



THE WORLD BANK



**Evaluating Impact:
Turning Promises into Evidence**

**OUTPUT BASED FINANCING
FOR NCD's**

GROUP 9-TURKEY

Sarajevo, Bosnia and Herzegovina

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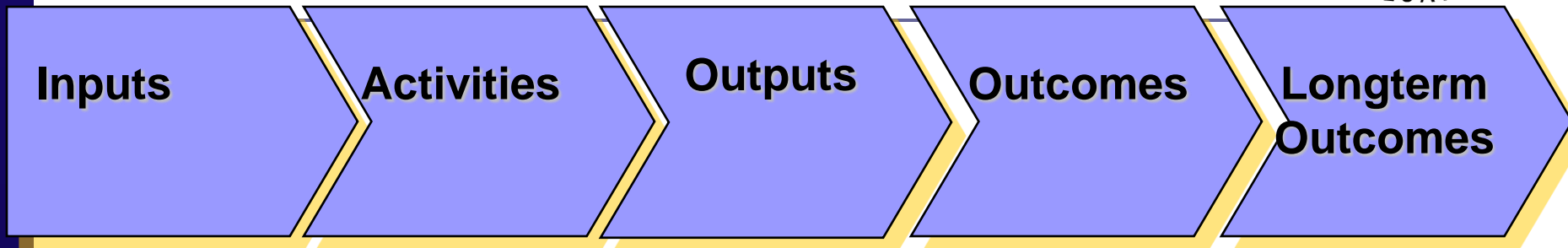
1. Background

- The current family Medicine System is operating in 33 provinces and will be scaled up nationally in to 2011.
- In order to fine tune this system we try to include non communicable diseases (NCD's-obesity, DM and HT) component to deal with increasing disease burden in this area.
- Implementing Output-Based Financing System for family medicine practices on NCD in concern.

1. Background-2

- ❑ The new NCD intervention will operate on a positive incentive system (i.e. family physicians will get a capitation based on pre-determined criteria).
- ❑ The new intervention targets to change the family physicians' behaviour towards NCD's screening/treatment and follow-up
- ❑ The new OBF pilot provides an opportunity to test an inovative reform to optimize the use of resources before it is rolled out nationally.

2. Results Chain



Financial resources

Human resources

- Family Physicians
- Provincial Health Directorates
- Primary Health Care Directorate
- Internal Audit Department
- Board of Inspectors

Developing legislative framework

Developing monitoring guidelines for provincial health directorates

Developing guidelines for financing

Improving/adapting of existing FMIS

Developing set of criteria for NCD intervention

Payment scheme for doctors

Family physicians implement the new system

Better control and management of NCD's in concern

Treatment and follow up of the NCD's in concern at primary care level rather than at secondary level

Decreased number of patients applying directly to secondary care

Reduced complications emanating from NCD's

Reduced risk for HT and DM due to the prevention of obesity

Healthier population

Improved quality of life

Decreased financial burden on health budget



3. Primary Research Questions

- Will OBF positively affect the control of NCD's?
 - Will OBF positively affect the behaviour of family physicians towards NCD's thus positively affecting the control of NCD's? (S)
 - Will OBF increase the number of people with NCD's directly applying to primary care level? (D)
 - Will OBF decrease financial burden on health budget?

4. Outcome Indicators

- ❑ Percentage of recently diagnosed NCD patients at primary level
- ❑ Percentage of people whose BMI has shifted from “risky range” to “normal range” during the intervention
- ❑ Percentage of patients that have received basic tests
- ❑ NCD referral rate
- ❑ Percentage of NCD patients received regular follow-up

5. Long Term Outcome Indicators

- Percentage of NCD related complications

- Percentage decrease in the curative expenses for NCD's

5. Identification Strategy/Method

□ Difference in Difference

MATCHING CRITERIA

Provinces which have close;

- population pyramid of the people
- numbers of FP's
- introduction dates for FMS implementation
- socio-economical developement levels
- daily polyclinic numbers of the FP

6. Sample and Data

CRITERIA DETERMINED for the SELECTION of PROVINCES

- ❑ Provinces where FM practices started
- ❑ Population is between 150.000 and 1.000.000
- ❑ The daily average polyclinic procedure numbers of family physicians must be close the average of Turkey (44+/- 15 per day)
- ❑ Each region of selected provinces must be geographically reachable and those provinces must be appropriate for data collection
- ❑ Provinces which use the FMIS
- ❑ Provinces which are not in the 6th region (in order not to exceed payment ceiling)

6. Sample and data

- 4 provinces (2 control, 2 treatment)
- Provinces will be initially selected based on the pre-determined criteria
- Once the 4 provinces are determined, control and treatment groups will be selected by flipping a coin
- Sample size related with the number of family physicians to be determined by power calculations

DATA SOURCES

- Health records (FMIS)
- Physicians and household survey

8. Sources of Financing

	Rate per unit (USD)	Number of units	USD
Physician survey (Baseline)	500	400	200.000
Household survey (Baseline)	45	4000	180.000
Physician survey (Follow-up)	500	400	200.000
Household survey (Follow-up)	45	4000	180.000
Consultance			200.000
Total Evaluation Cost			960.000

NOTE:

Calculation is done for a previous design and is subject to change according to the power calculations to be done for the newly proposed method

Hvala

