

ICT & HEALTH



THE ROLE OF THE DIGITAL SECTOR IN MAKING THE HEALTH & CARE NEARER TO THE USERS

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Telemedicine development in Italy: necessary changes in Regional Healthcare Systems

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SIT

TELEMATIC MEDICINE AND SURGERY SYSTEMS: WHY DO THEY EXIST ?

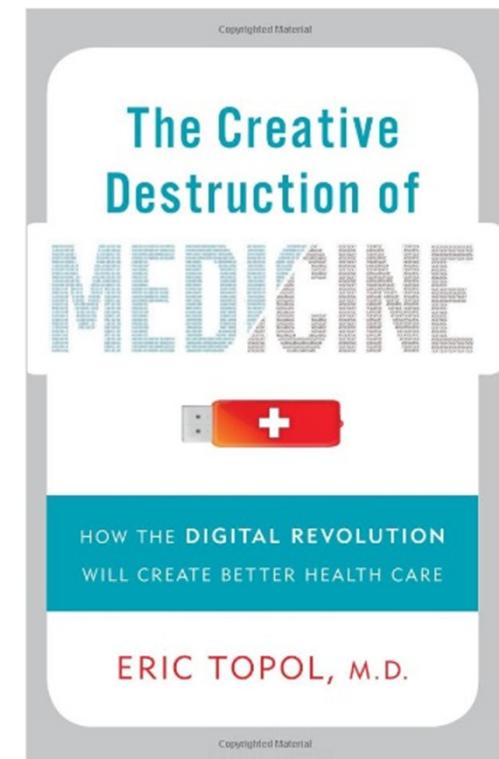
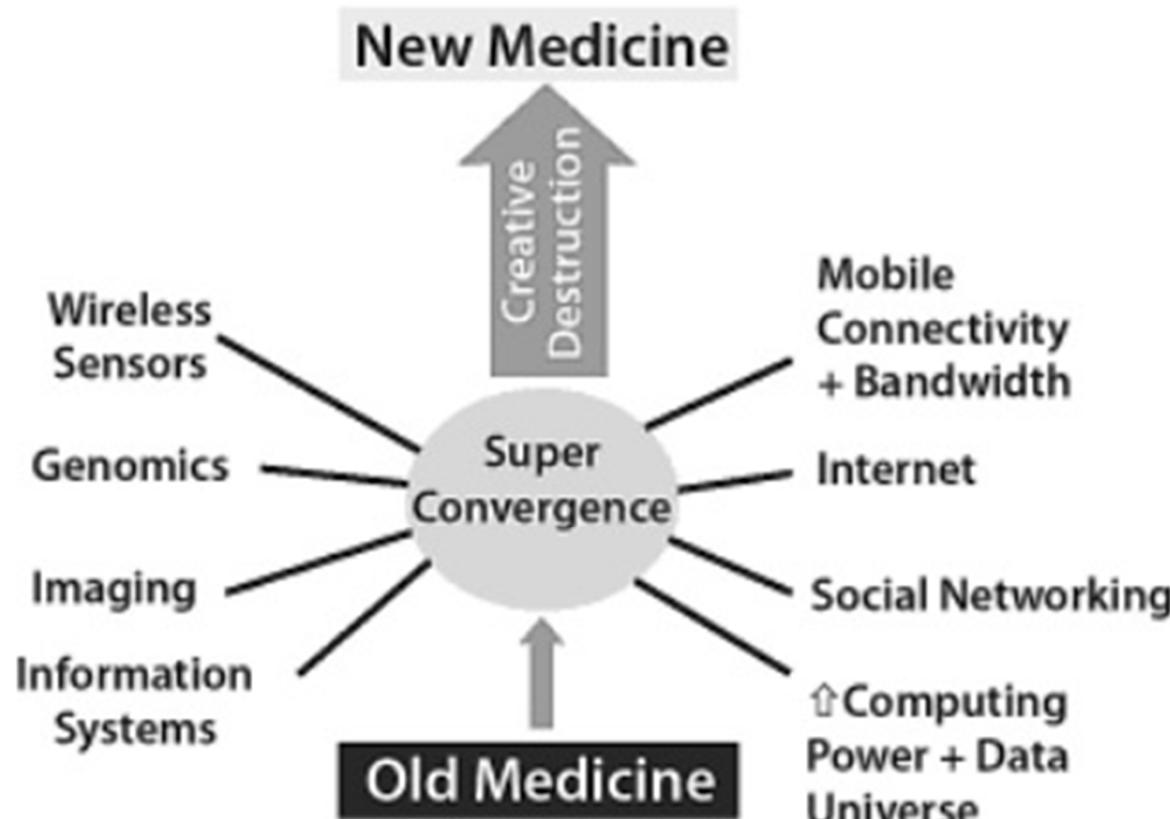


FIGURE INTRO.1: The transformation from medicine today (old, dumbed down) to new, individualized medicine that is enabled by digitizing humans.

TELEMATIC MEDICINE AND SURGERY SYSTEMS: WHY TO USE THEM IN HEALTH SERVICES ?



TO REACH HIGHER
QUALITY ...



... BUT EXCEPTIONAL
COMPLEXITY IS NEEDED



... THEREFORE ORGANIZATION
HAS TO BE COHERENT



TELEMATIC MEDICINE AND SURGERY SYSTEMS: IN WHAT SCENARIO ARE THEY GROWING IN ITALY ?

SCENARIO :

- economic recession attacks Italian SME which are led to reduce R&D
- Health Organizations act only on costs saving without sufficient policies for reduction of wastes
- Progressively ageing population
- Increasing chronic diseases and comorbidities

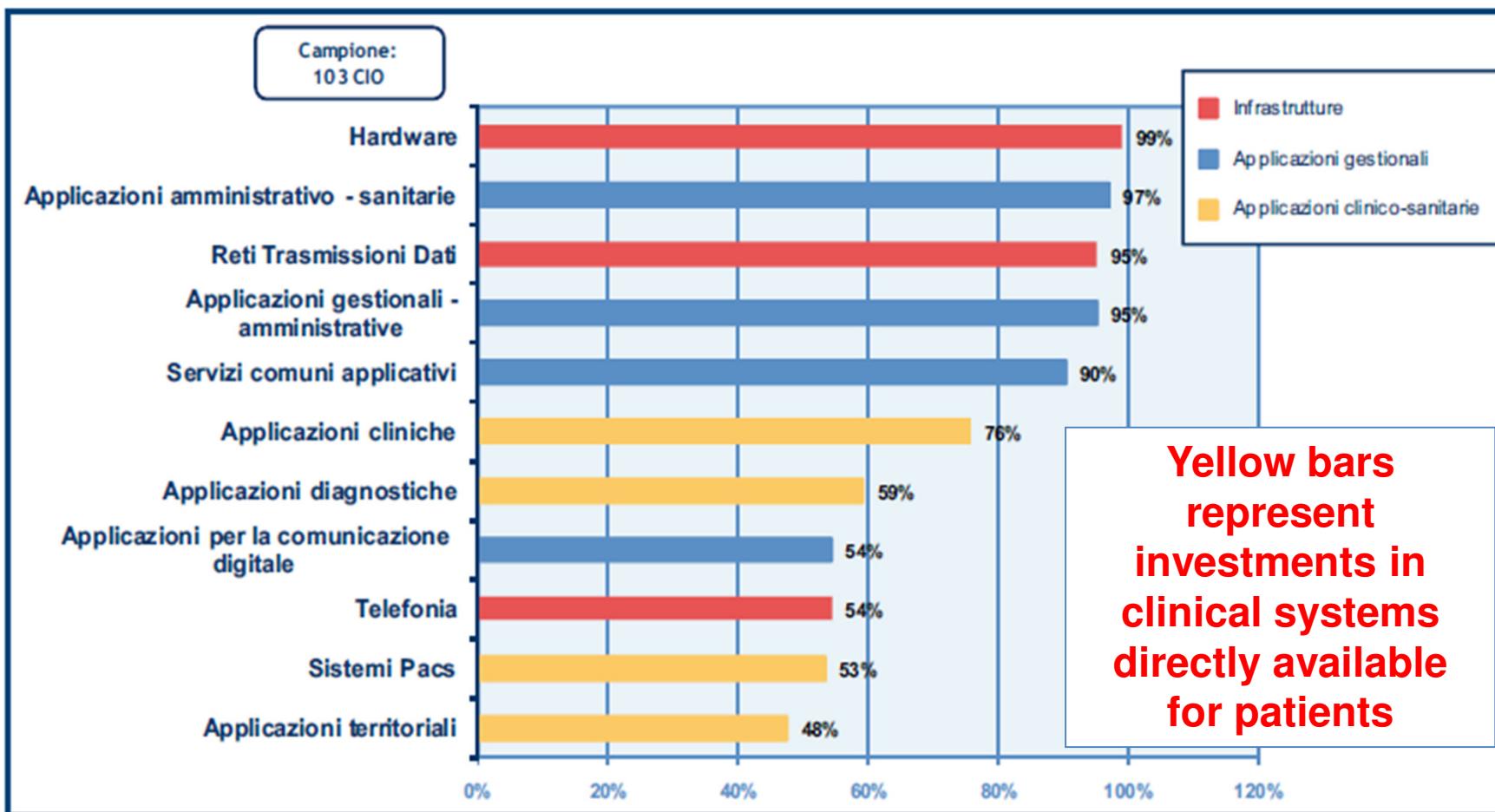


**IF SSN STILL MANTAINS PRESENT ORGANIZATION
THEN IT WILL AUGMENT HEALTHCARE COSTS**

ICT in Sanità: l'innovazione è in rete - Rapporto 2010 Osservatorio ICT in Sanità, Politecnico di Milano

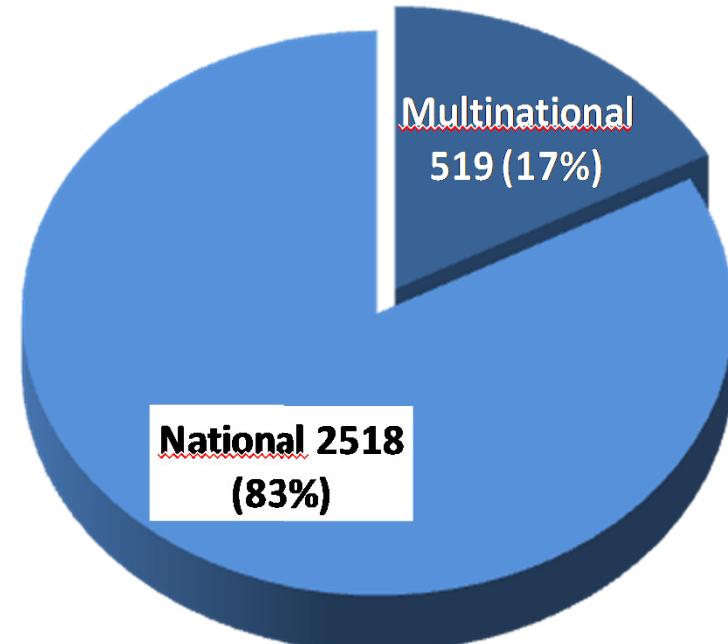
- 104 Chief Information Officer, 182 DG, DA e DS
- 200 different public and private healthcare organizations along Italy

**Gli ambiti tecnologici
nel budget di
spesa gestito dalla
Direzione ICT**

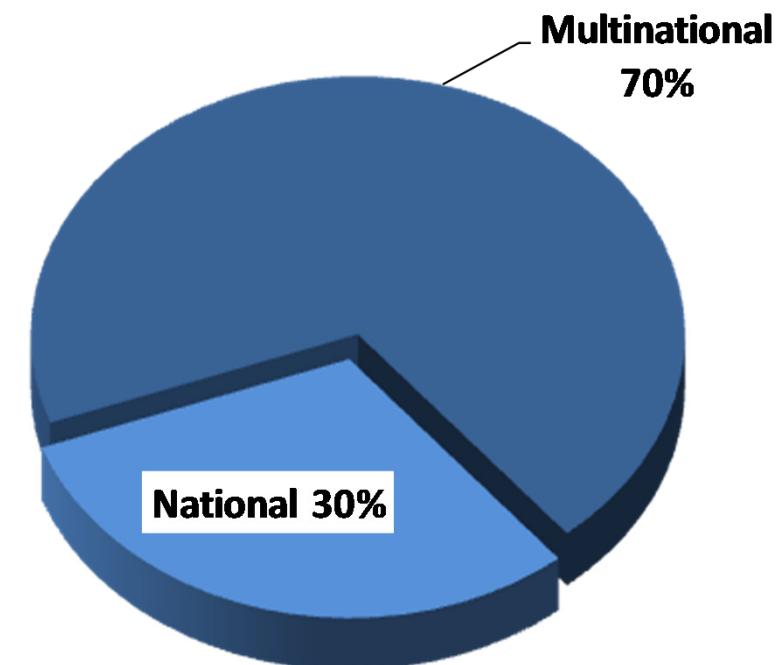


Enterprises vs Sales volumes Analysis (tot. 3037)

Enterprises Number



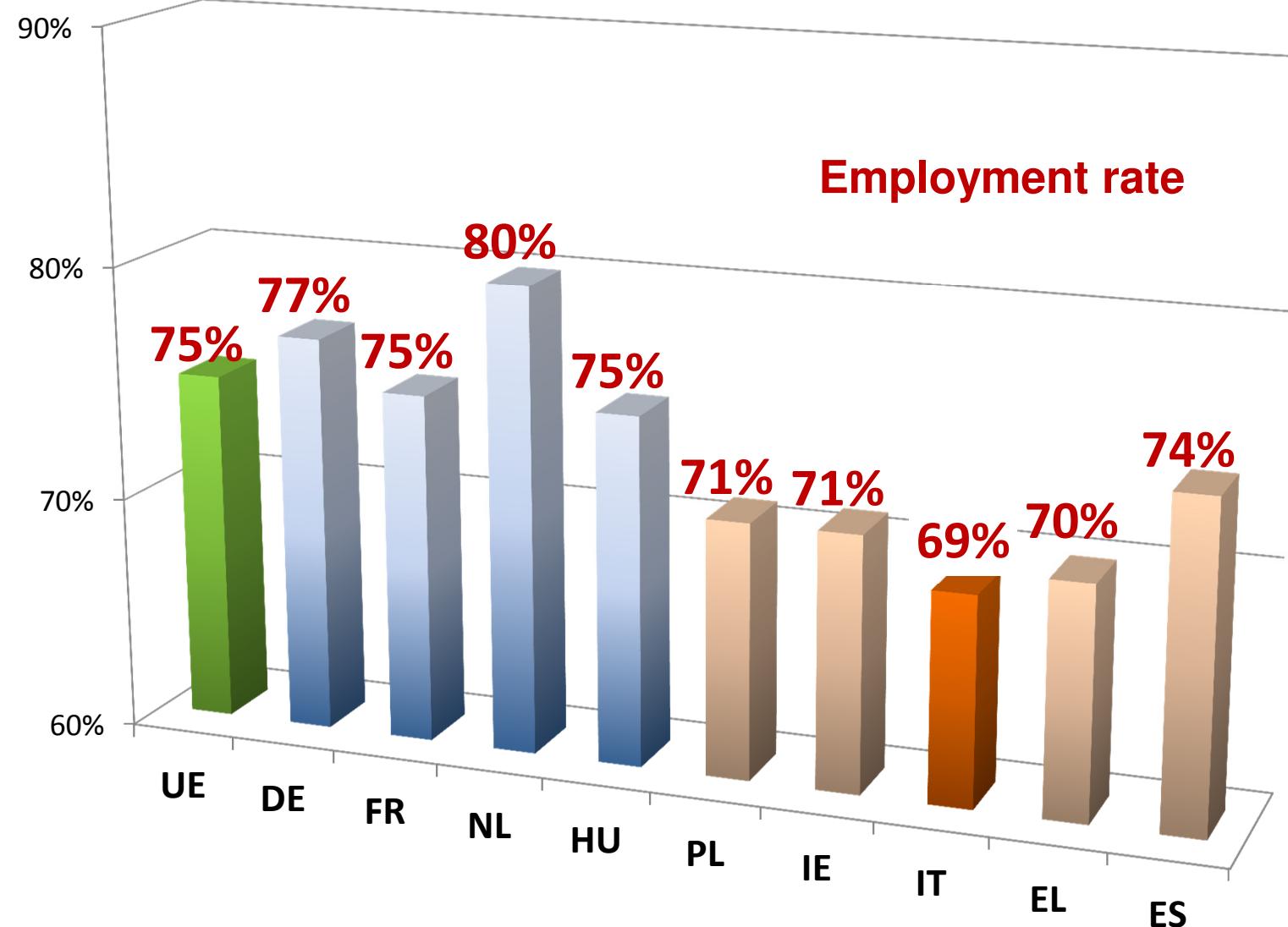
Sales Volume



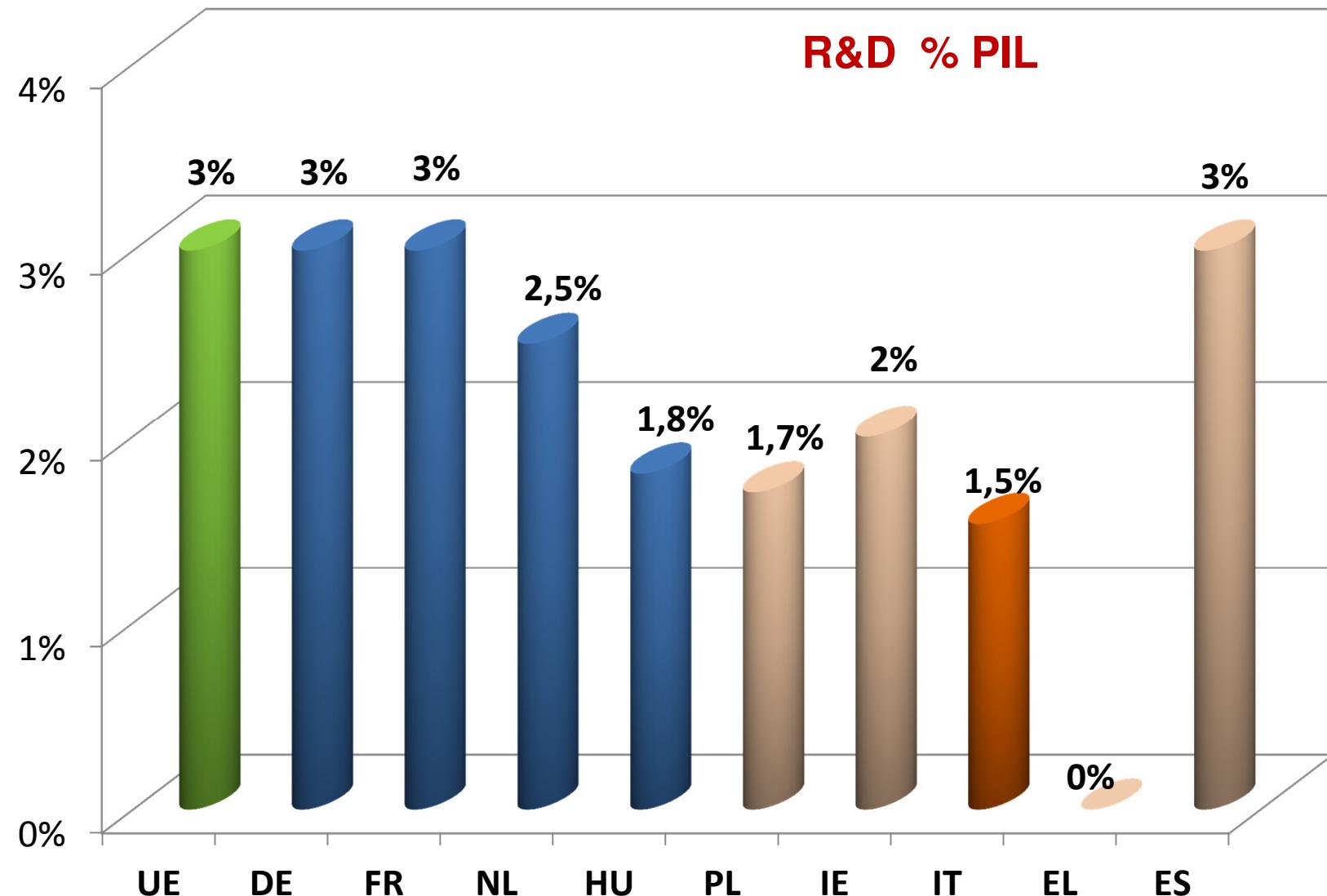
Europe 2020: Member States Objectives ITALY

Employment rate (%)	R&D in % PIL
67-69 %	1,53 %

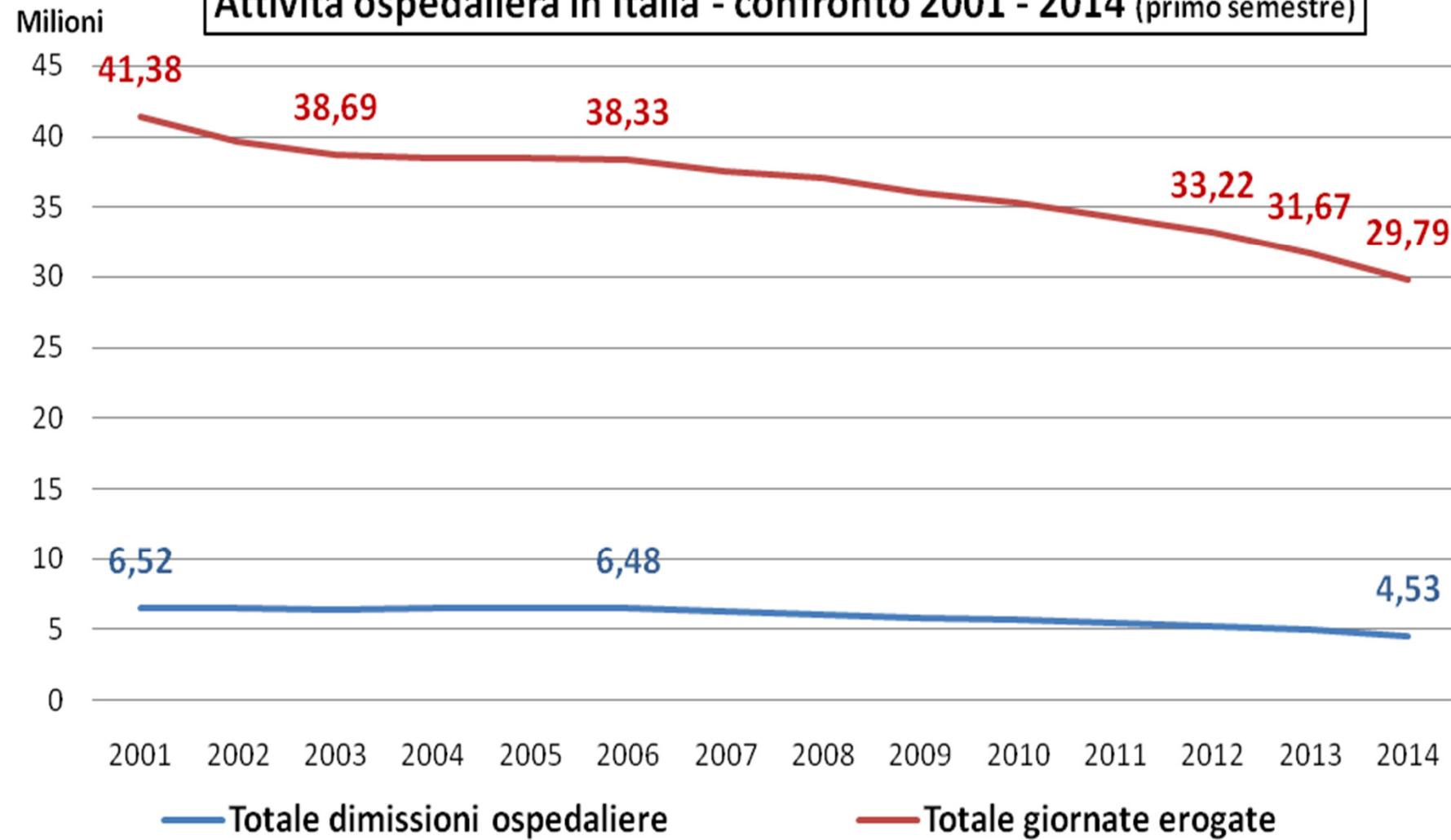
Europe 2020: Member States Objectives



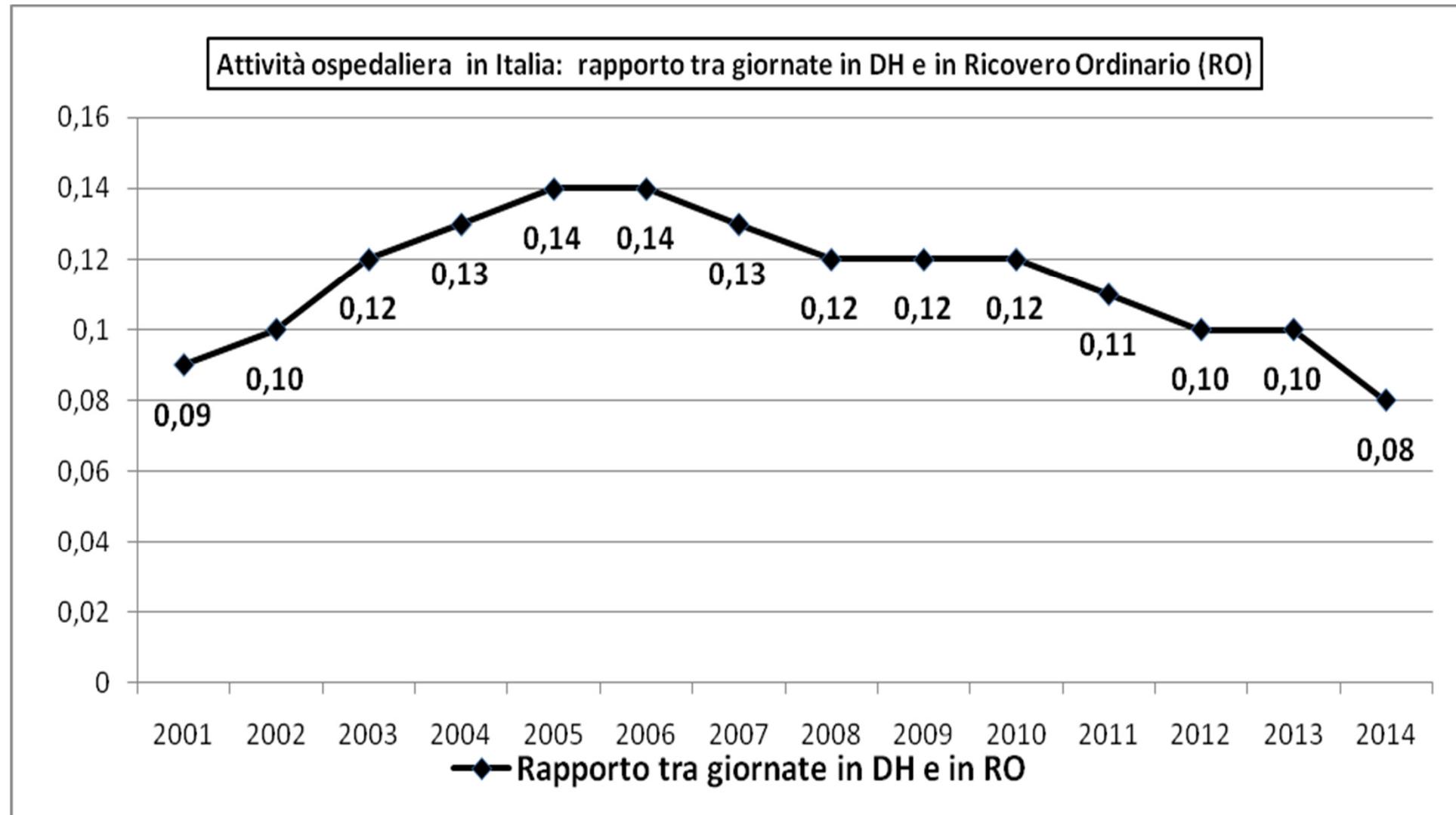
Europa 2020: Obiettivi Stati Membri



Italian Hospital Activity - from 2001 to 2014 (DISCHARGES vs HOSP.STAY)

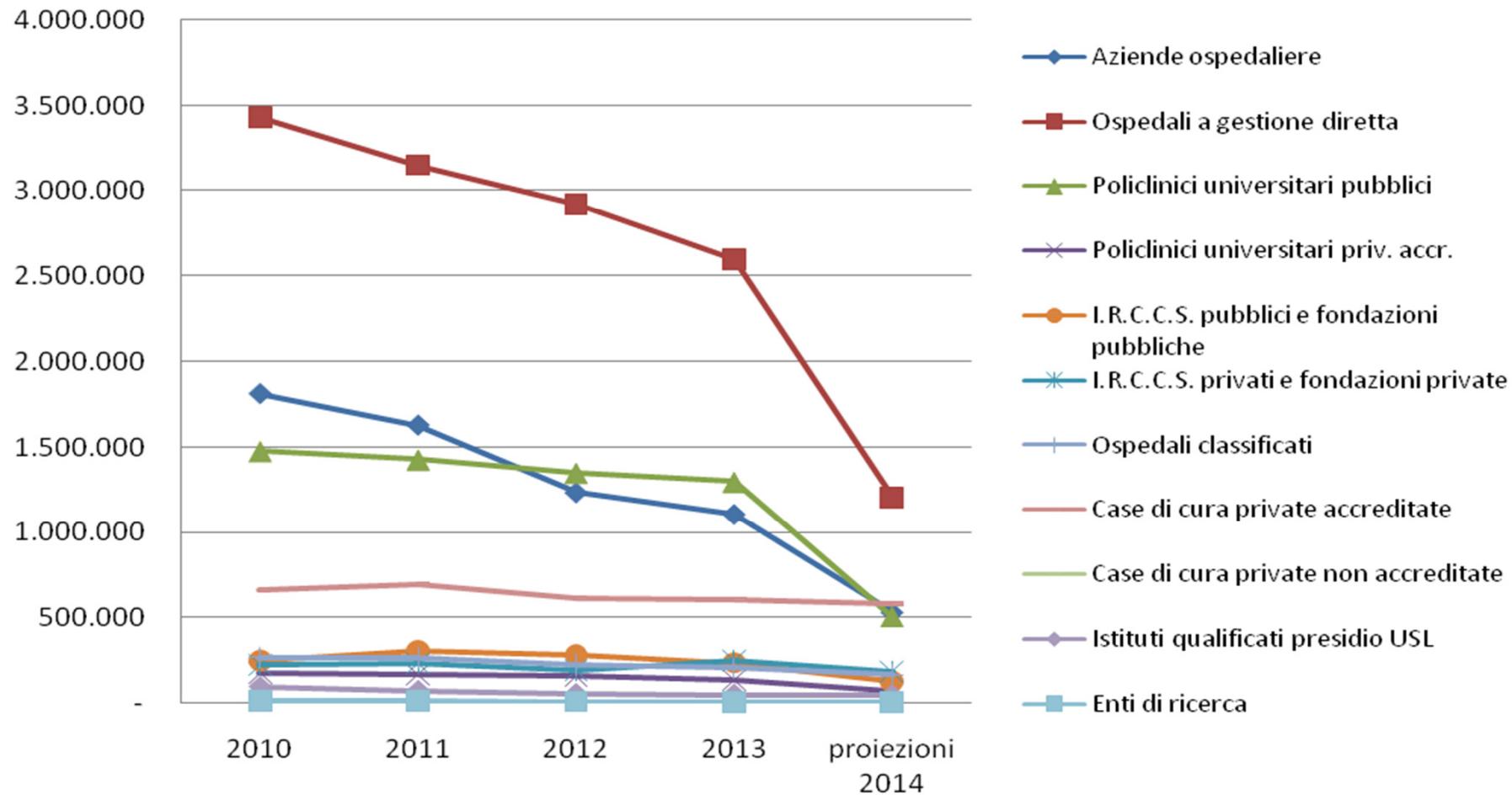


Italian Hospital Activity - from 2001 to 2014 (DAY HOSP. vs ADMISSIONS)



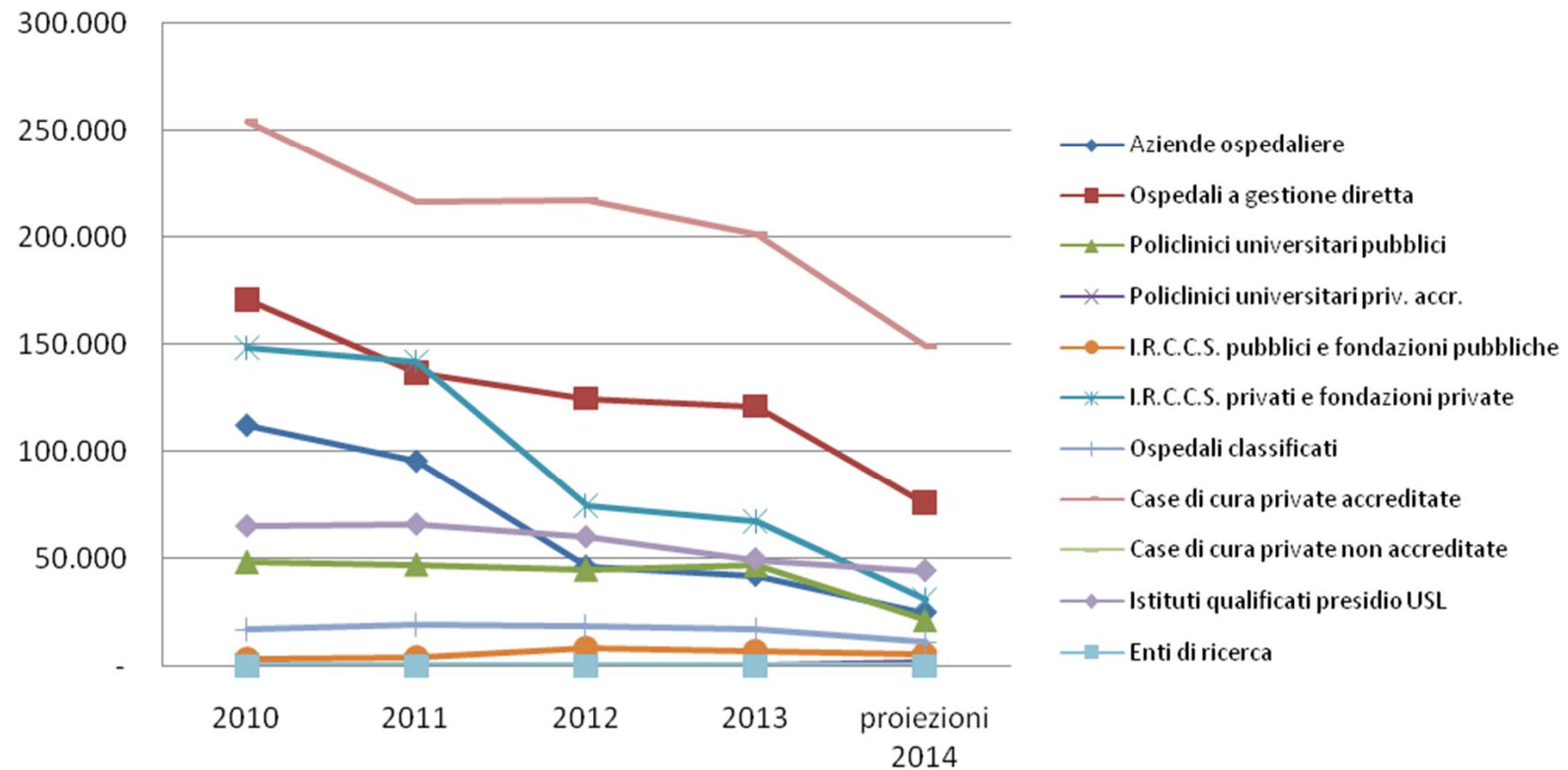
Italian Hospital Activity - from 2001 to 2014 (ACUTE DH ADMISSIONS)

Attività ospedaliera in Italia: accessi in DH per acuti

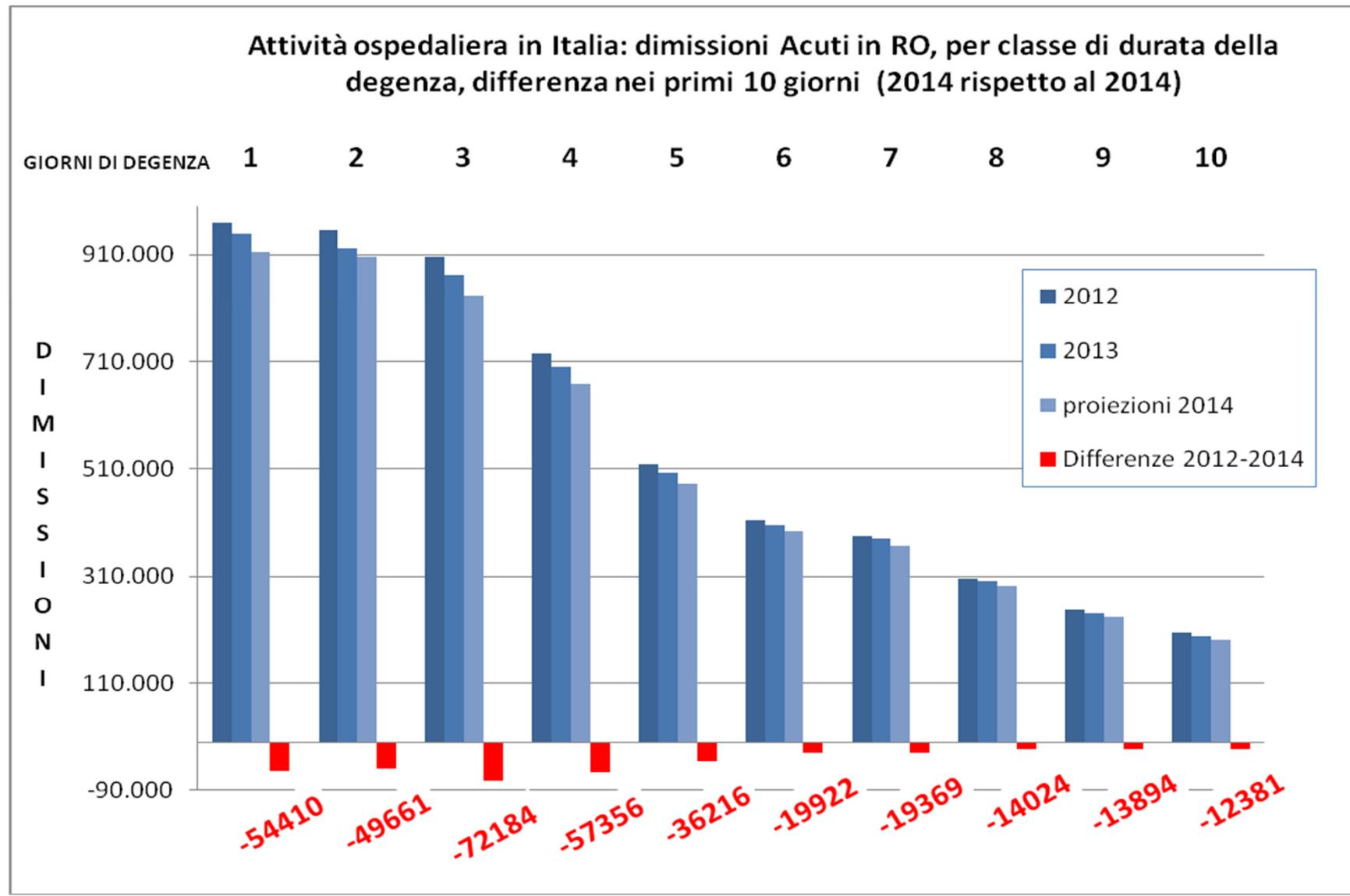


Italian Hospital Activity - from 2001 to 2014 (REABLITATION DH)

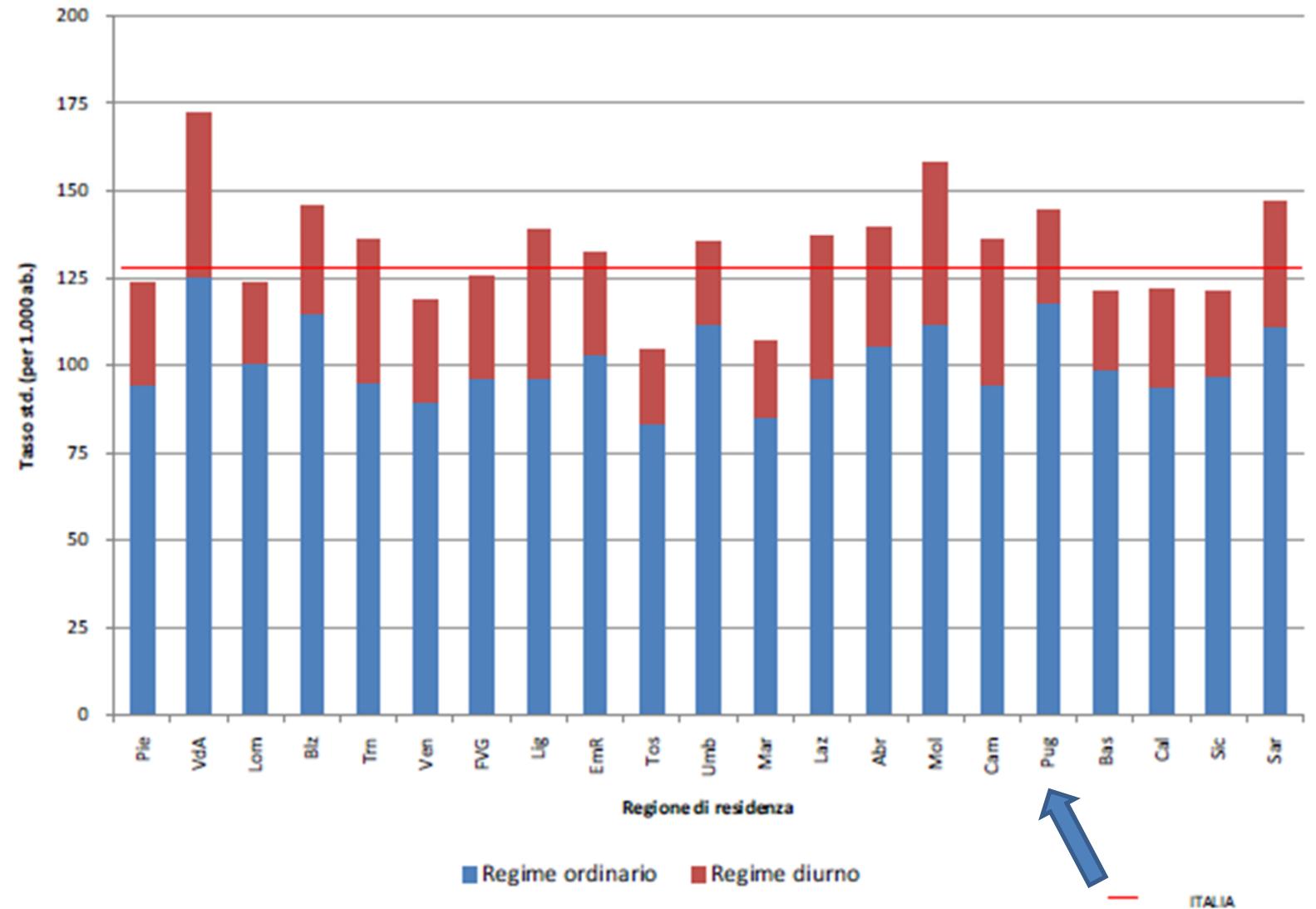
Attività ospedaliera in Italia: accessi per Riabilitazione in DH



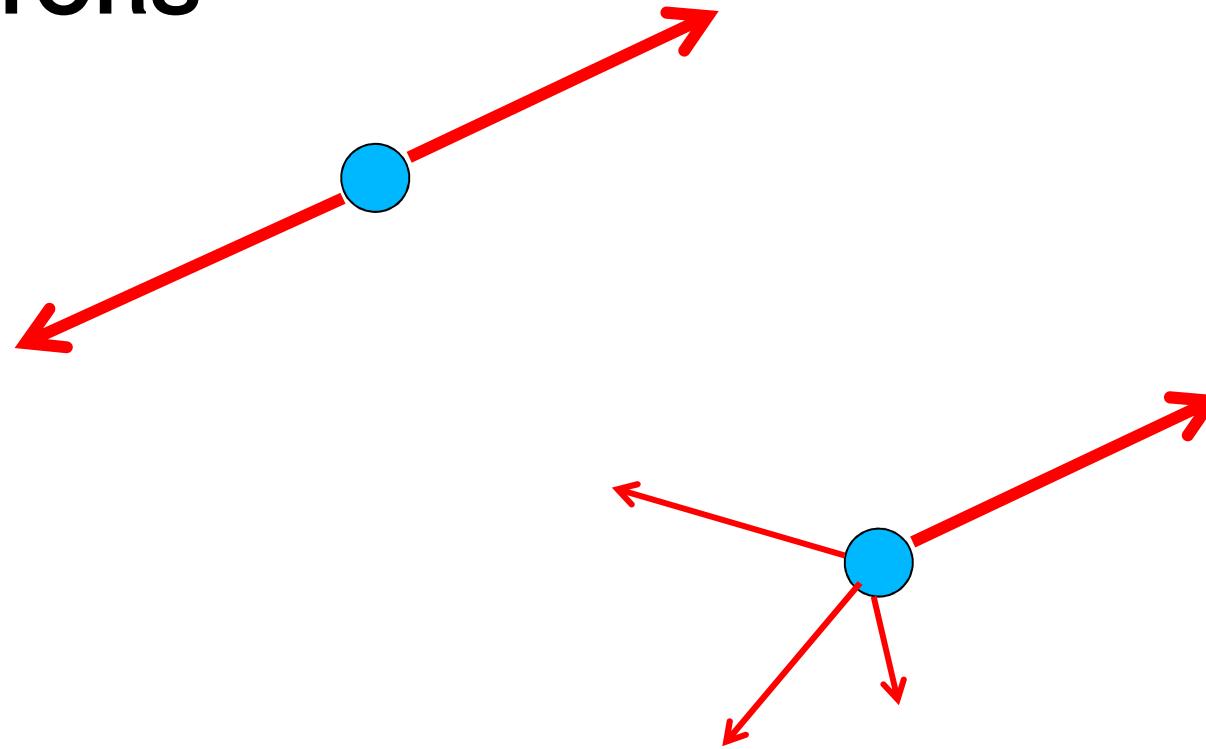
Italian Hospital Activity - from 2001 to 2014



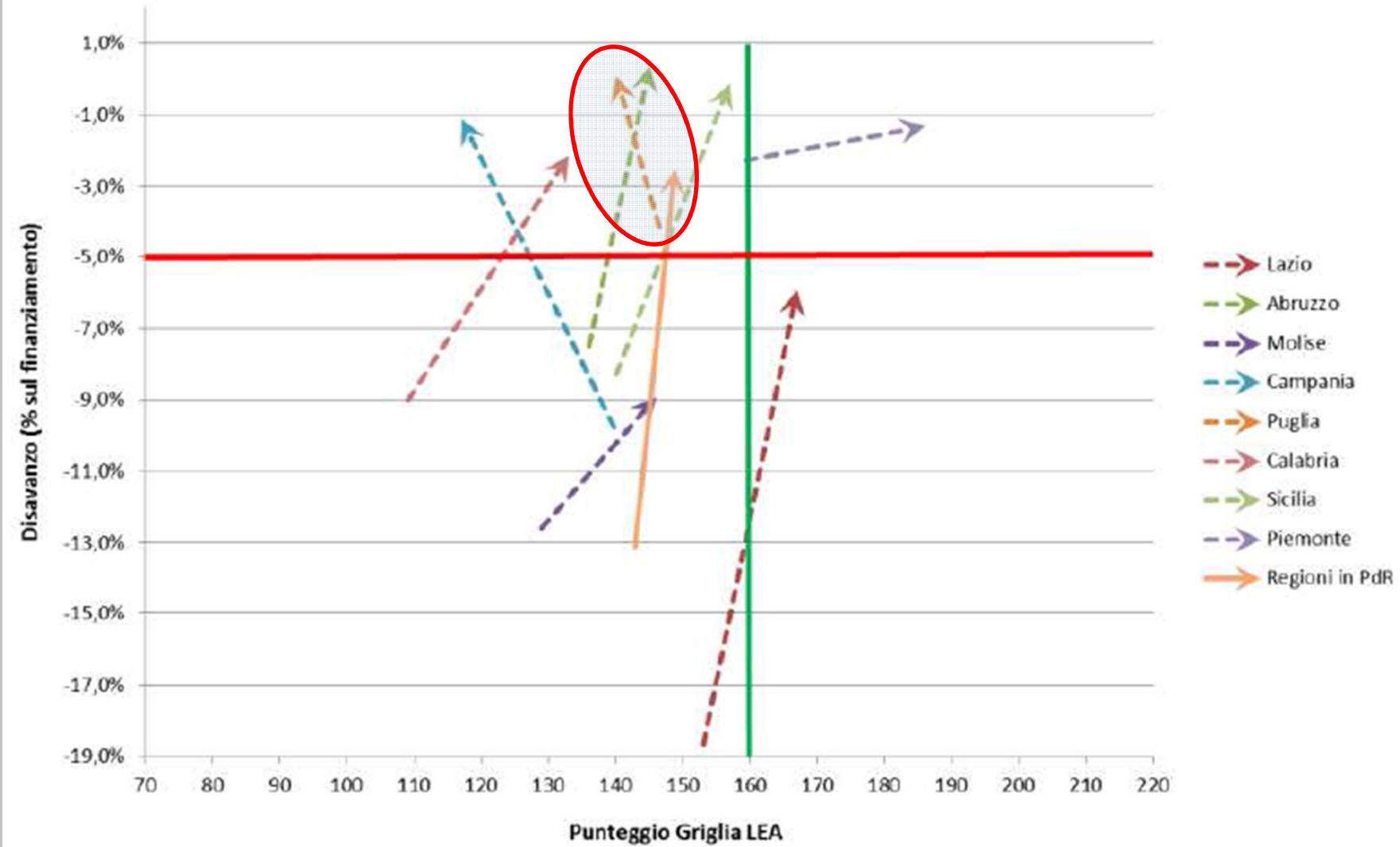
Tasso di ospedalizzazione standardizzato per età e genere
Attività per Acuti in Regime ordinario e diurno - Primo Semestre 2014



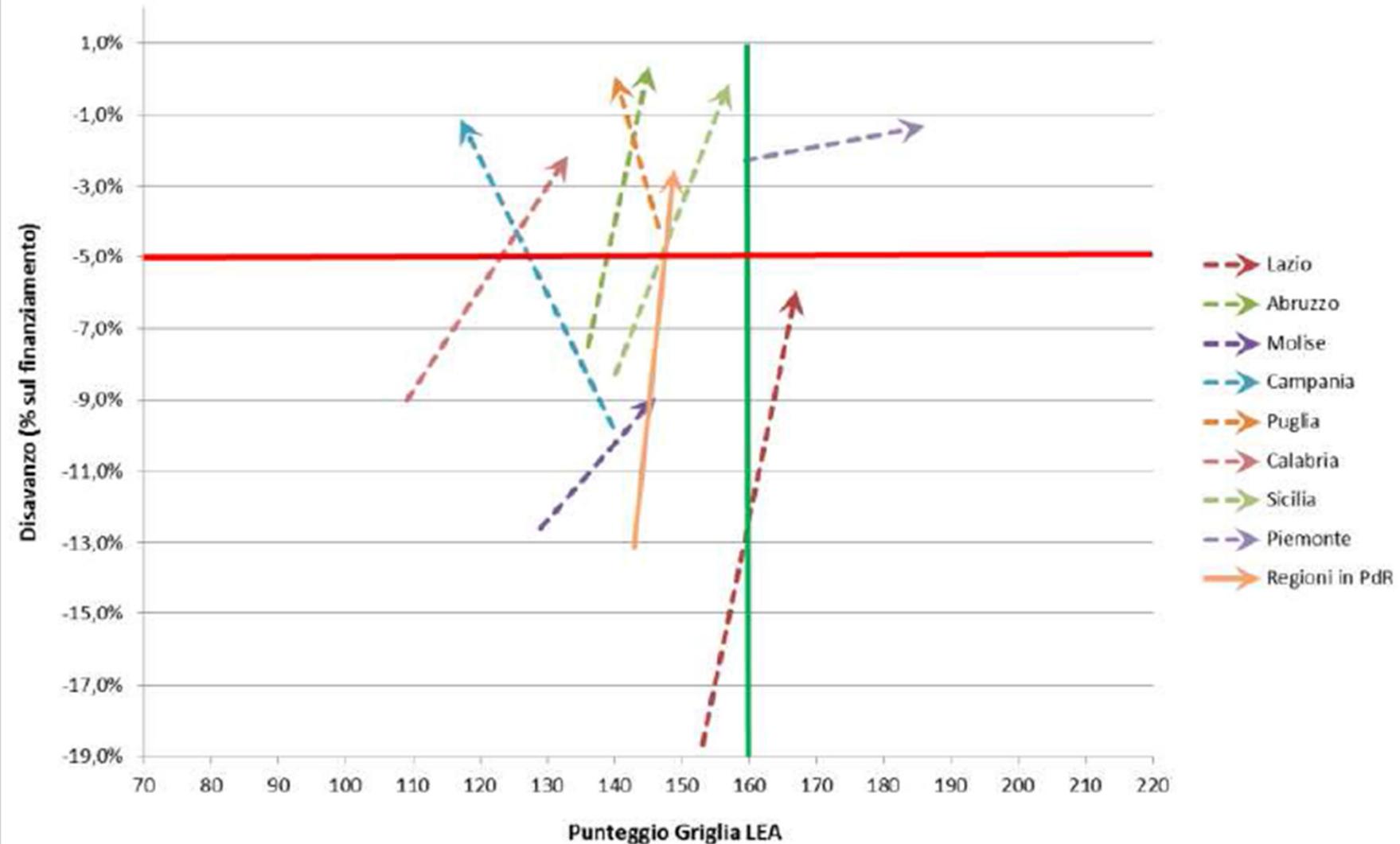
VECTORS



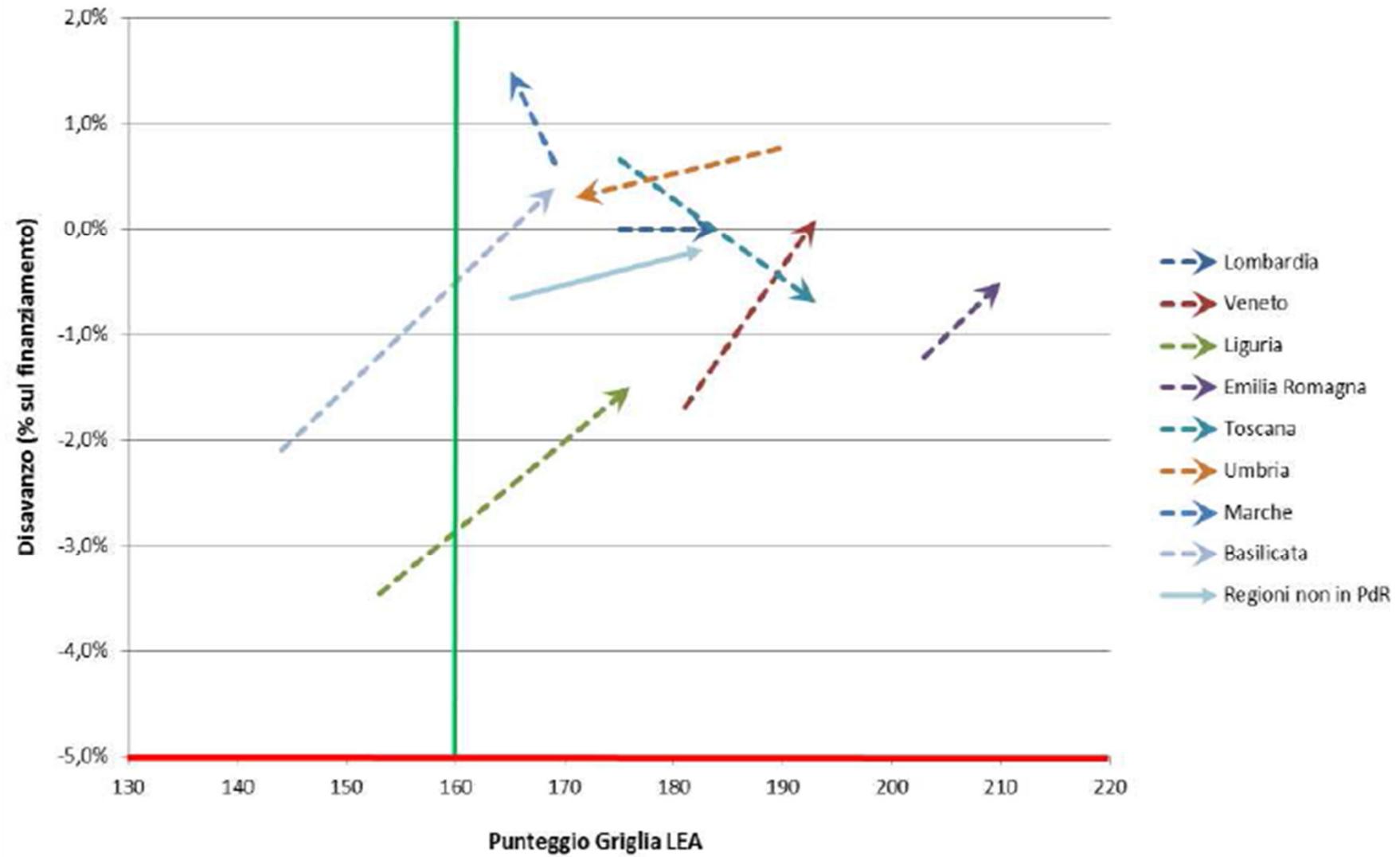
LEA e Disavanzo _ Regioni in Piano di Rientro _ 2007 vs 2012



LEA e Disavanzo _ Regioni in Piano di Rientro _ 2007 vs 2012



LEA e Disavanzo _ Regioni non in Piano di Rientro _ 2007 vs 2012



COSA HA FATTO LA SIT PER FACILITARE L'EVOLUZIONE

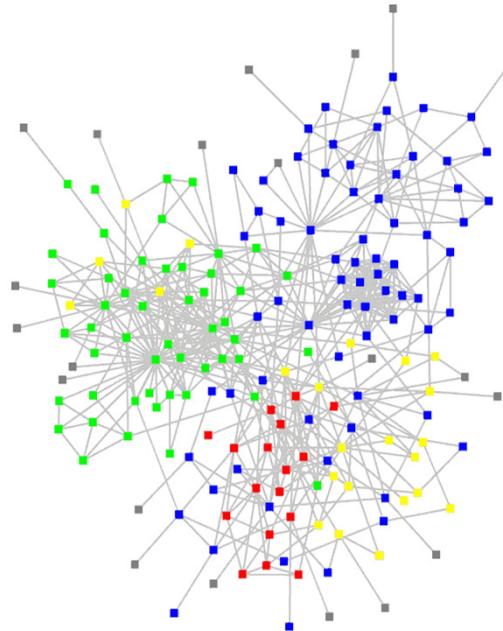
- ✓ MANIFESTO ITALIANO PER LA TELEMEDICINA
- ✓ PROPOSTA DI INSERIRE PRESTAZIONI TELEMEDICHE IN LEA (fallito nel 2009)
- ✓ LINEE DI INDIRIZZO NAZIONALI SULLA TELEMEDICINA (collaborazione)
- ✓ MANIFESTO SU FSE
- ✓ PUBBLICAZIONE “Verso il FSE: elementi di riflessione”
- ✓ TMEPG (gruppo di europrogettazione)
- ✓ CONSULTAZIONI SCIENTIFICO-TECNICHE NAZIONALI PER L’INNOVAZIONE TECNOLOGICA IN SANITA’ (meeting con Società Scientifiche)
- ✓ RACCOMANDAZIONI CIVICHE SULLA TELEMEDICINA (collaborazione con Cittadinanzattiva)
- ✓ PATTO PER LA SANITA’ DIGITALE (collaborazione)



MESSA A
SISTEMA
DELLA
TELEMEDICINA
????

COME SI COSTRUISCE UN SERVIZIO DI CHIRURGIA TELEMATICA ?

- EVITANDO ERRORI CONCETTUALI
 - farlo solo perché si risparmia
 - inserire tecnologie senza ristrutturare i processi di cura e assistenza
 - partire dalle tecnologie senza vedere prima i reali bisogni
 - arrangiarsi
- ANALISI SCIENTIFICHE DEI BISOGNI DEI PAZIENTI
- ANALISI TECNICHE DELLE NECESSITA' DI SERVIZIO DEI SANITARI
- UTILIZZARE ESPERIENZE POSITIVE DI ALTRI SENZA RIPARTIRE DA ZERO
- PROGETTAZIONE
- CAMBIAMENTO ORGANIZZATIVO
- VERIFICA OGGETTIVA DEI RISULTATI



THANKS !

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