ORGANIZZAZIONE MONDIALE DEL TERMALISMO
ORGANISATION MONDIALE DU THERMALISME
WELT ORGANISATION DES THERMALISMUS
ORGANISACION MUNDIAL DEL TERMALISMO
WORLD HYDROTHERMAL ORGANIZATION
ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ТЕРМАЛИЗМА
المنظمة العالمية لمنتجعات المياه المعدنية
世界温泉療法機関
SOCIEDAD INTERNACIONAL DE TÉCNICAS HIDROTERMALES

ITALY

Conference of Levico Terme on the future of European health system between the pubblic and private sectors.

Held in Levico Terme , the day September 24, 2011, in the beautiful setting of Thermal Palace , the conference "The new frontiers of the european health system - free moviments of pateints in the member states of the European Union between the pubblic and private "which saw the participation of among others the national managements of AIPO (National Association of private hospital) and of (Union Europeenne de l' Hospitalitasion Priveeé) : were present lawyer Enzo Paolini, Proffessor Gabriele Pelissero , Doctor Alberta Sciachì and Giuseppe Puntin.)

Of absolut important actions Euro Mp Iles Braghetto , which was one of the artificers of the draft european directiv one the right to cross border health care, and maximum referents of the world national andinternational thermal (Ennio Gori ,President of the world Thermal, Massimo Tedeschi ,President of the national association of common thermal, students and the thermal spas in legal and scientific : Alceste Santuari , Alberto Lalli e Paolo Gruppo.

Have contributed their political and administrativ of Healt Trentina (Alderman Ugo Rossi, President General Medical Giuseppe Zumiani , Vice President of Provincial Council Claudio Eccher , Director General of Health Company Trentino Luciano Flor and President AIOP Provincial Carlo Stefanelli) .

(Photo speakers' table)

Finally brought their patrimoni of experience and proffesionalism to the Rai Journalist Maria Concetta Mattei , who has interviewed Ennio Gori going over the main steps of Thermalism national and international , that for many aspects with the coincide of carier engineer Gori, that can be now seen as the great expert of Thermalism international , and, Nadio Delai President of Ermeneia that to discuss parteciping in a rundtable and developing a individual relation on different problems wich involve national health national particularly the efficiency of the different regional gaming and prospects of devolopment of private health care sector especially in hospital.

(Photo Maria Concetta Mattei and ing. Ennio Gori)

The center of almost all relations was put the above mantionded Directiv on the application of patients right on the cross-border health care, pubblishead in Official Gazzette Europen Comunity April 4, 2011 that obliges
Member State sto transpons it into their national legislaion later than 30 months from the pubblication : this means that by October 2013 all UE countries must adopt measures that can guarantee to every single EU citizen the of access to healthcare each of the states with funding from the state of origin. That same priciple applies to performance of Thermal medicine.

The new rules stipulate that people of the UE me by reimbursed for the medical assistence receiving in another Member States, provided that the trattament and the costes are normally covered in their home country. Also Thermal cures will therefore be usable in therma baths all over Europe always provided that they fall within the list benefist to be paid at the cost of the health system of the country of origin of the curist.

The serach to health care especially oversas could benefit patients in long list waiting , or those who are not able to find specialist treatment at home particulars request high levels of health organization and tecnology is not present in the counties of origin. Members have also improved the rules for cooperation on rare diseases.

It opens up a times of great intersed that sholud, in just a few yeras armonization and homogeonization of different health system of individual states of the UE , today as diverse , both in terms of founding under that of ‘ efficiency and timelines of care and medical services.

The health system in the single Europeans countries are fundamentally based, but a thousaund facets that differentiate them from each other , 2 of financing models :

the first , the so called Beverigde model , it is based on general taxation meaning that the pubblic and private haelth agreement are powerd by taxpayers trought the state that serves as the control and provision of benefits , the second , the so called Bismark system , providing funding by private secutity system , wich is compulsory for nationals with a distinct competing private and pubblic providers.

SYSTEM OF FINANCING HEALTH SERVICE

BISMARK MODELS	BEVERIDGE MODELS
- Based obligatory insurance (social health insurance) for workers and employer (social destruction). - Supplies are made by insurence company directly or throug conventions . - Europens countries : Austria, France Germany, Luxembourg, Holland and Switzerland.	- Supported general taxation (tax-financed) - The state organizes directly the network of public services owned and operated - The state can set contacts with private - Europeans countries: Great Britain , Ireland, Iceland, Greece , Italy,Spain Portogual, Countries of Europe North

Picture 1 :Bismark and Beveridge model

The Beveridge system was adopted in Anglophone countries in the Latin (Italy, Spain, Portugal) and in Greece while Bismarck has taken hold in the German-speaking countries, Holland and France.

Very interesting what is going on in Germany where there is a progressive privatization of healthcare that has led to the closing many public hospital, controlled by Lander, a contemporary and progressive expansion of private health care system, with implementation of real holding company, listed the stock exchange, which are proceeding in the acquisition of public hospitals and their restructuring and discontinued operations.

The result is that, for the same GDP / health expenditure, which is in line with the average of most developed European countries, German health services are of high quality and high efficiency with lists of 'Waiting essentially non-existent.

THE GERMAN HEALTH SYSTEM

- Excess of beds: 6.4 a thousand in 2005 (Holland, 3.1 a thousand) caused sub-state planning of the 'shortening of hospital stays.
- Progressive increase in the presence of private and public hospitals tend to buy less efficient to increase "budget" insuranc, available: between 1996 and 2007 the number of public hospitals was reduced by 31.3%, the hospital social "nonprofit" was reduced by 18.8%, while that of private hospitals "profit" has grown 40.6% in tune with beds and hospital with the creation of chains of private hospitals (Spa) some of which are quoted on the stock exchange.
- Insufficient funding of public hospitals by Land (has been reduced by 28% over the period 1991- 2008)
- Hospital services are financed 90% by public insurance (GKV) and 10% by private insurance (PKV) .
- Between 1991 and 2007 the number of hospitals are reduced by 13 %, the number of beds decreased by 23.8 % , the average stay was reduced by 40.7 % increase in the number of admissions of 17.9 % (introduction DRG since 2000).

REASONS FOR THE SUCCESS OF PRIVATE HOSPITALS IN GERMANY

- Lower costs9 for the staff (contract of work on the farm, with incentives "

meritocratic" for employees based on efficiency and results, not bound to those national collective.)

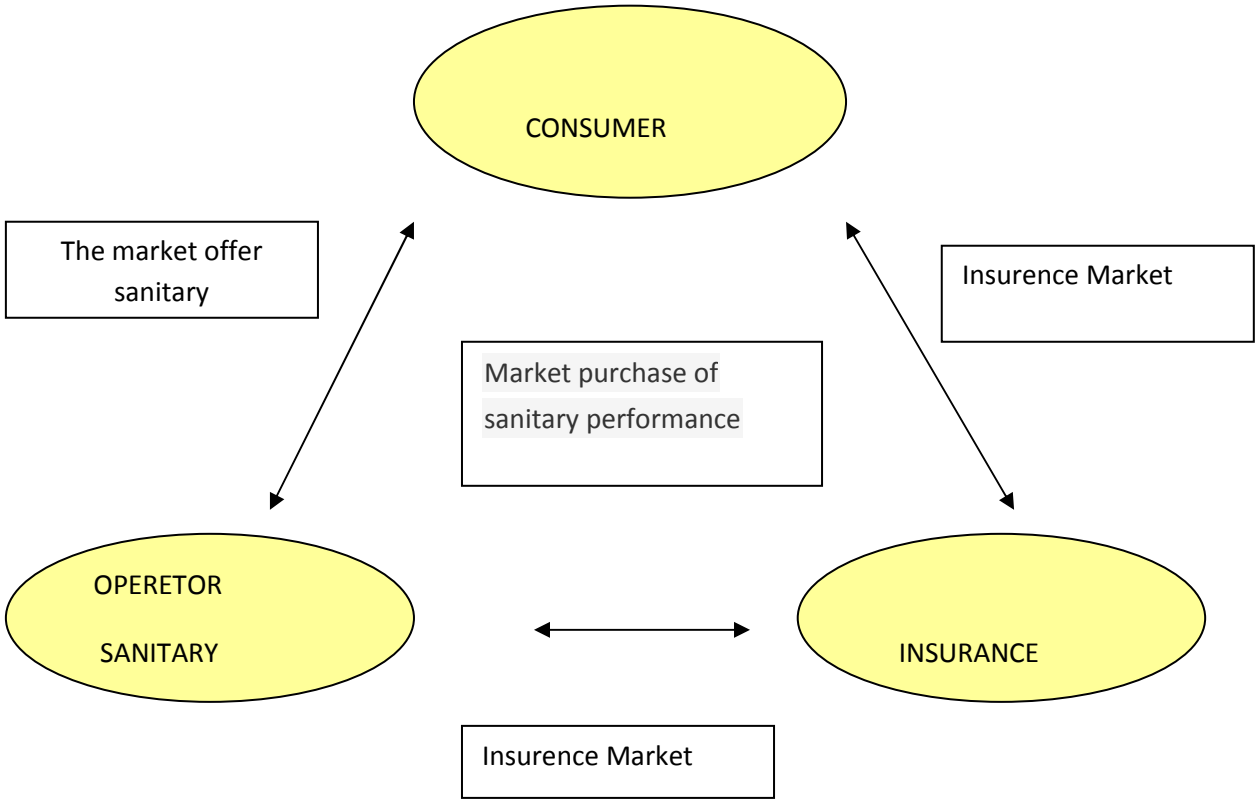
- Greater autonomy and investment capacity in the short term with reinvestment of profits in capital.
- Logic 'economic' management is not bound by political-social with top management
- Benefit from participation in "big chains" with greater bargaining power with suppliers of goods and services and the possibility of attracting capital by issuing shares or collection on the market.

In Holland the new health reform , in force from 4 years , has set out the 'organization of the health on a thrust privatisation mediated by insurance system by assigning the State a control function to achieve objective policy objectives set by the government.

THE DUTCH HEALTH SYSTEM

- Health Reform Hoggervorst 2006: universal access to treatment with broader appeal to "private" (already in 2002 94% of dutch hospitals were "private" .)
- The State assumes function of "regulator" but not "dispenser" of health service: the management becomes "private" while was established a "Authority" of control of the system ("market supervisor" .)
- Central Function of the "doctor" as prescribing of health expenditure.
- Principles 'pivotal' :
    - Basic insurance compulsory for all citizens over the age you 18 years managed by private companies obliged to ensure all irrespective of their age or state of health of the citizen.
    - Competition between health insurers that between service providers: the insured may change company every year and part of the insurance component is linked to income.
    - The insured may choose between assistance " direct" or "indirect".

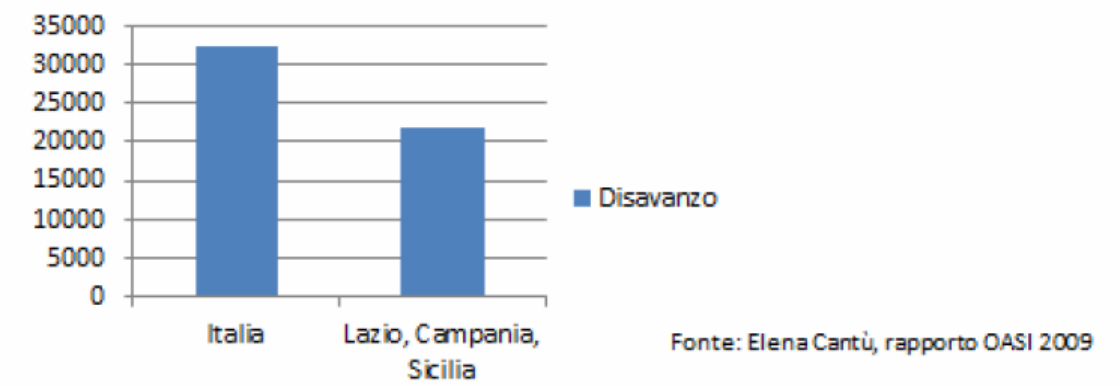
DUTCH MODEL : "TRIANGLE"



Italy is the only European country that has risen from a pre-existing "model Bismark" to the current " Beveridge" , is undergoing a transition that has led to a significant imbalance between the north and south, both for inquiries concerning quality of performance to costs. Very interesting in this connection a study fig. (6) carried out ala Bocconi (ratio OASIS 2009) documents how 2/3 of the interior amount of deficit total health focus in 3 regions of the south (Lazio, Campania and Sicily.)

STUDI OF BOCCONI CORPORATIZATION OF HEALTH CARE IN ITALY PERIOD 2001-2008

- **Total Deficit** in 8 years : 32,190 net flows of euro
- Only The regions of Lazio, Campania and Sicily produce 21,900 billion of deficit equal to 2/3 of the total amount.



Picture 6 : Imbalance between north and south in the deficit health :study Bocconi.

Very interesting to declining research "Hospitals and Health" (picture 7,8,9 And 11) recently published by Ermeneia and coordinated by Nadio Delai,that has documented,on the basis of the data supplied by the Ministry of Health, health and more efficient where there are mechanisms of competition achieved public-private by extolling the right choice of citizen based on quality, but also on timeliness of services.

Estimate inefficiency implicit and public in 15 italian regions: force survey Ermeneia 2010 on the 2008 report (Ministry of health data and regions)

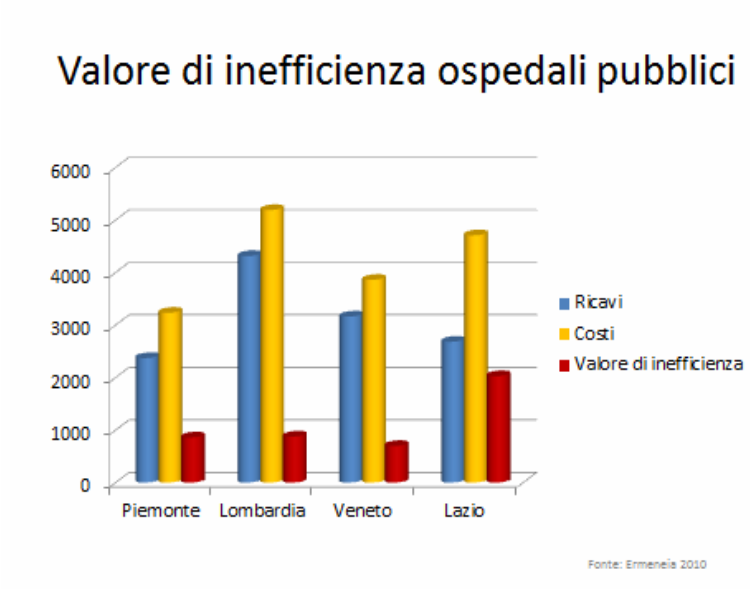
- a. Production value hospital "correct" :
  - Value [correct] to DRG (corrected according to "houses-mix" medium)
    - Value benefit specialist
      - Additional fee to work-function (emergency room, intensive care, regional offices for drug addicts, transplants, cancer, ADI, etc..)
- b. Total 'real' costs (personal, goods , procurement)
- c. Absolute Value inefficiency (B-A)
- %. Inefficiency of total costs (x : 100 = C :B)

Survey Ermeneia on inefficiency implicit and italian public.

Ratio of revenues /costs in public hospitals in Italy

Region	Total reveues	Total Costs	Difference	% Inefficiency on cost total
Piedmont	**2371,7**	**3231,7**	**-860**	**26,6**
Lombardy	**4313,0**	**5187.9**	**-874,9**	**16,9**
Veneto	**3162,1**	**3859,4**	**-697,3**	**18,1**
Emilia Romagna	**2994,1**	**3779,2**	**-785,1**	**20,8**
Tuscan	**1787,3**	**2299,5**	**-512,2**	**22,3**
Umbria	**635,0**	**790,4**	**-155,3**	**19,7**
Lazio	**2681,4**	**4707,2**	**2025,8**	**43,0**
Campania	**1847,4**	**3207,4**	**-1360,0**	**42,4**
Apulia	**1701,4**	**2239,7**	**-538,3**	**24,0**
Calabria	**776,4**	**1423,8**	**-647,4**	**45,5**
Mid Italy	**1730,3**	**2388,3**	**-653**	**27,4**

Picture 8: Relation sales / costs in Italian hospitals: a survey Ermeneia
Value of inefficiency in public hospitals



9: Values of inefficiency in public hospitals: a survey Ermeneia

This was particularly the case in Lombardy, Italy only region where a law was passed in 1997 (picture 10) that places public and private sectors on an equal footing, with the distinction of hospital health care companies, public and private companies to non-hospital health act as a body to monitor the activities of public and private hospitals put together in competition._The result in the first 12 years of application is before the eyes of all: the inefficient hospitals were closed and those most qualified to play a highly significant amount of activity could Lombardy have the best public and private hospitals in the country with European standards, with peaks of excellence in the international scene

Lombardy Regional Law 31-/97

- Separation of local health authorities and hospitals
- Equality between public and private operating

- Payment for performance
- Control of efficiency / costs of hospitals and private hospitals, placed on an equal footing by the ASL: remove "conflict of interests”
- Reaffirmation of the principles of universality and solidarity, however, strongly reaffirming the right of liberty of choice (principle of subsidiarity)

Picture 10: Lombardy Regional Law 31/97

Example of% of inefficiency related to the hospital systems of Lombardy and Emilia Romagna

Region	Values* Production DRG	Values Specialistic performance	Additional** quota activities and function	Total revenues theorical	Total*** real costs correct	Value**** of inefficiency	%*****of inefficiency on costs
Lomabrdy	3016,1	844,4	452,4	4313,0	5187,9	874,9	16,9%
Emilia Romagna	2122,0	553,7	318,3	2994,1	3779,2	785,1	20,8%
Average regions north	1950,9	544,9	292,6	2788,4	3508,5	720,0	20,5%

* Figures in millions of euro reported referring to the year 2008.

** First-aid , intensive therapy local offices for drug addicts ,transplants , oncological ADI.

*** Personnel costs (corrected with weighting taking into account the contents of my house) goods and services contracted.

**** Calculated as the difference between total revenues and actual costs corrected in millions of euro.

***** Calculated as the ratio of value of inneficineza and total of the real costs corrected.

Picture 11 : Comparison value of inefficiency of hospital systems of Lombardy edemilia Romagna : survey Ermeneia.

How will the other regions and the autonomous province of Trento with the progress of european integration in the field of health and also with the implementation of federalism in our country?

What would happen to pure hypothesis speculative , if the financing of health care in Trentino was entrusted to an insurance system, within which a very important role could be played by the world of cooperation , which could choose between public or private providers in regard to the acquisition

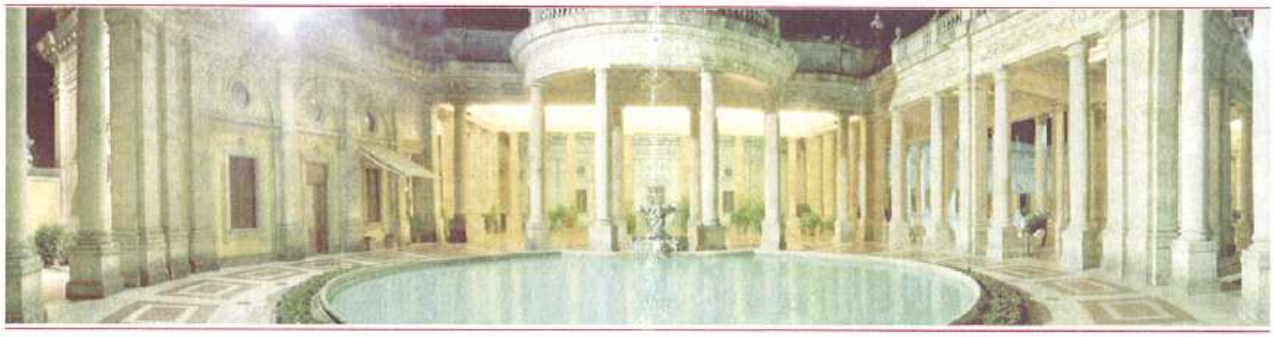
of medical services by ensuring that their health insurance? What are the advantages in terms of health spending limits in continuous expansion especially in systems to public monopoly ,and quality and timeliness of services?

And yet ,why not think of a model of financing and provision of benefits health and welfare in a transboundary context, in the context of partnerships already in place in other sectors or territory of the Euregio , putting up a single system and uniform within which apply the principles set out in the european directive on after sales service within the community?

I believe that these considerations may provide an opportunity for some political reasoning now ineludubili if , in the light of the tragic economic situation in our continent, we want to keep a health care system quality stimulation costs that unfortunately are fuelling the largest share of public debt.

Carlo Stefenelli
President
Associazione Italiana Ospedalità Privata
Sezione della Provincia di Trento
Advisor OMth

EUROPE
Montecatini Terme (I) 21-22 October 2011



Omth is committed to dissemination the opportunities that E.U.department for devolopment of relations between the thermal structures of the difference states so as to promote innovation and internationalization.
The “Leonardo Project” is a concrete operational instrument, and we are pleased to annunce that the Montecatini Terme (I) Leader Cuntis (Spain), Technirghid (Romania), proposed and received a finance for the”Project Geriatrics and Thermal Baths”. The presentation and the First meeting took place in Montecatini Terme (I) on 22-23 October 2011.
We are very glad to host the 'speech of Mr. Antonio Galassi, Director of Montecatini Thermal (I) and express to all participans the warm congratulations.
It has completed successfully Saturday October 22 , the first meeting in Montecatini for the Lifelong Learning Programme Leonardo da Vinci (2007-2013), edited and financed by the Europen Comunity, on “Thermal Baths for Active Ageing” . For this Work the Thermal Baths of Montecatini were winner and leader for applied research for the years 2011-2013.
Istituzional Partners of Montecatini Terme for the project are : Termas de Cuntis s.l. , Cuntis (Spain) is the Sanatorium Bathing recover, Techirghiol (Romania), University of Pisa , Departament of internal Medicine-Geriatrics-section.
Leonardo Programm, provides for the interventions stuy and intercultural times the Thermal structure , the qualitative and prevention in old age and aging problems in Eurpe contries.
This work is to validate the next development for trans-border mobility for cures for some 500 million Europen stadiness.

Project Manager for Italy is Professor Monzani University of Pisa (I) , Mr. Galassi of Montecatini Terme (I) , and, the program Coordinator Mr. Fausto Bonsignori of Livorno (I).
In the first day of Friday , October 21 it was decided to share with the partners involved in the Work Planning in wich you have defined the stages of implementation of the project will be divided into four phases:

The Project is divided into 4 phases based on the temporal development :

FIRST PHASE	START	MONTECATINI TERME
SECOND PHASE	FIRST IMPLEMENTATION	CUNTIS
THIRD PHASE	SECOND IMPLEMENTATION	TECHIRGHIOL
FOURTH PHASE	FINAL PHASE	PISA

First phase: Italy Montecatini Terme 21-22 October 2011
Second phase: Spain , 11-12 May 2012 Cuntis
Third Phase : Romania , Techirghiol , 5-6 October 2012
Fourth phase : Italy , Pisa 10-11 May 2012

Main activities : Principal Actors
Partners work must together in all activities. Select a cordinator for the most important activities. For example , we can list some names:

Cordination General connection between partners	Montecatini Terme
Guidelines and good pratice	Techirghiol
Reportes activities in video	Montecatini Terme
Evalutation of the progress of all projects	Cuntis
Sub-project	University of Pisa

On the second day (Saturday October 22) were brought to attention of those present (Doctot Thermal, Doctor of the school of specialization in Geriatrics, General practitionrs) , the reports of the scientific Responsible of the implementation program:
Dr. Fausto Bonsignori , Project Coordinator , **Prof. Fabio Monzani** strategy and objectives, Director of the Geriatric Section dip. Of internal medicine , Univerity of Pisa , present and future of geritric medicine.
Prof. Gloria Raffaetà , physical and rehabilitation Thermal University of Pisa , **Prof. Olga Surdu,** santatotriul Techirghiol University Constanta , psychology of the process againg and modulation of Thermal paramates.
Prof. Rosa Martines , Cuntis Terme, spa resort in the clinical Cuntis.
Dr. Antonio Galassi, Chief of medicine of Montecatini Terme ,experience with older patients.
The reports have prometed a frank discussion with the doctors in attendance , as the leading expert of Cures as the engineer Ennio Gori (Presidente AITI) And (Omth) , Prof. Antonio Fraioli (University of Rome) Prof. Peter Pasquetti (Univesity of Florence) and Prof. Francesco Russo (President).
The engineer Gori, President Omth, expressed warm congratulation on the initiative that can make operational in scientific research ,a real collaboration between the thermal structures of different nationalities ' E.U.
This Commintment is part of a timely opportunity in that starting from October 2013 Directiv on application of patients ' rignts in cross -border healthcare will all Comunity Ntionals.

Thermal therapy can be freely carried out by Europens in another state without prior authorization , on condition that they be provided in their healt sistem. To accomplish this momentous Omth

concretely committed it self to achieve a goal that will qualify a new spa at the beginning of the century.
Proffessors Fraioli, Russo and Pasquetti have accepted the validity expressed by the scientific work presented by the project partneers and potential therapeutic activities of the mediumand Thermal environment for Europeans over 65 with chronic conditions.
The day finished with a farewell to the next meeting in Cuntis (Spain 11 to 12 May 2012) and the next in Techirghio (Romania) on 5-6 October 2012

Dr. Antonio Galassi
Direttore Sanitario
Terme di Montecatini.

ITALY
DELEGATION OF MOROCCO IN TRENTINO

On the occasion of the Congress, "the new frontiers of the European health system-free movement of patients in the States of the European Union between public and private" that was held in Ohrid on 24 September last, has been the possibility of hosting in the Trentino Alto Adige Spa and a qualified delegation of Morocco.

The delegation was composed of: ing Youres Jabrane Project Director of the Agency of the South, Mounir Jbilou (Agence du Sud, Unité de Gestion du Programme Pêche Ingénieur Principal, Responsable de l ' UGPP), by ing. Saadia Bahaj Department of energy and mining.
The collaboration between Omth and Morocco arose from the participation of President Enio Gori, at Rabat in May 21, 2010, the roundtable focused on the development of health spas in southern Morocco organised by the Agency for the promotion and economic and social development of the Southern Provinces of the Kingdom. The theme was among the most challenging and innovative since the thermalism has been identified as a carrier for the growth of certain areas of the Sahara. The chosen location is Lamssid, situated between the desert and the Atlantic Ocean that will become the location of the "baths of the desert".
On 21-22-23 September Omth has organized for the delegation on a tour in the two largest and most qualified spa resorts of Trentino and Tyrol. It was the occasion for a visit to three spas whose conceptions were definitely useful for the realization of the Lamssid station and more precisely: Levico Terme, Terme di Comano and Therme Meran.
The heads of the three stations have met the delegation with particular warmth giving itself a chance to delve into both the technological aspect is the appearance of health doctor with their insights on the typology of the waters and also in the various possible entering medical specialties that distinguish them. The delegation also could deepen the different strategic aspects in the various specialties are the three realities.
Visits and meetings with the leaders of the three spas (Dott. Paul Andreaus, Director General of the baths of Comano; la Dott.ssa. Tiziana Lalli Vico, Marketing & Presses of the baths of Meran; Donatella Bommassar, President of Levico Terme-Vitriol) have allowed the delegation to introduce the proposed an innovative water that will be of particular usefulness for the concrete implementation of Lamssid as a reference point for the whole region of North Africa. The delegation concluded by confirming the mission the close link between omth and termalisamo of Morocco.

SOUTH AMERICA - BRASIL
III Thermal Meeting OMTh Brasile 2011 - Aguas de Lindoya / Sao Paolo 29 e 30 november 2011

It's what welcome give news of an event of undoubted importance in Aguas de Lindoia (s. Paolo-Brazil). On 29 and November 30, 2011 was held on 3rd Meeting OMTh Thermal organized by the Brazilian society of hydrotherapy. It was a meeting of great scientific value that honors our Organization and which will give appropriate emphasis in the next newsletter.