„SZERVEZETI HATÉKONYSÁG FEJLESZTÉSE AZ EGÉSZSÉGÜGYI ELLÁTÓRENDSZERBEN – TERÜLETI EGYÜTTMŰKÖDÉSEK KIALAKÍTÁSA” TÁMOP 6.2.5 B

’HEALTHIER HEALTHCARE’ CONFERENCE

30 06 2015

SZÉCHENYI 2020

MAGYARORSZÁG KORMÁNYA

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Állami Egészségügyi Ellátó Központ

ALAPELLÁTÁS-FEJLESZTÉSI MODELLPROGRAM

Schweizerische Eidgenossenschaft
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SZÉCHENYI PROGRAMIRODA

TÁMOP-6.2.5-B-13/1-2014-0001 *Szervezeti hatékonyság fejlesztése az egészségügyi ellátórendszerben – Területi együttműködés kialakítása*

Population health focused Primary Care development

Recent Initiatives in Slovak Primary Care

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CHALLENGES IN HEALTH CARE SERVICES

- Wrong utilisation of services
  - Acute inpatient instead of long-term or outpatient care
  - Health care instead of social care
  - Specialised instead of GP's care
  - Services provided in facilities instead of home care
  - "Waiting" for disease occurrence or later stages instead of prevention or early intervention (both, people and service providers)
- Wrong utilisation of services (demand) causes wrong structure of services supply / providers and vice-versa
- Changes in population needs towards long-term services and ageing population may dramatically worsen the negative impact of wrong utilisation of services on public finance
- Lack of investments in better services

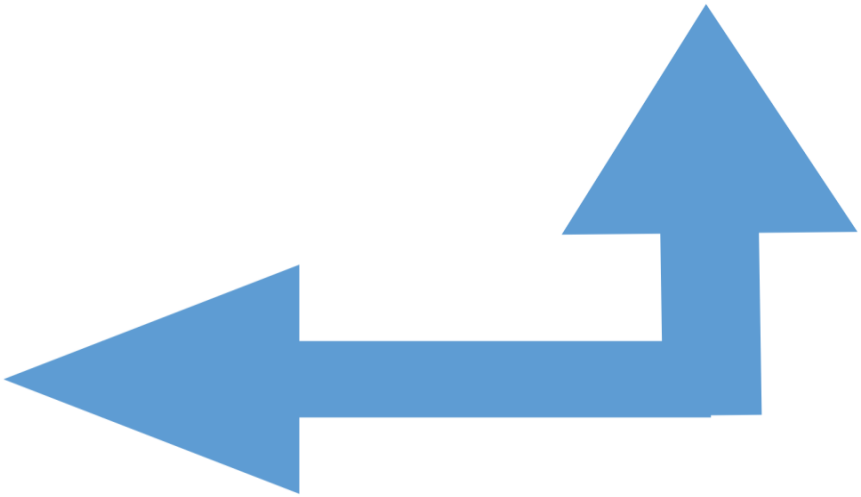
RESPONSE

- “Shift left / Bottom-up” policy in services utilisation
- Simultaneous changes and interventions:
  - Strengthening primary care / community care
  - Integration of care (regional / inter-sectoral / process / place)
  - Care pathways and Clinical guidelines
  - Proactivity in- and continuity of people-centric care
  - Payment mechanisms supporting right utilisation of services, right behaviour, performance, productivity and more value for people
  - Smart investment in infrastructure, processes, people
  - Research and innovation support
  - Innovation in Public-Private cooperation models

Shift left / Bottom-up Policy

POLICIES

- STATE
- REGIONS
- COMMUNITIES
- SERVICES
- PERSON



RESULTS

- DETERMINANTS OF HEALTH
- HEALTH PROMOTION
- PREVENTION
- PRIMARY CARE
- SPECIALIST CARE
- OUTPATIENT CARE
- LONG-TERM INPATIENT CARE
- ACCUTE INPATIENT CARE

- ENVIRO
- SOCIAL CARE
- EDUCATION

CHALLENGES OF PRIMARY CARE IN SLOVAKIA

- Ageing GPs + Low attractiveness of the GP profession = increasing shortage of GPs
- Fragmentation of GPs (most common format: 1 doctor + 1 nurse) -> low capabilities
- Business model of a single GP…? No innovation, no investment, no growth… no future?
- Absent collaboration among health care providers, health promotion services and social services

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RESPONSE

Strengthening primary care

- **Residential programme** aims to provide a supply of new GPs and hence solve the gap and old average age. As of 10.2014, 147 new doctors took part and a new programme will start this year.
- **Clinical guidelines** to provide a safe net for GPs to take on a new role. Aim is to create 80 guidelines within years. As of today, 2 were created and published.
- **Increased competencies**: e.g. preoperative examinations, dispensation of light cases of diabetes II etc.
- **Integrated care centres programme (ICCs)**
  - Major primary care innovation and improvement enabler.
  - Infrastructure upgrade and processes innovation, incl. EHR etc...
  - More capabilities, more value, more business.
  - Integrating health care, health promotion and social care.

INTEGRATED CARE CENTRES PROGRAMME

- ICCs programme is a infrastructure programme funded from EU structural funds with allocation app. 150 mil EUR. We expect up to 130 centres to be established. ICCs will comprise following services:
- CORE SERVICES
  - Medical practice general practitioners for adults and children, gynaecology, dentistry;
- AUXILIARY SERVICES
  - Social services (social counselling, social rehabilitation,, etc.);
  - Regular services such as physiotherapists, dietary counselling, occupational medicine, geriatrics, psychology and services related to mental health;
  - Health promotion programs;
  - Consulting and rooms for visits by medical specialists;
  - Facilities for regular screening of chronic diseases – prevention;

KEY FEATURES OF THE ICCS PROGRAMME

- Public investment will go to a public health infrastructure that will remain in public hand;
- Contractual status (legal status) of private primary outpatient physicians operating the ICC can be maintained;
- Integration will happen from the bottom up: a voluntary pooling of individual providers based on the needs of micro-regions;
- Openness
  - Implementation of roundtables with all stakeholders (healthcare providers, insurance companies, regional authorities, cities / towns, patient organizations, and others) - March to June 2015
  - Public consultation with providers - May to September 2015
  - Regional Master Plan (preparation) - May to October 2015
  - Preparation of Methodology and pilot center planning - July to October 2015
  - Projects, applications, implementation - from December 2015

THANK YOU FOR YOUR ATTENTION!

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