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Doctors crossing borders of Croatia

Migration of doctors in the Republic of Croatia does not count among major problems at the present time. According to the data collected by the Croatian Medical Chamber there are 16,658 registered physicians with valid working license in Croatia, 36 of them being foreign citizens. In last two years 54 doctors with Croatian citizenship returned from abroad to work in Croatia (2006. – 34, 2007. – 20).

At the same period only few colleagues (34) requested «Certificate of good standing» from the Chamber aiming to apply for the different positions abroad (2006. – 21, 2007. – 13).

On the other hand the situation in Croatia stresses another major problem. The average Croatian specialist is 55 years old, each year only 450 young doctors register for the first time (almost all graduates from our medical schools) and according to the last available data (4/2008) there are only 35 unemployed doctors in the country. It seems that we are going to face a serious lack of physicians in the near future. Today we estimate this lack to be 925 of different medical specialists.

The ongoing problem of lack of physicians (in numbers: 2.4 per 1000 inhabitants) is especially recognizable during summer when a lot of tourists come to Croatia and some of them need medical services. This year the Chamber has started an early action of calling all free doctors (unemployed or retired) to offer their services to those doctors who need replacement during summer.

Trying to overcome the shortage of doctors, The Croatian Medical Chamber has considered removing of the age limit for the renewal of working license. In April 2007. the Chamber eliminated the age limit of 70 years for physicians to perform the medical services.

The Role of the Croatian Medical Chamber in the health care system

Croatian Medical Chamber, as an institution with public authorities and obligatory membership for physicians working in health care in Republic of Croatia, currently has 16,568 members – active licensed physicians. The Chamber has become an important factor in Croatian's health policy making by, for example, participation in the work of Parliament's committee for work, social policy and health care. The Chamber was enabled to influence discussions and adoption of several important health related laws (since 2007. an important new law was passed – Law on quality of health care which also comprises provisions on accreditation of health institutions).

The Chamber has also deepened its cooperation with the Ministry of Health Care and Social Welfare by participating in several workshops on health legislation; regulations deriving from Health Care Act and new Regulation on minimal conditions regarding space, workers and medical equipment for health services.
The Chamber was also active in designing list of ciphers as well as in education for implementation of the so-called DRG (“Diagnose Related Groups”) system, which is supposed to replace the existing “PPTP” system (payment per therapeutic procedure). The “PPTP” system has been shown as unsatisfactory and unjust both to patients as well as to the hospital budgets. To be precise, the existing hospital payment system consists of three separate components: physicians’ services are (mainly) paid on a “fee-for-service” basis; for hospitalizations hospitals get paid a flat rate per bed per day and medicines and medical materials are paid separately according to their costs.

Expectations from the new DRG system are to cut down the length of hospitalizations, increase the quality of care and cut down the costs. The main problem of the existing system of PPTP is that health care providers (mainly hospitals) provided more services than they could remunerate from the Croatian Health Insurance Institute (HZZO) that accounts for 96% of general government spending on health care.

Full implementation of the DRG is to be expected the end of 2008. Naturally, as an important prerequisite of the DRG system there is also the issue of computerization of the health system, which will hopefully, be finished until 2009.

Another important aspect of the DRG system is the accreditation and categorization of hospitals in Croatia; “National strategy of development of health care 2006–2011” (document passed by the Croatian Parliament in June 2006.). Accreditation and categorization of health care providers should be carried out before January 2009 by Ministry of Health Care and Social Welfare.

The World Bank has initiated and financed a Croatian-Norwegian project on telemedicine; the aim of this project was to establish a legal regulative as a basis for providing medical services via telemedicine.

In May 2007, the Ministry of Health and Social Welfare signed an important Agreement with Eurotransplant International Foundation through which Croatia becomes a full member of this organization competent for international exchange of organs; since February 2008, a system of electronic data exchange on donors has been implemented.

**News from the Croatian Medical Chamber**

A research “pilot-project” called “Stress among doctors” was started. The goal is to establish the scope of influence of stress to doctors’ professional life and performance.

**Reform of the health sector**

After elections for the Croatian Parliament in autumn 2007, three main political parties have signed a “Coalition Agreement” for their 2007–2011 mandate in which they specified goals for, among other issues, health care reforms, but until now no major changes were introduced.

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