Αίθουσα OSTRIA

Thessaloniki, Greece (14-16 February 2013).

Seminars of the Hellenic Working Groups

ΠΑΝΕΛΛΗΝΙΑ ΣΕΜΙΝΑΡΙΑ

ΟΜΑΔΩΝ ΕΡΓΑΣΙΑΣ

ΘΕΣΣΑΛΟΝΙΚΗ

16.45 – 17.15 Αιάλεξη

Πρόεδροι: Δ. Ρίχτερ (Αθήνα)

"Public & Private practice across Europe"

Gonzalo Barón-Esquivias MD, PhD, FESC
Chair of Council for Cardiology Practice

SCHEME

Council for Cardiology Practice introduction

1.- How many doctors are there in different countries and how are they paid?

2.- How many and how health expenditure is spent?

3.- Are there differences among public health system?

4.- Which are the health system characteristics in each country?

ESC Primary Activities

- Membership via Constituent Bodies
  National Cardiac Societies, Associations, Working Groups, Councils, Fellows/Nurse Fellows of the ESC
- EUR*Observational* Research Programme

  Programme of surveys and registries - reliable data collection on CVD
- Clinical Practice Guidelines

  Recommendations for diagnosis & therapy
- Education & Information

  Journals, publications, courses and leading European congresses
- European Affairs

  Political Advocacy, European Union, Health Organisations

ESC Constituent Bodies

The ESC represents over 75,000 members and comprises:

- Constituent bodies
  - 6 Associations
  - 5 Councils
  - 18 Working Groups
  - 55 National Cardiac Societies
  - ESC Fellows and Nurse Fellows

- Other bodies
  - 36 Affiliated Cardiac Societies
  - ESC Cardiologists of Tomorrow

The Council for Cardiology Practice

- Represents 5,000 cardiologists working in either private practice or in out-patient clinics
- Representation is via national groups of private practice cardiologists
- 10 countries represented:
  Belgium, Czech Republic, France, Germany, Greece, Italy, Norway, Portugal, Spain, Switzerland
- Aims of activities: education and training of cardiologists

Hosting programme

Cardiology Across Borders Hosting Programme

- Aim: to allow cardiologists to observe private practice in other European countries
- How?: a cardiologist spends time in the practice of a colleague in a different country
- Limited to countries represented in the Council
- Pilot in 2012

Survey 2012

- Aim: To show similarities and differences in cardiology practice across Europe
- Participants: subscribers of the E-journal of Cardiology Practice and the Council‟s newsletter
- Results available in spring 2013

Survey 2012

First confidential data

- 1329 cardiologists answered (176 extraESC)

  Greece was the 3rd country in answers

  48 y.o, 28% females,

- Work time in office < 50% → 31%;

  50-89% → 31%

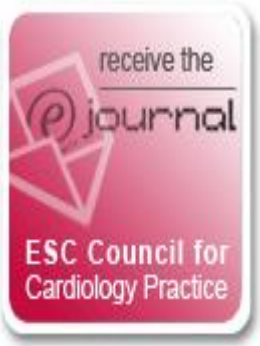
  90% → 38%.

- Patients 57 y.o. 47% males,

Main symptoms for the patients on the survey day

Chest pain evaluation ,	1548	14.3
Evaluation for hypertension	1523	14
Known CAD, evaluation	1303	12
Atrial Fibrillation	992	9.1
Palpitation (not AF)	820	7.6

E-Journal of Cardiology Practice



- Over 40,000 subscribers in January 2012
- Subscribers from 180 countries
- Article sent via email and available on web site
- 1 Editor in Chief and 2 Editors
- Introduction in 5 different languages
- Around 40 articles per year for the private practice cardiologist

Quarterly newsletter

- Provides updates on the Council's activities
- Main distribution channel for the Council's highlights on ESC Guidelines
- Over 1,000 subscribers

Collaboration

Participation in the writing and review of ESC Guidelines

Participation in scientific sessions in major national congresses

Participation in scientific congresses in ESC Specialty Congresses (EuroPRevent ….)

Participation in the ESC Congress

- Take Home Messages for Practitioners (clinical seminar)
- General cardiologist session (New in 2013!!!)

your country is represented in the Council for Cardiology Practice,

but you?

www.escardio.org/practice

1.- How many doctors are there in different countries and how are they paid?

	2010 Practising physician	
	Total	per 1000 pop.
Austria	**40105**	**4,78**
Belgium	31815	2,92
Czech Republic	37661	3,58
Estonia	4336	3,24
Germany	305093	3,73
Hungary	28686	2,87
Iceland	1146	3,6
Israel	26700	3,5
Luxembourg	1406	2,77
Norway	19890	4,07
Poland	**83201**	**2,18**
Slovenia	4979	2,43
Spain	174100	3,78
Switzerland	29803	3,81
United Kingdom	168856	2,71
United States	752572	2,44

1.- How many doctors are there in different countries and how are they paid?

2010 Specialist medical practitioners

		Total	per 1000 pop.
Austria		20103	2,4
Belgium		19153	1,76
Czech Republic		29045	2,76
Estonia		2842	2,12
Finland		8055	1,5
France		108870	1,68
Germany		177003	2,16
Greece		**39101**	**3,46**
Hungary		16513	1,65
Iceland		716	2,25
Ireland		**6346**	**1,42**
Israel		16906	2,22
Luxembourg		992	1,96
Norway		7863	1,61
Poland		65717	1,72
Portugal		20956	1,97
Slovenia		3773	1,84
Spain		110755	2,4
Switzerland		19083	2,44
United Kingdom		119586	1,92
United States		660012	2,14

1.- How many doctors are there in different countries and how are they paid?

TABLE 2. **Number of Cardiologists in Europe, the United States of America, and Canada**

Country	Number in 2002 per 100 000 inhabitants	Percentage Increase in 1990-2002
Ireland	0.7	
Turkey	1.2	140%
Finland	2.1	110%
United Kingdom	3.1	158%
Slovakia	3.6	
Germany	3.7	
Czech Republic	3.9	290%
Denmark	4.1	86%
Netherlands	4.2	5%
Switzerland	5.5	57%
Latvia	5.7	27%
United States of America*	6	
Portugal	7	49%
Luxembourg	7.4	
Belgium	8.6	91%
Iceland*	8.6	
France	9.6	19%
Lithuania	9.6	20%
Estonia	9.8	72%
Bulgaria	10.4	
Cyprus*	11.2	
Greece*	21.7	

*Figure for year 2000.
Source: Eurostat.[15]

Rev Esp Cardiol, 2006; 59(7): 703-17

1.- How many doctors are there in different countries and how are they paid?

2010 Remuneration of specialists
Salaried

	annual income, NCU	income, US$ exchange rate	income, US$ PPP
Czech Republic	589102	30845,78	41431,23
Denmark	1038665,75	184681,89	131875,97
Estonia	21817,52	28913	41659,81
Finland	96069	127236,12	104577,76
Greece	47668	63132,66	67411,29
Hungary	4409736	21206,36	33872,04
Iceland	11629702	95136,71	85754,46
Ireland	181826	240814,79	**211066,39**
Israel	364851,2	97580,41	97809,04
Italy	75695,49	100252,95	94018,5
Norway	771600	127660,21	85563,12
Poland	62599,8	20760,72	**33581,7**
Slovenia	55652	73706,87	86693,18
Spain	71277,24	94401,31	99604,16
Turkey	76800	51102,9	79409,33
United Kingdom	81333,95	125674,59	123402,45

1.- How many doctors are there in different countries and how are they paid?

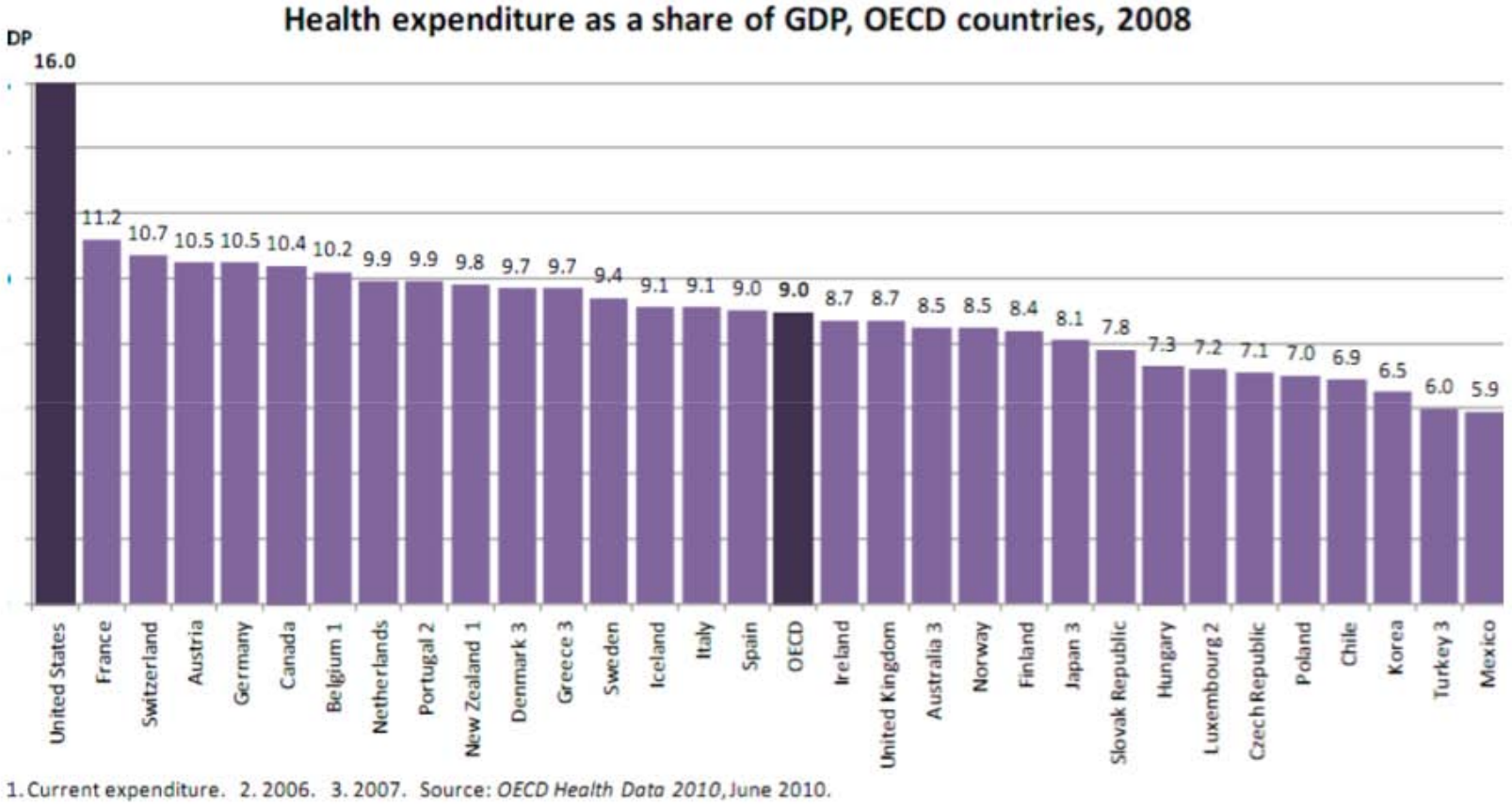
TABLE 6. Comparison of Salaries of Physicians in Different Countries of the European Union*

Country	Mean Gross Annual Salary*, Euro	Range
Spain	37 500 (+20% retainer)	35 000-45 000
Portugal	55 000	40 000-70 000
United Kingdom	122 500	95 000-150 000
Germany	65 000	NA
France	70 000	NA
Italy	55 000	NA

†NA indicates not available.
*Equivalent to an associate physician in the Spanish National Health System with 5 years experience in the position.

Rev Esp Cardiol, 2006; 59(7): 703-17

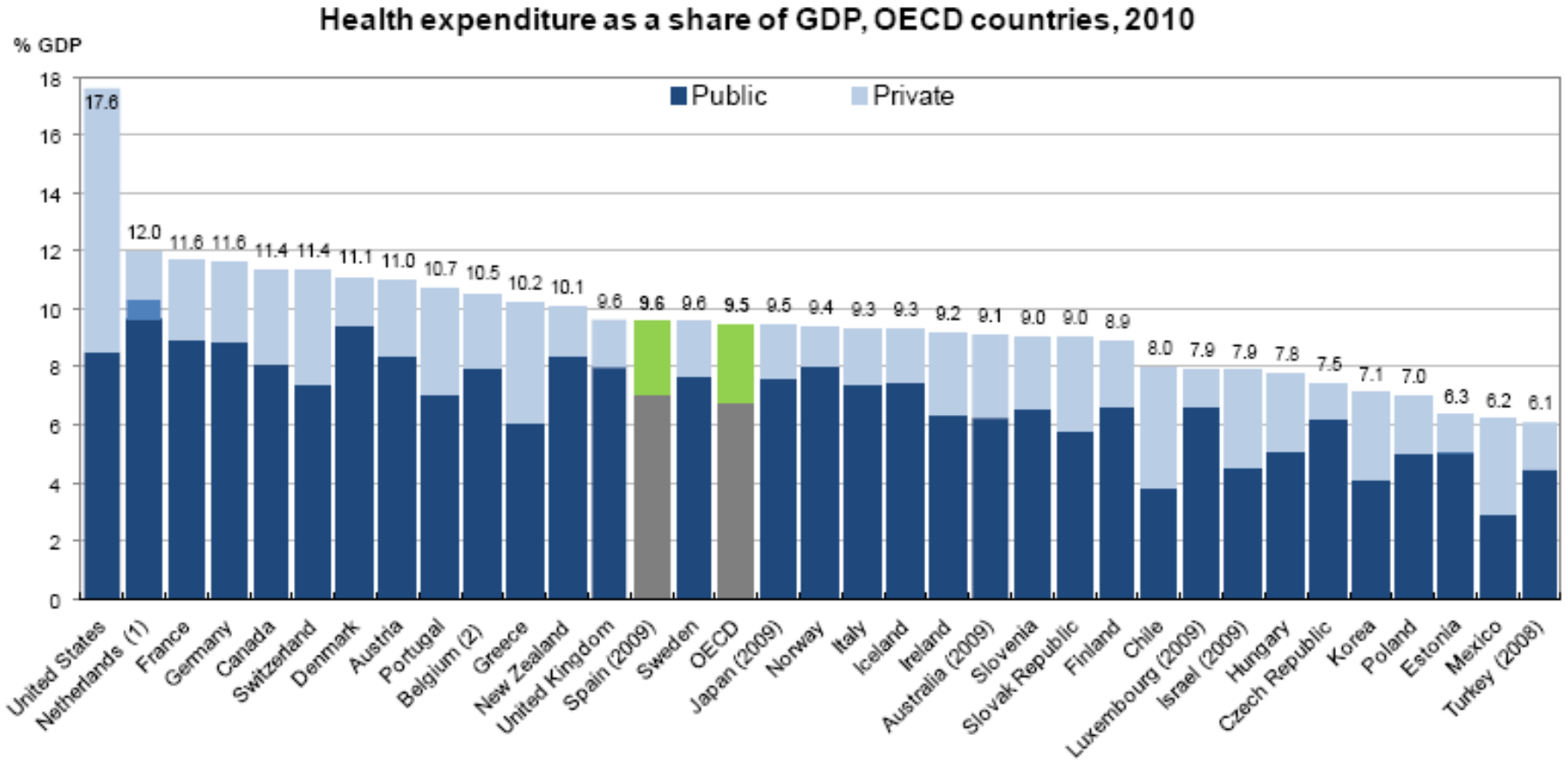
2.- How many and how health expenditure is spent?



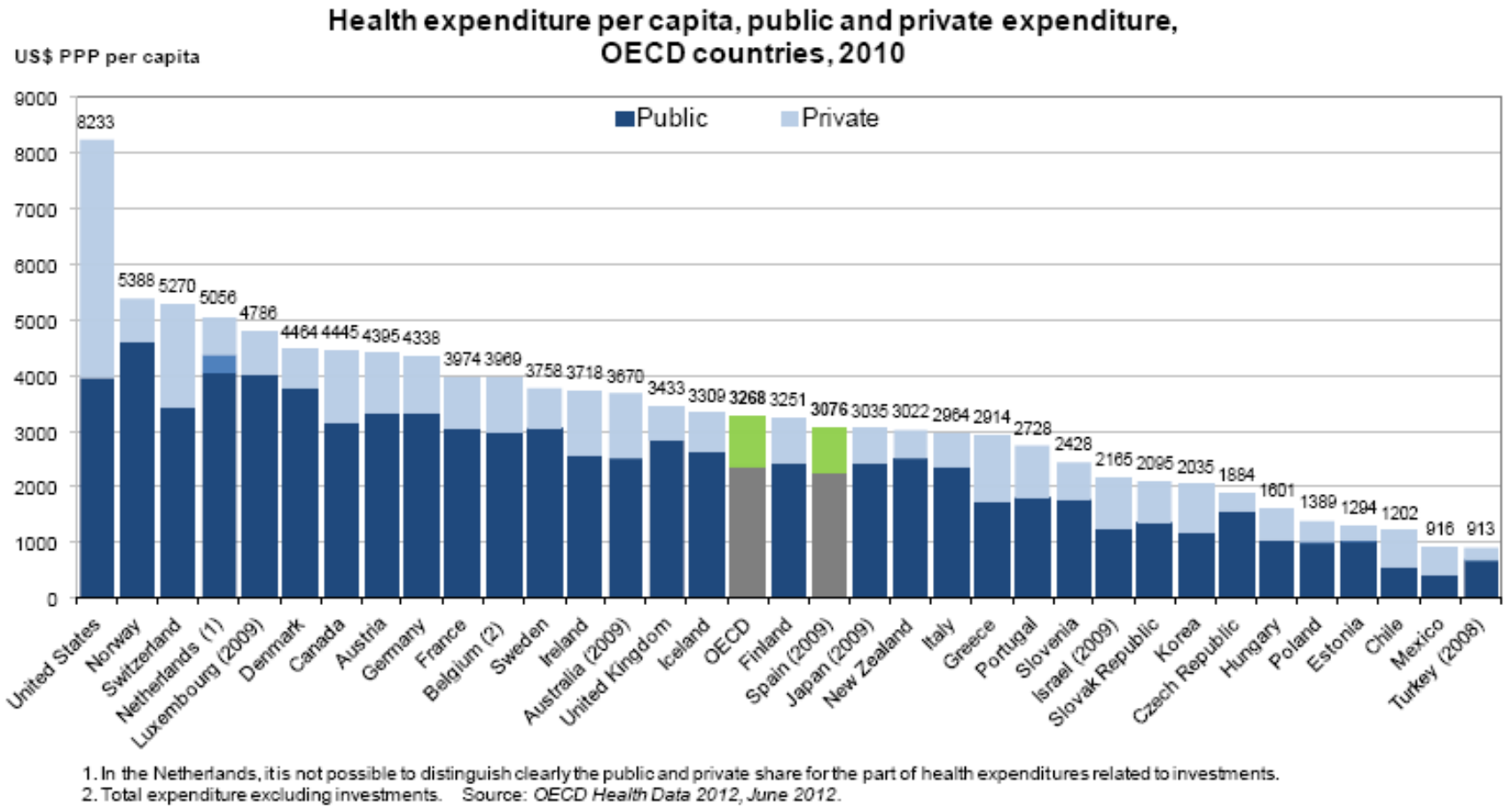
1. Current expenditure. 2. 2006. 3. 2007. Source: *OECD Health Data 2010*, June 2010.

OECD.StatExtracts
Complete databases available via OECD's iLibrary

2.- How many and how health expenditure is spent?



2.- How many and how health expenditure is spent?



1. In the Netherlands, it is not possible to distinguish clearly the public and private share for the part of health expenditures related to investments.
2. Total expenditure excluding investments. Source: *OECD Health Data 2012, June 2012.*

2.- How many and how health expenditure is spent?

Total current expenditure HC.1-HC.9 (Individual and collective health care)

	General government (excl. social security) = Territorial government	Social security funds	Private insurance	Private households out-of-pocket exp.	Non-profit institutions serving households	Corporations (other than health insurance)
Austria	32,3406	44,7895	4,7139	16,8298	1,2021	0,1242
Belgium	10,9	64,7	4,8	19,4	0,1	0,1
Czech republic	5,4	77,9	8,2	15,3	0,9	0,3
Denmark	64,6	0,0	1,7	13,7	0,1	0,0
Estonia	10,6	68,7	0,2	18,7	0,0	1,4
Finland	58,9	15,2	2,2	20,2	1,0	2,3
France	3,9	73,7	14,2	7,6	0,0	0,7
Germany	6,7	70,5	9,6	12,4	0,4	0,4
Hungary	6,6	55,7	2,5	26,9	1,9	4,3
Iceland	51,1	29,3		18,2	1,4	
Louxem.	16	63	3,1	11,6	1,2	
Netherlands	8,5	77,2	5,2	5,5	1,4	2,2
Norway	73,3	13,2				
Poland	5,9	66,3	0,7	23,7	0,8	2,6
Portugal	66	1,3	4,6	27,5	0,1	0,5
Spain	69,2	4,6	5,7	20,2	0,3	
Sweden	81,1		0,3	17,8	0,2	0,7
United State	5,8	43,3	34,7	12,3	3,7	0,2

2.- How many and how health expenditure is spent?

2010 Mean hospital stay

	All	C.V.D.	Neum.D.	Digest.D.	Childbirth
Germany	9,5	9,9	8,4	6,9	4,5
Canada	7,7	8,5	7,6	6,1	2,5
Spain	**6,8**	**8,0**	**6,9**	**5,7**	**3,0**
U.S.A.	4,9	4,7	5,3	4,7	2,8
France	5,7	7,0	7,0	5,3	4,7
Italy	6,7	7,7	8,1	6,7	4,0
Ireland	6,1	9,5	7,2	6,3	2,7
Portugal	5,9	7,4	7,6	5,4	3,3
U.K.	7,7	9,8	7,6	6,1	2,4
Turquei	4,1	4,4	4,6	3,5	2,0

3.- Are there differences among public health system?

In nine of the 15 countries of the European Union there are **copayments** for all types of services: doctor visits, hospitalizations, pharmacy, dental care and other services, such as emergencies, tests diagnostic, medical transport, prostheses, etc..

Of these nine countries, seven have a **health system** that responds to the model social security (Bismarck model) and two Nordic countries (Finland and Sweden) with a national health system Beveridge.

Social security systems often have a degree of greater coverage, and stipulated explicitly defined, with great level of choice and many copayments.

3.- Are there differences among public health system?

In national systems Northern European health coverage usually also **large**, but also **pay more taxes** and there are **quite copayments**, although limited in amount and usually linked to the level of income.

In no country is equated with free universal access complete at the time of using the services.

In systems Southern European healthcare **fewer copayments**, but **more benefits not covered** by the public system, which leads more private spending, via direct payments or the purchase of insurance additional private.

3.- Are there differences among public health system?

Management autonomy is not synonymous with good management, but the latter cannot be achieved without the former.

Good management improves the efficiency of hospitals and this should be promoted by a system of payments to hospitals and health centers that encourages the more efficient use of resources.

Management autonomy facilitates sharing services between providers, re-designing health maps, and introducing performance- based remuneration mechanisms (p4p or pay for performance).

3.- Are there differences among public health system?

A study of 1194 hospitals in 7 countries (Germany, Canada, France, Italy, the United Kingdom, Sweden, and the US), showed that when there is improved hospital management, the quality of patient care improves as well as productivity.

Noting the variability in management practices in the hospitals studied, the authors associate the most effective management with some common factors in the best hospitals analyzed:

- Competition between centers,
- The presence of qualified health managers,
- Greater management autonomy,
- Hospital size (larger)
- Privately owned hospitals
- With or without a profit motive.

Dorgan S, et al. Management in healthcare: why good practice really matters. London: McKinsey & Company; 2010.

3.- Are there differences among public health system?

BUT, EVERYTHING IS NOW CHANGING…..!

All public hospitals in Sweden have become privately owned, but not affect the cost to be paid by the city health services. What has been done is to increase efficiency.

One of the distinguishing features of this model, is that the assessment of doctors is based on productivity, so that may be compensated financially or warrant longer as more efficient and productive.

THERE ARE GAPS INSIDE PUBLIC HEALTH SYSTEMS

How limit health system "**overuse**"?

In Spain there are 7.5 **visits per capita** per year, whereas in Sweden the rate is 2.9 visits per year.

The health systems that serve them are oriented „„to cure rather than to care"".

4.- Which are the health system characteristics in each country?

What benefits are included in public health system?

AUSTRIA

Services include:
- Medical treatment
- Dental treatment (without fixed dentures)
- Psychotherapy
- Physiotherapy
- Ergo therapy
- Speech therapy
- Medicine and therapeutic aids
- Medical nursing care
- Rehabilitation
- Hospital treatment and stays at spas
- Sick pay and maternity benefits

Private Insurance 33%

BELGIUM

The health system provides comprehensive health care coverage to almost all the population while maintaining a wide degree of choice for the insured and providers. Patients have free choice of provider, hospital, and sickness fund, and there is no referral system.

Ambulatory care is paid at 75% and reimbursed after proof of care. For hospital care, patients have to pay a fee according to their family and employment status and length of stay. The fee ranges between 40.33 € and 4.64 € (Euros) a day. Pharmaceuticals are divided into five reimbursement categories. The reimbursement system promotes the use of generic drugs.

Private Insurance 30%

CZECH REPUBLIC

Individuals, not employers, choose health insurance funds and can switch once every 12 months.

The level of benefits is very high, virtually eliminating the demand for supplementary private health insurance. Benefits include full or partial coverage of:
- Preventive services
- Diagnostic procedures
- Ambulatory and curative
- Drugs and medical devices
- Spa therapy (if prescribed by a physician)
- Medical transportation services

Only a few services are excluded, including purely cosmetic surgery, certain kinds of dental care (such as dentures), and specific prostheses, eyeglasses, and hearing aids.

Private Insurance 0,1%

4.- Which are the health system characteristics in each country?

DENMARK

There is no precise list of the benefits provided, except for health checks for children and pregnant women and for children's dental care, but treatment must be considered useful by a doctor in order to qualify for public funding. General practitioners act as gatekeepers to specialists, physiotherapists, and hospitals.

Physiotherapy, adult dental care, and pharmaceuticals are only partially covered; and pharmaceuticals must be on a positive list of drugs drawn up by the National Medicines Agency. Patients can also phone or e-mail their doctors, and physicians are paid for these consultations

Private Insurance 30%

FRANCE

While benefits initially focused on curative care, more recently preventive care has been eligible for reimbursement. Certain services are not covered, such as cosmetic surgery, spas, and services with unknown effectiveness, defined by the High Authority for Health.

For most services, patients make a direct payment and are reimbursed afterward, with the exception of laboratories, pharmacies, hospitals, and outpatient clinics. Patients do not need a referral from their general practitioner to consult a specialist, and have free choice of doctor. The 2004 Reform introduced a system of noncompulsory coordinated care pathways for patients. It had three main features: introduction of a primary care doctor (preferred doctor scheme), initiation of capitation in ambulatory physician payment, and reduction in patient's freedom of choice through financial incentives.

Complementary Health Insurance 100%

GERMANY

The benefits package is comprehensive at all levels of care. Exclusions include funeral benefits, patient transport, over- the-counter medications, lifestyle medications, glasses, and a few other medical aids. Under the 2007 reform, the benefits package was extended to include palliative care, rehabilitative care for the elderly, certain vaccinations, and treatment at rehabilitative facilities for families with children. Formal waiting lists exist only for transplantations.

No referrals are needed for specialty care, but since 2004, patients pay a practice fee of 10 euros per visit or quarter. With a referral from a GP or family doctor to a specialist, however, the practice fee for specialty care is waived (financial incentive for patients to accept GP gatekeeping).

Private Insurance 9%

4.- Which are the health system characteristics in each country?

IRELAND

General practitioners have a complex gatekeeping role. Individuals who are not entitled to free primary care may go to secondary care facilities. There is a small charge for consultations of non-emergency cases that have not been referred by a GP.

Health boards are responsible for delivering a range of health promotion and public health services, taking account of both local needs and national strategies.

Private Insurance 50%

ITALY

While universal access to a uniform benefits package has been achieved, there are wide differences in health care and health care expenditures between regions. Since 1993, patients have had to pay for the cost of outpatient care up to a maximum (small) amount. There are also copayments for diagnostic

procedures and specialist consultations

Private Insurance 15%

THE NETHERLANDS

The Health Insurance Act covers:

- Physician services
- Prescribed pharmaceuticals
- Hospitalization (365 days)
* Maternity care
* Medical devices
* Dental care for children
- Some paramedic care
- Transport of patients
- Industrial accidents
- Occupational diseases

The maximum reimbursement for pharmaceuticals is set on the average price of the medicines in a therapeutically interchangeable group. An insured person who chooses a more expensive medicine must pay the difference out of his own pocket.

Private Insurance 90%

4.- Which are the health system characteristics in each country?

SPAIN

The 1986 General Health Care Act outlines the main principles of the Spanish National Health Service, including universal coverage with free access to health care. There is no cost- sharing except for pharmaceuticals and in most prosthesis cases.

Private Insurance 29%

SWEDEN

While no basic health package is defined within the Swedish health system, priorities are determined according to three principles: human dignity, need and solidarity, and cost-effectiveness. Patients can choose primary care physicians without geographical restrictions. They must pay the entire cost of pharmaceuticals up to a certain monetary limit.

At a regional level, services are divided into health care districts with one hospital and several primary health care units. Primary care physicians do not act as gatekeepers but guide the patient to the right level of care within the system. However, the patient fee for seeing a specialist is higher than the fee for a GP visit.

At a local level, the municipalities deliver and finance social welfare services, including child care, school health services, care for the elderly, people with disabilities, and long-term psychiatric patients. They also operate public nursing homes and home care services.

Private Insurance 2.3%

SWITZERLAND

Patients are free to choose providers within their canton (geographic area) and can change their insurance company (sickness fund) twice a year. Standard benefit packages include:

- All necessary outpatient and inpatient care
- Disease prevention
- Unlimited stays in nursing homes and hospitals
- Home care
- Diagnostic and therapeutic equipment
- Transport
- Limited dental treatment, eyeglasses, therapies in thermal baths, medical aids, and transportation and emergency rescue services.
- Approved medicines
- Choice of deductible levels

Supplementary health insurance policies often cover superior inpatient accommodations as well as dental care and drugs that are not on the list of medicines.

Private Insurance 70%

4.- Which are the health system characteristics in each country?

UNITED KINGDOM

Although NHS benefits are comprehensive, they are not explicitly defined. Since 1999 in England and Wales, the Secretary of State for Health and the Welsh Assembly Government have received commendations from the National Institute for Clinical Excellence (NICE) about whether a particular treatment is both effective and cost-effective and should be made available to all or part of the population. Although the implementation of approved NICE guidance is mandatory, early indications suggest that implementation has been variable

Private Insurance 12%

UNITED STATES

There is no standard benefit package outside of the government programs. Benefits vary widely depending on the plan and extent of coverage.

About 84% of the population is covered either through employer plans (61%) or governmental plans such as Medicaid (14% of population), Medicare (17%), and the Veterans Administration (2%). (Note: These numbers do not add up to 84% because some people have double coverage.) About 16% of the population is uninsured, and the law only guarantees these people care in Emergency Departments.

Private Insurance 65%

4.- Which are the health system characteristics in each country?

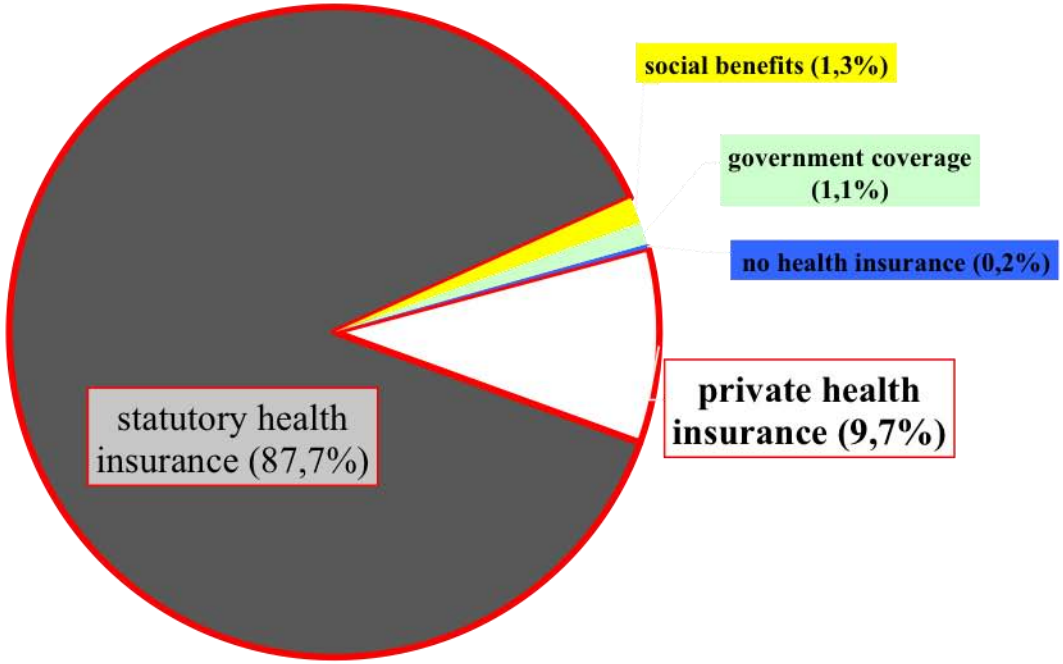
UNITED KINGDOM

Public & Private Healthcare

1. **NHS (State Healthcare) = 86-92% of healthcare**
   1. Primary Care (General Practitioners) are self-employed but contract with NHS
   2. Hospitals employ medical and nursing staff for majority of their time but Consultants free to undertake private practice
   3. National Ambulance Service with Regional offices
   4. NHS is World's 4th largest employer (Chinese Peoples Liberation Army, Indian Railways & Walmart)
   5. NHS Legal Constitution (2009) enshrined population rights to healthcare
2. **Private providers = 8-14%**
   1. Little acute, and selected elective, healthcare
   2. Funded from private health insurance companies (BUPA, AXA, Aviva, Prudential, WPA etc.) and self-payers
   3. Some use of private hospitals for NHS contracts (to reduce waiting times)
3. **Commissioners and Providers**

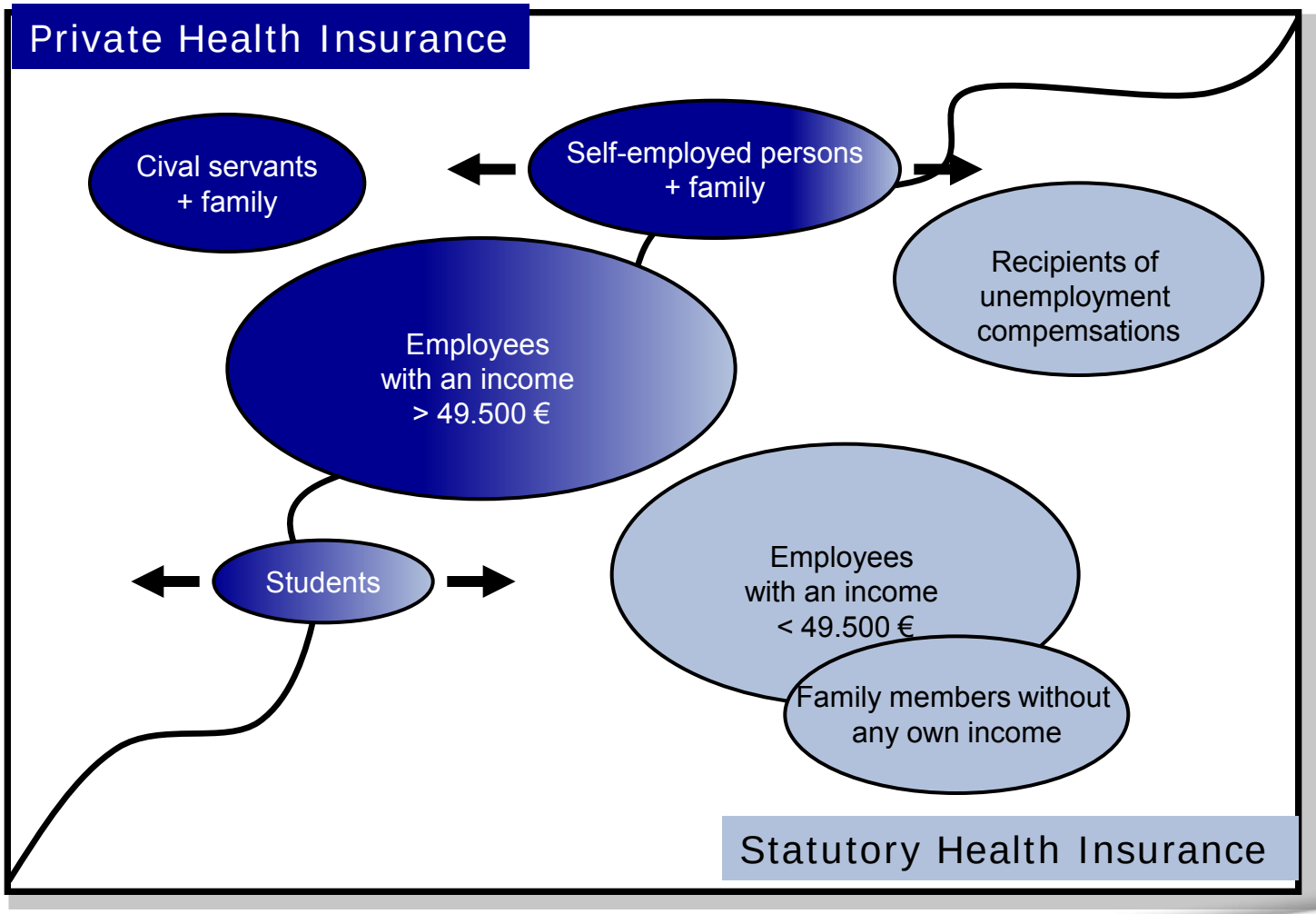
4.- Which are the health system characteristics in each country?

GERMAN



4.- Which are the health system characteristics in each country?

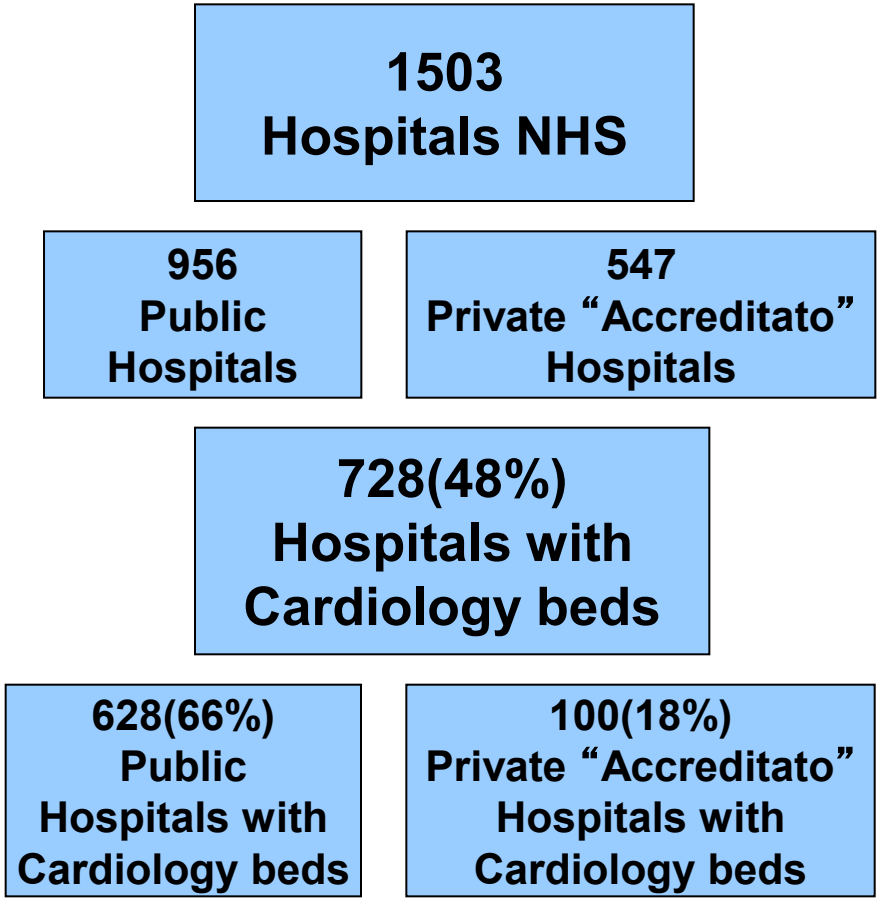
GERMAN



4.- Which are the health system characteristics in each country?

ITALY

Percentages of public and private care



ITALY

WHO ARE ITALIAN CARDIOLOGISTS?

1) Cardiologists working completely in public hospitals;
2) Cardiologists working completely in university hospitals;
3) Cardiologists working in private hospitals with reimbursement by the NHS ("accreditati");
4) Cardiologists working in completely private hospitals (very few in last years);
5) Cardiologists working in public offices in cardiology practice but paid directly by NHS ("cardiologi ambulatoriali");
6) Cardiologists working in private offices in cardiology practice paid with reimbursement by NHS ("accreditati");
7) Very few cardiologists working completely in private offices in private practice;
8) Many cardiologists working in public hospitals or offices are doing true private pratice for some time in "intramoenia" (public structures) or in "extramoenia"

ITALY

Possibilities of the citizen to choose between public or private system

Choice of Citiziens in Rome in 2009

- 54.2% Public structures
- 13.2% Private “accreditato” structures
- 19.9% Private
- 12.7% Private in intramoenia

EURES (Istituto ricerche economiche e sociali) 2009

4.- Which are the health system characteristics in each country?

GREECE

The citizen can choose between public and private.

If the pt decides for a doctor with his public insurance he does not pay, the doctor gets 10 euro for the visit and he can see maximum 200 pts per month.

Otherwise he goes privately but the private doctor can prescribe drugs to the insurance of the pt even if he is not part of it. pts pay 25% of the price of the drugs and 15% of the price of diagnostic tests.

4.- Which are the health system characteristics in each country?

GREECE

Practically there is not yet budget self control although due to the fact that the prescription system is through internet there are now resctrictions on % of generic drugs that the doctor has to prescribe

In the public system each hospital and each dept has its own waitng list which is not electronic so its chaotic in the private sector the public insurance pays a part of the total fee and the rest (normally about 30-50%) of the total price is paid privately from the pt. no delays there.

4.- Which are the health system characteristics in each country?

SPAIN

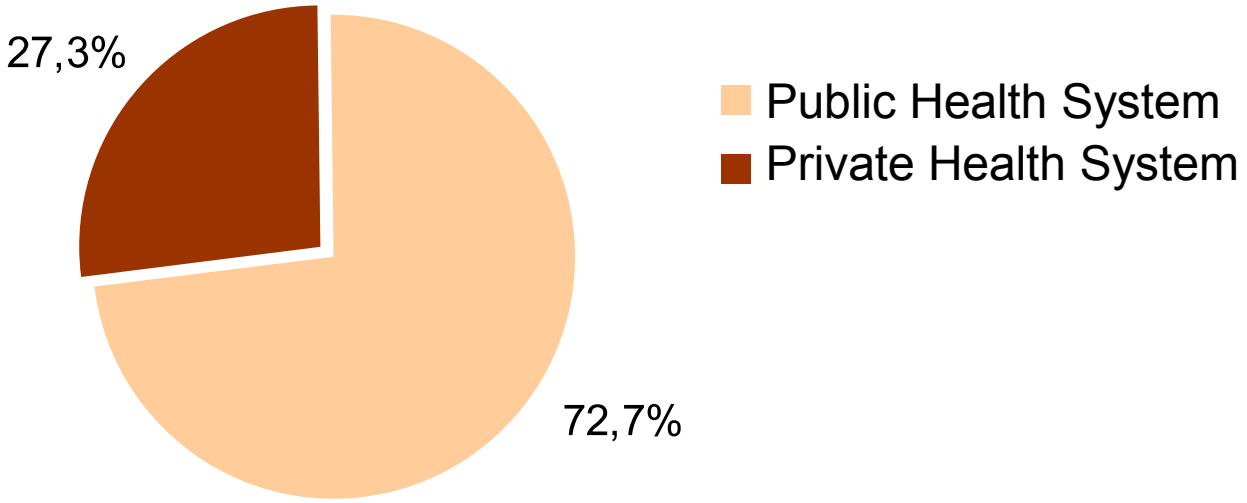
WHO ARE SPANISH CARDIOLOGISTS?

1) Cardiologists working exclusively in public hospitals;
2) Cardiologists working in private hospitals with public system agreement;
3) Cardiologists working in public hospitals and also in private practice

4.- Which are the health system characteristics in each country?

SPAIN

2011 Hospital discharges



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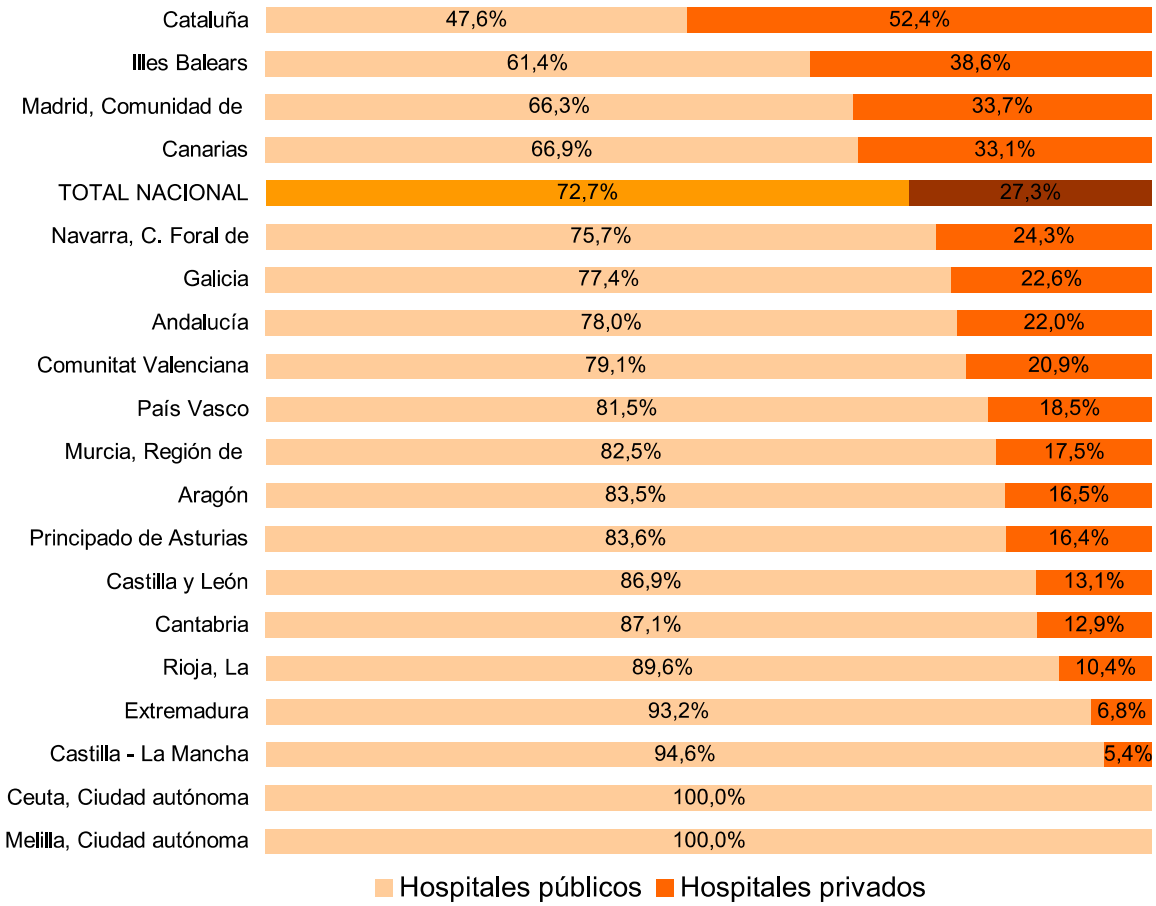

SCHEME CONCLUSIONS:

1.- How many doctors are there in different countries and how are they paid?

There are several differences in number pp & salary, but less specialist=high salary

2.- How many and how health expenditure is spent?

Close to 80% of European population are covered by public health systems

3.- Are there differences among public health system?

Real differences but they are continuously changing to better management

and there is also a continuous increase of private health system.

4.- Which are the health system characteristics in each country?

Extremely inhomogeneous across Europe, and "**in my opinion**" it is impossible to unify

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