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DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
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ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ
ASOCIAȚIA EUROPEANĂ A MEDICILOR DIN SPITALE

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Slovakia report October 2020

Dear colleagues,

Let me follow up to our report from 2019 which was presented in Oslo. To summarise in one sentence, similarly as Erich Maria Remarque has the title of his novel " Nothing New in the West", "there is nothing new in the east". The main problem areas remain the same. Ambiguity, unsustainability, insufficiency, unsolved issues have all been jeopardised by non transparency and uncertainty in relation to potential political changes resulting from the 2020 Slovak parliamentary elections. This material has been originally prepared for the Joint meeting AEMH - FEMS in May, 2020 in Kitzbuhel, Austria and upgraded in October, 2020.

Introduction.

Our public health service has to deal with the outdated infrastructure and lack of funding which result in falling into deeper debt, low wages, health workforce shortage and inadequate medical educational standards for future doctors of medicine. All of this means that Slovakia has a lower level of healthcare service when compared to other countries. Unfortunately, this directly affects a patient who gets much worse chances to recover compared to those in the countries we would strive to reach the level of.

The OECD table shows a downward trend of spending on the public healthcare service in Slovakia compared to the one in the Czech Republic. Based on the European Commission prediction Slovakia is the country which is most expected for a rapid growth in spending on its healthcare service within the EU countries.

Financing scheme		All financing schemes							
Function		Current expenditure on health (all functions)							
Provider		All providers							
Measure		Share of gross domestic product							
Year		2010	2011	2012	2013	2014	2015	2016	2017	2018
Country	**Unit**									
Czech Republic	Percentage	6,9	7,0	7,0	7,8	7,7	7,2	7,2	7,2	7,5
Slovak Republic	Percentage	7,8	7,4	7,6	7,5	6,9	6,8	7,0	6,7	6,7

Data extracted on 17 Jan 2020 14:42 UTC (GMT) from OECD.Stat

The spending on the public healthcare service will reach 5,7 % GDP in 2020, which is more than average of the V3 countries (5,1 %), but less than average of the EU15 (7,2 %).

Health spending is projected to increase by 1.2 percentage points of GDP between 2016 and 2070 – slightly above the EU average increase of 0.9 percentage points (European Commission, 2019b). According to the reference scenario, this would bring the country closer to the EU health spending average by 2070.

Public funding covers 80% of the health service costs. The level of out-of-pocket payments is comparable to the EU average, but converting of a percent to GDP for spending on an individual in real amount will present a current state. For the amount of 20 %- 30% which is spent in the developed countries on their health care service, we promise to provide the same quality and scope of the care as they do. This is simply impossible and results in deformation.

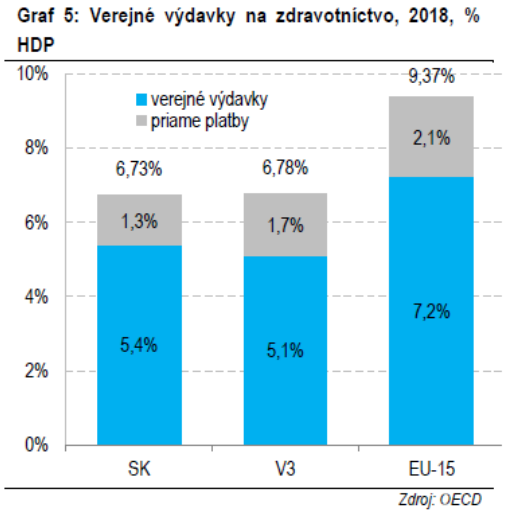


Chart 5: Public spending on health service,2018, % GDP

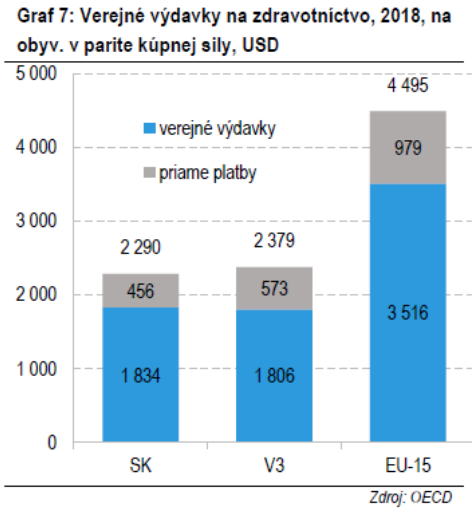


Chart 7: Public spending for health service, 2018, per capita, in purchasing power parity, USD

The healthy life years of women are 57 and 56,4 for men according to the Country Health Profile 2019 for the European Commission which differs from the EU average of 62 years. Life expectancy at birth was 77,3 years, nearly four years below the EU average (80.9 years). The gender gap is 6.9 years in favour of women (in EU 5.2 years).

Preventable deaths has been a hot topic here. This parameter, despite its limitations, provides an open view on our health care service. Better healthcare can help influence 20% of avoidable mortality, the rest depends mostly on prevention and other factors. There is 1 % of the health spending earmarked for prevention, while average of the EU is 3%.

Preventable and treatable causes of mortality per 100 000 citizens	Year 2018
Country	
Slovak Republic	168
V3	145
EU 15	76

Data extracted from INEKO 2019 (Institute for economic and social reforms)

Access to health care is generally good, only about 2% of the population reporting unmet needs for medical care. Slovakia has one of the biggest Roma communities in Europe, which faces shorter life expectancy at birth compared to the general population. The gender gap is 3 years in favour of men!

There is a serious system defect in the area of health insurance market. There is no supplemental health insurance provided by private sector, which has been promised for a long time. And there are different levels of payments by health insurance institutions to hospitals for almost the same treatment of a patient.

The calculations of base rates for each DRG case are still in the draft phase; the objective is to begin formal implementation of the new funding mechanism within the next five years. Implementation of complete national health informatization (e-Health) has been delayed again. Only about 0,5 % of citizens have showed interest in eHealth records book. Implementation of standard diagnostic and therapeutic procedures is still of no end in sight.

I. Political background

There have been 17 different ministers of Health over the past 30 years. Doctor Andrea Kaľavská, who was mentioned in Oslo, resigned at the end of 2019. The parliamentary elections held in February 2020 brought about a significant political change. The new government was created by the former opposition parties. A pediatric cardiologist MUDr. Marek Krajčí was appointed a new minister of the Ministry of Health. The new government has created "Recovery plan" that consists of investment proposals out of which priority topics will be selected. There have been political discussions going on about the relation of state and private sector in the area of health insurance and the provision of health care services. There have been no concrete specifications for healthcare provided so far.

II. Structure of the hospital sector

Overall, the health system remains very hospital-centric, with a limited role for primary care.

One time debt relief of the 13 hospitals in the first half of 2019 did not solve the issue. Hospitals' income is not sufficient to cover their growing costs. Unfortunately, general public has no tools to check how well the economic recovery plans of hospitals, which make an indispensable part of the debt relief plans, are carried out. The sector will lack 56 million euros due to so-called social packages the previous government approved of. Private hospitals will probably appeal to the European Commission as for discrimination related to being underfunded compared to state hospitals.

The long expected adopting of legislation concerning the *stratification* did not take place. The material, which was prepared by The Ministry of Health and supported by the Government in the beginning, was withdrawn from the meeting of the Parliament. A new network of hospitals was supposed to consist of local, regional and national ones, which were to be supplemented by 3 types of special facilities – hospitals for aftercare, competency centres and specialized hospitals (as below).

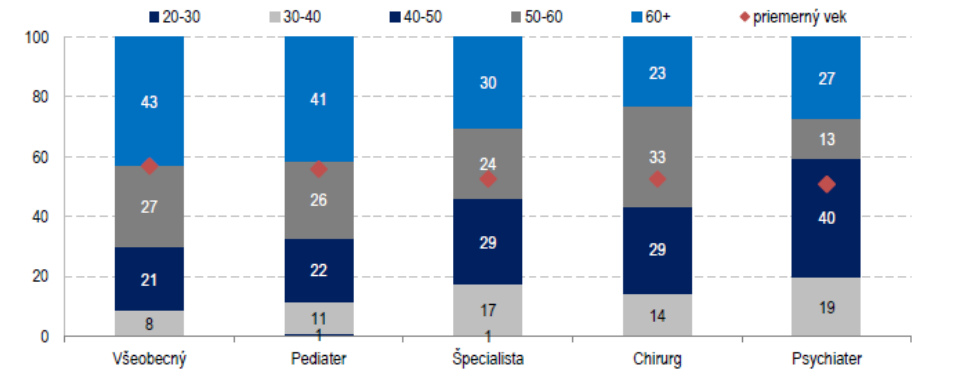
The Parliament did not approve any changes to the aftercare, internship and practise of the third-country nationals which was supposed to help solve the issue of lack of medical workers in Slovakia. The members of the Slovak Parliament also rejected the act concerning expansion of vaccination against infectious diseases. After these steps taken by the Parliament the Minister of Health, Dr. Andrea Kaľavská, decided to resign. Vast reconstruction programme of large hospitals and a decision about construction of two new modern unversity-affiliated hospitals were taken during her term in office.

III. Human resources sector

The departing Minister of Health Dr. Kaľavská presented the data, based on which there will be a devastating shortage of doctors and registered nurses by 2025, to the National Safety Council in 2019. There might be an issue of the state not being able to provide healthcare to its citizens by that time. This will be a crucial challenge for the next ministers to face.

According to the analysis of the Institute of Health Policy there was a shortage of 3338 to 5515 doctors in Slovakia in 2019. The Ministry of Health provided its own statistics which gave lower figures. The most absent doctor positions are those of general practitioners, neurologists, cardiologists and surgeons. The worst situation will take place in about 2 and 5 years when the doctors born between 1954 and 1958, the birth boom years, retire. The average age of a general practitioner in Slovakia is 57 years.

Graf 60: Veková štruktúra lekárov podľa odbornosti



Zdroj: Slovenská lekárska komora

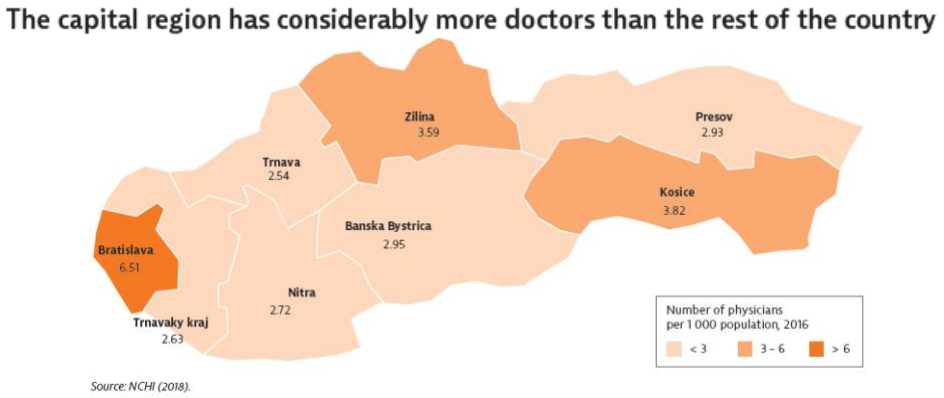
The Government had three options to consider such as increasing number of doctor registrations from other countries, preventing graduates from leaving abroad and increasing a number of new students. It has decided to follow the last option and it also considers the issue of how to prevent graduates from leaving the country. The Ministry of Health has increased the number of Slovak students by 250 in 2020 at the expense of students from abroad. There are 2 700 medical students from other countries who study in Slovakia and pay fee for their study, which makes 39 % out of total. These students are mainly from Finland, Norway, Germany and Austria. Tuition fee for a foreign student to pay is about 10,000 euros per one year of study. Chancellors of the universities claim that without a foreign student fee our universities will collapse. Foreign students help our universities survive. On the other hand the students are not provided with adequate equipment. According to the Chancellor of LF Košice even postgradual training is outdated in some aspects compared to the EU and there is an insufficient number of simulators for skill training and 300 patients fewer as need per one student. There is a plan to build two new university hospitals in Bratislava and Martin – though no cornerstone has been laid yet. Currently, there is a private hospital being built in Bratislava which should begin its operation in 2021. It is clear this facility will not serve as a place for medical student training and moreover it will lure the best medical staff.

Almost one quarter of the Slovak medical students plan to leave abroad. The main reasons for leaving the country are poor work conditions and inadequate opportunities for personal development at work. Wages are not a top priority.

Central European institute for health policy (HPI) estimates up to 50 and 60 thousand euros of the state's expenditure to cover six-year-long study at a faculty of medicine. One of the proposals of the most influential ruling political party, during the election campaign, was for a fresh medical graduate doctor to work minimum 5 years in Slovakia or to pay back 55,000 euros if planning to leave the country.

There was a postgradual and „residential programme“ introduced in 2014. Interest in this programme has proved to be not sufficient. Young doctors prefer working at hospitals to offices and even for lower wages. Moreover, neither residents can fill the doctor shortage.

A resident works at a hospital until he or she gets a graduation and their wage is reimbursed by the state (cca 1 140 euros). A hospital gets the reimbursement and has a doctor without attestation for free. As it is mentioned by the Medical doctor association: „... hospitals strive for residents to become attested as late as possible since they are cheap labour force. Though such doctors are of no perspective for hospitals. The resident signs a 10 year-long work contract for an agreed job position after he or she gets their attestation. If they finally do not accept such job position they have to give back 20,000 euros to the state, which really happens. Healthcare is concentrated into larger cities and smaller regions remain without doctors.



Currently, the programme includes 495 residents and more than 100 residents are now employed under full-time work contracts. The programme has been expanded by the fields of intensive care medicine, anesthesiology and child psychiatry. In all, the system of postgradual study seems to be ineffective and awkward. One of the solution should be so called shortened specialized study. Some general practioners have begun studying pediatry in this way in order to become a family doctor.

IV. Working conditions of doctors

According to the Labour Code the maximum working hours for a doctor working at hospital are 48 hours per week. These working hours can be extended up to 56 hours per week if a doctor agrees with it. But the overtime work can not exceed 150 hours a year. Additional 250 hours can be agreed, thus making 400 overtime hours a year. Illegal continuous work without an interruption, and this is clearly stipulated in the law, is carried out and doctors sometimes must work more than 24 hours. There are administrative ways used to avoid violating the law. And this causes doctors be exhausted, overworked and burned out. Mostly young doctors tolerate this unfavourable situation as their income from overtime work and night shifts make significant part of their income. There is by the law

guaranteed option for doctors who are over 50 years old not to carry out night shifts. Unfortunately, this rule is hardly applicable since there would probably be a collapse in many departments if applied.

Migration of doctors can be observed as happening in both directions.

Slovak doctors can be found working at almost any hospital department in the Czech Republic. Leaving for the Czech Republic has not been so intensive recently thanks to the by law guaranteed a regular rise of wage for doctors.

Nowadays Slovaks and Czechs are leaving for Austria, Germany and Great Britain.

Country	Czech Republic				
Variable	Foreign-trained doctors - Stock				
Year	2000	2005	2010	2015	2018
Country of origin					
Total	579	1642	1874	2556	3232
Slovak Republic	549	1562	1673	2001	2218

Data extracted on 17 Jan 2020 16:16 UTC (GMT) from OECD.Stat

Country	Germany				
Variable	Foreign-trained doctors - Stock				
Year	2000	2005	2010	2015	2017
Country of origin					
Slovak Republic	18	275	563	1044	1062

Data extracted on 17 Jan 2020 16:25 UTC (GMT) from OECD.Stat

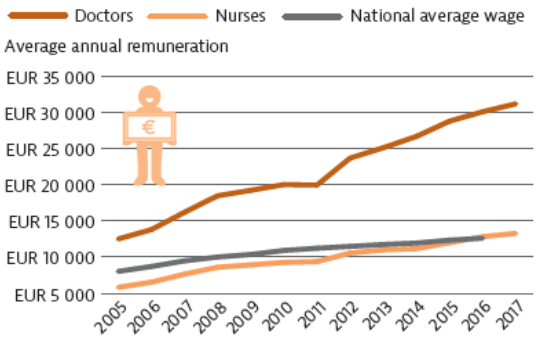
Doctors from the former Soviet Union countries and Syria come to work in Slovakia.

Medical workers from Ukraine show an interest in coming to Slovakia and begin a new life, even settling in rural areas. Most of them are not able to achieve this goal due to the strict rules they must meet for their medical education and training to be accepted here. It is not unusual for them to work at department stores to make living and try to take the exams again. There are doctors who tried three times to get licensed here, and afterwards they left for the Czech Republic where they passed the exams successfully. Rules for getting licensed in Slovakia have tightened because of fake illegal diplomas. Fake diplomas can be allegedly bought in Ukraine.

At the end of 2019 there was a meeting of the V4 Ministers of Health who face similar challenges. The former Minister of Health Dr Kaľavská spoke about a new proposing legislation for temporary expert internship which will enable third-country national doctors, for example from Ukraine, to work in the Slovak healthcare system during 12 months and get ready to pass the exams successfully. Doctors in hospitals are protesting against it and consider it as insufficiently defined and problematic when it comes to putting it into practise.

The Slovak Chamber of Nurses and Midwives and The Ministry of Health do not share the same opinion as for the nursing shortage. According to OECD and Eurostat there may be a shortage of 15,000 registered nurses while the Ministry of Health admits only 2,000 registered nurses being needed. Europe will need additional half a million registered nurses by 2020 according to the estimates. Theoretically, nurses' competency has been increased, but it cannot be expected there will be free nurse capacities to adopt new responsibilities in our country. Moreover, university graduated nurses have little interest to return back to the reality of a registered nurse working at Slovak hospitals.

Overview of healthcare professional income growth:



Source: Ministry of Health (Quarter Report on Wages and Employees in Health Service in Slovakia).

The news.

Since March 2020, in the first wave of the COVID -19 pandemic, we faced non-existence of effective recommendations. Hospital wards were transformed into COVID ones and so called COVID hospitals were prepared to receive a large numbers of infected patients. Newly created health teams in the departments of infectology were ready to change their shifts or ambulance rides. A typical feature of that period was lack of information and protective equipment and enormous differences in its distribution to individual providers. Doctors and medical staff respected the measures applied and there was a public motivation "public partnership". We worked in cooperation and synergy with the Red Cross and Regional health authorities. As much as possible, though insufficiently, telemedicine was applied. Luckily, the bad expectations did not come true and Slovakia was able to avoid the worst case scenario and there was no health care staff falling ill reported. Unfortunately, we did not avoid postponing the treatment of other diagnoses which has proved to be a bad solution.

September 2020 brings the second, much stronger wave of the Covid – 19 pandemic. We may be better technically prepared and we have a national pandemic plan for it. We observed Italian, Spanish and French scenarios and stakeholders have become talking about "medical leadership". On the other hand it seems that "public partnership" has been lost in the second wave which is mainly shown in describing the current situation as not serious and not keeping the measures taken. Communication between a patient and the public has been criticized by those in charge as not well coped with.

After the period of searching for a suitable model there have been a large capacity testing locations established including a doctor – infectologist. Departments of infectology receive patients for oxygen therapy, till the time they need artificial ventilation. The other departments will stop work as usually, the transformation of the wards carried out during the first wave of the pandemic will deal with the needs of the infected population agin.

There are still problems with e-health. Apart from e – prescriptions, the system is unfunctional. We have enough protective equipment, but we face personnel issues in the second wave. There have been dozens of infected doctors and other medical staff, while those who are healthy are divided as "white" for ordinary public and "red" for patients infected with COVID-19. Military staff and medical students have been called to help.

The situation has been constantly re-evaluated. The sector of infectology is ready to create (mobile) emergency teams. Protection measures and processes have been optimized, e.g. “way of a COVID patient” from suspicion to solution.

The issues of financial compensation for the first line employees has not been resolved, though the compensation was already approved by the government. There is supposed to be an agreement reached among the Ministers of Health, Work, Interior and Defence. An employee is to be awarded a benefit ranging from 300 to 500 euros. Doctors were not originally included in the compensation agreement (!). Later they were promised to be compensated, too – it has not happened so far.

The pandemic has highlighted the importance of paradigm shift, new legislation, inclusion of telemedicine, change of competencies, conceptual division of hospitals and better public relations. The problem is that we have no idea what stage of the pandemic we are in now.