

ITALY

Political and demographical description

Italy is a parliamentary republic, administratively divided into 19 regions and 2 autonomous provinces.

The territory is 301,401 sq. km, and the population at the end of 2003 was 57.9 million, with an increasing proportion of elderly people. Subjects aged 65 years and older constituted about 18% of the population in 2003 (Council of Europe, 2003), and is expected to grow to 28% in 2030.

Currently, Italy has one of the lowest birth rates in Europe. The rate of natural increase in the population has dropped from 1.8 per 1,000 in 1980 to -0.45 per 1,000 in 2001, and then further to 0.7 per 1,000 in 2003. In contrast, the rate of net migration into the country has risen 30 times from 1980 to 2001. (World Health Organization Regional Office for Europe, 2004).

In 2000, the GINI index (a high index indicates the degree of income inequality in a country) was 36 for Italy, compared with 30.8 for Eur-A overall. From 1990 to 2000, almost 13% of Italy's population lived below the 50% median income level at some point, compared to about 9% for the Eur-A group (UNDP, 2004).

Overall unemployment in Italy was 8.7% in 2003 against 6.5% for the Eur-A (UNSD, 2004).

The National Health System

The NHS was set up in 1978 based on three fundamental principles: universality of assistance, equality of access and solidarity. Since 1978 there have been fundamental changes, some concerning the organizational structure of the NHS, and others the way patient services are provided.

One of the most important features of the new organizational structure is that regions are responsible for health services planning and organization in a situation of absolute autonomy within the framework of the three principles mentioned above.

NHS, funded nationally through general taxation, is organized in different public bodies which cooperate to provide healthcare for all citizens. These bodies work at a national, at a regional and a local level.

The bodies operating at national level are:

- the Ministry of Health (Ministero della Salute);
- the National Institute of Health (Istituto Superiore di Sanità, ISS);
- the National Institute of Occupational Safety and Prevention (Istituto Superiore per la Prevenzione e la Sicurezza del Lavoro, ISPESL);
- the Experimental Animal Prophylaxis Institutes (Istituti Zooprofilattici Sperimentali I.Z.S.);
- the Regional Health Services Agency (Agenzia per Servizi Sanitari Regionali, ASSR).

The Ministry of Health, the central body of the NHS, is made up of four Departments and supported by the National Health Council (Consiglio Superiore di Sanità, CCS). It plays a prominent role in protecting human health, veterinary health, occupational health and food safety and health.

It is responsible for:

- ensuring access for all citizens to adequate health care;
- collaborating with regions in order to evaluate and guide improvements in care;
- taking action to correct health inequalities;
- developing plans to face serious health risks.

The National Institute of Health is the technical and scientific body of the National Health Service.

The National Institute of Occupational Safety and Prevention reports to the Ministry of Health regarding all aspects of occupational safety, health, and prevention.

The Agency for Regional Health Care Services offers strategies and support to help Italian regions and autonomous provinces in order to organize and manage the local health services in their area and makes sure they are performing well and using correctly the resources allocated.

The Experimental Animal Prophylaxis Institutes as NHS technical and operating bodies, have the important role of controlling animal health, quality of animal food, breeding, and making sure that the relation between human settlements, animals and environment is balanced.

The regional organization

The region governments have the important role of fulfilling the objectives of the National Health plan at a regional level. They are responsible for planning and organizing health care facilities and activities through the regional health departments. Moreover, they coordinate and control the local health units (see below) and public and private accredited hospital activity.

The local organization

Local health authorities (unità sanitarie locali, usl) are distributed throughout the country. Each local health unit, as an autonomous body of the NHS, organizes and plans the health care systems for specific areas so as to provide services in the community closer to where people live.

The 197 local health authorities ensure national health priorities (Livelli Essenziali di Assistenza, LEA) operating throughout 934 districts.

Public hospital trusts (aziende ospedaliere) which are large hospitals (often including more than one hospital), become “trusts” because of their peculiar characteristics, a status which gives them much more freedom in running their services. One hundred and two hospital trusts throughout the country are designed to provide wide-ranging services, assuring an effective use of available resources. These services include treatments where patients are admitted to hospital, day surgery which does not require an overnight hospital stay for the patient, as well as out-patient services where patients attend consultations and clinics.

The National Institutes for Scientific Research and Care

(Istituti di Ricovero e Cura a Carattere Scientifico IRCCS) have 32 structures (fifteen public and seventeen private) distributed all over the country. As autonomous national bodies, they conduct scientific research in biomedical fields as well as in the field of health services organization and management. They also provide treatments where patients are admitted to hospital as well as out patient services where patients attend consultations and clinics.

Private accredited providers, provide hospital care (inpatient- outpatient) diagnosis services. The conditions for obtaining accreditation are set at regional level.

Source:

Donatini A., Rico A, D'Ambrosio M. G., Lo Scalzo A, Orzella L., Cicchetti A., Profili S. Health Care Systems in Transition 2001. A. Rico, T.Cetan (Eds) European Observatory on Health Care Systems.

www.ministerosalute.it

<http://www.ispesl.it>

<http://www.assr.it/>

www.iss.it

Health data collection

In Italy the most systematized data collection on health care at national level is represented by the hospital discharge abstract (“Scheda di Dimissione Ospedaliera” - SDO). Information on hospitalizations contained in SDOs is transmitted by all public and private hospitals to their own region and, from the region

to the Ministry of Health every six months. Hospitals currently use ICD-9-CM (International Classification of Diseases-Clinical Modification, 9th Revision), Italian version 2002, to code diagnoses and procedures.

Since 1995 all hospital discharge forms have been compiled using a Hospital Information System (HIS). The data entered into the system include information such as demographics (tax code, gender, date and place of birth, place of residence, etc), admission and discharge dates, admission referral source, discharge status, principal diagnosis and up to five secondary diagnoses, up to six hospital procedures, ward(s), date(s) of in-hospital transfer, and a regional code corresponding to the admitting facility. Regions can gather, through the SDO, more information than those required from the Ministry of Health.

Since 1995 the SDO-DRG (Diagnosis Related Groups) system has been used to allocate funds to hospitals and to monitor quality of care and outcomes. The current DRGs in use is the 19th version. Information from SDOs is available on the website <http://www.ministerosalute.it>.

Data relative to the notification of infectious diseases and to the management and economic activities of the local health authorities are reported to the Ministry of Health from the LHAs and regions through specific information flows regulated by law. These data, also including the activities performed by facilities and practitioners that provide outpatient care in each LHA, are reported to the Ministry of Health on specific forms. They concern:

- pharmaceutical care covered by the National Health System;
- primary care provided by general practitioners and paediatricians;
- speciality ambulatory care;
- residential and semi-residential health care;
- rehabilitation health care;
- home care.

Since the specific forms do not contain information on the outpatient characteristics - i.e., on the form relative to ambulatory care, LHAs have to report only the number of procedures or visits supplied by speciality type - Italian regions have built their own information systems and data collection is very different among them.

For example, in the Lazio region, data from outpatient care are gathered by the Outpatient Care Information System (SIAS), the Emergency Information System (SIES), integrating the HIS which gathers detailed information from Emergency Departments of the region, and the Rehabilitation Assistance Information System (SIAR) which monitors rehabilitation activities provided to patients by accredited rehabilitation facilities.

In Italy drug expenditure control and monitoring adverse reactions of medicinal products is carried out by the Italian Medicines Agency (AIFA) through a national network of pharmacovigilance which connects pharmacovigilance contact persons in local health authorities, hospitals, research institutes, regional authorities and pharmaceutical companies.

Mortality data are registered in the Regional Registers of Deaths that include information on the deceased's personal characteristics as well as details of the death itself (causes of death are mostly codified using ICD-9 codes). Registers of Deaths are not present in all Italian regions. In these cases, information about residents' deaths is supplied by the Civil Status office of the municipality or by the local health authority.

In Italy several patient (disease-specific) registers exist but only some of them cover the whole Italian territory. Some of the most important Italian registers are: the national register of AIDS, the national register of rare diseases, the national register of twins, the national register of growth hormone users, the national and regional register of blood and plasma, the Italian Registry of Dialysis and Transplantation, the Italian Association of Cancer Registers, the Italian register of cystic fibrosis.

Finally, the National Statistical Institute (ISTAT) represents a fundamental source of information on citizens' health, particularly on the health status of the population, lifestyles, health risk factors, life expectancy, resources of the national health service (economic and instrumental) and their use by citizens. It also supplies data on mortality by gender, age group, place of residence and main causes.