



Follow up: WHO mission in September 2016*

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**Всемирная организация
здравоохранения**

Европейское региональное бюро

*Based on the note on MOLHSA and SSA work to monitor provider performance and introduce selective contracting for maternal and child health services (and potentially other areas of care) in Georgia

1. The government should develop a **strategy for purchasing** that is in line with national health priorities, establishing a **clear action plan** with short, medium and long-term targets and activities

- This would provide an important roadmap for systematically **developing the organizational capacity** of the SSA

The following **preparatory steps to move towards purchasing strategy** were recommended:

- Start by **assessing the health needs** of the population and **design** corresponding models of **health service delivery**, including the **selection of adequate providers** based on level of care and geographical location select providers based on a minimum volume of activity and on facility standards keeping in mind geographical access
- Establish effective mechanisms to receive and respond to **complaints and feedback** from the population
- **Publicly report** on the use of resources and other performance measures
- Other steps in the purchasing strategy will include **costing**, defining transparent provider **payment rates**, designing and implementing **provider payment methods**, protection against **fraud and corruption**

Selective contracting is not a 'silver bullet' but one tool in a **broader purchasing strategy**

2. Strategic purchasing enables the implementation of defined **clinical pathways** to ensure that the right care is provided to the right people in the right place

- **To improve efficiency**, volumes could be shifted to the most effective level of care using the most efficient technology available
- **To improve quality and productivity**, highly complex and low-volume procedures can be concentrated in centres of excellence

3. Setting standards for pregnancy follow-up and deliveries is a good practice that should be disseminated to other areas of care

At the same time:

- **Pricing** principles need to be aligned to ensure that **minimum standards can be met** and that there are no perverse incentives to 'upgrade' service standards so that providers are able to deliver profitable services
- The high number of **new providers** may be a sign of **weak regulation**
 - This needs urgent attention and analysis in relation to regional and local health needs
- The establishment of a competent **regulatory agency** can add value by systematically revising and enforcing standards

4. Volume and quality standards for facilities

can also be used to select providers under the UHC program, e.g. setting minimum quantities for specific procedures such as delivery for patient safety reasons

This will also need:

- **Gradual implementation** and careful **impact assessment** to ensure that there are enough providers for services to be accessible
- A strong communications plan involving the **engagement of clinical opinion leaders**

5. The development of **performance indicators** for MCC is an important advance that should be continued and extended to other priority areas, including primary health care

- The **list of indicators could be expanded**: (i) the proportion of deliveries performed by an obstetrician; (ii) the proportion of deliveries where epidural anaesthesia was offered free of charge; (iii) perinatal and maternal mortality rates; (iv) rates of instrumental vaginal delivery; (v) vaginal birth after caesarean; (vi) hypoxia-related complications and perineal lacerations
- **Publishing hospital benchmarking** results is in itself a powerful tool for improving the performance of providers
 - SSA the possibility of discussing performance with each provider
 - agreeing on performance targets and goals with the option to link it with a financial bonus
- The **systematic involvement of clinicians** in the development of performance measurement indicators, to build a sense of ownership, is critical
- Efforts should focus on **improving data quality** with an initial option is to set improvements in data quality as a performance target

6. The introduction of prospective framework contracts with providers for a defined period of time (for example, five years) can play a significant role in selective contracting

- Contracts enable **to agree on conditions** for service delivery, requirements for preparedness and service mix, minimum-maximum service volumes, income and expenditure, etc