

Family Medicine Practice in Italy

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Abstract

The aim of this report is to provide information about the practice of family medicine in Italy. Despite the beginning of the practice of family health-care throughout Turkey in 2010, and the growth of family medicine, pre-existing problems continue to be experienced, and new problems are arising.

In developed countries, family health-care is being practised very well, due to the experience gained from years of practice.

There are many important differences in the practice of family medicine in different countries, to do with culture, life-style, economic status and level of education. In this report, information is presented about family medicine and its practice in Italy, a country with a population of about 60 million, and whose population growth is much lower when compared with Turkey, and is, at the same time, a Mediterranean country.

At the outset of the practice of family medicine, Italy, which has undergone a long, difficult and varied development, it was fully financed by the country's Health Ministry.

The practical, economic and organised lifestyle is seen reflected in the practice of family medicine.

Assoc. Prof. Dr. Olgun Göktaş has travelled in person to Italy, looked into this practice and prepared this report. The ultimate aim of this report is to gain ideas about how to solve the problems seen in the practice of family medicine in Turkey, through ideas and contributions from Italy, a European country.

Introduction

In Turkey, from the start of the practice of family medicine throughout the country in 2010 until now, despite the advances made, there are still problems in some areas, and to these, new problems are added daily. In the family practice service which is in place, while the ideal number of patients enrolled per doctor is 1500 to 2000, the actual figure has not reduced and the current position is, on average, about 3500 to 4000, opening the way for problems. On the axis of the needs of the discipline, the referral system has not yet been put in place and there is no feedback system in place between the second stage health institutions and the family medicine service. Along with this, the issue of family physicians doing duty in the emergency section of the hospital is added to the agenda. The family physicians are under too heavy a burden, due to excessive one-sided responsibility. This situation is contrary to the basic principles of the medical discipline of family health-care and this is reflected in practice. Family medicine is entering a problem phase at this time.

Whether from the point of view of the health system, or from that of family medicine, while there are differences in the practice of medicine and in the application of family medicine in developed countries, it has been made secure, especially in European countries with the application of EU criteria. The most important factor which will provide important gains in the scientific content, philosophy and practice of family medicine is the share given to the health system and family medicine within the health system. As importance is given to the practice of family medicine, it will lead to an increase in the quality of primary healthcare services, and a decrease in expenditure. These gains are outcomes to be aimed for by the country's political entities for the benefit of the providers and recipients of the health service.

As a founder member of the EU and at the same time a Mediterranean country, while not as populous as Turkey, Italy has a large population of around 60 million; compared to Turkey it has a smaller land area, and more importantly, a lower rate of population growth. While Turkey and Italy are two different countries with respect to their health system and political outlook, they have similar goals in people-focussed health services, especially in the primary stage. In this report, important points in the Italian health system and the practice of family medicine will be passed on.

Information about Italy

Italy, or formally the Italian Republic, is a country in southern Europe most of which consists of the Italian Peninsula. It was a founder member of the European Union in 1952. The capital city is Rome. With a population of 60 million, it is one of the developed countries of Europe. It is a constitutional republic governed by a unified, multi-party parliamentary democracy.

Italy owns two large islands in the Mediterranean Sea: Sicily and Sardinia. Within its boundaries are two independent states: San Marino and the Vatican in Rome. Italy is divided into a total of 20 regions.

Information about Bologna

Bologna is a city in northern Italy in the region of Emilia-Romagna. It is the centre of the Emilia-Romagna region, and of the province which carries its name. Its university, founded in 1088, is known as the oldest university in Europe. Dante, Erasmus and Copernicus are some of its famous graduates [1].

Family Medicine in the Health Service in Italy

In Italy, where family medicine specialists are known as general practitioners, all policies regarding health services and family medicine are planned by the ministry of health in Rome. Each of the 20 regions is responsible for implementing the policies specified by the ministry of health and administering the practice of family medicine. All expenses of family medicine are borne by all citizens through the National Health Service. There are departments (assessorato) responsible for health care in all regions. In the central province of each region there are sub-departments (directories) which are linked to the departments and are responsible for primary health care and thus for family medicine. These sub-departments administer and provide co-ordination for all the hospitals, family medical centres and other health care institutions in the central and other provinces.

Family medicine in Italy has a long and complicated history. The family doctor is the initial entry point into the national health system, and patients gain entrance to secondary health care institutions on referral from the family doctor. For this reason, the Italian people have embraced family practice and their family doctors.

On average 1000-1300 people are registered to each family doctor, with a maximum of 1600. Every citizen has the right to choose their own doctor. Doctors can add patients to their list as they wish up to the maximum of 1600. Family doctors are paid for each person on their list, and for each service they provide. They are not obliged to provide a service for visitors; if they choose to do so, but if they do treat visiting patients they receive a separate payment. Family doctors are not obliged to provide health reports for people wanting to take up a sport, for driving licences or permission to carry a firearm. If they choose to provide these services, they can do so for a charge of 25 Euros to the applicant. Payments come from the National Health Service. Separate payments are made to personnel working alongside the family doctors. Family doctors pay their own office expenses. They use a variety of computer programmes for records. They do all their office work with these programmes. They can write prescriptions for all medicines on the approved list. Certain medicines such as insulin, oral anticoagulants, and some anti-psychotic and psoriasis drugs can only be prescribed by a specialist doctor or a family doctor when the specialist has produced a report. High risk statins are paid for by the National Health Service (SSN- Servizio Sanitario Nazionale). Whilst some medicines are paid for by the patient, some are paid for both by the patients and the National Health Service. The United Drug Agency (AIFA-Agenzia Italiana del Farmaco) holds certain indexes, and taking these factors into account they determine who will pay for the drugs. Doctors can see the results of consultations and laboratory tests for the patients they referred on their own computers. Patients

can choose their own doctors within each province, but this choice is limited in rural areas. Family doctors can change their location when possible by applying to the regional administration. If necessary they have to wait. Although they can work alone, generally they work in groups. On average they earn 80-90,000 Euros. Subtracting costs, they receive a net average salary of 3500-4000 Euros. Personnel employed to work alongside them are generally paid by the hour. A full-time member of staff would be paid an average of 1500 Euros. Family doctors can obtain research drugs from a laboratory and the National Health Service will meet the costs. In special circumstances a family doctor may be investigated and if necessary can be punished by a committee. These conditions entail very serious situations. When family doctors take leave, they engage a substitute and pay them personally [2].

Home health care in the Family Health Service

Alongside the other social service institutions, family doctors are treating seriously and terminally ill patients at home more frequently. They also visit chronically ill patients and in special situations, although this is more complicated.

Emergency services in Family Health Care

Family doctors treat all emergency patients who come to them as first priority. Beyond that, in Italy, family doctors do not have any duties in any place or hospital outside their normal working hours. After work, at nights, weekends or public holidays, emergency care is provided by teams generally made up of young doctors. For this reason family doctors do not have any emergency duties outside office hours.

People may go directly to emergency departments. However, with red as the most serious, then yellow, then green, if a patient recovers and is sent home they have to pay the hospital. For example, if a patient who goes to the emergency department with a headache recovers and goes home, the costs must be paid. If the same patient is diagnosed with meningitis and admitted to hospital, no fee is paid. A patient with a bone fracture as a result of trauma, who goes directly to the emergency department, if they receive treatment such as dressings and splint, will have to pay a portion of the cost, but if they are admitted as an inpatient there is no charge. In addition, any patient who applies directly to the emergency department during office hours without a referral from their family doctor has to pay.

Family doctors do not issue death certificates, perform autopsies or forensic duties. There are dedicated teams for these services.

The care of babies and children and the vaccination service in Italy

In Italy the monitoring of babies and small children is not carried out by family physicians. This service is done by specialist paediatricians until the child is 8 years old. From birth until 8 years of age, paediatricians who carry out all monitoring, examination and vaccination keep a detailed file on the child. After the age of 14 the child is required to be registered with a family doctor. Between the ages of 8 and 14, children may be registered with either a paediatrician or a family doctor, according to their own or their parents' preference. In this case they have to receive care from whichever doctor they are registered with. However, after the age of 14 they must be registered with a family doctor.

Prenatal and postnatal care in Italy

In Italy, pregnant and neonatal patients are monitored by specialist obstetricians and receive all kinds of medical care from them. Family doctors are not obliged to monitor their progress. However, they may choose to enter pregnancy information on their own patients into their records and preserve these records.

Family Medicine Specialism Training

As a member of the EU, in accordance with EU directives, the period of internship which had been 2 years until 1992, was extended to a compulsory minimum of 3 years in 1992. In Italy, all universities being state-owned, after completing 6 years in medical faculty, all graduates complete an orientation training of minimum 3 months, after which they take a central examination in order to be able to enter the field of family medicine. This orientation period includes one month alongside an internal medicine specialist, one month with a surgeon and one month with a family practitioner. This period is compulsory for practising medicine in Italy, which is followed by possibility of specialism with a central state-run examination. Those who pass this examination are placed in specialism training by the regional health authority. Since academic structures are undeveloped in Italy, family medicine specialism training's field rotations are completed alongside family practitioners as tutors who have specialised teacher training. In order to become a family practice trainer, post-specialism teacher training must be taken. Doctors who have passed the central examination and completed their orientation period must complete a 3 year internship. There is no provision for part-time internship, and no chance of extending the period. In cases such as pregnancy or long-term serious illness this may be extended, otherwise it may not exceed 3.5 years. In these three years, interns complete the following: the first year is hospital rotations, then six months field practice alongside a family practice tutor, then another year of hospital rotations and six months field practice alongside a different family practice tutor. Within the hospital rotations they complete 6 months in internal medicine, 4 months in paediatrics, 3 months in surgery, 3 months in emergency, 2 months in gynaecology and six months in the other clinical disciplines such as cardiology, dermatology and orthopaedics. The monthly field practices usually begin in November or May. There is an examination every 6 months throughout the internship period. At the end of the period, interns have to prepare a thesis on their work done in family practice and present it to the examining commission during the final specialism examination. At each period failing candidates have to leave [3].

Discussion

Bologna health centre and family practice unit, poliambulatorio tiarini – servizio sanitario regionale, emilia romagna, azienda unita sanitaria locale di bologna

This is a health centre in Bologna, the central city of the, which includes a stand-alone family practice unit. While there are various kinds of medical centres and laboratories, this is an exception in containing a family practice unit. Co-ordination for the region takes place in this family practice unit and service is provided by a family practice tutor. The family practice unit belongs to the Emilia-Romagna region of the ministry of health. About 1000 people are registered here. Because the family practitioner is also a tutor, intern

training is also given. Because the doctor is highly experienced, he/she is also active in organising family practice in the region [1].

Family practice centre – group practice

Studio medico, medicina di gruppo: This is a family practice centre where 6 family doctors work together. It is open in the mornings from 08.30-13.00, and in the afternoons from 15.00-19.00. On the days preceding public holidays it is open from 08.30-10.00. It is closed on Saturdays and other holidays. Three of the family doctors here are tutors and serve on the field rotation training of interns. Support personnel consist of a nurse and a secretary in the reception area who deals with records.

Family practice centre – group practice and emilia-romagna district health policy Division studi medici, di medicina generale ve regione emilia; romagna giunta regionale: This 6 storey building contains a family practice centre and the official departments of the Emilia-Romagna region's health service. Here there are 6 family doctors, support health personnel, Bologna's family practice administration offices, registration assistants, social service experts, a psychologist, training units and elderly and home care units. There is also a unit which evaluates and organises the family doctors' appointments and the results of hospital and other specialist consultations. This unit, known as PCAP – Punto di Coordinamento Assistenza Primaria is the family practice co-ordination point for home care. In this room, a nurse works at a computer to organise hospital appointments and consultations from 7 am to 7 pm and provide co-ordination between the family doctors and their patients. In different regions, 16 nurses provide this service for about 40 family doctors. These nurses are financed by the hospitals [1].

Emilia-Romagna district health policy division (Assessorato alle politiche per la salute): This department administers the Emilia-Romagna regional Health Policy, which is different from the Social Policy Department. There are three sections in the department; they deal with hospitals, primary health care services and other health care services. The primary health care section arranges and administers all matters regarding family medicine linked to the ministry of health [4].

Organisations, Associations and Foundations Relating to Family Medicine in Italy

In Italy, the largest community organisation in family practice is the Federation of General Practitioners (Federazione Italiana Medici di Medicina Generale – FIMMG) [5]. Most Italian family practitioners belong to this organisation, which has more than 40,000 members. It gets involved with all kinds of problems which family doctors have, and works for solutions. Aside from this, there is the Italian Society for General Medicine (Societa Italiana di Medicina Generale – SIMG) which is more active in scientific matters and has about 3000 members. Other significant organisations are the Italian Association of Family Doctors (Associazione Italiana Medici di Famiglia – AIMEF) [6], the National Research Congress, (Il Consiglio Nazionale delle Ricerche – CNR) [8] and the Ministry of Education, Universities and Research (Ministro dell'Istruzione, dell'Universita e della Ricerca – MIUR) [9]. Besides these, there is the Combined Universities' Super Computer Unit (CINECA - Centro di supercalcolo, Consorzio di università) which is a consortium linking the country's 69 universities with each other.

The Combined Universities' Super Computer Unit (CINECA - Centro di supercalcolo, Consorzio di università)

CINECA is a non-profit alliance including Italy's 69 universities, one institute, the National Research Congress and the Ministry of Universities and Research. It supports the scientific community with a high specification computer network. It provides for the development of the work of the universities and the management systems of the Ministry of Universities and Research. It creates data systems for public administration and health organisations. It develops technological innovations for higher education and research systems. It has international connections and carries out research supported by EU funds. It provides data and technology transfers between the universities and ministries. In the biomedical and health fields, it is developing a network between the member entities which provides data collection, analysis and management through various channels of communication; it offers a service in the fields of education and training [10].

Conclusion and Evaluation

The practice of family medicine, while it has basic standards throughout the EU, also has some important differences between countries. Whereas Turkey has a large population, the practice of family medicine in Italy, with its smaller land area and slower population growth, shows significant differences from the other European countries. Whether the way family medicine is practised can be implemented in Turkey needs to be discussed and evaluated by the relevant parties in Turkey. Family medicine is the most important step in providing low- cost, high quality health care and Italy in experienced in this.

In Italy, the positive aspects are a well developed chain of referral, full co-ordination with the other health care institutions, the number of registered patients being close to the ideal and the costs being mostly paid by the ministry of health. Besides this, if the academic structure is underdeveloped, this could lead to questions of competence in the training period of family physicians and the quality and implementation of the services offered subsequently.

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