

Primary care reform in Lombardy: from regulatory analysis to Community Houses. Presentation of the first analytical results of the Primary Care reform process

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Given the criticalities of the Italian National Health System highlighted by the pandemic - territorial disparities in the provision of services, inadequate integration between hospital services, territorial services and social services, high waiting times, and poor crisis response capacity - the EU, through the Recovery and Resilience Facility, has allocated two billion euros for the reform of the territorial Primary Care (PC) network.

Differences between regional healthcare systems are bound to impact the path of PC reform locally. Lombardy represents an indispensable case study for the evaluation of the outcomes of this path, as it is the only Italian region to have applied the ‘quasi-market’ model to the health sector (Neri, 2006; Pavolini and Vicarelli, 2012). Even before the pandemic, Lombardy was characterised by strengthening the hospital care network to the detriment of the PC network, insufficient integration between social and health services, inadequate provision of home care services, and poor ability to recruit health personnel to be employed in territorial services (Ministry of Health, 2019). These structural elements are linked to the difficulties of the Lombardy health service in coping with the health crisis (Casula et al., 2020) and embody the challenges that PC reform faces in this territory.

The paper we propose will present the first steps taken towards developing the Research Line “Welfare and Community Health: Knowledge, Integration, Participation”, which is one of the development trajectories of the Project of Excellence “Open Government Data. Knowing society through public administration data” carried out by the Department of Sociology and Social Research of the University of Milan-Bicocca since the beginning of 2024. This line of research focuses on establishing Community Houses in Lombardy, which are perceived as privileged spaces in which to study the implementation of PC reform in such a region.

We propose, first of all, to present the results of the comparison of the national and the Lombardy regulatory framework aimed at identifying points of encounter and tension on three analytical dimensions

1. methods of collection, coding and dissemination of data on the health of citizenship;
2. ways and means to increase integration between local social and health services;
3. methods of citizenship and civil society involvement in community health-building activities.

Thanks to such a comparison, we can identify the processes, actors, and policy instruments to which we will devote our attention in the years to come when we focus on the analysis of Community Houses. In this regard, our paper will share the initial findings of our current exploration activity, which aims to identify innovative Community Houses from the point of view of the three analytical dimensions set out above.

Bibliography:

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