



EU-CHINA  
Social Security Reform Co-operation Project  
中国·欧盟社会保障合作项目

# Community Health Care – Comparison EU - China

EU-China Social Security Reform  
Cooperation Project – EUCSS

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# Agenda

1. International approach – WHO
2. Bulgaria
3. Czech Republic
4. Austria
5. Germany
6. Conclusions



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# Primary Health Care - WHO

The ultimate goal of primary health care is better health for all. WHO has identified five key elements to achieving that goal:

- Reducing exclusion and social disparities in health (universal coverage reforms);
- Organizing health services around people's needs and expectations (services delivery reform);
- Integrating health into all sectors (public sector reforms);
- Pursuing collaborative models of policy dialogue (leadership reforms);
- Increasing stakeholder participation.



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# Primary Health Care - Bulgaria

- Coverage through the national health insurance – compulsory organized under 28 regional branches
- 7.7 million population and 1 million uninsured
- contribution collection
- Social assistance for population under poverty line



# Primary Health Care - Bulgaria

- Service delivery model
- 68.9 General Practitioners per 100.000 population
- 245.9 Specialists per 100.000 population
- GPs are organized in private and group practices or outpatient departments
- Referrals to specialist and hospitals
- GPs referrals are limited (Contract NHIF – GP)



# Primary Health Care - Bulgaria

- GPs are reimbursed on per capita basis
- Paid on monthly basis on patient list
- Specialist paid on fee for services basis
- Drugs are only reimbursed for special groups and population below the poverty line (NHIF purchase the drugs)



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# Primary Health Care – Czech Republic

- Coverage
- 10.2 million population as residence entitlement
- contribution collection
- Social assistance for population under poverty line



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# Primary Health Care – Czech Republic

- Service delivery model
- One general practitioners per 1.650 over 15 years
- One ambulatory paediatrician per 1.050 for every children
- GPs are organized in private and group practices or outpatient departments
- Referrals to specialist and hospitals



# Primary Health Care – Czech Republic

- GPs are reimbursed on fee for service system
- But reimbursement for around 3.800 specialized defined services
- 1. List - Essentials drugs are fully reimbursed, 2. List are partially reimbursed and 3. List are negative listed drugs (no reimbursement)



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# Primary Health Care - Netherlands

- Coverage through the private health insurance funds— compulsory insurance; organized under regional branches
- 16.3 million population – all citizens are entitled
- Contribution collection
- Social assistance for population under poverty line



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# Primary Health Care - Netherlands

- Service delivery model
- Family Doctor are organized in private and group practices
- Referrals to specialist and hospitals but insured having freedom of choice
- Prevention, prophylaxis, curative medicine, family planning, health promotion, disease management program



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# Primary Health Care - Netherlands

- GPs are reimbursed on per capita basis
- Special services paid on fee for services basis
- Listed drugs are only reimbursed on the average price



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# Primary Health Care - Germany

- Coverage through the competing health insurance – compulsory organized under around 167 independent insurances
- 82 million population and 2 million uninsured
- contribution collection
- Social assistance for population under poverty line



# Primary Health Care - Germany

- Service delivery model
- Family Doctor are organized in private and group practices or policlinics
- Referrals to specialist and hospitals but insured having freedom of choice
- Prevention, prophylaxis, curative medicine, family planning, health promotion, disease management program



# Primary Health Care - Germany

- Family doctors are reimbursed on fee for service basis (point system – budget)
- Paid on quarterly basis
- Specialist paid on fee for services basis
- All listed drugs are fully reimbursed with low co-payments
- Specific program per capita – Diabetes mellitus



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# Primary Health Care - China

- Service organization
- 1 physician and 1 nurse serve 2.000 to 2.500 population
- Group practices up to 10.000 – GP, paediatrician, gynaecologist, obstetrician
- Patient register of the community
- Assessable within a reasonable travelling time
- Remote areas – mid wife or nursery care



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# Primary Health Care - China

- Service
- Health promotion
- Prevention and prophylaxis
- Immunization and vaccination
- Curative care
- Minor surgery
- Essential drugs?



# Primary Health Care - Finance

- Per capita basis
- Registration fee paid by patients
- Calculation basis:
- Adequate salary of the physician and nurse
- Monthly rent of practice or depreciation of space
- Monthly maintenance (electricity, water, gas, etc.)
- Consumables



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# Primary Health Care - Finance

## Current resources allocation:

- Public health program
- Immunization and vaccination program
- Health promotion program
- Health planning program
- Tuberculosis program



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# Primary Health Care

## Conclusions

- Similarity to international model of PHC
- Introduction of of essential drug list

But

- Too short trainings period of physicians and nurses
- Benefit package of the NRMCS and BMI unclear
- High co-payments rates



# Primary Health Care Conclusions

- Urban areas easier to implement due to high concentration of patients and population

But

- Rural area needs better definition related to remote area – for example: mid wife or nurse system for remote areas out of the village
- Weekly ambulatory car intensified staffed with physician and nurse for remote area



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# Primary Health Care - Conclusions

- National account system

But

- Recalculation of community health care
- Per capita system
- Coverage of essential drugs