The recent expansion of the Schengen Area to twenty-four Member States of the EU runs alongside the increasing movement of citizens across the EU for work, tourism and study. Moreover, a rising number of pensioners from northern Europe are spending the winter season and extended periods of the summer in southern Europe and the Mediterranean. Accessing health care in any European country should, theoretically, be a straightforward process, but it often creates problems, both for patients and the health care systems involved. The experience of certain European areas with heavy tourist inflows, such as the Veneto Region in Italy, illustrate clearly the extent of this tourism phenomenon, implying the need for action at different levels (regional, national and European), involving specific legal, organisational and regulatory approaches.

Historical background
The Veneto Region has always enjoyed an important strategic geographical location at the crossroads of Europe (see Figures 1 and 2). It has a population of 4.8 million, which increases dramatically twice a year during the peak summer and winter seasons. Travelling has played an important role for the Venetians. In the past, the rule of the ‘Serenissima’ Republic was dominated by seafaring and trading in the Mediterranean Sea as well as along the Silk Road as far as China. Throughout history, therefore, Veneto has always placed great importance on protecting the health and well-being of travellers. The Venetians are renowned for having fought vehemently against the importation of communicable diseases from far away countries, as the history of its lazarettos (hospitals set up for the treatment and quarantine of people with infectious diseases) and thorough quarantining procedures have demonstrated.

The impact of tourism on the Region
In more recent times, Veneto has become famous as a major tourist destination, thanks to three main attractions: Venice itself, as a city of art and culture, along with Verona, Treviso, Padua and

Summary: The combination of the area’s natural beauty, multi-purpose businesses and quality service makes tourism one of the Veneto Region’s main resources. Analysis demonstrates a proportionately high level of tourist inflows and highlights two phenomena: (a) the impact of mass tourism on the health system; (b) the rising levels of tourist and patient mobility in Europe. Realising the potential and underlying risks in the relationship between tourism and health, the Veneto Regional government has set about planning and organising specific health care services for tourists, integrating them with those already available to the resident population. The question of protecting and satisfying the health care needs of tourists is of increasing importance to many areas of Europe experiencing significantly high levels of tourist inflows.

Key words: tourism, cross-border health care, patient safety, patient mobility, Italy
Total overnight 100% 8,179,099 58% 25,093,862 5,259,736 4.18 59,360,589 Percentage 39% 34,266,727 100% 4.40 61%

**Table 1: National and international tourist flows to the Veneto Region, 2006**

<table>
<thead>
<tr>
<th>Nationality</th>
<th>Arrivals</th>
<th>Percentage</th>
<th>Total overnight stays</th>
<th>Percentage</th>
<th>Average days of stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Italian</td>
<td>5,259,736</td>
<td>39%</td>
<td>25,093,862</td>
<td>42%</td>
<td>4.77</td>
</tr>
<tr>
<td>Other</td>
<td>8,179,099</td>
<td>61%</td>
<td>34,266,727</td>
<td>58%</td>
<td>4.18</td>
</tr>
<tr>
<td>Total</td>
<td>13,438,835</td>
<td>100%</td>
<td>59,360,589</td>
<td>100%</td>
<td>4.40</td>
</tr>
</tbody>
</table>

Source: Veneto Regional Statistics Office data based on ISTAT 2006

Venice; the beaches of the Adriatic Sea and the lake region (Lake Garda); and the Dolomites mountains. Economically, tourism has become one of Veneto’s main resources. In 2006, spending by foreign visitors to Veneto amounted to €3,845 million – 15.9% of total spending by foreign visitors in Italy, second only to Lazio. It now ranks first among Italian regions in terms of tourist flows (see Table 1).

More detailed examination of international tourist flows to the region in 2006 indicates that tourists mainly from Germany (1,888,235), USA (818,262), Austria (642,886), the UK (592,926), France (521,043), Spain (387,330), Japan (280,601) and Australia (118,053) made up the majority of total overnight stays, which in total amounted to over 59 million nights.

Consequently, Veneto makes for a very interesting case study of patient mobility and health tourism in Europe. The significant flow of tourists brings a series of health care challenges for regional health care services to contend with. In some cases this is done through the organisation of specific services to respond to the high demands arising from seasonal tourist flows and long-term foreign residents (approximately 3,500 mainly German elderly residents living in the Lake Garda area, near Verona). Visitors to the region can also, in the case of a medical emergency, turn to a wide range of health services provided by Local Health Authorities (LHAs), in close collaboration with the Department of Health and Social Services and the Department of Tourism of the Veneto Region.

**Responding to the challenges**

This heavy flow of tourists brings with it a series of health care issues. Since 2003, a special ‘task force’ has been operating in the region with the aim of broadening knowledge on this tourist phenomenon and patient mobility, as well as improving the ability to cope with underlying administrative and organisational problems.

The taskforce collects data on the scale of patient mobility between the Veneto Region and other Italian regions or EU Member States. It analyses the impact of cross-border health demands and related health issues at the regional level. Moreover, it aims to map and classify the needs and concerns of EU citizens who require medical assistance when abroad by gathering information on: the patient-system interface; different aspects of health system re-organisation; health service demands; patient orientation; access to and quality of care; patient rights and obligations and financial arrangements.

The long-term objective is to establish a detailed framework of the ongoing pattern of EU citizens receiving care from health care providers in the Veneto Region, with a special focus on: (i) tourist flows; (ii) patients requesting authorisation to access the health care system in another European country (using the E112 form); and (iii) long-term residents (such as the retired) from other Member States who live in Veneto for the greater part of the year.

**An emphasis on patient safety**

The significant tourist flows distributed among the various types of tourist destinations in Veneto (cities of culture, coastline resorts, lakes, mountains and spas) have compelled the regional health care system to plan and organise specific health care services for tourists, while at the same time integrating them with those already available services provided for the resident population.

The Local Health Authorities, responsible for the provision of health and social services to the resident population, and the Veneto Region government have for a long time been aware of the enormous potential underlying the relationship between tourism and health, not only in as far as it is the driving force of the economy, but also in terms of the potential risks it unearths as a result of the impact of the tourist population on the resident population and the local environment.

The increasing demand for health care from tourists is a challenge that LHAs strive to meet year after year. The seasonal peak coincides with the main summer season, which is more pronounced in coastal areas. Seasonality is thus an important factor in the organisation of health care services which need to be flexible in their response to the needs of tourists. The main reasons for foreign citizens accessing health services in the region include the sudden alteration in health (70.6% of cases); 9.5% requiring pharmaceuticals; 2.8% for medical treatment or surgery and 1.1% receiving dialysis.

Seaside tourism is marked by large and seasonal concentrations of individuals which affect facilities and services set up to respond to this demand. Each year preparations for the summer season commence in March (a similar practice takes place in the autumn in the run up to the ski season) with the selection of specific health staff able to communicate in various European languages. A number of specific measures are then undertaken.

The ‘Eastern Veneto’ area (the coastal area along the Adriatic Sea) has extended and adapted already-existing schemes and initiated a series of new services aimed at coping with the impact of the influx of summer tourists, while health care services and technical know how have also been enhanced at the main hospital in Jesolo responsible for covering the marina. Twenty-four-hour first-aid points have been installed in the seaside resorts of Caorle and Bibione, where additional dialysis services, not normally available to the public in this area, are also provided.

Four clinics that are fully operational during the months of May through to September have been set up in Eastern Veneto, together with eight clinics during the period from June to August, totalling 113 opening hours per day, with twenty-two doctors and six interpreters. For some reason, clinics provided near to the beach are not readily accessed by foreign tourists; this is why one of the three tourist clinics in Jesolo has been set up inside the main hospital next to the emergency department. This arrangement allows patients to be registered, while making

**HEALTH POLICY DEVELOPMENTS**
them aware of the inappropriate use of emergency services.

Within the city of Venice, in the Veneziana area, additional health care and ambulatory services are also put in place over the summer period to guarantee emergency aid to tourists on the island. This is supported by a central unit that coordinates emergency services and organises helicopter rescue services in the region. A special clinic for tourists is provided between mid-June and mid-September, opening from 08:00 to 20:00 daily. The clinic, employing nine doctors and an administrator, always has one doctor available (two in July and August).

In the Lake Garda area, services have been optimised through the opening of eight specific tourist clinics, including dialysis services. Foreign tourists requiring medical attention can turn to special ‘tourist medicine’ services, as well as hospital emergency services, and the aforementioned first-aid points, the latter being available only from May to September. There are also nine outpatient clinics, six of which are located in Lake Garda itself, and three in the surrounding mountainous areas, guaranteeing a total of thirty hours per day availability to the public.

**Safe Holidays Project**

During the summer season, with the aim of ensuring a prompt response to medical emergencies, ‘Progetto Vacanze Sicure’ (Safe Holidays Project) has been implemented along the entire Veneto coastline, incorporating a number of different initiatives: the distribution of semiautomatic defibrillators financed by the regional health service; seven medically-equipped vehicles; three medically-equipped motorcycles and sixteen ambulances (including two water ambulances).

An additional helicopter rescue service tailored specifically to tourists has been put into operation, representing a further development within the complex system of tried-and-tested emergency services available in the Veneto Region. The helicopter health care rescue service ensures that there is coverage throughout the Veneto region via four helicopter stations. Based at the Venice Lido it covers the entire 120 km stretch of Adriatic coastline and is equipped with sea rescue facilities. In the space of ten to fifteen minutes the rescue team, made up of a doctor, nurse and air pilot, are able to reach the individual in danger at the location where the emergency has occurred.

Veneto, being the number one Italian region in terms of tourist flows, thus continues to be very much concerned with safeguarding its tourist industry and sets out to combine a high quality of tourist attractions with an equally high level of health care services for those European citizens with chronic health problems, for example, those in need of dialysis treatment, who can pre-book health services before departure. Within this contextual framework, the Veneto Region seeks to take advantage of all opportunities made available to adapt its health services to handle the enormous impact of mass tourism from Central and Northern Europe. By doing so the region aims to increase its appeal and attraction to both foreign and national tourists and thereby compete effectively with other major European tourist destinations.

Health services face important challenges from the sudden demands on health services due to mass tourism. Better marketing and more effective communication tactics are called for, as more often than not, tourists are almost oblivious towards or else poorly informed about services provided by the public sector in their destination country.

**Conclusions**

Patient mobility and the provision of cross-border health care services are themes which are increasingly high on the majority of European policy agendas. The challenges facing the Veneto Region’s health system are similar to those being faced in other parts of the EU affected by mass tourism. The need to develop strategies to guarantee health protection and satisfy the health needs of tourists add further weight to the case for solutions to provide access to quality health services for acute and chronic care to individuals not already covered as part of the European Health Insurance Card (EHIC) system.

Special reimbursement systems have been set up involving two major German health insurance companies, to cater for German visitors with non-acute health problems that, for instance, require cardiac or muscular rehabilitation services, or dialysis treatment.

Special training courses for health professionals have been organised to facilitate communication with non-Italian patients, making use of appropriate supporting information materials. Cross-border initiatives with the Austrian Länder of Carinthia, the north-eastern border region of Friuli Venezia-Giulia and Slovenia have also contributed towards setting benchmarking strategies for tourist health services, at the same time reconciling services provided by universal versus insurance-based health systems. This experience of organising health services for tourists at regional level can help identify future solutions that Member States may implement to respond to the phenomenon of patient mobility in an increasingly mobilised Europe.

**References**