ECONOMIST IMPACT

Country profile: Italy



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Key takeaways

- **International guidelines are used in Italy.** Implementation is reported as sub-optimal.[1] More studies across regions would clarify practice gaps and any hurdles to implementation.
- **Strong policies on integrated care for chronic disease are laid out in the national health plan.** In the latest document, a list of specific objectives are laid out to improve CKD management and care in all stages.[2] It emphasises early detection and coordinated, timely access between primary and specialist care.
- **Italy's kidney disease registry covers patients receiving dialysis and transplants**. It would be useful to include earlier stages so the effects of early detection and prevention efforts can be better tracked.
- **The expansion of digital health may benefit chronic disease care.** Pre-COVID, the national health plan proposed an evaluation of the benefits that more digital adoption could bring to chronic disease care.[2] There are signs that these tools are being used to measure important parts of the kidney care pathway in some regions.
- **A lack of CKD awareness is acknowledged among primary care providers.** General practitioners (GPs) lack an understanding of how to detect early CKD and the best interventions to treat it.[3,4] This causes delays in diagnosis and can result in late treatment.[4]

Guidelines

Italian specialists have had representation on international and European guidelines for kidney disease.[5,6] Yet national studies as far back as 2005 identify implementation of guidelines as suboptimal in Italy.[7]

According to a 2016 study conducted in the Lazio region, compliance with international guidelines was poor. This resulted in shortcomings in patient care, with over 6% of patients being referred out of the region for some aspects of management.[1]

Stakeholders would benefit from further research into practice gaps and barriers to guideline adherence across Italy's regions. Structured referral pathways, supported by national policy and outcome-based incentives could also be considered as a way to address guideline implementation issues.

Policies

The National Health Service (Servizio Sanitario Nazionale, SSN) regularly develops national health plans (Piano Sanitario Nazionale) for chronic disease. The objectives listed in the most recent plan (2016), include setting national targets for optimal care and management of CKD patients and include those for early recognition and timely referral to a nephrologist, shared protocols for the referral, and avoiding delays in access to dialysis therapy.[2]

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Registries

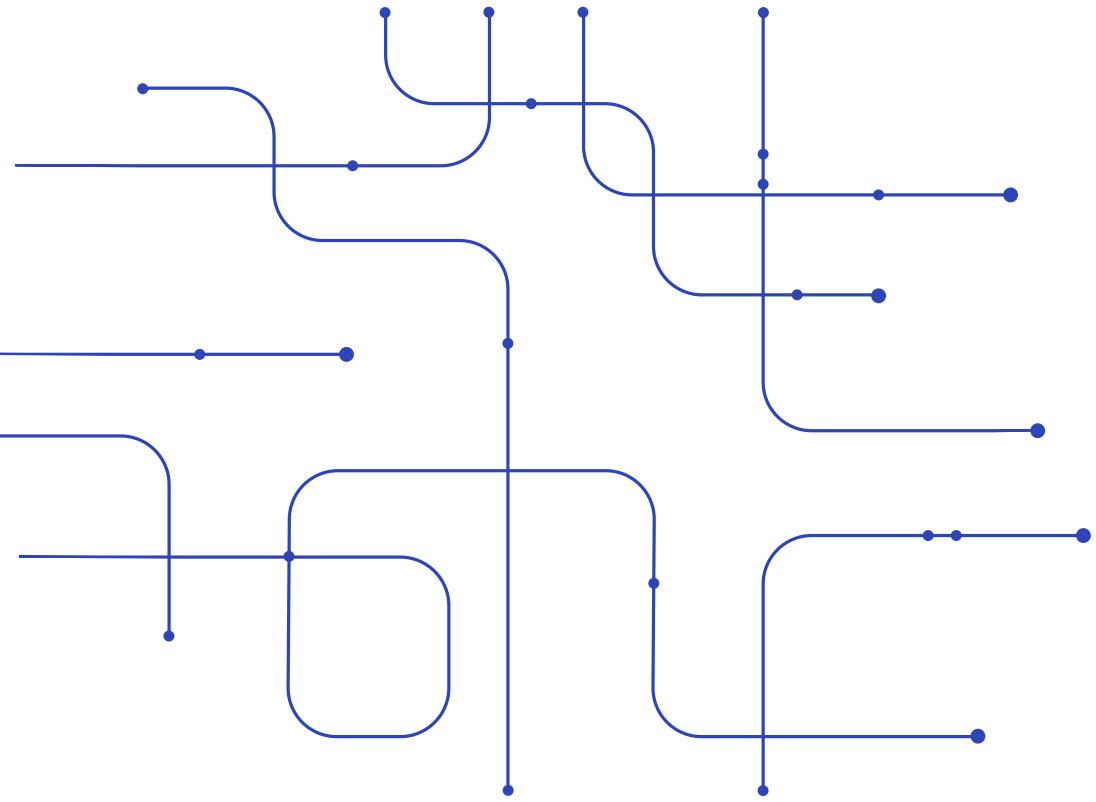
In 1996, Italy established the Italian Dialysis and Transplant Registry.[8] The registry is accessible to the public, and its website houses annual reports and links to aggregate data. While an open-access registry is a strong foundation, its data is limited to end-stage renal disease.

Therefore registry data cannot be used to guide disease management across all CKD stages and in early-detection research.

In 2014, the Ministry of Health recommended implementing a national CKD registry that includes all stages of the disease.[9] However, it has not been implemented yet.[10]

Table 1:[8,11,12]

Renal registry	Italian Dialysis and Transplant Registry (RIDT)
Year established	1996
Accessibility	Information including annual reports, publications, and aggregate data accessible via website, publicly available records, or with assistance from registry staff
Stages included	End stage renal failure (stage five)
Outcome data	Mortality/survival and/or hospitalisation/complications data available
Data collected	Demographic data, primary renal disease, comorbidity conditions, treatment details, dialysis details, kidney transplant details, outcome measures, cause of death



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Digital-first and integrated health information

Italy's National Health Plan proposes to promote the use of digital health models and tools to better manage chronic diseases.[2] Electronic Health Records (EHR) were introduced in 2015, but few regions had fully implemented them by 2020.[13]

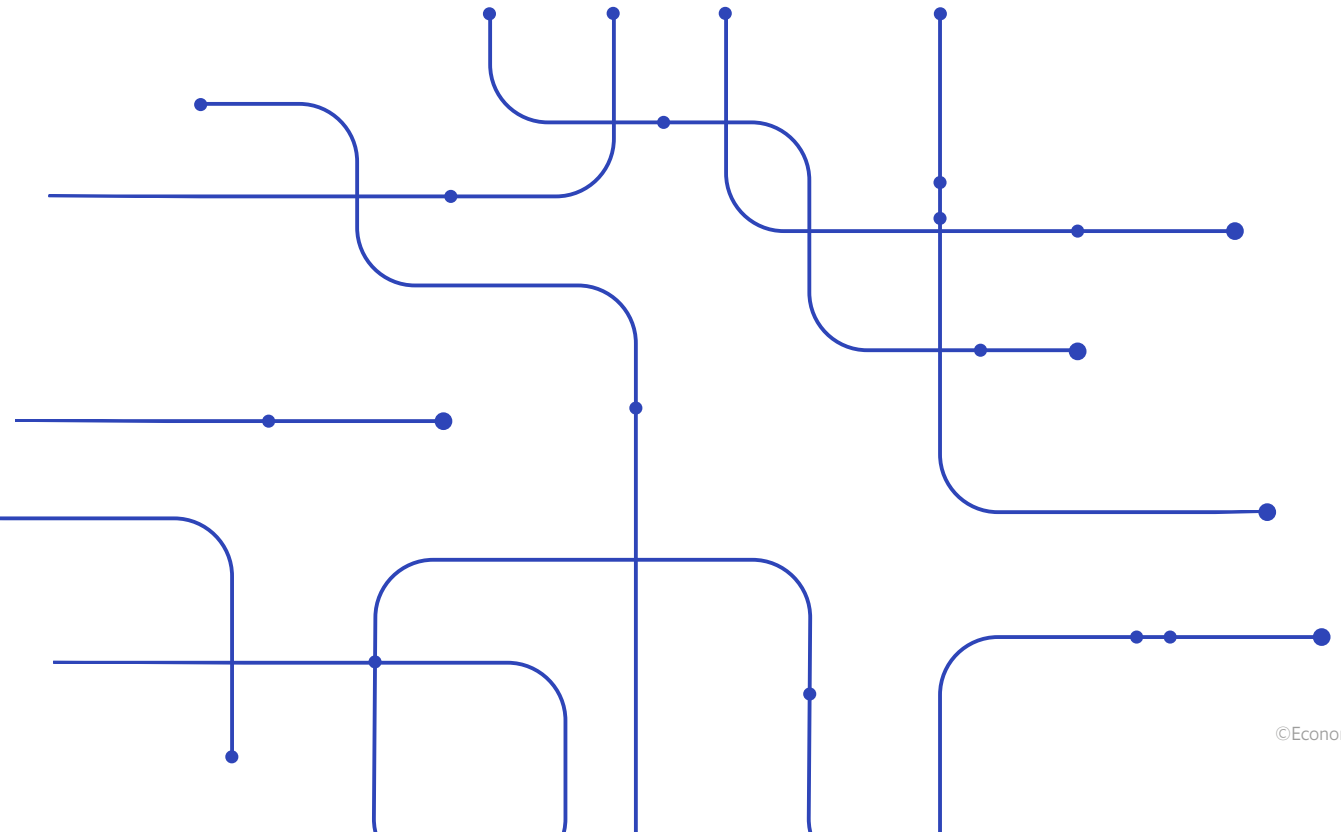
Covid-19 has increased digital health adoption in Italy, from telemedicine and EHRs, to new health information systems.[14] The national impact of the new wave of digital adoption on CKD has not yet been significantly studied.

Italy, and the Puglia region specifically, has demonstrated some success in scaling up best practice in integrated care for kidney disease through the use of health information.[15] The European Union funded project SCIROCCO developed and tested an IT tool for exchange of good practices and integrated care in Europe. The platform, called Smart Health 2.0, aims to build a "digital healthcare model" has been used for telemonitoring of CKD management, which includes early detection of the disease and teledialysis.[15]

Awareness

GPs' awareness of CKD is considered poor in Italy and primary care providers often refer patients to a nephrologist too late.[3,16,17] The late diagnosis of CKD is particularly concerning because early detection is the best defence against this progressive disease.

Italy's 2016 national health plan (Piano Sanitario Nazionale) proposed improving CKD care by training GPs in the early detection of CKD and making them aware of the individuals most at risk of CKD.[2] A study in the Apulia region of Italy showed that educating GPs plays a significant role in early diagnosis, with increased use of GP-led testing following an intervention to raise awareness of CKD.[17]



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