

HEALTH SYSTEM OVERVIEW

Italy



Italy's National Health Service automatically covers all citizens and legal foreign residents. It is funded by corporate and value-added tax revenues collected by the central government and distributed to the regional governments, which are responsible for delivering care. Residents receive mostly free primary care, inpatient care, and health screenings. Other statutory benefits include maternity care, specialty care, home care, hospice care, preventive medicine, and pharmaceuticals. Patients make copayments for specialty visits and procedures and some outpatient drugs. Exempt from cost-sharing are pregnant women, patients with HIV or other chronic diseases, and young children and older adults in lower-income households. There are no deductibles for residents. Private health insurance has a limited role in Italy's health coverage system.

INSURANCE COVERAGE (% OF POPULATION)

0% 50% 100%

Public coverage: 100%

Automatic coverage of all citizens and foreign residents; regions and autonomous provinces each responsible for delivering care through local health units

Private coverage: 10%

Voluntary insurance, nonprofit and for-profit, provides complementary or supplementary coverage of private hospital rooms, wider choice of providers, some services, and some copayments

HEALTH CARE DELIVERY AND PAYMENT

General practitioners (GPs), who are mostly self-employed and work independently or in groups, are paid a capitated fee based on their patient list. GPs in rural and remote areas receive a higher per-capita payment. Local health units also may pay GPs who have delivered additional care or met performance targets. *Patient cost-sharing*: None for primary care visits.

Specialists are generally self-employed and under contract with the National Health Service. They receive an hourly fee and cannot bill above the fee schedule for public patients. Patients cannot choose their specialists. *Patient cost-sharing*: USD 26 for first encounters, USD 19 for follow-up visits.

Hospitals are a mix of public and private, and are paid through a prospective payment system using diagnosis-related groups. Teaching hospitals receive additional payments to cover their costs. *Patient cost-sharing*: None, although copayment may be required for certain procedures.

All costs are in U.S. dollars, adjusted for cost-of-living differences.
Conversion rate: USD 1.00 = EUR 0.72.

DEMOGRAPHICS

60.5M

Total population

22.6%

Population age 65+

HEALTH SYSTEM CAPACITY & UTILIZATION

4.0

Practicing physicians per 1,000 population

6.8

Average physician visits per person

5.8

Nurses per 1,000 population

3.2

Hospital beds per 1,000 population

116

Hospital discharges per 1,000 population



Prescription drugs are divided into three tiers according to clinical effectiveness and cost-effectiveness, and the government sets reference prices for reimbursable drugs (nonreimbursable drug prices are set by the market). For some drug categories, prescriptions must follow clinical guidelines. *Patient cost-sharing*: None for generics. Patient pays difference between reference price and market price for brand-name drugs, with additional copays of USD 1.10–3.30 per box in some regions.

Mental health care is provided by the National Health Service in community centers, general hospitals, and residential and semi-residential facilities. Local mental health departments in local health units coordinate care; primary care typically does not play a role.

Long-term care, provided at home and in residential and semi-residential facilities, is covered if patients have specific medical conditions. *Patient cost-sharing*: Varies, but citizens can receive a monthly allowance of USD 702 as well as monthly care vouchers of USD 421–842 from municipalities.

Care coordination in some regions is supported through additional per-capita payments to GPs who work in multidisciplinary groups to manage population health. In some regions, medical homes provide multispecialty care to residents.

TOTAL HEALTH EXPENDITURES

In 2018, total health expenditures represented 8 percent of Italy's GDP. Public financing accounted for 74.2 percent of total spending.

RECENT REFORMS

- Parliament introduced compulsory vaccinations in 2017 for all infants and children up to age 16. Children who do not comply with the prescribed vaccination are not allowed to attend kindergartens, nurseries or schools.
- A 2017 update of essential covered benefits included significant changes in outpatient specialist services that can be delivered by the National Health Service and a further shift of hospital care into outpatient settings.

This overview was prepared by Andrea Donatini.

SPENDING

\$3,428

Health care spending per capita

\$791

Out-of-pocket health spending per capita

\$590

Spending on pharmaceuticals (prescription and OTC) per capita

HEALTH STATUS & DISEASE BURDEN

83.0

Life expectancy at birth (years)

10.6%

Obesity prevalence

4.8%

Diabetes prevalence

Data: 2019 OECD Health Data except diabetes prevalence from *Health at a Glance 2019* (IDF Atlas 2017 data).