

**Common
recommendations
for the healthcare
system 2030**



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For many years, Slovakia has felt the need to make comprehensive changes in the healthcare sector that would lead to a sustainable and high-quality healthcare system.

On the one hand, the Slovak healthcare system is facing a lack of finances, on the other hand, the current system is to some extent inefficient and resources are being wasted. In such an environment, groups with different interests oppose one another, resulting in a smaller chance of mutual understanding and agreement on major changes and prioritization.

It is therefore important to create a platform involving all stakeholders with the intention of formulating the starting points for a specific and clearly defined grasp of the issues of the future of Slovak health care. At its core should be the Ministry of Health, the Ministry of Finance, representatives of healthcare providers, health insurance companies, patients and other relevant entities. Like the tripartite negotiations, this discussion should be conducted apolitically and beyond the legislative term.

As representatives of many segments of the Slovak health sector – from employers' representatives to healthcare providers, suppliers of drugs and medical devices, health insurance companies and other associations – we therefore ask representatives of political parties across the spectrum to respond to the real short and long-term challenges that Slovak health care faces.

Based on our analysis, which was developed during the second half of 2019 in cooperation with more than 20 health care entities, we came up with 10 points for better health care:

1. Health care with a clear vision, concept and comprehensible rules of the game

/ POLITICAL LEADERSHIP

REASONING:

Slovakia needs a clear vision, concept and comprehensible rules of the game, which will not be the subject of political-trade agreements.

This is a necessary first step for Slovakia to begin implementing the complex changes that have been unsuccessfully attempted for many years, leading to a better and sustainable healthcare system.

SOLUTION:

Apolitical scholarly discussion.

We propose the creation of an informal platform through which the Ministry of Health and other relevant bodies of public administration will conduct an open and transparent discussion with all relevant sectorial partners on sustainable and high-quality “Slovak Healthcare 2030” and define the competences of individual health system stakeholders.

2. Healthcare with responsible budgeting

/ FORECASTABILITY OF REVENUE, EXPENDITURE AND INVESTMENT

REASONING:

In the near future, the aging of the Slovak population will have a significant impact on the change in cost structure and on the overall growth in healthcare costs in the Slovak Republic. The current system of its financing is not sustainable in the medium and long term. It is therefore essential that we look for solutions to the financing model and health insurance system so that it does not adversely affect patients and insurance payers.

SOLUTION:

It is necessary to financially prioritize areas in line with the demographic trend and to set a predictable financial environment that will create stable conditions for all stakeholders. Funding must also provide sufficient investment resources to reduce investment debt. In line with the value for money principle and result-based budgeting, it is important that goal setting is made in accordance with the size of the package. The objectives must be proportionate with the budget and at the same time the budget should reflect the needs and objectives of the patients and of the sector.

3. Stable regulatory environment

/ CLEAR LEGISLATION GUARANTEEING THE PREDICTABILITY OF REGULATION

REASONING:

Increasingly, we are witnessing a legislative “whirlwind” - especially through parliamentary proposals, and it is extremely difficult to be able to navigate such frequent changes in laws, not to mention being able to plan strategic funding. Laws are changing today without detailed impact studies and without the necessary financial coverage. Rapid, unprepared and uncommunicated legislative changes represent an interference with the stability of the system and endanger the functioning of the entities.

SOLUTION:

Introducing transparency and predictability in the process of adopting legislative changes through the mandatory commenting of parliamentary bills.

Applying the same principles as in government bills.

Professionalism and expertise in tabling legislative changes through Members’ amendments.

Members’ proposals, including amendments, must include a detailed impact assessment (as well as government bills under the Single Impact Assessment Methodology).

We propose that interventions in health legislation do not take place in a chaotic and sudden manner, but be expertly reviewed with relevant impact reports and feasibility studies and presented at regular intervals, e.g. once a year.

4. Availability of innovation

/ MORE MODERN AND EFFICIENT HEALTHCARE

REASONING:

The penetration of innovations into Slovak health care is slow. As the pace of innovation increases in the world, the lagging will become even more pronounced. The cost of innovation is only exceptionally weighted by its impact. At the same time, the problem is not only the funding, but also the cumbersome administration and unbalanced bone-in system

SOLUTION:

Introduction of systematic impact assessment of new technologies, e.g. in the form of an HTA agency and monitoring the development trends, a co-called horizon scan. Creation of real conditions for entry of innovative procedures, technologies, medicine reflecting the needs of the patient in establishing responsible rules for their reimbursement from public health insurance sources.

5. Strategic decisions and policies based on quality representative data

/ THE RIGHT DECISIONS
AT THE RIGHT TIME

REASONING:

Representative, high-quality data is essential for responsible decision making and optimal resource allocation at all levels of the healthcare system. In the Slovak reality, “patient’s needs and health” is practically not monitored from a policy perspective, only some data are mechanically recorded into databases. The key is not only the capture, processing and validation of data, but also their subsequent real use in medical and economic practice.

SOLUTION:

Systematic reform of data policy and support for a strong autonomous data authority. Revisiting and unifying the methodologies for reporting, processing and interpreting data will benefit all stakeholders in the healthcare system. All decisions taken will be based on generally accepted data and the impact of these decisions will be evaluated over time.

In doing so, it is ideal to use the potential of electronization and the introduction of e-health so that reporting is not just an annoying bureaucratic duty.

6. Put the patient first

/ BETTER PATIENT MANAGEMENT,
PATIENT TRUST AND SECURITY
IN THE HEALTHCARE SYSTEM

REASONING:

Patient management is one of the effective elements of health care delivery, **something like a navigational mechanism of complex health care**. Good patient management should help him / her to navigate various phases of interaction with the healthcare system (prevention - primary sphere - specialist care - common investigative and therapeutic components (CIATC) - acute institutional care - long-term care - palliative care). At the same time, the system should be interconnected in such a way that the patient's transitions between phases are smooth.

SOLUTION:

Introduction of a "patient navigation system". Identifying clear responsibilities (including appropriate instruments to make this responsibility possible) for all associated parties (regulator - health insurance company - health care provider).

7. Defining a Patient's Claim

/ SYSTEM TRANSPARENCY FOR PATIENTS

REASONING:

Missing definition of claim, i.e. the standard package of services covered by public health insurance is a long-term key shortcoming of the current public health insurance system. Without the definition of the claim, it is not possible to say whether the healthcare system fulfills it, it is not possible to discuss responsibly the need for supplementary insurance.

SOLUTION:

A legislative framework for the possibility of defining a claim has existed since 2004, but there was no political will to put it into practice. It is the apolitical platform that should be the place that will help with a clearer definition of the claim (or will show where the claim is difficult or even impossible to define). Gradual steps (eg by defining a claim at least in waiting times or administrative services) can help move this issue forward.

8. Motivating environment for healthcare professionals

/ HIGH QUALITY OF WORK ENVIRONMENT AND WORKING CONDITIONS

REASONING:

The health sector is dependent on human resources. Like the rest of the population, this one is also aging, and it is assumed to have a shortage of labor (especially doctors, nurses), persistent high workload, poor working conditions, low remuneration for the work of the most valuable kind - care for the health and lives of people and the resulting migration and mobility.

SOLUTION:

Creating stable working conditions for healthcare workers, which will motivate them to remain in the sector, for their daily work and for their return from abroad.

Sufficient remuneration for work, motivation of graduates, strengthening the competencies of health workers and appropriate environment at workplaces have the ambition to contribute to stability.

The related emphasis on quality is no less important. It is the quality of the healthcare provided that should be considered when rewarding both healthcare providers and individual healthcare professionals.

9. Interconnection of the healthcare and social system

/ DEFINING COMPETENCES AND CONNECTING THE FINANCIAL AND DATA FLOW

REASONING:

In life, health and social issues are closely linked and overlap in many places. Nevertheless, they exist in the public administration as two absolutely separate worlds. This causes a waste of public finances on the one hand and low quality of services for citizens on the other.

SOLUTION:

Definition of competencies of the health and social sphere, definition of common areas, mutual interconnection of finance or data flow. The health system should be able to direct the patient to the appropriate places in the social system and vice versa, minimizing bureaucratic, communication and other burdens on the patient.

Defining claims in the health and social spheres. Opening up topics such as palliative care, hospice care and dying in the health sector. When assessing healthcare costs, take into account direct costs (e.g. medicine, outpatient care, hospital care) as well as indirect costs (e.g. loss of labor productivity of the patient or his / her family members and resulting tax losses, income shortfalls to pension funds) etc.).

10. Efficiency and public control

/ BRING THE HIGHEST VALUE OF COSTS, TRANSPARENCY, MEASURABLE OBJECTIVES

REASONING:

Until recently, there was no systematic monitoring and evaluation of health system indicators at the level of public administration in Slovakia.

So far, mortality avertable by health care became the only target indicator for the entire health sector. There are a number of comprehensive frameworks around the world for setting, monitoring and evaluating health objectives.

Despite the achievements in transparency (publication of contracts and some data), there are still large setbacks in the publication of data on the spending of public health insurance resources.

SOLUTION:

Introduction of clearly named, measurable health objectives, with a set timeframe.

These should concern both medical and health indicators as well as financial efficiency. There should be a benchmarking with foreign countries (at least with the Czech Republic) and the responsibility of specific entities to achieve these results.

It is necessary to process and publish the widest possible range of data that would be subject to public scrutiny.

