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INTRODUCTION

Italy has recently introduced regulations to **reorganize** its **healthcare system** toward more efficient, resource-saving models while maintaining the same level of clinical appropriateness. Following COVID-19, **territorial healthcare** has been theoretically strengthened through proximity networks (Community Hospitals, Care Centers), home care, and telemedicine¹. **November 2024 Tariff Decree**, adopted regionally, promotes **shifting many inpatient services to outpatient care**, recognizing the pivotal role of technological innovation in driving this transition².

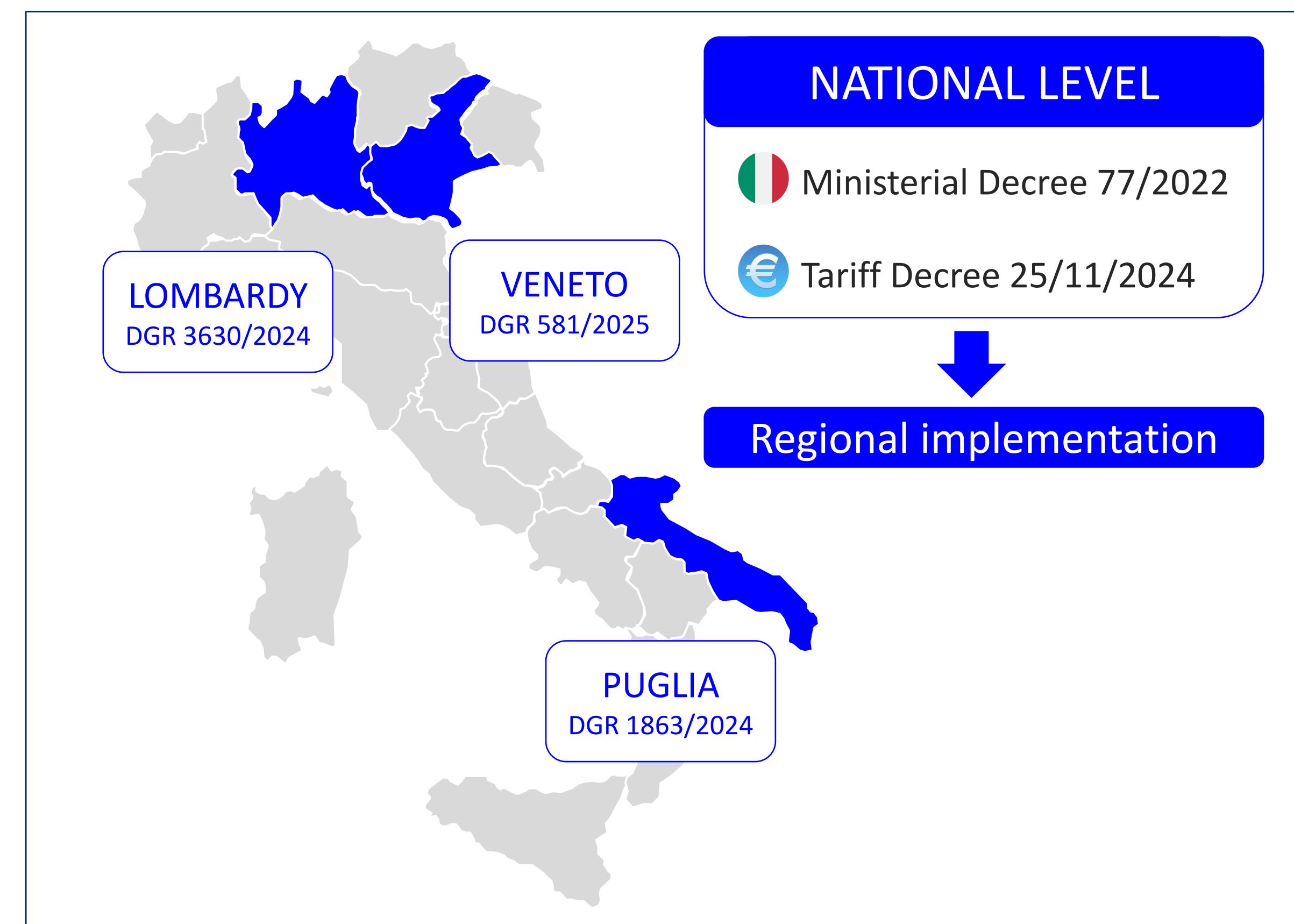
OBJECTIVE

The objective of this study is to review the recent legislation and uses case studies to show how technology enables care delivery change.

METHOD

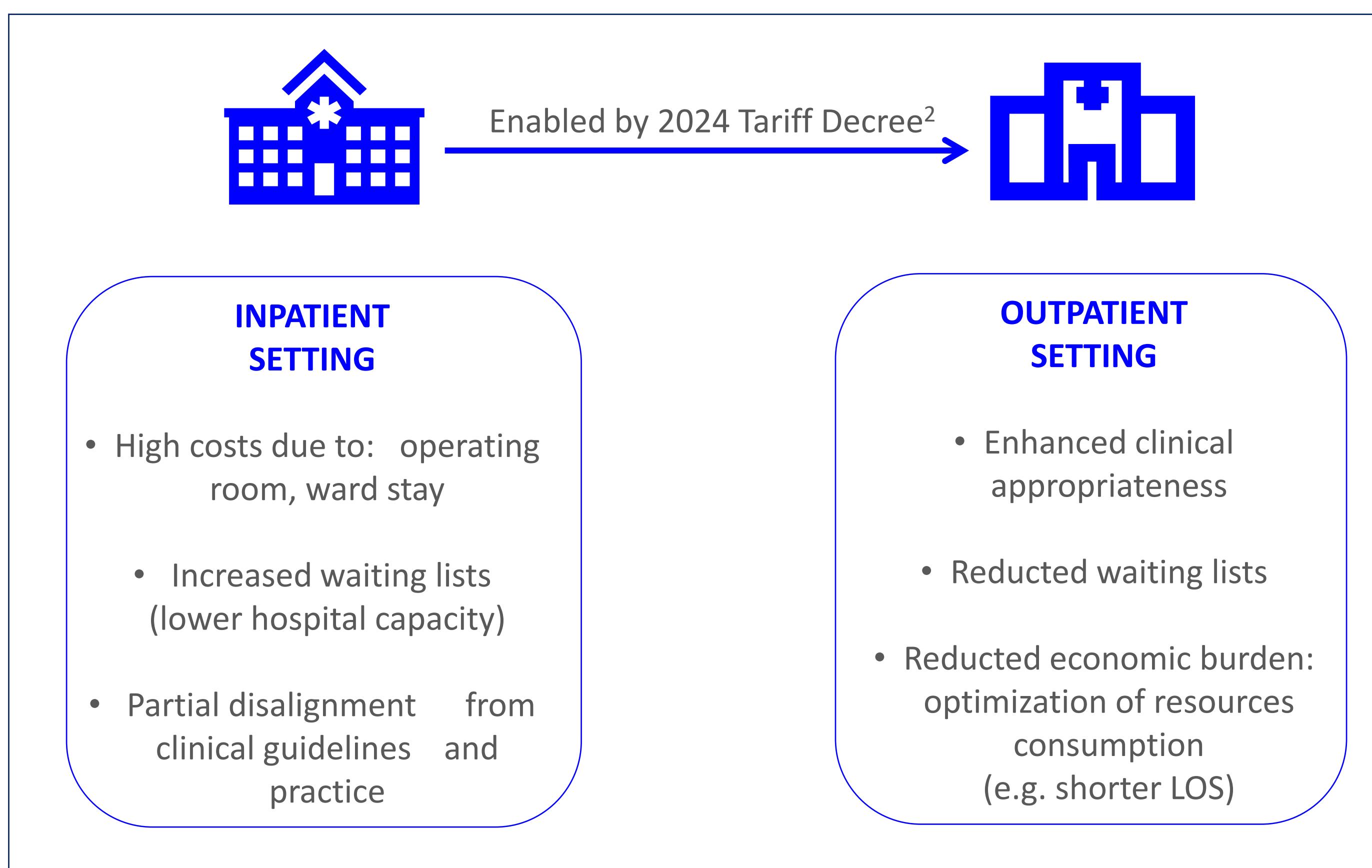
Review and analysis of recent legislation related to hospital care, territorial services and National Health Benefits Basket both at National and Regional level:

- Tariff Decree 25/11/2024 (G.U. n.302/2024)
- Ministerial Decree 77/2022 (G.U. n.144/2022)
- DGR n.1863/2024 (Puglia Region)
- DGR n.3036/2024 (Lombardia Region)
- DGR n. 581/2025 (Veneto Region)



RESULTS

Several surgical procedures are now included in the **national outpatient list nomenclature**, reflecting the rise of **minimally invasive, miniaturized technologies** that make **outpatient treatment feasible, safe and clinically appropriate**². For some of these procedures, the national tariffs are already adequate to cover the associated costs (e.g. hernia repair), while in other cases Regions have independently adjusted reimbursement levels to address tariff insufficiencies (e.g. ILR, Implantable loop recorder implantation).



CASES EXAMINED

Hernia Repair

Outpatient hernia repair procedures are now **permitted**, while **inpatient treatment is discouraged**⁶. The related DRG classification identifies inpatient care as a high-risk inappropriate setting, and Regional caps on inpatient treatments limit reimbursement once thresholds are exceeded⁶. The **national tariff for outpatient procedures fully covers the overall cost of treatment**, including medical devices, thereby removing any financial disincentive to shift from inpatient to outpatient settings².

Implantation of ILR

Continuous cardiac monitoring through implantable loop recorders (ILR) is underfunded within the national outpatient tariff, which do not cover both the procedure and device costs². Some Regions, including Lombardy⁴, Puglia³ and Veneto⁵, have therefore established **dedicated regional tariffs** to ensure **feasibility in outpatient settings**.

Region	Tariff
National AVG ² (excluding Lombardy, Veneto and Puglia Regions)	1.557,97€
Lombardy ⁴	2.122,00€
Veneto ⁵	2.122,00€
Puglia ³	2.989,99€

CONCLUSIONS

The switch to the **outpatient setting**, when clinically appropriate, enhances healthcare system capacity, thereby enabling the **treatment of a greater number of patients** with existing resources and contributing to the **reduction of waiting lists**.

In some cases, low reimbursement could be perceived as a barrier, and further efforts from the payers are needed to sustain both the use of innovative technology and clinical practice in the outpatient setting.

The **synergy of technological innovation, regulatory reforms, and regional reorganization** offers a concrete opportunity to guide Italy's National Health Service toward **more sustainable and efficient care**.

REFERENCES

1. Ministerial Decree 77/2022 (G.U. n.144/2022)
2. Tariff Decree 25/11/2024 (G.U. n.302/2024)
3. Regional Council Resolution (DGR) n.1863/2024, Puglia Region
4. Regional Council Resolution (DGR) n.3036/2024, Lombardy Region
5. Regional Council Resolution (DGR) n.581/2025, Veneto Region
6. DPCM 2017, Annex 6A (G.U. n.65/2017)

CONTACT INFORMATION

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