USING RESULTS BASED FINANCING TO TB PATIENTS' TREATMENT AT ODESKA OBLAST OF UKRAINE

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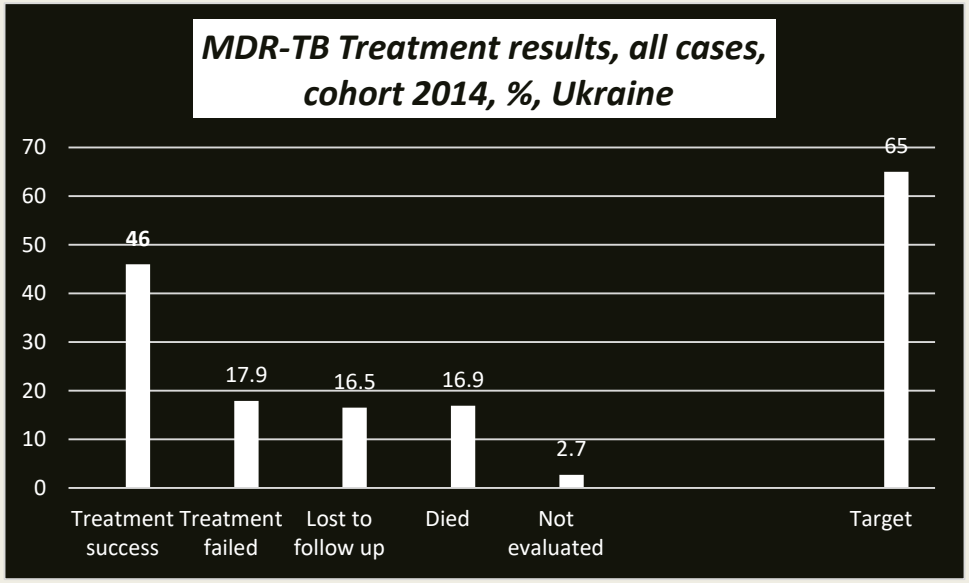
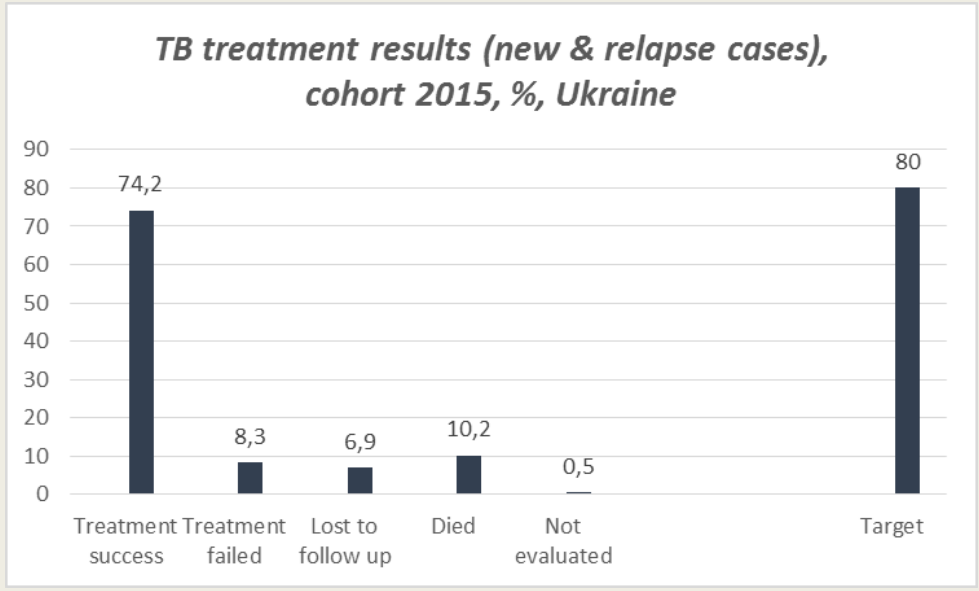
Problems of TB service

Alliance for Public Health

Hospital model of TB services provision is low-effective:

- ✓ High prevalence of drug-resistant TB:
- ✓ Low-effective infection control in hospitals (high TB morbidity among medical staff, cross-infection among patients - “hospitals are factories for TB”)
- ✓ High hospitalization level and long average hospital stay level: hospital admission and discharge are based on epidemiological criteria
- ✓ Poor treatment results





Why ambulatory care?

Ambulatory TB care is widely introduced in Western Europe and USA. Patients admitted to hospitals only on clinical criteria and for short time. WHO recommends ambulatory care models to EECA countries

- ✓ Economically effective: reducing 1 hospital-day for every TB patient in Ukraine during the year saves $2.3 mln
- ✓ Safe: risk of cross-infection for patients and infection risk for medical staff are reduced
- ✓ Patient-oriented: services get closer to patients, psychological comfort, family relationships are kept, ability to continue the work

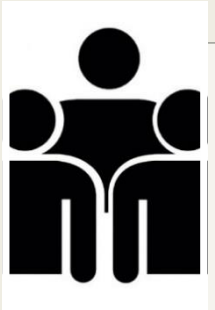
Barriers for ambulatory care transition

- Existing financial principle causes reducing funding when cutting the number of hospital beds
- TB service can not provide DOT to all TB patients at out-patient facilities since limited number of TB facilities concentrated in oblast and rayon centers
- Low potential of PHC Centers in provision services to TB patients – lack of knowledge and motivation

Results based financing (RBF) for DOT provision to TB patients at ambulatory stage

Implementers – PHC Centers

Geography – 14 regions of Odeska oblast



Plan – 380 patients

Payment for services + incentives for results

Project implementation

- Consecutive enrollment of all TB patients on support
- DOT model – at the discretion of PHC Center/patient
- Information/data exchange – at the discretion of HC facilities
- Monthly reports to Alliance re number of TB patients on treatment (for payment for services)
- Quarterly reports on treatment results (for incentives)
- Alliance verified only DOT services provision and treatment results

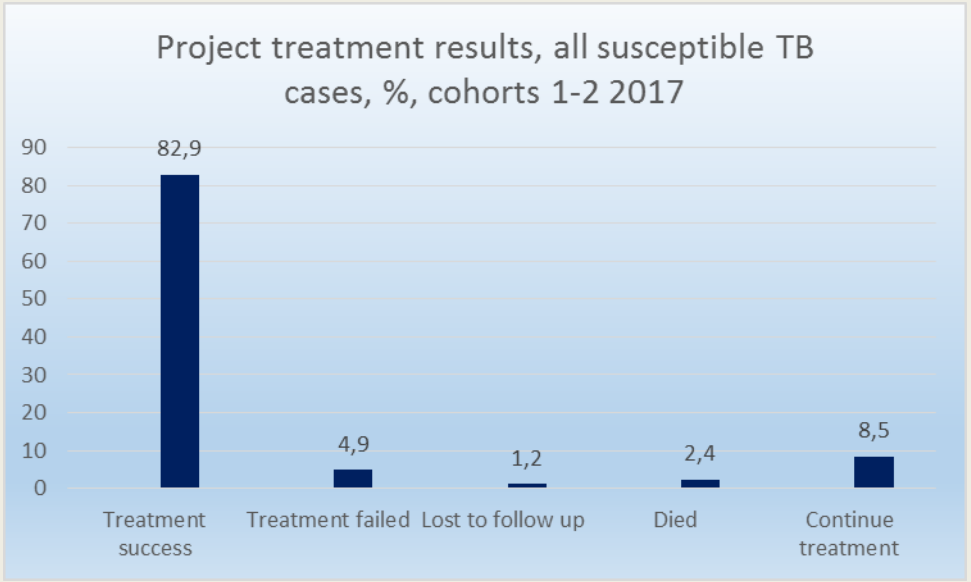
Payment process

- Agreements between Alliance and PHC Centers
- Payment for DOT services (for every patient for every day)
- Incentives for successful treatment (treatment completed + cured)

- «Fines» for negative results
  - Lost to follow up
  - Less than 80% of doses during the month with no medical-related reasons

Project implementation results: 1.01.2017 – 31.12.2017

- Enrolled on treatment in PHC Centers – 482 пацієнтів
- Treatment success 1st cohort 2017 (susceptible TB) – 82,9%
- Trainings for health care providers of PHC Centers (3 trainings for DOT-providers and 2 working meetings for Chief doctors)



Lessons learnt:

- RBF is effective approach to engage PHC to TB services provision
- Change the financing model of hospitals facilitates the transition to patient-oriented models of care and achieve better treatment results
- RBF facilitates hospitals to organize cost-effective services provision of high quality
- Incentives to TB doctors are necessary for achieving better treatment results


Thank you !