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Health reform: assessment of the first stage of the health reform in Ukraine

Institute for Economic Research and Policy Consulting

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Content

Changes brought by the health reform

Healthcare reform

Two key bills were approved in 2011 that jump started the health reform:

- Law of Ukraine «*On introduction of amendments to the basics of healthcare legislation on improvement of healthcare provision*»
  - Network of public and municipal health facilities should be developed with consideration of public health needs, by ensuring a proper quality of care, timeliness, accessibility, efficient use of material, human and financial resources.
- Law of Ukraine «*On the procedure stipulating the implementation of health reforms in Vinnitsia, Dnipropetrovsk, Donetsk oblasts and the city of Kyiv*»
  - Key approaches to health reform in the pilot regions, its monitoring and evaluation should be enhanced. They are to be extended to the rest of the country in the future.

Major health reform challenges

Major challenges

- Poor access to quality healthcare
- High informal payments
- Inefficient structure of health care provision
- Inefficient principles of healthcare funding and inadequate funding
- Poor prevention levels

⇒ Urgent need to reform healthcare

Major health reform challenges

Deterioration of primary care

- Inadequate funding of the primary care (especially in cities)
- Lowering the prestige to work as primary healthcare doctor
- Therapist is rather a dispatcher than a health provider
- Excessive use of specialized (secondary) care
- Inadequate prevention levels

⇒ Urgent need to focus predominantly on the primary healthcare

The goal of health reform

Goals of health reform

- **Improve public health**
- **Increase the quality of care**
- **Improve accessibility of health care**

Health reform

New healthcare system is family doctor oriented, who will play the key role in modern healthcare system.

Family doctor is a health professional with extensive knowledge of health situation in the family and of patient's lifestyle.

He is responsible for the process and the result of treatment (whereas, currently no other health specialist assumes such an important responsibility).

Family doctor is better equipped and comprehensively trained, capable of not only examining a throat but also performing basic functions of the respective specialists

Health reform evolution

Law of Ukraine «On introduction of amendments to the basics of healthcare legislation on improvement of healthcare provision"

- Delineation of healthcare by types (primary, secondary and tertiary)
- Development of the network of public and municipal health facilities with consideration of public health needs, proper quality of care, timeliness, accessibility, efficient use of human and financial resources
  - Initial phase for creating primary health care (PHC) centers
  - Creation of clinical-diagnostic centers
  - Creation of hospital areas
- Provision of free healthcare on the contractual basis (by health facilities that are funded from the state budget and are contracted by the key appropriators of the budget funding allocated to public healthcare)
- Management of patients' routes (referral system)
- Voluntary selection of primary care provider

Health reform evolution

Law of Ukraine «On the procedure stipulating the implementation of health reform in Vinnitsia, Dnipropetrovsk, Donetsk oblasts and the city of Kyiv"

- Forming pools of financial resources by combining funding allocated to the tertiary, secondary and emergency care
- According to the Law, health facilities of the secondary and emergency care (partially the tertiary) should be funded by the oblast budget
- Transitioning to performance–based pay wage (depending on scope and quality of work)
  - Scope of work: bonus for the larger enrolled population (for a family doctor: above 1500 persons in cities and 1200 in rural areas)
  - Qualitative indicators include provider's interaction with patients, preventive examinations, early detections of diseases, excessive referral of patients to the respective specialized health professionals

Health facilities

Primary healthcare
- Primary healthcare (PHC) centers

Secondary (specialized) healthcare
- ***outpatient care***
  - Consultative-diagnostic sub-divisions of hospitals
  - Consultative-diagnostic centers
- ***inpatient care***
  - Multi-specialized hospitals of intensive care
  - Rehabilitation hospitals
  - Regular hospitals
  - Hospices
  - Specialized medical centers

Tertiary healthcare
- ***Inpatient and outpatient care***
  - Multi-specialized oblast hospitals (clinical hospitals)
  - Highly specialized medical centers (by referral)

Initial phase of the primary healthcare reform

Initial phase of the reform

Clear delineation of the primary healthcare level

- Creating PHC centers
- PHC centers may include structural or individual subdivisions, ambulatories, health posts (FAP's), health clinics, health offices
  - *In 2012, all pilot oblasts initiated primary healthcare centers with a wide array of ambulatories and FAPs*
  - *City of Kyiv introduced the centers in two pilot districts in 2012, introduction of the primary healthcare in other rayons of the city began in the second quarter of 2013*

Initial phase of the reform

Transfer of secondary health facilities to oblast level

- Forming pools of financial resources by combining funding of the tertiary, secondary and emergency care
- Delineating funding for PHC and secondary health facilities
  - *Dnipropetrovsk oblast- predominantly all health facilities are transferred to the oblast budget*
  - *Vinnitsia oblast– rayons transferred their health facilities to the oblast level. With Vinnitsia being an exception*
  - *Donetsk oblast– health facilities were not transferred to the oblast level. As a result, all health facilities remain at the previous level*

Key challenges of the reform / their possible solutions:

creation of PHC centers

Major health reform challenges

Creation of ambulatories

- Creation of primary healthcare centers or several ambulatories in premises of former policlinics with remaining clinical-diagnostic centers or subdivisions has led to:
  - *Conflict between the levels of care provision* (due to existence of two legal entities in the same facility (primary healthcare center and consultative-diagnostic center) that disagreed and argued from time to time on the issues of sharing of the facility, property and equipment between the legal entities, payment of the utility bills)
  - *Conflicts within the primary healthcare* (between heads of ambulatories of one primary healthcare center)

Major health reform challenges

Creation of ambulatories

- In some cases, ambulatories were created and health specialists were relocated between different facilities (sometimes neighboring) stirring a confusion among the patients
  - Whereas, access to health services was not improved, while problems were created
- While creating the primary healthcare centers and ambulatories the issue of tests was not always resolved :
  - Ambulatories did not always have rooms to perform blood and other tests
  - The possibility to take material for other tests was not always arranged and agreed upon

Major health reform challenges

Unclear patient's route

(patients did not know where to go)

- After creation of the primary healthcare centers, patients were not given the information on the new healthcare route
- The possibility to receive secondary health care remains unclear for some patients
  - The decree issued by the oblast health department of Dnipropetrovsk oblast assisted patients in seeking care from the health providers of the secondary level (an identical resolution was approved by Vinnitsia oblast)
  - There is an agreement between the government and health facilities to provide healthcare to the population without a referral of a family doctor during the transition period
  - Often, health providers are reluctant to admit patients without a referral. Besides, it is challenging for a family doctor to refer a patient to such examinations as an ultrasound screening performed

Possible solutions

Creation of ambulatories

- Reforms should be initiated with **the elaboration and approval of optimization plans of health care facilities network** at the level of oblast and respective rayons
- There is a need to envision the development of the network of separate ambulatories (which are situated in own facilities. In cities this could be in premises in apartment buildings)
- Steps should be taken carefully and gradually. These steps should be coordinated with reform of funding of renovations, as well as the procurement of equipment:
  - To define clearly the sequence of reforms– location of facilities, renovation of premises, purchase of equipment for subdivisions according to the list of necessary equipment
  - To renovate facilities and upgrade the infrastructure in case services are moved elsewhere from traditional facilities

Possible solutions

Creation of ambulatories

- It is necessary to define clear legislative requirements, e.g. sanitary norms and standards and state construction standards for:
  - Primary healthcare centers and ambulatories that are located in the same premises
  - Separate ambulatories, e.g. located in apartment buildings (renovated apartments)
  - *(meaning the requirements for the number of medical rooms and their use, their space, etc.)*
- Local authorities should aim their efforts at providing the primary healthcare centers with premises for separate ambulatories (in particular, in the apartment buildings)
- They should resist from creation of several ambulatories in the same facility (to reduce the number of administrative staff and the risk of conflicting situations)

Possible solutions

Licensing, certification

- It is necessary to envisage simplified procedures for registration and licensing of the new legal entity while establishing the primary healthcare center or opening an ambulatory. In particular, this relates to:
  - *agreements with the state registration service, bureau of technical inventory and providers of public services*
  - *licensing of ambulatories*
- The Government should envisage a swift procedure for obtaining the license to be able to store narcotic substances and provide palliative care
  - Not all PHCC have facilities that comply with the requirements, and, thus, they should be permitted to conclude contracts with the secondary level health facilities that have the right to work with narcotic substances (at least, during the transitional period). Besides, the Government should simplify the work of pharmacies dealing with the drugs in question so that individuals requiring palliative care could obtain these drugs by prescription:
    - *In Vinnitsia oblast, patients requiring palliative care receive prescriptions for pain relief drugs that can be purchased in municipal pharmacies. However, not all rayons of the oblast have municipal pharmacies, thus, complicating access to drugs*
    - Possibility to get a prescription for morphine in pills would contribute to an efficient palliative care provided to the patients

Possible solutions

Informational campaign

- An important factor would be an accessible well thought leading **informational campaign**
- **Patients should be initially informed about changes in patients' route (the new location, a place he/she could go, etc.)**
- **Doctors working at a primary level** should be informed about creation of PHC centers and ambulatories in advance, as this could mean the change in the job location. Also, the schedule of retraining PHC providers (therapists and pediatricians) should be approved in advance
- Approved plans for health facilities network optimization will inform the health providers of the secondary and tertiary levels about expected changes in advance. Understanding of the reform can contribute to a better support from the health professionals

Possible solutions

Creation of ambulatories

- Population should be clearly informed in advance about the upcoming changes
- Informational campaign should be held at national and regional levels
- PHC centers should develop and introduce:
  - standardized requirements towards the informational stands
  - the list of information that the PHC center should have available in its premises
  - stands with information about the patients' route (how the health care should be received), which includes the list of available PHC providers, phone numbers of ambulatories, information for receiving secondary health care

Possible solutions

Creation of ambulatories

- It is necessary to clearly prescribe and explain to the patients new route to receive health care:
  - Authorities should take in to account the habits of patients
  - It is necessary to understand that transitioning to the family doctor system takes time as it requires changes in patients' mentality
  - Information on where to get the services should be easily accessible
    - *City of Dnipropetrovsk started designing the routes for patients with the detailed plan of the facility, addresses and phones of health providers (unfortunately, it was implemented after the alteration in the previous routes without providing a substantiated explanation to the public)*

Major health reform challenges/ their possible solutions:

qualification of a family doctor

Major health reform challenges

Inadequate number of general practitioners/ family doctors

- Inadequate number of family doctors led to the creation of a «virtual» family doctor, when pediatrician and a therapist work side by side in the same ambulatory (in Dnipropetrovsk oblast the «virtual family doctor» also includes a gynecologist)
  - *This led to public frustration due to the mixed flows of patients*
- A majority of PHC providers (~60% in respective regions) are of pre-retirement or retirement age; therefore, they are not willing to retrain into the family doctors
- *As a result, quite often health professionals stir the public against the health reform*
  - *There is an issue of the rational need to retrain medical staff of preretirement and retirement age*

Major health reform challenges

Retraining to a be family doctor / general practitioner

- The programs are identical for both pediatricians and therapists, thus, these doctors study their own specialty and that leaves them with less time to master other specializations
- Retraining partially refreshes theoretical knowledge of health professionals without providing any practical skills
- Doctors are not taught practically how to use the equipment contained in the bags of family doctors (therefore, these bags are often not used by health providers)
- Retrained doctors do not always want to provide a wider array of healthcare services. Very often they are not adequately qualified to provide efficient and quality healthcare services
- «Sabotaged» health reform by the health professionals leads to patients' distrust towards the reform as such and particularly towards the family doctors

Major health reform challenges

Equipping family doctors

- A predominant majority of family doctors in pilot regions received a family doctor bag. According to the focus groups and interviews:
  - family doctor bag is inconvenient and heavy
  - retrained providers do not know how to use the equipment contained in the bag (often they do not want to learn how to use it)
- Some ambulatories received vehicles, in particular of the brand *Geely*, that are not good to be used in rural areas due to poor road conditions

Major health reform challenges

Local suggestions

- In 2012, the city of Dnipropetrovsk initiated a 6 months retraining course for family doctors within one year, whereas there are months of practical work in the ambulatory – that extends the training period but improves the quality of health providers knowledge
- In 2013, Dnipropetrovsk oblast opened several training centers where family doctors can obtain practical skills, especially those who had completed retraining courses
- In individual cases, such "narrow" specialists as otolaryngologists, ophthalmologists, neuropathologists, gynecologists still work in the premises of PHC centers (either on the secondary or primary levels) that simplifies their counseling of family doctors

Possible solutions

Retraining to be a family doctor / general practitioner

- There is a need to diversify family doctors retraining programs for therapists, pediatricians and other health providers
  - In particular, therapists require more time to study pediatrics. Pediatricians would require a comprehensive course on therapeutic care.
  - The courses should be more practice oriented. Thus, therapists should study not the basics of pediatrics (studied by doctors before) but the difference between the provision of healthcare to adults and children (the same relates to the retraining of pediatricians).
  - Practitioners should participate in the teaching process
  - More time should be allocated during courses to issues of prevention

Possible solutions

Retraining to be a family doctor / general practitioner

- Acquiring more competences at the working place:
  - After the retraining, former pediatricians and therapists do not have any practical skills. It is necessary to envision a schedule providing a family doctor with an opportunity to be present during the admission of the following specialists: an otolaryngologist, an ophthalmologist, an ob-gyn, a neurologist and a surgeon.
  - Therefore, it is desirable for PHC centers during the transition period to have these specialists in the staff, which allows family doctors to receive consultations and practical skills by learning from the specialists
  - The detailed study plan at the working place should be developed. It should envisage hours of obtaining practical skills while attending patients' visits in offices of 'narrow' health specialists (for this, these 'narrow' health specialists should receive incentives)

Possible solutions

Retraining to be a family doctor / general practitioner

- It would be beneficial to envisage the responsibilities of doctors whose retraining was funded by budget to work in a public health facility for at least a year
- It is also possible to envision public funding for the retraining of doctors only for 2013-2017, while after the medical staff could be retrained only at their own cost

Possible solution

Qualification of family doctors

- Family doctors (especially those who just completed retraining courses) should have an opportunity to consult with the secondary level specialists
- Family doctors who had undergone a retraining should gradually receive extended responsibilities
- Family nurses working with family doctors should also gain respective knowledge and skills on how to use the physiotherapeutic equipment (whereas, practicing nurses should be involved in the training)

Reform of health education is critical

For the future…

Training of family doctors

- Based on the experience, not all doctors at the primary level can work as family doctors. Therefore, it is better to focus on training family doctors while they are in universities.
- To do this it is necessary to increase the number of students who are studying to become family doctors (at the same time, the number of therapists and pediatricians who are taught in universities should be gradually reduced as they will be gradually replaced by family doctors at the primary level of health care).

For the future…

Internship for a family doctor

- Internship should ensure that future family doctors obtain practical skills
  - *Informal payments in the inpatient care facilities is considered to be one of the hurdles for interns to gain knowledge and practical skills (because health providers do not want to «share a patient» with interns in order not to protect their covert income)*
  - *Often, interns are taught to fill out health histories rather than provide services to patients*
- The issue of simultaneous internship and master program should be resolved as this reduces the time spent at the PHC center (ambulatory) to a month. The students in question would require extended practical sessions

Major health reform challenges/ their possible solutions:

wages and work regulation

Key reform challenges

Wages

- Wage increase for primary health specialists is an important incentive to improve the provision of health care
- Experience of pilot regions proves that wages of family doctors significantly differ between oblasts (primarily due to different numbers of enrolled population):
  - Cities with a sufficient number of primary level doctors receive wages at near UAH 2400, whereas PHC centers with lower number of family doctors might increase wages up to UAH 5000
- As a result of insufficient staffing, family nurses are sometimes entitled to higher salaries than family doctors
- Chief doctors, economists, and accountants at PHC centers did not receive wage raise even though their work load substantially increased
  - At the same time, efficiency of center and ambulatories operation largely depends on the work of the administrative staff
- Some pediatricians with the number of enrolled children below 800 (because some children had been transferred to family doctors) that didn't undergo retraining might face wage reduction. As a result, they confront health reforms

Major health reform challenges

Work regulation

- Family doctors are swamped with the paper work because old forms remain mandatory for completion in additional to new forms. This contributes to inefficient provision of healthcare services
- According to the law on the emergency care, family doctors are responsible for provision of urgent care until 8:00 P.M. but it is not implemented in some centers (this step would require creation of a single dispatch center). Pilot oblasts do not have a unified approach to process facilitation
  - In the city of Dnipropetrovsk, primary level doctors have to be on duty on weekends (without additional compensation) whereas, the duty shifts are absent in the city of Vinnitsia
  - Patients' visits by doctors are differently regulated in the oblasts. Often, doctors are absent in the PHC centers and ambulatories after 5:00 pm (due to the limited number of work hours)
- Standard time of patient consultation by a family doctor is set at 12 minutes. However, it is insufficient for the first visit and preventive care visits

Possible solutions

Work regulation

- Wages of PHC center's administrative staff should be raised
  - This would reduce corruption and increase efficiency of PHC centers
- Forms filled out by family doctors should be revised to avoid duplication and repetition. Gradual shift to the electronic registry should be made
- Standard time for patient consultations by family doctors should be increased to above 12 minutes (for the first and preventive care visits)
- Competences and responsibilities of family doctors should be clearly defined

Open questions

Free selection of family doctors

- Pilot oblasts implemented a free selection of family doctor (up to September 30)
- Patients should be informed that they will still receive health care even without enrollment. This will reduce tensions on the issue
- Mandatory enrollment of population to a specific doctor would only restrict entry of new family doctors to provide services (because there would be no available population to serve)
- On-call patients' visits should be regulated as well
  - Patients should be informed that the doctor cannot make on call visits to faraway areas

Introduction of an electronic registry

- The electronic registry would ensure a fair funding of PHC
  - Protection of personal data requires careful scrutiny

Major health reform challenges/ their possible solutions: *reorganisation of rural hospitals*

Major health reform challenges

Reorganisation of rural hospitals

- Pilot oblasts reorganised a number of rural district hospitals into one of the following facilities:
  - *Family medicine ambulatories*
  - *Ambulatories with day hospital*
  - *Ambulatories with day hospital and an ambulance post*
  - *In some cases, inpatient care beds were reclassified as "social beds", which are funded from the social budgets and not from the healthcare budget*

Major health reform challenges

Reorganisation of rural hospitals

- Access to health and social care in some villages worsened after such reorganisation due to absence of medical and social services, as well as roads and regular transport connection with rayon centers (or other villages where secondary healthcare is still provided)
- Some ambulatories are poorly equipped due to the lack of funding
- There is a lack of laboratories to perform tests or rooms to collect material for tests

Major health reform challenges

Local proposals

- In some cases (in particular, in Dnipropetrovsk and Vinnitsia oblasts) hospital beds were reclassified as social beds
- Funding had been altered from the health budget into the social budget
- However, in some cases, the usage of the beds has been reduced due to the introduction of official pension deductions for the stay in these facilities

Possible solutions

Rural district hospitals

- ***Reorganisation of health facilities*** should be careful, comprehensive and based on an individual basis
- Good practice is to create family medicine ambulatories with daytime hospital and emergency station in the former facility of the rural district hospital
- In case a hospital lacks the laboratory facilities, all materials for tests should be transported to PHC center
- There could be envisaged a possibility for regular visits of secondary level doctors to rural ambulatories
- The rural ambulatory should provide an opportunity to make a fluorography (e.g. mobile X-ray might be brought to villages at least twice a year)
- The transfer of "social beds" to financing from social budget should be regulated by law. These beds should be subsidized by the state for poor groups of the population

Major health reform challenges/ their possible solutions:

cooperation between primary and secondary levels of healthcare

Key reform challenges

Cooperation between primary and secondary levels of healthcare

- The experience of pilot regions reveals the conflict between primary and secondary healthcare levels. It is often a result of:
  - Lack of understanding of the reform and the future changes by doctors at the secondary healthcare level: many specialized doctors are afraid of layoffs
  - Co-existence of PHC centers and consultative-diagnostic centers on the same premises results in doctors relocation between different rooms
  - Lack of wage increase for health personnel at secondary level
  - Lack of incentives for specialized health personnel to train new family doctors
- Sometimes, doctors of the secondary level refuse to provide services to clients without a referral from a PHC provider, despite the fact that it contradicts the decrees issued by the oblast department of health
- Doctors of PHC do not always have a sufficient number of referral tickets for the patients to the secondary level, which causes frustration of patients

Possible solutions

Cooperation between primary and secondary levels of healthcare

- Understanding between the primary and secondary levels could be achieved thank to:
  - Clear information campaign devoted to the health reform and its implications
  - Thoroughly elaborated and published optimization plan of health facilities network
- Patients' route to secondary level doctors should be clearly defined. It could include the following reasons for visit:
  - By referral of the PHC specialist
  - Dispensary patients could come without a referral (during the transition period. In a long run, some responsibilities for their treatment might be carried out by family doctors)
  - Emergency cases would not require any referral
- There is a necessity to clearly define (in MOH decree) the distribution of responsibilities with respect to professional screenings and provision of disability status

Possible solutions

Cooperation between primary and secondary levels of healthcare

- X-ray issues should be taken into account
  - Qualitative indicators of family doctors' performance include the detection of TBs on early stage. Thus, referral of population for a fluorography is critical
  - X-ray equipment (as well as x-ray specialists) should remain at the PHC center if they were there earlier
    - Often X-ray specialists were transferred to the secondary level. Sometimes there is a question of whether such services should be paid by the PHC centers
  - PHC centers should be gradually equipped with mobile x-ray machines (contributing to an improved coverage of patients in the separate and remote ambulatories). Also, an expectoration test should be envisioned at the level of PHC center

Possible solutions

Reform of the secondary level

- Reforms of the secondary level should start simultaneously with reforms of the primary level. These changes should be defined in the optimisation plan for health facilities network
- Optimisation of health facilities network and hospital beds would result in certain saving of funds that could be redirected to wage increases, renovation of premises and procurement of equipment at the secondary level
- It is necessary to envisage additional funding from the state budget (or support provided by the international financial organizations) for equipment of the hospitals– primarily the intensive care hospitals
- The principle of financing of existing infrastructure should be substituted by financing of provided services
- Wages of health personnel at the secondary level should be increased. Wages should be paid for provided services and not just for the presence of personnel at work

Possible solutions

Lab tests

- Responsibilities with respect to the lab tests should be clearly defined
- Not all PHC providers have technical opportunity to take a blood test
  - Ambulatories should be equipped with express-analyzers and express tests as outlined in the list of necessary equipment
  - Existing labs at the PHC level should remain there
  - Each ambulatory should have possibility to collect blood and other materials for the tests. The blood (and other materials for the tests) should be then transported to the lab
  - After equipping all ambulatories with computers there should be a possibility to receive test results via the Internet (or special network)
  - PHC centers should gradually upgrade all the existing labs

Major health reform challenges/ their possible solution:

Conclusions

Conclusions

Clear schedule of reform

- Current experience of the reform proves the need to develop and comply with a step by step schedule of reform
- Reform plans should take into account the structure of the network and funding needs also considering the sites with underdeveloped primary and secondary care
- Therefore, the reform should start with introduction of **detailed plans for optimization of the health facility network** at all levels

Conclusions

Legalizing new rules of the game

- Adjusting to and legalizing new rules of the game requires time
- Steps to implement the reform (in particular, delineation of the primary and secondary levels) should be taken carefully
  - *If possible, ambulatories should be opened in the nearest to population premises*
  - *Competences and responsibilities to provide primary and secondary health care should be clearly defined*
- Patients should have a right to choose either therapist or pediatrician or a family doctor during transition period
- ***Positive experience*** *of other patients can serve as the best motivation for the population to shift to family doctors (change of mentality). For this, family doctors should immediately receive all necessary equipment and have a possibility for increase in qualification*

Conclusions

Reforms require more time for explanation

- NGOs should be involved in explanation of the reforms (taking into account the low trust towards the authorities)
- Video clips promoting the health reform should be prepared (to be aired at the national and regional TV)
  - Public awareness on the role of a family doctor (a healthcare provider responsible for patients' health and care provided by other health professionals) and secondary level specialists (health providers of secondary level provide counsel the family doctor) should be increased
  - Video clips should show successes of the reform (increased access to healthcare, renovated ambulatories and FAPs, etc.)

Conclusions

Local solutions– Positive experience

- As a result of previous mistakes, Dnipropetrovsk oblast council formed a **Steering Committee** comprised of public officials, health personnel and experts
- Also, there is an initiative group that visited a number of PHC centers, ambulatories, FAPs and developed clear recommendations on how to improve the accessibility and the quality of healthcare
- Recommendations are reviewed by the Steering Committee, which approves decisions. In case of approval, the decision is further approved by the order of the Head of Oblast State Administration
- As a result, it helps to reduce a resistance of the population and allows to take into account the needs of all interested parties

Conclusions

Role of pediatric service

- The role of pediatric service is not clearly outlined
- There are incentives for therapists and pediatricians to be retrained to become a family doctor
  - As a result, pediatricians might be lacking in the nearest future as professionals of the secondary care level. This is essential as family doctors need time to receive sufficient qualification to provide quality care to children
- Authorities should ensure a balanced staffing of secondary level health providers by pediatricians and therapists to envision an opportunity to have coordinators-pediatricians at the PHC center

Health reform risks

Health reform risks

Lack of understanding of reform by population

- Distrust towards the health reform
- Distrust towards the family doctors
- Fear to have mixed queues

Resistance of health personnel

- Lack of understanding of health reform and of future health system
- Fear of lay-offs
- Unwillingness to retrain into family doctors
- Unwillingness to adjust to new rules

Therefore…

More time to educate public about the reform

- NGOs should be involved in explaining people the reform (taking into account the low trust towards authorities)
- Video clips promoting the health reform should be developed (to be aired at the national and regional TV)
- Unified informational boards explaining the health reform and the patients' route should be designed

Involve the public

- The positive experience of Dnipropetrovsk authorities in relation to forming the Steering Committee

Health reform risks

Insufficient funding

- Unless a subvention for implementing the reform (in particular, funding for renovations, purchasing of equipment and transportation, bonuses to PHC providers) is allocated the success of the reform remains under the question
- Changes introduced in regions other than pilot are implemented without additional funding and as such destroy trust towards the reform
  - Thorough monitoring of the changes in the health system should be conducted. This would allow to reduce social tensions

Health reform risks

Contradictions in legislation

- There are contradictions between the laws on local self-governance and the laws on introduction of the reform
  - As a result, there is a disagreement among the local authorities (cities, rayons) to transfer secondary level health facilities to the oblast level
    - In Donetsk oblast 5 (single-named, 'cornominated') rayons have 2 PHC centers due to the lack of the agreement between the city and rayon authorities, although it would be more efficient to create a single PHC center
    - City of Vinnitsia is refusing to transfer municipal secondary level health facilities into the oblast ownership as then it will loose the possibility to influence decisions on their funding and organization (even though the population would further expect the approval of such decisions by the municipal and not oblast council)
  - It could be decided that secondary level health facilities might remain at the municipal level if the city is a single hospital area (Vinnitsia can serve as an example here)

Health reform risks

Lack of competent managers

- Previous experience of the health reform implementation in pilot regions reveals the importance of opinion and attitude of public officials and their initiatives
- Replacement of curators of the reform at the central and local levels might mean a step backward from the health reform or its termination
- Therefore, it is extremely important to outline clear regulations on the implementation of reforms making it impossible to phase down the reform
- Clear regulation would also assist other regions to efficiently implement the health reform

- Proactive attitude, understanding and support of the reform by heads of PHC centers and secondary level health facilities is an important prerequisite of successful health reform

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Health care reform

(**Реформа охорони здоров'я**)