



Hungary hepatitis meeting

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FINANCING OF THE HUNGARIAN HEALTH CARE SYSTEM



MINISTRY OF HUMAN
CAPACITIES

- Solidarity based health insurance system
 - Single payer (National Health Insurance Fund)
 - Strong governmental role
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- Single payer
 - National Health Insurance Fund
 - „Monopoly” – no competition
 - Universal health insurance
 - Contract with health care providers
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THE STRUCTURE OF HEALTHCARE DELIVERY IN HUNGARY



MINISTRY OF HUMAN
CAPACITIES

Basic health services

- Family physician service
- Pediatrician family physician service
- Network of mother and child health visitors
- School healthcare
- Dental healthcare

THE STRUCTURE OF HEALTHCARE DELIVERY IN HUNGARY



MINISTRY OF HUMAN
CAPACITIES

Secondary and tertiary care

- **Outpatient care**
- **Inpatient care**
- **Medical universities** (Semmelweis University, University of Debrecen, University of Pécs, University of Szeged)
- **National institutes** (National Institute of Medical Rehabilitation; National Korányi Institute of Pulmonology; National Institute of Oncology; National Institute of Psychiatry and Addictions; National Medical Rehabilitative Institute; György Gottsegen National Craniological Institute; Pál Heim Children's Hospital; Sándor Péterfy street Hospital; National Sports Medical Institute; National Institute of Clinical Neurosciences; South Pest Central Hospital - National Institute of Hematology and Infectology)

PROVIDERS (HEALTH CARE DELIVERY)



MINISTRY OF HUMAN
CAPACITIES

Type of services:

➤ Primary care

- General practitioners
- Health visitors
- Dentists

➤ Out-patient departments

➤ Hospitals:

- City hospitals
 - Country hospitals
 - University teaching hospitals
 - National medical institutes
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FINANCING METHODS IN THE HUNGARIAN HEALTH CARE – GENERAL PRACTITIONERS



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CAPACITIES

- Capitation fee – based on patients age, with a special point system for different age group
 - Fixed fee
 - Covers the GP's cost, such as heating, cleaning etc.
 - Supplementary fee – equals the differences of practice locations (capital or big city, village, practice in more than one village or in outer areas)
 - Duty fee – for being on duty (nights, weekends)
 - Case fee – for patients not registered at the GP
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FINANCING METHODS IN THE HUNGARIAN HEALTH CARE – FINANCING OF OUTPATIENT CARE



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CAPACITIES

- Performance based financing (fee for service)
 - German point system
 - Fix Forint value for 1 point
 - Currently 1 point = 1,98 HUF
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ACUTE INPATIENT CARE: DRG-HBCS



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CAPACITIES

- Normative financing
 - Diagnosis Related Groups
 - Based on U.S. DRG system
- HBCS:
 - Homogeneous Disease Groups
- Pre-arranged fees
 - PPS: prospective payment system
 - Currently 1 DRG cost-weight (point) = 198.000 HUF
- Main elements
 - Cost of care
 - Professional knowledge

- Daily fee
 - Current value: 6.600,- HUF/day
 - Daily fee is adjusted with the correction factor
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OTHER FINANCIAL TECHNIQUES OUTSIDE OF DRG - HBCS



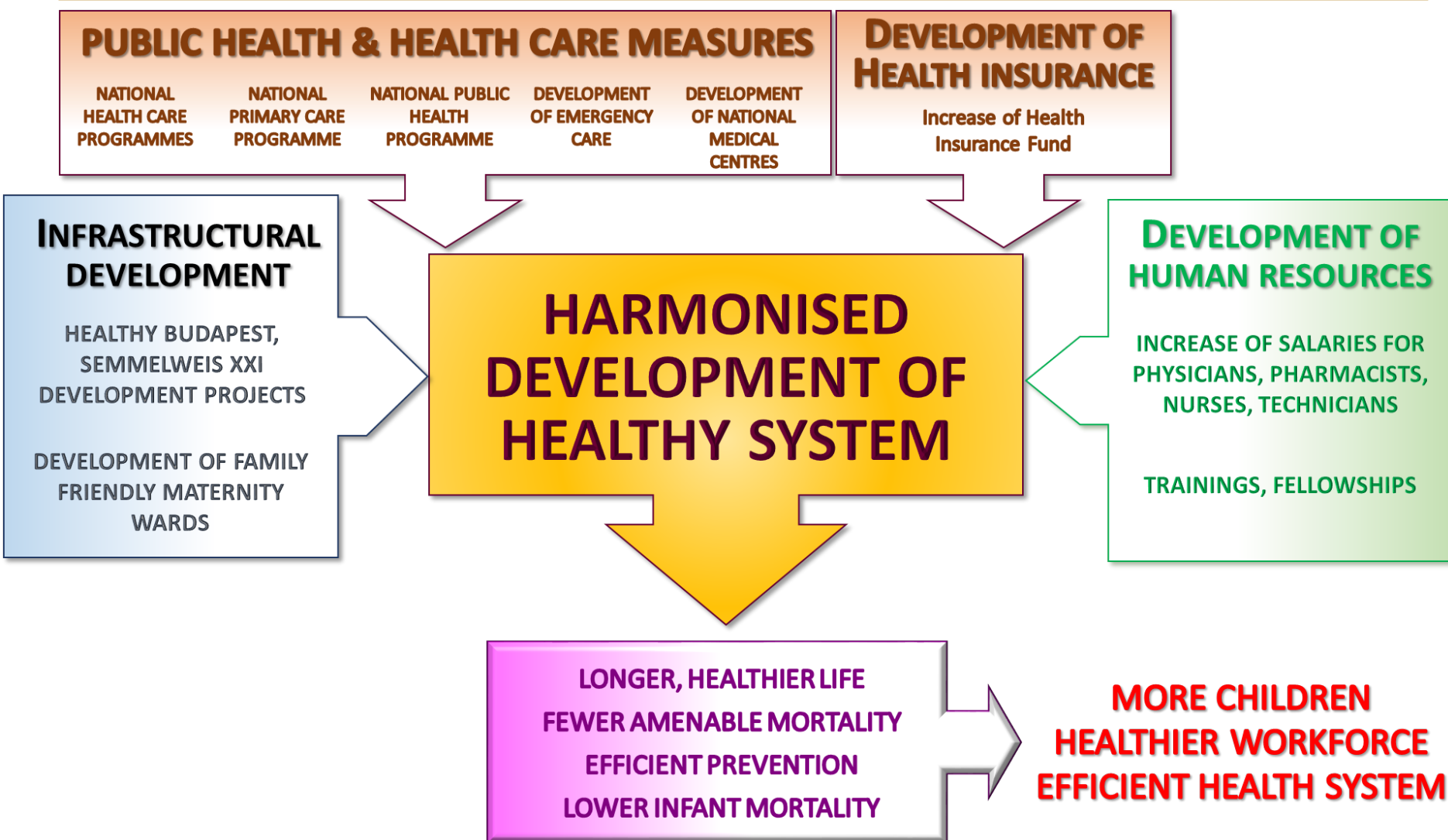
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CAPACITIES

- Progressive fee:
For higher level of care (university, national medical institutes)
 - Special tools under individual reimbursement (e.g.: heart valves, stents)
 - Very expensive medical interventions (e.g.: transplantations)
 - Extra financing:
Significant difference between DRG-HBCS reimbursement and real hospital costs
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PLAN OF HEALTHY SYSTEM DEVELOPMENT APPROVED BY THE HUNGARIAN GOVERNMENT



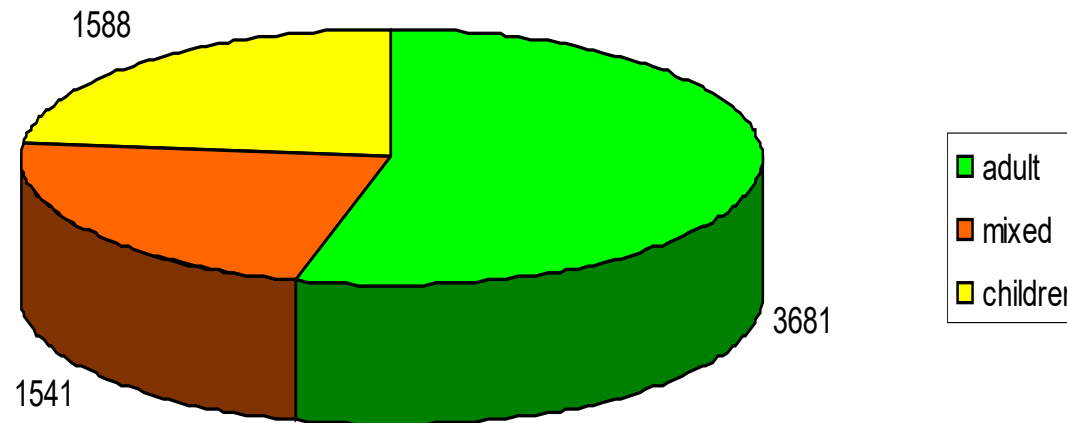
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NUMBER OF FAMILY PRACTICES



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CAPACITIES

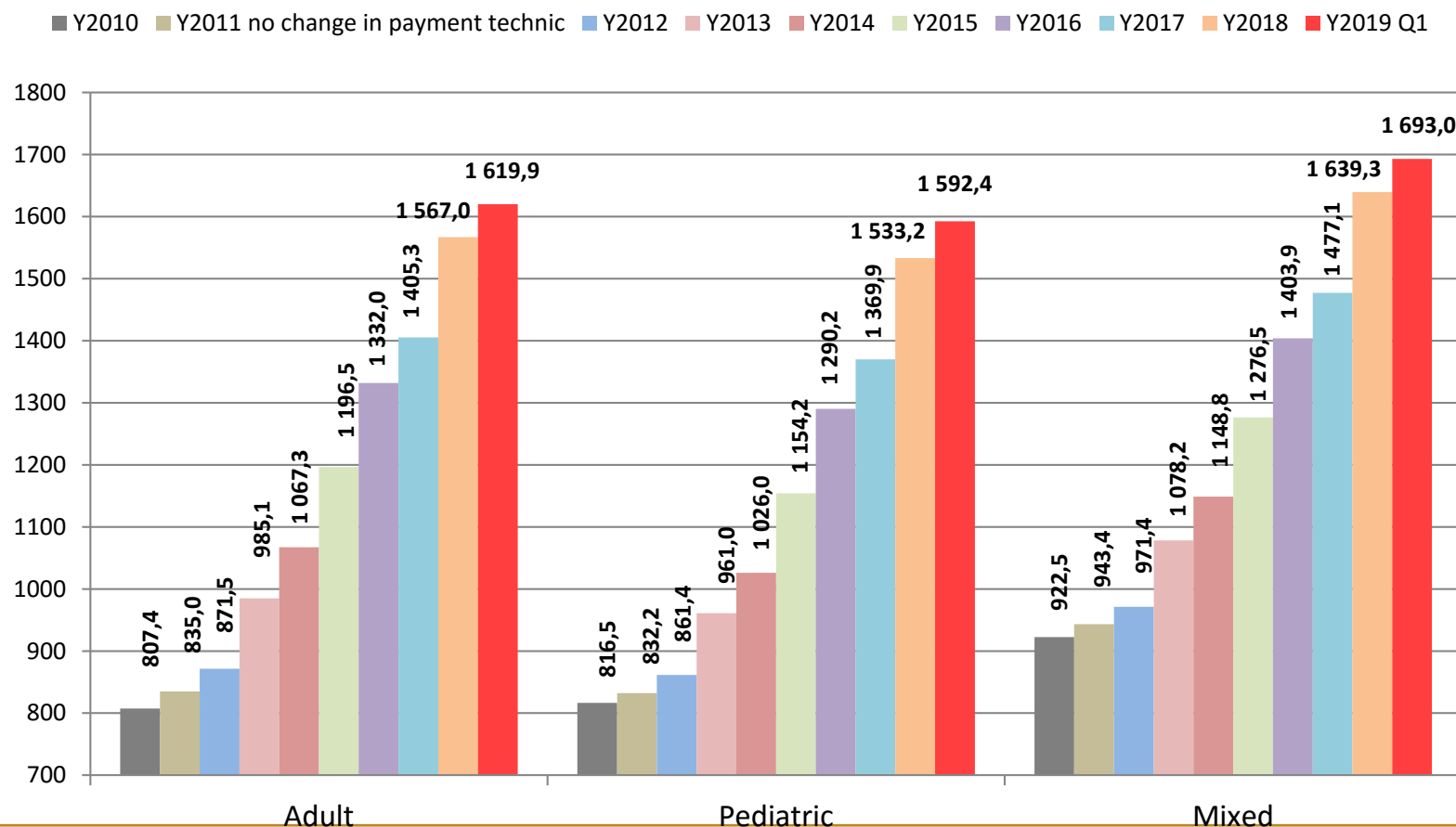


Adult:	> 14 y	→	General practitioners (GP)/
Mixed:	> 0 y	→	Family physicians
Children:	0-14 (18) y	→	GP pediatricians

MONTHLY REIMBURSEMENT OF GP/FP PRACTICES (2010-2019) '000 HUF*



MINISTRY OF HUMAN
CAPACITIES



* 325 HUF = 1 EUR

FUTURE DEVELOPMENTS IN PHC: CHANGES IN STRUCTURE AND COMPETENCES



MINISTRY OF HUMAN
CAPACITIES

➤ **Strengthen horizontal collaboration**

- Support practice groups
- Facilitate diversification of services provided by practice groups – acquiring physiotherapists, dieticians, psychologists
- Provide community health promotion services (EFI)
- Assist local initiatives – patient clubs, civil societies

➤ **Reinforce vertical teamwork**

- Enable GP/FP – Specialist collaboration
 - structured groups
 - bundle payments
 - local protocols, common case reports



Three generation for health



MINISTRY OF HUMAN
CAPACITIES

Objectives of the program

- I. Structural and organisational reform of the primary care system.
- II. Extending preventive and improving curative functions of primary care system regarding diseases of high epidemiologic impact.





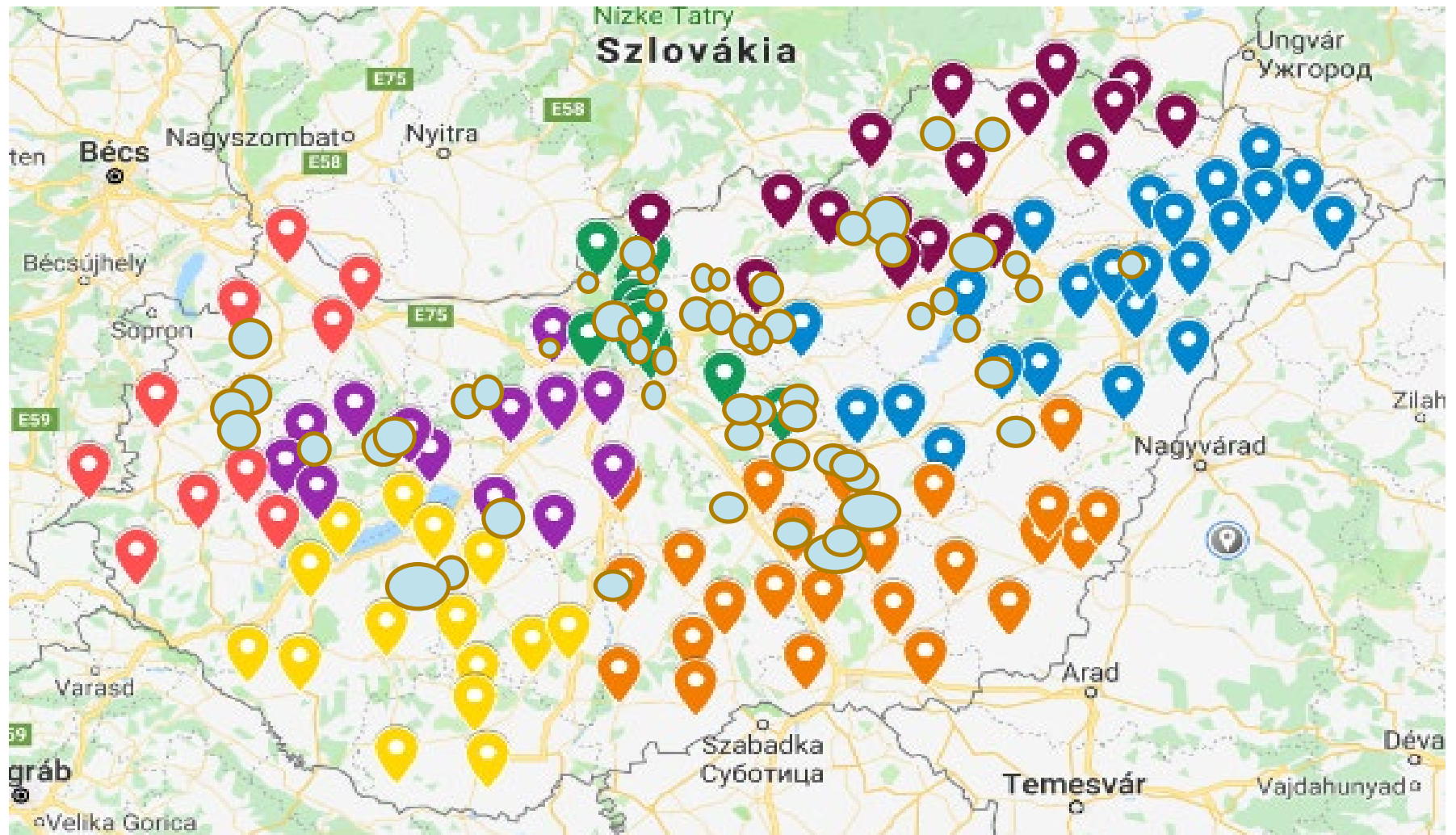
Extending preventive and improving curative functions of primary care regarding high prevalence diseases

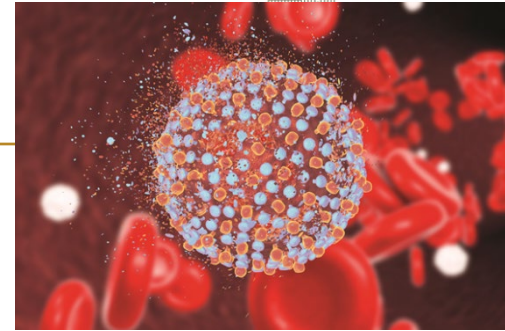
2019-2020

- Healthy diet, regular physical activity, smoking prevention
- Cardiovascular prevention, risk stratification, intervention
- Prevention of childhood obesity and smoking
- Promote mental health screen for dementia
- Oncology awareness



79 successful applications grouping 455 GP practices





VIRAL HEPATITIS IS A MAJOR PUBLIC HEALTH PROBLEM

- **Viral hepatitis caused 1.34 million deaths in 2015**

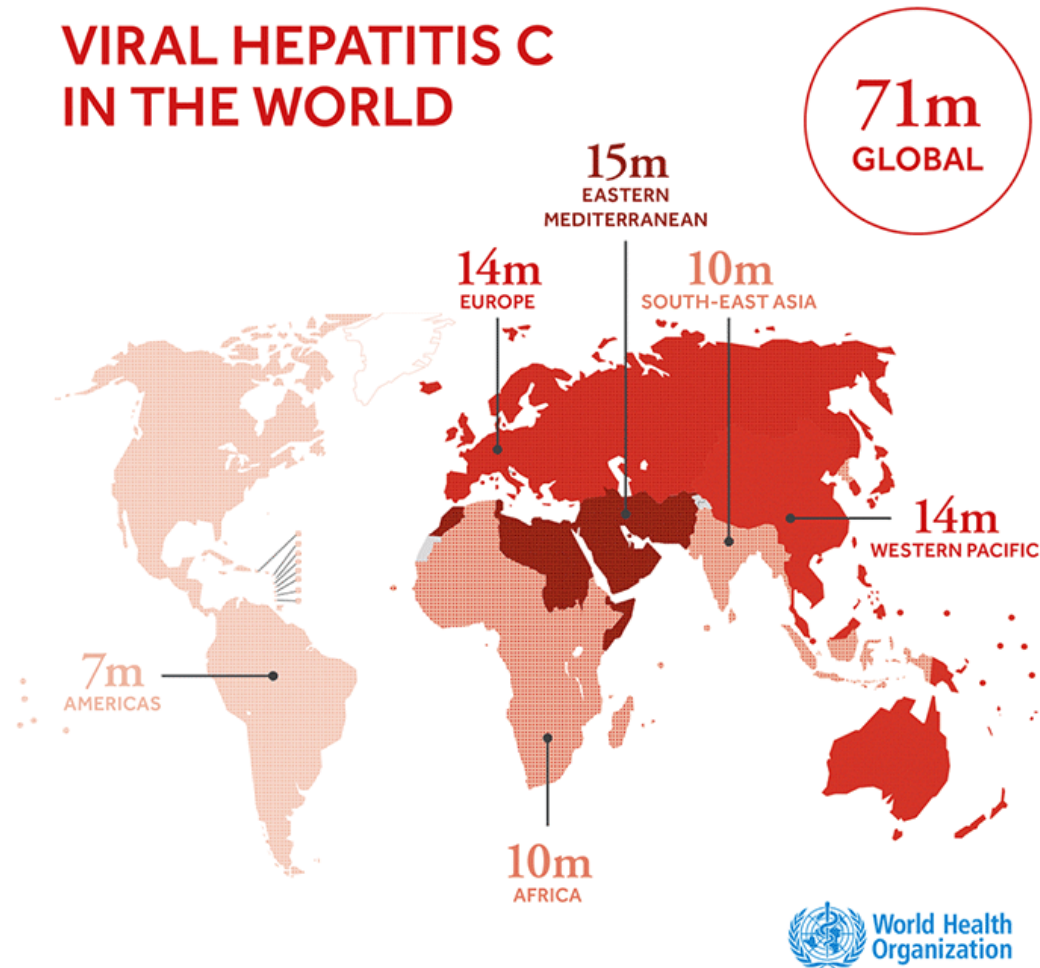
- ↳ Most viral hepatitis deaths in 2015 were due to **chronic liver disease (720 000 deaths due to cirrhosis)** and **primary liver cancer (470 000 deaths due to hepatocellular carcinoma)**.

- **In 2015**, an estimated 257 million people were living with chronic HBV infection, and **71 million people with chronic HCV infection**

- Worldwide, **in 2015**, there were **1.75 million new HCV infections** (global incidence rate: 23.7 per 100 000)

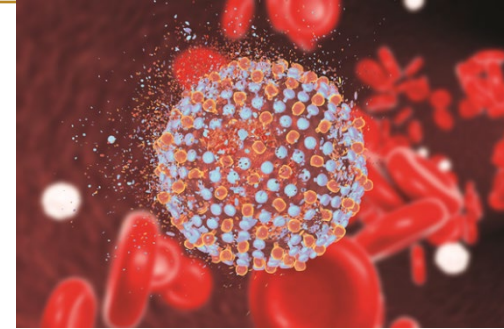


VIRAL HEPATITIS C IN THE WORLD

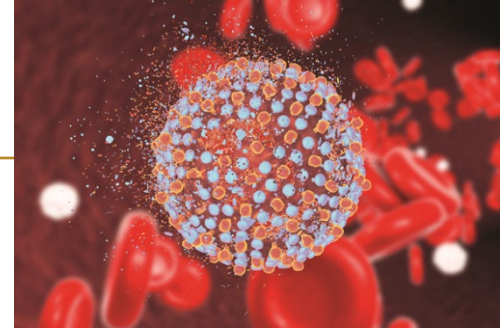




HCV INFECTION IN HUNGARY



- Acute viral hepatitis is **mandatory reportable disease since 1950**.
- The estimated number of **HCV infected people is 60 000**, whereas the **estimated number of infectious HCV RNA positive individuals is 50 000**.
- Most were infected with **pre-1993 transfusions or other health interventions**.
- **In 2018, 12 cases of acute HCV disease were reported**. The **most affected age group is 40-59 years of age**, childhood illnesses have not been registered.



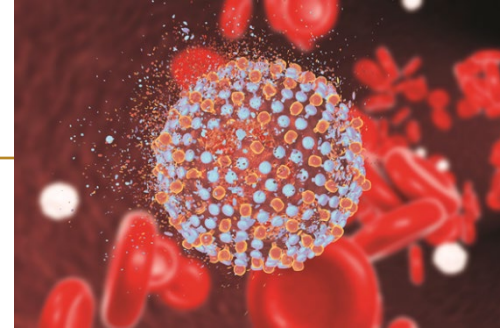
GLOBAL HEALTH SECTOR STRATEGY (GHSS) ON VIRAL HEPATITIS 2016–2021.

- **The GHSS calls for the**

- **elimination of viral hepatitis as a public health threat by 2030**

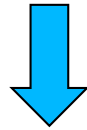
- ↳ reducing new infections by 90% and mortality by 65%

- In 2018, the **National Committee for Elimination of Hepatitis in Hungary** was established



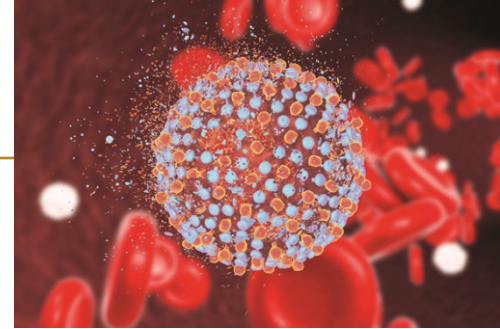
SCREENING AND TREATMENT

–Most persons with HCV infection **remain undiagnosed** and few have access to HCV testing



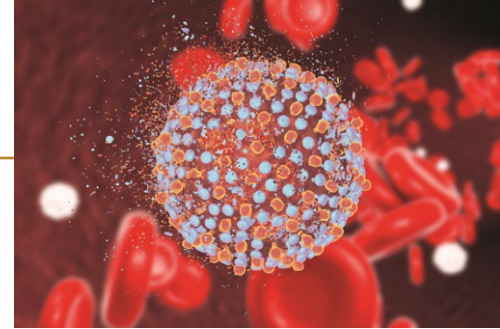
–**National testing policies are needed**

- Effective medicines are available today
- Chronic infections with HBV and HCV can both be treated with highly effective oral medicines
- In the case of HCV, a short course (usually 12 weeks) of medicines results in cure for more than 90% of patients, regardless of genotype



SCREENING AND TREATMENT

- The timely detection and healing of infection means
 - ↳ improving the ability to work and quality of life
 - ↳ preventing chronic liver disease and liver cancer (cirrhosis and hepatocellular carcinoma),
 - ↳ preventing further infections,
 - ↳ significantly reducing the cost of health care.
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SCREENING HEALTH-CARE WORKERS

- higher risk of infection with HBV and HCV because of exposure to blood and body fluids, usually through needle-stick injuries



- centrally coordinated screening of health care professionals and government-funded treatment if needed
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AMENDMENT OF REGULATION

- Screening should be performed in full until June 30, 2020 for all healthcare workers.
 - From July 1, 2020 onwards, screening should be performed for those health care professionals who have not been employed by a health care provider before July 1, 2020, or has not been subjected to screening.
 - Re-screening to check HCV status is required in every 5 or 10 years depending on the exposure to infection risks.
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OUR MAJOR MEASURES

- Selection of laboratories covering the country;
 - ↳ Method of screening: detect antibodies to HCV (ELISA)
 - (confirmation e.g. Line-Immuno Assay-test)
 - Nucleic acid testing (NAT) for the detection of HCV ribonucleic acid (RNA) to establish the diagnosis of chronic HCV (3 +1 laboratories)
 - **In Hungary, all HCV infected patients have access to state-of-the-art drug therapy as part of social security.**
 - **The treatment of HCV-infected patients is carried out by gastroenterologists, infectologists and specialists in tropical diseases (Hepatitis Therapy Committee)**
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BUDGET OF THE SCREENING PROGRAM

- In the **2019 budget**, **400 million forints**
- In the **2020 budget**, **600 million forints**
 - are provided for the free screening of health care workers.



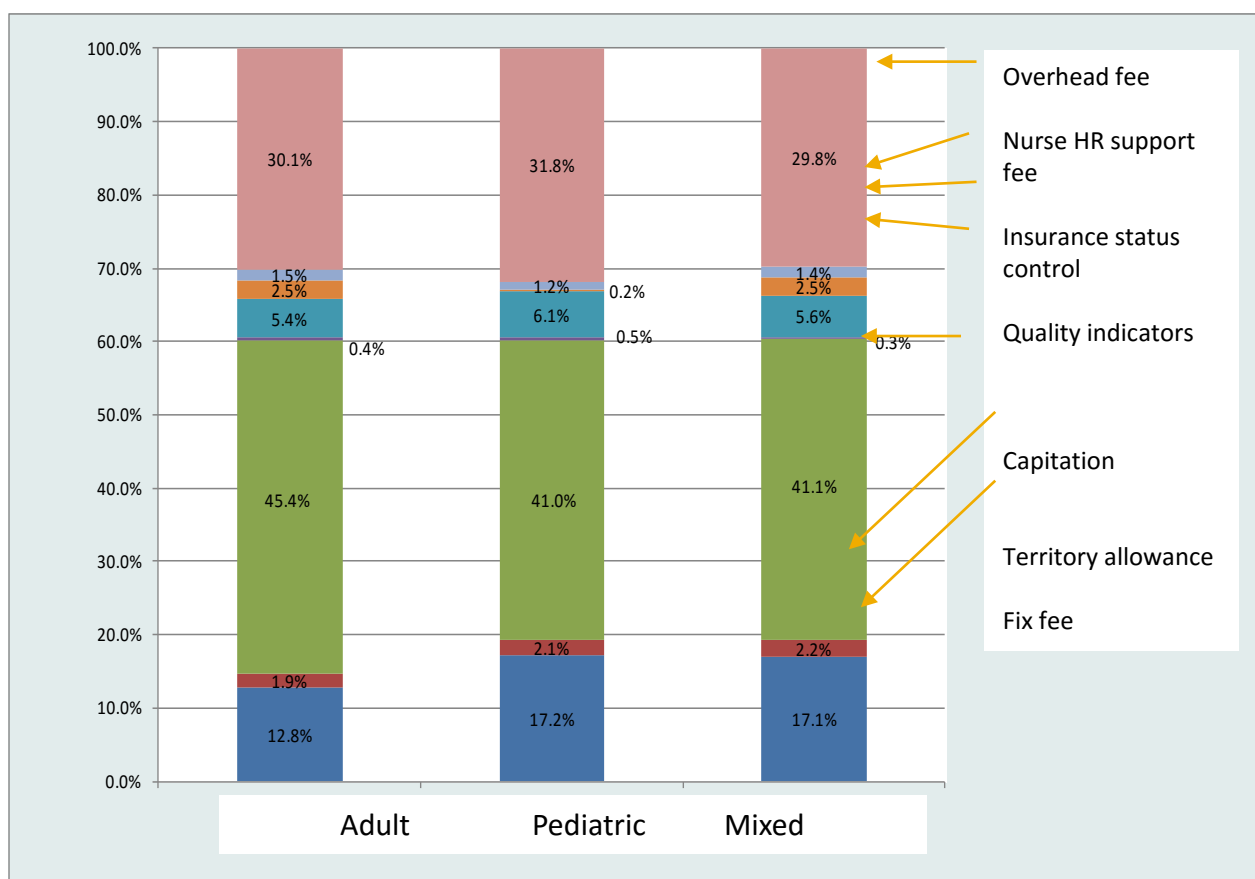
Thank you for your kind attention!



Backup slides



AVERAGE INCOME RATIOS OF GP/FP PRACTICES BY PAYMENT MECHANISM





FINANCIAL SUPPORT TO START AN OWN PRACTICE IN GP/FM AND PHC DENTISTRY Y2019

- Support for settling in a practice – available for GPs/FPs and dentists in practices with no permanent service provision – support from 37k EUR to 61.5k EUR
- Support purchase of practice license – promote new doctors to enter into the GP/FM system

TOTAL financial support: 3.8 M EUR in the Y2019

Open for submission till 15th Oct 2019



PROFESSIONAL SUPPORT TO PROMOTE NEW DOCTORS TO ENTER INTO THE GP/FM SYSTEM

Practice programmes:

- Vocational training and supervised GP replacement in practices with no permanent service provision for more than 6 months
- Vocational training in flexible scheme for doctors with clinical specialization who decides to work as a GP/FPs

Ongoing application process for both programmes



Group practices in PHC

EFOP-1.8.2-17 - VEKOP-7.2.3-17 Development program of PHC and public health (EU co-financed)

51 group practices, 321 family practices

Three generation for health I.

Három generációval az egészségért I.

79 group practices 455 family practices

Three generation for health II. - deadline 10th November 2019

Furthe possibilities for the foundation of group practices