

PRACTICAL EXPERIENCE IN THE SYSTEM OF SINGLE-SOURCE FINANCING OF SPECIALIZED PSYCHIATRIC MEDICAL FACILITIES OF THE MOSCOW REGION

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Constant increase in health care costs associated with the emergence of new medical technologies and methods of treatment, changes in the structure of morbidity and demographic problems are the urgent problems for health care institutions. To address the imbalance between available treatment options and limited economic capacity, healthcare systems are increasingly focusing on the effectiveness and cost of care.

Population of the Moscow Region is growing from year to year. The largest population growth was recorded in 2012, when 295 thousand people were appeared for the year, then, since 2013, the population growth has stabilized and amounted to about 9-10 % per year. Over five years, population of the Moscow Region has increased by more than half a million people and amounted to 7.3 million people. Child population in 2016 amounted to 1.3 million children, and for five years increased by 246 thousand.

Efficiency of the healthcare system is measured by the set of indicators, either of which describes a certain aspect of the process of medical activities, the most important trend in the development of the healthcare system is to shift the priority from maximum cost savings in provision of medical care to maximum efficiency of involved resources utilization. In relation to healthcare, there are three types of effectiveness: social, medical, economic one. Clinical, laboratory, socio-economic research methods were used.

Creation of the single-source system of financing the activities of medical facilities is aimed at creating a competitive market for medical services, motivating medical facilities and medical employees to strengthen the preventive focus of the work, improving the quality of services and the intensity of treatment, reducing costs, optimizing the structure and staff. Ultimately, this is aimed at improving the quality of health services and efficiency of healthcare resources utilization.

But at the same time, psychiatry is the specialized discipline, where patient care is provided by means of knowledge and qualification of a physician, so, differentiation of services is conditional in this case and, accordingly, it would be more logical to use other methods of financing, which were used in budget financing.

In contrast to budget financing when funds were sent to healthcare facilities from district and regional budgets, the single-source funding system assumes that the main portion of funds received by an institution comes from the Moscow Regional Territorial Obligatory Health Insurance Fund. Funding is provided in accordance with the approved tariffs and scope of medical care approved by the Tariff Commission of the Ministry of Healthcare of the Moscow Region; insurance cases in a hospital, medical services rendered to citizens are paid by health insurance companies concluded an agreement with the Moscow Regional Fund of Obligatory Health Insurance Fund. It should be noted that according to Part 7 of Art. 35 of Law No. 326-Ф3 a tariff structure to pay for medical care includes all expenses of an institution due to medical care (the costs of medicines, food acquired, salaries, equipment, transport and utilities, etc.). Thus, the tariff takes into account all expenses of a facility caused by medical care provided.

The analysis of the statistical data characterizing the activities of the psychiatric service allowed to allocate certain regularities in development of a psychiatric situation in the area. If we compare the impact of changes in funding on the statistical indicators of the service, it should be noted that in the study period there is certain stabilization of the situation. So, the proportion of patients registered since 2013 till 2016 has not changed, but the structure of registered patients is changed due to the first visits of patients with the prenosological follow-up types, respectively, there is 1.3-increase in the number of newly diagnosed patients (from 615 persons in 2013 to 804 persons in 2016). In general, the number of patients under consulting follow-up increased by 1.08, and under case follow-up decreased by 0.9.

Given the above, we may make conclusions and identify positive and negative sides of transition to predominantly single-source financing.

The method of comparative evaluation of the healthcare system effectiveness used in maintaining registers of patients under Obligatory Medical Insurance allows to demonstrate the results of work at the level of institutions and individual territories by calculating quantitative indicators characterizing the effectiveness of medical care.

At the same time, through the systematization of data, it is possible to effectively use an extensive database of annual statistical and management reporting, and, on this basis, quickly identify negative trends in the work of the entire healthcare system searching for reserves for improvement. This requires development of a methodology for assessing effectiveness of the healthcare system based on medical and economic standards of medical care for psychiatric patients using automated information systems to make effective management decisions regarding effectiveness of utilization of labour and material resources, spending budget funds.