Primary care in Hungary, 2009

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HISTORY

- Hungary, population of 10 million
- great tradition in medicine
- Many famous doctors of the Austro-Hungarian Empire were born in Hungary, some of them moved away
- before the 1st World War Hungary acquired almost as high level within medicine as others countries in the Western part of Europe

Payment

- Doctors were paid by the patients and insurance companies
- 2nd World War followed by the Soviet occupation
- Soviet-type of health system was introduced
- health professionals became underpaid
- often getting the half of qualified factory worker’s salary
- access to the health system became free for every citizen.

District Drs system

- Primary care was called as district doctor system
- staff was employed by local (municipality) councils or health centers (polyclinics)
- Doctors worked in geographically enclosed areas and patients had no access to other family doctors.
- The official salary within health system was one of the lowest in the society.

Career in the medicine

- The respect of medical doctors, however, remained relatively high in general.
- Nevertheless, the district doctors were on the bottom of the list of medical specialists.
- starting their careers many of them had no medical specification, no clinical experiences or practice in hospitals
- go in the primary care was often an escape from hospital, sometimes the only opportunity to move to other city or to modify medical carrier

EDUCATION

- from the middle of 80's family medicine appeared as an **elective subject** in **undergraduate** medical curriculum.
- **board specification examination**

  general medicine was introduced in 1975
- replaced by family medicine in 1994
- obligation deadline end of 1998
- nearly 94% of GPs have taken it until now

POLITICAL CHANGES

- 1989 the political regime was changed and parliamentary democracy was established.
- new primary care system was announced in 1992.
- district doctor was called family physician (FP)
- patients were allowed to choose their FP (general practitioner).
- doctors had to treat all inhabitants within their own areas
- but were allowed to accept and treat patients from others
- government declared a priority of primary health care and established a

  National Institute of Family Medicine in 1992

  reorganized in 1997 National Institute of Primary Care

PRIVATIZATION

- This opportunity led a high ratio of family physicians to establish their own enterprises in the belief that they could manage their expenses better and in a more rational way.
- by now 98% of practices have thus been privatized, out of these 90% only functionally (partially).
- the ownership of buildings, ambulatories and valuable medical equipments remain, also in the future, to the local municipalities.
- furniture and some equipment are purchased by the doctors

CONTRACTORS

- primary care provider had to sign contracts
  only one financer the
  National Health Insurance Fund
  local municipality
- to provide care within the doctor’s area
- supervised by the local Health Officer.

QUALIFICATION

- regulation forced the doctors to make a qualification exam in family medicine until the end of 1998
- Doctors with qualification in internal medicine and at least 10 year experience in general practice
- without previous qualification but having worked for more than 20 years in general practice were exempted

EDUCATION

- Uni's established their own departments of family medicine
- first department of family medicine was established
- 1992 Semmelweis Medical University in Budapest

  Szeged (1996)

  Debrecen and Pécs (1998),
- Family medicine was the first medical specialty in Hungary that prescribed the continuous medical education (CME) for doctors
- CME became mandatory for other specialists only after 2000

90’s and 2000

- middle of nineties family medicine became very popular,
- many specialist wanted to change for general practice and young doctors started their training in this field
- It seemed as a good perspective both professionally and economically because the private enterprise had many advantages over the underpaid employment status.

Right for Practice

- According to a law issued in 2000 the number of family practices was finalized. In case they moved or intended to **retire** doctors who were in the office had the right to sell their practices to colleagues.
- In case the doctor **died**, this right could also temporarily be transferred to family members.

FINANCING

- financing of primary care system was also changed.
- instead of fixed budget and salary the capitation-system was introduced. modified by the age cohort of patients
- using a multiplier of 1-4,5 increasing towards the unfavorable ranges
- other qualifications the doctor had possessed
- honored by a multiplier of 1.0-1.2
- the differences geographical regions were also taken into account to some degree, favoring urban to rural areas.
- financing provided to FPs was independent from the ownership and status of their office.

Components of financing 1.

- based on capitation
- number of registered patients

(list of enrolled persons)

- age distribution of patients
- given as points

age cohort (year) age	correction / multiplier
0-4	4.5
5-14	2.5
15-34	1.0
35-60	1.5
60 <	2.5

Components of financing 2.

- **Qualification of doctor**
- years in practice
- Specification in internal medicine or in family practice

- 1.0
  (without qualifications)
- 1.2
  (without qualifications and 25y< in practice)
- 1.3
  (with qualifications)

Components of financing 4.

- Degression
- over 2,400 points
- calculated with a formula

2,400-2,900:	+0.5
2,900-4,800:	+0.4
4,800-:	+0.3

- from 2008

extra staff member (nurse, resident)

degression limit should be shifted

+400 (800) points

Components of financing 5.

- points and HUF equivalence
- starting from ≈30 HUF (in 1992)
- 163 HUF in October 2009

- *1 EUR = 265 HUF*

Components of financing 6.

Fix payment

Population (substitute)

Depending from the number of people living in the GP's area

≠ registered patients

Additional payment

+10% -one practice alone (in one building / surgery)

+30% -practices at 2 or more locations / villages

Population Adult ***Children***	***financing [HUF]***
>1200 (<600)	253,000 (265,000)
1201-1500 (600-800)	235,000 (247,000)
1501< (800<)	197,000 (210,000)

Components of financing 7.

- **Area bonus**

Depending from the type of settlement,

Area bonus and **fix payment** are available only for practices contracted with local municipality and obliged to care local inhabitants

type of settlement	HUF
city	26,000
village	30,000
practice in more villages	38,000
practice with outside area	43,000

Components of financing 8.

- Ambulatory care
- occasionally (ad hoc) care
  for non registered patients
- varies between month
  (max. 600 HUF)

Components of financing 9.

- **visit fee**
- co- payment in Hungary (15 February 07-30 April 08)
- introduced by government - abolished after referendum in March 2008
- 300 HUF ≈ 1.2€ /contact
- debate between politicians
  debate between family physicians
- **advantages** for GPs:
  increased income
- **disadvantages** for GPs
  extra administrative workload
  badly communicated, some exceptions:
  cancer patients, diabetics, youngsters below 18y,blood-spenders etc.

Components of financing 10.

- authorization

patients access to primary care

50 HUF/ contact [0.2€]

- many people without paying health-insurance contribution

(6% of salary by employee, 5% by employer)

- based on social security number (TAJ)
- online with National Health Found

Components of financing 11.

Personal example

Global budget of **Imre Rurik's** practice, April 2008

age	N	points
5-14	1	2.5
15-34	430	430
35-60	639	958.5
60<	460	1,150
	1,530	2,541
with **degression**		2,469
qualif.	1.3	3,210
163 HUF/point		**522,800**

elements	fee
capitation	522,800
fix	197,000
area bonus	26,000
ambulatory 35x600=	21,000
authorization	26,300
Total: 793,100 HUF ≈ 3,350 € ≈2,650Ł ≈5,300 $	

How to spend funding? What should be covered?

- Salary of doctor
- Salary of nurse
- taxes, health insurance contribution
- practice operational and working expenses
- heating, water supply, electricity
- telecommunication
- traffic expenses, (car, bicycle)
- medical material, disposable goods
- medical devices, replacement, repair
- book-keping, administration, etc.
- financing is insufficient

Other incomes for GP's

- **occupational health** services
  (paid by employers)
- **private practice** in other specialty of GP's
- **acupuncture**
- **homeopathy**
- trade /market

  sale of health promotional drugs / herbal products, food supplements etc.

HUMAN RESOURCES

- about 36000 **active medical doctors** in Hungary.
- 6589 work in primary care
- 1377 pediatric practices,
- others for adult and mixed population)
- average population per practice: 1529

Humán erőforrás

A háziorvosok életkora

év	fő
25-29	43
30-34	208
35-39	354
40-44	606
45-49	877
50-54	1344
55-59	1245
60-64	1018
65-69	631
70 <	258

forrás: Balogh S. OALI, 2009

rezidens keretszám

2001/02	86
2002/03	87
2003/04	89
2004/05	95
2005/06	104
2006/07	68
2007/08	100

forrás: Eü.M.

Future of Primary Care in Hungary ?

Human resources

- late retirement of GP's
- mean age of GP's ≈ 57y
- practice replacement by young(er) successor

Structural

- involving other health workers: prevention manager, health psychologist, specialist (part time)
- more /qualified nurses

Financial

- introduce or change elements including
- incentives for prevention,
- definitive care /reducing referral
- quality of care,