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DEN EUROPEISKE OVERLEGEFORENING
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ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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BULGARIAN NATIONAL REPORT

The Bulgarian national report deals with the following 2 issues

1. Brief description of the changes in Healthcare sector during the last year
2. Doctors' Involvement in Hospital Management

1. Brief description of the changes in the Healthcare during the last year

The General elections to the Parliament held in Bulgaria on 5th July 2009 led to a complete change in the government of the country. The tripartite coalition government led by the socialists that had ruled for four years was replaced by a government of the newly formed political party GERB which won 116 of 240 seats in the Parliament.

Dr. Bozhidar Naney who by that time was President of Board of the Bulgarian Medical Association was appointed Healthcare Minister.

Despite the expected reforms in Healthcare, major changes which the Parliament made were associated with the substantial reduction of the NHIF budget – from 476,192 millions euro (BGN 931,432 millions) allocated for the hospital care in 2009 to 362,439 millions euro (BGN 708, 932 millions) in 2010, i.e. approximately 222 millions euro less.

This was the reason for undertaking attempts at reduction of the number of public funded hospitals (funded by NHIF) through introduction of more stringent requirements in regard to number of specialists and available equipment. Although formal pretext was improvement of medical services the main purpose was to reduce the significant number of hospitals and to make financial savings. As a whole, this policy line didn't gain positive results. By now, NHIF has contracts with 334 institutions providing hospital care which is quite a significant number for Bulgaria with its dwindling population of 7,607 millions.

The financial restrictions aiming at maintenance of low state deficit rate (around and below 3%) led to significant delays of fund disbursements to doctors and hospitals by NHIF and resulted in widespread discontents which found expression in closure of medical offices in the period between 8 to 10 March 2010 and more feeble protests at the hospitals on 7th April. Also, a Medical Inspectorate Executive Agency at the Healthcare Ministry was established that was supposed to monitor and sanction the performance of doctors and medical institutions. Yet, the Bulgarian Medical Association expressed its deep concern about the aims and capacity of the Agency as early as the former Parliament was passing the Act of its establishment.

The Healthcare Minister was forced to resign on 30th March 2010. Though the official reason is a launched investigation regarding unprofitable contracts for purchase of vaccines against A(H1N1) influenza, a number of analysts believe the actual reason for his removal was his failure to pursue the health reform.

The final endorsement and signing of the National Framework Agreement between the Bulgarian Medical Association and NHIF last year could be rated as a successful event given that such was missing in the last three years. In spite of the implemented financial restrictions of the overall healthcare budget, due to this Agreement there were no price reductions of the particular medical activities.

As a whole, the task to implement a health reform under the conditions of an economic crisis and severe financial restrictions is left to the newly appointed Minister of Healthcare. Lack of finances and, worse, lack of clearly stated objectives and political consensus make doctors rather pessimistic in regard to future changes.

2. Doctors' Involvement in Hospital Management

Hospitals in Bulgaria are registered as companies under the regulations of the Commercial Law. This is rather a controversial practice adopted at the end of 1990's when the health insurance model was introduced.

The hospitals in Bulgaria are public, municipal and private. Public hospitals (which at this stage are the basis of the Healthcare) are those in which the state holds a 100% stake (e.g. the university hospitals or some departmental hospitals like the military hospitals) or the state is the majority shareholder as is the case of the regional hospitals.

Management of the public hospitals is performed by Directors' Board which is appointed by the majority owner – the Ministry of Healthcare. The rest of the shareholders don't actually participate in the selection nor otherwise contribute to the medical institution.

Once appointed this Board has relatively great autonomy in taking decisions which the government cannot directly influence or overrule. Such a management more often than not causes a particular conflict when a small group of individuals occupies the management of a state-owned institution with all the subsequent negative results such as unprofitable contracts, bad financial management, ungrounded enlargement of staff, etc. The only thing the government can do in this situation is to change the Board members and to cover the accumulated debts of the hospital without directly intervening in contracts concluded, prices of drugs and equipment.

During the term of office of ex-minister Dr. Bozhidar Naney, representatives of Bulgarian Medical Association were appointed in the Boards of some large public hospitals which can be considered as increased involvement of doctors in their management.

The leading doctors actively participate in the management of the hospitals in Bulgaria, especially in the big hospitals. Furthermore, the directors of the University Hospitals are not only doctors, but leading professors, too.

According to the Law for Medical Institutions, by Order of the Head of the medical institution a Medical Council, a Treatment Control Committee and a Committee for In-hospital Infections are set up, and, if there is need, committees in Medical ethics, Medicinal Policy, Information Provision, etc.

The Medical Council is an advisory body in implementation the management of the medical institution which comprises, among others, the Heads of the clinics and the Head of the local branch of the professional organization of the Bulgarian Medical Association. The Chair of Medical Council is the Head of the medical institution. The Medical Council consults about:

- work of the medical institution and its medical, social and economical effectiveness;
- proposals of the Heads of clinics;
- information activity;
- implementation of new medical methods and technologies;

- Scientific activity programmes of the medical institution.

The Treatment Control Committee is a supervising body which:

- checks upon the efficiency, the effectiveness and the quality of the diagnostic and treatment care in the hospital units;
- judges on cases with difficult diagnosis and treatment;
- supervises abidance to the rules of good medical practice;
- analyses discrepancies between clinical diagnosis and anatomical pathology diagnosis.

Manager, respectively Executive Director, of the medical institution must be a person who holds a Master degree in Medicine and a qualification in Health Management, or a person with a Master degree in Economy and Management, and with a recognized specialty in Medical Informatics and Health Management or Healthcare Economy.

The Managers, respectively the Executive Directors, of state and municipality medical institutions for hospital care are appointed by the owner for a three-year term of office, by means of competition. Terms and procedure of the competition are stipulated by an Ordinance of the Healthcare Minister.

The Head of a clinic performs the following tasks:

1. proposes and consents to appointment and dismissal of the staff;
2. plans, organizes, controls and is responsible for the overall medical work in his/her unit;
3. is responsible for the economic effectiveness of the clinic;
4. is responsible for the information effectiveness of the clinic;
5. plans and organizes student studies as well as postgraduate training of medical specialists in the clinic, in accordance with the relevant chairs of the higher medical schools;
6. creates conditions for implementation of the hospital scientific programmes;
7. reports to the Executive Director on the results of his/her activity

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