

Praha, 9th November 2010

Dear Dr. Pruckner, dear colleagues,

This time – for the first since 2007 – we will not manage to arrive to the autumn meeting. We apologize and continue directly with the report on the free practice physicians' situation in the Czech Republic.

In the end, the spring parliamentary election did not turn out as we had been afraid still in Luxembourg, the left represented by the social democracy and the communists did not gain the majority necessary for creation of the new government – this was established by a coalition of three right-wing parties. However, already in the autumn senate and municipal elections the fear of the reforms – thus of saving and price increase – began to turn the wheel to the left. As regards health care, the present political representation can see the reforms only in savings, reduction of reimbursement and limitation of services, regardless the reality of financial flows and allocations. Most of the proclamations of its programme for health care are already moss-grown: e.g. division of care to the standard fully reimbursed and above-standard care additionally paid or paid, ensuring of availability, transparency of the waiting lists, to replace the non-transparent point system with the real price institute, to make the regulatory charges and hotel rates in hospitals more realistic, to exclude cheap medicines from reimbursement. Others are disputable: To introduce public tenders when purchasing the care from the part of the health insurance companies (without defining the transparency). And some are dangerous: To promote electronization of the health care as the “tool to increase transparency and effectiveness of the health system, to limit corruption environment and to improve health and information of the citizens” (again a central storage place with uncertain data protection).

Obviously the fact that because of the relationship between a quality performance on the one hand and the cost (=cheapness) of the other the Czech health care is probably one of the best in Europe, convinced the health insurance companies and, in particular the Ministry of Health (where the victory of the connected right in the parliamentary election has not shown up even a little bit) that the outpatient care, which is carried out by private contract physicians, can stand further saving and, in addition to that, transfer to the outpatient parts of the hospitals (which will save nothing, of course). We could have already heard the new Minister of Health saying that it is necessary to strengthen the hospital physicians so that they “could devote themselves to the patients more holistically”, to the contrary, that there was excess of the contract outpatient specialists and that the reduction in their number and in their income was necessary to be considered – and even to send them back to hospitals – he wondered they did not want to return there. Also that the hitherto free access of the patients to the contract outpatient specialists must be limited by means of increasing of the regulatory charge per visit (while the charge in a hospital outpatient department should be much lower). At the same time, the price of work of the outpatient specialists in the Czech Republic is much lower than that of the hospital ones – even lower than that of the general practitioners. But equality of the healthcare facilities in the Czech Republic does not exist. The contract outpatient physicians in the Czech Republic miss the background of the financially influential lobbyists and also the support in the state administration. An obvious objective is suppression of free independent physicians who do not generate profit for

development groups. It is confirmed that the outpatient specialists are the first ones in the Czech Republic to be exposed (we cannot say the general practitioners will not have their turn soon but disunity of the medical profession in the Czech Republic does not support its striking power at all).

It is true that some of the hostile intentions of the minister and of the insurance companies may not be implemented without legislative modifications, but enlightened deputies and senators are scarce in the Czech Republic either. And unfortunately, for the whole period of its existence, we have not noticed any real support of the European Union for free medical profession. It does not seem realistic any more to have any hopes within this direction, and we remind soberly that what we will not guard ourselves we will lose for sure.

During the congress of our association on 5th November we reminded the minister being present, his deputy and the directors of the health insurance companies on the numbers from the Czech Statistical Office and the numbers of the health insurance companies, among others, that the expenses for health care in the Czech Republic are 7.1% of the GDP (the average of all OECD countries is 9%, USA 16%, France 11.2%, Switzerland, Austria, Germany, Canada 10.7-4%; the Czech Republic is on the 26th place of 31 countries), that the levy of the insurance premium had not fallen but had risen slightly, that the balances of the health insurance companies did not become worse (reserves of CZK19 billion), thus the cuts in the health care could not be justified by the financial crisis, that the insurance companies ignored the lapse periods when exacting regulatory deductions, that we stood behind 3,900 colleagues from hospitals, who wanted to give a notice and leave abroad, but we refused solving of the financial fall of the hospitals from the bad management by means of further reduction of our reimbursement instead of correct appraisal of our care and work – and that we were waiting for the promised material discussion, but we would defend ourselves. So for the time being, we are waiting.

Association of the specialists in free practice of the Czech Republic

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