



Northern Dimension
Partnership in Public Health
and Social Well-being

Russia

9th Meeting of the Primary Health Care Expert Group

Recent developments in Primary Health Care (after October 2019)



Before COVID-19 pandemic (until February 2020) the main efforts of the Ministry of Health were focusing on implementation the Federal project "Development of primary health care»:

- Ensuring optimal accessibility for the population to PHC facilities (including residents of settlements located in remote areas - it's more than 82000 this kind of settlements in Russia);
- Ensuring the universal coverage for all by preventive medical examinations (dispanserisation) at least once a year;
- Improving management of organizations providing primary health care, reducing waiting time in these medical organizations, simplify the procedures of appointments to the doctor using so called " Lean management technology" at polyclinics;
- Increase in the number of additional flights performed by "health aviation" to evacuate patients for emergency cases.



PHC during COVID-19



“At the moment, I combine my studies in residency on internal diseases with the work in the outpatient clinic number 175, as a general practitioner. My responsibility now is to provide primary health care to the population. And if earlier we provided it in a planned manner, now, of course, the planned appointment has been suspended, and GP has to provide all services at home.

Of course, the number of calls has increased significantly - three times, if not more. Mostly people with colds , fever, cough, runny nose seek help.

My task is to visit patients at home: I get a call from a call center and go to the specified address.

Did I have to learn something new, given this situation? The doctor has been learning throughout his/her life, and at the moment it is necessary to follow the new recommendations that come out on COVID-19: how to correctly diagnose and treat the disease, what is the optimal tactics for managing such patients. The most difficult thing is not to miss and timely hospitalize a patient who already has an inflammatory process in the lungs.



Dr. Dmitry Aliev, 28 years, GP, Moscow

Some preliminary results of Russian Health care performance evaluation under COVID-19 (April 2020)



- The spread of the COVID-19 has affected most countries in the world. As early as March 11, 2020, the World Health Organization recognized the spread of coronavirus as a pandemic.
- In April 2020, a study was conducted at the Federal Research Institute for Health Organization and Informatics of Ministry of Health of the Russian Federation on how the spread of COVID-19 influenced the activities to Russian health system in terms of its ability to effectively respond to the situation with COVID-19.



The impact of coronavirus on Russian healthcare financing is mixed



On the one hand, there are new expenses associated with the purchase of ambulances, diagnostic equipment, oxygen equipment, personal protective equipment, additional fees for medical workers and other expenses.

Significant part of these expenses can be considered not as budget losses, but as investments in the health services, since purchased cars, tomographs, analyzers, ventilators, oxygen stations (concentrators, ramps, etc.) will be used for several more years.

It is also important to underline that many of procurement items coincide with the planned procurements under the National Healthcare project.

On the one hand, there are new expenses associated with the purchase of ambulances, diagnostic equipment, oxygen equipment, personal protective equipment, additional fees for medical workers, etc.

At the same time many expenses during the quarantine period even decreased: a reduction in planned hospitalization, for example, leads to savings on medications, food, etc.

This reduction in costs may turn into even greater demand for health services in the future due to the predicted increase of chronic diseases, the treatment of which was not carried out in connection with the suspension of planned medical care.





- In the Decree of the President of the Russian Federation of June 6, 2019 N 254 devoted to further development of the Russian healthcare up to 2025, risks similar to present have been identified for half a year before an official recognition of occurrence COVID-19:
- The risk of complicating the epidemiological situation against the backdrop of an unfavourable situation in foreign countries for new and dangerous infectious diseases;
- The risk of new infections caused by unknown pathogens, the introduction of rare or previously unexplored infectious and parasitic diseases in the Russian Federation, the occurrence and spread of natural focal infections, spontaneous infection by pathogens, the return of disappeared infections, and overcoming interspecific barriers by microorganisms.



УКАЗ ПРЕЗИДЕНТА РФ ОТ 6 ИЮНЯ 2019 Г. N 254 "О СТРАТЕГИИ РАЗВИТИЯ ЗДРАВООХРАНЕНИЯ В РОССИЙСКОЙ ФЕДЕРАЦИИ НА ПЕРИОД ДО 2025 ГОДА"

ОБЗОР ДОКУМЕНТА

Президент определил ключевые направления развития здравоохранения до 2025 г.

Утверждена Стратегия развития здравоохранения до 2025 г.

Стратегия является основой для разработки отраслевых документов стратегического планирования, федеральных и региональных программ, а также нацпроектов "Здравоохранение" и "Демография". В частности, предусмотрены:

- создание системы экстренного реагирования, которая с помощью индивидуальных электронных устройств обеспечит оперативное получение информации об изменении показателей здоровья пациентов из групп риска;
 - создание специализированных мультидисциплинарных бригад по организации и оказанию паллиативной помощи;
 - охват всех граждан профилактическими медосмотрами, проводимыми не реже раза в год;
 - расширение перечня профилактических прививок, включенных в национальный календарь, в т. ч. за счет вакцинации против ветряной оспы и ротавирусной инфекции;
 - упрощение порядка освидетельствования граждан при установлении им инвалидности;
 - интеграция единой госинформсистемы в сфере здравоохранения с информсистемами ОМС;
 - формирование системы защиты прав застрахованных лиц в сфере ОМС, включая развитие института страховых представителей, открытие офисов страховых медорганизаций по защите прав застрахованных лиц.
- Указ вступает в силу со дня подписания. Правительству РФ поручено в 6-месячный срок утвердить план мероприятий по реализации Стратегии. Регионам рекомендовано использовать ее при осуществлении деятельности в сфере здравоохранения и внести необходимые изменения в стратегии социально-экономического развития.

The impact of COVID-19 on the implementation of the National Projects ("Healthcare" and "Demography")



One of the expected consequences of COVID-19 may be a revision of the parameters of National projects, including Healthcare and Demography projects.

However, as the importance of healthcare in society has been increasing, and also taking into account the fact that part of the costs of National projects coincides with the current costs of combating coronavirus, we should not expect a drastic cut in spending on National projects.



Healthcare



Demography



SWOT analysis of COVID-19 spread on the healthcare system

(April 2020)



Strengths:

- Developed system of state epidemiological service with strong scientific potential;
- Existing system of vaccination of the population;
- High proportion of the state in the health sector as well as in economy, which in these circumstances played a positive role in terms of the rapid organization of the production of many types of necessary drugs, equipment and a more rapid and easiest change of profiles by medical organizations;
- High number of beds, doctors & nurses per capita;

Opportunities:

- Health is recognized as significant priority sector of the national economy; significant financial investments in healthcare;
- Preventive work, development of testing systems, creation of new vaccines and vaccine prophylaxis can be readily met
- Newly developed mobilization preparedness skills are important not only for epidemics, but also for emergencies in general;
- Weaknesses in the organization of health care, its supply, etc. have been identified;
- State's dependence on external manufacturers of medical equipment and personal protective equipment has decreased;

Weaknesses:

- Bureaucracy of financing, inability to quickly transfer funds, depending on the current need for regions and institutions;
- Quite rigid system of payment for the medical care provided in the compulsory medical insurance system, which does not imply financial support for stationary medical organizations that are in standby (ready) mode, but do not directly provide medical care, as well as with a sharp decrease in the volume of medical care provided;

Threats:

- Temporary deterioration of public health indicators due to the abandonment of preventive measures and reduction of planned medical care capacity;
- Risk of insufficient funding for the National Health Care and Demography projects;
- Dependence on the import of equipment, drugs, media, crops, etc. to ensure the smooth functioning of the health services;