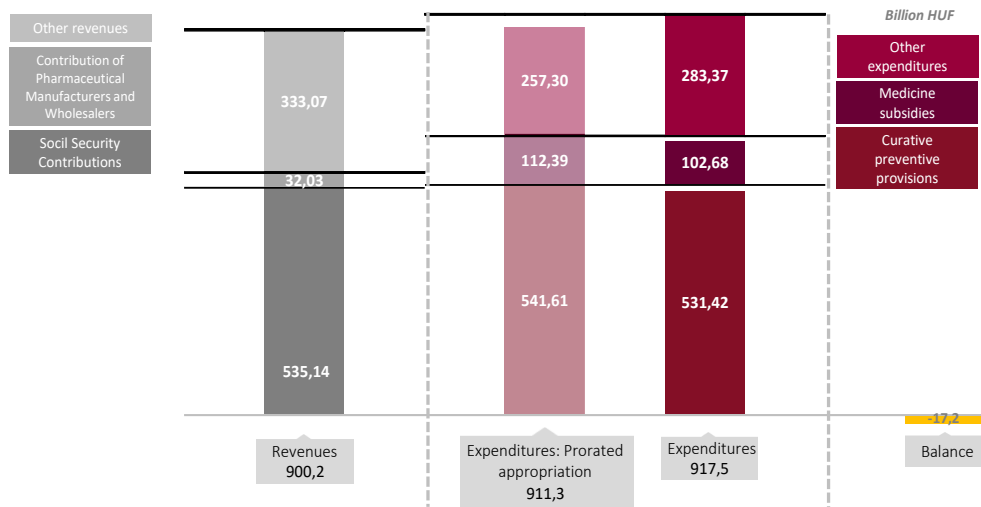


News, current issues

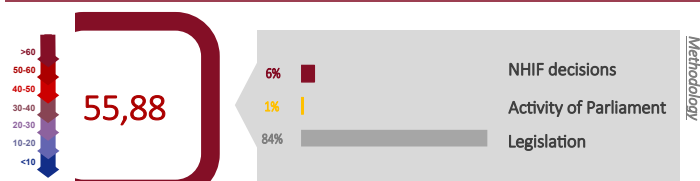
- News** Health care could go to Sándor Pintér under a recent bill >>
- News** One in four highly-qualified nurses is thinking about quitting >>
- News** Convergence programme: more money for health >>

Macro approach to financing healthcare and medicinal products

Balance of the Health Insurance Fund, March 2022



Decision-making index, March 2022



Product offering

Macroeconomic report

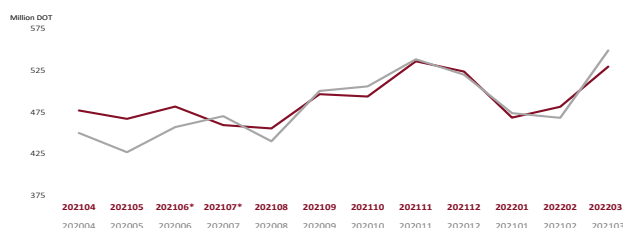
In our quarterly compiled macroeconomic report with our guide to the evolution of the main macroeconomic indicators, the absolute performance and the relative performance compared to the whole economy of the health care in the given period are the focus.

In addition to the domestic situation the description of the similar indicators in neighbouring countries also plays a role, which helps to place the situation of the domestic health care at regional level.

More about the service: [link](#)

Dynamics of the sales/circulation of prescription-only-medicine

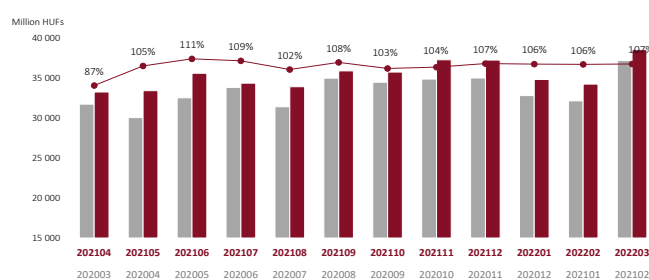
Pharmacy DOT turnover



*Note: Turnover data of SKU no. 210900238 is not displayed in DOT turnover figure (vitamin D3) - DOT 200,000 days -; this product first appeared in June 2021, as it significantly distorts the DOT turnover values as well as the overall market performance. The reimb. turnover of the SKU was taken into account.

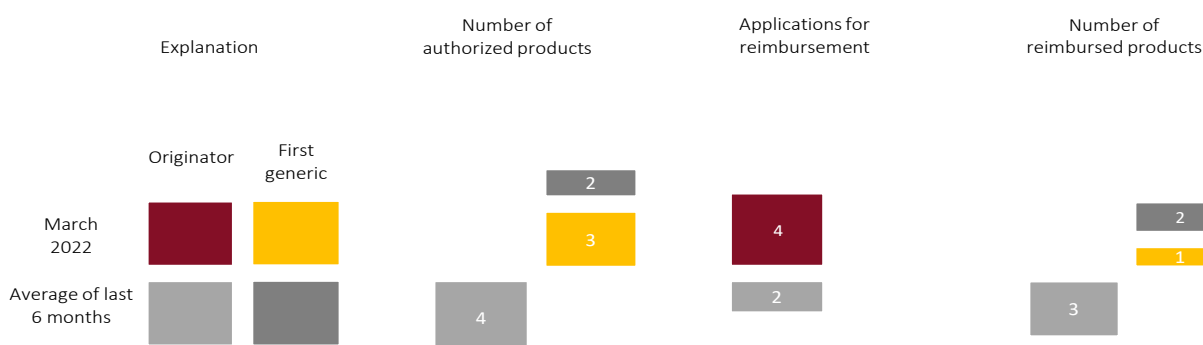
Source: Healthware analysis based on NHIFA data

Pharmacy reimbursement turnover



Source: Healthware analysis based on NHIFA data

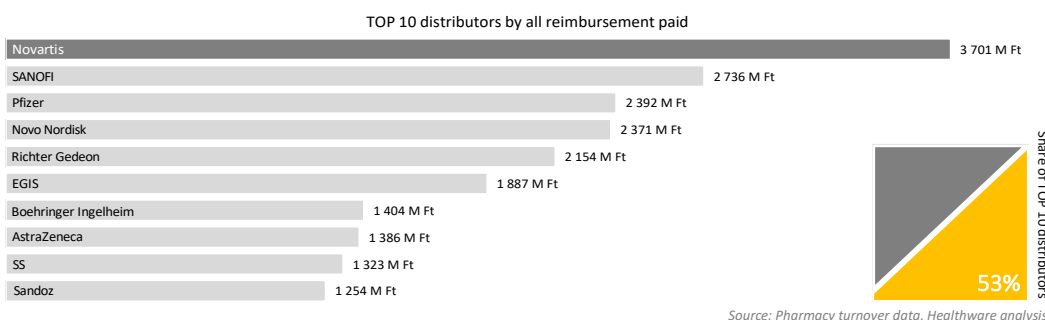
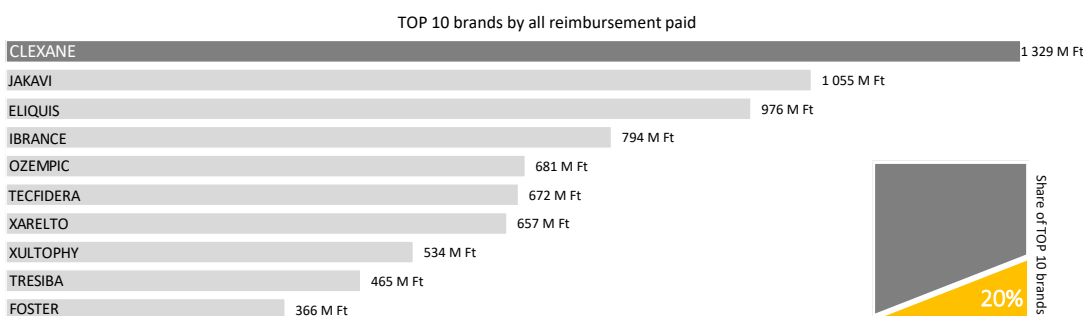
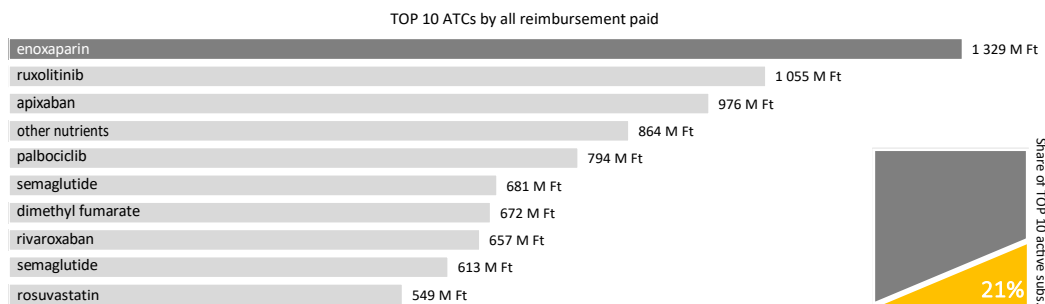
Changes to subsidized medicinal product categories, March 2022



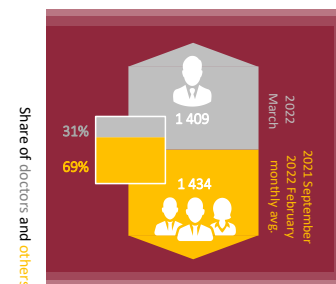
Source: Healthware analysis based on NHIFA data

Market data

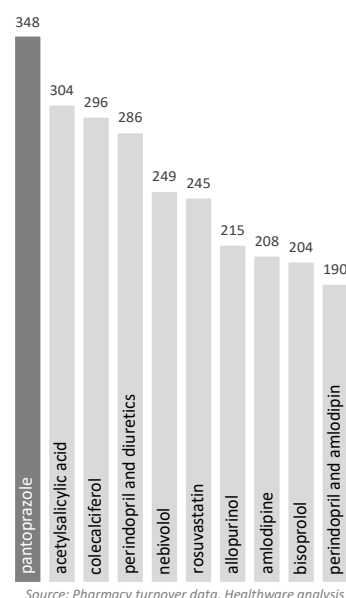
Toplists of reimbursement and number of patients, March 2022



Average number of medical sales reps



TOP 10 active substances by number of patients (thousand patients)



Process of excess capacity reception procedures and analysis of results – Case study

Healthware analysis based on NEAK data

In Hungary, healthcare providers are able to request excess capacity for more than 10 years. Since 2011, the National Health Insurance Fund of Hungary (NEAK) uploads the decisions of the committee on its official website. The latest one was published on the 17 of May, and this case study aims to give a brief insight into the evolution of excess capacity so far.

In accordance with the 337/2008. (XII. 30.) Government Decree's (hereinafter Decree) content, the Excess-capacity Admission Committee (TBB) holds its semi-annual meetings in April and September, however, if necessary, it can also take place at a different time (an extraordinary meeting was also held in this January). Furthermore, it is possible to accept excess capacity in advance, provided that it is for a public health development/programme, a tender supported by the European Union or other financial funds, or a regional development, and the amount financed for these does not exceed the financial resource limit stated by the Decree.

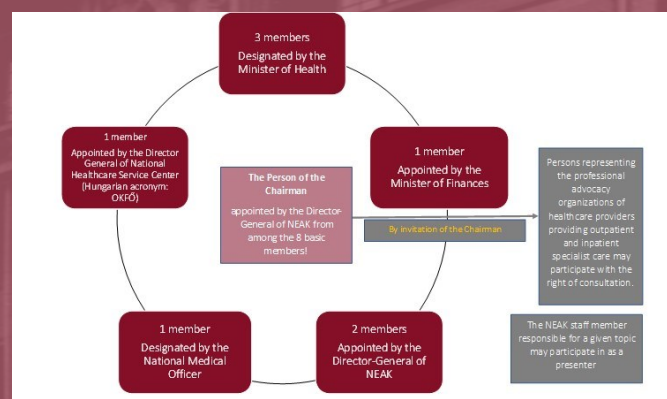
The above-mentioned executive Decree restricts what exactly a given health service provider can submit its excess capacity application for. Furthermore, the list of documents and certificates to be submitted with the application is also clearly set out.

Subject of request - opportunities (considered as excess capacity)

- ◆ Capacity expansion
- ◆ Financed care with a higher multiplier
- ◆ New form of care, involvement of a new profession
- ◆ Purchase or exchange of a device
- ◆ Single-use equipment, medicines, major interventions subject to itemised accounting
- ◆ Newborn screening
- ◆ Emergency care form
- ◆ Transfer of chronic inpatient specialist care to another form of care

The TBB has 8 voting members (Fig.1.), and a quorum requires the presence of at least 5 members. Decisions are taken by majority of votes (after all documents to be discussed has been made available at least 10 days prior to the meeting. In case of a tie, the vote of the chairman appointed by the Director of NEAK shall have a casting vote.

Figure 1: Designation of TBB members, route of entry



For applicants, it is important to note that the TBB will only consider their application if it is received by the last day of the second month preceding the due date of their upcoming meeting. In the course of their work, they give preference to applications for objective benefit needs in their proposals for applications to be put forward. During the decision-making process, among others, they take the excess capacity of the health care provider previously accommodated and committed at the time of the application, data on the population per unit of capacity, data on the capacity utilisation of the specialties covered by the application, the existence of capacity needs-based planning and the expected amount of funding into account.

Process of excess capacity reception procedures and analysis of results – Case study

Healthware analysis based on NEAK data

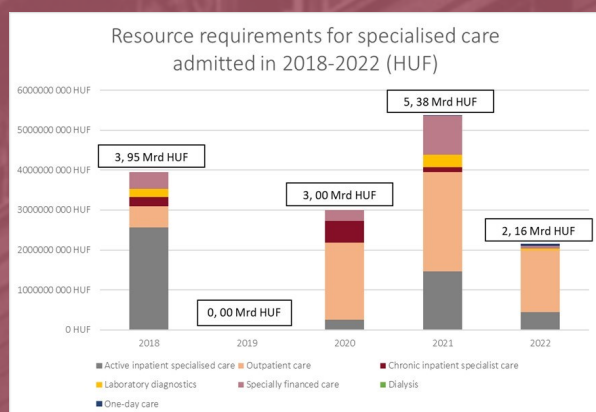
Preference is given to providers with a national/regional coverage area, providing health care with a higher progressivity or a more cost-effective solution than previously funded services, or providing a service better adapted to the population health indicators of the area served. (The above criteria are not complete.)

It is important to note that the application can only be submitted by the maintainer of the healthcare provider or, in case of a healthcare provider of a higher education institution, by the head of the higher education institution.

During the admission procedure, the application and related decisions are made with the involvement of several organisations before a contract is concluded between NEAK and the health care provider (NEAK, Minister of Health, Minister of Finances, National Chief Medical Officer). Figure 2 gives an overview of the process.

The absolute resource requirements of specialised care over the past 5 years are presented at fig. 4. Figure shows that while in 2018 the active inpatient specialised care dominated the share of funding decided by requests for excess capacity admissions, the outpatient specialised care dominated the share in the subsequent years (Figure 3).

Figure 3 Resource requirements for specialised care admitted in the period 2018-2022 (by specialised care, total)



Existing data also allows to examine the annual resource requirements within the requesting institutions and the distribution of the object within the specialised care. Figures 4 and 5 illustrate this by processing the results of the last session.

Source:
2006. évi CXIII. Act, Development of the Health Care System <https://net.jogtar.hu/jogszabaly?docid=a0600132.tv> (Date of download: 07.06.2022.)
337/2008 (XII. 30.) Government Decree on the Implementation of 2006. CXIII. Act, on the Development of the Health Care System, <https://net.jogtar.hu/jogszabaly?docid=a0800337.kor>, (Date of download: 30.05.2022.)
NEAK's official website, Process of excess capacity, http://www.neak.gov.hu/felso_menu/szakmai_oldalok/gyogyito_megelezo_ellatas/tobblekapacitas_befogadas, (Letöltés dátuma: 31.05.2022.)

Figure 2: The process of the excess capacity acceptance procedure



Figure 4: Distribution of the funding amount by subject based on the announcement of May 17th, 2022 (HUF, %)

Subject	Amount	%
1. Additional hours	534 292 600 HUF	44,9
2. New form of care	176 616 647 HUF	14,8
3. New profession	150 708 870 HUF	12,7
4. * DRG	132 659 295 HUF	11,2
5. New profession+indexed OENO*	76 432 356 HUF	6,4
6. Indexed OENO (1)	66 416 644 HUF	5,6
7. Itemised device	52 333 600 HUF	4,4
8. High-value asset		0

(1) OENO= International Classification of Medical Procedures

Figure 5: Distribution of the amount of funding by institution (HUF, %) and by object within the institution (%), based on the 17 May 2022 announcement

Institution	Amount	%	Subject distribution (within institution)
1. National Musculo-skeletal Institute	362 080 907 HUF	30,4	100 % additional hours, 0 % high-value asset
2. Börzsei Barbara Complex Early Intervention and Child Movement Development Centre (Catholic Charity Service)	200 033 869 HUF	16,8	89 % new form of care, 11 % indexed OENO (1)
3. Semmelweis University Clinical Centre	149 000 000 HUF	12,5	66 % *DRG, 34 % itemised device
4. Central Hospital and University Teaching Hospital of Borsod-Abaúj-Zemplén County	140 974 638 HUF	11,9	76 % new professional, 24 % *DRG
5. Bugát Pál Hospital	128 089 694 HUF	10,8	100 % additional hours, 0 % high-value asset
6. International Children's Emergency Service Foundation	119 825 883 HUF	10,1	64 % new profession+indexed OENO (1), 36 % new profession
7. Bács-Kiskun County Teaching Hospital	44 121 999 HUF	3,7	100 % additional hours
8. University of Pécs Clinical Centre	38 819 088 HUF	3,3	100 % indexed OENO (1)
9. Békés County Central Hospital	4 065 336 HUF	0,3	100 % indexed OENO (1)
10. Bethesda Children's Hospital of the Hungarian Reformed Church	2 448 598 HUF	0,2	95 % itemised device, 5 % indexed OENO (1)

(1) OENO= International Classification of Medical Procedures

To ensure transparency, it would be important to publish the outcome of the assessment of the applications received and the reasons for it, both negative and positive, on a year-by-year basis. The initial steps of this are available for 2015-2019, but a more detailed set of assessment criteria would be desirable.

This study is intended to present the basic context, for a deeper and more extensive analysis, please contact our colleagues.