

An excerpt from:

Better Health & Social Care: How are Co-ops & Mutuals Boosting Innovation & Access Worldwide?

An International survey of co-ops and mutuals at work in the health and social care sector (CMHSC14)

Volume 2: National Cases

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For the research framework, the analysis of the national cases, and other research components, including a description of the research team members, refer to Volume 1: Report.

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HEALTH SYSTEM

Italy's health care system is a regionally-based National Health Service (Servizio Sanitario Nazionale, SSN) which provides universal coverage free of charge at the point of service. The national level is responsible for ensuring the general objectives and fundamental principles of the national health care system. Regional governments, through the regional health departments, are responsible for ensuring the delivery of a benefits package through a network of population-based health management organizations and public and private accredited hospitals.

"There is a considerable north-south divide in the quality of health care facilities and services provided to the population, and there are significant cross-regional patient flows, particularly to receive high-level care in tertiary hospitals. Health care is mainly financed by earmarked central and regional taxes. Each region is free to provide additional health care services if budgets permit, as long as they also deliver the basic package. However, regional budget deficits historically have been a major problem and reform efforts since the 1990s have aimed, in part, to enforce balanced budgets.... Due to near universal coverage, voluntary health insurance (VHI) does not play a significant role in funding health care in Italy. Spending on VHI, both as a percentage of total expenditure and of private expenditure, is well under 5%."²

Italy has a long tradition of co-op development, starting in the 19th century with both worker and housing co-ops. Over the next decades, the co-ops took root in other types of activity. Since the end of the 1960s, a new model has come to life, the social co-op. Law 381/1991 explicitly recognizes that such cooperatives pursue the "general interest of the community, for the human promotion and social integration of citizens" (Article 1). It also recognizes that people who are engaged solely as volunteers may be members of these structures. It recognizes the existence of a special relationship between public administrations and social cooperatives. They tend to be one of two types:³

- Type A: originating in the health and social care sectors in addition to education and daycare, offering services to seniors and disabled people.
- Type B: targeting the social inclusion of people marginal to the job market, e.g., in agriculture, arts, environment, or printing.

Another characteristic of the social co-op is that it generally has more than one category of member: workers and volunteers, for example. In this sense, Italy's social co-ops are pioneers of the multistakeholder co-op model.

Over the years, the Italian State has recognized the importance of co-ops, even constitutionally. In 2013, Italian Prime Minister Enrico Letta underlined that cooperatives are "a virtuous example of resilience to the crisis and an experience to replicate and support."⁴

Three apex organizations encompass the majority of Italy's co-ops, regardless their business activity: AGCI, Confcooperative, and Legacoop. In the last few years, these three have gained their own

apex or umbrella organization, the Alliance of Italian Cooperatives (Alleanza delle cooperative Italiane).

HEALTH, SOCIAL, & PHARMACY CO-OPS⁵

Cooperatives active in the health care sector in Italy in 2013 numbered 11,830; 98% are SMEs. (See Graph 1, next page.) Of these, 945 (8%) work in health care in the strictest sense. They have approximately 50,000 members, 28,124 staff, and 865,000 users.⁶ Three-quarters (75.7%) of this subset are social cooperatives specializing in health care. They provide any of a number of services: home care; care in social and health facilities with inpatient services; hospital care; outpatient care services; emergency and immediate care services; medical treatment; therapeutics and rehabilitation; and prevention and well-being programmes as well as health care training. The remaining quarter (24.3%) are service cooperatives (non-social co-ops) which work in health care provision. Among

Population (in thousands): 60,885

Population median age (years): 43.99

Population under 15 (%): 14.04

Population over 60 (%): 26.97

Total expenditure on health as a % of Gross Domestic Product: 9.2

General government expenditure on health as a % of total government expenditure: 14.2

Private expenditure on health as a % of total expenditure: 21.8

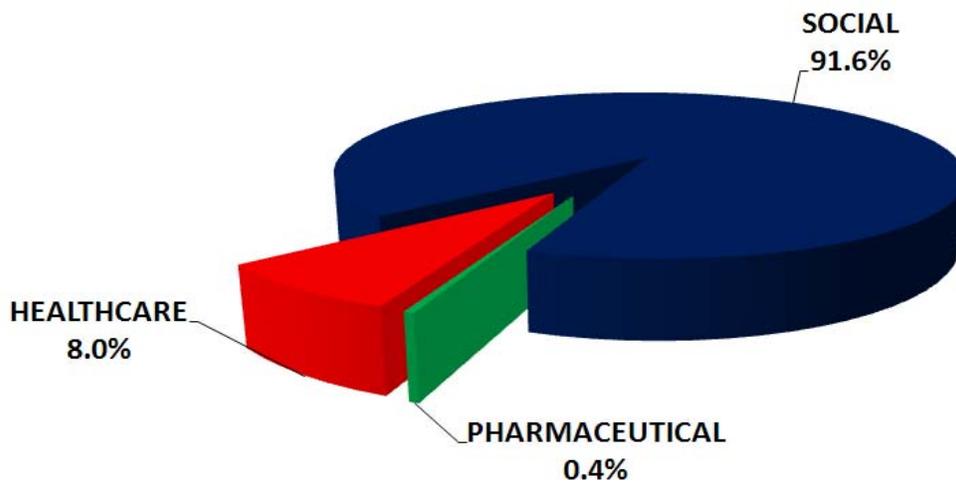
them are the doctor cooperatives, which mainly provide various forms of associated medical care.

Altogether 10,836 cooperatives (91.6% of the total) operate in the social sector, mainly in social assistance and individual services of a non-healthcare nature. This involves 97% of the social cooperatives (excluding Type B coops and those active in the agricultural, industrial, and services sectors, but not linked to social

assistance). The number of users for these social cooperatives is not available, but for all kinds of social cooperative in Italy, a total of approximately seven million clients is estimated.⁷

Forty-nine cooperatives (0.4% of the total) are active in the pharmaceutical sector, particularly in the supply of pharmaceutical and para-pharmaceutical products. In some cases these cooperatives also manage pharmacy stores.

Graph 1: Distribution of cooperatives operating in the health care sector



CASE STUDY⁸

Today in Italy primary health services are characterized by fragmentation. There is a lack of integration between providers, a lack of a planned continuity between hospitals and local and regional health authorities, and a shortage of tools for clinical governance of primary care.

Cooperatives in the medical and pharmaceutical sector, social care cooperatives, and social-health mutual societies are working together to create a dynamic alternative which focuses health services on the emerging needs of people and families. Their goal is to create a network which responds to different levels of need with a *continuum of care* and conserves resources while integrating the services of diverse providers.

It is called the **Consortium for Primary Care** (Consortio per l’Assistenza Primaria) or simply **CAP**.

The first CAP was established in March 2012 in order to transform primary health care across the Lazio Region (i.e., Rome and its neighbouring districts). It is a collaborative of innovative general practitioner cooperatives; two cooperatives which affiliate more than 800 pharmacies; social cooperatives engaged mainly in health activities; a cooperative diagnostic laboratory; and a social

cooperative (OSA) which is a national leader in the field of home care. CAP is also supported by a consortium of the region’s main social care cooperatives.

The range of services they offer is broad. It extends from needs assessment, to home care, nursing, physiotherapy and social services, diagnostic imaging, and also telemedicine and remote assistance. The intention is to make them available to all citizens in a timely manner and at affordable and sustainable costs.

At present, the experiment has been launched in about 30 locations in the Lazio Region, all open 12 hours a day, 7 days a week. With the support of cooperative banks, a Fidelity Card will be issued with which residents can gain access to health and social care. A system for the measurement and tracking of customers’ service satisfaction and expectations is also planned.

Thanks to the support of Federazione Sanità-Confcooperative, the CAP model set up in the Lazio Region has already enabled the launch of other primary care consortia in many other parts of the country, including Calabria, Puglia, and Piedmont. These consortia are working to build up a national network and from there, a homogeneous cooperative welfare system to provide health care services across Italy.

SOURCES

- ¹ A more detailed version of this case is available upon request. Special thanks to Silvia Frezza from Federazione Sanità-Confindustria for the kind collaboration.
- ² Lo Scalzo, A., Donatini, A., Orzella, L., Cicchetti, A., and S. Profili. 2009. "Italy: Health System Review." *Health Systems in Transition* 11(6):1-214. World Health Organization on behalf of the European Observatory on Health System and Policies. Retrieved September 2, 2014 (http://www.euro.who.int/__data/assets/pdf_file/0006/87225/E93666.pdf?ua=1).
- ³ Girard, J-P, Pezzini, E., and I. Mailloux. 2000. "Les coopératives sociales italiennes : description et éléments de réflexion sur le contexte québécois." Cahier de recherche 115. Chaire de coopération Guy-Bernier (UQAM) en collaboration avec la Corporation de développement économique communautaire Centre-Nord. Montréal.
- ⁴ CICOPA. 2013. "Italian Prime Minister: Cooperatives are to be replicated and supported." International Organisation of Industrial, Artisanal and Service Producers' Cooperatives. Retrieved September 2, 2014 (<http://www.cicopa.coop/Italian-Prime-Minister.html>).
- ⁵ This section is drawn from: Alleanza delle cooperative Italiane. 2014. "Cooperatives in Healthcare." *Notes and Comments* 12(April):1-5. Retrieved September 2, 2014 (<http://www.alleanzacooperative.it/wp-content/uploads/2014/06/NOTES-AND-COMMENTS-n-12-ALLEANZA-COOPERATIVE-ITALIANE.pdf>).
- ⁶ Communication with the Confindustria research centre, September 11, 2014.
- ⁷ Idem.
- ⁸ The information for this case study was provided by Federazione Sanità-Confindustria, and the following: Ilikepuglia.it. 2014. "Nasce in Puglia il Consorzio per l'Assistenza Primaria : Uno strumento innovativo nel settore domiciliare socio-assistenziale." February 2. Webpage. Retrieved September 2, 2014 (<http://www.ilikepuglia.it/notizie/salute/bari/19/02/2014/nasce-in-puglia-il-consorzio-per-l-assistenza-primaria.html>).
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