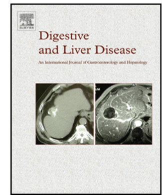
Digestive and Liver Disease 46 (2014) 652–657

Contents lists available at ScienceDirect

Digestive and Liver Disease

journal homepage: www.elsevier.com/locate/dld



Short Report

Hospital care services for digestive diseases in Italy: The first quantitative assessment

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ARTICLE INFO

Article history:
Received 22 January 2014
Accepted 23 February 2014
Available online 25 March 2014

Keywords:
Emergency
Gastroenterology
Gastroenterologist
Hospital bed
National health system
Ordinary stay

ABSTRACT

The scarcity of human and structural resources for specialized gastroenterology care is a problem in many Western countries. Data regarding the resources for Italian Gastroenterology, so far lacking, have been thus searched and evaluated. Based on an agreement protocol between the Italian Association of Hospital Gastroenterologists and Endoscopists (AIGO) and the Ministry of Health, national data regarding all Institutions providing gastroenterological care were analysed. Hospital beds in Gastroenterology units are presented by region, regimen of stay and per million inhabitants as of January 2011.

Association of Hospital Gastroenterologists and Endoscopists also performed a survey of gastroenterology units in all Italian regions regarding number of ordinary/day hospital beds and the number of staff gastroenterologists.

The Ministry data showed a total of 174 Gastronterology Units in Italy, a total of 2062 hospital beds for the discipline, for a proportion of 34.2 beds per million inhabitants.

The Association of Hospital Gastroenterologists and Endoscopists survey showed a total of 1425 gastroenterologists in Italy.

These data should represent a key reference for appropriate planning of specialized care for digestive diseases.

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1. Introduction

The White Paper of Italian Gastroenterology, published in this issue of *Digestive and Liver DIsease* [1], has clearly shown the substantial impact of digestive diseases (DDs) on population health, in terms of either disease burden or mortality and chronicity. DDs are the fifth and seventh leading causes of death in men and women, respectively. In 2009, deaths from malignant neoplasms of the digestive system represented 32.8% and 30.1% of overall deaths from malignant tumours in males and females, respectively. Overall, in 2009, mortality from cancer ofthe digestive system and DDs was responsible for 15.3% of deaths in males and 11.5% of deaths in females. DDs represent an important cause of chronic diseases, corresponding to 1% of the general population. [1]

As expected, DDs also have a great impact on the National Health System (NHS). In an increasing trend over the 1999–2009 decade, they represented the first or second cause of hospitalization, with more than 1,500,000 admissions/year in 2003 and 2006. Of note and not surprisingly, the epidemiological and health care burdens of DDs in Italy are similar to the burdens in other European countries [2,3].

A critical issue emerging from the analyses of the White Paper of Italian Gastroenterology is that only a proportion, which varies between 5 and 9% of patients with DDs, is admitted to Gastroenterology units, with the rest of the patients being allocated to other non-specialized units (mainly Internal Medicine and Surgery). This issue has obvious consequences in terms of the efficiency, appropriateness, and outcomes of treatment; the clinical appropriateness

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http://dx.doi.org/10.1016/j.dld.2014.02.022
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of admissions, case-mix, average length of stay, and in-hospital mortality for DDs with emergent presentation have substantially better figures in Gastroenterology units than in non-specialized units. [1]

Therefore, the question raised by the White Paper of Italian Gastroenterology is, because specialized gastroenterological care for DDs is more efficient and results in better outcomes, what reasons are preventing a greater proportion of Italians with DDs from receiving this care?

As the Italian NHS aims for 3.7 beds/1000 and admissions for DDs correspond to approximately 10% of all hospitalizations, we expect 37/100,000 beds in Gastroenterology are needed. However, the White Paper of Italian Gastroenterology provided a datum 10-fold lower than the expected (3.6 beds/100,000 in 2006, with a range 0–11.8). [1]

The inadequacy of human and structural resources is therefore the most logical explanation for the small proportion of patients with DDs treated in Gastroenterology units.

The inadequacy of Italian gastroenterological facilities is further challenged by the present reduction of healthcare funding. In fact, for 20 years, annual growths of approximately 5% and up to 10% in Italian healthcare financing have been recorded. The discontinuity occurred around 2005–2006 and in the last 3 years the situation has been further worsening in relation to the economic crisis and to the European stability pact, with a zero growth rate for health care financing and, in some regions, even a below zero rate. In this scenario, the Italian government measures aim fundamentally to enact linear cuts on goods and services.

Up to now, precise data regarding the national structural resources for Italian Gastroenterology have been lacking because of a previously inhomogeneous regional data record. However, these data are extremely necessary for appropriate planning of specialized care for DDs. Therefore, the Italian Association of Hospital Gastroenterologists and Endoscopists (AIGO), in collaboration with the Ministry of Health, has searched and evaluated the available data regarding DD services in Italy.

2. Materials and methods

Based on an agreement protocol (Feb. 22, 2013) between the AIGO and the Ministry of Health, national data regarding all establishments providing gastroenterological care (discipline code 58) either in public or private hospitals with NHS accreditation, were made available by the Ministry of Health – General Directorate for Health Information, Communication Technology and Statistics.

The public and accredited private health care providers with hospital beds in gastroenterology as of January 2011 are presented by region, competent Local Health Authority (LHA), provider legal status, and Emergency Department (DEA) level (1 = first, 2 = second, missing = not provided). Accredited hospital beds in gastroenterology as of January 2011 are presented by region, competent LHA, provider legal status, and DEA level (1 = first, 2 = second, missing = not provided), provider ownership (public/private), regimen of stay (ordinary/day) and number per million inhabitants.

Non-profit private providers are grouped with public providers into the "public" category, while "private" corresponds to private for-profit providers.

In June 2013 AIGO also performed a survey of the gastroenterology units of all Italian regions through its regional representatives, who were asked to interview all the Unit Chair/Coordinators of their region. The questionnaires included information regarding the number of ordinary/day hospital beds and the number of staff gastroenterologists working in the unit.

3. Results

Public and accredited private health care providers with hospital beds in gastroenterology by region and provider legal status, DEA level are shown in Table 1.

Accredited hospital beds in gastroenterology by region, provider ownership (public/private) and regimen of stay (ordinary/day), per million inhabitants by region and regimen of stay (ordinary/day) at January 2011 are shown in Tables 2 and 3 and Fig. 1.

Table 1
Public and accredited private health care providers with hospital beds in gastroenterology by region and provider legal status, DEA level for each provider as of January 2011: analysis of the National Health Information System database.

Region	Public						Public Total	Private	Total	DEA
	OASL	AO	IRCCS	OC	PUP	IQ		CCPA		1st level/2nd level/no data
Abruzzo	5						5		5	3/1/1
Basilicata	1						1		1	1/0/0
Calabria	5	4					9		9	2/4/3
Campania	9	7	1	1			18		18	2/11/5
Emilia-Romagna	10	5					15	1	16	6/9/1
Friuli Venezia-Giulia		1	1				2		2	1/1/0
Lazio	6	6	1	3	2		18		18	5/6/7
Liguria	5	1	2	1			9		9	5/2/2
Lombardy	13		3	3			19	2	21	9/6/6
Marche	3	1					4		4	3/1/0
Piemonte	4	7				1	12		12	5/6/1
Bolzano Indepedent Province	1						1		1	0/0/1
Trento Indepedent Province	1						1		1	0/0/1
Puglia	6	2	2	1			11	2	13	3/6/4
Sardinia	1	2					3	1	4	1/1/2
Sicily	6	5					11	1	12	0/7/5
Tuscany	7	3					10		10	2/8/0
Umbria	2	2					4		4	1/2/1
Valle d'Aosta	1						1		1	0/1/0
Veneto	10	2		1			13		13	6/7/0
Total	96	48	10	10	2	1	167	7	174	55/79/40

AO: Azienda ospedaliera (hospital trust), Azienda ospedaliera-universitaria (university hospital); CCPA: Casa di cura privata accreditata (accredited profit private health care provider); DEA: Dipartimento di emergenza e accettazione (emergency department); IQ: Istituto qualificato presidio della ASL (specialized hospital facility of the Local Health Autority); IRCCS: Istituto di ricovero e cura a carattere scientifico (public or private hospital for scientific research); NHIS: Sistema Informativo Sanitario Nazionale del Ministero della salute (National Health Information System); OASL: Ospedale a gestione diretta (hospital facility of the Local Health Autority); OC: Ospedale classificato o assimilato (private equated to public health care provider); PUP: Policlinico universitario privato (general hospital of a private university).

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