Kazakh Organization for Quality and Innovation management

Innovation Management in Healthcare System of Kazakhstan is a Way to the International Competitiveness

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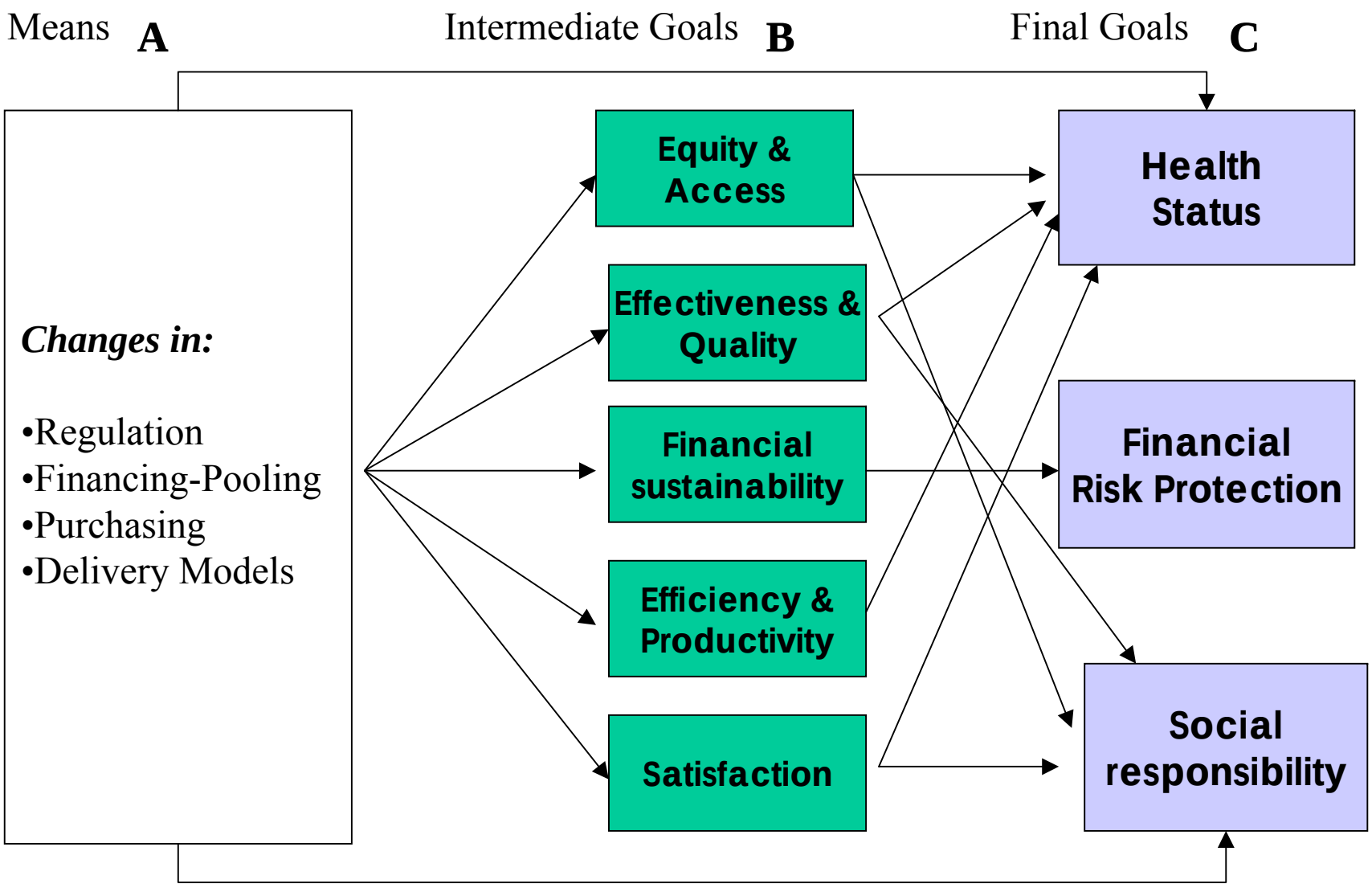
CONTENT

- Status of Healthcare system of Kazakhstan before reforms;
- Main results of reforming;
- Total Innovation Management in Healthcare.
- TIM is a Way to the International Competitiveness of medical organisations

Health System of Kazakhstan

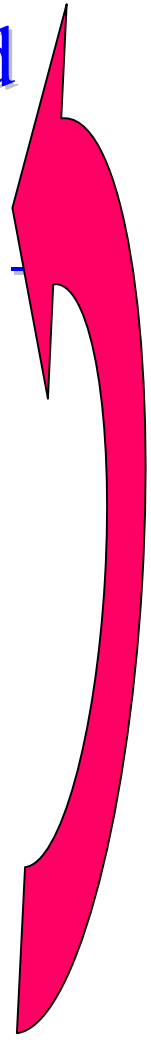
1. Healthcare status before reforming;
2. Management system in Healthcare
3. Financing;
4. Medical Services provision;
5. Resources

Challenges to Health Systems: Conceptual Framework



Healthcare System in KZ before 2005 Management

- Lack of strategic vision of how system should develop;
- Unclear vision of authorities in centralization - decentralization healthcare system;
- Fragmented and controversial legislation;
- Vertical control hinders an integration of medical services;
- Complicated heterogeneous infrastructure of healthcare system;
- Poor capacity of healthcare managers



Health System in KZ before 2005
Financing

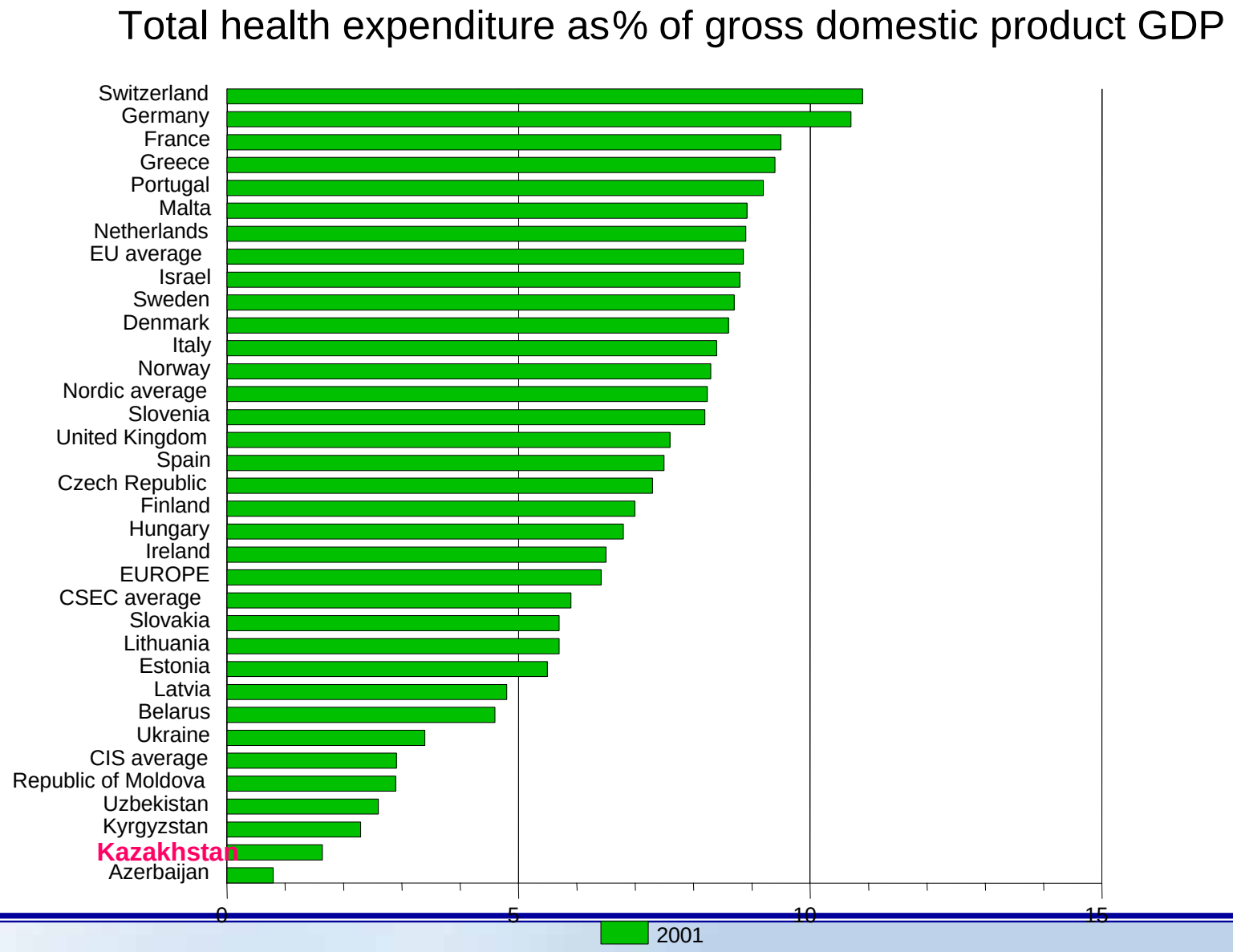
- Low level of financing – as % of GDP and % of state budget subsidy (7.3%);
- Irrational (not needs based) allocations;
- Dubious criteria for allotment – package of universally covered health services undefined;
- Asymmetry in funding of different provinces – poor provinces get low budgetary appropriation;
- Significant amount of direct cash payment – burden for people, limiting access to medical services

Total Health expenditure as % of GDP

Goal – 4% of GDP by 2010

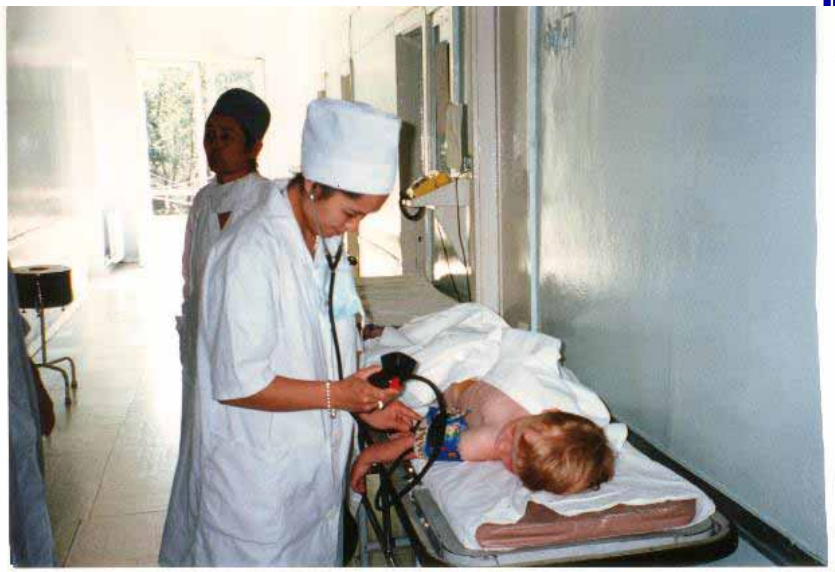
1998	1999	2000	2001	2002	2003	2004	2005	2006
1,9	2,1	1,9	1,97	1.93	2.08	2.63	2.4	3.3

International Comparison as % GDP on Health



Health Services in KZ before 2005

- Fragmented Primary Health Care (PHC)
- Complicated organizational structure of hospitals and specialized care facilities
- Low accessability and quality of services



Health System in KZ before 2005 Resources

- Poor planning of health institution staffing;
- Disastrous condition of health premises and utility supply in many regions;
- Obsoleteness of medical equipment and inadequate maintenance;
- General scarcity of medications in hospitals;
- Standard clinical practice - protocols/guidelines not in use

What results were achieved by reforms?

- Academic training capacity in place;
- Regulations (de juro) in place;
- Decentralized structure of health sector;
- Private practice allowed;
- Private health insurance companies on the market;
- Medicines` safety – rigorous medicines registration and development of the National Pharmacopoeia;
- Critical mass of PHC providers trained and practicing;
- Legal status conducive for practicing family medicine;
- Family medicine recognized as specialty

The 2005-2010 Health Reform

Objectives:

"Towards competitive Kazakhstan, competitive economy, competitive nation!" (N. Nazarbaev, 2004)

- To share responsibility for health between state and patient;
- To shift health care delivery to PHC;
- To introduce new model of health management and health information system (HIS);
- To strengthen maternal and child health;
- To control spread of socially significant diseases;
- To reform medical education system.

The 2005-2010 Health Reform

2-stage process

Stage 1 – 2005-2007 – building a ground for long term development of the health sector

- setting up minimum standards for the guaranteed benefits package;
- working with the population to promote healthy lifestyle;
- transferring focus from in-patient to primary health care;
- separating PHC from in-patient services both financially and administratively;
- strengthening material/technical base of health facilities, primarily PHC;
- establishing a system of independent audit to ensure quality medical care

The 2005-2010 Health Reform

Stage 2 – 2008-2010 scaling up of stage 1.

- Introducing fundamental reform of the medical education system;
- Transforming PHC by strengthening the general practice;
- A complete basic modernization of the health care system, staff trainings, implementation of new technologies, a management and quality control system and a unified information system
- The improvement of coordination in health sector, and building a solid foundation for competitiveness in the health care system

Health Care Management system

Improvement of Health Care Management System

- Rational delineation of functions and authority;
- Improvement of health care quality management;
- Improvement of health financing system;
- Medicines provision;
- Health Information System (HIS);
- Training of pool of health care managers

Delineation of functions and authorities

Central executive body: MoH

- Implementation a new policy of national Healthcare system
- Executive functions (implementation of actions ensuring equal access to basic services all over the country, setting up the standards of their provision, planning sector development, development of a regulatory framework)
- Regulatory functions (control of policy implementation, control of implementation of national, sector programs, accreditation of health organizations, enforcement functions)

Local health management bodies: Regional Health Departments

- Control over providing direct general services to the population, licensing of most types of medical and pharmaceutical activities, procurement of medicines excluding vaccines

Medical organizations:

Independence in the issues of:

- Material and technical base strengthening
- Distribution of funds saved by health facilities
- Differentiated staff remuneration to ensure motivation and others

Health Care Quality management

2004

- Review and evaluation of the quality of medical services and a study of people's satisfaction with medical services
- Determination of compliance with services provided by the treatment standards used in the facility
- Medical services quality evaluation is restricted to medical facilities
- Proposals for rectification of defects of medical services are of advise character
- Internal quality control is not systematized and is not applied everywhere
- Coverage of quality control is limited to the in-patient level

2005 – 2010

1. National system of controlling
   - quality indicators
   - standards
   - accreditation
   - overall monitoring (PHC, in-patient, polyclinics, emergency care)

2. Internal control
   - Standard quality provision of medical services
   - Ensuring compliance of medical services with common protocols
   - Equipment of health facilities with the automated management system under IIS

3. Independent expertise (NGO)
   - establishment of NGO network
   - involvement in certification of medical staff
   - increased doctor's responsibility

Health Financing

Improvement of Funding System

- Introduction of single payer in the face of local (regional) authority;
- Providers – public and private health facilities;
- Base salary increase for medical staff;
- Introduction of national system of quality monitoring and resource use efficiency;
- Stimulation of voluntary health insurance;
- Increasing attractiveness of the sector to private investment;
- Wide use of financial leasing;
- Leveling of tariffs for similar medical services between regions;
- Payment per case treated (outcome based)

Why Push for Public Health Care system?

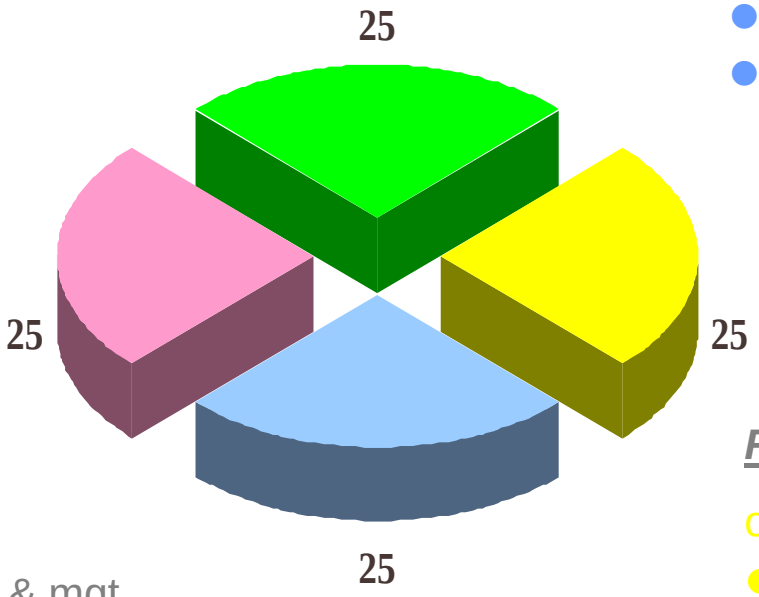
Scope of Primary Care Practice

Diagnostic & Therapeutic Care

- Acute care
- 24 hr coverage
- Chronic disease management
- Prescriptions
- Psycho-social care
- Specialty referrals
- Worker health
- Home-based care

Palliative

- Pain management
- Other symptoms
- Coordination/Referrals
- Nursing home care
- Hospice



Preventive Services

- Screening
- Risk factor identification & mgt.
- Immunization
- Well child care
- Prevention counseling
- Family Planning

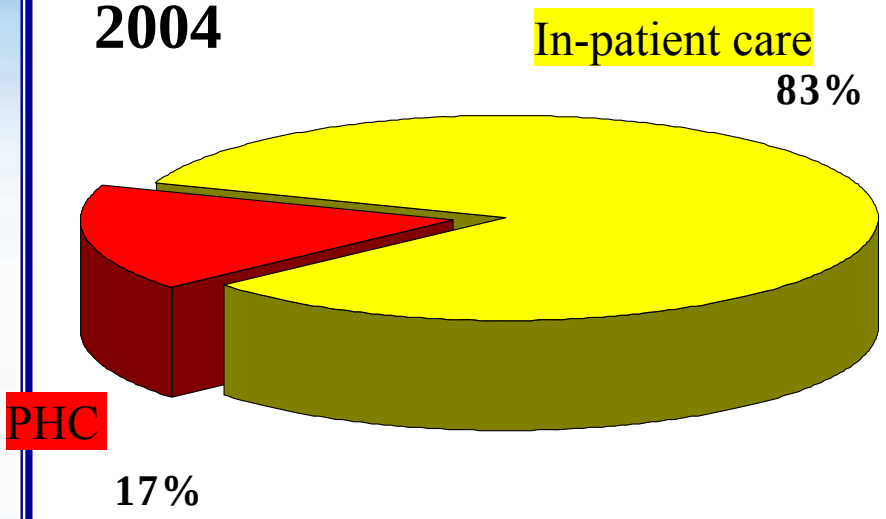
Rehabilitation

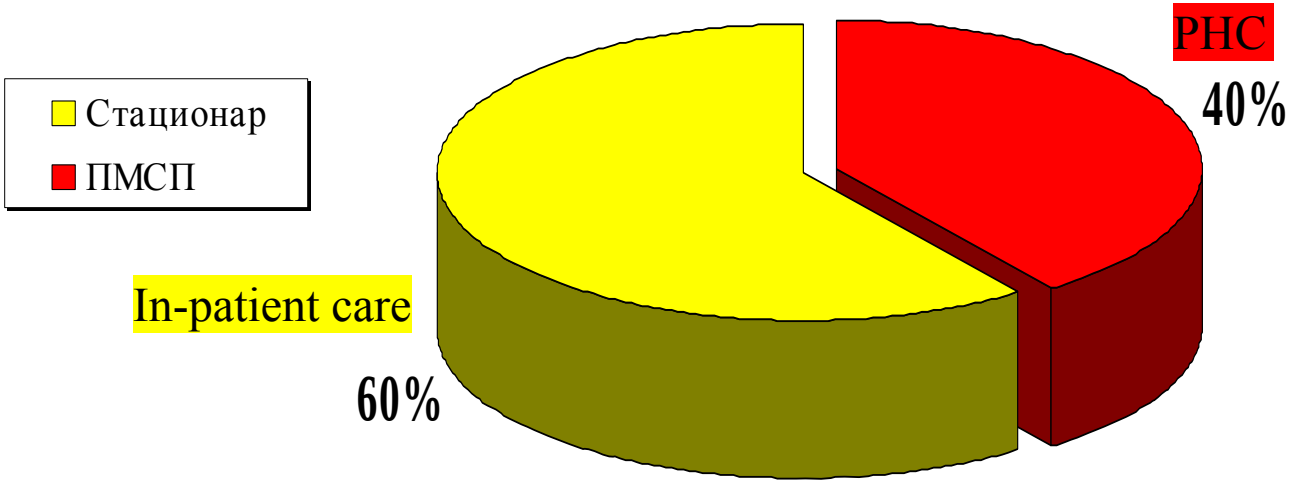
- Coordination/Referrals
- Alcohol and drug
- Physical therapy
- Occupational therapy
- Specialty referrals
- Convalescent care

Public HC Reform

As percentage of the health services financing

2004

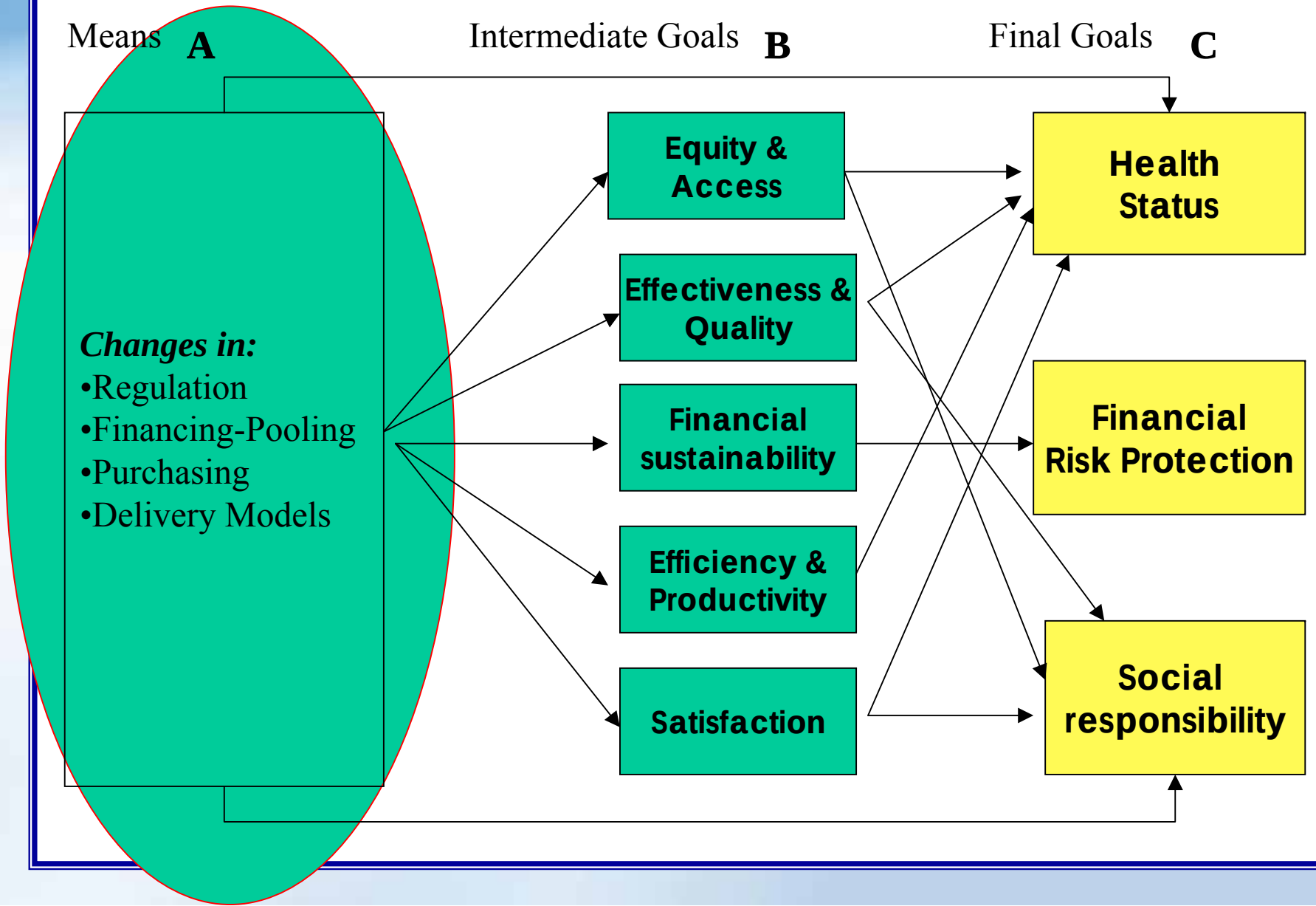




2010

Recommendations Towards Strengthening PHC

Challenges to Health Systems: Conceptual Framework



Towards strengthening PHC

- MOH has to strengthen regulation on quality of care;
- Strengthen influence of local authorities
- Important to standardize performance indicators across regions;
- Encourage benchmarking among providers and regions;
- Need to strengthen health education and promotion.

Regulation policy

Towards strengthening PHC

- Introduce resource allocation formula that reflects the population's health needs and risks;
- Attempt to strengthen the capacity of PHC and increase the per capita financing;
- Link transfer of funds and introduce performance based payment mechanisms that link funds to results;
- Reduce the financial burden for a basic benefit package;
- Risk pooling at the national level is highly desirable.

Financing

Towards strengthening PHC

- Orient PHC services to priority health problems and based on the top needs of population;
- Expand PHC package to other services - counseling, information sharing, promotion of healthy lifestyles, and not just palliative and curative care;
- Standardize clinical care and encourage wide use of CPP/CPG at all levels of service delivery;
- Training in key areas to fill the knowledge gap.

Delivery Model

What is TIM?

"The term Total Innovation Management (TIM) is define as the innovation synergy among technology, organization and culture and oriented to building up innovation competence and strategy for an organisation."

TIM FRAMEWORK & CHARATERISTICS

There are three layers on total innovation:

1) Involves innovation in all functional area, including organizational, cultural, institutional, process, etc.

2) It covers the whole space-time dimension and continuous innovation in every department by, everybody (all as innovators), at anytime to innovate, including the whole value chain innovation.

3) The innovation synergy among innovative elements.

TIM FRAMEWORK & CHARATERISTICS

TIM promotes tag lines such as:

"NOW EVERYONE CAN INNOVATE"

"EVERYONE IS INNOVATOR"

"INNOVATE BY EVERYONE AT EVERYWHERE, ON EVERYTHING AND AT ANYTIME"

DIRECTIONS of INNOVATIONS

- Innovation strategy;
- Innovative medical technologies;
- Innovative equipment;
- Innovative personnel trainings

RESULTS of INNOVATIONS

- New corporate culture;
- Competitiveness of medical organizations;
- Sustainable development of Healthcare system;

Thank you for your attention!

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