



Tackling Health Inequalities Through National Health Care Strategy 2012-2020 – Meeting the Patients' Needs



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 **Vision:**

- Health improvement - quality of life improvement
- Central and active role of patients

 **Basic values:**

- Equality in access to means for preserving and enhancing health
- Equity in dividing the means
- Solidarity between social groups and generations

GENERAL PRINCIPLES

- 🌍 Health sector has obligation towards Croatian citizens to ensure Constitutional right of each citizen on health care and on achieving highest possible level of health and wellbeing.
- 🌍 Health care is delivered on the principle of catholicity, continuity, humanism and accessibility
- 🌍 Patients' needs at the centre
- 🌍 Every citizen has obligation to take care of his/her health; no one is allowed to harm health of others

CROATIAN CITIZENS' LIFE EXPECTANCE

- 🌍 In 2010. female life expectancy at birth: 79,9 (5 years less than EU countries with longest); male life expectancy at birth: 73,5 (6 years less than EU countries with longest)
- 🌍 High level of education vs. basic education: difference in 7 years for men, 3 years for women

Source: Eurostat

Leading causes of death in 2010 (total population):

- 🌍 circulatory diseases, 25,631 people died (580.18/100,000)
- 🌍 neoplasms, 13,698 deaths (310,07/100,000)

(These two disease groups accounted for three quarters of overall causes of mortality)

The remaining deaths were caused by injuries and poisonings (67,18/100,000), diseases of the digestive system (55.66/100,000), diseases of the respiratory system (44.30/100,000) and other less common causes.

UNHEALTHY BEHAVIOUR AND OUTCOMES

- 🌈 16% of adult population has poor eating habits
- 🌈 More than 60% of man and 50% of women are overweight/obese
- 🌈 34% of men and 22% of women smokes
- 🌈 Alcohol consumption 12,8 litre per citizen (2009, WHO)

Among adults, obesity was socially conditioned in women and not in men. Health behaviours were socially conditioned in both sexes. Men's living habits were more irregular than those of women (CroHort)

Inequalities in health care utilization:

- 🌈 People with economic status above average had higher proportion of regular annual general practitioner and medical specialist visits.
- 🌈 In contrast, highly frequent visits to physician were more common in respondents who were below average economic status.
- 🌈 Economically worse-off women, regardless on their health care needs reported gynaecologist visits less regularly than the better-off women

Health care barriers:

- 🌈 Long waiting lists
- 🌈 Large distance from the health care facilities
- 🌈 High expenses (travel costs, participation in health care costs)

Source: Pristas I et al. 2009.

STRATEGIC DEVELOPMENT DIRECTIONS

- 🌈 Enhancement of cohesion and continuity in health sector
- 🌈 Standardisation and improvement of health care quality
- 🌈 Enhancement of productivity and efficiency of health care
- 🌈 Enhancement of accessibility of health care
- 🌈 Improvement of health indicators

PRIORITY AREAS FOR ACTION

1. Informatisation and e-health
2. Human capacity building
3. Strengthening leadership in health care facilities
4. Health care institutions' reorganisation
5. Stirring quality of health care
6. Strengthening of preventive activities
7. Fiscal stability
8. Collaboration with other sectors and with whole society

1. INFORMATISATION AND E-HEALTH

E-waiting list (since 01.08.2012.) and e-specialists' appointments (since 01.09.2012):

- 🌐 Direct connection between primary health care (for example family physician) and secondary and tertiary health care in whole country
- 🌐 Patient together with his/her physician in primary health care choose and arrange via Internet the time and place (health care facilities) of specialstic examination, diagnostic procedure etc.
- 🌐 No informatics' knowledge and skills for patient needed.

8. COLLABORATION WITH OTHER SECTORS AND WITH WHOLE SOCIETY

- 🌍 Patients' empowerment
- 🌍 patients' active role in health care policy development
- 🌍 Enhancing patients' knowledge and skills regarding managing their illness
- 🌍 Enhancing patients' responsibility for own health/illness and utilisation of health care
- 🌍 NGOs

COLLABORATION WITH OTHER SECTORS AND WITH THE WHOLE SOCIETY

NGOs:

Financing from national budget and lottery profit

COLLABORATION WITH OTHER SECTORS AND WITH WHOLE SOCIETY; NGOS' SPECIFIC ROLES

- 🌍 Accessibility (The Croatian Mountain Rescue Service & Emergency Health Care, helicopters)
- 🌍 Defibrillators (procurement and laymen education)
- 🌍 Volunteerism – moderate the lack of health care workers (palliative care, emergency care, rural areas, islands)

COLLABORATION WITH OTHER SECTORS AND WITH WHOLE SOCIETY NGOS' SPECIFIC ROLES

- 🌍 Community-Based Polyvalent counseling
- 🌍 Primary health care,
- 🌍 Local and regional community,
- 🌍 Supervision and guidance of professionals
- 🌍 Patients' empowerment (chronic illness)
- 🌍 New communication technologies

COLLABORATION WITH OTHER SECTORS AND WITH WHOLE SOCIETY NGOS' SPECIFIC ROLES

- 🌍 Youth organisations & organisations for youth:
 - Health compromising behaviour prevention
 - Leisure time activities

COLLABORATION WITH OTHER SECTORS AND WITH WHOLE SOCIETY NGOS' SPECIFIC ROLES

Advocacy and promotion:

- 🌍 Positive image of health providers' occupation
- 🌍 Health lifestyles
- 🌍 Protection of personal health
- 🌍 Responsibility for personal health
- 🌍 Responsible utilisation of health care services and capacities.

CROATIA AND EU

- 🌍 EU priorities and strategic documents (health inequalities, health in all policies)
- 🌍 Support from EU cohesion funds
- 🌍 Health workers migration
- 🌍 Patients mobility (European Insurance Card)
- 🌍 Providing health care for patients from other member states: tourism and health
- 🌍 Harmonisation of national with EU legislation (successfully till now: cross-border health care, health workers education...)

DEVELOPMENT OF THE STRATEGY – ACTIVE ROLE OF PATIENTS' ORGANISATIONS

Chairperson of the Coalition of NGOs in health –
a member of the strategic working group for health care.

DEVELOPMENT OF THE STRATEGY – ACTIVE ROLE OF PATIENTS' ORGANISATIONS

Working Conference in the Framework of National Health Care Strategy, Zagreb, June, 12th, 2012:

Five topics:

- 🌍 Organization of health care
- 🌍 Human resources
- 🌍 Healthcare
- 🌍 Fiscal stability
- 🌍 Legal aspects

Participating NGOs: Coalition of NGO in health area, Parents of children with carcinoma, invalidity, prevention of overweight, rare diseases, breast cancer

DEVELOPMENT OF THE STRATEGY – ACTIVE ROLE OF PATIENTS' ORGANISATIONS

1 month period for public comments on Strategy-
Free access through official Ministry of Health web site

Altogether more than 200 comments received.

Comments evaluated and implemented in the strategy,
example:
Community-Based Polyvalent counselling

AN EXAMPLE OF GOOD PRACTICE

MINISTER'S WEDNESDAY FOR PATIENTS

Each Wednesday Minister of Health meets with one patients' organisation

The process of recruitment of the patients' organisations leads patients' organisations independently from Ministry

Problems resolved:

- Health care access and barriers
- Individual patient's problems



THANK YOU