

DIVISION OF THE ROLES AND CONTRACTING IN PRIMARY HEALTH CARE

S. Popova, N. Feschieva, T. Kostadinova*, K. Dokova

Department of Social Medicine and Biostatistics and

**Department of Health Management, Medical University of Varna, Varna*

The introduction of market mechanisms into the public health sphere necessitates a clear distinction of the roles of main participants in medical service accomplishing. The processes of contracting between vendors and customers of health services are based on this distinction. This communication presents the end product of seminars supported by the "H+" Swiss hospital association in Bulgaria entitled "A contract for providing primary health care for the citizens of municipality X". The basic and secondary elements of the contract contents as well as the essence and importance of the contracting as a component of public health reform in Bulgaria are discussed. It is emphasized that the introduction of contracting relations into the public health system will ensure a better control on the amount and quality of the health services and on financial means' movement. The contracting will favourably influence on the public and private health sectors thus representing an important component of introducing the market economics, especially in the health sphere.

Key-words: Contracting, primary health care, health insurance, general practitioner, Bulgaria

Health strategy has two key elements - decision on the final goal and defining the means for its achievement. The main task for the Bulgarian health policy is to stop the process of further deterioration of the health status of the population and to turn it in a positive direction. In order to achieve this goal fundamental reform in the existing health care system is required, a reform of the financing and delivering of re-

sources. Taking in consideration that every type of health system is determined by the position of the five main players in the field of health care, i. e., patient, primary health care (PHC), specialized and hospital care, payer for services, and state, the health reform should develop a new model by changing the position, function, responsibilities, and relations between these participants (4).

In the center of the system we can place the patient - consumer of health care. According to Act No 3 of the Ministry of Health on PHC organi-

Address for correspondence:

*S. Popova, Dept. of Social Medicine and
Biostatistics, Medical University, 55 Marin
Drinov St, BG-9002 Varna, BULGARIA
E-mail: pubhealth@mbox.digsys.bg*

zation (1) and the law of health insurance (2), the position of the patient is changing from one asking for services into a consumer with right to choose his own doctor. The WHO's declaration in Alma Ata (1978) and the Strategy for PHC in Bulgaria both give a priority to PHC as the main instrument for achieving "Health for All by the year 2000". According to this strategy, the key figure in PHC is the general practitioner (GP), and in the transitional period - the personal physician in internal medicine, paediatrician, and obstetrician-gynecologist.

The answer of the question what type of GP we want to establish - a gatekeeper (as the one in the Netherlands), or a free access to specialized care (as in France and Belgium) will be possible will define the relations between patient and PHC, specialized and hospital care. With the adoption of the law for health insurance a new player comes in the field - the third party payer of health services, i. e., the health insurance fund - national and regional. Among the existing several types of health insurance our country has chosen the contract model. It suggests that the insured does not have to pay directly when using health services. Providers are paid directly by the insurer - "the third party" based on a contract.

The contract model implies that when paying for health services of the insured members the Health Insurance Fund is performing an agency function:

acting as prudent buyer of care on behalf of the consumers. According to the law of compulsory health insurance "it is based on the principle of contracting the relations between the Health Insurance Fund and the health services' provider". The law for health insurance determines the place of the insurance fund on one of the sides in the negotiation process. On the other side there are health institutions acting as providers of health services, selling and receiving finances according to the amount and quality of the services. It is possible for a health organization from PHC to be at the same time a provider and purchaser of health services for the population served (e. g, the general practitioners' fund holders in Great Britain) (3).

Where is the place for the state in this scheme? It is in the role of managing the competition on the market of health services. Management and control of costs has been shifted away from the centralized administration towards the players in the system. Fundamental to the process of contracting between the third party and provider of health services is the division of roles among participants in health care with its legal and organizational aspects. According to article No 45 of the law of health insurance, terms for delivery and content of different types of health care are defined in the National Framework Contract (2). The details will be matter of further negotiation between the re-

gional health insurance funds and individual and collective providers. Participation in the process of negotiation is a thoroughly new activity for the health institutions and health workers, respectively. Decisions for buying will be based on the criteria "value for money". The perfect contract will guarantee better control on the volume and quality of services and the transfer of finances for the benefit of the provider and mostly for the consumer of health services. The participants in the process of negotiation should be familiar with the kind of this activity beforehand because of its utmost importance.

To prepare management cadre for the secrets of negotiation (the same need exists for the private providers of health services as well) was the aim of seminars held with the support of the "H+" Swiss hospital association in October 1997, in Varna, in August 1998, in Bourgas, and October 1998, in Targovishte. Topics of the discussions were the following basic problems:

1. The nature of negotiation as an element of the health reform in Bulgaria;

2. The art of negotiation and basic principles for successful negotiation. The topic for negotiation should be clear. One should be able to define the starting position (what aims I want to achieve), the starting position of the other side (the aims they want to achieve). Besides one has to be ready with secondary possibilities in case the

first can not be achieved as well as to be sure: you have prepared key words; you are well-acquainted with your documentation; you know well your possibilities; you have attracted colleagues well-acquainted with the matter; you are able to create atmosphere of good will, to be on the same wave as your partner, and to be interested in his intentions/interests.

3. Content of the contract: a) basic elements: defining the basic benefit package; the population served; defining the partners; setting the prices; b) secondary elements: methods of paying; control for quality of services, and right for cancel.

As an end product "A contract for providing PHC for the citizens of municipality X" was suggested. The contract included the following parts: aims, subject, time, right and responsibilities of consumers, rights and responsibilities of the providers, and ways of payment. The work on the preparation of the contract gave a chance to the participants to feel the atmosphere of contracting, to clarify its elements and roles in the process of negotiation. At the same time some other problems emerged and were discussed:

a) professional profile of the GP and package of services which he is obliged to provide; the right for additional services;

b) limits for the served population and way for providing a 24-hour care for the patients;

c) what is the level for regional adaptation of prices according to local features;

d) ways of payment and for which services it is possible to introduce "fee for service";

e) development of criteria and standards for quality of structure, pro-

cesses and results in PHC, etc. These questions have not received any answer yet and thus need a broader discussion, indeed. Such discussions along with the common agreement of these issues represent a necessary precondition for the excellence of the contracts in a health insurance setting.

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Разпределение на ролите и договарянето в условията на извънболничната медицинска помощ

С. Попова, Н. Фесчиева, Т. Костадинова*, К. Докова

*Катедра по социална медицина и биостатистика и *Катедра по здравен мениджмънт, Медицински университет-Варна*

Резюме: Въвеждането на пазарните механизми в сферата на здравеопазването доведе до необходимостта от ясно разграничаване на ролите на основните участници в осъществяването на медицински грижи. Това разграничаване заляга в основата на процесите на договаряне между продавачи и купувачи на здравни услуги. Настоящото съобщение представя крайния продукт от семинари в България, подпомогнат от Швейцарската болнична асоциация "Н+" и озаглавен "Договор за предоставяне на доболнични услуги за населението от община "Х". Дискутират се първичните и вторични елементи от съдържанието на договора, както и същността и значението на договарянето като елемент на здравеопазната реформа в България. Подчертава се, че въвеждането на договорните отношения в здравеопазването ще даде възможност за по-добър контрол върху обема и качеството на извършваните дейности и движението на финансовите средства. Договарянето ще благоприятства равнопоставеността между обществения и частен сектор, което е важен елемент на въвеждането на пазарната икономика и в частност - в здравеопазването.