REFGOV

Reflexive Governance in the Public Interest

Services of General Interest

Patient and Public Involvement in Healthcare Governance

Institutional Recommendations – Hungary

By Sándor Gallai and Balázs Dobos

Working paper series : REFGOV-SGI-20

European FP6 – Integrated Project -
Coordinated by the Centre for Philosophy of Law – Université catholique de Louvain – http://refgov.cpdr.ucl.ac.be
WP–SGI-20

Patient and Public Involvement in Healthcare Governance
Institutional Recommendations – Hungary

Sándor Gallai and Balázs Dobos
Corvinus University of Budapest
FP6/REFGOV – Reflexive Governance in the Public Interest
Health Care Subgroup

The decentralization of management and services

Based on the problems and deficiencies identified by the research central element of the Hungarian institutional recommendations is the reinforcement of regional levels involving new actors and structures.

1. The regional decentralization and reinforcement of major (supervisory, inspection, financial) actors

- The Hungarian National Public Health and Medical Officer Service (ÁNTSZ);
- Health Insurance Supervisory Authority (EBF);
    - In the event of possible termination, its statistical grading, monitoring and evaluation tasks to be delegated to the ÁNTSZ and the Hungarian National Health Insurance (OEP), and its investigation tasks to be delegated to the advocates of patients' rights;
- (OEP – already realized, obligation has been released to conclude contracts – somewhat limited competition among the service providers concerned.)

2. New organizational model of health care and distribution

- As new actors establishment of regional and non-profit patient care organizers;
- Separate contracts with the National Health Insurance, involving out-patient, in-patient and hospital services, compulsory for local population; compulsory accident and emergency medicine;
- Organizers shall have the right to decide on concluding contracts with different local service providers, based on certain data and statistics – evolvement of future regional health care centres;
- Service providers having no contract with patient care organizers shall have the right to operate in certain conditions;
- Non-profit organizers are interested in economical functioning by means of coordination among service providers, information, prevention, directed patient paths, elimination of unnecessary and parallel services, elaboration and compliance of professional provisions;
- Allocation of available surplus: prevention and development;
- Possible limitation of operational expenses;
- Representation of service providers, local and county councils, regional civil and patient organizations in both the general meeting and management; proportions and number of different representatives may differ by regions;
- Decision-making processes impose continuous consultation among the actors, seeking for compromises and consensuses.
- It brings forth the question of termination of Regional Health Councils (RET) – tasks and competences transferred to the new patient care organizers, including regional planning, monitoring, measurement, analysis, evaluation, coordination and reconciliation.

In general the recommendations

- As a result organization and resource allocation get closer to patients with higher level of civil involvement;
- reduces the role of central actors and decision-making, the application of administrative-bureaucratic measures to a great extent, increases the responsibility of local and regional actors, encourages them to develop services and capacities;
- aims to integrate the best service providers into regional centres, tries to eliminate fragmentation without presenting difficulties for patients;
- the former institution- and resource-driven approach shall be replaced by a modern, patient-centred approach and practice with greater emphasis on prevention;
- provides both better and more effective health care, and transparency and involvement for civil actors;
- predicable and economical functioning, surplus for prevention and development;
- is interested in the sake of sanity;
- aims to reduce the territorial inequalities;
- its mechanisms and rules prevent the potential negative effects; the compliance of professional provisions and patient rights is controlled by independent authorities besides the advocates of patient rights.

Additional elements of the recommendations:

- regular evaluation of the participation of civil and patient organizations;
- support for their activities, possible representation in the organizer bodies, establishment of coordinative committees, public hearings;
- continuous documentation, publicity, analysis and evaluation of data related to service providers with the assistance of independent experts (universities, national institutes, professional colleges);
- regular and public reports about the patient care organizers' operation.