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Overview of Healthcare in Hungary

Assessing Today's Challenges

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Imaging plays an integral role in medical care and hospital management today. Unfortunately, imaging is not considered a main priority for healthcare in Hungary at the present, and the commonly seen issues facing general medical care also exist in imaging. Underfinanced medical care is the basic problem of the Hungarian health services. The medical care's ratio related to GDP is only one third of the ratio compared to European countries in general, but in some fields even less. Morbidity and mortality rates in Hungary do not compare well with current European figures. Diagnostic activities, included imaging are not concentrated well. There are 154 hospitals for 10 million inhabitants in Hungary, with 84 thousand beds in total. Active medical care is served by 60,000 beds, with the remaining 24,000 for chronic and rehabilitation cares. This structure is not optimal. Many social problems have to be solved at medical level. Elderly people in all societies are increasing in number and chronic hospice care demands are increasing steadily.

Crises in Healthcare

An imbalance in the provision of healthcare has significantly contributed to the above-mentioned problem. Historically, Hungarian medicine is too hospital-centred. As a result of this, there are grave problems in healthcare facilities other than hospitals, such as the structure of the system, financial problems, unequal access of patients to medical care, not successfully managed during the past 15 years. Some reforms were initiated to combat this during different types of governments. The result of this was a weakening of the hospital sector and a failure of privatised general practitioners in the old structure to take on more of the burden.

Imaging as well as healthcare in general is also faced by a crisis of human resources owing to the lack of financial reward in relation to other European countries for healthcare workers. The negative impact of this can be seen in diagnostic fields like radiology, nuclear medicine, laboratory diagnostic and pathology. There are theoretically 40,000 physicians in Hungarian healthcare today, but only 34,000 of them are active in our country. In our hospitals 2500-2600 of specialists/consultants have fallen though the net due to the poor rewards on offer for an extremely demanding job. However, the most worrying area is radiology, missing 30% of trained radiologists from the system.

Disharmonic regulations in healthcare provoke difficulties not only for imaging management, but for all hospital management and for medical care organised outside hospitals. European directives related to workload and working hours and the vague legal status of doctors have added to trained workers leaving the profession. Some variations of the legal status of doctors offered flexible solutions to overcome the shortage of radiologists in hospitals. Recently these mixed employment versions became strictly limited, causing severe difficulties for imaging services in hospitals.

Problems of Diagnostic Radiology in Hungary

Diagnostic radiology in Hungary is insufficient to requirements due to shortage of staff and to the lack of high-tech equipment and infrastructure. Underfinanced healthcare in general and inability to cover the real costs of radiology are responsible. Digital radiology for example is cost-effective for the long run, but bulk investment requirement works against it.

Private diagnostic radiology centres are a good model of concentration of human and technical resources at cost-effective measures, but private radiology services have less participation compared to Hungarian radiology versus other fields of medicine, where higher percent of private capacities are available.

Raising the Standard

The centralisation of healthcare is the optimal strategy for reaching higher levels of medical service. Concentration of providers and techniques, and concentration of human resources could result in more cost-effective hospital care. A new structure is required based on major morbidity factors. The dominance of oncologic, cardio-vascular and geriatric patients require specific imaging facilities.

The centralisation of oncology – starting this year – into major special centres is a good example of a positive trend. Instead of compensating financial support for these centres related to increased volume of patients, unfortunately financial resources have decreased versus last year's volume. The development of oncotherapy was worsened this year by a drop in reimbursement levels for oncology medication. Centralisation without compensation and without development is an example of how not to do it. On the other hand, a reduction of health provision sites is not necessarily bad. This necessitates the clear planning of capacity transfer in major centres based on the opinions of the specialist's professional boards.

Essential Changes

Ownership and proprietorship must become clear and transparent rather than today's confused mix: state governmental, local governmental, private, foundation related, church related hospitals, etc. We need harmonisation in line with European guidelines. New investments are needed in the near future. After decades of underfinanced healthcare without private capital this would be impossible. Private health provision in Hungary is now only 20%. This level is highly inhomogeneous. In some fields 100% private care already exists, in some other fields nothing. Involvement of private capital has to be strictly regulated by the law.

Hospital-based curative versus preventive healthcare is the norm in Hungary. Instead of rapid changes in this field a longer period of development could result in a change of attitude for patients. Quality control and digital radiology, teleradiology and telepathology consultations are most urgent requirements of the near future. Collaboration of disciplines has to be coordinated at the level of hospital management. Also, the heterogeneity of hospitals is too large. One third of hospitals are centralised major hospitals, helping in education and postgraduate training organised by four university regions.

Conclusion

In summary, instead of the incomplete and unproductive changes experienced in the Hungarian healthcare system so far, well planned active development is required with sufficient financial support. Without investment no development can be reached. Rational and professional planning is required as well as more active participation in education and training. Effective healthcare has to be based on realistic estimation and coordination of both requirements and capacities.

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