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Highlights on Health in the Republic of Croatia

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The dissatisfaction of Croatian citizens with the healthcare system is reflected through the use of private doctors. About 45% of Croatians have used the services of a private doctor and the main reason why people see private doctors are the speed of the service (58% of those surveyed) and better quality service (46%). According to an estimate of those surveyed, citizens who use private doctors spend on average about 320 kuna per visit. Croatian citizens spent roughly 610,000,000 kuna for the services of private doctors in the past year, that is, about 660 kuna on average per person who used that type of service.

Prior Reforms Lacked Impact

Previously, national healthcare reforms were based on restrictive, bureaucratic methods that did not result in quality improvements or an active approach to healthcare protection in the community. In 2008, immediately after the election and establishment of the Croatian government, the Minister of Health and Social Welfare initiated and supported a model of structural innovative reform based on science and knowledge, deriving positive solutions from developed healthcare systems worldwide. The fundamental reason for initiating this reform was the aggregation of debt in healthcare from a constant increase of costs that did not result in adequate quality improvement, nor in improved indicators on life expectancy or quality of life for citizens/insured persons.

Financing Health

Given that money for the healthcare system in Croatia is collected exclusively from contributions from employed persons, with an insignificant amount coming from the budget, one of the most important chapters of the reform was finding new sources of funding through the broad introduction of supplementary health insurance, a special contribution from a tax on tobacco products, contributions from the unemployed, pension fund contributions, charging treatment costs in traffic accidents from insurance companies instead of healthcare funds and increasing the share of personal consumption for healthcare.

Rationalisation of Consumption – Modified Payment System

Instead of a payment system that consisted of paying hospital capacities and capitation systems for primary healthcare, the payment system for provided services, that is, the system of paying delivered health was introduced through DTS (DRG - Diagnose Related Groups) for payment of hospitals, and a performance payment system for payments in primary healthcare, and new mechanisms of intensive care payment (SAPS II score). In the field of consumption of medications, an array of measures is being introduced, a "pay-back" system, utilisation of electronic guidelines in prescribing medications for most frequent illnesses, international competition for procurement of especially expensive medications, public procurement for vaccines, and so on. Also contracted was the delivery of an integral healthcare information system, which, inter alia, should enable the monitoring of healthcare consumption and implementing reform.

What Has Been Achieved so Far

Achievements include a reduction of sick-leave rates from 4.2% to 3.69% in the first four months, a reduction of the physical volume of drug consumption by 7%, and a reduction of the number of referrals for consultative or specialist healthcare. Prescribing permanent prescription for chronic patients, and a simplified manner of prescribing orthopaedic aids were introduced, and consultative examinations in the same institution was provided to specialists in secondary and tertiary level. Competition for the digitisation of primary healthcare systems and equipment procurement was also completed. These, and other implemented reforms will hopefully bring real and lasting progress to the provision of healthcare in Croatia.

