~~Tervishoiu rahastamine~~

Tervishoius õigete stiimulite loomine läbi tasustamise mudelite muutmise

Priit Kruus

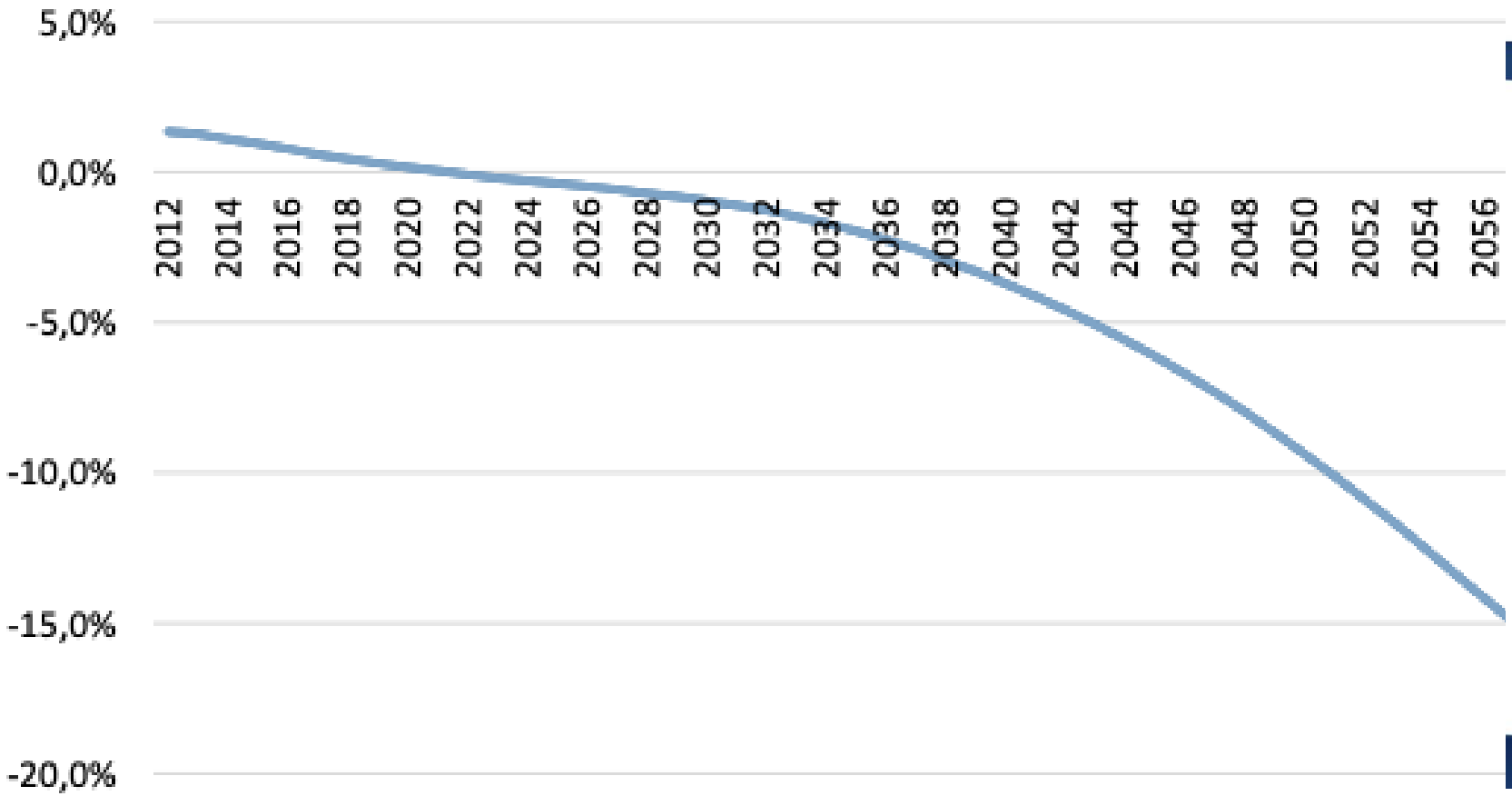
TalTech doktorant, Dermtest tegevjuht


WHO definitsioon
Täielik heaolu

§ 28 õigus tervise kaitsele

10 aastat tagasi....

Joonis 3. Ravikindlustuse reservide taseme prognoos, osakaaluna SKP-st



Allikas: Praxise ravikindlustuse prognoosimudel

Majanduslikud stiimulid

Nähtamatu käsi

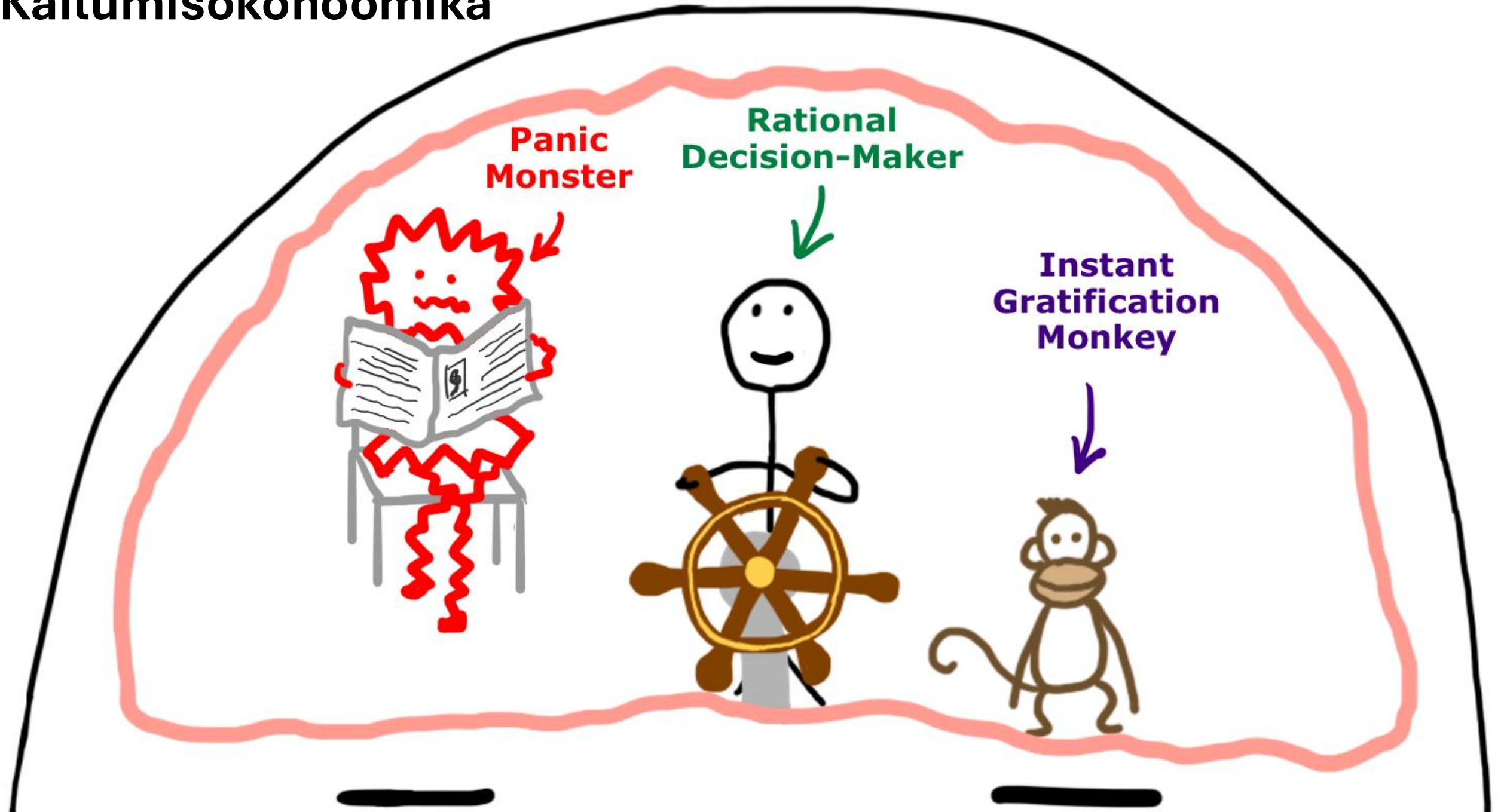
Globaalne töö- ja teadmusjaotus

100% RATIONAL

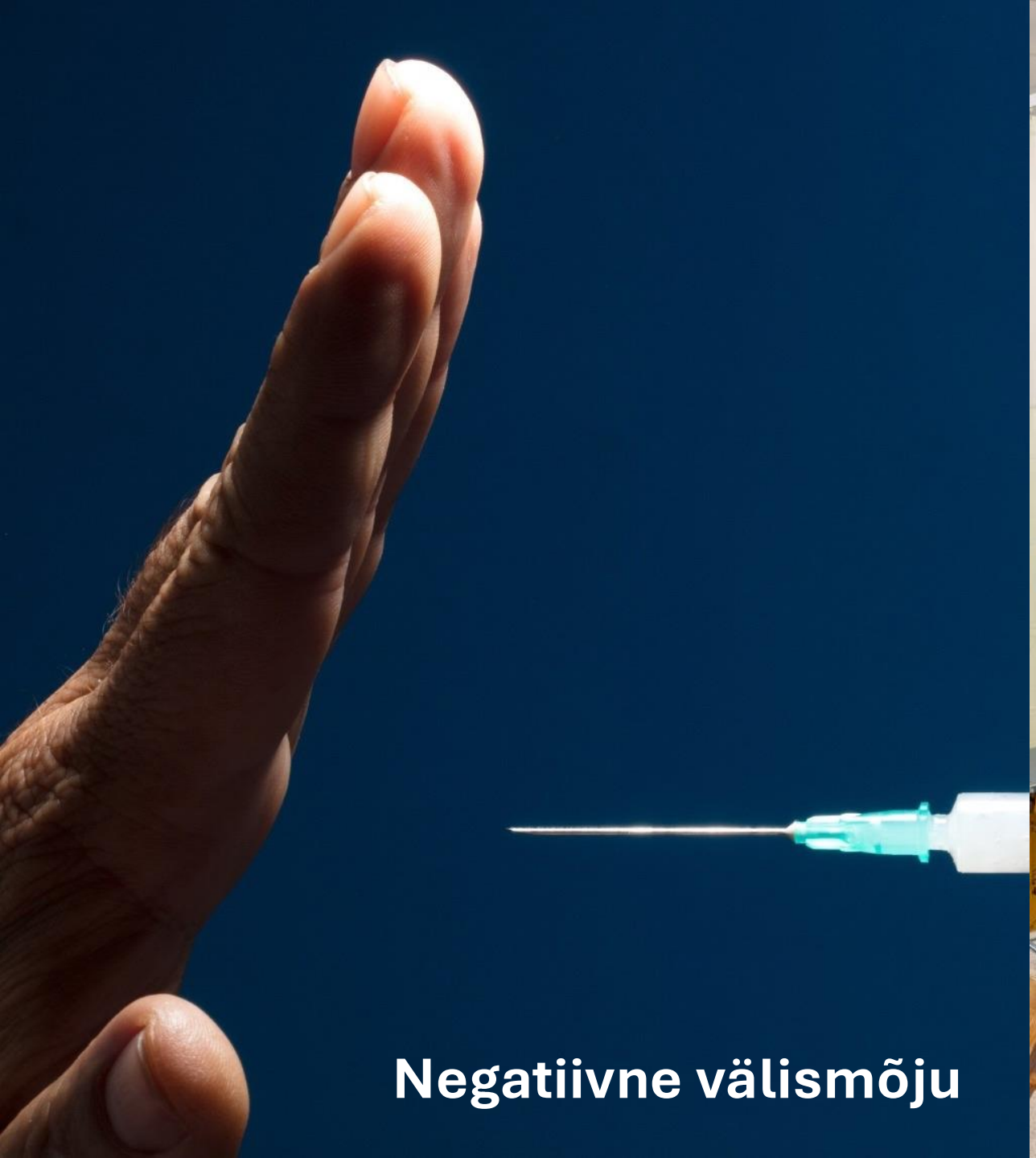
100% FOCUSED ON MONEY AS AN INCENTIVE

HOMO ECONOMICUS

Käitumisökonoomika



Informatsiooni asümmeetria



Negatiivne välismõju


Nähtav käsi

100% RATIONAL

100% FOCUSED ON MONEY AS AN INCENTIVE

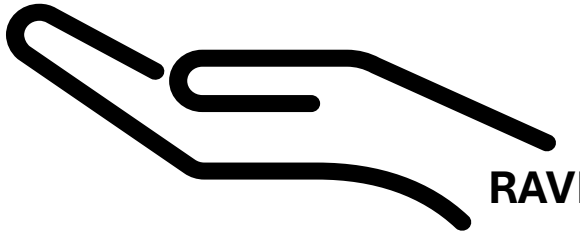
HOMO ECONOMICUS

Homo economicus
“pakub tervishoiuteenuseid”

TEENUSEPÕHINE TASUSTAMINE

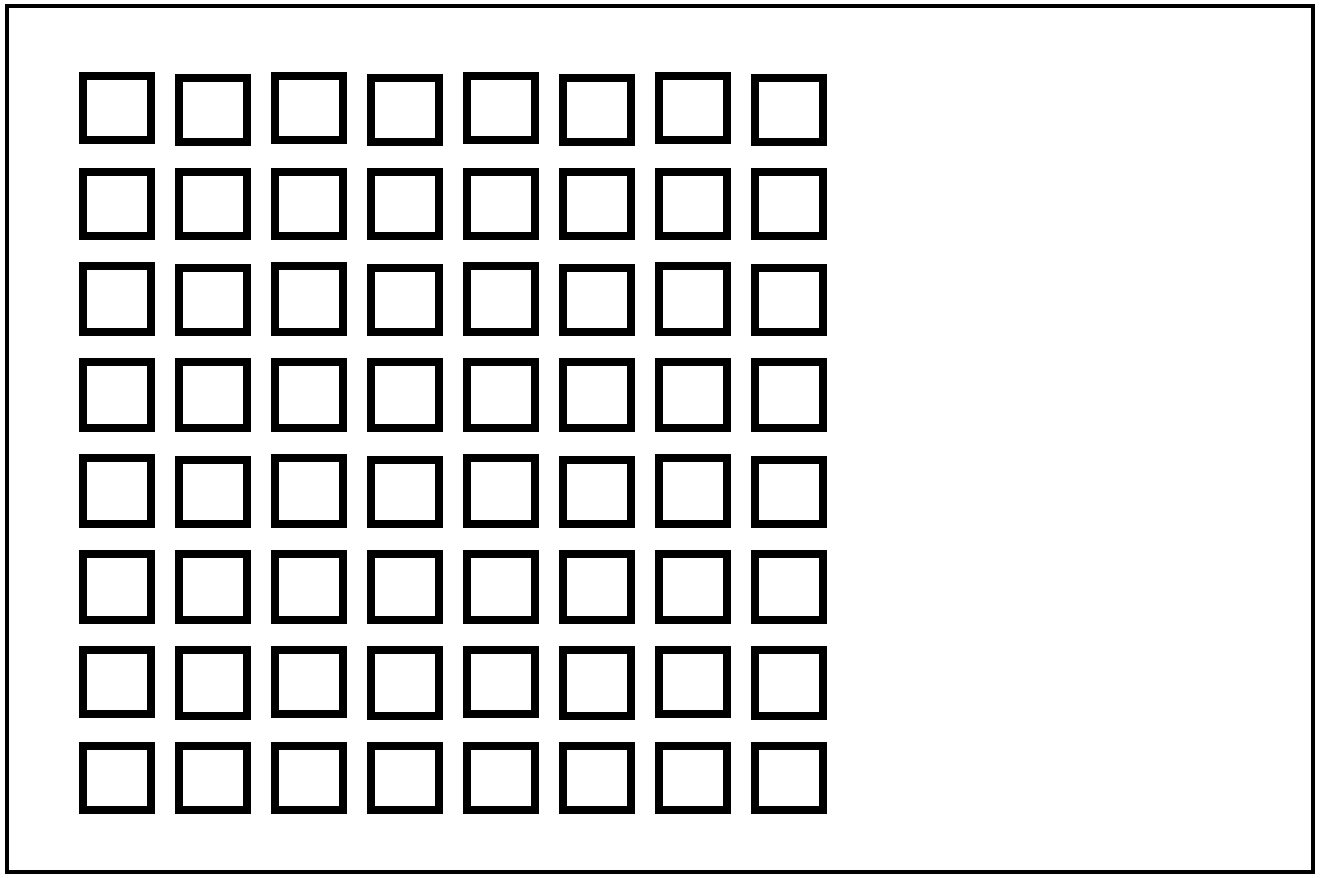
INIMENE

TEENUS = RAHA

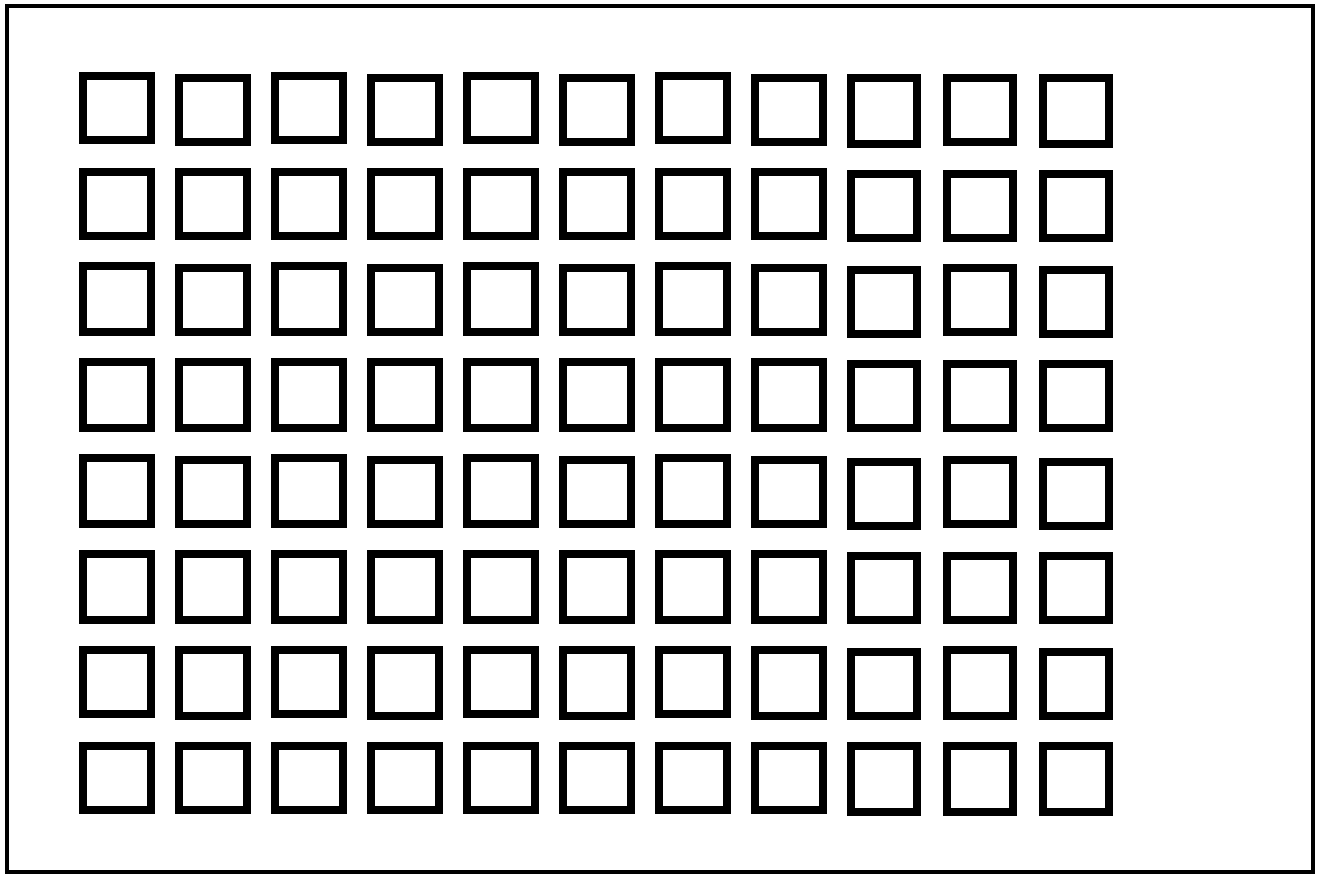


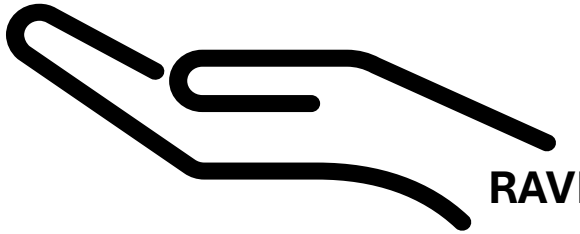
RAVIKINDLUSTUS

TEENUSEPÕHINE TASUSTAMINE



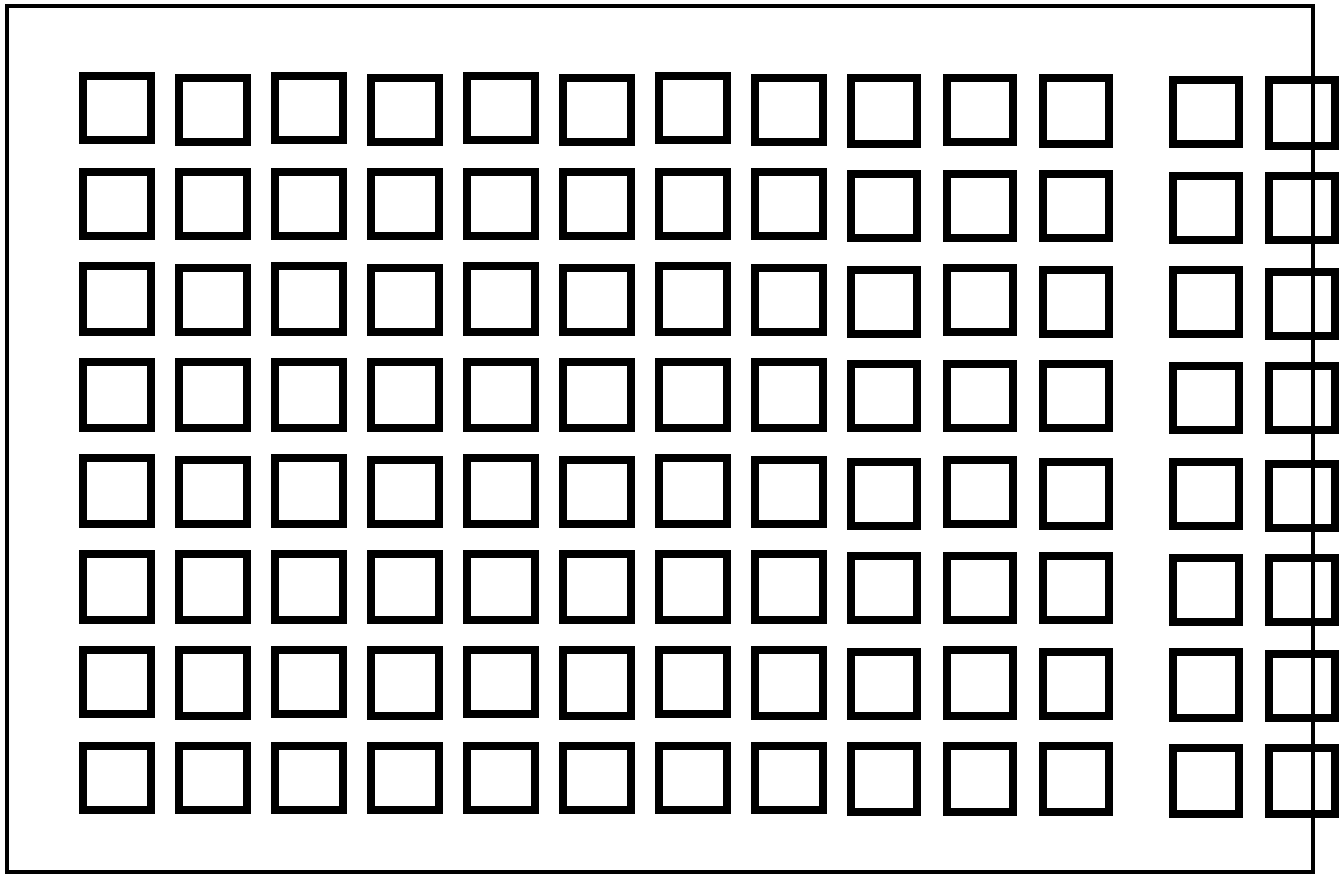
TEENUSEPÕHINE TASUSTAMINE

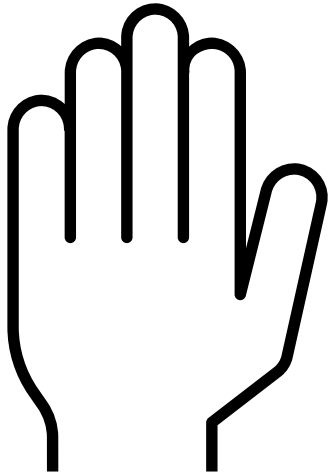




RAVIKINDLUSTUS

TEENUSEPÕHINE TASUSTAMINE





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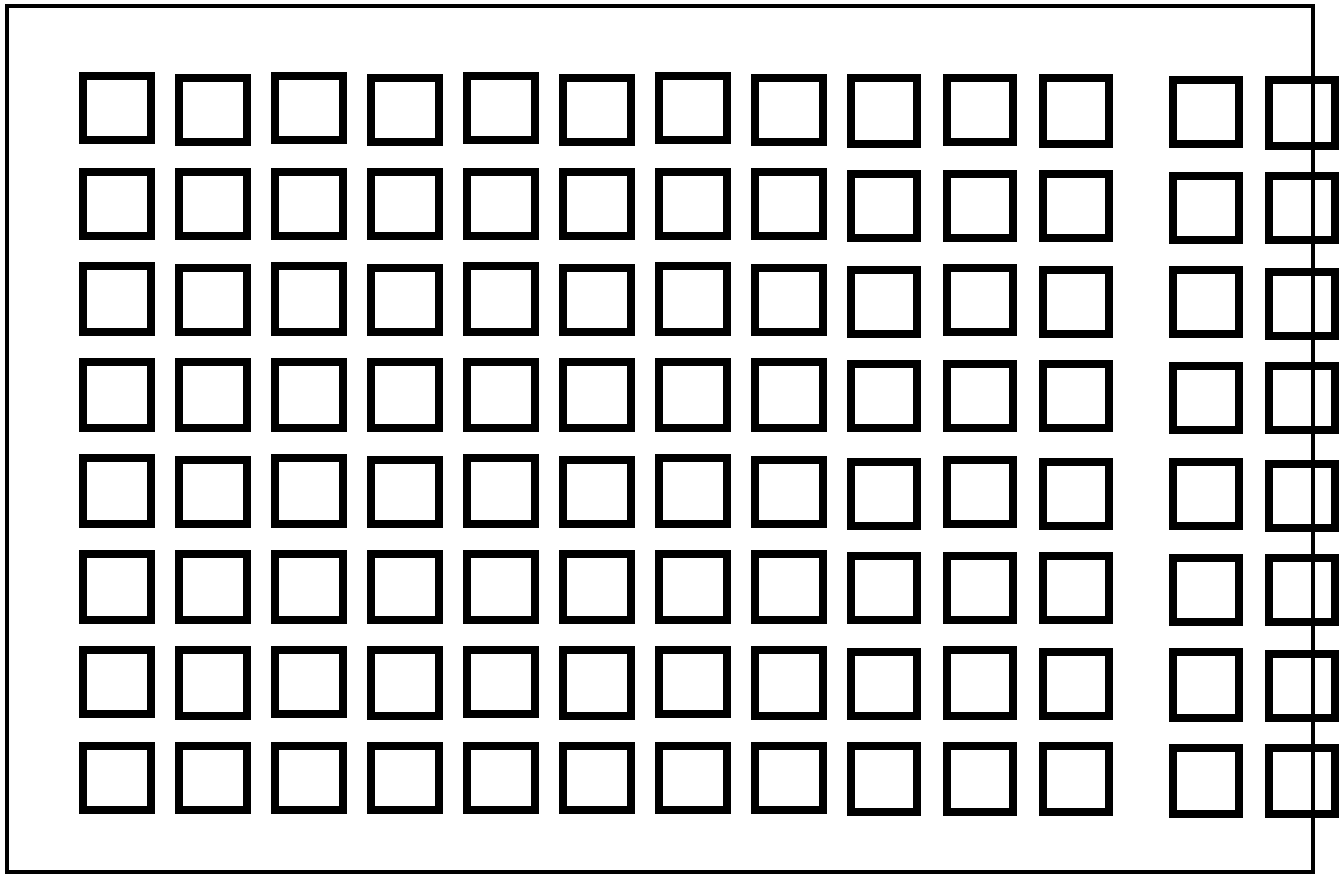
TEENUSEPÕHINE TASUSTAMINE



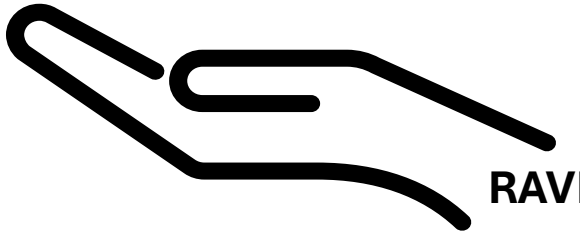
RAVIKINDLUSTUS

0.3

TEENUSEPÕHINE TASUSTAMINE

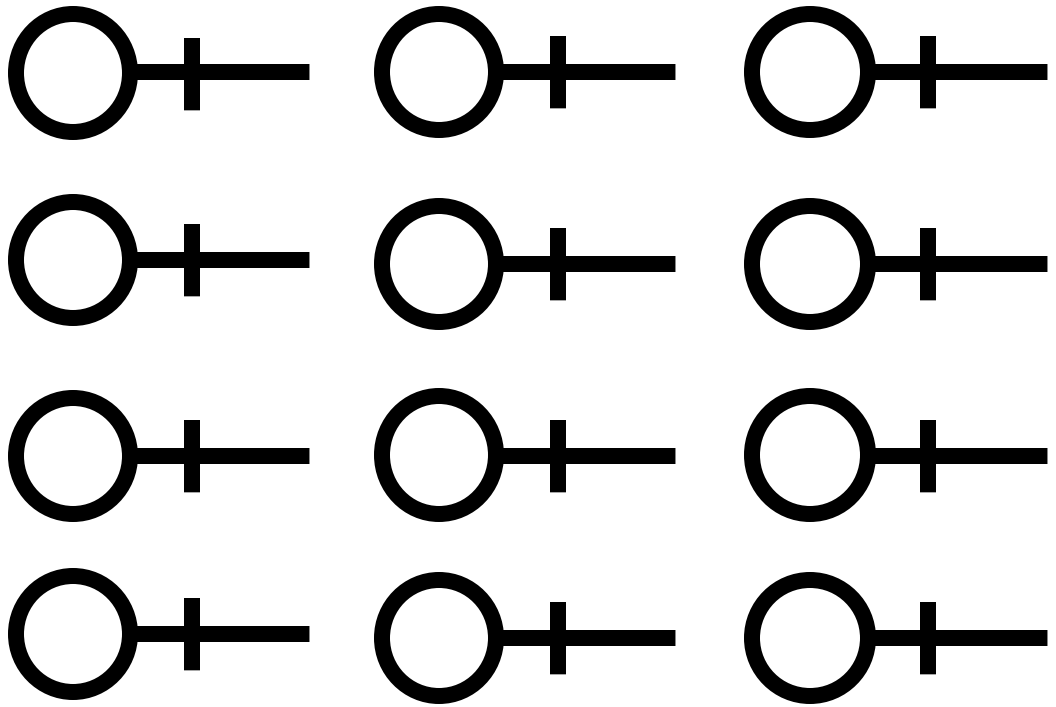
INIMENE

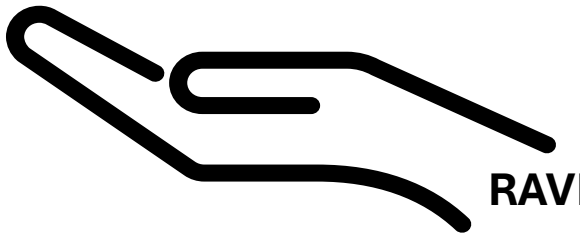
TEENUS = RAHA



RAVIKINDLUSTUS

VOODIPÄEVA EEST TASUSTAMINE





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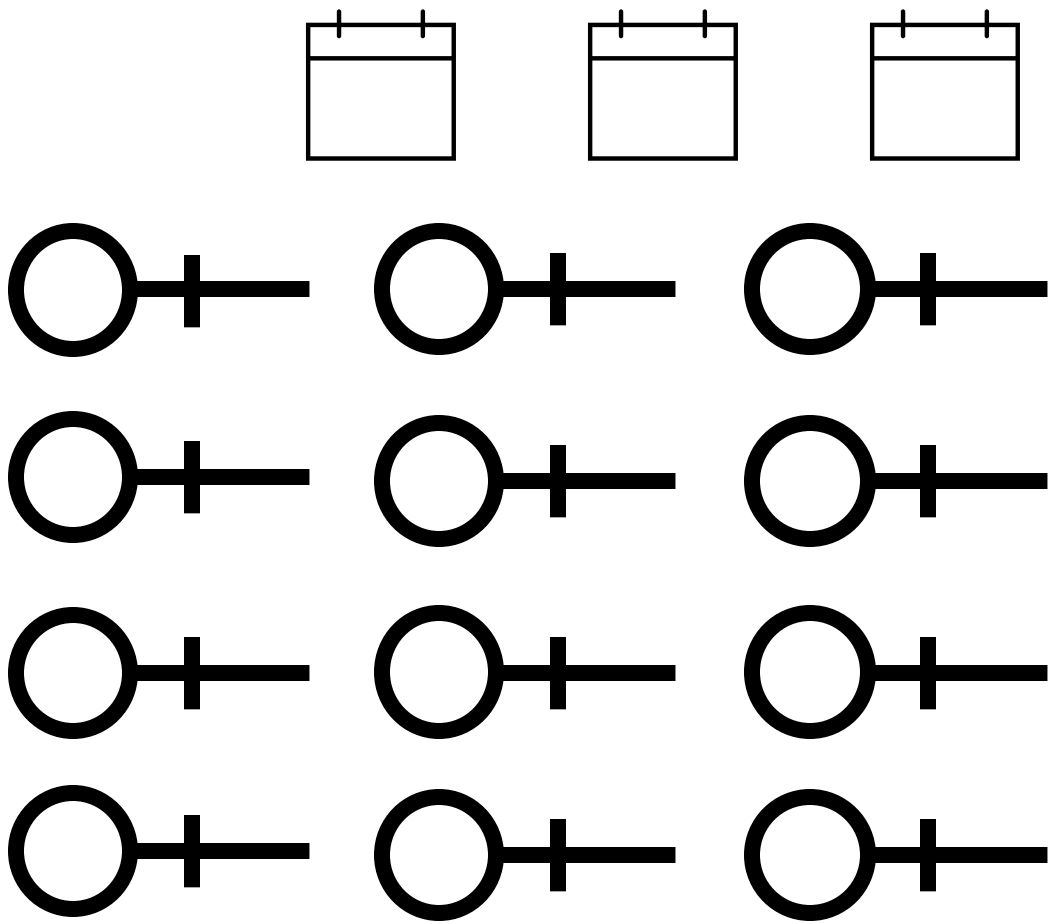
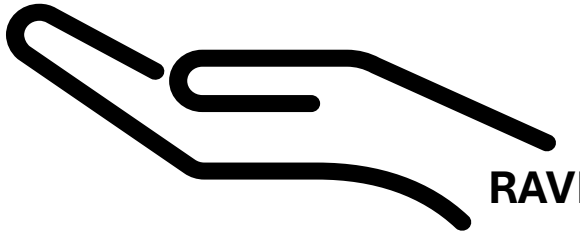
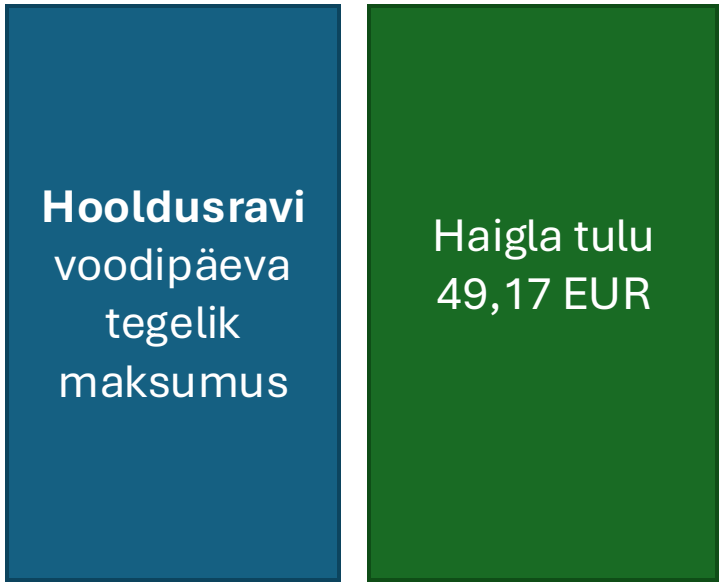
VOODIPÄEVA EEST TASUSTAMINE

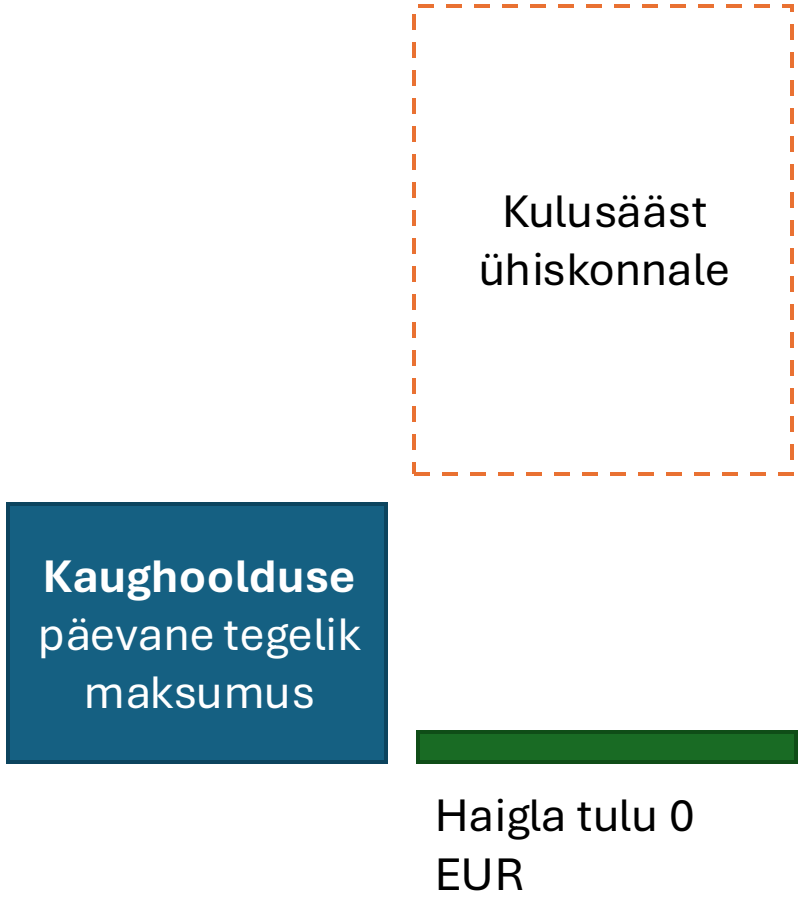




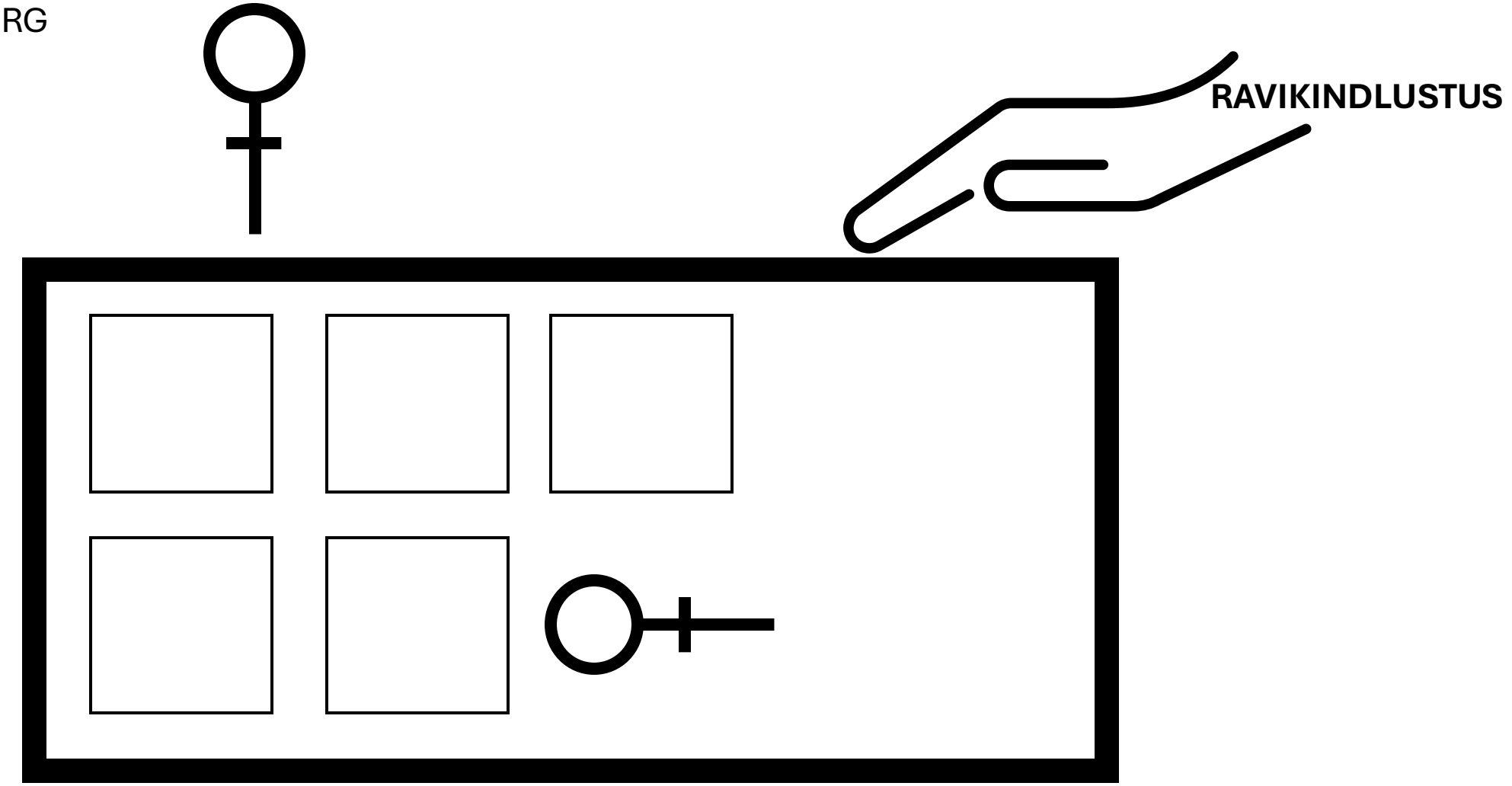
RAVIKINDLUSTUS

Hooldusravi ehk statsionaarse õendusabi teenuse rahastamine vs kaughooldus



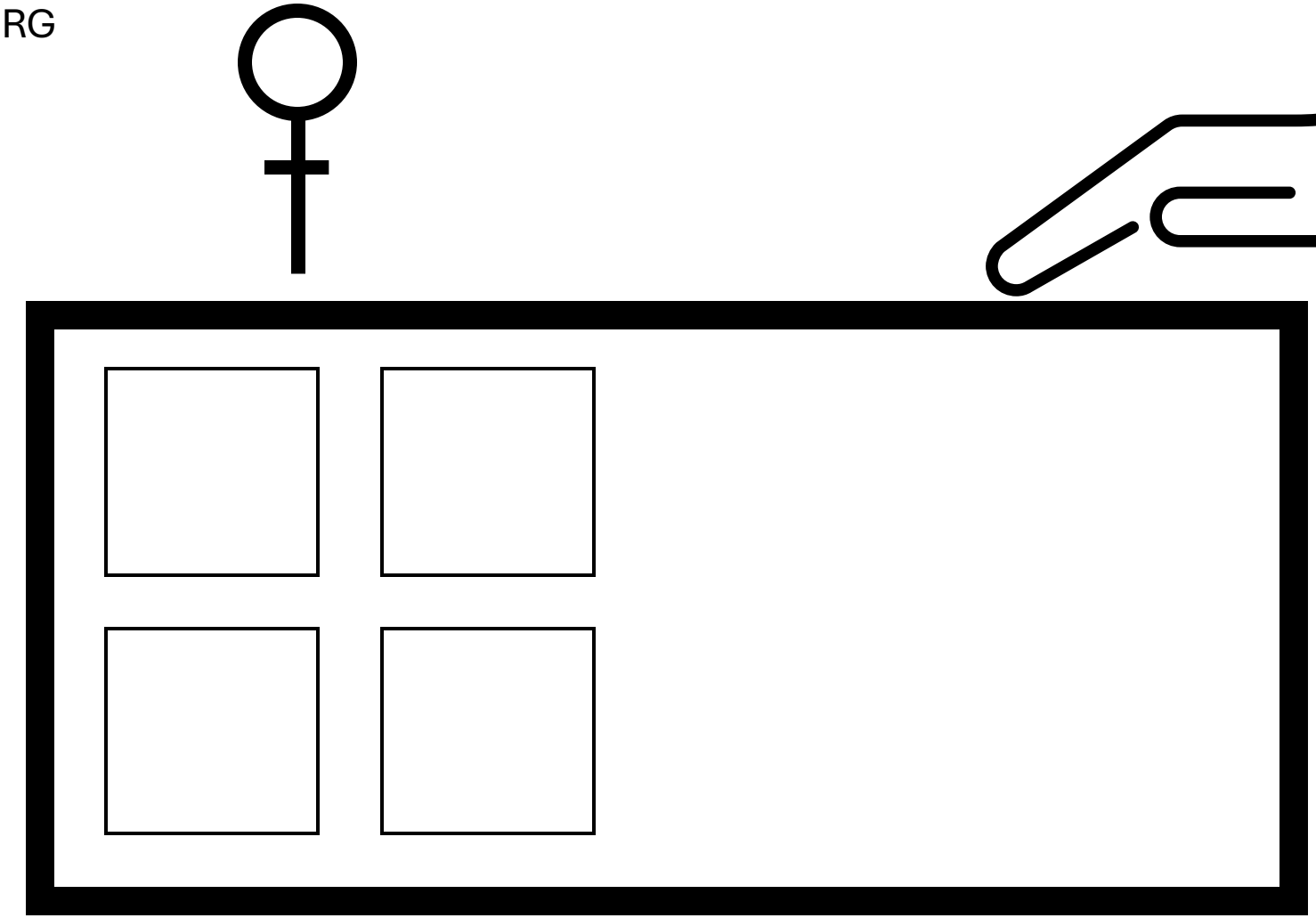


JUHUPÕHINE TASU - DRG



DIAGNOOS + RAVI = KINDEL RAHA

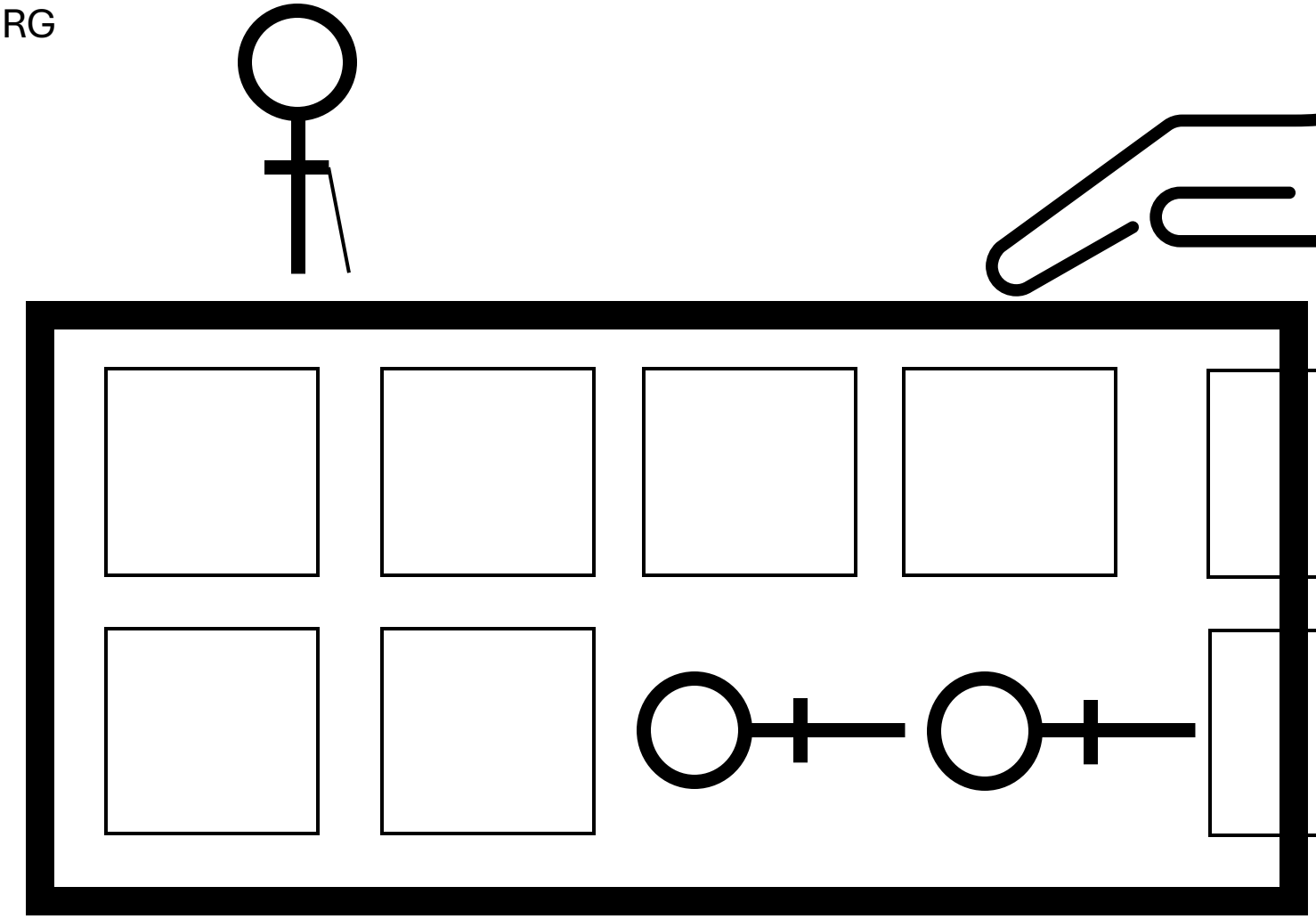
JUHUPÕHINE TASU - DRG



RAVIKINDLUSTUS

DIAGNOOS + RAVI = KINDEL RAHA

JUHUPÕHINE TASU - DRG



RAVIKINDLUSTUS

DIAGNOOS + RAVI = KINDEL RAHA

RAVIKINDLUSTUS

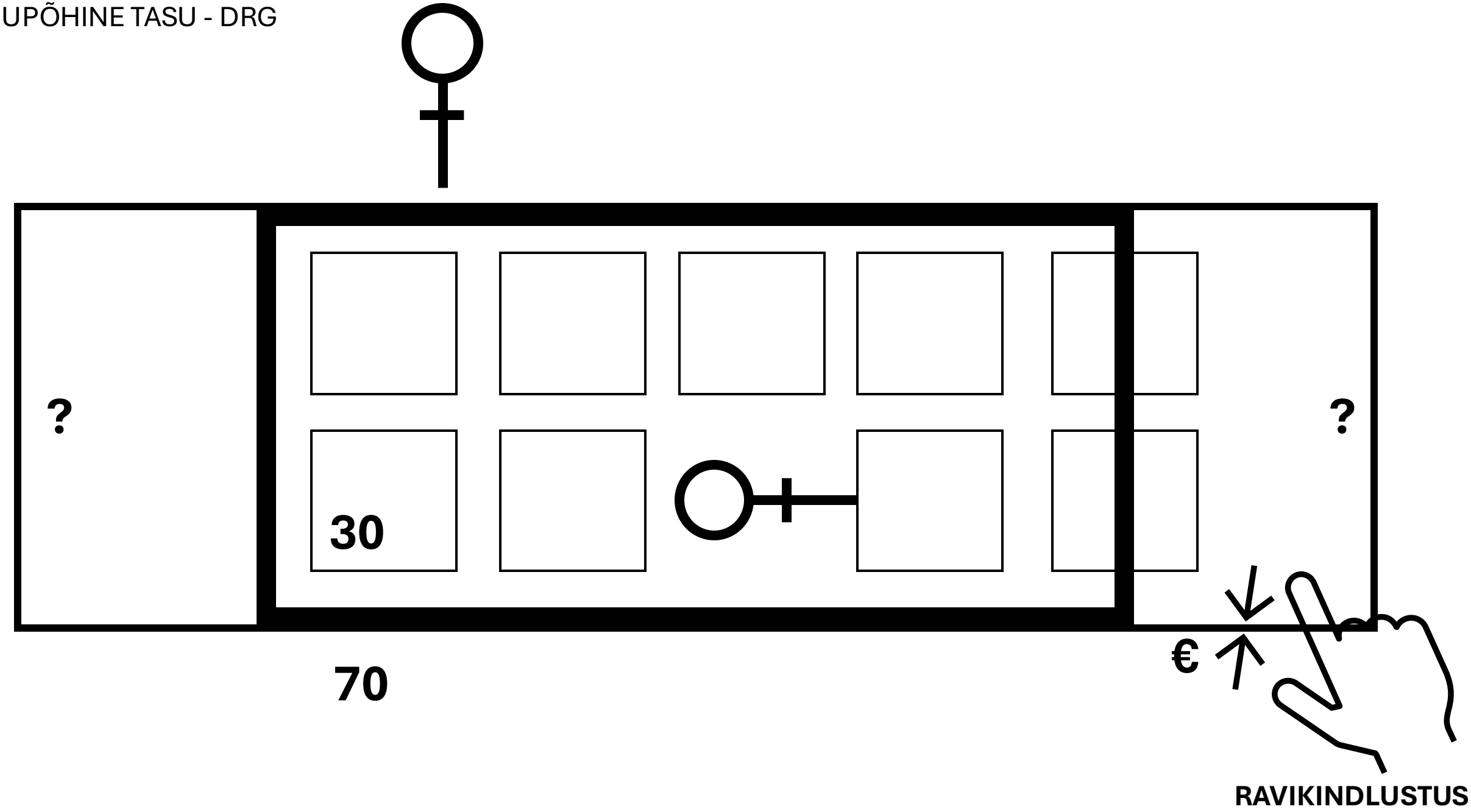
0.3

100% RATIONAL

100% FOCUSED ON MONEY AS AN INCENTIVE

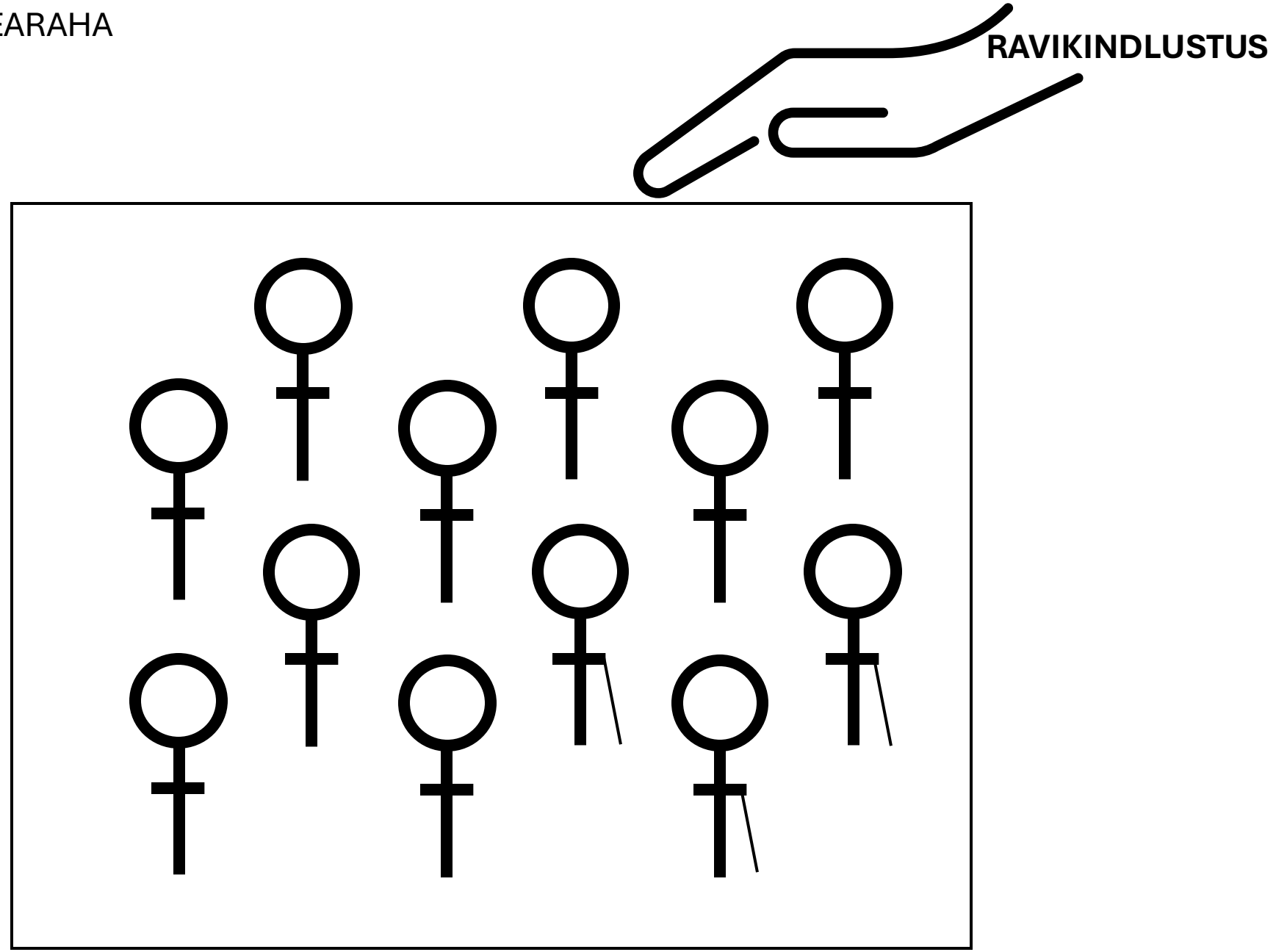
HOMO ECONOMICUS

JUHUPÕHINE TASU - DRG



PEARAHA

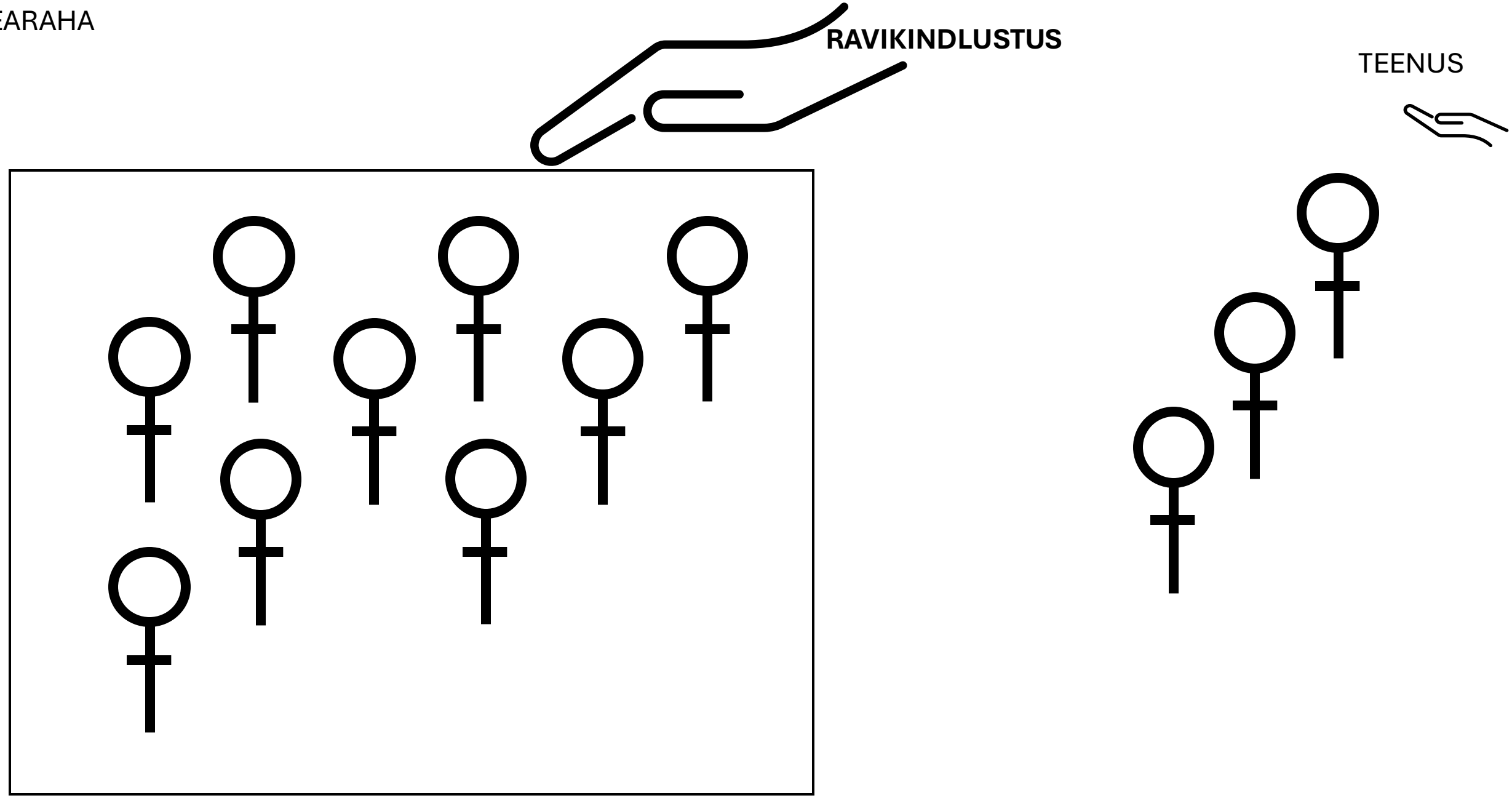
RAVIKINDLUSTUS



PEARAHA

RAVIKINDLUSTUS

TEENUS



PEARAHA

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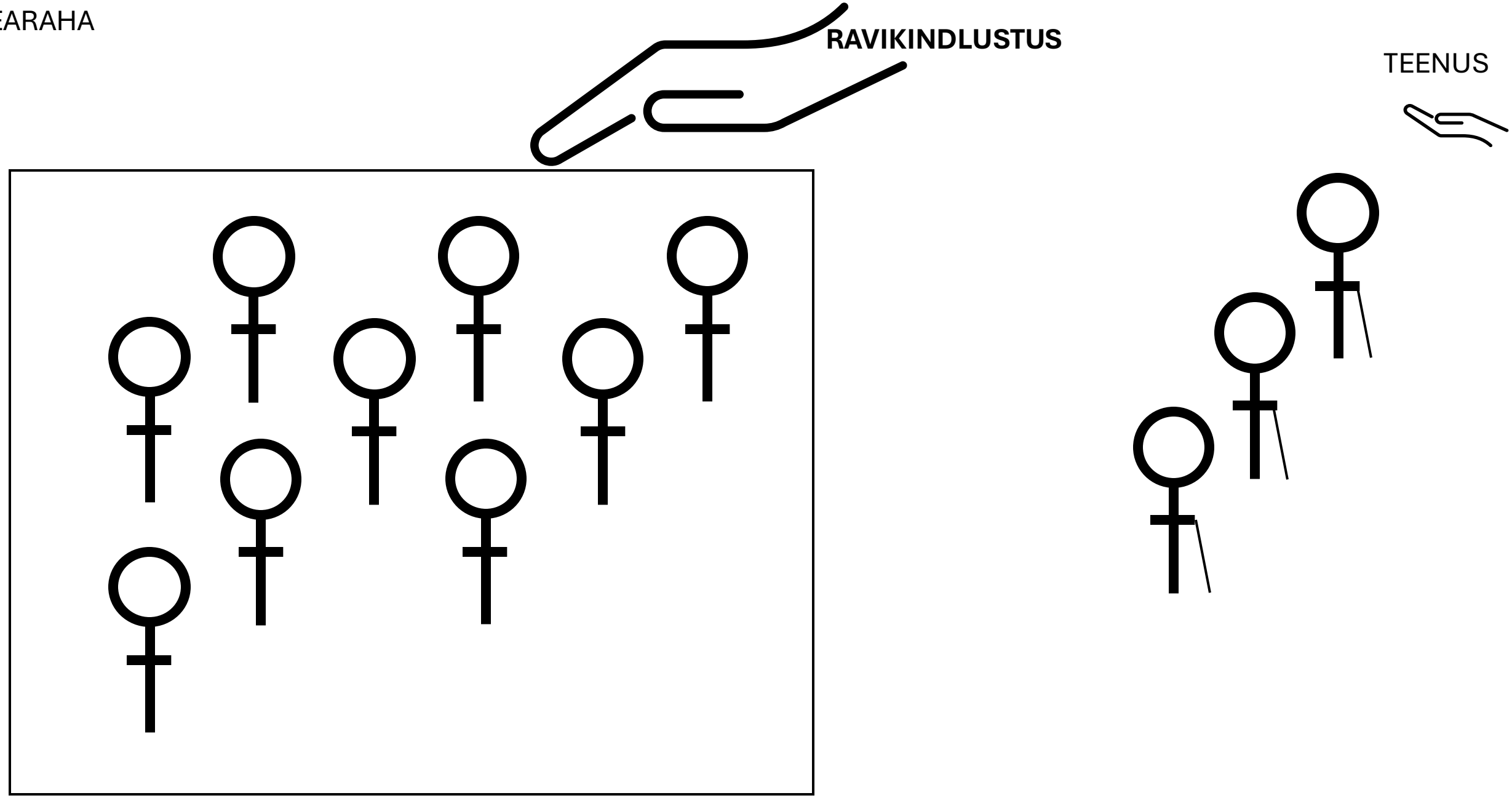
TEENUS



PEARAHA

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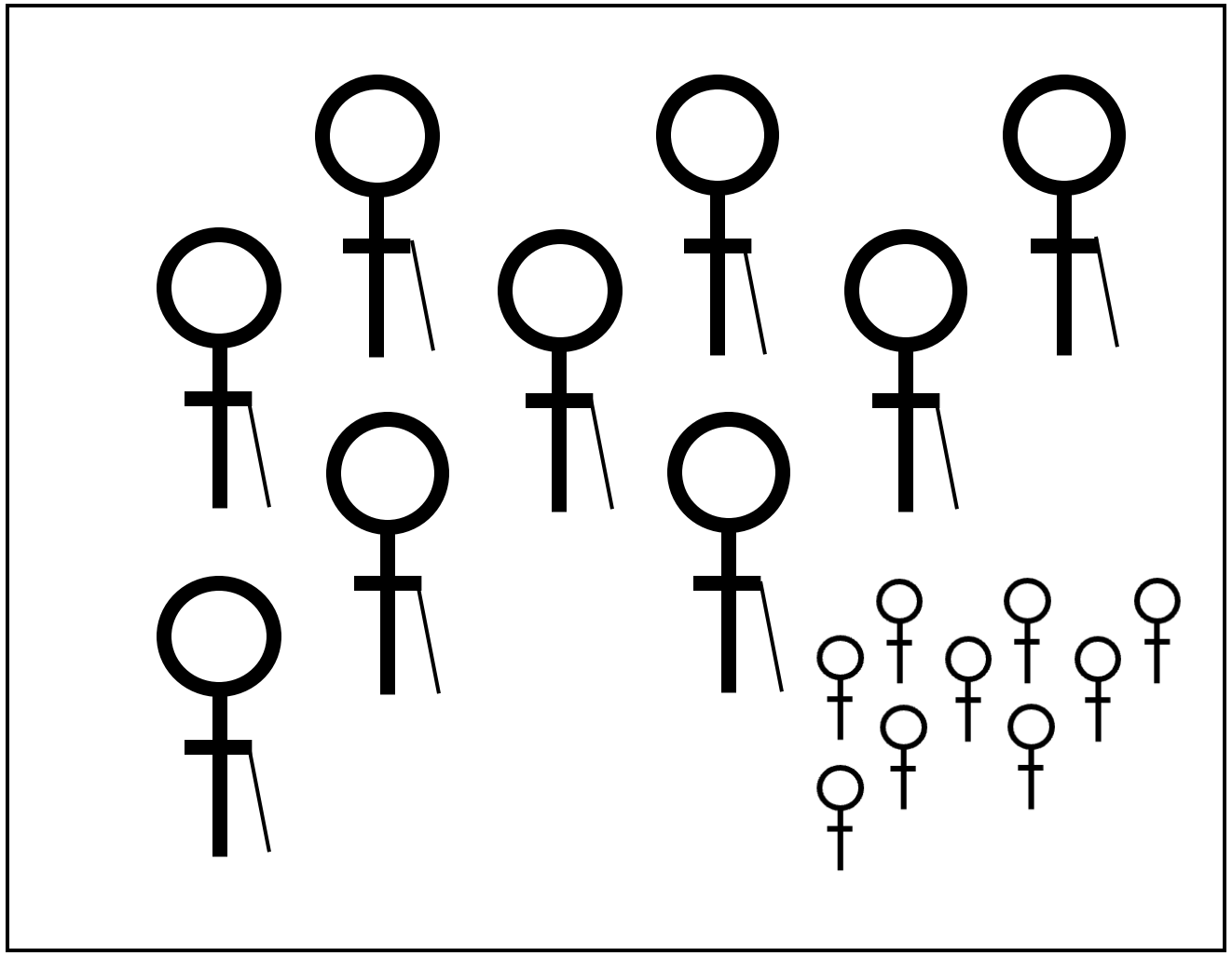
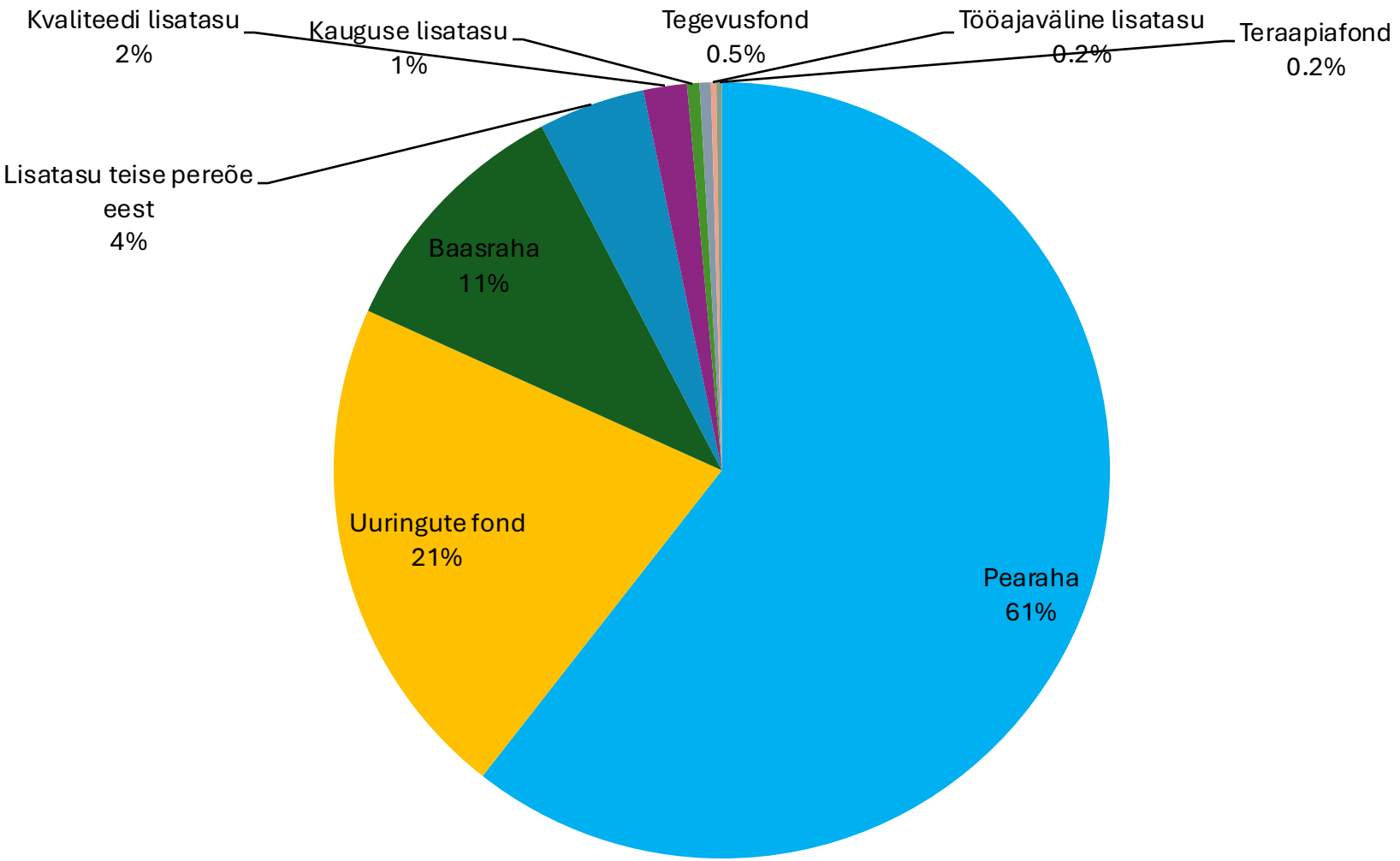
TEENUS



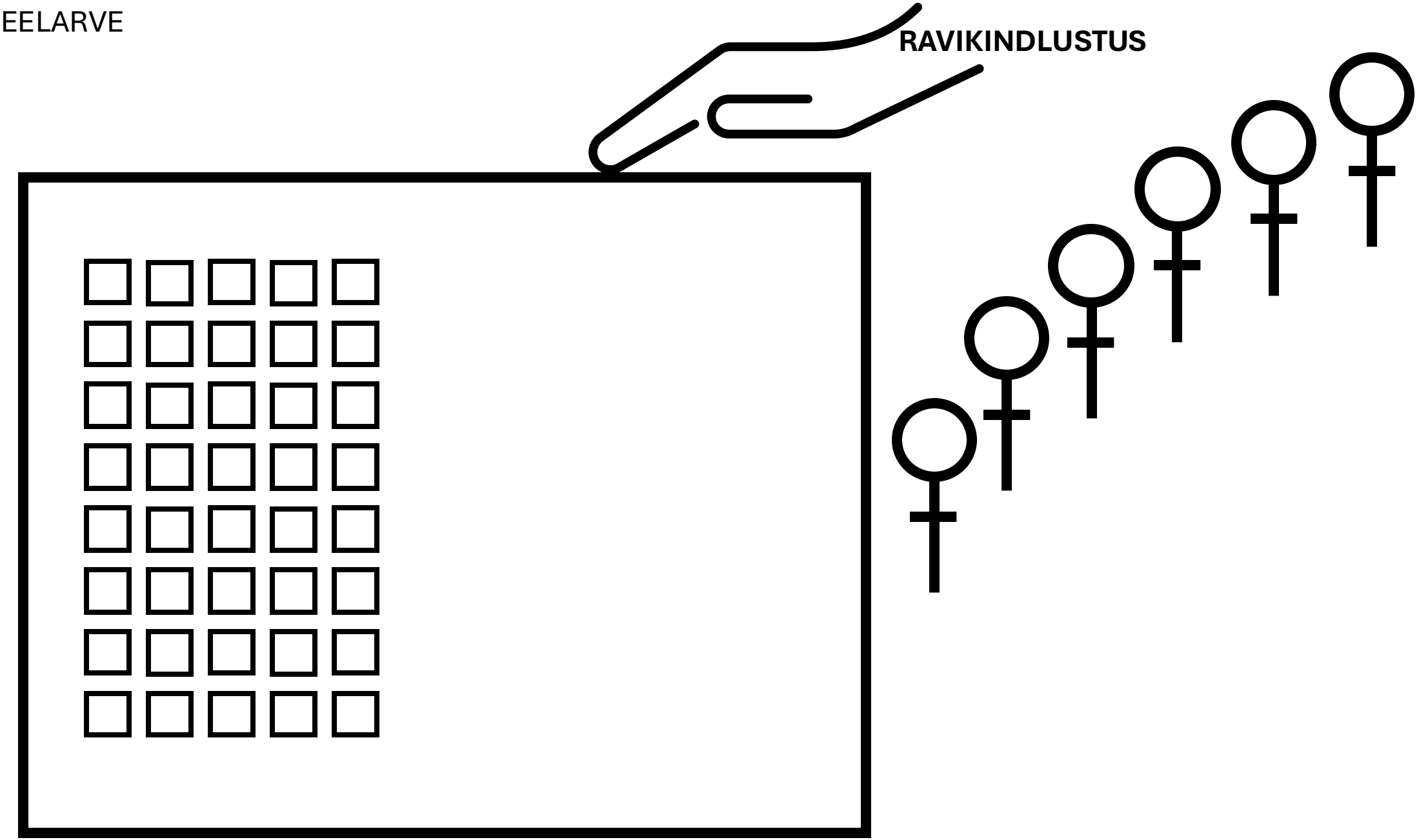
RAVIKINDLUSTUS

Perearstide tasusüsteem **2015**:



EELARVE

RAVIKINDLUSTUS



EELARVE

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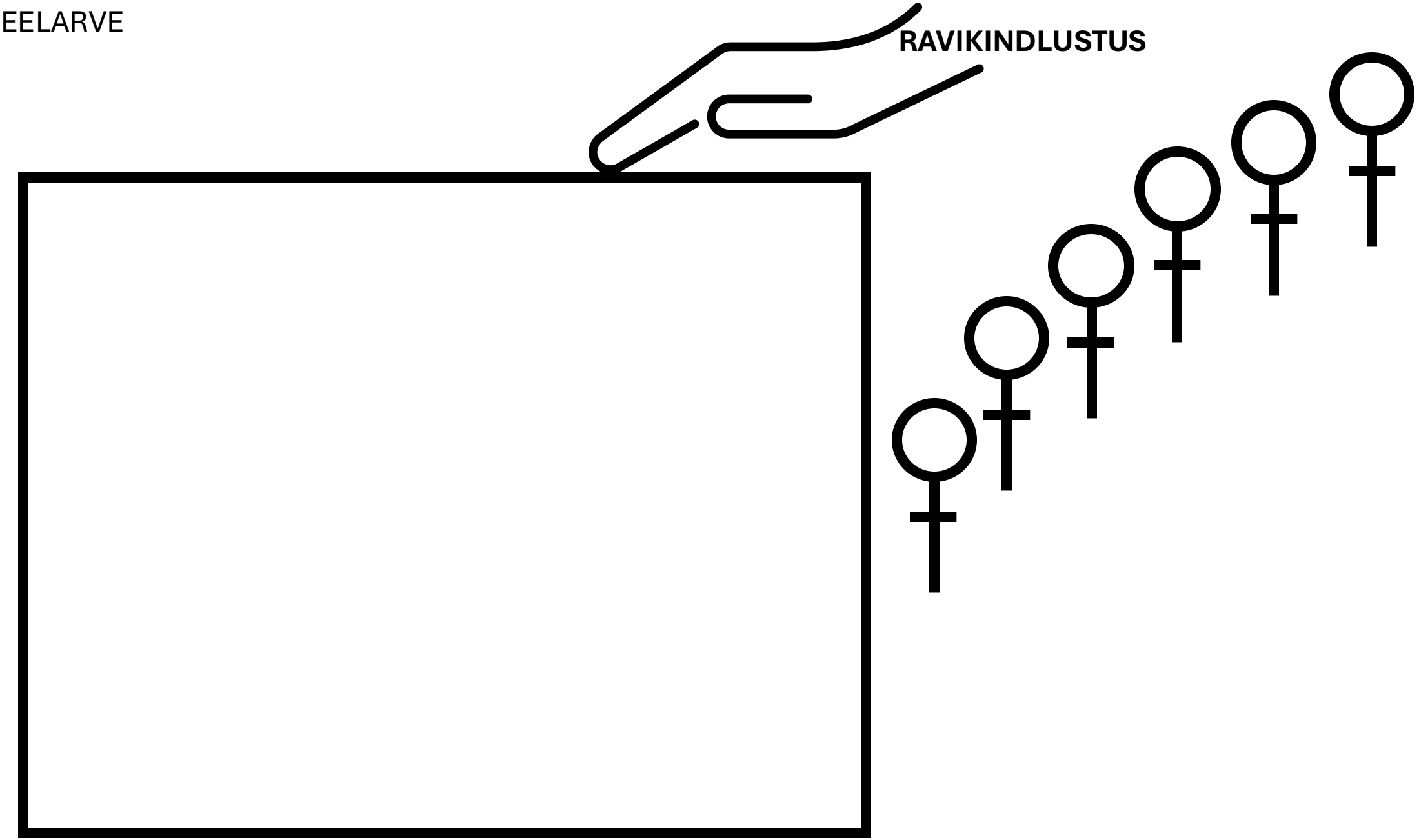


Hiiumaa

"Positiivse poole pealt vajab märkimist, et haigla poolt vaadatuna on selline rahastusmudel mugavam: puuduvad jäigad piirid erialade rahastusridade vahel. Haigla saab töötada rohkem vajadus- ja võimaluspõhiselt," rääkis Siir. "Ei teki olukordi, kus mingil erialal on raha lepingus puudu ja mingi teine lepinguline rida jääb täitmata jne."

1.3. Eriarstiabi

Tabel 6. 2024. aasta eriarstiabi eelarve tuhandetes eurodes

	2022 tegelik	2023 eelarve	2023 täit-mise prognoos	2024 eelarve	Muutus võrreldes 2023 eelarvega
Eriarstiabi erialad	**789 928**	**950 412**	**937 006**	**974 483**	**3%**
ambulatoorne kokku	322 354	383 443	390 860	409 067	7%
päevaravi kokku	38 627	45 866	49 333	53 135	16%
statsionaarne kokku	428 947	521 103	496 813	512 281	-2%
Erijuhud	**87 212**	**104 806**	**98 480**	**105 443**	**1%**
Ülikallid juhud	12 103	14 423	9 438	11 620	-19%
Muud erijuhud	75 109	90 383	89 042	93 823	4%
Täiendavad tasustamismudelid	**1 954**	**1 150**	**1 180**	**1 760**	53%
Raviteekonnad	829	0	0	500	-
Tulemustasud	196	550	700	800	45%
Teised	929	600	480	460	-23%
Perioodi tasud	**58 432**	**71 298**	**72 167**	**85 905**	**20%**
Eriarstiabi kuutasu	3 429	4 159	4 181	9 902	138%
Valmisolekutasu	55 003	67 139	67 986	76 003	13%
Kokku	**937 526**	**1 127 666**	**1 108 833**	**1 167 591**	**4%**

Miks otsida uusi tasustamisviise?

Halbade stiimulite vähendamine

Killustatuse vähendamine

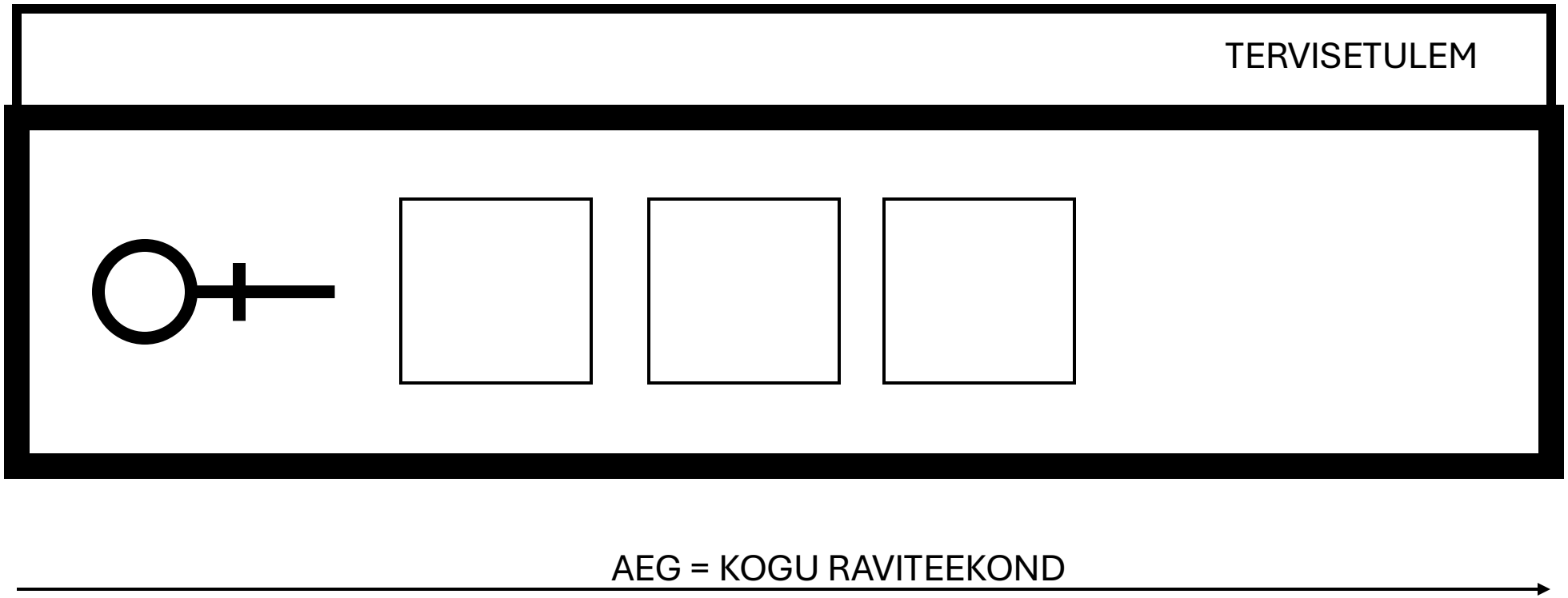
Vabadus otsustada: parim ravi-teenuste kombinatsioon

Efektiivse tehnoloogia juurutamine

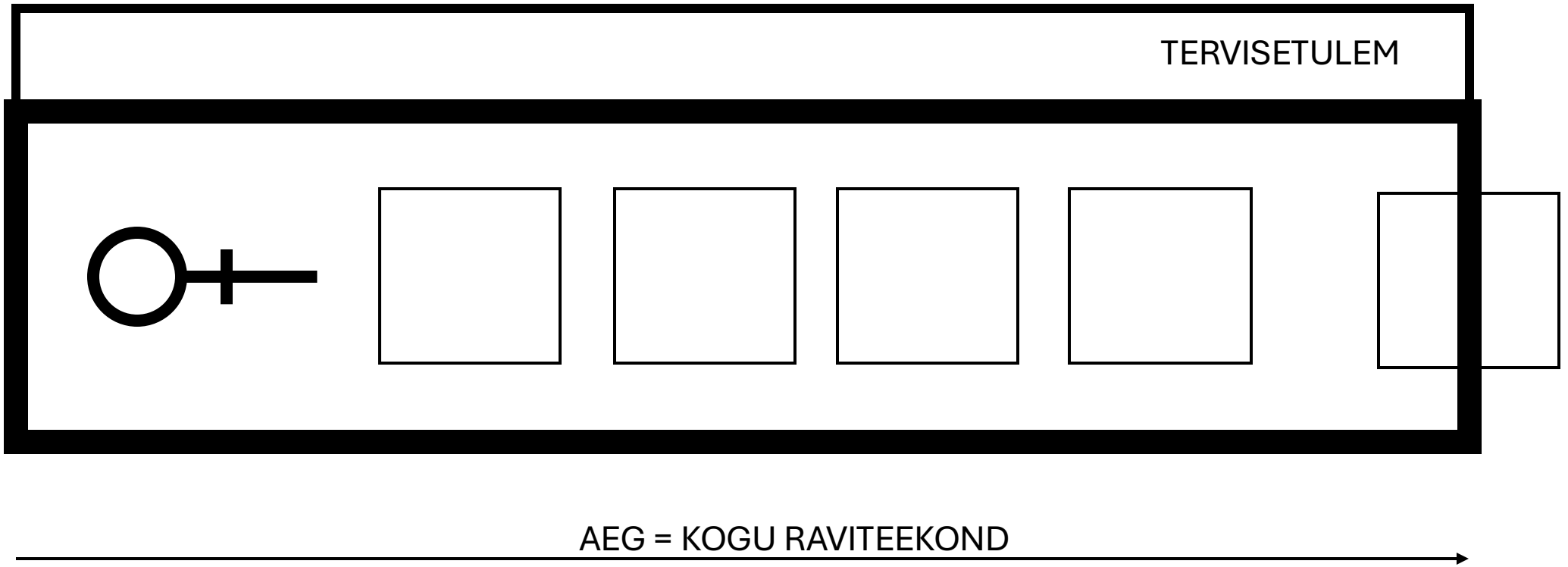
Tervisetulemid

Mis iganes võimaldab kulude kokkuhoidu… *(tavaliselt)*

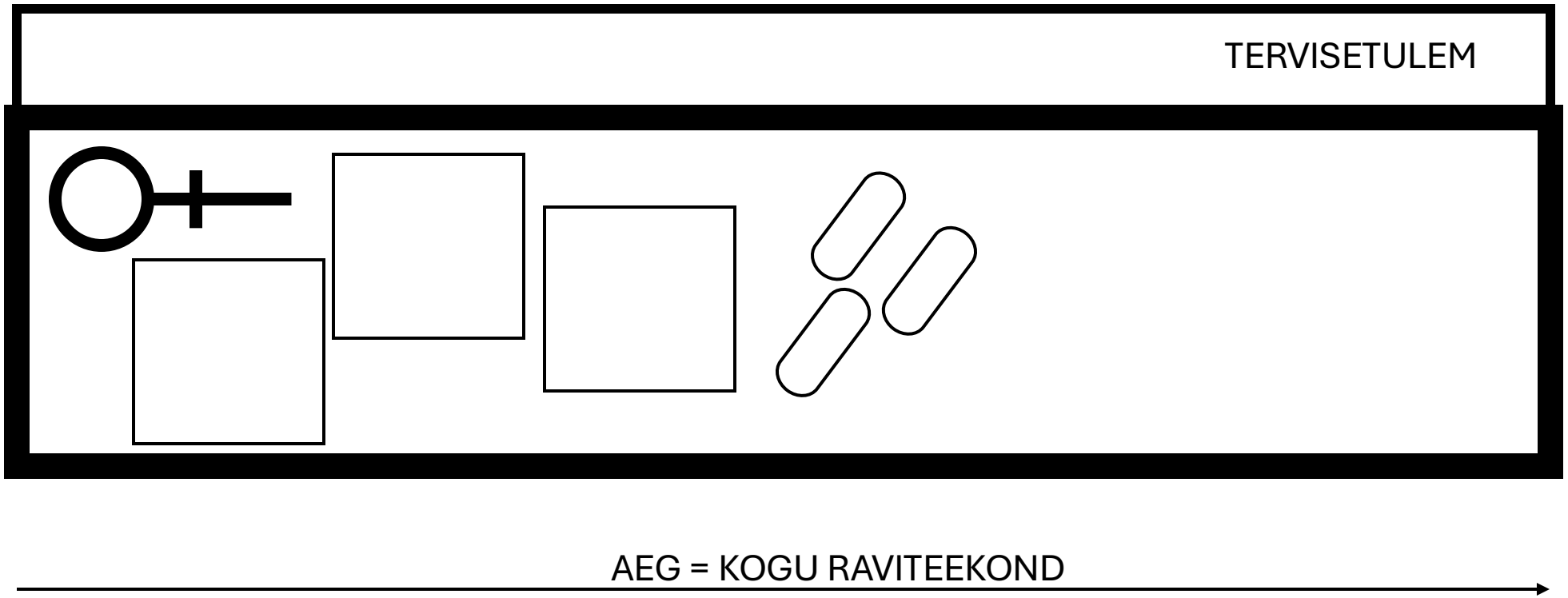
RAVITEEKONDADE TASUSTAMINE



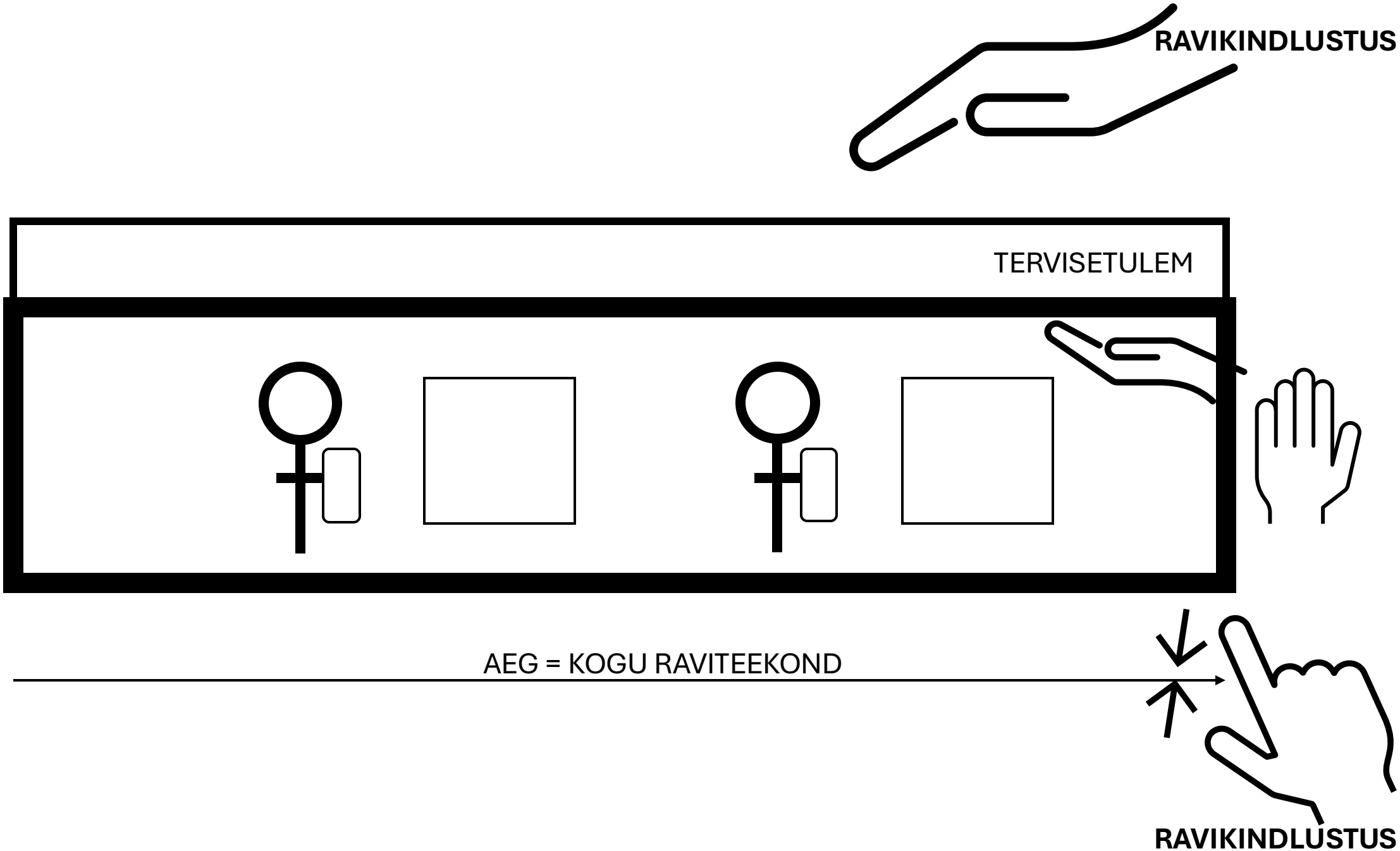
RAVITEEKONDADE TASUSTAMINE



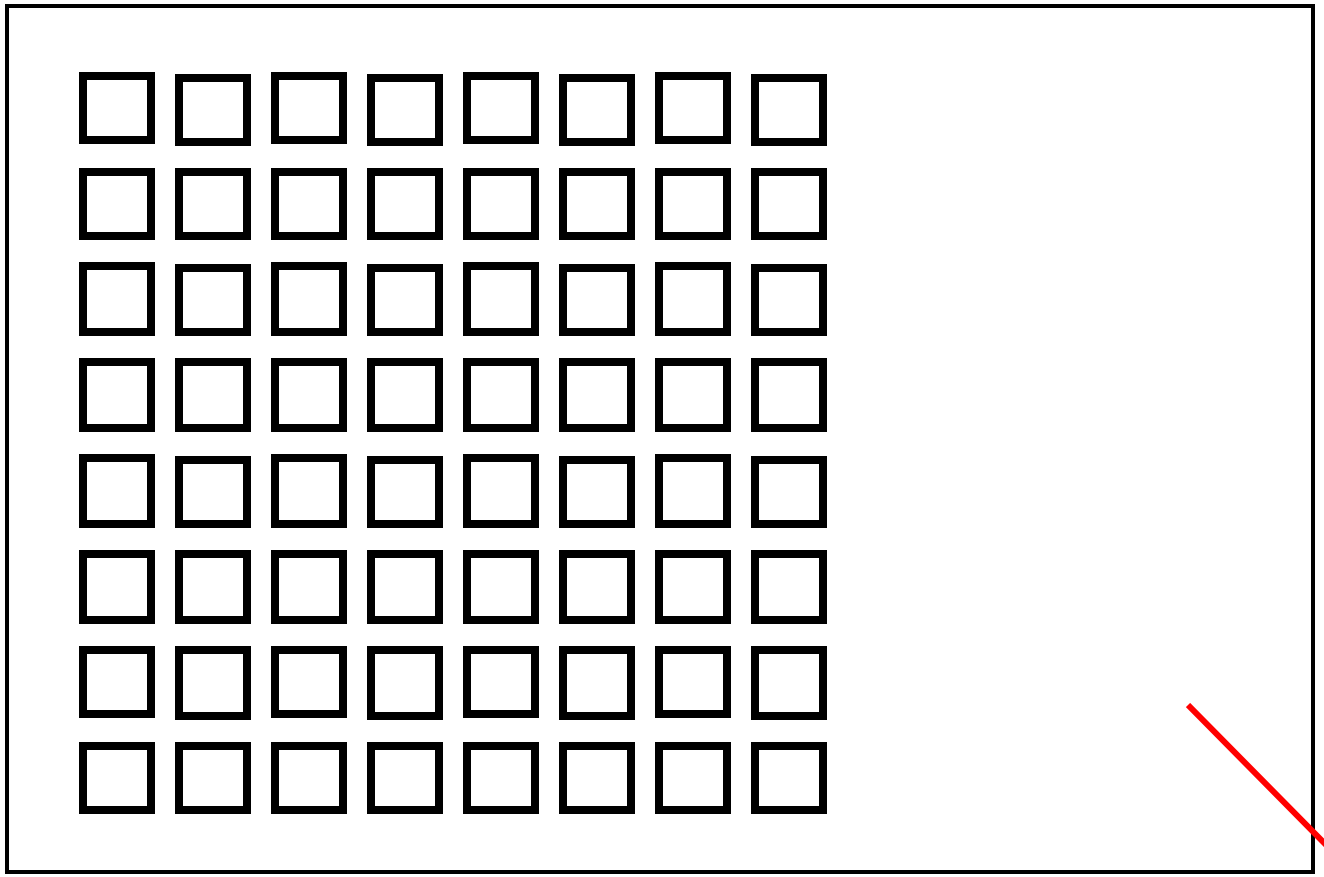
RAVITEEKONDADE TASUSTAMINE

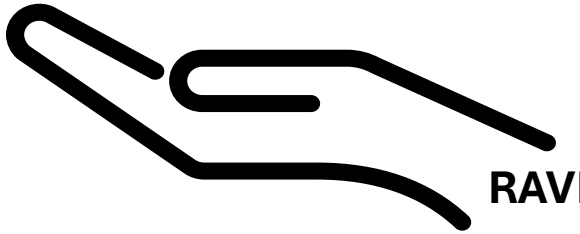


RAVITEEKONDADE TASUSTAMINE

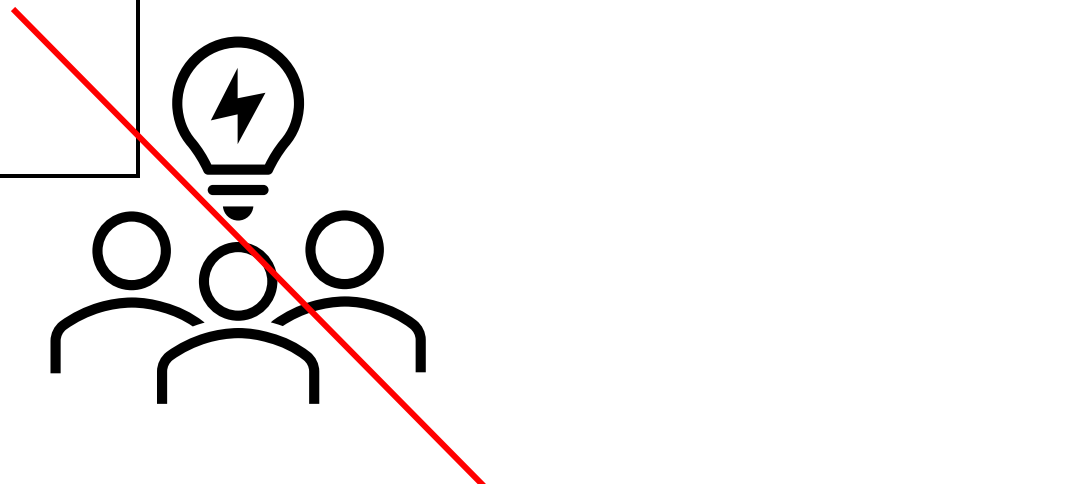


TEENUSEPÕHINE TASUSTAMINE

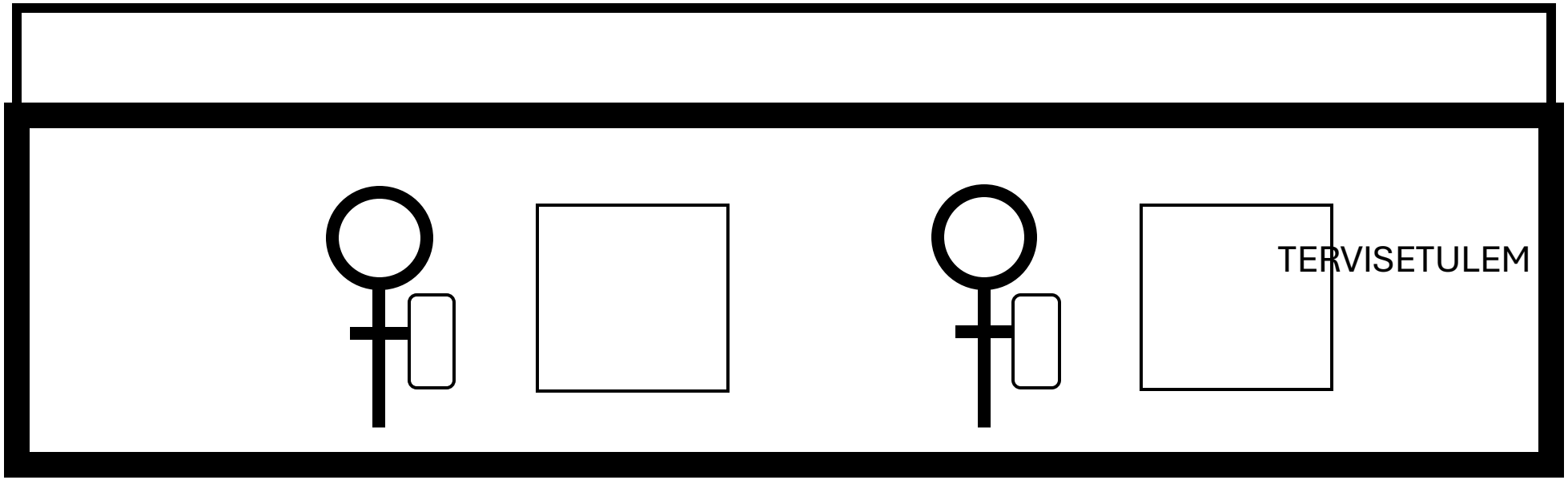




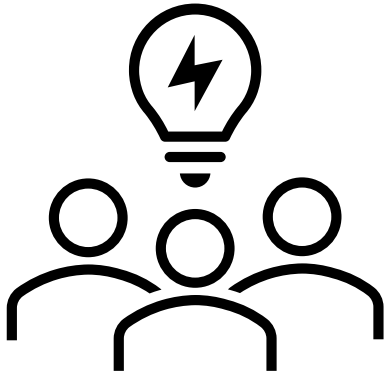
RAVIKINDLUSTUS



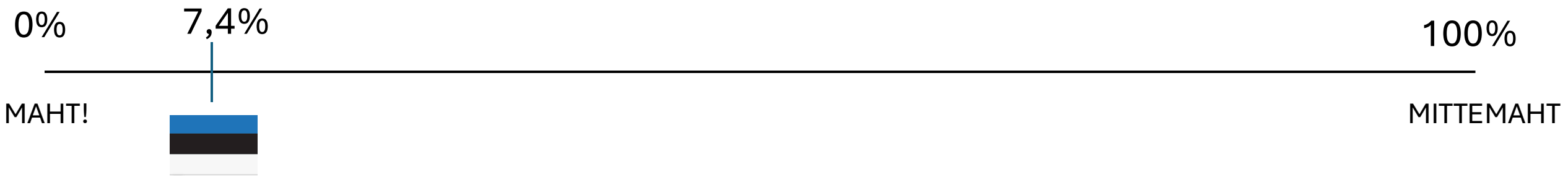
RAVITEEKONDADE TASUSTAMINE



AEG = KOGU RAVITEEKOND



Hakkame ostma mahu asemel (rohkem) tulemust



Hakkame ostma mahu asemel (rohkem) tulemust

Hakkame ostma mahu asemel (rohkem) tulemust

10%?

50%?

Kriitika

Kõik ei saa olla tulemuspõhine

Ainult osa teenuseid saab katta

Raske juurutada

Vähe tehakse koostööd

Tulemeid on keeruline mõõta

Teenuseosutajad valivad terveid patsiente

Kriitika

Kõik ei saa olla tulemuspõhine -> ei peagi

Ainult osa teenuseid saab katta -> näiteid paljudest

Raske juurutada -> kõike ei peagi riik tegema

Vähe tehakse koostööd -> stiimulid!

Tulemeid on keeruline mõõta -> pigem harjumatu

Teenuseosutajad valivad terveid patsiente -> riskikategooriad

How to Pay for Health Care

Bundled payments will finally unleash the competition that patients want. by Michael E. Porter and Robert S. Kaplan

From the Magazine (July–August 2016)

OECD Health Working Papers No. 154

Innovative providers' payment models for promoting value-based health systems: Start small, prove value, and scale up

Luca Lindner,

Luca Lorenzoni

https://dx.doi.org/10.1787/627fe490-en

Lugusid rääkiv liik