

New forms of healthcare organization and reimbursement

Why do we discuss them
regularly but use them
sporadically

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SLOVAKIA



What ails Slovakia?



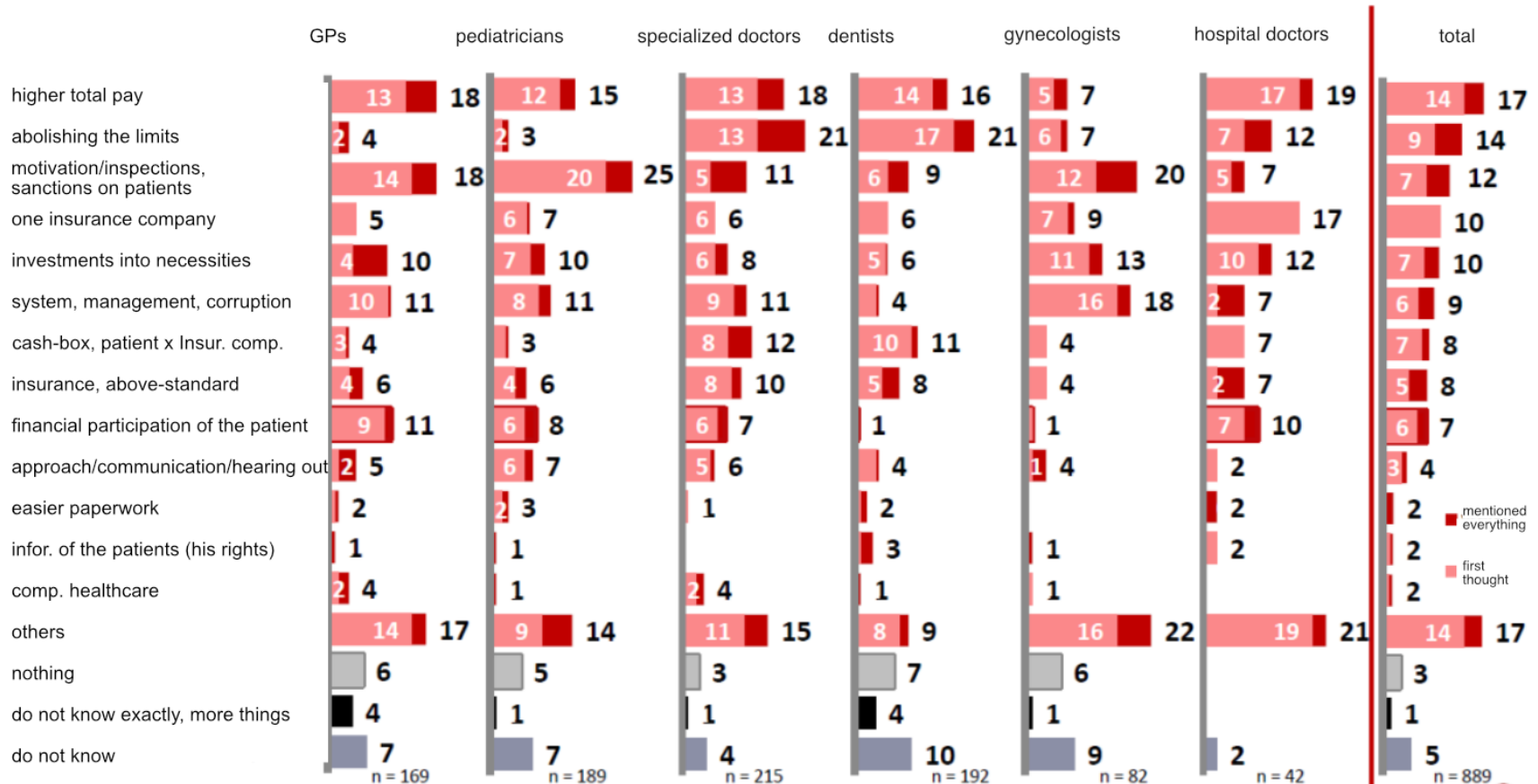
Everything seems easy... But takes long time...

- Let's ensure that healthcare will be provided at the right time, in the right place and in the right manner
- That will rationalize the provision of healthcare
- We support health and healthy lifestyle
- It will be win-win-win, it is the interest of patients, payers, providers



What ails Slovakian Doctors?

1. **Money** (prices, limits, possibilities of cash-box system): **35%**
2. **System change** (insurance, healthcare organization, ban on profits): **25%**
3. **Fair approach** (participation, possibility of premium services, not abusing, responsibility for your own health): **24%**



What ails Slovakian health insurance companies?

1. Increase in the number of insurees, services and benefits for clients
2. Sustaining financial stability (acceptable prices and payment conditions)
3. To curb the macroeconomy/politics
4. Fear of negative development in the future



What ails Slovaks?

1. Fees (medication, dentists)
2. Waiting time for examinations and making an appointment
3. (Physical) availability of a doctor
4. Quality of the provided care
5. Attitude of the medical personnel, sufficiency of information
6. Care for own health



What ails the State?

1. Patient-first approach
2. Transparency of personal work and acquirement of goods and services
3. Effectiveness and expedience of funding and management in healthcare
4. Respectability of healthcare personnel
5. Development, renewal and modernisation of healthcare institutions.

4.1 RESIDENTIAL PROGRAMME AND EMERGENCY SERVICE

Project goal: Support of the residential programme for general doctors, groups of specialists in missing areas and dentists, and support of revitalization and ambulatory care and in area of boosting the integrated healthcare

Partial goals: 1. Analysis of the VAS issues (practive, general certification, sustainability)
2. Analysis of ADOS issues and healing in connection with network optimization

Date of realization: 1. Q4 2016
2. Q4 2017



Situation in Slovakia



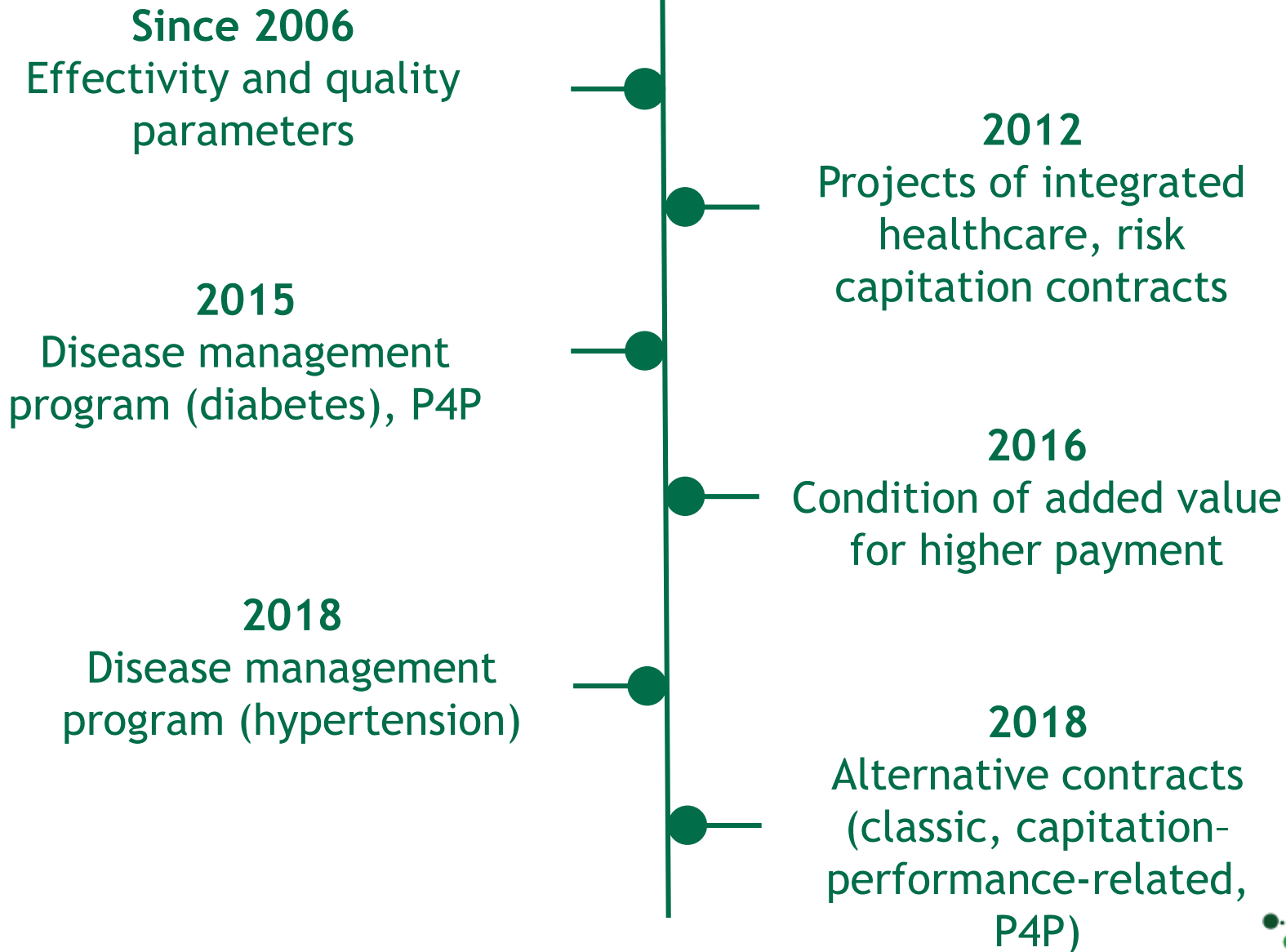
1. Care extremely fragmented
2. Thousands of not-connected and badly cooperating providers
3. Fight for power between different specializations and professions
4. Intended maintenance of ineffective status by the state
5. Broad freedom of contract
6. Poor results (but also relatively good EHCI rating)
7. Poor pressure of patients/experts on the improvement of quality



Experience of Dôvera



History of innovations of payment mechanisms



Other tools leading to a well functioning system

Electronic Medical Record (EMR)



24/7 phone doctor, mobile app



Education, patient group meetings



Projects of early diagnosis of illnesses



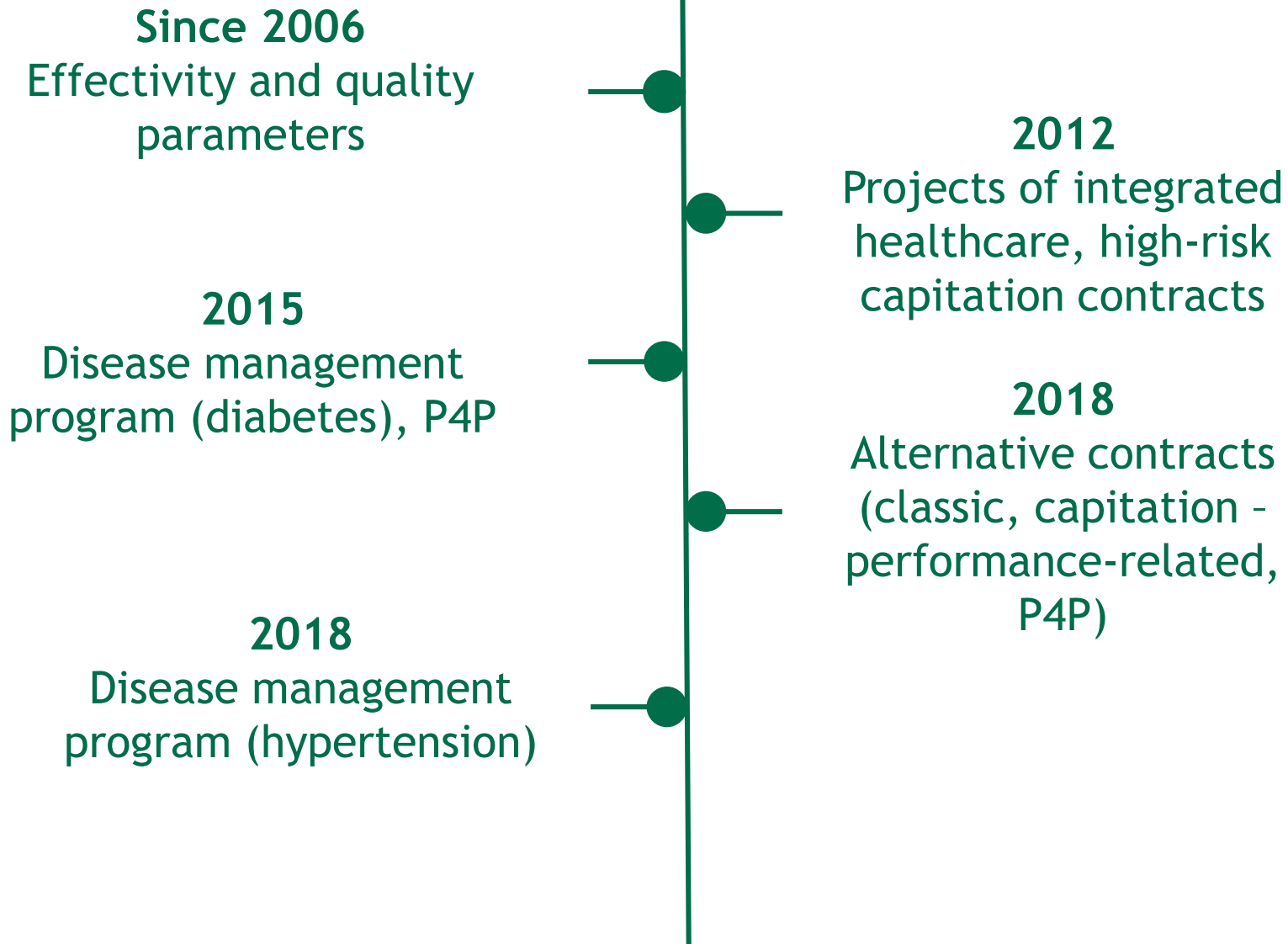
Motivational schemes, benefits for patients



Benchmarking, goals for outliers



Other tools leading to a well functioning system



What we have learned

1. Patience
2. Patience (habit is a second nature)
3. Patience (patients don't want to change their behavior, they don't care about their health)
4. Different motivations of payers create chaos
5. It is always necessary to invest more than we thought into the motivation of providers
6. Offer of more money for higher quality does not mean success
7. Freedom in the choice of terms of a contract is not as attractive
8. Everyone says: "Patient first". He is not.



Thank you for your attention

