

Healthcare Insights: Evaluating the Access to the Italian Healthcare System

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Abstract. The Italian health system is organised on a regional basis and services are provided by both public and private operators, affecting the planning of services, access to services by citizens and their health rights. The creation of an observatory monitoring the methods and times of access to healthcare services has been pursued. The preliminary phase of the project is presented, which will lead to the comparison of the data obtained from 2019, with an eye on the Covid-19 pandemic impact.

Keywords. Public health, interoperability, waiting list data

1. Introduction

Monitoring of waiting lists has often been identified as an important factor in improving patient satisfaction [1-3]. Some studies suggest that waiting times may affect access to health services and that people with a higher socio-economic status wait less [4]. Services in Italian health system are provided by heterogeneous operators. This affects the choices by citizens, operators, political decision-makers, and service providers as relates to planning. Moreover, it affects equity of access to services by citizens and, therefore, their right to health itself. Healthcare Insight: Observatory of The Bridge Foundation (HI) focuses on monitoring access to the National Health System in a medium-long term perspective, creating free and public information.

2. Materials and Methods

This first phase of the project (started in February 2021) focuses on the collection and comparison of data on waiting lists for healthcare. Italian health organization focuses on the regions, but regions do not always make public data on waiting lists public.

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Bridge Foundation requested access to data (for 2019 and 2020) to the 21 Italian institutions through the Civic Access regulatory framework [5] that allows anyone to access public administration data, documents and information. The provided material is extremely heterogeneous. No entity has provided services to automatically obtain this data, although the Italian law states that this data must be provided in an open and interoperable way [6]. It was decided to organize this material in a relational data base in order to make data from different institution easily comparable and at all times.

3. Results

At the time of the presentation of this short article, the loading of the data into the DB has been completed, and an in-depth comparison is underway. During the upload, the collaboration of the individual entities in the project was evaluated taking into account accessibility, usability and completeness. Accessibility is characterised by the presence of a link for public access to the data and a built-in response to request. Usability is characterised by readability of the data by citizens and technical openness of the data. Completeness is characterised by data granularity, presence of data on outpatient services, presence of data of hospitalisation, presence of data on priority classes, frequency of data collections, data format.

4. Discussion and conclusion

Collaboration by the institutions in this first phase has been quite good (with significant peaks of excellence). The work that has been carried out so far, will be the basic for a more in- depth comparative examination of the data provided. Data comparing will also allow the impact evaluation of Covid-19 on the waiting lists.

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