

1 **HAJDÚ-BIHAR:**

- Berettyóújfalu
- Hencida • Komádi
- Magyarhomorog
- Mezőpeterd

2 **BORSOD-ABAUJ-ZEMPLEN:**

- Borsodnádassd
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3 **HEVES:**

- Heves
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- Tiszanána

4 **JÁSZ-NAGYKUN-SZOLNOK:**

- Jászapáti
- Jászakisér
- Jászfény

MI RÉSZT VESZÜNK BENNE!

Problem-oriented health policy evaluation of the Modell Program, Recommendations



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Hotel Flamenco



Challenge-1: The health status of Hungarian citizens

- In international comparison -according to the economic performance of Hungary- the overall health indicators of the citizens are considerably poor (Róza Ádány)
- In line with the unfavorable indicators/ statistics the health consciousness, health knowledge and health literacy is also insufficient and there is an inevitable need to develop them.

1 <http://stats.oecd.org/#>

2 http://ec.europa.eu/health/indicators/indicators_en



Program answers -1

- The additional services realized during the program resulted in positive outcomes:
 - 80% of citizens in the intervention area attended the Health Status Assessment
 - The majority of the residents are aware of the additional services (64- 89%)- (Csaba Báily will present it in the afternoon)
 - A considerable high amount of the citizens utilized additional services: patients with diabetes (80,5%)-, patients with musculoskeletal diseases (76,5 %), patients suffering from hypertonia (60 %) and patients with hyperlipidemia (78,9%)-)
 - Those who utilized the services reported almost maximal satisfaction (94,1%) as well as are insisting to support the further maintenance of the services
 - The attitude towards primary care transformed positively, trust has been increased (79%) amongst citizens
 - The chance to be involved in the interventions has been multiplied (János Sándor's colleagues will present it)
 - The rate of early diagnosis, and taking into care in the intervention area is significantly higher than in the control area (János Sándor)
 - People living in the intervention are consider smoking and alcohol consumption as a more serious problem than citizens from the control area (Csaba Báily)
 - Statistically significant and prognostically relevant improvement has been realized in the field of health psychology, dietetics and physiotherapy - see Final Report
 - There are promising results regarding the number of life years saved in case of Stroke and AMI even during the Project (Gergő Merész)



Health Policy Recommendation- 1

- **The national extension of the Health Status Assessment and the related additional preventive services is recommended** (with focusing on the newly introduced functionalities, not the organisational structure and the improvement of organizational effectiveness)- See presentations in the afternoon.
- Supporting recommendations concerning extension
 - It is about implementing procedures based on public health and medical evidences and existing regulation (ministerial decree)
 - Sustainability: resources can be covered and funded by the Government according to the economic performance of the Country (apr. 40 billion HUF based on professional consensus) (Nobert Kiss presentation)

So far the preventive and public health functions of primary care have remained poorly performed in Hungary



- **Definitive care:** the levels of prevention and acute care
- **Integrated care** with the active involvement of GP-s as patient pathway managers
- **Assuring more support to ageing population and to patients suffering from chronic diseases:** corresponding with the health policy initiatives (valid at international level too) in order to avoid unnecessary inpatient treatments and solve them at local level



Program answer -2

- Primary Care has been complemented by additional services covering all the three levels of prevention
- Based on the Health Status Assessment-need based healthcare organization has been realized on local level.
- In the Model Programme the ordinary and new members are working together in an integrated structural way complemented with additional professions -previously available only in outpatient care (-psychologist, dietician, physiotherapist)
- The ratio of referrals from primary care practices to higher care levels has been significantly reduced in case of several special cares related to additional services, as well as the related primary care indicator has improved significantly (-12%)
- The additional services were intensively utilized by the older population (e.g. Regular physiotherapy sessions aiming degenerative musculoskeletal diseases). As well as the program was able to activate all age groups of the intervention area



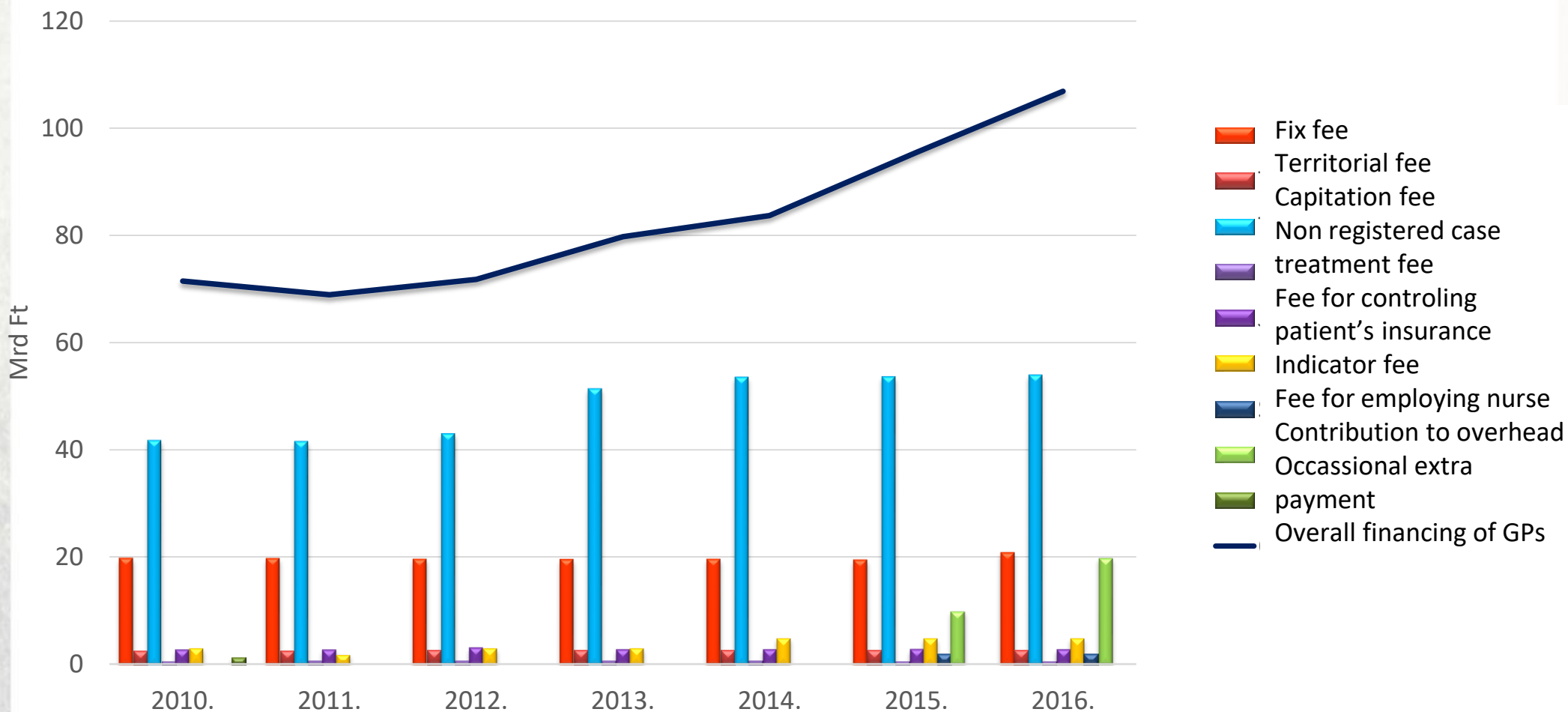
Healthpolicy Recommendation-2: Ensuring a supporting system organization in line with the challenges and expectations:

- **Implementing national methodological guidance and coordination centre for PHC, supported by competent, proper governmental authorization**
 - Establishing territorial based national professional network
 - Supporting institutional collaborations: methodology, evidence based healthcare improvement
- **In line with the expectations the following should be continuously monitored and improved:**
 - **Assuring educational background** (grad., postgrad.) - health and educational policy support is inevitable
 - **Infrastructure survey and development in the whole country-** health and infrastructural development decisionmakers' support is inevitable
 - **Regulation: authorization, strengthening operational, managerial role of GPs instead of their practice possess right** – there is a need for health policy support
 - Financing initiatives: (**Instead of capitation based elements, the** acknowledgement of: local workload, extra performance, quality, cooperation, as well as supporting generation change -health policy support is needed
- **Enhancing up to date organizational solutions in line with the above mentioned**



The financial assumptions of sustainability

Financial incentives and total budget of GPs financing between 2010-2016.





The financial assumptions of sustainability

Time period	Winners of the settlement tenders as well as the number of contractors	The amount paid for the winners of settlement tenders(M HUF)	Winners of praxis right tenders an the number contractors	The amount paid for winners of praxis law tenders (M HUF)
2014	38	412,8	-	-
2015	25	290,3	39	181,3
2016	27	282,4	69	359,9
Total	90	985,5	108	541,2



Challenge-3: The profession of GPs is not attractive

- **The prestige of GPs is extremely low**
 - Diminishing stereotypes such as being a GP means: massive amount of routine, insufficient number of tools, referrals, fading
- **Comment:**
 - Existing, strict requirements for primary care licence/ specialization
 - Licence and extra specializations are existing
 - GP-s with clinical specialization (Out of 6594 GPs, 1551 are internal specialists, are pediatricians, 4433 had other clinical specialization)
 - Individual differences in motivation
 - Varying opportunities in the consulting room infrastructure



Program answer-3

- The integrated operation, the appearance of new professions as well as assuring technical background will contribute to ease the burdens of GPs , to support the dominance of activities related to medical competences
- System analysis and surveys carried out within the framework of the Modell Program are providing sufficient evidence for making the profession of GPs attractive as well as framing interventions supporting prestige enhancement.



Health policy Recommendation-3: Strengthening GPs professional competencies as well as increasing their level of authorization

- **Conscious and consequent involvement of trained healthcare workers on national level: complemented with nurses trained for providing high value of chronic care**
- Attracting GPs being outside the system but having valid license
- **Motivating and authorizing GPs to manage chronic care, diagnostics and intervention (e.g. licence strengthening)**



Challenge-4: Territorial inequalities and inhomogeneity

- The so far applied monthly financing system of the practices could not compensate the territorial inequalities- the new system has not been established yet
- The performance and the quality of services provided by the isolated GP-s are inhomogeneous.



Program Answer-4:

- **Working in GP Clusters is realized with added finance.**
- **The new model diminishes organizational isolation**
- GPC Protocol supports patient safety through standard procedures, reachable at: <http://alapellatasimodell.hu>



Healthpolicy Recommendation- 4.

- Improvement of financing based on the methodological framework of the program-> in focus: territory, extra performance, quality
- Supporting settlement of new GPs and practice exchange is a successful element of the compensations and should be further sustained
- Based on the Modell program: realizing protocol improvement and related trainings with the involvement of professional bodies and training centers related to lifestyle risks and diseases (in focus: preventive interventions and community based practice not only for people working in healthcare) as well as supporting the collaboration of health and other sectors
- Supporting continuous monitoring and system improvement

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Thank you for your kind Attention!



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**ALAPELLÁTÁS-FEJLESZTÉSI
MODELLPROGRAM**

SZÉCHENYI

PROGRAMIRODA



**Swiss
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