



Completing the Pathway: From Patient Referral to Care - Italy



International
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Ageing





Overview of Italy's Health System

Italy's healthcare system is a Universal Health Coverage System provided through the National Health Service (Servizio Sanitario Nazionale, or SSN).⁽¹⁾ Established in 1978, the SSN covers all citizens and foreign residents. The organization and delivery of health services are decentralized, with nineteen regions and two autonomous provinces responsible for delivering care.⁽¹⁾ This includes primary care, hospital care, outpatient specialist care, public health care, and health services related to social care.⁽¹⁾



While Italy does not have a substitutive private health system, individuals can access complementary and supplementary private health insurance. Primary and inpatient care are free at the point of use; however, procedures and specialist visits might require patients to make co-payments. Additionally, there are also co-payments for some outpatient drugs. Individuals can use private health insurance or pay out-of-pocket for these services.⁽¹⁾

The SSN provides some vision care, where residents can get free or subsidized services such as eye exams and certain eye surgeries.⁽²⁾ However, most vision care services are either paid out of pocket by individuals or covered through private health insurance.⁽³⁾ There are two types of private vision care insurance: medical and vision insurance. Vision insurance helps individuals cover optical needs such as annual vision testing, eyeglasses, and contact lenses, whereas medical insurance covers eye diseases or conditions, such as the management and treatment of eye diseases, such as macular degeneration or retinopathy.⁽³⁾

1. Campaigns and patient education

Campaigns and education are important for prompting patients to receive eye exams and spreading awareness of the vision complications that may arise with conditions, including macular degeneration. Education and awareness most often occur through organizations such as the Italian Society of Ophthalmology (SOI), the International Agency for the Prevention of Blindness (IAPB), and the Insieme per la Vista Foundation (Together for Sight).⁽⁴⁾ However, there are no screening programs for diabetic retinopathy, for example, or any other eye conditions at the national level.

2. First point-of-care to screening

In Italy, general practitioners are often the first point of care for an eye exam and retinal imaging.⁽⁵⁾ They are responsible for initial consultations for eye-related issues and can provide basic care or referrals to specialists.⁽⁵⁾ The visit to general practitioners is covered by public health coverage.

In addition, patients can also visit optometrists, who carry out eye examinations and can refer patients to an ophthalmologist if they suspect any eye conditions.⁽⁶⁾ However, it is important to note that only ophthalmologists are allowed to diagnose eye conditions, while optometrists can only refer patients to ophthalmologists if they detect issues with general eye health.⁽⁶⁾

3. Referral to specialist and treatment

In Italy, if an eye condition is suspected, individuals are most often referred to a general ophthalmologist first. Once patients visit the general ophthalmologist, they are either treated or referred to a sub-specialist ophthalmologist in a hospital. General ophthalmologists can suspect disease and create a treatment plan but might not be able to treat the condition. Furthermore, there is a lack of standard protocols, and since guidelines vary by region in Italy, there may be cases where a general practitioner refers a patient to a retina specialist directly, however, this is not the conventional route.



Similarly, Italian optometrists can also place referrals to a general ophthalmologist or specialist. However, there are currently no formal national or regional guidelines available for optometrists on when and to whom to make referrals. Therefore, optometrists might suggest that the patient follow up with their general practitioner to start the referral process.

Lastly, there has been an increase in private sector services, and individuals who are informed of their condition either by a general practitioner or general ophthalmologist can go to a private clinic or hospital to access quicker services by paying out of pocket or using private insurance.⁽³⁾

Barriers throughout the pathway

- Limited information, patient education, and lack of knowledge about patient organizations prevent individuals from receiving eye screening.
- There is a lack of national screening programs to facilitate regular eye screenings, leading to delays in diagnoses and treatment.
- In the public sector, wait times for eye care services can be long. There is a significant delay in visiting a general ophthalmologist after obtaining a referral from a general practitioner.⁽⁵⁾
- General ophthalmologists lack technology and are unable to use second-generation agents, which are more novel therapies that demonstrate increased efficacy and ease of patient administration, due to lack of access through the national health system.⁽⁶⁾ This leads to referrals to sub-specialists, resulting in additional long waits.
- Lack of screening sites, treating physicians, or equipment and technology in certain areas, particularly those that are rural and remote, may prevent patients from receiving eye screening or reaching an eye specialist.⁽⁵⁾
- Lack of clear guidelines on how to make referrals, especially for Italian optometrists, leads to unnecessary referrals due to misreads and misdiagnoses or missed cases, resulting in delayed appointments and longer wait times for specialist care.⁽⁷⁾

- A new barrier is that reimbursements for cataract surgery have decreased, causing facilities to stop performing the surgery due to low reimbursements. This has led to lower-quality cataract surgery performed at public hospitals and surgery is an option only for individuals able to access private-sector care.

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