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Hospital policy in Italy and its effect on patients migration

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Introduction The Italian National Health Service (S.S.N.), adopted in 1978 following the Law n°833 and based on Beveridge's model, emphasises the citizens freedom to choose and the equal opportunity in accessing health care structures. Local Health Authorities (U.S.L.) become owners of almost all the structures in their territories and got the role to directly satisfy all the health needs of their own residents. The pre-existing hospital network, based on independent public hospitals of first, second and third level, in potential competition was dismantled. Hospitals' financing, the main economic role of the SSN, was based on the documented running expenses: therefore the hospital interest to attract patients diminished and expenses increased in an uncontrolled way.

Considering that, in 1992, the Italian Government (as already the Britain, Swedish, and other ones did), with the Law n°502 introduced the quasi-market administered competition in S.S.N.: the health protection and services purchasing (entrusted by U.S.L.) were partially divided from the production and sale of these services (entrusted by the public hospitals -A.O.- and by private producers); hospital income was based on DRGs; A.O. and U.S.L. leadership is now entrusted to managers and not politicians. We describe as these changes were experienced by our hospital (A.O. Senese), placed in Tuscany, central Italy.

Methods We elaborated hospitalisation data regarding residents in Siena area (252.000 inhabitants) and activity data regarding its main hospital (A.O. Senese, 1.200 beds, 47.000 admissions/year).

Using the Gandy's Nomogram, we show the variation of flow boundaries patients mobility from 1988 to 1998.

Results Regarding the A.O. Senese, our study demonstrates a progressive loss of patients attraction of 18.7% and an increase of escapes of 5.3% from 1988 to 1992. From 1992 to 1998, we have found an increase of attraction of 18%, but also further increase of escapes of 3.7%.

Conclusion Patients usually say that application of Laws in Italy is quite slow.

We demonstrate that the system answers well enough to the legislative regulations: following the Law 833/1978, our hospital diminished its ability to attract patients from other areas; at the same time migrations of patients from Siena towards out of regional boundaries hospital increased. Following the Law 502/1992, the power of attraction of our hospital is increased; however the flow of escape slowed down, but was not inverted, or stopped. It appears that to discourage the attraction power, means to promote the loss of perceived quality and that it is difficult to correct such effects.

La politique hospitalière en Italie et ses effets sur la migration des patients

Devant une augmentation incontrôlée des dépenses de santé et une baisse de la fréquentation des hôpitaux, le gouvernement italien a introduit en 1992 une néo-économie de marché entre les hôpitaux. Cette étude montre, en particulier, que ce changement économique a permis à l'hôpital concerné par l'étude, d'augmenter son attraction géographique. Toutefois, la fuite des patients des hôpitaux ne s'est pas tarie, la perception d'une baisse de la qualité des soins étant difficile à corriger.