Economic aspects of the organization of medical care in infectious diseases

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Drug supply provision modalities:

- Primary care at day care facilities
- Primary care in emergencies
- Specialised care, including hi-tech procedures
- Ambulance service, including specialized care
Hospital and day care facility:

- Complete treatment case, included in respective disease group, including diagnosis-related groups
- Discontinued treatment case (referral to another health institution, early discharge in case of patient’s written refusal from further treatment, death, testing, or dialysis)
GUIDELINES ON MEDICAL SERVICE PAYMENT METHODS
Costing a complete inpatient service case as DSG/SRG-specific

\[ CC_{\text{КСГ/КПГ}} = БС \times КЗ_{\text{КСГ/КПГ}} \times ПК \times КД \]
DRG CLASSIFICATION CRITERIA

1. PRIMARY CRITERIA:
   a. Diagnosis by ICD 10;
   b. A surgical operation and/or another applicable medical procedure (Code per Medical Services Mix (MSM), approved by Decree 1664n MH RF on December 27, 2011), if available;

2. ADDITIONAL CRITERIA:
   a. Age;
   b. Concomitant disease or disease complications (ICD 10);
   c. Sex;
   d. Treatment duration.
   e. Patient status (Sequential Organ Failure Assessment, SOFA; Rehabilitation Routing Score);
   f. Treatment regimen;
   g. Duration of continuous artificial lung ventilation.
# CHRONIC HEPATITIS C TREATMENT

## 24/7 inpatient care

<table>
<thead>
<tr>
<th>№</th>
<th>Diagnosis-related group</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>59</td>
<td>ChHCV</td>
<td>1,27</td>
</tr>
</tbody>
</table>

*Classification criterion: diagnosis (ICD 10)*

## Day care/drug therapy

<table>
<thead>
<tr>
<th>№</th>
<th>DRG</th>
<th>Code</th>
</tr>
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<tbody>
<tr>
<td>23</td>
<td>ChHCV 2, 3</td>
<td>1,1</td>
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<tr>
<td>24</td>
<td>ChHCV 2,3, liver cirrhosis</td>
<td>9</td>
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<tr>
<td>25</td>
<td>ChHCV 1,4: Level 1 therapy</td>
<td>4,9</td>
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<tr>
<td>26</td>
<td>ChHCV 1, 4: Level 2 therapy</td>
<td>22,2</td>
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<tr>
<td>27</td>
<td>Other HV</td>
<td>0,97</td>
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</tbody>
</table>

*Classification criterion: diagnosis (ICD 10)*
CHRONIC HEPATITIS C TREATMENT (DAY CARE FACILITY)

DRG 23 ChHCV 2, 3, drug therapy (Code=1,1)

- B18.2 ChHCV
  - A25.14.006.001 ChHCV 3: interferon
  - A25.14.005.001 ChHCV 2: interferon

DRG 24 ChHCV 2, 3, liver cirrhosis: drug therapy (Code=9)

- B18.2 ChHCV
  - K74.3 Primary biliary cirrhosis
  - K74.4 Secondary biliary cirrhosis
  - K74.5 Biliary cirrhosis, NOS
  - K74.6 Other cirrhosis, NOS

- A25.14.006.001 ChHCV 3: interferon
- A25.14.005.001 ChHCV 2: interferon
CHRONIC HEPATITIS C TREATMENT (DAY CARE)

DRG 25 ChHCV 1, 4: Level 1 drug therapy (Code=4,9)

B18.2 ChHCV

A25.14.004.001 ChHCV 1: interferon

or

A25.14.007.001 ChHCV 4: interferon

DRG 26 ChHCV 1, 4: Level 2 drug therapy (Code=22,2)

B18.2 ChHCV

A25.14.004.002 ChHCV 1: PI

or

A25.14.004.003 ChHCV 1: other AV drugs

or

A25.14.007.002 ChHCV 4: PI

or

A25.14.007.003 ChHCV 4: other AV drugs
In case of combined drugs relating to different groups, e.g. interferons and PI, reference is made to the more cost-intensive DRG (DRG 26).

The cost coefficient for these DRGs is calculated as *one-month therapy average cost*. Given this, treatment duration is indicated in product label and respective clinical guidelines.
Health Sector Objectives

• Complete the primary health care provider network, using GIS and by establishing the GP and feldsher/feldsher OB/GYN stations in rural communities with 100 to 2 000 residents, as well as using mobile medical offices in communities below 100.

• Complete the national medical research center network.

• Make arrangements for health care providers’ interface using the uniform public medical IS.

• Implement medical innovations, including early diagnosis system and remote patient monitoring.

• Health institution capacity building, including continuous professional education, also using remote learning.

• Implement clinical guidelines and medical protocols and use those for payment rate-setting.

• Draft and implement programmes for treatment and control of cancer and CVD and to develop pediatric care, including a modern health care provider network.

• Develop a patient protection system.

• Improve the arrangements for medical service export.
ROLE OF CLINICAL GUIDELINES

Clinical guidelines

- Health care provision procedures
- Table of equipment
- Requirements to personnel
- Levels and stages
- Case management (protocols, algorithms)

Service quality assessment criteria

QA criteria

Quality assurance and control

Medical and economic standards (models)

Diagnosis-related groups
Clinical guidelines

Model 1: Disease A management
Model 2: Disease A management
Model 3: Disease A management
Model 4: Disease A management

Medical and economic standards

1A MES
2A MES
3A MES
4A MES

Diagnosis-related groups

DRG 1
DRG 2
DRG 2

CLINICAL GUIDELINES ARE THE BASIS TO MAKE MEDICAL AND ECONOMIC STANDARDS AND DRG
Thank you!