Matra Project Patients’ Rights in the Slovak Republic

1 General

The project Promotion of Patients’ Rights in Slovakia (MAT01/SK/9/3), in the framework of the EU pre-accession programme of Slovakia, started on the 2nd January 2002 and finished on the 30th June 2003. The programme received technical assistance from Interaction in Health/Public Health Consultants group in the Netherlands in collaboration with Dutch and Slovakian experts. Patients’ rights have many dimensions: right of access to care, right of choice, right of quality of care, right of information, right of protection against damage, etc. Patients’ rights make part of human rights in general.

The expected results of this programme were:

1. The formulation of a long-term national strategic plan on protection and promotion of patient’s rights. This process would enhance public debate and provide a menu of methods and instruments for interventions in the field of patient rights.
2. Development of a number of action plans, programmes, policies and instruments to enhance patients’ rights delivered in close collaboration with the different stakeholders in Slovakia.
3. Piloting different scenarios to deploy patient rights functionaries in the Slovak health system. Options mentioned are the Ministry of Health, the State Health Institutes, providers, health insurance companies, the regional governments and municipalities, but also consumer and other civic groups. A mandate should be formulated and tested based on obtained learning experience, know how and an adequate feedback from the stakeholders.
4. A set of indicators to help benchmark and evaluate the project as well as to be used by stakeholders to monitor the sustained activity.

In order to achieve the expected results the following activities were undertaken:

1. Strategic plan: a strategic committee, consisting of various stakeholders developed a framework plan, consultations took place in two National Forums, and finally the plan was presented to the Ministry of Health
2. Action plans: action plans were formulated by different stakeholders, after training, visits to the Netherlands and round table discussions
3. Pilots were implemented by patient rights functionaries, supported by training, information to the public (brochures, pamphlets, website).
4. Indicators were formulated and monitored and two community surveys were conducted.

2 Results

The National Programme on Patients’ Rights in Slovakia has been formulated and adopted by stakeholder organisations, like State Health Institutes (public health organisations), health insurance companies, hospitals, local governments, civic organisations and patient organisations. The Ministry of Health has not yet endorsed the programme. The Strategic Committee and Forums provided a unique platform for discussion for representatives of various institutions active in the area of health care. Stakeholder organisations have produced action plans, which show publicly their commitment by to patients’ rights. Training was an important element of the project: more than 160 persons were trained. A set of 14 modules, was published in manuals and distributed on CD. The modules are downloadable from the website www.pravapacientov.sk both in Slovak and in English. The project managed to draw public attention by publications in newspapers and magazines, radio and TV presentations. The website was instrumental in the publicity.
Pilots with regard to patients’ rights took in organisations and towns: some hospitals have worked out complaint procedures, including forms and reporting formats; state health institutes have developed local telephonic help desks and information materials. Patient organisations have developed information materials. The general health Insurance Company has trained its inspector-physicians in incorporating patients’ rights into quality control procedures.

A series of qualitative and quantitative monitoring tools has been developed and applied. The surveys conducted showed a gradual increase in knowledge about patients’ rights under the general public.

Finally, at the end of the project the MOH has created a Patients’ Rights Unit. The Unit will operate directly under the Minister of Health. One of its first tasks will be to prepare an official government document on the basis of the National Programme on Patients’ Rights.

3 Approach

This project was a follow up on a previous Phare programme (financed by the EU), which concentrated on the formulation of a Charter of Patients’ Rights. This Charter was endorsed by the Slovak government in 2001, but remained a theoretical concept as no action was undertaken to publish it or transform it into concrete actions in the Slovak health system. This Matra project could use the Charter as the starting point and could initiate activities to take patients’ rights a step further in realisation.

The Terms of Reference for this project aimed at the Ministry of Health for developing the strategy with regard to improving patients’ rights and at State Health Institutes as the focus for protecting and promoting patients’ rights. In the inception phase, the range of target groups for the project was broadened: instead of concentrating on the Ministry of Health and the State Health Institutes the project aimed at local governments, regional authorities, insurance companies, patient organisations, etc. The idea was that available opportunities in the society should be used in a creative way. Patients’ rights should be incorporated into the work of all organisations in health. This approach has proven to be very fruitful. The response from insurance companies, Local Authority organisations, patient organisations and from some hospitals was very positive and has enriched the project. It has created an opportunity for exchange between stakeholders, which (in day-to-day life) often hardly communicate with each other.

The project succeeded in building a relation with stakeholder organisations. The project did not offer ready made solutions and work plans, but assisted the organisations in formulating their own ideas and plans and assisted in implementation of small pilots which were developed within the organisations. Important part of the project was training in patients’ rights: most of the training needs were identified by the organisations and by developing a modular curriculum a flexible training programme could be offered which was custom made for the target groups.

The study tours to the Netherlands were used for exchange, not only between Dutch and Slovak experts, but also among Slovak stakeholder groups. This helped in creating understanding between government officials, patient groups and health care providers.

The project aimed at creating a “coalition of the willing”; organisations which were not motivated to join were not involved. Therefore, key organisations, like the association of hospitals and organisations of health care professionals were not participating. This can be considered as a weak point, but had to be accepted given the short time period for the project. Hopefully, these organisations will join in a later stage, when they see the benefits of this work.

In the terms of reference it was stated that the Ministry of Health would create a patients’ rights unit at the onset of the project. This never materialised during the project period: just two weeks before the end of the project the unit was formed. Reasons for the delay were partly political (elections and a change of government and minister of health), partly administrative (freeze of creating new positions). Therefore the ministry missed the opportunity to play a leading role in formulating the National Programme on Patients’ Rights. Hopefully the ministry will endorse the programme and take its responsibility in implementation.
4 Lessons learnt

Ownership
The success of this project was to a large extent achieved because it seized the opportunities available in the Slovak health sector. Institutions, organisations and groups, which were already aware of the importance of patients’ rights, could be mobilised and activated. The preparatory work done in the Phare project (formulating a Charter of Patients’ Rights) was very instrumental in starting the Matra project. In the inception phase of the project organisations already expressed their ideas and suggestions, which could be incorporated into the work plan for the remaining project period. Flexibility during the project implementation (e.g. adjusting pilots, accommodating new pilots, developing custom made training programmes) was important for motivating the participating organisations. The organisations felt very much ownership for the action plans, training programmes and activities implemented. They contributed considerably in terms of finances, logistics and time.

Publicity
The attention from the side of the media for this project was considerable, with publications in newspapers, radio and TV coverage. This showed that patients’ rights are becoming a public issue and that awareness under the general public is rising (which was also demonstrated in surveys done as part of the project implementation). The availability of information materials, also on CR-rom and a website was instrumental in informing the public.

Adjustment to reality
One can argue that – referring to the terms of reference – the project was a failure. It was the project’s purpose to reinforce the Ministry of Health and to develop a national programme for the ministry. This could not be achieved as the counterpart structure was not available (until two weeks before the end of the project). This was already anticipated in the inception phase; reason why the objectives were broadened. With hindsight, anticipating on a non-existent counterpart structure was not a good idea in the TOR.

Local expertise
Interaction in Health, the Dutch organisation implementing the project, was assisted by Dutch experts, with knowledge in areas of consumer interests, insurance companies, legal aspects, public health, training, etc. There was a broad range of experts who could be called in when needed. Maybe even more important than the Dutch experts were the Slovak experts, who had extensive knowledge of the health system, were leading experts in training institutions and had worked with the previous Phare project. Interaction in Health contracted a full-time coordinator, who played a key role in identifying stakeholder organisations, maintaining contacts and assisting in developing action plans and training programmes. She worked within the Ministry of Health, and got full organisational and logistical support. She could compensate for the missing counterpart, i.e. the patients’ rights unit.

Time and flexibility
Promotion of patients’ rights is not a project and cannot be achieved in 18 months. Though a momentum has been created and tangible products are available, further support is necessary. Unfortunately, Matra projects cannot be extended. Though, local contributions were considerable, new sources of funding have to be identified for example for training, exchange and monitoring. If the ministry is able to keep initiated activities going with the newly created patients’ rights unit, continuity can be guaranteed. The Matra project design (with the logical framework) is quite rigid, as well as the financial regulations (with elaborate permission procedures for even minimal amounts of money). Assisting pilots, supporting local initiatives or local training was not easy. Innovation, flexibility and creativity could be enhanced by a more goal-oriented approach in the Matra programme.
5  Future

As mentioned above, the Ministry of Health in the Slovak republic has taken up the responsibility to continue the activities. The National Programme on Patients’ Rights will be transformed into a government document and will be presented to the government for endorsement. Hopefully the ministry will assume its role as envisaged in the National Programme.

Several organisations, like insurance companies, State health Institutes, patient organisations have formulated their action plans and have made public commitments. It may be expected that indeed they will stick to those plans. Public awareness is increasing and will be factor to count with in the future.

It will be important to involve health care providers, especially the professional bodies and hospital association in the programme. Some hospitals have participated in the project and have shown that patients’ rights are not threatening: they can play a advocacy role towards their colleagues.

In the project interesting coalitions were created, putting patients’ rights into a broader context of human rights. Issues of reproductive rights (contraception, abortion), the role of health care in protection against violence, etc. are closely related to patients’ rights, and can be a next step in promotion of rights.

Internationally, there is more attention for patients’ rights. Civic organisations are promoting an EU Charter on patients’ rights and will possibly develop international coalitions in this field. This initiative is coordinated by the NGO Cittadinanzattiva in Italy.

Recent jurisprudence on the right of access to care in an international context may affect all present (and future) countries in the European Union. The training modules of the project paid attention to these international developments. They are available in the English language and can be used in other countries as well. Many elements of the project can be used in developments of patients’ rights in other pre-accession countries. The Slovak experts, who participated in the project, have made international contacts and will continue promoting patients’ rights in the European context.

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