



## **Opinion of the Czech Association of Outpatient Specialists (SAS ČR)**

**EANA meeting – Prague, May  
2013**

System of compulsory health insurance of industrial workers was introduced in Austro-Hungarian Empire in 1888 and lead to the necessity to defend the interests of physicians against insurance companies. Therefore in 1906 the Union of sickness fund doctors was established. Almost all independently working doctors became members of this Union. They worked on contract with insurance companies and were paid according to the tariffs. The Union of sickness fund doctors worked until the 1948 communistic putsch. The Union was disbanded and gradual liquidation of individual offices of fund doctors started. The property of Union was confiscated in favor of communistic trade unions. All doctors became members of new Czechoslovak Medical Association of J. E. Purkyně. The Association boasted with features of "new Socialistic scientific organization with a clear and firm ideological orientation". At the time of the Communist regime the Association was a

monopoly organization for over 40 years, and has become even for a certain period in the early 1990s the partner of EANA. Unfortunately, the existence and contacts of Czech Medical Association with EANA were not made public until about 2005, and, therefore our organization SAS became a member many years later.

Most of independently working doctors in Czech Republic (we mean non hospital employees) work on a contract with a health insurance company. They represent the majority of outpatient physicians in our country. They are grouped in voluntary associations, which are independent both of the state and the Czech Medical Chamber. The Coalition of Private Doctors includes dentists, general practitioners for adults, and general practitioners for children and teenagers, private gynecologists and outpatient specialists who also include lab specialists (X-ray, laboratory and pathologists). The main goal of our Coalition is coordination of some activities (including official protests), discussion of all main common problems with medical insurance companies, the ministry and other representative bodies. These most frequent issues are contractual relationships, regulations by insurance, limitations of reimbursement and conditions to carry out the practice. Regular Coalition meetings are usually attended by the management representatives of insurance companies and the Deputy Minister on behalf of the Ministry of Health. Coalition and we, SAS, are respected body and represent a very active feedback in a legislation process. In this respect we achieve probably what is possible to achieve. Currently, in the Czech Republic, in health care system work some 240 thousand people out of whom there are 36 thousand doctors. Seven thousand dentists, 5,300 general practitioners, 2,100

children's doctors, 1,000 outpatient little use or interest to private physicians. gynecologists make the membership base Professional, organizational and scientific of the Coalition. The fifth member - our topics are much better approached in Association of Outpatient Specialists (SAS) specialist and scientific medical has currently over 2000 members which ads associations. Topics regarding options of weigh to our activities. However, only the execution and preservation of a private free Association of Outpatient Specialists is a medical profession, which are now more member of EANA – we have not been able important, are not found there. Moreover, it to convince the others about the usefulness is still not the main and essential theme of of being members. the EANA activities. EANA is, however - at

Now let us explain a little how our Association functions. The democratically elected SAS board regularly presents the results of the activities and results to members at the annual Assembly of the SAS. Our specific position is in the fact, that health insurance companies have currently features of a monopole employer. The contractual relations between physicians and companies bears no sign of market environment but is strongly regulated by the law. Moreover, economically and politically very influential investment groups smell the profit and enter the health market and often dictate the conditions. Therefore contract doctors need specific professional protection that would at least partially offset the legal inequality between the huge monopoly of economic organizations and contracting physician. From this viewpoint is the position of the SAS in our health system irreplaceable. In many cases we have achieved positive results, such as when representing colleagues in disputes about financing with health insurance companies. We are regular and an active partner in the annual negotiations with health insurance companies about the framework agreement on reimbursement in the coming year and other terms and conditions of the contractual relationship.

The tasks and objectives set out by EANA on its website which has not been updated for a long time (see) neither is currently of

least according to its name – the only international organization of private physicians with a very respectable representativeness. But unfortunately – what has EANA really done in favor of private physicians who at least in our region are endangered species?

We are convinced that the interests of private doctors can be successfully defended only by entirely voluntary, autonomous associations, financed solely from membership fees and independent of the state. Such association should be transparent, which means that the elected representation is fully answerable to members. Should EANA be made of such authorized representatives of national associations, its reputation and influence will grow. The basic information about the national associations, their activities, problems and successes, should be periodically updated and available to all EANA members. Should EANA try for more than just being a pleasant club but noncommittal discussion club, every meeting should bear in mind that delegates will report back to its member base which will be the final assessor.

What benefits can actually EANA present to private physicians? We thought first that it may have some influence in the European Commission which is becoming more and more socialistic and not too friendly to private doctors. But this influence is not

apparent and perhaps is even not possible. When asking Czech members of the European Parliament we have found out that they don't even know of EANA. Regional EU and WHO offices do not have more information either, not speaking of national health ministries. There is only a horizontal exchange of relevant information about the free practice situation in individual countries: about contractual policies of insurance companies, various regulations, possibilities to establish a practice, options of individual doctors within the system, about established defenses in various countries, about successes and failures of individual national associations in this ongoing fight. This communication could be thought-provoking and we recommend it to be the main topic at future EANA meetings – prevention, vaccination, postgraduate education etc. do not really belong there. The core should be an always up-to-date website. In such case, the web pages would be frequently visited and contributions will not be from meeting delegates only but also from other interested doctors in the field, who are minority in any country but in whom the thought of a free profession still survives. Such feedback could revive not only EANA.

We are afraid that if EANA will not change its current profile and its range of activities, it will lose its importance and appeal to private physicians – at least for the Czech ones.

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