

MEDICAL REHABILITATION IN THE EUROPEAN CONTEXT THE SITUATION IN ITALY

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Abstract: The text analyzes the importance of medical rehabilitation in the European context, with a particular focus in Italy. It highlights that 44.9% of the Italian population, or rather 27 million people need rehabilitation care, mainly due to musculoskeletal problems, sensory deficits, neurological disorders and respiratory diseases. The situation is similar in Romania, with 48% of people who need rehabilitation. The main causes of the increase of the need for rehabilitation include the population ageing, the increase of the chronic diseases, the lack of awareness of benefits of rehabilitation. Other factors are the lack of professionals and the concentration of rehabilitation services in urban centres, excluding remote rural areas. The text discusses also the importance of economic efficiency in rehabilitation, as it reduces hospitalization times and it promotes social and professional reintegration. In spite of remarkable progress in Italy, there is still room for improvement, such as the increase in the availability of rehabilitation beds and the extension of out – of – hospital care, to ensure a more equitable coverage throughout the national territory.

Keywords: *rehabilitation; world health organization (who); rehabilitation services; benefits of rehabilitation.*

Introduction

I thank for the kind invitation to this Conference and my best wishes to the *Institutul Național de Recuperare, Medicină Fizică și Balneologie (INRMFB)* for its 100th anniversary celebration.

Why is there an Italian in Bucharest at this conference? I think that the answer is to be found in the mission of the foundation that I lead, *Istituto Auxologico Italiano* which is “medical rehabilitation”. In addition, it is be found into my friendship with Adrian Miulescu and our bond with Teleorman: he was born there and I am declared an honorary citizen in Rosiori De Vede and Merisani – Dobrotesti.

Auxologico is a foundation of Catholic origin, operating in Italy and Romania through 21 medical units, 1059 bed, half of them are rehabilitation beds, over a million patients per year, 300 research projects and 7000 international publications.

In Romania, Auxologico is present in Corbeanca with *Cardiorec* – a large outpatient center specializing in cardiology and prevention. Auxologico is also present in Baile Felix with an important and modern and technological neurorehabilitation hospital, which have 4 therapeutic thermal pools (please note that there are not similar equipment in Italy) and an exceptional medical team who collaborate with

colleagues from the University of Oradea, colleagues from Auxologico in Italy and Università degli Studi di Milano.

This article concerns rehabilitation in Europe, focusing to Italy, and it shows the importance of political decisions that keep track of both the changed socio – economic and epidemiological context and the role of rehabilitation.

The need for rehabilitation services in Europe

According to the WHO (World Health Organization) European Region in 2022, 394 million people, so more than 40% of the Region’s population have a health condition that requires rehabilitation care. However, most of these people do not receive the rehabilitation they need [1].

The situation in Italy

According to the WHO report, there are over 27 million of Italians, or rather 44.9% of the population, who have at least a disease for which they need rehabilitation care. Most of them belong to the age group of 15 to 64 and it represents 15.3 million people.

In Italy, the top four health conditions that determine the need for rehabilitation are the musculoskeletal disorders (61.2%), sensory

impairments, neurological and respiratory disorders.

The situation in Romania

In Romania, the situation is slightly worse than Italy, with over 9 million people, or rather 48% of the population who need rehabilitation.

The main problem is represented by the age group between 16 and 64 years old, with almost 6 million people.

The main causes that determine the need for rehabilitation are the same than Italy, but with an higher percentage of musculoskeletal problems (66.5%).

What are the causes of the problem?

According to the WHO report, the main causes of this important problem are:

- **Population ageing.** Europe has the oldest population in the world and the proportion of people aged 60 and older is expected to increase from 23.9% in 2015 to 34.2% in 2050. This increase is related to multiple pathologies and functional disorders, as well as continence, movement and balance problems;

- **Chronic diseases.** The significant increase in the number of people who has a chronic condition:

- Lack of awareness of the benefits of rehabilitation;
- Lack of clinical and epidemiological data;
- Lack of rehabilitation professionals;
- The concentration of rehabilitation services in large urban centres, excluding remote rural areas;
- Insufficient integration of rehabilitation services in primary healthcare;

Furthermore, the new determining factors of the need for rehabilitation services are:

- Increase in violence and injuries;
- The number of migrants and refugees has increased;
- Emergencies, conflicts and epidemics.

The benefits of rehabilitation

Rehabilitation services are advantageous from an economic point of view and ethically due.

They are advantageous from an economic point of view for many reasons:

- to avoid expensive hospital admissions;
- to reduce hospital length of stay;
- to reduce the risk of complications;
- to accelerate reintegration back to work and social life.

Rehabilitation is also a moral imperative because it is an essential service and it goes beyond prevention and treatment. It contributes to people's

well-being and it focuses on the individual's functioning, quality of life and not on the disease.

What is necessary to develop rehabilitation concretely?

On May 2023, The World Health Assembly resolution identified the priority actions for the development of rehabilitation:

- Its recognition as an essential medical service for millions of people and not as an additional intervention for only few categories;
- Its consideration as part of “universal health coverage”;
- Leadership and governance of rehabilitation: in other words, the ability to identify priorities and strategies through laws and planning.
- Integration with primary healthcare and its diffusion in all territories;
- Rehabilitation loans: in different places, rehabilitation loans are insufficient leading to reduced quality and effectiveness of the service;
- Data and information about rehabilitation: reliable information about rehabilitation needs and supply of services, integration into existing health information systems are limited in most countries.
- Specialized professionals: the healthcare workforce shortage is more evident in rehabilitation program;
- Availability of technologies, aids, drug treatment for rehabilitation protocols [2].

How does italy operate?

In an extremely difficult socio-economic framework, there are macro areas of regulatory intervention and a change in the supply of rehabilitation services.

In brief:

- a) Adequate rehabilitation treatment and discharge form;
- b) Number of rehabilitation beds;
- c) Out-of-hospital rehabilitation;
- d) Rehabilitation team;
- e) Private consumption growth

a) Adequate Rehabilitation Treatment And Discharge Form

In the last few years, many regulatory provisions have been issued regarding: appropriate rehabilitation treatment and the recording and coding systems of these activities, through discharge forms.

At the moment, these measures aim at hospitalization and not at territorial rehabilitation.

In 2023, a new rehabilitation discharge form was approved. Among the news, the rating scales were introduced which, in addition to being able to quantify the complexity of post acute care patients, they evaluate the result of rehabilitation treatment in terms of recovery of compromised mobility functions. An english evaluation scale, the Rehabilitation Complexity Scale (RCS–E) was adopted.

b) Number Of Rehabilitation Beds

A distinctive feature of the Italian system is the equal presence of public and private hospitals that operate for public purposes on a contractual basis.

In 2021, there were 451 public hospitals compared to 572 accredited private hospitals.

Public hospitals have drastically decreased in the last 20 years, compared to private ones.

Italian law provides an average bed occupancy for: 3.3 beds per thousand inhabitants for acute hospitalization and 0.6 beds per thousand inhabitants for rehabilitation.

Almost all regions have reached the target for acute care hospital beds, while only 6 regions reached the target for rehabilitation beds.

General internal medicine is the medical speciality which has the highest number of hospital beds, with 30,450 beds (14.9% of the total number of beds) followed by rehabilitation (23,089 beds, 11.3%).

c) Out-Of-Hospital Rehabilitation

In recent years, out of hospital care has increased to allow the continuity of rehabilitation process and avoid prolonged hospital stay.

The data represents the evolution of territorial structures (public and accredited private ones) in the period between 1997–2021.

d) Rehabilitation Team

Rehabilitation team is an essential element of the medical service.

Quality of care and health services depend largely on professionals who provide them, as well as representing a significant part of the costs of the healthcare system.

Recruiting physicians and healthcare personnel is very hard in Europe and Italy.

If we consider the number of physicians per 10 thousand inhabitants, we can declare Italy had 41 in 2021.

Among the main European countries, Spain and Germany are in first place (46 and 45, respectively), while France and the United Kingdom are below (33 and 32)

If we predict that Italy will reach a satisfactory number of physicians in 2030, the future foresees a serious crisis for the recruitment of medical assistants and rehabilitation professionals, due to economic conditions and employee recognition.

e) Private Consumption Growth

Considering the total number of hospital beds in the national health system, private hospitals own 30.4% of the total of hospital beds nationwide.

If we consider the type of hospitalization, the number of acute hospital beds in private hospitals is lower (23.3% of the total number of beds), while private hospital beds are more than those in public hospitals as regards the long-stay patient (55.5%) and in the rehabilitation field (75.7%).

Private consumption has become a factor that cannot be considered negligible.

In the analyzed period, private health expenditure remained relatively constant in relation to the Gross Domestic Product: 41.5 billion euros in 2022 (from 2.1% in 2012 to 2.2% in 2022).

It was not the same for the public sector, which had progressively reduced its revenue share in 2019: 132.9 billion euros in 2022 (from 6.7% to 6.4%) [3].

Conclusions

The current situation highlights a significant unmet need for rehabilitation across Europe and underscores the importance of equity in access to appropriate rehabilitation services. It is essential for rehabilitation to be integrated and fully included in all national health policies through cross-sectoral involvement of Ministries in individual countries, ensuring adequate funding and making it a part of universal health coverage.

Rehabilitation must be extended to all levels of healthcare, including primary healthcare; specialized rehabilitation centers and services should be developed to meet the needs of individuals with complex requirements; healthcare provision should be decentralized to peripheral areas; a strong multidisciplinary

rehabilitation workforce should be developed, and rehabilitation skills should be promoted among all healthcare professionals.

Compliance with Ethics Requirements:

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