

ISTITUTO SUPERIORE
DI STUDI SANITARI
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*Associazione
Direttori e Dirigenti Sanitari
dei Distretti del Lazio*

Dipartimenti di Sanità Pubblica delle Università



SAPIENZA
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**Accorpamenti
delle Aziende
Sanitarie in Italia:
risposta adeguata alla
sostenibilità del SSN?**

Roma, 14 dicembre 2016

Aula "A. Celli"

**Dipartimento di Sanità Pubblica e Malattie Infettive
"Sapienza" Università di Roma (Piazzale Aldo Moro, 5)**

CONVEGNO NAZIONALE



FEATURED ONLINE HIGHLIGHT



CLINICAL DECISIONS

Implantable Cardioverter-Defibrillators in Nonischemic Cardiomyopathy

R.E. Berger, K.A. Ellenbogen, and W.G. Stevenson

This interactive feature on treatment for nonischemic cardiomyopathy in patients who are receiving medical therapy offers a case vignette accompanied by essays that support either implantation of an ICD or no implantation. Share your comments and vote at NEJM.org.

Free Full Text Comments Poll

This Week at NEJM.org | December 8, 2016

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PERSPECTIVE

The Future of Health Care Reform — Section 1332 Waivers and State-Led Reform ONLINE FIRST

P.M. Singer | December 7, 2016 | DOI: 10.1056/NEJMp1612830

Eliminating Cholera Transmission in Haiti ONLINE FIRST

L.C. Ivers | December 7, 2016 | DOI: 10.1056/NEJMp1614104

The Rising Price of Naloxone — Risks to Efforts to Stem Overdose Deaths

R. Gupta, N.D. Shah, and J.S. Ross | N Engl J Med 2016;375:2213-2215

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All-Payer Claims Databases — Uses and Expanded Prospects after Gobeille

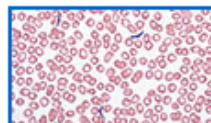
J.D. Freedman, L. Green, and B.E. Landon | N Engl J Med 2016;375:2215-2217 | Published Online November 23, 2016

Cost Containment and the Tale of Care Coordination

J.M. McWilliams | N Engl J Med 2016;375:2218-2220

Free Full Text Audio

Image Challenge



What is the diagnosis?

Submit Answer »

ONLINE FIRST

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NEJM Catalyst | Providence St. Joseph Health

Free Live Web Event
The Future of Care Delivery: Relentless Redesign

JANUARY 19, 2017
9:00 am - 1:00 pm U.S. PT

REGISTER NOW

TRENDS: MOST VIEWED (Last Week)

Oral Opioid Therapy for Chronic Peripheral and Central Neuropathic Pain

March 27, 2003

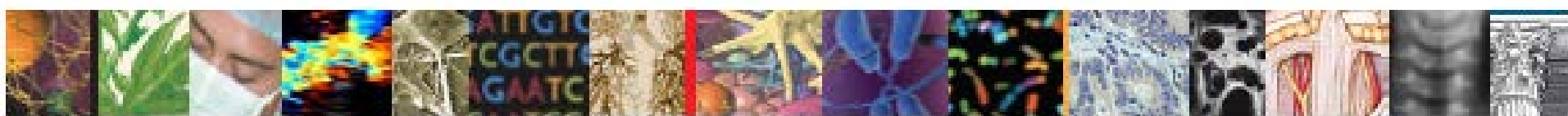
Skin Mottling

December 1, 2016

Neurogenic Megacolon in Spinal Cord Injury

December 1, 2016

More Trends »



The NEW ENGLAND JOURNAL of MEDICINE

Perspective

Eliminating Cholera Transmission in Haiti

Louise C. Ivers, M.D., M.P.H.

When Hurricane Matthew struck on October 4, 2016, it left 1.4 million people in southern Haiti in need of urgent humanitarian assistance; it destroyed homes and health

care facilities, flooded water sources with runoff, ruined crops, killed livestock, and displaced hundreds of thousands of people. Looming as the next act in the disaster is a resurgence in endemic cholera.

trolling it have been too limited. In 2015, Haiti reported more cases of cholera per population than any other country. In 2016, there were 29,000 cases of cholera in the first 9 months of the year —

math of Hurricane Matthew. Two weeks after Hurricane Matthew, the number of cholera cases had grown, and many were concerned about the impact on human life. The consultation resulted in the following consensus.

The response to Hurricane Matthew must first and foremost address the victims' need for humanitarian relief, through provision of food, shelter, and clean water to those who lack these lifesaving es-



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Perspective

The Future of Health Care Reform — Section 1332 Waivers and State-Led Reform

Phillip M. Singer, M.H.S.A.

By the beginning of 2016, most major components of reform contained in the Affordable Care Act (ACA) had been implemented, including Medicaid expansion, insurance exchanges, and

insurance subsidies. These reforms made substantial inroads in increasing access to care and reducing the uninsured rate. Yet even

concern about the effects of repealing the law in its entirety. The most likely effort will include congressional Republicans passing

the employer mandate to provide insurance, and insurance exchanges; it also allows states to modify insurance benefits, cost-sharing requirements, and subsidies. States can finance these reforms by using all federal revenues earmarked for the state under the ACA. Flexibility in reforms, however, cannot be achieved at the expense of meet-



The NEW ENGLAND JOURNAL of MEDICINE

PERSPECTIVE

COST CONTAINMENT AND THE TALE OF CARE COORDINATION

Cost Containment and the Tale of Care Coordination

J. Michael McWilliams, M.D., Ph.D.

Nobody likes waste or fragmentation. Evidence that both are hallmarks of the U.S. health care system has fueled debate over how to redesign payment and delivery systems to root out inefficiencies. In the face of broader imperatives of cost containment and quality improvement, a narrative has emerged from this debate that now dominates policy: care coordination not only improves outcomes but lowers costs, too.

ceed those reductions. Thus, touted reductions in hospitalizations and readmissions constitute offsets to the costs of care coordination, not net savings.

Nevertheless, care coordination is widely considered the leading strategy for achieving savings under new payment models such as the Medicare accountable care organization (ACO) and bundled-payment programs. For example, although such payment models of

of low-value services such as imaging for low back pain, for example, typically doesn't require coordinating care or modifying patient behavior. Savvy care coordination could potentially enhance efforts to encourage evidence-based decisions — for example, by alerting primary care providers when patients are offered ineffective procedures — but well-coordinated care can still be wasteful.

Why, then, have concepts such