

EDITORIAL

Valerio Alberti*

The transition and the current epidemiological framework, as well as the emerging new needs, are the new challenges for health care. The reference model used to address such complexity is based on a global/systemic approach, able to create cross-sectoral partnerships with joint responsibility in order to efficiently and effectively manage health care in a specific geographical area.

Health Services competition is measured by the ability of health systems to “*attack and drive*” the community’s emerging needs both on health and cultural level.

So the scenery, diverse in terms of medical proposals and social demands, imposes two major goals on health care system:

- making the medical scientific progress and technology innovations of proven effectiveness (e.g. new drugs, new equipment, etc.) accessible to all citizens in a context of dwindling resources;
- implementing or reinforcing a model to help the community managing the growing prevalence of chronic diseases with a simultaneous weakening of traditional family support networks.

The first issue involves an in-depth intervention on the system’s specific components: development of the evaluation area, in terms of skills, technologies and organizational models based on the appropriateness of care; planning of interhospital networks made of reference centers and connections with multiple peripheral realities; development of quality and safety, both connected to *service operations management*.

This perspective strongly commits the health facilities management in all its components (managerial, professional, etc.) and takes place primarily within the Health Services.

The second issue moves his theater of action within the community; it involves institutional and *non-institutional* elements, like local hospital, local administrations, third sector (associations, cooperatives, etc.) in the

* Valerio Alberti is the General Director of ULSS n. 3 Bassano del Grappa (VI).
direttore.generale@asl.bassano.it

planning of the services network, designed to detect needs and create a simplified logic flow of response to the citizen, to consolidate its relations with the territory in a logic of “*person/user management*”.

This approach is characterized by the unified vision of the supply system, also shown in the National Health Plan, in terms of determinants of health (socio-economic status, education, lifestyles, social networks, community networks, etc.).

The enhancement of socio-medical home care interventions with a major involvement of General Practitioners and the strengthening of local social services that support family network, are prerequisites for the development of an integrated model.

Consequently, a complementary governance system with social-health care integration must be based on the actual activation of the “care in the community” and on the implementation of integrated community networks, policies and strategies that are developed in a synergistic way to define cross-sectoral agreements capable of influencing the services offered to citizens and increasing individual awareness and community empowerment.