



Nacionalni inštitut
za javno zdravje

Evidence Brief for Policy in
Primary health care
**Challenges in framing the
problem**

Mircha Poldrugovac

Background

Chosen area: **Primary health care (PHC)**

Chosen theme: **How to improve the purchasing mechanism in order to incentives quality of services**

- March 2015 EBP team attends EBP training in Moldova
 - Team outlines (frames) the problem
 - Further work is divided among team members
- September 2015 1st draft ready
 - Inclusion of additional experts
 - Feedback from WHO expert
- December 2015 2nd draft ready
 - Submission for review to external national stakeholders and international experts
 - Major changes needed
- June 2016 3rd draft
 - Currently being finalized

Recommendations in framing the problem

Questions to consider:

1. What is the problem?
2. How did the problem come to attention and has this process influenced the prospect of it being addressed?
3. What indicators can be used or collected to establish the magnitude of the problem and to measure progress in addressing it?
4. What comparisons can be made to establish the magnitude of the problem and to measure progress in addressing it?
5. How can a problem be framed (or described) in a way that will motivate different groups?

Lavis, Wilson, Oxman, Lewin & Fretheim. **SUPPORT Tools for evidence-informed health Policymaking (STP) 4: Using research evidence to clarify a problem.** Health Research Policy and Systems, 2009: 7(Suppl 1):S4

„Sometimes a diagnosis rather than a problem may be brought to attention...“

SURE Guides, <http://global.evipnet.org/SURE-Guides/>

Specific challenges for the 1st EBP

General aim:

Show how an EBP can be useful

Hence

- The problem needed to be relevant to policy-makers
- The contribution of a systematic review of the literature should be evident
- All other SURE and SUPPORT recommendations should be followed

Problem area

Suggested area:

Primary health care (PHC)

*It was **well chosen** because PHC is high on the policy agenda*

- Action in the area of PHC is foreseen in the National Health Plan presented in December 2015
- Currently a national strategy on PHC is being developed

What are the issues in Primary health care that need to be tackled?

Domains	Description of the problem (background, consequences)	What is the cause of the problem
Purchasing in PHC	Permanent broadening of basket of services	Demographic and epidemiological changes, population expectation changes
	Lack of coordination between professional organizations and ZZS about defining health services for funding (ZZS)	Too high authority/decision power of management of ZZS No established mechanism and process for introduction of new services or modification of existing once that takes into account population needs and latest available evidence
	System of price setting for individual health services is governed by funds available instead of calculation of actual expenditures (e.g. underestimation of personnel cost)	Due to monopolistic position of compulsory HI market economy rules are ignored in the relationship between HI and providers
	No stimulation of work with high added value (e.g. de- stimulation of preventive services in community nursing)	Perverse incentives of purchasing model (increasing capitation increases income and lowers Q of individual practitioner)
	Inadequate setting of capitation targets (set by health care workers availability) (contributes to geographic inequalities in health)	Unequal geographic availability of health workers (underserved areas) tackled with modification of standards instead of movement of health workers
Access	Part of population is uninsured	Administrative procedures to arrange HI for vulnerable groups is too complicated
	The basket of rights for uninsured is unclear (what do emergency services include?)	
	Unequal services across the country	Lack of nationally agreed and unified protocol or service package at all levels (particularly for NCDs) following the guidelines
		Not all health workers are informed about changes in care procedures
		Know -how and skills development not following the needs and expectation of patients and changes in care
		Not all family practices are model practices (RA)
		Not all HCC offer all services as prescribed by law
	Different needs of rural areas are not taken into account (e.g. factor for rurality for community nursing services)	

Challenges that followed the problem definition

- a) List of problems **too long**, selection of the ones to be tackled in the EBP necessary
- b) Careful not to duplicate the work of the **Health System Review**
- c) Suggestion from an external expert to focus on the original problem (e.g. how to improve the quality of services) **instead of the solution** (e.g. how to change the purchasing mechanism)
- d) *Elephant in the room*: the **capitation issue**

Re-framing the problem

New inputs provided by:

- a) External reviewers
- b) A broad stakeholder workshop on financing and purchasing of services in primary health care
- c) A discussion with experts from MoH and HIIS

The problem was reframed to focus on purchasing arrangement options giving more or less relevance to **capitation with respect to FFS**.

Still we are trying to properly define the problem in the EBP!

Lessons learned (so far)

- We were not very effective when we divided work among ourselves (diffusion of responsibility).
 - It seems to be more effective to commission **writing the EBP to 1 person** and have the EBP team provide guidance and feedback
- Framing the problem revealed to be the main issue. In our EBP we recognized a series of minor issues related to purchasing mechanisms in PHC which are very specific and technical.
 - It seems crucial to make sure that the **EBP question is “searchable”**
- The timeframe for the 3rd draft was built around the date set to present the national strategy for PHC.
 - With hindsight it seems we did not set a **realistic timeframe**.