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Management of Disease: Model of Diabetes

A three day seminar "Management of disease: Model of Diabetes" was held in Belgrade 14 - 16 of June, 2010. Management teams from 28 Dom zdravlja's included in the project attended the seminars as well as management teams of DZ Ada, DZ Ivanjica and DZ Lucani.

Lecturers and instructors were Prof. Dr. Nebojsa Lalic, Prof. Dr. Dejana Vukovic and Prof. Dr. Sandra Sipetic-Grujicic from

the Medical Faculty in Belgrade. Training was attended by 102 representatives of Dom zdravljas. It was organized in order to inform DZs representatives of modern approaches to diabetes management based on models of disease management, especially in the implementation of guides for good clinical practice in particular focused on the new program of diabetes management in Serbia. The seminar is accredited by the Program Council for Continuing

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Education, Faculty of Medicine, University of Belgrade at the meeting held on 19th January 2010th. The accreditation of the seminars by the National Health Council of the Republic of Serbia is in the process.

246 million people were affected by diabetes in 2007. It is estimated that around 500,000 people suffer from diabetes in Serbia. The main objective of the National program of prevention and early detection of type 2 diabetes is to establish adequate and sustainable system of early detection and prevention of type 2 diabetes at the primary level of health care in Serbia.

Visit of the Dom zdravlja Nis

Representatives of THL (Mr. Timo Sorsa, Project Director and Mrs. Raija Sillanpää, Project Coordinator) and project team members visited Dom zdravlja Nis on May, 19th 2010 and held a meeting with the Director of DZ Nis Dr Milan Manojlovic. Dr Manojlovic pointed out the significance of the results achieved in the project activities and importance of introducing new method of financing of primary health care.

Dr. Manojlovic especially emphasized the support of the project, which is provided during the establishment of the Association of Primary Health Care Managers in Serbia, trainings in management and ECDL training for employees who have been organized in the framework of the project activities.

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Conference "Strengthening Management in Primary Health Care: From Capacity Building Towards better performance"

The Conference "Strengthening Management in Primary Health Care: From Capacity Building Towards better performance" was held in Sava Center in Belgrade on 22 April, 2010. The conference was organized by the joint project of the Serbian Ministry of Health and the European Union "Support to the Implementation of Capitation Payment in Primary Healthcare in Serbia".

Main speakers at the conference were Dr. Tomislav Stantic, State Secretary of Serbian Ministry of Health, Dr. Maja Vuckovic-Krcmar, programme manager of the Delegation of the European Union to the Republic of Serbia and Dr. Brian Potter, Project Team Leader. Speakers also were Mr. Vukasin Radulovic, Executive Director for the development, Health Insurance Fund, Prof. Dr. Vesna Bjegovic-Mikanovic and Prof. Dr. Sandra Sipetic-Grujicic, Medical Faculty Belgrade and Dr. Bojana Milosevic, Project National coordinator.

The conference was attended by numerous health representatives from the Dom zdravljas and health institutions in Serbia. The main goal of this conference was to present the strategic management plans and to award the most successful managements teams in their development of excellent strategic plans in this Project.
Dr. Tomislav Stantic, State Secretary of Serbian

Ministry of Health presented awards to the most successful management teams from Dom zdravlja Smederevo, Subotica, Sabac and Vozdovac, as well as special award to Dom zdravlja Ada.
All 28 DZs involved in the project and the associated

DZ Ada were dedicated to project activities in the previous period. A three-member committee of the Project had a difficult and responsible task to make the selection of those who deserve recognition.

The criteria for selection of DZs that have received recognition, above all, were based on the parameters of management teams' excellence in strategic management and planning.

Excellent DZs were provided with:

- Complete strategic plans after the analysis based on the evidence, along with defining the mission and vision, values and guiding principles

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of primary health care in their territory
- Map of the strategic objectives with the strategic and operational programs,
- Defined performance indicators that support the improvement of registration, use of preventive services and a guide

of good practices, as well as employees adjustment to the new payment mechanisms of performance
- Analysis of financial feasibility, acceptance and limits of the risk in implementing of the strategic plan

Additional criteria for the selection of the most successful DZs are related to:

- Full autonomy in the development of a strategic plan, following the implementation of lessons learned in management,
- Participation of the entire management team during training and the process led by the Director of the DZ
- The existence of consensus and managing strategic communications in informing employees about upcoming changes in the working environment
- The existence of additional support programs and projects in their objectives and activities

also dealing with strategic planning, as well as
- Projects designed to improve specific work processes related to the promotion of preventive services, clinical practice based on guidelines and implementation of new methods of payment of health workers.

The conclusion at the conference was that the primary health care is of great importance for the health system of Serbia - the user of health services is at the centre of the health system.

Also, it was stressed that the management in DZs is even more important because the change of financing system in PHC in Serbia is coming.

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Secretary of State of Ministry of Health Dr. Tomislav Stantic with managers of awarded DZs: DZ Vozdovac, DZ Sabac, DZ Subotica and DZ Smederevo

Awarded Dom zdravlja Ada

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Primary Health Care: Overview
By George Boulton

A leading American and management 'Guru', on change management stresses the need to create a vision and supporting strategy for major change or reform activity, in order to direct efforts, align activity and inspire people. He also suggests that a common cause of failure in reform implementation occurs when leaders underestimate the power of vision and equally under-communicate the vision by a factor of 10 or even a 100.

Health system reform is no different to change in many other spheres of industry and commerce. Modern businesses have to engage in a continuous dynamic of change and renewal in order to remain competitive, update products and maintain or increase their market share. The health service operates in a no less challenging environment. The pace of medical and scientific change is escalating, which in turn is radically influencing professional 'best practice' and consequently, the organisational, managerial and financial systems needed to support a modern health care system. Though many European public health care systems lack the 'market' factor, the pace of medical and scientific development imposes similar imperatives on health system policy makers and managers.

The role of vision in influencing change in health care financing system has been emphasised consistently from the start of this Capitation Implementation support project. Many times, in publications and presentations, we have emphasised the need to link technical financing strategies relating to health care to a clear understanding of vision and strategy. Financing is not an 'end' in itself, it is a means to an 'end'. There must be clarity about what sort of primary health care system is needed and can be afforded in Serbia (vision) and the major priorities (strategy) and expected outputs and outcomes to be achieved. Whilst much of the technical focus of health system change is concerned with the more costly hospital sector and how it undertakes its tasks, much of the strategic focus of health system reform internationally is on the primary health care sector and what it should aim to achieve.

Anyone managing and working in the health sector today will be aware of the impact of the continuously changing health system environment and their role in a process of continuous transformation in both professional and organisational systems; yet response and change in many public health care systems, remains slow and problematic. Research suggests that the period for the widespread dissemination of evidence-based innovation in health care can take as long as 7 – 10 years. Public health systems remain notoriously slow at absorbing evidence-based innovation and its dissemination on a consistent and universal basis, posing serious challenges to some of the fundamental principles on which major health systems operate e.g. equity - a principle which underpins most European health systems.

George Boulton

In European terms the strategic focus of change in primary health care services is clearly established. Primary health care will be system of first contact on most health issues presented by individuals and by communities (the gatekeeper role). It will change its service emphasis from simply delivering care to the sick, to improving total population health status. This signals a need for a radical change in the organisation, priorities and financing of services, requiring greater emphasis on health promotion, primary and secondary prevention and health maintenance. It suggests a more organised, proactive and anticipatory approach to the management of the common 'chronic' diseases. Such a transition places primary care at the centre of most European health systems. Whilst some countries are still reliant on a more specialist-dominated system, most European countries are looking to primary health care developments and innovations to achieve their vision for a modern and sustainable health care system.

There is no shortage of vision and direction for health system change in Serbia, consistent with broader

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European objectives for primary health care reform. Serbian Health Policy 2002, Better Health for All in the Third Millennium, incorporates a radically different vision for primary health care. The main vision statement and four of the nine main principles which form the basis of health policy signal a major change of direction for primary health care, including references to disease burden reduction, priority for primary care services and prevention, decentralisation and an increased role for users and payers.

This Serbian 2002 policy vision has been elaborated through a joint Ministry of Health/ CIDA project which reported in 2009 Toward the Development of Primary Health Care Policy for Serbia. This reinforces the focal position of primary health care in health system reform, including the primary goals of improved access, health status improvement, research-based innovation and stakeholder involvement.

Data relating to the performance of the Serbian primary health care system over three years (2005 - 2007) shows a relatively static and unchanging picture. Manpower in the main service areas of general practice, child health, women's health and specialised health care increased slightly by 1.6%. Hospital physician manpower increased by 6.5% over the same period. The primary health care workload remained fairly static, although total visits to the same main service areas actually reduced by 3.7%. Data collected by the primary health care services makes it difficult to judge, but there does not appear have been any significant change in DZ activities and outputs during the 2005 – 2007 period, despite the commitment contained in the 2002 health policy.

There is a plethora of international evidence-based advice on innovation in primary health care, health promotion, prevention and health maintenance, designed to improve population health status, reduce the disease burden and about systematic cost and clinically effective approaches to chronic disease management. The European Observatory's Policy Brief: Screening, recommends a range of measures, implemented throughout Europe, for systematic population-based screening, many of which need to be managed through the primary health care system They include childhood preventive measures, many of which are well-developed in Serbia and a number of measures relating to adults, many of which have not yet been systematically implemented such as:

Systematic call and recall screening for cervical cancer
Systematic call and recall screening for breast cervical cancer
Systematic screening for colorectal cancer
Ultrasound screening for AAA for males 65+
Diabetic retinopathy and other anticipatory screening for diabetic patients
Risk factor screening/case finding for coronary heart disease
Systematic preventive/health maintenance screening for elderly people

The European Observatory's Primary Care in the Driver's seat: Organisational Reform in European Primary Care also has a lot to offer in terms of directions for organisational and structural service reform.

So why the relative lack of progress in Serbia. The political idea is attractive – reduced disease burden, reduced avoidable mortality, morbidity compression, increased cost- effectiveness. Is it affordability? HTA assessments relating to the systematic management of chronic diseases, that already form the major health system workload can be shown to be more efficient and cost effective. Could it be that the main focus is still on measuring 'normative' inputs to services, rather than outputs and outcomes? Could it be that more must be done to communicate the new vision to the major stakeholders? Could it be that the population is not yet 'switched on' to taking greater interest in personal health? Could it be that more work needs to be done to convert the broad ideas contained in the new vision into more concrete tasks and activities, so that the vision becomes more understandable in practical terms for staff, communities and patients.

As the Capitation Support project enters its final months, more work is underway to try to clarify the future vision and for primary health care services in more concrete terms, so that future financing system developments can be designed to directly stimulate and support the reform process. The key criteria by which financing approaches, whether capitation in primary care or DRG implementation in secondary care, must be judged is how well they contribute to and stimulate the achievement of the new vision for health care services in general and to the development of a modern primary health care system for Serbia, comparable with the best in Europe.

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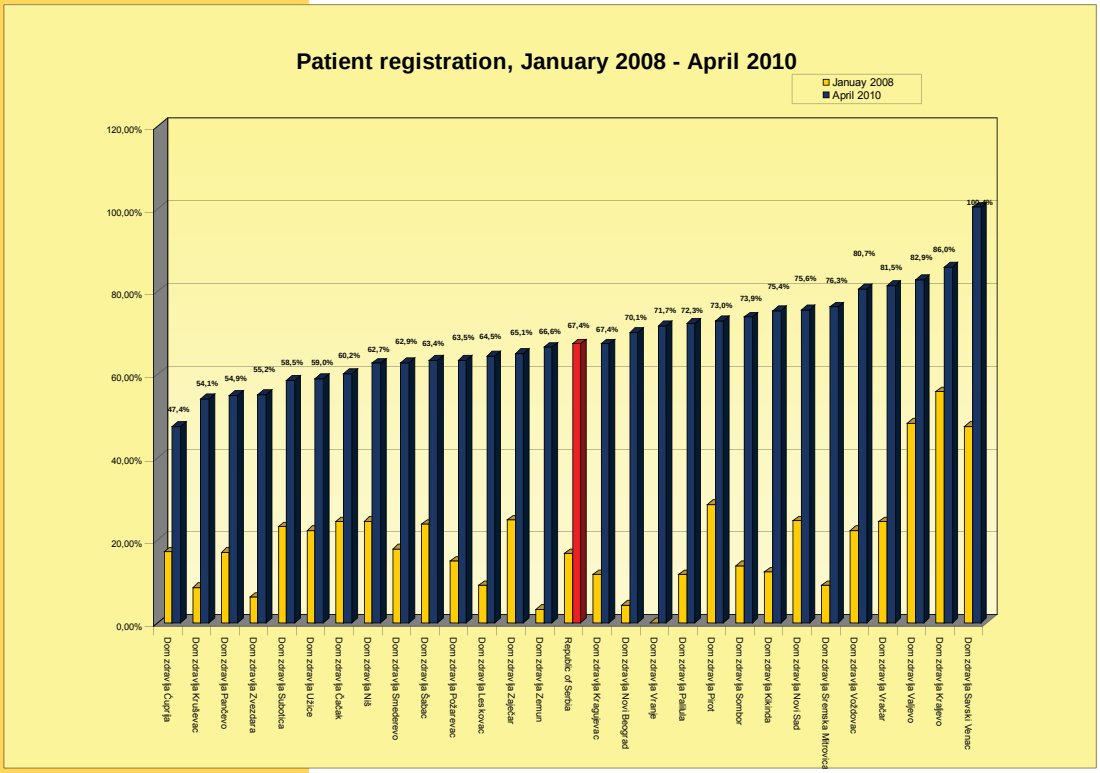
statistics

Data figures on the registered insurees
April 2010. Source: Health Insurance Fund

Pilot DZs	Population	Number of registered insurees - Jan. '08	Percentage of registered insurees	Number of insurees - April '10	Number of registered insurees - April '10	Percentage of registered insurees
Dom zdravlja Ćuprija	33.567	5.747	17,12%	29.058	13.783	47,43%
Dom zdravlja Kruševac	131.368	11.194	8,52%	116.817	63.159	54,07%
Dom zdravlja Pančevo	127.162	21.688	17,06%	113.845	62.517	54,91%
Dom zdravlja Zvezdara	132.621	8.228	6,20%	136.695	75.390	55,15%
Dom zdravlja Subotica	148.401	34.442	23,21%	134.245	78.590	58,54%
Dom zdravlja Užice	313.396	69.771	22,26%	279.697	164.930	58,97%
Dom zdravlja Čačak	177.131	43.221	24,40%	160.825	96.744	60,15%
Dom zdravlja Niš	250.518	61.440	24,53%	200.953	126.037	62,72%
Dom zdravlja Smederevo	109.809	19.638	17,88%	101.442	63.781	62,87%
Dom zdravlja Šabac	122.893	29.235	23,79%	109.076	69.165	63,41%
Dom zdravlja Požarevac	117.476	17.494	14,89%	100.545	63.809	63,46%
Dom zdravlja Leskovac	156.252	14.065	9,00%	132.653	85.525	64,47%
Dom zdravlja Zaječar	65.969	16.380	24,83%	57.368	37.348	65,10%
Dom zdravlja Zemun	191.645	6.304	3,29%	188.868	125.730	66,57%
Republic of Serbia	**7.489.162**	**1.250.284**	**16,69%**	**6.730.130**	**4.534.749**	**67,38%**
Dom zdravlja Kragujevac	175.802	20.518	11,67%	170.141	114.728	67,43%
Dom zdravlja Novi Beograd	217.773	9.410	4,32%	197.586	138.498	70,10%
Dom zdravlja Vranje	93.660	0	0,00%	79.752	57.197	71,72%
Dom zdravlja Palilula	155.902	18.169	11,65%	161.625	116.899	72,33%
Dom zdravlja Pirot	63.791	18.230	28,58%	55.604	40.580	72,98%
Dom zdravlja Sombor	97.263	13.393	13,77%	83.765	61.878	73,87%
Dom zdravlja Kikinda	67.002	8.231	12,28%	57.906	43.676	75,43%
Dom zdravlja Novi Sad	299.294	73.741	24,64%	318.311	240.704	75,62%
Dom zdravlja Sremska Mitrovica	85.902	7.753	9,03%	75.700	57.793	76,34%
Dom zdravlja Voždovac	151.768	33.764	22,25%	146.904	118.592	80,73%
Dom zdravlja Vračar	58.386	14.272	24,44%	56.231	45.826	81,50%
Dom zdravlja Valjevo	96.761	46.731	48,30%	84.058	69.716	82,94%
Dom zdravlja Kraljevo	121.707	67.996	55,87%	111.611	95.966	85,98%
Dom zdravlja Savski Venac	42.505	20.187	47,49%	40.342	40.504	100,40%
Total in Pilot DZs	**3.805.724**	**711.242**	**18,69%**	**3.501.623**	**2.369.065**	**67,66%**



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Subotica Sombor
Kikinda Novi Sad
Srem. Mitrovica Pančevo
Šabac Valjevo
Smederevo Požarevac
Užice Čačak
Kraljevo Kragujevac
Kruševac Ćuprija
Zaječar Niš
Pirot Leskovac
Vranje Vračar
Zemun Zvezdara
Voždovac Palilula
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