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Developing and Implementing a Resource Allocation Formula in Serbia

R.A. Carr-Hill, G. Boulton, Centre for Health Economics, University of York, UNITED KINGDOM;

S. Vukajlovic, V. Radulovic, Health Insurance Fund, SERBIA;

Objectivos (Objectives):

The European Commission has been supporting Health Care Reform for a number of years. One particular dimension has been the possibility of developing a formula for allocating resources for primary care; and the Government has recognised the importance of developing a capitation formula for some years. This paper reports on the process which has been followed to generate a formula which has now been approved at the Ministerial level and is now being implemented.

Metodologia (Methodology):

Compilation of data from various sources:

* Health Insurance Fund

* National Public Health Institute (Milan Jovanović Batut)

* Statistical Office Yearbooks

Consultation with all those stakeholders and discussions at Dom Zdravlja (local health authority) level

Given the general difficulties with historical data quality, data from different sources has been triangulated to test for reliability and validity using appropriate statistical analysis.

Resultados (Results):

The population data tends to be collected by low level municipality whilst the Dom are sometimes have the same boundaries and sometimes combine smaller municipalities.

The structure of the primary health care system has some specific features which had to be considered and, where appropriate, taken into account in the final formula:

* maintenance of polyvalent primary health care centre;

* development of the chosen doctor system;

* intermixing of primary and secondary care at the primary care level;

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* there are three main defined programmes of care - and several smaller ones - with their own norms of stafffing and visits

* ambulance services provided in major cities by a separate organisation but otherwise incorporated into the Dom Zdravlja budget

* differential division between primary and secondary health care services in the Dom Zdravljas

The analysis of the staffing norms showed that there was over-funding of small size Dom Zdravljas because the existing employment law does not allow for part-time formal employment so that calculated fractions of staff were rounded up.

There was no simple source of data for the age adjustment:

* although there was expenditure data, it was not complete;

* although the National Public Health Instittue collects data on number of visits it is not reliable and not broken down by age-sex groupings.

In practice, at the moment, the only Serbian data we were able to obtain was from a thesis based on large scale surveys of patient satisfaction. Fortunately, this is only a provisional solution, as the Health Insurance Fund will be able to provide direct data on numbers of visits next year.

Conclusões (Conclusions):

Developing and implementing a resource allocation formula has to be sensitive to the political economy of the health care system, and specific to its needs for health care, the administrative structure of a country's health care system, and the financing of the health care system.