December 2023
FORUM NEWS

european forum
of the Insurance against Accidents at Work and Occupational Diseases

Questionnaire on Rehabilitation scheme that Social Insurance gives for victims of accidents at work and occupational diseases in Italy

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1. General regulation of rehabilitation in the Social Insurance

Do(es) the Accident Insurance carrier(s) of your country provide this? Precise the name of the organization(s) responsible for it.

Yes: INAIL

2. What does "Rehabilitation" mean in your country:

Does it involve: health care? Social, vocational, medical measures? Reintegration? Reeducation of people? Other...

The rehabilitation scheme guaranteed by social insurance (Inail), is a process aimed at maximum recovery of psychophysical integrity – including the dynamic-relational aspects of the person – affected by the original harmful event working. The scheme is based on the sharing of responsibilities with the National Health Service.

The rehabilitation process includes healthcare services (initial outpatient treatment, rehabilitation in the acute or post-acute phase, prosthetics, and related rehabilitation assistance), interventions for the recovery of autonomy in the home and in the mobility and interventions for social and work reintegration.

3. Does the term “rehabilitation” refer to specialized centers dedicated to victims of accidents at work and occupational illnesses? Is it shared with the health insurance scheme?

In our country, healthcare is ensured, by the National Health Service, for the majority of citizens – including injured people and technopaths who, according to the Italian Constitution, have the right to guaranteed specific and differentiated protection by Inail. Below, we list the health services that the Inail patient is intitled to, with indication of the public provider.

- Emergency room and hospital treatment. They are provided at hospitals and are paid by the regional health services.
- Initial outpatient care after emergency room or hospital discharge. They are provided at Inail clinics, and the related costs are borne by the Institute within the framework of agreements with the Regions. However, the worker is free to contact his general practitioner or the National Healthcare Service.
- Rehabilitation in the acute or post-acute phase. Physio kinesitherapy services are provided at some Inail offices where there are physiotherapy clinics and the related costs are borne by the Institute, whether included or not in the essential assistance levels. Furthermore, since 1999 there is a highly specialized Inail Center in Volterra, where rehabilitation is carried out in the post-acute phase for severe musculoskeletal pathologies.
- Hydro-mud thermal treatments. They are provided at facilities affiliated with the National Healthcare Service and the related costs for therapeutic treatment are borne by NHS. Inail reimburses its patients for travel and accommodation expenses at facilities affiliated with the Institute.
- Prosthetics and related assistance, including rehabilitation. Performance, where required by the patient, are provided by the Inail Prosthesis Center in Vigorso di Budrio and its branches. They are the exclusive responsibility of INAIL which bears the costs. The Prosthesis Center of Vigorso di Budrio can also carry out prosthetic activities for the benefit of patients of the Health Service, on the basis of specific agreements, to invalids arriving from abroad sent to the center in very special cases as well as to private individuals, Italians and foreigners. If the patient, exercising his freedom of therapeutic choice, independently identifies the supplier, Inail holds him harmless from the costs incurred for the provision of the prosthetic assistance service within the limits of the assessed amount appropriate.
- Rehabilitation assistance provided at affiliated facilities. They are provided rehabilitation services exceeding the LEAs, with costs borne by INAIL, only in period of temporary absolute disability and for pathologies affecting the system skeletal muscle.
- “Maintenance” rehabilitation. It is currently insured by the health services regional where applicable.
- Home care interventions, rehabilitation, etc. They are currently insured by regional health services where provided. Regarding the division of responsibilities with the National Health Service, the Institute, in regarding rehabilitation, takes care of the services included in the essential levels of assistance (LEA) guaranteed by the Service itself only if provided by its own structures, while it only bears the costs related to supplementary benefits (LIA) when using facilities of the Health Service or accredited with it. In summary, the Institute has its own direct institutional expertise in the field of health services, competing with those of the Health Service in a ratio of vertical subsidiarity, implementing a division of functions between the different levels institutional, with a view to better satisfying the needs of citizens, including with the aim of avoiding duplication of functions and dispersion of resources.

4. How is it financed? (Within the general contribution for occupational injuries? Special contributions?...)

The National Health System is financed by general taxation.

The compulsory insurance system is financed through premiums paid by employers.

5. Which cash benefits and benefits in kind are included in the process of rehabilitation?

Benefits in cash:

- Compensation for temporary absolute disability.
- Capital compensation for biological damage (6%-15%);
- Annuity for compensation for permanent impairment of psychophysical integrity (16%-100%);
- Travel and accommodation expenses related to prosthetic assistance services.
- Travel and accommodation expenses incidental to the hydro-mud thermal treatments.

Benefits in kind include but are not limited to:

- Initial outpatient care.
- Medicines. Inail is responsible for class C drugs that are necessary for the treatment of pathologies caused by the work accident.
- Rehabilitation in the acute or post-acute phase.
- Rehabilitation assistance services at affiliated facilities.
- Prosthetics and related assistance, including rehabilitation.

6. What do you think is special about rehabilitation in your country? (e.g. support in returning to work? Home improvements? Special programs? Case manager? D-Artz as in Germany?...)

Inail ensures a global and integrated care of its patients by the multi-professional method of the multidisciplinary teams present in the various local branches. This approach guarantees:

- interventions aimed at allowing accessibility and usability of the home as well as restore autonomy to the patient, allowing him to cope with the limitations of mobility, communication, and management of the home environment. These interventions consist of:
    - masonry works for the removal and/or overcoming of architectural barriers.
    - supply and installation of devices for overcoming architectural barriers (stairlifts, elevators, ramps and slides);
    - functional adjustments and plant modifications, including masonry works aimed at making home suitable for the type of disability (sanitary fixtures, taps, controls for electrical and special systems, etc.);
    - supply and installation of microclimate control systems;
    - supply and/or adaptation of furnishings;
    - supply and installation of home automation devices;
    - provision of special controls and vehicle adaptation.
- interventions for reintegration into social life aimed at supporting injured people in the reconstruction and resumption of the social roles held before the accident, consisting of:
    - support for the patient and family members (spouse, civil partner, children, parents, brothers, sisters, cohabitants resulting from the registered family status of the patient) to achieve levels of awareness, self-esteem, autonomy, and adaptation aimed at dealing with the problems resulting from the accident.
    - support to the patient for the development of social and relational skills, with the aim of promote social participation and prevent situations of isolation or social marginalization.
    - support for the patient in recovering the levels of motivation and necessary skills to promote employment and reintegration into work.
    - support for the patient in practicing sports and recreational-motor activities to improve levels of psycho-physical well-being, including the provision of devices and equipment adaptation.
- interventions for reintegration into work by financing up to a maximum of 150,000 euros, public and private employers for the implementation of the accommodations consisting of:
    - overcoming and eliminating architectural barriers in the workplace (building, plant, and home automation interventions as well as devices aimed at allowing accessibility and usability of work environments).
    - adaptation of workstations (adjustment interventions of furnishings forming part of the workstation, aids and technological devices, IT or automation functional to the adaptation of the workstation or functions work equipment, including special controls and vehicle adaptations constituent work tools);
    - training (personalized training interventions on the use of the stations and of the relevant work equipment connected to the above adjustments; training and tutoring useful to ensure the performance of the same task or professional requalification functional to assignment to another job).

7. What are the latest developments in your country in the field of rehabilitation?

The current need for rehabilitation services in our country (currently 60,313,168 inhabitants in Italy), sees 27,117,057 people who have conditions of health who could benefit from rehabilitation services, with several percentages according to the age groups considered:

- 712,874 are aged between 0 and 14 years
- 153,338,163 are aged between 15 and 64
- 11,066,020 are aged over 65.

The prevalence of females is significantly higher only in the latter age group (6,332,574 women vs 4,743,446 men) and the most frequent pathologies are in order of importance:

- 61.2% musculoskeletal disorders
- 18.9% sensory impairments
- 8.6% neurological disorders
- 3.9% chronic respiratory diseases
- 3% mental disorders
- 2.6% cardiovascular diseases
- 1.9% neoplasms.

The analysis of data relating to hospital care in the period 2016-2021 highlights a decreasing trend in both the number of public hospitalization facilities (-0.9%), and the number of accredited private structures (-0.3%). For outpatient specialist care there is a decrease in costs clinics and laboratories relating to public facilities (-0.9%).

Divergent trends are highlighted between public providers and accredited private ones both for residential territorial assistance (-0.8% for the public, +2.3% for the accredited private structures) and for semi-residential territorial assistance (-2.4% for public, +0.5% for the accredited private sector).

In 2021, 1,154 rehabilitation facilities were detected with 14,835 places for activity residential type and 13,768 for semi-residential type activity. Overall, in Italy there are 49 beds in rehabilitation facilities per 100,000 inhabitants. The number of total users assisted in the residential regime is higher than the users assisted in the regime semi-residential (45,380 and 18,950 users respectively); this relationship changes to depending on the type of rehabilitation activity, in particular rehabilitation child neuropsychiatry is preferably carried out in semi-residential facilities. In 2021, rehabilitation facilities employed 53,751 staff units, of which 9.3% made up of doctors and 45.3% of therapists and speech therapists.

The latest developments relating to rehabilitation in our country concern following macro areas:

- Appropriateness of hospitalizations and rehabilitation settings with appropriate rating scales for different pathologies.
- Development of telemedicine and telerehabilitation.
- Need to implement local assistance with rehabilitation components (at both regional and national level we are working with scientific societies to obtain quality rehabilitation programs even in new local structures).
- Development, study, and monitoring of the use of robotics side by side or in replacement of traditional rehabilitation treatments, and for greater objectivity in measurements and evaluations of rehabilitation projects.

8.1. What could be improved in the communication of the provision of rehabilitation measures between the countries?

In 2019, of the 900 million people living in the WHO European Region, 394 million, as to say 2 in 5 people, had a health condition that could benefit from rehabilitation. It is expected that the need for rehabilitation will increase in the Region in the coming years due to changes in the health and characteristics of the population. For example, there is an aging population, with people living longer and an increase in non-communicable diseases and disability. Over 15% of people living in the European Region have a disability. Emergencies included conflicts, disasters, and epidemics such as Covid-19 can create sudden rises in rehabilitation needs.

Although the need for rehabilitation is increasing, many European countries are not unable to respond to existing needs and many people do not have access to services of rehabilitation. Over 50% of people living in Europe do not receive services rehabilitation they need.

Due to the lack of understanding of rehabilitation and its benefits, rehabilitation programs are often underfunded and undervalued, particularly in countries where health systems are under-resourced and consequently underdeveloped.

- Pre-covid data: 74% of years lived with disability (YLD) worldwide are the result of health conditions for which rehabilitation may be beneficial.
- 15% of all YLDs are caused by serious health conditions related to disability.
- The density of qualified rehabilitation workers is less than 10 per million people in many low- and middle-income countries.

WHO works to achieve universal health coverage in Europe with a key role played by rehabilitation.

At European level it will therefore be necessary (and this will be supported by the WHO):

- Access to quality rehabilitation services, including access to care without financial difficulties.
- An integration of rehabilitation into preparation, response and recovery emergencies.
- Further research and scientific evidence on rehabilitation for different pathologies.

In this regard, the 2030 Rehabilitation initiative underlines the need for concerted and coordinated action by all parties interested in strengthening countries' health systems and providing prompt and quality rehabilitation treatments.

Strengthening rehabilitation within health systems will start with actions based on these fundamental elements:

- improve leadership and governance.
- develop a strong multidisciplinary rehabilitation workforce.
- expand funding for rehabilitation.
- improve data collection and research on rehabilitation.

8.2.How does it work if a worker insured in a foreign country (EU, EWR, Switzerland) has to be rehabilitated in your country? Competent Institution sends DA002 (Declaration of cost coverage). You are the institution of the place of residence or stay. What can you do?

In the European context, the protection of migrant workers is entrusted to Regula-tions (EC) no. 883/2004, relating to the coordination of social security systems and n. 987/2009 which establishes the methods of application of Regulation (EC) No. 883/2004 (so-called basis). Community legislation submits workers, who move within the EU territory, to the social security system of a single Member State. The worker insured in one Member State who resides or stays in another Member State, other than the competent one, and who suffers an accident at work or gets an occu-pational disease, has the right to cash and health benefits "on behalf of the compe-tent institution by the organization of the place of residence or stay, as if the worker were insured according to this legislation." (article 36 of Reg. no. 883/04). It follows that a worker insured in a foreign country (EU, Economic Area, Switzerland) which must be rehabilitated in Italy has the right to obtain the same rehabilitation benefits as insured by Inail. The regional directorate sends the relevant documentation to the Inail branch, who having carried out the necessary checks, takes charge of the treatment procedure health and rehabilitation and proceeds to carry out medical-legal assessments on the injured person/technopath. Following these medico-legal checks, the need for rehabilitation care, the Inail office proceeds to provide the aforementioned care provided for by Italian legislation in light of what is governed by the regulations community. If necessary, the Inail doctor identifies health/rehabilitation services peculiar to the person not indicated in the request with SED DA002 aside of the competent foreign institution, the Inail office will communi-cate to the institution competent with SED H001 provided within the BUC containing the SED DA002 of request, the treatment or the rehabilitation path identified by the Inail doctor with the relevant cost. In case of confirmation by the competent foreign institution with SED of response H002 of the treatments identified by the Inail doctor, the Inail office will provide to the provision of such care. Once the services in ques-tion have been provided, the Inail office fills in and forwards the SED DA010 via EESSI RINA to the competent foreign institution for reimbursement of advance ex-penses.

IMPRINT:

The European Forum of Insurance against Accident at Work and Occupational Diseases:
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