



Italian Observatory on Healthcare Report 2017

Health status and quality of care in the Italian Regions

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Introduction

Like every year, Osservasalute Report provides many indicators which thoroughly describe the condition of the Italian National Health Service (NHS), from spending, system organization and performance sides, in terms of health and prevention.

The accounts of NHS seem to be under control again, and between 2015 and 2016 public health expenditure slightly increased, still being one of the lowest amongst the countries belonging to the Organization for Economic Co-operation and Development (OECD). The deficit is grinding to a halt, but to keep the house in order part of the expenditure has been shifted onto the shoulders of families. Global data from the last 6 years show that the Italian NHS has been acting thriftily and has managed to stop the traditional growing nature of expenditure, in line with the limited national resources, despite ageing population, the costs related to technological progress and the forms of socio-economic deprivation resulting from the crisis.

Nevertheless, the continuous growing in private expenditure illustrates some steps backwards in public coverage, data indirectly confirmed also by the Court of Auditors which has described a reduction in entries from prescription charges and cost-sharing.

The health outcome indicators show that life expectancy at birth has been growing in 2017, even if geographical inequalities are still present, with regions of southern Italy most disadvantaged than the rest of the country. The burden of chronic diseases has been constantly increasing, hence a growing outflow of health, economic and social resources. This phenomenon is linked to several factors, including advances in therapy, better sanitary conditions, a rise in the average age and the availability of new drug therapies.

The efficacy of our health system in terms of prevention and treatment of tumors has surely improved, as shown by the data of cancer patients survival.

The progress in primary prevention is clearly visible in lung cancer data; the disease burden of this form of cancer has significantly decreased in males, thanks to the reduction in smoking prevalence – one of the biggest successes of Italian anti-smoking policies, which are very advanced among European countries -. An equivalent reduction has not been observed in females, and this is the main reason why the picture of lung cancer is still in a critical phase and is probably worsening.

Regarding the tumors included in organized screening programs, the effects of the introduction of effective measures of secondary prevention can be seen in the areas of our country where the screening programs have started earlier and where coverage is optimal. The lower population coverage and the delayed implementation of organized screenings are two of the reasons explaining the low performance in terms of health in Southern regions.

The population dynamics of our country is well known and is going to affect the sustainability of the healthcare system. The demographic indicators presented are particularly alarming when linked to that part of the population affected by limitations in activities of daily living. In this Report, it emerges that one-fifth of people aged 65+ finds very difficult or is not able to perform at least one of these activities without help. Over a third of people aged 75+ is not able to use the telephone, manage money or take prescribed medications; almost half of them is not able to prepare meals, shop for groceries or necessities and maintain the house.

The Osservasalute Report has contributed for years to inform the debate on these topics, drawing the attention on some key points which we believe will be extremely relevant in the future; in particular, the ability to keep the current standards of healthcare and the political sustainability of the National Health Service.

180 Authors, who have discussed an increasing number of issues and problematic aspects, have contributed to the production of the Report.

This Report is structured as follows:

- **98 Core indicators**, through which the essential health aspects of the Italian population and the health services in all the Regions of our country are described, also with the help of graphs, tables and cartograms;
- **17 Boxes**, focusing on some innovative experiences in some topics;
- **4 Analyses**, in which some key problems are discussed and possible solutions are presented (available on www.osservatoriosullasalute.it).

Because of the progressive change in healthcare demand, the recommendations of all the researches and experts who have contributed to this Report are aimed at highlighting the urgency for a change towards an appropriate and equitable management of chronic diseases, as the Chronicity National Plan stated. It is necessary to harmonize the management activities of chronic diseases on a national level, promoting interventions based on a coherent, person-centered approach, designed to guarantee a better service organization and the accountability of all healthcare operators. The new organizational models should focus on integrated territorial and home care, handing over to the hospital care the management of complex patients, who could not be treated in primary care settings. In these models, an appropriate and effective assistance is ensured by taking charge of the patients' care through specific disease-related care pathways, while considering the individuality of each patient.

Furthermore, a major concern not to be disregarded is related to population ageing. In almost 15 years people born during the *baby boom* period will lack some forms of support because of declining birth rates, lower retirement incomes and the shift from the old wage-based system to contribution system (early 90's). These are issues which will increase the financial burden on our healthcare system, because of the assistance activities the NHS will have to deal with, in the absence of socio-welfare services under the responsibility of municipalities.

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