

Summary
of the Audit on the Utilisation of Funds
Provided for One-Day Surgery Services (1001)

The State Audit Office of Hungary (SAO) completed the audit on the utilisation of funds provided for one-day surgery services. The purpose of the audit was to evaluate whether the budgetary and EU resources planned for and spent to one-day surgery services had been utilised sufficiently. The audit covered the period of 2006 to the 1st half of 2009.

One of the biggest challenges of today's healthcare is the increasing tension between the wide variety of therapy possibilities offered by technical development and the resources available to finance healthcare services. One of the instruments aiming at easing that tension is one-day surgery, a cost effective model which provides benefits for all participants. The health insurance saves resources but that model is also useful in terms of the workplace, the state and the patient alike, since patients involved are back to work earlier, their ability to create values recovers more rapidly. Becoming aware of this, from among the European countries in Denmark, the Netherlands and the United Kingdom more than 50% of surgical interventions are carried out by means of one-day surgery, according to the OECD statistical report. The most frequent surgeries are cataract removal, minor gynaecological interventions, and the treatment of hernia and varicose veins.

According to the data of the National Health Insurance Fund Administration of Hungary, about 3% of the surgeries were performed as one-day surgery in 2006 and 8% in 2009 in Hungary, which means a low proportion in international comparison. International trends forecast that in the future significant ratio of elective interventions will be performed as one-day surgery also in Hungary. However, in the absence of strategy and target values the dimensions and place of one-day surgery services in the given institutional system and their effects are not determined clearly. Subsequently, the future prospects of service providers concerning one-day surgery services are uncertain, and they do not take into account the effects on the health insurance.

In Hungary, nearly 300 sorts of operations can be performed as one-day surgery, which were selected by healthcare professionals. According to expert opinion, this represents a low value. In 2008, the National Health Insurance Fund Administration of Hungary funded altogether nearly 1,7 million operations. From among the 300,3 thousand operative treatment, which could have been performed as one-day surgery, only 115,6 thousand were performed this way, while 184,7 thousand cases involved hospital stay of several days. The expenditures of the health insurance allotted to one-day surgery rose from HUF 2,7 billion up to HUF 7,0 billion between 2006 and 2008.

Neither the ministry, nor the National Health Insurance Fund Administration of Hungary, or the service providers quantified the cost effectiveness. The actual audit, collecting a wide range of data about expenses, proved the cost efficiency of the most frequent interventions on the primary, institutional level. The value of the funds given by the National Health Insurance Fund Administration of Hungary exceeded the primary costs of the cases in the 10 institutions audited on site and in the case of 47 service providers that had won the possibility through competition to provide one-day surgery services.

One-day surgery is financed by the same amount in case of hospital stay of one day or several days, which stimulated its spreading. In order to develop one-day surgery services, the call for proposal related to structural changes, announced by the Ministry of Health in May 2007, proved to be efficient, since at the winner service providers the number of one-day surgeries increased six times (from 7,1 thousand up to 43,2 thousand) while active hospitals performed only one and a half times more one-day surgeries than before. At the same time however, tendering enabled highly-financed patients to be selected and the surgeries performed were not in line with the professional composition set by the contracts. These facts indicate shortcomings in the functioning and the control of service providers - who won the tender and utilise public funds - according to the conditions of the contracts. The quality control of services has not been established. The follow-up and evaluation system of complications has not been elaborated, the quality parameters collected by the National Health Insurance Fund Administration of Hungary from the winner service providers have not been analysed and controlled.

EU tenders evaluated by the end of the on-site audit also slightly contribute to the spreading of one-day surgery. Call for proposals announced in the framework of the Social Infrastructure Operational Programme and the Regional Development Operational Programme, involved by the current audit, aimed at developing regional out-patients centres. These centres plan to perform 15-16 thousand operations per year as one-day surgery (7750 weighting factor) after their opening in 2010.

The tenders effected a slight reduction in the regional inequalities of having access to one-day surgery services. The central region continues to dominate, which is demonstrated for example by the fact that the number of operations per 1 000 citizens in Budapest is fourfold of those performed in Békés County.

Further resources were also available – beyond the tenders – in order to promote one-day surgery. For example, institutions providing active inpatient care were entitled to account a particular part of the one-day surgery services to the debit of their ‘performance-volume-limit’¹ used for funding outpatients services.

¹ Each year, the National Health Insurance Fund Administration of Hungary sets for each service provider a monthly limit of the maximum number of DRG (diagnosis-related group) points and outpatient points (under a relative fee-for-services system), for which the given service provider can receive payment.

However, this did not prove to be effective; about 40% of the 'performance-volume-limit' planned for 2009 was not utilized. One of the reasons was the limited scope of one-day surgery services.

The expansion of one-day surgery services is hindered by the complicated and outdated regulation and the fact that the doctors have to consider also social aspects, like living conditions and transport possibilities, or the lack of possibilities for home nursing. It has further restraining effects that resources are allocated on the basis of the number and the utilization of hospital beds, instead of considering how to meet the healthcare needs of the population in the most cost-effective way.

The tender winners fulfilled 95% of the weighting factors and 63% of the number of cases contracted, which means that they preferred more complicated operations requiring more funds. The most frequent one-day operations were fully covered on the level of primary costs at the service providers contracted through tendering. The audit found out that 17% of the service providers charged a fee for accommodation, and some of them charged a fee also for consultations and anaesthesia in spite of the fact that these are financed by the National Health Insurance Fund Administration of Hungary.

Based on the above, the SAO recommended the Minister of Health establishing the place of one-day surgery in the healthcare system, in particular creating the indices specifying it and the target values of those indices; evaluating the indices constantly by operating a monitoring system; prescribing to keep waiting lists for one-day surgery services separated for the sake of transparency and follow-up, and demanding of the observation of the requirements connected to the waiting lists. The SAO also recommended reviewing the scope of one-day surgery services regulated in the Annex 9 of Decree 9/1993 (IV.2.) of the Minister of Welfare on issues of financing healthcare by the social insurance, and on the basis of the review initiating its modification and extension; setting the content elements and the financing protocols of these services and controlling the observation of them.