TRIP REPORT NO. RUS-24

TECHNICAL ASSESSMENT AND DEVELOPMENT OF A TECHNICAL ASSISTANCE AND TRAINING STRATEGY IN 2 OBLASTS: KALUGA AND TVER (WITH WORLD BANK TEAM)

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SUMMARY

A World Bank team visited Tver Oblast from June 18–23, and Kaluga Oblast from June 25-30, to finalize project proposals developed by each of the respective oblasts since the previous visits in April 1995.

This report updates previous drafts related to timing and implementation of proposed USAID technical assistance and World Bank Loan funding.

Discussions in Kaluga and Tver resulted in identification and proposal of nearly three dozen technical assistance and training activities in these two oblasts combined. These proposals are described in detail in accompanying Annexes. These lists of proposed activities will be reviewed by the Moscow ZdravReform office and finalized within the context of the overall budget and priorities of the Russia Country Action Plan.

OBJECTIVES

The principal objective of the trip to the Russian Federation was to meet with leadership in the 2 oblasts of Kaluga and Tver, along with officials from the World Bank Russia Health Reform Project.

The specific objectives of the World Bank (WB) mission were to: 1) better integrate the multiple components of the existing proposals; 2) reach agreement on outstanding issues; 3) finalize a description of each component; 4) finalize the costing of each component; 5) develop timelines and implementation strategies; 6) develop process and outcome indicators for monitoring and evaluation; and 7) develop conditionalities, especially in the context of donor collaboration between USAID-funded activities and the World Bank loan.

The joint mission of USAID/ZdravReform and the World Bank was to build upon proposed WB and USAID collaboration in Central European Russia, as outlined in the ZdravReform (ZRP) Russia Country Action Plan of March 1995. More specifically, the joint mission had several sub-objectives, and was undertaken to:

- refine and finalize, in conjunction with World Bank officials, areas of potential development and technical assistance (TA) that would be integral and complementary to the World Bank's Russia Health Reform Project in the two oblasts of Kaluga and Tver;

- finalize the level and types of potential technical assistance from USAID in the context of its overall health sector activities, particularly in the area of health care financing and service delivery reforms;

- finalize a detailed workplan, timetable, and budget for TA and training for inclusion in ZdravReform's Country Action Plan and the Bank's project description;

- assist local leadership in Kaluga and Tver in the preparation of the health care financing
reform component of their health reform project proposals to the World Bank, especially as it relates to proposed ZRP technical assistance; and,

• continue exchange of information and ideas with the Country Director, Jim Rice, and his staff in the Moscow office related to current and planned TA, training, and grant assistance activity in Kaluga and Tver. This exchange of information and ideas focused upon areas of financing, payment, organization, cost accounting, management information systems, and quality assurance.

BACKGROUND

These visits follow from three earlier collaborative efforts between the World Bank and USAID. There were visits to three oblasts in Central European Russia — Tver, Smolensk, and Kaluga — from December 1–8, 1994. These were collaborative visits by representatives of USAID and the World Bank's Russia Health Reform project loan program. Jim Rice and Jack Langenbrunner represented USAID, while George Schieber represented the World Bank. The team visited Tver on December 1–2; Smolensk on December 4–6; and Kaluga on December 7–8.

Dr. George Schieber of the World Bank and Jack Langenbrunner subsequently made follow-up visits to these three oblasts: Kaluga, January 15–18; Smolensk, January 22–26; and Tver, January 26–31.

The World Bank team also visited Kaluga Oblast from April 16–23, and Tver Oblast from April 24–28, to further review, revise, and expand on project proposals developed by each of the respective oblasts since the January and February visits. In addition, Jim Rice, Igor Sheiman and Jack Langenbrunner were in Kaluga April 16–18 with the Bank team and Langenbrunner was in Tver with the Bank team. Kevin Woodard met with Tver leadership April 17–19 in advance of the Bank's visit, and provided a technical assessment and preliminary recommendations to the Bank team prior to its visit.

Earlier ZRP Trip Reports of December 1994, January/February 1995, April/May 1995, and World Bank documents provide further background detail and baseline information on each of these three oblasts. This information and background detail will not be repeated here. Instead, an oblast by oblast report follows.

This particular mission did not include work in Smolensk Oblast, which the Bank has decided to terminate from its list of candidate oblasts.

A major thrust of the Kaluga health care reform initiative is the intent to shift patients from hospital services, which emphasize curative care and medical specialization, toward outpatient services which emphasize preventive care and health promotion.

Kaluga submitted a six part health reform project application, which was far more ambitious than the other two oblasts (Tver and Smolensk). The six parts were: financing/provider payment reform, primary care, quality assurance, pharmaceuticals, inpatient and sub-acute setting restructuring, and
maternal and child health. The proposal lacked integration across components.

Over the last two missions, these six components were consolidated into three: 1) Health System Restructuring (i.e., facility rationalization); 2) Provider Payment and Quality Assurance; and 3) Maternal and Child Health and Family Planning. Several elements of the separately proposed pharmaceuticals project were integrated into the above three components. This consolidation should contribute to better integration of activities and improved linkages. It should also facilitate project coordination, implementation, and monitoring.

The overall, longer-term objectives of oblast health sector reform in Tver are increased efficiency and higher quality, to be achieved by moving more care toward primary care providers and increasing outpatient care over inpatient services. Currently, about 60% of all health spending is for inpatient care (compared with 45-50% in most OECD countries), 24.6% for outpatient care, 5.2% for dental care, and 13.2% for emergency care (including ambulance stations and care in inpatient facilities).

Tver Oblast continues to be plagued by incomplete implementation of Federal insurance reform legislation, which calls for pooling funds for insurance and payment purposes. There are at least four different financing systems currently operating in Tver Oblast:

- the oblast health budgeting process, which covers payment for 28 oblast-level facilities;
- the THIF, which collects a payroll tax from 26 of 36 rayons for the working population and a capitated payment for the non-working population. The THIF makes payments to facilities and providers in these 26 rayons, which have a total of 50 facilities;
- the rayon-level budget, which covers central rayon hospitals and polyclinics in the remaining 10 rayons; and
- the systems of care which some enterprises (e.g., defense manufacturers) have developed and continue to maintain.

The city of Tver facilities fall partly under the oblast budgeting process and partly under the THIF. There are also "inter-rayon" facilities for referrals, which were built with oblast-wide funds, but charge rayons for each referral. In the smaller rayons, all budgeting is under the control of the central rayon hospital, while in larger rayons there are financially-independent facilities.

As in every oblast, there are Federal contributions for public health initiatives and specialized facilities of care.

**ACTIVITIES**

The collaborative USAID and World Bank work began with initial meetings Saturday and Sunday June 17 and 18 with Bank technical team members in Moscow: Teresa J. Ho, Senior Economist and
Prior to the current visits to the two oblasts of Kaluga and Tver, Susan Cheney-O'Byrne of USAID Moscow was briefed June 17 on the progress and objectives of the visits and remaining issues.

**Kaluga Oblast**

Future USAID/ZRP technical assistance and training pertains to the first two components of the World Bank program — Health System Restructuring and Provider Payment and Quality Assurance — discussed in turn below.

*Health System Restructuring*

An objective of the oblast is a comprehensive system of ambulatory care composed of consultative, diagnostic, and treatment centers, including the introduction of general practitioners in solo and group practice as a "front line" primary health care system.

The WB project will initially target about 50 percent of the population in seven rayons (Baryatubsky, Zhizdrinsky, Medynski, Ferzikovsky, Maloyaroslavsky, and including two rayons in Kaluga city). The revised system of service delivery will include:

- feldsher stations at the village level, with promotive and preventive services, and with some limited curative treatment resources;
- new general practitioners (using the Moscow Medical Academy training approach) to replace and supplement therapists. Bank funds will be used for offices and equipment;
- new multi-disciplinary and (possibly) single discipline group practices. Bank funds will be used for offices and equipment;
- new consultative, diagnostic, and treatment centers including day care facilities with full diagnostic and treatment capability at the outpatient level will replace existing polyclinics attached to the central rayon hospitals. These will be operated as (specialty) group practices. Bank funds will be used for equipment, supplies, pharmaceuticals, and so on;
- closure and conversion of district hospitals into nursing homes. These facilities could also

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1 This report updates the previous discussion from the April mission report to reflect changes and refinements accomplished during the first two days of the 5-day June mission (June 25–30). Subsequent progress during the June mission can be found in reports by Jim Rice of the Moscow office and in the World Bank reports and documents.
be made available to social service organizations to be used mainly for the admission of "social" cases for which these other organizations would bear the cost;

- a new outpatient surgical center in Kaluga city; and,

- use of central rayon hospitals and the oblast hospital for referrals with established diagnosis and emergency cases;

A new management structure and cadre of expertise is envisioned for implementation and administration. Rayon health management teams will replace the rayon hospital head doctor, who is now responsible for overall administration within the larger oblast framework and policies. The Kaluga Municipality Health Management Team will replace the existing administration in a parallel way. The Oblast Health Administration will be reorganized into the Oblast Health Management Team to manage the overall delivery structure within the oblast.

The project target is to reduce beds by up to 30% of the current 12,325 through closures or wards and, where feasible, entire facilities. The proposed budget, including construction and renovation as well as equipment, supplies and pharmaceuticals, is $21.5 million.

**Provider Payment**

The health system restructuring component will be supported and sustained through a new system of provider payments. The loan estimate for this component is $6.5 million (includes quality assurance activity as well — see below).

Kaluga proposes to fundamentally change the current payment systems. Progress was made in discussions with Kaluga leadership at the Oblast Health Administration and the Territorial Health Insurance Fund (THIF) on elaboration of the basic conceptual design, which will include the following elements:

- implementation of primary care capitation ("fundholding") or fully integrated delivery systems under a per capita arrangement.

Under primary care fundholding, physicians in group or solo practices would receive capitated payments for each patient enrolled. Two models are being considered. Physicians will receive either: 1) capitated payment for outpatient services only, or 2) be at risk under a capitated arrangement for all specialist and hospital services. A full capitation model will have stronger incentives. A phase-in period could allow transition from the first approach to the second approach. Other per capita "at-risk" models are being considered as well, including fully integrated delivery systems and geographic capitation "at-risk" arrangements;

- development of a working capital fund to provide incentive-based payments for primary care physicians, at least in Years 1 and 2 of the Bank Loan, both to increase primary care provider incomes and to attract high quality providers to ambulatory care. Funds for physician incentive payments would come through the Bank initially, with offsetting savings being
used in subsequent years to sustain these payments. The initial estimates by the THIF of costs for incentive payments range from $0.7–1.7 million per year, depending upon the geographic area included;²

- development of a performance-based payment system (on an episode or service basis) for outpatient specialists, who are currently salaried. Kaluga is currently interested in contracting with USAID Kemerovo grantees (e.g., Dr. Galina Tsarik) and experts to help develop these approaches;

- refinement of inpatient payment systems, which now rely on clinical-statistical groups. Global budgets or refined case-based payments were discussed as likely candidates;

- development of other prerequisites of these new payment systems such as:
  - management information systems;
  - contracting arrangements between the THIF and providers; and,
  - performance-based complementary quality assurance approaches (discussed in greater detail below).

*Management Information Systems*

A technical assessment of the current MIS capabilities of the Kaluga health care sector should be completed as quickly as possible. The assessment should be similar in scope and context to the Tver assessment completed April 17–19.

Information and discussions to date in Kaluga present a mixed picture. The Sherman/Goldin Trip Report of April 5, 1995 outlines a state-of-the-art information center for the health sector in Kaluga Oblast. The modelling exercise, however, was hampered by poor information that was both incomplete and too aggregate for precise analytic work. Person-level data or experience was not available for the modelling exercise/TA in March.

Much of the equipment observed in individual health facilities and in the THIF offices was 386 series. Leadership reported that there is 1 personal computer (PC) per combined hospital/polyclinic facility in each rayon except one, where there is no hardware available. Each facility in Kaluga city has one PC.

There is an obvious need to assess the adequacy of existing equipment relative to planned TA activities in 1995 and 1996. This issue reinforces the concerns about timing of ZRP TA/training activities.

² The lower estimate is for the initial pilot area (see discussion of implementation) of Kaluga city and 2 rayons. The incentive payments would increase salaries by 2.5 times from R350,000 per month to R1,000,000 per month. The higher estimate includes the same policy applied to the entire oblast.
Kaluga appears to have embarked on an ambitious quality assurance (QA) program under the proposed Bank loan project. Quality assurance will be introduced to all targeted in- and outpatient facilities, managed by both the Oblast Health Authority and the THIF. The new budget estimate from the proposed loan for this effort is $6.5 million (this figure includes provider payment activity).

The Kaluga QA proposal includes the development of facility-level programs, monitoring of care through the THIF, and use of oblast-level accreditation standards for facilities, equipment, and personnel. About 1.5 days were spent during the last visit in April discussing and reviewing quality-related proposals and integrating these with other Bank loan program components. Jim Rice joined the group for two days during this visit to work with the Bank team on conceptual strategy and to finalize a set of TA tasks and training related to the QA component.  

Timing and Implementation

Discussions led to a consensus that implementation of new payment, and perhaps QA, systems will be phased, using USAID technical assistance, over the next 18 months.

In 1995 and 1996, design and development assistance will be provided to Kaluga city (three rayons) and two surrounding rayons (Maloyaroslavsky and Ferzikovsky) to pilot the reforms. These geographic areas are included in the Health System Restructuring component. Only one of these

QA activities approved as of the April visit by Bank team staff for inclusion in the Bank loan included:

- creation of and training for three new quality-related activities in facilities — quality coordinator, infection control, and rational use of pharmaceuticals;
- creation of a new unit to update medical practice standards and incorporate these into new payment rates;
- creation of an overall QA coordinative unit for the oblast;
- quality monitoring (retrospective review) of cases through the THIF, its branches, and its intermediaries; and,
- use of media for dissemination of innovative and best medical practices.

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geographic areas (Kaluga city), however, would have a diagnostic center for the initial pilot phase in 1995-96. The pilots in the other two rayons could either: 1) continue design and implementation of provider payment reforms without the facility restructuring component, or 2) design payment reforms and develop simulations of them (for policy and management purposes), delaying implementation until the diagnostic centers are in place.

The total number and types of facilities, current and planned, are provided in Table Kaluga-1. Table Kaluga-2 provides an overview of new structures in the targeted rayons in the first few years.

**Expansion and "Roll-Out"**

In 1997, additional diagnostic centers will be organized and equipped (Table Kaluga-2); in 1998, payment reforms will be extended to the rest of Kaluga city and the remaining 7 rayons targeted under the Health System Restructuring component. The remainder of the oblast would be "brought-in" in Year 5 under the Loan program. The total number and types of facilities for the entire oblast, current and planned, as of the end of the April mission are provided in Annex A.

The exact timing and phasing-in of the payment systems will also depend on any necessary modifications to the USAID payment system design, additional training and equipment needed for implementation, and the pace of facility rationalization. A preliminary Gantt chart was developed and left with the Bank staff. It estimates a current range of activities and timing for TA related to provider payment, MIS, and Quality Assurance.

**Outstanding Issues**

Table Kaluga-3 provides a summary of the Kaluga Oblast design features and design options that will need to be addressed over the next few weeks and months.

There are some issues remaining related to successful ZRP and World Bank collaboration. There are at least three issues related to the Health System Restructuring and Provider Payment reforms.

One of these is the development of a more precise and detailed payment reform plan. Igor Sheiman provided a short seminar in April on one alternative — an HMO/carrier at-risk model that could be designed for each rayon. The June mission allowed for some additional discussion of specific models. These seminars should continue in subsequent visits with Kaluga leadership. A week-long workshop on payment systems for both Tver and Kaluga would be extremely useful in the near term. Any payment reform proposal must also accommodate the expansion of family practice and general practice offices.

A second issue is the broader concern related to incentive payments for primary care physicians. The Bank staff continues to discuss the appropriateness and necessity of these payments and whether the funds might be better used for other purposes such as: 1) working capital for training and infrastructure work, and 2) for reinsurance pools.
A third outstanding issue is the timing of Bank project loan funds availability. If the project loan is approved in early to mid-1996 — as is currently expected — health delivery restructuring and procurement of equipment, supplies, pharmaceuticals and so on (critical for moving care to an ambulatory setting) could not be expected until early to mid-1996, at best. This could hamper USAID technical assistance activity in 1995–96 related to design and piloting of new systems. The funds flow for re-design and procurement could occur only after the USAID TA and training activity is expended. For example, a lack of computer equipment could limit ability to implement basic systems for provider payment pilot projects.

Several steps forward have been taken since the April mission. One is that funds have been found for computers in the pilot sites. Ms. Teresa Ho, the mission leader, discussed funds in the range of $40,000–50,000 for computers. These could be purchased almost immediately, reinforcing the utility of an MIS baseline assessment.

In addition, funds of $500,000 will be pursued by Ms. Ho under the "PPF" (pre-project or project planning funding) phase, to be used to procure equipment and set up one consultative, diagnostic, and treatment center for the demonstration area in Kaluga city. This would allow the diagnostic center to be integrated into a pilot in 1995–1996.

Another option may be to encourage local resource allocations until Loan funds become available. Discussions in April with Dr. Vladimir Omeltchenko, the director of the Territorial Insurance Fund (and clearly an individual with an almost autocratic hold on the health sector in the oblast), indicated his desire to find "other funds" that could be found or borrowed to bridge the timing gap between the pilots and the flow of Bank funds. This is an issue which should be addressed during follow-up visits by the Bank and ZRP staff.

In the area of quality assurance, training will be a critical ingredient in successful implementation and performance. Facility coordinators can provide impetus and leadership for other staff as well as integration of more up-to-date methods. They can work closely with the quality coordinator to enhance quality through education and continuous quality improvement (CQI).

Ongoing and proposed ZRP/USAID technical assistance and training can complement this new QA initiative. Observational tours, workshops, methods training (e.g., critical care mapping), and manuals can lay the groundwork for project loan funding and implementation of the new activities. New management information system capabilities will provide improved and more timely information for CQI and clinical decisionmaking.
Tver Oblast

Discussions and meetings took place in Tver from June 18-23. The team met with officials from the Oblast Health and Financial Administrations and the THIF. Counterparts involved were Dr. Alexander Molokaev of the Oblast Health Authority and Dr. Alexander Zlobin of the Fund.

The leadership continues to be very interested in a general three-part package of detailed TA — provider payment, management information systems, and quality assurance. Timelines for potential TA and training include activities already underway, such as the quality assurance workshop in Siberia and the ongoing observational tours — GP Fundholding, Clinical Records, and HMO tours.

Kevin Woodard visited Tver Tuesday and Wednesday of the week to clarify and finalize the proposed TA for management information systems. He also contributed to the Bank's overall conceptualization of the MIS component and its costing/timeframes for implementation.

Provider Payment Reforms

The leadership in Tver continues to appear quite committed to financing reforms, and has already taken a number of steps in this direction. For example, Oblast Health Director Dr. Boris Mogilevsky explained to us last time that the oblast is no longer basing the salaries of head doctors of hospitals on the number of beds in the institution.

The Oblast Health Authority has also begun using a case-based payment system to reimburse the Oblast Children's Hospital, though the remaining inpatient and outpatient facilities continue to be paid based on the traditional 18 budget categories using input norms.

The THIF has adopted a case-based payment system for hospitals, using clinical-statistical groups (CSGs). This new approach started in January 1994. Physicians remain on salary and salary levels fall into 18 categories based on specialty, tenure, training experience and qualifications. About 40 percent of the salary pool, though, is held as a "withhold" to fund incentive bonus payments. A review of a sample of rayons revealed a general pattern of hospital physicians receiving more, on average, than their counterparts in polyclinics. Likewise, specialists receive more than therapists.

Tver Oblast has also moved away from the traditional 18 budget categories for polyclinics and now pays on a per visit basis. The issue currently facing the Fund, however, is the growth in spending brought on by these newly created incentives to increase volume for both inpatient and outpatient care. They propose developing a cap on spending by facility and are currently working on the details. Incentives apparently are working, albeit they are somewhat perverse, and providers are

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4 Case-based payment for the children's hospital uses an average length-of-stay (ALOS) measure with an outlier adjustment for cases with LOS above that to a maximum 20 percent add-on to the average rate. The rate is also based only on costs of salaries, meals and pharmaceuticals. The other cost categories are paid on a traditional basis. The CSG approach used by the THIF, on the other hand, has more moderate incentives and is based on bed-days. Thus, payments are adjusted for each admission by length-of-stay.
responding to these.

Tver leadership is actively engaged in designing and implementing some further variants of medical care provider payment reforms. In particular, they are in the process of modifying the CSGs for hospitals to encourage shorter lengths of stay, and are attempting to develop a CSG system for outpatient care to be used in paying polyclinics, similar to that used in Kemerovo.

The Tver THIF leadership also expressed interest in more accurately determining the prices for each case by obtaining better cost information. The cost information in which Dr. Zlobin expressed specific interest was cost per bed-day and per physician visit. This would allow pricing to be based on real resource costs, which could then be modified to reflect policy incentives. Second, the Fund would like to be able to ascertain "efficient" costs so that limits could be established on various cost elements which exceed pre-defined thresholds of "efficiency". Third, the THIF is considering developing a new payment system for physicians, basing salaries primarily on experience.

Discussions indicated both willingness and capability to experiment with new approaches and general dissatisfaction with the current policies. In addition, the leadership remains unclear about what type of new system is preferable over current approaches and optimal for the long-term. Third, their thinking has begun to move beyond the major problem: the hospital-based orientation of the system.

The team provided tutorials and discussed per capita financing arrangements such as GP fundholding and its integration with the Family Medicine component of the project, physician group practice models, polyclinic fundholding, integrated delivery system arrangements, and "rayon at-risk" (or rayon capitation) models. There has recently been particular interest in at-risk arrangements as a way to better constrain volume.

This visit fully integrated the Bank's work in Family Medicine, which will provide training and equipment for approximately 12 new GP practitioners and offices for each year over the next five years. In addition, the concept of upgrading selected polyclinics to become Consultation, Diagnostic, and Treatment Centers (CDTCs) was introduced. These will act as referral centers for new physician practices. Both GPs and the CDTCs will be incorporated into the payment reform component.

The recent interest in at-risk and per capita arrangements may be due in part to new legislation in Tver Oblast mandating: 1) a per case payment system for hospitals and 2) a per capita allocation formula to replace the input-based budgeting allocation norms. It was not clear from our discussions when these new approaches would be implemented fully.

There is continued strong interest in collaboration with USAID in receiving TA for considering and testing other alternative payment systems.

There is particular interest in workshops and cooperation with foreign and/or Russian experts to lay out relevant options and design and test new more efficient systems for Tver to improve efficiency and quality. They are also interested in TA that will assist them in viewing the structural interrelationships among all provider settings (e.g., polyclinics, sub-acute, acute, post-acute, chronic).
that could lead to system restructuring and the development of new payment methods for these different settings. Interest was also expressed in receiving TA for the development of policy impact models and actuarial databases which could be used for strategic planning and for estimating the financial and utilization impacts of alternative policy scenarios. There was also interest in receiving TA for the development of reliable cost accounting systems in hospitals and polyclinics.

Finally, there were discussions and agreements regarding use of the World Bank loan for "roll-out" and oblast-wide implementation of new payment systems. This is discussed below.

**Quality Assurance**

Tver appears to be quite interested in a complementary and expansive program of quality assurance and improvement. It would be integrated and expanded through the MIS component of the World Bank proposal/USAID TA work.

The quality program is not detailed in the current Bank Loan proposal. Tver has a QA program in place which is targeted to in- and outpatient facilities, managed by both the Oblast Health Authority and the Territorial Health Insurance Fund (THIF).

The current system relies on department heads and a facility level coordinator for quality within each facility. When a major questionable event occurs, it is generally reviewed by a committee composed of facility staff. There is a designated specialist for quality for each rayon. At the oblast level, there are also designated specialists by areas of care (e.g., oncology, TB) who periodically review patient records as well as structure and processes of care at facilities within the oblast. A central rayon hospital, for example, will typically be reviewed by a specialist 5–6 times per year. These specialists confer with a facility's head physician and quality coordinator on patient care and/or individual provider issues. Education appears more prominent as a remedial measure than penalties and sanctions.

The THIF Fund has developed its own independent committee of experts. These experts, who are not employees of the Fund, but rather, practicing physicians, have developed empirically-based standard measures of processes and outcomes of care. These standards are used as reference points for retrospective record review and facility-level reviews. Substandard care can result in payment denials. In contrast, oblast health experts do not have financial sanction authority. The THIF quality checks apply only to the 50 facilities currently covered by the THIF. The THIF is also involved in a range of other quality-related efforts including assisting in the development of licensure standards for hospitals and updating medical equipment standards.

The Tver leadership indicated an interest in integrating QA with payment reforms through a quality rating system in each hospital and polyclinic department. A series of process measures (e.g., referral rates), utilization and appropriateness measures (e.g., ALOS and admissions), and outcomes (nosocomial infection rates, risk-adjusted mortality rates) could be developed to rate care by department.

There was also some discussion of tying the three part package to another component of the Tver
proposal related to cardiovascular care. Specifically, clinical care maps could be developed for both
the inpatient and outpatient interventions related to some area of CVD (e.g., hypertension). The
CVD proposal is focused on prevention, primary, and secondary interventions. It is anticipated that
these care maps would help reduce inpatient admissions and/or reduce lengths-of-stay, and generally
promote innovative approaches to prevention and treatment.

Bob Hay, M.D., of the Bank team, is enthusiastic about developing payment reforms related to
cardiovascular care. Examples include case management approaches, payment adjustments for
"priority" services such as preventive care or outpatient interventions, and so on. This could be
integrated with TA for payment systems.

*Management Information Systems*

A substantial component of the current proposed Bank Loan covers purchase and installation of
computers and software, with attendant changes in financing and service delivery. There was critical
discussion related to MIS, the proposed Loan, and TA during Kevin Woodard's visit.

There are initiatives to pilot new computerized software systems, developed locally by Dr. Sergei
Turkin, that track and summarize patient-level statistics and facility-level statistics. This software
is being piloted in 15 facilities in 10 rayons.

Discussions with counterparts identified, despite claims made by some during the last visit, the need
to develop person-based pilot MIS networks in selected geographic areas. Each of the Bank Loan
components could "hook-up" with these networks for its individual applications related to the Bank
project. The population-based system would be targeted in geographic areas parallel with other
activity. These networks will be critical for both epidemiologic monitoring and quality
improvement, as well as for payment system pilots and reforms.

The Oblast Health Authority and the THIF continue to agree upon the importance of standard
patient-based systems and the importance of improving information for tracking costs and improving
quality assurance. Consistent with the Woodard recommendations, this could be added as a priority
area.

The MIS discussion also raised the importance of other TA activity such as 1) cost accounting
methods and manuals, and 2) collaboration in developing a standardized, uniform data set for
payment, management and administration, and quality. There is some training and TA in these areas
already being provided by local experts, but more would be welcomed.

Lastly, it should be noted that the oblast is creating a new Information Center, under joint authority
of the Fund and the Oblast Health Authority. It will be built under the Loan program as a local
contribution.

*Timing and Implementation*

In collaboration with counterparts, pilot sites were chosen to design and test new approaches and
systems in 1995 and 1996. The Oblast Health Authority and THIF, after initial discussions and disagreements, selected six facility sites:

- 1 oblast facility in Tver city — the Children's Hospital;
- 2 municipal facilities in Tver city — the Hospital and Polyclinic #1 ("Separate Sanitary Medical Station or "OSMC"), and City Hospital (and Polyclinic) #6; and,
- 3 central rayon hospitals and associated polyclinics — Kuvshinova Central Hospital/Polyclinic, Nelidovo Central Hospital/Polyclinic, and Kalyazin Central Hospital/Polyclinic.

In addition, counterparts agreed to extend the Kuvshinova rayon pilot site to the entire rayon, not just the central rayon facility. The rayon includes feldsher stations, physician stations/posts, and 2–3 small district hospitals (which resemble nursing facilities). The THIF provides about 70% of funding in the rayon.

Table Tver-1 provides descriptive data on each of these facilities.

Determining factors upon which the Tver counterparts based their decisions included: 1) all facilities except the Children's hospital are closely affiliated with the Territorial Health Insurance Fund; 2) all have well-trained staff and expertise in payment reform areas; 3) all promise optimal chances for accuracy in data reporting in financial and clinical areas; 4) overall, the pilot sites are recognized as "leaders" among facilities; 5) many are already piloting the new MIS software created by Sergei Turkin; 6) all have the potential for GP/Family Medicine integration with Bank Loan component; 7) the combination of sites is representative of all levels in the hierarchy; and, 8) all show "readiness" for reform as measured by quality of staff, leadership, interest in reform policies.

Beyond 1996, the "roll out" plan was discussed and agreed upon. In general, it calls for expansion of provider payment reforms in Years 3 and 4 under the loan to all of Tver city, Rzhev rayon, and Vishny Volochek rayon. In addition, the demonstrations will be expanded rayon-wide in all pilot sites. By the end of year 5, implementation will be oblast-wide.

**Outstanding Issues**

Table Tver-2 provides a summary of the proposed Tver Oblast design features and associated design features comments and potential issues.

Until the last mission, there appeared to be a critical issue of timing, and Bank Loan funds availability. If the Loan is approved early to mid-1996, as is currently expected, procurement of equipment, supplies, pharmaceuticals and so on (critical for moving care to an ambulatory setting) could not be expected until late 1996/early 1997. This is especially crucial relative to MIS support and computer/software availability. This could hamper USAID technical assistance activity related to design and piloting of new systems.
This issue has been addressed since the last mission, with the Bank committing monies for computers and equipment in Tver Oblast — in the range of $50,000–100,000. These computers and pieces of equipment could be purchased and in-place between now and July 1, 1996.

FINDINGS AND RECOMMENDATIONS

Status of the World Bank’s Project Preparation: Implications for TA and USAID Involvement

Project preparation of the financing reform components in these oblasts is proceeding in tandem with the preparation of the other project components. By September, the Bank expects to have a fully defined and costed proposal to be reviewed by the governing Bank Board.

The Bank has requested the continued help of Kevin Woodard in defining an implementation strategy, any final costing activity, and in defining associated TA.

USAID/ZdravReform can continue to move more quickly and aggressively. Tver Oblast leadership expressed sincere and heartfelt appreciation for the TA and training provided to date, and look forward to continued collaboration.

A revised detailed plan for TA and training — based on this visit to Kaluga and Tver — is proposed in Annex B and C. It does not address directly possible TA and training for Smolensk Oblast.

Recommendations

1. A technical assessment of the current MIS capabilities of the Kaluga health care sector should be completed as quickly as possible. The assessment should be similar in scope and context to the Tver assessment completed April 17–19.

2. Seminars on models for development of a more precise and detailed payment reform plan should continue in subsequent visits with Kaluga leadership. A week-long workshop on payment systems for both Tver and Kaluga would be extremely useful in the near term. Any payment reform proposal must also accommodate the expansion of family practice and general practice offices.

3. The issue of timing of Bank project loan funds availability and alternative sources of funding (such as local resource allocations pending availability of loan funds) is one which should be addressed during follow-up visits by Bank and ZRP staff.

4. Ongoing and proposed ZRP/USAID technical assistance and training can complement new A initiatives. Observational tours, workshops, methods training, and manuals can lay the groundwork for project loan funding and implementation of the new activities. New MIS capabilities will provide improved and more timely information for CQI and clinical decisionmaking.

5. Person-based pilot MIS networks need to be developed in selected geographic areas in the Tver
Oblast. These networks will be critical for both epidemiologic monitoring and quality improvement, as well as for payment system pilots and reforms.
<table>
<thead>
<tr>
<th>Service Component</th>
<th>Kaluga City</th>
<th>Maloyaroslavsky Rayon</th>
<th>Ferzikovsky Rayon</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Exists</td>
<td>Reform</td>
<td>Exists</td>
</tr>
<tr>
<td>Population</td>
<td>340,000</td>
<td></td>
<td>50,000</td>
</tr>
<tr>
<td>Oblast Hospital</td>
<td>1,280 beds</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Oblast Polyclinic</td>
<td>1</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>City Hospitals</td>
<td>7 @ 2500 beds</td>
<td>2,005</td>
<td>NA</td>
</tr>
<tr>
<td>City Polyclinics</td>
<td>6</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>Specialty Hospitals</td>
<td>5</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Specialty Hospital Polyclinics</td>
<td>5</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Central Rayon Hospitals</td>
<td>0</td>
<td>0</td>
<td>300 beds</td>
</tr>
<tr>
<td>Affiliated Polyclinics</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Consultative/Diagnostic Centers</td>
<td>0</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>District Hospitals</td>
<td>0</td>
<td>0</td>
<td>50 beds</td>
</tr>
<tr>
<td>District Hospitals Polyclinics</td>
<td>0</td>
<td>0</td>
<td>5 GPs</td>
</tr>
<tr>
<td>Physician Stations</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>General Practice Offices</td>
<td>2</td>
<td>17</td>
<td>0</td>
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<tr>
<td>Feldsher Stations</td>
<td>22</td>
<td>19</td>
<td>30</td>
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<td>Misc. Other Units:</td>
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<tr>
<td>Emergency Hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Polyclinics</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Industrial Polyclinics</td>
<td>10</td>
<td>1</td>
<td>0</td>
</tr>
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<td>Table Kaluga-2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kaluga Oblast Delivery Restructuring: New Structures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kaluga Municipality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day Surgery Center</td>
<td>Invest</td>
<td>Operate</td>
<td></td>
</tr>
<tr>
<td>Consultative, Diagnostic, Treatment Center (CDTC)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Practice</td>
<td>5</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>General Practice</td>
<td>5</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Mayavorslavsky Rayon</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central Rayon Hospital</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDTC</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>District Hospital</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Practice</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>General Practice</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Feldsher</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ferzikovsky</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central Rayon Hospital</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDTC</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>District Hospital</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Practice</td>
<td>1</td>
<td>1</td>
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</tr>
<tr>
<td>General Practice</td>
<td>1</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Feldsher</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rayon 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central Rayon Hospital</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDTC</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>District Hospital</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Practice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Practice</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Feldsher</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rayon 4</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<p>|</p>
<table>
<thead>
<tr>
<th>Table Kaluga-2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaluga Oblast Delivery Restructuring: New Structures</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Central Rayon Hospital</th>
<th>CDTC</th>
<th>District Hospital</th>
<th>Group Practice</th>
<th>General Practice</th>
<th>Feldsher</th>
<th>Rayon 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Rayon Hospital</td>
<td>1</td>
<td>CDTC</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>CDTC</td>
<td>1</td>
<td>District Hospital</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>District Hospital</td>
<td>1</td>
<td>Group Practice</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Group Practice</td>
<td>1</td>
<td>General Practice</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>General Practice</td>
<td>3</td>
<td>Feldsher</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feldsher</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
### Kaluga: Provider Payment, MIS, and Quality Assurance Proposal

<table>
<thead>
<tr>
<th>Design Features</th>
<th>Design Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1) Incentive-Based Payment Systems</strong></td>
<td>full or partial capitation</td>
</tr>
<tr>
<td>a. form solo practices and primary care groups; capitation payment</td>
<td>to solo providers/primary care doctors or groups possible incentive payments</td>
</tr>
<tr>
<td>b. specialists/diagnostic centers receive episode-based or service-based payments</td>
<td>capitation, episode, or service-based payments</td>
</tr>
<tr>
<td>c. refine current CSGs for hospitals prospective &quot;at-risk&quot; payment to hospitals</td>
<td>refine case-based approach, or use global budget or negotiated rates initially, depending upon polyclinic or primary physician payment systems</td>
</tr>
</tbody>
</table>

| **2) THIF and Facility Contracts** |  |
| a. contractual arrangements with: |  |
| - payers, other providers, internal staff |  |

| **3) Management Information Systems** | number of computers/software per facility |
| a. new computer hardware capacity; enhanced software |  |
| b. "Western" cost accounting approaches |  |
| c. streamline/re-design information systems |  |
| - administrative, clinical, financial |  |
| d. management and budgeting systems |  |

| **4) Quality Assurance System** | level and extent of training |
| a. facility-level coordination and cadre of experts - QA/QI; infection control; clinico-pharmocologic | national-level accreditation system to establish standards |
| b. unit to update medical practice standards and build changes in payment rates | - structural and equipment |
| c. unit for oblast-wide coordination | - modify treatment guidelines |
| d. unit within THIF for quality monitoring | - outcomes-based comparisons |
| e. dissemination of innovative/best medical practices |  |
| f. information flows to monitor potential abuse under new incentives |  |

<p>| <strong>5) Implementation</strong> | successful pilots and phase-in rely on new diagnostic centers being organized and appropriately equipped |
| a. 1995-1996: design/test/implement in Kaluga City and 2 neighboring rayons |  |
| b. 1997: organize and equip additional diagnostic centers |  |
| c. 1998: extend provider payments to additional rayons of focus under delivery re-structuring component, plus the remainder of Kaluga city |  |
| d. 2000: “roll-out” to remainder of oblast. |  |</p>
<table>
<thead>
<tr>
<th>Facility</th>
<th>Bed Size</th>
<th>Physicians</th>
<th>Medical Staff</th>
<th>Payment Reform Approach</th>
<th>Issues/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oblast</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children's Hospital</td>
<td>375</td>
<td>109</td>
<td>517</td>
<td>Case-Mix Adjusted Per Case</td>
<td>cadre of in-house experts</td>
</tr>
<tr>
<td><strong>Municipal (Tver city)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital and Polyclinic #1 (&quot;OSMC&quot;)</td>
<td>500</td>
<td>234</td>
<td>844</td>
<td>Per Capita or Fundhold/ GP Fundholding tie-in</td>
<td>located in Zavolski district (pop. 130,000)</td>
</tr>
<tr>
<td>City Hospital (and Polyclinic) #6</td>
<td>585</td>
<td>384</td>
<td>1122</td>
<td>Per Capita or Fundhold/ GP Fundholding tie-in</td>
<td></td>
</tr>
<tr>
<td><strong>Rayon</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kuvshinova Central Hospital/Poly clinic</td>
<td>195</td>
<td>34</td>
<td>248</td>
<td>Per Capita -- or Rayon At-Risk GP Fundholding tie-in</td>
<td>Agreement to include entire rayon/tie to Consult/Dx/Tx Ctr</td>
</tr>
<tr>
<td>Nelidovo Central Hospital/Poly clinic</td>
<td>550</td>
<td>101</td>
<td>706</td>
<td>Per Capita or Fundhold/ GP Fundholding tie-in</td>
<td>largest central rayon facility in pilot</td>
</tr>
<tr>
<td>Kalyazin Central Hospital/Poly clinic</td>
<td>240</td>
<td>45</td>
<td>339</td>
<td>Per Capita or Fundhold/ GP Fundholding tie-in</td>
<td></td>
</tr>
</tbody>
</table>

**pilot sites selected based on the following factors: 1) all facilities except the Children's hospital are closely affiliated with the Territorial Health Insurance Fund; 2) all have well-trained staff and expertise in payment reform areas; 3) all promise optimal**
chances for accuracy in data reporting in financial and clinical areas; 4) overall, the pilot sites are recognized as "leaders" among facilities; 5) many are already piloting the new MIS software created by Sergei Turkin; 6) all have the potential for GP/Family Medicine integration with Bank Loan component; 7) the combination of sites is representative of all levels in the hierarchy; and, 8) all show "readiness" for reform as measured by quality of staff, leadership, interest in reform policies.
### Table Tver-2

**Tver: Proposed Provider Payment, MIS, and Quality Assurance Proposal**

<table>
<thead>
<tr>
<th>Design Features</th>
<th>Additional Comments on Design</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1) Incentive-Based Payment Systems</strong></td>
<td>possible TA:</td>
</tr>
<tr>
<td>a. refine current per visit payments to polyclinics and current CSGs for hospitals</td>
<td>actuarial data base for strategic financial/policy options modelling</td>
</tr>
<tr>
<td>b. develop capitation and &quot;rayon at-risk&quot; arrangement</td>
<td>consider/develop alternative payment systems for outpatient and inpatient settings</td>
</tr>
<tr>
<td>c. incorporate incentives for family medicine initiative, such as GP fundholding</td>
<td>restructure settings -- post-acute, sub-acute</td>
</tr>
<tr>
<td>d. incorporate incentives for new &quot;consultative, diagnostic, and treatment centers&quot; to integrate with provider payment reforms</td>
<td></td>
</tr>
<tr>
<td>e. incorporate incentives for cardiovascular/MCH initiatives</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>2) Management and Information Systems</strong></th>
<th>level and extent of training may need fine-tuning</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. new computer hardware capacity; enhanced software</td>
<td>numbers of computers/software per facility -- 1 per facility (on average) to be purchased under Bank loan</td>
</tr>
<tr>
<td>b. streamline/re-design information systems - administrative, clinical, financial</td>
<td></td>
</tr>
<tr>
<td>c. population-based networks piloted for reforms and monitoring in 7-9 geographic areas</td>
<td></td>
</tr>
<tr>
<td>d. use for other activity (e.g., surveillance and monitoring systems under CVD, MCH project components)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>3) Quality Assurance System</strong></th>
<th>level and extent of training may need fine-tuning</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. facility-level coordination and department-based specialists</td>
<td>approaches need to fully integrate QA system with payment reforms - ambulatory indicators - inpatient performance measures - appropriateness of admission standards - utilization review measures</td>
</tr>
<tr>
<td>b. rayon designated-specialists; oblast-level specialists</td>
<td></td>
</tr>
<tr>
<td>c. THIF expert committee: standards-development and chart review</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>4) Implementation</strong></th>
<th>longer-term implementation strategy:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. 1995-1996: design/test in 6 facilities at oblast, municipal, and rayon levels</td>
<td>Year 3-4: all of Tver city, Rzhev rayon, Vishny Volochek rayon plus: rayon-wide in all pilot sites</td>
</tr>
<tr>
<td>b. 1997-1998: begin to extend to additional rayons/entire oblast</td>
<td>Year 5: oblast-wide implementation</td>
</tr>
<tr>
<td>World Bank/ZdravReform Collaboration</td>
<td>Central European Russia</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>ZdravReform</td>
<td></td>
</tr>
<tr>
<td><strong>Technical Assistance and Training, Related to Loan Program Strategy and Pilot Design:</strong></td>
<td><strong>Follow-Up TA and Training:</strong></td>
</tr>
<tr>
<td>- Quality Assurance</td>
<td>- Working Models Finalized</td>
</tr>
<tr>
<td>- Management and Information Systems (MIS)</td>
<td>- Pilot Projects Implemented</td>
</tr>
<tr>
<td>- Payment and Financial Management</td>
<td></td>
</tr>
<tr>
<td><strong>World Bank Health Reform Project</strong></td>
<td></td>
</tr>
<tr>
<td>1) Bank Loan Proposals Finalized</td>
<td>Bank Loan/Funds Flow Begins:</td>
</tr>
<tr>
<td>2) Bank Review and Approval Process</td>
<td>Capital, Equipment, Supplies, Personnel</td>
</tr>
</tbody>
</table>

5 ZdravReform activity dependent upon contract option extension.
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Zoya Gubanova, Director, Oblast Budget (Financing) Department

Alexander N. Zlobin, Director, Territorial Health Insurance Fund, 24 Volodarskogo Street, Tver 170000, Tel: (08222) 2-41-61; 2-18-75; 2-35-78

Viliyan Brodsky, Deputy Director, Territorial Health Insurance Fund, 24 Volodarskogo Street, Tver 170000, Tel: (08222) 2-41-61; 2-18-75; 2-35-78

Eugeny Korneevsky, Head Physician, Vishney Volochok Rayon

Valdislav Ivanov, Head Physician, Kzhevsky Rayon

Oleg Ivanov, Head Physician, Tozzhak Rayon

Ludmilla Usachova, Head Physician, Kuvshinovo Rayon

Ludmilla Titova, Director, Regional Gosskomstat, Tel: 3-13-54 (office) or 1-46-86 (home)

Kaluga:
Vladimir N. Omelchenko, Executive Director, Medical Territorial Insurance Fund, Kaluga Regional Fund, h.7 Chicherina Street, Tel: 7-72-32

Ms. Tatyana Vovkodav, Deputy Director of the Territorial Medical Insurance Fund

Mr. Faik Izmailov, Deputy Director of the Territorial Medical Insurance Fund
Natalia I. Kremlyova, Department Manager, Territorial Medical Insurance Fund, Kaluga Region, 41\8 Teatralnaya Street, Tel: 7-72-79; 7-52-59 (fax)

Sergey Leshakov, Head of the Oblast Health Administration

Valenti Ivanovich Sheryaev, Director, Kaluga Health Information Center

**Hotels and Restaurants**

**Moscow:**
- Balchuk Kempinski, Tel: 230-6500
- Palace Hotel, Tel: 956-3152/3151 fax
- Radisson Slavjayanka; Tel: 941-8020
- Aerostar Hotel; Tel: 213-9000/155-5030
- Baku Restaurant (Tverskaya)
- Aragvi Restaurant (Tverskaya)

**Kaluga:**
- Hotel Kaluga

**Tver:**
- Tourist Hotel (the best of the three oblasts)
  - Sunrise Hotel -- Tel: 33-21-29
  - Restaurant Rema -- near Sunrise
- Tours: Vladimir Tkalich, Tel: 8-082-22 -- 2-46-40 (home) or 3-23-30 (office)

**Interpreters**

Galina Khmurenko, 5 Novocgherkasskey Boulevard, Apt 71, Moscow, 109651, Tel: 357-5622 (very good; work primarily with World Bank)
Tanya Loginova, World Bank (excellent)

Julia Solovjova, 29-46 Kronshtadsky Blvd, Moscow, Russia, 459-2320 (very good; simultaneous possible)

Olga Fomina, Moscow, 925-5535

Oleg, 141-9081 (excellent)

Nayla __________ (very good)

Tver:
Max and Maya

Kaluga:
Irina (excellent!, with USAID experience)

Other

Delta Airlines in Moscow: Krasnopresnenskaya naberezhnaya, Hammer Center, Floor 11, Suite 1102, 253-2658; 253-3259/60
Annex E

REFERENCES


Abt Associates, Proposed Areas of Collaboration Between ZdravReform Program and the Oblasts of Tomsk, Kemerovo, Novosibirsk, and Altai Krai, (under ZdravReform contract to USAID), Moscow, Russia, August 23, 1994.


Donabedian, A., Explorations in Quality Assessment and Monitoring, Volume II, The Criteria and

Ensor, T. and Sheiman, I., "Restructuring Primary Care from Polyclinics to Free-Standing General Practitioners," February 1993 draft for Health Economics for Eastern European Countries, forthcoming, 1994


Langenbrunner, J., "ZdravReform Trip Report for Russian Federation: As Interim Country Director, Moscow Office; Site Visit to 3 Oblasts in Central European Russia (with World Bank); Technical Assistance in Tomsk Oblast, November 29-December 21, 1994," (under ZdravReform contract to USAID), Bethesda, Maryland, December 1994.


Liebenthal, Robert, "Russia: Proposed Health Reform Project -- Preappraisal Mission Terms of


White House Task Force on Health Risk Pooling, *Health Risk Pooling for Small Group Health*


Annex A
Scope of Work
Annex B
Proposed Training and Technical Assistance Package, June 1995
Kaluga Oblast
## Kaluga: Areas of Possible Technical Assistance

<table>
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<tr>
<th>Activity Number</th>
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<td>Payment Systems Workshop: Options, Alternatives, Implementation Issues</td>
<td>Sept. 1</td>
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<td>Can help Kaluga refine current alternatives discussed</td>
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<td>Organizational Contracting/Legal Framework</td>
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<td>Payment Systems Implementation/Pilot in Sites and Rayons</td>
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<td>Timing might be too ambitious for Ferikovsky and Mayalovaroslavsky rayons</td>
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<td>Payment Systems Evaluation and Refinement</td>
<td>May</td>
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<td>ii) catastrophic reserve -- epidemiologic or organizationally-related;</td>
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<td>or iii) costs of initial cash flow shortage.</td>
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<td>Actuarial Data Base Development</td>
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<td>-- coordination thru MIS development</td>
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## MANAGEMENT AND INFORMATION SYSTEMS
## Kaluga: Areas of Possible Technical Assistance

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<td>- baseline for Personal Computers, now and needed in future</td>
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<td>Basic MIS Systems to &quot;Go Forward&quot; with Pilot Projects</td>
<td>October</td>
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<td>Methods of Cost Accounting/Cost Information</td>
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<td>Development of Standard, Uniform Data Set for MIS systems</td>
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<td>8</td>
<td>Management Training for New Management Teams</td>
<td>January</td>
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<td>Tie-in to AUPHA/ZRP management institutes</td>
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**QUALITY ASSURANCE AND IMPROVEMENT**
## Kaluga: Areas of Possible Technical Assistance

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<td>Oct. 1</td>
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<td>Critical to primary care fundholding approaches</td>
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<td>TQM — Train the Trainers (Santa Cruz)</td>
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<td>Quality Improvement/Utilization Review Workshop — Novosibirsk</td>
<td>April</td>
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<td>4</td>
<td>Clinical Care Mapping and Manuals</td>
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<td>5</td>
<td>1996</td>
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<td>Inpatient Care Indicators: Admission Criteria, Utilization Review Measures (e.g., Referrals and Discharges)</td>
<td>Jan. 1</td>
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<td>Quality Assurance/Quality Improvement Programs and Processes</td>
<td>Jan. 1</td>
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</table>
Overall, 3 Areas of Output:

1) design payment reform in 1995/1996
2) help implement/test design in pilot rayons — 1996
3) define detailed actions — step-by-step — necessary to "roll-out" once Bank Loan in place

Note: Not included here — Payment Methods Manual and TA related to the MIS component and QA component should be considered preliminary and to be finalized by Kevin Woodard and Jim Rice of the Moscow office, respectively.
Detailed Scopes of Work: Kaluga Oblast
## Kaluga - USAID TA for Provider Payment Component

**Collaborating Party:** THIF/RHA

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<td>Analyze Data, Establish Preliminary Rates</td>
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## Kaluga - USAID TA for Provider Payment Component

### Activity Collaborating Party Jan - June 1995 Year 0 Q1 Q2 Q3 Q4 Year 1 Q1 Q2 Q3 Q4 Year 2 Q1 Q2 Q3 Q4 Year 3 Q1 Q2 Q3 Q4 Year 4 Q1 Q2 Q3 Q4 Year 5 Q1 Q2 Q3 Q4

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### II. Management and Information Systems THIF/RHA

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<td>1. MIS Technical Assessment for Kaluga</td>
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<td>2. Integration of Basic MIS Systems</td>
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<td>5. Training for Doctors, Economists, others in Management</td>
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## Kaluga - USAID TA for Provider Payment Component

### Activity: Collaboration Jan - June Year 0 Year 1 Year 2 Year 3 Year 4 Year 5

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**NOTE:** THIS SECTION IS TO BE CONSIDERED PRELIMINARY ONLY. Refined Scope of Work to be developed by MIS Expert, Moscow Office

### III. Quality Assurance and Improvement

#### 1. Ambulatory Care Indicators

- Coordinate with Tasks in Siberian Oblasts
- Identification of Counterparts from Pilots
- Training/Internship in Siberia
- Development of Indicators
- Integration with MIS Component

#### 2. TQM -- Train the Trainers

- Observational Tour
- Network with Counterparts in Siberia
- Training of Local Counterparts

#### 3. Quality Assurance/Improvement Workshop

- Identification of Counterparts
- Workshop

#### 4. Clinical Care Mapping and Manuals

- Observational Tour in U.S.
- Identify up to 10 Diagnosis
- Examine and Evaluate Current Tx Patterns
- Training in New Patterns of Care
- Develop and Disseminate New Care Maps
- Develop "How to" Manual
- Evaluate and Integrate with Bank Loan Strategy

#### 5. Inpatient Care Indicators

- Coordinate with Tasks in Siberian Oblasts
- Identification of Counterparts from Pilots
- Training/Internship in Siberia
## Kaluga - USAID TA for Provider Payment Component

### Collaborating Jan - June Year 0 Year 1 Year 2 Year 3 Year 4 Year 5

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<td>6. Quality Assurance/Improvement Process</td>
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**NOTE:** THIS SECTION IS TO BE CONSIDERED PRELIMINARY ONLY. Refined scope of work to be developed by Jim Rice, Moscow Office

RHA = Regional Health Authority  
THIF = Territorial Health Insurance Fund
Provider Payment/Financial Management
Activity 1: Payment Systems Workshop: Options, Alternatives, Implementation Issues

Subactivity 1.1: Examine and critically evaluate payment systems for hospitals and physicians in use throughout the world today, for the purpose of applying one or more approaches in Kaluga Oblast.

Task 1.1.1: Develop generic payment options germane to Kaluga Oblast

Subtask 1.1.1.1: Physicians

Subtask 1.1.1.2: Hospitals

Subtask 1.1.1.3: Capitation

Task 1.1.2: Develop options in context on how Kaluga health delivery system is organized

Subtask 1.1.2.1: Physicians

Subtask 1.1.2.2: Hospitals

Subtask 1.1.2.3: Capitation

Subactivity 1.2: Prepare training materials and workshop program for participants from Kaluga and possibly all 2 oblasts

Task 1.2.2: Conduct Training

Task 1.2.3: Evaluate utility of draft training materials and program

Subactivity 1.3: Revise training materials and integrate into use for development of future manual materials

Subactivity 1.4: Develop and disseminate outline of options for use in designing and implementing alternative payment systems.

Task 1.4.1: Translate in Russian

Task 1.4.2: Disseminate to 2 oblasts and other oblasts upon request

Person or Team Responsible:
technical lead Moscow office: Tatiana Makarova/Igor Sheiman
technical lead Washington office: Jack Langenbrunner

Time Required:

3 months

Start Date:

September 1, 1995

Complete Date:

November 30, 1995

Resources Required:

10 persons from Kaluga Oblast and up to 10 from Tver Oblast
7 days — 5 days plus 2 days travel
location: Tver or Kaluga city, or city in one of three oblasts in Russia or in Moscow or St. Petersburg

1–2 outside experts: salaries plus travel plus 5 days preparation time
Activity 2: Design of New Payment Systems in Kaluga Oblast

Subactivity 2.1: Strategy development

Task 2.1.1: Evaluate current methods in context of new systems design

Task 2.1.2: Documentation of major problems, based on current utilization patterns and spending patterns

Subactivity 2.2: Design financial reforms/payment system and data development

Task 2.2.1: Evaluation of options: strengths and weaknesses of alternative methods

Subtask 2.2.1.1: Develop/refine impact model using demographic, utilization, and spending data

Subtask 2.2.1.2: Develop impact analyses and scenarios under various reform options

Task 2.2.2: Identification of expected service delivery changes following implementation of new methods of payment

Task 2.2.3: Conclusions and implications of new payment methods

Subtask 2.2.3.1 Scope and content of new payment methods

Sub-Subtask 2.2.3.1.1: Mix of payment systems across providers

Task 2.2.4: Identification of demonstration sites

Subtask 2.2.4.1 Identification of outpatient demonstration sites

Subtask 2.2.4.2 Identification of inpatient demonstration sites

Subactivity 2.3: Analyze data and establish preliminary rates

Task 2.3.1: Develop preliminary rates for services and categories of services

Subtask 2.3.1.1 Identify rates of user charges (if any)

Task 2.3.2: Identify potential needed adjustments

Subtask 2.3.2.1: Identify potential needed adjustments for referrals

Subtask 2.3.2.2: Identify potential needed adjustments for outliers
Subtask 2.3.2.3: Identify potential needed adjustments for exempt institutions or departments

Subactivity 2.4: Identify and design phase-in of rates and new systems

Subactivity 2.5: Develop potential guidelines and regulations for providers and payers

Person or Team Responsible:

technical lead Moscow office: Igor Sheiman
technical lead Washington office: Jack Langenbrunner

Time Required:

6 months

Start Date:

September 1, 1995

Complete Date:

February 28, 1996

Resources Required:

750 days for Russian experts and technicians

3 trips for 2 outside experts, plus 2 interpreters/drivers

total time for 3 trips: 6 weeks
10 days preparation

trips Scopes of Work

i) design of system and data development (3 weeks)
ii) analysis of data and establishment of preliminary rates and adjustments (2 weeks)
iii) implementation design and refinements (1 week)

software development
Activity 2a: Develop Study/Observational Tours of United States and Selected Western European Countries on Provider Payment Systems

(Note: Activity 2a broken out separately from Activity 2 because of cost implications and tie-in to related training in Siberian oblasts)

Subactivity 2a.1: Identify individuals in each of two/three oblasts for participation in tour

Task 2a.1.1: Work with leadership for lists of participants

Subactivity 2a.2: Develop agenda, itinerary and relevant lists of organizations and individuals with which to meet

Task 2a.2.1: Coordination with USAID and World Bank

Task 2a.2.2: Coordination with participating oblasts

Task 2a.2.3: Coordination with payment manual experts

Task 2a.2.4: Coordination with Abt/Bethesda staff

Subactivity 2a.3: Observation Tour: examine and critically evaluate payment systems for hospitals and physicians in use today throughout the world

Subactivity 2a:4: Evaluate value of the observation tour for relevance of areas of focus and impact of knowledge imparted to tour participants

Task 2a.4.1: Interview/survey participants

Task 2a.4.2: Write-up/disseminate results

Subtask 2a.4.2.1: Integrate relevant findings into Provider Payment Manual and Workshop Task (Activities 1 in this section)

Person or Team Responsible:

technical lead Moscow office: Igor Sheiman

technical lead Washington office: Jack Langenbrunner

Time Required:

4 months
Start Date:

April 1, 1995

Complete Date:

July 30, 1995

Resources Required:

2–3 persons from each of three oblasts
20 days
3 cities in the United States
2 European cities

travel and expenses for participants
plus, cost of preparation and presentations
Activity 3: Development of Organizational Contracting/Legal Framework in Kaluga Oblast

Subactivity 3.1: Identification of contractual issues related to providers and payers

Task 3.1.1: Issues between payer and provider

Subtask 3.1.1.1: Payer and facility

Subtask 3.1.1.2: Facility and individual providers

Subactivity 3.2: Research and analysis of current legal environment for payers, facilities, and providers

Subactivity 3.3: Develop legal framework for contracts between payers and facilities/providers

Task 3.3.1: Identify steps that would permit an initial phase-in period

Task 3.3.2: Development of legal flexibility to implement certain policies immediately

Task 3.3.3: Delineation of tax responsibilities under various legal categories

Task 3.3.4: Development of limited financial protections in phase-in period to adjust to new payment incentives

Task 3.3.5: Development of rules and flexibility regarding private vs. public pay patients

Subactivity 3.4: Development of a model contract for payers to actually use with facilities/providers

Subactivity 3.5: Develop legal framework for staff contracts for use by facility managers

Subtask 3.5.1: Identify steps that would permit an initial phase-in period

Subtask 3.5.2: Development of legal flexibility to implement certain policies immediately (e.g., hire and fire physicians and other staff)

Subtask 3.5.3: Delineation of tax responsibilities under various legal categories

Subtask 3.5.4: Development of limited financial protections in phase-in period to adjust to new payment incentives

Subtask 3.5.5: Development of rules and flexibility regarding private vs. public pay patients
Subactivity 3.6: Development of a model contract for facility managers to actually use with staff

Person or Team Responsible:

- technical lead Moscow office: Jim Rice
- technical lead Washington office: Jack Langenbrunner

Time Required:

4 months

Start Date:

November 1, 1995

Complete Date:

February 28, 1996

Resources Required:

- One Russian expert for 20 days — to help establish an improved legal framework necessary to allow contractual relationship between i) payers with facilities and ii) payers with providers.

- One Russian expert for 20 days — to research, develop recommendations and possible legislative language (if needed) to allow managers to develop time-limited contracts for facility personnel
Activity 4: Implementation of Payment Systems Demonstration in Kaluga Oblast

Subactivity 4.1: Refine and update analysis from payment design tasks

Task 4.1.1: Refinements and adjustments

Subactivity 4.2: Training for providers and payers

Task 4.2.1: Informal classes and workshops on new systems

Task 4.2.2: Develop and disseminate informational materials

Subactivity 4.3: Integrate QA and MIS components

Task 4.3.1: Identification of indicators to track provider performance in managing the health status of defined populations

(to be implemented in collaboration with Quality Assurance and Improvement Activities)

Task 4.3.2: Identification of information technology requirements and development of application software for future installation

(to be implemented in collaboration with Management and Information Systems Activities)

Subactivity 4.4: Computer modelling and 3-month simulation period of impacts under new systems

Task 4.4.1: Evaluate changes of new system under simulation time period, and develop final adjustments

Subactivity 4.5: Initiate implementation

Subactivity 4.6: Use evaluation results (Activity 8 below) of implementation and final refinements

Person or Team Responsible:

technical lead Moscow office: Igor Sheiman
technical lead Washington office: Jack Langenbrunner

Time Required:
12 months

Start Date:

January 1, 1996

Complete Date:

December 30, 1996

Resources Required:

750 days for Russian experts and technicians

3 trips for 2 outside experts, plus 2 interpreters/drivers

total time for 3 trips: 6 weeks
10 days preparation

trips Scopes of Work
  i) final design of system and simulation model development (3 weeks)
  ii) analysis of simulation data and integration of final changes (2 weeks)
  iii) use of evaluation results and final refinements (1 week)

software development
Activity 5: Payment Systems Evaluation and Refinement in Kaluga

Subactivity 5.1: Examine changes in provider payment methods and systems for both physicians and hospitals

Task 5.1.1: Physician payment systems

Task 5.1.2: Hospital payment systems

Task 5.1.3: Other

Task 5.1.4: Developments related to longer-term changes in payment systems, such as use of cost accounting methods to develop cost estimates

Task 5.1.4: Expected and unanticipated impacts to date

Subactivity 5.2: Examine changes in management for both polyclinics and hospital facilities, and the development of the management and information systems

Task 5.2.1: Management autonomy changes such as changes in legal and economic status, changes and use of 1-line budgets, relationship of facility to central and oblast governments, strictures regarding use of normatives (either related to structural codes of buildings, administrative areas, financial areas, clinical areas, staffing and personnel standards, and so on), and other changes.

Task 5.2.2: Management and information systems changes in use of cost accounting methods, use of cost accounting for business planning, budgeting and financial management techniques, clinical information systems, procedure coding systems, automated integrated medical information systems, routine reporting systems, inventory and tracking systems, human resource management systems, auditing and annual reconciliation reporting mechanisms, and work related to calculation of costs per case

Task 5.2.3: Expected and unanticipated impacts to date

Subactivity 5.3: Examine changes in the development of a complementary quality assurance system

Task 5.3.1: Quality assurance (QA) changes in movement away from use of the Medical-Economic Standards, development of a facility level QA system, development of a cadre of experts to monitor and evaluate continuous quality improvement, the availability and adequacy of methods of information for collection for key utilization and quality indicators such as referral rates, disenrollment, nosocomial infections, re-admission rates, other hospital indicators for monitoring and evaluation; and, development of hospital admissions appropriateness criteria
Task 5.3.2: Expected and unanticipated impacts to date

Subactivity 5.4: Examine any results relating to broader system changes

Task 5.4.1: Changes in efficiency — the effect of the demonstration and related payment policies and organizational changes on the efficiency in the provision of services;

Task 5.4.2: Impact on quality of care — how changes in financing, payment and quality assurance programs may affect the quality of structure and process of service delivery, and ultimately changes in health status

Task 5.4.3: Impact on equity of access to care — what effects the new system and related changes have on the strength of the old system, relative equity of access to services by various socio-economic status groups

Subactivity 5.5: Development of findings and recommendations relevant both to demonstration and for application to the Bank loan component

Task 5.5.1: Findings and recommendations translated into Russian prior to departure

Person or Team Responsible:

technical lead Moscow office: Jim Rice
technical lead Washington office: Jack Langenbrunner

Time Required:

1–2 months

Start Date:

May 1, 1996

Complete Date:

June 30, 1996

Resources Required:

75 days for Russian experts and technicians
• gathering of baseline information
• gathering of pre-post data
• technical analysis and collaboration with the outside experts
1 trips for 3–4 outside experts, plus 2 interpreters/drivers
• one economist (15 days);
• one quality assurance expert (15 days);
• one or two management experts in i) management autonomy status and issues, and
  ii) management and information systems expert (20 days total)

total time for trip: 3 weeks
5 days preparation

trips Scopes of Work
  i) baseline information collected and analyzed (5 days)
  ii) assemble pre-post data and conduct interviews with leadership, providers and consumers (2 weeks)
  iii) analysis of data, development of recommendations, and suggested approaches for integration for refinements (1 week)

software development
Activity 6: Actuarial Data Base Development in Kaluga

Subactivity 6.1: Refine and update data from Financial and Strategic Modelling exercise (see Activity 2 above)

Task 6.1.1: Request from Kaluga oblast data on demographics, utilization, and spending

Task 6.1.2: Assemble Kaluga oblast data and update computer-based spreadsheet model

Task 6.1.3: Translate updated model into English and Russian

Subtask 6.1.3.1: Paper and electronic copies of model generated and distributed

Subactivity 6.2: Impact analyses of designs and changes of financing reform policy changes under pilot projects and/or in the World Bank Loan Proposal

Task 6.2.1: Historic and short-term analysis of changes and expected trends in demographics, utilization, and spending patterns in pilot sites

Task 6.2.2: Application/extrapolation of changes under oblast-wide roll-out and implementation

Subactivity 6.3: Further training of experts and analysts as follow-up to Activity 2 (above)

Task 6.3.1: Exercises related to application of policy decisions and changes in both Oblast Health Authority and the Territorial Health Insurance Fund

Subactivity 6.4: Report evaluating the achievement of the above deliverables and lessons learned for replicating these efforts in other oblasts

Task 6.4.1: Translation and distribution of Report into Russian and English

Person or Team Responsible:

    technical lead Moscow office: Igor Sheiman/Kevin Woodard
    technical lead Washington office: Jack Langenbrunner

Time Required:

    3 months

Start Date:

    October 1, 1996
Complete Date:

December 31, 1996

Resources Required:

Personnel:

1 Russian actuarial expert familiar with the Russian health system

1 Econometrician experienced with health sector financial modeling in Russia

1–2 research assistants, fluent in Russian and English, experienced in developing spreadsheet models in standard computer languages such as LOTUS and EXCEL.

Each person for 15 days in Kaluga
Activity 7: Estimation of Funds for "Working Capital" in Kaluga

Subactivity 7.1: Application of Actuarial Data Base exercise (see Activity 9 above) for estimating level of capital fund under the proposed World Bank loan

Subactivity 7.2: Consideration and estimates of fund levels for specific purposes:

Task 7.2.1: Risk-levelling pool
Task 7.2.2: Development and changes of organizational structures
Task 7.2.3: Reserves for cash-flow shortages by organizations (facilities or providers) or the payers
Task 7.2.4: Epidemiologic events
Task 7.2.5: Other

Person or Team Responsible:

    technical lead Moscow office: Igor Sheiman/ Kevin Woodard
    technical lead Washington office: Jack Langenbrunner

Time Required:

    1 months

Start Date:

    May 1, 1996

Complete Date:

    May 31, 1996

Resources Required:

    Personnel:

    1 Russian actuarial expert familiar with the Russian health system
    1 Econometrician experienced with health sector financial modeling in Russia
1–2 research assistants, fluent in Russian and English, experienced in developing spreadsheet models in standard computer languages such as LOTUS and EXCEL.

Each person for 2–4 days in Kaluga in conjunction with Activity 9 (see above)
Management and Information Systems
Activity 1: Technical Assessment for *Kaluga* Oblast

This would be similar to Kevin Woodard's assessment in Tver Oblast in April 1995, to establish a baseline review and develop priority activities and technical assistance.
Activity 2: Design and Development of Basic Prototype Provider-Based Management and Information System (MIS) in Kaluga Oblast

Subactivity 2.1: Strategy development

Task 2.1.1: Evaluate current methods in context of new systems design related to payment and quality assurance system changes

Task 2.1.2: Documentation of major problems, based on current MIS systems patterns

Subactivity 2.2: Design MIS for new payment and quality of care changes

Task 2.2.1: Identification of minimum data needs to establish payment rates

Subtask 2.2.1.1: Identification of administrative system data, both patient and provider-related

Subtask 2.2.1.2: Identification of clinical data elements, both patient and provider-related

Subtask 2.2.1.3: Identification of financial data elements, both patient and provider-related

Subactivity 2.3: Development and installation of underlying information systems for implementation of payment changes

Task 2.3.1: Implementation and use of cost accounting and auditing systems

Task 2.3.2: Implementation and use of chart of accounts

Task 2.3.3: Implementation and use of budgeting systems

Task 2.3.4: Implementation and use of claims processing systems

Task 2.3.5: Implementation and use of needed hardware and software to support changes

Subactivity 2.4: Development and installation of underlying information systems for implementation of quality assurance changes

Task 2.4.1: Implementation and use of utilization review and appropriateness measures

Task 2.4.2: Implementation and use of needed hardware and software to support changes

Subactivity 2.5: Development and installation of underlying information systems for monitoring and evaluation systems

Task 2.5.1: Implementation and use of cost and expenditure monitoring measures
Task 2.5.2: Implementation and use of utilization monitoring measures

Task 2.5.3: Implementation and use of referral monitoring measures

Task 2.5.4: Implementation and use of quality and access monitoring measures

Task 2.5.5: Implementation and use of needed hardware and software to support changes

Subactivity 2.6: Evaluate implementation and final refinements

Person or Team Responsible:

    technical lead Moscow office: Kevin Woodard

Time Required:

    16 months

Start Date:

    September 1, 1995

Complete Date:

    December 31, 1996

Resources Required:

    750 days for Russian experts and technicians

    2 trips for 2 outside experts (1 for cost accounting and budgeting systems, 1 for other MIS work), plus 2 interpreters and drivers

    total time for 2 trips: 5 weeks
    10 days preparation

    trips Scopes of Work
        i) evaluate existing system and design of new system (3 weeks)
        ii) implementation and final refinements (2 weeks)

    hardware — 6 computers in each oblast site (computers from World Bank loan; computers to be used for QA, provider payment, and MIS)

    software development
Activity 3: Cost Accounting Workshop for 2 or 3 Oblasts: Kaluga, Tver, Smolensk

This workshop could be given in one oblast by one or more Russian (e.g., Sasha Telyukov) or other experts. For example, the July 1995 workshop in Novosibirsk provides a good opportunity for this.

NOTE: PER CONVERSATION OF FEBRUARY 7 IN MOSCOW OFFICE, THIS ACTIVITY IS BEING WRITTEN UP BY RUSS WHALEY AND SHOULD BE SUBSUMED UNDER HIS WRITE-UPS FOR THE TRAINING WORKSHOP/WORK PLAN.
Activity 4: Establish and Develop Standard, Uniform Data Set for MIS Systems

Subactivity 4.1: Identify individuals and practices in each of two/three geographic sites for participation in developing set of standard, uniform data for payment, administrative, and quality of care purposes

Task 4.1.1: Work with leadership for lists of participants

Subactivity 4.2: Develop agenda and relevant lists of organizations and individuals with which to meet

Task 4.2.1: Coordination with USAID and World Bank
Task 4.2.2: Coordination with participating oblasts
Task 4.2.3: Coordination with Abt/Bethesda staff

Subactivity 4.3: Develop standard, minimum data sets

Task 4.3.1: Identification of minimum data needs to establish payment systems and complementary quality assurance systems

Subtask 4.3.1.1: Identification of administrative system data, both patient and provider-related
Subtask 4.3.1.2: Identification of clinical data elements, both patient and provider-related
Subtask 4.3.1.3: Identification of financial data elements, both patient and provider-related

Subactivity 4.4: Development and installation of underlying information systems for implementation of payment changes

Person or Team Responsible:

   technical lead Moscow office: Kevin Woodard

Time Required:

   3 months

Start Date:

   September 1, 1995
Complete Date:

November 30, 1995

Resources Required:

150 days for Russian experts and technicians

2 trips for 2 outside experts (1 for payment systems and cost accounting and budgeting systems data, 1 for quality assurance systems), plus 2 interpreters and drivers

total time for 2 trips: 5 weeks
5 days preparation

trips Scopes of Work
   i) evaluate existing system and design of new system being tested (3 weeks)
   ii) development, implementation and final refinements (2 weeks)

software development
Activity 5: Training for Doctors, Economists, others in Management (MBA-type program) for Managers

Subactivity 5.1: Identify individuals in each of two/three geographic sites for participation in training in courses and programs at institutes under funding by AUPHA/ZdravReform program

Task 5.1.1: Work with leadership for lists of participants

Subactivity 5.2: Develop agenda, curriculum, and relevant lists of organizations and individuals with which to meet

Task 5.2.1: Coordination with USAID and World Bank

Task 5.2.2: Coordination with participating oblasts

Task 5.2.3: Coordination with Abt/Bethesda staff

Subactivity 5.3: Training: curriculum that provides training in management, implementation, and monitoring of new systems related to demonstrations and programs under the ZRP program and the World Bank loan

Task 5.3.1: New payment/at-risk arrangements

Task 5.3.2: Financial management methods and systems

Task 5.3.3: Cost accounting methods and systems

Task 5.3.4: Quality assurance methods and systems

Task 5.3.5: Implementation and management of new systems

Task 5.3.6: Other

Subactivity 5.4: Evaluate value of the training for relevance of areas of focus and impact of knowledge imparted to curriculum participants

Task 5.4.1: Interview/survey participants

Task 5.4.2: Write-up/disseminate results

Subtask 5.4.2.1: Integrate relevant findings into proposals for additional needed technical assistance and training in this area
Person or Team Responsible:

   technical lead Moscow office: Jim Rice
   technical lead Washington office: Jack Langenbrunner

Time Required:

   12 months

Start Date:

   January 1, 1996

Complete Date:

   December 30, 1996

Resources Required:

   8–10 persons from each of two oblasts
   5–7 courses of 2–3 months each
   some travel and curriculum (tuition) expenses for participants
Quality Assurance and Improvement (Clinical and Management)
Activity 1: Development of Ambulatory Care Indicators

This would parallel the tasks in the Siberian GFAs, and should be written up by the QA/QI person in Moscow or Siberia.

The activity should develop indicators both for countering new payment incentives and for QA activities.

Start Date: October 1, 1995
Activity 2: TQM "Train the Trainers" — Coordination with Siberian Oblast Tour to the United States

2–4 persons in each oblast
15 days
4–6 cities in the United States and Western Europe

travel and expenses for participants
plus, marginal cost of preparation and presentations

NOTE: PER CONVERSATION OF FEBRUARY 8 IN MOSCOW OFFICE, THIS ACTIVITY IS BEING WRITTEN UP BY HANS LOKEN AND SHOULD BE SUBSUMED UNDER HIS WRITE-UPS FOR THE MARCH/APRIL 1995 TOUR.
Activity 3: Participation in the Siberian QA Workshop — Quality Assurance with MIS Component

1–2 persons from each of 3 oblasts to join Siberian oblasts participants
7 days, including 5 days for workshop and 2 days travel location: city in Siberia

transport and expenses for participants
marginal costs of 1–2 outside experts: salaries plus travel plus 5 days preparation time

NOTE: PER CONVERSATION OF FEBRUARY 8, THIS ACTIVITY IS BEING WRITTEN UP BY HANS LOKEN AND SHOULD BE SUBSUMED UNDER HIS WRITE-UPS FOR THE APRIL/MAY 1995 WORKSHOP.
Activity 4: Pilot and Distribute Diagnosis-Based Clinical Care Pathways

Subactivity 4.1: Identify up to 10 diagnosis total in clinical areas related to World Bank loan reform program across 3 oblasts of Tver, Kaluga, and (possibly) Smolensk

Task 4.1.1: Develop criteria for choosing diagnoses in Kaluga Oblast

Subtask 4.1.1.1: Review World Bank Loan proposal and Bank staff comments including Bank "Back-to-Office" Reports in selecting diagnoses

Subtask 4.1.1.2: Coordinate and review with local oblast leadership, including clinical specialists

Task 4.1.2: Develop criteria for choosing diagnoses in Smolensk Oblast

Subtask 4.1.2.1: Review World Bank Loan proposal and Bank staff comments including Bank "Back-to-Office" Reports in selecting diagnoses

Sub-Subtask 4.1.2.1.1: Consider recommendations made by Bank consultants in February 1995 to include Hypertension and Acute Myocardial Infarction

Subtask 4.1.3.1: Coordinate and review with local oblast leadership, including clinical specialists

Task 4.1.3: Develop criteria for choosing diagnoses in Kaluga Oblast

Subtask 4.1.3.1: Review World Bank Loan proposal and Bank staff comments including Bank "Back-to-Office" Reports in selecting diagnoses

Subtask 4.1.3.2: Coordinate and review with local oblast leadership, including clinical specialists

Subactivity 4.2: Examine and critically evaluate current practice patterns in use for each of the diagnosis chosen

Task 4.2.1: Develop methods of review

Task 4.2.2: Gather and review relevant clinical data

Task 4.2.3: Incorporate clinical and scientific information from outside of oblast-based experience

Task 4.2.4: Develop refined patterns of care
Subactivity 4.3: Train oblast specialists in new patterns of care and methods of updating care maps and developing new care maps in other diagnostic areas

Subactivity 4.4: Develop and disseminate 10 clinical diagnosis-based "Care Pathways" for general use

Task 4.4.1: Draft dissemination materials

Task 4.4.2: Translate care pathway materials

Subactivity 4.5: Develop and disseminate draft "How To" Manual for use in designing and implementing alternative diagnosis-based care pathways

Task 4.5.1: Develop Manual in both hard-copy and electronic formats

Subactivity 4.6: Evaluate utility of draft training materials and program

Person or Team Responsible:

    technical lead Moscow office: Hans Loken or successor

Time Required:

    12 months total for all 10 diagnosis-based pathways
    on average, 6 months for each clinical care pathway

Start Date:

    September 1, 1995

Complete Date:

    August 31, 1996

Resources Required:

    600 days Russian experts and specialists

    1 trip for 2 outside clinical experts for each of 10 diagnosis categories, plus interpreters and drivers

    total time for 1 trip: 3 weeks

    5 days preparation
software development
Activity 5: Development of Inpatient Care Indicators

This activity should parallel and build from the work underway in the Siberian GFAs to develop indicators complementing new payment incentives under demonstrations being developed there.

The step-by-step approach will need to be written up by the QA/QI person in Moscow/Siberia, but should focus on at least three "pressure points" for quality assurance: admissions, discharges, and referrals.

Start Date: January 1, 1996
Activity 6: Develop and Integrate Quality Assurance Systems that Complement and Parallel Financial and Payment Systems Reforms in Kaluga Oblast

Subactivity 6.1: Evaluation of existing quality control/quality of care system in context of financing and financial management reforms

Task 6.1.1: Identify and evaluate issues related to clinical management at the individual facility level

Subtask 6.1.1.1: Identify incentives and potential changes in provider behavior

Subactivity 6.2: Design quality assurance system to complement financing and financial management reforms

Task 6.2.1: Develop routine measures for monitoring

Subtask 6.2.1.1: Develop software for collection and monitoring of information

Task 6.2.2: Develop of Continuous Quality Improvement (CQI) mechanisms

Subtask 6.2.2.1: Develop software for collection and monitoring of information

Subactivity 6.3: Implementation of new QA systems

Subactivity 6.4: Monitoring and final refinements of QA system

Task 6.4.1: Evaluate adequacy of routine measures for monitoring

Subtask 6.4.1.1: Refine software for collection and monitoring of information

Task 6.4.2: Evaluate adequacy of Continuous Quality Improvement (CQI) mechanisms

Subtask 6.4.2.1: Refine software for collection and monitoring of information

Subactivity 6.5: Integration of QA systems at facility level with external standards setting and accreditation process

Task 6.5.1: Evaluate adequacy of routine measures for standards and accreditation process

Subtask 6.5.1.1: Refine software for collection and sharing of information

Task 6.5.2: Evaluate adequacy of Continuous Quality Improvement (CQI) mechanisms for external standards and accreditation process
Subtask 6.5.2.1: Refine software for collection and sharing of information

Person or Team Responsible:

   technical lead Moscow office: Hans Loken

Time Required:

   12 months total

Start Date:

   January 1, 1996

Complete Date:

   December 31, 1996

Resources Required:

   200 days Russian experts and specialists

   2 trips for 1 outside expert, plus interpreter and driver

   total time for 2 trips: 4 weeks

   5 days preparation

Trips Scopes of Work:

   i) evaluate existing system and design new system (2 weeks)

   ii) implementation and final refinements (2 weeks)

software development
# Tver: Areas of Possible Technical Assistance

<table>
<thead>
<tr>
<th>Activity Number</th>
<th>Category Description</th>
<th>Start of Activity</th>
<th>Priority Score</th>
<th>Comments/Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Needs Assessment/Planning for Multi-Level System of Care</td>
<td>Sept. 1</td>
<td>2</td>
<td>Can help Tver consider alternatives to inpatient care</td>
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<tr>
<td>2</td>
<td>Financial and Strategic Modelling</td>
<td>Sept. 1</td>
<td>1</td>
<td>Tver suffers from fragmentation of sources of financing; THIF/Oblast not pooling funds</td>
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<tr>
<td></td>
<td>• training of cadre of experts</td>
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<td></td>
<td>• up to 3 internships in Kemerovo</td>
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<td>3</td>
<td>Payment Systems Workshop: Options, Alternatives, Implementation Issues</td>
<td>Sept. 1</td>
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<td>Kaluga has chosen a general course; Tver has not</td>
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<td>Payment Systems Design</td>
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<td>• issues and options</td>
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<td>• training and touring, including U.S. and England</td>
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<td>• strategic and financial planning</td>
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<td>• generic computer modelling</td>
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<td>5</td>
<td>Organizational Contracting/Legal Framework</td>
<td>Nov. 1</td>
<td>2</td>
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<td>• model contracts and agreements</td>
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<td>6</td>
<td>General Practitioner/Family Practitioner training</td>
<td>Nov. 1</td>
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<td>Use of Dewes Brown manual for Family Medicine practices</td>
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<td>• payment/at risk arrangements</td>
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<td>• cost accounting procedures, etc</td>
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<td>• collaboration with Novosibirsk/Iowa/Syracuse</td>
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<td>1996</td>
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<tr>
<td>7</td>
<td>Payment Systems Implementation/Pilot in Sites and Rayons</td>
<td>Jan. 1</td>
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<td>Timing might be too ambitious</td>
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<td>8</td>
<td>Payment Systems Evaluation and Refinement</td>
<td>May 1</td>
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<td>9</td>
<td>Actuarial Data Base Development</td>
<td>Sept. 1</td>
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<td></td>
<td>• coordination thru MIS development</td>
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</table>

## QUALITY ASSURANCE AND IMPROVEMENT
Tver: Areas of Possible Technical Assistance

<table>
<thead>
<tr>
<th>Activity Number</th>
<th>Category</th>
<th>Start of Activity</th>
<th>Priority Score</th>
<th>Comments/Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ambulatory Care Setting Indicators (refine Medical Economic Standards)</td>
<td>Oct. 1</td>
<td>2</td>
<td>Critical to primary care fundholding approaches; full utility to Tver</td>
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<tr>
<td>2</td>
<td>TQM — Train the Trainers</td>
<td>March</td>
<td>1</td>
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<td>3</td>
<td>Quality Improvement/Utilization Review Workshop — Novosibirsk</td>
<td>April</td>
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<td>4</td>
<td>Clinical Care Mapping and Manuals</td>
<td>Sept. 1</td>
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<td>Tver should build on Bank's work in Cardiovascular disease</td>
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<td>• observational tour in U.S.</td>
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<td>• manuals</td>
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<tr>
<td>1996</td>
<td>Inpatient Care Indicators: Admission Criteria, Utilization Review Measures</td>
<td>Jan. 1</td>
<td>1</td>
<td>Perhaps moved up to 1995</td>
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<tr>
<td></td>
<td>(e.g., Referrals and Discharges)</td>
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<tr>
<td>6</td>
<td>Quality Assurance/Quality Improvement Programs and Processes</td>
<td>Jan. 1</td>
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<tr>
<td>7</td>
<td>System-Wide Monitoring</td>
<td>Sept. 1</td>
<td>3</td>
<td>Complementary to Tver MIS initiative</td>
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<tr>
<td></td>
<td>• internships in Kemerovo</td>
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</tbody>
</table>
Overall, 3 Areas of Output:

1) design payment reform in 1995/1996
2) help implement/test design in pilot rayons — 1996
3) define detailed actions — step-by-step — necessary to "roll-out" once Bank Loan in place

**Note:** Not included here — Payment Methods Manual and TA related to the MIS component which includes 1) methods of cost accounting and cost information, 2) development of standard, uniform data sets, 3) training in areas of management and implementation.
Detailed Scopes of Work: Tver Oblast
## Activity

### I. Provider Payment Systems

1. **Needs Assessment -- Multi-Level Settings**
   - Collaborating Party: RHA
   - Jan - June 1995
   - Year 0 Q1 Q2 Q3 Q4 Year 1 Q1 Q2 Q3 Q4 Year 2 Q1 Q2 Q3 Q4 Year 3 Q1 Q2 Q3 Q4 Year 4 Q1 Q2 Q3 Q4 Year 5 Q1 Q2 Q3 Q4
   - Details:
     - Counterpart Team/Baseline Analysis: XXX
     - Clinical Standards/Resource Requirements for Each Level: XXX
     - Complementary QA/QI Approaches: XXX
     - Conduct Training Seminar on Findings: XXX
     - Recommendations: XX
     - Phase-In Strategy: XXX
     - Phase-In: XXX

2. **Financial and Strategic Modelling**
   - Collaborating Party: THIF/RHA
   - Details:
     - Development of Computer Model: XXX
     - Documentation and Operational Manual: XXX
     - Training of Local Experts: XXX
     - Impact Analysis of Possible Options: XXX
     - Report and Evaluation: XXX
     - Internship in Kemerovo: XXX

3. **Payment Systems Workshop**
   - Collaborating Party: THIF/RHA
   - Details:
     - Course Materials Development: XXX
     - Critically Evaluate Other Systems: XXX
     - Core Training Course (Tver): XXX
     - Revise Training Materials for Methods Manual: XXX
     - Develop/Disseminate Options for Design Phase: XXX

4. **Payment Systems Design**
   - Collaborating Party: THIF/RHA
   - Details:
     - Observational Tours, U.S. and England: XXX
     - Pilot Sites Selected: XXX
     - Review of Issues and Options: XXX
     - Strategy Development: XXX
     - Design Financial Reforms Approach: XXX
     - Data Development, As Needed: XXX
     - Analyze Data, Establish Preliminary Rates: XXX
     - Design Phase-In: XXX
     - Develop Guidelines and Regulations: XXX

5. **Organizational Contracting/Legal Framework**
   - Collaborating Party: THIF/RHA
   - Details:
     - Identify Issues for Providers/Payers: XXX
     - Research/Analysis of Current Legal Environment: XX
     - Develop Legal Framework for Payers: XXX
     - Develop Model Contract for Payers: XXX
     - Develop Legal Framework for Provider Staff Contracts: XXX
     - Develop Model Contracts for Provider Staff: XXX

6. **Family Medicine Training and TA**
   - Collaborating Party: RHA/THIF
   - Details:
     - Identify Individuals and Sites: XXX
     - Develop Agenda, Itinerary, Issue Areas: XXX

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<table>
<thead>
<tr>
<th>Activity</th>
<th>Year 0</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
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<th>Year 5</th>
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<td>Training -- Payment/At-Risk Models</td>
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<td>7. Payment Systems Implementation</td>
<td>THIF/RHA</td>
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<td>Refine/Update Analysis from Design Phase</td>
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<td>Integrate QA and MIS Components</td>
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<td>Computer Modelling/3-month Simulation</td>
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<td>Initiate Implementation of Pilots</td>
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<td>8. Payment Systems Evaluation and Refine</td>
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<td>Examine Changes in Systems</td>
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<td>Develop Findings and Recommendations</td>
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<td>Integrate Recommendations</td>
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<td>9. Actuarial Data Base Development</td>
<td>THIF/RHA</td>
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<td>Evaluation and Report for Bank Loan Component</td>
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<td>7. System-Wide Monitoring of Quality/Outcomes</td>
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III. Bank Loan Expansion of Sites and "Roll-Out"

1. Payment Systems Design
   Observational Tours, U.S. and England Pilot Sites Selected
   Review of Issues and Options
   Strategy Development
   Design Financial Reforms Approach
   Data Development, As Needed
   Analyze Data, Establish Preliminary Rates
   Design Phase-In
   Develop Guidelines and Regulations
   Analysis, Implementation
   Development, Review, Discus
   Technology Acquisition
   Final Data Collection
   Final Paper Draft
   Final Paper

2. Payment Systems Implementation
   Analysis, Implementation
   Development, Review, Discus
   Technology Acquisition
   Final Data Collection
   Final Paper Draft
   Final Paper
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RHA = Regional Health Authority
THIF = Territorial Health Insurance Fund
Provider Payment/Financial Management
Activity 1: Design of a Multi-Level System of Inpatient and Outpatient Care in Tver Oblast

Sub-Activity 1.1: Establish counterpart team and baseline experience in Russia

Task 1.1.1: Assemble counterpart team for analytic exercise

Task 1.1.2: Distribute similar work and analyses from Altai Krai and Kemerovo Oblasts

Sub-Activity 1.2: Develop clinical standards and resource requirements for each level of care, including acute and non-acute care. Develop standards for bed capacity, personnel and equipment for each level of care.

Task 1.2.1: Analyze the appropriateness and continuity of inpatient care and outpatient care, through use of analytic (financial and managerial) approaches

Task 1.2.2: Conduct resource utilization analyses. Collect and process data on hospital bed capacity and utilization, number and structure of personnel, and medical equipment.

Subtask 1.2.2.1: Develop standards of staff, equipment, and bed capacity requirements

Subtask 1.2.2.2: Design cost-sharing for some services in tertiary care

Subactivity 1.3: Develop complementary Quality Assurance and Improvement approaches

Task 1.3.1: Develop appropriateness criteria for each level of care

Task 1.3.2: Determine licensing and accreditation procedures for the tertiary care sector.

Subactivity 1.4: Conduct training seminar of 1–2 days on methods, findings and recommendations

Task 1.4.1: Incorporate comments and critiques of local counterparts

Task 1.4.2: Incorporate experience in other oblasts, in particular Altai Krai and Kemerovo

Subactivity 1.5: Provide design with recommendations for phase-in of new delivery structure

Task 1.5.1: Translate documents into Russian, and disseminate

Person or Team Responsible:

technical lead Moscow office: Igor Sheiman/Kevin Woodard
technical lead Washington office: Jack Langenbrunner
Time Required:

3 months

Start Date:

September 1, 1995

Complete Date:

November 30, 1995

Resources Required:

Personnel:

International or Russian Hospital Management and Resource Utilization Consultant — 15 days (can be from Kemerovo or Altai Krai as well)

10 local experts on clinical standards — 40 days

10 local experts on resource requirements standards — 30 days

Russian Expert in multi-level systems of health care — 20 days.
Activity 2: Financial Modelling and Impact Analysis of Tver Oblast Health Reform Proposal Under World Bank Health Reform Loan

Subactivity 2.1: Development of computer model in Russian and English, based on underlying Tver data, used to:
i) increase understanding of available (and pooled) resources for payment and coverage purposes,
ii) encourage consideration of payment reform options,
iii) analyze the impacts of possible financing reform policy changes that could be embodied in the ZdravReform Program pilots or World Bank Loan Proposal, and
iv) analyze refinements to these policies as well as other medical care provider payment changes.

Task 2.1.1: Request for Tver Oblast data on demographics, utilization, and spending

Task 2.1.2: Assemble Tver Oblast data and develop computer-based spreadsheet model

Task 2.1.3: Translate model into English and Russian

Subtask 2.1.3.1: Paper and electronic copies of model generated and distributed

Subactivity 2.2: Documentation and an operational manual for the model in Russian and English.

Task 2.2.1: Documentation of model data and files

Task 2.2.2: Development of operational manual in Russian and English

Subactivity 2.3: Trained group of local experts who can operate as well as modify the model.

Task 2.3.1: Training of analysts (economists, actuaries and statisticians) in building of model

Task 2.3.2: Training of analysts (economists, actuaries and statisticians) in analytic approach and methods

Task 2.3.1: Training of analysts (economists, actuaries and statisticians) in modification/update of model

Subactivity 2.4: Impact analysis of the possible options proposed for financing reform policy changes under pilot projects and/or in the World Bank Loan Proposal

Subactivity 2.5: Report evaluating the achievement of the above deliverables and lessons learned for replicating these efforts in other oblasts
Task 2.5.1: Translation and distribution of Report into Russian and English

Person or Team Responsible:

   technical lead Moscow office: Igor Sheiman/Kevin Woodard
   technical lead Washington office: Jack Langenbrunner

Time Required:

   3 months

Start Date:

   September 1, 1995

Complete Date:

   November 30, 1995

Resources Required:

   Personnel:

   1 Russian actuarial expert familiar with the Russian health system

   1 Econometrician experienced with health sector financial modeling in Russia

   1–2 research assistants, fluent in Russian and English, experienced in developing spreadsheet models in standard computer languages such as LOTUS and EXCEL.

   Each person for 15 days in Tver
Activity 3: Payment Systems Workshop: Options, Alternatives, Implementation Issues

Subactivity 3.1: Examine and critically evaluate payment systems for hospitals and physicians in use throughout the world today, for the purpose of applying one or more approaches in Tver Oblast.

Task 3.1.1: Develop generic payment options germane to Tver Oblast

Subtask 3.1.1.1: Physicians

Subtask 3.1.1.2: Hospitals

Subtask 3.1.1.3: Capitation

Task 3.1.2: Develop options in context on how Tver health delivery system is organized

Subtask 3.1.2.1: Physicians

Subtask 3.1.2.2: Hospitals

Subtask 3.1.2.3: Capitation

Subactivity 3.2: Prepare training materials and workshop program for participants from Tver and possibly all 3 oblasts

Task 3.2.2: Conduct Training

Task 3.2.3: Evaluate utility of draft training materials and program

Subactivity 3.3: Revise training materials and integrate into use for development of future manual materials

Subactivity 3.4: Develop and disseminate outline of options for use in designing and implementing alternative payment systems.

Task 3.4.1: Translate in Russian

Task 3.4.2: Disseminate to 3 oblasts and other oblasts upon request

Person or Team Responsible:
technical lead Moscow office: Tatiana Makarova/Igor Sheiman
technical lead Washington office: Jack Langenbrunner

Time Required:

3 months

Start Date:

September 1, 1995

Complete Date:

November 30, 1995

Resources Required:

10 persons from Tver Oblast and up to 10 from each of other two oblasts
7 days — 5 days plus 2 days travel
location: Tver city, or city in one of three oblasts in Russia or in Moscow or St. Petersburg

1–2 outside experts: salaries plus travel plus 5 days preparation time
Activity 4: Design of New Payment Systems in Tver Oblast

Subactivity 4.1: Strategy development

Task 4.1.1: Evaluate current methods in context of new systems design

Task 4.1.2: Documentation of major problems, based on current utilization patterns and spending patterns

Subactivity 4.2: Design financial reforms/payment system and data development

Task 4.2.1: Evaluation of options: strengths and weaknesses of alternative methods

Subtask 4.2.1.1: Develop/refine impact model using demographic, utilization, and spending data

Subtask 4.2.1.2: Develop impact analyses and scenarios under various reform options

Task 4.2.2: Identification of expected service delivery changes following implementation of new methods of payment

Task 4.2.3: Conclusions and implications of new payment methods

Subtask 4.2.3.1 Scope and content of new payment methods

Sub-Subtask 4.2.3.1.1: Mix of payment systems across providers

Task 4.2.4: Identification of demonstration sites

Subtask 4.2.4.1 Identification of outpatient demonstration sites

Subtask 4.2.4.2 Identification of inpatient demonstration sites

Subactivity 4.3: Analyze data and establish preliminary rates

Task 4.3.1: Develop preliminary rates for services and categories of services

Subtask 4.3.1.1 Identify rates of user charges (if any)

Task 4.3.2: Identify potential needed adjustments

Subtask 4.3.2.1: Identify potential needed adjustments for referrals

Subtask 4.3.2.2: Identify potential needed adjustments for outliers
Subtask 4.3.2.3: Identify potential needed adjustments for exempt institutions or departments

Subactivity 4.4: Identify and design phase-in of rates and new systems

Subactivity 4.5: Develop potential guidelines and regulations for providers and payers

Person or Team Responsible:

    technical lead Moscow office: Igor Sheiman
    technical lead Washington office: Jack Langenbrunner

Time Required:

    6 months

Start Date:

    September 1, 1995

Complete Date:

    February 28, 1996

Resources Required:

    750 days for Russian experts and technicians

    3 trips for 2 outside experts, plus 2 interpreters/drivers

    total time for 3 trips: 6 weeks
    10 days preparation

    trips Scopes of Work
        i) design of system and data development (3 weeks)
        ii) analysis of data and establishment of preliminary rates and adjustments (2 weeks)
        iii) implementation design and refinements (1 week)

    software development
Activity 4a: Develop Study/Observational Tours of United States and Selected Western European Countries on Provider Payment Systems

(Note: Activity 4a broken out separately from Activity 4 because of cost implications and tie-in to related training in Siberian oblasts)

Subactivity 4a.1: Identify individuals in each of two/three oblasts for participation in tour

Task 4a.1.1: Work with leadership for lists of participants

Subactivity 4a.2: Develop agenda, itinerary and relevant lists of organizations and individuals with which to meet

Task 4a.2.1: Coordination with USAID and World Bank

Task 4a.2.2: Coordination with participating oblasts

Task 4a.2.3: Coordination with payment manual experts

Task 4a.2.4: Coordination with Abt/Bethesda staff

Subactivity 4a.3: Observation Tour: examine and critically evaluate payment systems for hospitals and physicians in use today throughout the world

Subactivity 4a.4: Evaluate value of the observation tour for relevance of areas of focus and impact of knowledge imparted to tour participants

Task 4a.4.1: Interview/survey participants

Task 4a.4.2: Write-up/disseminate results

Subtask 4a.4.2.1: Integrate relevant findings into Provider Payment Manual and Workshop Task (Activities 3 and 4 in this section)

Person or Team Responsible:

technical lead Moscow office: Igor Sheiman
technical lead Washington office: Jack Langenbrunner

Time Required:

4 months
Start Date:

April 1, 1995

Complete Date:

July 30, 1995

Resources Required:

2–3 persons from each of three oblasts
20 days
3 cities in the United States
2 European cities

travel and expenses for participants
plus, cost of preparation and presentations
Activity 5: Development of Organizational Contracting/Legal Framework in Tver Oblast

Subactivity 5.1: Identification of contractual issues related to providers and payers

Task 5.1.1: Issues between payer and provider

Subtask 5.1.1.1: Payer and facility

Subtask 5.1.1.2: Facility and individual providers

Subactivity 5.2: Research and analysis of current legal environment for payers, facilities, and providers

Subactivity 5.3: Develop legal framework for contracts between payers and facilities/providers

Task 5.3.1: Identify steps that would permit an initial phase-in period

Task 5.3.2: Development of legal flexibility to implement certain policies immediately

Task 5.3.3: Delineation of tax responsibilities under various legal categories

Task 5.3.4: Development of limited financial protections in phase-in period to adjust to new payment incentives

Task 5.3.5: Development of rules and flexibility regarding private vs. public pay patients

Subactivity 5.4: Development of a model contract for payers to actually use with facilities/providers

Subactivity 5.5: Develop legal framework for staff contracts for use by facility managers

Subtask 5.5.1: Identify steps that would permit an initial phase-in period

Subtask 5.5.2: Development of legal flexibility to implement certain policies immediately (e.g., hire and fire physicians and other staff)

Subtask 5.5.3: Delineation of tax responsibilities under various legal categories

Subtask 5.5.4: Development of limited financial protections in phase-in period to adjust to new payment incentives

Subtask 5.5.5: Development of rules and flexibility regarding private vs. public pay patients
Subactivity 5.6: Development of a model contract for facility managers to actually use with staff

Person or Team Responsible:

    technical lead Moscow office: Jim Rice
    technical lead Washington office: Jack Langenbrunner

Time Required:

    4 months

Start Date:

    November 1, 1995

Complete Date:

    February 28, 1996

Resources Required:

    One Russian expert for 20 days — to help establish an improved legal framework necessary to allow contractual relationship between i) payers with facilities and ii) payers with providers.

    One Russian expert for 20 days — to research, develop recommendations and possible legislative language (if needed) to allow managers to develop time-limited contracts for facility personnel
Activity 6: General Practitioner/Family Practice Training in Tver

Subactivity 6.1: Identify individuals and practices in each of two/three geographic sites for participation in training in Siberian GFA oblasts

Task 6.1.1: Work with leadership for lists of participants

Subactivity 6.2: Develop agenda, itinerary and relevant lists of organizations and individuals with which to meet

Task 6.2.1: Coordination with USAID and World Bank
Task 6.2.2: Coordination with participating oblasts
Task 6.2.2.1: Coordination with TA activities through Syracuse and University of Iowa
Task 6.2.3: Coordination with Abt/Bethesda staff

Subactivity 6.3: Training: examine and critically evaluate organizational and financial aspects related to new family practitioner and general practitioner structures

Task 6.3.1: New payment/at-risk arrangements
Task 6.3.2: Financial management methods and systems
Task 6.3.3: Cost accounting methods and systems
Task 6.3.4: Quality assurance methods and systems
Task 6.3.5: Disseminate D. Brown's manual

Subactivity 6.4: Provide internship with Novosibirsk pilots for family medicine

Subactivity 6.5: Evaluate value of the training and internship for relevance of areas of focus and impact of knowledge imparted to tour participants

Task 6.5.1: Interview/survey participants
Task 6.5.2: Write-up/disseminate results
Subtask 6.5.2.1: Integrate relevant findings into proposals for additional needed technical assistance and training in this area
Person or Team Responsible:

technical lead Moscow office: Jim Rice
technical lead Washington office: Jack Langenbrunner

Time Required:

4 months

Start Date:

November 1, 1995

Complete Date:

February 28, 1996

Resources Required:

8–10 persons from each of two oblasts
25 days
4 cities in the Siberian GFAs

travel and expenses for participants
plus, cost of preparation and presentations
Activity 7: Implementation of Payment Systems Demonstration in Tver Oblast

Subactivity 7.1: Refine and update analysis from payment design tasks

Task 7.1.1: Refinements and adjustments

Subactivity 7.2: Training for providers and payers

Task 7.2.1: Informal classes and workshops on new systems
Task 7.2.2: Develop and disseminate informational materials

Subactivity 7.3: Integrate QA and MIS components

Task 7.3.1: Identification of indicators to track provider performance in managing the health status of defined populations

(to be implemented in collaboration with Quality Assurance and Improvement Activities)

Task 7.3.2: Identification of information technology requirements and development of application software for future installation

(to be implemented in collaboration with Management and Information Systems Activities)

Subactivity 7.4: Computer modelling and 3-month simulation period of impacts under new systems

Task 7.4.1: Evaluate changes of new system under simulation time period, and develop final adjustments

Subactivity 7.5: Initiate implementation

Subactivity 7.6: Use evaluation results (Activity 8 below) of implementation and final refinements

Person or Team Responsible:

technical lead Moscow office: Igor Sheiman
technical lead Washington office: Jack Langenbrunner

Time Required:
12 months

Start Date:

January 1, 1996

Complete Date:

December 30, 1996

Resources Required:

750 days for Russian experts and technicians

3 trips for 2 outside experts, plus 2 interpreters/drivers

total time for 3 trips: 6 weeks
10 days preparation

trips Scopes of Work
  i) final design of system and simulation model development (3 weeks)
  ii) analysis of simulation data and integration of final changes (2 weeks)
  iii) use of evaluation results and final refinements (1 week)

software development
Activity 8: Payment Systems Evaluation and Refinement in Tver

Subactivity 8.1: Examine changes in provider payment methods and systems for both physicians and hospitals

Task 8.1.1: Physician payment systems

Task 8.1.2: Hospital payment systems

Task 8.1.3: Other

Task 8.1.4: Developments related to longer-term changes in payment systems, such as use of cost accounting methods to develop cost estimates

Task 8.1.4: Expected and unanticipated impacts to date

Subactivity 8.2: Examine changes in management for both polyclinics and hospital facilities, and the development of the management and information systems

Task 8.2.1: Management autonomy changes such as changes in legal and economic status, changes and use of 1-line budgets, relationship of facility to central and oblast governments, strictures regarding use of normatives (either related to structural codes of buildings, administrative areas, financial areas, clinical areas, staffing and personnel standards, and so on), and other changes.

Task 8.2.2: Management and information systems changes in use of cost accounting methods, use of cost accounting for business planning, budgeting and financial management techniques, clinical information systems, procedure coding systems, automated integrated medical information systems, routine reporting systems, inventory and tracking systems, human resource management systems, auditing and annual reconciliation reporting mechanisms, and work related to calculation of costs per case

Task 8.2.3: Expected and unanticipated impacts to date

Subactivity 8.3: Examine changes in the development of a complementary quality assurance system

Task 8.3.1: Quality assurance (QA) changes in movement away from use of the Medical-Economic Standards, development of a facility level QA system, development of a cadre of experts to monitor and evaluate continuous quality improvement, the availability and adequacy of methods of information for collection for key utilization and quality indicators such as referral rates, disenrollment, nosocomial infections, re-admission rates, other hospital indicators for monitoring and evaluation; and, development of hospital admissions appropriateness criteria
Task 8.3.2: Expected and unanticipated impacts to date

Subactivity 8.4: Examine any results relating to broader system changes

Task 8.4.1: Changes in efficiency — the effect of the demonstration and related payment policies and organizational changes on the efficiency in the provision of services;

Task 8.4.2: Impact on quality of care — how changes in financing, payment and quality assurance programs may affect the quality of structure and process of service delivery, and ultimately changes in health status

Task 8.4.3: Impact on equity of access to care — what effects the new system and related changes have on the strength of the old system, relative equity of access to services by various socio-economic status groups

Subactivity 8.5: Development of findings and recommendations relevant both to demonstration and for application to the Bank loan component

Task 8.5.1: Findings and recommendations translated into Russian prior to departure

Person or Team Responsible:

    technical lead Moscow office: Jim Rice
    technical lead Washington office: Jack Langenbrunner

Time Required:

1–2 months

Start Date:

    May 1, 1996

Complete Date:

    June 30, 1996

Resources Required:

    75 days for Russian experts and technicians
    • gathering of baseline information
    • gathering of pre-post data
    • technical analysis and collaboration with the outside experts
1 trips for 3–4 outside experts, plus 2 interpreters/drivers
• one economist (15 days);
• one quality assurance expert (15 days);
• one or two management experts in i) management autonomy status and issues, and
  ii) management and information systems expert (20 days total)

total time for trip: 3 weeks
5 days preparation

trips Scopes of Work
  i) baseline information collected and analyzed (5 days)
  ii) assemble pre-post data and conduct interviews with leadership, providers and consumers (2 weeks)
  iii) analysis of data, development of recommendations, and suggested approaches for integration for refinements (1 week)

software development
Activity 9: Actuarial Data Base Development in Tver

Subactivity 9.1: Refine and update data from Financial and Strategic Modelling exercise (see Activity 2 above)

Task 9.1.1: Request from Tver Oblast data on demographics, utilization, and spending

Task 9.1.2: Assemble Tver Oblast data and update computer-based spreadsheet model

Task 9.1.3: Translate updated model into English and Russian

Subtask 9.1.3.1: Paper and electronic copies of model generated and distributed

Subactivity 9.2: Impact analyses of designs and changes of financing reform policy changes under pilot projects and/or in the World Bank Loan Proposal

Task 9.2.1: Historic and short-term analysis of changes and expected trends in demographics, utilization, and spending patterns in pilot sites

Task 9.2.2: Application/extrapolation of changes under oblast-wide roll-out and implementation

Subactivity 9.3: Further training of experts and analysts as follow-up to Activity 2 (above)

Task 9.3.1: Exercises related to application of policy decisions and changes in both Oblast Health Authority and the Territorial Health Insurance Fund

Subactivity 9.4: Report evaluating the achievement of the above deliverables and lessons learned for replicating these efforts in other oblasts

Task 9.4.1: Translation and distribution of Report into Russian and English

Person or Team Responsible:

technical lead Moscow office: Igor Sheiman/Kevin Woodard
technical lead Washington office: Jack Langenbrunner

Time Required:

3 months

Start Date:

October 1, 1996
Complete Date:

December 31, 1996

Resources Required:

Personnel:

1 Russian actuarial expert familiar with the Russian health system

1 Econometrician experienced with health sector financial modeling in Russia

1–2 research assistants, fluent in Russian and English, experienced in developing spreadsheet models in standard computer languages such as LOTUS and EXCEL.

Each person for 15 days in Tver
Quality Assurance and Improvement (Clinical and Management)
Activity 1: Development of Ambulatory Care Indicators

This would parallel the tasks in the Siberian GFAs, and should be written up by the QA/QI person in Moscow or Siberia.

The activity should develop indicators both for countering new payment incentives and for QA activities.

Start Date: October 1, 1995
Activity 2: TQM "Train the Trainers" — Coordination with Siberian Oblast Tour to the United States

2–4 persons in each oblast
15 days
4–6 cities in the United States and Western Europe
travel and expenses for participants
plus, marginal cost of preparation and presentations

NOTE: PER CONVERSATION OF FEBRUARY 8, THIS ACTIVITY IS BEING WRITTEN UP BY HANS LOKEN AND SHOULD BE SUBSUMED UNDER HIS WRITE-UPS FOR THE MARCH/APRIL 1995 TOUR.
Activity 3: Participation in the Siberian QA Workshop — Quality Assurance with MIS Component

1–2 persons from each of 3 oblasts to join Siberian oblasts participants
7 days, including 5 days for workshop and 2 days travel location: city in Siberia

travel and expenses for participants
marginal costs of 1–2 outside experts: salaries plus travel plus 5 days preparation time

NOTE: PER CONVERSATION OF FEBRUARY 8, THIS ACTIVITY IS BEING WRITTEN UP BY HANS LOKEN AND SHOULD BE SUBSUMED UNDER HIS WRITE-UPS FOR THE APRIL/MAY 1995 WORKSHOP.
Activity 4: Pilot and Distribute Diagnosis-Based Clinical Care Pathways

Subactivity 4.1: Identify up to 10 diagnosis total in clinical areas related to World Bank loan reform program across 3 oblasts of Tver, Kaluga, and Smolensk

Task 4.1.1: Develop criteria for choosing diagnoses in Tver Oblast

Subtask 4.1.1.1: Review World Bank Loan proposal and Bank staff comments including Bank "Back-to-Office" Reports in selecting diagnoses

Subtask 4.1.1.2: Coordinate and review with local oblast leadership, including clinical specialists

Task 4.1.2: Develop criteria for choosing diagnoses in Smolensk Oblast

Subtask 4.1.2.1: Review World Bank Loan proposal and Bank staff comments including Bank "Back-to-Office" Reports in selecting diagnoses

Sub-Subtask 4.1.2.1.1: Consider recommendations made by Bank consultants in February 1995 to include Hypertension and Acute Myocardial Infarction

Subtask 4.1.3.1: Coordinate and review with local oblast leadership, including clinical specialists

Task 4.1.3: Develop criteria for choosing diagnoses in Kaluga Oblast

Subtask 4.1.3.1: Review World Bank Loan proposal and Bank staff comments including Bank "Back-to-Office" Reports in selecting diagnoses

Subtask 4.1.3.2: Coordinate and review with local oblast leadership, including clinical specialists

Subactivity 4.2: Examine and critically evaluate current practice patterns in use for each of the diagnosis chosen

Task 4.2.1: Develop methods of review

Task 4.2.2: Gather and review relevant clinical data

Task 4.2.3: Incorporate clinical and scientific information from outside of oblast-based experience

Task 4.2.4: Develop refined patterns of care
Subactivity 4.3: Train oblast specialists in new patterns of care and methods of updating care maps and developing new care maps in other diagnostic areas.

Subactivity 4.4: Develop and disseminate 10 clinical diagnosis-based "Care Pathways" for general use.

Task 4.4.1: Draft dissemination materials.

Task 4.4.2: Translate care pathway materials.

Subactivity 4.5: Develop and disseminate draft "How To" Manual for use in designing and implementing alternative diagnosis-based care pathways.

Task 4.5.1: Develop Manual in both hard-copy and electronic formats.

Subactivity 4.6: Evaluate utility of draft training materials and program.

Person or Team Responsible:

technical lead Moscow office: Hans Loken or successor.

Time Required:

12 months total for all 10 diagnosis-based pathways

on average, 6 months for each clinical care pathway.

Start Date:

September 1, 1995

Complete Date:

August 31, 1996

Resources Required:

600 days Russian experts and specialists

1 trip for 2 outside clinical experts for each of 10 diagnosis categories, plus interpreters and drivers

total time for 1 trip: 3 weeks

5 days preparation
software development
Activity 5: Development of Inpatient Care Indicators

This activity should parallel and build from the work underway in the Siberian GFAs to develop indicators complementing new payment incentives under demonstrations being developed there.

The step-by-step approach will need to be written up by the QA/QI person in Moscow/Siberia, but should focus on at least three "pressure points" for quality assurance: admissions, discharges, and referrals.

Start Date: January 1, 1996
Activity 6: Develop and Integrate Quality Assurance Systems that Complement and Parallel Financial and Payment Systems Reforms in Tver Oblast

Subactivity 6.1: Evaluation of existing quality control/quality of care system in context of financing and financial management reforms

Task 6.1.1: Identify and evaluate issues related to clinical management at the individual facility level

Subtask 6.1.1.1: Identify incentives and potential changes in provider behavior

Subactivity 6.2: Design quality assurance system to complement financing and financial management reforms

Task 6.2.1: Develop routine measures for monitoring

Subtask 6.2.1.1: Develop software for collection and monitoring of information

Task 6.2.2: Develop of Continuous Quality Improvement (CQI) mechanisms

Subtask 6.2.2.1: Develop software for collection and monitoring of information

Subactivity 6.3: Implementation of new QA systems

Subactivity 6.4: Monitoring and final refinements of QA system

Task 6.4.1: Evaluate adequacy of routine measures for monitoring

Subtask 6.4.1.1: Refine software for collection and monitoring of information

Task 6.4.2: Evaluate adequacy of Continuous Quality Improvement (CQI) mechanisms

Subtask 6.4.2.1: Refine software for collection and monitoring of information

Subactivity 6.5: Integration of QA systems at facility level with external standards setting and accreditation process

Task 6.5.1: Evaluate adequacy of routine measures for standards and accreditation process

Subtask 6.5.1.1: Refine software for collection and sharing of information

Task 6.5.2: Evaluate adequacy of Continuous Quality Improvement (CQI) mechanisms for external standards and accreditation process
Subtask 6.5.2.1: Refine software for collection and sharing of information

Person or Team Responsible:

technical lead Moscow office: Hans Loken

Time Required:

12 months total

Start Date:

January 1, 1996

Complete Date:

December 31, 1996

Resources Required:

200 days Russian experts and specialists

2 trips for 1 outside expert, plus interpreter and driver

total time for 2 trips: 4 weeks
5 days preparation

trips Scopes of Work:

i) evaluate existing system and design new system (2 weeks)

ii) implementation and final refinements (2 weeks)

software development
Activity 7: System-Wide Surveillance and Outcomes Monitoring

These activities should be undertaken if they complement or parallel similar activities in Siberian GFAs and if resources permit. These should be written-up by the QA/QI person in Moscow.

Activity 7 is complementary to much of the work in Tver as outlined in the proposal to the Bank, and can build off the TA proposed by kevin Woodard in his April 1995 assessment.