Health Care Reform in Slovenia: challenges and opportunities

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Outline of Presentation

• Learning from each other, copying no-one
• Why we should care about health and health and social care
• Current challenges, future challenges
• Creating a health system fit for the 21st Century
• Clear objectives, better service delivery, carefully managed change
Learning from each other, copying no-one

- Health systems are highly complex
- Simple solutions seldom work
- Many reforms disappoint
- Patients are central and staff are crucial
- Learn from successes and learn from failures
Why we should care about health and health and social care

• An end in itself
• A driver of growth and social development
• Protection against accidents and other harm.
Current challenges, future challenges 1

• Health system in Slovenia has managed relatively well through the recession
• Current system has many strengths and appropriate values
• Some harm to capacity and infrastructure
• Challenges are changing with emerging demographic pattern, stronger patient voices and increased scope for useful services.
Current challenges, future challenges 2

- Avoidable health burdens
- Problems in access to care and inequities
- Problems in efficiency and quality of care
- Problems of financial stability and sustainability
Current challenges, future challenges 3

• Ageing has very complex affect on needs for health and long term care
• There are more carers and more needing care – older people are a resource
• Disability and death are the real drivers
• It is as important to change patterns of care for better (and often cheaper) care.
We are not completely in control of our affairs, and not all advice is good (even mine)

Before Greece and after Greece
Creating a health system fit for the 21\textsuperscript{st} Century 1

- Health in all policies – better public health has to be everyone’s business
- Does it work? Working closely with education and community organisations Finland halved the rate of childhood obesity
- Fat is the new smoking – no more cream thank you – I have just put one out
- Sin has moved from tobacco to sugar and fat.
Creating a health system fit for the 21st Century 2 - access and efficiency

- Benefit packages based on specified and cost effective care pathways
- Pay provider to do and not just to be to provide desirable incentives
- Funds for health spent on health not on managing the money – a French policy maker suggested VHI was an employment scheme!
- Insured co-payments make no sense.
Creating a health system fit for the 21st Century 3

- User fees (never say cost-sharing) used only to encourage appropriate service use
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- In Ireland small drug co-payments probably caused 200 strokes each year
- Some user fees in LTC may be fair and may do no harm.
Creating a health system fit for the 21st Century 4

• Funds from stable or increasing sources – Hungary and others are shifting from payroll alone

• Estonia made health insurance save in good years to spend in bad years

• The overall burden should be distributed fairly (DO NOT WORRY ABOUT EACH TAX OR CHARGE)

• Add sources that retain transparency if possible
Strengthening primary care
Lessons from across Europe

- Continued patient-GP relationship
- Comprehensive services by accountable GPs
- Cure and prevention
- Teamwork
- Adequate skill mix and equipment
- Specific training for primary care providers
- Evidence-based practice
- Proper incentives (financial and other)
- Effective Information and sharing (patients records)
- Cooperation with secondary care & home care
- Access to secondary care by referral
Strengthening Long Term care Lessons from across Europe

- It is not distinct from health care
- It has increasing synergy with health care
- Funding can be more diverse and can usefully tax assets as well as income
- Huge potential for more diverse models, and use of cash budget to support formal and informal carers
- Very different patterns in northern and southern Europe
- Sensible to have common assessment processes
- Need to have frequent review and reassessment
- Need for expert decision making and palliative care.
Clear objectives, better service delivery, carefully managed change 1

- Need for a clear vision (even if we will get there in stages)
- All change is costly, but less so if carefully planned
- Reforms work best when they retain skills, teams and (hard to replace) working relationships
- Trying to do everything can stop us doing anything.
Clear objectives, better service delivery, carefully managed change 2

- Putting in place systems should normally come before changing structures.
- Sometimes we need to argue for the right policy, even if this contradicts advice from outside.
- People are more important in change than structures.
- Reform, like revenge, is best served cold.
Hvrala za posornost