

### 90 % is under the surface

### **Every answer brings new questions**

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## **Effective control and improvement**

An example: (questions associated with the Czech colorectal cancer screening)

There is significantly heterogeneous coverage in the regions of the country.

\* Why? Is the mistake really on the side of clients/patients only?

\* Is such screening safe and effecive enough?

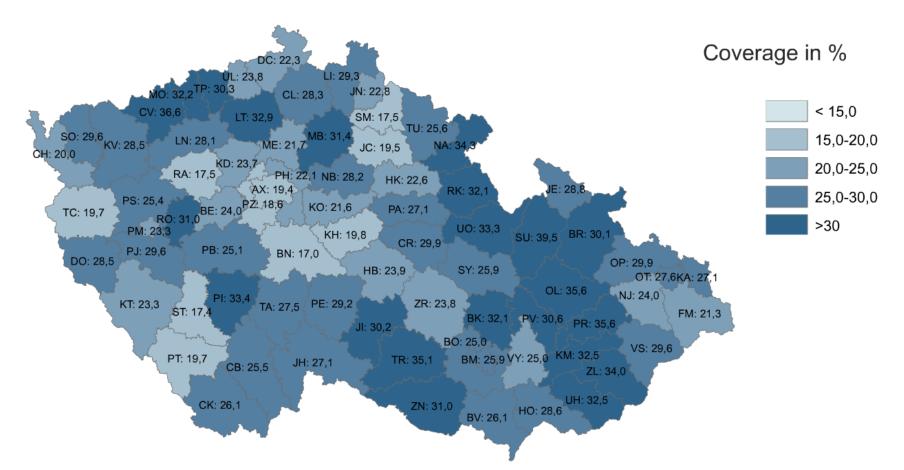
\* Is (and should be?) "BAT" always used in the screening and what is it in this case?

\* Who can (and should) control the primary care physicians (GPs, gynecologists, etc.)? <

#### FOBT test: coverage - regional differences

Men, women > 50 years

(2012-2013, N = 1 033 282 examinations)

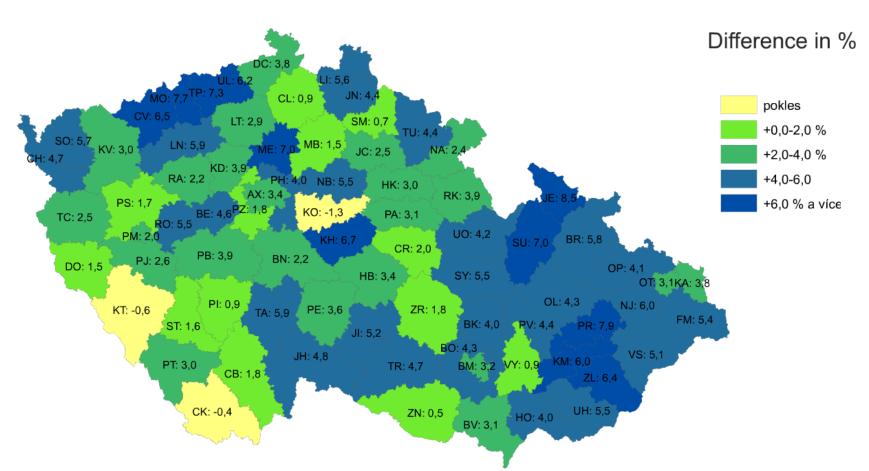


Overall coverage (2012-2013): 26,5 % BUT (range of districts: 17,0-39,5 %)



# FOBT coverage in time trend: 2012-2013 vs. 2009-2010

Men, women > 50 years



Overall increment in coverage: 3,9 % BUT range of districts: -1,3 to +8,5% !!!!



#### Regional FOBT positivity

(2013, N = 573 101 examinations)Men, women > 50 years Positivity 14% **REGIONAL MEAN** Range of districts 11% -7% 4%

Karlovarský krai

Moravskoslezský kraj

Jihonoravský krai

Overall positivity (2013): 7,5 % BUT range of districts: 6,2-9,0 % !!!

Středočeský kraj

0%

Havni mėsto Praha

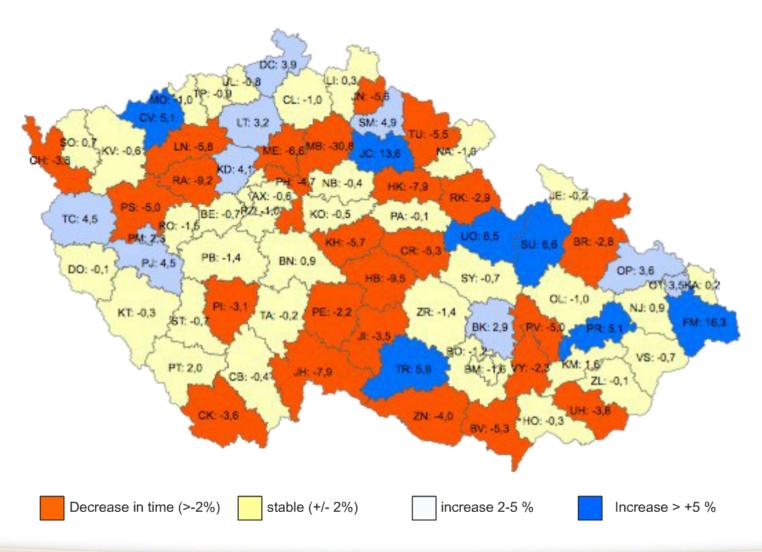


Vysotina



# Examination of women by gynecologists (difference in time 2010 vs. 2013)

Overall contribution of gynecologists to the screening coverage is approx. 7-8%







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### **Effective decision making**

Everybody (polititian or manager) has to DELNER (at best in "the term").

- \* Do we execute proper and long term economic planning "over the term"?
  - \* Do we optimize implementation processes, investing adequate resources for the (reliable and incorrupt) assessments?
    - \* Do we evaluate objectively, taking into account all costs and benefits?
      - \* Are we (governments, parliaments, boards etc) able (or allowed) to make decisions, bringing benefits "out of the term"?

### **Inovations or utilization**

We are investing in new drugs, technologies more then to broad use of what is already available. We spend millions for one patient whilst millions can not afford one pill.

- \* Do we still recognize main goal of the healthcare, or it became rather business?
  - \* Is there public demand for proper healthcare including true prevention?
    - \* Does business / market driven model of the healthcare work good enough?
      - \* Should this be regulated, and if yes, on which level of governance?

### **Sustainability**

It is (relatively) easy to initiate new health care programs, especially when subsidized from "other budget" but it does not make any sense without prospect of sustainability.

Health care prolongs average lifetime of the population, welfare of the population decreases natality, pollution of the environment damages fertility. All this results in aging of the population.

- \* Does current healthcare systems reflect aging of the population?
  - \* Does healthcare policies reflect necessary time dimension of any intervention?
    - \* Are we prepared to pay "price for success" in the case of aging or screening?
      - \* Do we focus our policies to sustainability and resilience of healthcare systems?

### Invisible threats to solve

GLYPHOSATE - A2 carcinogen

Endocrine disruptors legislation in the tube

ARE WE ABLE TO ACT FACING IMMINENT DANGER FOR HEALTH IF THERE IS EXTREMELY STRONG ECONOMIC AND POLITICAL PRESSURE AGAINST?

