

## **Insurance scheme challenges under the health care spectrum limit.**

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### **Abstract**

Creating a system "lege artis" in the medical sector means to combine the triad in the health care system: regulation, organization and functioning. Since the first system of public and private health up to the current period (year 2009 article shall nr. 10107 "Health Care in Albania", hasim powerful reformations which alternate the key stakeholders in health. Finally the issue of health care curve by natural or legal persons, foreign Albanian who alternated in relationships: responsibility (state and citizen) and the right (local government and citizens).

As the basis for the design of health care schemes are disease and poverty then local structures were organized to determine the fate of the progress of the negative binomial. The purpose of the retrospective is to compare the objectives and principles under the legal limit spectrum. Insurance scheme goes through various stages fundamental changes that certainly tend towards progressiveness.

In the final analysis this time travel health insurance schemes stops the inception of the scheme followed in Albania after 90 years of up to nowadays.

This system is based on the rule "pay as you go". This rule makes the use of this opportunity at any time after completion of system activity can be paid immediately insurance but do not forget that also functions as "perpetuum mobile", this means that is unstopable.

For the first time in the history of hospital services, HII enables calculation of the costs of services.

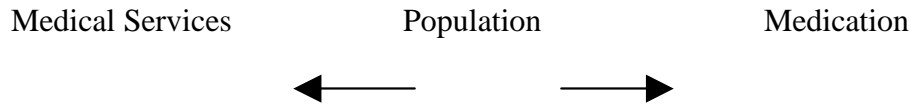
On the set of legal changes reflect well on the health insurance scheme are before a health system that keeps people healthy. There is equal access based on the needs of patients and not on the ability who invests more and that is of high quality and represents the exact monetary value

**Keywords:** The health system, *Institute of Health Care Insurance*, Law "On Health Care in the Republic of Albania", Health Reform



## **Introduction**

year progressed political changes' brought the modern concepts in health system. Specifically an extremely important dates in '94 with the creation of the Institute of Health Insurance (1). This institute was established on the basis of a principle quite functional and stakeholders implies that the aim of mutual relationships access equitable, transparent, highly efficient organization of health.



Before 90' there was Semashko system (Russian Model) ku where the state had complete control over every asset health. Patients performed a visit (officially free) and where reimbursement schemes do not talk at all. Health Insurance after 90 are applied and selected by example Bismarck (2). Analysts arrive at a common conclusion to define this as the most cost-effective model that is centered on the principle of solidarity and transparency, these data to orient toward a fully Western system(2). It should be noted that since '94 marks a very important dilemma that will define and security scheme that we hold today. This dilemma eventually chooses scheme by Bismarck as other system features a carrying system at all cost-effective eastern without proper transparency regarding the percentage of health and go with a greater responsibility on the state health care (4).

Laws in nearly 20 years have changed our health care system are :

Law nr.7870 dt.13/10/1994," Health Insurance in the Republic of Albania" (1-2).

Law nr.8005 dt.04/10/1995," For an Add-in Law nr.7870,date 13/10/1994 'Health Insurance in the Republic of Albania' (1-2).

Law nr.8961 dt.24/10/2002," For an Add-in Law nr.7870,datë 13/10/1994 'Health Insurance in the Republic of Albania' (1-2).

Law nr.9207 dt.15/03/2004 ," For an Add-in Law nr.7870,datë 13/10/1994 'Health Insurance in the Republic of Albania'" (1-2).

Law nr.9368 dt.07/04/2005 ," For an Add-in Law nr.7870,datë 13/10/1994 'Health Insurance in the Republic of Albania'" (1-2).

Law nr.10043 dt.22/12/2008," Changes and Additions to the Law nr.7870,datë 13/10/1994 'Health Insurance in the Republic of Albania" (1-2).

Law nr.10107 dt.03/03/2009" Health Insurance in the Republic of Albania" (1-2)

Throughout the study of law and legal relations governing the health system and understand differences sistuatës trend continued health in the country.

Starting in 1994, where originated Bismarck oriented scheme in Law No. 7870 dt. 13.10.94 focuses on creating HII and financial regulation. Health insurance mandatory, covering most of the population, HII guarantee payments, contributions clarified, and the organization of their destination (contributions).

After only one year, Article 26 of Law No. 7870 dated 13/10/1994 amended. The amendments consist of changes in the administration and clearly followed by HII sanctions against moszbatuesve of contracts, either pharmacy or physician, this decree promulgated by the President of Albania (2-3).

The reality in this period indicates the Health frequent changes in legislation ranging from funding, continuing to reform the administration and stop the operation of the pharmaceutical network, where the proposal of the Minister of Health and with the approval of the Council of Ministers of the Drafting Committee draft” and Review of the list of reimbursable drugs ". This committee will serve as a regulatory entity on the list of pharmaceutical drugs of course network. So formed a triad: doctor, pharmacy warehouse drugs that have contracted relationship with HII. Drug Warehouse is added to the list of the contracted (1-2).

Law nr. 9207 dt. 15.03.2004 brings decisions about article nr. 4 (3). This decision increases the bow covering health insurance as a non-profit system. So besides the price of drugs in pharmaceutical open network and service charges added to the family doctor regarding examinations unique coverage, and tertiary medical consultations. Additionally intervention in the health insurance contributions transferred to the concrete and we change to sanction the payment of contributions by the insured persons to have been more precise reduction of sanction. Year 2008, the proposal of the Council of Ministers expands health insurance scheme including hospital service. So reform from 94 to 2009 affects different areas of funding going into administration, contributions management etc.. These challenges can be considered as completed by the relevant laws and relevant years by returning boomerang for the implantation of the new law which in itself is presented as a challenge to be realized, without forgetting the fact that will increase as well as his predecessor (1-2).

This was a point of view on major changes to the Albanian health system until 2009 as the legal timeframe. The last has just begun to be implemented.

As we mentioned one of the main features of the system which is Bismarck State

responsibility regarding health service (a non fully burdened) comes the moment to mention the four main points of health services under the scope of the challenges before:

Autonomy (public hospital service-Enterprise) (6)

The private sector (6)

Privatization (primary system) (6)

In a general overview of the main challenges is worth mentioning Health Insurance (7).

Increased performance in current health services (7).

Including the new scheme Health Services (7).

Involvement in the scheme and support the private sector (7).

Management responsibilities (7).

Funding (7).

Consequently the main challenges give impetus to bring realistic picture of the health insurance scheme at least the last decade.

### **Involvement in the scheme of private insurance (6)**

The new law of 2009 I opened all the way health institutions (mainly private hospitals) to be financed by the Fund for Health Insurance services contracted by the fund and offered to the public. The application of this legal space in the correct order would constitute a revolution in our health system.

### **Increased performance in the current Health Services (10)**

Insurance Fund Healthcare ones who through control groups, controlling health care institutions for enforcing contracts between him and these institutions are somehow making it possible to increase the performance of these institutions, health services. It also follows that each institution provides accredited by QKCSAISH and in cooperation with the Health Insurance contracted only health institutions which meet the requirements of QKCSAISH STANDARDS.

Management challenges presented very important and gives cause-effect relationship of other performance. This includes basic health care legislation and the introduction of the scheme as a good binding. It also includes: licensing of certification procedures in public and private, contractual aspects, improving the collection of contributions, medical digitization, partnerships developed public and private, standard clinical protocols rate.

The challenge of financing is somewhat more important. Here is mentioned: increasing the level of payments, management of organizational autonomy, new payment methods, operation of a market system of medical services, the implementation of a unique information system,

funds allocated. Finally, the economic challenge is the calculation of the cost of health care.

At this point it is worth mentioning that a very substantial change of passing health insurance scheme by scheme Semashko at Bismarck is clear distinction between primary centers, secondary and polyclinics.

It is actually what this study is essential in screening. In the "past health" this organization was very pale, not to say that a lack marks quite harmful. Bismarck scheme provides interesting facts about the screening of which is aided diagnostics specifically medical developments.



## The Aim

This study aims to address the challenges of the scheme of health care. Also a comparison of systems over the coming years up to 90 years topicality. Statements intended to conduct the evaluation and comparison.

## Methodology

This is a descriptive subject developed on the basis of a search which is based on the research literature, legislation and materials available. Albanian health system were studied relevant health insurance scheme, various indicators of health service performance in years etc.. It also supported the legislation regarding health insurance scheme and the legal basis (Council of Ministers decisions, orders and instructions of the Minister of Health, etc..)

## Results

The scheme of compulsory health insurance has started its operation in 1994 based on the Law

Year	2006	2007	2008	2009	2010	2011	2012
Primary health Care *	5,394	8,121	9,259	10,654	11,826	12,786	14,096
Hospitals	457	501	590	11,738	12,821	13,582	14,056
	Only Durres Hospital						
Administrative expenses	395	447	528	590	621	602	782

95 dated 13/10/1994 "On Health Insurance in the Republic of Albania". This law has been changed to this day, in accordance with the socio-economic development of the country and support the reforms undertaken by the government. Year '94 genesis dates back not only health insurance scheme but also the creation of HII, these were very big achievements.

In 2007 began reforms in changing the way services are funded PHC enabling termination by the old and fragmented funding providers and transition to new methods of financing based on a single funding. Financial reform was accompanied by passages from MH providers budgets towards HII budget in 2007 for the financing of PHC, and in 2009 to fund hospital services.

HII government has supported the addition of financial resources.

**Tab.1.Evoluimi The HII budget spending on services in the financing 2006-2012 (9) (in million lek)**

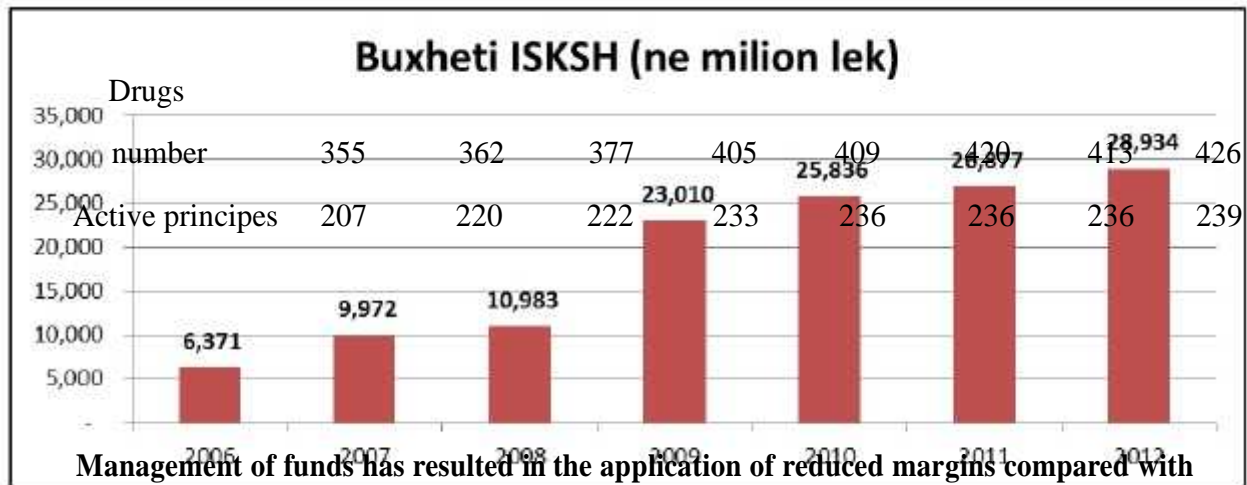
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<b>TOTAL</b>	6,246	9,069	10,377	22,982	25,268	26,976	28,934
<i>* This includes expenses for reimbursement</i>							

**Tab.2.Ecuria The growth of medicines reimbursed by year: (9)**

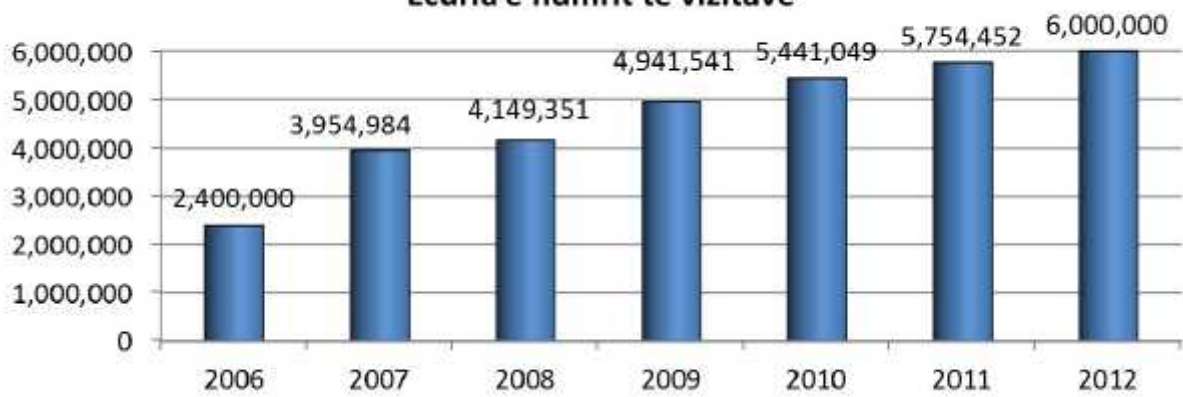
**Years**

**2006 2007 2008 2009 2010 2011 2012 2013**



**Scheme 1. Health Care Insurance Institute's budget in years 2006-2012 (8)**

### Ecuria e numrit te vizitave



**Table 3. The performance of the average wage of Physicians and nurses in the years 2005-2012 (in lek) (9).**

	2005	2006	2007	2008	2009	2010	2011	2012
<b>Nurse</b>	15,044	19,942	24,517	28,125	30,100	31,906	34,000	35,618
<b>Hospital physician</b>	22,683	29,904	36,389	41,817	47,000	53,070	55,500	58,098
<b>Family physician with normal load</b>	36,933	39,888	44,123	48,517	54,119	57,299	59,658	61,935
<b>Family physician with bonus add-ons</b>			48,902	55,429	61,883	65,555	68,273	70,898

Result of successful reform in the financing of PHC services is that government wage growth has applied every year since 2006.

## **Conclusions**

Financial reform of PHC services initiated by the government, is considered a success of our healthcare system. Highlights of this reform would be:

- A new way of funding for providers with its funding trend towards output (Implementation of performance and quality indicators) and their connection with the payment of providers.
- A new way of organization, operation and provision of services based on 421 autonomous status for public health center contracted by HII
- Managerial autonomy for providers in the use of budgetary funds available, autonomy in the management of human resources in the organization of services to the population in the coverage area.

- Buyer contracting process - based provider of partnership and good service packages defined

The first intervention HII will reform the methods of payment providers and their combination with indicators of quality performance.

Methods of financing for PHC service providers consist of:

- Fixed monthly payment (fixed fee) equal to 85% of the GoA budget.
- Monthly payment based on activity (PA) is equal to 10% of budget HC.
- Bonus payment amount consists of 10% of the budget for HC.

As indicator to achieve this result serves:

- Scheme expansion,
- Increase its use by the citizens,
- Increase of the number of contacts and visits by family
- Physicians and increase reimbursement budget.

It is worth mentioning some of the most important and accomplished concerning the monitoring system health insurance scheme:

- SISHP-Service Information System in Primary (since 2008).
- Screening of the population involved in the scheme.
- System "Hospital Cost" was realized as a result of the entry into service in 2009 hospital Health Insurance Scheme.
- Computerization of pharmacies and pharmaceutical agencies contract with HII

The result of the implementation of the reform are:

- Increased access and benefits to citizens

- Improving the list of medicines reimbursed and benefits of population
- Increased transparency of HII to contributors, population, providers and government of Albania.

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