Hungary hepatitis meeting

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FINANCING OF THE HUNGARIAN HEALTH CARE SYSTEM

- Solidarity based health insurance system
- Single payer (National Health Insurance Fund)
- Strong governmental role
HUNGARIAN THIRD PARTY PAYER

- Single payer
- National Health Insurance Fund
- „Monopoly” – no competition
- Universal health insurance
- Contract with health care providers
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

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)
Type of services:

- Primary care
  - General practitioners
  - Health visitors
  - Dentists

- Out-patient departments

- Hospitals:
  - City hospitals
  - Country hospitals
  - University teaching hospitals
  - National medical institutes
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
Performance based financing (fee for service)

German point system

Fix Forint value for 1 point

Currently 1 point = 1.98 HUF
ACUTE INPATIENT CARE: DRG-HBCS

- 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
FINANCING OF CHRONIC CARE

- Daily fee

- Current value: 6.600,- HUF/day

- Daily fee is adjusted with the correction factor
OTHER FINANCIAL TECHNIQUES OUTSIDE OF DRG - HBCS

- 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
PLAN OF HEALTH SYSTEM DEVELOPMENT
APPROVED BY THE HUNGARIAN GOVERNMENT

PUBLIC HEALTH & HEALTH CARE MEASURES
- National Health Care Programmes
- National Primary Care Programme
- National Public Health Programme
- Development of Emergency Care
- Development of National Medical Centres

DEVELOPMENT OF HEALTH INSURANCE
- Increase of Health Insurance Fund

INFRASTRUCTURAL DEVELOPMENT
- Healthy Budapest, Semmelweis XXI Development Projects
- Development of Family Friendly Maternity Wards

HARMONISED DEVELOPMENT OF HEALTHY SYSTEM

DEVELOPMENT OF HUMAN RESOURCES
- Increase of Salaries for Physicians, Pharmacists, Nurses, Technicians
- Trainings, Fellowships

LONGER, HEALTHIER LIFE
FEWER AMENABLE MORTALITY
EFFICIENT PREVENTION
LOWER INFANT MORTALITY

MORE CHILDREN
HEALTHIER WORKFORCE
EFFICIENT HEALTH SYSTEM

MINISTRY OF HUMAN CAPACITIES
NUMBER OF FAMILY PRACTICES

- Adult: > 14 y
- Mixed: > 0 y
- Children: 0-14 (18) y

- 3681 adults
- 1541 mixed
- 1588 children

General practitioners (GP)/Family physicians
GP pediatricians
MONTHLY REIMBURSEMENT OF GP/FP PRACTICES (2010-2019) ’000 HUF*

* 325 HUF = 1 EUR
FUTURE DEVELOPMENTS IN PHC: CHANGES IN STRUCTURE AND COMPETENCES

➢ 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
    o structured groups
    o bundle payments
    o local protocols, common case reports
Three generation for health

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)

Slides 19-28 - contribution of Krisztina Kerek
VIRAL HEPATITIS C IN THE WORLD

GLOBAL 71m

15m EASTERN MEDITERRANEAN
14m EUROPE
10m SOUTH-EAST ASIA
14m WESTERN PACIFIC
10m AFRICA
7m AMERICAS

World Health Organization
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.
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
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.
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)
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

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<thead>
<tr>
<th>Description</th>
<th>Adult</th>
<th>Pediatric</th>
<th>Mixed</th>
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</thead>
<tbody>
<tr>
<td>Overhead fee</td>
<td>30.1%</td>
<td>31.8%</td>
<td>29.8%</td>
</tr>
<tr>
<td>Nurse HR support fee</td>
<td>1.5%</td>
<td>1.2%</td>
<td>1.4%</td>
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<tr>
<td>Insurance status control</td>
<td>5.4%</td>
<td>6.1%</td>
<td>5.6%</td>
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<tr>
<td>Quality indicators</td>
<td>45.4%</td>
<td>41.0%</td>
<td>41.1%</td>
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<tr>
<td>Capitation</td>
<td>1.9%</td>
<td>2.1%</td>
<td>2.2%</td>
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<tr>
<td>Territory allowance</td>
<td>12.8%</td>
<td>17.2%</td>
<td>17.1%</td>
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<tr>
<td>Fix fee</td>
<td>0.4%</td>
<td>0.5%</td>
<td>0.3%</td>
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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
Further possibilities for the foundation of group practices