

ADVANCING REFORMS IN ARMENIA: case of Slovak healthcare (re)forms



Online, 4.5.2021

About me

Martin Smatana was previously a Director of the Institute of Health Policy. In addition, he was a member of the Supervisory Board of the biggest insurance company in Slovakia and Chairman of the Categorization Commission at the Ministry of Health of the Slovak Republic.

Martin also cooperates with the Association for the Protection of Patients' Rights and is an advisor to the Ministry of Education, the Ministry of Labor, Social Affairs and Family. Martin is an author of several publications and is a member of the European Commission's social protection committee.

I have experienced several ministers...



Rank	Name	Party	From	To	Days
1	<u>Marek Krajčí</u>	OLANO	21.3.2020	12.3.2021*	356
2	<u>Peter Pellegrini</u>	SMER-SD	17.12.2019	21.3.2020	95
3	<u>Andrea Kalavská</u>	SMER-SD	22.3.2018	17.12.2019	635
4	<u>Tomáš Drucker</u>	SMER-SD	23.3.2016	22.3.2018	729
5	<u>Viliam Čislák</u>	SMER-SD	6.11.2014	23.3.2016	503
6	<u>Zuzana Zvolenská</u>	SMER-SD	4.3.2012	6.11.2014	977
7	<u>Ivan Uhliarik</u>	KDH	9.7.2010	3.4.2012	634
8	<u>Richard Raší</u>	SMER-SD	3.6.2008	8.7.2010	765
9	<u>Ivan Valentovič</u>	SMER-SD	4.7.2006	3.6.2008	700
10	<u>Rudolf Zajac</u>	ANO	16.10.2002	4.7.2006	1 357
11	<u>Roman Kováč</u>	SDK	10.7.2000	15.10.2002	827
12	<u>Tibor Šagát</u>	SDK	30.10.1998	10.7.2000	619
13	<u>Lubomír Javorský</u>	HZDS	13.12.1994	30.10.1998	1 417
14	<u>Tibor Šagát</u>	DEÚS	15.3.1994	13.12.1994	273
15	<u>Irena Belohorská</u>	HZDS	24.11.1993	15.3.1994	111
16	<u>Viliam Soboňa</u>	HZDS	24.6.1992	24.11.1993	518

..and tons of more or less successful reforms

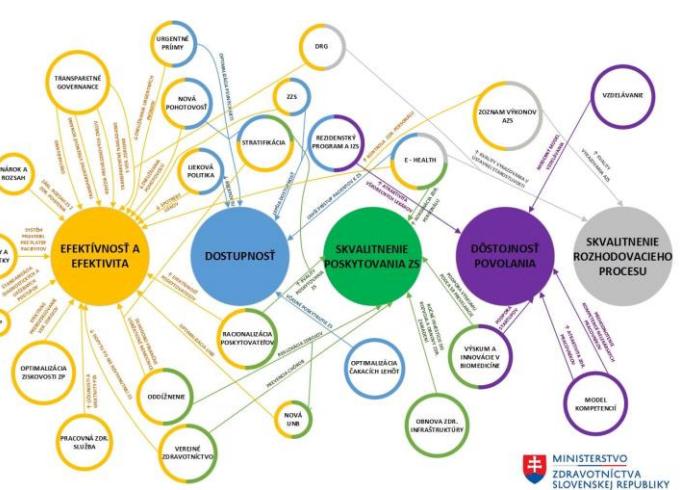


Minister Zajac 2002 – 2006

- the intention is clearly elaborated
- details of the main measures quantified

Minister Zvolenská 2012 – 2014

- the conceptual intention elaborated in three groups of measures
- implementation strategies followed but the projects themselves were stopped



Ministry 2016 - 2020

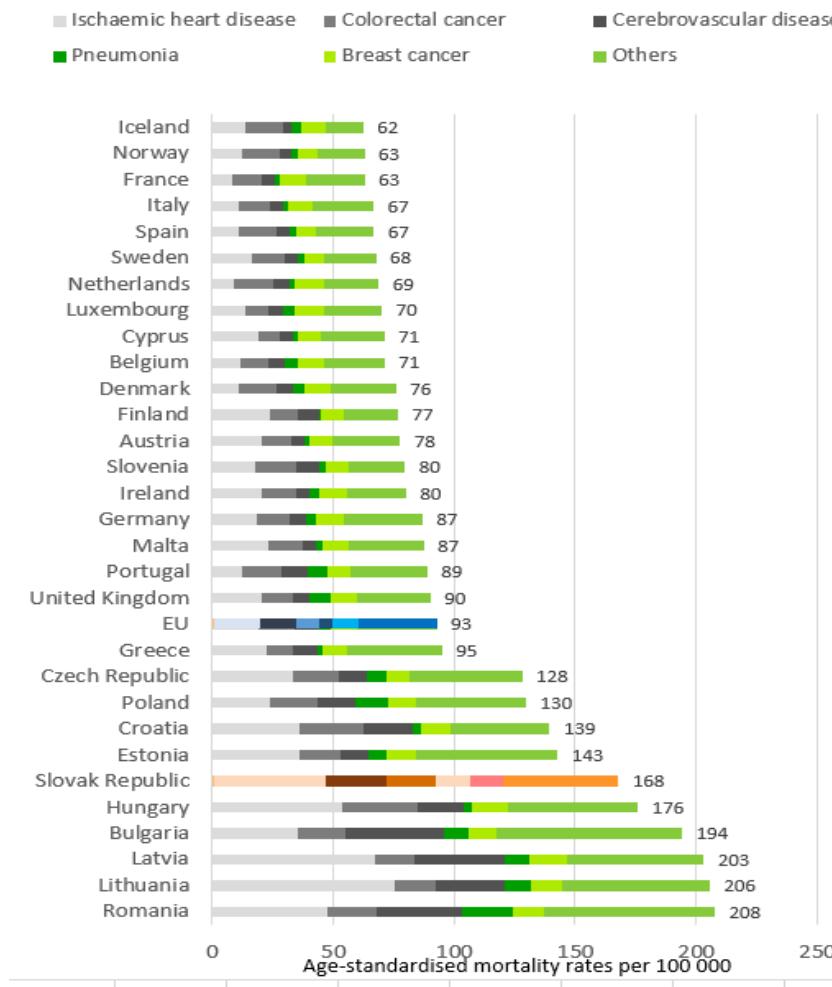
- 26 projects created according to the government's program statement with the aim of "correcting the sector,"
- without "ideological" direction

Slovak healthcare system has been lagging in all outcomes



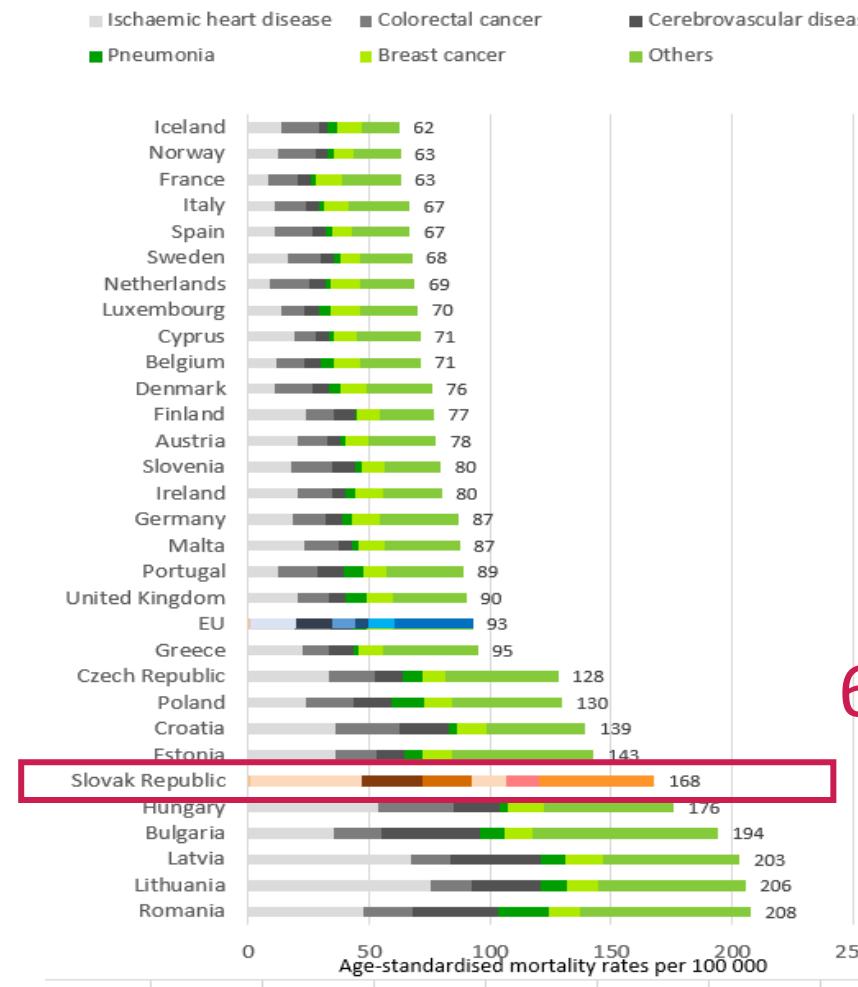
Ministerstvo zdravotníctva SR

Even though the goal of the MoH is to reduce... avoidable mortality



OECD (2019)

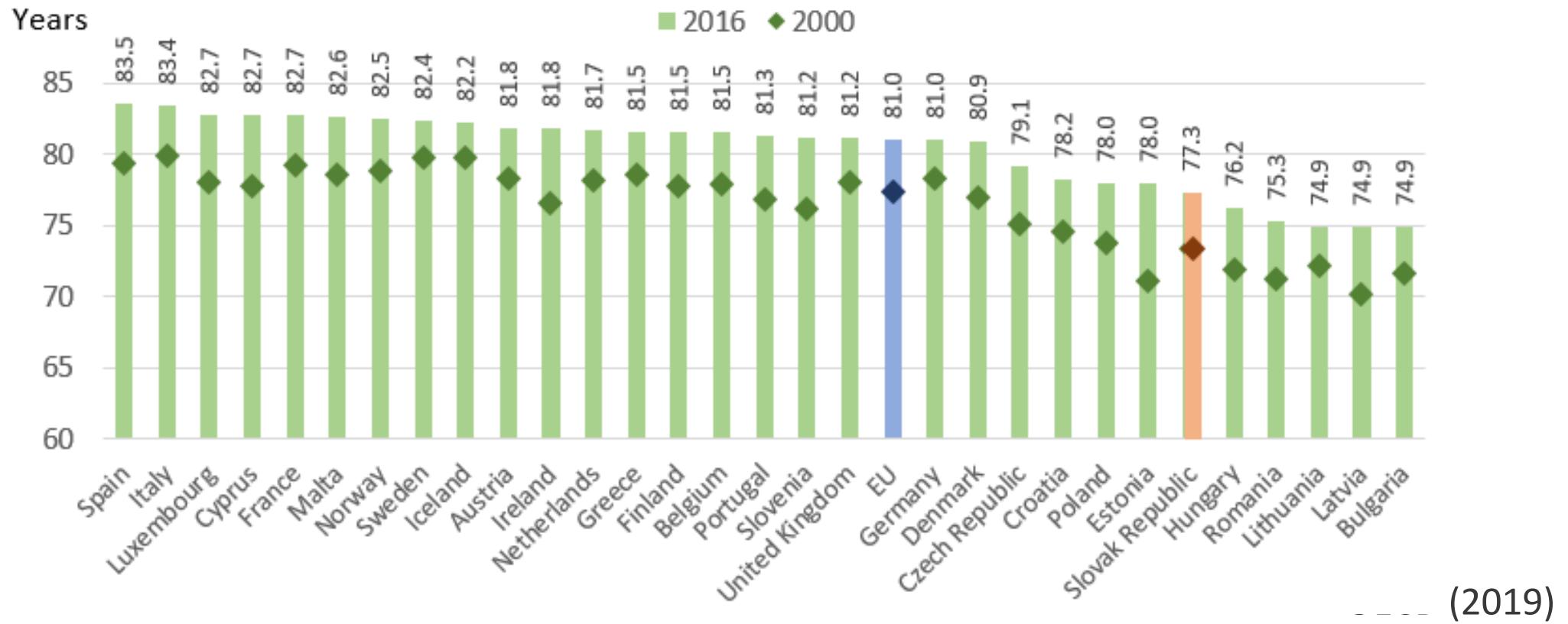
Even though the goal of the MoH is to reduce... avoidable mortality



6th worst in EU

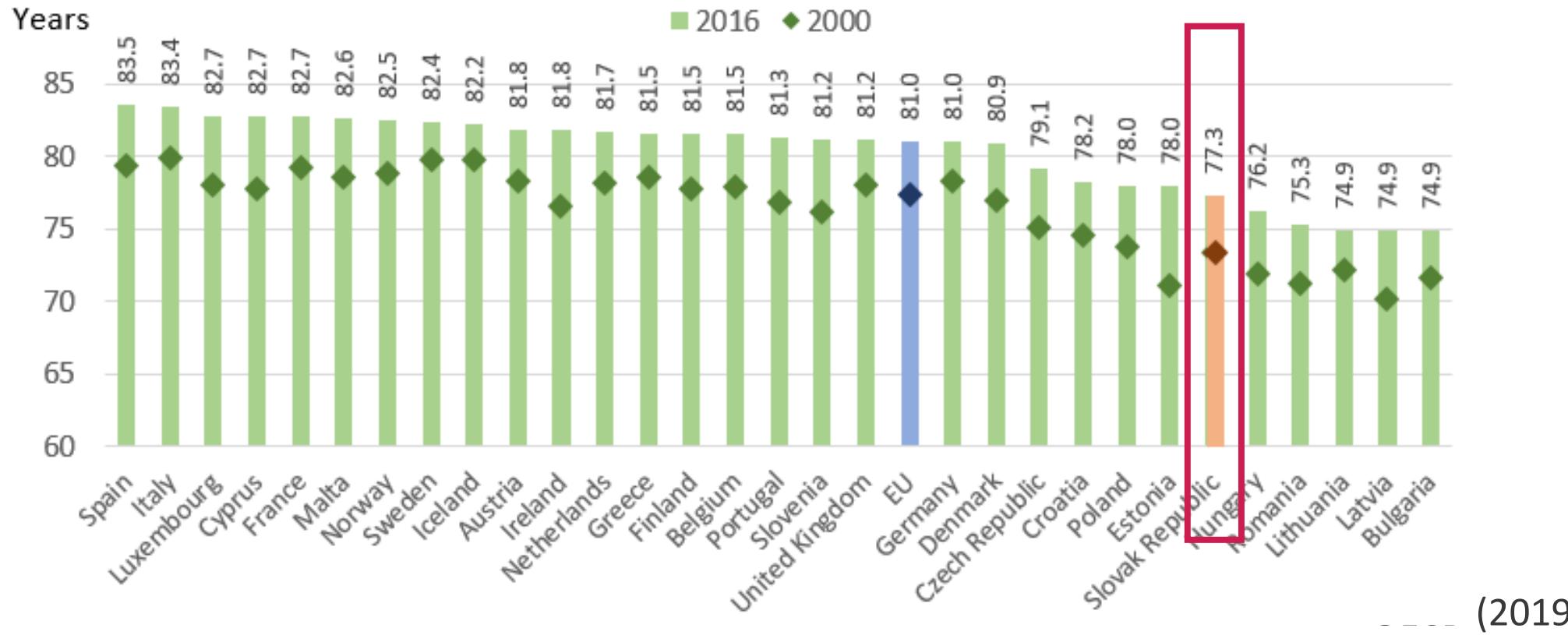
OECD (2019)

...improve life expectancy and quality of life



...improve life expectancy and quality of life

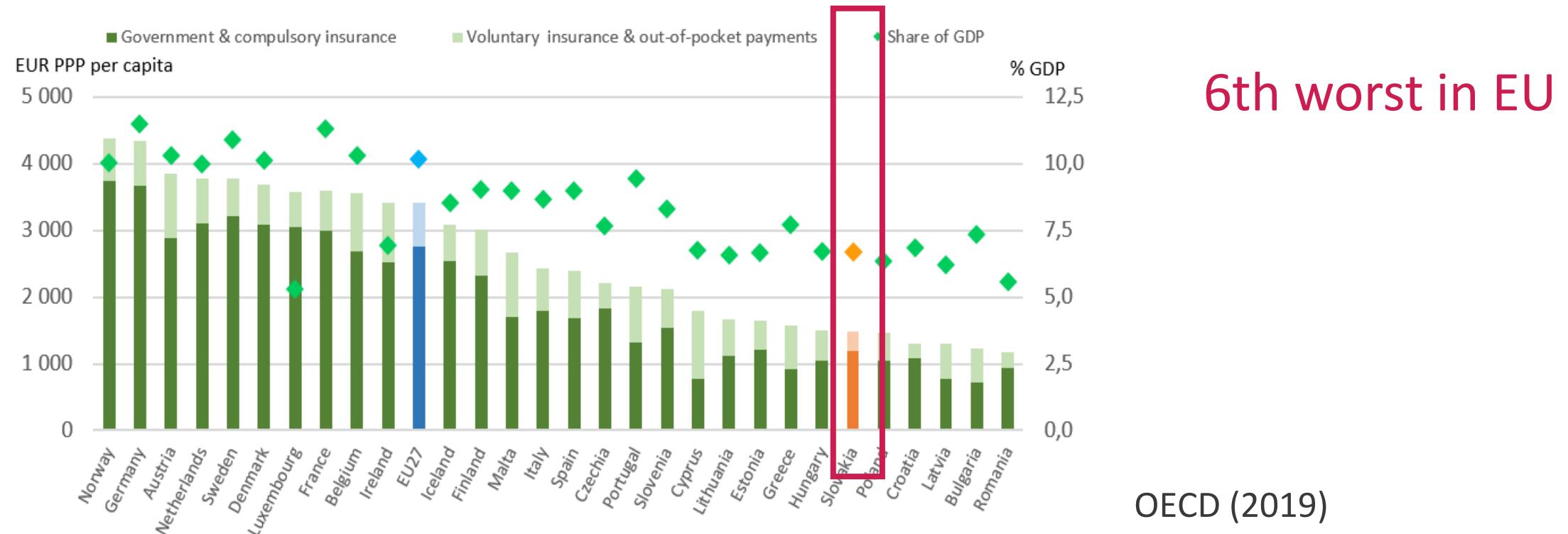
6th worst in EU



Despite lagging behind EU, growth in expenses has been solid

Overall amount of sources is lower than OECD average

The growth in the healthcare expenditure outgrew public spending in every year since 2006 but 2017



Is allocation of resources balanced?

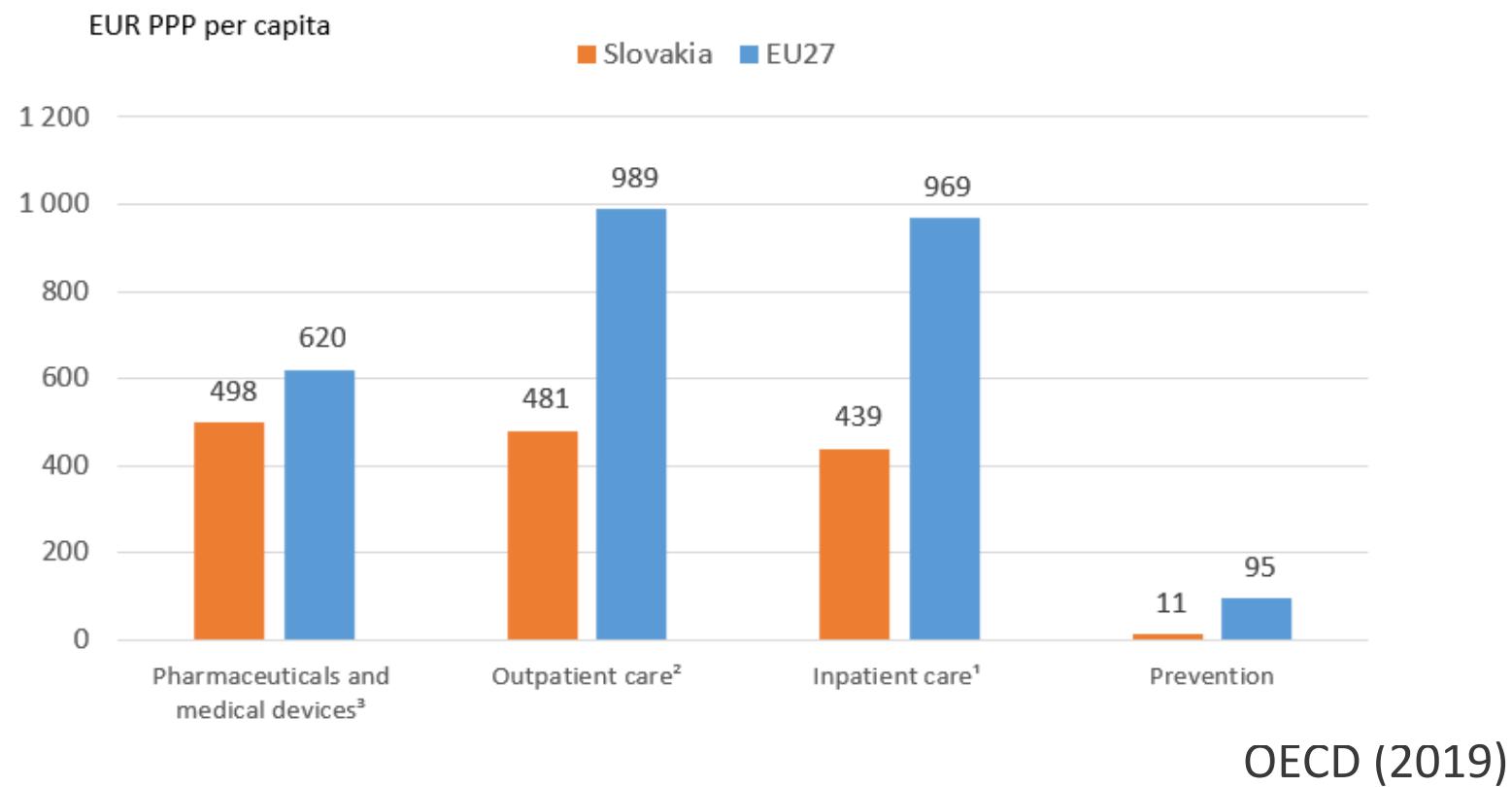
Compared to the rest of V3 countries, Slovakia has different set of spending expenditure

Percentage of THE according to key functions, 2015 or the latest year (OECD, 2018)

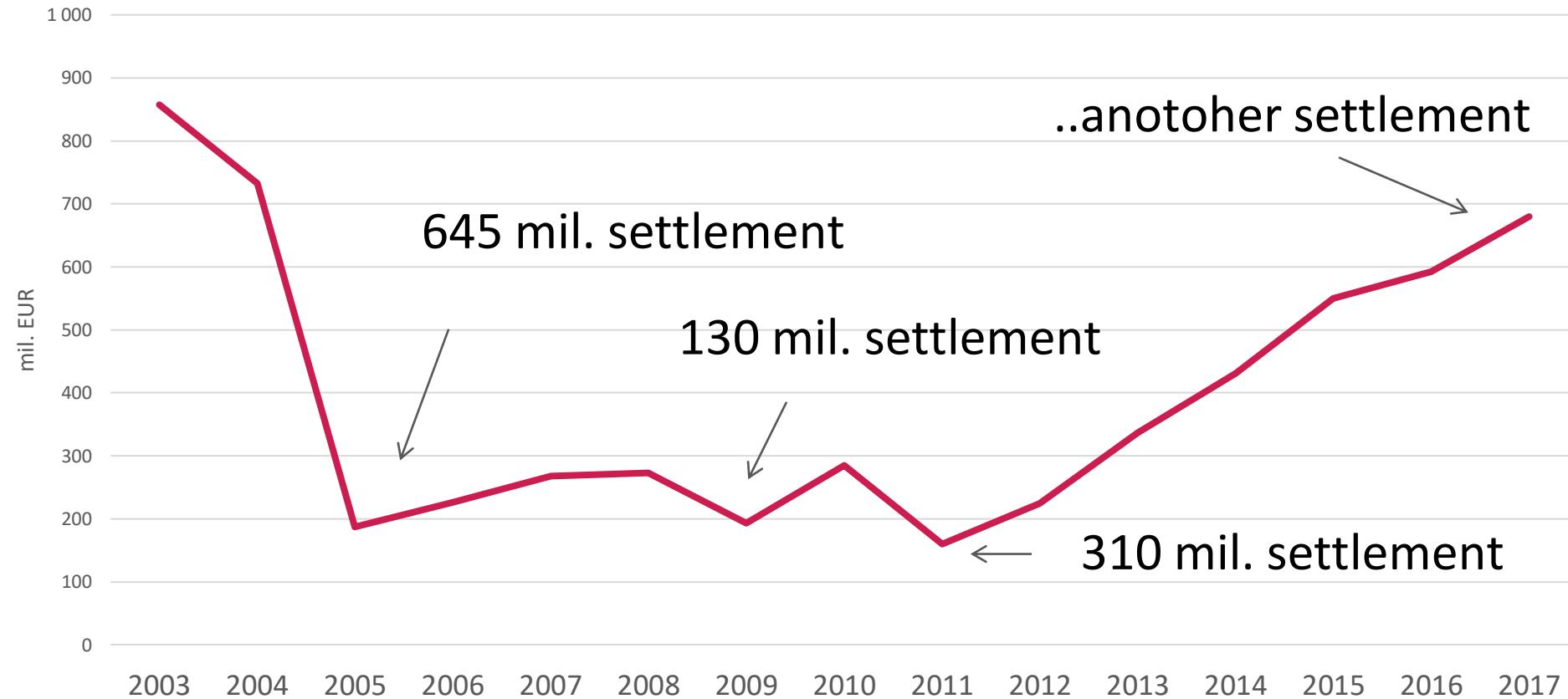
	Hospitals	Nursing and residential care facilities	Providers of ambulatory health care	Retail sale and other providers of medical goods	Provision and administration of PHP	GHA and insurance	Other industries (rest of the economy)
CR	44.0%	1.5%	26.1%	21.7%	0.1%	3.2%	0.6%
Hungary	29.9%	2.9%	24.4%	34.3%	1.5%	1.6%	2.2%
Poland	32.6%	1.7%	28.8%	22.5%	1.4%	1.1%	5.3%
Slovakia	25.3%	..	27.9%	34.2%	1.1%	3.7%	7.4%

Is allocation of resources balanced?

Compared to the rest of V3 countries, Slovakia has different set of spending expenditure



...and to make sure that „this“...



...and „that“ will not happen again

≡ Správy • Pravda

Domáce Európska únia Svet Ekonomika Regióny Bratislava Čierna kronika Online rozhovory Volby

VŠZP je v strate 200 miliónov vypovie zmluvy približne ambulanciam

• Zlatica Beňová, Pravda 30.01.2017 11:12

Uložiť na Facebook



P

Štátnej zdravotnej poisťovnej je v strate 137 miliónov eur

Od apríla a mája už zrejme nebude otvorených 120 prevažne gynekologických a internistických ambulancií. Najväčšia zdravotná poisťovna Všeobecná zdravotná im v minulých dňoch začala vypovedať zmluvy s ambulanciami. Plánuje tak ušetriť asi tri milióny eur.

Koľkých pacientov sa opatrenia pojistovne dotknú, jej vedenie nespresňuje. Žiaľ, že v prípade gynekológie pôjde asi o osemtisíc žien. Pacienti už nemôžu využiť služby výsledne. Majú preto o lekárov bude menej, situácia sa ešte výraznejšie zhorší.

Všeobecná zdravotná poisťovňa začína realizovať ozdravný plán, ktorý koncom roka odsúhlil Úrad pre dohľad nad zdravotnou starostlivosťou. Z prvých krokov je rušenie zmlúv viacerým špecialistom po celom Slovensku. Medzi nimi je najviac gynekológov, urológov a internistov. „Sú to prevažne



Zdroj: TASR



Jana
Čunderlíková

Namiesto zisku strata. Taký mal byť skutočný hospodársky výsledok VŠZP v minulom roku, keď pojistovňu viedol Forai a Vaďura, tvrdí nové vedenie.

Zisk je bezpochyby dobrým znamením pre každú firmu. Posledných päť rokov sa dobrým hospodárením mohla chváliť aj štátom vlastnená Všeobecná zdravotná



Nedele 1. 10. | Arnold | ☀ 17°C Bratislava

SPRÁVY PROMINENTI ŠPORT TIP OD VÁS KUCHERENKO TIVI.SK HOROSKOP SRDCE PRE DETI TIT

TIP OD VÁS
0918 62 00 01
Máte tip?
Pošlite nám ho!

19.12.2016, 13:51 | Správy | Domáce správy

AKTUALIZOVANÉ Všeobecná zdravotná poisťovňa má rekordné straty! Na čom idú šetriť?

298
zdieľaní



Zdieľaj



Discusia / 23



Zapnúť upozornenia

Máte tip? Dajte nám vedieť



Galeria >

Na snímke zľava riaditeľ sekcie ekonomiky Všeobecnnej zdravotnej poisťovne (VŠZP) Vladimír Turček, podpredseda predstavenstva a riaditeľ sekcie nákupu VŠZP Milan Horváth, predseda predstavenstva a generálny riaditeľ VŠZP Miroslav Kočan a hovorkyňa VŠZP Petra Balážová počas tlačovej konferencie na tému ozdravného plánu VŠZP.

Zdroj: TASR

In other words, slovak MoH aims to create
system that is efficient, effective, transparent
and sustainable.

1. Overview of challenges

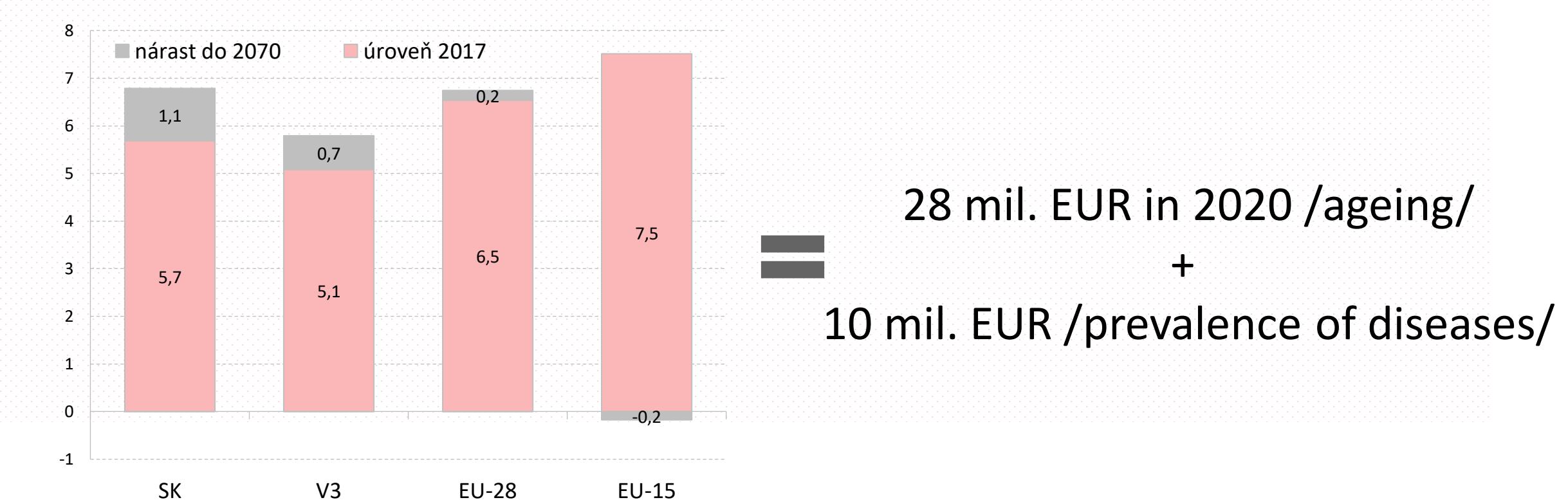


1. Demographic changes and chronic diseases

- Ageing is most often associated with a pressure on expenditure

1. Demographic changes and chronic diseases

Healthcare expenditure (%GDP)

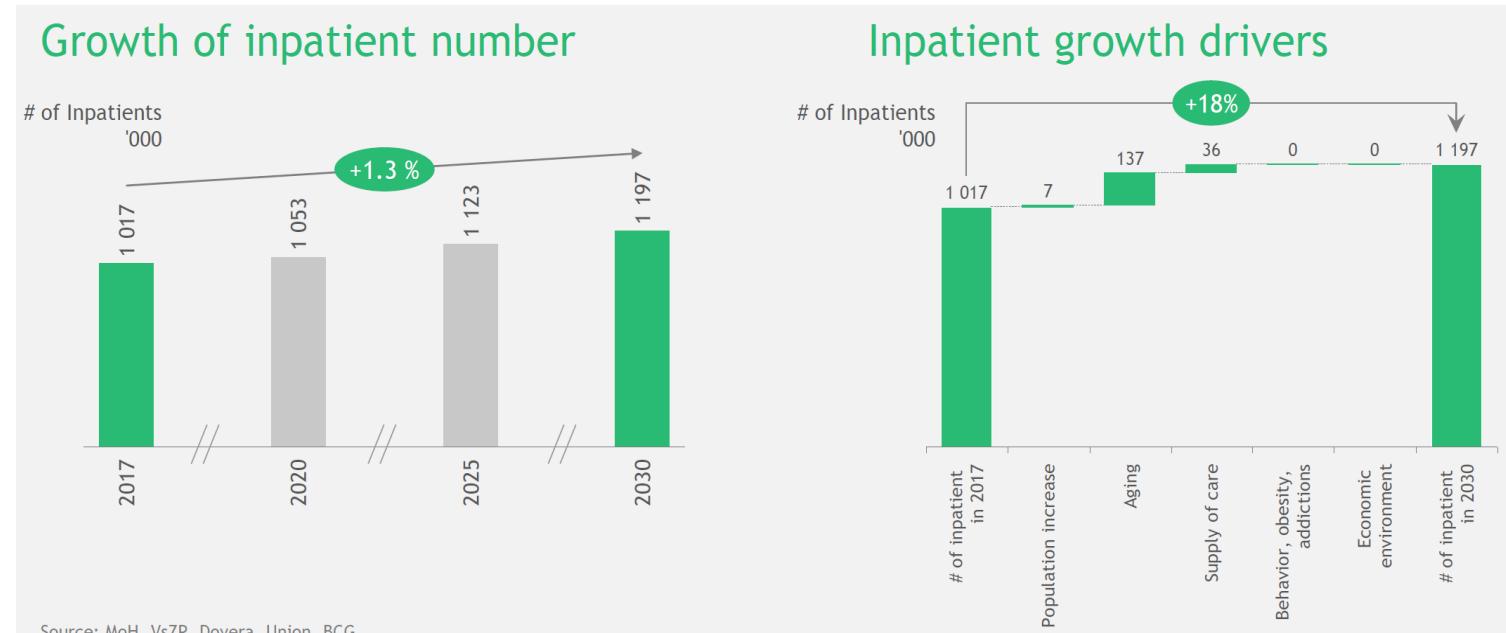


1. Demographic changes and chronic diseases

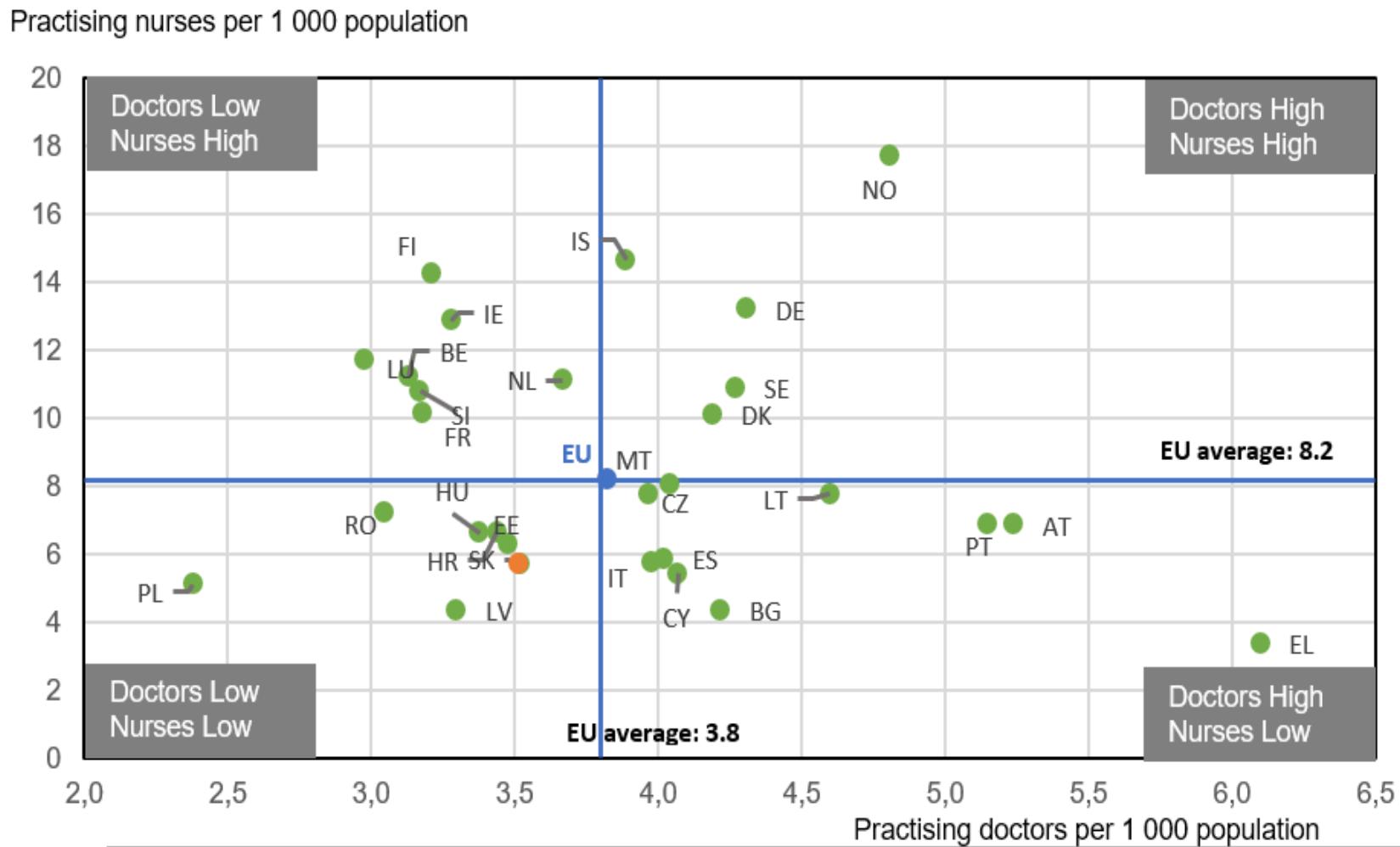
- Ageing is most often associated with a pressure on expenditure
- However, the biggest challenge is that we need to redesign and change service provision
 - Network of providers
 - Education
 - Layout of buildings, opening hours etc...

1. Demographic changes and chronic diseases

- Ageing is most often associated with a pressure on expenditure
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2. Depleting resources

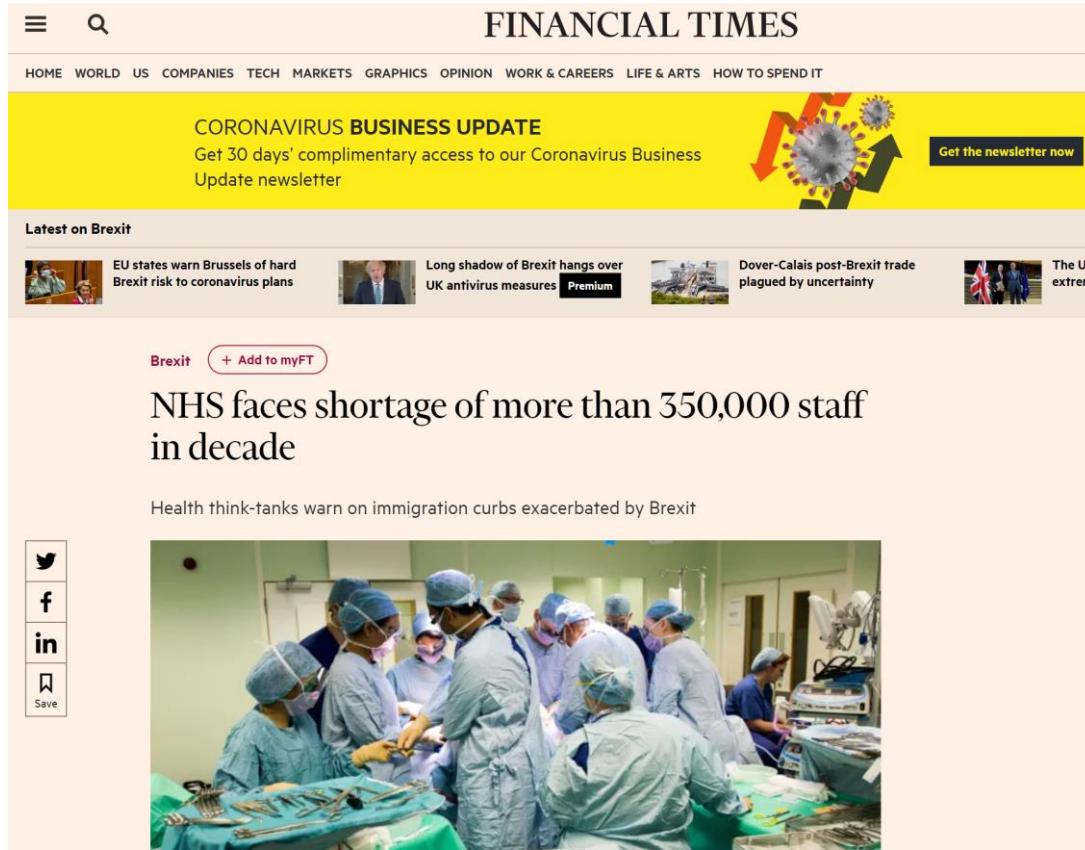


2. Depleting resources

Number of healthcare vacancies in Slovakia (prediction)

Year	doctors	dentists	nurses (status quo)	nurses (scholarship 2018)	midwives
2025	5 360	857	7 407	6 703	514
2026	5 102	791	7 927	7 074	542
2027	4 794	705	8 461	7 458	587
2028	4 500	620	9 041	7 888	636
2029	4 213	536	9 636	8 334	685
2030	3 914	450	10 202	8 750	733

2. Depleting resources



- Germany expects that by 2025 they will face a shortage of at least 30% of needed doctors
- It is impossible to cover / substitute with nurses...

3. Empowered and distrustful patients

- Empowered patients are a key to shift care from in-patient to out-patient providers and from out-patient to pharmacies or home care services
- Empowered and misinformed patients are just a nightmare

3. Empowered and distrustful patients



Prihlás sa Zaregistruj sa tu!

Modrý koník Bazár Skupiny a fóra Stena Poradne Súťaže Testujeme

Dni s Trinity Hotels

- Kamaráti z Trinity nás naučili – vaše príbehy ⚡ 9
- TikTok pohľad na pozornosť detí – aké máte sk... ⚡ 18

Viac diskusii...

Novinky

Zoznam skupín a fór

FÓRA

Zoznam fór

Hľadaj vo fórách...

Spánok babatka

Starám sa o dieťaťko Pred 42 sekundami

IPL remington

Kozmetické produkty rôznych značiek a vaše skúsenosti Pred 42 sekundami

Ahojte kde v okoli chodite na mihy volume alebo 3D?dakujem 😊

Žilina Pred 1 minútou

6 ta choroba u vásich detí

Detské zdravotné problémy a lieky pre deti Pred 14 minútami

Prosím o skúsenosti s detskými letnými koženými sandálkami

Starám sa o dieťaťko Pred 39 minútami

Cytológia - MUDr. Mokraš

Intímne zdravotné problémy Pred 1 hodinou

Test na potravinové intolerančie pre dieťa

Detské zdravotné problémy a lieky pre deti Pred 1 hodinou

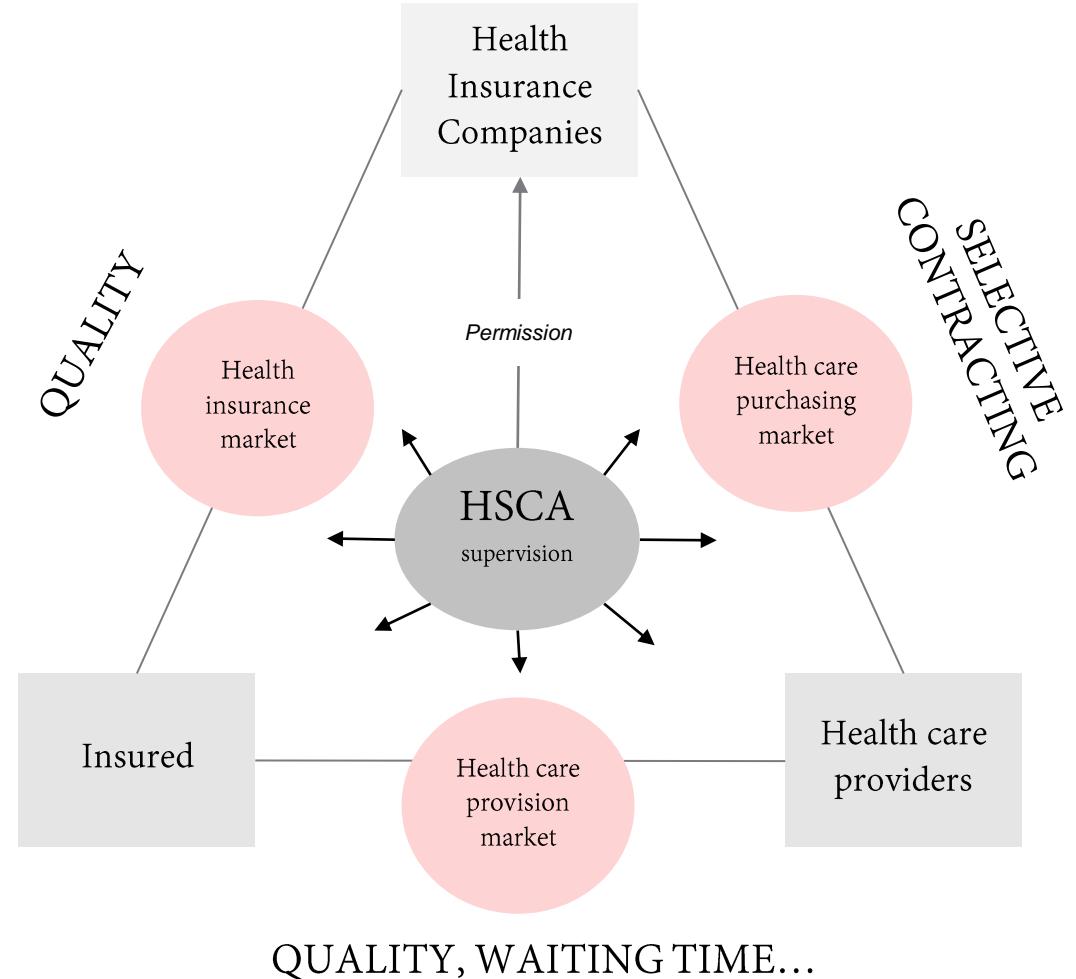
+ Pridaj diskusiu

4. System issues

The healthcare system is based on Bismarck model with its key pillars shaped during reform period of 2002 – 2006.

The vision of that reform was to create a system that would have:

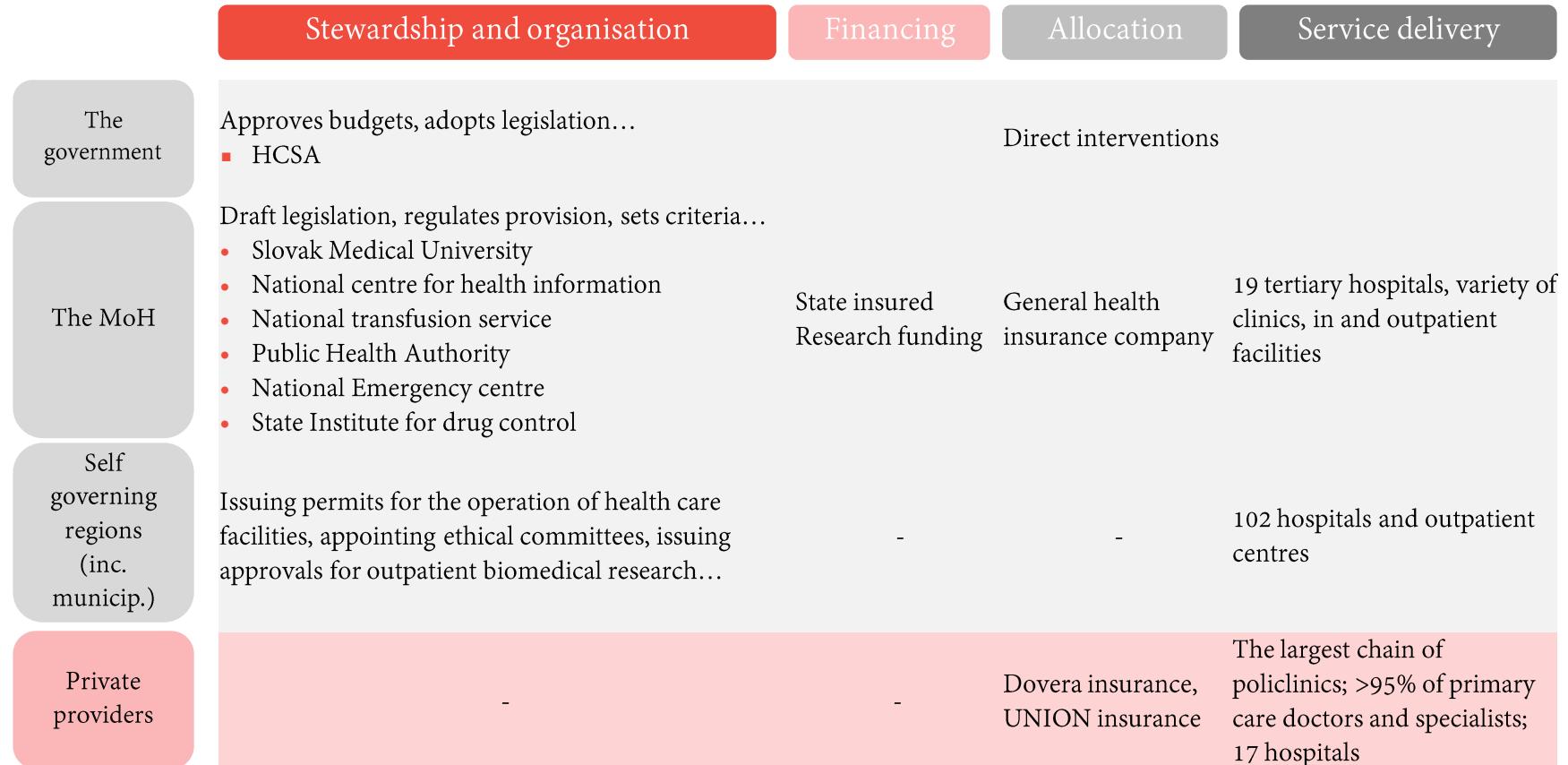
- universal coverage;
- compulsory health insurance;
- a basic benefit package and;
- competitive insurance model with selective contracting and flexible pricing that would be a driver of quality and effectiveness;
- multiple HIC, competing with each other



4. System issues

However, the vision has never been achieved and...

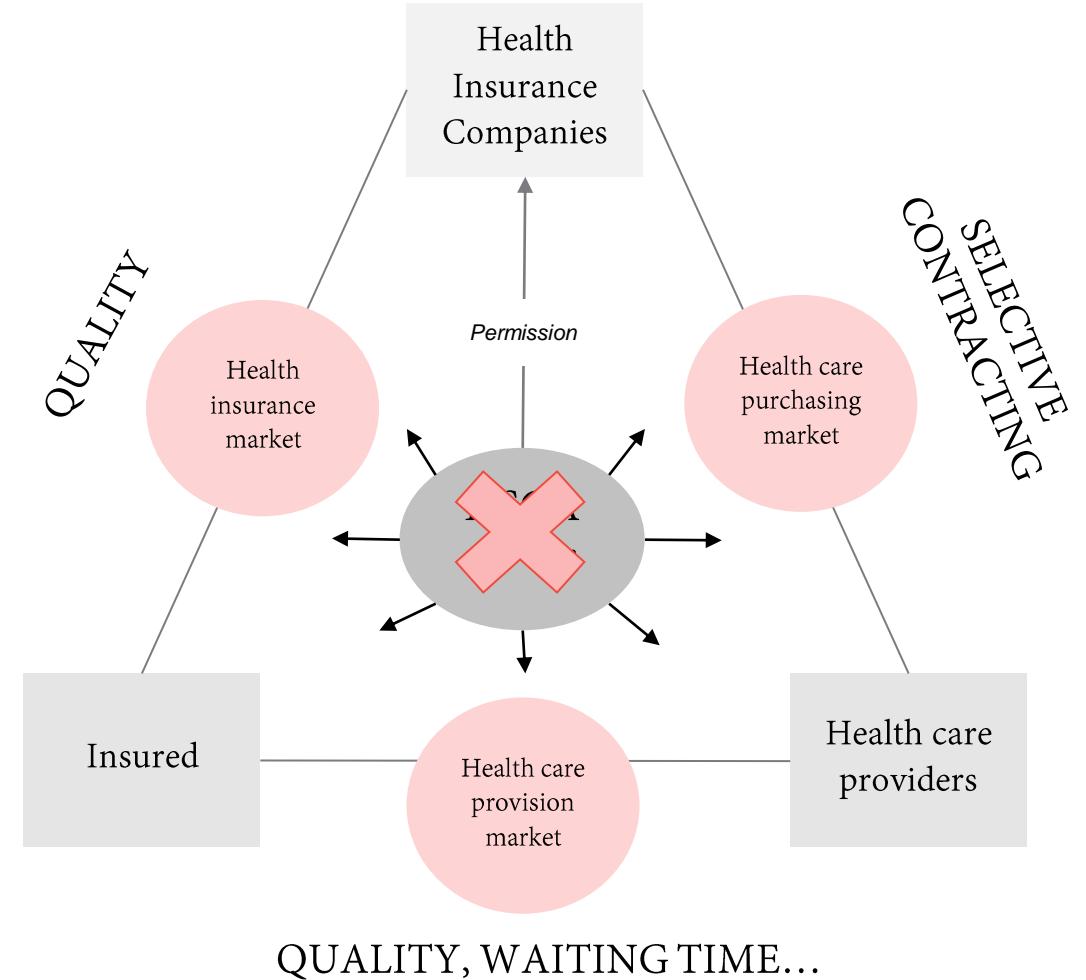
- Public and private bodies are vertically integrated in the system



4. System issues

However, the vision has never been achieved and...

- Public and private bodies are vertically integrated in the system
- HCSA is weak and political organisation (DRG...)

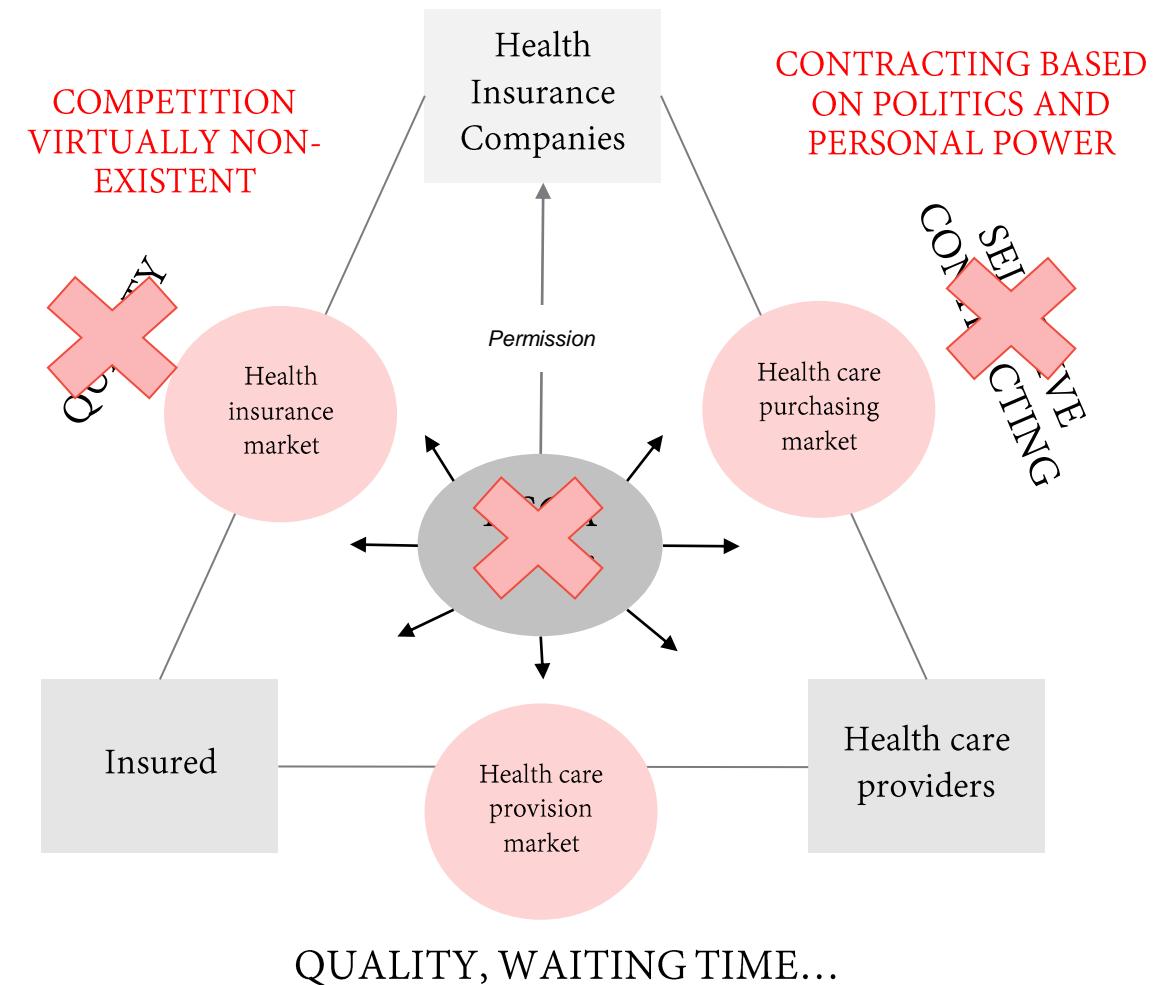
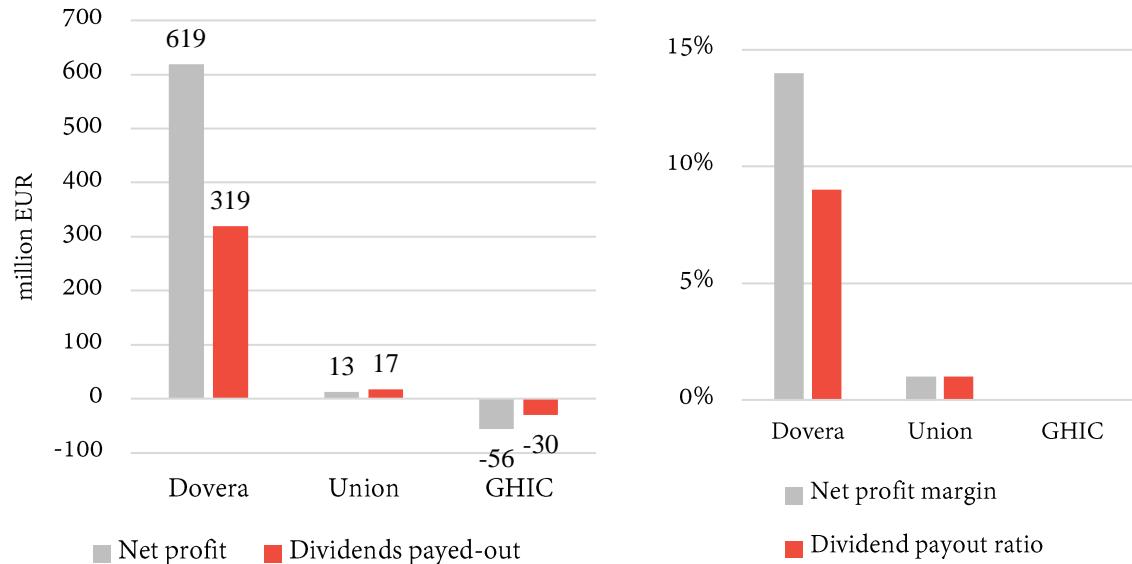


4. System issues

However, the vision has never been achieved and...

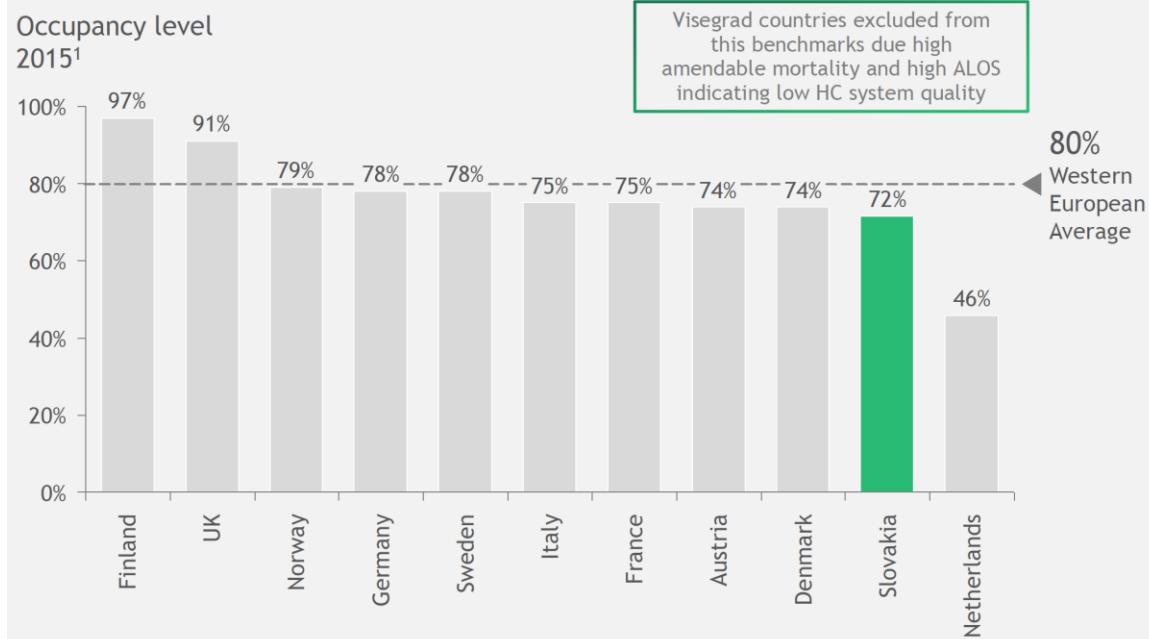
- Public and private bodies are vertically integrated in the system
- HCSA is weak and political organisation (DRG...)
- Insurance companies created quasi-monopolies not competing bodies
- They do not apply selective contracting based on quality-price
- Private insurance companies report significant profit margins

Dividends paid and net profit margin 2009 - 2019



4. System issues

72% occupancy in Slovakia is the second lowest in comparison with Western European peers

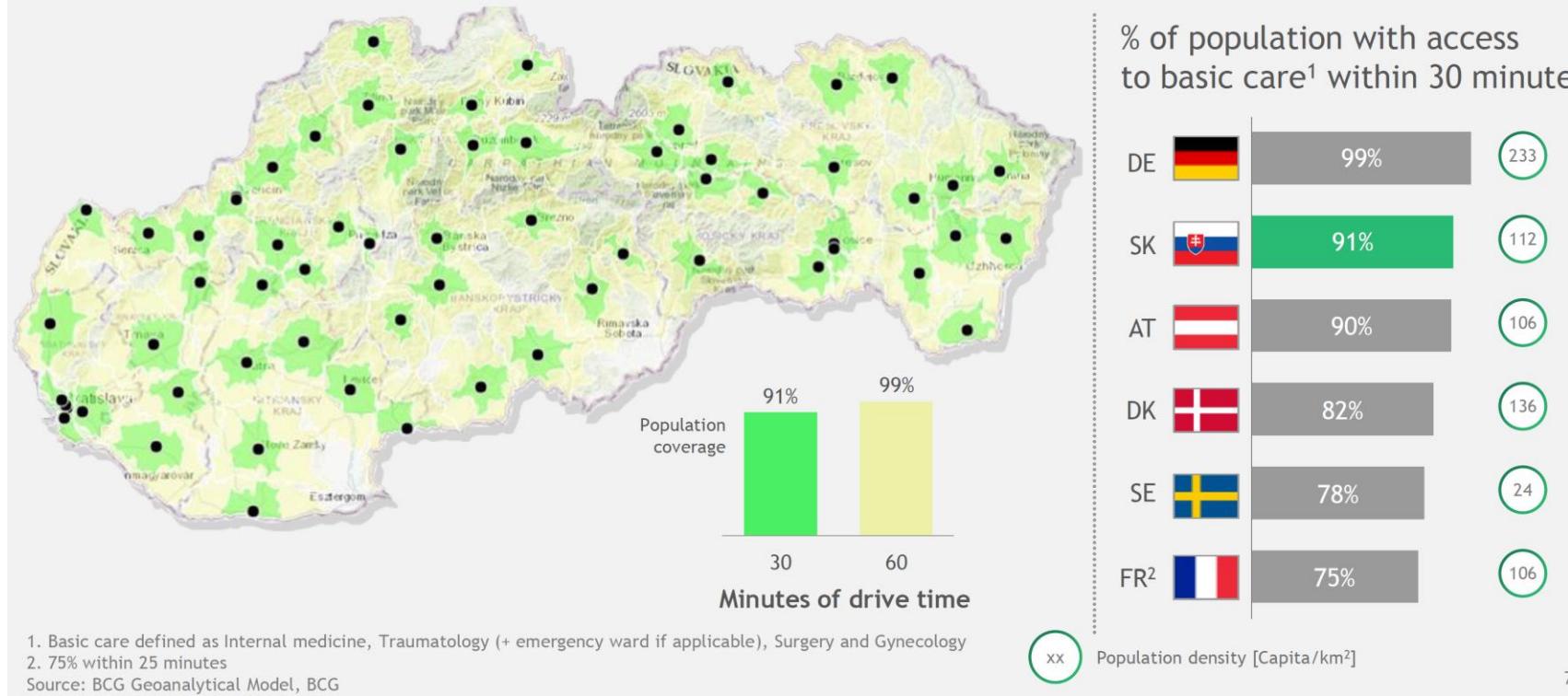


Lower Occupancy may be driven by poor capacity management as well as high buffer capacities allocated to acute care

Note: Occupancy level calculated on a basis of 365 days in a year, ignoring potential weekend closing of small hospitals. 1. Latest available used if 2015 not available
Source: MoH, OECD, BCG

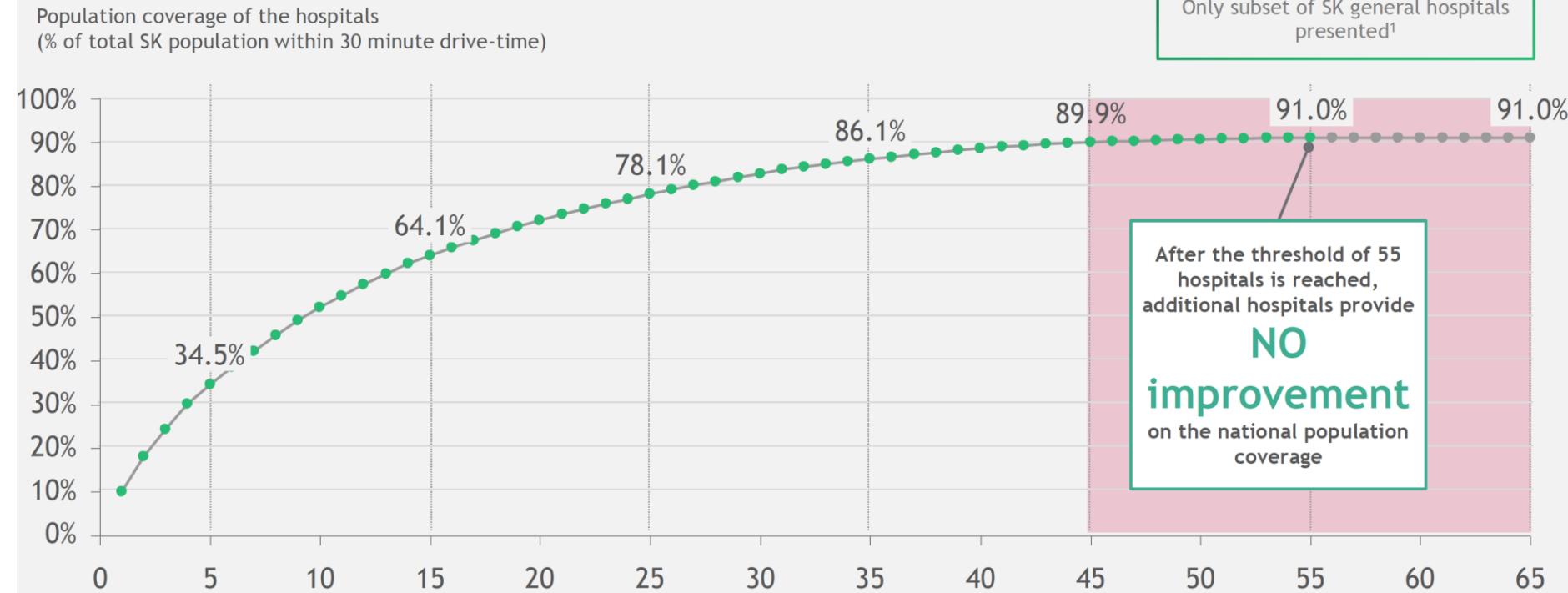
4. System issues

91% of population has access to hospital care within 30 minute drive-time, indicating dense hospital network

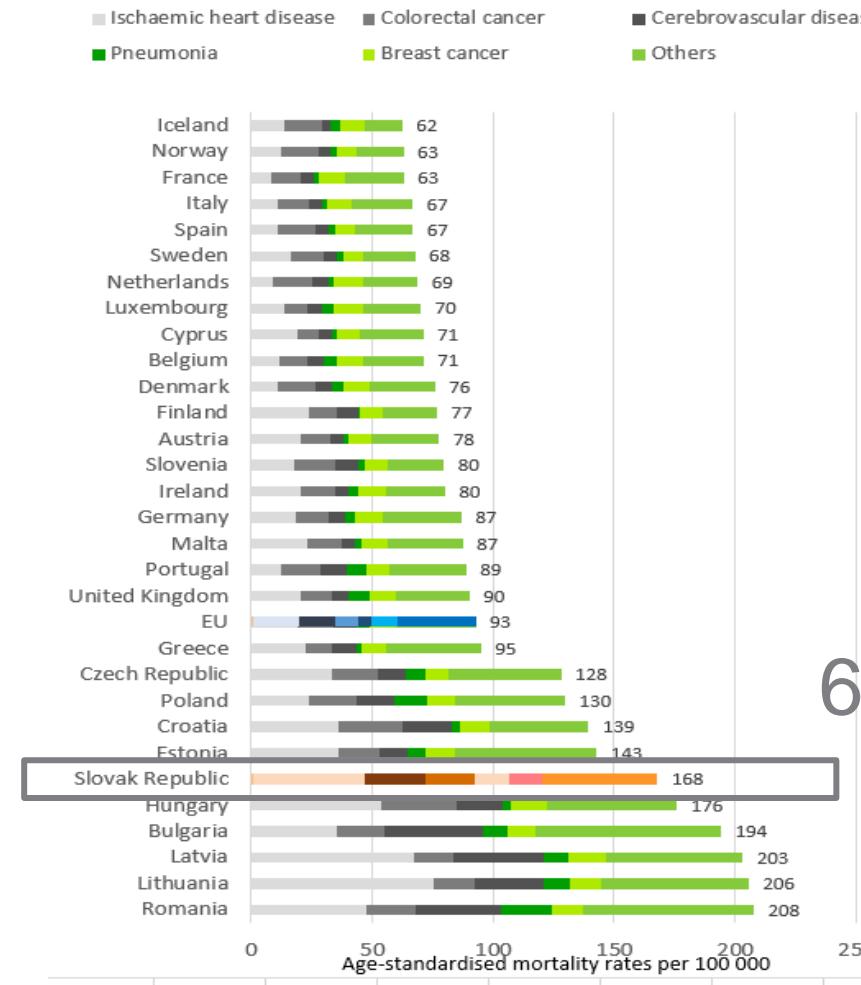


4. System issues

91% accessibility is ensured by 55 hospitals, but as little as 45 hospitals can ensure 90% accessibility



Even though the goal of the MoH is to reduce... avoidable mortality



6th worst in EU

OECD (2019)

5. Inefficiency and corruption

VŠETKO > Názory > Barometer > Kurzový lístok ECB

V kauze CT znova obvinili deviatich ľudí

24.10.2017, 14:23 | Zuzana Petková | © 2017 News and Media Holding

Po viac než roku opäť vzniesli obvinenie voči bývalej riaditeľke piešťanskej nemocnice a ďalším osobám, ktoré mali podľa polície niesť zodpovednosť za plánovanú kúpu predraženého prístroja. Pre najväčšiu kauzu druhej Ficovej vlády prišiel o funkciu Pavol Paška.



Polícia znova obvinila deväť ľudí v prípade ná
piešťanskej nemocnici. Bývalá riaditeľka nem



Všetko
Digi
pre
Pre

Slovensko

PIA 08. 02. 2019 | meniny má Zoja

ÚVOD EKONOMIKA A FINANCIJE SLOVENSKO SVET STYLE TELEVÍZIA FOCUS HISTORY ĎALŠIE

Vražda Novinára Prezidentské Volby Diaľnice Počasie

17.09.2016, 10:40

Polícia vzniesla obvinenia pre kauzu CT v Piešťanoch už pred rokom. Doteraz nie je nikto obvinený

8°C ☀

1 285

0

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RUBRIKY Správy Publicistika TABLET.TV Šport Kaleidoskop Vtedy.sk Webmagazín Weby TASR Objektívom Obce

Politika na Facebooku
Statusy slovenských politikov
ONLINE

TERAZ.SK

Piatok 8. február 2019 Štátny sviatok Slovenskej republiky Meniny má Zoja

Prezidentské volby
Všetko o voľbách
hlavy štátu



nov

100
ROKOV

MILAN RASTISLAV ŠTEFÁNIK



< sekcia SEKCIA: Zdravie

Vo verejnom obstarávaní na piešťanskej CT sa našli chyby

Share 1



0



Najčítanejšie

6h 24h 7d

1 Pacientom s vysokým tlakom po novom lieku nradníča všeobecný lekár

2. HEALTHCARE IN 2030: key expectations to govern policies



Ministerstvo zdravotníctva SR

Future of healthcare: key expectations

1. Large, robust, old-school systems based on infrastructure will collapse (e.g. NHS)
 - NHS, large state-governed systems will struggle with a lack of personnel, growing expenditure, demands of patients
 - Governments will keep them running for as long as they can, only to worsen their problems
 - HLYs, DALYs, all indicators will further deteriorate and these systems will not be able to keep pace with more flexible systems

Future of healthcare: key expectations

2. 24/7 mobile monitoring, home care and personalised just in time services will be a cornerstone of service provision

- We will give up part of our privacy in exchange for constant monitoring and assessment of our health status;

The screenshot shows a BBC News article page. At the top, there's a navigation bar with links for Home, Video, World, UK, Business, Tech, Science, Stories, Entertainment & Arts, and Help. Below that is a sub-navigation bar with links for NEWS, Sport, Tech, Science, Stories, Entertainment & Arts, and Help. The main headline is "Tech Tent: Can we learn about coronavirus-tracing from South Korea?" by Rory Cellan-Jones, a Technology correspondent (@BBCRoryCJ). The article was published on 15 May 2020. There are social sharing icons for Facebook, Twitter, Email, and LinkedIn, along with a "Share" button. A small image of a person wearing a blue face mask and a hooded jacket is visible. Below the article, a caption reads: "It is a country that saw an early surge in coronavirus infections - and then used a mass of surveillance data to track anyone who might have come into contact with the virus." The source is cited as GETTY IMAGES.

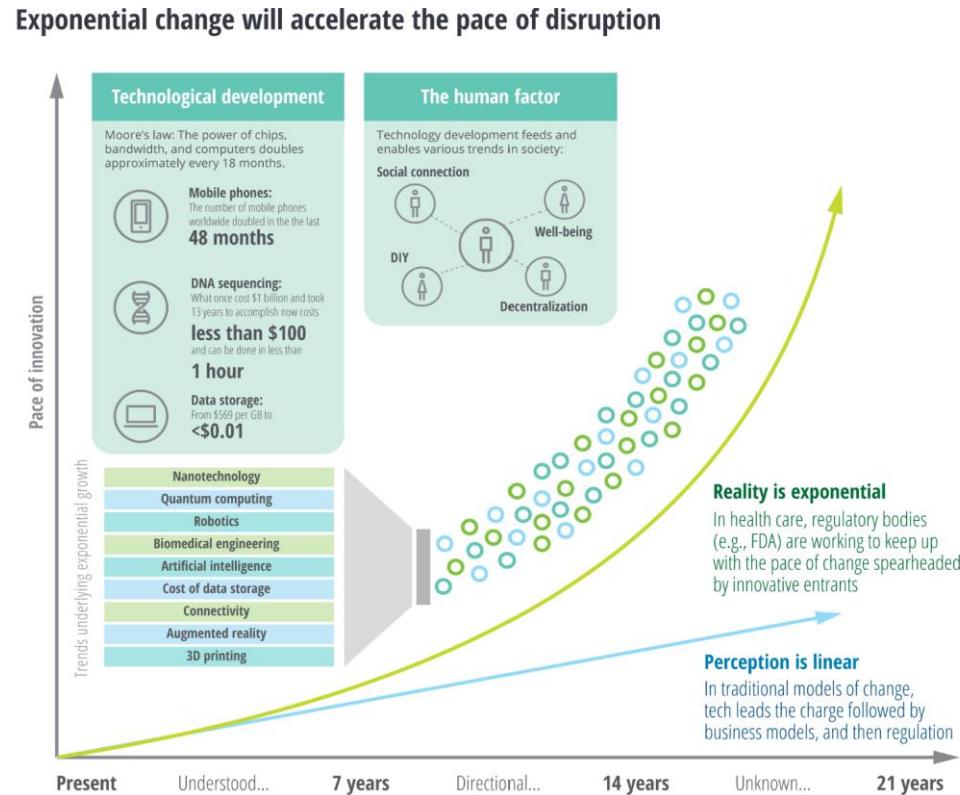
Future of healthcare: key expectations

2. 24/7 mobile monitoring, home care and personalised just in time services will be a cornerstone of service provision

- We will give up part of our privacy in exchange for constant monitoring and assessment of our health status;
- GPs will not be gatekeepers any more, biotech engineers will become new keepers
- Genome analysis will be compulsory. Its information will be used to personalise all processes, care, preventive measures or medicines.

Future of healthcare: key expectations

3. RD processes will be eased to streamline innovation

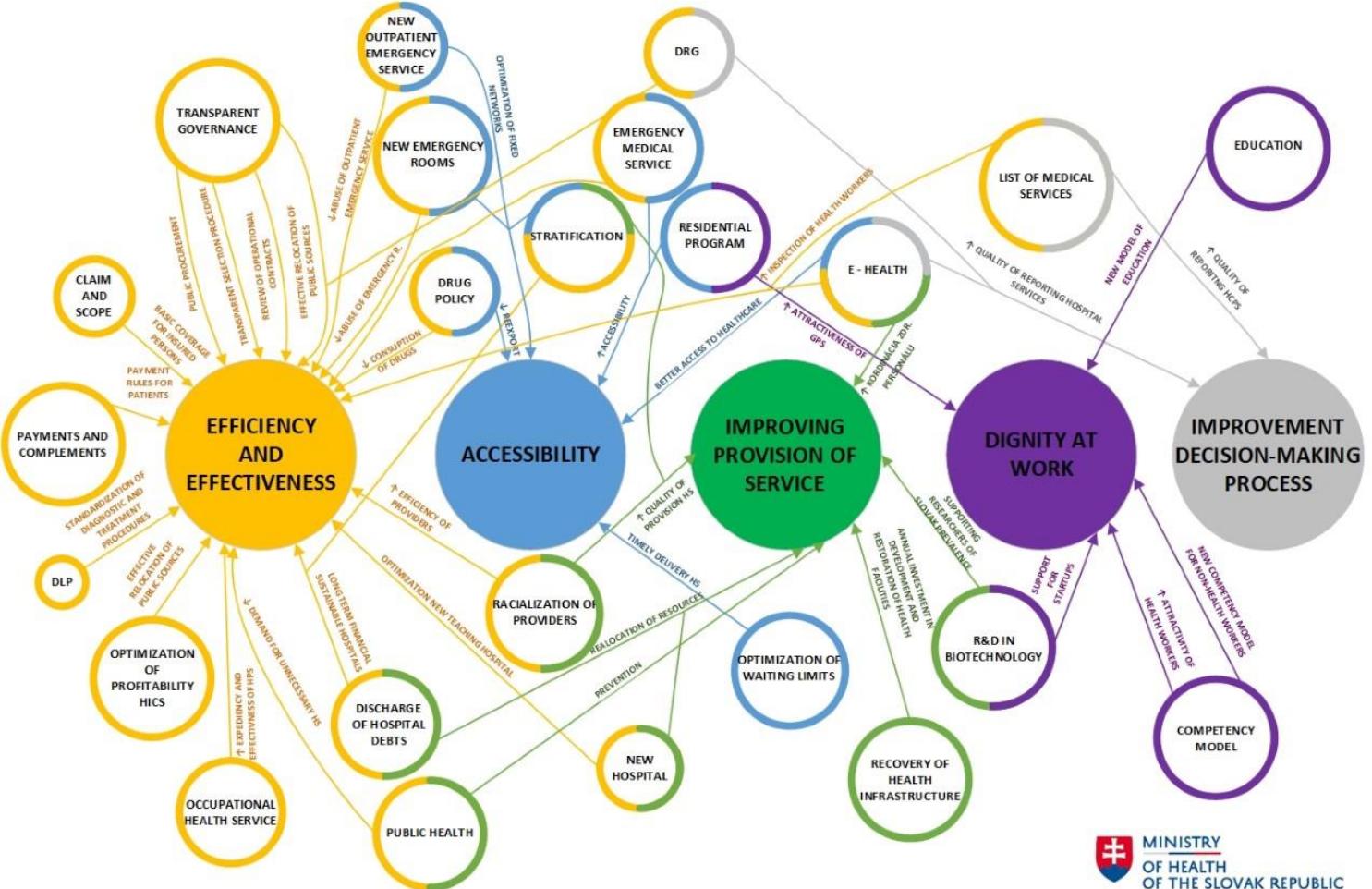


In combination these factors contributed to several reforms...



Ministerstvo zdravotníctva SR

MoH launched 26 projects in 2016



Inefficiency has been tackled via Value for Money



Value for money 2016 plan

in mil. eur	2017	2018	2019	<i>Potential savings</i>
Measures focused on HICs	143	159	165	268
Overconsumption of medicines - prescription limits	20	20	20	59
Medicinal exemptions - introduction of new rules	10	10	10	10
Cost-ineffective medicines - central procurement	25	25	25	42
Special healthcare materials - referencing	35	45	45	55
Medical aids - referencing and revision	15	15	15	15
Diagnostics - MR and CT referencing	10	16	22	25
Diagnostics - limits for outpatient providers	3	3	3	37
Improvement of revision activities of VsZP	25	25	25	25
Measures focused on hospitals	31	31	31	95
Optimisation of operating expenses	5	5	5	10
Optimisation of medical processes	15	15	15	74
Optimisation of medicines and materials	8	8	8	8
Procurement of healthcare technologies	3	3	3	3

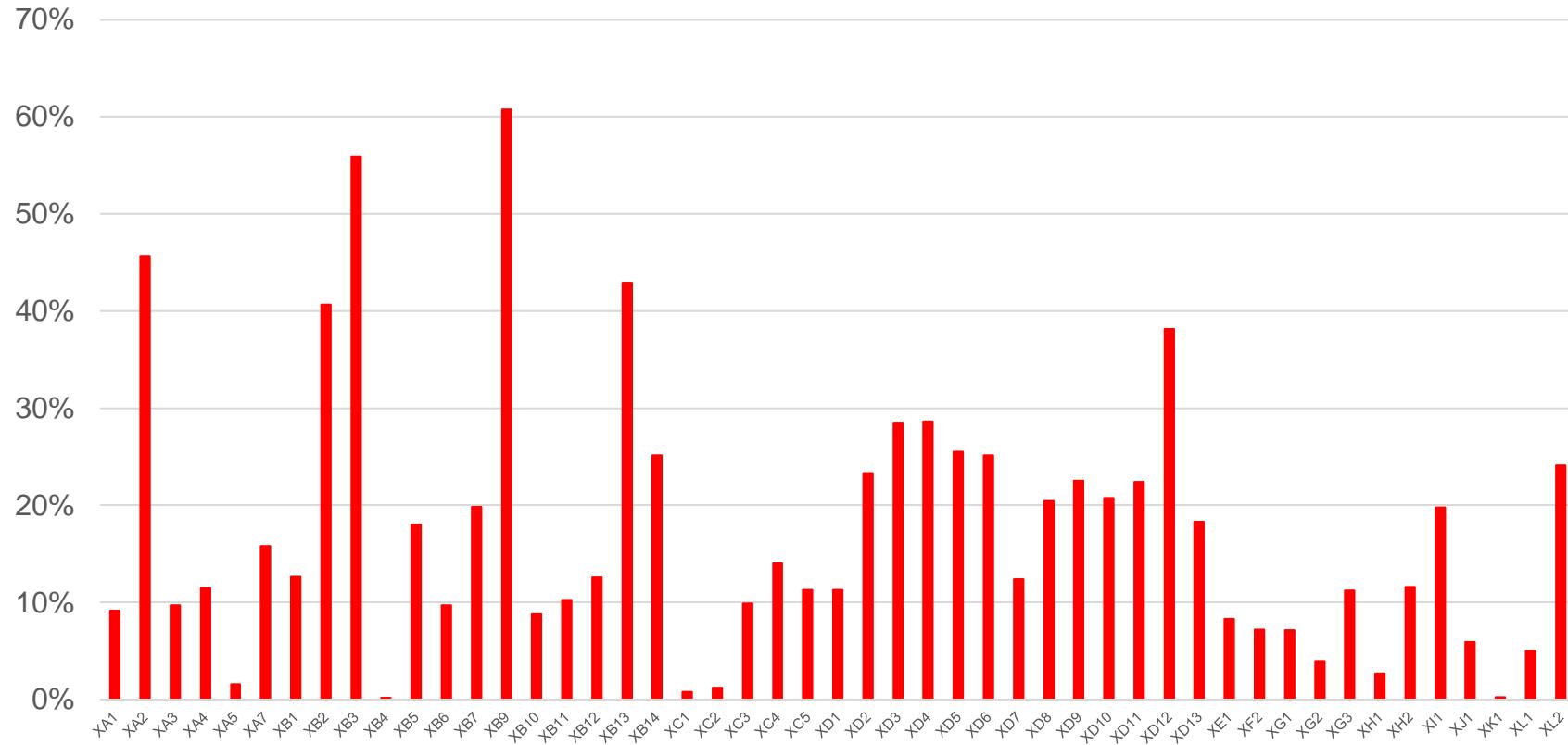
Zdroj: IJ, ŪHP

Value for money 2016: results

in mil. eur	2017	2018	2019
Measures focused on HICs	108,1	121,5	115
Overconsumption of medicines - prescription limits	22,2	29,7	26,5
Medicinal exemptions - introduction of new rules	1,7	-0,2	-1,6
Cost-ineffective medicines - central procurement	-4,5	4,5	4,5
Special healthcare materials - referencing	37,4	33	33
Medical aids - referencing and revision	10,5	22,4	20
Diagnostics - MR and CT referencing	11,2	5,9	6,3
Diagnostics - limits for outpatient providers	2,4	-6,5	-9,9
Improvement of revision activities of VsZP	27,2	32,5	36,3
Measures focused on hospitals	-4,1	-81,1	-138
Optimisation of operating expenses	-3,1	-20,9	-24,3
Optimisation of medical processes	-23,4	-59,4	-95,1
Optimisation of medicines and materials	6,8	-17,3	-35,3
Procurement of healthcare technologies	15,6	16,4	16,4

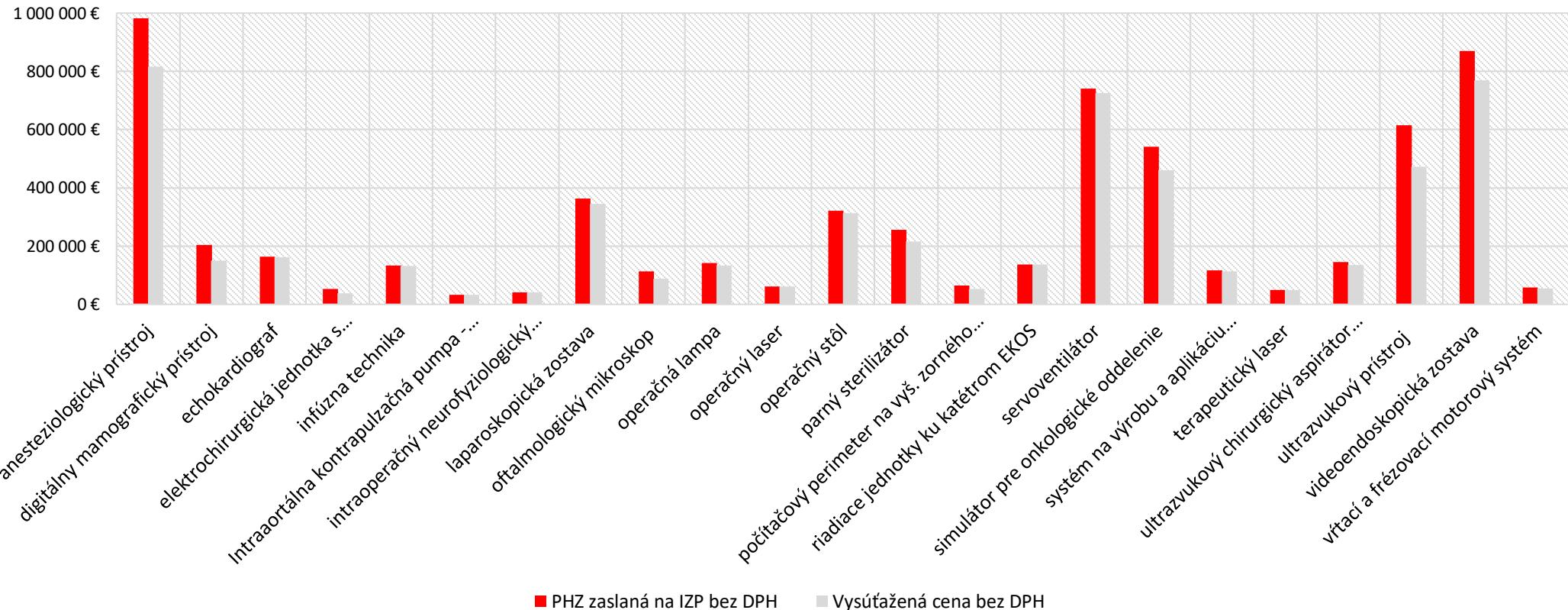
Some measures were instant

% decrease in unit price of healthcare materials 2016 - 2017



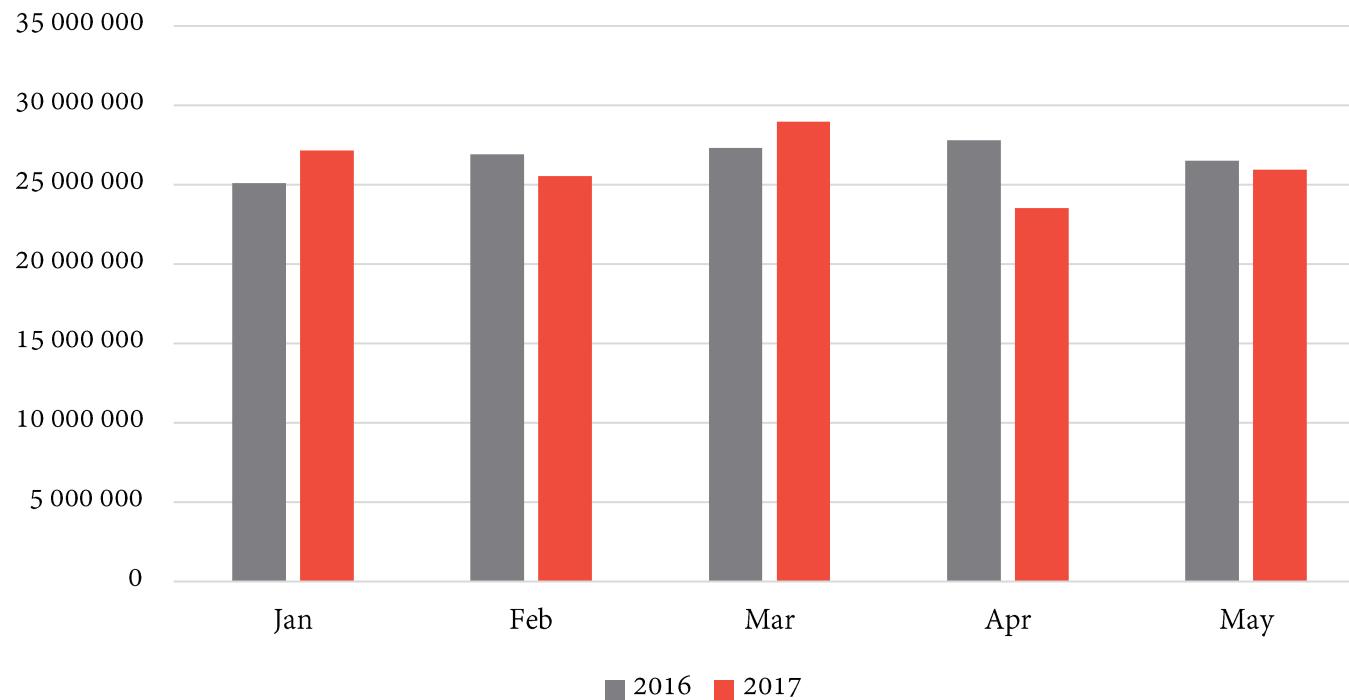
Some measures were medium - term

% decrease in unit price of health tech for 2016 vs 2017



Sp,e took time to push

Expenditure one lab diagnostics Jan – May 2016 and 2017



8+ mil. EUR savings per year on diagnostics

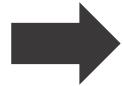
This amount is likely to be exceeded

New deals in effect as of 1st of July 2017
(reduction in price and volumes)

We introduced a new system of benchmarking in 2016

Controlling mechanism of PP up to 2016

Hospital submits an application for approval and attaches price survey and key eco information (>20k EUR)



MoH assesses medical need of ME, its impact on P/L and processual arrangements and issues an opinion



The hospital can start the procurement process

Controlling mechanism of PP after 2016

1. A hospital requests the MoH to issue a statement on average prices of demanded ME, before the hospital conducts price surveys



The MoH processes average prices of the ME (i.e. benchmarks prices) and sends this piece of information back to the hospital (3 types of statement – A, B or C)



2. The hospital uses this information before conducting price surveys and to negotiate with potential suppliers of ME. Having done that, the hospital submits an application for approval, attaching, extended eco information.



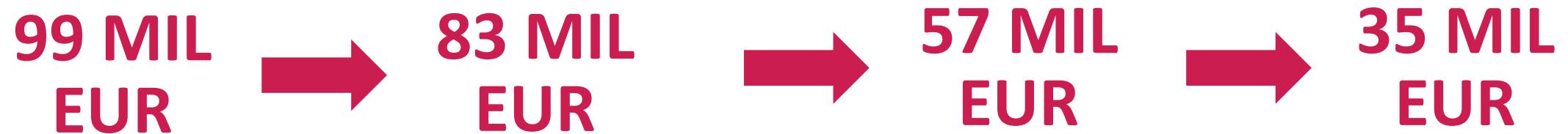
The MoH compares submitted prices with benchmarked average, undertakes CBA and issues an opinion



The hospital can start the procurement process.

And started central procurement (ex. of linacs)

Price development from list, to offered, to set and final prices (VAT including)



3 categories won VARIAN (Amedis) and Elekta won 2 categories

- Both companies participated and each (something) won
- Prices are one of the best in the EU
- In this competition, we would not change anything even a year after the bidding.

Value for Money 2 was introduced in 2018 and 2019



Value for money 2 plan

mil. eur	2020	2021	2022	Potential savings
Together	-148	-249	-333	-542
Inpatient care				
Decrease of unnecessary hospitalisations to an average of V3	-1,5	-3,0	-4,4	-7,4
Medicines				
HTA of drugs	-8,0	-36	-55	-55
Central procurement	-13	-26	-26	-26
Overconsumption of medicines	-1,4	-2,8	-4,2	-7
Generic and biosimilar entry	-3	-3	-3	-3
EURIPID / price referencing changes	-2,1	-2,1	-2,1	-2,1
Price referencing	-2,4	-4,8	-4,8	-4,8
Revision of prices (done in 2019)	-30	-30	-30	-64,6
Revision of prices (as of 1st January 2020)	-7,9	-7,9	-7,9	-7,9
eHealth	-30	-30	-30	-30
Exemption medicines	-16	-16	-16	-16
Diagnostics				
Price referencing with CR	-0,3	-4,2	-8,9	-8,9
Over-diagnostics	0,0	-12,3	-24,6	-24,6
Laboratory diagnostics – changes in portfolio of tests	-9,7	-9,7	-9,7	-9,7
Medical devices				
Central procurement of incontinence devices	-1,1	-2,2	-2,2	-2,2
Incontinence devices – price referencing	-4,7	-9,3	-14	-14
EURIPID – external referencing of devices (expansion of countries)	-3,8	-3,8	-3,8	-3,8
GHIC				
Revision activities	-8	-14	-28	-28
Internal effectiveness of operations	-4	-10	-15	-15

Is it feasible also in 2020 (election year)?

	2020	
mil. eur		
Together	-148	
Inpatient care		
Decrease of unnecessary hospitalisations to an average of V3	-1,5	
Medicines		
HTA of drugs	-8,0	
Central procurement	-13	...being implemented
Overconsumption of medicines	-1,4	
Generic and biosimilar entry	-3	
EURIPID / price referencing changes	-2,1	
Price referencing	-2,4	
Revision of prices (done in 2019)	-30	
Revision of prices (as of 1st January 2020)	-7,9	
eHealth	-30	
Exemption medicines	-16	
Diagnostics		
Price referencing with CR	-0,3	
Over-diagnostics	0,0	
Laboratory diagnostics – changes in portfolio of tests	-9,7	
Medical devices		
Central procurement of incontinence devices	-1,1	
Incontinence devices – price referencing	-4,7	
EURIPID – external referencing of devices (expansion of countries)	-3,8	
GHIC		
Revision activities	-8	
Internal effectiveness of operations	-4	

60 mil. EUR in progress

50 – 64% of savings on medicines

New budgeting proces comprised 3 elements

NPC	PC	VFM	TOTAL
-----	----	-----	-------

232 mil. EUR

- inflation 35 mil. EUR
- Governance of HICs 15 mil. EUR
- Ageing 28 mil. EUR
- Salaries (valorisation) 144 mil. EUR

New budgeting proces comprised 3 elements

NPC	PC	VFM	TOTAL
-----	----	-----	-------

232 mil. EUR + 167 mil. EUR

- inflation 35 mil. EUR
 - Governance of HICs 15 mil. EUR
 - Ageing 28 mil. EUR
 - Salaries (valorisation) 144 mil. EUR
- 363/2011 35 mil. EUR
 - ZZS-S ZP 12 mil. EUR
 - Long-term care 15 mil. EUR
 - Selective financing 38 mil. EUR

...which add up to our budget for 2020

5 167 mld. EUR + 251 mil.
EUR ■ 5 418 mld.
EUR

Expected 2019

Budget for 2020

Budgeting proces comprises 3 elements

NPC	PC	VFM	TOTAL
-----	----	-----	-------

232 mil. EUR + 167 mil. EUR - 148 mil. EUR = 251 mil. EUR

- inflation 35 mil. EUR
 - Governance of HICs 15 mil. EUR
 - Ageing 28 mil. EUR
 - Salaries (valorisation) 144 mil. EUR
- 363/2011 35 mil. EUR
 - ZZS-S ZP 12 mil. EUR
 - Long-term care 15 mil. EUR
 - Selective financing 38 mil. EUR

Budgeting expectations were great...

SME Ekonomika

Pondelok, 14. október, 2019 | Meniny má Boris

SMESK POČASIE DOMOV REGIÓNY EKONOMIKA SVET KOMENTÁRE KULTÚRA ŠPORT VIDEO AUTO TECH ŽENA ZDRAVIE BLOG

Podcast Index eKasa Slovensko Svet Firmy Spotrebiteľ Média II. pilier Kalkulačky Kurzový lístok

MENU Q POST.sk

Rozpočet 2019 pre zdravotníctvo má byť historicky najvyšší

Návrh pre rozpočet 2019 navýšil výdavky pre zdravotníctvo o viac ako tristo miliónov.

5. okt 2018 o 19:27 SITA



NAJČÍTANEJŠIE NA SME EKONOMIKA

4 hodiny 24 hodín 3 dni 7 dní

- Rusi uvažujú o alternatíve k doláru, chcú predávať ropu a plyn za eurá a ruble 3 954
- Nobelovku za ekonómiu získali vedci za prístup k zmierneniu chudoby 1 911
- Investori vytahujú miliardy z talianskych fondov, zneistúje ich politika 1 550
- Vláda schválila rozpočet na budúci rok. Vyrovnany nebude 1 124
- Najbohatším mestom sveta je New York 1 059
- Nový guvernérv Rakúskej národnej banky tvrdzo kritizoval menovú politiku ECB 511
- Japonské liehovary pracujú vo dne i v noci, dopyt po whisky však nedokážu uspokojiť 366
- Dotácie na fotovoltaické panely sa vypredali za 23 minút 322
- Prvý ukazovateľ ochladzovania ekonomiky. Firmy už pocitujú znižený počet objednávok 311
- UniCredit chce zaviesť negativné úroky na vklady nad milión eur 281

INZERCIA - TLAČOVÉ SPRÁVY

Vybrané Najnovšie Najčítanejšie

- Čo na aute vymyslela žena a čo výrobca telefónov?
- 5 rát Ľudmily Kolesárovej, ako napísť projekt a



30. VÝROČIE NEŽNEJ REVOLÚCIE

ČÍTAŤ VIAC

< sekcia Ekonomika

V zdravotníctve má byť historicky najviac peňazí

Zdieľať 20 Twitter 0



Najčítanejšie

6h 24h 7d

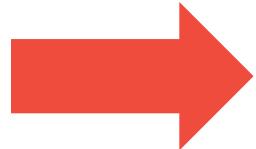
- Vláda schválila rozpočet na budúci rok, deficit má byť 0,49 % HDP
- REAKCIE OPOZÍCIE na schválený rozpočet na rok 2020
- Produkcia najväčšieho svetového producenta železnej Rudy opäť rastie
- Apple by mal začiatkom budúceho roka uviesť na trh nový lacný iPhone
- Ruská centrálna banka signalizuje skoré znižovanie úrokov, sleduje Fed
- Analytici: Vyrovnany hospodárenie bolo

...and eventually, expectations were met

Náklady na ZS a lieky 2019	Skutočnosť k 31.12.2018	OS náklady na ZS 2019	OS 2019 vs 2018
Náklady na výkony + lieky a spol + ostatné	4 565 508 344	4 960 601 666	395 093 322
Náklady na výkony	3 192 688 949	3 548 868 616	356 179 667
101 Všeobecná ambul. starostlivosť pre dospelých	147 058 378	170 788 851	23 730 473
102 Všeobecná ambul. starostlivosť pre deti a dorast	87 151 362	96 515 191	9 363 829
103 Gynekologická špecializovaná ambul. starostlivosť	63 356 104	69 472 086	6 115 982
200 Špecializovaná ambul. starostlivosť (aj 210)	470 416 738	502 066 549	31 649 811
222 Jednodňová zdravotná starostlivosť (JZS)	113 336 172	129 515 345	16 179 173
604 Stacionár + 606 Ošetrovateľská starostlivosť v DSS	1 754 430	3 668 955	1 914 525
601 Lôžková nemocničná starostlivosť	1 211 386 586	1 408 144 299	196 757 713
400 Spoločné vyšetrovacie a liečebné zložky (laboratóriá, RTG)	448 554 595	489 632 457	41 077 862
410 (MR) + 420 Počítačová tomografia (CT)	49 216 685	48 018 566	- 1 198 119
104 Agentúra domácej ošetrovateľskej starostlivosti	21 408 361	24 204 503	2 796 141
300 Ambulantná a návštevná lekárska služba prvej pomoci	12 443 767	13 319 018	875 251
301 Záchranná zdravotná služba	93 929 129	111 722 654	17 793 524
302 Ústavná pohotovostná služba (ÚPS)	18 648 436	24 069 858	5 421 422
605 Kúpeľná starostlivosť	54 052 530	55 474 804	1 422 273
800 Dopravná služba	27 331 261	31 807 149	4 475 888
801 Náklady na vrtuľníkovú záchrannú zdravotnú službu	11 247 975	11 448 800	200 825
Náklady na lieky šzm a pomôcky	1 236 171 653	1 265 396 073	29 224 420
501 Centrálny nákup	160 634 181	145 263 361	- 15 370 821
701 Lekáreň	905 782 158	945 721 374	39 939 216
703 Výdajňa zdravotníckych pomôcok	144 684 477	148 290 899	3 606 422

However, we had do inject resources twice during the year

-79 mil. EUR HV



z čoho -25 mil. EUR ZS

Rekreačné poukazy : 10 mil. EUR

Nižší výber EAO: 19,9 mil. EUR

Inflácia energií: 3 mil. EUR

Dopad amnestií: 16 mil. EUR

Zrušenie nadlimitu: 11 mil. EUR

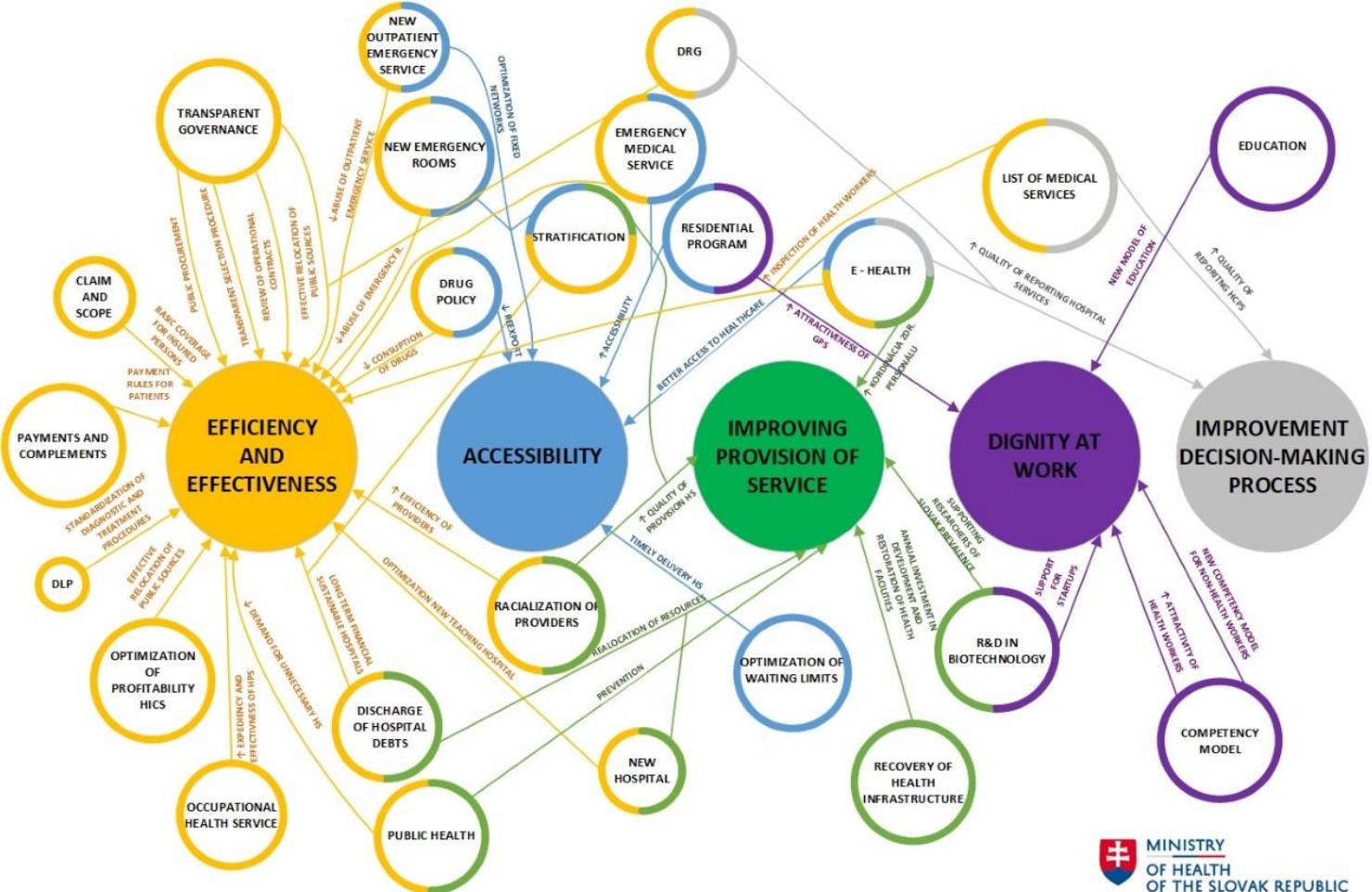
Nadzmluvnenie a iné: 60+ mil. EUR

Structural reforms



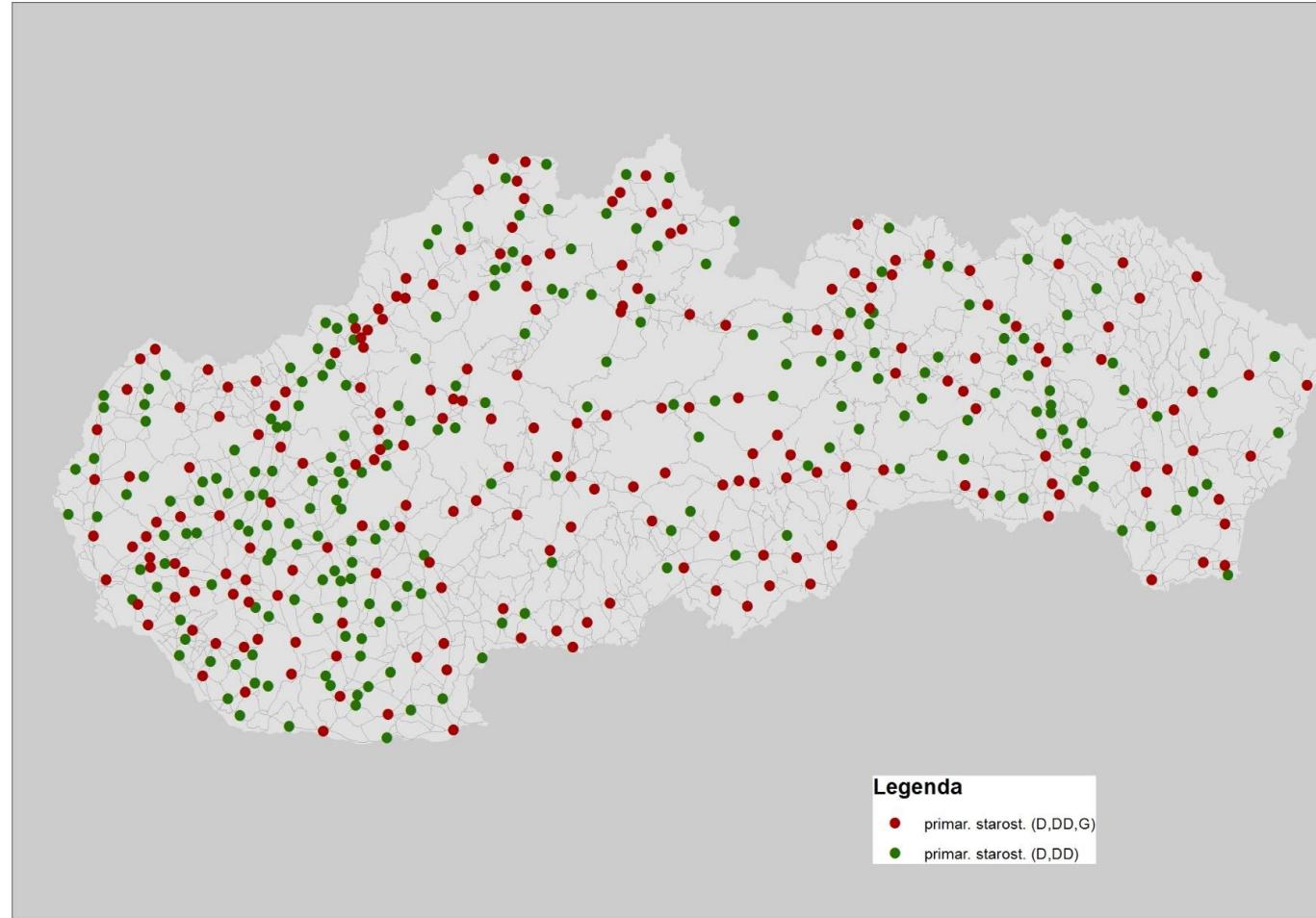
Ministerstvo zdravotníctva SR

26 projects...



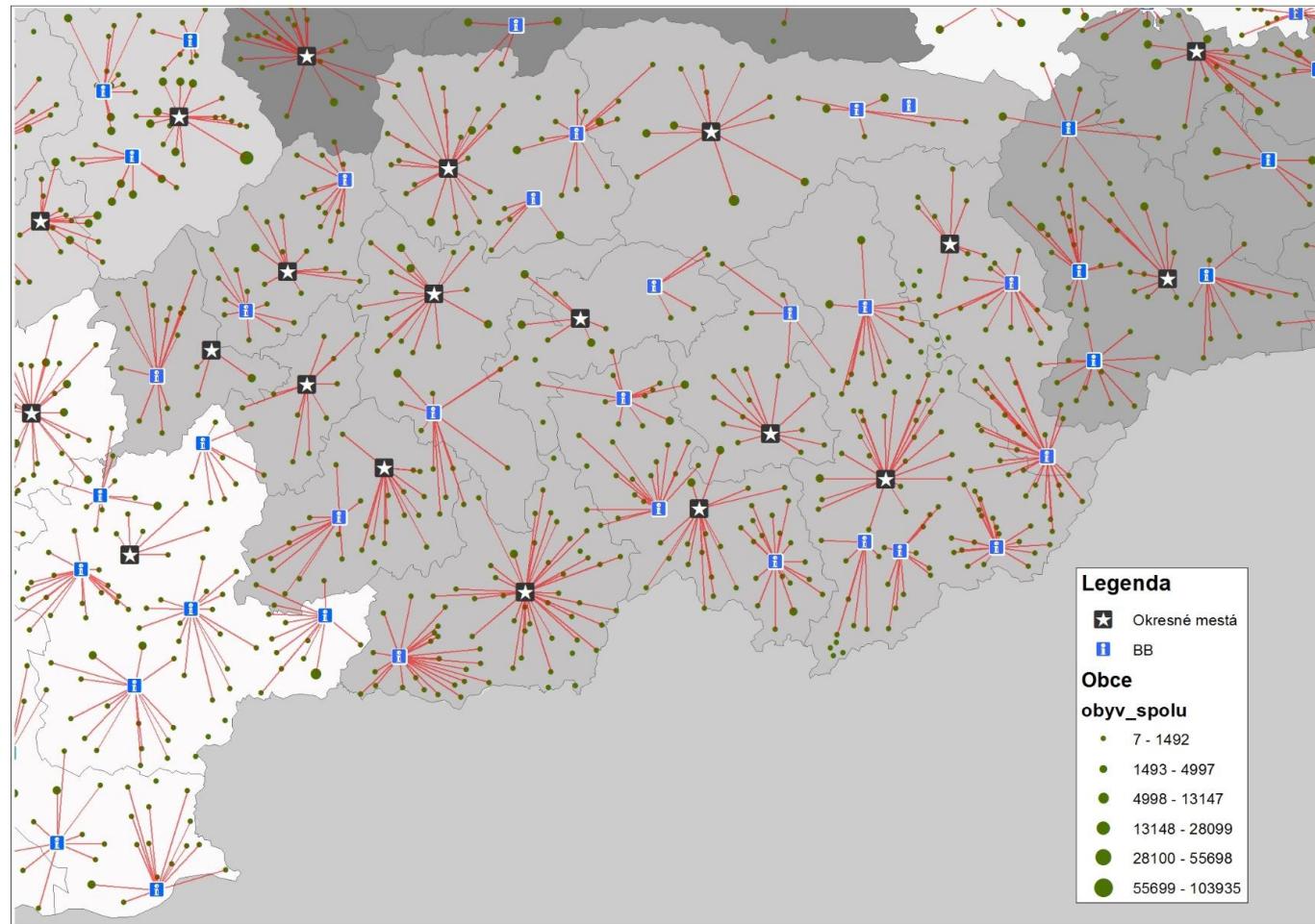
Integrated care centres (out-patient providers)

Regional analysis was undertaken

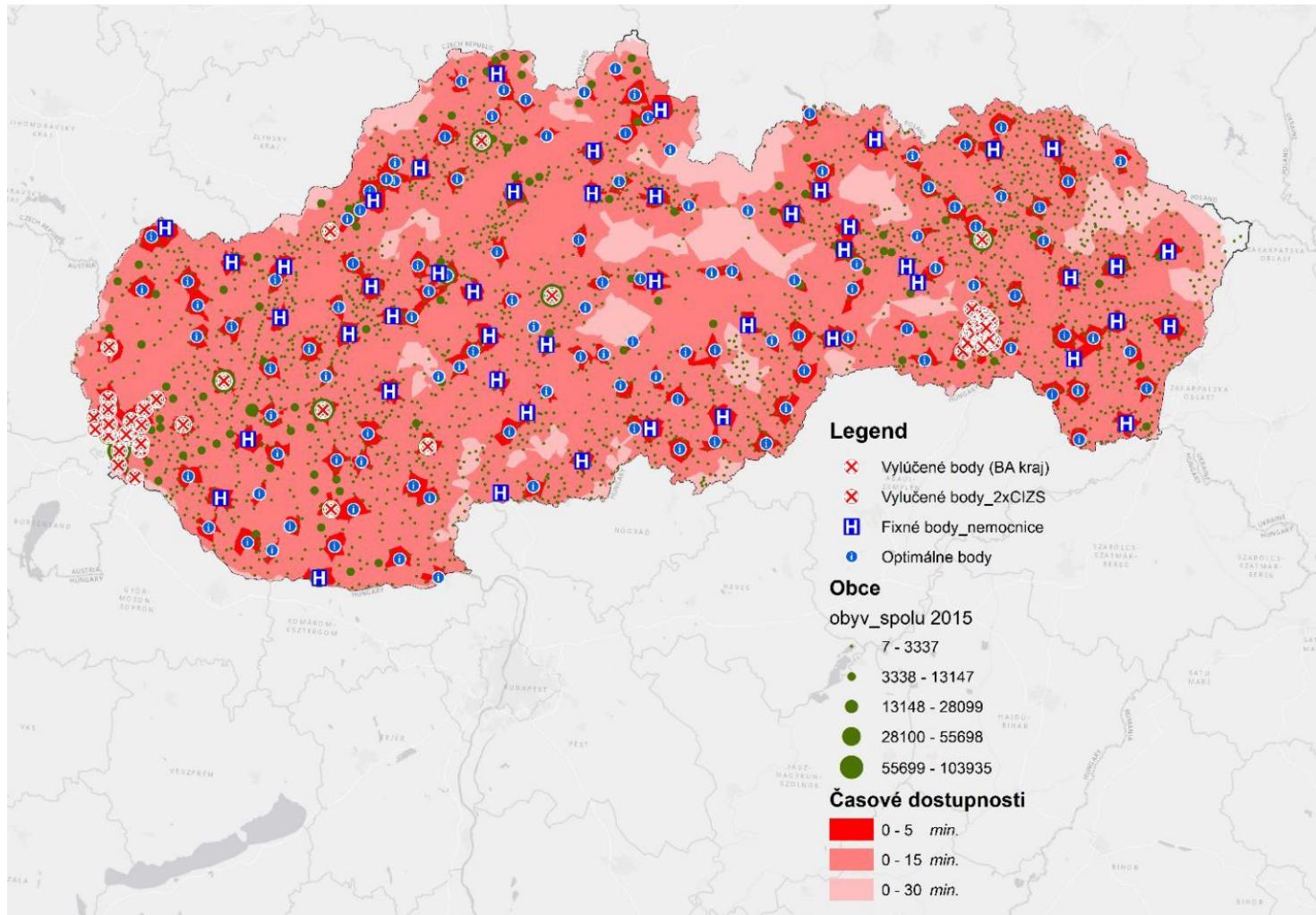


- The CIZS project is a part of drawing EU resources from the OP IROP
- Its aim is to support the creation of infrastructure for the needs of primary contact
- Allocation in the amount of approx. 140 mil. EUR will be available from the beginning of next year
- During the analyzes, we processed a detailed regional analysis ...

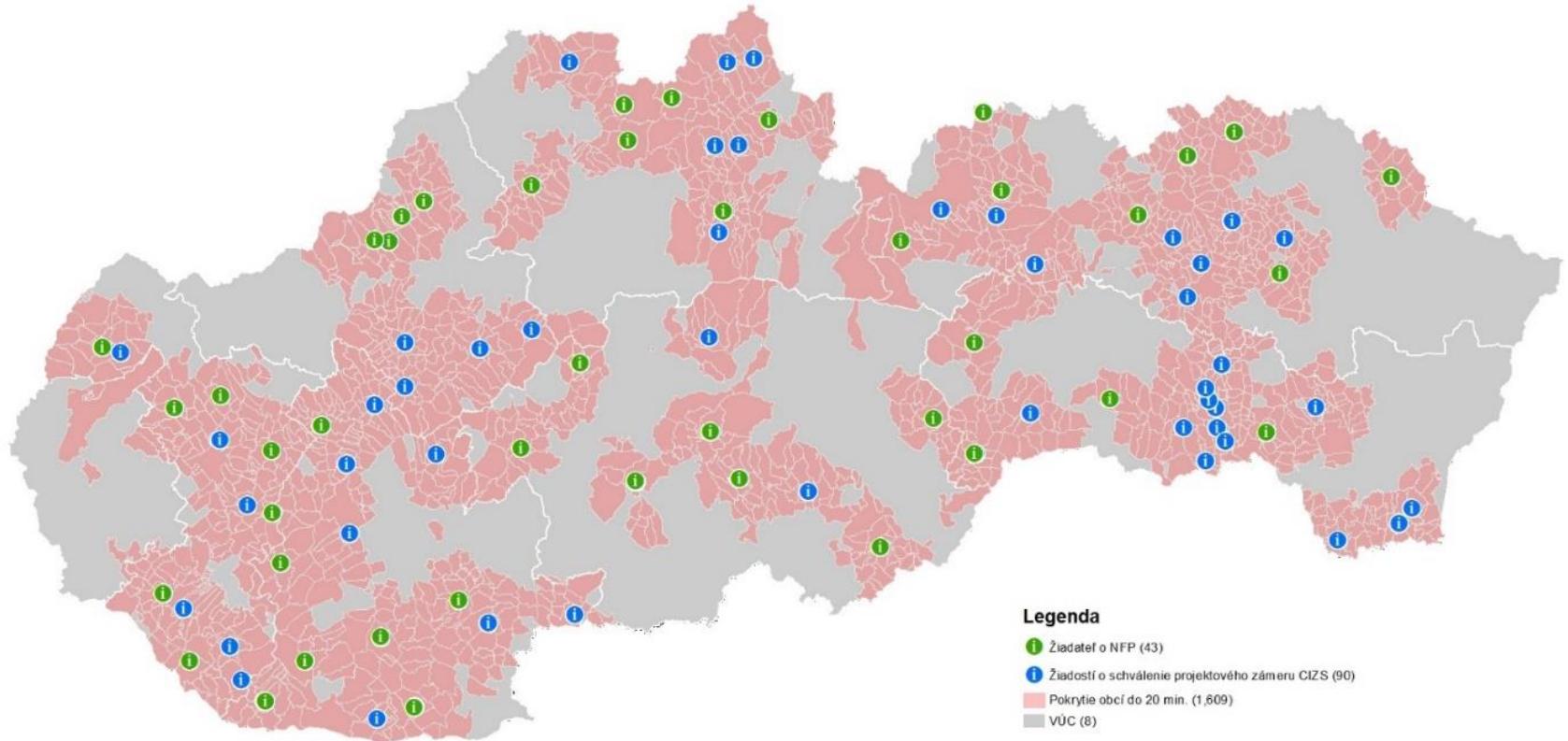
Regional analysis was undertaken



Regional analysis was undertaken



Accessibility of primary care is improving..



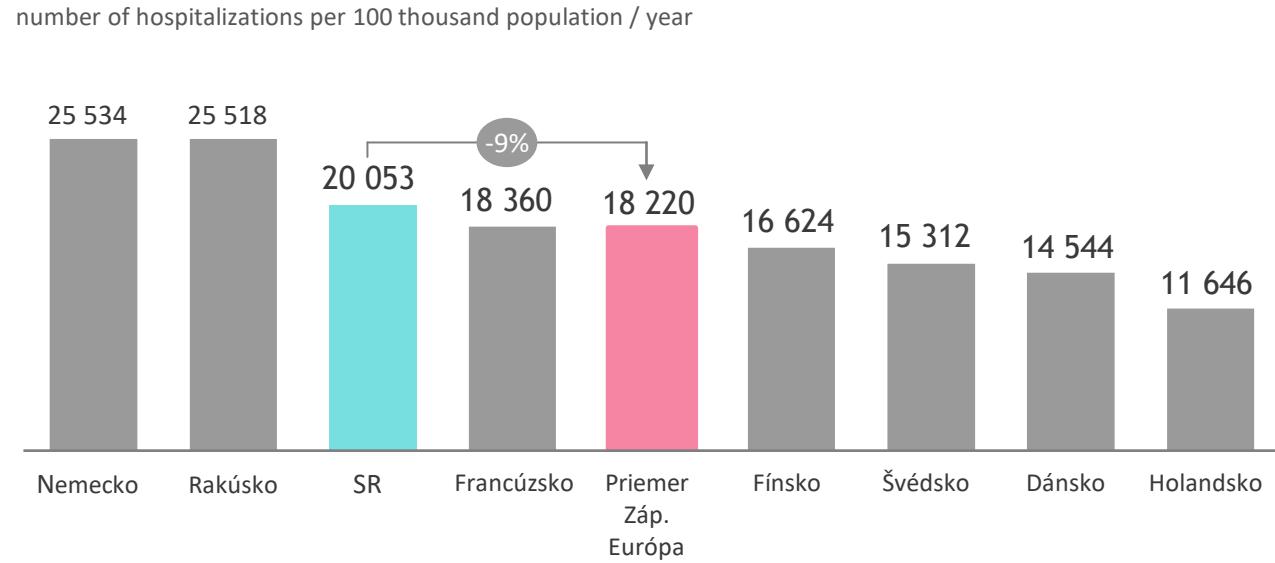
70% of population
within 20 minutes of ICC

Hospital reform: stratification project

Inpatient network of Slovakia: status

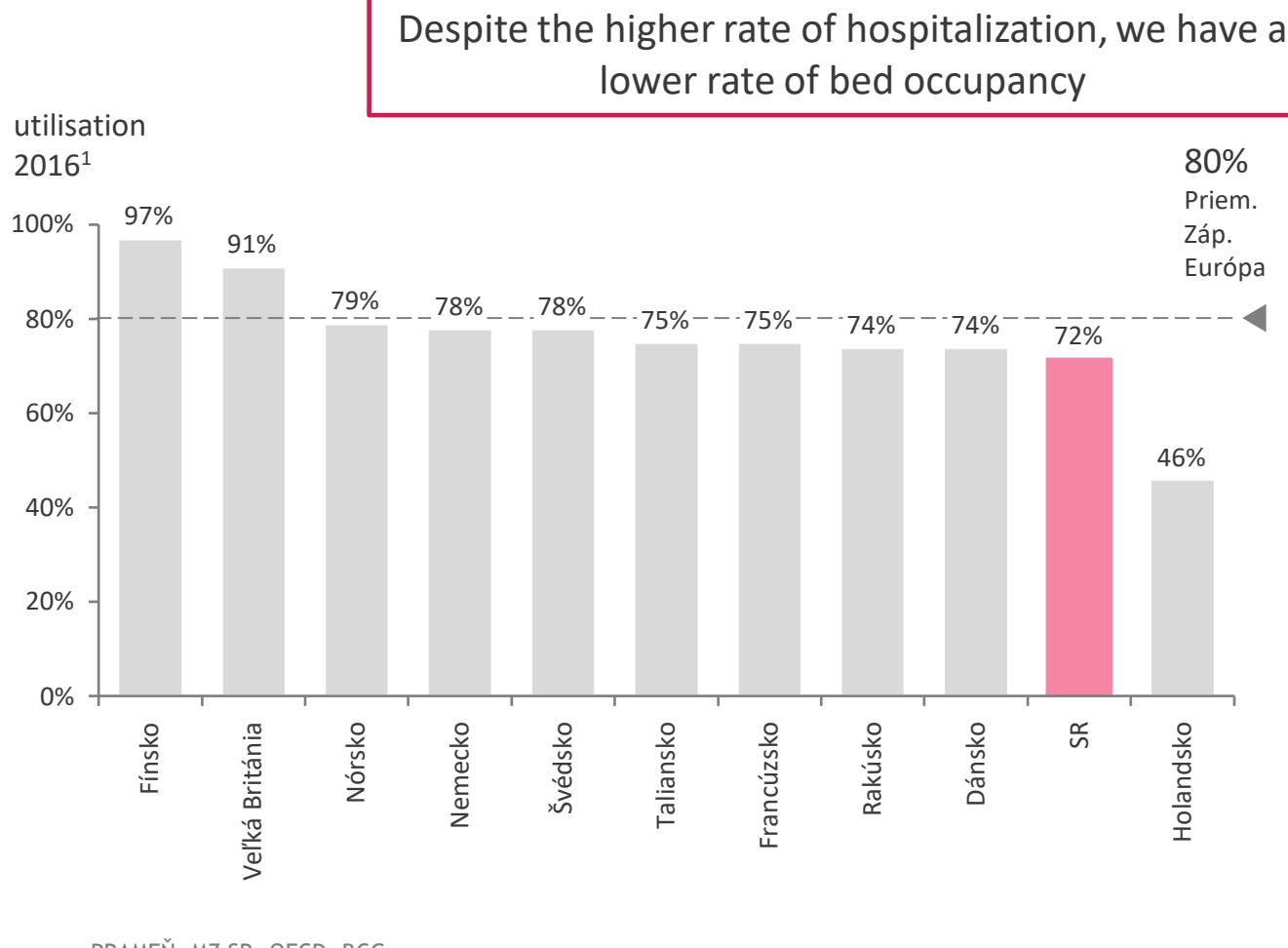
- We have 1.017 mil. Hospitalizations
- 72% of them are in acute inpatient health care 32,000 beds are used for their treatment
- Inpatient health care is provided by general and specialized hospitals - a total of 139 providers

The hospitalization rate in Slovakia is 9% higher than in Western Europe

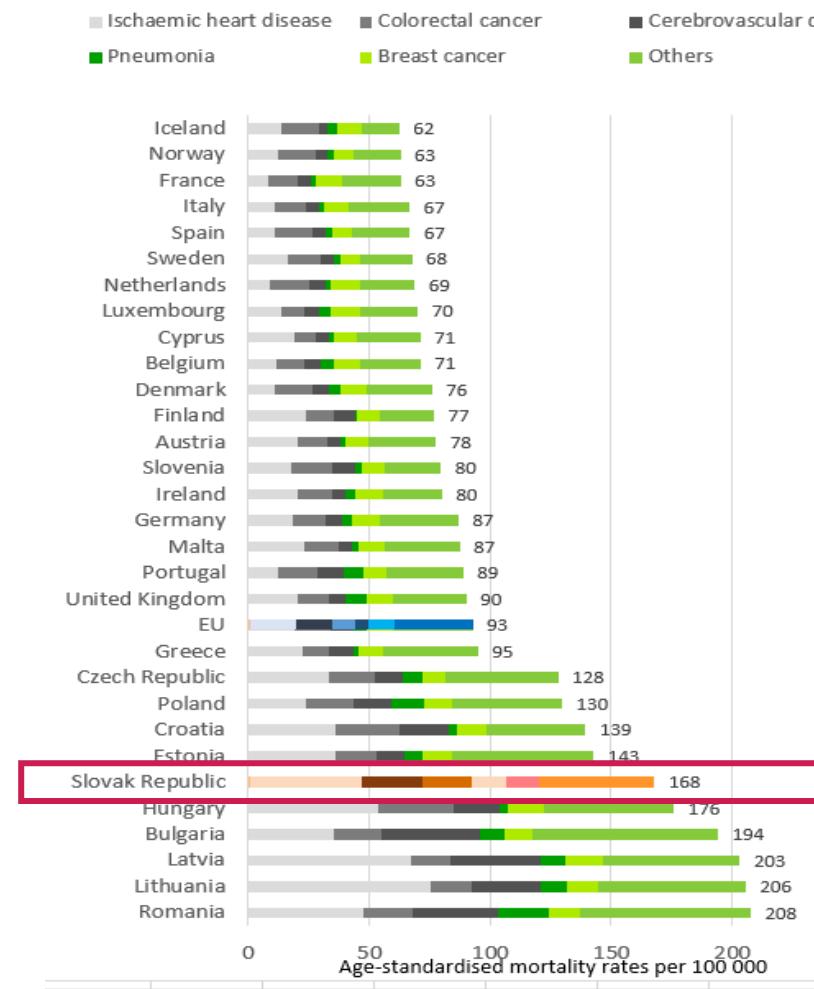


Inpatient network of Slovakia: status

- Low bedding in hospitals is caused by:
 - Poor capacity management
 - Excessive number of bed capacities for acute care



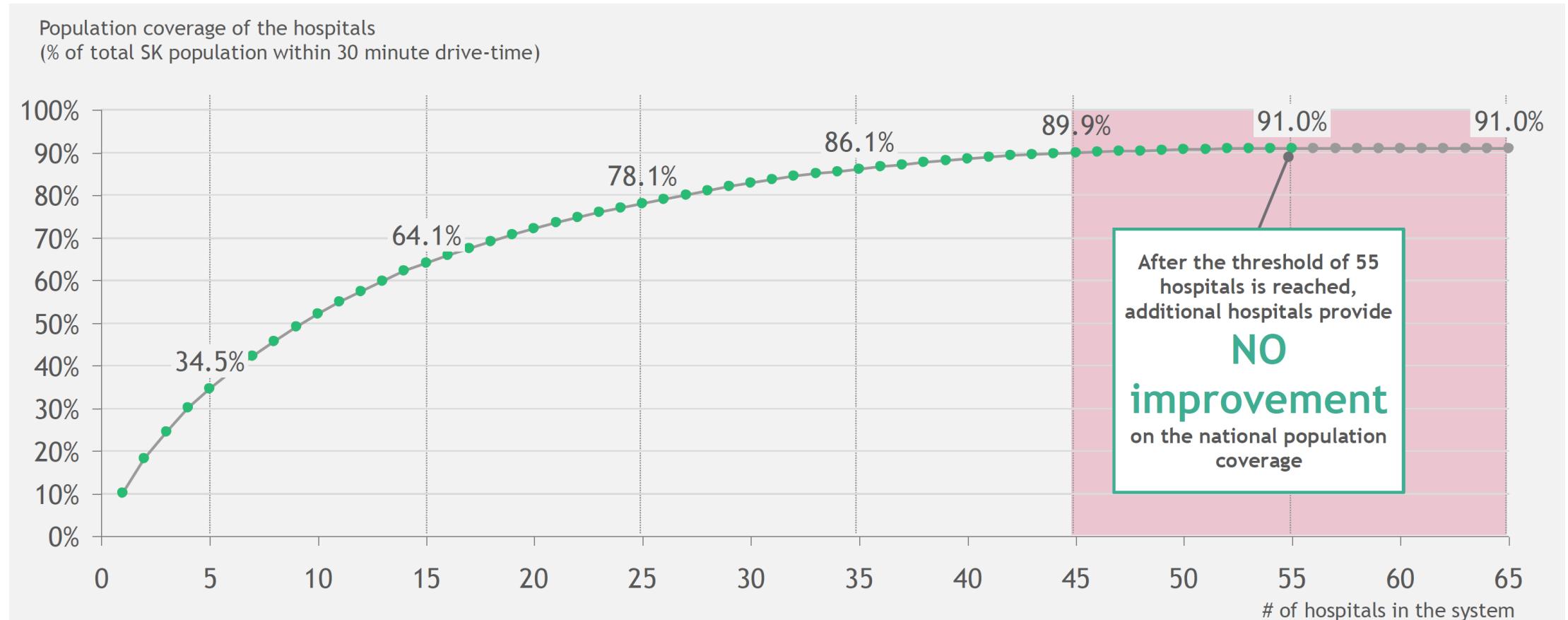
And as aforementioned – it just does not produce value



6th worst in EU

OECD (2019)

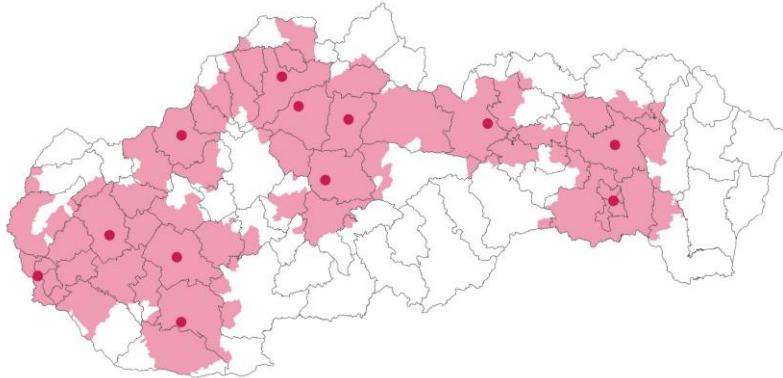
Inefficient (too dense and dysfunctional) network



Legislation defines minimal network...but

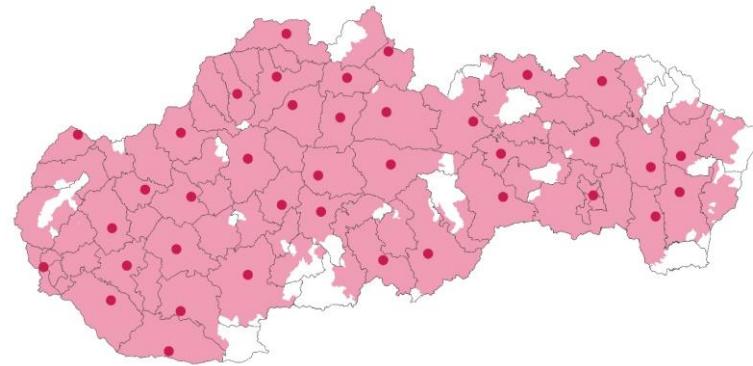
..... CURRENTLY

„Terminal“ network



- 12 hospitals

Emergencies (640/2008)

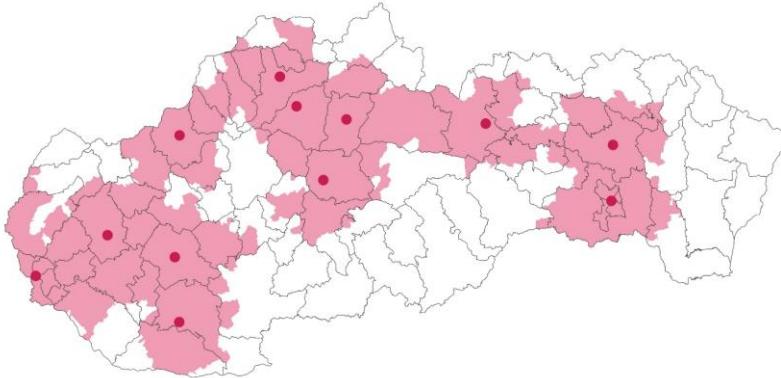


- 38 hospitals

Legislation defines minimal network...but

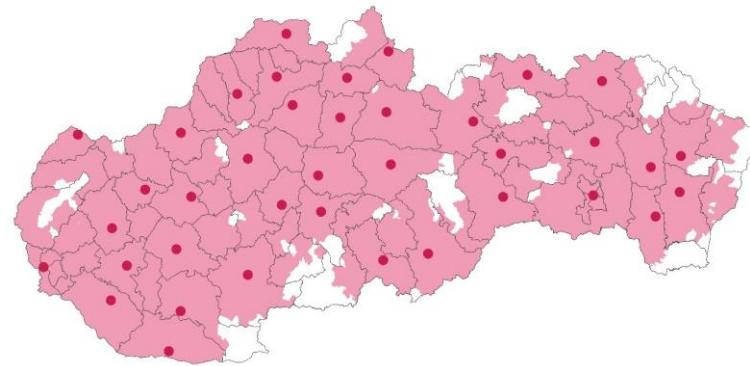
..... CURRENTLY 2030

„Terminal“ network



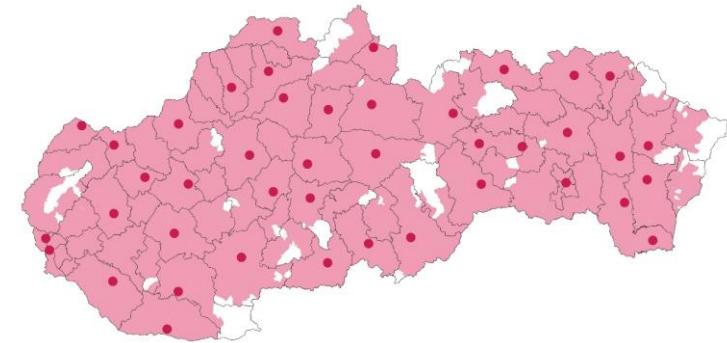
- 12 hospitals

Emergencies (640/2008)



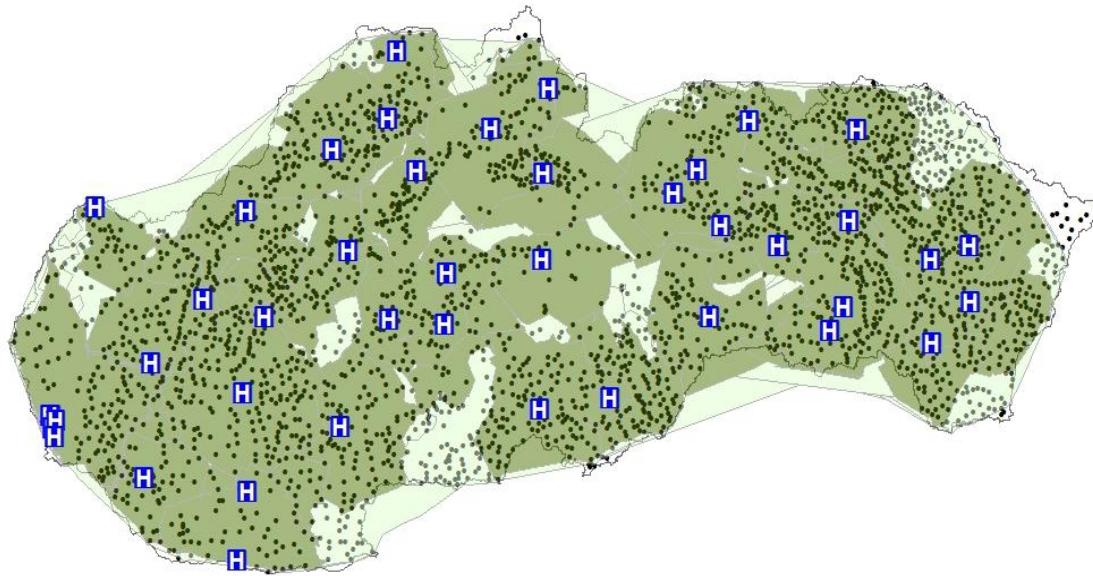
- 38 hospitals

New network



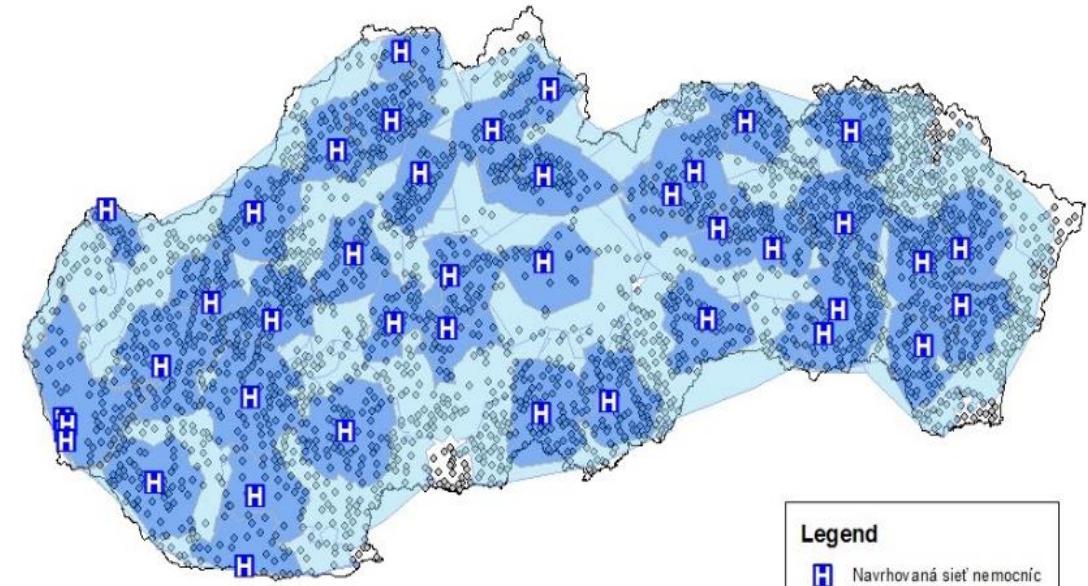
- 42 points (plus centres)

New network would be optimised for summer/winter conditions



Legend

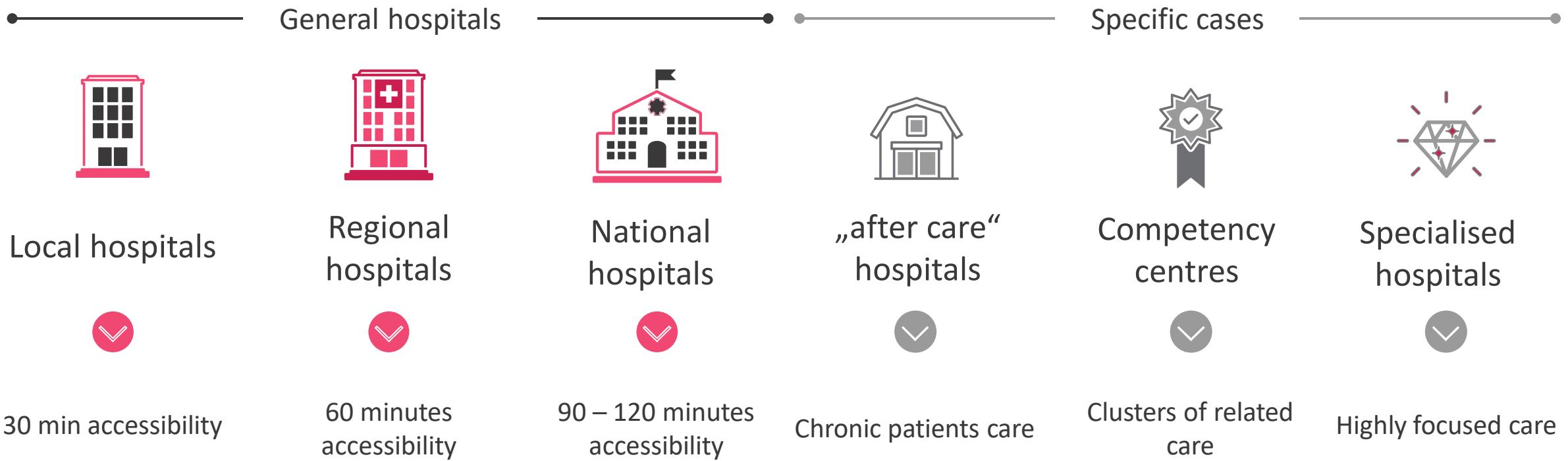
- Nemocnice
- Obce
- 30 min.
- 60 min.



Legend

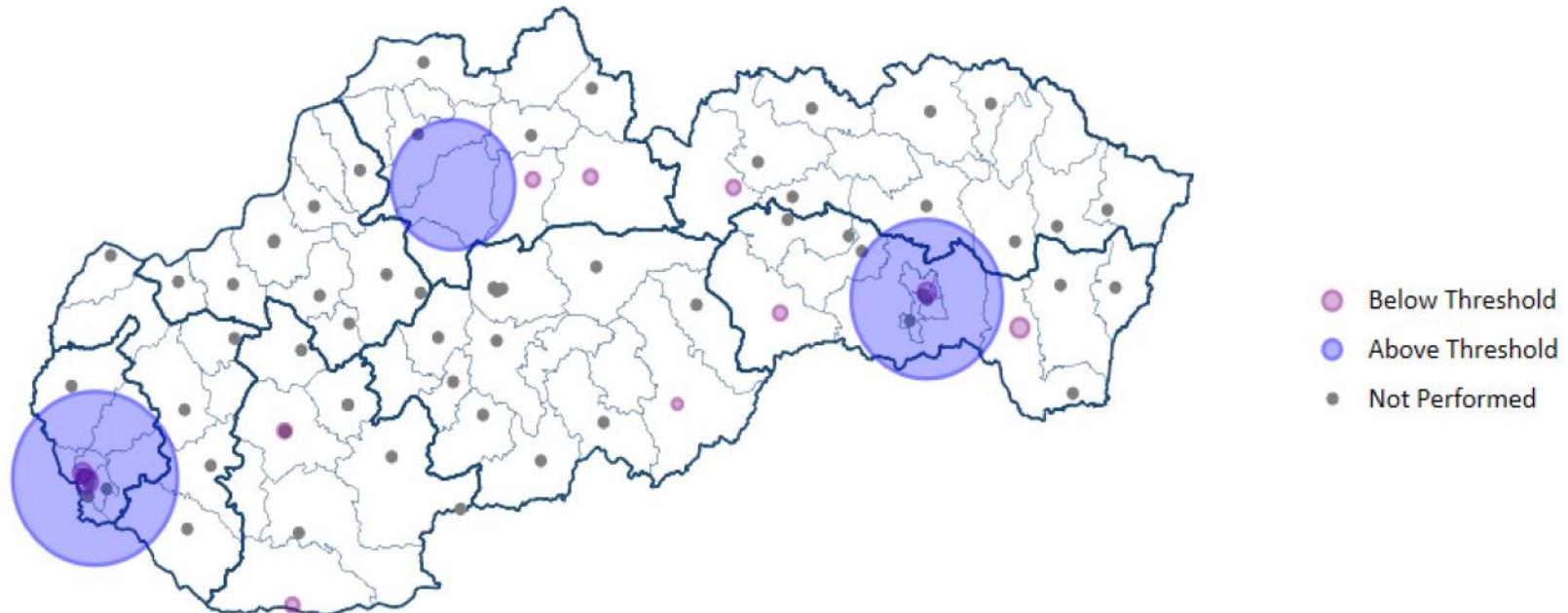
- Navrhovaná síť nemocnic
- obce
- 30 min.
- 60 min.

..and does not define typology of providers



... Nor quality / EBHR requirements

Map 1: Lung cancer surgery



Source: MoH SR

HR policies

Project: stabilization of personnel

Number of employees (persons) in the department as of 31 December of the given year (NCZI)

Year	2004	2008	2010	2012	2013	2014	2015	2016	2004 vs 2016
Total	108 752	109 874	108 079	105 397	104 312	105 382	106 682	107 896	-1%
% yearly change		1%	-2%	-2%	-1%	1%	1%	1%	
Total healthcare per.	77 581	79 134	79 551	79 234	78 683	79 729	80 318	81 534	5%
Doctor	16 707	18 121	18 110	18 193	18 355	18 574	187 19	18 864	13%
Dentist	2 870	2 745	2 663	2 665	2 586	2 642	2 647	2 701	-6%
Pharmacist	2 828	2 777	3 267	3 522	3 333	3 644	3 826	4 183	48%
Nurse	34 007	33 778	32 745	31 478	31 128	31 166	30 904	31 183	-8%
Midwife	1 739	1 761	1 874	1 765	1 775	1 795	1 760	1 834	5%

Project: stabilization of personnel

The prediction until 2030 is catastrophic

On the basis of these outputs, the Ministry of Health of the Slovak Republic acceded and after 6 years:

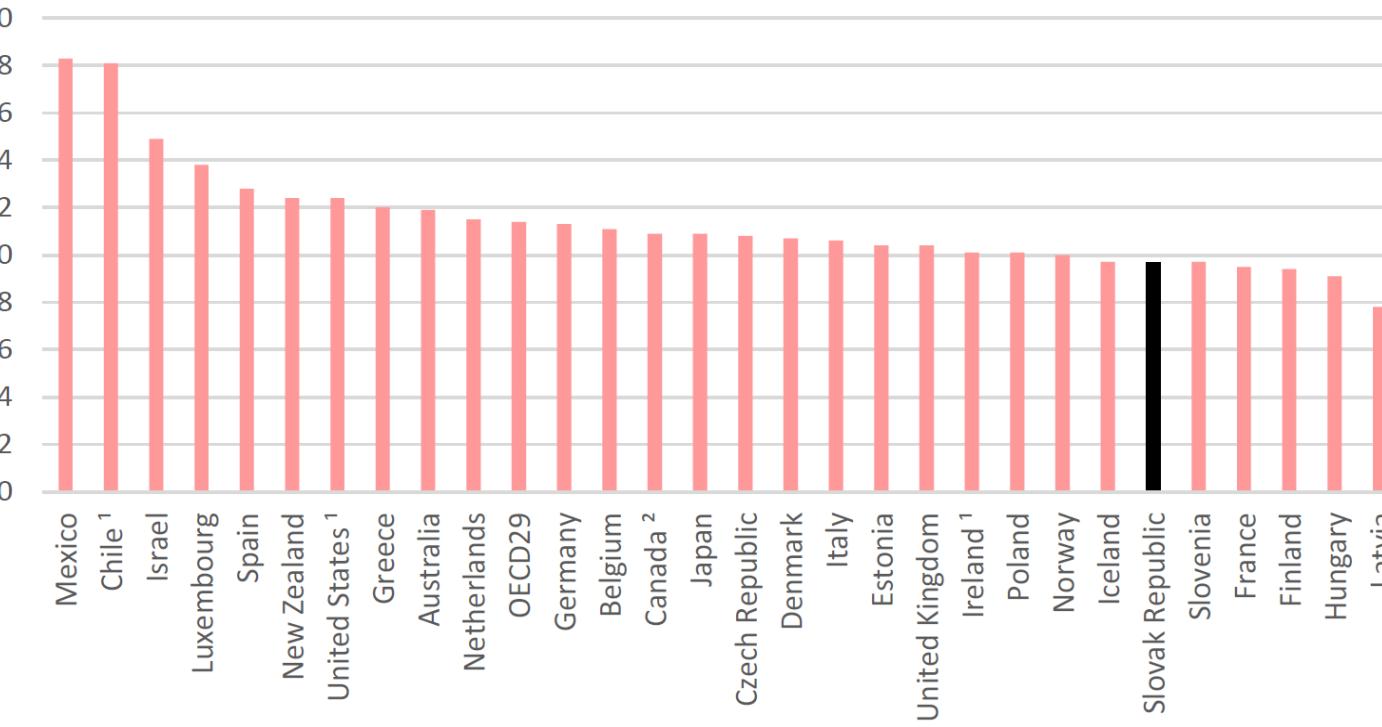
- to increase the educational capacity of 150 students for doctors and
- proposed a stabilization allowance of EUR 2 000 for each school year for nurses (Nursing Department)
- 10% increase in wage coefficients

Rok	Number of scarce staff (65 pension)				Doctor	Dentist	Nurses	MW
	Doctor	Dentist	Nurses	MW				
2018	5 549	484	4 366	120				
2019	5 575	499	4 470	132	0,5%	3,2%	2,4%	10,5%
2020	5 583	510	4 635	151	0,2%	2,2%	3,7%	13,8%
2021	5 562	511	4 840	171	-0,4%	0,2%	4,4%	13,5%
2022	5 355	445	5 517	211	-3,7%	-13,0%	14,0%	23,5%
2023	5 113	379	6 096	243	-4,5%	-14,8%	10,5%	15,1%
2024	4 846	311	6 613	270	-5,2%	-17,8%	8,5%	11,3%
2025	4 586	245	7 139	299	-5,4%	-21,2%	8,0%	10,6%
2026	4 328	179	7 659	328	-5,6%	-26,8%	7,3%	9,6%
2027	4 020	93	8 193	373	-7,1%	-48,1%	7,0%	13,6%
2028	3 726	8	8 773	421	-7,3%	-91,1%	7,1%	13,1%
2029	3 439	-	9 368	471	-7,7%	n/a	6,8%	11,8%
2030	3 141	-	9 934	518	-8,7%	112,2%	6,0%	10,1%

- nedostatok na ročnej báze

Salary policy: nurses

Wages of employed nurses in hospitals, as a multiple of the average wage in 2015 (OECD, 2018)



Sestry:

- 6 najnižší v OECD
- Rozdiel medzi 6 najnižším a 6 najvyšším je len 20%

Salary policy: nurses

Wages of employed nurses in hospitals, as a multiple of the average wage in 2015 (OECD, 2018)



Nurses:

- 6 lowest salaries in OECD
- The difference between the lowest and the 6 highest is only 20%
- After the increase in tariffs, the nurses will be in 15th place, in the exact middle of the OECD

Elections and
covid 2020 caused
a shift in policies

Recovery fund 2021



Ministerstvo zdravotníctva SR

The ministry of finance prepared a plan for all sectors

OBLAST	KOMPONENT	PLÁNOVANÁ ALOKÁCIA	SPOLU
ZELENÁ EKONOMIKA	Obnoviteľné zdroje energie a energetická infraštruktúra	232 mil. eur	2 301 mil. eur
	Obnova budov	741 mil. eur	
	Udržateľná doprava	801 mil. eur	
	Dekarbonizácia priemyslu	368 mil. eur	
	Adaptácia na zmenu klímy	159 mil. eur	
VZDELÁVANIE	Dostupnosť, rozvoj a kvalita inkluzívneho vzdelávania na všetkých stupňoch	210 mil. eur	892 mil. eur
	Vzdelávanie pre 21. storočie	469 mil. eur	
	Zvýšenie výkonnosti slovenských vysokých škôl	213 mil. eur	
VEDA, VÝSKUM, INOVÁCIE	Efektívnejšie riadenie a posilnenie financovania vedy, výskumu, inovácií a digitálnej ekonomiky	633 mil. eur	739 mil. eur
	Lákanie a udržanie talentov	106 mil. eur	
ZDRAVIE	Moderná a dostupná zdravotná starostlivosť	1 163 mil. eur	1 533 mil. eur
	Humánna, moderná a dostupná starostlivosť o duševné zdravie	105 mil. eur	
	Dostupná a kvalitná dlhodobá sociálno-zdravotná starostlivosť	265 mil. eur	
EFEKTÍVNA VEREJNÁ SPRÁVA	Zlepšenie podnikateľského prostredia	11 mil. eur	485 mil. eur
	Reforma justície	255 mil. eur	
	Boj proti korupcii a praniu špinavých peňazí, bezpečnosť a ochrana obyvateľstva	229 mil. eur	
	Zdravé verejné finančie	0 mil. eur	
DIGITALIZÁCIA	Digitálne Slovensko (štát v mobile, kybernetická bezpečnosť, rýchly internet pre každého, digitálna ekonomika)	615 mil. eur	615 mil. eur
* sumy sú v bežných cenách		CELKOVÝ SÚČET	6 575 mil. eur

Due to COVID, EU is to provide massive funding...

Healthcare has three priority areas in the plan (with allocation of 1,533bil. EUR):

1. Modern and accessible healthcare services /1,163b EUR/.

This comprises several reforms that are to take place over coming years, such as:

- Hospital network optimization (Q4 2025)
- Reform of preparation of investment projects in healthcare (Q2 2021)
- Centralization of management of the largest hospitals (Q2 2025)
- Optimization of the acute health care network (Q4 2021)
- New definition of urgent health care (Q2 2022)
- Reform of the provision of general care for adults, children and adolescents (Q2 2022)

Due to COVID, EU is to provide massive funding...

Healthcare has three priority areas in the plan (with allocation of 1,533bil. EUR):

Detail of planned investments include:

- Project preparation and project management of investments (Q3 2021) 58 mil. eur
- New hospital network - construction, reconstruction and equipment (Q4 2025) 998 mil. eur
- Digitization in healthcare (Q4 2025) 41 mil. eur
- Construction and renovation of emergency medical service stations, renovation fleet (Q2 2025) 55 mil. eur
- Support for the opening of new primary care clinics in short-term care areas (Q4 2025) 11 mil. eur

Due to COVID, EU is to provide massive funding...

2. Mental health (105 mil. EUR)

Planned reforms include:

Coordinated inter - ministerial co - operation and regulation (Q2 2025) 2 mil. eur

- Development of acutely undersized areas (Q1 2021)
- Concepts for more modern treatment (Q4 2021)
- Modernization of personnel education (Q4 2022)

Planned investments:

Construction of detention and community facilities (Q4 2025) 75 mil. eur

- Modernization of diagnostic methods (Q4 2021) 8 mil. eur
- Renewal of material and technical equipment (Q4 2023) | 1 mil. eur
- Humanization of wards in institutional care (Q4 2025) 11 mil. eur
- Staff training (Q2 2026) 7 mil. eur
- National Mental Health Support Line (Q2 2021) 1 mil. eur

Due to COVID, EU is to provide massive funding...

3. Long term care (265 mil. EUR)

Planned reforms:

- Reform of integration and financing of long-term social and health care (Q4 2025)
- Reform of assessment activities (Q1 2023) 2 mil. eur
- Reform of social care supervision (Q1 2022) 9 mil. eur

Investments:

- Expansion and renewal of community social care capacities (Q2 2026) 193 mil. eur
- Expansion and renewal of aftercare and nursing care capacities (Q2 2026) 32 mil. eur
- Expansion and renewal of palliative care capacities (Q3 2025) 20 mil. eur

Details are however not yet publicly available....

Thank you

