



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX  
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS  
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE  
EUROPESE VERENIGING VAN STAFARTSEN  
DEN EUROÆISKE OVERLÆGEFORENING  
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ  
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI  
DEN EUROPEISKE OVERLEGEFORENING  
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES  
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟCΙΑCΙΑ ΝΑ ΣΤΑΡΣΗΤΕ ΒΟΛΝΗCΗΝΗ ΛΕΚΑΡΗ  
ASOCIATIA EUROPEANĂ A MEDICILOR DIN SPITALE**

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**Slovakia report, May 2019**

## **I. Introduction**

As stated in the [Implementation Strategy of the Ministry of Health of the Slovak Republic](#) in its update from May 2018, the Slovak health system still remains in a low level of efficiency and the risk of economic unsustainability compared to EU countries, while the negative impact on the health of the population continues. Slovakia spends 5.9 percent of GDP on health service (this data is for 2018) while the EU average is 9.9 percent of GDP. The average life expectancy in good health condition in Slovakia is 52.2 years contrary to the EU average of 62 years.

Several analyses of Slovak healthcare system have identified the following as major problem areas:

- ambiguity in the scope of healthcare covered by public health insurance;
- the unsustainability of financing based on health insurance contributions;
- insufficient investment in Slovak healthcare infrastructure, in particular state and public hospitals;
- unresolved system of care of long-term ill and immobile patients;
- lack of transparency and public control.

The deformed health insurance market is a serious systemic failure.

Growing threats include the migration of young doctors and nurses abroad, as well as the older age structure of medical workers in Slovakia.

In the last two years, the spending review for healthcare system was prepared by a team of analysts from the Department of Value for Money of the Ministry of Finance and the Health Policy Institute of the Ministry of Health, saving 108 million Eur. A final report on the review of healthcare spending is expected in autumn 2019.

## **II. Political background**

Strong political turbulences in spring 2018 led to personnel changes in the Slovak government including the post of Minister of Health.

The Minister of Health had been since the parliamentary elections in 2016 Tomáš Drucker, who as a technocrat initiated some favorable processes - including promising communication with the Slovak Medical Chamber on mandatory membership of doctors. He initiated changes in the management of hospitals, which were run by a standard collective management body

instead of a single person. The change also occurred in the largest of the three health insurance companies, [Všeobecná zdravotná poisťovňa](#), where the parliamentary opposition and the third sector are currently represented in the Supervisory Board. The Parliamentary opposition was also given place in another important institution, the [Health Care Surveillance Authority](#). This institution is responsible for supervising the provision of healthcare as well as for the implementation of the DRG system. Minister Drucker's motto was: "Health should not be about business and hospitals should not be unchecked." This means that profit and economy must be subordinated to patient care. The hospitals have switched to new central procurement conditions and, after ten years of preparation, the DRG reimbursement system was actually launched. Minister Drucker changed the system of operation of emergency rooms and introduced a new system for drug categorizing. He took over the Value for Money project, and the growth in health spending was significantly reduced during his time.

When in March 2018 Doctor Kaľavská, former State Secretary at the Ministry of Health, was appointed as the Minister of Health of the Slovak Republic, she continued the steps. Unlike his predecessor, the new minister is a doctor with professional and pedagogical practice, including foreign missions. She has shown an understanding of the situation of doctors and seems to be an example of so-called "clinical leadership".

The government has passed a number of relevant documents, such as:

1. National Cancer Programme
2. National Plan for Control of Infectious Diseases
3. Regulation of the European Parliament and of the Council on the protection of individuals with regard to the processing of personal data - GDPR came into force in May 2018
4. The Ministry of Health has established the [National Health Information Center](#) for e-Health, which is responsible for the administering of the National Health Portal, e-prescription and medication. The plan is to introduce a citizen's electronic health book and system of electronic ordering (e-medication and e-referral). However, the establishment of the [National Health Portal](#) is delayed and its role is substituted by health insurance companies through its own information systems. An example is the private healthcare company "Dôvera" with its "Safe Medicine Online" service or other online services which connect doctors, patients, pharmacists, and health insurance company.

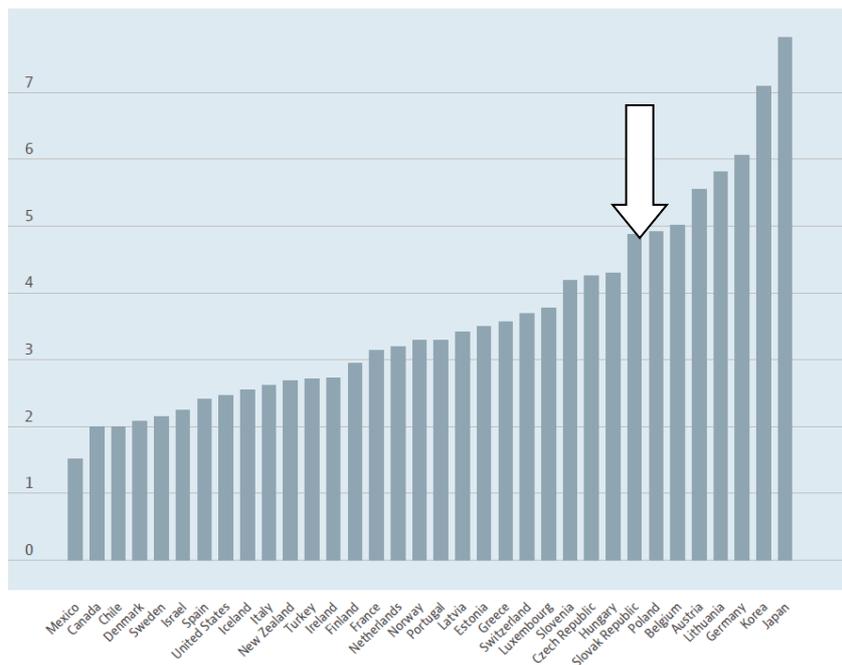
### **III. Structure of the hospital sector**

#### **Hospitals**

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Place of SR in the world in 2017 according to acute care beds per 1000 inhabitants.

*Hospital beds – acute care in 2017 per 1 000 inhabitants. Source: OECD Health Statistics:*



“Stratification of hospitals” is being prepared as a network of acute hospitals with consequential facilities for after treatment and for long-term ill individuals and seniors. Currently, there are 71 facilities providing general and 40 specialized acute health care in Slovakia. The number of health care providers shall, therefore, decrease in the process of optimization.

There is also an unrestrained restructuring of hospitals and hospital departments: due to the lack of staff, hospital departments (such as maternity hospitals, surgery and neurology departments) are disrupted in small regional hospitals. So-called “internal migration” occurs, i.e. mass transfer of larger groups of doctors among hospitals, especially from state to private sector.

The new system of urgency and emergency rooms has brought new issues: in small towns, due to the lack of staff, doctors refuse to be on duty despite the threat of financial fines, and in case of sanctions they consider leaving towns for bigger cities.

Modernization of old or building of new hospitals reflects the potential of the state and the interests of the private sector. According to analysts of the [Institute for Economic and Social Reforms \(INEKO\)](#), populism and the political-lobbying pressures of various interest groups are the biggest disincentives.

#### IV. Human resources structure (staffing in the healthcare sector)

According to the [Hospital Association of Slovakia](#), in 2018, there were about 3,500 doctors missing in the SR; 2,500 doctors in retirement age; so that in 2019 there may be about 6,000 doctors missing. General practitioners, paediatrists, internists, neurologists, cardiologists, and surgeons are the most needed. Patients often need to make an appointment at the doctor who is 200 km away.

The average age of general practitioners in Slovakia is 60 - 80 years, the oldest working physician is 92 years old. 10 -15% of doctors retire annually. At the same time, they expand

their competences e.g. on cancer screening. General practitioners feel raising pressure from the Health Care Surveillance Authority, where 1,500 complaints about doctors are solved annually - 84% of them are unjustified. The [Private Physicians Association](#) describes the situation as “disastrous”.

The MoH of the SR has introduced so-called “resident program” which means that young doctors after graduation get their medical specialty practice at private general practitioners; the costs are covered by the state. In 2018, there were 100 students who graduated from this kind of practice and they committed themselves to work in the outpatient sector for 5 years. Female doctors consider the fact they are entitled to a maximum of 2 years of maternity leave for all their children, to be very unfortunate. They have to pay the costs back to the state when they fail to comply with this time period.

In Slovakia, there is a norm for middle health personnel of 5.2 nurses per 1,000 inhabitants, while 15 years ago it was 7.4 nurse per 1,000 inhabitants. In comparison with the Czech Republic, it is 7.9 and in Austria 8.0/1000 inhabitants. According to the [Slovak Nurses and Midwives Chamber](#), 15,000 nurses are missing in the system.

Lack of staff is often disguised by “repainting” and “refurbishing of departments”; and according to the President of the [Hospital Association of Slovakia](#), in 2019, the need for such “painting” in about 30% of the facilities will be expected. According to the Chairman of the [Medical Trade Union Association](#), The Ministry of Health has tried to deal with the decline in staff numbers by increasing in standard, and by reason of this in some facilities, there is only one doctor per approximately 100 patients in a night shift. According to him, only the tip of the glacier is visible and the reality is even worse.

Solving the issue of *task-shifting* in the hospital sector is rather problematic. Nurses in hospitals have compulsorily completed their bachelor’s degree in higher education, however, they continue to substitute lower medical staff. Some change can be seen in the field of emergency medicine, where graduates - Bachelors of the Slovak Medical University - are employed as rescuers and thus replace a physician in an ambulance car of the emergency medical service.

Migration of doctors abroad: So far, there have been 924 doctors from other countries, most of them from Ukraine, the Czech Republic, Poland, and Hungary. Dozens of doctors left for abroad, mostly the Czech Republic, Germany, and England.

There are 5,821 private doctors in the SR; 1,661 of them are general practitioners for children and adolescents and 2,254 for adults. The number of doctors - employees in hospitals is 17,106.

The education of young doctors at three medical faculties has a good tradition and the interest of students in studying medicine lasts, but many secondary school graduates prefer faculties in the neighboring Czech Republic. There they find better conditions for their study and practice, and not only on the ground of salary but also their overall perspective. According to the [Hospital Association of Slovakia](#), there is an annual need for new doctors in the Slovak Republic of 1,100; Slovak faculties admit 600 students every year, while in the Czech Republic study more than 4,000 Slovak medics and only 2 - 5% of them return back. In 2018, the Government of the Slovak Republic earmarked up to 200 million Eur for the additional admission of 205 applicants to the medical faculties. However, no one will stop these students from going to work across borders.

Many Ukrainian doctors with varying degrees of skill and knowledge of the Slovak language come to Slovak hospitals. Although they are subjected to strict language and professional

examinations, a low threshold of requirements is shown, especially in private facilities, which, together with their willingness to work for a lower salary, is reflected in the quality. In this respect, according to [INEKO](#), the Czech HR managers are more active, they travel to Ukraine and choose appropriate doctors directly there.

## **V. News for the year 2019**

In January, we witnessed an incomprehensible flat-rate reduction in salaries of doctors in a large hospital with more than 2,200 employees and over 900 beds, which is at the same time, the base hospital for practical training for the faculty of the Slovak Medical University, and the only one in Slovakia to carry out e.g. liver transplantation. In January 2018, there was a rise in employees' salaries except for doctors whose salaries were, in comparison to 2018, reduced. The reason given by the hospital management was not to meet the non-specified economic indicators. At the same time, this hospital was in 2018 declared the hospital of the year as the winner in all categories: patient satisfaction, quality of healthcare services, demandingness of diagnoses, economy, and transparency. The Medical Trade Union Association, at the negotiations with MoH of the SR, used materials which were brought by the Slovak deputies (Dr. J. Weber and Dr. E. Lovrantová), from the AEMH - FEMS 2018 conference in Lisbon, concerning the migration of doctors. Minister Kaľavská stated that it is necessary to prevent experienced doctors from leaving our state hospitals, and asked for the remedy.

Since January, there is the law guaranteeing the employees' right for a so-called recreational voucher worth up to 275 Eur which is used to spend for holidays in Slovakia. This law is generally perceived as a pre-election gambit by one of the governmental parties as hospitals did not receive an extra budget to comply with this law and theoretically, the system may collapse in compliance with the letter of the law.

Since June 2019, the new law on criminal penalties for physicians for "falsification or deliberate change in patient documentation". The [Slovak Medical Chamber](#) protests because the content of the term "deliberate change of documentation" is not sufficiently defined there.