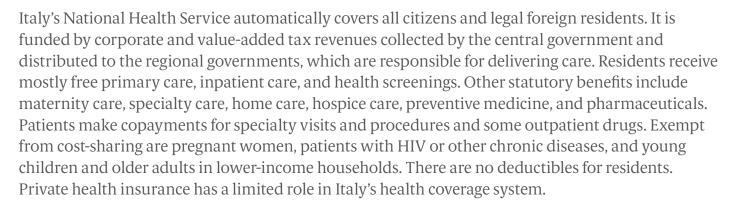
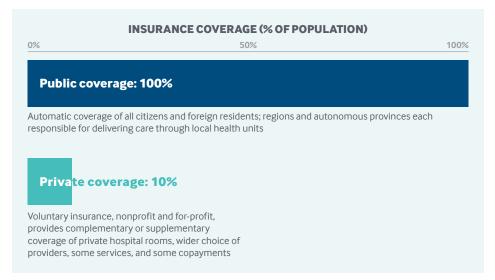
Italy





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.

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

This overview was prepared by Andrea Donatini.

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