

The Quality of Health Care in Italy: the Osservasalute Report 2005

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The Osservasalute Report intends to provide independent information of a high level on health and quality of care in the Italian Regions and to provide information for supporting decisions and choices of health programs and resource allocation. The Osservasalute Report represents a pilot experience in using regional data and when possible using data at provincial or local health trust level. The report is based on an in-depth analysis of the geographic variations and regional differences and the study allows for the identification of ideal performances that every region should strive to achieve. Comparable regional data was compiled from different sources in order to use them for monitoring and benchmarking the performance of regional health and healthcare systems.

In general, the data from regional systems in Italy indicates that there is good quality in health and health care, however, the Osservasalute Report highlighted three critical areas: 1) wide regional variations; 2) a lack of information in some relevant areas and; 3) the possible lack of coordination for regional planning activities. With regard to wide regional differences, there are regions in which the infant mortality rate is the lowest in the world and there are regions in which it is four times that value. In some regions the Cesarean Section rate is close to benchmark established by the Ministry of Health (20%), but other regions reported a threshold that is three times higher than the benchmark, which means that of three deliveries two are performed with a cesarean. Regional differences are present in the cancer incidence as well. For instance, only 11% of the women from south regions are part of an organized breast screening program compared to 80% for women in the northern regions. In fact, there is only one region in the South of Italy (Basilicata) that has 100% coverage of the population.

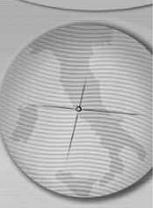
The Report shows that there is not only wide inter-regional variation, but in some instances there is wide intra-regional variation. For example, one region in Italy has both the hospital with the lowest mortality rate in the Country for bypass surgery and also the hospital with the highest

bypass mortality rate. Similarly, there were other intra-regional differences found in the analysis of the survival and mortality data for the Italian provinces.

The Report also showed that there is often a lack of data which is needed to inform health policy decisions. Good quality data was found in several fields such as hospital care, pharmaceutical care, transplantation, maternal health. Other fields, on the other hand, lacked sufficient data with which to analyze variation for that particular area of the system. Primary care data is one of these areas. Primary care data is one example of the necessity of improving data collection. In an aging population the primary care represents a critical point in the provision of care to the elderly, the lack of data in this field does not allow for possibility of monitoring the quality of care provided and the value of expenditures in this area. It is also important for tracking equity in the access to the health care system and the outcomes of health care services.

The Report also highlighted a lack of coordination in the regional planning activities. Due to the devolution phenomena, the regions have become one of the most important units for health care activities. They appear to have more autonomy in terms of health care decisions. It seems necessary; therefore, to try to coordinate activities in order to eliminate large inter-regional differences, like what is occurring for the pharmaceutical ticket. The regions should be able to create a coordination activity and a synergic collaboration with other health care institution such as Ministry of Health, National Institute of Statistics, Center for Disease Control, National Institute of Health etc.) to safeguard the unity and equity of the Health Care System. The Osservasalute experience, built on the collaboration of 200 researchers from various institutions, demonstrates that it is possible to have a synergic collaboration that is in the community's interest.

Based on the results shown in the report it is clear that the Italian Health Care System provides a good quality of care, however there are still some regions and some specific areas which can



be targeted for improvement. One of the functions of the Osservasalute Report is to define those improvement areas through critical descriptions of the major aspects of the health care system.

One example of observed improvement is the transplantation field. Ten years ago, transplantations in Italy were poor, and now the situation is dramatically improved. The donor rate has risen to be one of the highest in Europe. The network of transplantation centers indicates good quality in performance. The survival of the patient with a transplant and the survival of the organ

transplanted has improved to high levels which was made possible by the collection of data and the creation of a National Center to ensure quality in health care provided to the Italian population.

In the next editions the challenge of the Report will be in shifting from a descriptive approach to a more analytical approach in order to determine factors associated with the most relevant issues in health care. In that way the Osservasalute Report will be better positioned to drive the changes that lead to improvements in the Italian Health Care System.