

# FEDERAZIONE SANITÀ:

## THE RESPONSES OF ITALIAN COOPERATION TO THE NEW CHALLENGES OF HEALTHCARE

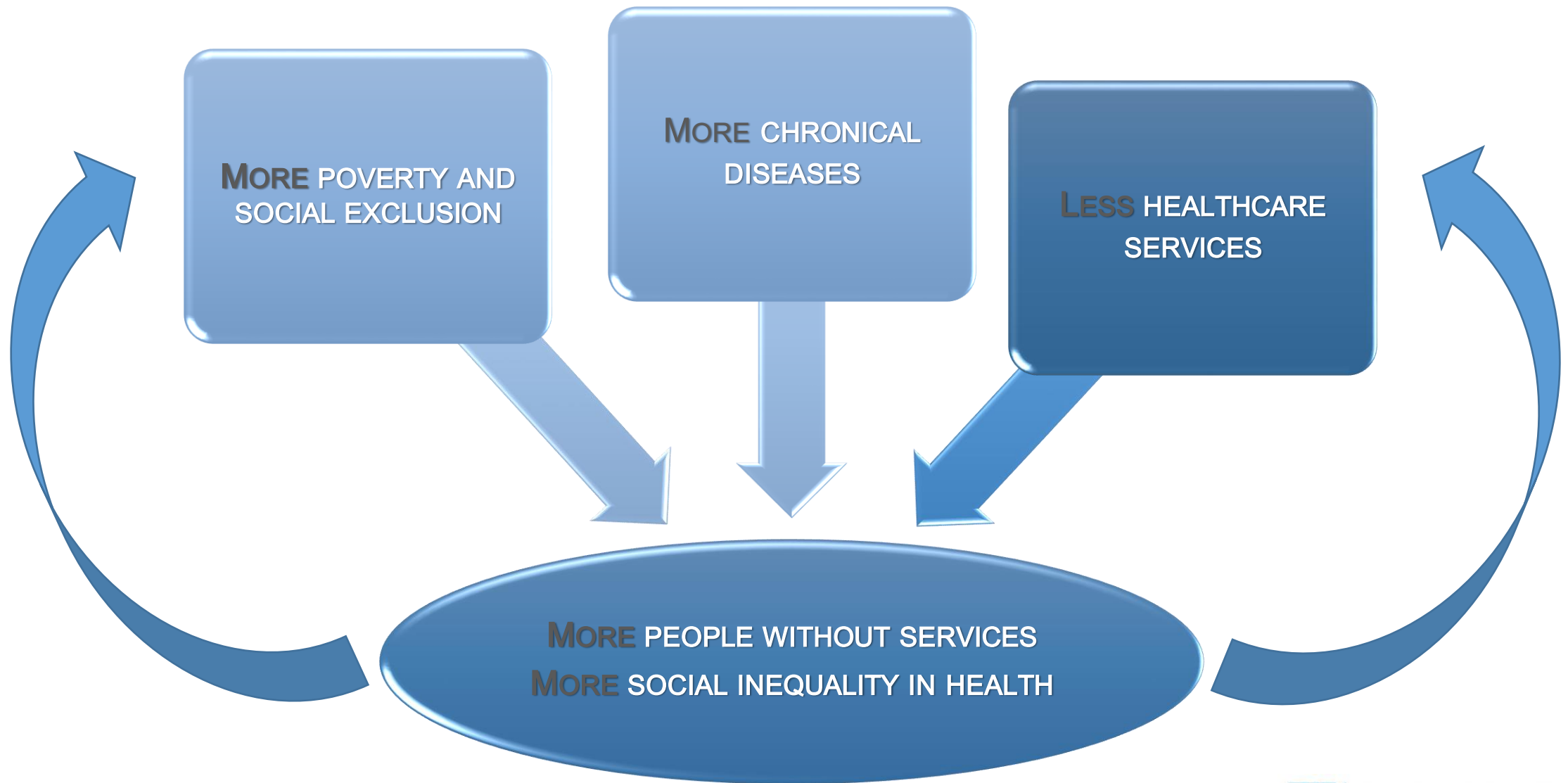
*«HEALTH COOPERATIVES WORLDWIDE: AN ANALYSIS OF THE CONTRIBUTION TO  
CITIZENS HEALTH BY COOPERATIVES AROUND THE WORLD»*

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15 NOVEMBER 2017



# THE VICIOUS CIRCLE OF THE CRISIS



# THE RISING OF POVERTY

IN ITALY 8 MILLIONS OF FAMILIES ARE LOW INCOME RATE.  
22 MILLIONS OF PEOPLE (1/3 OF ITALIAN POPULATION)!

WITHIN THIS LOW-  
INCOME GROUP

**1.6 MILLIONS OF FAMILIES**  
(4.6 MILLIONS PEOPLE)

**IS UNDER THE LINE OF  
SEVERE POVERTY**



# THE ADVANCE OF CHRONICAL DISEASES

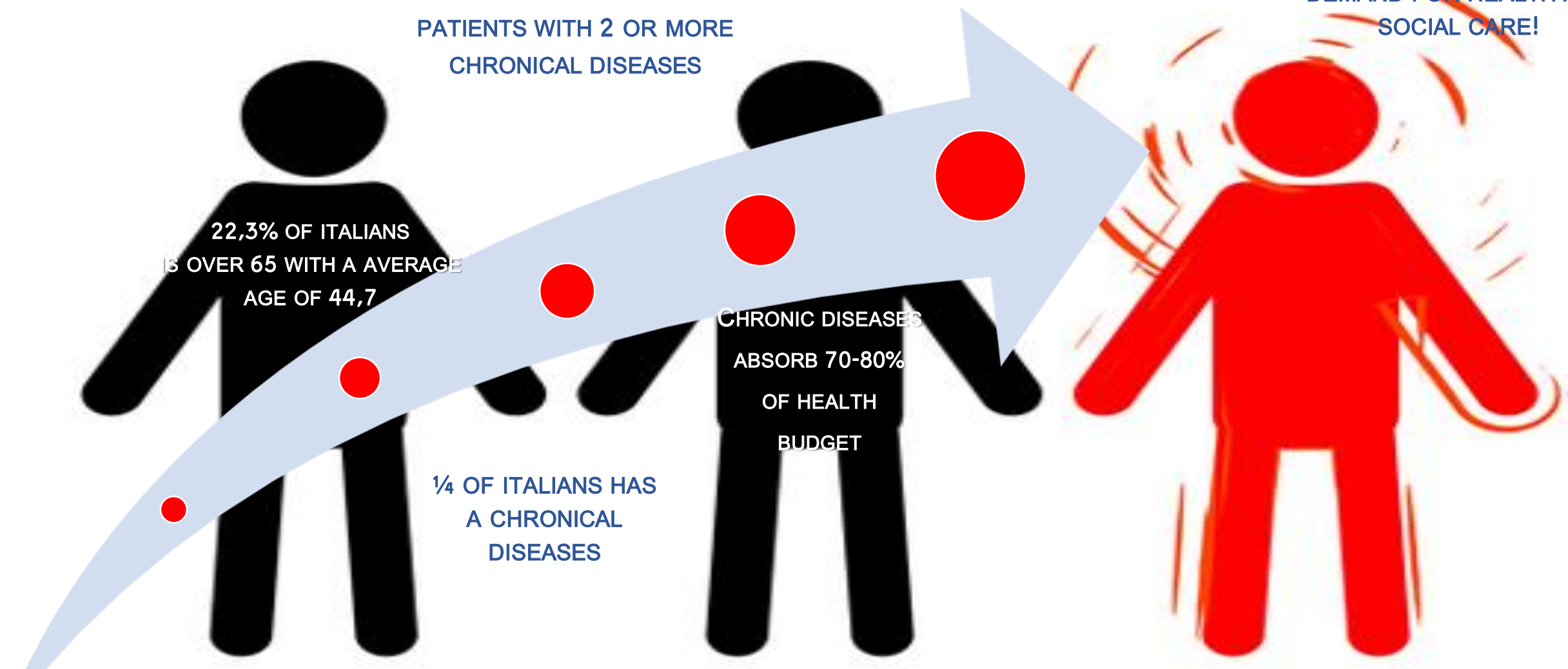
GROWTH IN THE NUMBER OF PATIENTS WITH 2 OR MORE CHRONICAL DISEASES

GROWING NEED AND DEMAND FOR HEALTH AND SOCIAL CARE!

22,3% OF ITALIANS IS OVER 65 WITH A AVERAGE AGE OF 44,7

CHRONIC DISEASES ABSORB 70-80% OF HEALTH BUDGET

1/4 OF ITALIANS HAS A CHRONICAL DISEASES

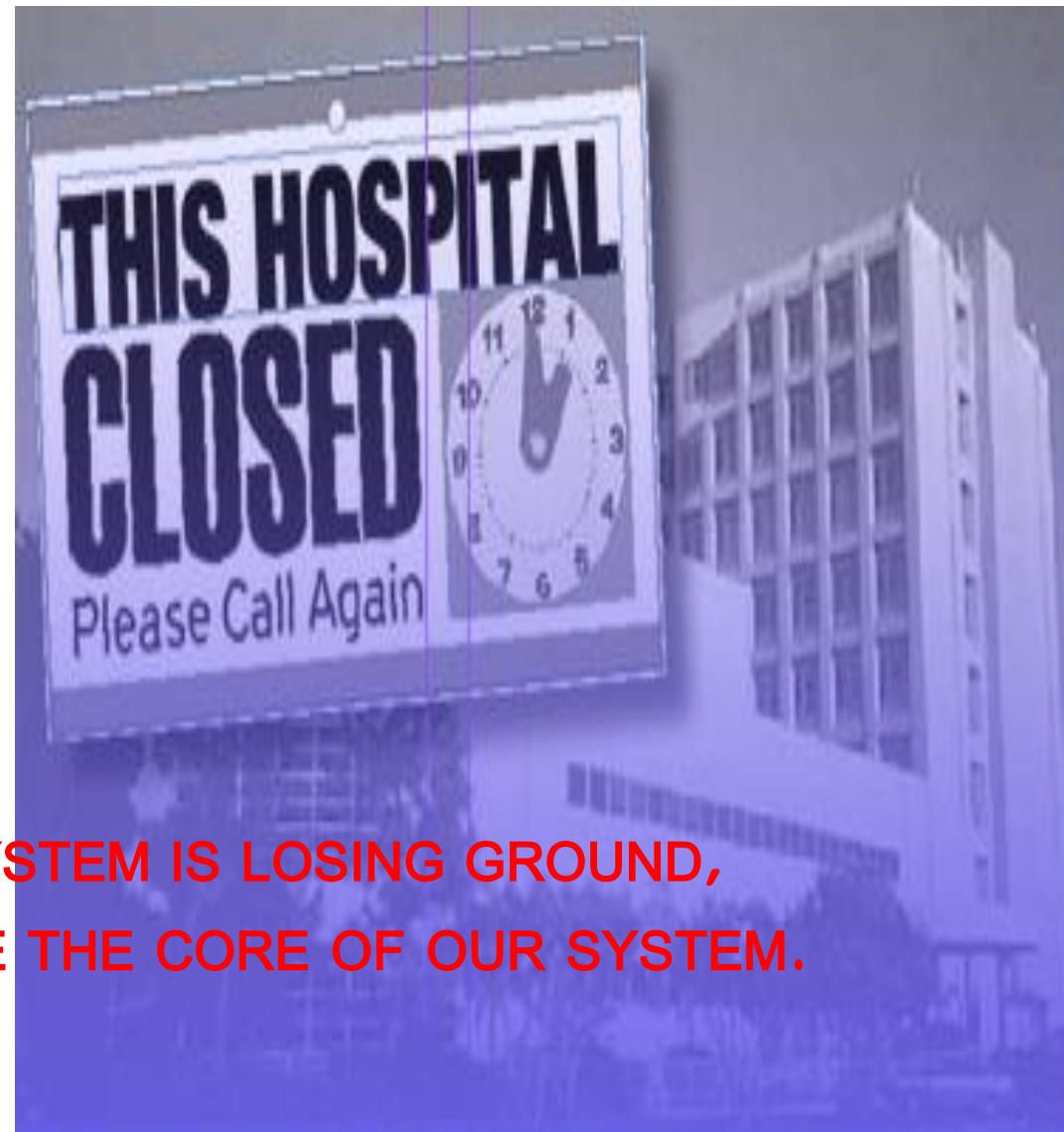


# THE PUBLIC SYSTEM MOVING BACK

IN **FIVE YEARS** (2010-2015):

- **-35.000** PUBLIC EMPLOYEES;
- **-9.300.000** HOSPITAL ADMISSIONS

**THE ITALIAN PUBLIC HEALTHCARE SYSTEM IS LOSING GROUND,  
ESPECIALLY THE HOSPITALS THAT WERE THE CORE OF OUR SYSTEM.**



# THE PRIMARY CARE SERVICES ARE NOT ENOUGH

**ALMOST HALF** (48.7%) OF THE PEOPLE **LIVING ALONE** IN ITALY **ARE OVER 65**.

BUT PRIMARY CARE AND LONG-TERM CARE SERVICES FOR CHRONIC PATIENTS AND ELDERLY DISABLED **ARE IN SERIOUS DELAY**.

## INTERNAZIONALE BENCHMARK

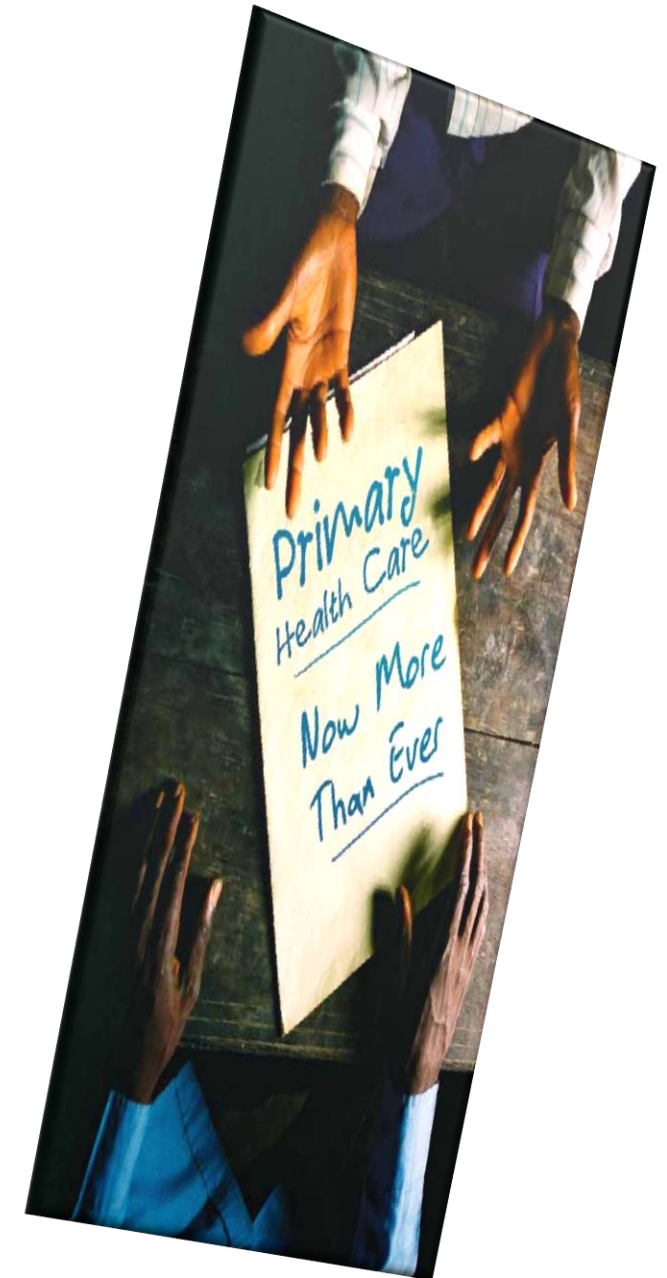
- % PEOPLE CARED IN LTC (ON NATIONAL POPULATION): 2,0% ITALY; 4,5 HOLLAND, 3,3% GERMANY (2,3 OCDE AVERAGE RATE).
- BED ON LTC (ON 1000 OVER 65): 18,9 ITALY, 72,1 BELGIUM, 53,1 GERMANY (49,7 OCDE AVERAGE RATE).



# MISSION

SINCE 2010 FEDERAZIONE SANITÀ IS WORKING TO HIGHLIGHT AND PROMOTE THE ROLE OF COOPERATIVES IN PRIMARY CARE IN ORDER TO:

- RESPOND TO THE **CITIZENS' HEALTH NEEDS OUTSIDE THE HOSPITAL.**
- SUPPORT **THE INTEGRATION BETWEEN DIFFERENT PLAYERS;**
- BUILD **MULTIPROFESSIONAL "NETWORK";**
- HELP **NATIONAL HEALTH SYSTEM TO BE MORE EFFICIENT AND EFFECTIVE,;**
- PROMOTE **PEOPLE' PARTICIPATION**



IL  
**CLOUD**

DELL'ASSISTENZA  
PRIMARIA

COOPERATIVE  
FARMACEUTICHE

MUTUE SOCIO  
SANITARIE

COOPERATIVE  
DI MEDICI

COOPERATIVE A  
SPECIALIZZAZIONE  
SANITARIA

**CONFCOOPERATIVE**  
FEDERAZIONE SANITÀ



# THE ITALIAN COOPERATIVES IN THE CHAIN OF HEALTH



11.830 IN WHICH 945 (8% OF THE TOTAL)  
WORK IN HEALTHCARE IN THE STRICTEST SENSE

AGGREGATE TURNOVER: € 15.1 BILLION

CAPITAL INVESTED: 11,3 BILLION

WORKERS: 356.000 UNIT

THE MAJORITY ARE STABLE WORKERS  
AND WOMEN.

# MISSION

FEDERAZIONE SANITA' IS FOUNDED IN 2010 IN ORDER ...

TO INTEGRATE THE DIFFERENT PLAYERS, TO OVERCOME THE COMPETITION AND SEGREGATION BETWEEN PROFESSIONAL EXPERTISE AND TO BUILD, STARTING FROM PEOPLE'S NEEDS, MULTI-PROFESSIONAL LOCAL NETWORKS OF PRIMARY CARE, GATHERING SOCIAL AND HEALTHCARE SERVICES, IN A LOGIC OF SINERGY, MUTUAL SUPPORT AND HORIZONTAL SUBSIDIARITY.

# OUR COOPERATIVES

FEDERAZIONE SANITÀ ASSOCIATES MANY OF THE **BIGGEST ITALIAN COOPERATIVES** INVOLVED IN THE PRIMARY CARE SECTOR.



**369** COOPS



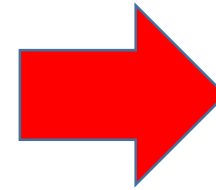
**24.000** EMPLOYED



**10,40** MLD TURNOVER

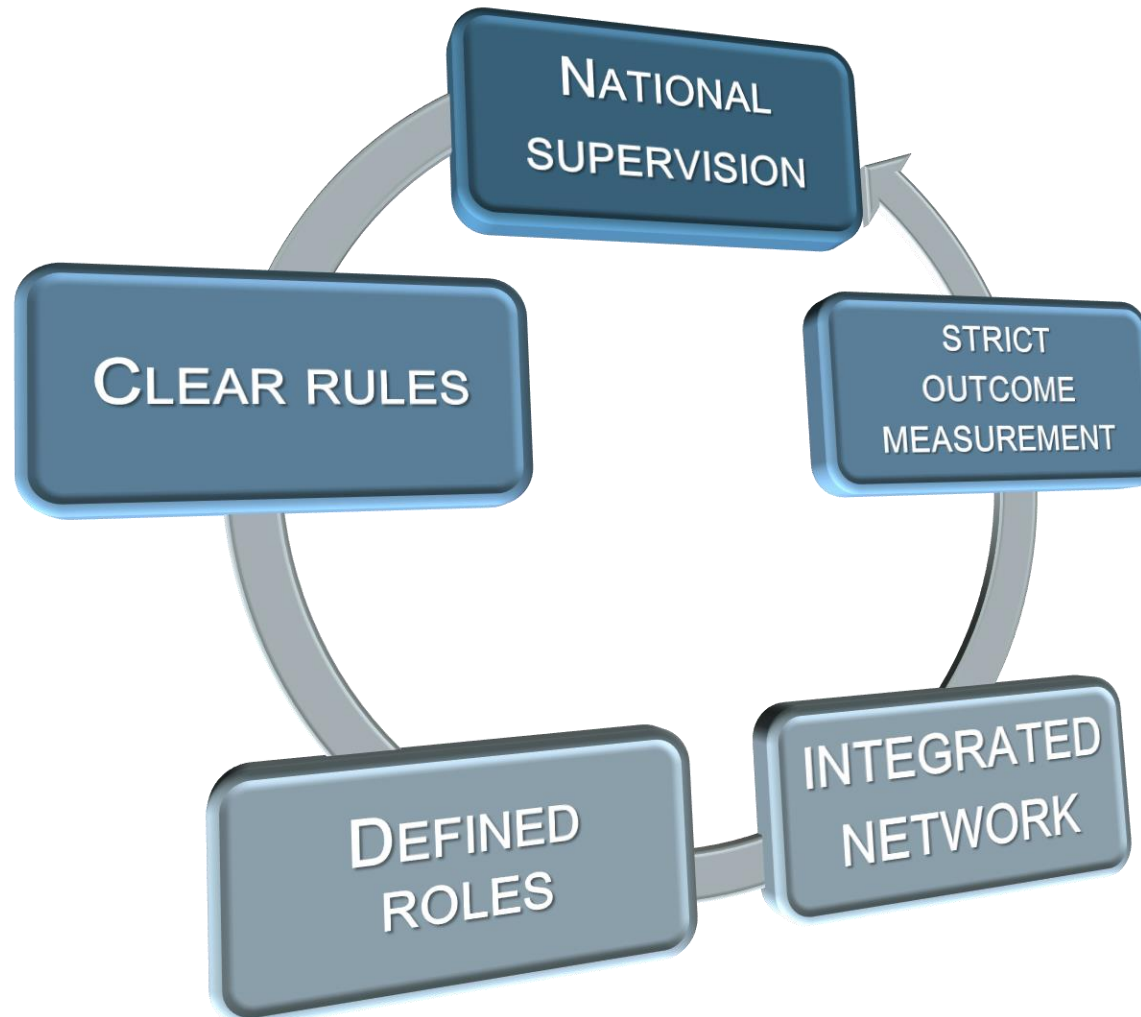


**140.300** MEMBERS



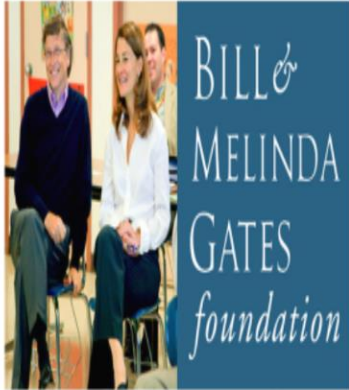
THE OUTLOOK FOR GROWTH **IS VERY GOOD** FOR THE HEALTHCARE COOPERATIVES, FOLLOWING AN IMPORTANT GOVERNMENT **REFORM ON THE SOCIAL ENTERPRISE!**

# OUR STRATEGICAL PROPOSAL



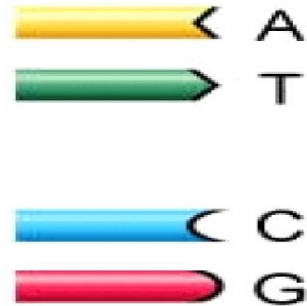
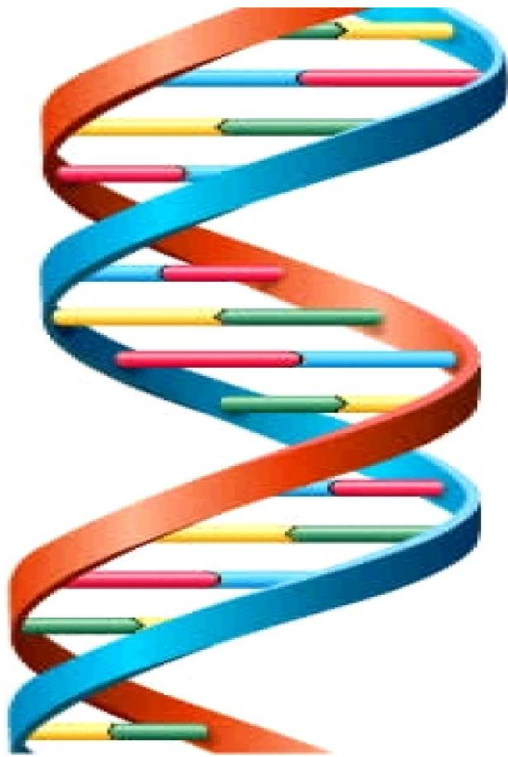
# MULTINATIONAL CORPORATIONS ARE COMING...

THEY ARE ENTERING IN THE COUNTRIES WHERE THE **PUBLIC HEALTH SYSTEM** LOSES GROUND...



- Bill & Melinda Gates Foundation
- World Bank Group
- World Health Organization

# THE VALUE OF VALUES



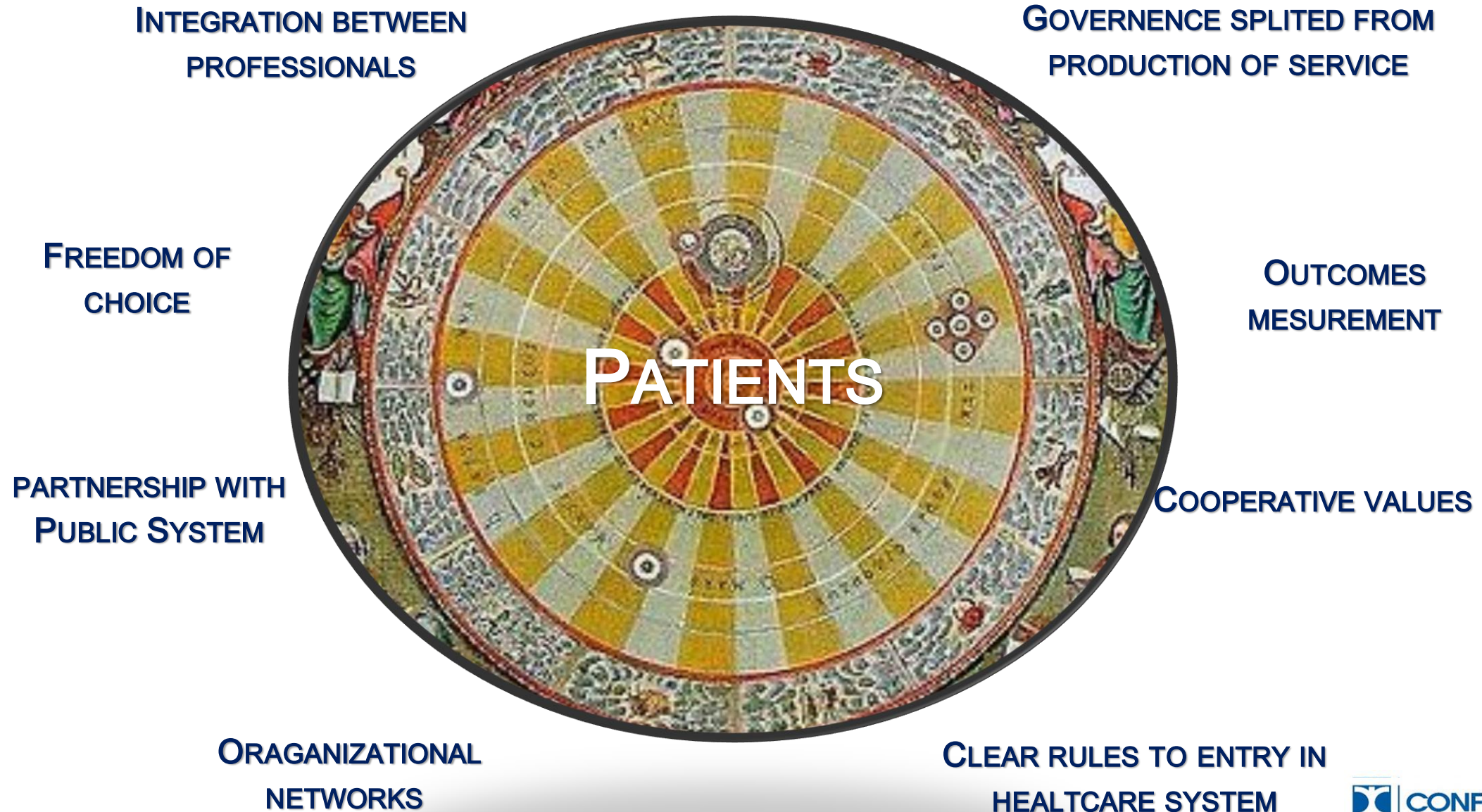
- MUTUALITY
- SOLIDARITY
- ACCESSIBILITY
- PROXIMITY
- USABILITY
- FLEXIBILITY
- VISIBILITY

THE HEALTHCARE COOPS ARE ORGANIZATIONS WITH A **STRONG VALUE COMPONENT**.

FOR THIS REASON THEY ARE:

- A RELIABLE **PARTNER FOR PUBLIC SYSTEMS**, BECAUSE COOPERATIVES PROVIDE SERVICES AT **SUSTAINABLE COSTS** AND THEY KNOW **PATIENTS AND TERRITORY**;
- A **HIGH QUALITY ALTERNATIVE** FOR CITIZENS COMPARED TO **PROFIT-BASED PROVIDERS**, ESPECIALLY FOR THE LOW INCOME GROUPS.

# A “COPERNICAN REVOLUTION” FOR PRIMARY CARE



# OUR NETWORK MODEL

OUR PROPOSAL TO BUILD AN INTEGRATED AND MULTIPROFESSIONAL NETWORK OF PRIMARY CARE IS CALLED CAP . THE CAP ARE CONSORTIA OF MEDICAL, HEALTHCARE AND PHARMACEUTICAL COOPERATIVES...




C.A.P.  
Consorzio Assistenza Primaria

<http://www.consorziocap.it/>


- **NURSING, PHYSIOTHERAPY, REHABILITATION, SOCIAL CARE SERVICES** TO PATIENT AND HIS FAMILY , IN A SHORT TIME (WITHIN 72 HOURS), WITH A CHEAP RATES TO SUPPORT CITIZENS WITH A MEDIUM/LOW INCOME LEVEL .
- **MEDICAL EXAMINATIONS AND SPECIALIST ASSISTANCE** INSIDE MEDICAL FACILITIES BUT ALSO IN THE PATIENT'S HOME.
- **DIAGNOSTICS EXAMINATIONS**, REDUCING THE WAITING TIME.
- **TELEMEDICINE AND REMOTE MONITORING** SERVICES.
- DELIVERY OF **DRUGS, MEDICINES AND MEDICAL DEVICES**.



# HOW CAP WORKS?



**Contact Points**  
(also family doctors) where the patient can get all the information on social and health services and access methods .



**Contact Points Pharmacies**  
The coops of pharmacies provide to all patients a channel of access to social, health care and medical diagnostics services.



**Health care operators  
diagnostical centers**  
Network of operators and structures highly specialized and geographically arranged.



**Technological and loyalty tools.**



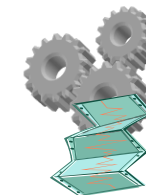
CAP I CONSORTIUM

## TASK



## MANAGEMENT

- ✓ PLAN SERVICES NETWORK
- ✓ MANAGE THE CENTERS OF LISTENING AND EVALUTATION
- ✓ CHECK THE OFFER (DEFINITION OF THE RATES)
- ✓ CHECK THE QUALITY OF THE SERVICES NETWORK
- ✓ CHECK THE FINANCIAL REPORTS





# QUEBEC 2016 INTERNATIONAL SUMMIT OF COOPERATIVES

OCTOBER 11-13

## COOPERATIVES: THE POWER TO ACT

### DECLARATION

COOPERATIVES: THE POWER TO ACT ON THE UNITED NATIONS' SUSTAINABLE DEVELOPMENT GOALS

#### ACCESS TO HEALTHCARE AND SOCIAL SERVICES

Now, therefore, cooperatives undertake to contribute to better access to healthcare and social services by:

- protecting people against the financial risks associated with healthcare and social services, including drug costs, through the development of mutualist solutions for healthcare coverage;
- improving the geographic distribution of healthcare, primary care and social services to the benefit of remote areas and disadvantaged urban areas;
- making a full range of healthcare, primary care and social services available to vulnerable and marginalized populations, including indigenous peoples;
- enabling communities to assume ownership of the prevention, healthcare and social services that they need, and to develop an integrated person-centred approach through social cooperatives and multi-stakeholder cooperatives involving both healthcare providers and users;
- developing primary care services through multidisciplinary networks with healthcare providers that offer integrated healthcare services outside hospitals;
- helping seniors and people facing a loss of autonomy to remain at home and receive home healthcare; and
- working with governments and supporting non-governmental partners to improve healthcare for women and girls, who are often deprived of the most basic care and who are at the greatest risk.