The Child Health Care System in Italy

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Pediatric care in Italy has been based during the last 40 years on the increased awareness of the importance of meeting the psychosocial and developmental needs of children and of the role of families in promoting the health and well-being of their children. The pediatric health care system in Italy is part of the national health system. It is made up of 3 main levels of intervention: first access/primary care, secondary care/hospital care, and tertiary care based on specialty hospital care. This overview will also include a brief report on neonatal care, pediatric preventive health care, health service accreditation programs, and postgraduate training in pediatrics. The quality of the Italian child health care system is now considered to be in serious danger because of the restriction of investments in public health caused both by the 2008 global and national economic crisis and by a reduction of the pediatric workforce as a result of progressively insufficient replacement of specialists in pediatrics. *(J Pediatr 2016;177S:S116-26)*.

The National Ministry of Health is the major health care provider in Italy, and the health care system is mainly financed through general taxation. It is regionally and locally managed, and it provides universal coverage for comprehensive and essential health services. Italy's National Health Service (Servizio Sanitario Nazionale [SSN]) was established in 1978 and replaced the previous system of state insurance established in the post Second World War years.

The purpose of SSN is to provide an efficient and comprehensive health system covering the entire population, irrespective of income or contributions, employment, or preexisting health conditions. The SSN provides free or low-cost health care to all residents and their families, plus university students and retirees (including those from other European Union [EU] countries) and emergency care to visitors, irrespective of their nationality.

Since 1998, the SSN has been funded directly by the central government through a regional tax, the Imposta Regionale Sulle Attività Produttive tax, which is paid by employers on behalf of employees; the self-employed pay for themselves through their taxes.[1] A foreign individual does not pay direct contributions to benefit from the SSN coverage and need only to be a resident of Italy or a citizen of an EU country to receive the same health benefits as an Italian.

Since 1999, Italian regions are fully responsible for governing, regulating, financing, and monitoring their regional health care systems. Regions are responsible for: (1) strategic planning process and local regulation in the health and health care area at regional and local level; (2) coordinating health care providers and providing health care services; (3) deciding on the priorities for financing health care organizations that provide services financed through the Regional Health Fund (accredited public and private organizations, local health authorities, teaching hospitals, and accredited private providers); and (4) creating guidelines for providing services in the regional health departments, including assessing the need to build new hospitals, accreditation programs, and accounting systems.

Individuals who qualify for health care under the SSN are entitled to an SSN card, and their dependents receive the same benefits and are included on the same card. Dependents include the spouse (unless he/she is personally insured), children who are under the age of 16 years (or under the age of 26 years if they are students or unable to work through illness or invalidity), and past and present generations and relatives by marriage if supported and living in the same household of the individual carrying the SSN insurance.

If not entitled to public health benefits through payment of Italian taxes or by receiving a state pension from another EU country, individuals must usually have private health insurance and must present proof of this when applying for a residence permit.

ED	Emergency department
EU	European Union
FTA	Functional territorial aggregation
GP	General practitioner
NCU	Neonatal care unit
NICU	Neonatal intensive care unit
PACS	Pediatric ambulatory consulting service
PCP	Primary care pediatrician
PHU	Pediatric hospital unit
SSN	Servizio Sanitario Nazionale (Italy's National Health Care Service)

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The SSN is largely under the control of regional governments and is administered by local health authorities (Azienda di Sanità Locale, often referred to by their former name Unità Sanitaria Locale). Registration with the SSN entitles individuals to chose a general practitioner (GP) (adults and children >6 years old) and a family pediatrician (children <6 years old). Children between 6 and 16 years of age may register with a family pediatrician of the SSN or have the option to register with a SSN's GP. The SSN provides for hospital admissions and treatment (including tests, surgery, and medication during hospitalization), visits to family doctors and family pediatricians, specialist care provided by pediatricians, obstetricians, and other specialists, discounted medicines, laboratory services, appliances, ambulance services, and free services at a local health unit (consultorio).[1]

Those who are registered with the SSN are entitled to free or subsidized medicine, a 75% reduction on the cost of outpatient and after-care treatment, and some subsidized dental treatment. All inpatient treatment such as hospitalization is free under the national health service. Many medical expenses can be totally or partially (19%) deducted for tax purposes, including the cost of spectacles, hearing aids, and visits to medical specialists.

Preventive medicine, promotion of good health, and reforming an overstructured bureaucracy are areas where governments have focused their interest over the last 10 years, in order to further modernize and update the National Health System. After the 2008 global economic crisis, the aim of the Italian public health system has been to rationalize the services from a cost-containment perspective. In 2014, the Ministry of Health issued a 3-year financial plan that includes a program of cost containment ad investments respectful of the EU financial rules. According to such a plan, the total annual investments in the public health system are €109.9bn in 2014, €112.0bn in 2015, and €115.4bn in 2016.[2]

The pediatric health care system in Italy is part of the National Health System, and it is described in the classical 3 main levels of intervention: first access/primary care, secondary care/hospital care, and tertiary care based on specialty hospital care.[3] This overview will also include a brief report on neonatal care, pediatric preventive health care, health service accreditation programs, and postgraduate training in pediatrics.

Pediatric Primary Care and First Access Care

First access care and most primary care pediatrics in Italy developed during the last 40 years largely based on the concepts of family-centered and family-oriented care.[4] This resulted from an increased awareness of the importance of the psychosocial and developmental needs of children and the role of families in promoting the health and well-being of their children. The latter, with the inclusive aim of extending the responsibilities of the pediatrician to include health promotion, screening, assessment, as well as referral of parents for physical, emotional, social problems, or health risk behaviors that can adversely affect the health and emotional or social well-being of their child.[4]

Studies of European countries reveal profound differences in the organization of children's (nonhospital) first-contact services. Three main models exist, which are based on whether primary care general physicians, primary care pediatricians (PCPs), or combinations of both are primarily responsible for care.[5] In Italy, pediatric primary care up to 6 years of age is provided exclusively by PCPs.

Primary Care

Primary care includes general first-access care for children and adolescents (0-16 years), which is provided by PCPs paid through a state collective agreement. It is organized in a national "family pediatrics" network. Such a system was established in 1981. Since then, the Italian National Health Service has provided pediatric primary care to children through the PCPs, who are commonly called family pediatricians (pediatri di famiglia). The Italian Public Health Care System requires that all children have an identified primary care provider, depending on the patient's age. Italian pediatricians related to the Public Health Care System work in their own private offices, providing primary care of patients from birth to 16 years of age and are compensated under a capitation system, based on the number of children registered with each PCP. Pediatricians working for the Public Health Care system are usually the sole patient entrance to public secondary and tertiary care in range of 0-6 years of age, and parents can choose between a pediatrician and a GP for their children who are between 6 and 16 years of age.[6]

The whole Italian territory is divided into 708 health districts. Most of them are covered by PCPs. However, in some districts without PCPs, pediatric primary health care is provided by GPs or other medical specialists. Following a recent agreement between the Ministry of Health and the PCPs network,[7] 2 new functional structures, called functional territorial aggregation (FTA) and complex primary care unit, will be implemented in order to further integrate the various duties and activities of PCPs and promote a more efficient interaction between PCPs and pediatric hospital and specialty centers.

The FTA identifies a group of about 30 PCPs, coordinated by 1 PCP who is identified among the participants in each FTA. This new structure significantly changes the previous situation, where a PCP worked alone in his or her clinic, isolated from other professionals and care provision.[8] In the FTA, each PCP remains in his or her own office but will be part of a group only functionally connected. They can share a budget with the same objectives, meetings and, if needed, they can also share clinical data and support staff. Complex primary care units are made up of groups of PCPs that operate in the same building and are assisted by nurses and administrative staff performing an integrated clinical activity with social workers and other medical specialists.

In accordance to the SSN, the ratio of children/pediatrician is officially 800, although sometimes this number may be higher in order to meet the population's needs. **Table I** shows the total number of PCPs active in Italy (7656),