

SPECIALIZED OUTPATIENT MEDICAL CARE IN BULGARIA - STATE AND PROSPECTS

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INTRODUCTION

Following the implementation of medical system with General Practitioners, the access of outpatient medical care specialists in our country is performed after obtaining a medical referral for a specialist. National Health Insurance Fund / NHIF / performs the payments for the medical service to the specialized medical care contractor for the person having mandatory medical insurance, referred by the primary care contractor for the performance of and / or specialized outpatient medical care, concluded a contract with the NHIF.

Implemented regulation of the access is also the main financial regulatory mechanism introduced of the closed health system in Bulgaria. Most frequently the in the policy for deterrence of insurance costs in the world and Europe are applied closed systems for payment of the medical services. On the other hand, the policy of cost sharing among insured persons has been expanding by the greater participation of citizens and patients in the payments and customer fees at the time of consumption.

In Bulgaria, access to specialized care is legally regulated by the Health Act, the Health Insurance Act and the Ordinance on the right of access to healthcare services. The access is based on the principle of free choice of hospital patients for primary, specialized and hospital care throughout the country, on the other hand, it is regulated in its part of Specialized outpatient medical healthcare by the means of referrals - for consultation or research.

NHIF has available a fixed budget established by law and in case the doctors perform more medical checkups, a deficit of funds for payment occurs. In the depleted number of referrals each insured person may be deprived of the opportunity to be examined and obtain the necessary medical care from the budget, where he performed regular payments. Health Insurance Act guarantees free access to medical care of the insured and the right of patient choice should not be limited in geographical or the administrative aspects.

Patients are constantly complaining that the referrals are insufficient in number. On the other hand, they often want to be examined by a specialist, without any objective reasons for this, and do not enable their doctors to determine whether there is an objective need for such a checkup.

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MATERIAL AND METHODS

The objective of this article is to analyze and evaluate the state of Specialized Outpatient Medical Care / SOMC / in Bulgaria in 2007-2009 A comparative analysis of data from NHIF / National Health Insurance / NSI / National Statistical Institute and NHIC / National Centre for Health Information /for period 2007 – 2009 in terms of number of specialists, the number of checkups , workload, SOMS activity, the structure of payment and the average age of specialists in outpatient care.

RESULTS AND DISCUSSION

In 2009, it is observed a slight increase in medical institutions (MIs) for SOMS contracted with the NHIF (Figure 1), as average on a monthly basis, contracted specialists were 8,327. The largest increase in the number of specialists in the previous year was reported in RHIF / Regional Health Insurance Fund / Yambol - 6% and RHIF Pernik, Plovdiv and Targovishte - 4%. A decrease was recorded in RHIF Razgrad (3.5%) RHIF Veliko Tarnovo (2.8%) and RHIF Montana (2.4%).

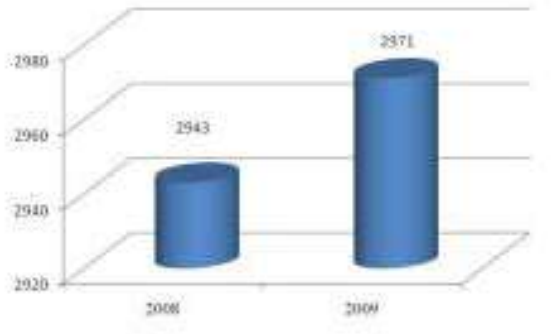

Figure 1. Number of medical institutions for SOMC with the NHIF for 2008 and 2009

Highest provision of CHIP / compulsory health insured persons /with specialists of 10 000 CHIP is recorded at the RHIF in Gabrovo - 17.4 , RHIF Sofia - 16.7 and RHIF Pleven - 16.1. The lowest provision of specialists to CHIP is observed in RHIF Smolyan - 8.2 RHIF Razgrad - 8.3 and RHIF Yambol - 8.7 10 000 specialist CHIP. We can conclude that in small towns and inaccessible settlements are featured with lowest provision of experts, this trend has been observed for the GP, which hampers the possibility of

the population living in these areas, to have a rapid access to specialized medical care.

Within the period in consideration, no significant changes in the structure of doctors and specialties from SOMC – obstetricians (901), neurologists (825) and surgeons (748) are predominating. The smallest share is specialists paediatricians. This shows the need for more adequate policy in determining the number and profile of specialists in medical universities and incentives for subsequent employment in Bulgaria.

The average number of activities (medical checks, Highly specialised activity, DCC- checks) performed by the contracts of the OPMC in 2009 amounted to 1,455,000. There is an increase of 3.8% in Plovdiv RHIF, it highest with - 9.5% RHIF Sofia city - 8.1% in RHIF Kardzhali - to 7.8%. Negative growth in average monthly number of activities is reported by RHIF Rouse 10.1% RHIF Lovech - 1.7% RHIF Silistra - with 0.9% RHIF Montana - with 0.5%. These data correspond with the best technical personnel and provision of major cities.

In 2007 NHIF introduced more strict controls over activities of the dispensary activity which resulted in a decrease of the average monthly number of these medical checkups (Figure 2). Mechanisms of payment for the medical care in specialized outpatient care (SOMC) in Bulgaria is based on a fee for service (Figure 2) and activity (SMD, prevention and etc.). Prices of the checkups are differentiated depending on whether the checkup is a primary or secondary, but not according to physician specialty. Contractors of OPMC perform specific activities such as monitoring of dispensary patients, Maternal Health Program and prophylaxis of persons at risk.

The funds paid by the NHIF for SOMC activities are presented in Table 1. The largest share in the cost structure is held by checkups - primary and secondary.

The increase in prophylactic checkups with 45.82 percent in 2009, compared to 2007 shows a positive trend in this area of SOMC.

As a structure of activities, primary and secondary visits hold 83.14% of the number of completed activities, and only 16.86% that are related to the prevention and specialized program review that will be beneficial to the health of the population in the country (Figure 3).

Table 1. Funds paid by the NHIF for SOMS for the period of 2007 - 2009

SOMS	2007 г.	2008 г	2009 г.
Primary visits	76 717 141	87 334 358	84 172 907
Secondary visits	19 115 219	22 030 046	21 127 587
Prophylactic examinations of persons over 18 years	153 545	201 537	223 912
Preventive examinations Program "Maternal Health"	2 893 131	3 279 904	3 139 565
Prophylactic examinations of persons over 18 years from risk groups	32 334	24 732	13 136
Specialized review of dispensary observation of persons	8 878 586	9 752 821	7 578 244
Medical consultative commission	2 155 568	2 398 195	2 263 464
Highly specialized activities	7 870 656	7 790 946	8 129 782

In 2008-2009, the trend of increasing visits to primary SOMC. The average number of primary visits paid by NHIF in 2009 was 563. 3 thousand taking into account the one-year growth with increase of the activity by 5 percent. It was first reported a decrease in secondary medical ckeckups paid by the NHIF. 385. 2000 secondary visits have been reported, which is 1.7% less than the previous year.

Table 2 presents the key indicators of activity and workload of the specialists of SOMC for period 2007 - 2009

The table shows data on:

Table 2. Main indicators of activity and workload of the specialists from SOMC for the period of 2007 - 2009

SOMS	2007 г.	2008 г	2009 г.
Number of checkups for the year	12 246 720	13 309 906	12 353 484
Average number of checkups for the year	1 023 894	927 234	948 643
Number of specialists for the year	8 525	8 600	8 631
Number of checkups a specialist	1 437	1 548	1 431

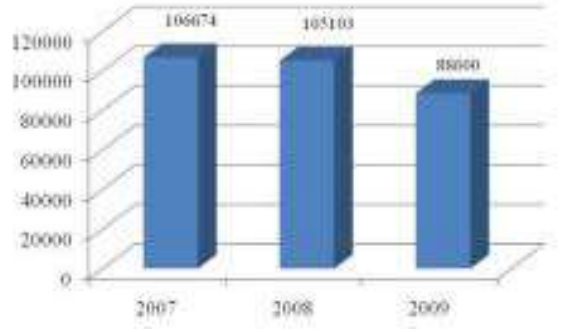

Figure 2. Number of dispensaries examinations for the period of 2007 - 2009

- The average number of checkups of a specialist for three years under consideration - it law and equal - six
- average duration of the ambulatory admission in hours - about 2 hours, that is suggesting a lack of optimal use of the potential for specialized outpatient care as professionals work in several places,
- average age of a specialist - more than 51 years, which highlights the growing problem in health care personnel.

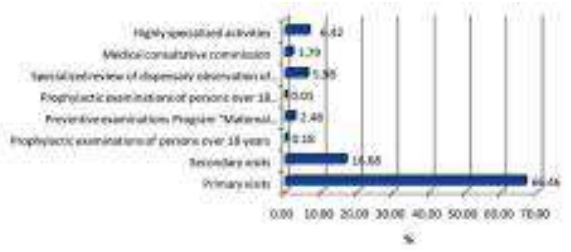

Figure 3. Structure of payments (the budget of NHIF) in the specialized medical care in 2009

The average cost of 100 Health insured individuals in 2009 amounted to BGN 194 , that is 16% more than the previous year, the reasons are the change in valuation of activities and inflation process in the country. The highest average monthly expense of 100 Health insured individuals in RHIF Sliven - 226 BGN, RHIF Plovdiv – 220 and RHIF Pazardzhik - 215 BGN, and the lowest in RHIF Silistra - 144 BGN, RHIF Pernik - 162 BGN, and RHIF Razgrad - 162 BGN. The monthly cost of the activities performed by one specialist in 2009, paid by the Regional Health Insurance Fund has increased to 1534 lev in 2008 when it was 1 328 BGN. The highest increase is recorded by RHIF Sofia - 19%, and the lowest growth is recorded by RHIF Ruse - 6. 4%

CONCLUSION

Data and analyzes suggest that SOMC has not developed its potential to the optimum in terms of the ambulatory admission in hours, and with high average age of doctors working as specialist in the outpatient medical care system /51 years of age / shows growing problem with the personnel in the Bulgarian healthcare. It remains high the concentration of specialists in the district and regional centres, which impedes access to health insured individuals to checkups paid by NHIF and reduces the control of chronic diseases leading to worsening health status of the population in the country.

All this requires a reorganization of health policy and action towards improving working conditions in our country to the specialists, so they to be provided with an incentive for staying and practicing in Bulgaria.

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