

WP 3

Instruments for Improving the
Financial Provisions for PHC

Kick-off

Karlskrona

February 22-23, 2010

Activities

- Transnational thematic expertise on PHC remuneration schemes (including financial incentives, medical record keeping)
- Pilot project: Testing of a jointly developed incentive payment scheme in Latvia
- Promotion of use of recognized quality indicators for PHC performance
- Testing of an operational system of recognized quality indicators for PHC performance

Proposed time schedule for 2 years

	Subactivity	Involvement	2010				2011				
			1q	2q	3q	4q	1q	2q	3q	4q	
1	Drawing the scheme for assessment of PHC in countries	All partners									
2	Prepared country papers and Elaboration of country papers	All partners									
3	Survey of GP	Latvia, ...									
4	Joint national synthesis report	All partners									
5	Recognized quality indicators for PHC performance developed	Poland									
6	Jointly developed incentive payment scheme developed (November 10)	All partners									
7	Workshop in Latvia to present the new scheme (end of November)										
8	Transnational workshop in Krakow	All partners									
9	Survey of GP	Latvia, ...									
10	Results of implementation of new payment scheme	All partners									

Proposed Scheme for assessment of PHC

- Health status of population
- Financial protection of patients
- Cost-effectiveness of services
- Patient satisfaction

Health status of population

- Indicators:
- Number of visits

Financial protection of patients

- Patient fees (user costs)
- Payments for pharmaceuticals

Cost-effectiveness of services

- Methods of payment
- Quality indicators and its role on the remuneration of GP
- Use of e-health (e-booking, e-drug prescription, medical records, etc.)

Equity

- In the market for health care, economists and policy makers put great stress on equity or fairness
- Typically it is seen as important that low income groups have “reasonable” or “adequate” access to Health care
- Also seen as important that the very sick are protected against the lifetime costs of illness

Horizontal Equity

- Individuals with the same health status and income are treated in the same way by the health system at the same cost

Vertical Equity

- Individuals with different health status are treated differently in ways that reflect their health status
- Individuals with different incomes may get their treatment at a different cost, that reflects their income level

Evaluation of adjustments for payment in PHC (3-good, 1-poor)

	Adjustments	Costs for administration	Savings of total expenditure	Iniciative to improve Technology	Orientation on quality	...
1	Rural					
2	...					