



MINISTRY OF PUBLIC HEALTH VISION, PLANNING and LEGISLATION

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30/11/2012



- Ministry of public health/Vision-Mission
- Reformulation a new mission(Institutional framework, Values)
- LEBANON Reforms
- Legislations :
- New organizational structure,Healthmap,ICT,National health accounts)
- Medical Care(Public/Private,Healthcare,New technologies)
- Coordination between public funds



- Health system(Medical Professions/Health facilities)
- Licensing hospitals in LEBANON
- Laws and regulations
- Health and technical standards
- Accreditation
- Public hospitals (History and progress)
- Hospital 2020

Ministry of Public Health

Vision /Mission



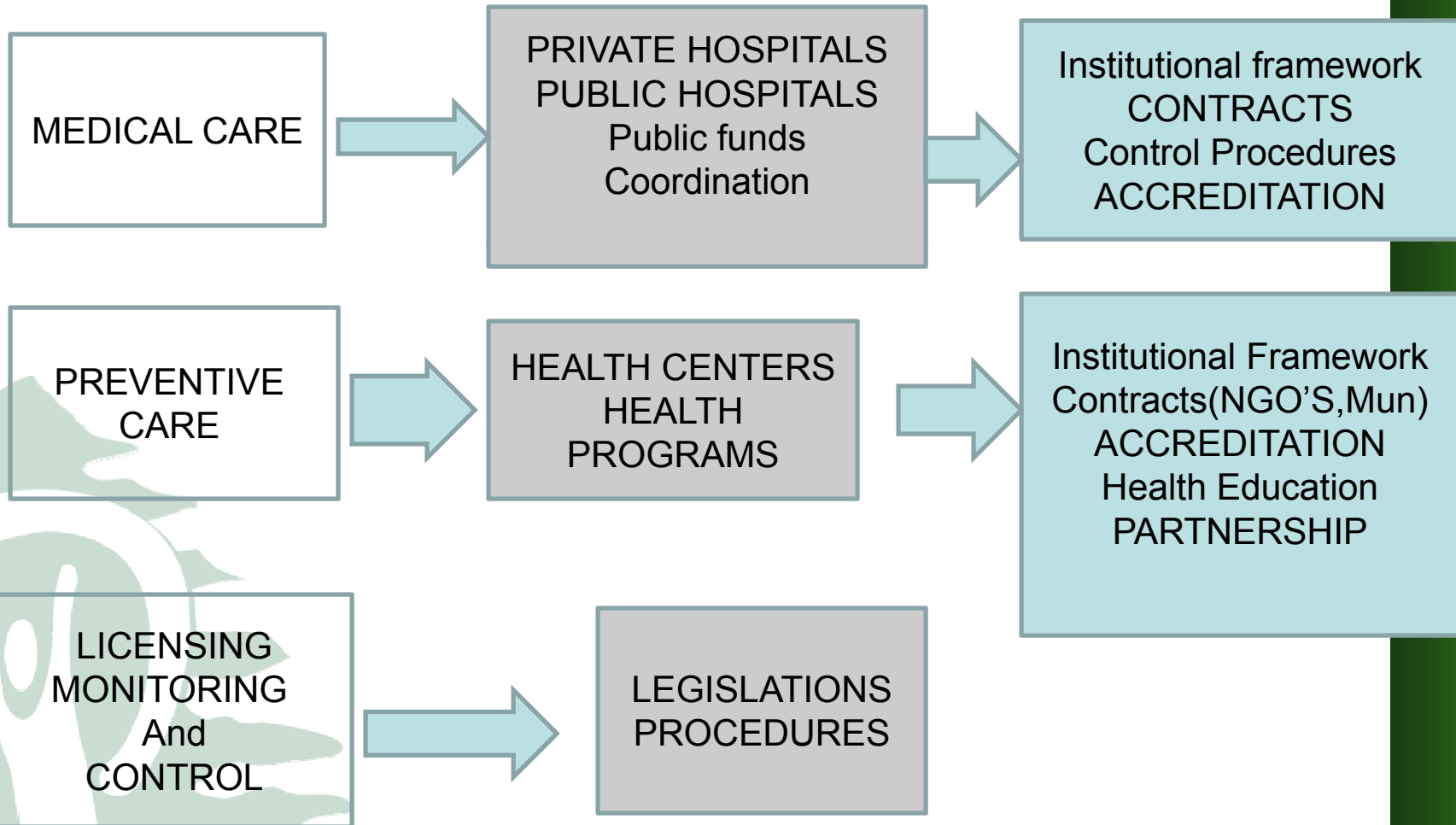


VISION

PLANNING

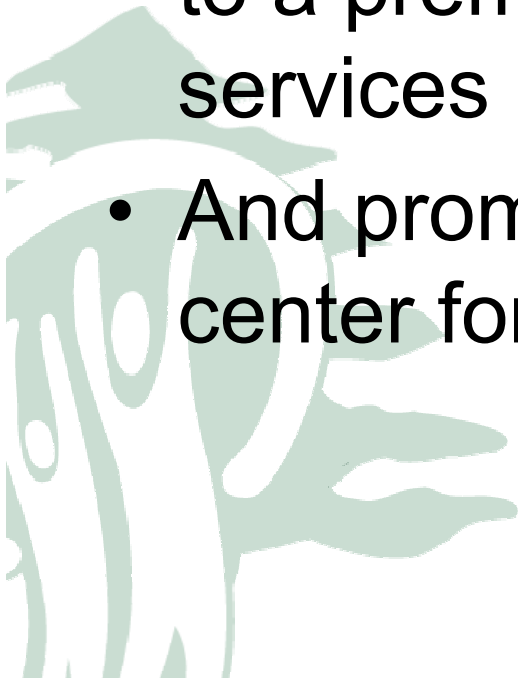
LEGISLATIONS

VISION-PLANNING-LEGISLATION



VISION

- A society with healthy population,
- Within a national health system ,
- And where all individuals have access to a premium quality of healthcare services
- And promote LEBANON as a referral center for tertiary care in the region



CURRENT SITUATION

- The MOPH is the main health provider for the uninsured portion of the population
- In its own hospitals and healthcare facilities and reimburse costs of services rendered in private hospitals with which it has contracts
- A lack of coordination among health providers has to lead to an oversupply of services, false billing, and difficulties in admission to hospitals
- Lack of consistent and retrievable data
- This has led to a tremendous increase in health care costs for the government, placing a heavy burden on the public as well as health providers

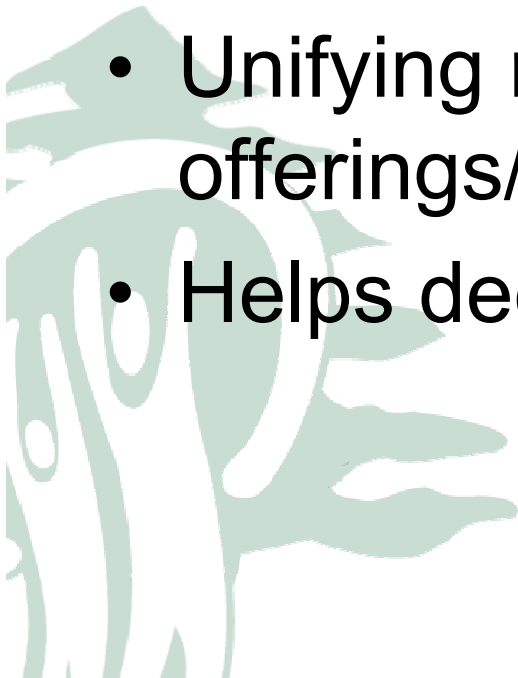
Current situation and policy

- Health care services have become increasingly oriented towards curative care
- With a rapid growth in the number of hospitals and medical centers offering high technology services
- This situation necessitate MOPH to outsource health care to private institutions (Contractual agreements)
- Reform project to improve the services offered by public hospitals (Quasi legally corporatized entity with autonomous decision making process taken by board members)



MOPH POLICY

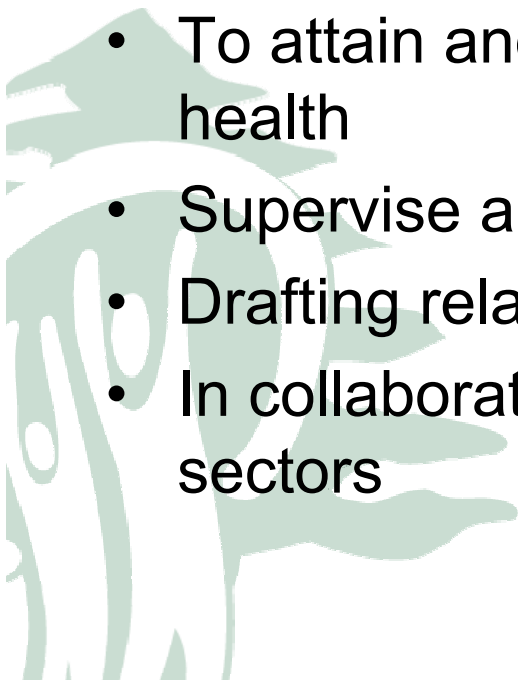
- The MOPH is trying to plan a transparent health care and medical policy that helps the Ministry to play an important role in :
 - Unifying medical services and offerings/or procedures
 - Helps decrease medical expenditures



MOPH MISSION BY LAW

Decree 8377 dated 30/12/1961 –Article 2

- TO enhance the health and wellbeing of all the people of LEBANON ,by ensuring the availability of and the access to comprehensive health services throughout the country
- The protection and promotion of health
- To attain and sustain the highest possible level of health
- Supervise and monitor healthcare facilities
- Drafting related health law and regulations
- In collaboration with other social and economic sectors



MOPH MISSION BY LAW

Decree 8377 dated 30/12/1961 –Article 2

- تعنى وزارة الصحة العامة بالحفاظ على الصحة العامة، ورفع مستواها وذلك بتأمين الوقاية من الامراض، ومعالجة المرضى المحتاجين،
- والاشراف على المؤسسات الصحية الخاصة وفقا لاحكام القوانين الخاصة بها،
- كما تتولى اعداد المقترحات بالتشريع والتعديل في القوانين والانظمة المتعلقة بكافة حقول الصحة العامة



MISSION

- TO protect the health of citizens by adopting equitable medical care and preventive medicine policies ,and ensuring high quality services to all individuals
- And optimal use of resources to accomplish the goals and works in partnership with stakeholders ,that are committed to to improve and protect health
- And assume the role of supervising, controlling, and organizing the health system in LEBANON

Reformulation of MISSION

- Responsibility for the management of the health sector
- Policy formulation, planning, Monitoring, of private and public services and programs at the national and local levels
- Organizational structure to assume the mission
- Prevention
- Healthcare
- Laboratories

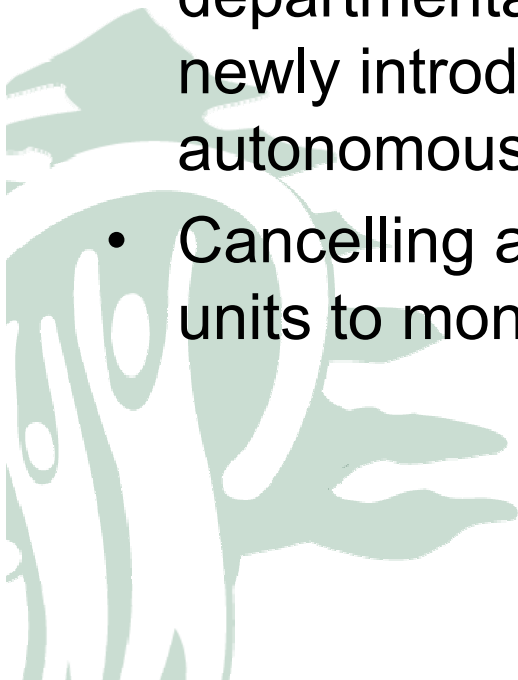


National strategy for health

- National strategy for health (Since 1990) which defines the Government policies in the sector :
- Principle of equity
- Affordability
- Effectiveness
- Universality in the provision of HCS
- Balancing resource allocations between curative and preventive care
- Making public hospital management more efficient
- Strengthening the MOPH regulatory role to improve the quality of services and control costs

National strategy for health

- Project law issued by the decree no. 8377 dated 30/12/1961
- 3 Directorates to serve MOPH mission
- Due to many current and perceived inter – departmental duty overlaps, contradictions and newly introduced services /duties and the autonomous state of public hospitals
- Cancelling all units related to it and introducing new units to monitor on the quality control



Institutional framework

- The MOPH must regain its role as regulator of the health care market ,rather than as financing agent:
- License and monitor the health care market
- Regulate and control the delivery of health care services
- Improve healthcare quality
- Contain health care cost
- Improve the management of the health care sector
- Ensure quality of care and build a public-private partnership
- Reorganize the pharmaceutical sector and control the quality of drugs
- Provide training and development for HR
- Conduct medical awareness campaigns and spread medical culture

VALUES

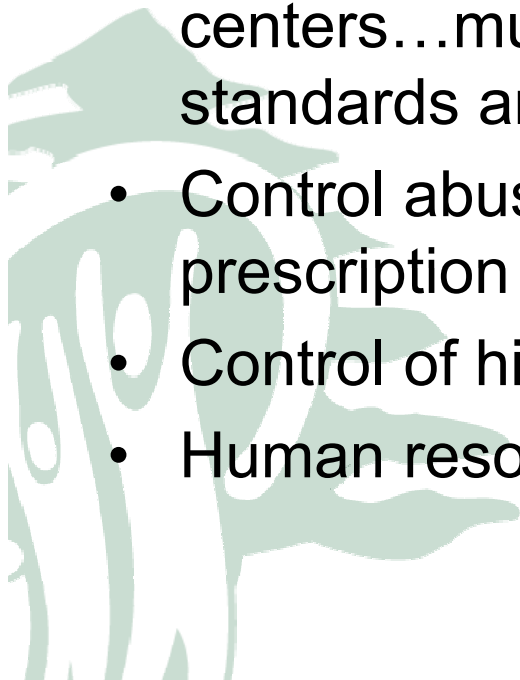
- Health is essential right to human being
- Social equitability
- Quality in providing health services
- Social responsibility
- Professionalism



MOPH as REGULATOR

Service delivery

- Delivery of medical services must be checked by establishing the carte sanitaire which determines the nature and the importance of the installations and activities of care needed
- Health centers (Dispensaries, medical labs, radiology centers... must be submitted to accreditation standards and efficient control
- Control abusive drugs importation, pricing and prescription and encourage local industry
- Control of high medical technologies
- Human resources and professionalism



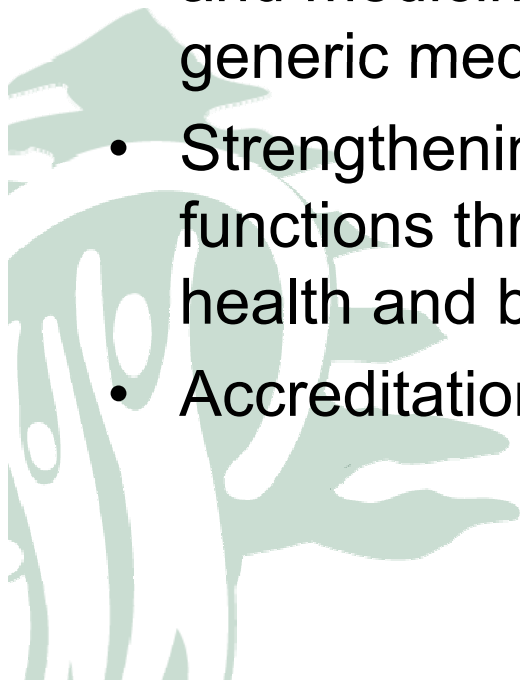
Selected health indicators of LEBANON 2005-2009

	Unit	2005	2006	2007	2008	2009
Total GDP	Billions LBP	32.945	33.917	37.926	45.346	52.650
Allocated to MPH from total Gov. budget	%	3.6	3.12	3.05	3.26	2.7
Annual Budget MPH	Billions LBP	360.3	348.8	361.6	373.9	439.7
Annual Budget MPH per capita	USD	63.3	60.1	61.1	62.1	73.3
National health Exp./Capita	USD	460				
NHE as %GDP	%	8.3				

Health systems financing

LEBANON REFORMS/WHO-2010

- Series of reforms to improve equity and efficiency:
- Restoring the public sector primary care network
- Improving quality in public hospitals
- Improving the rational use of medical technologies and medicines(increasing the use of quality assured generic medicines)
- Strengthening the leadership and governance functions through a national regulatory authority for health and biomedical technology
- Accreditation system for hospitals



Health systems financing LEBANON REFORMS/WHO- 2010

- Contracting with private hospitals for specific inpatient services at specified prices
- Database to monitor service provision in private and public health facilities
- Improving quality of services in the public sector ,as both the primary and tertiary levels has resulted in increased utilization ,particularly among the poor
- Bargaining power: Being a provider of services MOPH is now better able to negotiate rates for the services it buys from private hospitals and can use the database to track the unit costs of various hospital services

Health systems financing LEBANON REFORMS/WHO- 2010

- Utilization of preventive, promotive and curative services has improved since 1998
- Reduced spending on medicines combined with other efficiency gains ,means that health spending as a share of GDP has fallen to 12.4% to 8.4%
- Out –of- pocket spending as a share of total health spending fell from 60% to 44% ,increasing the levels of financial risk protection



Health systems financing LEBANON REFORMS/WHO- 2010



- Improving health system efficiency
- Increasing coverage
- Lowering out-of –pocket spending

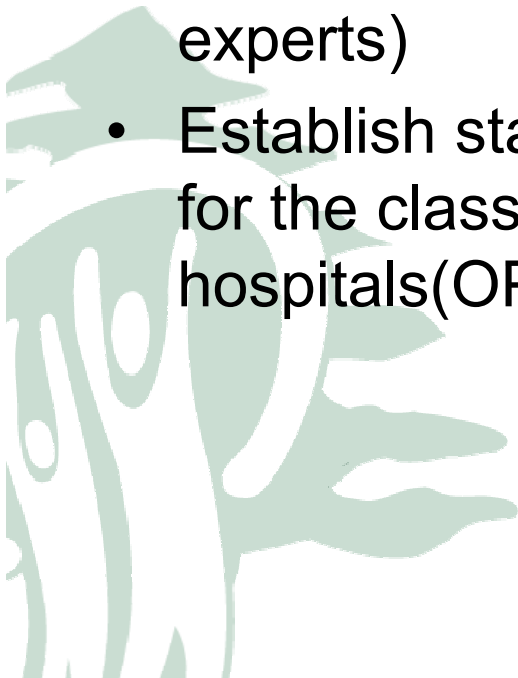


LEGISLATIONS



Laws ,Regulations and Formalities

- The MOPH has worked on a number of Projects Laws in accordance with the mission
- Law to reorganize the Ministry(Local experts)
- Develop its services in accordance with the new developments in the field of health(Local and foreign experts)
- Establish standards and detailed description needed for the classification and accreditation of hospitals(OPCV-HAS)



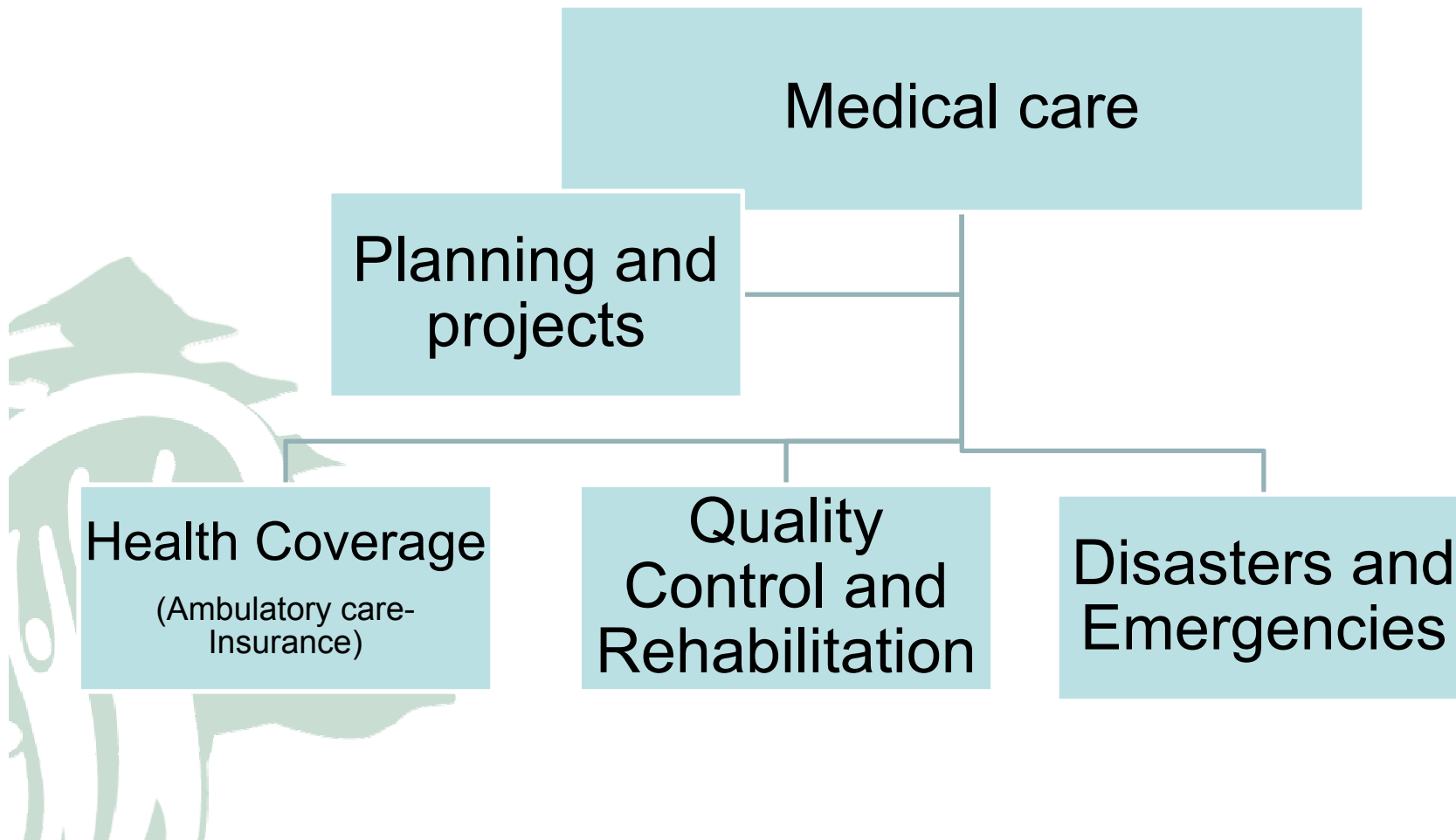


**ORGANIZATIONAL
CHART**

SERVICES

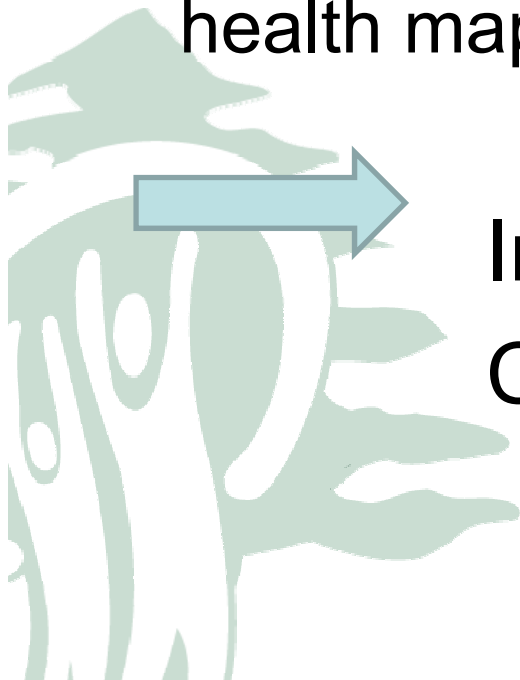
STANDARDS

New organizational Structure Medical Care



Health MAP

- Strengthen disease surveillance
- Public health information systems at regional ,national and international levels
- Through the use of GIS and related public health mapping and tools



Information Tool

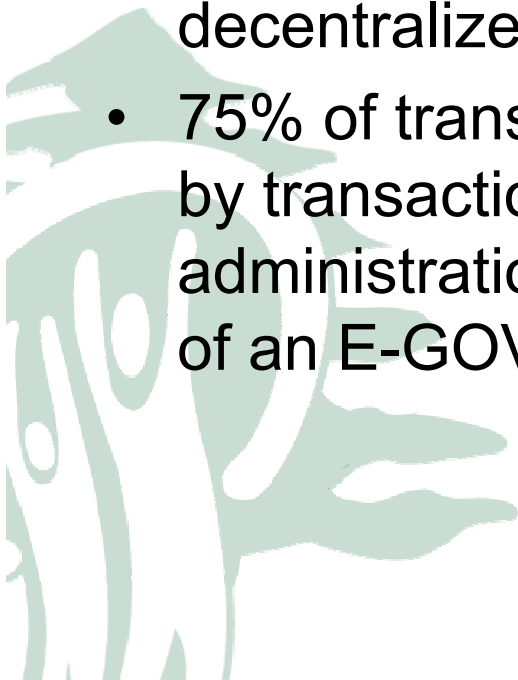
Contribute to better regulate



IT Department

ICT Infrastructure

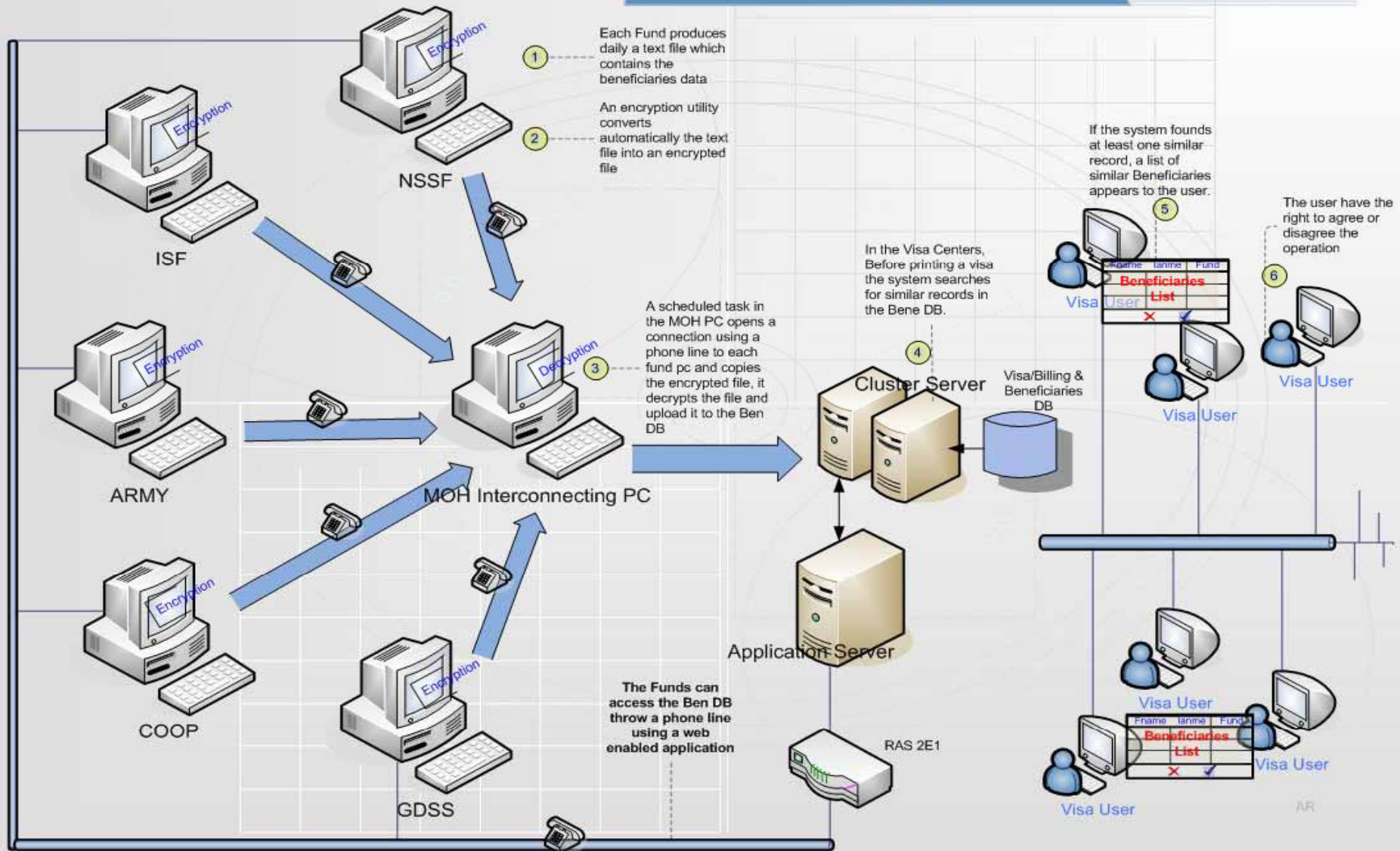
- Automation was done on incremental phases depending on the availability of the funds ,loans and /or grants
- New ICT Infrastructure is currently organized(Networking based on central location and decentralized in caza)
- 75% of transactions requested by citizens followed by transactions between MOPH and other public administration flagging the importance of introduction of an E-GOV initiative



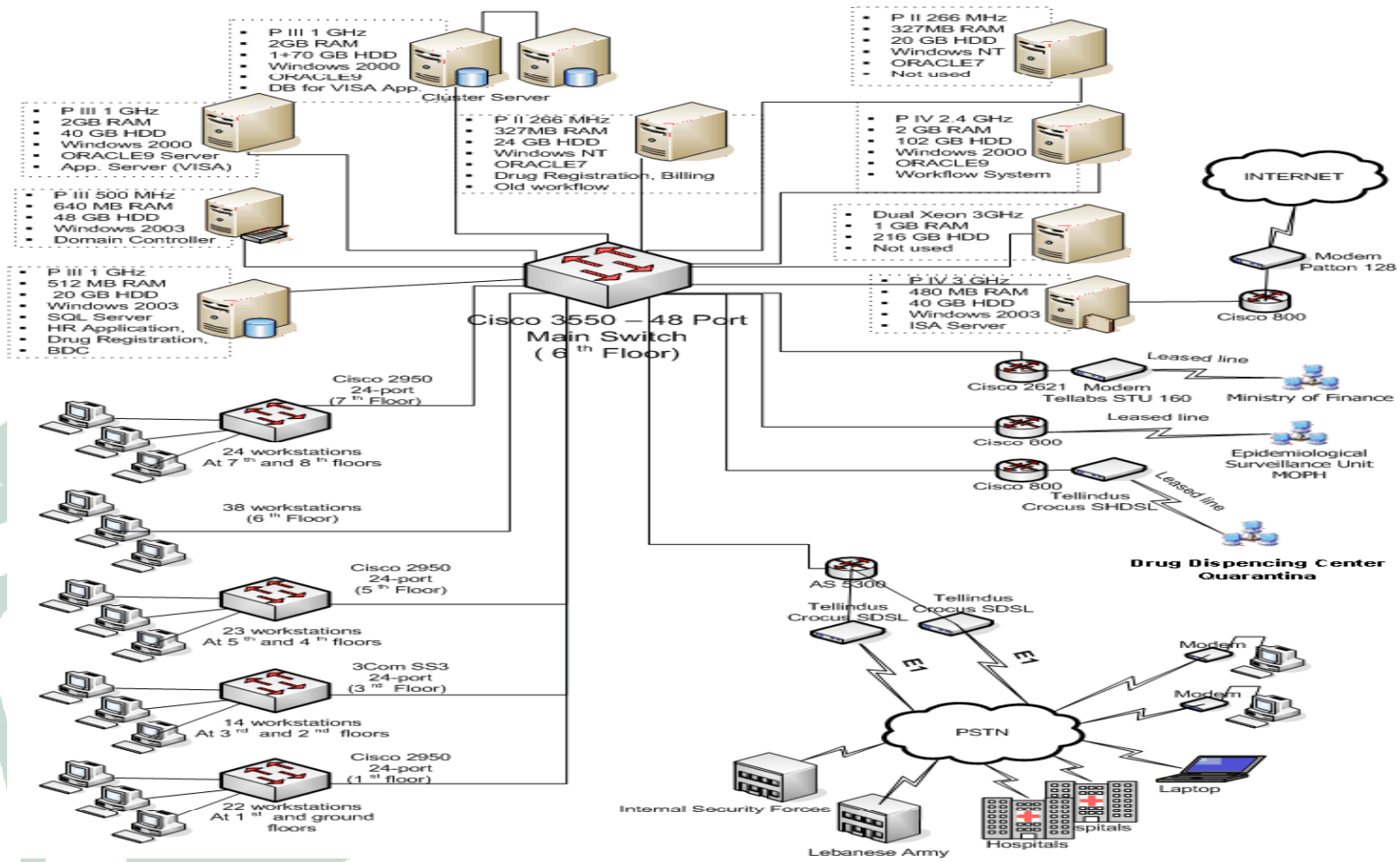
Inter-connecting system with public funds

InterConnecting System

Friday, November 28, 2003



The current situation-ICT

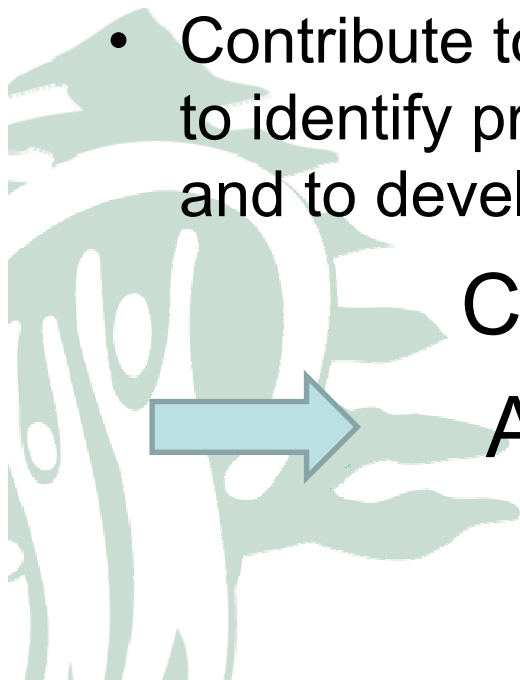


Developing National Health Accounts

- Data on health spending by sources of revenue and types of services purchased
- Provide reliable data on the structure and performance of policy –makers and the financing agents
- Contribute to improving the ability of decision-makers to identify problems and opportunities for change and to develop and monitor reform strategies

Contribute to draft legislations

Adopt policies



Medical Care

PUBLIC HOSPITALS
PRIVATE HOSPITALS



PUBLIC HOSPITAL

- Contracts with financing agencies (MOPH)
- Hospitalized uninsured patients pays 5% of the bill in comparison to 15% paid in private hospital ,the MOPH reimburses 85%
- The public hospital prices are thus 10%lower than those of private hospitals
- Public hospital is strictly not allowed to select patients nor to impose extra fees
- MOPH does not provide any preferential treatment to P.H and respects the patients freedom in choosing the physician and the hospital

Governmental hospitals v/s Public institution

	Gov. Hospital	Public institution
Human resources	MOH	<ul style="list-style-type: none"> ● Directly by the Board of Directors upon demands & in coordination with Council *Civil service board (Law 583/2004)
Financing	Directly by MOH	<ul style="list-style-type: none"> ● Financial autonomy (self budgeting) ● Collections from third payers
Supervising & Management	Designated manager by MOH	<ul style="list-style-type: none"> ● Board of Directors ● General manager ● Supervision by MOH via representative at the Board
Equipments	MOH	<ul style="list-style-type: none"> ● MOH ● Direct purchasing
Provisions	MOH	<ul style="list-style-type: none"> ● Direct purchasing & bid

PRIVATE HOSPITAL

- Development was relatively less affected by civil disturbances and continued to grow both in number and capacity
- Represent 90% of the total N. beds in the 1990's
- The percentage decreased later with the opening of new public hospitals to 75%
- This pre-existing oversupply ,induced a greater demand and use of in-patients health services

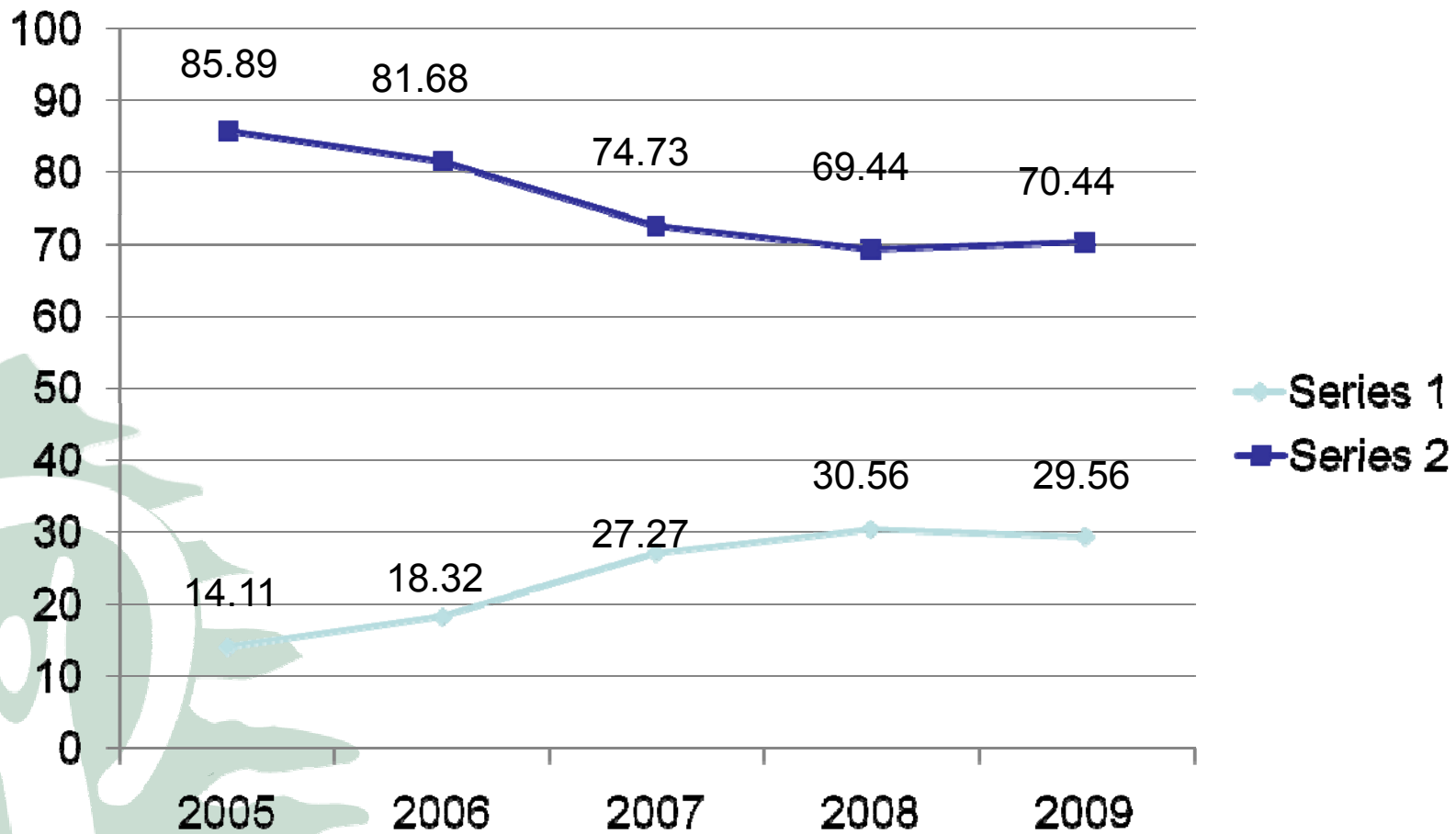
Hospitalization RATE (%)2005 (from eligible)

MOPH	NSSF	CSC	ARMY	SF (ISF,GSF, SSF)	TOTAL
11.3	23	12.5	22.9	30.5	16.6

The evolution of MPH subsidized admissions in public and private hospitals between 2005

	Private hospitals %	Public hospitals %
2005	85.89	14.11
2006	81.68	18.32
2007	72.73	27.27
2008	69.44	30.56
2009	70.44	29.56

The evolution of MPH subsidized admissions in public and private hospitals between 2005-2009



MOPH Coverage in numbers

Year	No. of admissions	No. of patients admitted	Ratio	Total Hospitalization Cost (Billions LBP)	Average Cost /Admission (USD)
2008	218.000	158.000	1.37	213	650
2009	226.000	169.000	1.33	220	650
2010	230.000	173.000	1.32	245	710 (Increment of 8.5%)

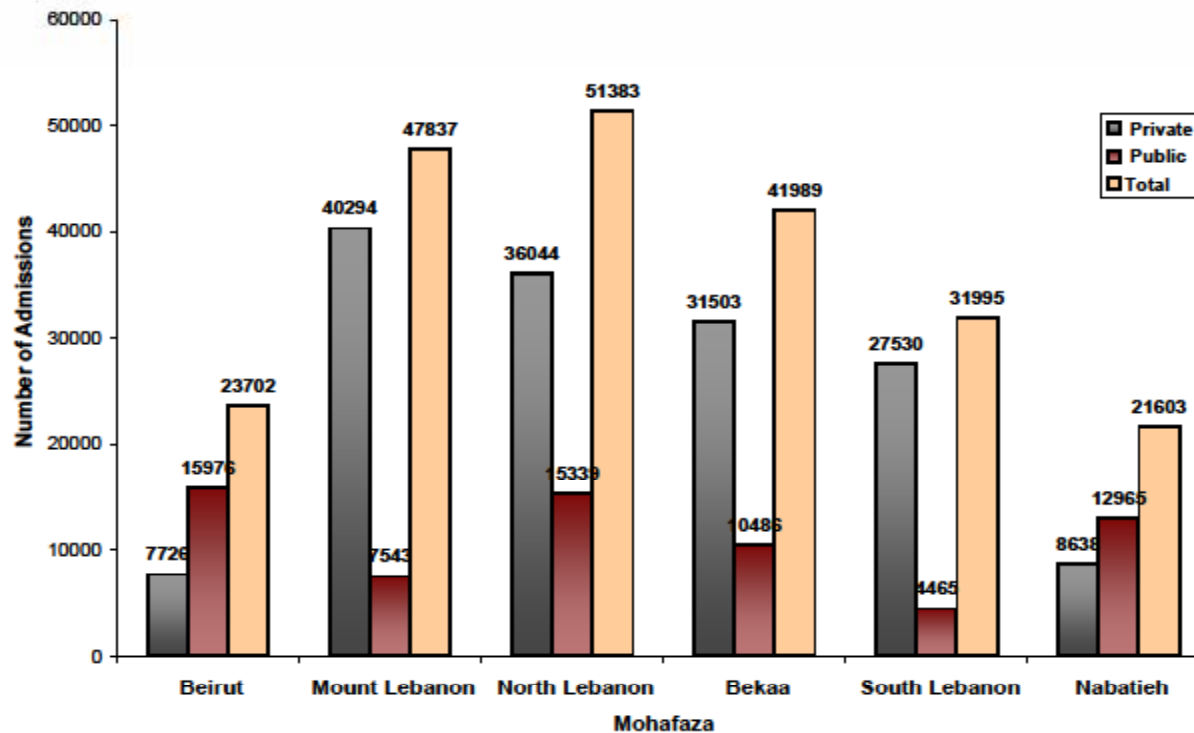
MOPH Coverage in numbers for the five past years

Average number Patients/year	Average number Admissions/Year	RATE %
185.000	225.000	11



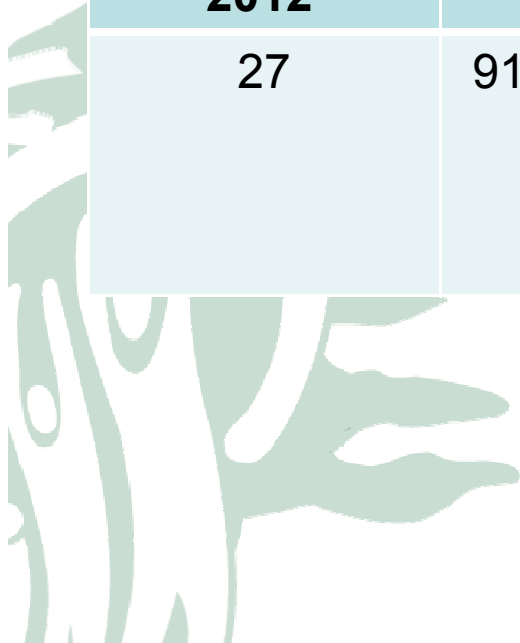
Number of Visas issued between private and public hospitals 2008

Graph 3: Number of MOPH Subsidized Admissions By Mohafaza and Type of Hospital, 2008



Contracted PUBLIC HOSPITALS 2012

Number of public hospitals contracted with MOPH 2012	Budget/year L.L	Budget for contracted hospitals L.L	% Budget Public hospitals from budget
27	91.375.000.000	302.911.014.499	30.16%



Regulation of new technologies



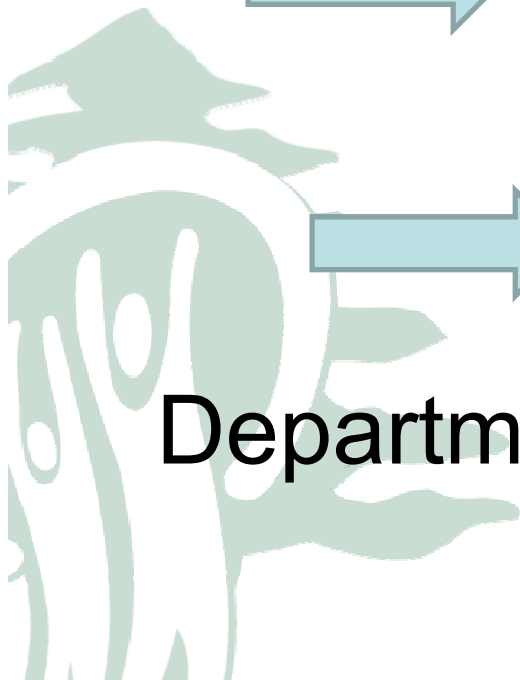
GIS



Letter of Notification



Department / Technical committees



New technologies

Mohafazat	Population	CT Scan	RMI	Open Heart Centers
BEYROUTH	416.000	13	12	6
BEKAA	504.000	23	4	3
MOUNT LEB	1.600.000	36	13	7
NABATIEH	236.000	4	0	0
NORTH LEB	820.000	15	3	3
SOUTH LEB	428.000	13	6	3
TOTAL	4.004.000	104	38	22

New technologies

DIALYSIS	36
Linear Accelerator	8
PET- SCAN	2

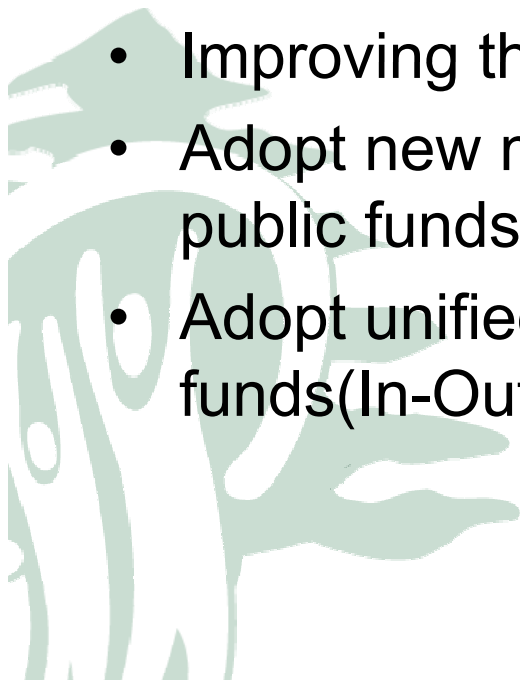
Coordination between public funds

(Decree No. 980 Dated 24/11/2007)

- Ensure efficiency and equity in medical coverage
- Coordination between public funds
- Standardization of procedures
- Networking and database
- Standardization of administrative and medical control and access for patients
- Standardization of medical protocols and Tarifications
- Adopting flat-rates
- Towards new policy of balance between curative and medical care

Coordination between public funds

- Enhance and promote “One day clinic and home care”
- Integrating primary health care in the system of social and public insurance
- Introducing accreditation for PHC
- Improving the quality of public hospitals/sector
- Adopt new mechanism to unify purchasing among public funds(Central d' achat)
- Adopt unified policies for medicines among public funds(In-Out hosp)



Medical professions and Health Facilities



Institutional Framework

Goals and objectives

- Develop laws and Regulations
- Improve work environment
- Improve service efficiencies by utilizing technologies and trends
- Eliminate overlapping and Red- Tapes (better coordination)
- Simplify procedures and develop citizen oriented services
- Set up a modern Information and Communication center (ONE STOP SHOP)

Medical professions section

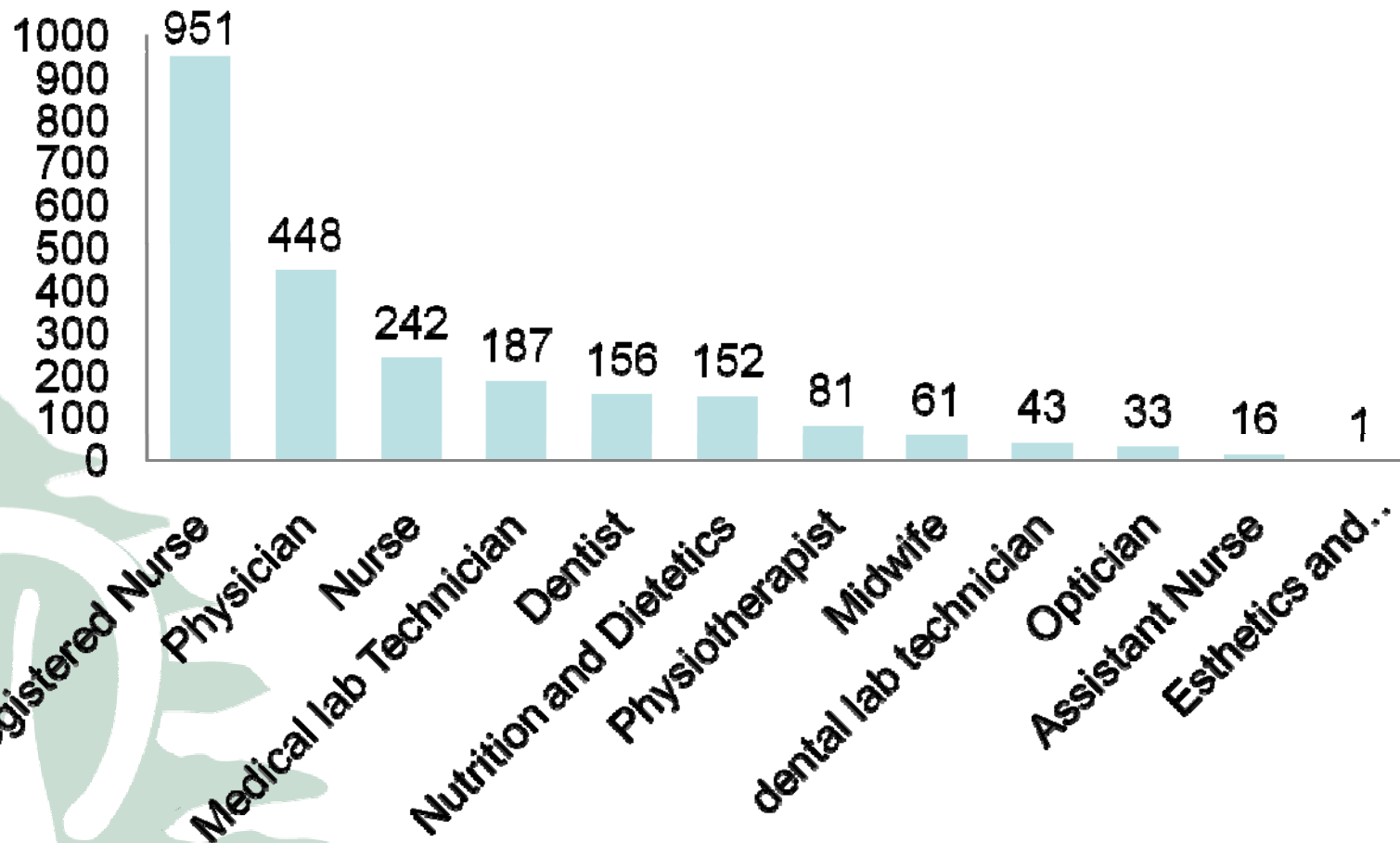
- Issuing permits to practice medical and allied health professions
- Issuing permits to establish health facilities (Hospitals , medical labs, dispensaries,...)
- Preparing the files for specialization committees for physicians and dentists
- Coordination with health orders
- Legal issues for health professions



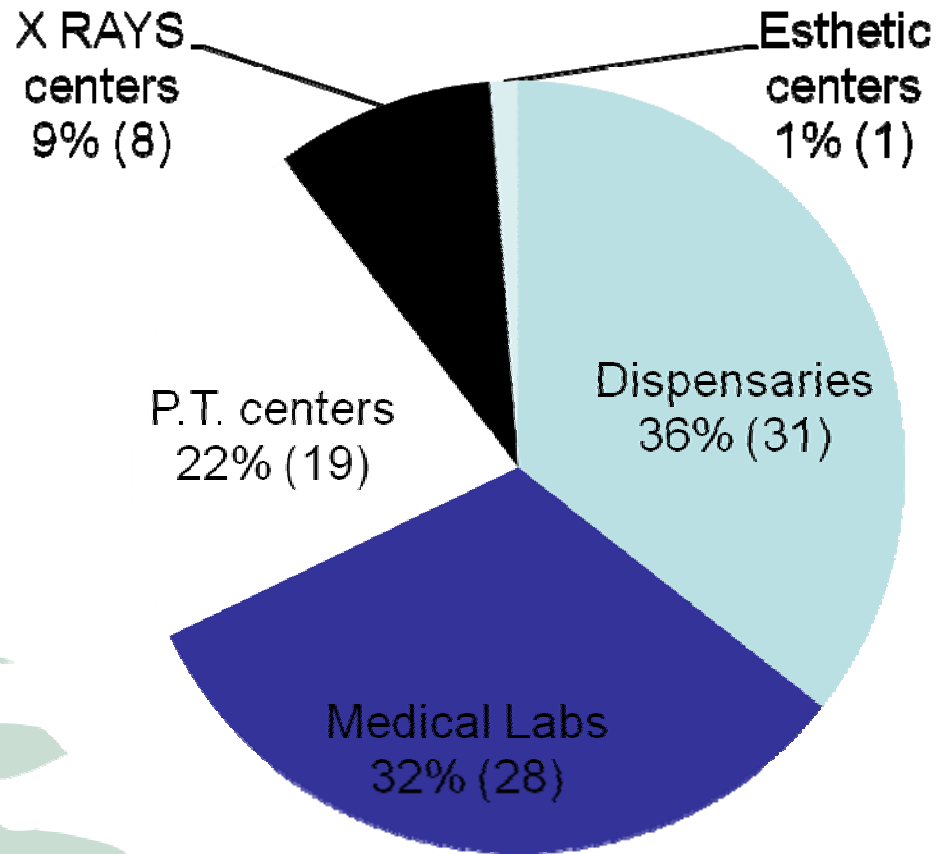
Healthcare professions

TYPE	FREQUENCY
MEDICAL and Allied health professions	19
SPECIALTIES/PHYSICIANS	72
SPECIALTIES/DENTISTS	19
TOTAL	110

Healthcare professions permits achieved in Medical professions section (2009)



Health Facilities (2009)

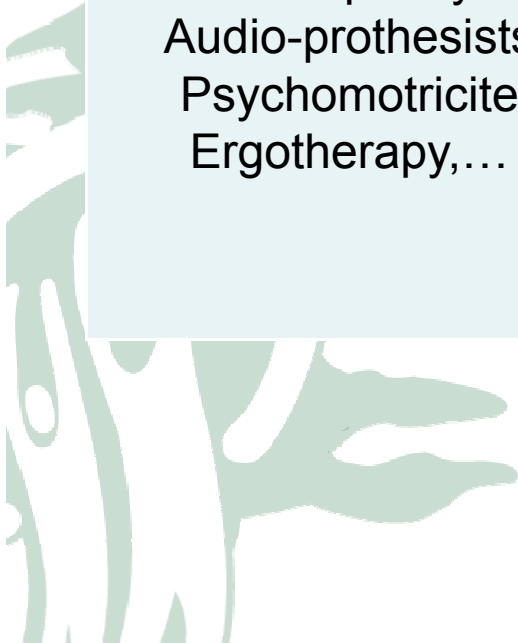


Manpower and physical resources Indicators per 10.000 population

	2005	2006	2007	2008	2009	2010
Physicians	27.4	28.4	28.5		35.4	
Dentists	10.1	9.8	10.9		13.3	
Pharmacists	11.5	13.8	12.1		12.2	
Nursing and Midwifery	16.1	13.2	17.9		22.2	
Hospital beds	36	36	35		34.5	

LEGISLATIONS

Organizing new medical professions	Establishing new orders	Continuous education Programs
Orthophony Audio-prothesists Psychomotricite Ergotherapy,...	Midwives Nutritionists...	Nursing /Lebanese university....



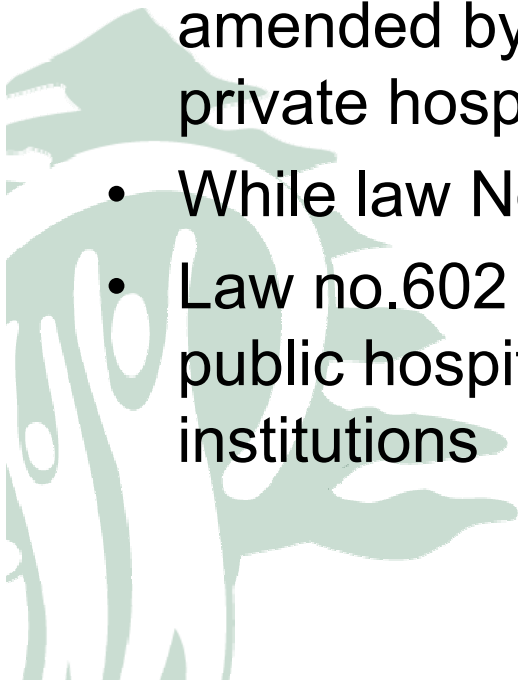
Licensing Hospitals in LEBANON



Licensing Hospitals

BUILD and OPERATE hospitals

- The MOPH through its mandate regulates hospital facilities and deliver licenses to build and operate hospitals /Private –Public
- Law number 9826 dated June 22,1962 and legislative decree No. 139 of 16 September 1983 amended by law No.546 dated 20/10/2003 regulate private hospitals
- While law No.544/96 regulates public hospitals
- Law no.602 issued on 28 February 1997 allows public hospitals to operate as independent public institutions



License to build

License to operate

Licensing Private hospitals

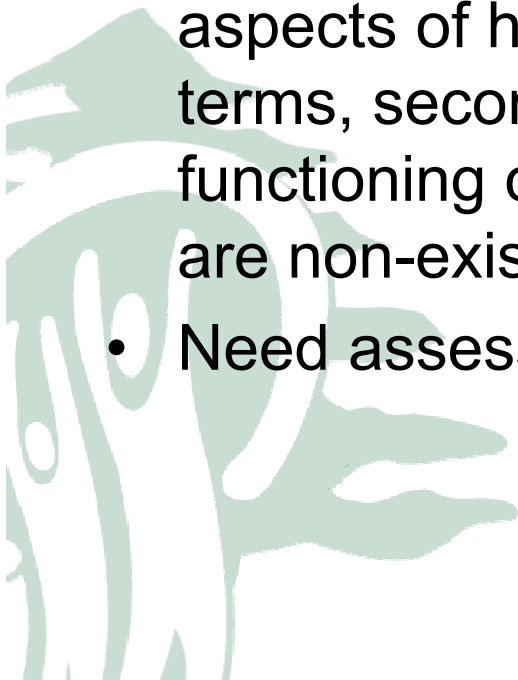
Classification

Accreditation



Role of MOPH regarding Hospitals Licensing

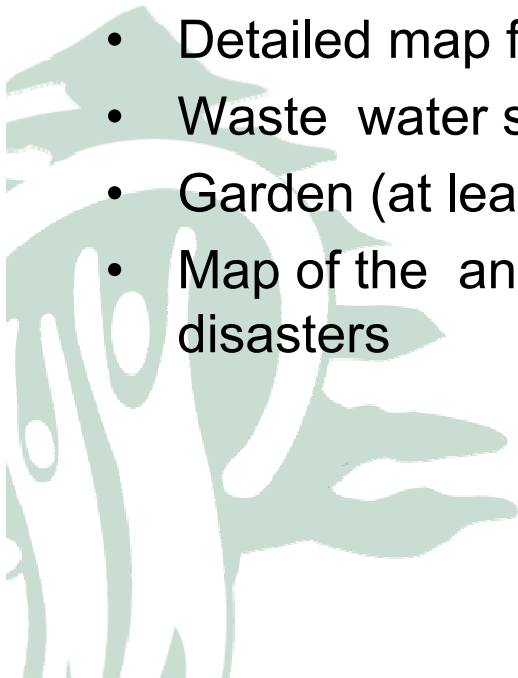
- MOPH has the legal authority (article 2,3,4 and 6) to assess, classify and accredit private hospitals according to set criteria's and conditions within the framework of public interest
- While the primary legislation regulates several aspects of hospital operations in broad and generic terms, secondary legislation that lay out the functioning of these operations as foreseen by law , are non-existent
- Need assessment /Study?



Technical issues

Article 4

- General map(1/2000) showing in details all the facilities in the area at least 300 meters(as schools,public buildings,stations,industrial ,springs...)
- Map(1/100 or 1/200) showing the hospital site
- Map (1/100) for each floor of the hospital premises, showing rooms, number of beds...
- Detailed map for the façade and windows and ports...
- Waste water system and hospital waste management
- Garden (at least 25%)of the total area
- Map of the and equipments in case of natural or security disasters



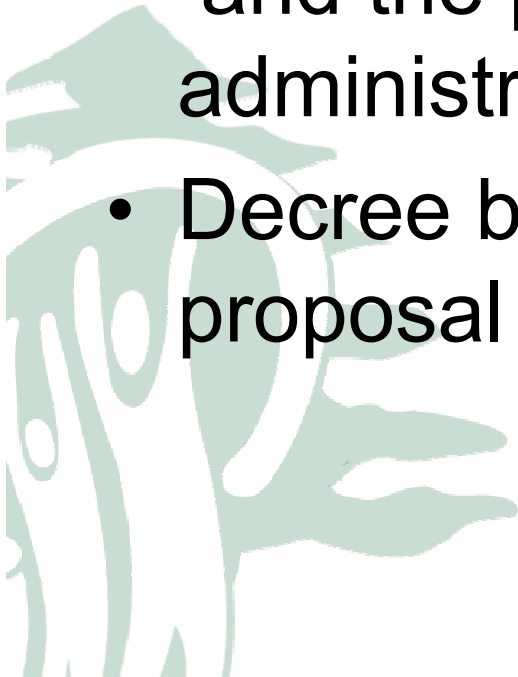
Article 5

- Independent building ,The hole premises for the purpose of the hospital
- Far from the classified high risk institutions ,airports,garages,railway stations, cemeteries,...and infected areas
- Calm sites, easy to access



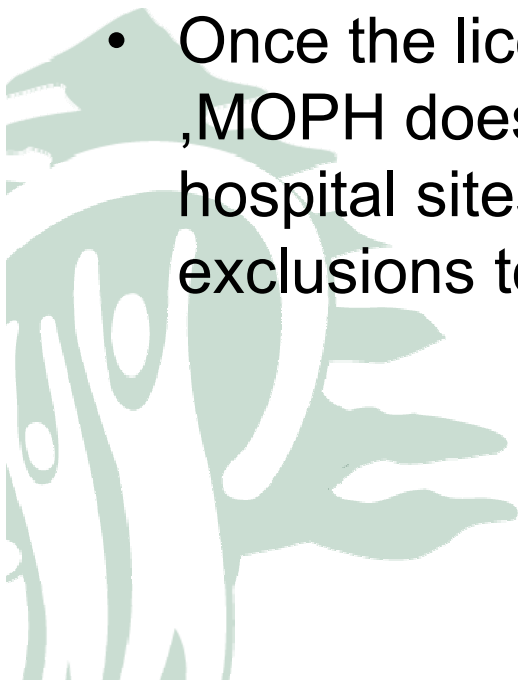
Article 6

- The architecture of the building
- The internal regulations, and equipments
- and the principles of the medical and administrative internal organization
- Decree by the government upon the proposal of Ministry of public health



Suggestions

- These steps and criteria are not supported by secondary legislation (legislative vacuum)
- Recommendation to the issuing of the missing regulations (Guidelines ,details,set standards,control and physical inspection procedures)
- Once the license to build the hospital is delivered ,MOPH does not conduct further controls of the hospital sites, This practice allows for errors or exclusions to go undetected



LEGISLATIONS

Health and technical guidelines and standards to build a hospital in Lebanon



HISTORY

- The standards developed in 2002
- Team from MOPH-World bank-OMSAR
- Implementation of the law of hospitals (Article 6)
- Reviewed by the syndicate of hospitals
- Ongoing process



content

- Definition of the hospital
- Size, Area of construction, topography, water and waste management system
- 1-General services:
- Fire system
- Electro-mechanical
- Water and waste management system
- Heating, cooling system
- Electricity(Prevention and control system)
- Lighting and Illumination
- Ventilation system
- 2-Medical and supportive services specifications
- 3- Work environment and Biosafety

Factors to consider to build a hospital

- General or specialized or Advanced
- Health system
- Hospital environment
- Population (Cachement area)
- Economic situation
- Resources available
- Specialized Human resources



Categories of Hospitals

≤ 75 beds

75-150 Beds

≥ 150

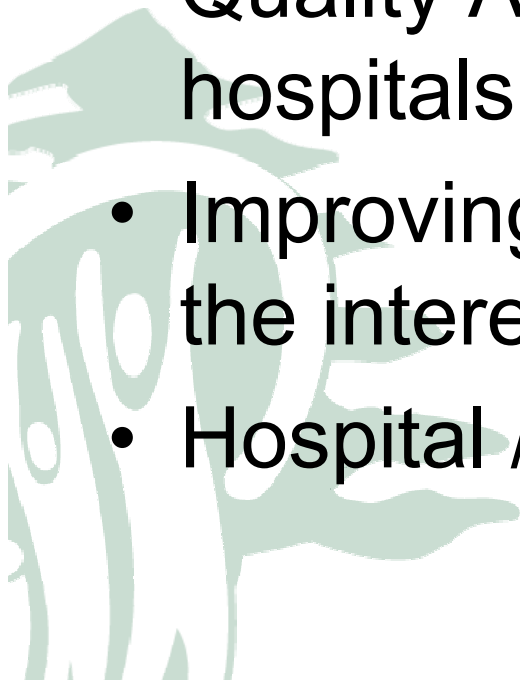


ACCREDITATION IN LEBANON



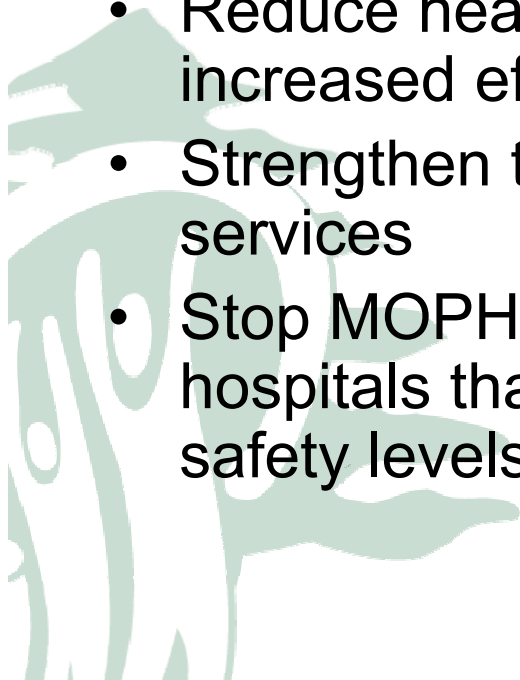
Accreditation in LEBANON

- Health system reform in LEBANON
- Upgrading the performance of hospital services
- Quality Assurance adopted by hospitals
- Improving the hospital management for the interest of the patient
- Hospital /Environment constant change



Goals of the accreditation program

- Create a new basis for contracting with private/ public hospitals
- Create a patient advocacy system
- Create incentives for continuous improvement for hospitals
- Reduce health care expenditures by focusing on increased efficiency and effectiveness of services
- Strengthen the public confidence in the quality of services
- Stop MOPH contracting and reimbursement to hospitals that do not meet minimum quality and safety levels



ACCREDITATION/LAW

LAW 9826 date
22/6/1962

Amended by law-decree
139 date 16/9/1983
(Private hospitals)

Article 7

Mandate of MOPH

The evaluation and
classification and
accreditation of hospitals

STATUS / Field of
Specialty

Range of services
provided

IN Compliance with
administrative and
technical and medical
standards

ACCREDITATION/Committee

Decision 1209/1
date 21/11/2001

Headed by director general of MOPH

Syndicate of private hospitals (2)

2 orders of physicians (1)

Lebanese army (1)

CNSS (1)

5 Faculties of medicine (Univ.)(5)

Professor of hospital MGT(1)

Medical care director (MOPH)

Hospital director (MOPH)

The committee can benefit from the assistance of specialists in order to draft the standards issued by a decree

ACCREDITATION/Committee

Decision 1209/1
date 21/11/2001

lists of classification and accreditation of hospitals

Ratification by the Minister of public health

Results can be used by hospitals to readjustment otherwise the operational license –temporary or permanently suspended

Revision of lists each 2 years or in case of necessity



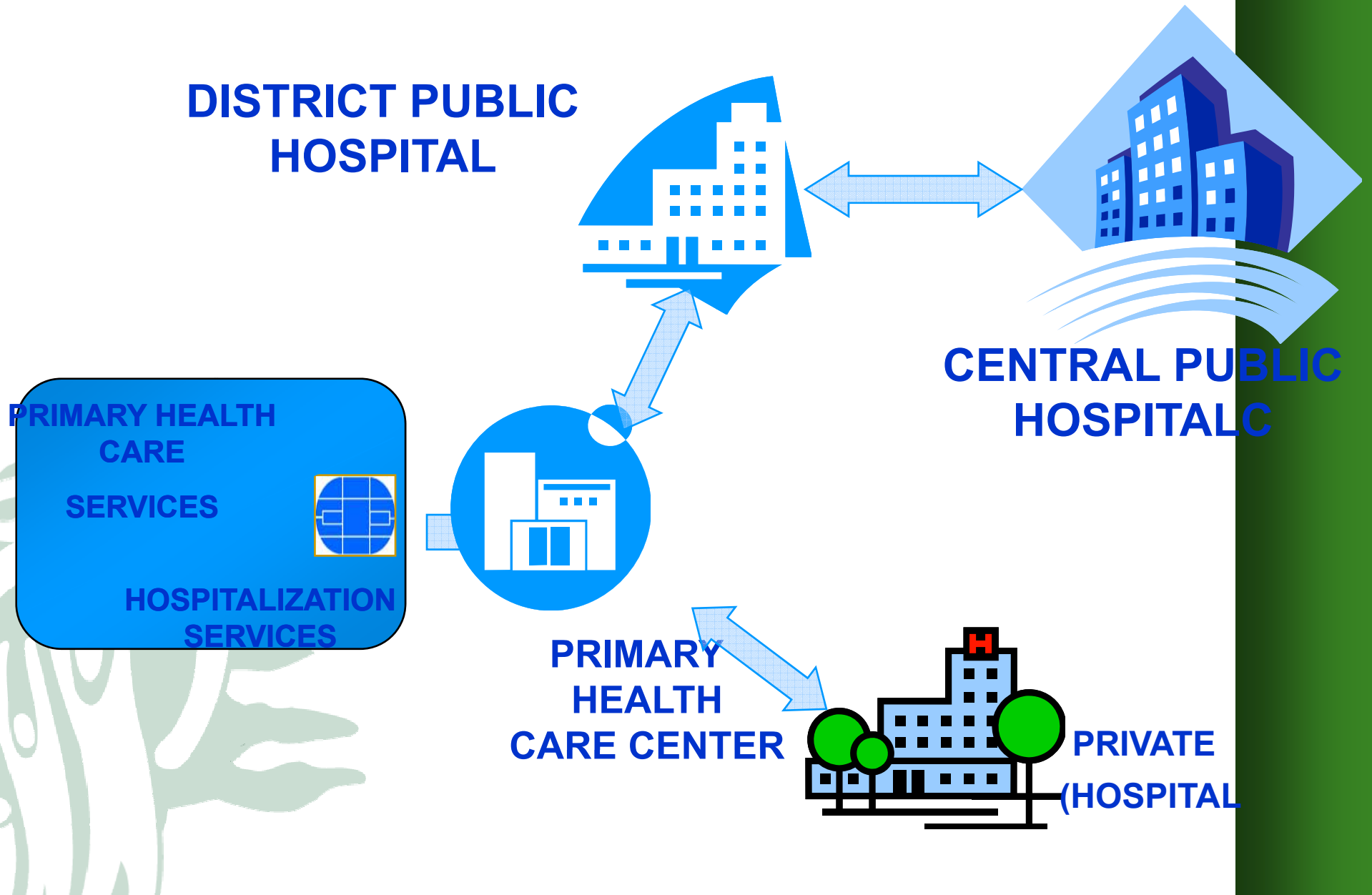
- Accreditation standards (Decree 7612 date 9/3/2002) proposed by C.E.A. committee
- Accreditation standards (decree 14263 date 4/3/2005)



The Way Forward

- Capacity Building: quality concept
- Dissemination of tools and techniques for internal measurement and management of quality .
- Micro-incentives affecting the provider/patient behavior.
- Extend the model beyond the boundaries of hospitals.
- Evaluation of clinical practices

Referral system/Health Card



HOSPITAL 2020



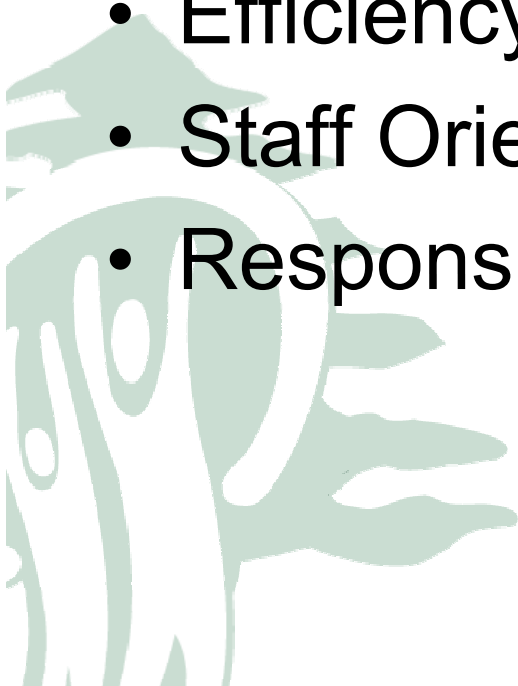


QUEMAR Consulting Engineering Office



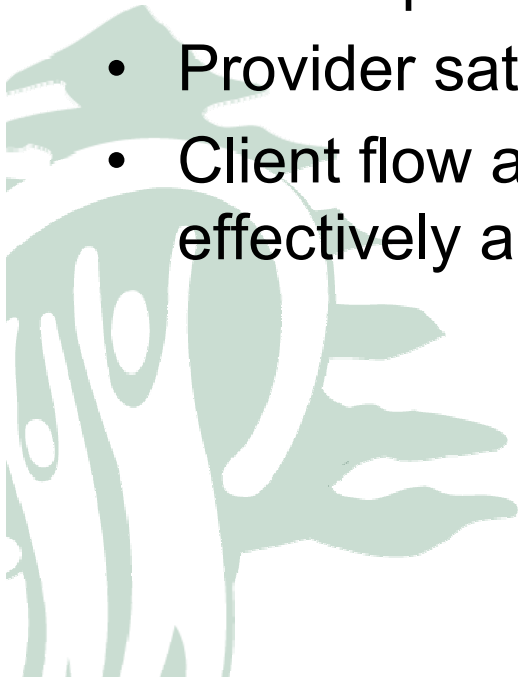
Assessing performance(PKI)

- Clinical Effectiveness
- Safety
- Patient Centeredness
- Efficiency
- Staff Orientation
- Responsive Governance



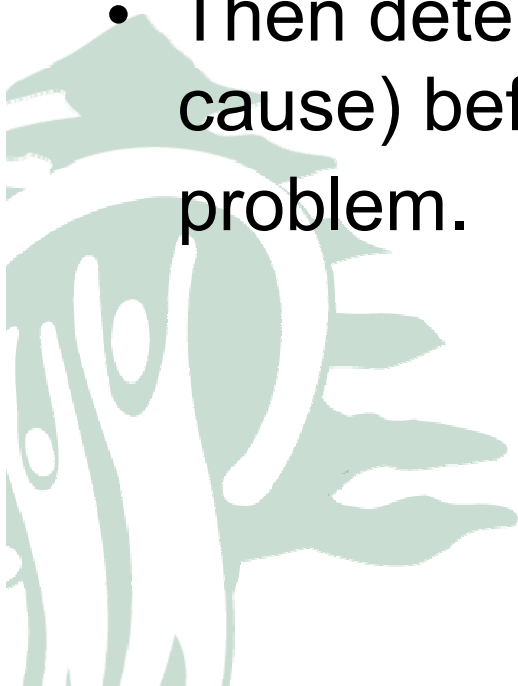
Assessing Performance

- Guide and support staff
- Empower staff and motivate them to provide quality services
- Client satisfaction
- Clinical practices
- Provider satisfaction
- Client flow and load—is the clinic functioning as effectively and efficiently as possible?



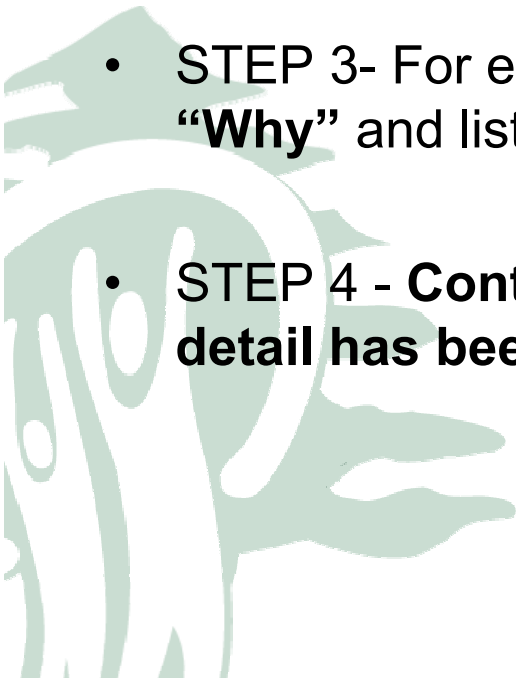
Finding Root Causes

- When an assessment reveals gaps between actual performance and desired performance, you should determine which gaps are most important.
- Then determine why they exist (i.e., the root cause) before attempting to solve the problem.



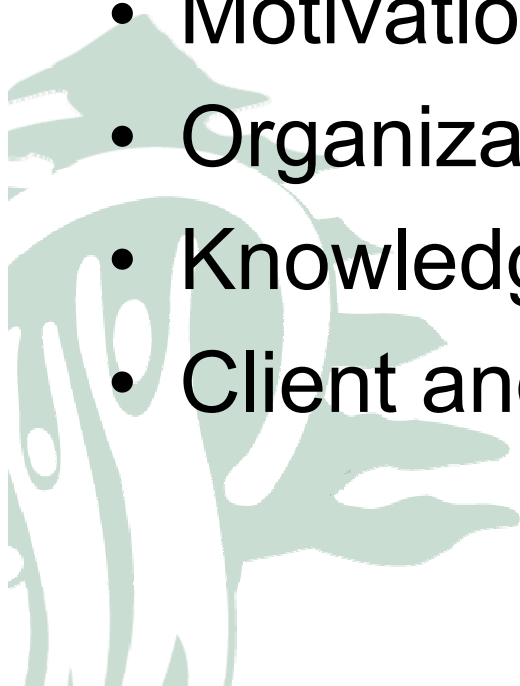
Steps to Create a Why-Why Diagram

- STEP 1- **State the problem** on the left side of the paper.
- STEP 2 - To the right of the problem, **list the causes of the problem** that were identified by asking the question “Why?”
- STEP 3- For each of the causes, again **ask the question “Why”** and list the responses to the right of the first list.
- STEP 4 - **Continue this process until a sufficient level of detail has been achieved.**

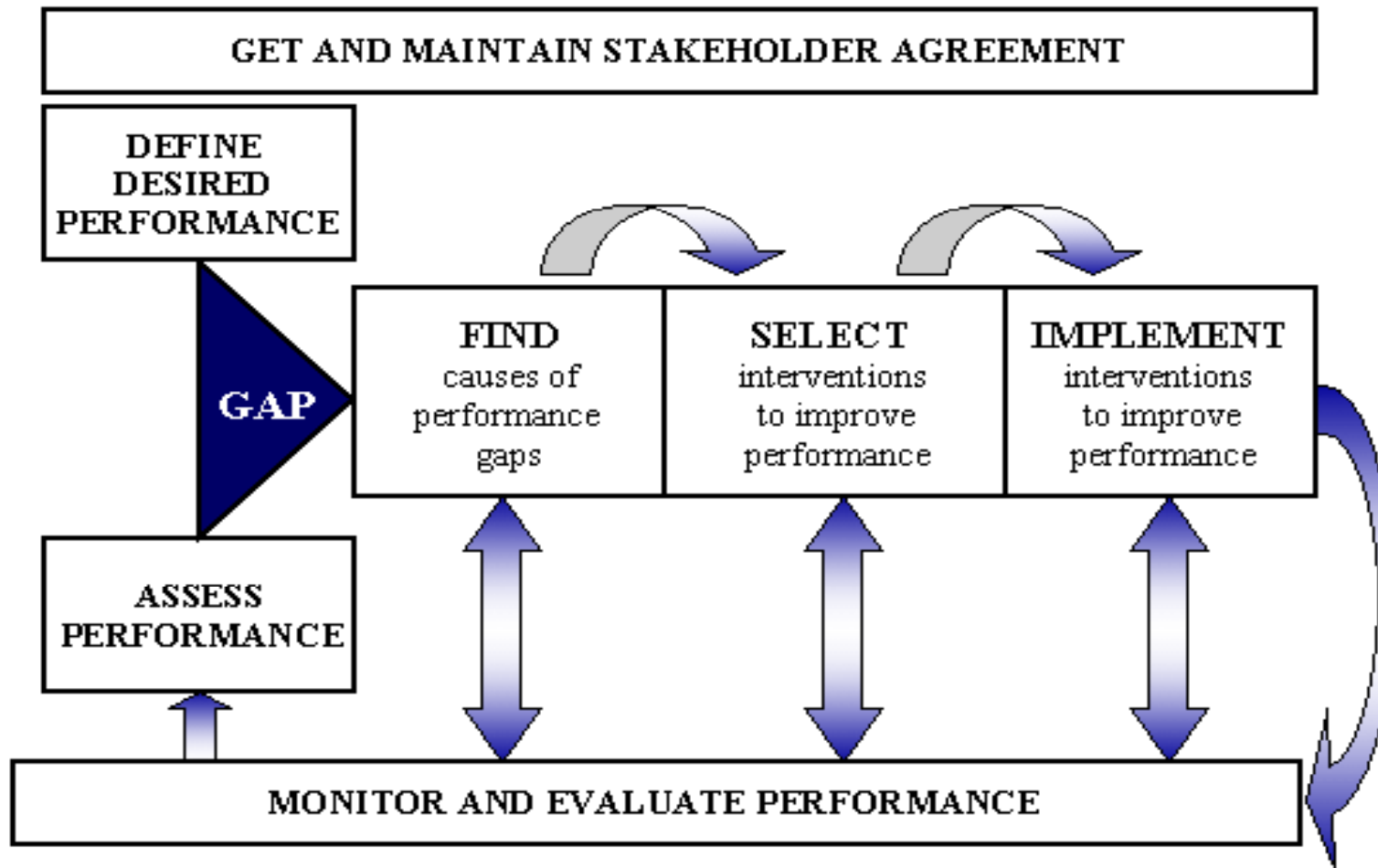


Performance Factors

- Job Expectations
- Performance Feedback
- Facilities, Equipment and Supplies
- Motivation
- Organizational Support
- Knowledge and Skills
- Client and Community Focus



The PQI Process



Social Accountability

- Assessing the Needs of the community
- Engagement
- Home care
- Public health awareness campaigns
- Social commitment



Vision of a HOSPITAL

- A health center in which all services are offered and affordable, supplies are always available, the clinic is clean and comfortable, and patient and staff satisfaction and safety is ALWAYS first.



THANK YOU

