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# **Russian Health Care: Assessment by Population**

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# The Semashko Health Care System

## ■ General principles:

- Universal access to free health care
- Provision of free medical services by public health facilities
- Fixed salary system for health workers remuneration; under-the-table payments from patients as surplus to low salary
- Exceptionally high involvement of the government in both funding and provision health care

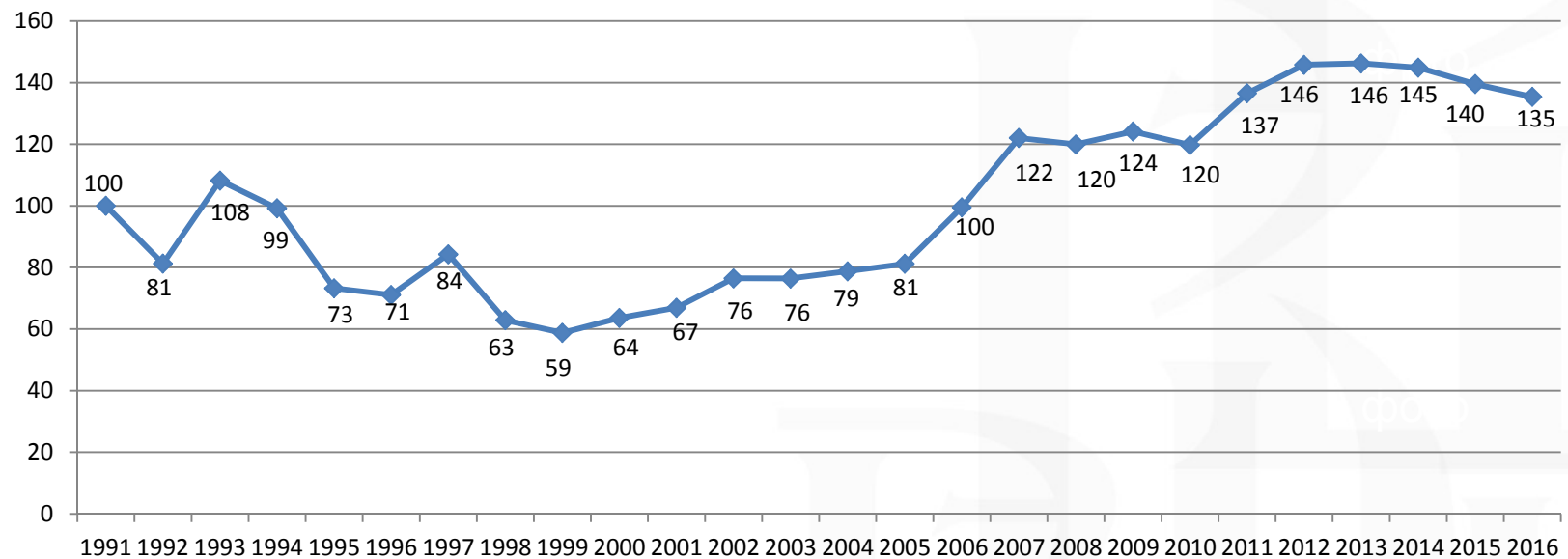
## ■ Out-patient care delivery model:

- A major provider of outpatient care in the country is a multispecialty polyclinic
- Separated outpatient care for adults and children
- Responsibility of primary care provider for the enrollees in the catchment area
- Preventive orientation
- Gatekeeping by primary care providers; rigid order of referrals, which did not give patient the right to choose a doctor or a medical institution



# Public funding of health care in the post-soviet period

Public funding of health care in real terms, 1990 = 100%

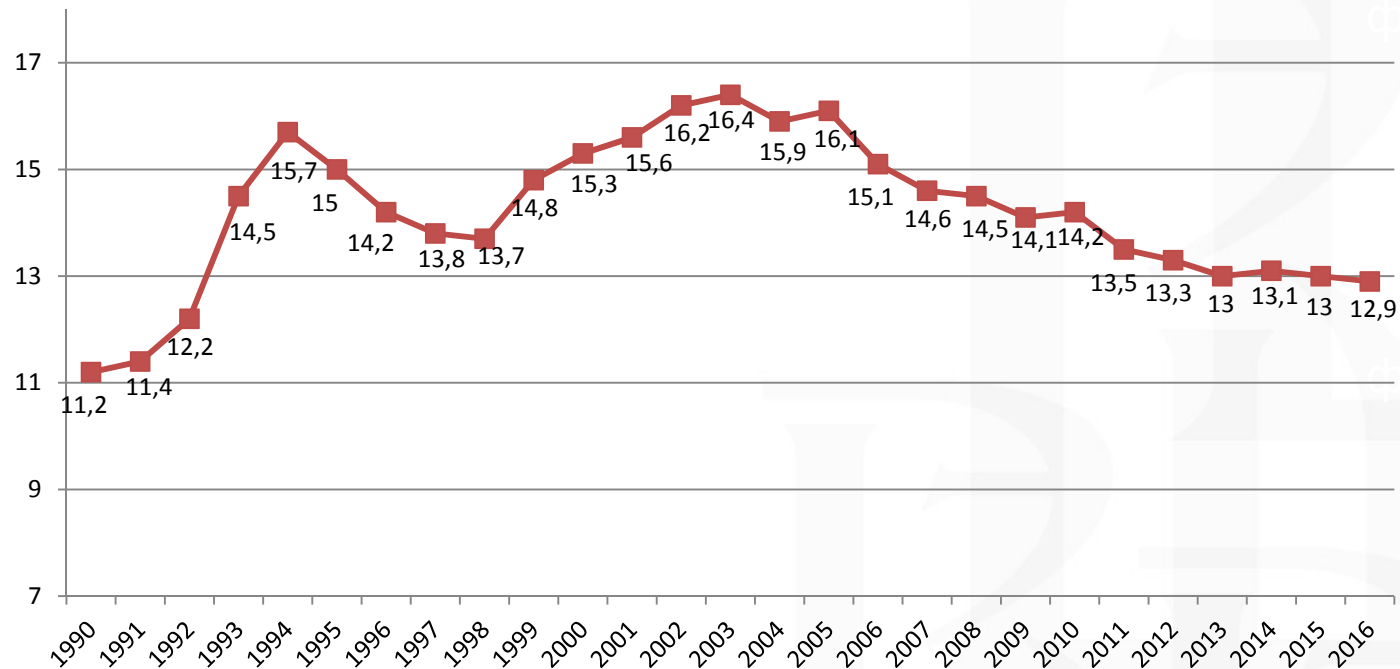




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# Health outcomes: mortality

## Mortality per 1000 people in Russia in 1990-2016



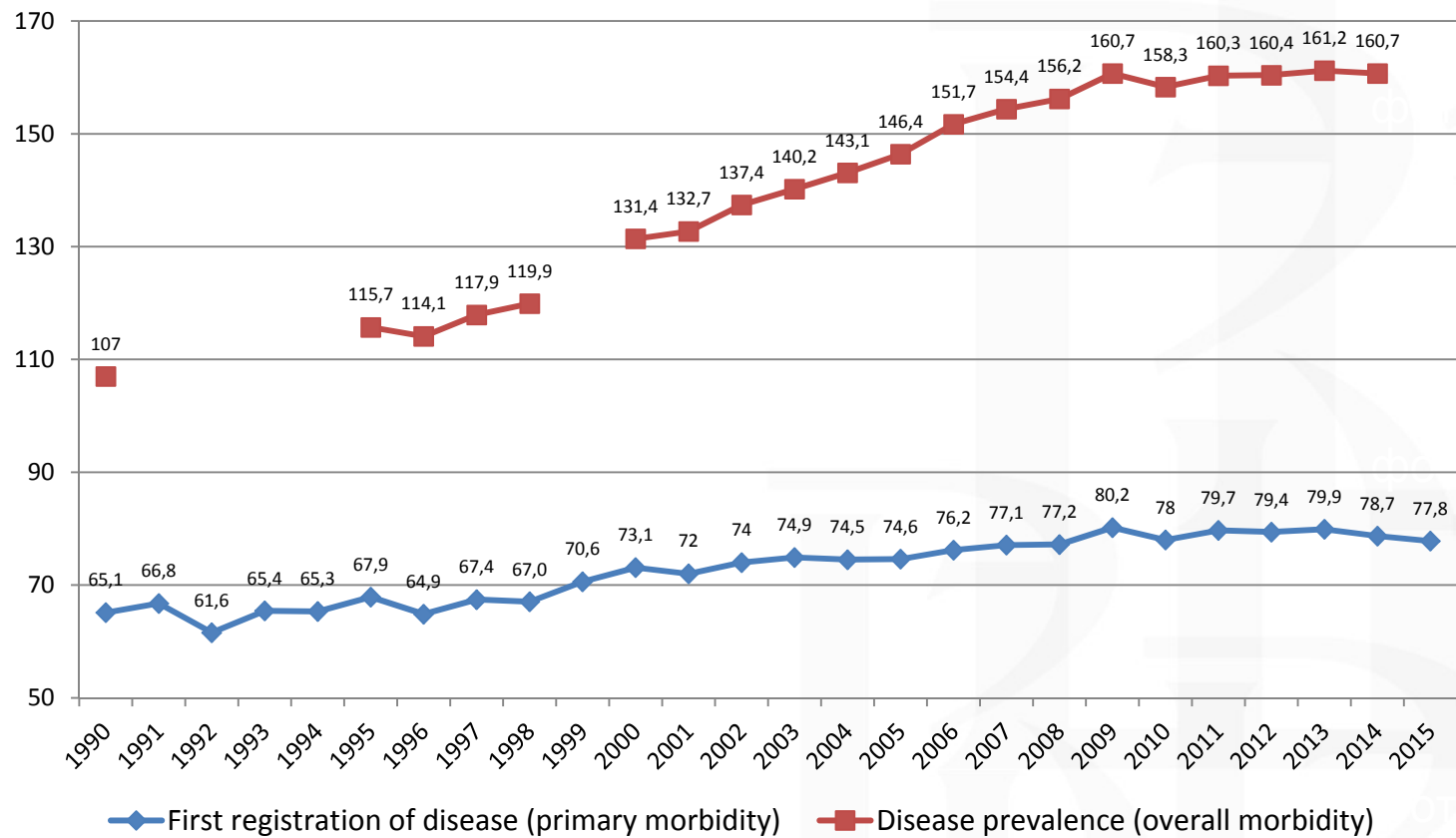
Source: Rosstat data



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# Health outcomes: morbidity

## Morbidity rates per 1000 people in Russia, 1990-2015



Source: Rosstat data



# Reforms of out-patient care provision

- Restructuring of medical facilities network
- Emergence of private sector
- Partial transition from district therapists to general practitioners
- Development of chargeable medical services provision
- Expansion of the patient's choice of the medical organization and the doctor
- Introduction of modern information systems (electronic records via the Internet, personal office, etc.)
- Functional division of primary care (Moscow reform)



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# Restructuring of out-patient care facilities network in the post-soviet period

## Outpatient care medical organizations in the Russian Federation, 1990-2014

	1990	2000	2010	2014
Number of facilities (free-standing and units of hospitals), thousand	21.5	21.3	15.7	17.1
Capacity of facilities, potential visits per day, per 10 000 residents	217.4	245.0	257.9	263.8
Number of physician visits per resident	9.5	9.4	9.4	9.1

## Outpatient care medical organizations in rural areas

	1995	2000	2010	2014
Number of facilities (free-standing and units of hospitals), thousand	9.2	8.4	3.0	3.1
Capacity of facilities, potential visits per day, per 10 000 residents	132.5	127.5	116.4	110.1
Number of feldsher-midwife points, thousand	45.8	44.8	37.8	35.0

*Source:* Rosstat, 2015 and respective years.



# Private sector development

## Indicators of private medical facilities development

	1995	2000	2010	2014
Number of private outpatient medical organizations	703	1724	3175	4261
Capacity of private facilities, potential number of physicians visits per day, thousand	35.7	57.6	226.6	319.1
Share of private organizations' capacity in total capacity of outpatient facilities, %	1.0	1.5	6.1	8.3

Private providers work under contracts with health insurers under the mandatory health insurance scheme:

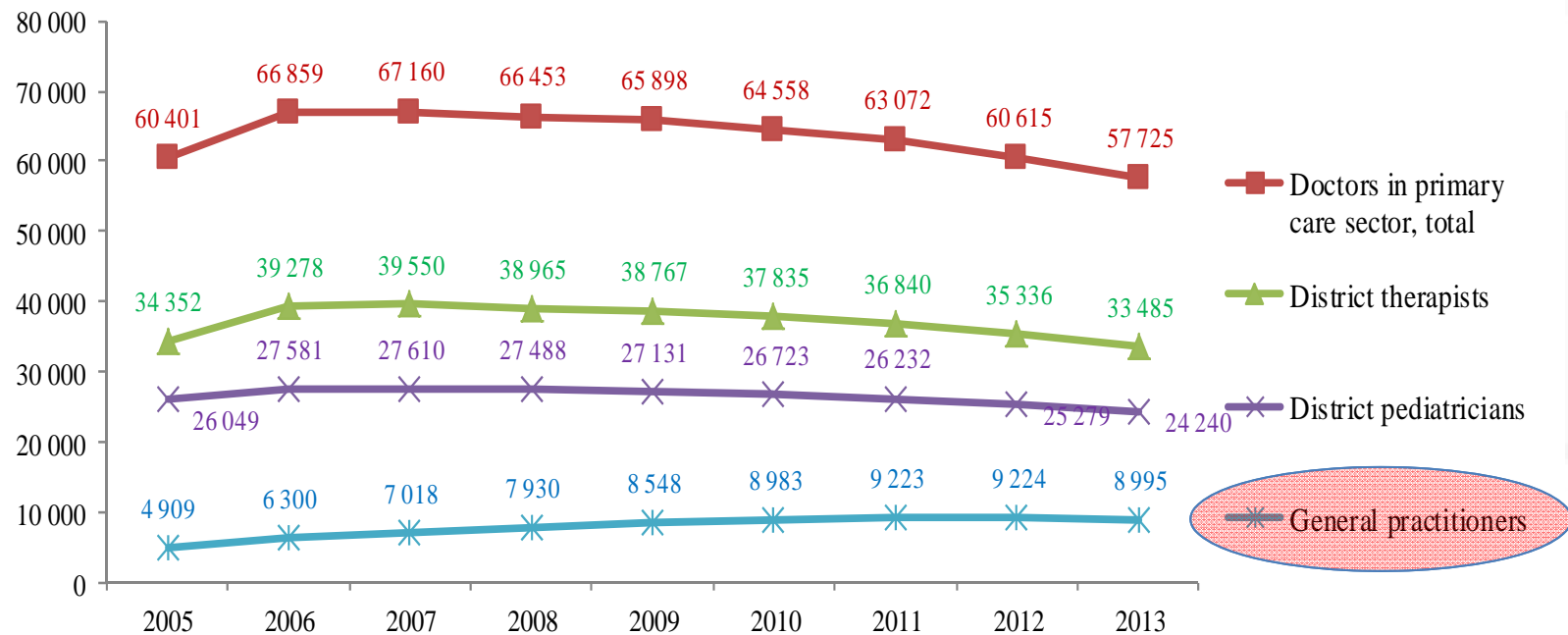
- In 2016 they amounted to 29% of total outpatient organizations under this scheme (13% in 2012).
- But their share in total outpatient expenditure is only 4% (Stadchenko, 2016).





# Partial transition from district therapists to general practitioners

Number of doctors in the primary care sector in Russia in 2005-2013, pers.

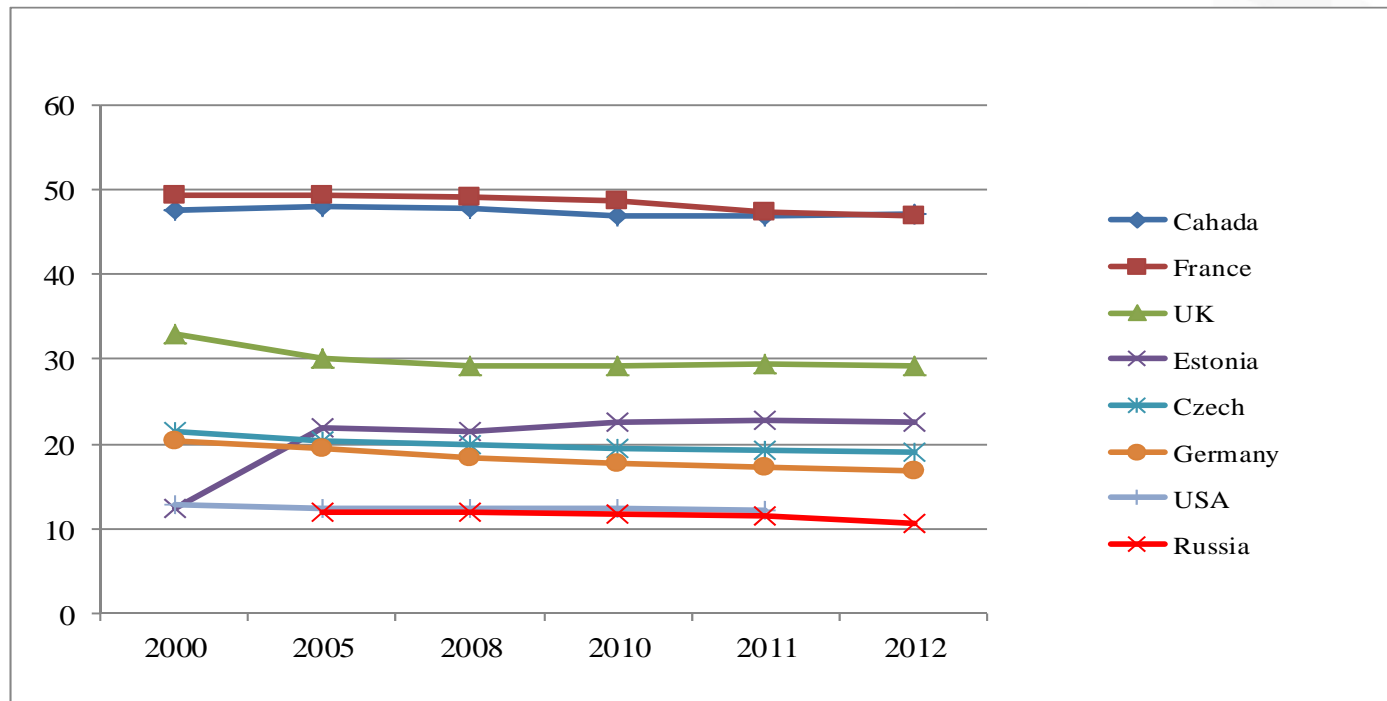


Sources: Annual reference books for 2005-2013 "Activities and resources of health institutions". Ministry of Health of the Russian Federation, CNIIOIZ. M., 2006-2014.



# Low share of primary care physicians in comparison with Western countries

Share of general practitioners in selected OECD countries and district doctors in Russia in the total number of physicians in 2000-2012, %



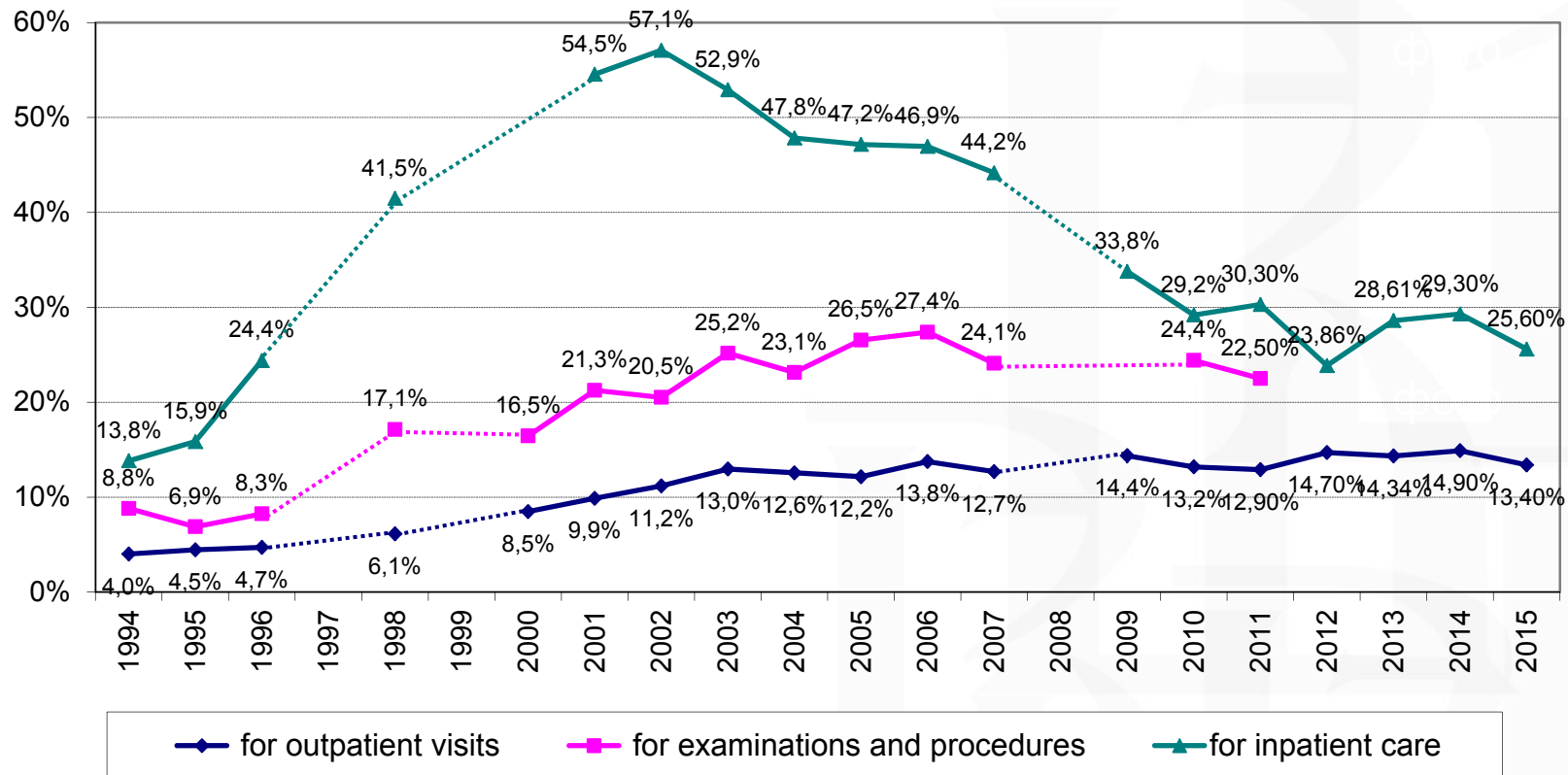
Source: calculation based on OECD Health Data; CNIIOIZ Data.



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# Prevalence of chargeable medical services

Percentage of patients purchasing health care services among people seeking this type of service in 1994–2015



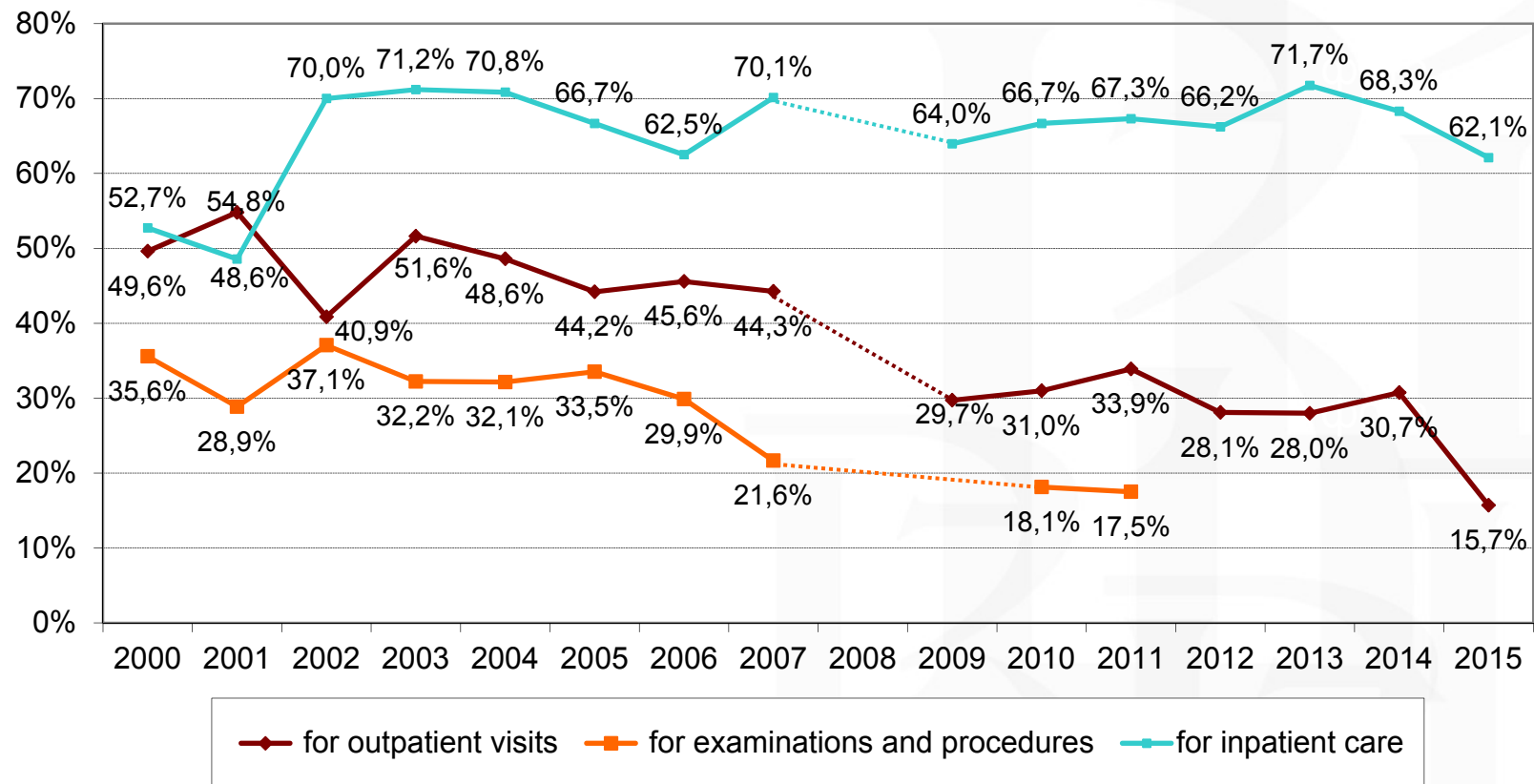
Source: RLMS-HSE data



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# Prevalence of under-the-table payments

Percentage of patients making under-the-table payments among patients paid for outpatient care in 1994–2015



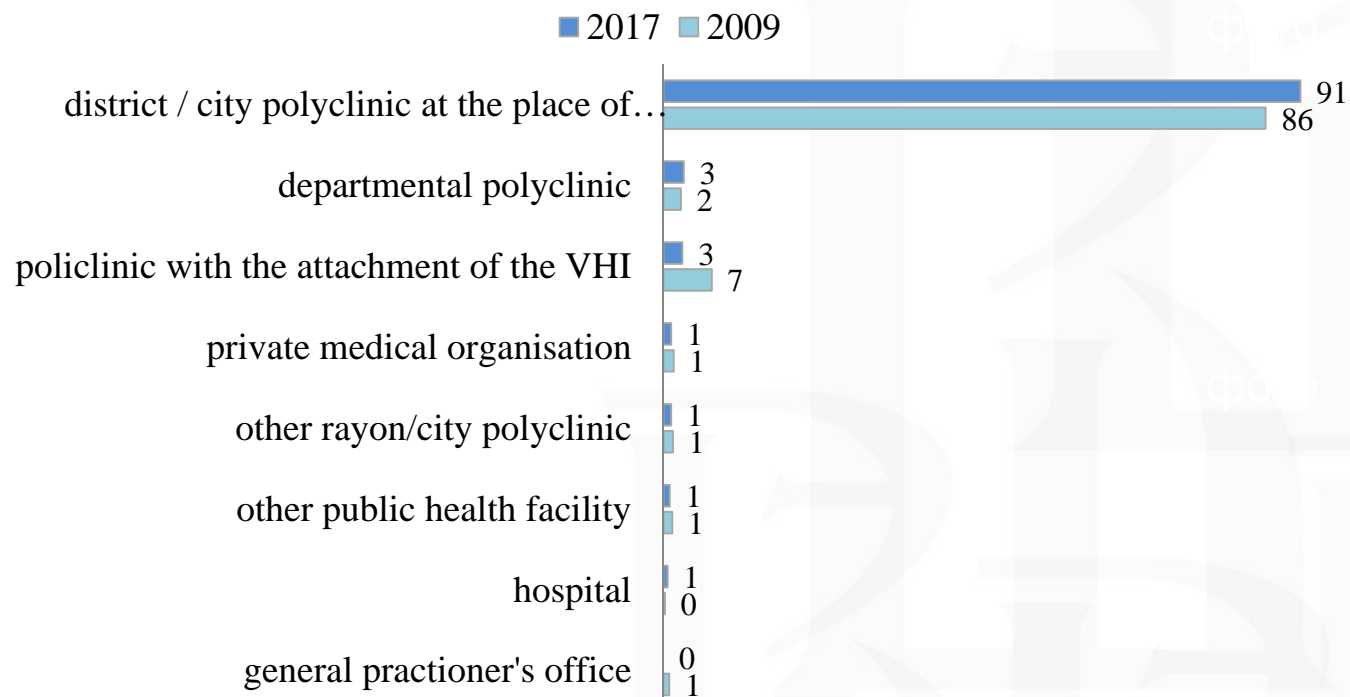
Source: RLMS-HSE data



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## Patient choice

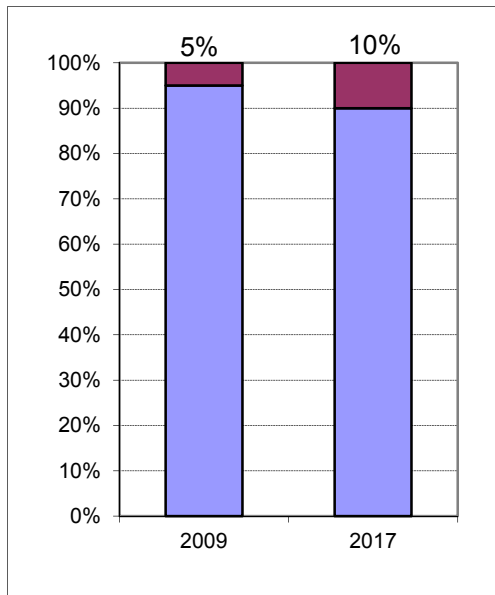
### The choice of the medical facility for receiving outpatient care in 2009 and 2017 (Percentage of those who have a permanent medical institution)



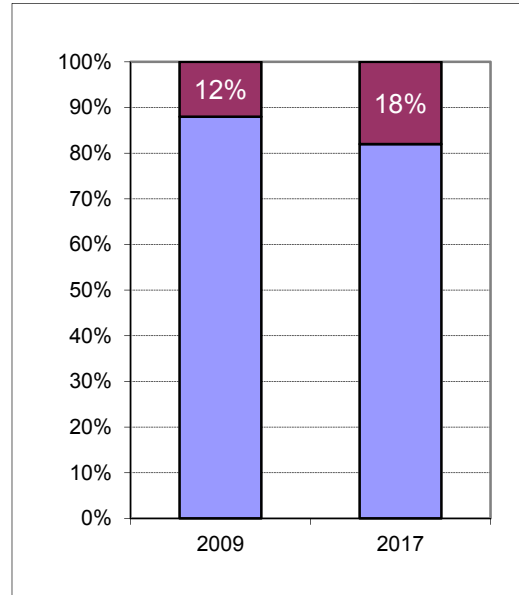
Source: HSE and Levada-Center surveys



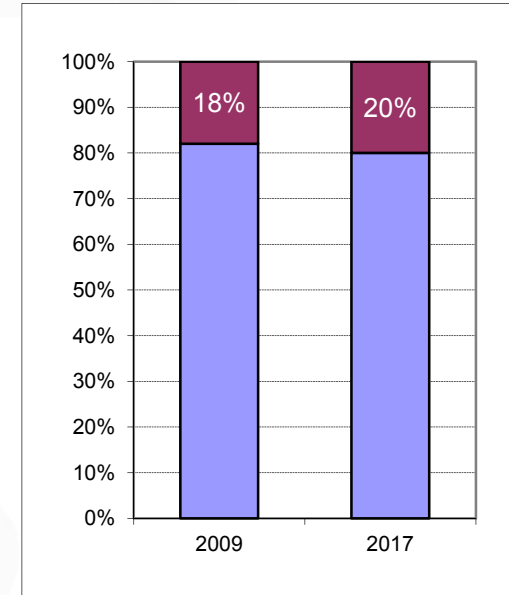
# The incidence of patient choice in Russia



Share of respondents changed their **regular outpatient facility** over the last two years



Share of respondents of those who used **outpatient care** selected facility or physician in its staff over the last two years



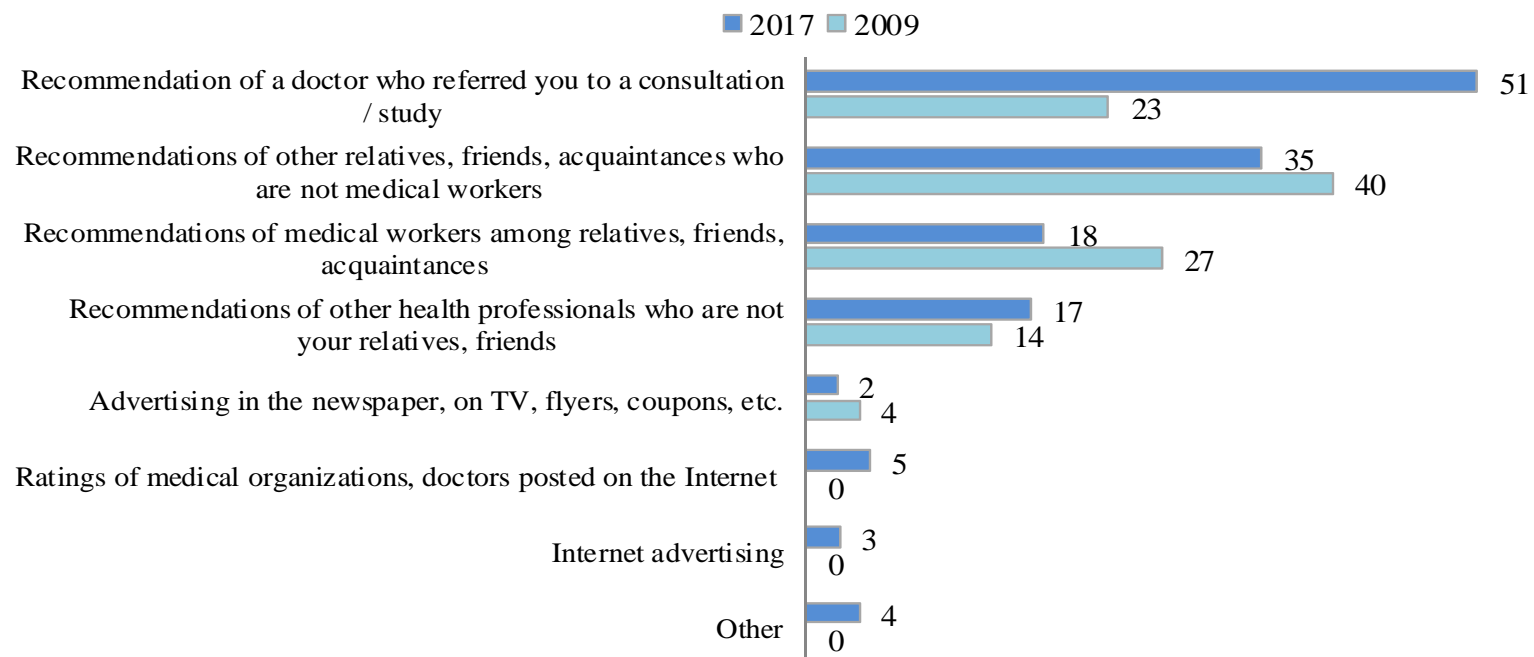
Share of respondents of those who used **inpatient care** selected a **hospital** over the last three years

Source: HSE and Levada-Center surveys



# Sources of information for patient choice

**Sources of information that the patient used when choosing a doctor and / or medical institution (percentage of those who applied for ambulatory care for 2 years and made a choice).**



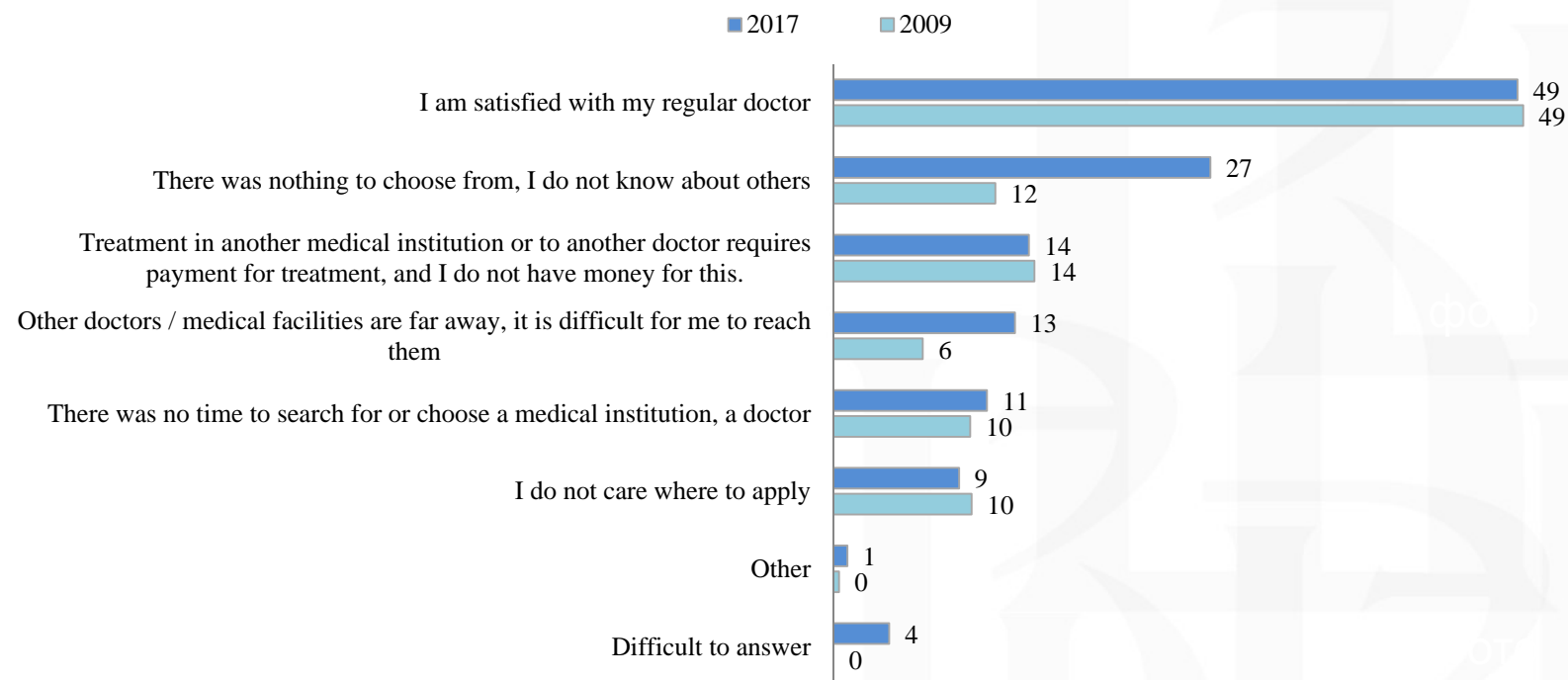
Source: HSE and Levada-Center surveys



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## Reasons for refusing to change the physician

Reasons for refusing to change the attending physician (in% of those who applied for outpatient care for 2 years and made a choice).



Source: HSE and Levada-Center surveys



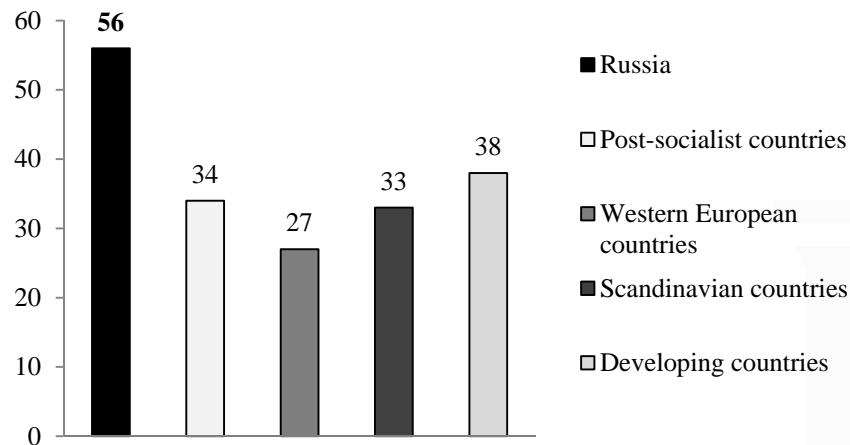


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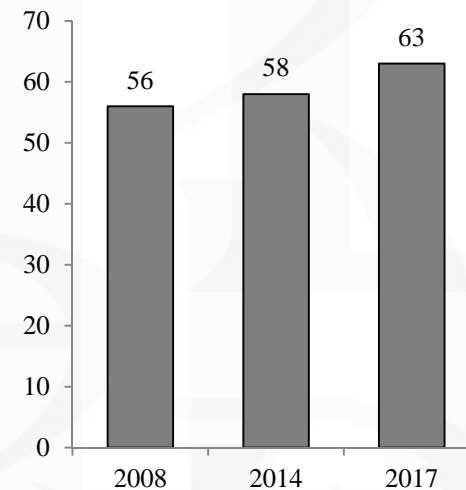
# DEFICIENCY OF CITIZENS' TRUST IN DOCTORS

The share of citizens who agree with the following assessment of the qualifications of doctors, %

Professional skills of most doctors are lower than required



The professional level of most doctors is lower than required. Estimates for the Russian Federation

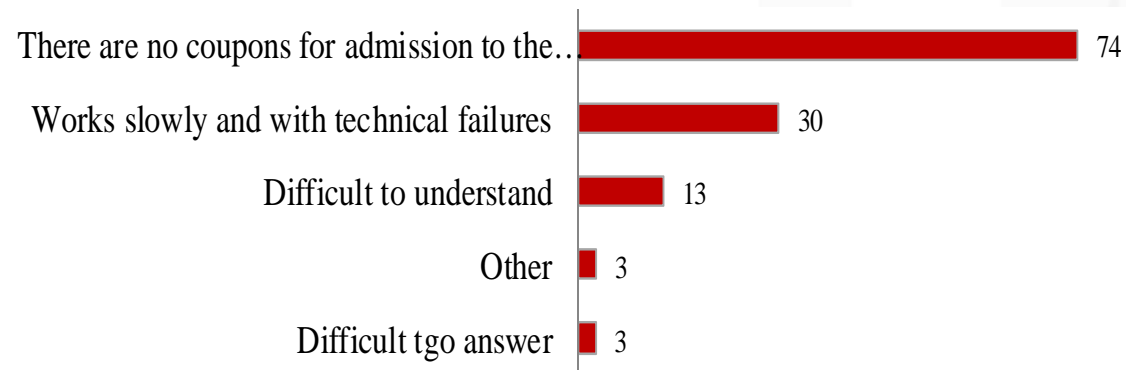


Source: International Social Research Program (ISSP), 2008; Karaev, 2014;  
The survey of the adult population, commissioned by the Higher School of Economics in September-October 2014, N = 4500 and in February 2017, N = 4500



## Electronic recording to doctors

**The reasons for dissatisfaction with the work of the system of electronic recording to doctors (% of those who consider the work of this system unsatisfactory).**



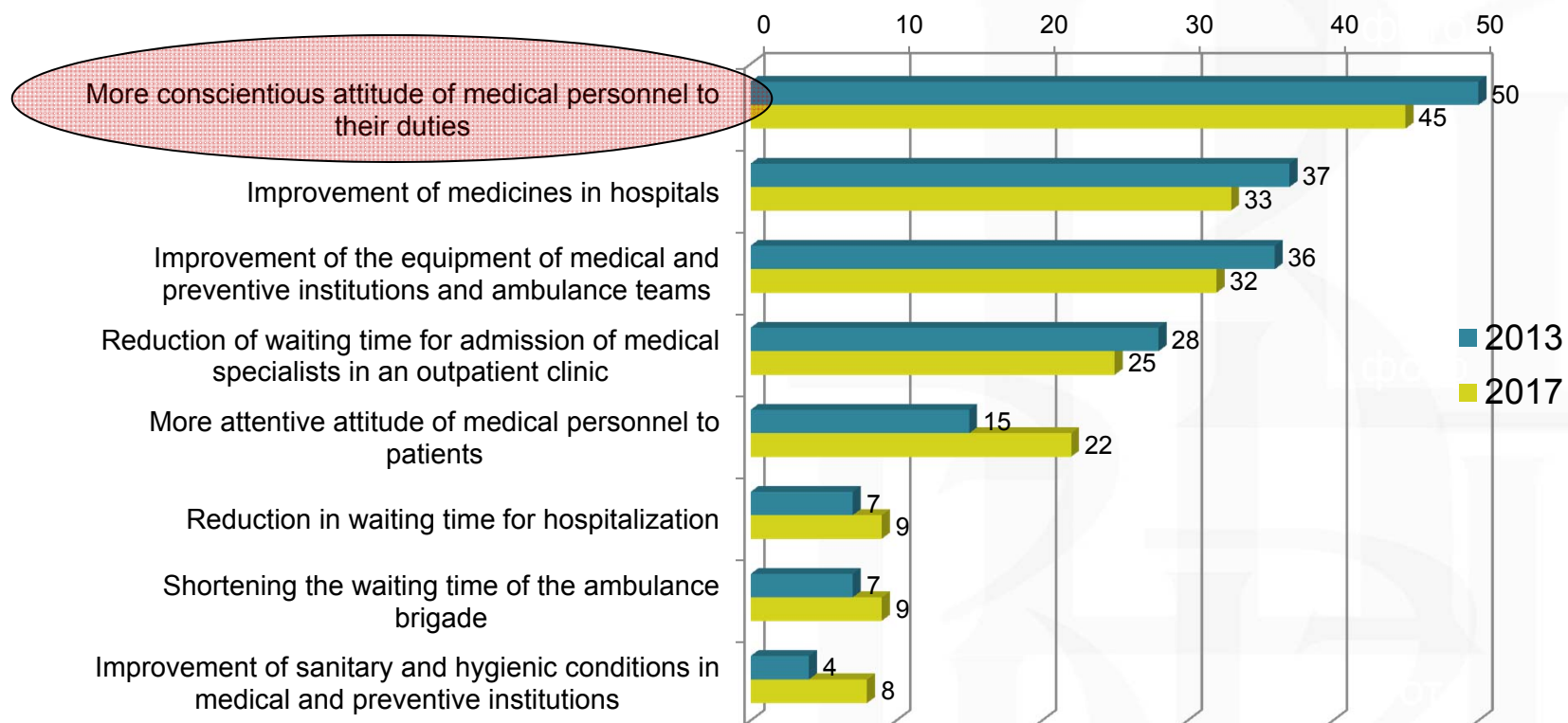
Source: HSE and Levada-Center survey



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## Priority areas for improving the quality of medical care

Distribution of respondents' answers to the question: "In what areas is it necessary, first of all, to improve the quality of medical care?"



Source: HSE and Levada-Center surveys