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Veneto Region, Italy

Canal Grande, Venice

General overview

The Veneto Region is the eighth largest region in Italy with a total area of 18 398.9 km². Located in the north-eastern part of the country it is one of the most affluent in terms of per-capita income; only 5.5% of families live in relative poverty in the Veneto Region, the averages for the northern regions and the entire country being 5.7% and 10.6%, respectively (1).

On 1 January 2017, the Region had 4 907 529 inhabitants. Having increased steadily until 2014, population growth became stable, also taking lower birth rates and migration to and from the region into consideration. In 2016, the birth rate was below 8/1000 inhabitants, whereas in 2011 the number of deaths exceeded the number of births (2).

Ageing is a big challenge and has led to a change in the needs profile. Some 20% of the Veneto population is over 65 years, 10% is over 75, and there are around 7 people over 65 for every 5 under 15. A quarter of the population has a chronic health problem, including 65% of those over 65; over 25% of those aged 75–84 and over 57% of those above that age group are disabled (3).

To manage resources and meet the needs, the Veneto Region uses the Johns Hopkins Adjusted Clinical Groups® (ACG®) system (4,5) to

understand, map and measure what is needed across its territory. This system entails analysing data related to people's diseases and the services and costs involved; people are grouped according to the constellation of diseases they experience and the support they require, from those in good health, for whom the appropriate interventions are health promotion and screening, through to those requiring end-of-life care.

Multimorbidity is the norm in Veneto Region's ageing population. Care for those affected is often fragmented and expensive. Traditional care programmes fail when many chronic conditions are prevalent at the same time. Patient expectations are changing, needs are increasing, and resources are decreasing. Integrating care can help improve health, the care experience and value for money.

The collection and analysis of data through the ACG® system provides retrospective information on the population and supports individual care, allowing a better understanding of the burden of disease, how it is distributed and, therefore, the resources needed to deal with it (6).

According to WHO, 86% of deaths and 75% of health costs in Europe and Italy are caused by chronic disease in part related to poor lifestyle

choices, namely, unhealthy nutrition, lack of physical activity, smoking and alcohol use, the main risk factors connected with chronic degenerative disease (7). The monitoring of these risk factors in relation to individual behaviour is carried out through specific surveillance programmes, such as Progressi delle Aziende Sanitarie per la Salute in Italia (Progress by local health units towards a healthier Italy) (PASSI) (8).

The national health budget is divided among the regions and autonomous provinces of Italy on a weighted, differentiated, per-capita basis, taking the ages of the local populations into account. According to a common set of criteria, the regions assign funding to their local health units (LHUs) to provide health-care services.

In recent years, the needs and challenges (including funding) of the health-care system in terms of assistance to citizens have significantly increased. To resolve this situation, the Region is currently implementing Regional Law 19/2016, which defines the reengineering of the LHUs, reducing their number from 21 to 9. Azienda Zero is the governance mechanism, which is centralizing some of the important functions

previously assigned to the LHUs, such as responsibility for procurement, human resources, training, legal services, health technology assessment, health information technology, epidemiological services and cash-flow management. This not only streamlines the use of the resources available, avoiding unnecessary duplication of cost, but also improves cost-efficiency in care delivery.

Health-care facilities, professionals, and health and social services are highly integrated in the Veneto health-care system, which has among its key objectives to provide all patients with access to the best, most timely and appropriate forms of care, and to ensure, at the same time, continuity of care by overcoming fragmentation.

Health-care facilities are run according to a hub-and-spoke scheme, which assigns all stakeholders a specific role and structural mandate based on health-care standards. The clinical networks coordinated within the scheme comply with quality, structural, technological and quantitative standards (defined by Ministerial Decree No. 70 of 2 April 2015), taking demographic conditions into account.



Strengths

The Veneto Region has the following strengths:

- ✓ a strong tradition of investment for health promotion and the prevention of risk factors;
- ✓ strong intersectoral focus, fostering the sharing of good practice in and a mutual understanding among the different sectors about the determinants of health;
- ✓ a positive balance in managing available funds without lowering standards;
- ✓ life-expectancy indicators for both men and women that are higher than the national average;
- ✓ a constant focus on integrating surveillance mechanisms and risk factors;
- ✓ the integration of social and health aspects;
- ✓ diversified solutions to the provision of assistance and care, according to the degree of care needed;
- ✓ economic recovery (many indicators show that as of 2016, Veneto has managed to overcome the recent financial crisis);
- ✓ tourism (in 2015, Veneto ranked fourth among European regions regarding number of visitors and sixth regarding number of nights spent in tourist facilities).



Aspirations

The Veneto region is aiming to:

- ✓ strengthen public health strategies to address environmental risk factors, such as water contamination;
- ✓ increase research into and development of care from both a medical/clinical and a management point of view;
- ✓ optimize the network of regional hospitals according to the hub-and-spoke system, taking the local context into consideration;
- ✓ promote the role of health professionals through intersectoral collaboration;
- ✓ support equity in the regional health sector by ensuring access to quality care;
- ✓ encourage the implementation of valuable health-systems financing by learning from European and international best practice;
- ✓ maximize the benefits of digital tools;
- ✓ develop useful comparisons with other European regions;
- ✓ continue to contribute to the fruitful process of “internationalizing” regional health through joint health-sector action with other regions.



Challenges

These are:

- ✓ an ageing population and multimorbidity;
- ✓ the considerable number of people (many elderly) living on their own (11%) who are deprived of a support network;
- ✓ an increase in the number of people prone to addiction (for example, drugs, alcohol) and in the number of younger people experimenting with substances;
- ✓ an increase in smoking among youth (while adults are tending to smoke less).



Potential areas of collaboration

The Veneto Region is interested in collaborating with other regions on:

- ✓ the training of health professionals and decision-makers in the health sector;
- ✓ primary health care;
- ✓ environment and health;
- ✓ new and innovative forms of governance;
- ✓ promoting patient-centred care;
- ✓ encouraging intersectoral and formative initiatives for health professionals.



Working groups

The Veneto Region is interested in participating in working groups on:

- ✓ environment;
- ✓ health systems/primary health care;
- ✓ the all-of -government approach/intersectoral action.

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People active in the Regions for Health Network (RHN)

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