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BOOST ON THE SUPPLY SIDE. THE PROVEN METHOD TO REDUCE WAITING LISTS. CROATIAN EXPERIENCE

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Introduction: Waiting lists present one of the biggest problems and challenges of Croatian healthcare system. In 2015, Ministry of Health and Croatian Health Insurance Fund have implemented a set of activities on the supply side to increase availability of elective health care.

Aim: To analyse effect of implemented health care interventions on waiting lists.

Methods: Data was gathered by business intelligence system eWaiting lists of Croatian Health Insurance Fund. Data was analysed for period 11/2/2014 to 11/12/2015.

Results: In 2015 reduction of 76,861 waiting lists orders was recorded. Beside decrease of orders, reduction of average waiting time and availability of earlier term for medical procedure was recorded (21 per cent average reduction in waiting time).

Discussion and conclusion: Policy interventions for reduction of waiting lists in Croatia were primarily focused on supply side of health care system with a change in payment for medical services (pay-for-performance). 1, 2 million services more have been provided. Increased number of services led to financial stability of hospital sector for the first time in 20 years.

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IMPACT OF ADJUSTMENT OF THE NCMS REIMBURSEMENT POLICIES ON THE MATERNAL HEALTH SERVICES UTILIZATION

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Background: The new rural cooperative medical scheme (NCMS) is one of the most important pillars in the health financing reforms in China and it includes a maternal care benefits package which is associated with the increasing of maternal health services. The local compensation policies have been in constant adjustments in recent years. In Yuyao, our study county from Zhejiang province, the deductible in 2011 dropped by 40% than in 2008, and the reimbursement cap line was increased from 30,000 to 80,000. The aim of this study was to reveal the impact of reimbursement policy adjustment on maternal service uses in Zhejiang.

Methods: Two cross-sectional studies were performed in Yuyao from 2008 to 2011. Local women who had delivery history in the recent five years were recruited. A self-designed questionnaire was used to collect the information about their delivery history, and their reimbursement status in NCMS. Chi-Square tests were used in the analyses after the data were stratified by income.

Results: 154 women were enrolled in this study. Half cases were investigated in 2008 and half were in 2011. In 2008, only 9.1% of pregnant women got the reimbursement from NCMS, but the proportion boosted to 36.8% in 2011 ($X^2=16.70$, $P<0.001$). In the low-income group, the Chi-Square tests revealed some significant changes on services uses between 2008 and 2011, the proportion of postnatal visits rose from 55.3% to 88.55 ($X^2=6.90$, $P=0.01$), and the proportion of deliveries in secondary and above institutions rose from 25.5% to 73.9% ($X^2=12.97$, $P<0.001$). There were no significant results in high-income group.

Conclusions: Our study finds that the increase of financial compensation works in improving maternal health services for low-income population. In the process of health financing reform in China, more tendentious policies should be put forward to protect low-income women in maternal health care in the future.

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