



Innovation in the service of care: Fasi's evidence-based approach

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EXECUTIVE SUMMARY

The accelerating pace of innovation across clinical, technological, and organisational domains within the Italian NHS constitutes a critical driver for the quality-of-care enhancement. This evolution, however, introduces substantial complexity with regard to appropriateness, sustainability, and the decision making processes. Within this context, Fasi has adopted a strategy not merely oriented towards reacting to change, but rather towards providing strategic direction and coordinated stewardship of innovation. In doing so, the Fund positions itself as an institutional sandbox, able to test and validate advanced models for the valorisation of health technologies, aligned with value based healthcare principles.

Within this framework, the Fund's Nomenclature has a pivotal role. It does not function solely as a catalogue of services or a tariff-regulation mechanism; rather, it functions as a policy instrument shaping the healthcare supply landscape. Specifically, it enables the guiding of healthcare providers towards technological and organisational configurations consistent with the evolving trajectories of the healthcare sector.

The TAETE project constitutes the first cornerstone of Fasi's evidence based innovation strategy. The initiative is grounded in the development of a multiparametric algorithm designed to identify differentiated tariffs within the Fund's Nomenclature. The model systematically integrates two key dimensions, the provider's technological excellence and its organisational maturity, thereby enabling the system to transcend uniform tariff logics and recognise that, even when clinical outcomes are comparable, the modalities of service delivery may significantly influence quality, safety, and the patient experience.

To support the TAETE project, Fasi has also introduced a structured Health Technology Horizon Scanning process, conceived as an agile mechanism for the monitoring, selection, and prioritisation of emerging technologies. The integration of the TAETE model with the HTHS methodology enables the construction of a coherent decision making process that links the observation of technological excellence to tariff differentiation, thereby reducing the risk of premature adoption or low impact innovations.

As of January 2026, the combined approach underpinning these two initiatives has led to the introduction of new, technologically advanced services within the Nomenclature, as part of a structured and continuous update cycle. This strategy further consolidates the Fund's role as an innovator within the supplementary healthcare sector, generating value for beneficiaries, healthcare providers and the healthcare system, within the logic of integration and synergy with the Italian NHS.

1. FASI'S VISION

Within the Italian healthcare system (NHS), marked by growing clinical, technological and organisational complexity, the capacity to govern innovation plays a central role in ensuring high standards of care, appropriateness, and long-term sustainability. In this context, Fasi¹ positions itself as a **promoter of innovation**, acting as an institutional sandbox². This role enables the structured health-enabling technologies experimentation, in alignment with Value-Based Healthcare³ principles, while ensuring the stewardship of technological innovation dynamics.

The Fund seeks to overcome the structural limitations of traditional reimbursement models adopted within the **supplementary healthcare sector**⁴, anchored to uniform tariffs linked to utilization volumes and frequencies. By introducing **differentiated tariff criteria**, Fasi has constructed a framework that **systematically recognises and incentives both technological advancement and the quality-of-care delivery**.

Within this framework, the **Fasi Nomenclature**⁵ has a strategic role. The Fund employs it not merely as an instrument for tariff regulation, but as a **policy instrument** shaping the healthcare supply landscape, guiding providers towards technological and organisational configurations in accordance with the evolving trajectories of the healthcare sector. This approach is conceived in full integration and synergy with the NHS, thereby contributing to a more efficient and appropriate allocation of resources.

Taken together, these elements delineate a coherent strategic trajectory designed to consolidate Fasi's positioning within the supplementary healthcare domain and to strengthen its capacity to act as a catalyst for change, contributing to the evolution of the Italian healthcare system in a structured and enduring way.

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1. Fasi, the supplementary healthcare assistance fund for Executives of manufacturing and service companies, is a no profit association operating on a self insured basis. Established in 1977 by Confindustria and Federmanager, its mission is to reimburse the costs incurred for healthcare services that are not provided by the NHS to executives, whether in employment or retired, and their family members.
 2. The term sandbox refers to a regulated and controlled environment that enables the testing of organisational, technological, and service valorisation models under predefined conditions. Such an environment limits systemic risks and allows for a gradual assessment of impacts prior to potential broader scale implementation
 3. Value Based Healthcare (VBHC) is an approach to healthcare organisation and evaluation centred on the value generated for the patient, understood as clinical outcomes and quality of care experience in relation to the resources employed.
 4. Traditional reimbursement models are predominantly structured around uniform tariffs, derived from volumes and frequency logics, thereby allocating limited consideration to the quality of procedures or to the technological advancement level. This misalignment may generate a substantial discrepancy between the remuneration granted to healthcare providers and the actual clinical value delivered to patients, with potential adverse effects on the overall quality of the care pathway.
 5. The Fasi Nomenclature lists all services recognised by the Fund and is periodically updated to account for scientific innovation and the ongoing developments in diagnostic and therapeutic practices, as well as to ensure a timely response to the evolving healthcare needs of beneficiaries.

2. THE TAETE PROJECT: METHODOLOGICAL ARCHITECTURE

The TAETE⁶ project was conceived to provide Fasi with rigorous strategic and methodological guidance in implementing a new framework for updating its Nomenclature. This framework, grounded on an evidenced-based approach, has led to the development of a multiparametric algorithm.

For the development of this initiative, the Fund collaborated with Politecnico di Milano University (Polimi), the Italian Association of Clinical Engineers (AIIC), and Key Opinion Leaders (KOLs) under the coordination of Next Health.

The algorithm integrates a structured set of technological parameters, such as the degree of innovation, levels of technological advancement and equipment sophistication, with organisational parameters related to care management models, clinical pathways, and operational governance structures. Within this architecture, particular emphasis is placed on outcome and patient-experience dimensions, through explicit reference to **Patient-Reported Outcome Measures** (PROMs) and **Patient-Reported Experience Measures** (PREMs)⁷. The project is underpinned by the principle that, for a given clinical procedure, **variations in delivery modalities may generate substantial divergences in clinical quality, safety, appropriateness, and in the overall patient experience**.

Through this initiative, Fasi does not merely introduce a new analytical instrument; rather, it establishes an **operational model designed to support the periodic revision of its Nomenclature**. By embedding differentiated tariffs for the same clinical procedures, the model seeks to incentivise providers within the IWS⁸ network of affiliated facilities to undertake progressive technological upgrading.

The advantage of the TAETE model lies in its empirical approach and its defining features:

- capacity to be updated over time in line with technological and organisational evolution;
- reliance on structured, objective and measurable parameters;
- replicability to multiple clinical procedures;
- operational sustainability and potential scalability to other contexts.

These characteristics position TAETE as a methodologically and operationally validated tool, suitable for periodic coefficient revision, clinical-specific calibration, and controlled extension to new care settings.

6. TAETE is an Italian acronym for Tariffe differenziate sulla base dell'Eccellenza Tecnologica, or Differentiated Tariffs Based on Technological Excellence.

7. PROMs and PREMs are standardised instruments for the systematic collection of patient reported evaluations concerning health outcomes (Patient Reported Outcome Measures) and care experience (Patient Reported Experience Measures). They are employed to complement the clinical and organisational assessment of healthcare services. Within TAETE project, PROMs and PREMs do not function as direct tariff setting drivers; rather, they represent complementary informational dimensions that are relevant for assessing organisational maturity, the capacity for patient management, and the value- and evidence-based orientation of healthcare providers.

8. IWS, an acronym for Industria Welfare e Salute S.p.A., is the Third Party Administrator (TPA) company owned by Fasi and is employed by Fasi and other Funds for the administrative management of both the accounts receivable and accounts payable cycles. The company is also entrusted with the outsourcing of the management and maintenance of the healthcare network

3. HEALTH TECH HORIZON SCANNING: STRUCTURING THE TECHNOLOGY IDENTIFICATION PROCESS

To ensure that the TAETE model remains fully aligned with the rapid technological evolution characterising the contemporary healthcare system, Fasi is introducing a structured Health Tech Horizon Scanning (HTHS) process. Within the Fund, HTHS is conceived as a systematic mechanism for the emerging and high-relevance health technologies identification, thereby supporting the decision-making processes related to the valorisation of clinical services and the periodic Nomenclature updating.

From a methodological standpoint, the HTHS process is consistent with Health Technology Assessment (HTA)⁹ principles, while differing in both purpose and depth of analysis. HTHS is an agile evolution of traditional technology assessment frameworks: rather than replacing HTA, it provides a structured prefiltering, prioritisation and early signal detection function.

The HTHS process is functionally integrated within the TAETE model: technologies identified and prioritised through Horizon Scanning populate a list of potentially implementable solutions. This list represents the input for the TAETE assessment of clinical services and serves as a reference point for potential tariff differentiation or introduction of new entries into the Nomenclature, thereby reducing the risk of indiscriminate adoption of premature or low impact innovations.

The integration between HTHS and TAETE establishes a coherent and systematic connection between the technological monitoring phase of the tariff differentiation one. Such alignment enables a progressive, **evidence-based approach to the introduction of innovation**, oriented to the selection of technologies most relevant to beneficiaries and consistent with the Fund's strategic objectives of **sustainability, appropriateness and quality-of-care**.

9. Health Technology Assessment (HTA) is a multidimensional and systematic process for evaluating healthcare technologies, aimed at analysing their clinical, economic, organisational, ethical, and social impacts in order to support policy decisions and the allocation of resources within the health system.

4. PROJECT OUTCOMES AND EXPECTED BENEFITS

The integration of HTHS with the TAETE model has resulted in a substantive advancement in **Fasi's Nomenclature updating process**. The synergy between the two approaches enables a decision-making process based on clear, systematic, and methodologically robust criteria, able of linking technological innovation and organizational maturity to tariff differentiation and clinical services valorisation. Within this renewed framework, Nomenclature revisions no longer constitute episodic adjustments or unstructured assessments, rather, they are part of an ongoing process informed by technological, clinical, and organisational evidence.

Moreover, these two projects have a significant impact on the supply of health services provided by facilities: embedding the two models within the reimbursement system could establish an incentive-driven environment that encourages healthcare providers to invest in advanced technologies and in more sophisticated organisational configurations. In this way, Nomenclature revisions operate as a steering mechanism, progressively guiding care delivery modalities towards higher quality-of-care standards consistent with the evolving of the healthcare sector.

The two initiatives have also contributed to **strengthening the Fund's internal knowledge base**, enhancing its intellectual capital in terms of methodological competence, capacity to assess technological innovation, and the decision making processes. **This corpus of knowledge, procedures, and qualified professional relationships** represents a strategic asset for consolidating Fasi's role in governing innovation within the supplementary healthcare sector.

The first evidence arising from the implementation of the TAETE model has led to an update of the Nomenclature, effective from January 2026. The newly introduced procedures range from reimbursement for leadless pacemakers to custom-made joint prostheses, and include robot-assisted prostatectomy, AI-enhanced CT angiography with Fractional Flow Reserve (FFR-CT) and proton beam therapy for oncological treatment.

In the long term, TAETE and HTHS establish the foundations for a replicable and scalable decision-making model, able to support structured innovation planning and reinforce **Fasi's position as an innovator within the supplementary healthcare sector and the Italian NHS**.



Fondo di Assistenza Sanitaria Integrativa
Via Vicenza, 23 - 00185 Roma
www.fasi.it