

Abstract

European health systems are submitted, for several years, in penalizing economic / financial tension due both to the high public debt and not favorable economic cycle.

This situation takes on greater importance in countries where health systems are publicly funded. Despite these conditions, the health care systems have been and are committed to pursuing its objectives of improving the health status of the population, to guarantee equitable access to health services, economic and efficient use of resources allocated to them, the prosecution financiers of a more equitable system, improving quality of care and appropriateness of medical treatment.

Among the non favorable conditions economic / financial and the achievement of the objectives listed above, European health systems have undergone numerous and radical reforms, and this was no exception on the Italian health system, largely since the 90s. The main objectives of the Italian health care reforms (not only in Italy the reforms have taken place), were the establishment of a National Health Service (NHS) public, more anteriorly, as well as the creation of "quasi markets", i.e. the separation between purchasers and providers of services, streamlining the hospital network, the introduction of hospital funding from different systems adopted in both the public and private accredited, the school accreditation, continuing the process federalism, largely in fiscal federalism, which is giving to the Italian regions increasing autonomy from the expenditure and principally sources of funding side, to name a few from the 90s onwards.

In these different circumstances indicated some problems, some of which, particularly related to hospitals in European countries, have been addressed in the empirical literature of economic nature of which it is considered in Chapter One. In it there is a review of the empirical literature on economic efficiency, technical, scale and scope, in the health sector, treated by methods of non-parametric frontier (mainly the DEA and FDH). The result is a rather broad discussion, involving European hospitals. Less numerous are the works on Italian hospitals. In reference to the issues of efficiency, in Italy there are jobs that have written in technical efficiency (i.e. Schiavone (2008)), others have investigated the effects of incentive schemes introduced to Italian hospitals in 1995 (DRG) have had on the efficiency of public and private hospitals (Barbetta, Turati, Zago (2007)), while others have focused

attention on the technical efficiency of hospitals in specific regions, such as Lombardy (Giuffrida Lapecorella, Pignataro (1999)), others have studied the effects of competition, introduced by the reforms of the '90s, the technical efficiency (Cellini, Pignataro, Rizzi (2000)).

Others have kept in mind the distinction component of medical and hospital component of welfarism in the production process (Fabbri (2000)). A review of the empirical literature, carried out in Chapter One, shows clearly the lack of analysis of efficiency over time, which has made use of nonparametric techniques. The second chapter of this thesis attempts to fill this gap in scientific output, applying the Malmquist index, estimated using techniques based on Linear Programming (DEA) to estimate the potential gains in efficiency and productivity for hospitals directly managed ASL in Italy. The study could be considered a contribution to the debate, still current in Italy (and especially in some regions where there are significant health deficits), the rationalization of the hospital network. The data characterizing the study, in addition to that mentioned above is the analysis of outliers and the use of the ICM (Case Mix Index) at the public hospital, to take into account the complexity of cases treated. The evidence shows that on average hospitals directly managed ASL have potential for efficiency gains estimated at between 20-30% (in line with some empirical evidence in the literature), while slightly more uncertain is the direction (improvement or worsening) and technical efficiency measure that has had over time. It is apparent however that the complexity of the case study hospital has treated the effect of reducing the number of hospitals entirely efficient.

The Third Chapter by changing the observation point addresses the issue of efficiency in the production of aggregate health outcomes for the population by the Italian Regions. In this study, unlike in the previous year, is considered one of the goals directly to the Regional Health Systems, or even before that improving the health of the population, its maintenance. The assumption in the first analysis is in the direction of maintaining the current state of health of the population trying to reduce health care resources available to the various Regional Health System (SSR). This approach is supported by consideration already made earlier, namely that in a climate of tension economic / financial, one of the short to medium term priorities for regional health systems, should be to meet the growing regional health care expenditure in compliance, relative to the weight of health expenditure in the budget, the European constraints on debt and deficit, even before, but not second in importance, the

improvement of health status, considered a key objective in this study but necessarily long-term. Increasing life expectancy is such a target and closely related to medical research and development of technologies medical / health, not to mention the fact that human life is not infinite.

The consistency of the bottom of the thesis, and held firm to the considerations just mentioned also in the study on hospitals, which states the point of view of efficient use of resources and the expansion of hospital output (or admissions). For this second study (the region) emerges at the outset that not all regions need to achieve efficiency gains potential for the same resources secondly the influence of socio-economic and demographic regional, such as the index aging of a region, rather than the amount of waste in kg per capita regional etc., is not well defined and the extent and direction. This result is influenced by the specification of the econometric model used, as well as the violation of canonical assumptions on the estimated residuals and independence of errors.

In conclusion, the thesis is an attempt to contribute to some health issues are still open and not easy to solve, and which, as stated in the introduction, the focus is still low among the actors. These include 1) identifying the determinants of health expenditure, 2) the specific health, 3) the financing of public health, 4) the rationalization of the hospital network and the development of local services 5) the pursuit of rational / efficient objective of improving / maintaining the health of the population, are among the most important. With the first work we tried to make a contribution to the debate on the rationalization of the hospital network, without neglecting the attentions and awareness of the risks necessary to give the first indications of policy. The second job even if not directly addressed the issue of efficient use of resources, not spending, production of health outcomes, measured at the regional level.

Looking to the thesis in an optical unit is the first and the second job are comparisons made with the approach of sub-level to work on higher-level hospitals and regional health systems for that. Both have, however, as a reference the broader health system, whose parts are the individual health care organizations rather than individuals, although not isolated SSR.