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Michal Štofko

Home

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Gender:

ABOUT ME

Michal studied at the WU Wien in Vienna and at the University of Economics in Bratislava, where he also obtained a PhD in Economic impact studies. He started his work at Sanigest International, where he dealt with payment mechanisms and provider network schemes. Later he worked in several medical institutions and companies (General Health Insurance Company, Novartis Pharmaceutical Company and others). From 2016 to 2020, he worked as the Director of Strategy at the Institute of Health Policy. In addition, he was the chairman of the supervisory board of the Faculty Hospital in Nové Zámky and the vice-chairman of the categorization commission of specialized medical material at the Ministry of Health of the Slovak Republic.

Michal was also a member of the health committee at the OECD. He currently lectures for the Health Management Academy, collaborates with several health associations and is an advisor at the Ministry of Labor, Social Affairs and Family.

WORK EXPERIENCE

[01/03/2021 – Current]

President

Association of Health insurance companies

Country: Slovakia

In his role as president of the Association of Health Insurance Companies, Michal is responsible for:

- coordination of HIC activities and implementation of projects (e.g. New network of hospital providers, budgetary review, DRG mechanisms and other topics of interest of insurance companies).
- communication with most of stakeholders, including governmental officials (Prime Minister level), ministries of health, finance and patients associations
- supporting and cooperating on further payor risk-adjustment and redistribution mechanism implementation, via incorporating DCG and consumption of medical devices impact.
- budgetary reviews for the Economic and Social Council of the Government of the Slovak Republic.

[01/07/2020 – Current]

Partner

Msquare s.r.o.

Country: Slovakia

Michael primary focus lies in consulting services in areas of:

- Value-based healthcare - Value for Money project in cooperation with the Ministry of Finance and Health (savings achieved exceed 250m EUR in 4 years), VBHC pilot projects in cooperation with pharmaceutical industry and Health Insurance Companies (Preeclampsia and NT-proBNP screening project preparation, cost estimation and added value analysis), Budgetary impacts of various VBHC schemes.
- Pharmaceutical industry - pharmaco-economical analysis, data analysis, drug categorisation/referencing and drug policy, c , Value-based healthcare, HICs, HCP networks, DRG/other payment mechanisms and data optimisation.

- Primary care reform - introduction of new roles, payment mechanisms, intervention distribution among staff, educational adjustments and other areas to broadly increase the effectiveness of the primary care system, limiting the steady increases in demand after care.
- Health determinants - analysis of major effects of various health determinants (diet, alcohol, tobacco consumption) on public health, life expectancy and healthcare budget.
- Health Readiness Index - composite index measuring the preparedness of CEE countries preparedness to tackle the issues of today and tomorrow.

[01/07/2013 – 01/07/2020]

Head of strategy department

Ministry of Health of the Slovak republic - Institute for health policy

Country: Slovakia

Michal started as an analyst, promoted to the head in 2015 and was responsible for several large scale projects and reforms, such as the:

- the new hospital network that placed foundation for reform initiatives of 2020 - 2021
- centres for integrated care, including drafting modus operandi, network and particulars, leading to more than 90 centres, worth 100 mil. EUR approved and in the process of establishment.
- Payor redistribution and risk-adjustment mechanisms of HICs reform (6 bil. EUR redistribution among HICs) - improving R2 rate of mechanisms by 6% (top3 risk-adjustment model in EU), His work also included analysis of ex-post redistribution.
- DRG optimisations and calculations.
- pharmaceutical over-consumption and a variety of patient-oriented topics.

[01/10/2013 – 01/07/2020]

Member of Health Commitee

OECD

Country: France

Michael was involved in a variety of joint topics, such as a creation of Patient-oriented healthcare-PREMs/PROMs, joint approach towards DRG, measures to decrease ATB consumption, New pharmacoeconomical models and projects to facilitate generics consumption.

[01/06/2010 – 01/08/2012]

Data Manager, later BPA a.i,

Novartis Pharma

Country: Slovakia

Michael was responsible for market research / analysis, including business and budget review and sales/cost-controlling of Novartis pharma pipeline. Data support in launch of top blockbuster drugs.

[01/10/2006 – 01/02/2009]

Consultant

Saingest Internacional

Country: Slovakia

Michael was responsible for drafting reform ideas and projects, in the field of inpatient and outpatient providers in Slovakia and Serbia, including payment mechanisms, DRGs and budgeting.

EDUCATION AND TRAINING

[2003 – 2008]

Master of Science

University of Economics in Bratislava

Field(s) of study: Regional policy and spatial economics

[2008 – 2011]

PhD

University of Economics in Bratislava

Field(s) of study: Regional policy and spatial economics

LANGUAGE SKILLS

Mother tongue(s): Slovak

Other language(s):

German

LISTENING C2 **READING** C2 **WRITING** C1

SPOKEN PRODUCTION C1 **SPOKEN INTERACTION** C1

English

LISTENING C2 **READING** C2 **WRITING** C2

SPOKEN PRODUCTION C2 **SPOKEN INTERACTION** C2

DIGITAL SKILLS

Programming SQL | Database: Oracle, MYSQL, SQL +, Access.

PUBLICATIONS

[2016]

Local economic impacts of major sporting events: a case study of the 2011 Ice Hockey World Championships in Bratislava

Hosting major sporting events has become an important instrument that brings new impulses for local economic development of the host city. A range of positive and negative impacts in the economic, social, political, and cultural domains are accompanied with sporting event organisation. In addition, there are also impacts related to urban regeneration and infrastructure development. Most economic impact studies are based on a quantification of the additional demand associated with the event. Additional demand is mainly represented by expenses of non-local visitors and investments in the sphere of construction of sports infrastructure. Visitor spending generates further indirect and induced impacts that could be quantified by input and output or CGE models. The research aimed to quantify the size and structure of the additional production in the city of Bratislava associated with the organization of the 2011 Ice Hockey World Championship in Bratislava.

Structural changes in the regions of the Slovak Republic: regional specialization and spatial concentration

Models in empirical studies that analyze regional specialization and industry concentration are based on concepts of traditional and new business theories and localization theories. Several studies consider the issue of sectoral concentration and spatial concentration of sectors to be two sides of the same coin. This article focuses on the analysis of structural changes in Slovak regions in the years 1997 to 2008. The main question is to clarify the extent to which the sectoral structure of regions changes over time, and which sectors are concentrated in space. In addition to descriptive statistics, we use selected indices to document the process of industry concentration (Hoover - Balassa quotient, localization Gini coefficient) and regional specialization (regional specialization index). Additional analysis also allows us to examine the sources of agglomeration savings that affect industry concentration.

[2022]

Untapped Potential of Improved Diet, Smoking and Alcohol Consumption in Slovakia: How can Appropriate Policies Save Thousands of Lives and Millions of Euros

Nearly 14 thousand deaths could have been prevented if appropriate treatment or preventive measures were available in Slovakia. Some of these are a result of poor access to innovative medicines and long waiting times for treatment. The greatest potential for improvement lies in individual risk factors, such as diet, tobacco and alcohol consumption.

Link: https://www.globsec.org/sites/default/files/2021-11/Untapped-Potential-of-Improved-Diet-Smoking-and-Alcohol-Consumption-in-Slovakia.pdf

[2022] **Healthcare Readiness Index 2021**

Pandemic management may have, to some extent, been merely a matter of fortune. According to this view, Italy and Spain, among the first countries to be impacted by covid-19 surges, suffered a stroke of bad luck. Despite being regarded as among the healthiest nations in the EU, without proper guidelines and knowledge about the virus, they could not adequately respond to the first outbreaks. Yet the countries experiencing the most optimal and worst pandemic outcomes, in fact, primarily share similar traits. Countries that performed most poorly in the EU are largely from the CEE region. In fact, 8 of 10 EU countries with the greatest excess mortality, an indicator of outcomes and pandemic management, come from the region. These countries have contributed to roughly 65% of excess fatalities per capita in the EU since the covid-19 pandemic began in 2019. This is not just a matter of bad fortune and coincidence. CEE countries instead tend to share a common approach to the organization of their health insurance systems, the provision of care, the management of resources and a wide range of other health care management processes. The EU commission, in response to these gaps, has allocated hundreds of millions of euros over the years to CEE countries to reduce differences in access to quality and effective care. Despite these expenditures, health care systems in the CEE region have failed to achieve parity with the best ranked systems in the EU. And even though vaccines have alleviated the impact of covid-19 regionally and globally, future health challenges remain that may pose significant problems. These issues range from the increasing prevalence of multimorbid patients to the expensive cost for medicine to scarcities in personal and financial resources. It is probable that these problems will require similar solutions as the pandemic recovery, i.e., flexible and readily adaptable health care systems that can address new and emerging challenges.

Link: https://www.globsec.org/sites/default/files/2022-11/GLOBSEC - Healthcare Readiness Index 2021 of CEE countries.pdf