

# Italy

The OECD Patient-Reported Indicator Surveys (PaRIS) is a groundbreaking initiative that fills a critical gap in health data by measuring the health outcomes and care experiences of people. This is an essential piece of information still lacking: the views of those directly concerned by health services – the patients – about their experience with the healthcare system and the outcomes as reported by them. By capturing the perspectives of over 107 000 people across 1 800 primary care practices in 19 countries, PaRIS provides an internationally comparable assessment of how outcomes and experiences of primary care users aged 45 years and older vary across countries and how healthcare systems deliver the care people with chronic conditions need.

As the global population of people living with chronic conditions continues to grow, the need for healthcare systems to adapt to their needs has never been more urgent. PaRIS plays a crucial role in informing this shift by offering data that supports the reorganisation of healthcare around the care experiences and health outcomes that matter most to people. Unlike disease-specific assessments, PaRIS takes a broader approach, measuring how healthcare impacts people's lives across various dimensions. This comprehensive perspective has the potential to revolutionise the way we assess the performance of healthcare systems on a global scale.

PaRIS findings emphasise the need for more people-centred and co-ordinated care, especially for the 80% of primary care users aged 45 years and older that live with at least one chronic condition and the 50% that live with multiple (two or more) chronic conditions. Targeted policies are essential to address inequalities, enhance care co-ordination, and build trust in healthcare systems. Encouraging patient involvement in care decisions and fostering strong relationships with healthcare professionals can lead to better health outcomes, greater trust in the system, and increased confidence in managing their own health. At the same time, a well-staffed healthcare workforce and primary care practices organised around people's needs are key to achieving improved patient outcomes and experiences.

This country note leverages the main findings of the publication, *Does Healthcare Deliver: Results from the Patient-Reported Indicator Surveys (PaRIS)*, to provide a focused assessment for Italy. Italy sampled patients from the outpatient specialist registries in Tuscany, Veneto, and the *Azienda Unità Sanitaria Locale* of Bologna (Emilia Romagna Region). The sampling criteria differ from other countries in PaRIS, that sampled people based on their affiliation with a primary care practice. Italy's sampling criteria influence results due to the expected higher risk profile of these patients. For this reason, this country note focuses on findings within the Italian context. The note also refers to how some of these results compare with the OECD PaRIS average, however, different sampling method limit comparability. The OECD PaRIS average is the simple average of 17 OECD member countries participating in PaRIS. The note draws insights from the ten key patient-reported outcome and experience measures used in the survey (Table 1).

### Box 1. Key findings

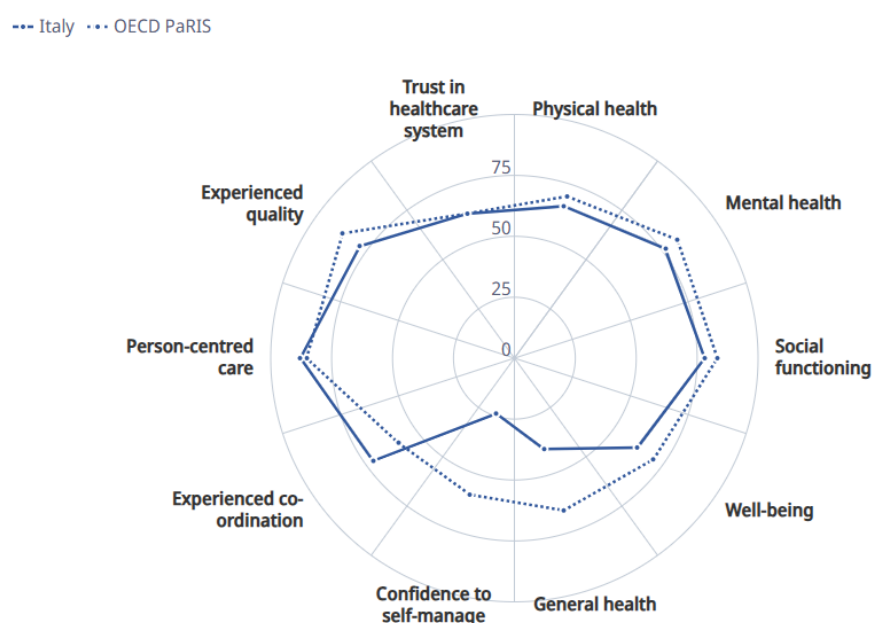
- **More than seven in ten (72%) people living with chronic conditions in Italy report good experiences of care co-ordination**, 11 percentage points higher than the OECD PaRIS average (59%).
- **Two-thirds (66%) of people with chronic conditions in Italy report favourable physical health**, 4 percentage points lower than the OECD PaRIS average (70%). Physical health refers to physical function, pain and fatigue.
- **Nearly two-thirds (62%) of people with chronic conditions in Italy report good well-being**, compared with 71% for the OECD PaRIS average. Well-being measures how positive a person feels in terms of mood, vitality, and fulfilment.
- **Less than a quarter of the people (23%) with two or more chronic conditions in Italy are managed in primary care practices that offer follow-up and regular consultations of more than 15 minutes**, 23 percentage points lower than the OECD PaRIS average (46%).
- **More than three out of four people (76%) with three or more chronic conditions in Italy report that their medication was reviewed** by a healthcare professional over the past 12 months, comparable to the OECD PaRIS average (75%)
- **Only 5% of people with chronic conditions report confidence in using health information from the internet to make health decisions**, lower than the OECD PaRIS average (19%).
- Only 13% of people with chronic conditions are **managed in practices that can exchange medical records electronically**, these are more than 40 percentage points lower than the OECD PaRIS average (56% and 57%, respectively).

### How well does Italy deliver care to people with chronic conditions?

In Italy, most people with chronic conditions report positive health outcomes and experiences of primary care. While relatively few people with chronic conditions feel confident in managing their own health, it is encouraging that 67% report receiving enough support to do so. This discrepancy may, in part, be explained by the relatively higher proportion of patients with more severe chronic conditions in the Italian sample, which demand more complex management. This assessment is based on the 10 key patient-reported outcome measures (PROMs) – *physical health, mental health, social functioning, well-being and general health* and patient-reported experience measures (PREMs) – *confidence to self-manage, experienced co-ordination of care, experienced person-centred care, experienced quality of care and trust in healthcare system* (Figure 1).

**Figure 1. PaRIS 10 key indicators**

Percentage of people with one or more chronic conditions reporting positive outcomes or experiences of care



Note: For all indicators, percentage values are shown, measuring the percentage of people reporting a positive outcome or experience (for example, patients reporting being in good, very good or excellent general health). See Table 1, for more information on the cutoffs for positive responses and the scales used. Data for Italy refer to patients enrolled in outpatient settings for specialist visits in selected regions, this population has on average more severe conditions compared to other country samples. The OECD PaRIS average is the simple average of 17 OECD member countries participating in PaRIS.

Source: OECD PaRIS 2024 Database.

In Italy, more than 60% of people living with chronic conditions report having good health outcomes. The Italian sample includes mainly patients who were managed in specialists' settings (*c.d. ambulatori dei medici specialisti*) and who have more often complex health needs.

- Two-thirds (66%) of people with chronic conditions in Italy report a **physical health** score over 42, the threshold indicating good physical health, this is 4-percentage points lower compared to the OECD PaRIS average (70%). Physical health refers to physical function, pain and fatigue.
- Over three out of four (76%) people with chronic conditions in Italy report a **mental health** score over 40, the threshold indicating good mental health, this is 7 percentage points lower than the OECD PaRIS average (83%). Mental health is measured in terms of quality of life, emotional distress, and social health.
- Almost four in five (78%) people with chronic conditions in Italy report good, very good or excellent **social functioning**, which measures how well people carry out their usual social activities and roles. This is 5 percentage points lower than the OECD PaRIS average (83%).
- Nearly two-thirds (62%) of people with chronic conditions in Italy report a **well-being** score over 50, the threshold for good well-being, which is 9 percentage points lower than the OECD PaRIS average. Well-being measures how positive a person feels in terms of mood, vitality, and fulfilment.

The majority of people living with chronic conditions in Italy report experiencing good care coordination, despite the Italian sample including patients with a higher risk profile than other countries included in the PaRIS survey. Trust in the healthcare system aligns with the OECD PaRIS average. However, results on the experience of good quality of care are below other countries.

- In Italy, 24% of patients living with chronic conditions feel **very confident or confident about managing their own health compared to those who are somewhat confident or not confident at all**. This is 35 percentage points lower than the OECD PaRIS average of 59% (range: 24-92%). Nevertheless, when the comparison is made grouping people who are very confident, confident or somewhat confident in managing their own health compared to those who are not confident at all, the gap between Italy and OECD PaRIS average is much smaller (89% in Italy and 95% in OECD PaRIS average, see Chapter 2 for more details).
- More than seven in ten (72%) people living with chronic conditions in Italy report good **experiences of care co-ordination**, more than 10 percentage points higher than the OECD PaRIS average (59%).
- In the same line, 88% report good **experiences of person-centred care**, comparable to the OECD PaRIS average (85%).
- More than three out of five (62%) people living with chronic conditions in Italy **trust their healthcare system**, this is in line with other OECD countries participating in PaRIS. Nearly four in five (78%) people in Italy report **experiencing good quality of care**, which is 9 percentage points lower than the OECD PaRIS average.

**Table 1. PROMs and PREMs in PaRIS**

<b>Patient-Reported Outcome Measures (PROMs)</b>	
Physical health	<p>Response to four questions measuring physical function, pain and fatigue, response options scale of 1-5.</p> <p>Average score of patients. Raw scale 4-20 converted to T-score metric in which 50 is the mean and 10 the standard deviation of the PROMIS reference population. T-score range of 16.2-67.7.</p> <p>Percentage of patients reporting positive outcome (T-score of 42 or more, equivalent to being in “good” physical health or better, as compared to “fair” or “poor” health, based on PROMIS reference population) shown in Figure 1.</p> <p>Data instrument: PROMIS® Scale v1.2 – Global Health scale.</p>
Mental health	<p>Response to four questions on quality of life, emotional distress and social health, response options scale of 1-5.</p> <p>Average score of patients. Raw scale 4-20 converted to T-score metric in which 50 is the mean and 10 the standard deviation of the PROMIS reference population. T-score range of 21.2-67.6.</p> <p>Percentage of patients reporting positive outcome (T-score of 40 or more, equivalent to being in “good” mental health or better, as compared to “fair” or “poor” health, based on PROMIS reference population) shown in Figure 1.</p> <p>Data instrument: PROMIS® Scale v1.2 – Global Health scale.</p>
Social functioning	<p>Response to question: “In general, please rate how well you carry out your usual social activities and roles [further specified in questionnaire]”, response options range from poor (1) to excellent (5).</p> <p>Percentage of patients that responded good, very good or excellent (compared to fair or poor).</p> <p>Data instrument: PROMIS® Scale v1.2 – Global Health scale.</p>
Well-being	<p>Response to five questions measuring well-being (have felt cheerful and in good spirits, calm and relaxed, active and vigorous, fulfilled in daily life, fresh and rested), response options scale of 0-5.</p> <p>Average score of patients (raw scale 0-25 converted to 0-100 scale).</p> <p>Percentage of patients reporting positive outcome (score <math>\geq 50</math>, indicating not at risk of clinical depression) shown in Figure 1.</p> <p>Data instrument: WHO-5 Well-being Index.</p>
General health	<p>Response to question: “In general, would you say your health is ...” where response options range from poor (1) to excellent (5).</p> <p>Percentage of patients that responded good, very good or excellent (as compared to fair or poor).</p> <p>Data instrument: PROMIS® Scale v1.2 – Global Health scale.</p>
<b>Patient-Reported Experience Measures (PREMs)</b>	
Confidence to self-manage	<p>Response to question: “How confident are you that you can manage your own health and well-being?”, response options range from not confident at all (0) to very confident (3).</p> <p>Percentage of patients that are confident or very confident (compared to somewhat confident or not confident at all).</p> <p>Data instrument: P3CEQ Questionnaire.</p>
Experienced co-ordination	<p>Response to five questions measuring care co-ordination (care joined up, single named contact, overall care plan, support to self-manage, information to self-manage). Response options scale of 0-3.</p> <p>Average score of patients (on a scale of 0-15).</p> <p>Percentage of patients reporting positive experience (scored 50% or more across 5 questions, i.e. scale score <math>\geq 7.5</math>) shown in Figure 1.</p> <p>Data instrument: P3CEQ Questionnaire, data available only for people with chronic condition/s.</p>
Person-centred care	<p>Response to eight questions measuring if care is person-centred (discussed what is important, involved in decisions, considered “whole person”, no need to repeat information, care joined up, support to self-manage, information to self-manage, confidence to self-manage). Response options scale of 0-3.</p> <p>Average score of patients (on a scale of 0-24).</p> <p>Percentage of patients reporting positive experience (scored 50% or more across 8 questions, i.e. scale score <math>\geq 12</math>) shown in Figure 1.</p> <p>Data instrument: P3CEQ Questionnaire, data available only for people with chronic condition/s.</p>
Experienced quality	<p>Response to question: “When taking all things into consideration in relation to the care you have received, overall, how do you rate the medical care that you have received in the past 12 months from your primary care centre?”, response options range from poor (1) to excellent (5).</p> <p>Percentage of patients that responded good, very good or excellent (compared to fair, poor, and not sure).</p> <p>Data instrument: Adapted from Commonwealth Fund International Health Policy Survey.</p>
Trust in healthcare system [TH]	<p>Response to question: “How strongly do you agree or disagree that the healthcare system can be trusted?”, response options range from strongly disagree (1) to strongly agree (5).</p> <p>Percentage of patients that agree or strongly agree (compared to neither agree nor disagree, disagree, strongly disagree).</p> <p>Data instrument: Based on OECD Guidelines on Measuring Trust and similar to questions in selected national surveys.</p>

Source: See Chapter 2 for more details.

### ***People with multiple chronic conditions report less favourable health outcomes and poorer social functioning than people with one chronic condition***

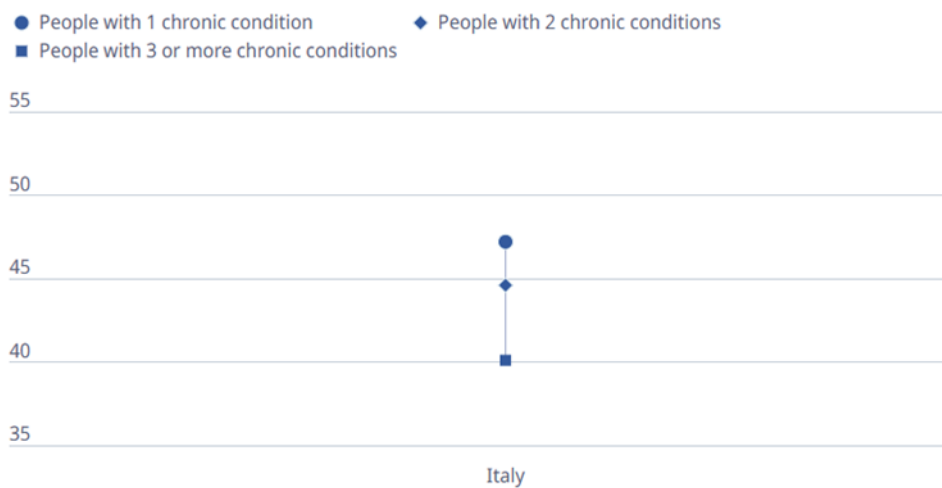
People living with multiple chronic conditions report lower levels of physical and mental health, well-being and social functioning compared to those who live with one chronic condition (Chapter 3). This pattern for Italy is consistent with most countries in PaRIS.

Specifically:

- In Italy, people with three or more chronic conditions are less likely to report better health compared to those with two chronic conditions. This pattern, consistent with other countries' results, underscores the compounded health burdens experienced by people with multiple chronic conditions, emphasising the escalating toll that each additional chronic condition takes on their health and well-being.
- People living with several chronic conditions in Italy have poorer physical health compared to those living with one chronic condition (score of 47). People with two chronic conditions (score of 45) score two-points lower than people with one chronic condition, yet people with three or more chronic conditions (score of 40) score seven-points lower than this reference group. This pattern is consistent across OECD PaRIS countries.
- While the average physical health score of people with one or two chronic conditions in Italy is above the good-fair cutoff point (42), people with three or more chronic conditions fall below this cutoff.

### **Figure 2. Physical health for people with one, two and three or more chronic conditions**

Average PROMIS physical health T-score



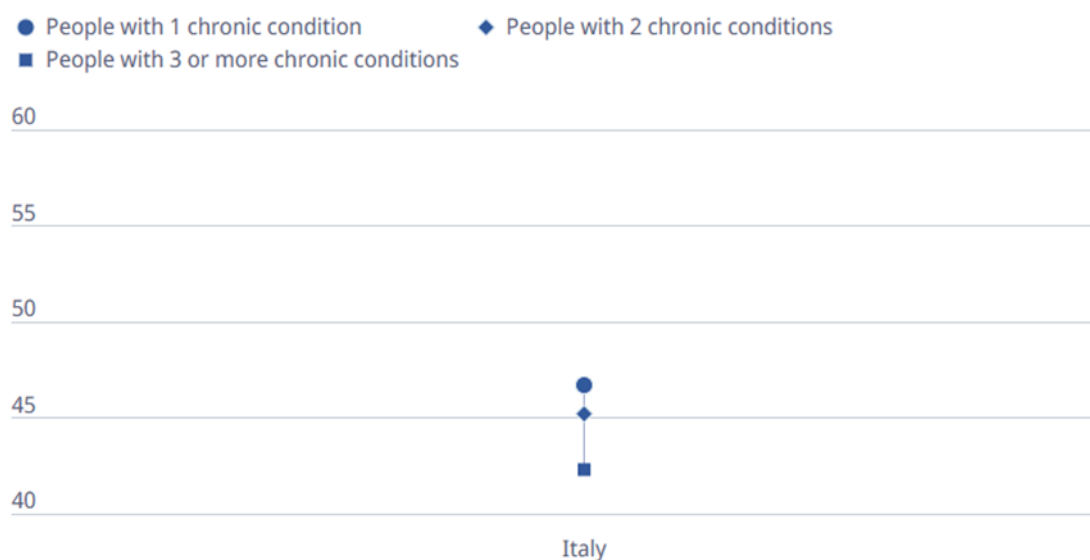
Note: OECD PaRIS average is calculated based on the data from participating OECD member countries. PROMIS® Scale v1.2 – Global Health component for physical health is a T-score metric with a range of 16-68, and a good-fair cutoff of 42, higher values represent better physical health.

Source: OECD PaRIS 2024 Database.

- Differences between people with one and those with more chronic conditions are less pronounced in mental health. People with one chronic condition report an average score of 47, well above the threshold of good mental health (40). Meanwhile, people with two chronic conditions report a score of 45 and people with three or more chronic conditions report a score of 42, all of them above the good mental health cutoff point (Figure 3).

**Figure 3. Mental health for people with one, two and three or more chronic conditions**

Average PROMIS mental health T-score



Note: OECD PaRIS average is calculated based on the data from participating OECD member countries. PROMIS® Scale v1.2 – Global Health component for mental health is a T-score metric with a range of 21-68, and a good-fair cutoff of 40, higher values represent better mental health. Source: OECD PaRIS 2024 Database.

- Like other countries in PaRIS, in Italy people with multiple chronic conditions report good social functioning – that is, the ability to carry out usual social activities – less often than people with one chronic condition (Figure 4). While 86% of people with one chronic condition in Italy have good social functioning, this goes down to 67% of people with three or more chronic conditions, about a 20 percentage point difference.

**Figure 4. Social functioning for people with one, two and three or more chronic conditions**

Percentage of people reporting good, very good, or excellent social functioning



Note: OECD PaRIS average is calculated based on the data from participating OECD member countries. PROMIS® Scale v1.2 – Global Health item on social functioning. Percentage of patients that responded good, very good or excellent (as compared to fair or poor) to the question: “In general, please rate how well you carry out your usual social activities and roles [further specified in questionnaire]”.

Source: OECD PaRIS 2024 Database.

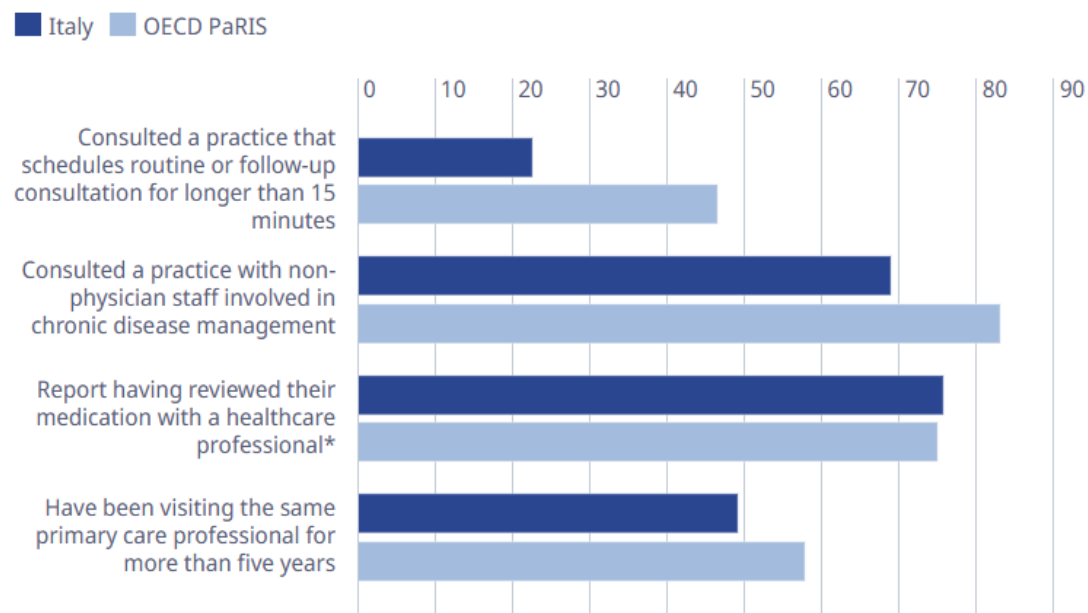
PaRIS results show that time, both time-scheduled for regular, follow-up consultations, and length of relationship with the same primary care professional, is a feature of primary care consultations associated with higher levels of experienced quality care (Chapter 3). Having staff other than physicians supporting the management of people with chronic conditions can improve healthcare delivery for people with multiple chronic conditions (Chapter 3). Systematic medication reviews in people with multiple chronic conditions enhances medication safety and efficacy while also increasing experienced care co-ordination.

For most primary care features Italy performs below the OECD PaRIS average (Figure 5):

- Less than a quarter of people (23%) with two or more chronic conditions are managed in primary care practices that offer follow-up and regular consultations of more than 15 minutes, this is 23 percentage points lower than the OECD PaRIS average.
- In Italy, a majority of people (69%) with two or more chronic conditions are managed in care practices where non-physician staff is involved in chronic disease management, yet it is lower than average of other OECD countries (83%).
- More than three out of four people (76%) with three or more chronic conditions in Italy report that their medication was reviewed by a healthcare professional over the past 12 months, similar to the OECD PaRIS average (75%).
- About half of the people with two or more chronic conditions (49%) in Italy report being with the same primary care professional for more than five years, this is 9 percentage points lower than the OECD PaRIS average (58%).

**Figure 5. Primary care delivery for people with multiple chronic conditions**

Percentage of people with two or more chronic conditions



Note: OECD PaRIS average is calculated based on the data from participating OECD member countries. \*Results for patients with three or more chronic conditions reporting their medication was reviewed by a healthcare professional over the past 12 months.

Source: OECD PaRIS 2024 Database.



## **People-centred care: Italy demonstrates excellent performance in patient support but faces challenges in digital health literacy**

People-centred care and healthcare systems that address the needs of people is an important indicator of the performance of healthcare systems and of primary care practices (Chapter 4). PaRIS data show that a people-centred approach that prioritise strong patient engagement and effective care co-ordination, is associated with enhanced health outcomes and patient experiences. This approach is particularly beneficial in managing chronic conditions, as it empowers patients to actively participate in decisions about their health.

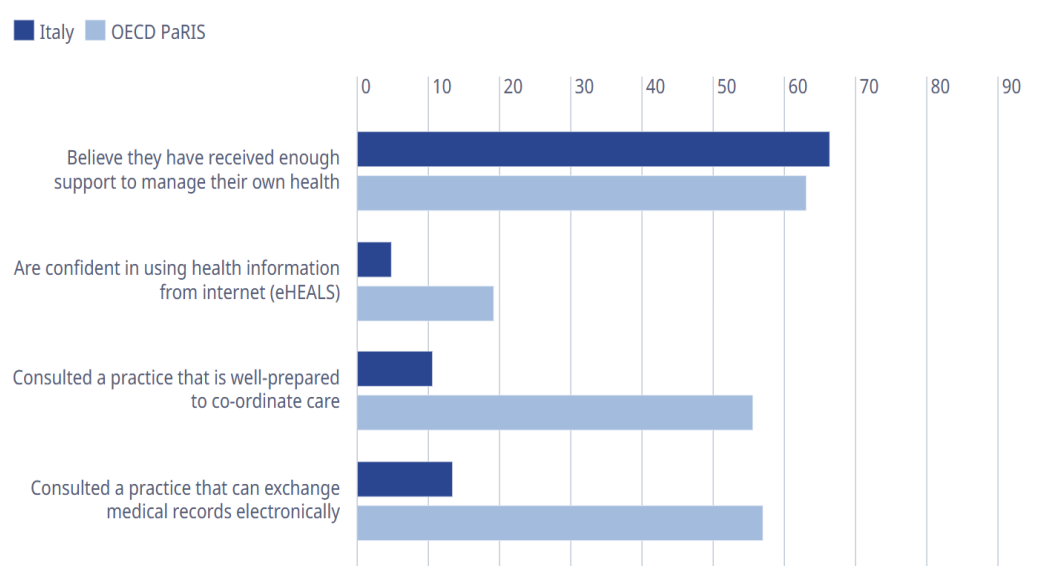
On several indicators of people-centred care, Italy demonstrates a mixed performance (Figure 6):

- Two-thirds (around 67%) of people with chronic conditions in Italy receive enough support to manage their own health, 4-percentage points higher than the OECD PaRIS average.
- Only 5% of people with chronic conditions report confidence in using health information from the internet to make health decisions, lower than the OECD PaRIS average (19%).
- Just 11% of people with chronic conditions are managed in primary care practices that report being well-prepared to co-ordinate care, more than 40 percentage points below the OECD PaRIS average (56%).
- A small proportion, 13%, of people with chronic conditions are managed in practices that can exchange medical records electronically, more than 40 percentage points lower than the OECD PaRIS average (57%).

These results highlight Italy's strengths in providing support to patients with chronic conditions but indicate significant challenges in digital health literacy, care co-ordination, and electronic medical record adoption in primary care settings.

**Figure 6. Co-production, co-ordination and use of digital tools in primary care**

Percentage of people with chronic conditions



Note: Results for people with one or more chronic conditions matched to a practice. Co-production: Patient receiving enough support and confidence in using health information from the internet (eHEALS) are reported by patients. Co-ordination: Patients managed in practices well prepared to co-ordinate care and that can exchange medical records electronically are reported by patients and participating primary care practices. OECD PaRIS average does not include the United States for practice-level indicators.

Source: OECD PaRIS 2024 Database.

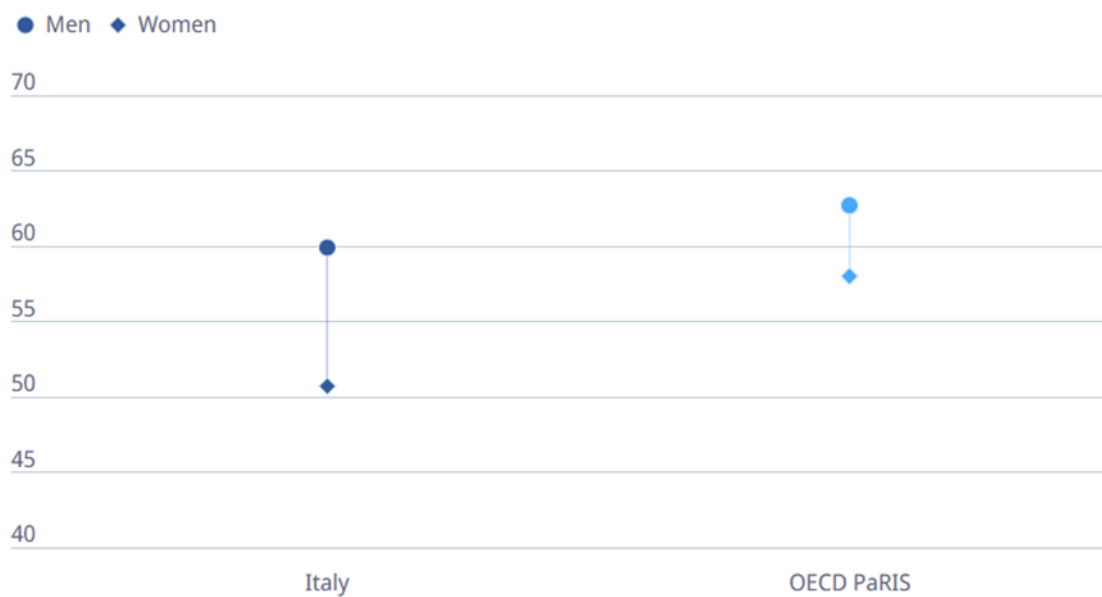
### **Addressing inequalities in gender and income levels is an area for improvement in Italy**

Among people with chronic conditions, there are differences in well-being and trust in the healthcare systems across genders in Italy, both indicators being lower for women.

- In Italy, men's average well-being score (60) is 18 points higher than women's (51). This gender gap is wider compared with the OECD PaRIS average; men's well-being average score (63) is 8 points higher than women's (58). The average score for women in Italy is just above the cutoff point indicating good well-being. This implies that an important share of women with chronic conditions in Italy reports poor well-being (Figure 7). The lower levels in both categories may partly be attributed to the relatively sicker patients in the Italian sample.
- A similar gender gap can be found in terms of trusting the healthcare system. While about 67% of men with chronic conditions in Italy report trusting the healthcare system, only 58% of women do (Figure 8). This represents a 10-percentage-point difference, comparable with the OECD PaRIS average (67% for men and 58% for women).

#### **Figure 7. Well-being reported by men and women**

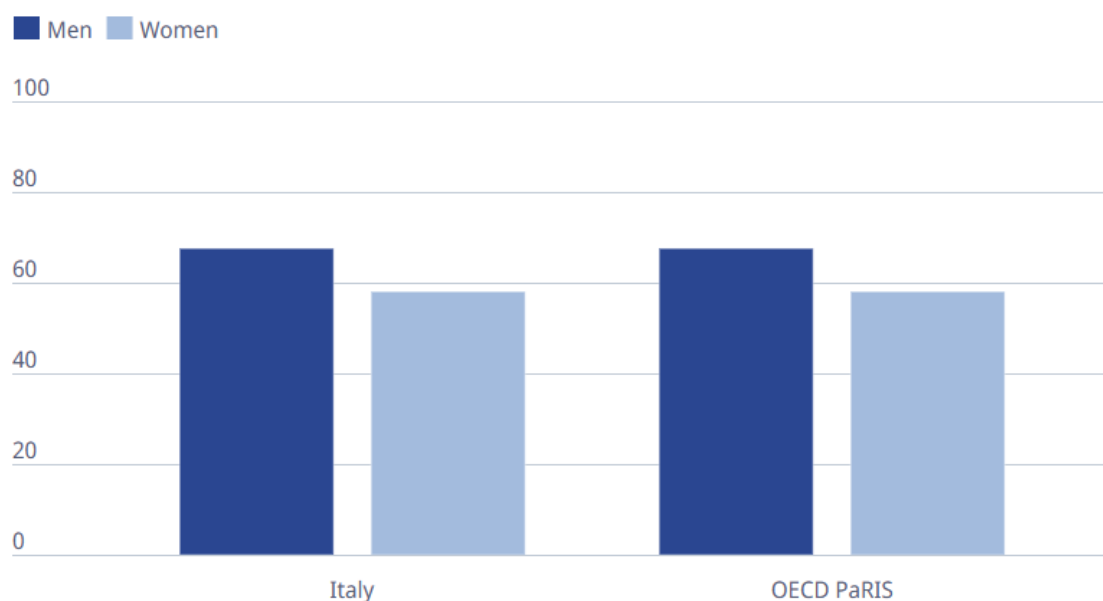
Average well-being index for people with chronic conditions



Note: OECD PaRIS average is calculated based on the data from participating OECD member countries. WHO-5 well-being index. Response to five questions measuring well-being. Raw scale 0-25 converted to 0-100 scale with 0 being the lowest possible well-being and 100 the highest. Source: OECD PaRIS 2024 Database.

## Figure 8. Trust in the healthcare system reported by men and women

Percentage of people with chronic conditions reporting trusting the healthcare system



Note: OECD PaRIS average is calculated based on the data from participating OECD member countries. Trust in healthcare system: Response to question: “How strongly do you agree or disagree that the healthcare system can be trusted?”, “strongly agree, agree” versus “neither agree nor disagree, disagree, strongly disagree”.

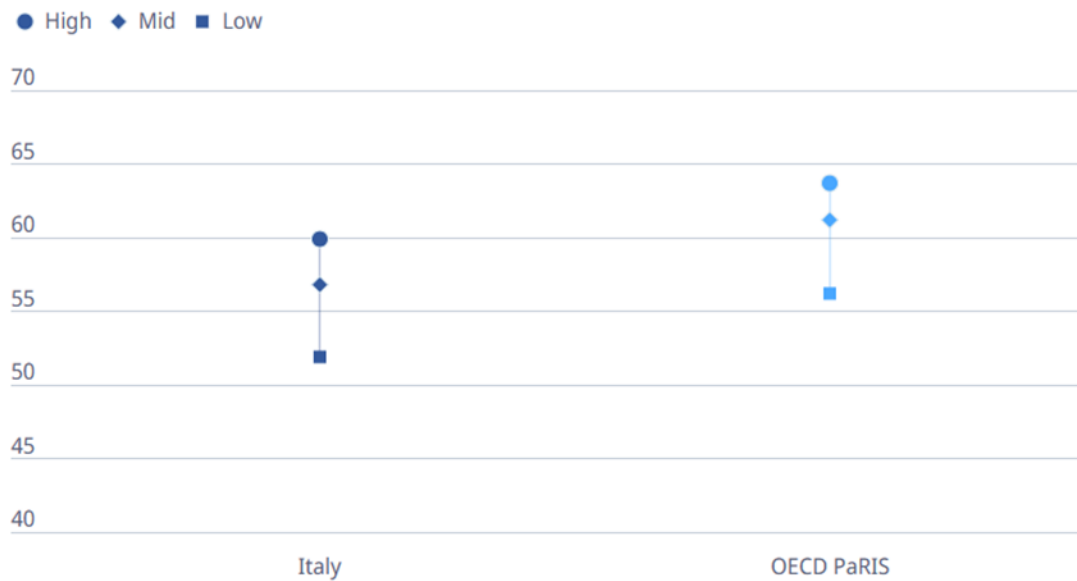
Source: OECD PaRIS 2024 Database.

As in other countries in PaRIS, higher income is associated with better health outcomes and experiences in Italy. This is particularly evident in indicators such as people’s well-being and trust in the healthcare system:

- In Italy, people with higher incomes (score of 60) report about better well-being than those with lower incomes (score of 52). This gap is comparable to the OECD PaRIS average where people with higher incomes report 13 points better well-being than those with low incomes (Figure 9). The lower levels in all categories may partly be attributed to the relatively sicker patients in the Italian sample.
- Nearly three out of four people living with chronic conditions (74%) with higher incomes trust the healthcare system, compared to 60% of people with lower incomes (Figure 10). This represents a 14 percentage point difference in trust, similar to the 11 percentage point difference for the OECD PaRIS average between the highest and lowest income groups.

**Figure 9. Well-being by income level**

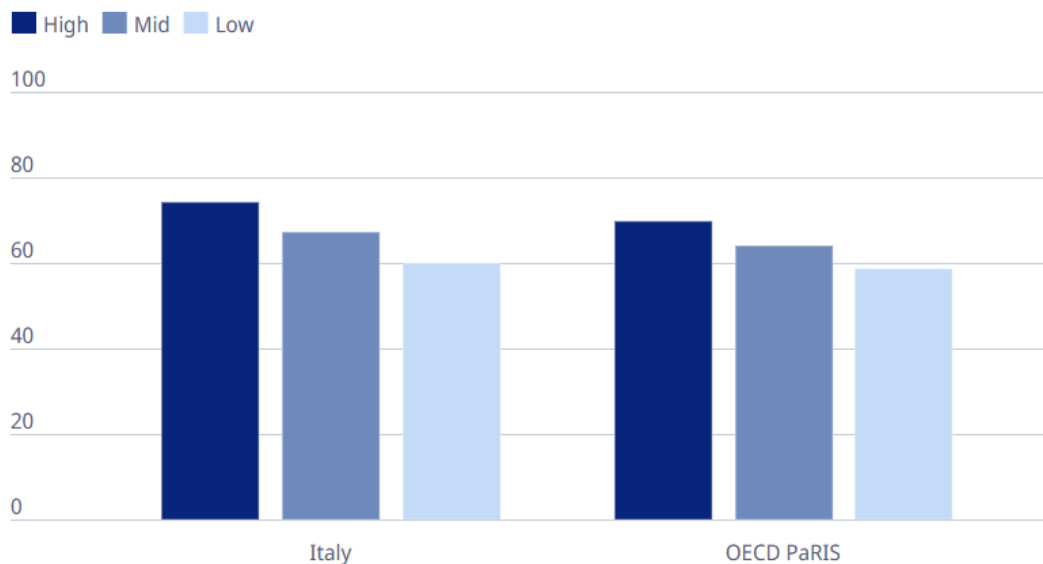
Average well-being index for people with chronic conditions



Note: OECD PaRIS average is calculated based on the data from participating OECD member countries. WHO-5 well-being index. Response to five questions measuring well-being. Raw scale 0-25 converted to 0-100 scale with 0 being the lowest possible well-being and 100 the highest. Source: OECD PaRIS 2024 Database.

**Figure 10. Trust in healthcare system reported by income level**

Percentage of people with chronic conditions reporting trusting the healthcare system



Note: OECD PaRIS average is calculated based on the data from participating OECD member countries. Trust in healthcare system: Response to question: “How strongly do you agree or disagree that the healthcare system can be trusted?”, “strongly agree, agree” versus “neither agree nor disagree, disagree, strongly disagree”. Source: OECD PaRIS 2024 Database.

## Key features of PaRIS

### PaRIS at a glance

PaRIS contains information on patient-reported outcomes and experience measures as well as health behaviours and capabilities, sociodemographic characteristics from patients and primary care practice characteristics information from healthcare providers. The data collection took place in 2023-24 and first results were released in the publication, *Does Healthcare Deliver: Results from the Patient-Reported Indicator Surveys (PaRIS)*.

Results span 107 011 primary care users (aged 45 years and older) and 1 816 primary care practices in 19 countries: Australia, Belgium, Canada, Czechia, France, Greece, Iceland, Italy, Luxembourg, Netherlands, Norway, Portugal, Romania, Saudi Arabia, Slovenia, Spain, Switzerland, the United States and Wales (United Kingdom). All results in this country note are age-sex standardised to adjust for the different demographic profiles of the countries. For detailed information on national sampling procedures and other methodological details, see Chapter 7 of the report.

Results for Italy are based on 1 817 patients and 113 primary care practices. All patients from the regional information system of outpatient services were invited to complete the survey. Primary care practices were selected by convenience sampling from the contact list of eligible practices of the Tuscany, Veneto and the local health unit (AUSL, *Azienda Unità Sanitaria Locale*) of Bologna. For detailed information on national sampling procedures and response rates, see Chapter 7 of the report.

In Italy, primary care practices responded to the questionnaire online. Patients responded to the questionnaire online.

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**The full book is available in English:** OECD (2025), *Does Healthcare Deliver?: Results from the Patient-Reported Indicator Surveys (PaRIS)*, OECD Publishing, Paris, <https://doi.org/10.1787/c8af05a5-en>.

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