

eHealth

priorities and strategies
in European countries



Fact sheet

Italy

March 2007

Towards the Establishment
of a European eHealth
Research Area



Italy

Strategic perspective

The Italian eHealth strategy is strongly influenced by the radical change in the relative roles and responsibilities of the State and the Regions embodied in the constitutional reform of 2001 (Constitutional Law no. 3 of 18 October 2001). Since then, the Italian strategy comprises three interconnected programmes addressing national, semantic, and territorial needs in order to achieve the following key objectives:

- 1 to improve the efficiency and effectiveness of the healthcare system as a whole,
- 2 to assure the Fundamental Levels of Healthcare Services throughout the territory,
- 3 to speed up the technological innovation in citizen/patient-centred social and health care services.

The governance of the first and second areas of the programme is entrusted to an inter-institutional body referred to as the “Production Room” (Cabina di Regia), coordinated by the Ministry of Health, and composed of representatives of central government and of Regions.

Implementation perspective

NATIONAL AREA: THE NEW HEALTHCARE INFORMATION SYSTEM (NSIS)

The New National Healthcare Information System (NSIS) was proposed in February 2001 by the Permanent Committee for political issues between central and regional authorities (Conferenza Stato-Regioni) as a governance tool to support, oversee and monitor the Fundamental Levels of Healthcare Services (LEA; Livelli Essenziali di Assistenza). These are the healthcare service levels guaranteed by the National Healthcare Service as appropriate to particular clinical conditions and care contexts. The NSIS strategic framework has two primary development objectives:

- build an integrated system of homogeneous individual healthcare information records, where the patient information and the care delivery structure are the



central information entities. The goal is to make information available on: the operating facilities at all healthcare levels, the services delivered, the resources used, and the related costs.

- contribute significantly to Public Health Authorities’ governance principles and capabilities by ensuring the required analytical data on individual citizen healthcare is available, and using pseudo-anonymisation of patient identifiers to preserve privacy, while grouping all healthcare events for each patient.

The result is an information system defining a minimum dataset for analytical data to be used for governance needs for health authorities.

SEMANTIC AREA: THE NATIONAL HEALTHCARE SERVICE’S “BRICKS” (MATTONI)

This “Bricks” programme, started in 2004, establishes the semantic toolkit required to ensure a common language to classify and codify the concepts in a uniform manner (e.g. services, facilities), to share methodologies for measuring quality, efficiency, and appropriateness of the Regional Healthcare Services (e.g. waiting times, appropriateness of services) and to achieve a uniform approach



in the generation of the information when organising, managing, and governing the Fundamental Levels of Healthcare Services. The toolkit also helps to ensure that the information systems autonomously developed by the Regions, and by the local healthcare Administrations, will all interoperate.

The common elements, named “Bricks” (Mattoni) of the Healthcare System, have been organised into 15 thematic sub-projects, with a Region responsible for managing each sub-project. One particular “brick” defines the guidelines to develop the Electronic Patient File.

TERRITORIAL AREA: THE EHEALTH BOARD (TSE)

On the initiative of the Ministry of Health and of the Department of Innovation and Technologies of the Ministry of Reforms and Innovations in Public Administration, a permanent “eHealth Board” (TSE; Tavolo di lavoro permanente per la Sanità Elettronica) was established in 2004. This is the setting for technical discussion and consultation in order to harmonise the national and regional eHealth policies and to help coordinated implementation of the respective action plans.

TSE’s first result is the document “Shared policy for eHealth” (Politica condivisa per la Sanità Elettronica) which adopts the European Union’s strategic objectives contained in the 2004 eHealth Action Plan in the Italian context.

In March 2006, TSE published the document “Architectural strategy for eHealth” (IBSE; Strategia architetturale per la Sanità Elettronica). The document constitutes a first high level guideline addressing the design of the national architecture for eHealth. The architectural vision considers as essential the following requirements:

- all clinical information of the patient is available any-time and anywhere,
- the system respects of the federated architecture of the Italian Healthcare System,

- the system has a high level of security and respects the Italian legislation on privacy,
- the system has a high level of reliability and availability,
- the system has a modular structure which enables a progressive implementation nationwide,
- the system safeguards existing investments and takes into account the interactions required with existing legacy systems,
- the system is based on the use of open standards.

Future activities

TSE has also launched other important eHealth pilots, such as:

- general practitioners’ network for eHealth services (13500 GPs in nine Southern Regions),
- eBooking (five regions),
- eSignature for operators (200,000 smart cards in 16 regions),
- telemedicine and tele-education,
- Oncology Excellence Centers Network,
- proactive prevention (disease management).

Core resources

Ministero della Salute

<http://www.ministerosalute.it/nsis/nsis.jsp>

Strategia architetturale per la Sanità Elettronica

www.innovazione.gov.it/ita/struttura/dipartimento/progetti/allegati/TSE-IBSE_Strategia_architetturale.pdf

TSE

<http://www.sanitaelettronica.gov.it/xoops/>

About eHealth ERA

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