BIHSENA
Bridging Innovations, Health and Societies

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version January 10, 2018

HEALTH CARE GOVERNANCE (FOCUSING ON HEALTH FINANCING)

Course for post-graduate participants

Implementing university:

Vinnitsia National Medical University

Duration: 2 weeks

Classes: 10.00 – 15.00; Mon-Fri

Target audience: chief doctors, heads of departments, state and private health care facilities, acting administrators and administrators-to-be (reserve)

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INTRODUCTION

1. Course description

Health care governance is an elective course for post-graduate participants (health care facility administrators, both private and public sectors) at Vinnitsa National Medical University. The course is designed as a response to the negative attitude towards changes in health care financing and organisation. Education is an important component on health care reforms implementation. Lack of modern education in management and governance for medical students and health care professionals contributed to this situation. Thus, there is a need in education on modern basic principles of the system functioning and financing.

The course is developed and implemented under the Erasmus+ capacity building project BIH-SENA and has an ultimate goal to strengthen health care system by delivering modern educational products that address the strategic challenges in health policy. An intersectional collaboration between medical (Vinnitsia National Medical University/ VNMU) and non-medical (National University of Kyiv-Mohyla Academy/NaUKMA) universities is considered as a ground for successful and sustainable education project in the area of health, society and innovations.

School of Public Health of NaUKMA has essential experience in developing modules for health care executives (within a separate master program as well as in the format of one-week Summer School). Since the Summer School receives a lot of attention and positive feedback from health care sector stakeholders, we intend to extent the scope of the education activity. Indeed, the Summer School is limited in time and number of participants. This course - developed for post-graduate students at VNMU- appreciate the opportunity to use some of the materials developed within Summer School as it addresses well the needs of health care executives and adapted for Ukrainian context.

2. Ukrainian health care and wider context

After political changes in Ukraine and defining European vector of its development, transformations in most of the sectors of economy are fostering by international organizations and economic unions. Lack of systemic transformations in health care system of Ukraine since the time of Independence and especially after Revolution of Dignity suggests need to improve reform sensitizing and implementation capacities. It will enforce forming conducive to the change environment.

In Ukraine, substantial changes in health care system are anticipated by key stakeholders, including patients, individual providers and facility administrations. Until recent time, health care sector has been lacking leadership and sincere willingness (and thus, actions) of policy-makers to introduce system transformation. Moreover, previously all the minor changes have been introduced top-down without involvement of key players of the system as well as new policies have not been explained properly to the operational level. As a result, health care reform in several pilot regions (e.g. of 2011) has been imposed without real support from those who are involved in the implementation. This policy conservatism looks odd in light of the fact that key policy-makers never face the real health care conditions as other people do, because they either get treatment abroad or in the ministerial and departmental facilities that are financed well.

Other barriers in the implementation of health care reform are observed: system of health information is rarely linked to the decisions, not to mention undeveloped indicators of the performance, the lack of considered financial and informational support as well as no monitoring activities.

Overall, the nature of regulations in health care sector is not consistent with regard to its goals, regulatory initiatives and operational dimension. Moreover, the overall principle of health care sector functioning in Ukraine is that orders and laws are executed by organization men, health care staff etc. within chronic underfunding. On the contrary, new generation of health policy-makers expect that regional leaders, e.g. heads of health care facilities, will be able to make a shift from post-Soviet way of thinking and administrating health care facilities (which considers number of beds and “tricks” with budgets) to a more efficient and patient-oriented decision-making. Under new market regulations, heads of facilities should be more interested in earning rather than in money laundering schemes.

Therefore, this course will serve a platform for health care executives for first of all, improving their knowledge and re-systematizing it as well asestablishing the links of Ukrainian health care reform with international evidence, practice and policy.Since the major interest of health care executives (from personal communication and previous teaching experience) is focused on finances and funding mechanisms are the core reform agenda in Ukraine, we provide a deeper view on this topic. Additionally, this course serves as a bridge with experts and policy-makers for health care executives.

3. Theoretical perspective

The course is focused on “integration” of healthcare, i.e. integration of Ukrainian post-Soviet health care system organization and socio-cultural context with global concepts and trends, integration of recently developed national policies with regional practices and concerns. This course promotes system thinking and complex approach, where the goal matters and no changes are considered through the prism of the goal and values of the system. Therefore, course topics are linked to most of the elements of health care systems and try to integrate them during the course.

At the moment, the emphasis is given to the health financing reforms, we provide and discuss the basics of global health finances that are also a part of other ‘bulding blocks’ or ‘control knobs’.

4. Main goals of the course:

The course aims to:

- Sensitize health care administrators to the aims of health care system, its blocks and systemic nature of the sector;
- being able to use and compare different modern mechanisms of health care governance and financing;
- Create a ground to discuss recent changes in health care sector using modern framework and concepts.

The course participants will achieve the following:

With regard to knowledge and insights:

1) Describe and understand the governance and management structure of healthcare delivery organizations and its complexity.
2) Define governance and integration of its elements in the system (vision, finances, human resources, information, technologies etc.).
3) Formulate goals of the system, organization, department and design activities with regard to the goals as well as to recognize the importance of monitoring the progress in achieving defined goals.
4) Understand the importance of the dialogue.
5) Communicate clearly and concisely in presentations.
6) Communicate potential changes at the level of facility when new health policies are in the agenda of the government.
7) Critically evaluate the regulatory foundations of Ukrainian health care system Distinguish the major principles, mechanisms and processes of health financing, e.g. collecting revenue, pooling risk and purchasing services, that are key pillars in defining tax-based or insurance systems.

With regard to the application of knowledge and insights:

8) Align human resources functions with strategy[1].

9) Conduct work in cooperative manner*.

With regard to the formulation of judgements:

10) Apply the theoretical knowledge of health financing to discussing Ukrainian health care system arrangements and its potential transformation.

5. How these goals will be reached

To understand the basics of health financing and main principles (and gain better feeling and understanding) of health care governance, the course foresees interactive discussions, group work, when offered concepts by the educators are immediately implemented via simulation, cases and presentation. Although the literature is not always available in Russian and Ukrainian language, we have selected the most structured and fundamental literature. Moreover, some sources are specially prepared by the educators for the course participants, e.g. Ukrainian versions of the papers or translations of the most important sources.

6. Relation of the course to other courses in the education program

The course supplement post-graduate education programs which are approved by the state and therefore contain the issues mostly linked to public administration, orders and awareness of the most important documents in the area.

7. Methodology

A number of teaching methods are used in this course: traditional lecturing, interactive lectures, self-studies, guest lectures, case study and simulation.

8. Planning group

Vinnitsa National Medical University — Nataliia Komarnytska, PhD, associate professor

[1] *Leadership competences formulated by the National Centre for Health care Leadership

Olena Ihnashchuk, PhD, associate professor

School of Public Health, National University of Kyiv-Mohyla Academy
Tetiana Yurochko, PhD, assistant professor
Zoryana Chernenko, PhD, associate professor
Maryna Shevchenko, PhD, associate professor
Tetiana Stepurko, PhD, associate professor
Tetyana Semigina, PhD, associate professor

9. Examination

The final grade for the course is “pass” or “fail”.

To “pass” the course and receive the certificate participants should:

- Participate in tutorials (lectures). Assessment criterion “present/absent”. In case the participant is absent from more than two tutorials, he or she writes an essay on the topics that were missed.
- Participate in group discussions of case studies. Assessment criterion “participated/not participated”.

Assessment is not point-based in terms of the specificity of target audience.

The final assessment is performed in the form of individual presentation - report on the discussion with the colleagues and the insights, comments obtained. The final task consists of:

- Preparation of presentation to the colleagues - reflection of the course content: health policy goals in the region; goals of their organization; three key problems; vision of financial policies of the facilities; three first steps that they will introduce at the department/ facility/ sector after the course; a three-year goal and what resources are needed for its achievement.
- Presentation and discussion at the workplace;
- Reflection of the discussion;
- Report in the class on the insights, comments, interesting questions etc.

10. Contents of the course

1. Systems, goals, objectives
2. Governance: elements, their connection.
3. Health financing:
   from the basics : universal health coverage

to the more detailed concepts: provider payments (fee per capita, fee for service, DRG), patient payments (formal – co-payments, user fees, deductibles etc, and other types of patient payments for services, pharmaceuticals, the goals of the payments)
Cases of the countries which implementing changes in health funding.

4. Regulatory framework
5. Human resource strategy
6. Change implementation
7. Information, evidences and decision-making

11. Course Text and Readings:

1. Доклад о состоянии здравоохранения в мире, 2010 г.Финансирование систем здравоохранения: путь к всеобщему охвату населения медико-санитарной помощью. Всемирная организация здравоохранения, 2010. – С. 60–80
2. Финансирование здравоохранения: альтернативы для Европы. Э. Моссиалос, А .Диксон, Ж. Фигерас, Д. Кутцин. 2002, С. 55 − 105 http:// http://www.euro.who.int/__data/assets/pdf_file/0016/126025/e92469R.pdf
3. Система діагностично-споріднених груп: перспективи запровадження в Україні / Шевченко М.В.//Вісник проблем біології і медицини. – 2015.- Вип. 2, Том 1 (118). – С. 306−312.
4. Getting health reforms right. A Guide to Improving Performance and Equity. Marc Roberts, William Hsiao, Peter Berman, and Michael Reich [in Russian]
5. Аналіз політики охорони здоров'я. навч.посібник/ Тетяна Семигіна 2012, 479 с.
6. Осуществление реформы финансирования здравоохранения: Уроки из опыта стран с переходной экономикой. Подредакцией Joseph Kutzin, Cheryl Cashin, Melitta Jakab http://www.euro.who.int/__data/assets/pdf_file/0012/151023/e94240R.pdf
7. Финансирование здравоохранения в европейском союзе. SarahThomsonThomas-FoubisterEliasMossialos. Серия исследований Обсерватории, выпуск 17. Проблемы и стратегические решения. http://www.euro.who.int/__data/assets/pdf_-file/0016/126025/e92469R.pdf

8. Финансирование здравоохранения: альтернативы для Европы. Э.Моссиалос, А.Диксон, Ж.Фигерас, Д.Кутцин. 2002. http://www.euro.who.int/__data/assets/pdf_file/0016/126025/e92469R.pdf

9. Voluntary health insurance in Europe: role and regulation (Добровольноемедицинскоестрахованиевевропейскомрегионе: рольирегулирование) Written by Anna Sagan and Sarah Thomson. World Health Organization 2016 (acting as the host organization for, and secretariat of, the European Observatory on Health Systems and Policies). – 136 p.

10. Доклад о состоянии здравоохранения в Европе. 2002. - С. 107-138

11. Доклад о состоянии здравоохранения в мире, 2010 г. Финансирование систем здравоохранения: путь к всеобщему охвату населения медико-санитарной помощью. Всемирная организация здравоохранения, 2010. – 128 с.

12. WHOEuropeanMinisterialConferenceonHealthSystems “HealthSystems, Healthand-Wealth”, Tallinn, Estonia 25–27 June 2008 : report (Европейская министерская конференция ВОЗ по системам здравоохранения: “Системы здравоохранения – здоровье – благосостояние”, Таллинн, Эстония, 25–27 июня 2008 г. Отчет). Всемирная организация здравоохранения, 2009. – 91 p. [inRussian]

13. Bernd Rechel, Stephen Wright, Nigel Edwards, Barrie Dowdeswell, Martin McKeeInvesting in hospitals of the future (Инвестирование в больницы будущего) World Health Organization 2009, on behalf of the European Observatory on Health Systems and Policies. – 304 p.

14. Diagnosis-Related Groups in Europe. Moving towards transparency, effi ciency and quality in hospitals (Клинико-статистические группы в Европе) : Edited by Reinhard Busse, Alexander Geissler, Wilm Quentin, Miriam Wiley. Open University Press. - 490 p.

15. Costing of health services for provider payment A Practical Manual Based on Country Costing Challenges, Trade-offs, and Solutions (2014) by the Results for Development Institute (R 4D). 93 P.

16. Руководство по мониторингу и оценке кадровых ресурсов здравоохранения адаптировано для применения в странах с низким и средним уровнем доходов.

Подредакцией:Mario R. Dal Poz, Neeru Gupta, Estelle Quain, Agnes L.B. Soucat http://apps.who.int/iris/bitstream/10665/44097/13/9789289002677_rus.pdf?ua=1

17. Оценка финансирования, образования, управления и политического контекста для стратегического планирования кадровых ресурсов здравоохранения. Thomas Bossert Till Bärnighausen Diana Bowser Andrew Mitchell Gülin Gedik http:// www.who.int/hrh/tools/assess_financing_ru.pdf?ua=1

18. Reinhard Busse, Miriam Blümel, David Scheller-Kreinsen , Annette Zentner Tackling chronic disease in Europe Strategies, interventions and challenges (Борьбасхроническимиболезнямивевропе: стратегии, принимаемыемерыизадачи). World Health Organization 2010, on behalf of the European Observatory on Health Systems and Policies (Part II Chapter 6; Part III) –P. 49-79.

19. Josep Figueras, Ray Robinson,Elke Jakubowski Purchasing to improve health systems performance (Покупкамедицинскихуслугвцеляхулучшениядеятельностисистемздравоохранения): Open University Press, Европейскойобсерваториипосистемамиполитикездравоохранениясерии,2005, - 298 с.

20. Governing Public Hospitals/ Reform strategies and the movement towards institutional autonomy (Управление государственными больницами. Стратегии реформ и повышение уровня институциональной автономии): Edited by Richard B. Saltman, Antonio Durán, Hans F.W. Dubois , World Health Organization 2011, on behalf of the European Observatory on Health Systems and Policies. 260 p.

21. Health System Efficiency. How to make measurement matter for policy and management (Эффективность систем здравоохранения: как сделать измерение показателей частью политики и управления) :Edited by Jonathan Cylus Irene Papanicolas Peter C. Smith World Health Organization 2016 (acting as the host organization for, and secretariat of, the European Observatory on Health Systems and Policies). – 266 p.

22. Public Ends, Private Means Strategic Purchasing of Health Services : Edited by Alexander S. Preker, Xingzhu Liu, Edit V. Velenyi, and Enis Baris. The International Bank for Reconstruction and Development / The World Bank., 2007. - 440 c.

23. Як працює система? Новий підхід до аналізу і оцінки процесівуправління в системіохорони здоров'я України. https:// fisco-id.com/download.php?m=an&l=ua&id=136

24. Systems thinking for health systems strengthening - World Health.http://apps.who.int/iris/bitstream/10665/44204/1/9789241563895_eng.pdf

25. **Getting health reforms right.** A Guide to Improving Performance and Equity. Marc Roberts, William Hsiao, Peter Berman, and Michael Reich [in Russian]

26. Финансирование здравоохранения: альтернативы для Европы http://www.euro.who.int/__data/assets/pdf_file/0005/108842/FHCApolicybriefr.pdf

27. Реформы финансирования здравоохранения. Опыт стран с переходной экономикой. Подредакцией Joseph Kutzin, Cheryl Cashin, Melitta Jakab http://www.euro.who.int/__data/assets/pdf_file/0012/151023/e94240R.pdf

28. Финансирование здравоохранения в европейском союзе. SarahThomsonThomas-FoubisterEliasMossialos. Серия исследований Обсерватории, выпуск 17. Проблемы и стратегические решения. http://www.euro.who.int/__data/assets/pdf_-file/0016/126025/e92469R.pdf

29. Финансирование здравоохранения: альтернативы для Европы. Э.Моссиалос, А.-Диксон, Ж.Фигерас, Д.Кутцин. 2002.http://www.euro.who.int/__data/assets/pdf_file/0016/126025/e92469R.pdf

Additional:

1. Руководство по мониторингу и оценке кадровых ресурсов здравоохранения адаптировано для применения в странах с низким и средним уровнем доходов. Подредакцией:Mario R. Dal Poz, Neeru Gupta, Estelle Quain, Agnes L.B. Soucat http://apps.who.int/iris/bitstream/10665/44097/13/9789289002677_rus.pdf?ua=1

2. Оценка финансирования, образования, управления и политического контекста для стратегического планирования кадровых ресурсов здравоохранения. Thomas Bossert Till Bärnighausen Diana Bowser Andrew Mitchell Gülin Gedik http://www.who.int/hrh/tools/assess_financing_ru.pdf?ua=1

3. Наказ МОЗ України від 22.11.2013 № 996 "Про затвердження Методичних рекомендацій щодо формування діагностично-споріднених груп та визначення вартості медичних послуг на їх основі "http://www.moz.gov.ua/ua/portal/dn_20131122_0996.html

4. Стратегія запровадження ДСГ в Україні Е. Ліннакко, Т. Стріпзер, С. Дяченко /file:///C:/Users/%D0%9C%D0%B0%D1%80%D0%B8%D0%BD%D0%B0/Downloads/DRG%20strategy%202013_153.pdf

Відео для самонавчання:

1. How Strategic Purchasing can help achieve Universal Health Coverage

https://www.youtube.com/watch?v=hF36GYeCohE&t=107s

2. Value Based Payment for Providershttps://www.youtube.com/watch?v=_mvfd5GXvvs

3. Doctors, Quality of Care, and Pay for Performancehttps://www.youtube.com/watch?v=D6u96jL-8l8

4. What are capitated payments?https://www.youtube.com/watch?v=HWQ7nbcsWmk

Корисні ресурси:

1. http://rada.gov.ua/
2. http://www.who.int/ru/
3. http://health-index.com.ua/
4. http://www.who.int/ru/
5. http://www.who.int/immunization/research/implementation/health_economics/en/
6. http://www.who.int/topics/health_economics/en/
7. https://www.ncbi.nlm.nih.gov/books/NBK11772/
8. http://www.who.int/phi/ru/

12. SCHEDULE OF SUB-TOPICS: GOVERNANCE IN HEALTHCARE IN UKRAINE

<table>
<tr><th colspan="6">WEEK 1</th></tr>
<tr><th></th><th>Monday</th><th>Tuesday</th><th>Wednesday</th><th>Thursday</th><th>Friday</th></tr>
<tr><td>10.00</td><td rowspan="2">Holiday</td><td>Introduction of the course, of participants, lecturers. Expectations of the participants.

Tetiana Stepurko & Tetiana Yurochko</td><td>Tax-based vs. social health insurance: case study</td><td>Basics of health care financing (lecture)

Maryna Shevchenko</td><td>System goals (accessibility, affordability, efficiency) and priorities (interactive pre-lecture, small group work, lecture-summary)</td></tr>
<tr><td>12.00</td><td rowspan="2">Management vs Governance in health care

Designing patient payment policies in Ukraine (lecture and simulation, group work)

Tetiana Stepurko</td><td rowspan="2">Human resource governance: aligns human resource functions with strategy</td><td>Providers payments: introduction Global budget and DRG
Introduction to costing.</td><td>Health information and monitoring in health care governance</td></tr>
<tr><td>13.30</td><td>Developing benefit package (case study)
Maryna Shevchenko</td><td></td></tr>
<tr><th colspan="6">WEEK 2</th></tr>
<tr><td>10.00</td><td rowspan="3">Working on the final assignment in the health care facility</td><td rowspan="2">Questions and answers on health care financing reform Information management, monitoring and evaluation</td><td rowspan="2">Myths and realities of health care sector regulation -1. Zoryana Chernenko</td><td rowspan="3">Implementing changes in health care system: adventure or disaster (video)</td><td>Gaining commitment not just compliance</td></tr>
<tr><td>12.00</td><td rowspan="2">Final presentations, part 2</td></tr>
<tr><td></td><td>Health care financing reform in Ukraine

Guest lecture - discussion</td><td rowspan="2">Myths and realities of health care sector regulation -2. Zoryana Chernenko</td></tr>
<tr><td>13.30</td><td></td><td></td><td>Group work on final assignment</td><td>Course feedback</td></tr>
</table>

13. SPECIFICATION OF THE FORMAT (Detailed plan of the course activities):

Prior to the registered participants are sent a letter listing the literature, which they must read.

Reader for the first day:

How does the system work? A new approach to the analysis and evaluation of management processes in the health care system of Ukraine. https: // fisco-id.com/download.php?m=an&l=ua&id=136

DAY 1.

Objectives:

1. To get acquainted with participants, to understand their expectations and motivation.
2. To present the objectives of the course, briefly describe the content of the course, explain the assessment criteria.
2. To present the concept of health caregovernance.
3. To improve understanding on the patients payments.

Interactive Lecture 1.

1. Introduction to the course. Requirements for the course.
2. What is "management"? MANAGEMENT or GOVERNANCE?

30 minutes Introduction of the course and each other. Expectations and motivation of participants. Assessment criteria and general overview of course content. Introducing the “rules of the game".

10 minutes - Video

SystemsThinking - A New Direction in Healthcare Incident Investigation

https://www.youtube.com/watch?v=5oYV3Dqe0A8

Systems Thinking!

https://www.youtube.com/watch?v=GPW0j2Bo_eY

https://www.youtube.com/watch?v=NkAv9L1_r1M

15 minutes - Discussion on video.

40 minutes Discussion: What is "management" for me? Do I want to change anything in my health care facility and how these changes may affect the quality of the health care service?why is health care management important?

30 minutes Discussion: Governance and management. What are key differences? Where is governance in our professional life and where is management?

System thinking in health care

Interactive Lecture 2.

Patient payments.

1. Basic elements of patient payments police design

2.

30 minutes - Discussion. What are put-of-pocket payments? Direct payments? Are there any patient payments in your institution?

30 minutes - Lecture “Patient payments policies".

50 minutes - Assignment - simulation, group work: Design patient payment policies. $ groups: policy-makers, health care administrators, patients and health care roviders - medical doctors

Appendix B

15 minutes - Presentation of the policies by groups

30 minutes - Discussion: reflection on the simulation; on the relevance of the patient payment policies to Ukrainian context.

20 minutes: formal, quasi-formal and informal payments.

The reading for the next day:

The manual on human resources monitoring and evaluation has been adapted for use in low- and middle-income countries. Edited by Mario R. Dal Poz, Neeru Gupta, Estelle Quain, Agnes L.B. Soucat http://apps.who.int/iris/bitstream/10665/44097/13/9789289002677_en.pdf?ua=1

Health Financing: Alternatives to Europe. E.Mossialos, A.Dikson, J.Figeras, D.Kutzin. Http://www.euro.who.int/__data/assets/pdf_file/0016/126025/e92469R.pdf.

DAY 2

Objectives:

1. Introduce the basic concepts of insurance-based health care financing.

2. Recognize importance and be aware of key challenges of human resources and its management in health care sector.

Interactive Lecture 1

Health care insurance

Historical aspects of the development of health care insurance

Health care reforms in Eastern European countries, introduction of social health insurance.

The context of Ukrainian health care and the preconditions for the introduction of social health insurance

Challenges of social health insurance: regulation of the relationship between solvency, tariffs and quality of medical care.

Insurance and tax- based health systems: where myths meet with reality?

30 minutes Discussion. What is health insurance? Can it be considered as a "panacea" for health care facilities in Ukraine?

40 minutes Lecture “Social healthinsurance: Situation, Problems, Risks".

30 minutes Discussion - Sharing the experience - Elements of insurance-based systems in your regions / health care facility?

10 minutes Which way can we choose for Ukraine?

Interactive Lecture 2.

Human Resources Management.

1. Human resource management (HR) is a key component of healthcare management

2. Theories of personnel management

3. Personnel management styles

4. The main "players"of HR

5. Personal and professional development of employees (capacity development)

40 Minutes Lecture Human Resources Management.

5 minutes A video about styles of HR management

30 minutes Discussion: My personal views on the importance of managing human resources.

30 minutes Discussion: Do we need Order number 33?

10 minutes Personal experience of the lecturer. Why is HR important for me

40 minutes Discussion - Does Ukraine need an HR policies in health care?

READER:

1. Доклад о состоянии здравоохранения в мире, 2010 г. Финансирование систем здравоохранения: путь к всеобщему охвату населения медико-санитарной помощью. Всемирная организация здравоохранения, 2010. – С. 60–80

2. Финансирование здравоохранения: альтернативы для Европы. Э. Моссиалос, А .Диксон, Ж. Фигерас, Д. Кутцин. 2002, С. 55–105 / http://www.euro.who.int/__data/assets/pdf_file/0016/126025/e92469R.pdf

3. Система діагностично-споріднених груп: перспективи запровадження в Україні / Шевченко М.В.//Вісник проблем біології і медицини. – 2015.- Вип. 2, Том 1 (118). – С. 306–312.

DAY 3

Objectives:

1. Analyze the principles of health care funding and their implementation in health care facilities.

2. Analyze the current health financing policy in health care system of Ukraine.

3. Develop a basic package of services (case case)

Interactive Lecture 1

Basics of health care financing

40 minutes Lecture "Fundamentals of health financing: pooling and distribution of funds"

60 minutes Questions and Answers. Classification of financial risks of an institution / enterprise. Causes of financial risks. Policy and principles of financial risk management. Risk assessment.

Interactive Lecture 2.

Provider payments. Costing

40 minutes Lecture - Providers payment: global budget, diagnostic-related groups

20 minutes Discussion of the value of money in time.

40 minutes Exercise: Define the current cost of money and define the future value of money

10 minutes Discussion: Financial Risk Management

30 minutes Developing a basic package of services (case study).

Video:

Capitate / Capitation (healthcare) / Source: https://www.youtube.com/watch?v=9xDR5_T9GZA (6 min)

Paying doctors / Health care system https://www.youtube.com/watch?v=4J-dRA3MGc8

Assignment.

In groups (4-5 groups of 3 to 6 people) discuss the following questions:

1. Describe the system of provider payments of different level of health carein Ukraine, identify goals for improvement or reform, and assess possible scenarios for such reforms.
2. Conduct a basic assessment of the payment methods of your choice, identify strengths and weaknesses, available opportunities, risks and barriers for your chosen methods for implementation in Ukraine.
3. Propose measures (at least 2-3) that will alleviate or reduce the impact of risks and barriers to introducing new payment methods.
4. Present the vision of the group in the form of a short presentation (up to 7 minutes from each group)

Case study

Development of basic package of medical services

When reforming the funding system, it is important to improve the coverage of medical services / assistance.

According to the experience of European countries, the most widespread reason for the right to medical care in the EU is residence in the country, which in turn provides a full or almost complete (98-99%) coverage of the population of most EU countries. The exception is Germany, where about 88% of the population is covered by health care, Greece (95%), Austria (98%), Belgium, Luxembourg and Spain (99%). A set of medical services in the EU countries usually includes prevention and public health services, primary health care, outpatient and inpatient specialized care, prescription-drugs, psychiatric care, dental services, rehabilitation, home care and specialized institutions / institutions (S. Thomson, 2010)

WHO and the Commission on Macroeconomics and Health experts conducted a study to determine the minimum level of financing necessary for the basic functioning of the health system, that is, providing the population with the necessary medical services (M. Suhrcke, 2008). According to independent experts, both organizations found that the minimum level of funding was about $ 80 per capita per year, taking into account purchasing power parity (PPP).

When developing the basic package of medical services, the following aspects are important:

openness of the health care system (the share of population covered by the service);

depth of coverage (the part of the cost of the service being paid)

coverage (which medical services are included in the set).

In groups (4-5 groups up to 6 people) discuss the following issues:

Discuss the opportunities, barriers and risks involved in developing and introducing a basic package of health services. Suggest a list of criteria to take into account when designing a basic package of health services. Argue the possible positions of the key decision-makers in the healthcare sector (Verkhovna Rada of Ukraine, Government, Ministry of Health, Ministry of Finance, NGOs, trade unions, medical workers).

Provide suggestions on filling in the main aspects of the core package: which categories of population should be included, what kind of services / services to the base package; what medical services can be excluded from the basic package, the possibility of introducing co-payments by the patient (indicate which services)

Present the vision of the group in the form of a short presentation (5-7 minutes from each group)

DAY 4

Objectives:

1. Understand health care system goals
2. Consider the importance of information management, monitoring and evaluation

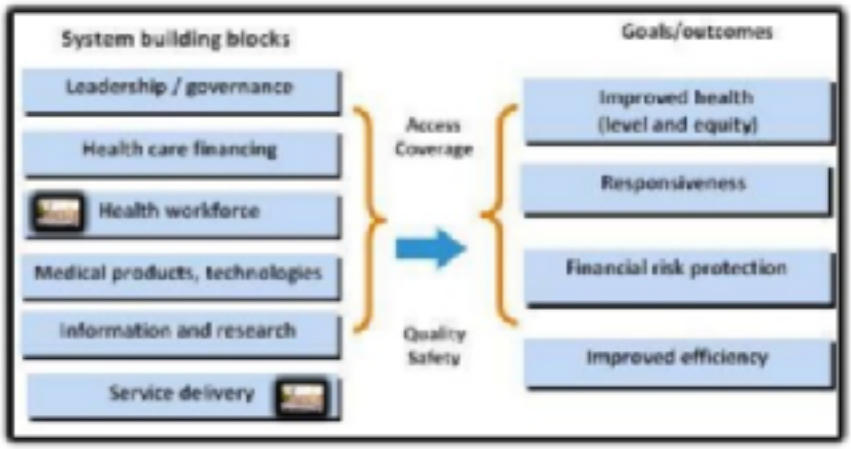
Interactive Lecture 1

Health care System objectives

40 Minutes Lecture - Improvement of health, responsiveness of the system, and financial risk protection; Access, Quality and Efficiency. Input and Outcomes, outputs, impact.

20 minutes Discussion: What are the goals in my organization? How are they achieved?
20 minutes Lecture: Vision, mission, values.

40 minutes Discussion: What are the mission and vision of your health care facility? How would you define values of your facility? How would you characterize your organizational culture?



From the WHO WPRO Website: http://www.wpro.who.int/health_services/health_systems_framework/en/

Interactive Lecture 2

Health information and monitoring in health care governance

Lecture: Information management, monitoring and evaluation.
At the level of Ministry of Health and at the regional level.
Results of 2 waves of Health index.Ukraine.
Discussion: How this information can be used in health care facility now?

DAY 5

Objectives:

1. To sensitize health care reform in Ukraine and its elements
2. To recognize the gaps in health care system and systemic response to them

180 minutes Discussion Healthcare reform in Ukraine. (presentation, questions, answers, discussion) Invited expert from WHO Ukraine - Ministry of Health

DAY 6

Interactive Discussion.

180 minutes:
Legal regulation of health care.
The essence of the task of legal regulation
Types of legal regulation
Deregulation
The responsibilities of health workers
Regulations on the competition of chief doctors - what is the problem?
Recent changes in regulations of health care sector

Reader the next day:
John Cotter: Change Management http://www.obs.ru/article/92/

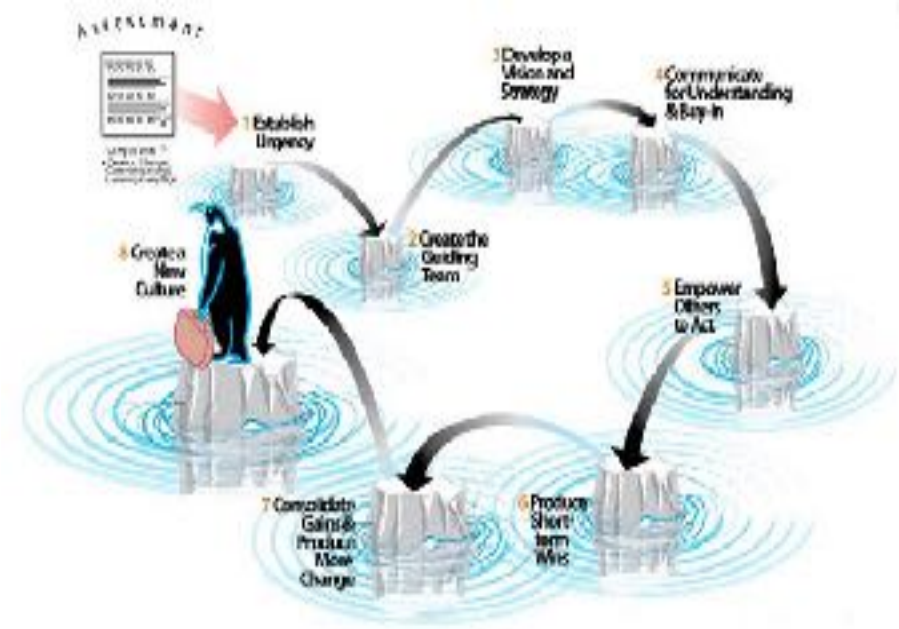
DAY 7

Interactive Discussion - 1.
Change management.

The essence of the task of managing change
Change Management Models
Overcoming the opposite

50 minutes Discussion: What do you mean by the term “CHANGES"? Is the health care reform of 2011 change? Of 2017?
40 minutes Lecture "Change Management”
20 minutes Answers to the questions.

J. Kotter's Change Management Model



Work in groups:

Why are there changes in the organization (the system of social life)?

Are modern leaders facing the problem of the need for a permanent transformation?

DAY 8

Case study

See Appendix A

.

Presentation of projects and general discussion.

90 minutes - presentation of projects. The participantspresent their experience of leading the discussion on health care governance at the facility, on health care financing and relevant reform. Challenges and comments. Each participant has 5 minutes maximun.

20 minutes General discussion - discussion of participants' experience.

20 minutes General discussion and conclusions about the course, delivery of certificates.

20 minutes feedback from students.

APPENDIX A.

(the case is developed by Dr.Paolo Belli, Anastasia Nitsoy and Dr.Andriy Danyliv within Summer School 2015)

Health care system in transition: Privatistan

From Wikipedia, the free encyclopedia

Healthcare in Privatistan
Healthcare system overview

• **Government health programs**
  • ***National Rural Health Plan***
  • ***Health Insurance Program***
• **Private health coverage**

Health care reform debate

Since Privatistan became a republic in 1948, there has been steady progress on all fronts of human and economic development, although implementing a healthcare reform for one of the largest population in the world was considered by many a “mission impossible”. Privatistan, currently a lower-middle income country, has also matured as one of largest democracies in the world and one of the fastest growing economies during last two decades. In the public administration context Privatistan is moving towards transferring more managerial authorities in the public sector from the Central to the State level.

Healthcare system overview

Privatistan has been spending just about 1% of her gross domestic product (GDP) on the health sector, perhaps the lowest in the world. If public funds, private funds and external flows are combined, the total health expenditure amounts to 4% of GDP, mainly due to the private sector.

Nearly 40% of the people in Privatistan live on less than 1.25 USD (PPP) per day, and 44% of all children are malnourished and the infant and women mortality rates are still unacceptably high despite earnest efforts by the government. Only half of the births are being attended by skilled health personnel. Less than 30% of the population has access to the primary health care facilities. Vaccination coverage remains a serious challenge.

Three quarters of the population in Privatistan live in the rural area, although strong economic growth in the last decades has fuelled migration from rural to urban areas.

With a capacity crunch in the public healthcare system, patients have become dependent on private healthcare providers who currently treat 78% of outpatients and 60% inpatients. In fact, most of the health providers are private and there is a well-developed network of private hospitals in most large and middle cities. In rural areas, as well as in city slums, most of the care is delivered by not fully qualified providers (quacks in the worst cases), which utilize a series of pseudo-scientific as well as at times dangerous treatments. However, unlike public doctors, they are available and generally trusted by the population, particularly the poor and illiterate. Further, with an underdeveloped healthcare insurance system result in high out-of-pocket expenditures for healthcare, which can be prohibitive for access to care or drive people into poverty.

Government health programs

There are at least two major public healthcare programs in Privatistan. The first is the *National Rural Health Plan (NRHP*), which is the central government's attempt to improve delivery of services in public facilities as well as public-health and preventive interventions, led by the Ministry of Welfare. As a component of NRHP, measurement and reporting of clinical output and performance indicators has been employed from the sub-district and are regularly reported and aggregated through increasing administrative levels up to the national level. This data enables the state and national health ministries to plan programmes and evaluate their impact. However, NRHP does not use very much the private sector, and has invested in creating a public delivery system alongside the private one in several medium size cities and rural areas.

The second is the *Health Insurance Program (HIP)*, led by the Ministry of Labour, one ofseveral insurance schemes operated by the Central and State governments. In most states HIP covers people "below the poverty line" for a selected set of secondary and tertiary care services. Under HIP the Ministry selects through a bidding process a public or private insurance company to provide health insurance for the target group. Under the scheme, the beneficiaries also have the freedom to choose between participating public or private hospitals when deciding where to receive healthcare. Experience from the functioning of the HIP shows that insurance companies, especially in the private sector, have been successful at controlling costs (fraud control for example), managing customer complaints, and tracking the costs and the quality of the services provided by participating hospitals.

While NRHP, launched in 2006, has had some success in improving access to certain services, such as maternal healthcare, it is not clear what effects NRHP has had on most other services. In contrast, there is early evidence that HIP has been somewhat effective in reducing out-of-pocket payments for tertiary care, although it is not clear whether this program improves population health. Both programs are suffering from the lack of the monitoring data.

Private health coverage

Today, most citizens seek healthcare in private facilities. Owing to many years of neglect, lower-level public healthcare facilities often suffer from a variety of problems, including worker absenteeism and dual public-private practice, low demand for their use, and shortages of supplies and staff.

In contrast, private healthcare varies greatly in quality of care, being unregulated and financed largely through out-of-pocket payments.Private services range from 1000+ bed hospitals to even 2-bed facilities.Private sector controls 80% of doctors, 26% of nurses, however, there are a large number of health workers who have only a high-school education or do not have a medical degree. Private actors are present in all areas of healthcare, including health financing, education, as well as equipment manufacturing and services. This subsequently results in about 72% of out-of-pocket expenses that are directed at medicines and put significant pressure on the individual. It is not uncommon that some are driven below the poverty line due to the costs they incur in order to access healthcare services.

The main trends in the **health care reform debate** have focused on major legislative gaps, lack of uniform standards for healthcare leading to the current fragmented and uncontrolled nature of the private sector and ineffective implementation in the public sector. Despite some efforts, there is no single authority and unified system in place to ensure that people have access to appropriate and cost-effective care. As health is a State-responsibility, these issues are left for them to manage.

The task for the group is to:

1. *Identify up to three priority strategies to improve the health care in Privatistan; and,*
2. *Come up with up to three key activities to address each Priority Strategy.*

OBLIGATORIA: Health System

If you travel to Obligatoria the best advice you can get – don't fall sick. If you do you might get lucky and receive a decent treatment, or you might not – this will depend on where you are and what is your level of access. Most importantly, it will depend on your ability to pay, because you will have to pay for everything as a foreigner, but even if you were local you still would.

Local people, who are entitled to receive all the care for free by law, still do pay at every step of care: gratitude to the doctors at every level (including emergency), for all the pharmaceuticals, including those they need during hospital stay and surgical procedures, for medical devices they need. This results in more than 45% of all health care expenditure, or about $142 per capita annually, in the country being paid privately, practically all of it – out-of-pocket, large portion of it – informally. This is in the system where overwhelming majority of the facilities are owned by the state or local governments who are supposed to cover the expenses from regional or local budgets. This might not be so surprising if one considers that the level of economic development is rather low (annual GDP about 4'000 dollars per capita) and, thus, government who spends 4.2% on health care is only capable of financing $170 per person per year. However, even this money is largely squandered. Thus, doctors officially earn unsustainably small salaries ($100-$400) and there are practically never any supplies of drugs, devices, or consumables in the health care facilities.

If you get sick in rural area – you're in trouble. You'd need to travel for a while to get to local regional hospital or outpatient centre which is usually in a poor condition and has no supplies whatsoever and lacks qualified staff. Even in case of a serious injury you run into chances to be left on your own as the local ambulance might not have fuel, driver and, most certainly, it would not have any supplies. Thus, the best option is get into the city, where the full potential of the system is concentrated in the central urban hospitals and you'd meet abundance of medical personnel. Not to say that this personnel would be very willing to provide you with any service for free or that these hospitals function efficiently.

There are 2,400 hospitals in Obligatoria (the same as in Germany, with half the population of Germany), and 400,000 beds, about two and a half the beds Spain has (with the same population). Such elephant system is very unproductive and ineffective, and most of the public money is just spent on maintaining it, rather than producing useful services. Many beds are occupied just to fill them in ("social cases", prolonged stay) in order to justify their funding, resulting in the average length of stay of around 15 days – more than twice longer (7.2 days) than in the OECD counties on average!

Take the example of tuberculosis. Most other European countries have solved the problem of tuberculosis, without almost any beds (few beds in infectious diseases' departments for acutely ill patients). Obligatoria has 21,000 beds, and 6,000 doctors working on TB where TB-affected patients are secluded for months and months, and the problem gets worse every year.

The system of primary care is practically non-functional. There is a surrogate form of outpatient clinics, which often contains all forms of specialized medical doctors (left ear specialist, right ear specialist, etc.) and that is where you are supposed to report first with a medical problem. You'd usually need to queue up to see a therapist who will refer you to other doctors or diagnostic services, where you'd need to queue up as well. But in many cases you can directly access secondary or even tertiary care through their own outpatient departments, especially if you have a reasonable "gratitude" in your pocket and a couple of books to read while waiting.

No wonder that in this system you run into a very high risk of being harmed rather than treated. The doctors in this system are not motivated to read up-to-date literature (mostly in English) about treatment practices and in many cases practice based on the 50-year-old standards. A piece of research done by the World Bank in 2011[2] showed that in a sample of approximately 1043 physicians in 250 health facilities only approximately half of them were able to identify correctly the symptoms of Chronic Obstructive

[2] UKRAINE HEALTH SYSTEM SURVEYS: QUANTIFYING THE QUALITY OF CARE AND ITS IMPACT ON NON-COMMUNICABLE DISEASE

Pulmonary Disease (COPD) and Congestive Heart Failure (CHF)[3]. The up-to-date medication is often not available due to the lack of demand on the physicians' side but also due to non-transparent and highly corrupted pharmaceutical sector. Thus, you might have you sinuses punctured for no reason, or be placed for a 2-3 week inpatient stay undergoing invasive procedures where only appropriate medication could have been taken.

There are always ways around the pains of the general public health care system. Private health care providers are very few and you'll get a decent care there, though this will not cover the full range of possible conditions. They will also try to do on you a whole array of unnecessary tests just to make money. Mostly this is expensive, i.e. the prices are comparable to full cost of services in the Western Europe, where people do not pay full price. You might consider private health insurance, and this will help you to an extent. Private insurers mostly do not deal with expensive private hospitals. But they will try to get you into the departmental hospitals – the best facilities in the country available to the few of certain classes, e.g. legislators, military, policemen or their families. But be ready to come to an appointment and pass by a queue of angry looking people waiting to be seen.

The only case you really want to come to Obligatoria for health care is dental care. The established competitive market offers a wide range of rather professional dental services for very reasonable prices.

It is up to you whether to come and see Obligatoria, but be sure you are ready to face the system!

The task for the group is to:

- Identify up to three priority strategies to improve the health care in Obligatoria.
- Come up with up to three key activities to address each Priority Strategy.

[3] For COPD Clinical Performance and Value (CPV™) vignettes' average score was 41.6%, and in the CHF case, 53.2%.

APPENDIX B.

(the case is developed by Dr.Marzena Tambor within Summer School 2015)

POLICY MAKERS

As the policy makers in Ukraine, you are convinced that formal patient payments are necessary. You think that there is lack of resources in health care and health care institutions have to raise additional funds for better quality of care in 'a civilized way'. Yet, you want to ensure the access to basic/crucial services for all, and you know that some people might not be able to pay for services. You are also aware that patients might oppose the introduction of formal patient payments for health care services and you will need to present the arguments to get their approval for the reform. You also need to get health care providers on board. Thus, the patient payment system which you are proposing should benefit them too.

Please design patient payment system which you are going to propose to the representatives of health care consumers and health care providers to get their approval for the reform. Please remember also that the system should be effective in terms of meeting the goals which you want to achieve by introduction of patient payments.

HEALTH CARE CONSUMERS

You are generally against the introduction of obligatory formal patient payments for health care services. Your main concern is the inability to pay the fees, especially of the poor and chronically sick people. People already have to pay informally for services so you are afraid that the introduction of formal payments will result in paying both, formally and informally. However, you would accept the payments if they increase the quality of care and you would not need to pay informally.

You will meet with policy makers and listen to their proposal for the introduction of patient payments. You are also going to present them your concerns and your proposal for the patient payment system in Ukraine.

HEALTH CARE PROVIDERS (MEDICAL PROFESSIONALS)

You generally advocate the introduction of formal patient payments. You see the lack of resources for health care which results in low quality of care for patients, low salaries for medical professionals and financial deficits of health care institutions. As medical professionals you would like to receive a decent salary without taking informal payments (you expect that the fees will be spent to increase your salary). You are aware that some people might not be able to pay the fees, thus, there is a need for protection mechanisms. You also expect the patient payment system to be easily administered so that you are not burden with additional work (collecting fees, verifying eligibility for patient exemptions etc.). You are going to present your expectations about patient payment system in Ukraine and your proposal at the meeting with policy makers, patients' representatives and managers of health care facilities.

HEALTH CARE PROVIDERS (MANAGERS OF HEALTH CARE INSTITUTIONS)

You generally advocate the introduction of formal patient payments. You see the lack of resources for health care which results in low quality of care for patients, and financial deficits of health care institutions. You are aware that some people might not be able to pay the fees, thus, there is a need for protection mechanisms. You also expect that the revenues from patient payments would retain in health institution and used according to the needs of the institution. You also expect the system to be easily administered with low cost. You are going to present your expectations about patient payment system in

Ukraine and your proposal at the meeting with policy makers, patients' representatives and medical professionals.