

# **Current State of Health Care for Seniors in Slovakia and its Perspectives.**

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# Factors influencing health care provision for older people

## Needs

- Number of older people
- Health status of inhabitants

## Means

- Funding
- Know how
- Services

**Attitudes**

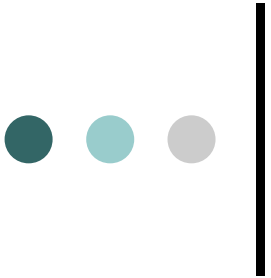


# Demographic development in Slovakia

	<b>2004</b>	<b>2009</b>	<b>2015</b>	<b>2025</b>
65+	642 712	660 942	687 652	1 047 470 (+63%)
65+ %	11,9	12,2	12,56	19
Total population	5 384 822	5 418 374	5 471 653	5 521 745

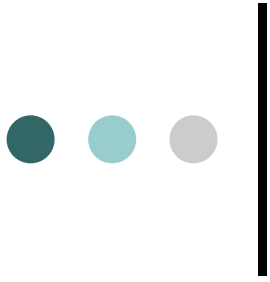
# Standardised death rate by selected causes of death

	<b>SK</b>	A	CZ	D	H	I	P	SL	EU2 7
<b>Total</b>	<b>645</b>	440	577	482	686	401	589	472	651
<b>Malign</b>	<b>145</b>	128	153	133	177	123	152	152	146
<b>Cardvsc</b>	<b>364</b>	177	292	202	340	148	277	192	354
<b>Resp.</b>	<b>34</b>	21	29	27	28	20	25	26	27
<b>Dig.</b>	<b>33</b>	17	25	16	41	16	26	26	31
<b>Extern</b>	<b>19</b>	21	26	17	30	16	24	30	26



# The most frequent grounds for health care in seniors

- Cardiovascular diseases
- Malignancies
- Diseases of bone and joints
- Dementia and depression
- Neurologic conditions



# Funding and expenditure



# Structure of resources and their development

- Public monies :
  - Insurance
  - State budget
- Private payments :
  - Cash payment for care
  - Co-payment
  - Private insurance



# Development of income of insurance companies

	Gross domestic product	Insurance
2002	36,8 Bn. Euro	1,84 Bn. Euro
2010	65,5 Bn. Euro /+78 %	3,4 Bn. Euro /+84 %





## Increase of private resources (out-of-pocket payments)

	<b>2002</b>	<b>2009</b>
Private resources (euro)	288 million Euro	1 412 M. Euro (+ 401 %)
% of GDP	0,8	1,8




## Limits of older people to co-pay health care

- Average pension: 362,08 Euro
- Copayment of retired people for medicaments is limited to 45 Euro for 3 months by the law

# Total expenditure on health per capita

	2004 (Intl \$)	2004 (%GDP)	2009 (Intl \$) /increase%	2009 (%GDP)
<b>Austria</b>	<b>3124</b>	<b>9,6</b>	<b>4242 /+35,8</b>	<b>11</b>
<b>Germany</b>	<b>3005</b>	<b>10,9</b>	<b>4129 /+37,4</b>	<b>11,3</b>
<b>Italy</b>	<b>-</b>	<b>-</b>	<b>3,027</b>	<b>9,5</b>
<b>Cz. rep.</b>	<b>1361</b>	<b>7,3</b>	<b>1,924 /+41,4</b>	<b>7,6</b>
<b>Hungary</b>	<b>1323</b>	<b>7,1</b>	<b>1441/+8,9</b>	<b>7,3</b>
<b>Poland</b>	<b>805</b>	<b>6,5</b>	<b>1359/+68,8</b>	<b>7,1</b>
<b>Slovenia</b>	<b>-</b>	<b>-</b>	<b>2,476</b>	<b>9,1</b>
<b>Slovakia</b>	<b>777</b>	<b>5,9</b>	<b>1,898/+144%</b>	<b>8,5</b>



# Total expenditure on health in Slovakia (in % of GDP)

**1997**

**1998**

**2001**

**2002**

---

**7,1**

**6,3**

**6,0**

**5,9**



## The imbalance of income and expenditure

- The difference between income and expenditure is about 15 % of income
- It increases comparative to the size of hospital.
- Lack of resources erodes the innovation of technology, maintenance of buildings. This concealed debt is estimated to be 1-3 Bn. Euro.



# Inbalance of resources and expenditure

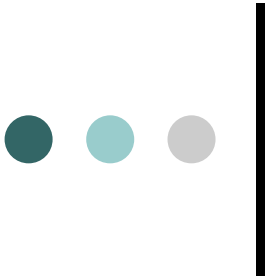
- Overspending

- Insufficient income



# Selected data on health care expenditure structure

	Slovakia	OECD average
Medication	<b>38%</b>	<b>25%</b>
Hospitals	<b>22%</b>	<b>30%</b>
Long term care	<b>0</b>	<b>8%</b>



## Reasons for higher share of medication in health care expenditure

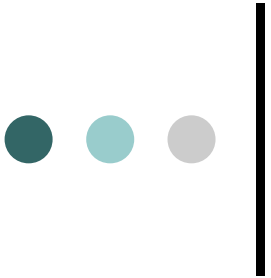
1. The number of prescribed daily defined doses (DDD) in Slovakia is higher by 20%
2. Lower salaries of health care workers





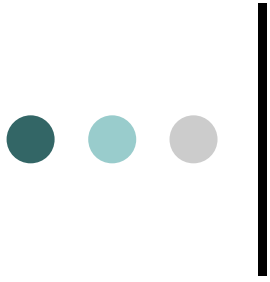
## Causes of resource overspending

- Direct and poorly controlled access to specialists
- Unnecessary repetition of tests



# The main reason for lack of resources

- The state is due to pay insurance for children, retired, unemployed or disabled persons (together about 3 100 000 people / 57 % of population)
- The state paid only 4,8 % of minimum wage in 2010 and 4,3% in 2011
- Minimum monthly salary was 307,9 Euro in 2010 and 317Euro in 2011
- The yearly payment for insuree of the state was 176,4 Euro in 2010 and 164 Euro in 2011
- Substantial part of this population segment is a major health care consumer.
- The state doesn't pay enough.




Know how



# Know how

- Older people form a substantial part of patients in the majority of clinical disciplines.
- Presentation and treatment of conditions are different in old age due to age changes of organism and multi-morbidity
- The needs of older patients are complex, needing a specific approach to meet them.



# Teaching of geriatric medicine

- Geriatrics is part of undergraduate curriculum at 3 of 4 medical faculties and some faculties of nursing and social-work
- Selected aspects of geriatric medicine are included in postgraduate education of GPs
- Geriatric medicine has been a specialty for 29 years. 206 geriatricians have graduated since 1983



# Services



# Services

- Primary care
- Hospital care
- Geriatric care
- Care for people with special needs
- Long term care



# Primary care

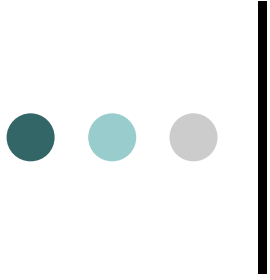
	Population 18+	Population 65+	GP number	Patients 18+ per 1 GP	Patients 65+ per 1 GP
<b>2004</b>	4 203 908	642 712	2 243	1 874	278,5
<b>2009</b>	4 366 877	660 942	2 145	2 035	308,1
<b>CZ</b>	8 613 562	2 411 196	5 298	1 626	455





# Community nursing

- There were 182 community nursing agencies in 2011
- 3,3 WP per 100 000 in 2009
- Poor funding
- Limited rehabilitation
- Poor cooperation with personal care

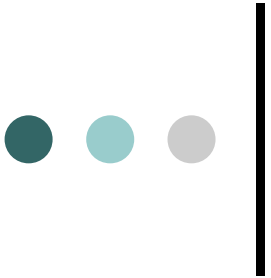


# Institutional care



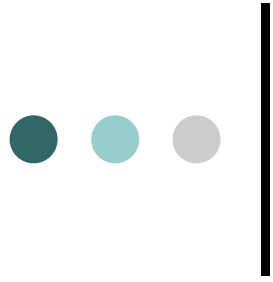
Number of beds in departments used most frequently by older people (per 100 000 inhabitants)

	2004	2009
1, General medicine	80,7	68,8
2, Surgery	69	52,1
3, Psychiatry	70	59,1



# Problems in care of older patients in hospitals

- Lack of means for pressure sore prevention
- Misuse of urinary catheters as solution of urinary incontinence
- Unsuitable furniture and barriers
- Economic pressures for fast release from hospital (incomplete diagnosis and treatment)
- Inadequate knowledge of geriatric issues
- Attitudes to geriatric patients

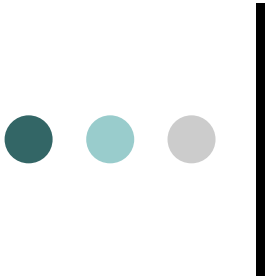


# Geriatric medicine



# Geriatric patient's characteristic

- Age 65+
- Impaired mobility
- Impaired cognitive functions
- Depression
- Malnutrition
- Incontinence



## Geriatric patient's characteristic

- Instability and falls
- Severe sensory impairment
- More than 5 serious diagnoses
- Polypharmacy and increased risk of severe adverse drug reactions
- Disability in ADLs
- Diminished adaptation



# Beds in geriatric medicine competence

	2004	2008	2011	Difference 2008-2011 (n /%)
Geriatric dpts.	779	947	713	- 234 (24,7 %)
Long term care dpts.	2 045	2 056	2 051	-5
After treatment dpts.	853	636	168	- 468 (26,4 %)






## Number of beds per 100 000 inhabitants

	2004	2009	2011
Geriatrics/65+	122	131,6	108
After treatment	159	107	31
Long Term care	38	40,8	39,8

After treatment and „long“ term care dpts are used by patients over 18


# Outpatient geriatric care

	Dpts.	Working posts	WPs /100 000 65+
<b>2004</b>	-	26,2	4,2
<b>2009</b>	73	54,4	8,2
<b>2011</b>	97	32,4	4,8



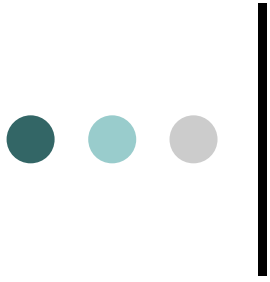
# Problems facing geriatric medicine

- Low status („second class medicine“)
- Poor funding is crippling especially outpatient care
- Poor cooperation with social care
- Unsatisfying cooperation with community nursing



## Poor access to geriatric services

- Geriatric departments are absent in about 1/3 of 85 districts
- Geriatric outpatient department is absent in 35 of 85 districts
- 27 % of potentially geriatric patients are treated at internal medicine departments lacking knowledge and understanding of the special needs of geriatric patients



# Care for seniors with special needs



## Care for seniors with special needs

- Care for patients living in institutions.
- Care for patients with mental problems
- Care for patients with dysphagia.
- Occupational therapy
- Palliative medicine



## Institutional care for seniors

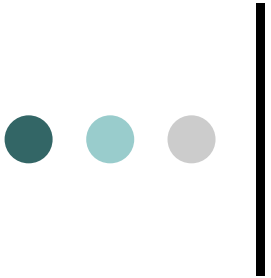
- 222 houses for 13 706 residents (2,1% of seniors)
- 7 specialised institutions (dementia, Parkinson's disease)- with 194 beds
- Some seniors are cared in 265 social service houses for 14 299 adults with severe disability



## Health state of residents

- 7,8 chronic diseases on average
- 52,5 % of residents had cognitive impairment
- 1/5 of residents died in a year after admission





## Care for seniors living in institutions.

- Primary care is provided by GPs

- Problems :

High ratio patients/ doctor

(Primary health care is usually provided by 1 GP for all the residents)

Inadequate reimbursement of doctors

Inadequate knowledge of geriatric issues



# Care for people with dementia

- The estimated number of people with dementia in Slovakia is from 33 000 to 66 000
- The number of newly diagnosed patients with dementia was 5262 in 2009 (97,1/100 000)
- The estimated number of people with dementia will be 50 000 to 100 000 in 2025 (+52 %)



# Care for people with dementia

- Departments
- 8 Outpatient units
- 7 Departments
- 3,36 physicians posts
- 292 beds
- 0,06 physician post /100 000 inhabitants
- 43,9 beds/100 000 inhabitants 65+
- 0,5 physician post /100 000 65+ inhabitants

There is only 1 community center in all Slovakia



# Palliative care

## Actual state

- Units.....22
- Beds.....320
- Beds per  
100 000.....5,9

## Need

- Beds.....540
- Beds per  
100 000.....10

There are about 11 mobile hospices providing home care




# Problems of palliative care

- Funding

Substantial part of expenditure is paid with grants, sponsors etc.

- Legislature (doctor s visits of patients living in community are paid only for GPs)



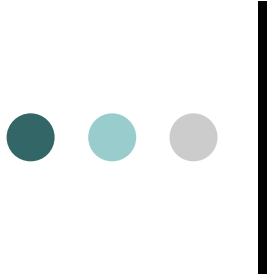
# Care for people with dysphagia and occupational therapy

- There are only 2 outpatient departments dealing with dysphagia
- The rehabilitation of dysphagia is not available and the means densifying liquids are not available
- Occupational therapy is available only in a few rehabilitation centres



# Long term care

- There is no bill on LTC
- There is no integrated system of LTC
- Funding has no clear rules
- Cooperation between health and social care is far from to be ideal
- There are no exact data on LT
- The estimated number of LTC recipients is 183 000 and LTC expenditure is about 0,2 % of GDP (Páleník, V., 2010)



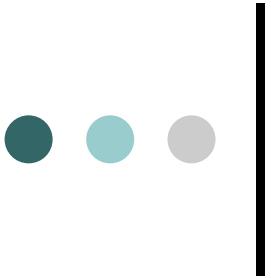
# Attitudes





# Attitudes

- There is strong discrepancy between needs and deeds.
- The driving force for restructuralisation of health care provision reform is saving money without aim to better meet needs of seniors.



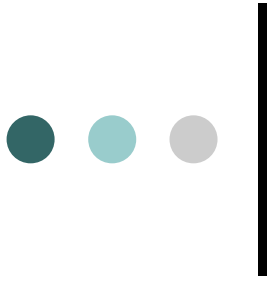
## Departments with the biggest reduction of beds in 2011 (in % of all 154 closed departments)

○ Geriatric medicine	18,8
○ ENS dpts.	11
○ Ophtalmology	9,7
○ Surgery	9
○ Urology	5,8
○ Pneumology	5,8
○ Pediatrics	5,8
○ All the other disciplines together	33,7



## Conclusion

There is no doubt that some issues in health care for seniors have improved but many others make me concerned as a future recipient of care and fill me with disappointment as a professional engaged in this field for 31 years.



Thank you very much for  
your attention