Methodological remarks, concepts, definitions

The scope of health services is included in the Act LXXXIII of 1997 on the benefits of the compulsory health insurance and the Government Order 217/1997 (XII.1.) regulating the implementation of this act.

This chapter presents the data of those concluded financing contract.

Financing contract: is concluded between the financing institute (NHIFA, RHIF) and the service provider for health service.
To define the indicators regarding financed services (per services, station), we count their average number per month.

Ledger data: the expenses accounted financially from 1 January to 31 December of the given year. The 6.1. chapter contains ledger data.
Chapter 6.2. to 6.10. are containing date of service providers which concluded financing contract with NHIFA relating to the performance and financing of the period from 1 January to 31 December.

General practitioners' care

Source of data: monthly change report and report of occasionally care of the general practitioner's service, which are forwarded to the Regional Health Insurance Funds.

Service providing regional care: has to give the same care to entitled people living in the same district but having chosen other general practitioner like those, who registered at this service, if they can not visit the doctor they have chosen.

Mixed care: service, providing care for adults as well as children.

Financial support as entrepreneurial flat rate for basic care: Government Decree No. 229/2001. (XII. 5.) on the financial support of general practitioners, family paediatricians and dentists providing basic cares, which made it possible for the providers to claim financial assistance at buying equipment and real estates for the use of providing services, was repealed on 1 January 2006. – Decree No. 329/2005. (XII. 29.) – however the rules of the Government Decree above should be still applied for valid and updated contract made before 2006.

Dental care

Source of data: performance data of the dental care services that are forwarded to the Regional Health Insurance Funds.

Until 2004 the annual data include the corrections (subsequent account because of lack of data or mistake in the report, data correction, supplement of unprocessed data because of technical, reasons, correction after audit) made until the fourth month following the current year, modifying the respective month. In 2005 it includes correction made until the end of the year.

Number of cases: one case is the appearance of one patient within a calendar day regardless of the number of services provided for him/her.

Number of interventions: number of services provided for the patient during one appearance.

Financial support as entrepreneurial flat rate for basic care: Government Decree No. 229/2001. (XII. 5.) on the financial support of general practitioners, family paediatricians and dentists providing basic cares, which made it possible for the providers to claim financial assistance at buying equipment and real estates for the use of providing services, was repealed on 1 January 2006. –Government Decree No. 329/2005. (XII. 29.) – however the rules of the Government Decree above should be still applied for valid and updated contract made before 2006.

Outpatient specialty care

Source of data: the data of outpatient consultations and special outpatients' department and from 2000 the monthly performance data on microbiological analysis carried out by the consulting places providing occupational health care service as well as the regional institutions of National Public Health Medical Officer's Service as the part of outpatient specialty care and forwarded to the Regional Health Insurance Funds. From 2002 the figures include the performance data of specialty care of care centers and practice laboratories.

Until 2004 the annual data include the corrections (subsequent account because of lack of data or mistake in the report, data correction supplement of unprocessed data because of technical reasons, correction after audit) made until the

fourth month following the current year, modifying the respective month. In 2005 it includes correction made until the end of the current year.
The accounting of performance of January 2004 fell into a new performance volume limited financing scheme of outpatient specialty care [In section 27 of Government Decree No. 43/1999 (III. 3.) on detailed regulations of health care services financed by the Health Insurance Fund].

Outpatients' specialty department: outpatient specialty care managed by hospital, special hospital where a service unit provides special outpatient care working within the organization of hospital, special hospital but is separated from that in definite consultant hours.

Number of cases: one case is the appearance of the patient at the consultation within a calendar day regardless of the number of services provided for him/her.
In case of laboratories or other health care services that analyse samples one case is the examination of one sample.

Number of interventions: number of services provided for the patient during one appearance.

Computer Tomography (CT) and Magnetic Resonance Imaging (MRI)

Source of data: the performance data of service providers carrying out CT and MRI examinations that are forwarded to the Regional Health Insurance Funds.

Until 2004 the annual data include the corrections (subsequent account because of lack of data or mistake in the report, data correction, supplement of unprocessed data because of technical reasons, correction after audit) made until the fourth month following the current year, modifying the respective month. In 2005 it includes correction made until the end of the current year.

The tables of chapter include the data of payment category 1 (care provided on the basis of Hungarian insurance) exclusively.

The accounting rules of CT and MRI examinations went through basic changes from 1 April 2004; the multipliers based on the age of machines and the duration of examination have been abolished. The maximum performance of service providers has been determined according to the number of examinations possible to carry out. As a result of the modification the accountable quantity of contrast media, the accounting order of substitution has been regulated accurately as well as the rule-book and the values of some examination in scores has been modified significantly. From 1 October 2005 the financing rules of outpatient specialty care are applied to the accounting of CT, MRI examinations. The rules of financing with performance limit are defined in section 27 of Government Order 43/1999 (III. 3.) on detailed regulations of health care services financed by the Health Insurance Fund. Following the introduction of financing with performance limit the rule-book and the value of certain examinations in scores has been modified significantly.

Dialysis

Source of data: services performing dialyser, forward reports to Regional Health Insurance Funds.

Until 2004 the annual data include the correction (subsequent account because of lack of data or mistake in the report, data correction, supplement of unprocessed data because of technical reasons, correction after audit) made until the fourth month following the current year, modifying the respective month. In 2005 it includes correction made until the end of the current year.

Station: the site of the service provider concluded financing contract, where the dialysis is carried out. One provider usually has more stations.

CAPD (Continous Ambulatory Peritoneal Dialysis): a dialysis treatment done at home and secures the continues elimination of water and retention substances.

***EPO (erythropoietin*)**: The glycoprotein hormone is a cytokine for erythrocyte precursors in the bone marrow (this hormone regulates red blood cell production), produced by the kidney. The EPO treatment of predialysed patients has been paid by the Health Insurance Fund since 2007.

Home special nursing, Home hospice care

Source of data: the data of individual accounting sheets and monthly summarizing report of the home special nursing and home hospice care providers, that are forwarded to the Regional Health Insurance Funds.
The tables of the yearbook don't contain the statistically negligible corrections.

Visit: curative activity performed at the home or the residing place of the patient for the order of the patient's attending physician and done by a person who has vocational qualification to carry out that task. The treatment with more services within one calendar day is regarded one visit.

Patient: the number of people given care to during the year, regardless of the number of times he/she becomes beneficiary by order during the year.

Special nursing degrees

- *Complete nursing:* needed by the patient, who is not able to perform three or more basic activities of the everyday life (nutrition, washing, getting dressed, stool and urine voidance, independent change of position) without other person's support and needs special nursing;
- *Partial nursing:* necessary for the patient, who is not able to do at least two basic activities of the everyday life without other person's support and needs special nursing due to his/her illness;
- *Self-supporting patient:* who is able to perform the basic activities of the everyday life without other person's support but he/she needs to be taken special care of due to his/her illness/chronic illness, for example: stomatological treatment, throat cleansing, treatment of leg ulcer, care of wound created by operation, parenteral nutrition and drug treatment.

The **home hospice care** was introduced on 1 September 2004, its financing unit is a day, which includes being continuously at service beyond the care provided at home.

Inpatient care

Source of data: - NSSP (National Statistical Data Survey Programme) No. 2155, Report: "*Statement of hospital beds and patient turnover*" data of patient turnover,
- monthly reports on the performance of inpatient care.

Data of patient turnover:

Number of hospital beds in operation at the end of the year: the number of hospital beds that can be used during the care, which are available and eligible to get occupied by patients permanently. It excludes the number of hospital beds permanently out of use (for more than 6 months) on 31 December.

Average number of hospital beds in operation: the weighted mean of hospital beds in operation reflecting the transferred to another ward in the same hospital and who have died.

Number of one day care cases: number of patients whose nursing time didn't reach 24 hours and received one of the interventions defined in the Appendix 9 of Ministry of Welfare Order 9/1993 (IV. 2.) on certain issues of social hospital beds minus the number of days of recess.

Number of performed nursing days: in case of active care all nursing days of patients left in the current year (if he/she was admitted in the previous year and left in the current period including the part of nursing, that was provided in the previous year). In case of chronic patients the nursing days of the current period of persons left during the year or staying in the hospital at the end of the year.

One nursing day is the whole day care (24 hours) provided for an inpatient. The day of admission and leaving together considered one nursing day. One nursing day is the nursing time of all inpatients, if it doesn't reach 24 hours (patient admitted, but deceased within 24 hours, live-born transferred within 24 hours after the birth, cases considered one day nursing case, emergency treatment etc.)

Average length of stay: in case of active care the number of performed nursing days divided by the number of patients discharged from wards, in case of chronic care the number of nursing days of the whole care for patients left in the current year divided by the number of persons discharged from wards in the period. If the care is chronic, this figure differs from the ratio of performed nursing days and the number of discharged patients.

Occupancy rate of beds: the number of performed nursing days divided by the number of performable nursing days and multiplied by 100.

Mortality rate: the number of deceased divided by the number of discharged patients and multiplied by 100.

Data of financing:

Classification standpoints of financing: these standpoints of inpatient care are in Appendix 7 of Government Order 43/1999 (III.3.) on detailed regulations of health care services financed by the Health Insurance Fund.

- *Active care*
  From the viewpoint of financing a care is active, if it aims to restore the state of health as soon as possible. The length and the end of active care can usually be planned and in most cases are short;
- *Chronic care*
  From the viewpoint of financing a care is chronic, if it aims to stabilize, maintain or restore the state of health. The length and end of care can usually not be planned and it typically lasts long.
- *Matrix hospital care*

The care happens in inpatient special care institute in clinical and operative unit on the basis of the permission of National Public Health Medical Officer's Service. The hospital is not divided into department structure, but it performs the care according to the actual need.

The accounting of performance of January 2004 fell into a new performance volume limited financing scheme of inpatient specialty care [in section 27 of Government Order 43/1999 (III. 3.) on detailed regulations of health care services financed by the Health Insurance Fund].