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# New data model in primary health care



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## Introduction

Croatian Health Insurance Fund (CHIF) is the sole insurer in the mandatory health insurance (MHI) system. As the main purchaser of health services, the CHIF also plays a key role in the definition of basic health services covered under statutory insurance, the establishment of performance standards and price setting for services covered under the MHI scheme. Due to needs of its insured persons, CHIF enters into contracts for rendering health services on primary, secondary, and tertiary level of health care.

The first step towards improving services and obtaining better financial results/savings was the changed model of payments and contracting of primary health care, recently introduced. CHIF has over 5000 contractual partners in primary health care:

- Around 2350 doctors/general practitioners
- Around 250 paediatricians
- Around 250 gynaecologists
- Around 2000 dentists
- 120 Biochemical laboratories

## Description of the pre-existing condition

Formerly, the contractual relationship was based on the monthly capitation fee accounted according to the number of the insured persons, pursuant age and gender structure, which elected an individual primary care doctor as well as on the Annexe to the Contract in which, in some cases, a special standard was defined (depending on geographical position of a contractual partner and population within the area of their operation). Contracts were electronically registered in the central database as well as the insured

persons that belong to elected physicians monitored; the same was applied on statuses of persons included into compulsory health insurance (insurance policy). Before the new model to income being implemented, former accounting of incomes had required of CHIF's IT Department to make the database available on 24/7 basis for monitoring all changes in the system as well as to perform, on monthly basis, “demanding” business intelligent processing of data collected from the field. The final result of that process was paying the capitation (income) to primary care providers. Capitations (incomes) were justified by physicians through their monthly reports submitted as hard copies, which were then manually entered into the information system. Additional part of physicians' incomes was based on issued invoices for procedures performed according to the Procedure Book (so called “the Blue Book”), also electronically monitored (Fig. 1).

However, the CHIF's Management Board did notice that such model of financing did not respond to fast changes in the health care system, thus becoming non-flexible and too slow. Therefore and soon enough, it became obvious that a step forward should be made toward rationalisation of the entire system in order to provide more quality care for patients as end users and central participants of the health care system.

The proposition was to improve the quality and efficiency of the health care system, to enable monitoring of all participants within the system in terms of results evaluation and quality performance stimulation in order to create the feeling of inclusion and security, not only for physicians but patients as well.

## The New Model implementation and challenges to come

The Central Health Care Information System (CHCIS) of the CHIF, normally functioning as organised and secure data

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system, served as a platform to enable implementation of the new financing model. CHCIS is the central system containing health data and insurance status data of all

insured persons, all collected in one place. The System is fed with data sent from the physician office per single patient visit. CHCIS connects all primary care doctors and

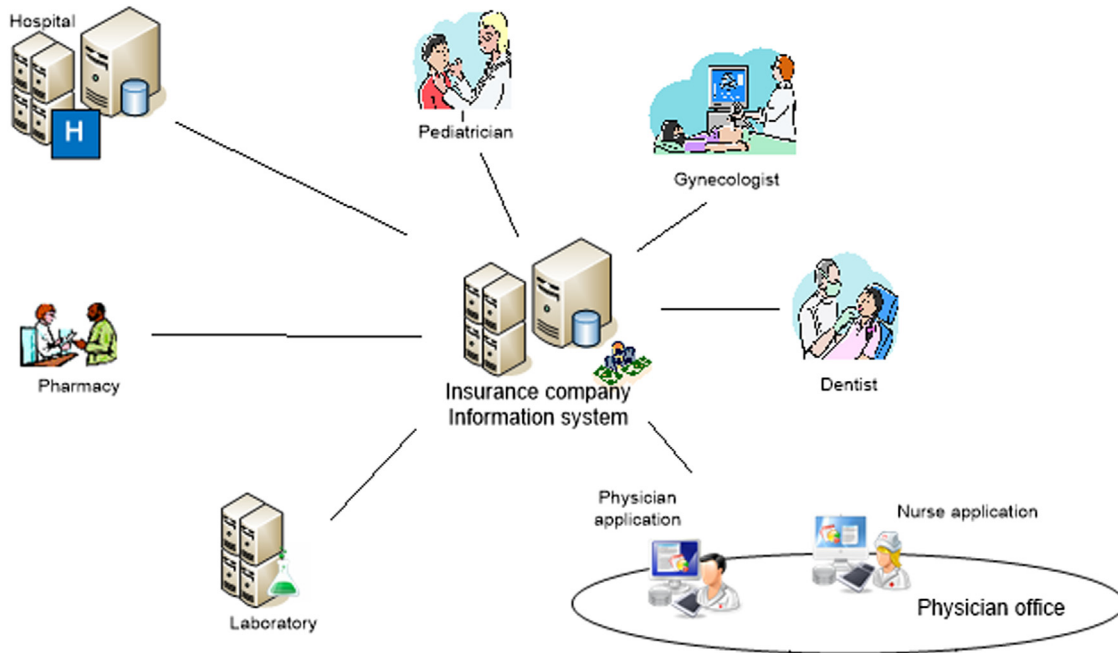


Fig. 1. Model 1.

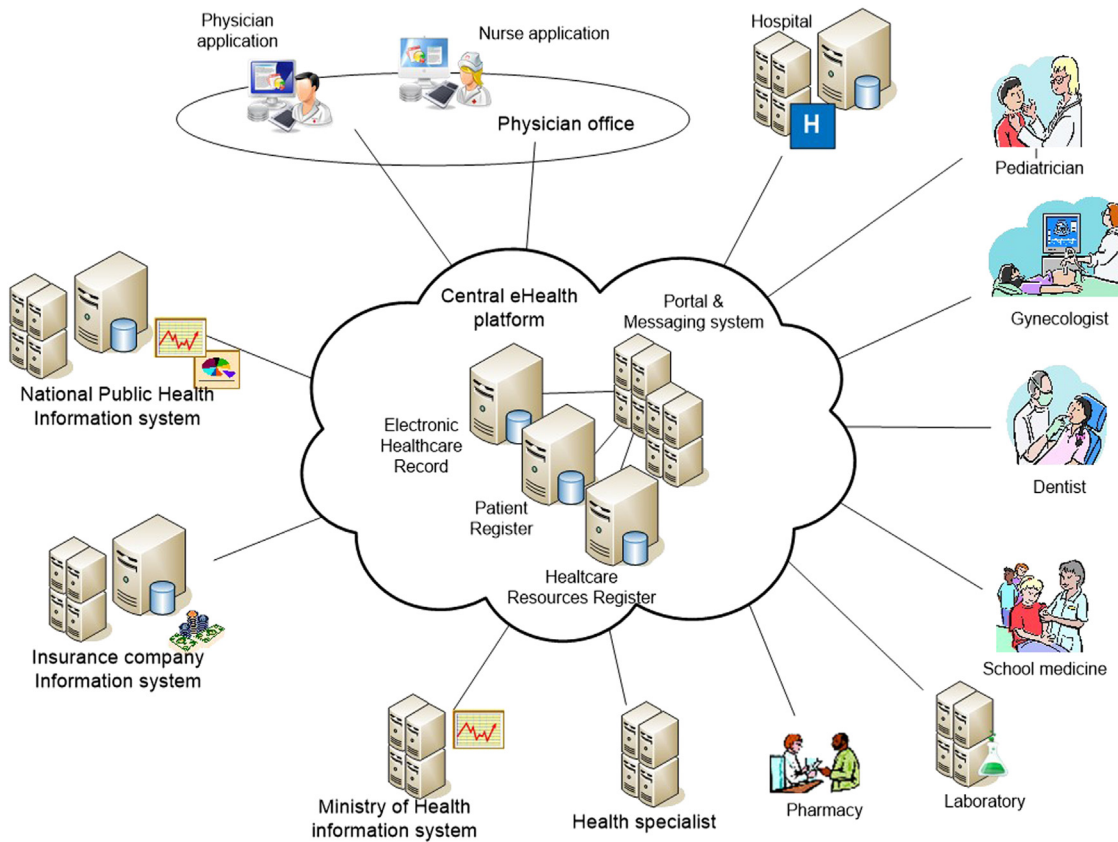


Fig. 2. Model 2.

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