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# EMERGENT EPIDEMIOLOGICAL TRENDS AND NEW ORGANIZATIONAL MODES FOR HEALTH CARE SYSTEMS

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# Agenda

1. Emergent epidemiology in developed countries
2. Welfare challenges
3. The new setting mix: LTC, chronic diseases, acute, sub-acute
4. Transitional care

# Emergent trend in developed countries

1. 30% of people have a chronic diseases (50% after 55 years) that consume 70% of health expenditures
2. 4% of population is in need of LTC in aging countries (2,5/3 mil citizen in UK, F, D, I)
3. Hospital staying are very short and there is a high need of post-acute/rehabilitation care (new hospital targets 2/2,5 beds per 1000 inh.)

# Welfare Challenge: a comparison between four Countries

**Welfare expenditure mix is different in each of the four Countries analyzed. They spend about 1/3 of their GDP for welfare interventions, with different allocations between policy areas.**

**Italy:**
- Italy's Public Welfare Expenditure is **27,1% of GDP**
- **53,22%** of total public welfare resources are dedicated to **Pensions**
- **Only a low % of resources** is invested in **Children and Family** interventions and **Housing** policies

**France:**
- France's Public Welfare Expenditure is **32,7% of GDP** (highest)
- **Pensions** account for **42,5%** of total expenditures
- **8,98%** of resources are dedicated to **Children and Family** interventions and **8,7%** for **Labour** related policies

**Germany:**
- **28,4% of Germany's GDP** is invested for Public Welfare
- **Pensions** represent **40,29%** of total Public Welfare expenditures
- **Only a low % of resources** is invested in **Social Exclusion** and **Poverty** interventions, more on **Children and Family** policies

**United Kingdom:**
- UK's Public Welfare expenditure is **26,3% of GDP** (lowest)
- **Pensions** account only for **35,92%** of total Public Welfare Expenditures
- UK invests more than other Countries in **Health** (**33,53%**) and **Long Term Care** and Invalidity (**13,19%**)

# Focus on Long Term Care: interventions by Institution

**By analyzing Long Term Care interventions, differences between the four Countries become even more evident, especially by looking at the mix of expenditures by Institution.**

- **Italy spends more than half of his budget (52%) in social security expenditure** (invalidity benefits, Long Term Care Insurance programs, invalidity and disability allowances); 31,9% are resources coming from the Health Care System.

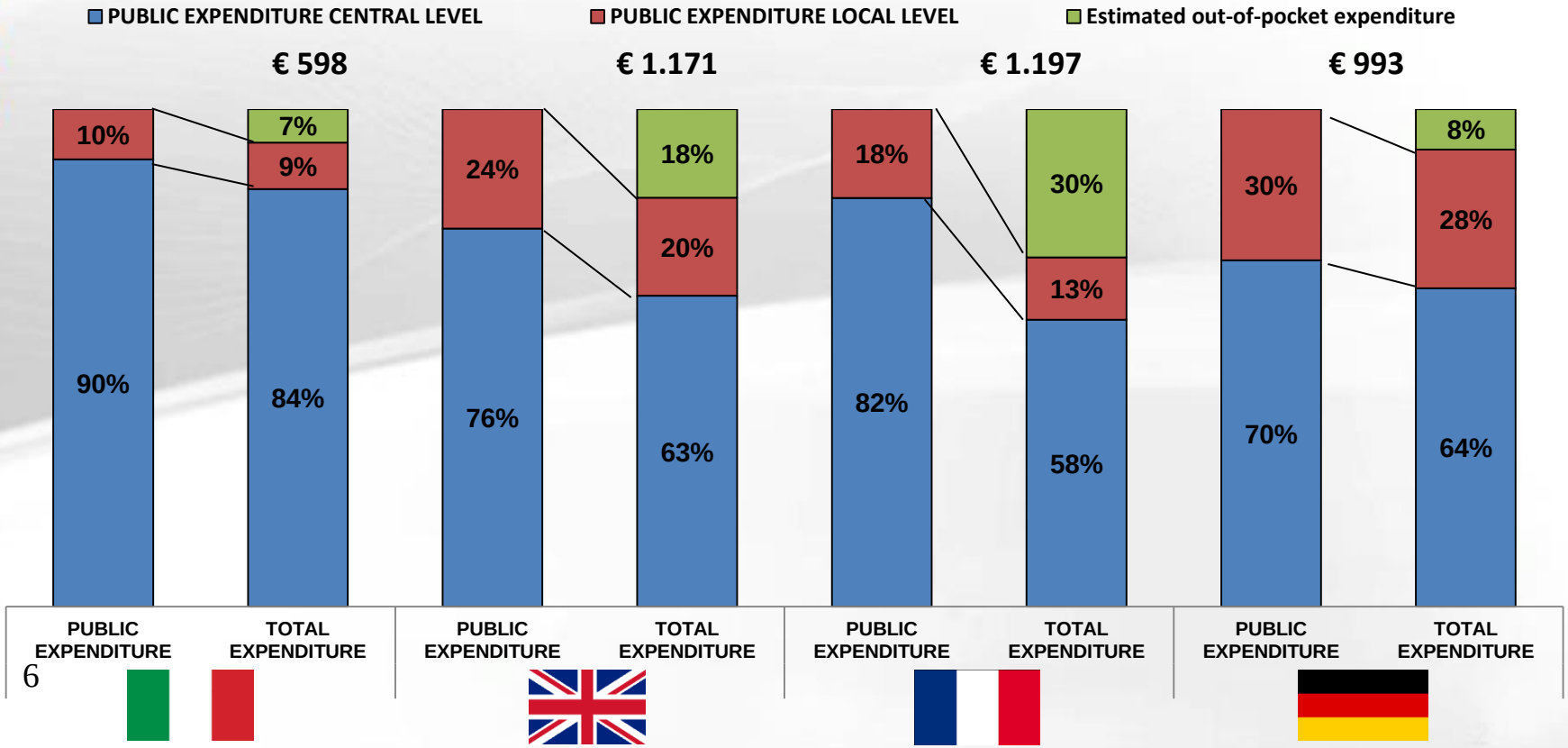
- **France has the most balanced mix of expenditure**: 30,7% are Health System expenditures, 29,8% are out-of-pocket resources (highest among the four Countries), 27% are social security expenditures, 12,5% are Local Authorities resources.

- **In Germany social security expenditures are the most important component** in the Long Term Care system, as they account for **62,4%**; also the weight of Local Authorities resources is more relevant than in Italy and France (27,9%).

- **UK has a prevalence of Health System (31,6%) and Local Authorities expenditures (31,4%)**; Social Security resources represent 19,3% and Out-of-pocket resources 17,8%.

# Focus on Long Term Care: central vs local level

**Very often the debate is about the decentralization of Welfare but the analysis of who holds the responsibility on financial resources shows that in each Country still prevails the importance of the central institutional level.**



# Focus on Long Term Care: cash vs in-kind

**Except for Italy, all Countries invest more resources for in-kind benefits rather than cash benefits. Italy is also a peculiar case because of the unavailability of data to determine the number of users benefitting from cash or in-kind benefits.**

| | Long Term Care benefits - EXPENDITURE | |
|---|---|---|
| | *CASH BENEFITS* | *IN-KIND BENEFITS* |
|  | 52% | 48% |
|  | 46% | 54% |
|  | 39% | 61% |
|  | 31% | 69% |

# Focus on Long Term Care: elderly in need of Long Term Care

**Data collected about Long Term Care need coverage and care intensity in the four Countries show how each system has different goals and offers different types of answers to users.**

| |  |  |  |  |
|---|---|---|---|---|
| % OF 65 + POPULATION IN NEED OF LONG TERM CARE INCLUDED IN WELFARE | 97,57% | 70,40% | 49,19% | 61,12% |
| PUBLIC EXPENDITURE PER USERS PER MONTH | € 1.013 | € 2.372 | € 2.123 | € 2.528 |

# The new setting mix 1/3
# The landscape

Welfare system are driving towards a new care setting mix and metrics:

1. LTC
2. Disease management -primary care centred - for chronic diseases (70% of health expenditures)
3. Post acute care
4. Acute care

# The new setting mix 2/3
# The facilities

1. LTC: nursing homes, day centres, home care, support to informal care giver (professional or family member)
2. Disease management: development of primary care facilities and ambulatory care
3. Post acute care: nursing centred facilities with care focus
4. Acute care: reduction of hospitals and concentration of patient to reach higher clinical competences and richer technologies portfolios

# The new setting mix 3/3
# The criticisms

1. LTC: who pays: Welfare or families ?
2. Disease management: how can we increase GP clinical competences? How do we integrate hospital clinical knowledge and treatment with GPs follow up?
3. Post acute care: when does it finish and turn to LTC or to self treatment?
4. Acute care: how do we manage the concentration process and its social and political issues?

# TRANSITIONAL CARE: goals 1/2

- Design clinical pathways through different care settings
- Moving the patient fast to the right care setting
- Patient gatekeeping and case management
- Information continuity
- Patient compliance and outcome control

# TRANSITIONAL CARE: drivers 2/2

- Design clinical pathways through different care settings: *clinical leadership (enlarging the own cultural and professional "kingdom")*
- Moving the patient fast to the right care setting: *patient flow management (responsibility and budget power)*
- Patient gatekeeping and case management: *a professional pendulum or a patient choice?*
- Information continuity: *who selects and standardizes information?*
- Patient compliance and outcome control: *case manager key function*