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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟCΙΑCΙΑ ΝΑ ΣΤΑΡΣΗΤΕ ΒΟΛΝΗCΗΝΗ ΛΕΚΑΡΗ**

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National report – Croatia

Reform of the Croatian health care system

After entering into force of several new health-related laws (among them new Health Care Act and Obligatory Health Insurance Act) on 1st January 2009, Croatian health system is undergoing also a new, rather radical, reform.

Problems that were recognized as crucial are:

1. financing of the health system – only $\frac{1}{4}$ of insured persons actually have to pay for the health services. Health contributions are paid from brutto monthly income in the amount of 15%;
2. annual debt of health system – around 2 billion kn (cca 300 million €);
3. decreased popularity of the medical profession; less medical students every year and lack of physicians;
4. public perception of on growing corruption in the health system – especially hospitals;
5. accessibility of health service – long waiting lists for many medical procedures;

Goals of the Reform

Ministry of Health, as bearer of this reform, set the goals: to increase accessibility of health service through „national waiting lists“, solidarity and social sensitivity, to find new sources of financing and lessen the contribution percentage, to cancel the monopoly of the only state-owned institute for obligatory health insurance, decreasing the number of sick-leaves and to fight the corruption.

Hospitals

New mechanism of payment for health services in hospitals was introduced - so-called DRG (“Diagnose Related Groups”) system, which replaced the “PPTP” system (payment per therapeutic procedure). The “PPTP” system has been shown as unsatisfactory and unjust both to patients as well as to the hospital budgets. Expectations from the new DRG system are to cut down the length of hospitalizations, increase the quality of care and cut down the costs. The main problem of the existing system of PPTP is that health care providers (mainly hospitals) provided more services than they could remunerate from the Croatian Health Insurance Institute (HZZO) that accounts for 96% of general government spending on health care.

Primary health care

New mechanism of payment was also introduced on this level of health services as well as a new system of contracting with GPs through concessions.

Emergency care

Croatian Government founded a Croatian Institute for Emergency Care and local institutes in each county - as the emergency care was recognized as one of the weak points; it was also invested in the out-hospital emergency health care equipment. A specialization in emergency health care is introduced in the post-graduate education.

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