

HEALTHCARE SYSTEM INNOVATION: THE VITAL SYSTEMIC APPROACH FOR NEW HEALTHCARE PROFESSIONALS

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ABSTRACT

In light of the requirements associated with the Health goals set in the National Health Plan or in Regional Health Plans and by the consequential creation of the new health professions, there has been an enlargement of the National Health System network in recent years.

Growing focus testified by the reform of ordinances enacted by Law 3 of 2018 (Lorenzin Law), and the clear new topics related to bioethics, ethics and professional deontology issues put up new questions which need answers and solutions. Innovation in the Italian Healthcare system therefore takes on a central role in scientific debates demanding new solutions which, necessarily, must first of all aim to protect individual and collective health, in order to subsequently focus upon the governance of new professional healthcare workers.

The systematic complexity of establishing new healthcare professionals in the three afferent areas: Care Technique and Diagnostic Technique, Rehabilitation and Prevention, generates of course many new opportunities, requiring rapid detection and set up rapidly the organic structure of the wider Healthcare System. This is the framework within WHO's Project "Healthcare System Innovation: the vital systemic approach for new healthcare professionals", seeking specific solutions and suggestions in order to contribute to the innovation and governance of the new healthcare professionals

■ RESEARCH THEME

The regulatory evolution that Italy has recorded in the last fifteen years on the health issue is not only evident, but has found wide scope in the debate and therefore in the scientific literature; in fact, it has gone from a first phase started in the first half of the 90s of the last century that was characterized by the issuing of Ministerial Decrees that identified and established new profiles and figures to a new approach that has radically transformed the fabric of the health system. The scenario was thus deeply enriched with the establishment of the National Federation of TSRM and PSTRP Orders.

■ NEW APPROACHES FOR THE HEALTHCARE SYSTEM

The new professions and the resulting new opportunities that need to be taken up, it is believed, should be put in place. In order to guarantee a health care that is truly capable of pursuing the supreme objective of protecting the collective and individual health of citizens, it is essential to review and update the structure of the system as a whole. A revision that inevitably takes place to redesign the planning and control systems through the mechanics of innovation, an action that must necessarily involve the new health care professions. It is proposed, in fact, concretely to measure the function of *operations management*, and develop systems for measuring *clinical competence* also for health professionals.

The logical premise of this project is based on the assumption that, in order to achieve successful service innovations, it is necessary to analyze and interpret the context of an increasingly broad and diversified

healthcare sector. Hence the need for a critical approach to the healthcare system as a whole.

■ NEW PROFESSIONS AND NEW NEEDS

The new professions have now become a concrete reality; the regulatory interventions of recent years have thus completed the picture of the health system. From the primordial identification of new figures it has come to the establishment of new professions that centralize new interests and new needs. It is also widely recognized in the scientific literature that these new subjects can contribute to improve not only the public health system, but also to provide new answers to the growing demands for assistance that citizens require. New professions, therefore, that should not be interpreted as a mere innovation in terms of new professional backgrounds and new skills, but as subjects with new training needs and truly innovative skills that characterize the health care of the new millennium.

A new health system characterized by an original and innovative approach to health; new approaches, therefore, new functions but also new needs to which the system must provide adequate answers. With the new health care professions it becomes increasingly necessary to approach the Health Care System with innovative methods that allow those called to lead this important phase of change to identify forms of governance that are truly able to meet the different needs that the new professionals require, also looking for concrete solutions to meet the needs of citizens addressed to nine forms of welfare that necessarily pass through the improvement of conditions and quality of life.

■ SCIENTIFIC INCIPIT

The current situation

The research project “Health System Innovation: the Vital Systemic Approach for New Health Care Professions” cannot fail to approach a critical analysis of the two decades with which the new century has opened. It is believed that a differentiated analysis of the two historical periods should be undertaken for this research *item*. In fact, the first decade, as already recognized by the scientific literature, was characterized by the constitutional reform of Title V; a reform that gave the regions more powers and responsibilities in organizing the health services of their territories. The transition from this first period to the second decade, however, was characterized by reforms and reorganizations, mostly related to the institutional evolution of functions, techniques and services. A second decade that can synthetically be traced back to an increase in the size of the Local Health Authorities. The Research project, after this initial critical analysis, intends to focus attention on the new roles within the regional systems of the health professions both in terms of research and in terms of new orientations.

Expected Scientific Results

The Research Project “Health System Innovation: The Vital Systemic Approach for New Health Care Professions” starts from the initial assumption that changes in the health system have been, until more recently, most of the time simply suffered; it is believed, instead, that the approach to change towards innovative forms of *governance should be* modified in order to better manage and govern it.

From the scientific literature it is clear, however, that an analysis of social and health systems is clearly an integral part of it, can never be conducted with distinctly dichotomous approach methodologies. In fact, it is believed that even for the health care system and for the new professions must find answers that are the result of continuous adaptations and consequent reactions that must be correctly interpreted first and foremost by the professional orders of the TSRM and PSTRP.

The basic idea that the project brings forward is that in order to approach change it is first of all necessary to modify the Culture and the approach to the new dynamics that, with the identification and institutionalization of new health care professions, are slowly but surely changing the needs, expectations and therefore opportunities for professionals all of the TSRM and PSTRP Orders. There is a radical change in the approach and the identification of innovative policies that change governance in a completely new way and focus on proactive rather than reactive capabilities.

In a new scenario, characterized by growing and diversified needs of new health professionals and a strict control of public resources, it is clear that the proposed project activity must necessarily contribute to provide a new mission of the Health Care System in a framework of continuous updating, combining traditional needs with the new needs generated by new professionals and the innovative professional figures of Medical Radiology and Technical Healthcare Professions, Rehabilitation and Prevention.

The increasingly evident heterogeneity of the Health Care System that following the recent pandemic phenomenon (COVID-19 from Sars Cov-2 virus) has become evident and the concomitance of the lack of a

unitary horizon of the regional Health Care Systems requires appropriate forms of analysis and operational proposals in order to reduce the increasingly gradual but concrete reduction of the elements of unity, uniformity and coherence of the System as a whole. In this regard, the Research Project intends to provide answers in order to identify and at the same time enhance the differences that the regional systems present, with particular attention and focus on the health system of the Campania Region.

The innovative contribution of the Research project

The research project that is proposed as explained so far, does not move towards a mere rethinking of the system of governance, it will not focus on the problems of the NHS because the scientific literature has been strongly active in this sense in recent years. The research project seems to be of a truly original nature, as this project proposal aims to address these issues and problems in relation to a broader context of research. The project, in fact, intends to carry out activities focused on socio-economic conditions, on the evolution of the expectations of the passive subjects of the performance of new health professionals, but also on the individual behavior and professional groups related to the different areas of Care Technicians and Diagnostic Technicians, Rehabilitation and Prevention.

The project in question, in fact, will carry out studies and analysis also aimed at deepening the hot spot of the issue of differentiated autonomy and in any case related to different legislative, administrative, planning, organization and management of the system of health protection. With all evidence will be carried out a research activity that identifies new processes and new systemic models in terms of social and health care and welfare resulting from the institutionalization of new professional figures and therefore, we will try to go beyond the traditional approach characterized by an analysis in terms only strictly health care

Methodological approach

Modes of investigation

Rethinking the system of governance means abandoning the logic of “optimal” or “rational” solutions, instead, it is necessary to think about how to fluidize the system in the dual direction from top to bottom and vice versa, involving the new professions in the processes.

From the top must come principles, criteria, guidelines, from the bottom can rise flexibility, innovation recognition of positive differences. Prioritizing only the relationships from the top to the bottom would mean to stiffen the system and determine the inevitable delay compared to the real needs. Betting only on innovation that comes from the bottom would mean encouraging a leopard spot development, a “do-it-yourself” that can only feed unacceptable imbalances and inhomogeneity.

Fluidify the system means to make it more able to adapt quickly to the evolution of the context, through forms of

- experimentation that for health and social care takes place in the real world,
- dissemination of so-called “good practices”.

Fluidizing the system means making sure that current and future differences lead to convergences and do not cause divergences or gaps in care levels.