

## **Choosing the right path: Exploring learnings and weighing reform options for primary care in Italy**

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Many countries are trying to make the shift to a whole-of-society approach to care by establishing Primary Health Care (PHC). However, this demands – as a prerequisite – getting primary care right first, which is a cornerstone for any PHC approach. According to the World Health Organization, the primary care model is characterized by five core functions: (1) first contact accessibility, serving as a strategic and accessible entry point for health services; (2) continuity, promoting the development of long-term personal relationships between health care providers and patients; (3) comprehensiveness, providing a diverse range of promotive, protective, preventive, curative, rehabilitative, and palliative services; (4) coordination, organizing services and care across levels of the health system and over time; and (5) people-centred care, ensuring people have the education and support needed to make decisions and participate in their own care. However, primary care is not a one-size-fits-all model, rather a multitude of approaches exists (Kringos et al. 2015) and some may be more amendable to PHC than others (e.g. allowing for greater intersectoral action and integration of services with other sectors). As a result, policy makers are faced with the challenge of defining a primary care path that works best within their country's specific context of public health needs and health system characteristics. This necessitates a close look at existing evidence to understand the tradeoffs of different approaches already in use. This study aims at doing just that by conducting a scoping review on the state-of-the-art on evidence related to one key function of primary care: first contact accessibility. More specifically, the paper aims to summarize the main findings on the relative performance (e.g. efficiency, timely access, patient satisfaction, clinical outcomes) of distinct primary care models in place in different countries. We then translate these findings into next steps for policy and research, before concluding with reflections on developments and potential PHC reform options for Italy going forward.