

SUMMARY OF TOPICS HELD AT 120. CONGRESS OF HEALTH EMPLOYERS OF THE REPUBLIC OF CROATIA

THURSDAY, 26th October 2017

Fedor Dorčić – interim Director, Croatian Health Insurance Fund (CHIF)

Business Activity Report of Croatian Health Insurance Fund

Key numbers of Croatian healthcare system explained. How much CHIF gets from the Budget, and how is it spent among hospitals and other institutions. Also, presentation explains a mission and vision of Croatian healthcare system and e-Health projects. There are also some data about health employees, doctors, waiting-lists, etc. In 2016, CHIF had 7% more revenues than in 2015 (23.725.904.027 HRK) and 1.24% more expenditures in 2016/2015 (23.029.196.616 HRK).

Ines Strenja Linić – Chairperson, Health Committee of Croatian Parliament

Strategic Milestone in Croatian Healthcare System

Topics: new trends in Croatian healthcare system and possible new strategies to earn more. Also presents funding that healthcare gets from GDP (about 7%) and new laws in healthcare. Quality is also a big problem in Croatian healthcare system and the key of success is to bring quality to a higher level, as well as financially award and motivate employees with better performance results.

Siniša Varga – Member, Health Committee of Croatian Parliament

What would Croatian Society Look Like, Without Obligatory Health Insurance?

Topics: some historic facts about Croatia and comparative demographic data on Republic of Croatia and Republic of Kosovo. Author also presents possible consequences for people in Croatia that would happen without obligatory health insurance, and horrific result that would happen if this event ever appears.

Davor Katavić – Deputy Director, CHEA

Financial Performance of the Healthcare Institutions

Trends in Croatian healthcare system are shown, firstly revenues in 2016 and 2017 and then expenditures in 2016 and 2017. Also, there are business activity data from all public healthcare institutions in Croatia for first 9 months of 2017. Hospitals are the biggest problem of Croatian healthcare system, for they made 500.000.000 HRK of new debt. Author presents some changes that will happen in 2018 and their possible outcomes.

Jasminka Katić Bubaš – Head of Department, Ministry of Health

Amendments to Healthcare Law

Author discusses on evaluation effects of regulations and what are the main and specific goals of evaluation effects of regulations. Plans for law changing activities are also presented, along with review of legal procedure of change, key institutions and steps that must be done to start change and implement a new law.

Miroslav Venus – Vice-chairman, CHEA

The Future of Public Health in the Republic of Croatia

Author presents financial results of public health institutions; how much money does this type of institutions get from total amount for healthcare. There are also some data about prevention, and possible programs for better health of Croatian people. Author explains the organization of public health and what to expect in future.

Ivan Lukovnjak – Special Adviser, CHEA

Cash Flow Monitoring - Valuation of Liquidity and Solvency

Explanation of some basic economics terms; what is business subject; how do we monitor business subjects; cash flow in Croatian health and what are the specifics. Also, remarks on solvency, liquidity and some specific indicators; conclusion - there is low liquidity in Croatian healthcare system.

Tomislav Madžar – Adviser to the President of Croatia

Psychological Predictors of Sports Injuries in Professional Soccer and Handball Players

On sport injuries and how they affect sport clubs finances. There are some data on average team sports injuries and financial consequences of injuries. Author also explains psychological predictors and their importance for good body shape. Conclusion presents results of research on psychological predictors and sports injuries.

Davor Štimac – Director, University Hospital Centre Rijeka

Can We Stop to Generate Losses in the Hospital System?

Author presents list of problems in hospitals: financial, organizational, structural and others. Then brings up an example of UHC Rijeka, describes their successful business activities with an explanation of how they manage to make profits and not to generate losses. There are also examples of functional integration and public procurement savings.

Ante Ivančić, Irena Hrstić & Srđan Jerković – Health Institutions of Istria

Integrated Health Care in Istria – Viribus unitis 2

Authors discuss healthcare reforms in Croatian healthcare system and present recent situation in Istria, along with review of collaboration among healthcare institutions in region of Istria. They also present examples of functional integration and conclude that integration would be necessary in Croatian health system, because Croatia lacks human and financial resources.

Marijo Bekić – Director, General Hospital Dubrovnik

Where Are We Today and Where Are We About to Go

Some basic data about Dubrovačko-neretvanska County: 122.000 inhabitants, 5 cities, etc., along with several main problems: transport, debts, human resource problems, etc. The major problem is shortage of new employees, as well as emigration of employed people. Finally, author presents some problems of Dubrovnik Hospital: costs of transport, public procurement and other.

Robert Grudić – Director, General Hospital Čakovec

Organization of Health Care, Hospital Viewpoint

Author presents list of health institutions in Međimurska County, with the number of employees (hospitals 779, health centres 113, institutes of public health 59, institutes for emergency medicine 62). Then discusses some specifics of Čakovec Hospital, which is the only health institution in County that have clinical lab, transformers, kitchen, etc. Therefore, author suggests that collaboration of all health institutions in County is necessary.

Marinko Rade – Director, Special Hospital Rovinj

An example of Successful Turnover Project in Croatian Public Health

Author presents results of activities in last 10 years and shows photos of Hospital facilities that were previously in really bad condition. Bad leadership led to big expenditures, long waiting-lists and overpaid salaries. Recently, Hospital went through major reorganization that has resulted in good financial effects, more satisfied patients and new investments (new therapeutic beach and adaptation of hospital facilities).

Ivan Vukoja – Secretary, Croatian Hospital Doctors Association

Hospital Doctor in Croatia – Yesterday, Today, Tomorrow

Author presents a position of medical doctors in Croatia today and in near future, and emphasizes that doctors could associate in Croatian Hospital Doctors Association since 2013. There are also some information on current situation of doctors in Croatia (550 doctors have already left the country and another 1.300 have started the procedure of leaving). In the

light of recent drain of human resources, author suggests that Government have to define certain measures (bigger salaries, better crediting positions, etc.) to slow down and stop doctors' drainage from our health system.

Ivan Filipčić – Director, Psychiatric Hospital “St. Ivan“

CIP – Center for Integrative Psychiatry

Author presents some basic data on Hospital (405 employees, 760 patients, etc.), along with description of integrative, preventive and rehabilitation psychiatry programs in Hospital.

Among others, there are programs for prevention of video-games addiction, for treatment of major depressive disorder, etc. Author states that EU projects could possibly get bigger revenue for this psychiatric hospital.

Vesna Šendula Jengiđ – Director, Psychiatric Hospital Rab

Troubles With an Island

Author reports on problems with health care delivery at one of Croatian islands. Croatia has 1.244 islands, with increasing number of population during tourist season. There is also comparative analysis between status of island's and continent's doctor and stats about percent of healthcare in total GDP (EU average=8.54, Croatia=7.28). Final message is - equality for all.

Nevenka Kovač – Director, Special Hospital „Medico“

Accreditation as a Contribution to Improve of Business Processes in Health Care

Why is accreditation so important and what are the benefits of it? Related topics: EU quality in Healthcare projects (Together for health, Health for growth, etc.); on Croatian National Strategy for Healthcare; basic info and data on accreditation and quality of “Medico” Hospital.

Dejan Andrić & Rade Vađunec – Polyclinic for Baromedicine „Oxy“

Hyperbaric Oxygen Therapy: Application, Algorithms and Savings

Topics: presentation on HBOT as an instrument of cutting down costs that are produced by longer LOS in hospitals. It can be very helpful with diabetes, as author notes that Croatia has 100% more limb amputations then average in the world, so this method can reduce that number significantly.

Mladen Kovaček – Director, HIT Conferences

Impact of New EU Regulation on Personal Data Protection at Health Care Facilities

Topics: new EU regulation on Personal Data Protection at health care facilities explained; some basic information on general data privacy regulation (dates, improvements, etc.) - what is changing, what are sanctions, how to prepare for this regulation?

FRIDAY, 27th October 2017

Milan Kujundžić – Minister of Health of the Republic of Croatia

Future of Healthcare System in Croatia

Minister of Health discusses new Healthcare Act that will have major influence on PHC. Also, Minister states that new collective agreement negotiations will start soon. Minister recognizes recent situation with human resources drain and endorses the need to stimulate doctors to stay in Croatia. Good control of work performance is also one of the goals that Minister wants to achieve, for good performance is one of the prerequisites for good quality. Other activities and tasks: pilot-project of priority-lists of patients; implementation of e-services in HC, functional integration of smaller hospitals such as Knin and Šibenik, hospital in Blato (Zagreb) should be finished in due time. National Robotic Centre in Zagreb is also new project with a plan to purchase a robot hand (Da Vinci) that all hospitals could use. EU projects are also good sources for funding of financial sustainability of health system.

Dražen Jurković – Director, CHEA

Sustainability of the Croatian Health System

Director of CHEA underlines several major problems in regard to healthcare system funding and emphasizes that Government failed to transfer all of funds allocated to HCS that ought to be transferred from the Budget; there are also problems with cash-flows in hospitals. Director presents all liabilities of Croatian health care system in 2017 (total 8.218.277.513 HRK); hospitals alone produce 75 million HRK of new debt every month! Ministry of Finance does not transfer all HC funds to CHIF, despite the fact that those funds are necessary in order to have steady financial situation in Croatian HCS. As a part of the solution to the problem, Director proposes implementation of 'healthy fund' to cigarettes and tobacco products, because price increase of cigarettes would return more money in health sector. If price would increase 3.4 and 5 HRK in next three years, that would earn additional 1.150.000.000 - 1.500.000.000 HRK for CHIF. Another possible solution is supplementary insurance that could bring 350 million HRK in a year. There is also new law in procedure and Director presents its most important propositions.

Author also emphasizes that professional management in HC is field that can provide many improvements. Despite the fact that manager's position has many responsibilities, in Croatian health system managers are underpaid.

Kati Myllymaki – Executive Director, Chamber of Physicians Finland

Experiences from the Scandinavian Healthcare System

Finland has 5.5 million inhabitants, with health expenditure of 3.600 EUR per capita and 21.000 of working doctors. In 2017, Finland has 5 *university hospital districts* that are divided in 20 *hospital districts*, with PHC provided by 311 municipalities. Challenges in health care: ageing and increased demand in services, accumulation of social and health problems as unemployment, poverty etc., for approx. 10% of population is using 80% of social and health resources. User fees cover about 7% of expenses and have an annual ceiling of EUR 691 per patient. In 2007, Finland introduced new digital technologies in HC, namely eHealth (ePrescription, eAccess, eArchive, Health Portal for Professionals, Evidence-Based Medicine Guidelines etc.) that brought considerable improvements and benefits in patient outcomes, as well as in daily work of doctors.

Samo Fakin - Chairman, Thermana Laško Slovenia

Experiences from Slovenia

From its Budget, Slovenia allocates 490 million for PHC, while total amount for HC is 3000 million; there are 1.200 teams in HC, out of which 850 are teams in PHC. Slovenia has 60 Health Centres, 15.5% in concession. Among weak sides are lack of micro and macro planning, because Municipalities lacks professionals and knowledge to evaluate outcomes of monitoring; through laws, politics also have major impact on health policy as well. Outcomes of the situation are 30% longer waiting lists, 200 millions of losses in hospital system, no investments and 'politization' of health system. The focus of interest has to be on patient and key-demands have to be fulfilled: benefit for a patient and benefit for an institution.

Sanja Jakelić & Kristina Bitunjac – Directors, G. Hospital Šibenik and G. Hospital Knin

Functional Merging of Two Hospitals in Šibensko-kninska County

Šibensko-kninska County has 109.375 inhabitants, approx. 1.000 patients per year demand hospital treatment, the average length of stay in the acute department is 6 days, approx. 900 patients are treated annually at the extended treatment unit, with the average length of stay of 28 days. Acquired goals of functional merging are: reducing duration of acute treatment; increasing the availability of specialist services in the GH Knin, development of day hospitals/day surgeries in both hospitals; development of palliative and chronic care in GH Knin; development of Chronic Respiratory Centre Knin; Stationary Physical Therapy.

Dragomir Petric – Director, County Public Health Centre

Concessions

Review of 1996-2010 PHC privatization in Croatia, from former 'leasing' to latter 'concession'; examines key-outcomes of the process and concludes that all relatively good outcomes are accompanied with not-so-good ones, with major impact on PHC as a whole. Therefore, author advocates consistent and sustainable general plan for the national health system and its goals, as well as realistic calculation of funds to meet health needs of population.

Miroslav Hanževački – Director, Public Health Centre Zagreb-West

The System of Financial Rewarding of the Health Care Staff in PHC

Important strategic challenges of PHC in Croatia are: how to upgrade a quality of performance in order to process 80% of health problems and should PHC be privately-owned or public service. The request for quality of performance in PHC has to be accompanied with a possibility to reward exceptionally good work of health professionals. For that purpose, new articles and rules have to be included in by-laws and regulations, to assure a proper financial reward to HC professionals that excelled in their work.

Damir Detić – representative of the American Chamber of Commerce in Croatia

Public Procurement - Opportunity to Improve Clinical Outcomes?

Investigates an opportunities for improvement of clinical outcomes in the light of the new Public Procurement Act, through means of „best offer“ tenders, that includes not only price criterion, but also several other important procurement parameters, for example: terms of delivery, post-trade services, environmental and social criteria, etc. Therefore, it is of great importance to establish a clear, evident and verifiable link between the technical specifications of the procurement subject to the quality of the bid and then to determine the value of the offer in view of its intended impact on the quality of the health outcomes, in order to: obtain the highest value for invested money, determine and evaluate innovative medical technologies that have positive effect on the quality of health outcomes and to evaluate cost estimation of the total 'lifespan' of the acquired medical technology.

Ana Soldo – Chairperson, Croatian Chamber of Pharmacists

What Can a Pharmacist Offer to the Health System?

Author examines the history and role of Croatian Chamber of Pharmacists and its main goals: informing, educating, empowering and connecting pharmacy professionals; enhancing cooperation with other institutions and associations, positioning of pharmacists in the core of the health system, to the place that belongs to them in the light of their knowledge and competences. Author emphasizes a public health potential of pharmacists through on-site health counselling of patients on nutrition, physical activity, body weight, etc.

Darko Takač – Chairman, Croatian Pharmaceutical Society

Pharmacy as a Place for Timely Health Care and Rational Pharmacotherapy

Rational pharmacotherapy is analysed and evaluated through key aspects: therapeutic efficacy and outcome, quality and cost (consumption) of medicines and overall treatment. In regard to the above, the tasks and roles of future pharmacy, among others, would be: to assure easily accessible location for safe drug delivery, pharmacy care and the implementation of safe and rational pharmacotherapy (basic and specialist forms and pharmacy care), as well as organizing and implementing health-preventive measures, programs and education on procedures to prevent disease and preserve health, etc.

Therefore, role and development of pharmacies in the Republic of Croatia should be thoroughly incorporated and defined by the National Health Development Strategy and National Drugs and Medicines Policy.

Ivica Belina – Chairman, Coalition of Health Associations (CHA)

Views of the CHA, its Members and Collaborative Organizations on Biotechnology, Original Biological Medicines and Biosimilar Medicines

The original biological drug and the biologically similar drug should not be directly replaced with each other. Any biologically and biologically similar drug should be identified by a protected name or clearly identifiable unprotected name – i.e. traceability and safety. Introducing Public Health Clinical Databases (Registers of Treatment Outcomes). The decision on the choice and/or the change of therapy and the replacement of one drug may, in agreement with the patient, be made exclusively by a doctor who treats the patient for medical reasons and arguments (inefficiency or side effects), with the introduction of informed consent. The patient should be actively involved in decisions on changing the therapy with the mandatory introduction of informed consent.

Sani Pogorilić – Executive Director, „If!“

What Innovation in a Treatment Brings to Us?

From 2000 to 2009, indicator of an average life expectancy at birth was improved in all 30 OECD countries. It is estimated that innovative medicines have contributed to this improvement by 73%, after taking into account other factors (e.g. income, education, immunization, reduction of risk factors, an access to a health care). The application (availability) of innovation is directly related to: improving health outcomes, prolonging the lives of people, increasing the work ability and productivity of the population, economic growth and the welfare of society.

Goran Lazić – External associate, CHEA

E-Registry of Medicines and Drugs

Author describes ongoing project of e-Registry - integral digital medicines & drugs database, as an aid to daily medicine prescribing in PHC.

e-Registry is web-application that provides all relevant information on medicines and drugs registered in Croatia, as well as in EU, with the List of medicines and prices by Croatian Health Insurance Fund.

Dragutin Korošec – Chairman, Expert Society of Pharmacies - CHEA

Current Situation in Public Pharmacies in the Light of the Public Procurement Act

The over-complicated and time-consuming public procurement process for new drugs will prevent regular supply and will cause disruption in the health care of residents in rural areas and on islands, where there are no private pharmacies. But the Public Procurement Act also foresees exemptions for certain types of goods of national interest, as well as goods and services for which the state itself prescribed the price or the amount of compensation. Therefore, author advocates that drugs, like goods for further sale, for which a country has prescribed a set of legal regulations for the price at which they are to be sold, should be exempted from the public procurement procedure, as it was before the accession of the Republic of Croatia to the European Union.

Antonija Balenović – Director, Public Health Centre Zagreb-Center

Health Outcomes or Financial Results as Indicators of the Work Performance of Primary and Secondary Health Care

There are some concerns about debts in health care that are mostly related to the organizational structure of the hospital. The long-awaited reorganization of the hospital system is not advancing, the hospital financing reform has been stopped, and the quality management and cost-effectiveness are not promoted by the management system. Consumption of medical and pharmaceutical products is considerably higher than the EU average, and the fiscal sustainability in medium term is at risk. Health outcomes in Croatia are still below the EU average: there is poor prevention of chronic diseases such as cancer, diabetes, cardiovascular disease and the infant mortality rate is above the EU average. Author concludes that positive health outcomes and financial results should not exclude each other. Usually in normal working conditions and at the same time - as an indicator of work performance - unsuccessful can't earn big money. And even in Croatian conditions, there are such "double positive" examples, but only as exceptions that are confirmed by this rule.

Većeslav Bergman – Director, Health Centre of the Zagrebačka County

Telecardiology in the Health Centre of the Zagrebačka County

The purpose of the Telecardiology Introducing Project: to enable the availability of expert cardiologic reviews for all GM teams and their patients at the clinic of GM; to allow cardiologist findings for each received telephone call and sent ECG record; availability from 0 to 24 hours throughout the year; to provide cardiac consultations without the need to send a patient to a cardiologist's outpatient clinic and to make it easy to set up a correct diagnosis in emergency situations. The Project includes all GM teams; a Business Cooperation Agreement with Clinical Hospital „Magdalena“ was concluded, GM clinics have obtained transportable ECG devices and training of teams on how to operate and use the device was done.

Krešimir Božić – Director, IEM of Krapinsko-zagorska County

The Role of County's Institute of Emergency Medicine in the PHC

Achievements of County Emergency Medical Centres: a unique emergency medicine system has been established, with equality in terms of standards, education and working methods; patients are provided with uniform medical services that are faster, more accessible and more efficient; health professionals have better conditions and professional training.

Goran Krstajić – Director, Polyclinic „Srčana“ („Heart“)

Potential of Public Polyclinics in the Health System

Ambulatory Cardiovascular Rehabilitation provided 125.000 medical services in 2016. Since 1982 it was the only ambulance centre in Croatia with a complete program that is a component of secondary prevention of coronary heart disease and not just physical therapy. It works with patients with low to moderate cardiovascular risk. In 2016, 342 patients were included in ambulatory cardiovascular rehabilitation program and there were 20.366 procedures in the Department of Outpatient Rehabilitation. Examples of good practice as well are project on diagnostics, monitoring and treatment of hypertension in collaboration with City Health Office and a number of public health projects and activities in collaboration with several public institutions and associations.

Šime Smolić – Assistant Professor, Faculty of Economics Zagreb

Impact of Demographic Trends on Health Care Costs

The studies on correlation between demographic ageing and health expenditures shows the fact that ageing of population leads to decline in health equity, because elderly people spend more health care and per capita services than any other age group, except maybe newborns. Deprivation of health capital could be stopped with additional investment in health, i.e. with increased health spending and namely, 'healthy aging', that should lead to reduction of health needs in older age groups in developed countries. Furthermore, we have to make more effort to understand the link between demographic ageing and health expenditures

and strongly promote healthy ageing (compression of morbidity) and health policies that are more oriented to elderly people.

SATURDAY, 28th October 2017

Marijana Mihaljević – Legal adviser, CHEA

Collective Agreements

Topics: scope of application and basic principles of collective negotiations; interpretation of Collective Agreement, work time records as the basis for a correct salary calculation. Author also informs on number of laws (61), decisions (24) and directions (>100) on the matter and investigates a collective agreement influence on salary, work time, etc. Furthermore, describes the specifics of Collective Agreements, their subject, implementation and use.

Krešimir Rožman – Editor, magazine „Labour Law“

Collective Agreements

Presentation examines Collective Agreements in light of international and national regulation and legislation. Author reviews Constitution and laws in Croatia, Collective Agreements, parties, unions and implementation of Collective Agreement.

Milka Kosanović – Director of relations with members, Croatian Employers' Association

Partnership for Health

Author is proposing synergy of private and public institutions and collaboration among chambers and professional associations in order to achieve and develop better HC. Author underlines key stakeholders in Croatian Health system and presents Croatian Employers' Association and its role in Croatian health system.

Ivica Babić – Chairman, Croatian Physicians' Union

Social Dialogue and the Role of Union

Author advocates tripartite dialogue as a communication among Government, employers and workers on issues of common interest in the domain of economic and social policy. Presents the mission of Unions and the purpose of social dialogue, of its rules, levels, etc., as well as provisions of Collective Agreements.

Anica Prašnjak – Chairperson, the Chamber of Nurses and Med. Technicians

The Question of the Present and Future of Nurses and Medical Technicians

Author discusses that health system should enable nurses to acquire the skills and qualifications that are necessary for their professional career, in the best interest not only of nurses, but of HC and patients as well. Presents some data on nurses (30.000 nurses), their salaries (5.905 HRK), working hours etc., and underlines what nurses expect to achieve in regard to their position in health system in near future.

Stjepan Topolnjak – Chairman, Independent Union of Health and Social Welfare

The Role of the Union in the Adoption of Legal Regulations in the Field of Health Care

Topic about the important role of the Union, as one of the partners in the process of public discussion and adoption of the HC laws and regulations; on social partnership and dialogue of social partners, as well as on expectations of Unions and some important results of social dialogue.
