

Value-Based Payment Reform in Primary Health Care in Croatia

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Why Value-Based Healthcare (in PHC) Matters Today

- ▶ Health systems worldwide face three major challenges:
 - Rising healthcare costs
 - Increasing burden of chronic diseases (NCDs)
 - Fragmented care delivery
 - Shortage of health professionals
- ▶ Traditional payment systems reward: volume of services, number of visits, number of procedures, **not better health outcomes.**

Value-Based Healthcare shifts the focus from volume to value: Better patient outcomes for every euro spent.

Importance of Primary Health Care - focus on prevention, management of chronic diseases, care coordination, measurable outcomes - long-term system sustainability.

Croatia introduced value-based payment reform in PHC in 2013.

Croatian Health in a Nutshell

3.88M people
64 hospitals

2213 GPs
115 LABs

1250 Pharmacies
2000 Dental practises

1 state insurance (2400 employees)

1300 \$ Per capita gov. health expenditure

390 doctors per 100.000 inhabitants

7.15% of GDP spent on Health



Primary Healthcare in Croatia

- ▶ Andrija Štampar (1888–1958) - one of the founders of WHO, introducing PHC principles in Croatia
- ▶ 1960. first specialization in family medicine in the world
- ▶ „Free” entrance to health care system (co-payment in PHC 1,3 EUR)
- ▶ Four main specialities in PHC: General Practice / Family care, Paediatrics, Gynecology, Dental care
- ▶ Health care center (45%) / private practices (55%)
- ▶ 10% of all PHC doctors has special standard (contract) due to rural parts/islands
- ▶ Concept of „chosen” doctor, 1700 patients GP
- ▶ Referral to other (higher) levels of care, prescription only from PHC, gatekeeping role



Review of the financing model through time (GP)

FIRST MODEL in 1997:

- 100% capitation territorialy

SECOND MODEL 1998:

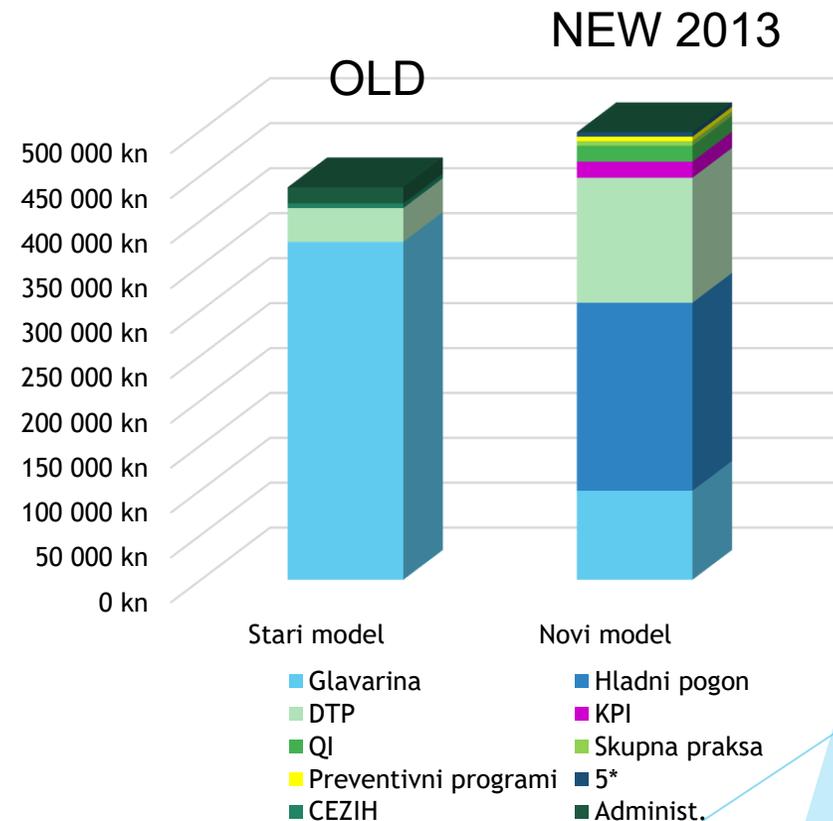
- 100% capitation list

THIRD MODEL 2008:

- 90% capitation list per ages
- 9% diagnostic therapeutic procedures (15)
- 1% administration and eHealth

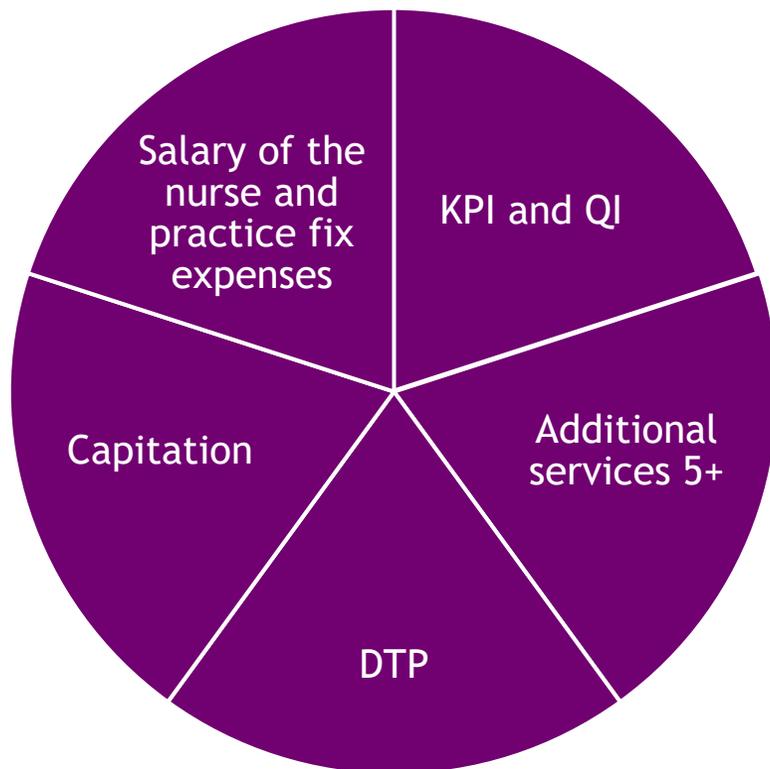
NEW MODEL 2013

- + NEW MODEL OF REFFERING!!!**
- keeps patient with NCD on primary level



Health care contracting and payment – 2013

Primary Health Care: General/Family Medicine, gynecology, pediatrics, dental care



- ▶ Fixed part of income
 - ▶ Salary of the Nurse and Operating costs
 - ▶ Capitation (age-based)
- ▶ Variable part of income
 - ▶ Diagnostic -Therapeutic procedures (DTP – Preventive and Curative) - 200
 - ▶ Incentive part: Key Performance Indicators (KPI) Quality Indicators (QI)
 - ▶ Additional possibilities: 5+
 - ▶ Prevention
 - ▶ Group Practice
 - ▶ 5 Star Practice (5*)



KPI & QI (GP)

KPI

- Prescribing prescription drugs
- Sick leave rate
- Referral to laboratory
- Referral to hospital

QI

- Clinical indicators
- Specific areas (hypertension, diabetes, COPD)
- Organizational indicators / education
- Peer groups
- Antibiotics use



Health care contracting and payment

Primary Health Care: General/Family Medicine, gynecology, pediatrics, dental care

Additional possibilities :

- ▶ Preventive programs
- ▶ Group Practice
- ▶ 5 stars Practice (5*)

→ every element generates revenues in the amount of **5%** of the amount of capitation



Patient and family counseling



E-referral



Specialist appointment- e-ordering



Sampling for primary laboratory (GP, PED, GIN)
Dental health care for persons with disability (DENT)



Time reserved for phone consultations (GP)
Sampling for microbiology (GIN)
Emergency calls (PED, DENT)



Group practice (GP)

- ▶ Monovalent and polyvalent group practice
- ▶ 3-24 affiliated doctors (GPs, pediatricians and gynecologists)
- ▶ Working in group two or more doctors at the same location
- ▶ Practices can not be at a road distant more than 5 km from each other (exceptionally 10 km in rural areas)
- ▶ Peer groups to renew licences
- ▶ Communicating!!!



Panels



The image shows the cover of a report titled 'GOOD PRACTICE BRIEF'. The top half features a photograph of a young girl in a green tank top running on a track. The title 'GOOD PRACTICE BRIEF' is written in large, bold, white letters across the middle. Below the title, the subtitle 'PRIMARY CARE ELECTRONIC PANELS IN CROATIA: An information solution for more proactive primary health care services' is written in blue. The authors' names, 'Zoran Maravich¹ Altynai Satylganova²', are listed below the subtitle. The bottom half of the cover is divided into two sections: 'Summary' on the left and 'Key Messages' on the right. The 'Summary' section contains a paragraph of text, and the 'Key Messages' section contains two bullet points. The background of the cover is a mix of green and white.

World Health Organization
REGIONAL OFFICE FOR Europe

GOOD PRACTICE BRIEF

PRIMARY CARE ELECTRONIC PANELS IN CROATIA: An information solution for more proactive primary health care services

Zoran Maravich¹ Altynai Satylganova²

Summary

In 2014, the Croatian Health Insurance Fund introduced “primary care panels for NCDs”, an innovative instrument that allows systematic recording and management of data on patients with noncommunicable diseases (NCDs). The aim of the panels was to improve model of care for NCDs in primary care by strengthening the role of general practitioners as the primary information holders and care coordinators. Systematic, easy access to important information facilitated both clinical and managerial decision-making. Three years since country-wide introduction of primary care panels, their coverage is now 3.8 million adults. They have resulted in better patient stratification, better management of NCDs in primary care, fewer secondary complications from NCDs and fewer patients who require a consultation with a specialist.

Key Messages

- Local innovations can effectively improve early detection and care of NCDs.
- A demand-driven approach to transformation of service delivery is an important factor for success.

The panels represent an easy-to-access, uniform, systematized tool FOR PHYSICIANS for recording relevant patient data through visits to a doctor and/or nurse aimed at preventive and curative action.

https://www.euro.who.int/_data/assets/pdf_file/0009/359766/HS-S-NCDs_Policy-brief_CRO_eng.pdf

Results in 6 months

- ▶ DTP execution 96% - 104,650,737 procedures
- ▶ Reduced sick leave rate from 3.11 to 2.85
- ▶ 20% reduced referral to the PZZ laboratory
- ▶ An decrease in the volume of antibiotic prescriptions/8% decrease in boxes and 23% financial
- ▶ 2213 doctors united in 718 group practices
- ▶ More than 776,319 preventive examinations per year - 40 TIMES more than before
- ▶ More than 515,712 extended consultations with chronic patients (250,000 completed panels for chronic patients - hypertension, diabetes, COPD)
- ▶ Almost 90% practices offering 5*
- ▶ Reduced influence of the pharmaceutical industry by gaining points through peer groups
- ▶ WHO positively evaluated new model of financing primary healthcare in Croatia (panels declared innovation)
- ▶ All health care centers are financially positive

Key Lessons from Croatia's Reform

- ▶ The Croatian PHC financing reform demonstrates that **value-based payment can work in practice.**
- ▶ Key results show:
 - stronger focus on **prevention and chronic disease management**
 - improved **efficiency of referrals, prescribing and diagnostics (keeping patient on PHC level)**
 - enhanced **collaboration through group practices**
 - measurable improvements in **service delivery and patient monitoring**
- ▶ Most importantly: **Primary Health Care became more proactive, coordinated, and outcome-oriented.**
- ▶ The experience shows that **aligning incentives with value can strengthen PHC and improve system sustainability.**
- ▶ **Slovakia already have the data!**



Thank you for your attention



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