

SURVEILLANCE

Home care in Slovakia

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Abstract: Home nursing care is an important and inseparable part of individual long-term healthcare. The need of complex home care in Slovakia has an increasing trend both for clients/patients and for healthcare workers. Inquiries show that as many as 90% of citizens prefer to have health and social care provided within their own home settings. Due to the fact that the number of old people is increasing worldwide, including Slovakia, old people will be the only age group with a growing number of inhabitants in the nearest future. We should be aware of a significant fact that the number of people over 65 years, i.e. of those in need of health and social assistance, is continuously expanding and will form the largest group. As old age is typically associated with advanced stages of chronic diseases requiring treatment in form of follow-up and nursing, the support of complex home care development in Slovakia is of great importance. The aim of home care is to provide complex care in coordination with ambulatory and institution-based care as well as with provision of care services. In 2008, the home nursing care expenditures in Slovakia amounted to EUR 9.3 million (Tab. 1, Ref. 18). Full Text in free PDF www.bmj.sk.

Key words: home care, long-term care, healthcare, nursing care, ageing population.

One of the strategic challenges and opportunities in Central and Eastern Europe is the development of integrated home healthcare services (1). Home care belongs to the main types of long-term care services. Individuals need long-term care (LTC) due to disability, chronic conditions, trauma or illness limiting their ability to carry out basic self-care or everyday personal tasks. LTC includes a range of services for persons who are dependent on help with basic activities of daily living (ADLs). (2). Long-term care (LTC) refers to provision of services for persons of all ages who have long-term functional dependency (3).

Home nursing care (HNC) is a relatively young, modern form of sick-nursing in patient's own social environment. Most frequently it is provided in the patient's place of residence, but also in nursing and retirement homes, pensions, public charity homes, hospices and other institutions of nursing and social care (4).

Home care is defined as a provision of healthcare services by formal or informal healthcare providers (5). Home healthcare represents the primary healthcare. It is a new type of care in Slovakia, developing since 1995 (6). Home care can be provided indoors (at home), as well as outdoors (in a community) (7). Home care is generally envisioned as care that is provided at home and has one of three objectives:

- To substitute hospital-based acute care
- To substitute institution-based long-term care
- Or to prevent the need for institutions and maintain individuals in their own homes and communities (8)

Aims of home care

The main aim of home care should primarily be to enable the sick, old and wholly dependent upon assistance to stay in their own homes, to provide adequate home care after the institution-based care, prevent diseases, facilitate a healthy lifestyle, provide adequate help and care for the dying, and to increase life quality (9).

The overall goal is to provide individuals with high-quality, appropriate, cost-effective care that would enable them to maintain their independence and the highest possible quality of life. Virtually all studies have found home care to be associated with higher quality of life, while some of them have found it to be also cost-effective. Cost-effectiveness has been found most frequently in home care substituting the institution-based long-term care (20).

Home nursing care in Slovakia

Skilled home nursing is part of the healthcare system in Slovakia. It is provided mainly by a single type of organisation, namely *home care and nursing agencies* (*agentúry domácej ošetrovateľskej starostlivosti – ADOS*) (10). The latter agencies are part of primary healthcare and they belong to the system of healthcare services. They provide complex special nursing care for clients/patients, families, communities within their own habitat. It is a self-contained functional unit allowing the provision of nursing care including prevention, therapy, rehabilitation,

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Tab. 1. Comparison patients and expenditure in Health insurance companies for home nursing care by region, Slovakia 2008.

Region	Patients				Expenditure for home nursing care (€)				Expenditure for 1 patients (€)			
	VsZP	SZP	Dovera	Apollo	VsZP	SZP	Dovera	Apollo	VsZP	SZP	Dovera	Apollo
Bratislava	900	264	111	83	503 870	230 985	138 499	83 778	560	875	1 248	1 009
Tnava	2 215	66	141	325	693 272	21 591	46 057	59 314	313	327	327	183
Trencin	2 024	90	48	431	586 187	29 935	8 888	56 242	290	333	185	130
Nitra	5 225	311	712	600	870 739	63 190	202 552	124 120	167	203	284	207
Zilina	2 932	239	156	175	1 247 483	94 161	45 280	44 345	425	394	290	253
Banska Bystrica	2 476	106	641	57	742 362	34 429	168 224	13 777	300	325	262	242
Presov	3 075	152	6 173	65	1 193 940	52 829	515 264	26 596	388	348	83	409
Kosice	2 470	545	851	106	767 025	258 240	327 416	27 460	311	474	385	259
Slovakia	21 317	1 773	8 833	1 842	6 604 877	789 360	1 452 180	435 633	310	443	164	236

Source: Health insurance companies, VsZP – <http://www.vszp.sk/>, SZP – <http://www.szp.sk/>, DOVERA – <http://www.zpdovera.sk/>, APOLLO – <http://www.apollo.sk/>

counselling, healthcare, as well as social and educational care (11). Currently there are 162 home care agencies in Slovakia (12). Most of the agencies provide nursing care exclusively by means of qualified nurses. The emphasis is mainly on technical nursing of sick people at home. Some of agencies include also rehabilitation provided by qualified physiotherapists. There are some agencies that provide home assistance such as housework, shopping and cooking, as well as feeding. Home nursing is usually free of charge for the patient, and is reimbursed by the patient's health insurance company, while home rehabilitation is reimbursed only by some of them. Home assistance provided by agencies is financed by the patient. Technical nursing care and rehabilitation requires a medical referral prescribed by the primary-care physician (general practitioner). Rehabilitation is usually prescribed by rehabilitation physician or by neurologist. Before the treatment, every patient must undergo a consultation with the insurance company's revision physician. The care can be started only upon a written consent for the treatment. Only the prescribed and approved care is reimbursed (10).

Agency's goals include the provision of complex care in coordination with ambulatory and institution-based care, possibly with domiciliary services, which are covered by authorities of social care, humanization of nursing, availability of nursing for everybody in need of it, saving the acute-care beds in hospitals, and education of population in taking responsibility for their own and their families' mental and physical health (11).

Within constantly increasing cost-cutting in health and social services the ageing process and a decreasing proportion of economically productive part of population are a serious problem in every highly developed society (13).

Home health service is a practice of applying diagnostic and therapeutic nursing as well as physiotherapeutic service to ill individuals within the environment of their own home. Home health services represent an advanced form of home care and are often referred to as skilled home nursing (10).

The benefits of home care are as follows:

1. *Patient benefits:* prevention of hospital-based care; shortened period of hospital confinement and eventual sickness absence, acceleration of the process of gaining independence and

self-sufficiency, marked increase in life quality, active prevention of ingravescence, humanization of nursing, and education of population in taking responsibility for their own and their families' mental and physical health

2. *Health service benefits:* complex care in coordination with ambulatory and institution-based care, minimisation of healthcare costs, saving acute care beds in hospitals, reduction in the days of inpatient acute bed care down to a period needed to handle the acute condition, important task network of co-operation, expansion of care spectrum and its accessibility by the diseased, possibility of therapy in households as well as in further environments provided by ADOS.

The necessity of wide-spread distribution of home nursing care is based on data reflecting an increasing trend in the proportion of population over 65 years of age and wholly dependent on long-term care, constant pressure upon cost minimisation in Health services, decrease in quality of services, and poor availability of health services (14, 15).

For the first time in history, Slovak legislature (Act No. 576/2004 Coll. statutes at large about health care, § 8 Ambulatory Care Article 5) defines home nursing care as home care provided by nurses or midwives with special competence in accord with nursing procedure. Home care is a form of an outpatient care provided to a person whose health status does not require a continuous provision of healthcare for a period exceeding 24 hours (16). The network of agencies is governed by amendment of Statutory Order No 751/2004 about minimal public network of healthcare providers. The latter order in Article 1 of § 8 (Home Care Agencies) states that minimal requirement for home care agency network is to have one nurse per ten thousand inhabitants (17).

According to the data of the largest Slovak health insurer (Všeobecná zdravotná poisťovňa – VsZP), the 2008 expenditures were in an amount of EUR 1.96 billion, of which an amount of EUR 1.90 billion covers general activities. By simple calculation, we came to a proportional part covering home nursing care, namely 0.35 % of all expenditures covering the general activities. This means that 2008 home nursing expenditures of VsZP represented less than 0.5 %, which is little when considering the fact that home nursing care appeared on the health market ten years ago. The 2008 home nursing care charges of another Slo-

vak health insurer (Spoločná zdravotná poisťovňa – SZP) were even lower, coming to 0.13 %.

Obviously, these figures reflect a poor situation when considering the amount of insured persons and the fact that the market share of VsZP amounts to 64 %. Globally, an amount of EUR 7.8 million of the whole 2008 health insurance budget went to home nursing care (Tab. 1). This figure passes on an important message especially when compared to amounts charged for bed care and drugs as well as when considering the decrease in number of beds. The latter message tells us that this type of healthcare has been explicitly underfinanced for several years. The latter situation deteriorates the already poor status of ADOS (home nursing care agencies), blocks their personal and material capacity and hinders the progress of their struggle to raise the quality of care.

The home nursing care to a great extent substitutes the hospital-based care. But it is hindered by the fact that cancelling of hospitals or hospital departments are widely reported by media which leads to protests among the public. On the other hand the media do not report on the fact that home nursing is not given to patients as they do not consider it to be an interesting issue. The lack of home nursing care thus stays a problem borne by patients and their families. Nevertheless, the main problem is that health insurance works with limits and thus shifts the financial burden to healthcare providers who have to explain to the patients or their families why home care is not given to patients. At the same time it is necessary to note that as a matter of fact the health providers have no juridical relationship with their patients.

As shown in Table 1, health insurance companies prefer some regions to others while in the latter regions, the percentage of insufficient financing is higher. This leads to regional differences in business conditions and instability in this sector of healthcare. Not all of health insurance companies collect data allowing us to compare the regions in Slovakia. Nevertheless, we are confident that the differences between regions are extremely marked. This in turn leads to regional management differences especially in terms and conditions of contracts signed with home care providers, i.e. with ADOS. It is our goal to remove the regional differences in order to get equal conditions and financial budgets calculated per inhabitants in regions.

Based on acquired economic and healthcare results, the activities of home care agencies in Slovakia are beyond doubt a unique and greatly important segment of healthcare (18).

Conclusion

We are aware of the fact pure evaluation of home nursing care problem does not give us the right of giving simple clues. However as this is an interesting problem involving the demographic evolution and health status of inhabitants with high morbidity and home nursing care needs, we do this because the current situation raises some fear and increases the feelings of insecurity.

A comprehensive and systematic effort to reform the national healthcare is inevitable due to the aging of population, increasing costs, as well as low quality and availability. Home health services must become an essential part of this reformed structure

since they can improve the patient outcomes, increase the patient satisfaction, and decrease the hospital use by either decreasing the average duration of stay in hospital or by preventing the hospital admission. Since home health services cost less than the hospital-based care, the generated savings will allow the health care system to improve its overall quality.

In order to provide inhabitants suffering low status of health with good health care within their own homes, it is necessary to accomplish a lot of changes in healthcare system. At the time being, the focus on home care is very specific. In general the home nursing care agencies provide only a partial service. We think that these institutions should provide more complex services and become a significant market player. Finally we can conclude that the solution of home care problem is going to relieve the financial burden of healthcare in general. Home health care is a positive trend of health sector reforms. Home care is a challenge for the future.

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