Health Reform in the Dominican Republic

Training as a key capacity-building strategy in USAID’s REDSALUD Project
Why is Health Reform Needed in the Dominican Republic?

- Per capita health spending in the DR is close to the Latin American average
- Number of doctors and hospital beds per capita is above the Latin American average
- Average hospital bed utilization rates are below 50%
- No more than 20% of the population has health insurance coverage
- 75% of all health expenditures are out-of-pocket
- Maternal mortality rate is over 178 per 100,000
The New Health System in the DR:
Social Health Insurance

- Separation/Decentralization of Functions:
  - MOH: policy formulation, regulation, delivery of public health services, public provider of curative care
  - Independent oversight and control functions
  - Purchaser-provider split: private/public mix of insurers and providers
  - Decentralized provision of care: hospital autonomy
The New Health System in the DR: Social Health Insurance (cont’d)

- Market regulation:
  - Mandatory social financing: earmarked contributions, demand-side subsidies
  - Efficiency/quality oriented competition: standard benefit package and per capita premium
  - Insurance/risk management: contributory and subsidized regimes
  - Limited user choice of insurer or provider
How Will the Social Health Insurance System Operate?

GODR Employees Employers

Contract/Agreement

Public/Private Insurers (ARS)

Public/Private Service Provider

Family Health Insurance

Users

$\text{Per Capita Allocation}$

$\text{Contributions}$

Treasury for Social Security
REDSALUD’s Accomplishments

Supported implementation of health insurance system by developing:

- System rules and regulations
- Identification and enrollment of beneficiaries
- Basic package of care
- Contracting and provider payment mechanisms
REDSALUD’s Accomplishments

Contributed to improve hospital management by developing:

- Service portfolio analysis tool
- Costing and prospective budgeting tool
- Supply management and logistics tool
- Graduate training program in health management
- Governance: community-based hospital boards
- Customer care culture and practices
- Patient registration and billing system
Training as a Capacity-Building Strategy for Health Reform
What does the new health system need?

- How to do new things
- How to do things better

Training requirements
New Concepts to Consider for a Training Program in the Context of Health Reform

- Market competition
- Insurance system
- Efficiency
- Productivity
- Customer service

- Client perspective
- Institutional management
- Quality of services
- Provider - purchaser relations
- Cost accounting/control
Training Decision Tree

HR system requirements

Actual HR profile

Desired HR profile

Training content

Training mechanisms

Long/short-term training

Training institutions
Mentoring Institution

Local Institution

Postgraduate course
Short-term courses
In-service training

Institutional mentoring program

USAID-REDSALUD Support

Training Program Operation
Health Management Training in the Dominican Republic

Tutoring Session

In-service Training
Key Results of the HR Training Program

- 102 graduate-level trainees in health care management
- 150 participants in 3 short-term training activities
- 350 participants in 6 in-service training activities
- Demonstrable evidence of modern health care management practices used
- Formal, public recognition: quality awards
REDSALUD is funded by USAID and implemented by Abt Associates Inc. and partners under contract #517-C-00-00-00140-00
Task order No GHS-I-02-03-00039-00
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