BY THE STATE BEFORE THE SPENDING REVIEW</strong></td>
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<td></td>
<td>108.861</td>
<td>109.409</td>
<td>110.901</td>
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<tr>
<td>6) <strong>REDUCTION OF FINANCING (SPENDING REVIEW 2012)</strong></td>
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<tr>
<td></td>
<td>-900</td>
<td>-1.800</td>
<td>-2.000</td>
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<tr>
<td>D) <strong>TOTAL FINANCING BY THE STATE AFTER THE SPENDING REVIEW</strong></td>
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<tr>
<td></td>
<td>107.961</td>
<td>107.609</td>
<td>108.901</td>
</tr>
<tr>
<td>% OF GDP</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6.65%</td>
<td>6.46%</td>
<td>6.35%</td>
</tr>
<tr>
<td>GROWTH OF FINANCING (%) IN COMPARISON WITH THE YEAR BEFORE</td>
<td></td>
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<tr>
<td></td>
<td>0.99%</td>
<td>-0.33%</td>
<td>1.20%</td>
</tr>
</tbody>
</table>

* Valori in €/MLN