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Improve the Quality of Medical Examination and Treatment Services health Insurance, State Guidelines, and Policy Implications

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Abstract

Improving the quality of medical examination and treatment services is one of the important solutions to improve the quality of life and social security of people. Therefore, the goal of the State and the Ministry of Health is to pay attention and support so that the quality of medical examination and treatment services for people using health insurance cards is improved. The article sheds light on the objective of the study. We have presented the theoretical basis of medical examination and treatment services through health insurance cards. Point out difficulties that make quality improvement still exist and propose some recommendations and solutions to relevant ministries and departments. On the part of the state: It is necessary to improve the legal system and health insurance policy; Adopt policies to reduce health insurance participation fees and expand support subjects to buy health insurance cards for

disadvantaged groups; Innovate financial mechanisms and payment methods; Strengthen supervision of compliance with health insurance laws. On the part of relevant departments such as health departments and social insurance agencies: Strengthen propaganda on policies, regimes, and benefits, when medical examination and treatment with health insurance cards; Inspect and review activities related to medical examination and treatment of health insurance; Training professional and skilled skills of medical staff at medical examination and treatment facilities. On the side of hospital leaders: Arrange reasonable personnel to ensure the number of medical staff, promptly examine and treat people; Formulate and improve regulations on technical division and transfer of techniques for remote medical examination and treatment consultancy through information technology systems.

Keywords: Policy, Health Insurance, Social Security, Medical Facilities, Health Insurance Card

1. Introduction

According to the Law amending and supplementing some articles of the law on health insurance, "Health insurance is a form of compulsory insurance applied to subjects prescribed by this Law for health care, not for profit purposes organized by the State" (No. 46/2014/QH13). This amended Law also stipulates that "Health insurance cards shall be issued to health insurance participants and serve as a basis for enjoying health insurance benefits per this Law; Each person is only given one health insurance card." At the same time, Article 21, Scope of entitlement of health insurance participants, states "Health insurance participants are covered by the health insurance fund for the following expenses: Medical examination, treatment, rehabilitation, periodic pregnancy examination, childbirth; Medical examination for screening and early diagnosis of some diseases; Transport of patients from district to upper levels for subjects specified in Clauses 9, 13, 14, 17 and 20, Article 12 of this Law in emergency cases or during inpatient treatment requiring professional and technical referral" (No. 46/2014/QH13). Thus, in Vietnam, when participating in health insurance, people are entitled to benefits following the Law on Health Insurance. In addition to the prescribed medical examination and treatment costs, people are also supported with the cost of transporting patients and early diagnosis and screening for some diseases. However, the budget spent on health insurance in our country is lower than that of developed countries. Facilities and equipment for medical examination and treatment in many localities have deteriorated, and the team of highly qualified doctors is still small, so improving the quality of medical examination and treatment services is still difficult. In this article, we focus on how to improve the quality of medical examination and treatment, and policy implications for state management agencies and medical facilities. The objective of the study is to clarify the theoretical basis of medical examination and treatment by health insurance card and what solutions help

improve the quality of medical examination and treatment at medical facilities.

2. Medical Examination and Treatment with Health Insurance Card

According to the provisions of Article 22 on the level of health insurance entitlement in the Law amending and supplementing several articles of the Law on Health Insurance, the health insurance participant when going to medical examination and treatment as prescribed shall be paid medical examination expenses by the health insurance fund, medical treatment within the scope of entitlement with the following entitlements: "Group 1, 100% of medical examination and treatment expenses for subjects specified at Points a, d, e, g, h and i, Clause 3, Article 12 of this Law. Medical examination and treatment expenses outside the scope of health insurance benefits of beneficiaries specified at Point a, Clause 3, Article 12 of this Law shall be paid from health insurance funds for medical examination and treatment of this group of beneficiaries; in case this funding source is insufficient, it shall be guaranteed by the State budget; Group 2, 100% of medical examination and treatment expenses in case the cost of a medical examination and treatment is lower than the level prescribed by the Government and medical examination and treatment at the commune level; Group 3, 100% of medical examination and treatment expenses when patients have 5 consecutive years or more of health insurance and have the same amount to pay medical examination and treatment expenses in a year greater than 6 months of base salary, except for the case of self-examination, improper healing of glands; Group 4, 95% of medical examination and treatment expenses for subjects specified at Point a, Clause 2, Point k, Clause 3 and Point a, Clause 4, Article 12 of this Law; Group 5, 80% of medical examination and treatment costs for other subjects. In case a person belongs to more than one beneficiary of health insurance, he or she shall be entitled to health insurance benefits according to the beneficiaries with the highest benefits. In case a health insurance card holder goes for medical examination or treatment on his/her own on the wrong route, the health insurance fund shall pay at the entitlement level specified in Clause 1 of this Article at the following rate, except for the case specified in Clause 5 of this Article: At the central hospital, 40% of the inpatient treatment cost; At provincial hospitals, 60% of inpatient treatment costs from the effective date of this Law to December 31, 2020; 100% of inpatient treatment costs from January 1, 2021, nationwide; At district-level hospitals, 70% of medical examination and treatment expenses are from the effective date of this Law to December 31, 2015; 100% of medical examination and treatment costs from January 1, 2016. From January 1, 2016, health insurance beneficiaries registering for primary medical examination and treatment at commune-level health stations polyclinics, or district-level hospitals are entitled to medical examination and treatment of health insurance at commune-level health stations or polyclinics or district-level hospitals in the same province with the prescribed entitlement level in Clause 1 of this Article. Ethnic minorities and people from poor households participating in health insurance are living in areas meeting with difficult socio-economic conditions or extremely difficult socio-economic conditions; health insurance beneficiaries living in island communes, When seeking medical examination and treatment on the wrong

route, the health insurance fund shall pay medical examination and treatment expenses for district-level hospitals, inpatient treatment for provincial-level and central-level hospitals and have the entitlement level as prescribed in Clause 1 of this Article. From January 1, 2021, the health insurance fund shall pay inpatient treatment expenses according to the entitlement level specified in Clause 1 of this Article to health insurance participants when self-seeking medical examination and treatment on the wrong lines at provincial medical examination and treatment establishments nationwide. The Government shall specify the entitlement level for medical examination and treatment of health insurance in neighboring areas; cases of medical examination and treatment upon request and other cases not specified in Clause 1 of this Article."

3. Hospital Fees, Expenses for Medical Examination and Treatment Health Insurance

According to the textbook Medical Economics and Health Insurance (2008) ^[9] by author Nguyen Thi Kim Chuc in the General Practitioner training program, the contents of hospital fees, expenses, and medical examination and treatment funds for Health insurance are identified as follows:

Health Costs and Costs: The cost of creating a "product or service" is the best alternative opportunity lost by using resources to create output products and services. In the health sector, "cost is the value of resources used to create a health service. The author of the book also pointed out that there are many different views on costs, for service providers, costs are expenses that users need to pay based on correctly calculated and sufficient of service transfer. For the patient, the cost is the total amount that the patient must have, to pay directly for services (direct costs), plus other costs that need to be spent during convalescence and loss caused by sick leave (indirect and opportunity costs).

Hospital fees: Hospital fees are a separate concept of Vietnam and some countries in the process of economic transformation. Hospital fee is a form of direct payment of medical examination and treatment expenses at the time the patient uses medical services, or in other words, the fee that the patient must pay from his pocket when using medical services.

Medical examination and treatment costs Health insurance: Medical examination and treatment costs Health insurance in Vietnam is currently the cost of patients Health insurance is determined according to the price of part of hospital fees at medical facilities, not including indirect costs from patients, Opportunity cost and many other factors are involved.

Co-pay for medical examination and treatment costs Health insurance: Co-pay medical examination and treatment costs Health insurance means that the holder of the Health Insurance card when going to a medical examination and treatment must pay a part of the cost of medical examination and treatment at the prescribed rate".

4. Ability to Improve the Quality of Medical Examination and Treatment Services and Health Insurance

With the direction and close attention of the Government, the Ministry of Health, management agencies and departments and departments in the province directly the Department of Health; with the determination and efforts of

the Party ministries, leaders, and medical staff, with concrete and practical solutions: reforming administrative procedures, renovating service attitude style, ensuring fairness in medical examination and treatment, building green, clean and beautiful hospitals; improve professional expertise, invest in modern equipment, apply and deploy many new techniques, specialized techniques in diagnosis and treatment. Actively propagating and fully implementing health insurance policies for people, applying information technology in management, data interconnection, medical examination and treatment Health insurance, meeting the payment of medical examination and treatment costs Health insurance; at the same time strictly implement the Law on Health Insurance. Since then, the policy on health insurance has been effective, helping people enjoy the best health services; people raise their awareness of actively participating in health insurance; the number of registrations for medical examination and treatment Health insurance is increasing; contributing to increasing universal health coverage. Improving expertise, and innovating service style are some of the factors that help attract patients to medical examination and treatment Health insurance at hospitals.

With practical activities such as hospitals organizing propaganda about health insurance policies and laws on the Portal, internal hospital radio; propaganda through seminars, dialogues, integration at training sessions, seminars, conferences and health education communication... Thereby, helping officials, health workers, employees, and people to understand better the Law on Health Insurance, Social Insurance, health insurance, and social insurance regimes and policies, and strictly comply with the provisions of the Law.

Establish insurance assessment teams at hospitals, help ensure the interests of patients, supervise prevention of health insurance profiteering; receive and resolve problems on health insurance, on the implementation of the Law at hospitals; extract, transfer data, connect and interconnect data Health insurance must comply with regulations and requirements.

Strictly and strictly comply with the Law on Health Insurance at hospitals to help ensure the rights and obligations of people when participating in Health Insurance. In addition, people understand that Health Insurance is an important health financing mechanism to help people when sick not fall into poverty. Since then, attracting more and more people to participate; helps ensure the right roadmap Health insurance covers the whole population.

Hospitals pay great attention to the communication skills and behavior of medical staff; This is considered the most important factor in medical examination and treatment activities. Every year, hospitals organize many training courses on communication and behavior skills for all staff, medical staff and employees working at the hospital.

Testing plays a particularly important role in clinical practice; The test helps doctors make early diagnostic and treatment decisions as well as the prognosis for patients. They are recognizing the importance of testing. In 2020, several hospitals such as Ninh Binh General Hospital, Tam Diep City General Hospital, and Nho Quan District General Hospital have completed the development and publication of laboratory quality policies according to ISO 15189.

In addition, hospitals have applied hospital quality self-assessment. These self-assessment results help the hospital

identify shortcomings in medical examination and treatment and related works to have plans to change and improve quality sooner.

With the continuous efforts of the hospital system to improve the quality of medical examination and treatment for patients, including those who seek medical examination and treatment with health insurance cards, it can be said that medical facilities have better facilities and bring the quality of medical examination and treatment to a higher level.

5. State Policy

Health insurance is a preferential policy on social security that our Party and State always attach importance to and uphold; has a deep humanitarian and communal meaning; extensively deployed nationwide; in fact, participating in Health Insurance has brought many practical benefits to people; especially people with low income, poor households, near-poor households, people with chronic diseases.

Politburo Resolution 46-NQ/TW of February 23, 2005, is a health policy document. This can be considered the policy of health policy. In Resolution 46, the view was given to direct the work of protecting, caring for, and improving people's health in the new situation.

The resolution stated, "Health is the most precious capital of every human being and of the whole society. Protecting, caring for and improving people's health is a humanitarian activity, directly ensuring human resources for the cause of national construction and defense, one of the top priority policies of the Party and the State. Investment in this sector is investment in development, this view demonstrates the good nature of the regime. In addition, the resolution also promotes fairness in the health system. Specifically, the party's position is not to divide poverty equally among everyone. Create favorable opportunities for all people to be protected, cared for and improved with increasingly high quality, in line with the socio-economic development of the country. Develop universal health insurance, in order to gradually achieve equity in health care, realizing the sharing between the healthy and sick, the rich and the poor, people of working age with children and the elderly.

Simultaneous development of universal health with intensive medical development. Develop universal health care so that all people have access to health services; Intensive medical development to overcome the lagging situation further and further with the medical and medical level of countries in the region and the world, contributing to meeting the increasing health care needs of different income levels.

The resolution also emphasized that the medical profession is a special profession that needs special selection, training, use, and treatment. Each health worker must constantly improve professional ethics and professional capacity, worthy of the trust and honor of society.

From the point of view in Resolution 46-NQ/TW of the Politburo, on 14/11/2008, at the 4th session, the XII National Assembly passed the Law on Health Insurance, which took effect from 01/7/2009. At the same time, the Prime Minister also approved project No. 538/QD-TTg, implementing the roadmap towards universal health insurance from 2012 to 2015 and 2020. The overall objective of the project is to expand the coverage of health insurance in terms of the proportion of the population participating in health insurance, the scope of health services

benefited and reduce the out-of-pocket payment rate of health service users; ensure the interests of health insurance participants; towards universal health insurance, contributing to creating a stable financial source for people's health care in the direction of equity, efficiency, quality, and sustainable development.

Improving the quality of medical examination and treatment services Health insurance is an important solution to achieving the goal of universal health insurance successfully. Therefore, in recent years, the health sector has directed its affiliated units to coordinate with the Social Insurance industry to implement solutions to improve medical examination and treatment processes and procedures, constantly changing the style and attitude of service, towards the satisfaction of patients.

Intending to improve the quality of medical examination and treatment, especially medical examination, and treatment Health insurance, in recent years, the health sector has focused on investing in upgrading the grassroots health system and putting several new technical equipment into use, contributing to improving the quality of examination, medical treatment and primary health care capacity for the people. In addition to promoting the improvement of the quality of medical examination and treatment, and improving the spirit and attitude of serving patients, hospitals and health centers from provincial to district levels have implemented administrative procedure reforms, coordinated with the Social Insurance sector to effectively implement the application of information technology to connect electronic data Health insurance of the patient. To facilitate the payment and assessment of health insurance as well as facilitate medical examination and treatment for people, reducing the waiting time of patients. From there, not only ensures benefits but also builds trust for people when seeking medical treatment with health insurance cards.

6. Policy Implications

6.1 On the Part of the State

Constantly improve the legal system and health insurance policies. Specifically, the Law amending and supplementing some articles of the Law on Health Insurance stipulates that health insurance is a form of compulsory insurance, however, there are no specific regulations and sanctions for those who self-pay health insurance but do not participate such as students, students, or households. In addition, employees sent by competent agencies to work abroad have not specified whether they must participate in health insurance; There is no document guiding the implementation of health insurance for victims of landmines and explosives after the war and coaches and sportsmen. Therefore, the team recommends amendments to these inadequacies in the Law.

Adopt appropriate policies to reduce health insurance premiums so that people can actively participate in health insurance, not because they must suffer from long-term treatment to need to buy cards; At the same time, it is necessary to improve benefits for patients with long-term health insurance, to ensure fairness in health insurance policies and encourage people to participate in health insurance for medical examination and treatment.

Synchronously deploy solutions to improve the quality of medical examination and treatment Health insurance; continue to innovate health financing mechanisms, renew payment methods, ensure the balance of health insurance

revenues and expenditures, manage, and use health insurance funds effectively.

At the same time, it is necessary to strengthen supervision of the observance of the Law on Health Insurance, supervise the issuance of health insurance cards to people belonging to poor households and ethnic minorities living in areas with difficult or extremely difficult socio-economic conditions, people living in island communes and island districts. To amend the Law on Medical Examination and Treatment, attention should be paid to the division of medical examination and treatment establishments in the direction of classification of technical expertise and classification of public and private hospitals. Evaluate the implementation of the Law on Health Insurance to amend regulations related to subjects and ways of participating in health insurance, health insurance benefits, and management of use of health insurance funds.

Regarding the payment of medical examination and treatment costs for technologies transferred to patients with health insurance at the transferred hospital, specified in Clause 7, Clause 8, Article 27 of the Government's Decree No. 146/2018/ND-CP dated October 17, 2018, detailing and guiding measures to implement many Articles of the Law on Health Insurance:

Proposing the Ministry of Health to consider and have effective solutions to overcome difficulties and inadequacies in the implementation of medical examination and treatment Health insurance of hospitals, especially in the current period, public non-business units are in the process of implementing autonomy and moving towards full autonomy. Specifically, the issue of promulgating a full complement list of equivalents as a basis for lower-level hospitals to collect money for medical examination and treatment Health Insurance. Currently, with the policy of satellite hospitals and the transfer of technology to lower-level hospitals, many procedures that lower-level hospitals have mastered but are not included in the unit price, the list of medical examinations and treatment is covered by Health Insurance, so even if it can be implemented, it is impossible to ask Social Insurance to pay back, causing disadvantage to patients because they have to pay for themselves.

Proposing the Ministry of Health to amend the inadequacy of payment according to the norms of human resources/beds in Circular 15/2018/TT-BYT on regulations on uniform prices for medical examination and treatment of health insurance among hospitals of the same class nationwide. Extra beds are common in many hospitals. However, some hospitals ensure the manpower per bed quota of 1.3 - 1.4 according to regulations, but many hospitals only reach 0.5; 0,6; and 0.7. Meanwhile, only general rates have been formulated by hospital class. Thus, hospitals that invest in human resources for comprehensive care are only paid for beds like hospitals that lack manpower.

Strengthen inspection and supervision, detect violations of the implementation of health insurance policies for individuals and medical examination and treatment establishments to take appropriate sanctions and promptly prevent similar acts.

Consider setting aside budget sources to support hospitals in provincial, district and remote areas in terms of funding for modern medical examination and treatment equipment to better meet the needs of patients.

There are projects to improve the professional quality of medical staff at provincial and district levels through short-

term training programs or doctor exchange programs between the central and local governments.

6.2 For Relevant Departments such as the Department of Health and the Social Insurance Agency

Strengthen communication with people about policies, regimes as well and benefits when medical examination and treatment using health insurance cards, aiming to participate in long-term health insurance when still healthy, not because of serious illness requiring long-term treatment to join health insurance.

Inspect, supervise, and review activities related to medical examination and treatment costs Health insurance and drug dispensing Health insurance at medical examination and treatment establishments so that the Social Insurance Agency has a basis to "collect properly - spend enough", so as not to lose health insurance funds.

Constantly training, exchanging experiences, and checking skills and professional qualifications of medical staff/doctors at medical examination and treatment facilities in the whole province.

Advocating the application of service quality measurement standards such as ISO standards to evaluate the quality of medical services to identify shortcomings that affect patient satisfaction when examining and treating patients at hospitals.

The provincial Department of Health and Social Insurance continues to propose the Ministry of Health soon agree on the contents under the competence of the Ministry of Health and Social Insurance of Vietnam to pay and settle definitively the cost of medical examination and treatment Health insurance for health insurance establishments with operating funds; Proposals to add technical services that do not yet have prices or equivalent codes; Proposing to soon amend and supplement some unreasonable regulations in payment of medical examination and treatment costs of health insurance such as treatment days in interdisciplinary departments; days of surgical inpatient treatment, obstetrics without surgery; How to calculate the inpatient bed day price exceeding the planned bed norm.

6.3 On the Part of Hospital Administration

Organize the administration and arrange reasonable personnel to ensure the number of staff, medics/doctors to promptly respond to the number of patients admitted in departments and departments.

Regularly monitor the attitude and service style of staff, medical team/doctors towards patients participating in Health Insurance to take timely corrective measures.

Listen to feedback from patients for a reasonable direction to maintain and remedy.

Formulate and complete regulations on technical assignment, route direction, referral, technology transfer, remote medical examination, and treatment consultancy through information technology systems.

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