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# HUNGARIAN NATIONAL REPORT

## *INTRODUCTION*

The Government continued the series of the reforms of the healthcare system started in the beginning of 2007. The main pillars of the reform are: cutting the capacities of the in patient care, lowering the budget of the reimbursed drugs, reduction of the unnecessary usage of health care by introducing co-payment and better control of the insurance coverage. So, also the Hungarian primary health care is implicated in a series of reform dispositions initiated in the frame of the health care reform.

## Administration

As consequence of the previous and actual reforms the administrative charges on the GPs grew up exponentially. There is an objective to rationalize the administrative tasks and to cancel the parallel reporting system. The electronic reporting system is going to be an expectation towards GPs in order to be linked directly to the Insurance Fund and to other service providers.

## Results of the introduction of the co-payment

Since 15$^{th}$ February 2007 patients have to pay an amount of 300 HUF (1.2 EUR) at each doctor-patient visit. All levels of health care are included so as the GPs' level too. The patients under 18 years and those with diabetes, oncological diseases or some other specified chronic conditions are excluded from the payment.

The co-payment raised the wages of the GP practice with approximately one quarter of the income. The collected co-payments are considered as income of the Insurance Fund but left at the service provider. As the patients younger than 18 years do not have to pay, the GP pediatricians are compensated by the Insurance fund with increase of the per capita payment from 4.5x to 5.5x in the age group 0-4 y and from 2.5x to 3.5x in the age group 5-14y. The administration related to the invoicing the co-payment to each patient is quite high. As consequence of the co-payment the number of patients/day did not change practically. The reasons behind might be the changes in the other fields of the health care, like the reduction of the capacity or the strict referral system.

## Drug prescription

The limited budget allocated for drug reimbursement arises the need towards GPs to show constrains in prescribing drugs at a lower cost. Drugs are classified in the green-yellow-red price-zones. Patients have to be informed by the medicals about the possibilities of cheaper (generic) alternative medication and if they insist on their previous specific drug products, should undersign a form on it. According to the order of the Ministry of Health from February, from the last quarter of the year the prescribed drugs/doctor are going to be compared to the average and those with more expensive drugs are going to be punished by lowering the reimbursement of the health care provider they belong to. As the national budget on drug reimbursement is in line with the planned, this process is going to be postponed to the first quarter of the next year.

**Primary care development in deprived area**

As we have reported before, there are around 160 GP practices spread in the country where the primary care service act without its own doctor, being run by a locum (commonly by a doctor from neighbourhood). Besides the socio-economical deprivation these settlements are often small, without the financial capability to keep up a practice.

The solution is to find incentives for doctors to work there. This represents a chance for the doctors to get the family medicine specialization by a longer vocational training, managed as well by the University but done part time with distance learning modules. The reimbursement of these practices is elevated and centralized at the National Institute of Primary Care which is in charge with the management of the Programme. Currently 27 practices have already started the Programme, doctors being engaged in the training curriculum. This opportunity gets special attention as the legislation about the rules to become a family doctor had changed. From January 1st 2008 there is no way to get the specialization in family medicine if the candidate has already another specialization.

**Referral system**

In harmony with the changes in the structure of the in- and outpatient care, the GPs' referral system is also strictly regulated. On the referral paper the details of the target provider have to be specified and the patient should request the service at that place otherwise pays a higher co-payment. So finally the general practitioners, together with their team members, have by these new bureaucratic duties a higher workload.

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