



SLOVENSKÁ LEKÁRSKA
KOMORA

Slovak Medical Chamber National report 2013-2014

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A. Provision of health care – Top events

- Project: Single health insurance fund: so-called „Unitar“.
- There are three health insurance companies operating in public legal insurance framework in Slovakia:
 - 1. *General Health Insurance Company* with more than three million insured persons – owned by state
 - 2. Private Health Insurance Fund „Trust“, with more than one million insured persons
 - 3. Private health insurance company *Union* with Dutch owners - with more than three hundred thousand insured persons

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- **UNITAR** had to be created in three steps:
- 1. - the state would buy a portfolio of insured persons owned by private insurance funds, either voluntarily or by forcibly act of the payment according to the expert price
- 2. - insured person would find themselves in the current state health insurance
- 3. - consequently, a new one insurance company **UNITAR** had to be set and funded by health insurance contributions and the relative amount of taxes

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- The project was stopped before the first solicitation to purchase
- **Reasons:**
- - willingness of private insurance companies to sell their insurance portfolio declined
- - contrary, private insurers threatened with arbitrations. They have succeeded previously. They won the award of an international arbitration about business profit from public health insurance

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- **Reasons:**
- - the limit of indebtedness of the state is close to constitutionally mandated ceiling of 60% of the total gross domestic product
- - situation at the border of indebtedness, according to the Constitutional Law on indebtedness triggers a series of measures, which may culminate in stopping state financial transfers
- - the so-called legislative window is shrinking and the election in 2016 is coming and the government withdraws from the radical solutions

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Reduction of hospital and ambulatory sector

- - efforts to reduce the number of outpatient services, particularly the specialist outpatient services
- - the Government noted, that outpatient services sector is badly fragmented. It is an unnecessary amount of contact points, whose deployment is not subject to any regulations
- - many clinics have doctors with only a fraction of full-time work, with an adequate little income from public health insurance

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Reduction of hospital and ambulatory sector

- - what measures the government wants to take?
- - by far - the state owned health insurance company wants to cancel the contracts mainly with doctors, whose working time to surgery is less than 30 hours per week, or 0.8 of full-time equivalent.
- - in specialist care is the share of these clinics up 35%

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Reduction of hospital and ambulatory sector

- - but these ambulances are occupied by doctors, who have been authorized to provide health care and often only recently - to be competitive - equip their clinics with high-tech equipments
- - doctors who are in ambulances for a longer period support these measures in silence, because it will improve their position against the current competition

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Reduction of hospital and ambulatory sector

- - it could be scrapped a few hundred to thousand of medical specialists from the healthcare market, but this way is not in accordance with existing legislation .
- - health insurance, while under the specific Act, can not play the role of market regulator, refusing to contract providers, as a specialist doctor already has a stabile portfolio of patients of given health insurance company. It can do only Ministry of Health, through the government act, or through the new Parliament law, or through the amendments or changes in the relevant laws approved by Parliament .

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Reduction of hospital and ambulatory sector

- - Nevertheless, upon the medical specialists hangs a shadow of doubt and fear

Integration of hospital and ambulatory care

- - one - though longer-term solution to the state - could be the project of integration of healthcare for the years 2013 - 2030
- - integration of health care or health and social care has become the mantra of the organizers of health care in developed countries.

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The implementation strategy - an integrated system of health care provision:
Modernisation of health infrastructure and improve access to quality services in
primary and acute inpatient care



Ministerstvo zdravotníctva SR



Integration of hospital and ambulatory care

- - project, with the background of European money from the programming period 2014 - 2020 of 300 million €, should build or reconstruct 150 outpatient centers, where primary care services along with selected welfare services could take a place. A big change should be network reduction of hospitals. 35 to 40 acute hospitals in a given period should lapse or change their bed to long-term care bed.

Integration of hospital and ambulatory care

- The pilot ambulatory project should be initiated in 2015-2016 in the slightest selfgoverning region of Slovakia - Trenčín region.

The implementation strategy - an integrated system of health care provision

Motto:

- A healthy population is the key to the company's growth. Health status affects economic growth by increasing worker productivity, increase savings during the life of an individual, which improves education and promotes foreign direct investment. Each additional year of life expectancy increases economic output by 4%, even after adjusting for work experience and education.
- BLOOM, D., CANNING, D., and JAMISON, DT: Health, Wealth and Welfare. Finance and Development, 2004 (March)

The failure of cost-effectiveness

Slovak health

- There are two main reasons why the current health care system is unable to contribute effectively to the improvement of health status:
- 1. - lack of effective management of chronic diseases, especially in outpatient primary health care;
- 2. - oversized, inefficient and unsustainable acute sector hospitals, which drains resources from the place where it is needed most - primary health care sector and investment in public health.

Fragmentation outpatient care

- **Table 1: in Slovakia, for example, a patient with type 2 diabetes is currently recommended every year to visit 6 different experts**

The current model perspective	Perspective
4 x 1 x diabetologist intern	GP
1-2 x internist or cardiologist	Internist
2 x nephrologist	
1 x neurologist 1 x ophthalmologist	

Fragmentation of outpatient care

- Another indicator of inefficiencies in the system of primary health care is that the average number of visits to the doctor by Slovak patients per year are almost twice as high (11.3) compared to the OECD average (6.4). One reason for this is the poor integration of health care providers, which manifests a high degree of fragmentation, mainly primary health care providers in Slovakia (in 620 territorial units - municipalities - 1,290 contact places with a total of 2,780 general practitioners for adults and 1,251 paediatricians in 783 contact points)

Fragmentation of care in hospitals

- The number of hospitalizations per 100 000 population in Slovakia is 21,196, compared with the OECD average of 16,555 – (an average of almost 30% higher). This fact, together with the absence of DRG payment mechanism, causes significant deficiencies in the acute hospital sector, resulting in a significantly high direct and indirect indebtedness of district and regional hospitals.

Strategic Objectives

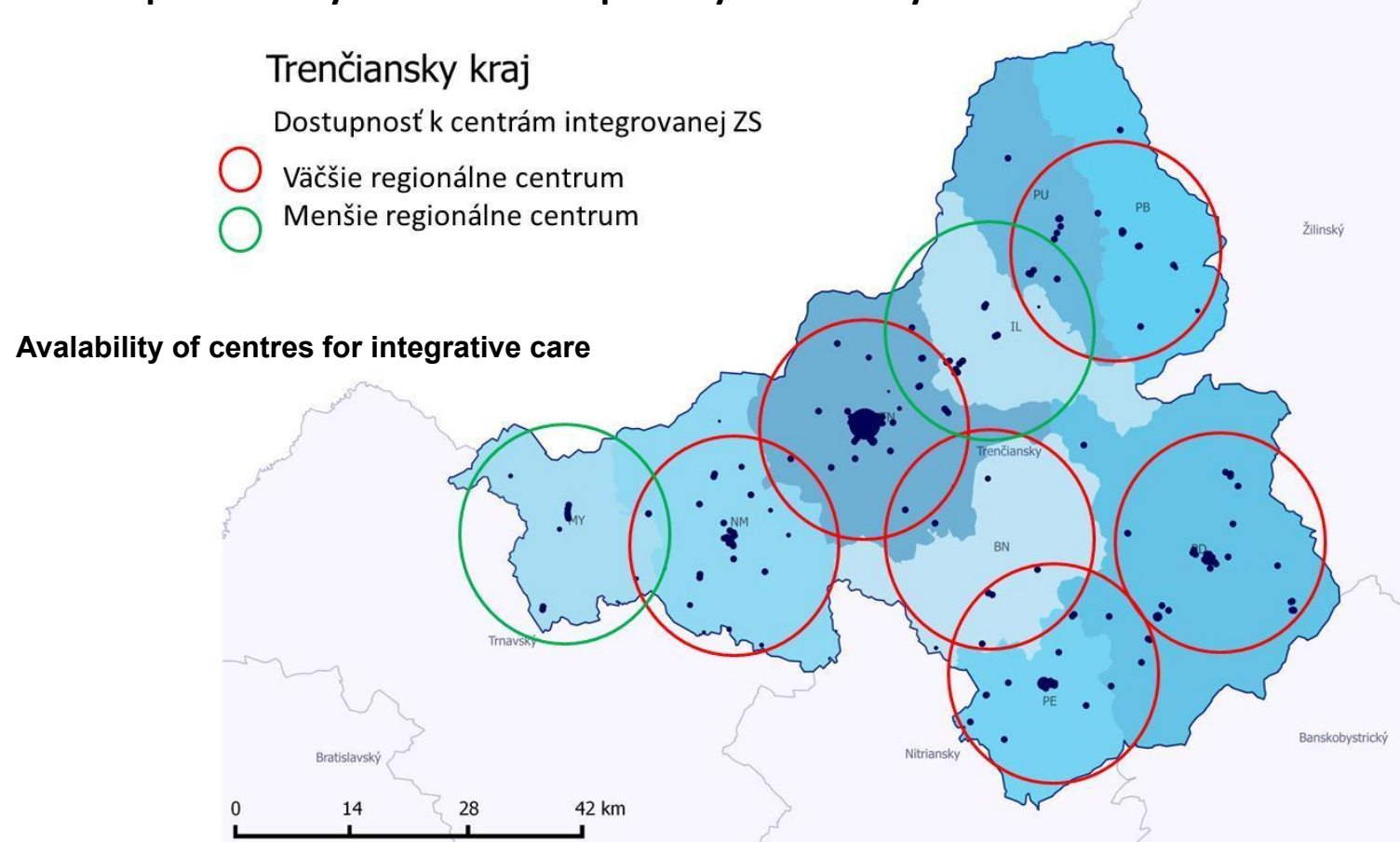
Problem Area	Indicator Unit	Current Status	Target	Target date status
High average age of GPs	Average age of GPs	53.0 years	40	2030
Sending patients to higher levels of care visits	% of patients sent to a higher level%	80%	30%	in 2030
Doctor visits	Visits to the doctor	11.3	6.4	2030
High fragmentation of GPs	Number one-stop shop GPs	1.63 GPs	10	2030
Too many acute beds	Number of acute beds per 1000 inhabitants	Number of beds 4.7	2.5	2030
Acute beds occupancy	% of occupied beds	66.5%	85%	2030
The average length of stay is too long	Reduction in the number of days of hospitalization	5,5	5,0	2030

Pilotný projekt Trenčiansky samosprávny kraj

- General outpatient care in the region 389 provides general outpatient care providers - GPs. Of this number, 256 are general practitioners for adults and 133 general practitioners for children and adolescents . The long-term problem is the aging of the general practitioners . The average age of general practitioners for adults in Trenčin region is **55.78** years and the average age of general practitioners for children and adolescents is **57.31** years . Working capacity of general practitioners for adults is 248.23 full time equivalents (FTE) and working in 141 contact points for pediatricians is 124.01 FTE involvement in the 71 contact points

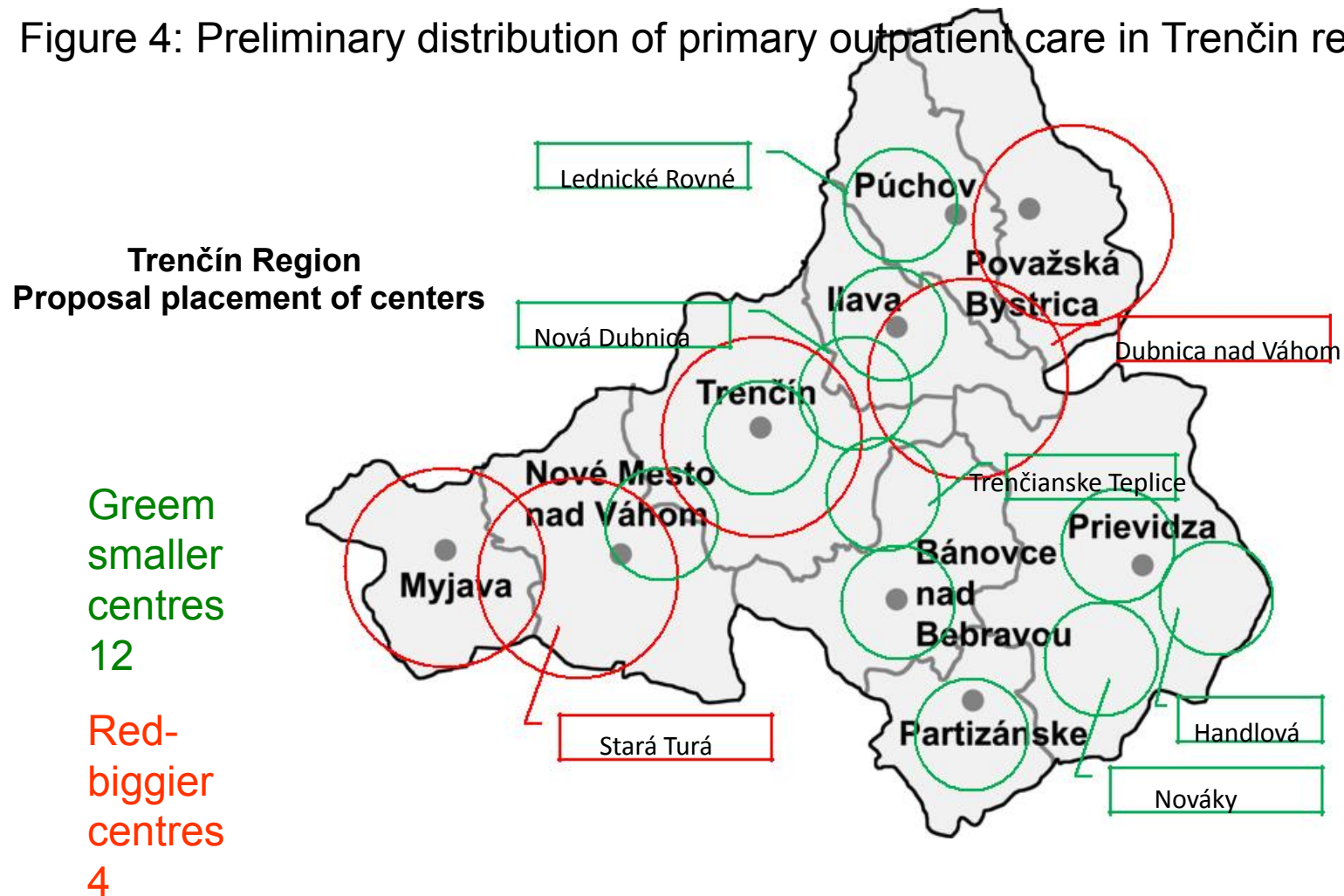
Pilotný projekt Trenčiansky samosprávny kraj

Obrázok 3: preliiminárny distribúcia primárnej ambulatory care - holistic version in Trenčín region



Pilot project Trenčín Region

Figure 4: Preliminary distribution of primary outpatient care in Trenčín region real versior



Thank you !

