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Good Practices in Social Security

Good practice in operation since: 2016

The Institute of Insurance Agents

A case of the Federal Compulsory Health Insurance Fund of the Russian Federation

**Federal Compulsory Health Insurance Fund
Russian Federation**

Summary

A basic principle of the compulsory health care system in the Russian Federation is the state guarantee of insured persons' rights for obtaining affordable and qualified medical aid within the scope of Compulsory Health Insurance (CHI).

Today, the Russian Federation actively introduces patient-oriented models of public health care services aimed at providing patient-specific assistance for each insured person.

In 2016, the activities of medical insurance companies were supplemented by the Institute of Insurance Agents (IIA), which is becoming an effective support mechanism for each insured citizen in obtaining medical assistance and, moreover, is helping to increase each person's responsibility for his/her health.

The main objectives of insurance agents are to ensure the optimal routing of patients, provide individually-shared information on the need for periodic and preventive health examination, outpatient observation, and a commitment to implement the medical recommendations for the treatment.

The issue or challenge

What was the issue or challenge addressed by your good practice? Please provide a short description.

Challenges:

- Absence of an individual approach to each person insured by CHI.
- Insufficient information support for the patient.
- Inability or lack of access to obtain expert consultations on urgent questions regarding medical treatment.
- Rejection by a medical company to provide health care services.
- Long periods of waiting for medical professional attendance.
- Payment for health care services that are supposed to be for free.

Addressing the challenge

What were the main objectives of the plan or strategy to resolve the issue or challenge? List and briefly describe the main elements of the plan or strategy, focusing especially on their innovative feature(s) and expected or intended effects.

The main strategy to resolve the challenges was the establishment of the IIA as a new information and cooperation format between the participants and the CHI actors, i.e., patient-focused assistance for the insured person was the solution to the problem. Project implementation was divided into three stages, with a step-by-step introduction of the IIA.

Targets to be achieved

What were the quantitative and/or qualitative targets or key performance indicators that were set for the plan or strategy? Please describe briefly.

Today, all the necessary legal and regulatory frameworks have been adopted, and special educational programs for insurance agents have been developed and introduced.

The first level, implemented since June 2016, consists of staff from the contact centers of medical insurance companies. The main goal of these specialists is to provide references and information regarding the CHI based on citizens' verbal requests. Most often it includes answers concerning CHI policies and procedures, working hours of insurance centers, procedures to select a medical company and a doctor within the CHI system, etc.

Second-level insurance agents began to operate in January 2017. They can be considered as being at the central core of the insurance agent system. Functions of the second-level insurance agents include distribution of information on preventive services and the monitoring of results. These specialists deal directly with insured citizens, including their complaints. They ensure the cooperation of insurance agents at all levels of medical insurance companies, arrange issue-related surveys, and monitor on a regular basis the timely and correct hospitalization of citizens.

Third-level insurance agents (qualified medical officers) started working in January 2018. Their functions include the settlement of disputes on the course of medical treatments between medical organizations and patients. Also, an insurance agent's obligations include carrying out expert quality examination of medical care, individual informational support for patients with chronic illnesses, and ensuring the continuation of treatment. Third-level specialists cooperate with medical organizations to reveal and remedy the causes of breaches in the timelines and correctness of routine hospitalization procedures as well as eliminate breaches in the timelines of medical assistance for patients with serious diseases which have a great impact on mortality rates.

Evaluating the results

Has there been an evaluation of the good practice? Please provide data on the impact and outcomes of the good practice by comparing targets vs actual performance, before-and-after indicators, and/or other types of statistics or measurements.

In the year and a half since the IIA was introduced, a steady increase in insured person requests for medical insurance companies has been observed as well as a change in the nature of their requests. The number of requests for information concerning medical aid arrangements is increasing, which is an indicator of the growing trust of the population in the IIA. According to statistics of the Federal Compulsory Health Insurance Fund, in 2017 the percentage of verbal requests for advice significantly increased at 1.5 times more compared to the same period in 2016, while the number of complaints on health care has decreased.

Organizing the activities of insurance agents according to a standard format has reduced to 20 seconds the maximum waiting time for a medical professional to answer a phone request. It has also speeded up the processing time for requests (twice as fast), and ensures a solution to a

majority of the requests by insured persons during their first visit to the doctor, with waiting time for polyclinic assistance declining by half an hour.

Since 2016, first-level specialists have been working 24 hours a day in call centres established in all federal districts of the Russian Federation, to answer all the questions of insured persons. Phone call routing is optimized by technical solutions, the design of question-answer formats, and constant refresher training of the medical specialists.

Based on 2018 activity indicators of insurance agents, 96.4 per cent of the citizens who had to be periodically examined were individually informed about the need to go through with these periodic health examinations, leading to registration of more than nine million people who were taken to clinics because of chronic diseases.

Beginning in 2019, preventive and periodic health examinations have been included in a national project on health care.

Today, more than 11,000 insurance agents at the first, second and third-levels ensure the protection of rights and provide informational support to insured persons.

The individual approach to each insured person and proper informational support have significantly increased the role of insurance companies in the field of protecting the rights and legal interests of the insured persons.

Each insured person needs to know both the medical insurance company the person belongs to and the personal insurance agents to be contacted on all issues. Therefore, the IIA is becoming an efficient support mechanism for each insured citizen to obtain medical care. In addition, the IIA enhances each person's responsibility for his/her health.

Lessons learned

Based on the organization's experience, name up to three factors which you consider as indispensable to replicate this good practice. Name up to three risks that arose/could arise in implementing this good practice. Please explain these factors and/or risks briefly.

To realize a successful project of this nature, it is necessary to equip medical institutions with the required IT technologies for the functioning of insurance representative offices, to have a considerable insurance workforce at each level, to have tough regulations on their interaction and regular short-term training programmes.

Risks that arose/could arise in implementing this good practice:

- Due to geographic characteristics, there is a risk of incomplete coverage of population groups that live far from the big cities.
- Insufficient basic level of IT infrastructure development.
- Lack of public trust during the initial phase of the project.