

Why should we be concerned about regional variation in Healthcare.

Can we make a change? Lessons learned (Italy)

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Background

The Italian National Health System should provide universal coverage and uniform healthcare access to citizens. The 21 Italian regions have autonomy in organizing their healthcare services and allocating financial resources to achieve quality of care and equity. Nonetheless, wide differences in practice patterns, health outcomes and regional usages of resources, that cannot be justified by differences in patient needs, have been demonstrated to exist. Beginning with the experience of the health care system of the Tuscany region (Italy), this study describes the first steps of a long-term approach to proactively address the issue of geographic variation in healthcare. In particular, the study highlights how the unwarranted variation management has been addressed in 12 Italian regions that have followed Tuscany Region and that have adopted the same performance evaluation system, by first, considering it a high priority objective and then by actively integrating it into the regional planning and control mechanism.

Objectives

The presentation wants to deal with two issues: 1) Adopting the same performance evaluation system (PES) can be a significant tool in reducing regional variation? 2) Which conditions are relevant to drive change reducing a "post code medicine" and assuring more equity?

Methods

In Italy financial crisis has contributed to reduced resources and cost containment for health care. This situation has forced policy-makers and managers to implement various efficiency controls, in the hopes of providing the same level of quality of health service at lower cost. At the same time, decision makers faced with the risk that financial austerity may lead to decreased health and increased health disparities among residents based on their socioeconomic status or place of residence. For both these reasons, central and local governments have needed to adopt managerial tools capable of supporting decision-making processes, including the management of medical practice variations. Different management tools have been developed to respond to the four categories of variations, that is, variations in evidence-based care, setting-sensitive care, preference-sensitive care, and supply-sensitive care. Evidence-Based Medicine (EBM) standards, such as those adopted by the Tuscany performance evaluation system, may be appropriate tools for managing performance and reducing unwarranted variation in both evidence-based and

setting-sensitive care. In these cases, financial incentives may help to reinforce the performance evaluation system. However, other kinds of mechanisms are required to manage variation in preference-sensitive and supply-sensitive care. In these situations, intrinsic incentives such as reports or direct feedback as opposed to financial incentives may serve to align the goals of providers with those of health authorities.

Results

Systematic benchmarking and public disclosure of data are powerful tools to guarantee the balanced and sustained improvement of the healthcare systems and the reduction of unwarranted variation but only if they are integrated with the regional governance mechanisms.

Conclusions

The implications of this study can be useful to policy makers, professionals and managers, and can contribute to the understanding of how the management of variation can be implemented with performance measurements and financial incentives.