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Introduction

Public procurement procedures in Italy can be classified as centralized, when acquisitions are performed by the national reference purchasing body (national centralization) or by regional aggregator subjects (regional centralization), or as sub-regional decentralized, when purchases are made by hospital unions and single hospitals.

Centralization, either national or regional, might bring advantages, such as expenditure rationalization, greater competition¹ and reduced duplications in purchases.² However, continuity of care and less independence in contracting¹ may discourage local institutions in delegating acquisitions to central purchasing bodies, preferring the conduction of acquisitions at a sub-regional level.

Since 2018, in Italy the public procurement for medical equipment and facilities, among which medical devices, has become compulsorily centralized above defined thresholds of expenditure.³

The aim of this study is to investigate whether the reform implementing procurement centralization in Italy has increased centralized public procurement of medical devices at national and regional level.

Methods

The Observatory of European tenders Report (OGE),⁴ monitoring tenders’ notices for medical devices in Italy, was assessed to evaluate the impact of the 2018 reform³ on centralization of public procurement for medical devices.

Firstly, purchase procedures reported in the Observatory of European tenders Report⁴ were clustered in three groups according to purchasing bodies as 1) national centralized, 2) regional centralized and 3) sub-regional decentralized, including acquisitions by either hospital unions or single hospitals.

Then, the variation of the proportion of centralized acquisitions, both at national and regional levels, on total procurement was assessed, considering respectively the year before (2017) and after (2019) the reform.³

Results

The overall centralization of public procurement for medical devices, either national or regional, remained stable between 2017 and 2019, accounting for ~60% of total medical devices purchases in Italy. When focusing on national centralization, public procurement by the central national purchasing body increased from 3.6% to 10.1% of total procurement for medical devices, offset by an equivalent decrease in the regional centralized public procurement from 56.1% to 49.1%. (*Graph 1*)

Meanwhile, sub-regional decentralized purchasing continued to be relevant (~40%) in the Italian context, with 22.0% of total purchases made by single hospital and 18.8% by hospital unions in 2019.

From 2017 to 2019, five Italian regions out of twenty raised their percentage of regional centralized procurement, while twelve decreased their share; two Italian regions out of twenty switched into the more-than-50% centralized category, whilst two have moved into the less-than-50% centralized group. (*Graph 2, Table 1*)

As a result, in 2019 twelve regions out of twenty implemented a regional centralized procurement for more than 50% of total acquisitions, considering each region:

- Three performed a completely centralized procurement in 2019. (*Graph 2, Table 1*)
- Four experienced an increased centralization from 2017 to 2019, ranging from 11.5pp to 34.4pp. (*Table 1*)

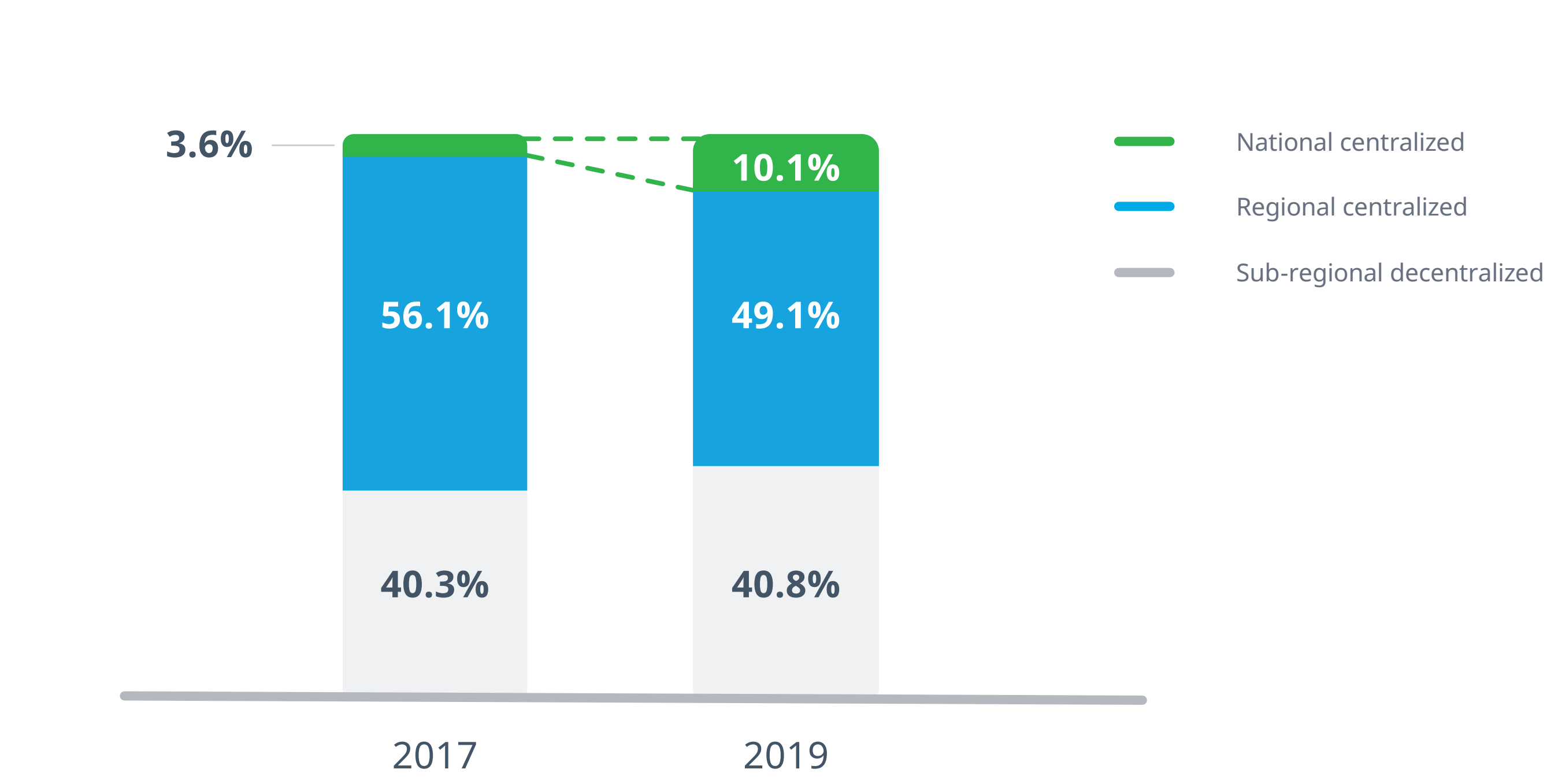
On the other hand, looking at regions with a centralized procurement lower than 50% of total acquisitions (in 2019):

- None has experienced a growth in centralized procurement. (*Graph 2, Table 1*)
- Level of centralization from 2017 to 2019 decreased on average by 24.1pp. (*Table 1*)

Conclusions

The analysis shows that after 2018 public procurement reform, there has been a growth in national centralized procurement by national purchasing body for medical devices with a well-established regional centralized procurement in more than half of the Italian regions in 2019. Nevertheless, sub-regional decentralized purchases remain substantial in the Italian context and with about half regions reducing regional centralized purchases procurement.

Graph 1. **Italian procurement processes for medical devices**
Percentage of centralized (at national and regional level) vs decentralized acquisitions over total medical devices procurement in 2017 and 2019



Graph 2. **Three levels of regional centralized procurement**
Share of regional centralized procurement over total medical devices acquisitions for each Italian region in 2017 and 2019

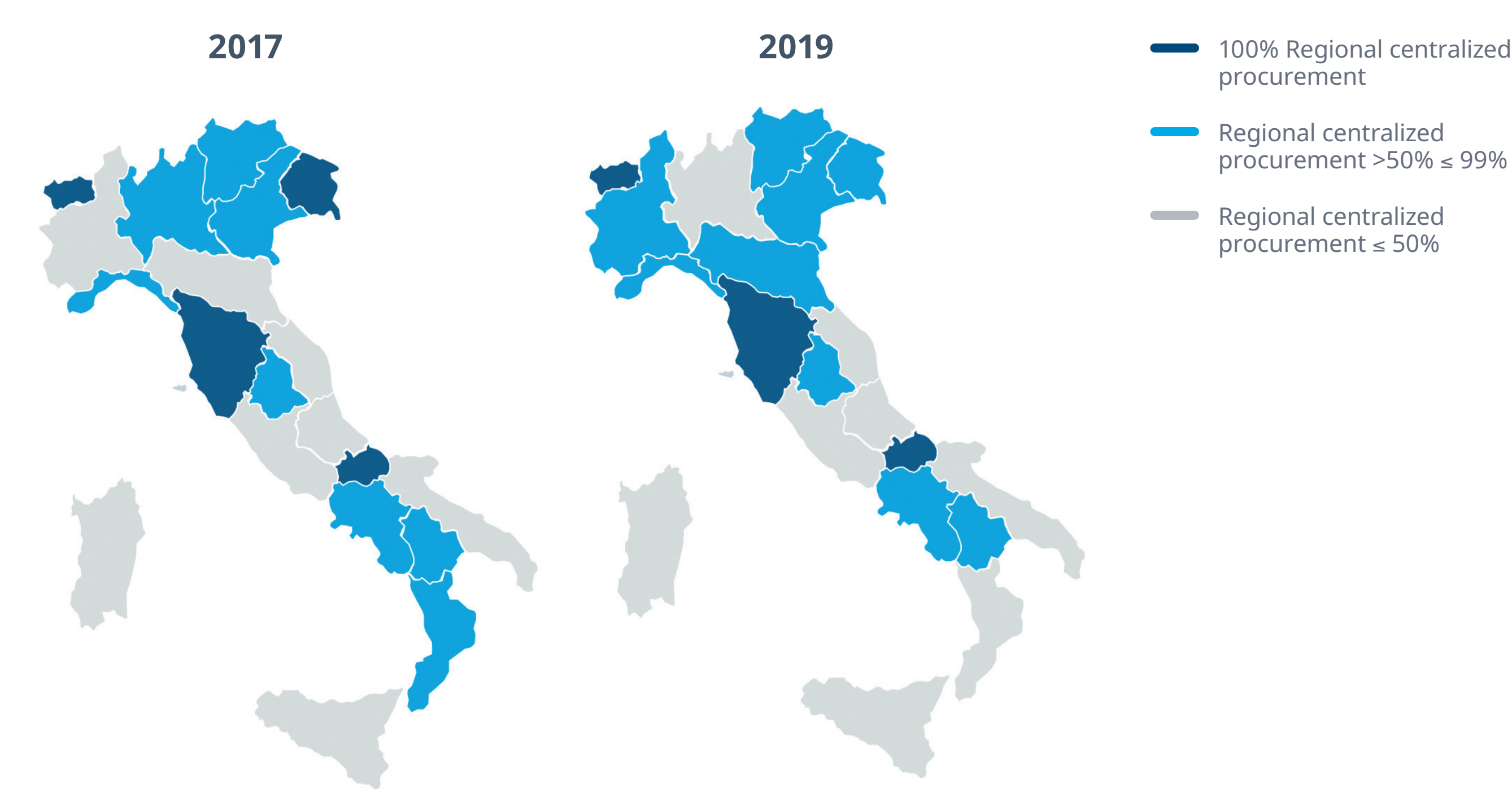


Table 1. **Regional centralized procurement by Italian region**
Percentage of regional centralized procurement over total procurement in 2017 and 2019 and variation between 2017 and 2019 for each Italian region

REGION	VARIATION BETWEEN 2017 AND 2019		
	2017	2019	
ABRUZZO	48%	0%	Decrease
BASILICATA	85%	97%	Increase
CALABRIA	67%	0%	Decrease
CAMPANIA	68%	60%	Decrease
EMILIA ROMAGNA	50%	81%	Increase
FRIULI VENEZIA GIULIA	100%	94%	Decrease
LAZIO	20%	10%	Decrease
LIGURIA	95%	96%	Increase
LOMBARDIA	76%	34%	Decrease
MARCHE	40%	39%	Decrease
MOLISE	100%	100%	Same level
PIEMONTE	42%	55%	Increase
PUGLIA	17%	0%	Decrease
SARDEGNA	2%	0%	Decrease
SICILIA	29%	23%	Decrease
TOSCANA	100%	100%	Same level
TRENTINO ALTO ADIGE	99%	88%	Decrease
UMBRIA	53%	87%	Increase
VALLE D'AOSTA	100%	100%	Same level
VENETO	90%	75%	Decrease

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