



***Report About Ambulatory
Surgery In
Central & Eastern Europe (CEE)***

Gamal Eldin Mohamed MD, PhD

Characteristics Of Health Care In CEE Countries

- **Healthcare sectors of the CEE countries are characterized by excessive physical infrastructure and overcapacity**
- **Informal payments are effectively a form of systematic corruption, and this leads to the growth of the „gray economy” and it enhances „out – of – pocket” payments**
- **Health expenditures have also fallen, resulting in large health systems with low funding, lack of doctors and underpaid doctors, health public servants and inadequate medical equipment, drugs and supplies.**



Total expenditure on health as a percentage of GDP in European region (2011)

Germany	11.3 % (OECD)
France	11.6 % (OECD)
European Union average	8.5 % (OECD)
Central Eastern Europe average	5.3 % (OECD)
Czech Republic	7.5 % (WHO)
Hungary	7.9 % (OECD)
Ukraine	7.8 % (WHO)
Romania	5.9 % (WHO)



Coping with Command Economy

- **Following the collapse of the socialism (1989), CEE countries had to cope with healthcare systems that were organized along the lines of the „command economy“.**
- **They suffered from gross in-efficiencies and outdated technologies, and patient choice was non-existent.**



Bismarckian system of social health insurance

- Since then, with the region has broadly moved towards more open and flexible (Bismarckian system of social health insurance) social insurance systems, where health care and medical treatment in the majority of countries is still : **FREE OF CHARGE**, and theoretically accessible for every one (with the exception of Czeh Republic, Croatia and Slovakia, with public and private insurance companies).



Coping With Command Economy

- Almost all countries accepted that primary care (GP), specialized ambulatory care and pharmacy sectors should belong to the private sector,

But,

- In spite of the healthcare reforms, healthcare expenditures per capita didn't grow, and in comparison with the developing countries it is still extremely low



Health Expenditure / capita (Current US Dollar), 2013

<http://data.worldbank.org/indicator/SH.XPD.PCAP>



• Norway	9,715	• Ireland	4,233
• Switzerland	9,276	• Iceland	4,126
• USA	9,146	• Japan	3,966
• Luxemburg	7,980	• United Kingdom	3,598
• Monaco	6,993	• Italy	3,155
• Denmark	6,270	• Spain	2,581
• Netherlands	6,145	• Greece	2,146
• Australia	5,827	• Portugal	2,037
• Canada	5,718	• Slovak Republic	1,454
• Austria	5,427	• Czech Republic	1,367
• Belgium	5,093	• Hungary	1,056
• Germany	5,006	• Croatia	0982
• France	4,864	• Serbia	0475
• Finland	4,449	• Bosnia & Herzegovina	0449

<http://data.worldbank.org/indicator/SH.XPD.PCAP>

Comparison With Western Countries

- **CEE countries are still lagging behind Western Europe with regards to the level of innovative treatments and technologies available to patients. So we are still tail-ender....**
- **Hospital sector is still suffering from the limited resources and limited efficiency, obviously from factors limiting reform success....**



Some partial reform attempts

- The introduction of principles of „consumerism” have come as an entirely new experience
- This has already changed the position of patients within the healthcare system to some benefit. Yet, the free choice of specialists and health insurers, and easy access to information is largely the exception rather than the rule
- One of the areas where perhaps the least progress has been made is the area of „accessibility to medical services”, which is the concept of treating routine cases at a routine level, and reserving the highly specialized sectors for the most challenging cases



Need for Modernisation & Reform

- **CEE health systems still waste resources by hospitalising patients that could be treated in ambulatory care or surgery, or by referring simple cases to specialists**
- **The main reason why these structural imbalances have not been corrected is that CEE health systems have failed to introduce principles of competition to the health sector**



What is Modernisation?

- **Modernisation means the end to the comfortable illusion of „free healthcare” and a shift towards a healthcare system based on more diverse sources of funding and provision, including the use of the private sector**
- **Health care reform should be implemented to assure patient safety, cost-effectiveness and advocate better hospital care**



Healthcare Reform Checklist

(Sam Vaknin, PhD, 2009)



- Stimulate and financially incentivise the following activities, which should be declared national priorities within a National Needs Assessments:

- Day & minimally invasive surgery
 - Conversion of hospital units to outpatient services & day care centres
 - Home & day care services , Patient hotels
 - Long-term care (nursing homes, visiting nurses etc)
 - Rehabilitation
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- Group practices and networks (for continued, around-the-clock services)
 - Dispensaries (pharmacies)

Hungary

- **Still no pluratic insurance systems, private insurance companies are not admitted to the market**
- **Financing with DRG system, that had not been revised since 1991**
- **Primary care (GP), Pharmacy sector, Dentistry sector and specialized ambulatory care (diagnostics and dialysis) are privatized**



Hungary

- **Growth of ambulatory surgery from 2% in 2004 to approx. 60% in 2014 (elective operations, due to economic restrictions)**
- **Good consultative work with the Ministry of Health and National Health Care & Provision Centre**
- **Establishment of the „Hungarian College For Ambulatory Surgery, with HAAS representatives as leaders**



Slovakia

- **In Slovakia day surgery only accounts for 7% of all surgically treated patients**
- **Public and 2 other private insurance companies**
- **The implementation of day surgery into Slovak health care system is supported by both Ministry of Health of the Slovak Republic and health insurance companies, and it is included into governmental programme for over 15 years.**
- **The main barrier is the lack of financial support from health insurance companies, which each year expand the list of day surgery performances, but without mapping the conditions of its appropriateness**
- **Critical feedback on effectiveness and penetration of day surgery system can be heard from medical professionals**

Croatia

CROATIA PROGRAM-FOR-RESULTS IMPROVING QUALITY AND EFFICIENCY OF HEALTH SERVICES

<http://www->

wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2014/07/15/000333037_20140715123218/Rendered/PDF/893360WPOP14480a10Assessment0Jan04.pdf

- **Health sector reforms implemented over the last 20 years have gone a long way to improve the Croatian health system's performance, which produces robust results both in terms of health outcomes and public satisfaction**
- **Many health care services in Croatia continue to be delivered inefficiently. Hospitals continue to provide services that can be better and more cost-effectively provided in an ambulatory setting**



Croatia

- Program: Priority iii (Strengthening management capacity in health care) and Priority iv (Reorganizing the structure and activities of health care institutions), including: Implementing hospital master plan, Implementing hospital reforms and governance and management changes, promoting group practices for general practitioners, **expanding secondary-level ambulatory services, including high-resolution ambulatory centers**, redefining long-term health care services and palliative care



Serbia

- **Public funds for health care are currently allocated on the basis of the number of staff and/or beds at health facilities**
- **Private spending (out of pocket payments), was significantly larger than reported (health insurance covers approx. 61.9%, out of pocket payments: 38.1%)**
- **Day surgery models has been applied sporadically and is mostly dependent on individual opinion of the surgeon, although there are several individual daily units in some clinics**
- **IAAS greatly contributed in the establishment of the Serbian Association For Ambulatory Surgery, which began its capacity building and networking activities last year. IAAS collaborated in 2 TtT courses and 4 local AS meetings.**



Slovenia

Health Financing Reforms in Slovenia April 2011 April 2011, Valentina Prevolnik Rupel, PhD
Ministry of Health

1. Networking and connecting providers on the same and among the levels
2. Autonomy of public institutions (investments, human resources)
3. New forms of work (reference, rural, **ambulatory care**)
4. Clear division between public and private health care
5. Stress on prevention, promotion, protection
6. Health technology assessment
7. Quality, accreditation
8. Informatization, data flow optimization
9. Human resource planning

According to OECD data in 2012, cataract surgery accounts for 7.1%, and hernia repair for 7.9%



Federation Of Bosnia & Herzegovina

- **General remarks on the provision of health care services:**
- **Post-war conditions**
- **fiscal constraints, inefficient provision of services in public sector, geographical imbalance in citizen's access to health care, poorly regulated private health care providers**
- **Two systems: Public health & private providers**
- **Lack of new innovative technology and structural changes**
- **Acceptance of the ideas of ambulatory surgery**
- **Train the trainer course in December 2015**



How to progress?

- Give more support to AS associations in CEE countries
- IAAS should help and support personalities who are interested in AS to establish AS associations
- Build up educational network (syllabus, IAAS ambassadors to Train the Trainer courses) for teaching AS to health professionals and managers
- Find out the budget to finance the seminars and meetings through the different channels of EU projects
- Make the correct steps towards the interested industry to cooperate, to gain more funding for education & research (partnership)
- Find the way to contact healthcare authorities in CEE countries, WHO, World Bank and address governments



IAAS Train the Trainer Courses (Building the Capacity & Closing the Gap)

- Courses in:
 1. Hungary (two courses, 2012, 2013)
 2. Romania (2013)
 3. Slovakia (2013)
 4. Serbia (two courses 2013, 2014)
 5. Croatia (2014)
 6. Bosnia (2015)

Ambulatory Surgery Associations

- Hungarian Association For Ambulatory Surgery
- Romanian Association Of Ambulatory Surgery
- Serbian Association For Ambulatory Surgery
- Slovakian Association Of Day Surgery
- Expected foundations:
- Croatia Association For Ambulatory Surgery
- Ambulatory Surgery Association Of Bosnia & Herzegovina

