



Joint Action Health Workforce  
Planning and Forecasting

# Elements of the Italian Health care system



Ragnar Gullstrand  
JOINT ACTION HEALTH WORKFORCE  
Firenze - May 7<sup>th</sup> 2014

---



Funded by  
the Health Programme  
of the European Union

# Elements of the Italian Health service

- The National Health Service is regionally based and decentralized
- There are 19 regions and 2 autonomous provinces.
- The Local Health Authorities are responsible for the Health service.
- The Government
  - controls the distribution of tax revenues for the public health care (around 78% of the total)
  - Defines and monitors the «essential levels of care» in the regions.
  - Intervenes in the regions in financial difficulties (Commissioners)
- The Standing Conference on Relations between the State, the Regions and the Autonomous Provinces sets the criteria to allocate funds among the regions (population size and age).

# Health organization in Italy

Cons Sup San	Technical-scientific
AIFA	Drugs
IRCCS	Applied research
IIPPZZSS	Animal care
Ist.SupSan	Clinical research & guidelines
AGENAS	Standards & Regional support



## Different size of the regions

- Lombardia has 16% of the total inhabitants while Valle d'Aosta has 0,2%.
- In Lombardia a typical size of a Local Health Authority is 0,7-1 million = Umbria

Region	Inhabitants (2011)	
Total	60.114.559	100%
030 - Lombardia	9.913.488	16%
150 - Campania	5.834.056	10%
120 - Lazio	5.728.688	10%
190 - Sicilia	5.051.075	8%
050 - Veneto	4.937.854	8%
010 - Piemonte	4.457.335	7%
080 - Emilia Romagna	4.432.418	7%
160 - Puglia	4.091.259	7%
090 - Toscana	3.749.813	6%
180 - Calabria	2.011.395	3%
200 - Sardegna	1.675.411	3%
070 - Liguria	1.616.788	3%
110 - Marche	1.565.335	3%
130 - Abruzzo	1.342.366	2%
060 - Friuli Venezia Giulia	1.235.808	2%
100 - Umbria	906.486	2%
170 - Basilicata	587.517	1%
042 - P.A. Trento	529.457	1%
140 - Molise	319.780	1%
020 - Valle d'Aosta	128.230	0%

# Who is covered

- All citizens and legal foreign residents  
(833/78 modelled after the British National Health Service)
- Illegal immigrants (1998)

# What is covered

- The «Essential Levels of Care» (DPCM 2001)
- Catalogue of SSN benefits
  - positive list
    - services which SSN is required to provide uniformly in all regions
  - negative list
    - ineffective or non relevant benefits (cosmetic surgery, etc)
    - entitlement on a case-by-case basis
    - inappropriate use of hospital stay: (inpatient vs outpatient)
  - non-LEA services can be provided by regions using own sources

# Major elements of Essential Levels of Care

1. Public health (hygiene, preventive services, early diagnostics..)
2. Local (District) care
  1. Primary care (GP, After hours care, emergency)
  2. Drugs
  3. Ambulatory care (specialist and for specific groups)
  4. Rehabilitation
  5. Home care
  6. Long-term inpatient care
  7. Thermal care
3. Hospital care (incl. Emergency departments)

# Distribution of resources (objective)

Total national cost 2012	%	110
<b>Objective of cost distribution</b>		<b>Billion euro</b>
Public health	5%	5,5
Local (District) care	51%	56,1
Hospital care	44%	48,4

- Public financing accounted for 78% of total health spending (2012)



# Actual % cost of hospital care (2010)

- Only 3 regions reached the goal of 44% as % of cost for hospital care. 3 regions are above 50%, in these regions the Local (District) care is not well developed.

	Hospital care %
Average	47%
010 - Piemonte	43%
020 - Valle d'Aosta	46%
030 - Lombardia	47%
050 - Veneto	44%
060 - Friuli Venezia Giulia	49%
070 - Liguria	45%
080 - Emilia Romagna	45%
090 - Toscana	44%
100 - Umbria	47%
110 - Marche	47%
120 - Lazio	52%
130 - Abruzzo	54%
140 - Molise	47%
150 - Campania	47%
160 - Puglia	46%
170 - Basilicata	46%
190 - Sicilia	50%
200 - Sardegna	48%

- Note the figures are indications.

# Hospitals

- Depending on the region, public funds are allocated to public and accredited private hospitals
- Public hospitals are run by the local health units or directly by the regions
- Public hospitals > 120 beds
- % discharged by public (see table)
- Payment by budget and checked by DRG
- Private hospitals paid by DRG.
- Goal of 3,7 hospital beds per 1.000 inhabitants of which 0,7 for rehabilitation.

Regione di ricovero	% public
120 - Lazio	48%
150 - Campania	53%
030 - Lombardia	60%
140 - Molise	69%
160 - Puglia	69%
Media nazionale	72%
190 - Sicilia	73%
180 - Calabria	78%
010 - Piemonte	82%
042 - P.A. Trento	82%
050 - Veneto	82%
080 - Emilia Romagna	83%
130 - Abruzzo	84%
200 - Sardegna	85%
070 - Liguria	86%
110 - Marche	88%
060 - Friuli Venezia G	90%
090 - Toscana	90%
041 - P.A. Bolzano	92%
100 - Umbria	94%
020 - Valle d'Aosta	95%
170 - Basilicata	97%

# Primary care

- GPs: General practitioners (max 1.500 persons) and paediatricians  
GPs (max 800 persons) are paid mostly on a capitation basis (70%).
- Additional allowances for delivery of planned home care, for reaching performance targets, for additional treatments ecc.
- Most GP operate in solo practices although central government encourage group practices and integration with other professions and with social services.
- After hours care. During nights and weekends a substitute medical service can be accessed by a special telephone number.

# Outpatient specialist care

- After referral from the GP the specialist care is provided by public and private accredited hospitals, or public and private ambulatories.
- Co-payment is covering a significant part of the cost. Exception from payment for low income and specific pathologies.

# Drugs

- After referral from the GP, most drugs are provided with a small co-payment.
- The system is in favour of off-labels.

# Planning of services

## National level

- **National health plans** (the actual plan covers 2011-2013) sets common strategic health objectives but no resources.
- **The Health Treaty** (the actual Treaty covers 2010-2012) is approved by The Standing Conference on Relations between the State, the Regions and the Autonomous Provinces. It contains organization, indicators, rules of conduct and resources.
- Each year the financial laws change some of the rules of the system.

## Regional level

- Each region makes **Regional health plans**.

# Special plans

- The regions with ordinary Statute and with a deficit of more than 5% enter into a scheme with a Commissioner and sub-commissioners in charge of the task of making a specific multi-year plan to reduce the cost level and guarantee the level of services to the population by reorganizing the regional Health System.
- Every three months the progress is monitored by the Ministry of Health and the Ministry of Economy.

# Essential Levels of Care

- In red (6 in 2010) the regions which does not guarantee the Essential Levels of Care
- In green (2 in 2010) those which have improvements to do.

Anno	2007	2008	2009	2010
<b>Regione</b>				
010-Piemonte	A Demp	A Demp	A Demp	A Demp
020-Valle D`Aosta (1)				
030-Lombardia	A Demp	A Demp	A Demp	A Demp
041-P.A. Bolzano (1)				
042-P.A. Trento (1)				
050-Veneto	A Demp	A Demp	A Demp	A Demp
060-Friuli Venezia Giulia (1)				
070-Liguria	A Demp	A Demp	Impegno	Impegno
080-Emilia Romagna	A Demp	A Demp	A Demp	A Demp
090-Toscana	A Demp	A Demp	A Demp	A Demp
100-Umbria	A Demp	A Demp	A Demp	A Demp
110-Marche	A Demp	A Demp	A Demp	A Demp
120-Lazio	A Demp	Impegno	Inademp	Inademp
130-Abruzzo	Impegno	Impegno	Inademp	Impegno
140-Molise	nd	A Demp	Inademp	Inademp
150-Campania	Inademp	Impegno	Inademp	Inademp
160-Puglia	Impegno	Inademp	Impegno	Inademp
170-Basilicata	Impegno	A Demp	Impegno	A Demp
180-Calabria	Inademp	Inademp	Inademp	Inademp
190-Sicilia	Impegno	Inademp	Inademp	Inademp
200-Sardegna (2)	Impegno	Impegno	Impegno	
<b>N° Adempiente</b>	<b>9</b>	<b>10</b>	<b>7</b>	<b>8</b>
<b>N° Impegno</b>	<b>5</b>	<b>4</b>	<b>4</b>	<b>2</b>
<b>N° Inadempiente</b>	<b>2</b>	<b>3</b>	<b>6</b>	<b>6</b>
<b>N° Totale</b>	<b>16</b>	<b>17</b>	<b>17</b>	<b>16</b>

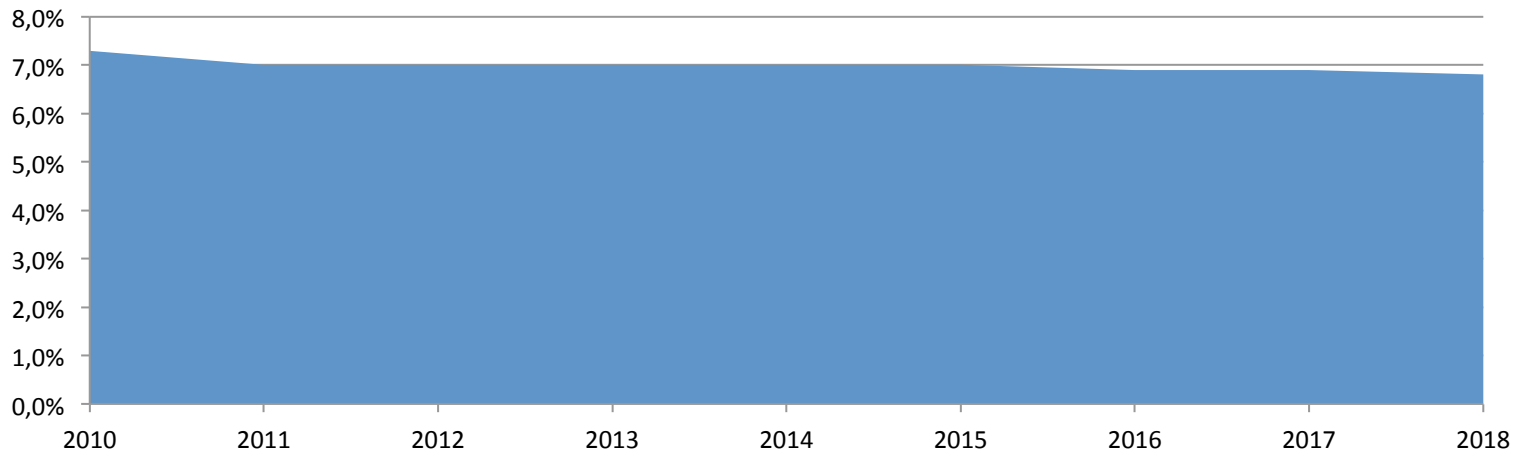


## Economic results

- Most regions with deficit are those of Special Statute with more resources.
- Lazio (where Rome is) has made a great progress but has still a long way to go.

<b>Total</b>	<b>60.622.216</b>	<b>-1.636</b>
010 - Piemonte	4.457.335	-42
020 - Valle d'Aosta	128.230	-53
030 - Lombardia	9.913.488	10
041 - P.A. Bolzano	507.657	-184
042 - P.A. Trento	529.457	-218
050 - Veneto	4.937.854	8
060 - Friuli Venezia Giulia	1.235.808	-43
070 - Liguria	1.616.788	-91
080 - Emilia Romagna	4.432.418	2
090 - Toscana	3.749.813	3
100 - Umbria	906.486	30
110 - Marche	1.565.335	32
<b>120 - Lazio</b>	<b>5.728.688</b>	<b>-610</b>
130 - Abruzzo	1.342.366	0
140 - Molise	319.780	-51
150 - Campania	5.834.056	12
160 - Puglia	4.091.259	-50
170 - Basilicata	587.517	-6
180 - Calabria	2.011.395	-31
190 - Sicilia	5.051.075	25
200 - Sardegna	1.675.411	-379

# Less (-0,5% of GDP) future public resources



2010	2011	2012	2013	2014	2015	2016	2017	2018
7,3%	7,0%	7,0%	7,0%	7,0%	7,0%	6,9%	6,9%	6,8%

- The actual assumption for the Health Treaty 2014-2016 is based on an increase in efficiency reorganizing the system and with a smaller part of the GDP.