IS CROATIAN HEALTHCARE SYSTEM READY TO PERFORM IN THE MARKET CONDITIONS PREVAILING IN THE EUROPEAN UNION?

Nevenka Kovač, M.D., M.B.A., M.Sc.C.C.[1]

[1]Special hospital for orthopaedics, neurology and physical medicine and rehabilitation
St. Catherine in Zabok, Republic of Croatia, nevenka.kovac@svkatarina.hr

ABSTRACT

As Croatia is nearing its accession to the EU, it is facing a process of implementation of a number of newly introduced legal frameworks which also act to enable access to new market opportunities for certain industries. The most important Directive concerning healthcare providers is Directive 2011/24 on cross-border healthcare, which grants the patients freedom of choice of providers in another EU member state given that the necessary standards of quality and safety are met. A member state is entitled to restrict rights and set rules for reimbursement of the costs of cross-border healthcare with the aim of protecting its own health system. Similarly, prior authorisation by the patient's insurer is a precondition for reimbursement of costs of certain procedures across the border. We can observe a successful model of cross-border healthcare in Euregio Meuse-Rhine (Belgium, the Netherlands, Germany), which has been active since 1992 and has demonstrated that borders are not obstacles to successful organization of medical experts, hospital and pharmaceutical systems, insurers, patients, local administrative offices, universities and information systems. There is strong emphasis on the need to implement and monitor equal quality standards in all EU member states. For the very purposes of monitoring the effective levels of patient protection, healthcare systems in 34 European countries have undergone assessment. Croatia ranked 17th in regard to 42 indicators of quality (ECHI) in 2012. In the previous year, the level of satisfaction of healthcare consumers with the public health system was monitored by the Croatian Institute for Health Insurance (CIHI), while this year the author conducted a research in patient satisfaction which also included attitudes toward private healthcare. The results of the two researches are in parts almost identical, defin-

ing the crucial issues of the Croatian healthcare system: long waiting lists, shortage of finance and corruption. The research, which was conducted by the author and included 386 respondents from several Croatian health institutions, showed that the health insurance system needs to be reformed with the emphasis on the promotion of competitiveness (abolishing CIHI's monopolistic position and introducing new privately owned insurers) as well as freedom to choose a provider according to service quality and regardless of the ownership (thus supporting privately held providers in their capacity as a welcome competition to the state-owned ones). Croatian legislation will be subject to amendments in order to accommodate and implement this Directive. The amendments should be completed by October this year when the Directive is scheduled to come into effect. Privately held health institutions are undoubtedly prepared for the EU market when it comes to the level of safety and quality of the services rendered, but in order to capacitate cross-border health services provided in Croatia and turn them into regular business, support from the national system is also needed. Due to the problems noted in the Croatian national health system, public health institutions shall require substantial financial means and a significant period of time to adopt standards required by the Directive on cross-border healthcare, so it is reasonable to expect that state institutions will recognize the importance of including private healthcare providers in this important new segment of the medical market which will open up with the accession to the EU.

JEL Classification:I15, I18

Keywords: Cross-border healthcare, Euro Health Consumer Index, Croatian Institute for Health Insurance, patient satisfaction, quality, safety, private healthcare

1. Cross-border healthcare

This year, on 1st of July, Croatia will become the 28th member state of the EU and adopt the *acquis communautaire* including Directive 2011/24 EU regarding cross-border healthcare regulation, which will come into effect on October 25, 2013[1]. Cross-border healthcare accounts for approximately 1% of total health expenditures in the EU (which in turn amounts to 7.6% of GDP, i.e. approximately 1.000 billion euros). Having in mind that as much as 53% of EU citizens are willing to look for healthcare services abroad[2], and that it is estimated that 8-10% of those indeed do so, the vast potential of that market segment can easily be appreciated. This market segment with its 10-billion-euro annual turnover and ap-

proximately 20 million customers of cross-border health services is of great interest to Croatian healthcare. Due to its undeniable advantages, such as first-rate medical experts and its attractiveness in sense of travel destinations, Croatia is uniquely poised to pursue those venues.

Which are the basic propositions of the Directive on cross-border healthcare? First of all, every citizen of the EU, should there be such a need, has the right to use healthcare services provided in any of the EU member states if necessary standards of quality and safety, valid and equal for the entire EU, are met. At the same time, cooperation between healthcare systems and institutions across the entire Union is encouraged. Although the data show[3] that most EU citizens prefer being treated in their own country of residence (especially when EU15 members are concerned), there does nevertheless occasionally occur a need for treatment in another member country (the fact is especially noted in bordering regions and in cases of certain special conditions and/or illnesses). Consequently, it is of the essence that patients are well informed about actual procedures as well as institutions providing the required services. For that reason, each EU member state is required to have established by October 25, 2013, a National Contact Office, which are then planned to provide the patients coming from other states with transparent and independent information they need. It is of great importance that visiting patients are provided with high-quality and efficient healthcare, at least at the level of quality enjoyed by the patients resident in the member state providing the treatment. It is for this reason that healthcare quality standards and patient safety requirements have been clearly defined. First and foremost, this refers to complications and/or contingencies that may occur in the course of the treatment and, secondly, the strict standards are applied to handling sensitive medical information and the protection of patients' personal data.

One of the objectives of the Directive on cross-border healthcare is to encourage connections between healthcare systems and institutions for the purposes of cooperation, sharing knowledge, experience and innovations, also aiming to establish European centres of excellence which would build patient databases. This would make way for European EMR (Electronic Medical Record) which would contain medical history available wherever the patient needed to receive treatment in the EU, which should in turn increase cost efficiency and efficacy of treatments. These improvements would also allow more intensive application of new technologies in medical science so, for instance, an ailment might be diagnosed in one member state while the patient could be treated in another (telemedicine). The Directive

does not regulate the management of healthcare systems, rather it enables patients to seek and receive healthcare (if they require it) in a country other than their country of residence and that the provided care will adhere to the accordant safety and quality standards of service.

Under this Directive the providedcross-border healthcare will be subject toreimbursement up to the amount that might be available for the same treatment in the country of residence.There are two methods of reimbursement: either the insurer will cover the costs of treatment directly to the institution providing the treatment or the patients who cover the costs themselves can be reimbursed for the costs incurred. In order to protect its own healthcare system, a member state is allowed to set certain restrictions on rights and regulate the procedure for reimbursement of cross-border medical costs.Also, a prior authorisation issued by the patient's insurer is in some cases a prerequisite of later reimbursement of cross-border medical costs. Above all, this can be expected to apply in cases of treatments involving hospitalization (patients required to stay in hospital, as opposed to treatments in day hospital), treatments performed with the use of high-tech equipment and medical infrastructure, treatments that may pose a risk for the patient or population, and for treatments in an institution not certain to provide a service that is up to the standards of safety and quality.The Directive deals with the rights of patients to obtain prescription drugs (if a drug is registered in the country, a visiting patient can get it in a pharmacy in accordance with national regulations), but not if the drug or another medical product is to be acquired over the Internet, nor does it deal with donations of live organs for transplantation purposes.

The amendments to Croatian legislation required to implement the propositions of Directive 2011/24 need not be extensive, but attention must be paid to translate the provisions of the Directive that regulate rights of insured persons which Croatian legislation currently leaves unregulated. All the changes should be implemented by October this year when the Directive is due to come into effect.

2. Cross-border healthcare model

In 1992 the European Commission introduced project INTERREG I that brought together five hospitals from five autonomous regions of the Netherlands, Belgium and Germany (Euregio Meuse-Rhine[6]). The region's population is 3.7 million strong falling into three different legal systems and belonging to three different cultures.Another program named INTERREG II added 10 insurers working in

the region to the collaborative project of the hospitals, followed by INTERREG III which brought aboard more hospitals into this cross-border healthcare cooperation. Insurance companies introduced a special patient ID - the International Health Card, which enabled the patients to access services across the region.The card was a predecessor of the later unified European Health Insurance Identification (EHIC) introduced in 2004 by thirteen EU member states, while after the Directive on cross-border healthcare comes into effect, every member state will issue an EU health insurance card for their residents/patients. The overall positive experience of the INTERREG programs has involved all the entities which are important to healthcare systems: hospitals, insurers, medical associations, patient groups, the public health system, local authorities and administration. The associated entities entered multilateral contracts on cross-border cooperation in more than twenty projects (information exchange between healthcare professionals, hospital infection control protocols, support services for the elderly and disabled, oncology protocols, cooperation in education etc.). Their collaboration yielded a number of benefits: patients used it for ease of access (25.3%) and because they were in a position to enjoy advanced treatment methods (15.7%). The most sought-after treatments fell into categories of surgical (17.5%), gynaecological (15.3%) and orthopaedic (13.1%) interventions[6]. Reasons for seeking cross-border medical services also included shorter waiting time for required procedures. Hospitals found their interests in this collaboration program in the fact that it enabled them to provide a wider choice of high-tech procedures and treatments that they would not have been able to provide on their own and they also found it easier to provide healthcare targeted at specific groups of patients (clinical genetics, neurosurgery, paediatric cardiology etc.). The region also implemented an on-line medical reporting system covering all the parameters of interest to public healthcare and allowing permanent access to everybody from residents to politicians.

All of the above implies that borders are not obstacles to successfully interconnecting medical professionals, hospital and pharmaceutical organizations, insurers, patients, local administration offices, universities, information systems and platforms.It is this very successful model that encouraged the European public to consider applying this model to the entire EU territory in order to address ever louder voices demanding that patients be granted the right to choose to be treated outside their country of residence if such a need arose. The conclusion was reached that this could be accomplished in the most rational, effective and safe manner only through cooperation among healthcare systems, institutions and employees regardless of

borders, thus creating a unified networked collaboration on all levels, along with introducing the common electronic personal medical record and making every patient a European patient wherever they received healthcare services.

The Croatian healthcare system has many lessons to learn from the experiences of the region (which is slightly smaller than Croatia): how to connect various institutions of the system (hospitals-universities-insurers), reduce the number of professionals by specialization of each hospital and sharing knowledge and resources, reform the health insurance system and thus increase competitiveness on the EU healthcare market.Above all, this would also allow Croatia's own patients the opportunity to choose to be treated abroad as well as in their own country.

3. Euro Health Consumer Index

The assessment of performance of healthcare systems and their continual improvement in order to ensure that they match the patients' needs to the greatest possible extent are of great concern to the institutions and governments of the world. For this purpose, a new assessment tool for healthcare evaluation was developed in Brussels in 2005 - the Euro Health Consumer Index - EHCI. The collected data are used to derive information concerning the status of healthcare institutions in the countries in question, as well as to provide guidelines for future development, taking special care to take into account how the system is perceived by the patients themselves.Furthermore, the concept of patient safety assumes the efforts and actions undertaken to make the patient's environment and undergone procedures within the healthcare system most conductive to achieving the desired treatment outcome. As the safety and quality of healthcare services are the most important elements of the EU Directive on cross-border healthcare, implementing the monitoring of certain indicators of healthcare service quality becomes a necessity for any institution that hopes to offer these services to patients from other countries.In the process of patient safety evaluation, a number of indicators may be used to assess, monitor and improve healthcare provided to patients and in order to foresee and avoid possible complications which may arise from the process of using services provided by the healthcare system. The indicators used may vary according to the perspective of the interested party - one set of indicators may be taken into consideration by a hospital, whereas the state may opt for others. In research of underlying causes of incidents in healthcare it was revealed that 60% of serious incidents occur as a consequence of poor communication between doc-

tors and nurses[4]. Inefficient and insufficient communication make for a significant factor in the occurrence of adverse incidents during patient care. European Healthcare Consumer Index (EHCI) is designed and published by the Health Consumer Powerhouse, a non-profit institution promoting consumer aspects of healthcare in Europe and consumer rights of patients. Systematic analysis of patients' consumer rights performed by the institution is designed as a semi-quantitative assessment in five categories with different number of indicators making a total of 42 (Table 1).

Table 1 Categories and the number of indicators of the European Healthcare Consumer Index

Categories	Number of indicators
Patient rights and information	15
Waiting time for treatment	5
Outcomes	8
Range and reach of services provided	10
Pharmaceuticals	7
Total	42

Source: National Health Development Strategy 2012-2020, Ministry of Health, 2012

Each indicator may be valued at three levels: good (3 points), moderate (2 points), or poor (1 point), when data are not applicable, the value is set to "moderate" (2 points), and 1 point is awarded for unknown values. Analysis conducted for the year 2012 included 34 European countries. Overall ranking of Croatia was 17th with 655 points scored, which is a marked progress in comparison to 2009 when it was ranked 23rd. The leader on the list is the Netherlands with 872 points while Serbia is last with 451 points.

Table 2 Comparison of Croatia to four countries according to the ECHI data, in total and in selected categories

Categories	The Netherlands	Czech Republic	Croatia	Slovenia	Serbia
Patient rights and information	170	107	146	112	102
Waiting time for treatment	200	183	133	133	117
Outcomes	263	225	200	213	113
Range and reach of services provided	163	117	128	99	82
Pharmaceuticals	76	62	48	81	38
Total points	872	694	655	638	451
Rank	1	15	17	19	34

Source: National Health Development Strategy 2012-2020, Ministry of Health, 2012.

In the overall ranking of countries, Croatia is located in the midst of the gap between the leader, the Netherlands and the last, Serbia, and in the middle of the range between the Czech Republic and Slovenia, which are the countries selected by the Croatian Ministry of Health as reference countries for Croatia (Table 2). The warnings issued regarding the possible influence of the economic crisis seem exaggerated. For decades the talk of the hour in healthcare circles was about funding cuts and deteriorating quality yet in reality the situation has been developing in the opposite direction. However, the Index did reveal three areas of special importance that were influenced by the crisis: waiting lists for the most expensive surgeries are increased and particularly so in the countries that were most severely hit by the economic crisis, increased necessity to finance a number of treatments, absence of improvements and reduced access in regard to new generation of medical drugs. Croatian healthcare has yet a long way to go to improve the patients' consumer rights, especially when it comes to shortening the waiting period for treatments. Since only public healthcare providers, who were likely to have long waiting lists due to insufficient funding, were subject to assessment, the overall Index score for Croatia can hardly be relevant from the point of view of visiting patients as they pay for medical services and can avail themselves of the private healthcare system with no waiting lists and with enough free capacities at their disposal.

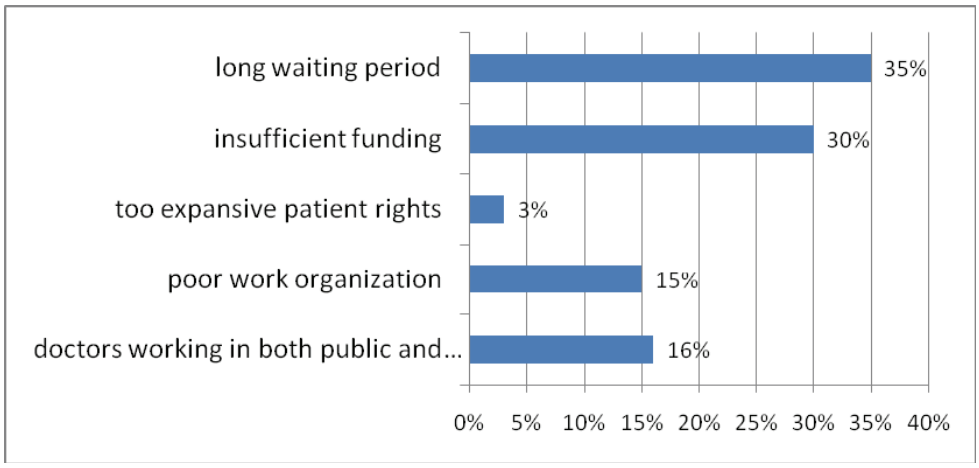
4. Patients' satisfaction with the healthcare system in Croatia

Euro Health Consumer Index (EHCI) assessed the Croatian health system and consumer rights of Croatian patients and placed them as average (17th place out of the analysed 34 states). And where do actual beneficiaries stand on the Croatian healthcare system and the satisfaction with medical services? To answer this question, in February and March, 2013, a survey was conducted among patients in several Croatian healthcare institutions. The study was a questionnaire with 27 questions answered by 386 patients (150 patients of the Zabok General Hospital Policlinic, 143 family practice patients from Koprivnica and 93 patients from the private St. Catherine Specialty Hospital in Zabok).

The respondents mostly (238 or 62%) came from the actively working population (between 30 and 60 years), 16% were younger than 30 years while 22% of them were older than 60 years. Most respondents were female (236 or 61%).The patients gave the Croatian health system an average grade (3.3) as well as the work of specialized services (3.5).They were much more satisfied with their family medi-

cine physician (average score 4.1). The patients see crowds, long waiting lists and doctor overbooking as the biggest problems both in primary (61%) and secondary (57%) healthcare, while every seventh patient believes it is the poor organization of work. Poor communication, lack of interest or motivation and corruption are perceived as the biggest problems in general practice by 20% of respondents, and in specialist healthcare services by 17%. Despite bringing up the issue of long waiting lists, approximately half of all the patients did not wait longer than 3 months for their first specialist examination or diagnostic test (MRI, CT, ultrasound), while 17% had to wait from 6 months to even a year.Every third respondent sees better work organization as a way to improve the overall healthcare system, while the greatest problems in the system remain to be the long waiting lists (35%), insufficient healthcare funding (30%), and as many as 16% believe the biggest issue are the doctors who work in public hospitals as well as private practices.

Chart 1 What do patients believe is the greatest problem in Croatian healthcare? (1).



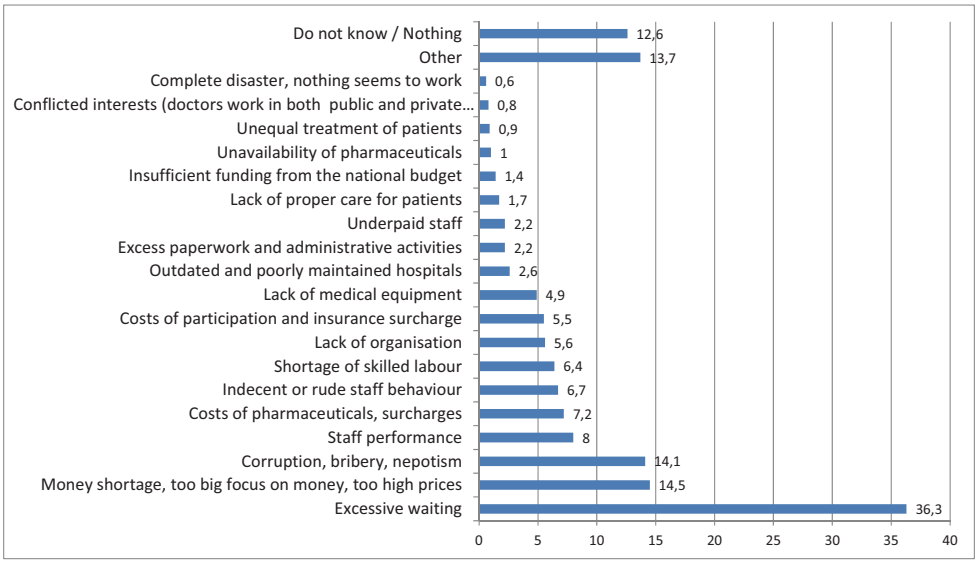
Source: author

About two thirds of all respondents (62%) took advantage of private healthcare services, 61% of which paid for them fully from their own pockets while 29% used a CIHI referral with or without additional charge.As much as 57% of the respondents annually set aside HRK 1 000 for medical services in the private sector, and only 27% up to HRK 3000.However, private healthcare services are not frequently used (69% of respondents use them 1-2 times a year); the most common reason for using them being the shorter wait to receive the service (34%).When it comes to healthcare

services, the most contributing factor for choosing a private medical practitioner is a "friend's recommendation" and as much as 22% of patients state that they received a recommendation for the appointment with a private doctor from a public hospital doctor.Almost three quarters of the respondents (73%) believe that private healthcare provides a higher quality of healthcare services, and 69% thinks that the abolition of CIHI's monopoly would improve the quality of healthcare services across the entire Croatian healthcare system. As for health insurance, very few respondents hold a private health insurance policy (12%), and as much as 78% (302) of them have supplemental health insurance in addition to the basic one.If we look into the participating patients where the analysis took place, we can establish that most of the supplemental health insurance holders are found among public health beneficiaries (GH Zabok 81%, GH Koprivnica 84%), while the least can be found among those who use private medical services. (St. Catherine Specialty Hospital in Zabok, 60%, and Zagreb, 77%).Based on this study, it is evident that the private health insurance market is underdeveloped because only 3% of the respondents (10) hold this policy, while 7% (26) have both the private and the supplemental health insurance. Most patients with a private health insurance policy are patrons of Croatia Health Insurance (22 respondents or 42%), followed by Sunce Health Insurance (17 respondents or 32%). Other private health insurance providers like Basler (7 respondents or 13%), Uniqa (2 or 4% of respondents), Mercury and Grawe (5 respondents or 9%) have a smaller user base.Nearly three quarters of respondents (236 or 72%) believe that aside from CIHI other health insurance providers should cover the basic health insurance as well. Sixty nine per cent are ready to pay extra for a medical service they would be satisfied with and as much as 94% of respondents (306) believe that their health insurance should allow them to choose a health facility where they wish to be treated, regardless of whether the institution was public or private. The quality of healthcare service should be the decisive criteria when selecting an institution, not whether it is in public or private ownership. For this reason 61% of respondents are willing to monthly set aside up to HRK 300 per person for the voluntary health insurance, 24% of respondents would be willing to pay HRK 300-500 for these purposes, and 9% of them would be willing to set aside HRK 500-1.000.The results of this study are similar to the results of the study conducted in December, 2012, by the Ipsos Public Affairs agency, at the request of CIHI.This telephone public opinion poll (CATI, random, two-stage stratified, representative sample) showed that patients see long waiting lists as the biggest problem of Croatian healthcare (36% of respondents), next to lack of funding (14% of respondents).The respondents see the corruption in the system as equally trouble-

some (14% of respondents).The patients are largely satisfied with their family physician and the level of satisfaction with private doctors is at a high level as well. More than one in five patients (22%) has presented a doctor or medical personnel with a token of appreciation for their work in the last 3 years.

Chart 2 What do patients believe is the greatest problem in Croatian healthcare?



Source:www.hzzo-net.hr/dload/novosti/Sazetak-ankete-IPSOS-HZZO-2012.pdf

All of these studies, conducted by entirely different and unrelated persons or institutions (the Health Consumer Powerhouse, author, CIHI), emphasize the same issues in the Croatian healthcare system: long waiting lists, lack of funding for healthcare, poor work organization, instances of corruption, bribery and using personal connections to circumvent the system's rules.All this results in resorting to the alternative healthcare system - the private one - which the patients see as a possible template / model for the state health system.Consequently, the need for competition is increasingly emphasized, in addition to the importance of freely choosing one's place of treatment based on the quality of the service and regardless of the public or private ownership of the institution in question. This is why most patients support abolishing CIHI's health insurance monopoly and support the initiative to involve other private insurers into the field. Many hope that Croatian accession to the EU will accelerate the process. The Directive on cross-border healthcare could also contribute to this because as a member state Croatia will need to assure that the

patients enjoy the minimum rights when choosing where they wish to be treated. This means it will have to enable the patients to receive treatment in other countries regardless of whether they will be treated in public or private hospitals. This is the reason why the same freedom to choose where they wish to be treated should be granted to patients in their own country.

5. What is missing?

In terms of patient safety and quality of service, private healthcare institutions are undoubtedly ready to enter the European market, but they lack the support of the system which is necessary if the cross-border healthcare wishes to emerge as a viable business endeavour in Croatia.Health insurance system is essentially a monopoly, there aren't enough low-cost flights, no support for marketing activities (the promotion and presentation of healthcare institutions is financially demanding and advertising themselves on the European market for most medical institutions would represent an insurmountable investment), ways of establishing cooperation with intermediaries and travel agencies that organize patient arrivals from European destinations, as well as those who may be able to offer packaged medical and tourism services, are still underdeveloped. Individual healthcare institutions are left to their own devices, reliant on independent initiatives to establish associations (a soon to be founded medical cluster).The public health sector, due to its organization and funding models will not be able to measure up to the demanding European market (especially considering the introduction of quality standards and accreditation).All healthcare providers need to have a professional liability insurance policy (which most of our public healthcare institutions do not have), as well as a quality standard certificate or appropriate accreditation.The National Agency for Accreditation is still not authorised to grant accreditations (and it will be at least a year until it is), which makes the implementation of international accreditation programs extremely difficult.It is necessary to establish a National Contact Office at the state level.This is planned to be organized within the framework of CIHI which brings into question its operative functionality: CIHI is a state insurer, exclusively representing the state healthcare. It is unclear what stand will CIHI take towards private healthcare which is singularly capable of satisfying the criteria set by the Directive on cross-border healthcare. Legislation needs to be adapted according to new market conditions, and as long as the state does not see that healthcare is the "21st century business" Croatia will struggle to become a top destination for both health and medical tourism, all

the opportunities to make better use of professional, geographical and climatic potentials, as well as other resources and capacities, notwithstanding.

Conclusion

Croatia has a highly-educated and professional medical staff and a number of health facilities that are up there with the best European health centres.However, the organization and functioning of the Croatian healthcare system cannot satisfy the needs that will arise with the Croatian accession into the European Union. Firstly, there is the issue of enabling free choice of treatment for patients in other countries, in healthcare institutions which meet all the required standards in terms of quality of health services and patient safety.Research shows that patients wish to be able to choose where they will be treated according to the quality of medical services provided and regardless of the public or private ownership of the institution in question. Croatia needs to tailor its legislation accordingly, especially in terms of CIHI reform, opening the market to private insurers, facilitating the accreditation of healthcare institutions, establishing modes of professional liability insurance and treatment guarantee, etc.Considering the time we have left to make these adjustments is quite short (half a year) it is of particular importance to recognize and utilize the potentials of the private healthcare sector. The synergy of public and private healthcare (which requires far less adaptation than public healthcare and is insomuch more prepared to participate in the market) is the very prerequisite of rational utilization of the resources the overall healthcare system has to offer. Furthermore it can help to put Croatia on the European map of desirable medical destinations within the cross-border healthcare, and provide a higher-quality healthcare to its own citizens.Croatia thus has great potential to take part in medical tourism trends. The key factor in choosing a destination for medical tourism, apart from the price, is primarily the standard of medical service, high level of expertise and the state of equipment in hospitals which offer these services, in addition to the attractiveness of the location in terms of tourism in its broader sense.Finding and addressing these niche markets provides Croatia with an excellent opportunity to circumvent serious oscillations in the tourism sector and launch its own more systematic, organized and dynamic initiative to join in the world's medical tourism market.However, all of the above necessitates a continuous and well directed support of the authorised institutions, especially the Ministry of Health, whose agency is required if these many issues and obstacles are to be overcome. First of all it is necessary to:

- Change the Compulsory Health Insurance Act
- Define what is basic health insurance (define which services are encompassed by basic health insurance)
- Initiate CIHI reform
- Open the market to private insurers for both voluntary and compulsory health insurance
- Make the Ministry the authority in charge of all healthcare institutions (both public and private)
- Define all the existing health resources (equipment, personnel, facilities) regardless of ownership (state and private)
- Create a master plan for all hospitals regardless of their ownership
- Accelerate the adoption of the necessary legislation in order to enable the Agency for Quality Assessment and Accreditation to accredit health institutions
- Establishing a National Contact Office independent from CIHI
- Mediate in negotiations with insurance companies for professional liability insurance on behalf of groups of healthcare institutions
- Make a strategy for the promotion of health and medical tourism in cooperation with the Ministry of Tourism
- Negotiate the possibility of more low-cost airline routes in collaboration with the Ministry of Tourism and the Ministry of Maritime Affairs, Transport and Infrastructure
- Change the regulations pertaining to residence permits with the Ministry of the Interior
- Change the way of obtaining work permits with the Ministry of Labour

Literature:

Eurostat 2007

Eurobarometer 2007

Directive of the EU Parliament and of the Council, Impact assessment (2008)

The Ministry of Health of the Republic of Croatia: National Health Development Strategy 2012-2020

Available at: www.hzzo-net.hr/dload/novosti/Sazetak-ankete-IPSOS-HZZO-2012.pdf (accessed: 23/03/2013)

Available at: www.ebusiness-watch.org (accessed: 25/03/2013)