

APPENDIX

HEALTH AND REGIONAL CHANGES Papers at the Moscow Conference

COSIMO PALAGIANO

RECENT CHANGES IN ITALIAN HEALTH SYSTEM

The long history of Italian health legislation has begun in 1861 when the Italian Kingdom has been established. A legislation like this had to consider the different interests both of the Church and the State. The Church demanded its supremacy managing the charity and the State did not intend to renounce to its role of the public relief that it thought essential.

Summing up the organization of the public health provided for a pyramid-shared system in the whole country, which had to show the different hierarchical, scientific and occupational ranks in the public health. The diseases were treated through the Communes, which payed the health expenses of the poor, while the State safeguarded the health care to some categories of workers and the Health Insurance Schemes provided health care to some categories of persons by contribution of workers and employers.

The hospital health care was managed until 1978 by two different laws: the first of 1938 and the second of 1968. The first established the public health services with hospital functions, like charitable institutions, authorized the board of directors to define the payment of the services on the basis of the so called room and board, that was fixed yearly, confirmed the progressive change of the fees from the patients and Communes to the health insurance schemes. The second established the hospital concern, distinguished three levels of hospitals, introduced the regional health planning.

The public health care was regulated by the Ministry of Health, who controlled three following different functions: (i) the territorial (through the

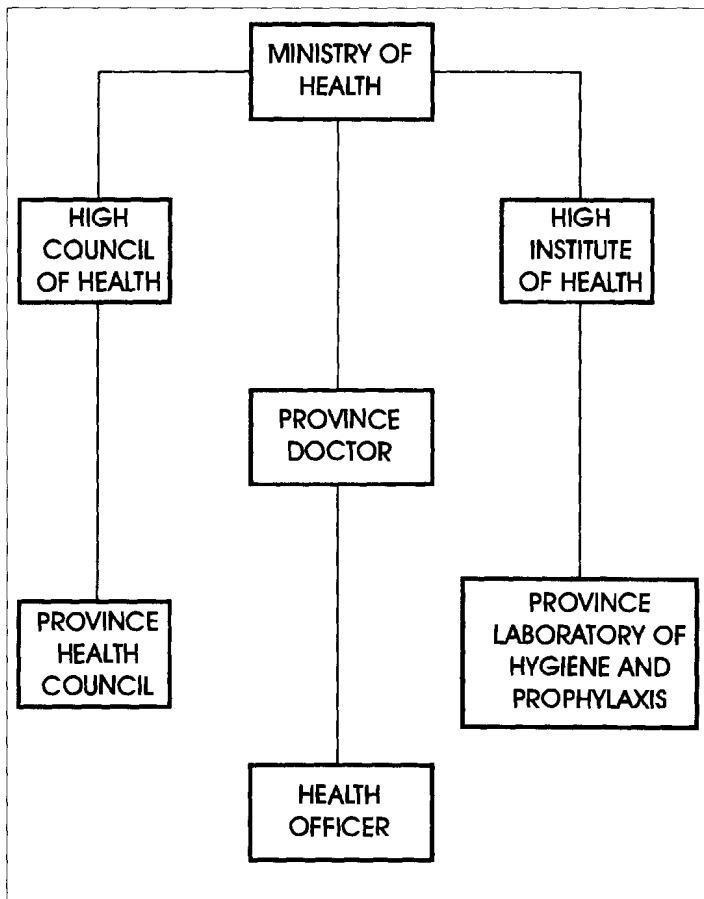


FIG. 1 – THE PUBLIC HEALTH CARE BEFORE THE NATIONAL HEALTH SYSTEM (1978).

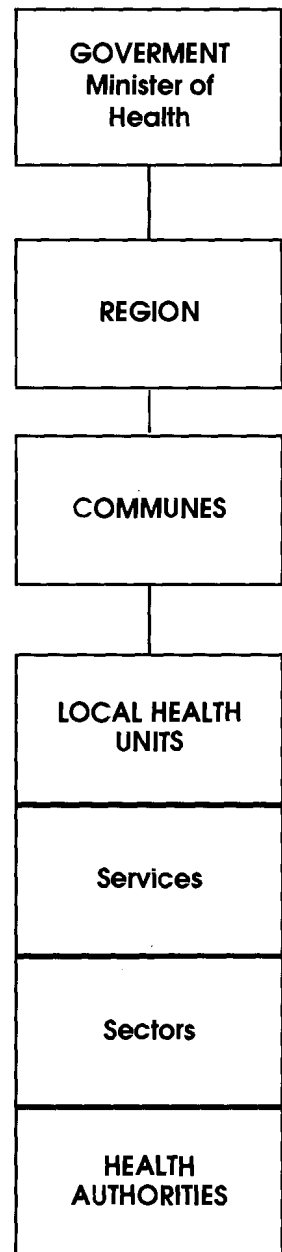


FIG. 2 – THE NATIONAL HEALTH SYSTEM

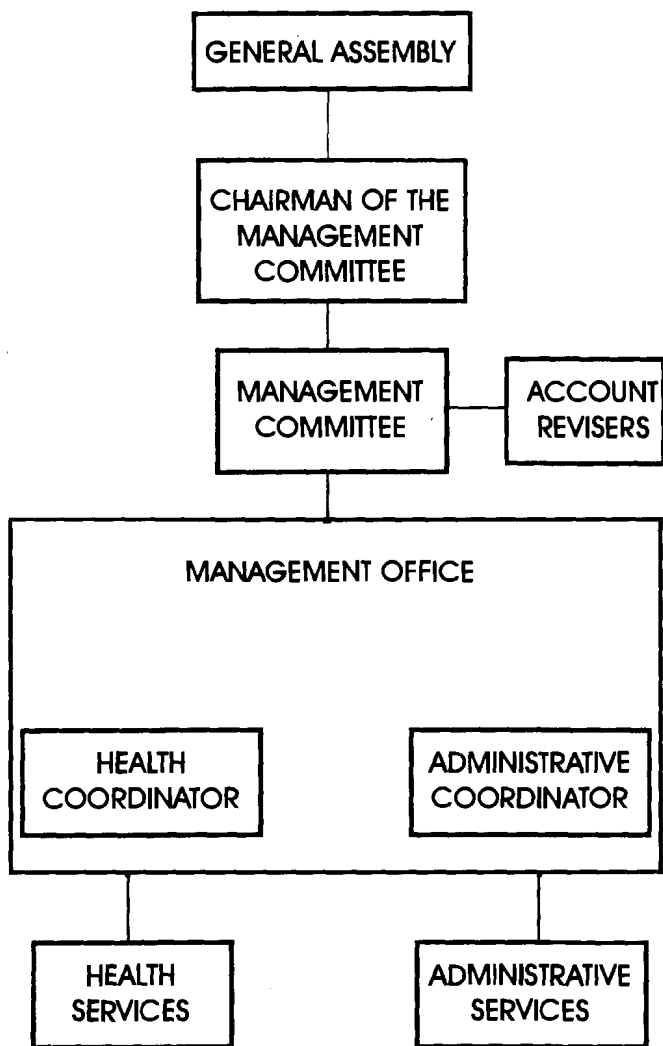


FIG. 3 – SCHEME OF A LOCAL HEALTH UNIT.

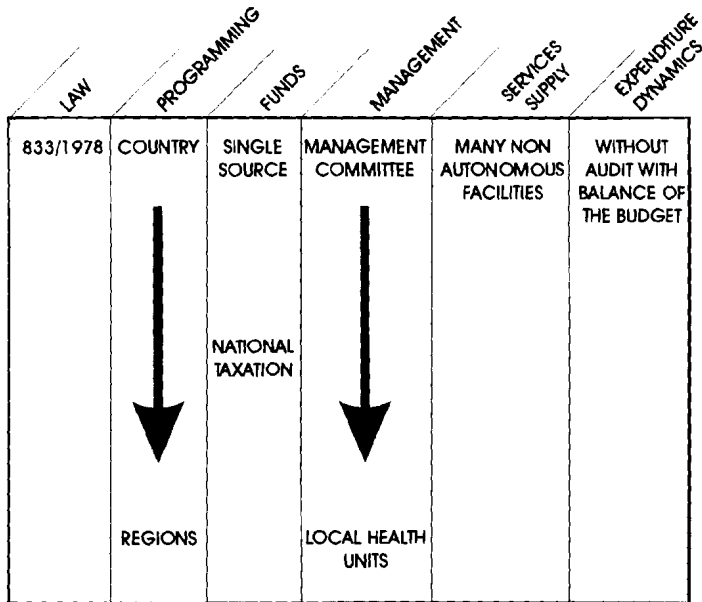


FIG. 4 – THE NATIONAL HEALTH SYSTEM IN 1978.

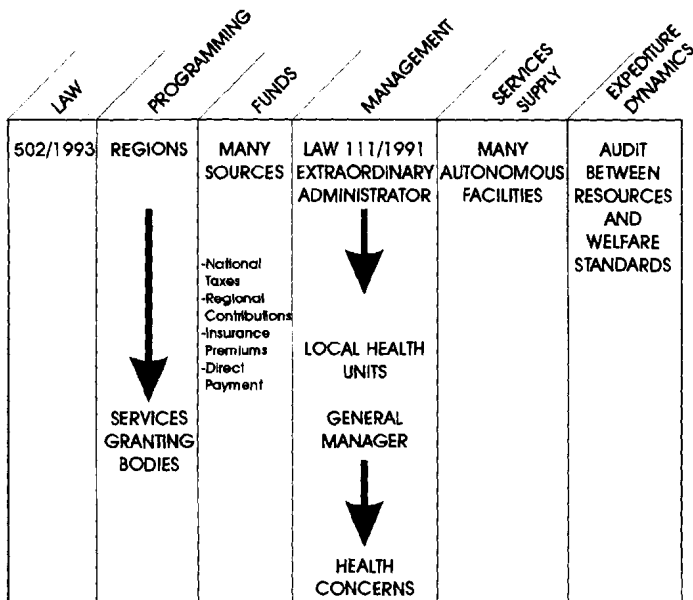


FIG. 5 – THE NATIONAL HEALTH SYSTEM IN 1993.

Province Doctor and the Health Officer); (ii) the political (through the High Council of Health and the Province Health Council, and (iii) the technical (through the High Institute of Health and the Province Laboratory of Hygiene and Prophylaxis) (fig. 1).

Well, in 1978 Italy leaves the National Health System based on the Bismarck's concepts and enters the so called welfare state. This change has been decided to solve the following main problems due to mutual system:

- (i) the beneficiaries were treated in a different way;
- (ii) care prevailed on prevention;
- (iii) health services were unevenly distributed on the territory;
- (iv) particular diseases were treated in a discriminatory way;
- (v) lack of managerial and financial planning.

In 1978 the above three functions have been consolidated under the political bodies of Regions and Communes. The national territory was administratively and technically controlled by the USL (Local Health Unit) (fig. 2).

The Italian territory was divided into over 700 Local Health Units, which had a large number of administrators, who were chosen according the political allotment. Most of administrators belonged to the Christian Democratic Party and to the Socialist Party.

The fig. 3 shows the organizing scheme of the National Health System, whilst the management scheme of this (programming, budget, facilities etc.) is clearly shown in the fig. 4.

In 1993, to prevent the political allotment an extraordinary administrator of each Local Health Unit has been established, and to limit the health expenses the number of Local Health Unit has been decreased to about 100 in the whole country. Simultaneously, a General Manager has been established for the Health Concerns, a special kind of Local Health Unit, that is administrated according to the rules of a private concern.

In the Figg. 6 and 7 the different number and distribution of the Local Health Units in Campania respectively in 1988 and 1992 is shown.

The most recent legislation considers both the prevention and the care. The most significant steps of this are as follows:

- (i) the change from the State to the regions of the health functions (1972);
- (ii) the founding of the National Health System;
- (iii) the rules for the health planning and the health three-year plan 1986-88 (1985);
- (iv) the urgent measures for the staff equipment of hospitals and for the rationalization of the health care costs (1988);
- (v) the statement of standards of the hospital staff (1988);
- (vi) the urgent measures for the reorganization of the National Health System;



FIG. 6 – CAMPANIA LOCAL HEALTH UNITS, 1981.

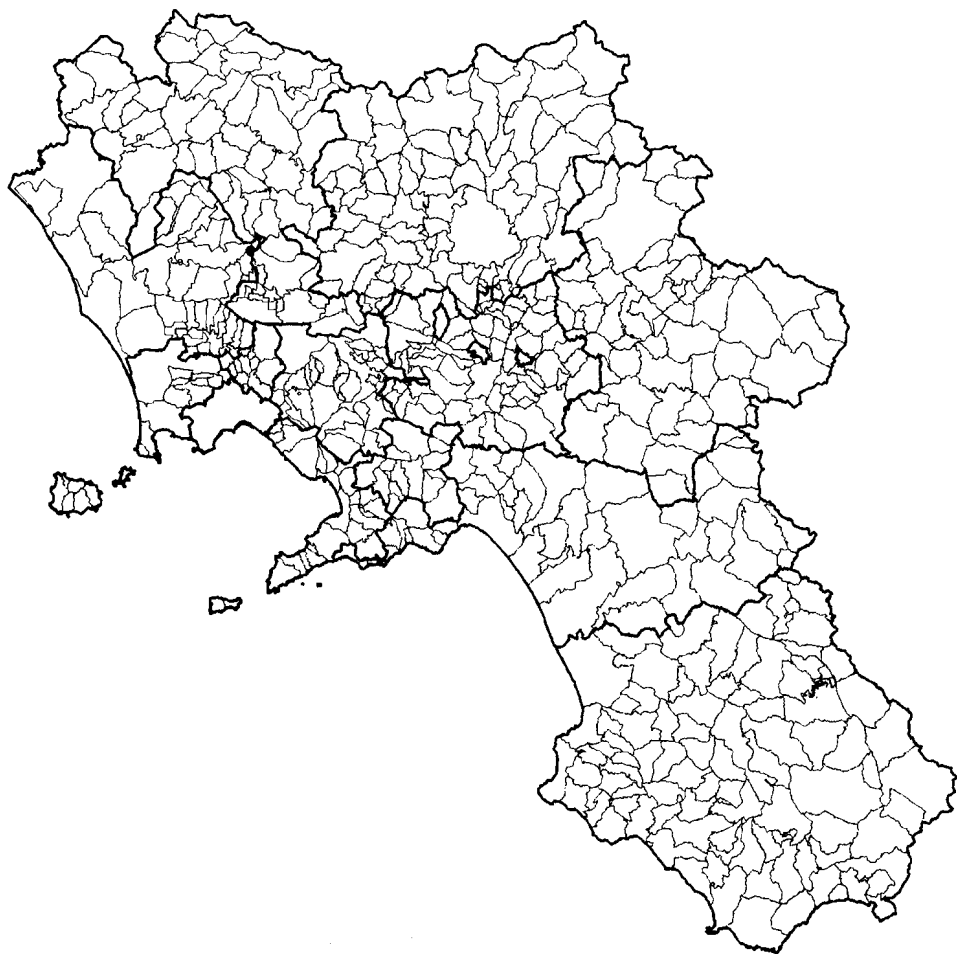


FIG. 7 – CAMPANIA LOCAL HEALTH UNITS, 1992.

- (vii) the rules for the management of the Local Health Unit (1991);
- (viii) the statement to the Regions of the levels of health emergency care (1992);
- (ix) the urgent measures for the health security: health, public employment and the territorial finances (1992);
- (x) the statement of the uniform levels of health care for the year 1993 (1992);
- (xi) the deferment of the term of office of the guarantors and of the extraordinary administrators of the Local Health Unit (1992);
- (xii) the reform of the public employment (1993);
- (xiii) the role of the General Managers of the health concerns (1993);
- (xiv) the agreement between the State and the Regions on the National Health Plan 1994-1996 (1994).

The reorganization of the National Health System with the law 502 is essentially due to necessity to razionalize the health and social expenses, to plan them, to forecast the relation of costs and benefits. In addition to the Local Health Unit, which has become a concern, there are voluntary health insurance schemes and the system of the reimbursement of expenses and the hospital concerns. The system becomes complex indeed, because many persons and bodies are involved in the supply and the demand, establishing among them further combinations. The citizen can decide if to give totally or partially his premium, that the State assigns to the Region, to the system of Local Health Units, or transfer to an insurance scheme, or turn to a mutual insurance company, or directly turn to a health facility and ask then the reimbursement. If the citizen considers the assigned quota insufficient to its needs, can integrate it with further insurance policy.

In conclusion, we can note that the present organization of the National Health System is theoretically appropriate to a more significant efficiency of the health care, but we have experienced still in the last times a practical difficulty to limit the health expenses, e.g. during the hospital admissions. Often the patients have to wait in hospital many days before to undergo an operation, because the beds and the operating room are free not in the same time and then there is a danger (for the clients of the surgeon) to find no bed the day before the operation. Every day of stay in hospital costs about 1,2 million lire!

Institute of Geography, University of Rome «La Sapienza».