



## **PRESIDENZA NAZIONALE**

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### Pediatric Primary Care in Italy - Pediatria di Famiglia in Italia

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The Italian Federation of Pediatricians (FIMP - Federazione Italiana Medici Pediatri) is the professional organization of community-based practicing pediatricians, responsible also for the development and evaluation of continuing medical education programs and research projects for its over 7500 members.

Since 1978 the Italian National Health Service (NHS) has provided pediatric primary care to children through the use of community based pediatricians (pediatra di base o di libera scelta), now commonly called “pediatra di famiglia”, family pediatrician (4).

The Italian NHS requires that all children have an identified primary care provider, either a pediatrician or a family practitioner, depending on the patient's age. Italian NHS pediatricians work in their own private offices, providing primary care of patients from birth to 14 years of age and are compensated under a capitation system. The NHS pediatricians are usually the sole patient entrance to NHS secondary and tertiary care in the 0 to 6 age range, while parents can choose between a pediatrician or a general practitioner for their children's care between 6 and 16 years of age.

In Italy there are over 7,000 NHS primary care pediatricians taking care of more than four million patients from birth to 14 years of age, the majority of these patients being under six years of age. The Veneto Region in Northern Italy, where the author practices, has approximately 4.3 millions inhabitants with 562,000 less than 14 years of age and 233,000 of these are under 6 years. In this area there are 460 practicing pediatricians. In the 0 to 6 years age group 85% of patients are under a pediatrician's care. The remaining 15% live in rural and mountain areas where only NHS family physicians are available, as most of the pediatricians are located in larger towns with more than 5000 inhabitants. The pediatric coverage drops to 54% in the total 0 - 14 years age group in the Veneto region and 44% in Italy; as in the other European countries, parents tend to utilize more general practitioners as primary care provider for their children after six years of age.

Acute, chronic and preventive care, through both office and home visits, are provided by the pediatricians, who are reimbursed under a capitated system that pays about ten euro a month per patient. The NHS pediatrician cares for an average of 750 and a maximum of 1000 patients, is available for patients from 8 a.m. to 8 p.m., Monday to Friday and 8 a.m. to 2 p.m. on Saturday and, performs 4000-4500 visits a year. In addition to acute ambulatory and home care, responsibilities include coordinating the care of chronically ill patients, consulting with subspecialties, performing well baby health checks and all certifications for school activities, parent's absence from work, indemnities, and social welfare. Pediatricians, as well as general practitioners in the Italian NHS, are not allowed by law to take care of their patients during hospital admissions. Solo practices, often without nursing or secretarial staff, account for the majority of pediatric primary care practices and the pediatrician's expenses are mostly limited to telephone and office overhead in addition to travel expenses for home visits. Primary care pediatric group services either in one location or in separate locations are becoming more common, reaching almost 30 % of practices in some regions. Immunizations are usually performed by a different NHS community service. The NHS provides night and weekend phone coverage as well as

urgent home care to all patients, utilizing on call non-pediatrician physicians. Both these services are provided to all patients free of charge.

The major advantage of this system for the community is that health care is available to all children without any out of pocket expenses: health care costs are paid by tax money, paid principally by the employer with some employee contribution. Functionally, since all health care is funded through the Government, the Italian NHS is a single payor system. This allows patients to choose their primary care physician/pediatrician, in contrast to the United States, where the employer may direct that choice. However there is some restriction on the parents' choice of primary care providers for their children, due to the NHS limitation, by law, of a maximum of 1000 patients per pediatrician and a relative shortage of community-based pediatricians. Over the years this system has allowed the building of a trusting therapeutic relationship between parents, children and their pediatrician. In the first patient's satisfaction survey performed in Italy, done in the Veneto Region and in Tuscany, pediatricians in the system score highest among all other NHS services .

More recently a survey, using computer assisted telephone interviews, was performed in 1000 families whose children were cared by solo pediatricians compared to 500 families who were cared by pediatricians in group practice. The average solo score was 8.2 /10 while the group practice score was 8.7/10, confirming that pediatric primary care is very well accepted in Italy and that the recent organizational changes are improving patient's satisfaction

The Italian NHS, which accounts for approximately 8.4% of the Gross Domestic Product (2003)( GDP), close to the average of 8.6% in OECD countries, is trying to control the increasing costs of health care by limiting physicians' reimbursements and applying co-pays to lab tests and NHS subspecialty consultations. The countries which spend the most on health as a share of GDP are the United States (which spent 15% of its GDP on health in 2003), followed by Switzerland and Germany (which allocated more than 11% of their GDP on health).

In Italy this has been done without offering incentives for cost saving to physicians, which may negatively affect the patient-physician relationship. As in the United States and in some European countries, it is anticipated that in the future the NHS will also implement quality assurance standards utilizing outcome assessments in primary care. As it currently functions, the infant mortality rate in Italy, as in other OECD countries, has fallen greatly over the past decades. It stood at 4.3 deaths per 1 000 live births in 2003, lower than the OECD average of 6.1. Infant mortality is the lowest in Japan and in Nordic countries (Iceland, Sweden, Finland and Norway).

Since all pediatric primary care in Italy functions under a capitated system with a single payor, Italian community pediatricians have neither had the need for sophisticated accounting and billing systems, nor, due to reduced needs for office staff, high overhead costs and administrative commitments found in the United States. In the Veneto region as well as in other regions this situation has allowed information systems experts and community pediatricians to collaboratively focus on the development of an electronic medical record system for pediatric primary care, that serves as a powerful data collecting instrument. To assess the impact that the NHS imposed demands has on practicing pediatricians, these electronic systems will link affiliated practices in the near future. Using statistical analysis modules, data will eventually be gathered to measure and analyze the quality of services provided.

In Italy all children and adolescents have a primary care provider who is fully trained as a pediatrician, who is also following CME programs in primary care pediatrics, according to the indications of the European Board of Paediatrics and of the national education curriculum in pediatrics .

The primary care pediatrician should be able to integrate with other local services, developing a long term perspective of the changing health problems of individual children and of the community as a whole.