



Министарство здравља и
социјалне заштите
Републике Српске

Implementation of the PHC strategy in Republic of Srpska

Amela Lolic, October 2007.

Health care systems should be simple systems

- ✓ *In order to be stable*
- ✓ *In order to reduce collateral effects and unpredictable reactions of the system*
- ✓ *In order to ensure predictable outcomes*

Other features of the simple systems are:

- !! *Uniformity (use of protocols)*
- !! *Repetition (use of the evidence based medicine)*
- !! *"Nesting" (design of the system which can be divided in smaller systems without too many interactions)*

Health care reform in RS is oriented toward:

- ✓ Introduction of the family doctor model*
- ✓ Establishment of the efficient entry into health system*
- ✓ Reconstruction of infrastructure*
- ✓ Free choice*
- ✓ Establishment of new mechanisms of resources allocation for health care and introduction of new mechanisms for providers / services payments*
- ✓ Improvement of organization, planning and management in health care institutions*
- ✓ Development and implementation of national health policies , strategies and programs*

The PHC Strategy in Republic of Srpska

The main, strategic objective is development of PHC in which the family medicine will have central place and which will be based on provision of accessible, affordable, effective and efficient interventions and programs.

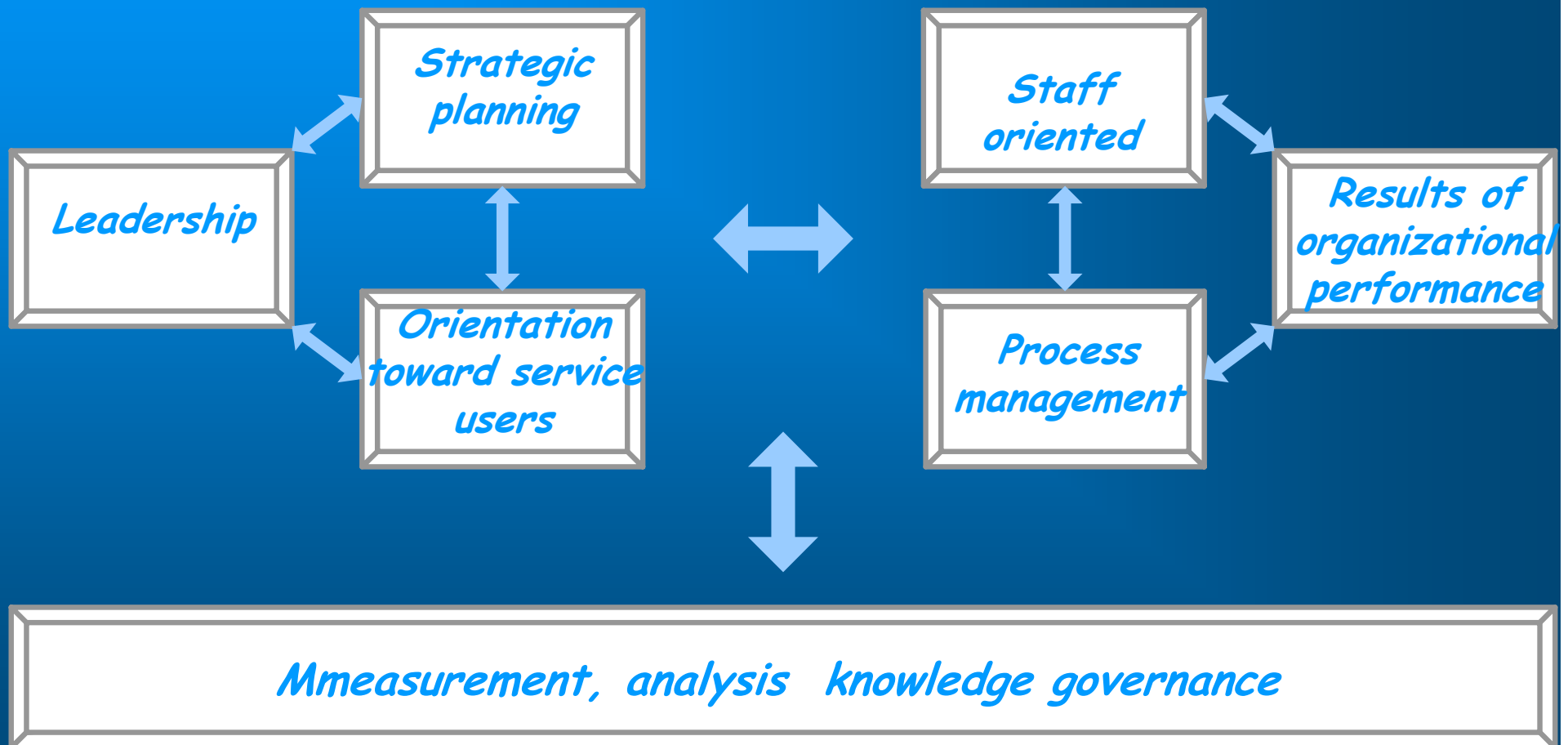
Specific objectives :

- ▲ *Changes and amendments of the existing regulations toward the PHC strengthening (2008)*
- ▲ *Strengthening of planning and organization in the PHC (2008)*
- ▲ *Establishment of necessary governing mechanisms (2010)*
- ▲ *Expansion of the family medicine system on the entire territory of Republic of Srpska (2010)*

Амела Лолић, октобар 2007. год.

The framework of organizational excellence

Baldrige Quality Award - US



Specific objectives :

- ▲ *Establishment of the effective system for services provision (2010)*
- ▲ *Transformation of the existing departments of DZs and harmonization with FM model (2010)*
- ▲ *Development, testing and introduction of new contract and new mechanisms for providers payment (2008)*
- ▲ *Creation of an adequate profile of health care workers (2008)*

Specific objectives ::

- ▲ Introduction and use of standards for quality , with aim of quality improvement, insurance and control (2010)*
- ▲ Development and implementation of information system (2010)*
- ▲ Development and implementation of systems for monitoring and evaluation (2010)*
- ▲ Strengthening of the local community involvement in the PHC provision (2009)*

Organizational forms

- 1. Family medicine team (family medicine doctor and two nurses-technicians)*
- 2. Family medicine group practice (four to ten FM teams)*
- 3. Dom zdravlja (family medicine teams; consultants-specialist pediatricians and gynecologists & obstetricians; centre for CBR, mental health centre, diagnostics - lab, X-ray and US; hygienic and epidemiologic service; children preventive dental health)*

Services provided by organizational forms

<i>Package</i>	<i>Services</i>
<i>PHC Basic package</i>	<i>Essential services</i>
<i>PHC Expanded package</i>	<i>Essential + additional services (minor surgery, health promotion, disease prevention, chronic diseases management, family planning, home visits)</i>
<i>PHC Integral package</i>	<i>Essential + additional services + community based rehabilitation (mental health, hospital at home, palliative care, children preventive dental health care, diagnostic services, hygienic-epidemiologic services)</i>

**Content of the package will be defined by a by-law*

Амела Лолић, октобар 2007. год.

Contracting services in PHC

	<i>Basic package (capitation payment)</i>	<i>Expanded package (capitation + payment for services, per service for delivered additional service)</i>	<i>Integral package (capitation + payment per delivered service for additional service +prospective budget)</i>
<i>Family medicine team (private or public ownership, 1500-2500 users)</i>	X	X	
<i>Group practice of family medicine (private or public ownership, 9000-25000 users)</i>	X	X	
<i>Dom zdravlja (private or public ownership, >25000 users)</i>	X	X	X

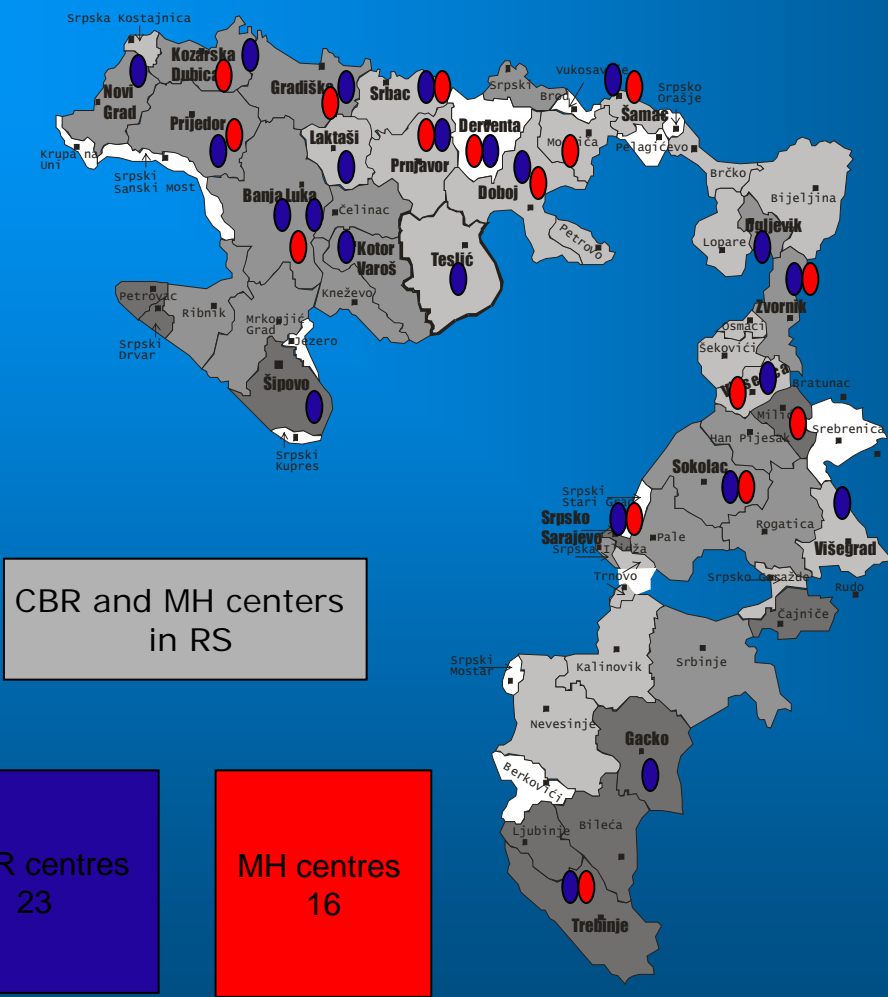
Family medicine

- *Contract is signed with 25 dom zdravljas which cover approximately 65% of population of Republic of Srpska **
- *257 doctors and 556 nurses -technicians completed additional training ***
- *122 medical doctors completed specialization***

** PCU data*

***data from the Chair for FM*

Municipalities and town in RS



CBR and MH centers in RS

CBR centres
23

MH centres
16

before and now



Амела Лолић, октобар 2007. год.

Thanks for your attention



Амела Лолић, октобар 2007. год.