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Management and Budgetisation



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Athens 13-14.05.05

Management and Budgetisation

- Too long delays for answers
- Extremely complex matter with lots of particulars
- Lack of understanding
- Interpretation difficult !



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1. Status of Hospital Doctors

1. In all countries **employees only**, except A (?), B, L, CH
2. In all countries outpatient activity, except F, D (?), E, S – often confusion with private patient activity
3. Accreditation contract in most countries except L, P, and partly B and D



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1. Status of Hospital Doctors 2

4. Fee for service only in A, B, N, Sk
5. In most countries doctors are **not** associated to elaboration of **national** hospital budget, except L, N, and Slo
6. No difference between salaried and self-employed



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1. Status of Hospital Doctors 3

7. Hospital budgets are not submitted for approval to medical associations, except B and S
8. Only B seems to be an efficient partner in the matter (no answer from S)



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2. Role of hospital doctors in hospital economic policy

1. Doctors are involved in their own hospital budget in **1/3 of the countries**, A, B, D, L, S, ± CH
2. Usually Head of departments (no answer from Hk, Dk, N, and P)




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3. Financing of training

1. Financing of training by the Ministry of Health and Social Affairs in 1/3 of the countries, Hk, P, Sk, E, S
2. Financing of training by Ministry of National Education in 3 countries, B, L, N
3. All the others answered NO to both questions !!!!

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3. Financing of training 2


3. In 4 countries only are M.D.'s government interlocutors, B, Gr, P, Sk
4. In the majority of countries is financing of training separate from operational hospital budget (B, I, L, N, P, Sk, Slo, E, S)

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3. Financing of training 3


5. Head of departments associated in financing of training in half the countries (A, Hk, F, I, L, Sk – no answer from Dk, D, Slo)
6. Medical associations exceptionally consulted for financing of training (I, Sk, Slo, S)

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4. Management Role of Hospital Doctors/Heads of Departments


- Heads of Departments consulted in the establishment of the hospital budget in the majority of countries, except Hk, F, D, Gr, N, P, E, and ± CH
- It is the responsibility of the Dean of the hospital college in 1/3 of the cases

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4. Management Role of Hospital Doctors/Heads of Departments 2


3. Heads of Department carry the management responsibility for their own department in only half the countries
4. Self employed staff participate in B, L, N
5. **But:** department's budget **imposed** by administrative hospital direction everywhere, except Gr, L, P

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4. Management Role of Hospital Doctors/Heads of Departments 3

6. Heads of Department responsible for staff management of their own deptmt. is almost the rule (11 vs. 4, CH ±)
6. Responsible for mgmt. of technical infrastructure (10 vs. 3, no answer 3)
7. **But:** hospital administration has always the last say except (?) P and E

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5. Hospital Financing

1. No answer to any question of Dk and S on this topic ...);?±€?!
2. Most hospitals financed with fixed amounts, except I, L, Gr (?)
3. DRG part or full determination of this amount in at least 8 countries, A, B, Hk, F, D, I, N, Slo, ± CH



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5. Hospital Financing 2

4. In at least 8 countries M.D.'s participate in the elaboration of PCS (A, B, Hk, F, D, L, N, Slo, CH, Gr?)
5. But in only 6 to the technical application
6. Mostly heads of departments are involved



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5. Hospital Financing 3

7. In 8 countries they have an individual practice beside this task, except F, Sk, Slo (private practice ?)
8. Most valuations of fixed financing amounts are based nation wide (B, Hk, F, D, Gr, I, N, Slo) P?, Sk? In only 3 countries individually, A, L, E, others both – **confusions ?**



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5. Hospital Financing 4

9. Confusion about participation of M.D.'s in budgeting evaluation of individual hospitals – suddenly more countries than the ones with no nation wide evaluation....
10. Deficit forwarded to following year in most countries



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5. Hospital Financing 5

11. In 6 countries correction of DRG after a deficit: Hk, F, D, N, Slo, CH (outpatients)
12. In 4 countries doctors are obviously penalized after a deficit: B, N, Slo, CH(outpatients)



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5. Hospital Financing 6

13. DRG's have undoubtedly modified medical practice (A,B,Hk, D,Gr,I, Sk, E(?))
14. Hospital stays have become shorter




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5. Hospital Financing 7

15. DRG's have led to indirect selection of patients (B, F, D, N, Sk, E (?)) and transfer of heavy pathologies in specialized hospitals
16. Specialized/university hospitals abide by the same financing system than smaller institutions (fixed amounts)

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Conclusions

1. Hospital doctors have **little influence** in health policy, management and budgetisation at the **national level**
2. Doctors sometimes involved in budgetisation of their own hospital, regularly in management = **Do with what you have, not what you wish !** + **transfer of responsibilities !**


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Conclusions 2

3. Hospital doctors have almost no say on financing of training at the **national level**
4. However involved at the level of their own hospital to apply decisions taken at a higher level


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Conclusions 3

5. At the level of their own hospital, Heads of departments have mostly to apply financial decisions taken by the hospital administration


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Conclusions 4

6. DRG's and indirect patient selection systems become slowly generalized
7. Doctors made indirectly, sometimes directly, responsible for increase of health cost

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Conclusions 5

Partnership doctors/hospital administration/politicians
Still a long way to go !



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