TRANSITING TO ONE-CHANNEL FINANCING OF HEALTHCARE IN THE COUMTRY

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The article provides the results of experiment on realizing pilot project of transiting healthcare in the country to one-channel financing in Penza region.

Keywords: one-channel financing, healthcare in the country, obligatory medical insurance, medical institutions

Methodological approaches towards policy in the area of providing medical care for villagers and planning medical services that are aimed to increase their availability and improve their quality in modern conditions of new inter-budget relations, including finance, define the necessity to search for new ways to make decisions on organization, management, and investment. (V.I. Starodubov, A.S. Ivanova 2009; A.A. Evsyukov, N.K. Sharafutdinova, 2009).

At the territory of Penza region a pilot project on modernization in healthcare is being carried out in two directions: transiting healthcare institutions to one-channel financing through the system of obligatory medical insurance (OMI); improving accounting of the provided medical care (introduction of the system of personalized accounting) within the system of OMI.

Three-side contracts have been concluded between Territorial fund of OMI, Ministry of finance of Penza region, Ministry of healthcare and social development on transferring budget money for healthcare into the system of OMI.

The transferred money are used to finance:

All structural departments of medical institutions (departments of ambulance, village first-aid stations, hospitals, etc.) that are included into the system of OMI;

All types of medical assistance, including social kinds of medical care (psychiatry, addictology, phthisiology, venereal diseases);

All costs, excluding expense to finance target programmes, capital building and reconstruction, and acquisition of expensive equipment.

Within one-channel financing of medical institutions, support of each single treatment-preventing institution is being carried out in accordance with the total amount of money that is transferred to the territorial fund of obligatory medical insurance from budgets of municipal units. The main disadvantage of the previous scheme of financing medical institutions was the dependence of tariff for a medical service on the amount of money that was given to a Territorial fund of obligatory medical insurance from municipal units.

Within the frame of one-channel financing, the formed norms of financing treatment-preventive institutions (TPI) were brought to a single standard considering a correction coefficient for each institution type: regional medical institutions, urban medical institutions, inter-regional centers (including TPI of the Kuznetsk), central regional hospitals, central regional hospitals thatrae located in countryside settlements.

Transiting to one-channel financing within the system of OMI is aimed to increase the efficiency of managing finance in a subject of RF. During the experiment a personalized accounting of medical services was carried out, new standards of providing medical care were introduced an differentiated according to the type of TPI.

The experiment allowed us to reveal the weak point in planning volumes of medical assistance that was earlier provided at budget expenses, and finance, needed for it.

Transition to the estimate system of financing towards financing for the actual provided medical care allows one to manage money more efficiently.

Personalized account of medical services within the system of OMI allows us to see actual provided volumes of medical assistance and its real value considering all costs. Now there is a possibility to correct medical-economic standards of medical care services considering real volumes of medical services.

The reformation of regional healthcare system, realized within the organization experiment, was aimed to decrease the resource-intensive bed fund and develop hospital-replacing technologies. As the result, numbers of bed fund of day-around hospitals decreased by 7,4%, and daytime hospitals – increased by 5,6%. All district hospitals received the state of regional central hospital (RCH) that allowed us to increase the efficiency of controlling the service. Bed fund of district hospitals was decreased due to their re-specialization into beds or hospitals of nurse care. The number of beds of nurse care increased by 84% in 6 years and reached 294 beds. A part of district hospitals was re-organized into outpatient clinics.

The developed and introduced functional-organization model of providing medical care to villagers included alteration in financing TPI and transition to one-channel system, change in structure and functions of healthcare institutions in the country at the basis of standardization of medical technologies, sorting volumes and types of activity and resource provision for each type of village TPI. The introduced system of stages in providing medical assistance allowed us to increase the availability of medical care for villagers. The efficiency of the approbated functional organization structure of healthcare in the country is proved by the decrease in overall death rate of the population during the 6 years of analysis by 11,55% (from 20,9 to 18,5‰), perinatal – by11,0% (from 13,6 to 12,1‰), infantry – by 13,4% (from 11,9 to 10,3‰), and mother's death rate – by 11,3% (from 30,1 to 26,7 per 100 thousand). Life span of villagers has increased to 67,2 years.

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