Accessible Package of Services in Health Insurance Reform in Albania

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Abstract: This article presents a summary of the current status, of health Albanian system.The developing health care system of undergraduate, postgraduate and continuous medical education in Albania and suggests opportunities for development and partnerships that would help the country's medical education reform. The impact of these changes and developing health care sector may be reduced by two modifications in undergraduate medical programs. First identifying, training practice discrepancies, with a view of correcting them. Computerization of all pharmacies started for the first time in 2007. Partnership with health institutions and namely with pharmacies was also strengthened. The intention of this corporation was to insure hardware equipment to support the software produced by HII.Since their system was designed in such a way that it served not only to HII, but also to pharmacies in their everybody work, very soon pharmacists that previously didn't want to procure equipment became our collaborators in improving the system. The HII received more than 17% of all health funds, with 8.5% coming from the state budget, 4.3% from employers and 4.4% from individual contributions. While the state remains the major source of health care financing, its contribution shrank from around 84% in 1990 to less than 60% in 1999 as other funding, especially out-of-pocket payments, increased.

Keywords: Health insurance, health care system, Bismark model, cost- effective and reference system, contribution payer, Government priorities, hospital indicators.

1. Introduction

Healthcare is funded by the state and private practice is limited to a small niche sector. The state system is supposed to be funded through insurance contributions from those employed and their employers, but poverty in Albania is rife and few can afford to pay. The net result is that many people fail to get much needed medicine and medical care to treat their ailments. The failure to collect a substantial amount of contributions means that healthcare system is strongly reliant on charitable aid for medical supplies and drugs. Albania is a small south-eastern European country still recovering from almost half a century of a fierce communist regime. While major reform and support have focused on healthcare and higher education (HE) in the past decade, there have not been major attempts to improve medical education. The time is now ready for medical education improvements created by increasing internal and external pressures as Albania aims to align its HE with the European Union standards and adapts the Bologna system.

Health care seeks to prevent, diagnose, and treat disease and to improve the physical and mental well-being of all Americans. Across the lifespan, health care helps people stay healthy, recover from illness, live

with chronic disease or disability, and cope with death and dying. Quality health care delivers these services in ways that are safe, timely, patient centered, efficient, and equitable. Unfortunately, Americans too often do not receive care that they need, or they receive care that causes harm. Care can be delivered too late or without full consideration of a patient's preferences and values. Many times, our system of health care distributes services inefficiently and unevenly across populations. Some Americans receive worse care than other Americans. These disparities may be due to differences in access to care, provider biases, poor provider-patient communication, and poor health literacy. Each year since 2003, the Agency for Healthcare Research and Quality (AHRQ) has reported on progress and opportunities for improving health care quality and reducing health care disparities.

2. Literature Review and Hypotheses

Management functions require urgent attention, and Albania does not have any professional management consultants. Managerial performance is judged more by political commitment than by effectiveness. Most funding is determined centrally by comprehensive budgets that are allocated at the start of each financial year. District administrators and health care managers have little flexibility and limited technical capacity to manage effectively. There is also an urgent need to establish management information systems, which would provide useful and accurate program and budgeting information.[7][8][9] Other stakeholder groups, such as professional associations, unions and consumer groups, play little role in planning or regulation. Health service providers are still not accountable to their patients, despite the policy objective of the Ministry of Health to “put the patient at the centre of the system”.

2.1 Decentralization of the health care system.

The health care system in Albania remains highly centralized and hierarchical, despite some decentralization. Some administrative responsibility (but no political or policy responsibility) has devolved to the 36 districts, though they remain accountable to the Ministry of Health. Responsibility for running and maintaining rural PHC facilities has largely devolved to the local governments. Rural PHC doctors primarily use these facilities but receive their salaries, based on capitation fees, from the Health Care System in Albania.

2.1.1 Which are the categories that benefit from health insurance scheme? Source: ISKSH Albania, year 2009, Focus Journal

All citizens of the Republic of Albania benefit from health insurance schemes, whether contributory or vulnerable categories, since the state contributes for the later. The state specifically contributes for these categories just like children, pupils, and full-time students; retirees, the disabled people (mental and physical), the unemployed, people receiving economic and social assistance; mothers on maternity leave; citizens who perform military service.

2.2 Which are the benefits from the health insurances?

The entire population benefits health services free of charge through health insurances; free of charge service by the family doctor; specialist doctors; free of charge health services at home, from polyclinics and hospital; free of charge laboratory and radiological examinations; unique tertiary examinations with a 90% reimbursement by the HII and 10 % with the patient co-payment; free of charge drugs from the reimbursed drugs list for children 0-12 months, invalids, pensioners, blind and orphans; free of charge drugs for veterans with chronic disease and war invalids; patients with tumors, kidney transplantation, multiple sclerosis and major CA.

H 1.Two competing models: 1. (Bismark and Beverage), 2. (Mogediss and Creblenn) was based on insurances health care system in Albania. Is the actual model the best one for Albania and why?

The recently formed HII is a new health sector entity. Eventually, the institute is intended to assume a larger health-funding role. Though the decentralization initiatives noted here are now being implemented, no decision has been made about the extent or form of future decentralization. The Ministry of Health apparently intends to test different models before proceeding with a larger decentralization program at the national level. In addition, other central bodies (such as the Ministry of Finance, Ministry of Local Governments, Ministry of Justice, etc.) are also involved in Albanian development health care programs, legal programs, health funds for management.

H 2.The important problem facing the government after the transition to multiparty democracy in 1992 was finding the financial resources to maintain essential health services, given the very small government budget. What changes are introduced in the health insurance scheme in recent years?

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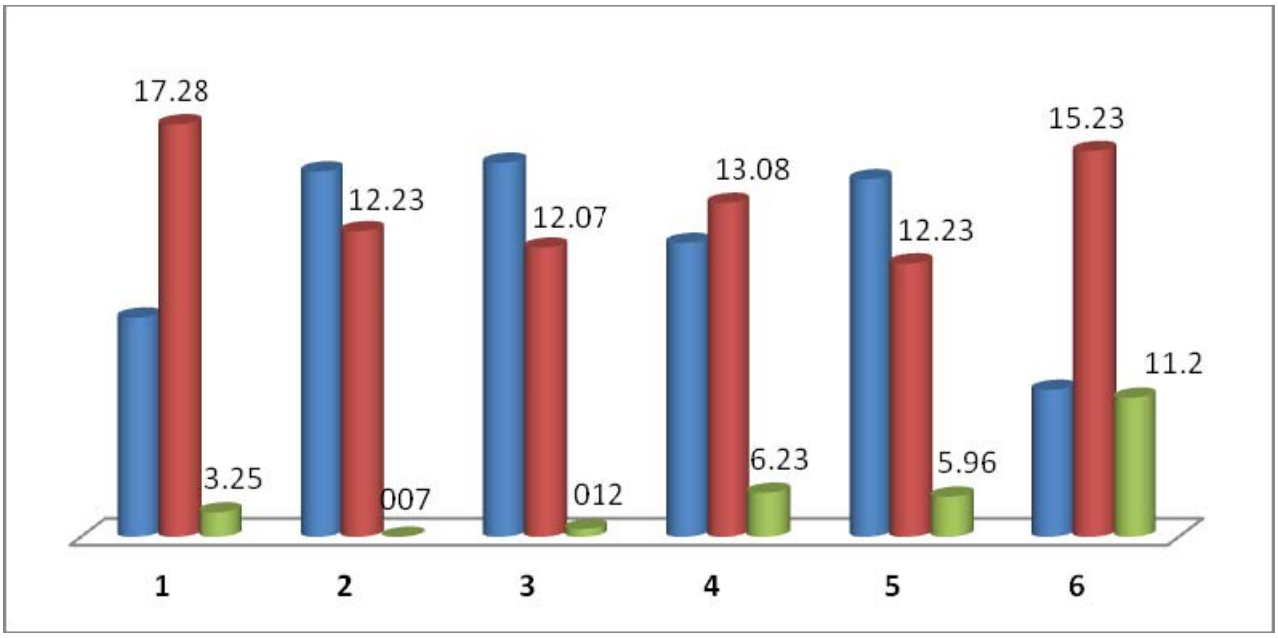

Tab1. Health care financing (level 1), state budget (level 2), individual contribution (level 3)

Businesses claim that neither VAT nor income tax refunds are reimbursed in a timely fashion. Management-Financing levels for Albanian health care remain very low and, for the last decade, the sector emphasis has been on how to do more with less. There is little information on the scale of funding before 1990. In

Communist ideology, health care was considered a nonproductive sector and thus a low priority. In 1987, health expenditure in Albania was estimated to be 3.0% of GDP, compared to a CEE average of 2.8% and an EU average of 7.3% (26). Albanian health services are funded through a mix of taxation and statutory insurance. *[Source: MOH government report 1992-1999]*

3. Albanian health service and statutory insurance

3.1 Albanian public health financing

The latest project of HII has to do with the way of calculating the hospitals costs. This system currently operates in each cost center of about 40 hospitals. The basis of information is the patient clinical card and other hospital financial forms. So we can determine: the number of hospitals inpatients and the cost for each patient, service, diagnoses etc. So, while in previous times, the information was insufficient and incorrect because it was mainly based on registers and manual work, currently due to the implementation of various IT projects, quicker and effective analyses were made valid and qualitative information for decision making was insured. Implementation of IT project has followed some directions as:

1. Systems that enable registration of electronic information at the "source of its creation", largely including the service providers.
2. A good coordination of donor resources, the World Bank funds, funds of contractors and HII.
3. Systems "in due time" providing solutions for specific management objectives of HII and, very frequently different, fast and parallel implementation phases.
4. Frequent support of the staff for software designing and building.
5. Computerization of the actors.
6. Systems that base their implementation in the respective contract with health institutions.

Diagnoses	No. of patients	No. of prescriptions	Reimbursement(in Leke)
Essential Hypertension	182,317	786,659	762,024,922
Diabetis – mellitus	47,697	215,581	441,484,544
Thalasemia- Major	283	1,257	294,618,695
Kidney chronic Insufficiency	2,213	9,225	269,883,549
Bronchial Asthma	18,718	70,131	251,777,024
Cardiac Insufficiency	22,729	93,210	162,277,454
Myeloid Leukemia	222	570	152,462,381
Schizophrenic Psychosis	9,324	39,358	152,398,327
Epilepsy	9,333	41,014	124,582,444
Female breast maline tumor	2,613	12,328	121,138,471
Glaucoma	10,136	44,632	119,752,950
Heart disease from hypertension	23,969	82,071	110,155,916
Multiple sclerosis	209	753	71,281,329
Prostate Hipoplasia	11,812	49,360	54,972051
Parkinson syndrome	4,687	20,339	53,396,761
Hypophysis gland disturbances	318	1,148	44,724,957
Arteriosclerosis	12,854	42,536	43,247,910
Prostate maline tumor	556	2,195	41,451,208
Post renal transplant condition	139	608	41,311,840
Heart rhythm disorders	16,554	65,991	38,844,910

Tab2. The data for diagnose, reimbursement funds in Albania, ISKSH publishing data, year 2011
Source: ISKSH Albania

3.2 Treatment cost and hospital examination of patients with dominant polycystic kidney disease.

Chronic kidney disease (CKD) is a global problem for the patients, their families and society worldwide. Today treatment of these diseases occupies about 80%of health spending in the world. The Medicare cost for the terminal stage of CKD has increased from $ 12.2 in 2000 to 20.8 billion in 2007.These numerals require a review of cost-effectiveness of prevention and treatment of CKD. The main clinical manifestations are lumbar pain, hematuria, calculus, urinary tract infections (UTI), arterial hypertension (HTA) and chronic renal failure (CRF).

If we want to improvement the health care system, we will analyze the example of USA.Health care helps people stay healthy, recover from illness, live with chronic disease or disability, and cope with dying. Quality health care delivers these services in a way that is safe, timely, patient centered, efficient, and equitable. Unfortunately, Americans too often do not receive care that they need or they receive care that causes harm. Care can be delivered too late or without full consideration of a patient's preferences and values. Many times, our system of health care distributes services inefficiently and unevenly across populations.Each year since 2003, the Agency for Healthcare Research and Quality (AHRQ), together with its partners in the Department of Health and Human Services (HHS), has reported on progress and opportunities for improving health care quality, as mandated by the U.S. Congress. The information amassed for the National Healthcare Quality Report (NHQR) since its inception is a growing knowledge base that addresses two critically important questions:

- What is the status of health care quality in the United States?
- How is the quality of the health care delivered to Americans changing over time? These questions we will use and in our study.

3.3 Material and Methods of Paper Research

In this retrospective study are included 51 patients with ADPKD admitted in Service of Nephrology, UHC “Mother Teresa” during the period January 2008 – July 2010. Is prepared a fold tip taken following data: age, gender, birthplace, the examinations made the cost for each examination in money (leke), treatment day and expenses for each medicament taken by patients. The diagnosis of ADKP was based on household data for the presence of ADKP and echographic criteria. The renal function alteration was considered then the creatininemia level was bigger than 1.5 mg/dl. For data analysis was used SPSS. For continuous data were calculated the average and standard deviation. For the comparison between the groups was used ANOVA.P≤0.05 was considered significant.

Results of this paper research and conclusions

Democratic Albanian local governance is a prerequisite to the meaningful decentralization of infrastructure management. When people participate in defining visions for sustainable development for their communities, in formulating strategies for equitable access to services and resources and in setting priorities for action, they have endorsed. Participation also sharpens their awareness of the interrelations between economic, social and environmental issues.

This is a highly significant feature of infrastructure Albanian programs and carries important implications for local development. The health care is one more important field that Albanian Government has it`s priority. During the years 2009-2011 the health care system is developing with new and progress indicators.

Healthcare Reform is confusing to say the least. It would seem that the news coverage is focusing more on the political side rather than on the substance of medical care itself. We will try to focus on the main changes and highlight the main points of the healthcare reform and how it will affect us and Medicare as it

stands now. Changes recommended in these contracts, concern mainly strengthening of mutual accountability, the best ways to implement the current system of health services and their funding, with the ultimate goal of providing health services in primary health care, enabling a more complete access of the citizens to these services and creating financial sustainability of these services. Despite these successes in Albania health care system is, some tensions and challenges that were always there have become increasingly visible. Firstly, Albanian regions have tended to over-spend their allocated budgets, with Parliament and central Albanian government having virtually no control over such expenditure.

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