

The health in the Italian regions. Synthesis of the Osservasalute Report 2004

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Osservasalute is the Italian Health Observatory (<http://www.osservasalute.it>) and it is aimed to study performances of regional health systems, to monitor quality of care in the Italian regions, to disseminate the main results of these activities and provide information to support decisions and choices of health programs and the allocation of resources.[1]

In 2004 Osservasalute has published the results of its activity in the *Osservasalute report 2004*. A critical analysis of the data reported has revealed some phenomena of particular interest:

1. the good health of the Italian population;
2. the remarkable improvements obtained in last the 10-20 years, accompanied by a substantial reduction in regional differences;
3. a good level of regional health services;
4. the persistence of geographical variations;
5. the risk of incoherent and disconnected policy planning between several of the regions.

The good health of the Italian population

The Italian population's life expectancy at birth is amongst the most elevated in the world and even the most disadvantaged Italian regions have better values than those found in many other countries including the United States.[2,3] Life expectancy at birth will probably continue to improve over the years to come.[4] This is related to three main factors:

- the possibility to further reduce mortality for the main causes of death (cardiovascular diseases, cancer, road accidents)
- the results from interventions begun some years ago (for example, the screening campaigns organised of the detection of tumours in females undertaken in recent years in many of the regions);
- the effect of campaigns promoted by the Ministry of Health on lifestyle issues (such as tobacco smoking, healthy eating, physical activity and obesity).

The lengthening of the average Life Expectancy is, moreover, accompanied by another important phenomenon, the lengthening of the Disability Free Life Expectancy. Currently longer life also means life lived in good health or, at least, free

from disability. Also in regards to this, it is expected that in the next few years there will be further improvements and some regional health plans have already made it an objective to increase Disability Free Life Expectancy.

The dynamics of the phenomena linked to health

Another phenomenon to emphasise is the continual movement and evolution of health phenomenon in Italy. Extensive changes have been taken place in the second half of the last century, equally important are those that have taken place in last the ten years (large reductions in mortality for cardiovascular diseases and cancer and the relevant reduction in infant mortality rate to name a few). These extensive changes were in general characterised by a substantial global improvement as well as converging phenomenon and reductions in regional differences. Other changes are occurring in relation to the ongoing modifications of the Italian constitutional system, and constitute an important challenge for the system.

The quality of the health services

The other phenomenon is represented by the good level of the regional health services. Part of the substantial improvements observed in the health of Italians is linked to the improved economic and socio-cultural conditions but, actually, an important role has also been carried out by the Health Service through its activities (prevention, cure and rehabilitation) and has made a definite contribution to the elevated standards of health in Italy. The vaccination campaigns have contributed to dispel important diseases like polio, diphtheria and tetanus. Mortality for infectious diseases has been practically annulled. The introduction of emergency services and intensive care units has contributed to the substantial reduction in cardiovascular mortality, in particular for acute myocardial infarction and in many regions there is evidence of a substantial reduction in cancer mortality.

Although these results are positive, the general public are not aware, as in other European countries,[5] of the positive impact exerted by the Health Services on the health of the citizens

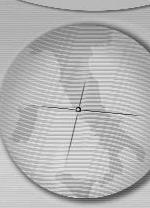


Table 1. Values for some of the Quality Indicators (Provider Level) from the Agency for Healthcare Research and Quality.

Indicator	Percentage of hospitals working above the benchmark value		Percentage of patients discharged from hospitals working above the benchmark value	
	Italy	USA	Italy	USA
Esophageal resection volume	11.0	8.6	47.4	39.5
Pancreatic resection volume	9.6	5.1	46.2	30.3
Abdominal aortic aneurysm repair volume	47.2	44.3	92.0	83.9
Coronary artery bypass graft (CABG) volume	84.9	88.0	98.0	98.3
Percutaneous transluminal coronary angioplasty (PTCA) volume	38.4	69.0	88.7	95.7
Carotid endarterectomy volume	72.8	37.0	98.5	77.8

and of the elevated standards of services it provides; also the media portrays some aspects miraculously or scandalously in respect to a more scientific and critical evaluation of the system.

In examining the quality of the Italian healthcare system we can identify several aspects that can be improved; however a comparative analysis also shows[6-8] a number of high quality performances that can further be promoted and valued (Table 1).

The persistence of geographical variations

Italy is characterised by economic, social, historical and cultural diversities that are also reflected and amplified in the field of the health. It therefore follows that some regions have infant mortality rates around the lowest in the world while other regions have values three or four times higher (Figure 1).

The substantial convergence between regions that has been obtained in the second half of the past century in Life Expectancy contrasts with the

performances from a few of the regions that still have not succeeded in approaching the average national values.

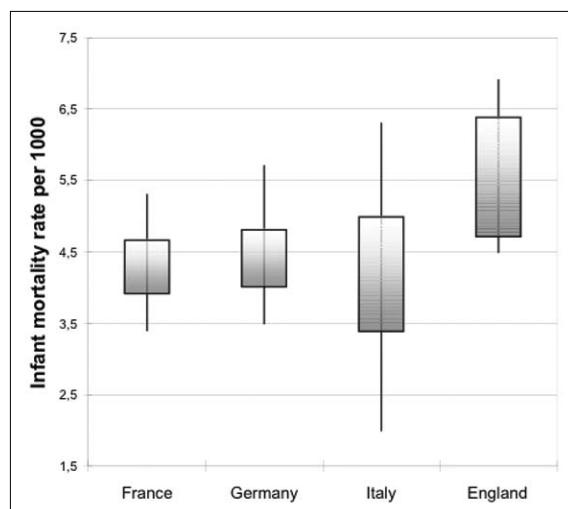
Various other phenomena, taking into consideration geographical variations, present higher divergences and these need to become areas of priority for intervention. For example, the geographic variability in the percentage of caesarean sections, is in some regions very close to the threshold values suggested by the World Health Organisation and the Ministry of Health (15-20%), however, in other regions, the percentages are up to three times higher (50-55%), constituting a true public health emergency (Figure 2). Another relevant aspect is the mobility of patients seeking hospital care, which is particularly bad in some Southern regions when compared to that of the Central-Northern regions.

The risk of incoherent and disconnected policy programmes

The last issue that emerges from the data of the Osservasalute Report 2004, is the concrete risk that the Italian regions will become increasingly disconnected with no coherent policy programmes between. For example, some regions do not apply a prescription charge for pharmaceutical treatments while in they do and this often varies from region to region. In terms of taxation this inconsistency is demonstrated by citizens who live in a less affluent Italian region enduring one of the highest rates of taxes, in relation to the quality of the health service given, which does not provide satisfactory value, for example, in terms of the mobility of the patients towards other regions to receive healthcare or for vaccination coverage for the population or in terms of infant mortality.

Still more worryingly is the real risk of substantially different planning choices, as evidenced by the thresholds planned by the Italian regions for providing surgical care in a day surgery regimen (ranging from 50% to 99.3% of all

Figure 1. Geographic variations in infant mortality rates in the regions of France, England, Italy and Germany.
Years 1999-2000.



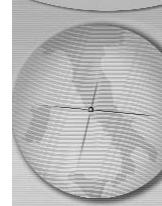
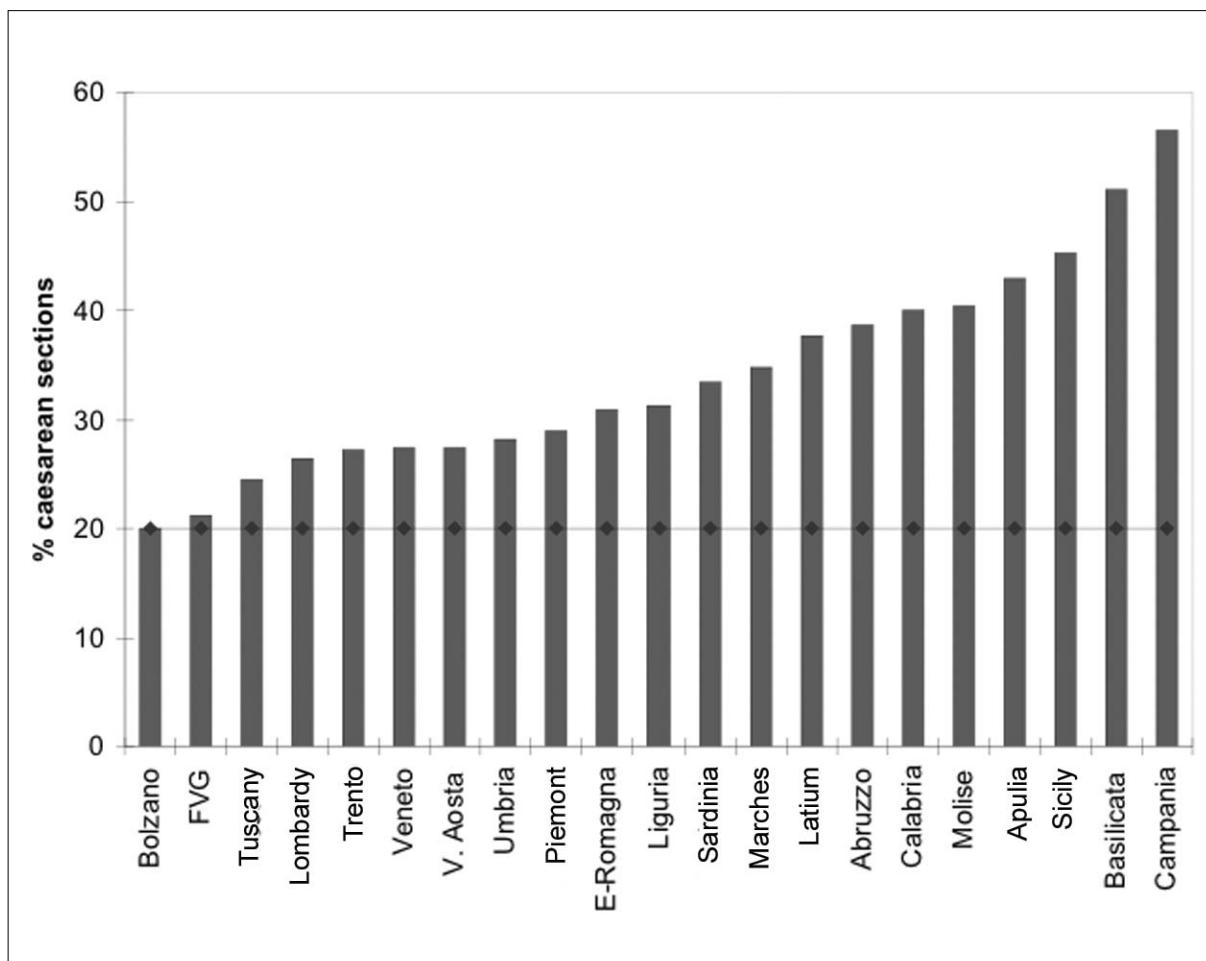


Figure 2. Percentages of caesarean sections in the Italian regions. Year 2002. The line represents the value (20%) suggested by the Italian Ministry of Health as a reference value. FVG, Friuli Venezia Giulia.



the discharges for a same surgical procedure). Actually these planned different thresholds mean that the quality of care provided by the Italian regions will differ by a greater amount and will be a source of inequalities between citizens.

Conclusions

The persistent geographical differences, the greater attention which is given to the quality of the services offered and the important changes in the state of health, which are determined by different regional healthcare policies, should stimulate the development of monitoring systems capable of identifying those decisions which have had the greatest impact on fostering further dissemination.

Acknowledgements

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