

**BULGARIAN  
HEALTHCARE SYSTEM  
AND  
BULGARIAN  
MEDICAL ASSOCIATION**

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# THE HEALTHCARE SYSTEM IN BULGARIA SHOULD ENSURE

- health care for about 7 million citizens
- ✗ rapidly aging with considerable reduction in birth rate and increased emigration of young people in active age





**The number of practicing physicians**

**- about 30 000**

- ✘ *Aging of medical professionals progresses at a rate same as the population aging.*

The demands on the healthcare increase while the society finds the provision of funds necessary for functioning and development of the health system increasingly difficult.



## THE LAUNCH OF THE CONTEMPORARY HEALTHCARE SYSTEM IN BULGARIA WAS IN JULY **2000**.

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- ✘ Then, following the adoption of a number of **special laws**, the **health insurance funding** was introduced.
- ✘ This changed the healthcare of the socialist period and initiated a new kind of relations in the supply and consumption of health services.

- × **The National Health Insurance Fund** was established and charged with the funding of mandatory health insurance activities.
- × **Private health insurance companies** were also launched to provide services within the voluntary health insurance frame of reference.



- × **All the medical establishments** were registered under the Commercial Act and the special Act on the medical establishments



- ✘ for the first time in the country's history, a **primary healthcare system** was set up organized by GPs in individual and group primary healthcare practices

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**Consultative outpatient care** is carried out in various medical establishments:

- ✘ individual and group outpatient clinics for specialized medical care;
- ✘ medical or medical and dental centers;
- ✘ centers for diagnostics and consultancy
- ✘ medical laboratories

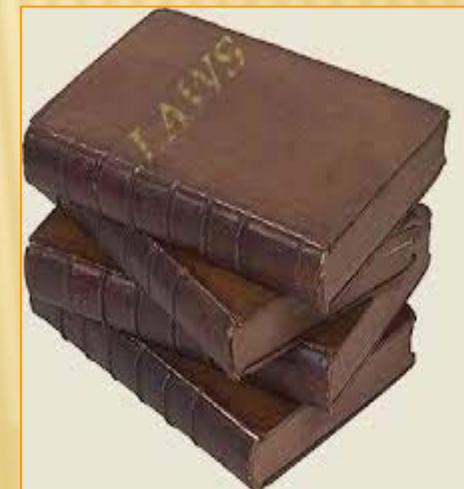
- ✘ Despite the change from public to private form of ownership and the re-registration under the Commercial Act as commercial companies, the healthcare reform caused the least changes in the functioning of the **hospital sector.**



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- ✘ Medical education, specialty training, emergency health care, setup and management of the anti-epidemic control, treatment of HIV infections, tuberculosis, public sanitation control, etc., are responsibility of the state represented by the **Ministry of Healthcare.**

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- × The dramatic changes in the outpatient sector and the insignificant alterations in the hospital sector created **contradictions and conflicts** in the healthcare system of the country.

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- ✘ Along with the cyclic shuffles in the political leadership of the state, the laws regulating the healthcare sector have been subject of incessant amendments over the past fourteen years.



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- ✘ All the actors in the system call out for a healthcare reform, there is dissatisfaction with the condition of the healthcare system, but a satisfactory enough change is neither offered nor implemented by anyone.

- ✘ The contradictions are deepening and the discontent of both the citizens and the medical professionals is growing but the proper full public debate still doesn't take place.



- ✘ In the early years of its existence the health insurance system gave the impression of providing resources for a significantly better standard of the doctors as compared to the time prior to the year of 2000.



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- ✘ The number of the medical facilities in the **specialized outpatient care** started to rise. Once the financing of the inpatient care was also entirely taken over by the NHIF, the number of the **hospitals** started to grow, slowly at first and by a faster pace later on.

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- ✘ Of course, since 2000 no newly opened hospital has seen **state or municipal** money invested in it. On the contrary, some of the hospitals having state or municipal shares in their capital ceased to exist.

- ✘ The great development in the hospital sector is due to the rapid growth in the number of the hospitals established by private capital. They are most numerous in the big cities and the towns where there are medical universities, but there are smaller towns with populations of less than 100 000 people with five, six or more hospitals.



- ✘ It is a specific character of the Bulgarian healthcare system that the state and municipal medical establishments as well as the private healthcare facilities are granted **equal access** to the market. They all have the same opportunities as regards the rules about concluding contracts with the NHIF and participating on the market of health services funded under the mandatory health insurance.

One of the biggest problems in the Bulgarian healthcare system is **the huge shortage of public funds for health services.**



**"My doctor told me to avoid any unnecessary stress, so I didn't open his bill."**

- ✘ NHIF provides about 1.2 billion euro a year for health insurance payments.
- ✘ The funds allocated by the Ministry of Healthcare for the activities it is in charge with, are about 200 million euro per year.
- ✘ It is assumed that about 1.5 billion euro are paid further as out-of-pocket co-payments for medical services or medicines for the outpatient treatment.



- ✘ the annual healthcare expenditure per capita is about 430 € with public funds amounting to a bit over 200 €

# **DEFICIENCY OF FUNDS IN THE HEALTHCARE SYSTEM CAUSES SERIOUS PROBLEMS ENSURING MEDICAL STAFF IN ALL THE PARTS OF THE COUNTRY -**

- ✘ the number of doctors has been steadily declining
- ✘ the average age of the practitioners now is over fifty years
- ✘ nearly 80% of the newly graduated doctors leave the country or pursue careers in other professions

- ✘ a lot of medical specialties are represented by several doctors throughout the country and many regions of the state lack specialists in basic medical fields
- ✘ almost half of the doctors work in three major cities – Sofia, Plovdiv and Varna
- ✘ medical service is not available in most of the villages and their residents have to travel tens of kilometers by poor and irregular local transport

The **private health insurance** funds established as early as 2000 provide a minimum volume of services and practically do not impact the country's healthcare system.

Recent changes in legislation defined them as insurance undertakings regulated under the Insurance Code instead of the Health Insurance Act.

One opportunity to improve the health insurance system involves exactly the development of the voluntary funds and the extended scope of the services they provide.

# **BULGARIAN MEDICAL ASSOCIATION (BMA)**

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- ✘ founded in 1901 which made it the second professional medical association in the world established next to the British one
- ✘ at the beginning the purpose was to defend the interests of the doctors and determine their fees
- ✘ gradually its role and functions expanded and it developed into an important factor for organization of the medical care

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- ✘ At the time, BMA even determined health politics as there was no Ministry of Healthcare. BMA was abolished in 1947. Following the political changes, in 1990 the Association was restored as an NGO.



- ✘ A special Act was passed in 1999 according to which the Bulgarian Medical Association was established as a professional organization of the Bulgarian doctors.
- ✘ The Bulgarian Medical Association consists of twenty-eight Regional Colleges corresponding to the administrative division of the country.

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Supreme governing body of the organization is the BMA Convention (Congress)



- ✘ Management Board - President, two Vice-Presidents, a General Secretary and eleven members - *the operational management*
- ✘ Committee on Professional Ethics
- ✘ Control Commission

The structures of the Regional Colleges resemble the one of the BMA management.



**BMA MEMBERSHIP IS A MUST FOR ALL  
THE PRACTITIONERS.**

The law stipulates:

- ✘ the development of a **Code of Professional Ethics and Rules on Good Medical Practice** as a major function of the organization. The Association is obliged to monitor compliance with the Code and the Rules and to impose sanctions for their violation.



## ✘ **Continuous Medical Education**

- ✓ special Accreditation Council which includes representatives of the Bulgarian Medical societies and the Medical Universities together with the representatives of the Association
- ✓ consultative Boards by Specialties to develop the particular requirements for the Continuing medical education and to draw up Rules on Good Medical Practice by specialties are currently under construction

# • NATIONAL FRAMEWORK AGREEMENT

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determines *the conditions* for implementation of the medical activities funded under the mandatory health insurance and the rules for contracting; *the rules for payment* of activities; *the prices* and volumes of medical care paid by NHIF for each calendar year

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- ✘ The BMA represents the Bulgarian doctors to all state and local authorities in all matters pertaining to medical profession and rights of doctors.

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Thank You