

The FDG management and sustainability model

A case study in rehabilitation and assistance

*EPR study visit at FDG
Milano - 17/18 november 2016*

Marco Campari

Towards the crisis

☐ 2006-2011

- investments for 250 million
- loan agreement with BEI banks for 120 million

☐ 2011-2012-2013

- contraction in operating margins
- cash flow reduction and debt service

April 2013

- Covenant not met
- Request by “Pool BEI” banks to present a new short-term financial plan

October 2013

- Presentation of the short-term plan for immediate actions
- Request for a short-term debt moratorium and rate mortgages for not BEI loans

Causes of Crisis


1. **Long-term stability** of the National Healthcare Fund
2. Governance lacking appropriate **organization** and **management** model
3. Lack of **management control** tools
4. **Labour cost** not compatible with the health and social assistance service rate
5. Lack of **professionalism** and **productivity** for the “no core” staff
6. **High variety of ICT systems** and strong limitations in their interoperability
7. Existing manufactured and engineering plant structures **obsolescence**, despite the investments

Towards the Reorganization

January 2014

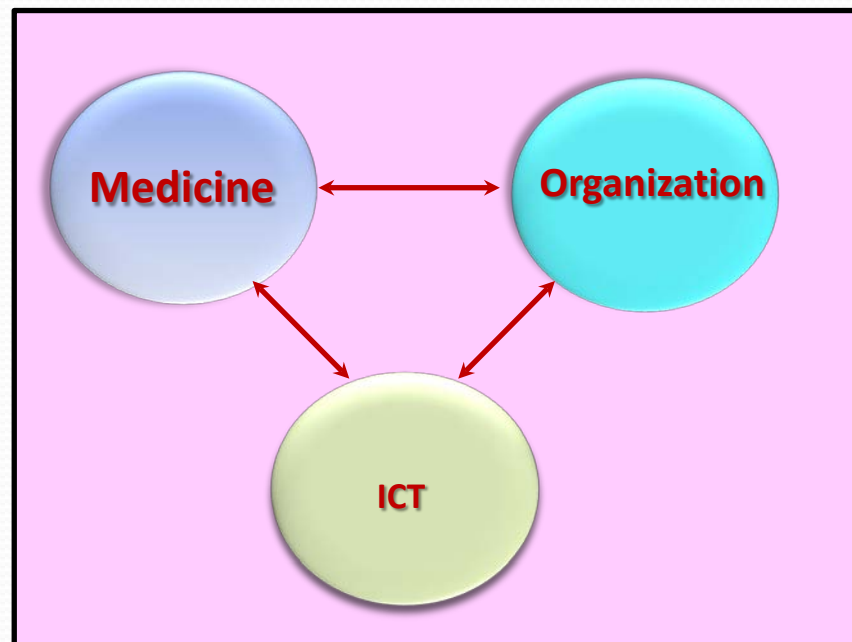
- Appointment of a Managing Director - Marco Campari - in order to:
 - ✓ define the Business and Financial Plan
 - ✓ make the plan approved by banks
 - ✓ implement the first phase of the Plan

June 2014

- Approval of the Business and Financial Plan by Board
 -  ✓ rebalancing operating profitability
 - ✓ ability to generate cash flow

Strategies

- ❑ Central position for the patient
- ❑ Continuity of care
- ❑ Rehabilitation medicine
- ❑ Internal reorganization
- ❑ Management control
- ❑ Human resources development
- ❑ Information & Communication Technologies (ICT)



- ✓ clinical processes definition
- ✓ organizational processes definition
- ✓ clinical and organizational processes integration
- ✓ processes implementation and stabilization

Management Model

A large institution distributed over 9 regions requires:

- ✓ **teambuilding:** creating a management team including central and regional directors
- ✓ **disintermediation:** middle management in the Centres is directly and functionally linked to central management, with a clear, shared vision

The **corporate mission** focused on rehabilitation and assistance requires:

- ✓ **central position for the patient :** the organisation must be bent onto the patient's need, and not the opposite
- ✓ **continuity of care:** creating shared clinical and assistance protocols along FDG Centres and territory to follow the patient in his/her evolution, and not the opposite

Quality and Sustainability Get Togheter

The overall **quality** is related to the organisation's capabilities of measuring and reacting:

- ✓ long term care implies a change of the patient's needs along time
- ✓ we decided to explore the positive effects of technology assisted rehabilitation to increase quality and appropriateness of the treatment

To make the quality available for all the patients, **sustainability** of the organisation and of the clinical protocols must be assured:

- ✓ the **responsiveness to treatment** can be measured and sometimes predicted, to save patient's time and public money

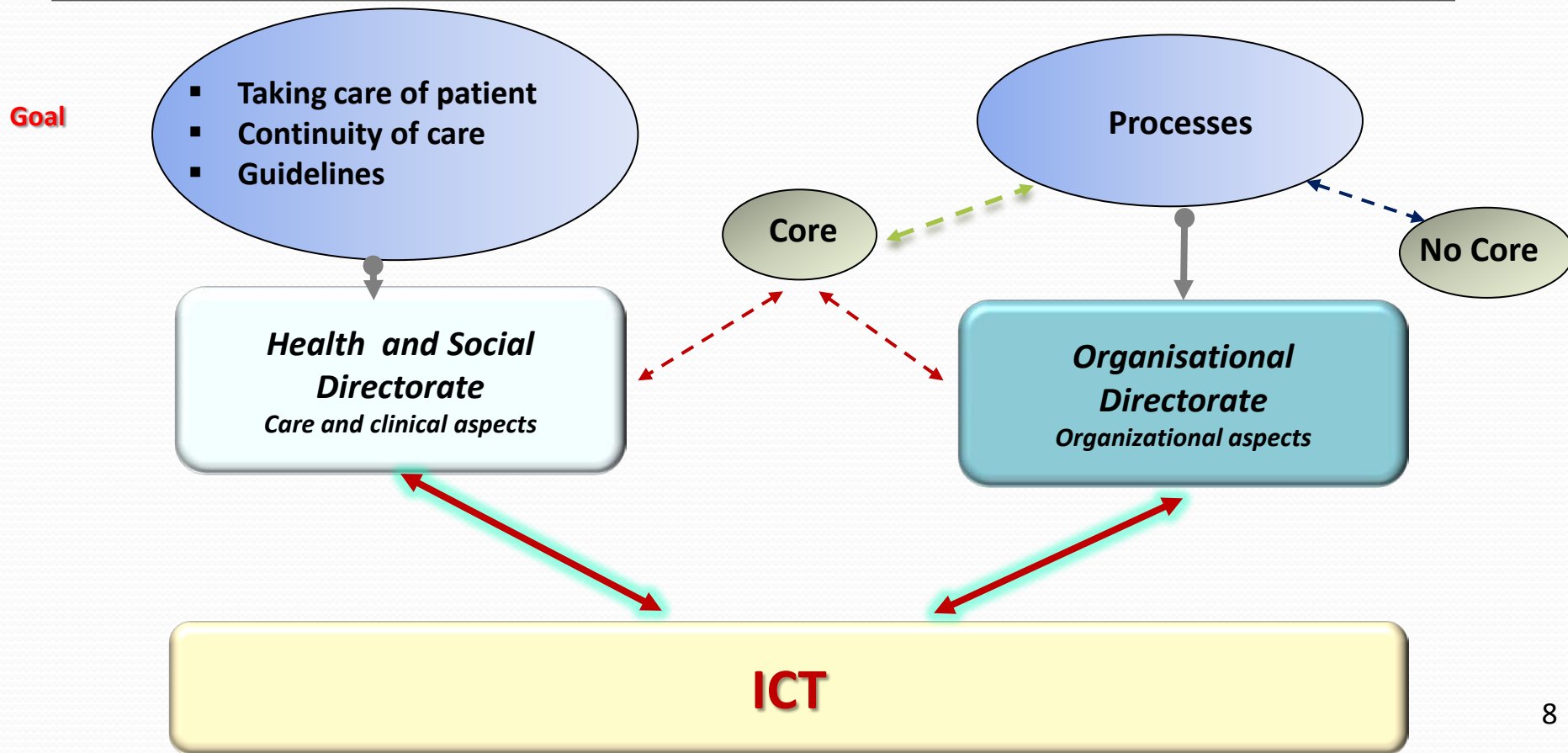
Technology is a good, enabling companion both for quality and sustainability

Processes integration

✓ **monitoring** of patient pathways between the different care settings

✓ **possibility** to define guidelines and trace deviations

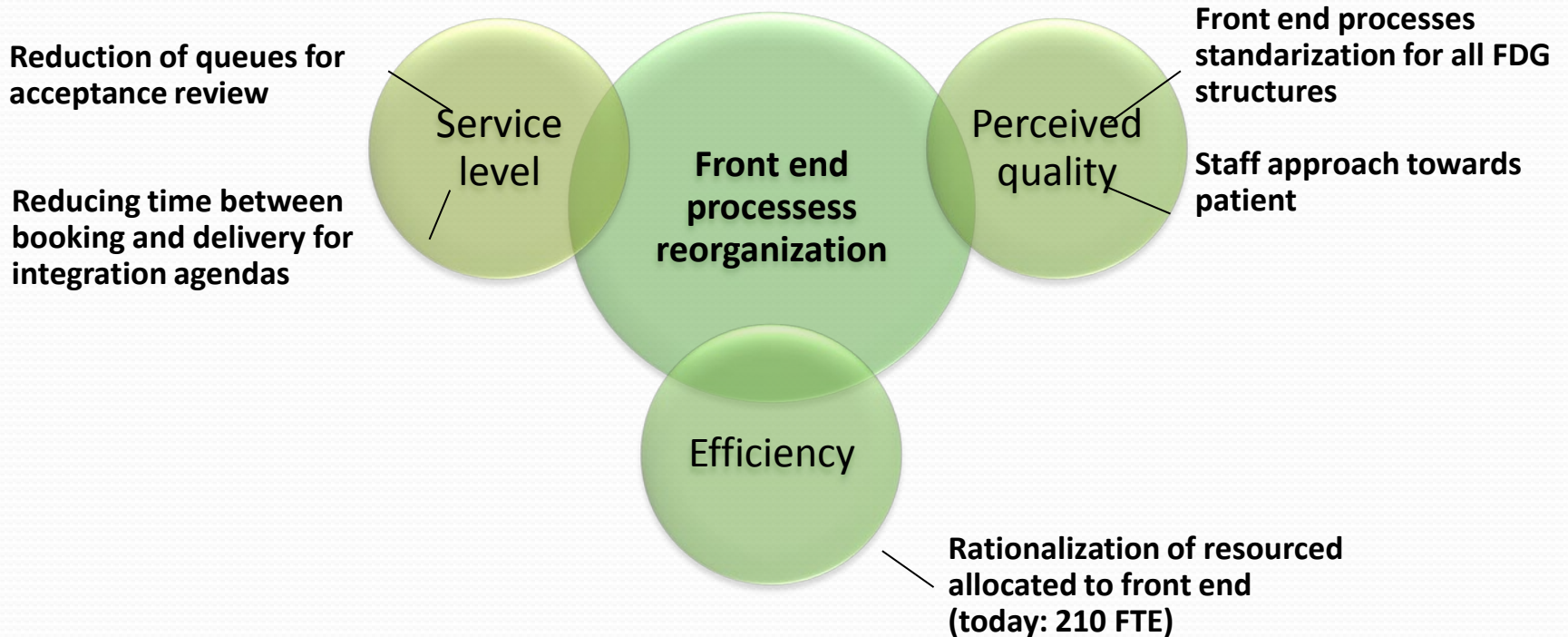
✓ **creation** of an innovative model of care



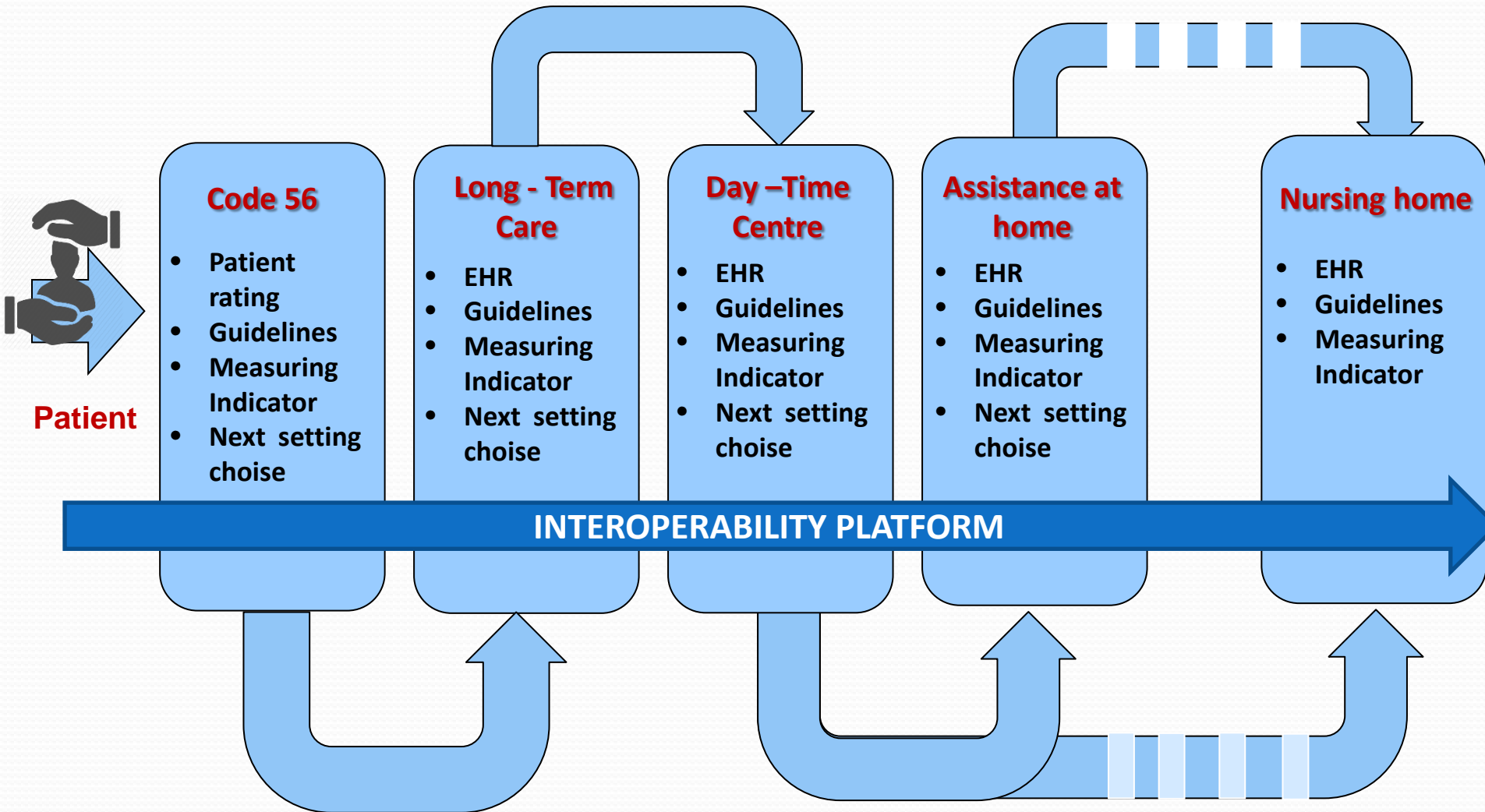
Organizational Processes

- **homogenization** of applications
- **reorganization** of processes (core and no core)
- **efficiency** and quality of services offered

Example: front end processes (no core area)

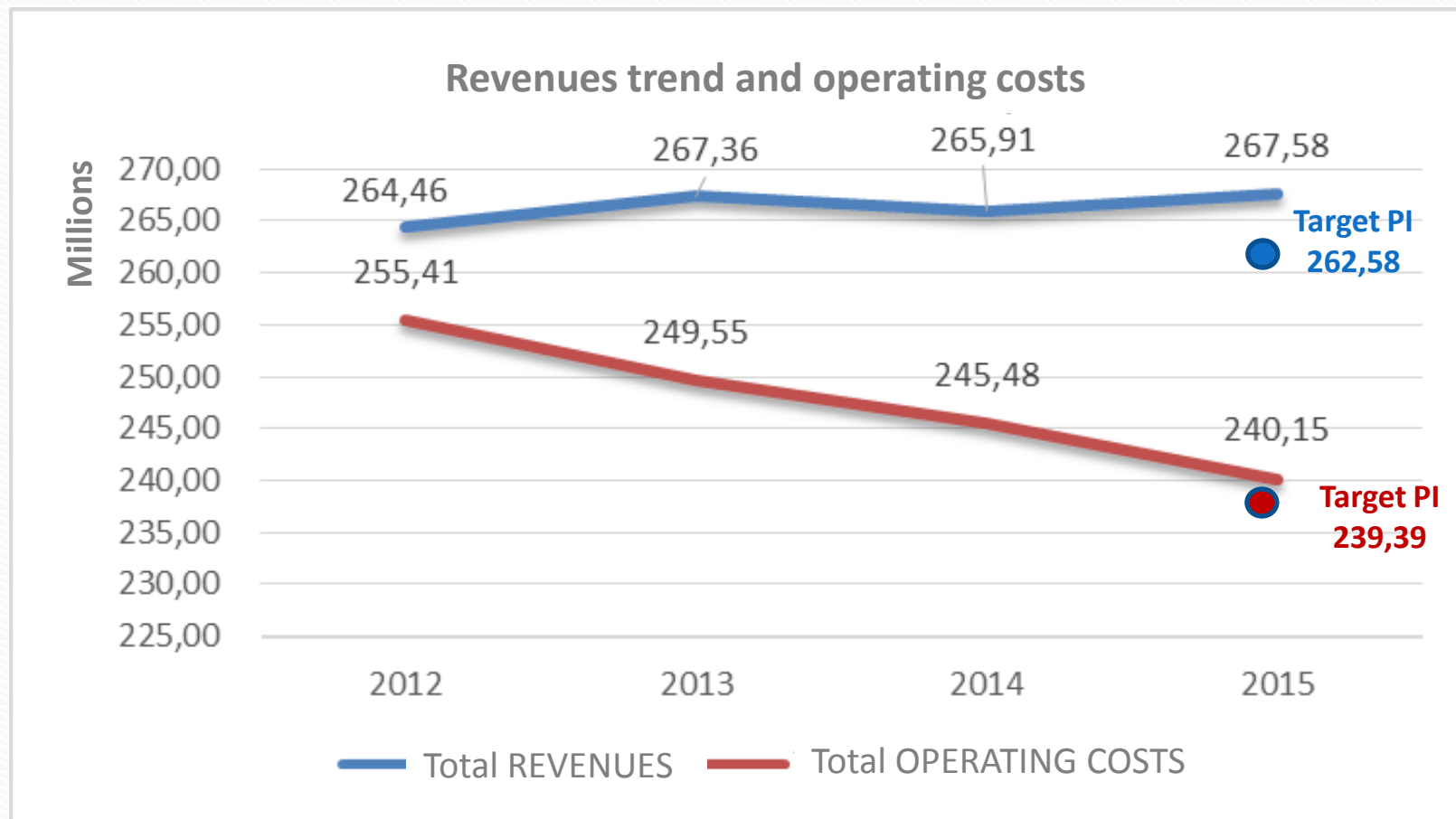


Taking care: settings, guidelines and path

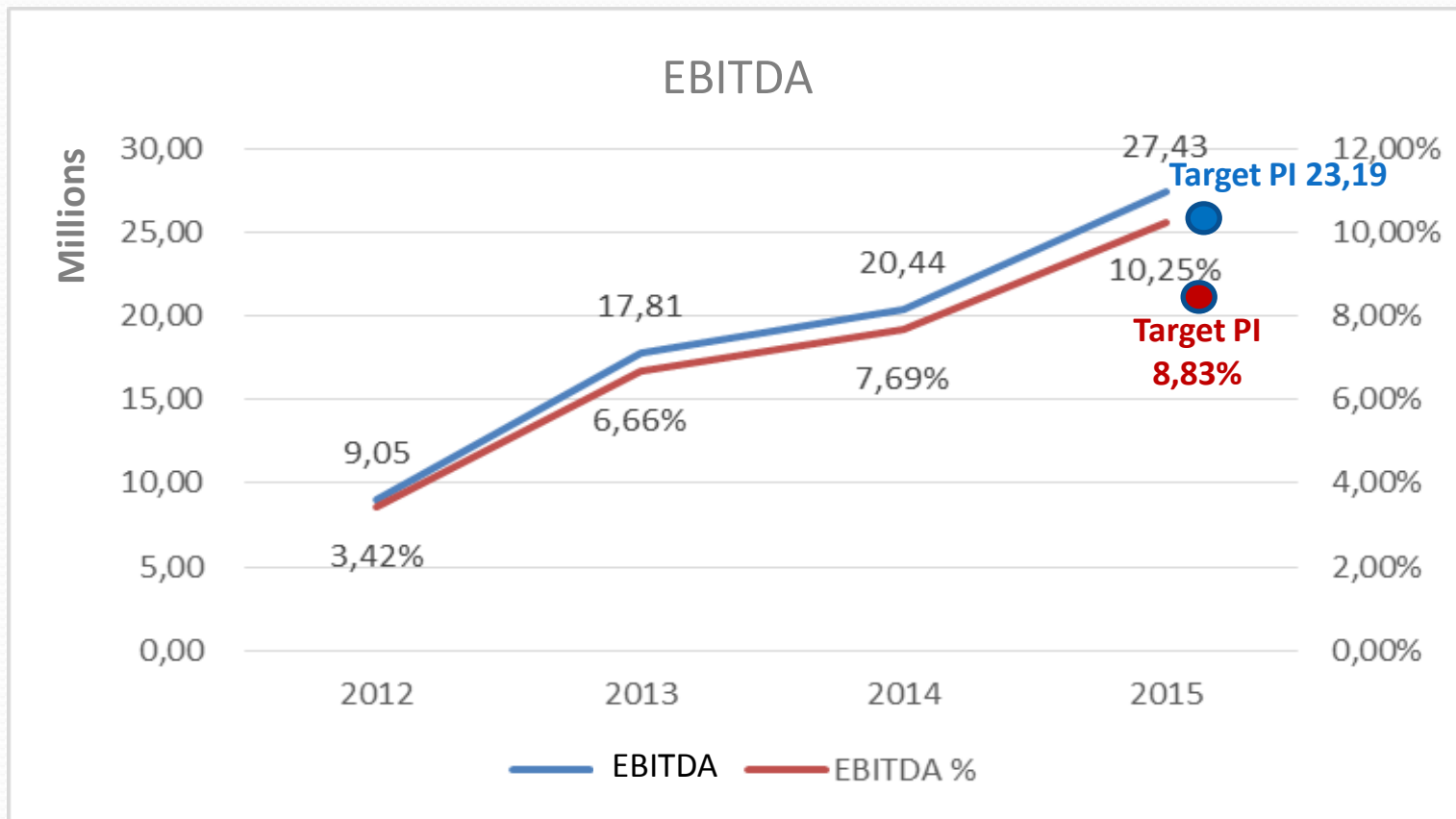


Basic tool: interoperability platform

Balance Sheet Data 2012 -2015



Balance Sheet Data 2012 -2015



Balance Sheet Data 2012 -2015

