VIGNETTES

Vignettes are short descriptions of scenarios consisting of defined core elements which can systematically be varied to develop different hypothetical cases. Based on primary data and supplemented further with register data, desk research and expert opinion, vignettes provide robust economic results and are more generalizable than single case studies. Randomly sampled cases from health care providers served as a basis for primary data, out of which cases were selected to construct vignettes with two core elements: medical condition and care setting. The vignettes were then used to compare treatment costs in primary care and hospital settings.

COST SAVINGS THROUGH TIMELY TREATMENT FOR IRREGULAR MIGRANTS AND EU CITIZENS WITHOUT INSURANCE

<table>
<thead>
<tr>
<th>Country</th>
<th>INDIVIDUAL SAVINGS</th>
<th>HEALTH CARE SYSTEM SAVINGS</th>
<th>SOCIETAL SAVINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Italy</td>
<td>86%</td>
<td>90%</td>
<td>85%</td>
</tr>
</tbody>
</table>

MEDICAL COSTS - HEALTH CARE SYSTEM

- Patient: 290 €
- Hospital: 1,830 €

TYPES OF COSTS

- Direct medical costs (medication, diagnostics, time of health professionals)
- Direct non-medical costs (time of patient, travel costs)
- Loss of income/productivity

LEVELS OF ANALYSIS

- Patient
- Health care system
- Society

SPECIFIC NATIONAL RECOMMENDATIONS

Italy has a well-defined set of policy regulations and administrative tools to integrate irregular migrants into the service provision. With the STP (“Temporarily Present Foreigners”), a short-term (6 months) but renewable avenue exists to prevent, in case of need, urgent and exceptional care as well as essential health care procedures considered necessary for public health reasons and urgent care treatment. On the practice level, models of cooperation between public health and social security actors that serve as examples of good practice on European level have been in place for more than fifteen years.

Specific recommendations are to harmonize regional implementation of policy regulations and administrative tools to integrate irregular migrants into the service provision. With the STP (“Temporarily Present Foreigners”), a short-term (6 months) but renewable avenue exists to prevent, in case of need, urgent and exceptional care as well as essential health care procedures considered necessary for public health reasons and urgent care treatment. On the practice level, models of cooperation between public health and social security actors that serve as examples of good practice on European level have been in place for more than fifteen years.

POLICY BRIEF

ITALY

GENERAL RECOMMENDATIONS

- Acknowledge health care for irregular migrants and EU citizens ineligible for or without insurance as a public health issue and apply public health instruments of planning, implementing, monitoring and evaluation accordingly.
- Public health policy level:
  - Provide a systematic overview on the current situation. Define key indicators, select an appropriate methodology and ensure data quality.
  - Define the roles of different stakeholders, specify their responsibilities and delineate different levels of responsibility.
- Public health policy level:
  - Inform the public (opinion) with evidence on figures, health problems, and treatments of/for irregular migrants and EU citizens ineligible for or without insurance.
- Health care provider level:
  - Support an intersectoral approach to health care (e.g. use data from ongoing projects and existing data on other issues). Support the development of a common information system.
- Community level:
  - Foster (health) literacy of irregular migrants and EU citizens ineligible for or without insurance.

METHODOLOGY

- Vignette approach using primary data provided by health care organizations.
- Cost analysis:
  - Direct medical costs (medication, diagnostics, time of health professionals)
  - Direct non-medical costs (time of patient, travel costs)
  - Loss of income/productivity

30%