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EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE  
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ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ  
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI  
DEN EUROPEISKE OVERLEGEFORENING  
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES  
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES  
EUROPEISKA ÖVERLÄKARFÖRENINGEN  
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVNIKOV  
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΙΑΪΙΑ ΗΑ ΣΤΑΡΣΗΤΕ ΒΟΛΗΙΧΝΗ ΛΕΚΑΡΗ  
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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## **National Report Slovakia**

### **Financing of health care**

In the beginning of autumn 2011, just before planned transformation of all state hospitals to for profit joint stock companies, former Slovakian Government had paid out almost all their debts using “financial injection” of 310 mil. €. However, late last year, overdue liabilities of these hospitals reached again as much as 141.75 million €. Something gets still wrong despite the fact annual indebtedness rate decreased to 72.0 million € at the end of 2012 comparing to 160.0 million € in the previous year. One thing is clear – if the Act on transformation of hospitals to joint stock companies came in force in 2011 all of them would have been bought for nugget now. There are several reasons why health care system and namely hospitals governed by state are creating debts so rapidly. In an attempt to improve these figures Ministry of Health wants to make hospitals align their management especially by layoffs, buying cheaper medicines, reducing operating costs and increase the charges. Slovak Medical Chamber (SMC) alongside with Labour Union of Doctors (LUP) and others ask, moreover, for transparency, accountability, less political influence, adequate payments for provided care and better allocation of existing sources.

### **DRG system**

Slovakia is probably the last country in EU not being using DRG system yet. The Government postponed introduction of this more transparent and equitable system of hospital payments to 2016. Since April the Healthcare Surveillance Authority has started to train staff. Training of nearly 3.200 people wants to catch by the end of next year. Trainings will cost more than seven million € and should be paid mainly from EU funds. Eight people have been already trained in Germany, in a country whose DRG model Slovakia assumes. The introduction of the new system is perceived positively by physicians, hospitals and health insurance companies. All materials for teaching health professionals who will be responsible for the launch of a new system of financing hospitals in practice are ready. However, the legislation is still lacking.

### **Only one health insurance provider**

The Government announced they want to get rid of the two private providers of health insurance either via purchasing or by expropriation. All matters concerning health insurance which is mandatory for all inhabitants should be covered by single health insurance company owned by state. Ministry of Finance and Ministry of Health founded already the Company for merger. It should legally and economically assess the status of private insurance companies. Owners of these companies still do not want to voluntarily leave the health insurance market.

### **Act on National Health Information System**

Government has approved the proposal of Act on National Health Information System (NHIS) made by the Ministry of Health. Citizens should get a health insurance card with an electronic chip until the end of 2015. Introducing of e-Health should cost this year 1.2 million €. Ministry of Health want to re-examine whether it is possible to somehow combine the issue of identity cards with an electronic chip and access to e-Health. ID cards could merge with health insurance cards in the future. This option should be negotiated by ministries of Health, Finance and Interior.

## **Some new amendments to Act on Health Care Providers**

Permits for the providing of health care by private or municipal general hospitals have been issued by self-governing regions. According to Amendment to Act on providers, this competence goes back to the Ministry of Health.

There is no more free direct access to specialists for patients. GPs thus have become gate keepers.

The teaching hospital can only be the one that is seated in the area of the faculty/college. It also has to be included in the minimal public network of hospitals.

Permits for emergency providers became valid for longer time, as the Ministry of Health proposed the prolongation of validity of permits for operation of emergency medical service providers from 4 to 6 years.

The amendment of three MPs suggesting to cancel the obligation of health insurance to contract any general practitioner who cares at least one of its insured was not adopted after objection of SMC.

Labour Union of Physicians made an agreement with Minister of Health Care Zuzana Zvolenská concerning the third leg of increasing of doctors wages. The Parliament (Slovak National Council) has already incorporated this part of Memorandum between Government and LUP into the Act on Health Care Providers.

Another proposal of amendment submitted by the member of governing party is a different story. This introduces stringent punishments for physicians and other health care workers which restrain physician's autonomy and can stop his/her professional career. SMC asked for support all relevant IMO and NMO. Thanks also to their written support was the second hearing on given amendment postponed to May, 21<sup>st</sup>. SMC is grateful to AEMH for its support.

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