

The Reform of the Primary Healthcare in a Context of Weak Institutionalisation. The Case of the ‘Community Hospitals’ in Italy

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According to a set of post-pandemic measures, the European Union has allocated a fund of 220 billion (Next Generation EU) in favour of Italy for a large infrastructure investments plan and for revamping its welfare system. The national instrument adopted by the government, the National Recovery and Resilience Plan (NRPP), has a focus on the healthcare system. Deliberated in March 2021, the NRPP states that the pandemic has clearly highlighted the need for strengthening the capacity of the national health system to provide adequate supply of services on the national territory. The primary healthcare is considered the main strategic target. The measure aims at strengthening the intermediate care through the activation of the so-called Community Hospital, i.e. a healthcare unit envisaging 'short hospitalisation' and intended for patients who require medium/low clinical intensity healthcare interventions for short hospital stays.

The pandemic emergency has shed light on the historical deficiency of primary healthcare, which is grafted onto an ageing demographic process that, in the absence of intervention, will inevitably lead to a progressive worsening of the conditions of care. Therefore, through Decree No. 77 of 23 May 2022, the Draghi government has undertaken the reform of the territorial assistance through the strengthening of its infrastructures. The reform aims at bridging the gap between the hospitals and the network of services on the territory. In particular, the policy is aimed at overcoming: (i) the significant disparities in the provision of services in terms of prevention and care on the national territory that now discloses strong differences between northern and southern regions; (ii) the inadequate integration between hospital services, territorial services and social services; (iii) the long waiting times for the provision of health services on the territory; (iv) the poor response and integration capacity between environmental, climatic and health risks. The reform has a technocratic approach.

In the fragmented health care governance, some Italian regions had already tried to fill the void of primary care with new institutions called Health Houses lacking a national model. The new national decree tries to overcome this gap with a clear policy design. The capability to implement it in the regions (which in Italy are delegated to manage health services) is jeopardised by many risk factors.

Our paper aims at analysing the implementation of the reform through the identification of the weakness factors e the resistance of the actors that have slowed

down the process and the innovations at all levels. The paper is a first step for a preliminary assessment of the reform's potential in order to set up a field-research through regional case studies. After a reconstruction of the goals and a longitudinal analysis of the weak institutionalisation of primary care in Italy, the paper focuses on the stakeholders, the strategies and the resources put in place to achieve the objective of realising community hospitals. This description will be carried out at national level with some focus on pilot regional cases.