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Short Communication

STUDYING CHALLENGES OF IMPLEMENTATION OF HEALTH SYSTEM REFORM PLAN IN OUTSOURCED UNITS OF HEALTH SERVICES IN BRANCHES OF MEDICAL SCIENCE UNIVERSITY OF SHIRAZ IN 2015

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ABSTRACT

Background: Reforms of health system in developing countries are performed in financial supply of health services, allocation of sources to health system, presentation of services and justice. In all cases, non-governmental sector can play role by participation of governmental and private sectors as one of strong executive options.
Method: This is a qualitative study and data was obtained from documents (tender and contracts) of branches affiliated to medical science university of Shiraz and observation and interview with 15 knowledgeable persons such as experts and staff managers, managers of hospitals and contractors. Data were summarized and analyzed by qualitative method of "framework analysis".
Findings: Challenges of implementation of health system reform in outsourced units of health services in Shiraz are summarized in four main themes and ten subthemes as follows:
1- challenges of employers (hospital/ health & treatment centers) 2- challenges of rules and regulations 3- challenges of the book "relative values of tariffs for presenting services 4- challenges of implementation of reform plan in health system.
Discussion and conclusion: Outsourcing has been ignored in implementation of health reform plan. It is noteworthy that policy makers of health try to facilitate presentation of services in outsourced units by reforming laws and formulating clear instructions and they should use opinions of these service providers.
Keywords: Outsourcing, health change plan, challenge, private sector.

INTRODUCTION

Systems of health & treatment services are acting in governmental and private forms or combination of both. Private sector in spite of high efficiency in production of goods and services has failed in the market due to special nature of health & treatment services in supplying health & treatment services. On the other hand, governmental sector could not provide services required for public due to inefficiency and lack of effectiveness in most parts such as health sector (Jabbari Beyrami H et al, 2014). Advantages and disadvantages of these two sectors caused policy makers to use sources, experiences and skills of private

sector in governmental institutes or participation of governmental and private sectors ((Jabbari Beyrami H et al, 2014). Such participation has remarkable features of private sector such as managerial skills and high efficiency without losing quality standards of outcomes due to control mechanisms of governmental sector. Studies conducted by Farahabadi (Ferdosi et al, 2011), Mosazadeh (Hossein et al), Omrani (Omrani et al, 2013), Hodge (Hodge, 2000) and Aksan (Aksan et al, 2010) are in agreement with these results. Governmental-private participation is an agreement between governmental and private sectors. In this agreement, private sector implements some general tasks instead of governmental sector in a certain time in frame of negotiations with determined risks and rewards (Zhang and Chen, 2013). There are some factors for participating with private sector:

- supplying new sources, complexity and expansion of treatment services, equipment and increase of prices and lack of sufficient sources in governmental sector
- Insufficient capacity of governmental sector in presenting high quality treatment services
- Insufficient effectiveness in governmental sector due to spent costs
- using sources, managerial and executive capacities of private sector
- requiring innovative strategies and creating competition
- requiring increase of productivity, effectiveness and responsiveness
- requiring fair access of public to qualitative services
- reducing the size of governmental sector (Espigares and Torres, 2009)

Description of the paper

Stability of health system is a global concern in light of challenges including population growth, aging, increase of public expectations, increasing prevalence of chronic diseases and several side effects, mortality and chronic and infective diseases. Reforms of health system in developing countries have been considered as one of following options: financial supply of health services, allocation of sources in health system, presenting services and justice. In all cases, non-governmental sector can play role as a strong executive option. World health organization aims to cover globally health system. Therefore, everybody can access to every necessary service and they are protected from financial risks related to services. Governments participated with private sector to reach this goal and increase capacity of health systems (Wong et al, 2015). Reform plan of health system was implemented in 2015 in health area in form of 6 national programs and three supportive projects (primary healthcare in urban regions and suburbs including primary healthcare of individual and society). It is one of reform programs of health system in treatment with seven aims of reducing costs of patients, retention of doctors in poor regions, presence of residents of hospitals, promotion of quality of visit services, promotion of hospital hoteling, protecting costs and financial losses of patients and extension of natural delivery and tariff of health services since April 2014. In autumn 2014, based on approval No 74450/T 50982 H of board of ministers, the book "relative value of health services" was announced (it includes surgical, anesthetic, medical, rehabilitative, para-clinic and paramedical services). Relative value of some services especially in cases in which the service is dependent on diagnostic technologies, consists of three components. The first component shows relative value of total service. Each general component consists of two professional and technical parts (board of ministers, 2014). Professional component is determined based on indices such as time of presenting the service, risk of presenting the service for doctor and patient, required knowledge, experience and skill, physical effort, mental attempts and legal risks (board of ministers, 2014).

Implementation of reform plan of health system has had positive effects on hospitals (Sajadi et al). Increasing satisfaction of patients, promotion of financial performance of the hospital, reduction of costs paid by patients from costs of treatment services are among such achievements (Faridfar et al, 2016). According to laws of Islamic republic of Iran, article 88 of the act of setting some of financial regulations of the government approved in February 2001, act of management of governmental services approved in 2007 (articles 13 and 24), financial-transactional bylaws of universities (articles 2, 55, 46), using experience of non-governmental sector in supplying and presenting sources of health services in form of reduction of tasks of the government have been confirmed in the fifth development program (articles 220, 20 and 64). Reduction of

responsibilities of government is executable in different ways including service contracts, outsourcing contracts, management contracts, lease contracts, DBFO contract-PFT, concession contracts; divesture contracts (Jabbari Beyrami H et al, 2014). Methods of purchasing services, shares, lease and management contracts have been the most common in last two decades in health system of Iran (Vatankhah et al, 2012) and in recent years, using experiences of non-governmental sector have been paid attention in other forms of contracts. In health & treatment sector, WHO defines participation as follows: cooperation of some actors for reaching the joint objective of improving health of populations based on mutual agreements of roles and principles. In this definition, the key point is to keep the balance of power between parties in order to activate each one in keeping main values and identity. The main key of effective participation is perception of values to motivate private partners and commitment for making good relationship between them (Wong et al, 2015). Seven key factors for starting cooperation are trust, clear definition of roles, commitment to time, transparency and honesty about information especially those that relate to share and losses, contract flexibility, technical aids, awareness and acceptance of changes related to responsibility and decision (Wong et al, 2015). After implementing health system reform plan and relative value book, parties of outsourced contracts face with problems and challenges such as ambiguity in implementation of instructions of reform plan, delaying on payments to non-governmental sector and changing participation share of parties resulting in dissatisfaction of them. Therefore, in spite of 140 outsourcing contracts of health services in 2015 in branches affiliated to medical science university of Shiraz, it is necessary to study challenges of implementation of health reform plan in outsourced areas that have involved both governmental (employer) and non-governmental (contractor) sectors (concerning that this aspect has not been addressed in reform plan of health system based on searches of the researcher) because lack of paying attention to these problems and challenges lead to dissatisfaction of non-governmental sector and reduction of quality of services thus reduction of outsourcing in this powerful sector which is not agreed with goals of the government. Joudaki et al summarized causes of failure of outsourcing policy in four main themes and eight subthemes as follows: 1- factors related to the employer (hospital): weakness in design, regulation and control of contracts and interfering with executive affairs of the contactor 2- factors related to private sector (contactors): weak management and specialty and paying attention to short term profits 3- factors related to workers: protests of workers 4- factors related to policy making space: a big difference between work condition of formal and contractual staff and problems related to the management (Joudaki et al, 2015).

METHODOLOGY

This is a qualitative study and data was gathered by different methods. Criteria of trust worthiness of qualitative studies such as credibility, dependability, transferability, and conformability (Mays and Pope, 2000) have been mentioned in the research. Data was obtained from documents, observation, and interviews. Documents include documents of tender, concluded contracts, agenda of group work of reduction of governmental responsibility, reports related to visiting hospitals and correspondence related to outsourcing in outsourced branches affiliated to medical science university of Shiraz in 2014 and 2015. Abovementioned things were recorded by observations of one of researchers who attended in staff meetings. Also, in order to understand the problems of non-governmental sector and to explore observations, the researcher did a non-structural interview with 15 informed persons such as hospital managers, staff experts and managers and contractors. Data was gathered until saturation. Reports of the research were given to interviewees and accuracy of reported results was confirmed. Data were summarized by qualitative method of framework analysis. This method includes five stages of familiarity with data, identification of framework of main themes, indexing, plotting tables and maps and their interpretation. The framework of main themes formed in the second stage was reviewed several times by reviewing different data and discussion between researchers so all opinions of interviewees and observations were reflected as best as possible. This framework was finalized in the fourth stage by adding subthemes. In stage of indexing, data was linked with themes. As a result, 4 main themes and ten subthemes were identified.

Table 1: Main themes and subthemes of challenges of health change plan in outsourcing health services.

Main themes	Subthemes
Challenges of employers (hospital/centers)	Confusion in addressing contribution of private sector
	Difficulties of implementation of instructions of health change plan
Challenges of rules and regulations	Challenges of implementing some of clauses of executive instructions of reform plan compared to financial regulation
	Difficulties of laws of insurances
Challenges of the book " relative value of service tariff	The difference between tariff of governmental and private sectors
	Accumulation of some services in one relative value
	Lack of paying attention to time factor in treatment process
	Deletion of visit code from services
Challenges of implementation of refrom plan in health	Interference with family doctor program
	Ambiguity in regulation of tender documents

RESULTS

1- Challenges of employers (hospital/ health & treatment centers)

(a) Confusion in addressing the contribution of private sector

Concerning that contracts were concluded based on gross revenue before implementation of health reform plan and a contribution was allocated to the contractor and the employer, after implementation of the book "relative value" and separation of technical and professional components in tariff of services, the amount of contribution of each party was not obvious and increase of tariffs caused some different opinions in such contributions. The employer insisted that the contribution of the second party should not be remarkably different from the last year and the second party also expected that its payment was increased based on the tariff. Ambiguities caused long delays on paying the costs of the private sector and this sector had to cover its costs by taking loans with high profits and selling its properties that influenced on the quality of services. As determined in the book "relative value of tariffs," the professional component belongs to professional and specialized services and technical component belongs to space, equipment, and supportive force. In order to calculate the contribution of basic participation in outsourcing and due to unclear instructions, experts will not allocate technical component to the contract party if it has not provided any equipment while this component is also used for supply of force, materials and others costs and the private sector is responsible for them.

(b) Difficulties of implementation of instructions

According to clause 2, article 4 of the chapter one in executive instruction of reform plan, medical devices and diagnostic services inside the hospitals and concerning the approach of government for non- recruitment, outsourcing has been increased and the work amount of staff experts of universities was enhanced and they are not allowed to recruit any new person. Conclusion of outsourcing contracts with private sector requires consideration of financial-transactional bylaw of universities and the act of holding tenders and based on transaction ceiling (cost of each transaction), one or three inquiries with agreement of the top organizational position or a public tender should be held (article 62 of financial-transactional bylaw). This issue has brought about problems for hospitals in order to refer services to outside the hospital. Based on regulation of warranty of governmental transactions, in each contract, 10% of the total price in the contract should be taken from the contractor for its commitments so non-governmental sector is reluctant for conclusion of such contracts and in cities where

there is only one non-governmental sector for service presentation, the hospital faces many problems for conclusion of contracts. Concerning payment delay from insurance to hospitals, private sector that concluded contract with them in chain of service reference, cannot receive the price mentioned in the contract. Regarding supplying medical devices, hospital drug stores can benefit from 30% discount in case of paying the price in cash and concerning delay on payments, they have to supply such equipments without discount and even more expensive.

2- Challenges of rules and bylaws

(a) Executive challenges of some clause of reform plan instructions compared to financial-transactional regulations

For example, based on bylaw of nutrition in hospitals in reform plan, at least one nutritional expert has been considered for 100 beds and one expert is added from 100 to 300 beds. Concerning forbiddance of recruitment in current years, hospitals have to use outsourcing in form of contract with nutritional experts and based on financial-transactional bylaw (article 62), they have to take three inquiries and to select the person who propose the least price and this issue causes that the party of private contract faces with problem of the price mentioned in the contract and reduction of receivables. According to instructions of delegation of health services approved in April 2013, this responsibility was given to group work of universities and in case of satisfaction from performance of private sector, outsourcing contracts with that contractor will be extended for 5 years. On the other hand, based on financial-transactional bylaws of university, the ceiling of transactions should be considered for conclusion of contracts and those contracts which prices are in area of large transactions should be concluded by public tender or leaving of formalities. In case of extension of contracts with high prices, the permission of leaving of formalities should be taken while commissions of leaving of formalities in universities are disagreed with permission and a tender should be held once again in practice and this issue is obtaining gradually in outsourcing of health services. Exchange of contractor annually causes reduction of service quality, creation of costs for time and human force in governmental sector and the private sector is unable to invest on that sector.

(b) Difficulties resulted from insurance laws

Another issue is contractual insurance that according to articles 37 and 38 of social security act and article 20 of regulation of wage submission approved in 1984 by higher council of social security, each non-governmental sector that concludes a contract with governmental systems is responsible for sending the contract to branches of social security and receiving workshop code and at the end of contract, it should pay contract premium that is different based on each contract. This incurs many costs on the private sector. In addition, in contracts that are concluded with insurance, 16.67% of the total price is reduced as premium while such reductions relate to contractor contracts and in health & treatment services in which there is a certain tariff, non-governmental sector has no right to take price more than what is approved in the tariff. Therefore, it should pay the costs and this issue causes the private sector to be reluctant to participate with governmental sector. Insurer organization do not conclude separated contract with private sector for outsourcing hospitals and health & treatment centers and the revenue obtained from the insurance is deposited to accounts of hospitals and centers and this issue causes long delays on payments and several problems. Based on health reform plan, hospitals are responsible to represent diagnostic, therapeutic, medicinal services and medical requirements to hospitalized patient and only 10% of bill should be paid by patients under coverage of insurance. Since insurances are not ready to pay 90% of costs in some diagnostic and para-clinic services, hospitals discount the rest of costs for patients. Such discount is obtained from contribution of private sector in outsources units and in practice such costs are compensated for the private sector. In nutritional counseling services, in spite of tariff in relative value book, insurers pay the price in case of presence of nutritionist not nutritional expert. For this reason, university has to pay the salary of the counselor from health subsidiary. This issue results in delay on concluding contract with nutritional expert in hospitals.

3- Challenges of implementation of relative value book

(a) The difference between tariff of governmental sector and that of private sector

A big difference between service tariff of governmental and private sectors has frustrated contractors of outsourcing contracts in governmental sector because they are

responsible to present services with governmental tariffs and private costs. They also have to consider difficult regulations of governmental sectors. Concerning that professional component associates with specialized services and there is no difference in such services between governmental and private sectors, there is no reason for a big gap between these sectors about such services.

(b) Accumulation of some services in one relative value

For example, in physiotherapy and rehabilitation part in the book "relative values of health services" (except some services), most services of physiotherapy have been gathered in form of one relative value (546901) without paying attention to different value of presented services. For example, if physiotherapist uses only hot or cold compression for the patient in one session, its value (in Rials) is equal to the value obtained by a set of services in one session such as hot or cold compression, electrical shock, ultrasound and so on. Concerning the costs for supplying equipments or tariff and equalization of relative value of services, the quality of services presented by centers has been reduced gradually so severe and irreparable damages will bring about in rehabilitation of patients in future years. In recent years, in scientific meetings of physiotherapy, manual techniques have been paid attention as one of valuable services of physiotherapy such that they have been strictly considered in tariff of services and they have high relative value compared to other modalities. But unfortunately, considerable part of manual treatments of physiotherapy is in form of national code: 546109 and their value (in Rials) are as same as other device-based procedures. For example, if physiotherapist wants to use electrical shock for a patient with stroke injury or use difficult procedures of manual treatments such as PNF, training how to walk, motor-sensory shocks, they all have the same value for insurance. Certainly formulation of such regulations will prevent patient from receiving valuable services of manual treatments. Regarding counseling services, each time the hospitalized patient is advised, the price of counseling is recorded only one time in the bill. It means that if a patient is transferred from a ward to another and he/she is advised by another expert, the charge is not possible.

(c) Lack of paying attention to time factor in process of treatment

It should be considered that people with different diseases require different levels of services. For example, the time and services allocated for treatment of a patient with spinal cord injury cannot be compared with treatment of a patient with knee osteoarthritis. Lack of paying attention to time factor in process of treatment is one of the most important problems of the present book. This will interfere with admission of patients in addition to presentation of services and admission of patients who require more times and more severe services will be difficult (while the Rial value is equal for all types of diseases and most of services).

(d) Deletion of visit code from services

Deletion of visit code from services is accepted by insurance for each person within ten sessions. While maybe patient history, studying the process of disease, different muscular-skeletal tests for being familiar with current condition of the patient and comparing them with patient recovery process and writing above things in patient file can be as valuable as the visit described in the book "relative values of health services. Unfortunately, insurer organizations implemented it after a short time but they refused visit code in the prescription.

4- Challenges of implementation of reform plan in health area

(a) Interference with family doctor program

Concerning that many doctors in Fars province are in family doctor program, it is not possible for them to attend in health centers. On one hand, in condition of delegation, only doctors qualified for participating in the tender have been determined. This issue affected participation of doctors in the tender. On the other hand, the university forced to consider more prices for outsourcings than those determined in agenda for doctors (resulting in increase of outsourcing costs).

(b) Ambiguity in regulation of tender documents

University faces problem with adjustment of tender documents for outsourcing of health centers due to following reasons:

1- Unclear status of tests that can be done for target group

2- Unclear process of presentation of dentistry services to target groups and those who require services

3- Lack of paying attention o some costs such as support costs, laboratory equipments

4- Concerning the amount of environmental health and environmental visits, health providers of family medicine stations, schools, require more vehicles rather than one car.

5- it is unclear how supply of equipment includes such high costs

6- List of dentistry equipments is not completely clear.

CONCLUSION

Souhayza and Fatemeh Harris studied challenges of implementation of governmental-private plan in Malaysia as follows: reduction of project responsiveness, high risk of relying in private sector, low number of plans (before conclusion of contract they have failed), delay due to political negotiation, increasing payment to final users, high costs of participation, management time spent in contractual transaction, lack of experience and skills, confusion between goals of government and evaluative criteria, many limitations in participation, delay in negotiations, governmental guidelines and methods in participation. Among them, lack of governmental guidelines and work methods in governmental-private participation are the most important factors that prevent implementation of the project (Dandago et al, 2014).

Research results of Agharahimi et al also indicated that improper structure of rules and bylaws is one of obstacles that health & treatment system faces with it (Saied et al). Based on outlined discussions, it seems that in spite of outsourcing advantages for governmental sector such as improvement efficiency, the competition between service providers, improvement of quality of services presented to patients and improvement of access to services (Vatankhah et al, 2012), this subject has been less paid attention in implementation of health reform plan. Maybe, challenges outlined for governmental and private sectors are separately problematic but in outsourced units of health services, such challenges are more apparent due to struggle of private sector with governmental rules and codes and the policy makers of the health should try to facilitate service presentation in outsourced units with a special look. Basic infrastructures of delegation such as creating competition in Iranian market in all sectors reinforce necessary infrastructures for delegation in market, culture, and organizations in the country. The structure of rules and regulations will be corrected. Policy makers should formulate programs for training and correcting beliefs of authorities about delegation and incentive policies for success of outsourcing in health and treatment system and participation of private sector and such providers of service presentation give some opinions in decision making (Saied et al).

Suggestions

Although studies show that popularity of development of the participation between private and governmental sectors is increasing, more field researches should be conducted to understand well the importance of making empathy and participation between private and governmental sectors (Roehrich et al, 2014).

For this purpose, followings are suggested

1- the same instruction for outsourcing should be formulated in which all processes from beginning to ending, the process of calculation of the basic price for each contract, process of contract conclusion, method of payment, evaluation and control of contract are defined in it.

2- Supportive laws are approved for facilitating outsourcing and previous bylaws should be corrected because they brought about problems in this regard.

3- Governmental employees who are working with outsourcing such as staff experts, accounting of units, managers of units should be trained for familiarity with outsourcing laws and processes of outsourcing implementation

4- Controlling instructions for outsourced units should be defined concerning the nature of activities of these units and indices for studying success of outsourcing

5- The results of outsourcing of units are distributed in medical science universities for support of authorities

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