

Designing and Implementing  
Health Care Provider  
Payment Systems

# How-To Manuals



THE WORLD BANK



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# Designing And Implementing Health Care Provider Payment Systems How To Manuals

**Michael R. Reich, Keizo Takemi**



## **Designing And Implementing Health Care Provider Payment Systems How To Manuals:**

**Designing and Implementing Health Care Provider Payment Systems** Jack Langenbrunner, Cheryl Cashin, Sheila O'Dougherty, 2009-01-01 Strategic purchasing of health services involves a continuous search for the best ways to maximize health system performance by deciding which interventions should be purchased from whom these should be purchased and how to pay for them In such an arrangement the passive cashier is replaced by an intelligent purchaser that can focus scarce resources on existing and emerging priorities rather than continuing entrenched historical spending patterns Having experimented with different ways of paying providers of health care services countries increasingly want to know not only what to do when paying providers but also how to do it particularly how to design manage and implement the transition from current to reformed systems Designing and Implementing Health Care Provider Payment Systems How To Manuals addresses this need The book has chapters on three of the most effective provider payment systems primary care per capita capitation payment case based hospital payment and hospital global budgets It also includes a primer on a second policy lever used by purchasers namely contracting This primer can be especially useful with one provider payment method hospital global budgets The volume s final chapter provides an outline for designing launching and running a health management information system as well as the necessary infrastructure for strategic purchasing

**Manual de pago por desempeño** György Béla Fritsche, Robert Soeters, Bruno Meessen, 2015-07-21 Los enfoques de Pago por Desempeño o PPD se han expandido con rapidez en los países de ingresos bajos y medios en todo el mundo El número de países ha crecido de 3 en 2006 a 32 en 2013 Los esquemas de PPD están floreciendo y crean una demanda considerable de asistencia técnica a fin de ejecutar estas reformas sanitarias en una forma racional y responsable Tres pioneros internacionales del PPD se han unido para dar una respuesta a esta demanda internacional Ellos son György Fritsche MD MSc Banco Mundial Washington Robert Soeters MD PhD SINA Health La Haya y Bruno Meessen MA PhD Instituto de Medicina Tropical Amberes Su trabajo vuelca sus 40 años de experiencia total en el diseño e implementación de esquemas de PPD en un manual de PPD de vanguardia dirigido a implementadores y hacedores de políticas Se unió al equipo Godelieve van Heteren MD Erasmus University Rotterdam Global Health Initiative Rghi quien realizó la coedición a fin de darle al manual consistencia contenido y formato Cedric Ndizeye MD MPH MSH Ruanda redactó las partes principales del capítulo sobre desarrollo de competencias y Caryn Bredenkamp PhD Banco Mundial Washington contribuyó con el capítulo 5 sobre equidad Actualmente existe poco conocimiento entre muchos de los que ejecutan reformas sanitarias sobre cómo implementar proyectos piloto de pago por desempeño y cómo ampliarlos a nivel nacional en forma inteligente En un contexto de gran demanda de un diseño sólido y experiencia en la implementación y dada la rápida expansión de los programas de Financiación Basada en Resultados existe una necesidad urgente de desarrollar competencias para el diseño e implementación de programas de FBR Hasta el momento ha habido poco interés en combinar las enseñanzas de esas experiencias en un solo volumen y más aún en un formato que sirva como guía a los implementadores

Este manual es una respuesta a las preguntas más urgentes sobre programas de FBR del lado de la oferta del cual el PPD es parte. Este manual estará disponible en una versión en línea que será actualizada en forma regular y una versión impresa en 3 idiomas: inglés, francés y español.

**Diagnosis-related groups**, 2020-06-30      **Universal Health Coverage** Aida Isabel Tavares, 2019-11-27

The chapters in this book contribute to the wide discussion on universal health coverage. The variety of topics discussed here confirms the importance of UHC for academics and health professionals and also the controversies and challenges of its implementation. I invite you to read the book and be involved in the discussions around the goals of universal health coverage.

**Health Insurance Handbook** Hong Wang, Kimberly Switlick, Christine Ortiz, Beatriz Zurita, Catherine Connor, 2012-01-18

Many countries that subscribe to the Millennium Development Goals MDGs have committed to ensuring access to basic health services for their citizens. Health insurance has been considered and promoted as the major financing mechanism to improve access to health services as well to provide financial risk protection.

**Health system transformation in the Islamic Republic of Iran** World Health Organization, 2019-10-15      **Transition to**

Diagnosis-Related Group (DRG) Payments for Health Caryn Bredenkamp, Sarah Bales, Kristiina Kahur, 2019-12-19

This book examines how nine different health systems: U.S. Medicare, Australia, Thailand, Kyrgyz Republic, Germany, Estonia, Croatia, China, Beijing, and the Russian Federation have transitioned to using case-based payments and especially diagnosis-related groups (DRGs) as part of their provider payment mix for hospital care. It sheds light on why particular technical design choices were made, what enabling investments were pertinent, and what broader political and institutional issues needed to be considered. The strategies used to phase in DRG payment receive special attention. These nine systems have been selected because they represent a variety of different approaches and experiences in DRG transition. They include the innovators who pioneered DRG payment systems, namely the United States and Australia; mature systems such as Thailand, Germany, and Estonia; and countries where DRG payments were only introduced within the past decade such as the Russian Federation and China. Each system is examined in detail as a separate case study with a synthesis distilling the cross-cutting lessons learned. This book should be helpful to those working on health systems that are considering introducing or are in the early stages of introducing DRG-based payments into their provider payment mix. It will enhance the reader's understanding of how other countries or systems have made that transition, give a sense of the decisions that lie ahead, and offer options that can be considered. It will also be useful to those working in health systems that already include DRG payments in the payment mix but have not yet achieved the anticipated results.

Using Casemix System for Hospital Reimbursement in Social Health Insurance Programme Syed Aljunid, Eka Yoshida Syukri, 2020-11-26

Social Health Insurance (SHI) is one of the vehicles in achieving Universal Health Coverage. However, in many low and middle income countries, implementation of SHI failed to provide efficient and effective coverage due to poor provider payment method. Indonesia has introduced social health insurance in 2014. With the population of more than 270 million, Indonesia is the biggest country in the world that

implemented SHI with casemix system INA CBG as the prospective provider payment method In this book we presented an outcome of a study implemented in the largest hospital in Jakarta Indonesia that compared the impact of using casemix system as provider payment method with fee for service A total 32 227 outpatients and 8 270 inpatients medical records were reviewed and included in the study In addition a survey was also conducted among billing administrators to assess the cost of the billing process and their perceptions on the two reimbursement methods The total hospital charges length of stay of inpatients rate of unnecessary admissions and cost of billing process were among the indicators of efficiency compared in the study between the two provider payment methods The book provides comprehensive evidence to confirm the advantages of casemix system as an efficient provider payment method in SHI programme

### **Accountable Care Organizations**

Robert James Cimasi,2013-06-05 An accountable care organization ACO is a healthcare organization characterized by a payment and care delivery model that seeks to tie provider reimbursements to quality metrics and reductions in the total cost of care for an assigned group of patients Accountable Care Organizations Value Metrics and Capital Formation explores the historical background and evolution of the ACO model as the basis for the development of the value metrics and capital formation analyses that are foundational to assessing the current efficacy and capacity for change The book examines the four pillars of value in the healthcare industry regulatory reimbursement competition and technology in addressing the value metrics of ACOs including requirements for capital formation financial feasibility and economic returns It focuses the discussion of non monetary value on a review of aspects of population health within the context of such objectives as improved quality outcomes and access to care Explains why ACOs might be the cost containment and quality improvement answer the industry has been looking for Describes the circumstances and capital structures where ACOs represent a sound investment Includes a foreword by Peter A Pavarini Esq The book examines the positive externalities of the ACO model including results for third parties outside the basic construct of the ACO contracts shared savings payments It also discusses the potential role and opportunities for consultants in assisting their provider clients in the consideration development implementation and operation of an ACO

### **Rehabilitation in health financing**

World Health Organization,2024-01-16 Health financing is a core pillar of health systems and encompasses the three functions of how revenues for health are collected pooled and paid out to providers of health care services It can be leveraged to pursue key universal health coverage goals of enhancing access ensuring quality and financial protection against catastrophic or impoverishing out of pocket expenditure But knowledge on how health financing practices can be harnessed to promote the delivery of rehabilitation services is limited This document is the first WHO resource on health financing for rehabilitation It considers current practices for financing rehabilitation services frames major challenges and opportunities and offers guidance to decision makers engaged in strengthening rehabilitation within health systems

### **Health Financing Policy**

Cheryl Cashin,2016-02-24 The global

movement toward universal health coverage UHC is accompanied by requests for large increases in government health

spending in some countries This combined with the global economic situation and stagnant economic growth across many low and middle income countries make it more critical than ever to place health financing discussions firmly in the context of macroeconomic and fiscal realities Unfortunately there is often a disconnect in decision making with key fiscal decisions made in the absence of a clear understanding on the one hand of the potential consequences for the health sector and on the other the consequences for the country s macroeconomic and fiscal position of increasing or reallocating government spending Constructive health financing policy dialogue aims to reach a common understanding between health sector leaders and central budget authorities about policy objectives for the health sector and the resources needed to achieve those objectives how much priority will be given to health in the government budget and how the health sector will be held accountable for using funds effectively This common understanding should be built on a realistic picture of the country s macroeconomic and fiscal context the constraints and competing priorities in the budget setting process When ministries of health and ministries of finance have a common understanding of macroeconomic and fiscal constraints discussions can focus productively on using funds within the potential health resource envelope in the most effective way to achieve health system objectives This guidance note outlines the key components of the macroeconomic fiscal and public financial management context that need to be considered for an informed health financing discussion at the country level The guidance note is organized around four sets of questions that are key to placing the health financing dialogue in the context of a country s macroeconomic and fiscal context Each section points to measures resources and analytical tools that are available to assist in answering these questions for a specific country The guidance note draws on case studies from 11 countries moving toward or sustaining universal health coverage conducted as part of the Japan World Bank Partnership Program on UHC as well as from other country examples

**The Road to Universal Health Coverage** Jeffrey L. Sturchio, Ilona Kickbusch, Louis Galambos, 2019-01-15 How can countries chart their own course toward universal health coverage Like many ambitious global goals universal health coverage UHC remains an aspiration for many countries The World Health Organization estimates that half the world s population lacks access to basic health services Moreover this already staggering number masks inequities that exist between and within countries gaps between rich and poor men and women young and old and among people of different ethnic backgrounds UHC promises to give all people greater access to higher quality health services without the fear of financial hardship But the task of turning this vision into reality poses a significant challenge for countries at all stages of economic development In *The Road to Universal Health Coverage* Jeffrey L. Sturchio Ilona Kickbusch Louis Galambos and their contributors explore the ways in which the private sector is already helping countries achieve universal health coverage Stressing the many positive aspects of UHC developments the book focuses on the new health economy and the sometimes controversial dimensions of the private sector helping countries achieve UHC Theoretical chapters are complemented by a series of case studies that explore the myriad ways in which private sector actors are

already addressing UHC What are the conditions required for countries to translate their successful experiences and policy promises into practical results for improved population health In answering this question the contributors examine the relationship between health employment and economic growth They also analyze the critical success factors for private sector engagement in UHC the role of healthy women in creating and sustaining healthy economies and the role of the pharmaceutical sector Looking to the political economic and social implications of moving from aspiration to implementation The Road to Universal Health Coverage points the way to the many opportunities ahead as companies continue to work with governments and civil society partners to help achieve UHC Jean Louise Arcand Hector Arreola Ornelas Nathan J Blanchet Christine Bugos Jim Campbell John Campbell Jr Ibadat Dhillon Donika Dimovska Christian Franz Michael Frost Louis Galambos Belen Garijo Adeel Ishtiaq Sowmya Kadandale Ilona Kickbusch Felicia Marie Knaul Jeremy Lauer Robert Marten Justin McCarthy Harald Nusser K Srinath Reddy Yasmine Rouai Jeffrey L Sturchio Cicely Thomas Tana Wuliji Snow Yang Pascal Zurn

**Governing Health Systems** Michael R. Reich, Keizo Takemi, 2016-10-21 Governing Health Systems For Nations and Communities Around the World examines the complex relationships between governance and performance in community and national health systems Each chapter provides an in depth case study using both qualitative and quantitative methods on health systems in many countries including Uganda Ghana India Zambia Japan Nigeria Indonesia Brazil Palestine and South Korea The chapters were written by former Takemi Fellows who were mid career research fellows at the Harvard T H Chan School of Public Health and their colleagues This case study approach yields important findings as well as contextual insights about the challenges and accomplishments in addressing governance issues in national and community health systems around the world Health policymakers around the world are struggling to address the multiple challenges of governing health systems These challenges also represent important themes for the research mission of the Takemi Program in International Health at the Harvard T H Chan School of Public Health This book is based on the program's thirtieth anniversary symposium held in October 2013 at Harvard The studies presented in this book deep examinations of illustrative examples of health system governance for communities and nations contribute to our knowledge about global health and assist policymakers in dealing with the complex practical problems of health systems In short this book addresses central questions about governing health systems and why governance matters

**Health Care Policy In East Asia: A World Scientific Reference (In 4 Volumes)**, 2019-11-25 During the past three decades health care systems in the East Asian regions of China Japan South Korea and Taiwan have undergone major changes Each system has its unique achievements and challenges Global health care policymakers are increasingly interested in understanding the changes that have taken place in these four systems This four volume reference set is designed to help health care professionals academics policymakers and general readers gain a good grasp of the background and latest developments in the health care systems of China Japan South Korea and Taiwan This reference set provides an in depth comparative health policy analysis and

discussion of health care reform strategies in each of these systems One unique feature of this set is that each volume has been edited by a leading scholar who has been deeply involved in the development of the health care system in that particular region Each of these editors also has invited both scholars and practitioners to provide a first hand description and analysis of key health care reform issues in that system The many examples provided in each volume demonstrate how findings of evidence based policy research can be implemented into policy practice Volume 1 describes and discusses China's ambitious and complex journey of health care reform since 2009 The Chinese government has achieved universal health insurance coverage and has embarked on reforms of the service delivery system and provider payment methods that are aimed at controlling health expenditure growth and improving efficiency This volume includes pilot and social experiments initiated by the government and researchers and their evaluations that have guided the formulation of health reform policies It provides information on how to make reforms work at the local and provincial levels The findings detailed in this volume will contribute to a global knowledge base in health care reforms Volume 2 provides a comprehensive review and evaluation of the Japanese health care system Japan has a long history of health care system development and provision of universal health coverage with a mature and well developed health care system among East Asian countries However due to increases in health care costs economic stagnation and the country's rapidly aging population Japan has undergone significant health care reform during the last two decades both in the delivery as well as financing of health services in its hospital sector medical technology sector and long term care insurance Despite these challenges and reforms health outcomes among the Japanese population have been progressively among the best in the world This volume shows how policy research can lead to policy analysis implementation and assessment It also provides valuable lessons learnt for mutual learning among other health care systems Volume 3 offers a comprehensive review of the developments in South Korea's national health insurance system since 1989 in terms of financing delivery systems and outcomes The volume analyzes the efficiency of cost and service delivery by public sectors versus private sectors It points out areas of challenge to future Korean health care reform Chapter authors in this volume are leading experts involved in Korean health care policy implementation Volume 4 reviews the development and achievements of Taiwan Health Insurance since 1995 Because of its continuous reform in payment services delivery and pharmaceutical technology Taiwan has been considered a model example of universal health insurance among global health systems This volume shows the processes used to translate policy research findings into policy changes While the health care reform in Taiwan is ongoing the Taiwan example provides a real world and practical understanding of health care system changes In summary this four volume set makes an outstanding contribution to health care system reform and policy research based on solid scholarly work It also introduces policy researchers and academic communities to current debates about health systems health financing and universal health coverage This reference volume is a must for anyone keen on East Asia's health care system reform dynamics and changing scene

**Development of Pharmacy Service**



## **Weights in the Implementation of Casemix System for Provider Payment** Dr Syed M. Aljunid, Dr Saad A. Ali

Jadoo, 2017-09-19 This book outlines the use of the casemix system as a provider payment tool in the health system with special focus on cost of pharmacy services of in patient care Casemix system which is traditionally called Diagnosis Related Groups or DRG in more advanced economies is now being implemented in many developing countries that plan to or have embarked on social health insurance programs as a source of the health funding Extensive research has been carried out by the authors involving 13 673 patients that were prescribed with 111 794 items of drugs and admitted to one of the premier teaching hospital in Malaysia Data from this research was vigorously analysed to impute the pharmacy service weights of all relevant casemix groups This book provides the best reference for pharmacy service weights that can be used as a guide for effective implementation of the casemix system in any country in the world that plans to use the system **Health Policy in**

**Asia** M. Ramesh, Azad S. Bali, 2021-12-09 The book assesses the policy actions of select Asian governments China India Hong Kong South Korea Singapore and Thailand to address critical health system functions from a policy design perspective The findings show that all governments in the region have made tremendous strides in focussing their attention on the core issues and especially the interactions among them However there is still insufficient appreciation of the usefulness of public hospitals and their efficient management Similarly some governments have not made sufficient efforts to establish an effective regulatory framework which is especially vital in systems with a large share of private providers and payers A well run public hospital system and an effective framework for regulating private providers are essential tools to support the governance financing and payment reforms underway in the six health systems studied in this book *Going Universal*

Daniel Cotlear, Somil Nagpal, Owen Smith, Ajay Tandon, Rafael Cortez, 2015-09-25 The quest for universal health coverage UHC has gathered real momentum over the past decade with countries on every continent now taking part This is welcome news since a lack of universal coverage means that hundreds of millions of people around the world either do not get the health care services they need or they have to pay dearly for them often falling into poverty as a result But the UHC agenda also poses an enormous challenge to policy makers across the globe and many countries are eager to learn from the experiences of others as they undertake the long journey toward UHC *Going Universal How 24 Developing Countries Are Implementing Universal Health Coverage* Reforms from the Bottom Up draws on a wealth of new evidence to help enrich the global knowledge base on UHC It provides a synthesis of UHC reform programs that placed a special focus on expanding coverage in ways inclusive of the poor The main objective was to document and analyze their experiences based on a systematic data collection effort that sought to capture in great detail how they have been implementing UHC reforms The main chapters offer an in depth analysis of how countries are addressing five key challenges covering people expanding benefits managing money improving the supply of health care services and strengthening accountability The UHC reform programs described in the volume are new massive and transformational Most were launched during the past decade and

together they now cover more than 2 billion people But most importantly the authors find that the programs are fundamentally changing the way health systems operate offering the potential to achieve greater equity and better results for the money spent The authors identify key risks that lie ahead as well as an emerging agenda that requires more country and global learning Overall this book offers those contributing to the achievement of UHC worldwide a valuable new resource to help chart a way forward

**Diagnosis-Related Groups In Europe: Moving Towards Transparency, Efficiency And Quality In Hospitals** Busse, Reinhard, Geissler, Alexander, Quentin, Wilm, 2011-11-01 Summary The volumes in the European Observatory on Health Systems and Policies series focus on key issues for health policy making in Europe This book is a joint venture between the WHO EO and the EuroDRG which addresses the challenges of using Diagnosis Related Group systems in Europe

EBOOK: Diagnosis-Related Groups in Europe: Moving towards transparency, efficiency and quality in hospitals Reinhard Busse, Alexander Geissler, Wilm Quentin, Miriam Wiley, 2011-11-16 Diagnosis Related Group DRG systems were introduced in Europe to increase the transparency of services provided by hospitals and to incentivise greater efficiency in the use of resources invested in acute hospitals In many countries these systems were also designed to contribute to improving or at least protecting the quality of care After more than a decade of experience with using DRGs in Europe this book considers whether the extensive use of DRGs has contributed towards achieving these objectives Written by authors with extensive experience of these systems this book is a product of the EuroDRG project and constitutes an important resource for health policy makers and researchers from Europe and beyond The book is intended to contribute to the emergence of a common language that will facilitate communication between researchers and policy makers interested in improving the functioning and resourcing of the acute hospital sector The book includes A clearly structured introduction to the main building blocks of DRG systems An overview of key issues related to DRGs including their impact on efficiency quality unintended effects and technological innovation in health care 12 country chapters Austria England Estonia Finland France Germany Ireland the Netherlands Poland Portugal Spain and Sweden Clearly structured and detailed information about the most important DRG system characteristics in each of these countries Useful insights for countries and regions in Europe and beyond interested in introducing extending and or optimising DRG systems within the hospital sector

**OECD Health Policy Studies Realising the Potential of Primary Health Care** OECD, 2020-05-30 This report examines primary health care across OECD countries before the COVID 19 pandemic and draws attention to how primary health care is not living up to its full potential Doing things differently through new models of organising services better co ordination among providers better use of digital technology and better use of resources and incentives helps to improve care reduce the need for hospitalisations and mitigate health inequalities

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