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PROJECT

**Round Table for the future path of
healthcare in the Czech Republic with the
main focus on its financial stability and
sustainability**



Overview

There are **certain problems** in the Czech healthcare system, which do have a serious character and which are getting worse in time. In order to be able to solve these problems in the future, we have to start discussing them now and try to find a **socially accepted direction** for the future development of the system.

The project “Round Table for the future of the Czech healthcare system” is meant to create an effective platform for the whole society to **identify systematic problems**, which the Czech society is going to face in the future. It should institutionalize educative background for the **broad public discussion**, which is necessary for clarifying different attitudes of all interested players and for identification of a **consensus** concerning future development of our healthcare system.

Within the project, a robust technical background will be provided to public discussion and especially to policy makers to help them define their policy proposals based on their policy priorities. This will among others include creation of forecasting models based on common data sets, technical support concerning estimation of proposed measures impacts within a unified assumption set, etc.

Justification of the project

Why do we need the project?

Healthcare system in the Czech Republic, as well as the pension system and other segments of the public sector, **is affected by a number of external factors** and needs to be adjusted along with them. Ageing of the population, technological progress, changes in the structure of diseases, personal attitude to own health and European integration processes are the former few of them. These factors influence the healthcare system in a variety of ways – they can have not only a financial impact, but can also cause some important changes in the field of human resources, sustainability of infrastructure, solidarity etc.

Ageing of the population

Increasing number of pensioners will imply lots of people benefiting from the system and relatively few people contributing. This will affect the financial stability of the system. Moreover, population ageing could be accompanied by a change in the structure of healthcare demand. We can expect the growing need for a nursing care targeted on the elders.

Technological progress

The use of modern technologies enables medicine to do miracles, which are keenly accepted by the entire population. These technologies are, on the other hand, usually several times more expensive than the older ones, what harms the financial stability of the system. This raises a question, whether these new technologies should/could be available to everyone and who will pay for it – what forces us to define the limits of solidarity.

Changes in the structure of diseases and personal attitude to own health

There is a notable change in the structure of diseases with a significant shift towards the civilization diseases. A number of them are related to patients’ behavioral habits (smoking, diet, etc.) that cause raising costs, which are unfairly paid by the entire society. It seems there needs to be discussion about the individual responsibility for a personal health.

European integration processes

Membership in the European Union opened the chance of greater migration of patients, doctors and other healthcare workers among European countries. This “new mobility” should be taken into account during the preparation of human resources for this sector. It is highly probable that these external factors will require considerable changes in the current system in the middle and long term. However, these factors are predictable so we can and, moreover, we should get prepared for them. In order to make these changes sustainable and long-lasting it is necessary to built them on the general consensus.

How is the project linked to the current reform acts?

There is a number of important changes going on in the healthcare sector these days. Even though these arrangements should lead to some quality improvements in hospitals and health insurance companies etc., they **don't tend to change the baseline of the system**. Therefore, the dialog about the current changes should be back-grounded by other institutions (Patients' council, Providers' Council, etc.)

The project should deal with those topics that seem to be essential to be solved in the future regardless the approval or rejection of current legislative proposals.

What are the aims of the project?

The aim of the project is to identify and, if possible, quantify medium to long-term problems that have already occurred or will most probably occur in the future and are linked to the sustainability, overall performance, or issue of solidarity of the Czech healthcare system. The consequent aim is to look for solutions of these problems and assess impact of optional measures.

Particularly, the project should provide answers to these two questions:

1st phase of the project

Why and what should be changed in the healthcare sector?

- To specify and deepen the knowledge about current state of the Czech healthcare system
- To identify the main problems and future threats of the system
- To encourage the whole-society discussion about the needs for changes

2nd phase of the project

How could be the healthcare system eventually changed in reaction to objective external factors?

- To bring the reform alternatives into open
- To introduce unprejudiced comprehensive analytic reports
- To promote the creation of generally-accepted consensus about future changes in the healthcare systems among political parties and other concerned actors

Principles of the project

Independence principle

Every submitted material is taken into the discussion and is not normatively evaluated. The project and its organizational parts are not run by either the Ministry of Healthcare or political parties or by any other interest groups.

Transparency principle

Whole the process is meant to be transparent, all the reports and documents worked out by the service team are going to be published on the websites. However, the discussion is personalized; anonymous reports are not being published. The discussion should be driven correctly; reports will be shortened once they are in a conflict with good manners.

Principle of openness

Reports are prepared on the basis of general consultation process in accordance with the Methodology for public involvement of the Ministry of Interior and in accordance with the Principles of a good public service applied by the European Commission. Everyone can give a feedback to the issued materials.



Realization of the project:

Key activities and methods of the project realization:

| <u>Activity</u> | <u>Method of realization</u> |
|--|--|
| <ul style="list-style-type: none"> • Analysis of the available literature on the topic of Czech healthcare sector assessment and proposed measures • Assessment of the current situation of the Czech healthcare sector, its recent developments and future prospects • Overview of the main reform arrangements that were realized in European countries in the healthcare sector • Conceptual report – Assessment (including international comparison and impact assessment) of proposed alternatives for future changes in the sector (alternative proposals for reform measures made by political parties and possibly also interested stakeholders) | <ul style="list-style-type: none"> • Literature review • SWOT analysis, modeling • Case studies • Public Survey, Delfy, Subject analysis |

Time schedule

Preparation: April 2007 – May 2007

Approval of the Project and related documents
Literature review (conceptual materials) and hard data collection and organization by Technical team

Analytical period: June 2007 – June 2008

Aim: Social consensus on the long-term problems in the Czech Healthcare
Creation of analytical reports

Publications: **Literature review**
Status Report

Activities: Official opening of the Project
Delegation of Expert team members
Analyses and discussion materials preparation by Technical Team
First social conference

Conceptual Period: July 2008 – October 2008

Aim: Publishing and analyses of the alternatives of reform arrangements in the Czech healthcare

Publications: Review of the main reform arrangements in healthcare in EU member states
Conceptual report – Alternatives of future changes in the Czech Healthcare

Activities: International comparison of reform processes in EU countries
SWOT analysis in Czech Healthcare
Request for proposals that would react on challenges, threats and weaknesses in the Czech Healthcare
Processing and analysis of stakeholders' proposals by Technical Team
Individual consultation with the political parties and other stakeholders, modification of proposals
Second Social Conference

Closing Period: November 2008 – December 2008

Final activities
End of the project

Organization provision

The Project is initiated based on the Czech Republic Government's policy statement. An organizational support should be provided by the Ministry of Health based on a Government's Decree (resolution) – to be shortly approved.



Personal nomination

Decision makers

Political parties' representatives are in charge of gaining and putting forward the positions of their party towards the project outcomes. They take part in the discussions covered by the social conference.

Expert team

Experts deputed by political parties build the core of the project. They suggest the set of problems to be solved and they present their feedback. They give their opinion to a variety of reports, even if they were proposed by the healthcare community. This team creates the Joint Acts that are passed to the group of decision makers. Last but not least, they take part in the discussions covered by the social conference.

Technical team

This service and support team constitutes a service organization for every other subject in the project. The main task of this team is to prepare reports for the Expert team. This activity involves a collection, analysis and summarization of already identified problems and proposed alternatives. Comparison of the proposals will be realized based on announced criteria and the service team will use the experience learned abroad. The team will avoid any normative assessment. It also represents the interface between the public and the politicians for the discussions.

The technical team will be created according to the Healthcare Minister's Directive and it will become a part of the Minister's Cabinet, which will provide the team with organizational and other support. The team will utilize the support and potential of the respective departments and other ministerial institutions (e.g. Institute of health information and statistics of the Czech Republic.)

Cooperation with experts

The service team will cooperate with external experts, who will participate on particulars documents. These experts will be also asked for consultation and opponency when preparing the reports.

These activities are going to be realized under the decision of a coordinator of the project. Technically, they will be arranged by the Minister's Cabinet through the contracts of services and purchase of services.

1.1.1 Healthcare community

Healthcare community and namely concerned partners, who play an important role in the healthcare system, will be appealed to register to the discussion and actively participate in it through the electronic communication. They are authorized to provide proposals concerning the problems identification as well as the possible solutions. Their participation on the conference discussions will be expected.

General Public

The project creates a platform that enables any individual to enter the discussion just after the registration. This gives a chance to anybody (namely) to comment any issued documents and reports.

Public Relations and medial aspects

Information about the process of the project is going to be provided on a regular basis. All the outcomes are going to be published on the project's websites. Social conferences are going to be widely opened and main messages will be regularly brought in the newspaper articles.