Ministarstvo zdravlja i socijalne zaštite Republike Srpske
Ministry of Health and Social Welfare of the Republic of Srpska

Strategija primarne zdravstvene zaštite

The Primary Health Care Strategy

Vlada Republike Srpske
MINISTARSTVO ZDRAVLJA I SOCIJALNE ZAŠTITE

Republic of Srpska Government
MINISTRY OF HEALTH AND SOCIAL WELFARE

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Uvod

Polazna osnova za utvrđivanje Strategije primarne zdravstvene zaštite (u daljem tekstu: PZZ) u Republici Srpskoj je njen Ustav, po kome se pravo na zdravlje i zdravstvenu zaštitu definišu kao osnovna ljudska prava. To pravo pretpostavlja da svi raspoloživi resursi društva budu iskorišteni u obezbjeđivanju dostupne, efikasne i kvalitetne zdravstvene zaštite, koja odgovara potrebama građana Republike Srpske.

Najnovija istraživanja koja je objavila Evropska komisija pokazuju ekonomsku važnost zdravlja, a ne samo zdravstvene zaštite, u smislu održivog ekonomskog razvoja i socijalne kohezije. Zdravlje se mora posmatrati kao ekonomski potencijal i kao dio ljudskog kapitala, te kao sredstvo povećanja produktivnosti i smanjenja javnih troškova liječenja; zdravo stanovništvo radi bolje i proizvodi više.

Istraživanja i analize Svjetske banke pokazuju široko rasprostranjeno, apsolutno i relativno, siromaštvo u Republici Srpskoj, Bosni i Hercegovini i zemljama regiona. Siromaštvo predstavlja izazov za stvaranje uslova za dugoročan i održiv ekonomski razvoj, čime bi se

Background

The underlying grounds for developing the Strategy of Primary Health Care (hereinafter referred to as: PHC) in the Republic of Srpska is its Constitution, whereby the right to health and health care is defined as a fundamental human right. This right implies that all available resources of a society should be exploited in order to provide accessible, efficient and quality health care tailored to the needs of the citizens of the Republic of Srpska.

The latest research results published by the European Commission point to the economic significance of health, and not only of health care, in relation to sustainable economic development and social cohesion. Health must be viewed as economic potential and an ingredient of human resources, as well as a tool for increasing productivity and decreasing public expenditures related to treatment; a healthy population works better and produces more.

Studies and analysis of the World Bank demonstrate widely spread, both absolute and relative poverty in the Republic of Srpska, Bosnia and Herzegovina and

značajno uticalo na smanjenje siromaštva. Jedan od posljednjih izvještaja Svjetske banke zagovara tezu da unapređenje zdravlja u značajnoj mjeri doprinosi postizanju ovih ciljeva.

Unapređenje zdravlja umnogome zavisi od efikasnosti i uspješnosti zdravstvenog sistema. Efikasnost i uspješnost zdravstvenog sistema mogu se ojačati kroz razvoj PZZ u čijem je centru model porodične medicine.

Reforma zdravstvenog sistema Republike Srpske je orijentisana na:

- Uvođenje modela porodičnog doktora;
- Uspostavljanje efikasnog ulaza u zdravstveni sistem;
- Obnavljanje infrastrukture PZZ;
- Slobodan izbor doktora;
- Uspostavljanje novih mehanizama raspodjele sredstava za zdravstvenu zaštitu i uvođenje novih mehanizama plaćanja davalaca usluga;
- Unapređenje organizacije, planiranja i menadžmenta u zdravstvenim ustanovama;
- Razvijanje i implementaciju nacionalnih zdravstvenih politika, strategija i programa.

Reforma zdravstvenog sistema Republike Srpske, u proteklih devet godina bila je, sadržajno, ispunjena definisanjem, razvojem i usvajanjem značajnog broja dokumenata, koji su bili od izuzetne važnosti za usmjeravanje i vođenje ukupnog reformskog procesa.

Najvažniji dokumenti koji su definisali početak i tok reforme zdravstvenog sistema Republike Srpske su:

- Strategija razvoja zdravstvene zaštite u Republici Srpskoj do 2000. g. (Narodna skupština RS, 1996. g.);
- Strateški plan za reformu i rekonstrukciju zdravstvenog sistema 1997-2000. g. (Vlada RS, 1997. g.);

other countries in the region. Poverty represents a challenge for ensuring conditions for a long-term and sustainable economic development that would significantly contribute to the reduction of poverty. One of the latest reports of the World Bank upholds the assumption that better health considerably contributes to the attainment of these goals.

Better health markedly depends on the efficiency and success of a health system. Efficiency and success of a health system may be strengthened through developing PHC that is based on the family medicine model.

The health care reform in the Republic of Srpska aims to:

- Introduce the family medicine model;
- Establish an efficient entry point into the health system;
- Rehabilitate the PHC infrastructure;
- Allow a free choice of a doctor;
- Establish new mechanism for health care resource allocation and introduce new provider payment mechanisms;
- Enhance the organisation, planning and management of health institutions;
- Develop and implement national health policies, strategies and programmes.

Over the past 9 years, the health care reform in the Republic of Srpska has abounded in definitions, development and adoption of a large number of documents that have been of particular importance for streamlining and management of the overall reform processes.

Key documents, which defined the initiation and course of the health care reform of the Republic of Srpska, are as follows:

- Zakon o zdravstvenoj zaštiti RS i Zakon o zdravstvenom osiguranju RS (Narodna skupština RS, 1999. g.);
- Pravilnik o specijalizaciji iz porodične medicine (Vlada RS, 1999. g.);
- Zakon o lijekovima RS (Narodna skupština RS, 2001. g.);
- Zakon o zdravstvenim komorama (Narodna skupština RS, 2001. g.);
- Plan mreže zdravstvenih ustanova RS (Vlada RS, 2001. g.);
- Program politike i strategije za zdravlje u Republici Srpskoj do 2010. g. (Narodna skupština RS, 2002. g.);
- Pravilnik o referalnom sistemu u zdravstvenoj zaštiti RS (Vlada RS, 2002. g.);
- Pravilnik o dodatnoj edukaciji iz porodične medicine (Vlada RS, 2003. g.);
- Odluka o donošenju glavnih Strategija za zdravlje u Republici Srpskoj (Vlada RS, 2003. g.):
  1. Strategija za smanjenje razlika u zdravstvenom stanju i dostupnosti zdravstvene zaštite stanovništva;
  2. Strategija za reorjentaciju zdravstvene zaštite i reorganizaciju zdravstvene službe;
  3. Strategija za povećanje efikasnosti i kvaliteta rada zdravstvenih ustanova;
  4. Strategija prevencije i kontrole nezaraznih bolesti.

Kao operativna realizacija reforme zdravstvenog sistema Republike Srpske realizovani su, pored drugih, i sledeći projekti:

- Projekat osnovnog zdravstva (BHP);
- Program specijalizacije i dodatne edukacije iz porodične medicine;
- Strategy for Health Care Development in the Republic of Srpska by the year 2000 (RS National Assembly, 1996);
- Strategic Plan for the Reform and Reconstruction of the Health System 1997-2000 (RS Government, 1997);
- RS Health Care Act and RS Health Insurance Act (RS National Assembly, 1999);
- Rules on Family Medicine Specialisation (RS Government, 1999);
- RS Pharmaceuticals Act (RS National Assembly, 2001);
- Medical Chambers Act (RS National Assembly, 2001);
- Plan of the RS Health Institutions Network (RS Government, 2001);
- Health Policy and Strategy Program in the Republic of Srpska by the year 2010 (RS National Assembly, 2002);
- Rules on the Referral System in RS Health Care (RS Government, 2002);
- Rules on Additional Training in Family Medicine (RS Government, 2003);
- Decision on Development of Key Health Strategies in the Republic of Srpska (RS Government, 2003);
  1. Strategy for Reduction of Inequality in terms of Health Status and Access to Health Services;
  2. Strategy for Reorientation of Health Care and Reorganisation of Health Services;
  3. Strategy for Improving Efficacy and Performance Quality of Health Institutions;
  4. Strategy for Prevention and Control of Non-Communicable Diseases.

- Projekat osnovnih bolničkih usluga (EHSP);
- Unaprećenje fizikalne rehabilitacije u zajednici (CBR);
- Unapređenje mentalnog zdravlja u zajednici;
- Podrška reformi zdravstvenog sektora EU/SZO;
- Opremanje domova zdravlja medicinskom opremom (tri faze);
- Projekat tehničke pomoći socijalnom osiguranju (SITAP).

Ministarstvo zdravlja i socijalne zaštite Republike Srpske ima čvrstu opredjeljenost i namjeru da ustraje u provođenju započete reforme zdravstvenog sistema Republike Srpske i da je dovede do kraja.

Razvoj PZZ, koja će se bazirati na modelu porodične medicine, ima centralnu ulogu u provođenju reforme zdravstvenog sistema Republike Srpske.

U tom smislu, ova Strategija definiše osnovne ciljeve, pravce i aktivnosti u daljem razvoju PZZ u Republici Srpskoj, u narednom petogodišnjem periodu (2006 – 2010. g.).

Polazište i načela primarne zdravstvene zaštite

Polazište za Strategiju PZZ u Republici Srpskoj je Deklaracija koja je usvojena na međunarodnoj konferenciji o PZZ, održanoj u Alma Ati septembra 1978. g. u organizaciji Svjetske zdravstvene organizacije i UNICEF-a.

Prema Deklaraciji iz Alma Ate, PZZ se definiše kao:

"Esencijalna zdravstvena zaštita, zasnovana na praktičnim, naučno ispravnim i društveno prihvatljivim metodama i tehnologiji, opšte pristupačna pojedincima i

The following projects, amongst others, have been realised as operative implementation of the health care reform of the Republic of Srpska:

- Basic Health Project (BHP);
- Program for specialisation and additional training in family medicine;
- Essential Hospital Services Project (EHSP);
- Improvement of Community-Based Rehabilitation;
- Improvement of Community-Based Mental Health;
- EU/WHO Support to the Health Sector Reform;
- Equipping of health centres with medical equipment (three stages);
- Social Insurance Technical Assistance Project (SITAP).

The Ministry of Health and Social Welfare of the Republic of Srpska is strongly committed and intend to pursue the implementation of the launched health care reform of the Republic of Srpska.

PHC development, which will be based on the family medicine model, has a central role in the implementation of the RS health care reform.

To this end, the Strategy defines fundamental goals, directions and activities to be pursued in the development of primary health care in the Republic of Srpska in the next five-year period (2006 – 2010).

Foundation and principles of primary health care

The foundation of the PHC Strategy of the Republic of Srpska is the Declaration adopted at the international conference on PHC, which was held in Alma

porodicama u zajednici uz njihovo puno učešće, po cijeni koju ta zajednica i zemlja mogu da podnesu u svakoj fazi njihovog razvoja, u duhu oslanjanja na sopstvene mogućnosti i samo-odlučivanje. Ona istovremeno predstavlja integralni dio zdravstvenog sistema zemlje, čija je centralna funkcija i glavno žarište i sveukupnog socijalnog i ekonomskog razvoja zajednice. Ona je prvi nivo kontakta pojedinca, porodice i zajednice sa nacionalnim zdravstvenim sistemom, približavajući zdravstvenu zaštitu što je moguće više mjestu gdje ljudi žive i rade, konstituišući prvi element u kontinuiranom procesu zdravstvene zaštite".

Primarna zdravstvena zaštita predstavlja osnov cjelokupnog sistema zdravstvene zaštite, a to znači da se u okviru primarne zdravstvene zaštite putem kost-efektivnih intervencija kao što su: promocija zdravlja, prevencija bolesti, rano otkrivanje bolesti blagovremeni tretman i rehabilitacija, rješava najveći dio zdravstvenih problema i zdravstvenih potreba stanovništva uz aktivnu podršku pojedinaca, porodice i zajednice u cjelini.

Primarna zdravstvena zaštita treba da ima centralno mjesto i ulogu u strategijama razvoja zdravstvenih sistema.

Primarna zdravstvena zaštita se ne poistovjećuje sa porodičnom medicinom niti sa vanbolničkom službom, iako se najveći dio zdravstvenih potreba i najveći broj mjera primarne zdravstvene zaštite ostvaruje preko timova porodične medicine, zbog čega primarna zdravstvena zaštita treba da bude osposobljena kadrovski i materijalno kako bi mogla u potpunosti ostvariti svoje mjesto i ulogu.

Tim porodične medicine je u središtu zdravstvenog sistema, a institucionalno je predstavljen preko ambulanti porodične medicine, grupne prakse ili doma zdravlja.

Ata in September 1978 under the auspices of the World Health Organisation and UNICEF.

The Declaration of Alma Ata views primary health care as follows:

Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. At the same time, it forms and integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

Primary health care constitutes the foundation of the overall health care system, which means that primary health care, relying of cost-effective interventions, such as health promotion, illness prevention, early detection of diseases, timely treatment and rehabilitation, will resolve the majority of health problems and health needs of the population with the active support of individuals, family and community as a whole.

Primary health care should have the central role and place in strategies of health system development.

Primary health care is not identical with family medicine or outpatient services, although the majority of health needs and primary health care measures are dealt with and implemented through family medicine

Dom zdravlja ostaje kao institucionalni oblik organizovanja, ali se mora organizaciono prilagoditi modelu porodične medicine i biti nosilac primarne zdravstvene zaštite. Nova uloga doma zdravlja je logistička podrška timu porodične medicine bez obzira na to ko je osnivač, putem konsultativno-specijalističkih ambulanti i dijagnostičkih službi. Dom zdravlja koordinira rad ambulanti porodične medicine.

Na PZZ se gleda kao na "integralni, permanentni i sveobuhvatni dio formalnog sistema zdravstvene zaštite u svim državama", odnosno ona se shvata kao "sredstvo kojim se balansiraju dva osnovna cilja sistema zdravstvene zaštite – optimizacija i uravnoteženost u distribuciji zdravstvenih usluga". Njen cilj je rješavanje uobičajenih problema u zajednici putem pružanja promotivnih, preventivnih, kurativnih i rehabilitacionih usluga, koje unapređuju zdravlje i dobrobit stanovništva. Ona integriše zdravstvene usluge u slučaju postojanja jednog i/ili više zdravstvenih problema i u koštac se hvata sa kontekstom u kojem se određeno oboljenje pojavljuje i utiče na ljude u smislu njihovog odgovora na njihove zdravstvene probleme. PZZ je zdravstvena zaštita koja organizuje i racionalizuje angažman resursa, osnovnih i specijalističkih, koji su usmjereni ka promociji, održavanju i unapređenju zdravlja.

Primarna zdravstvena zaštita kao nivo

PZZ kao nivo zdravstvene zaštite predstavlja mjesto gdje se ostvaruje prvi kontakt građana sa zdravstvenim sistemom. To je, dakle, mjesto ulaska u zdravstveni sistem ili, simbolično rečeno, to su "vrata" zdravstvenog sistema. U tom smislu se doktori PZZ odnosno doktori

teams, which is why primary health care should be capacitated in terms of staffing and resources, to fully fulfil its role and place.

The family medicine team is the focus of the health system and is represented, in institutional terms, by family medicine clinics, shared practices or health centres.

The health centre will remain as an institutional organisational form, but will need to adapt to the family medicine model and function as a tier of primary health care. The new role of the health centre will be logistical support to family medicine teams irrespective of who is its founder, through consultative-specialist clinics and diagnostic services. The health centre will coordinate the work family medicine clinics.

PHC is viewed as "an integral, continuing and comprehensive part of the country's formal health system", i. e. it is conceived as "a tool for balancing two major goals of health care - optimising and equal distribution of health services". It aims to address the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly, that improve health and welfare of the population. It integrates health services where one and/or more health problems emerge and deals with the context in which a disease appears and affects the people in terms of their response to their health problems. PHC is health care that organises and rations the employment of resources, both fundamental and specialist, which are oriented towards promotion, preservation and improvement of health.

Primary health care as a level

As a health care level, PHC constitutes the first level of contact of individuals and with the health system.

porodične medicine nazivaju "čuvarima vrata" (od engl. "gate keeper"). PZZ treba biti osposobljena da rješava najmanje 80% svih zdravstvenih problema.

Sveobuhvatna primarna zdravstvena zaštita

Koncept "sveobuhvatne PZZ" u velikoj mjeri koristi se u mnogim razvijenim državama, i sastoji se od širokog raspona zdravstvene edukacije, promocije zdravlja, prevencije bolesti, liječenja i rehabilitacije.

Primarna zdravstvena zaštita kao ključni proces

PZZ je ključni proces u okviru zdravstvenog sistema. Podrazumijeva prvi kontakt, filter za ulazak u zdravstveni sistem, kontinuitet, sveobuhvatnost i koordinaciju. Prvi kontakt koji pacijent ostvaruje, omogućen je u trenutku kada se za njim ukaže potreba; kontinuitet se fokusira na dugoročno zdravlje građana, a ne samo na kratko trajanje oboljenja; sveobuhvatnost predstavalja određeni raspon usluga, koje su odgovarajuće u smislu zajedničkih zdravstvenih problema stanovništva, koje su dostupne na nivou PZZ i gdje ne postoji podjela po starosti, polu i bolesti; koordinacija u PZZ podrazumijeva planirani put pacijenta kroz više nivoe zdravstvenog sistema u kome ključnu ulogu igraju doktori porodične medicine.

Tim porodične medicine u primarnoj zdravstvenoj zaštiti

Osnovna organizaciona struktura koja će biti nosilac poslova i aktivnosti na nivou PZZ je tim porodične medicine.

Therefore, it is an entry point of the health system, or, in symbolic terms, the "gate" of the health system. In this sense, PHC doctors, i. e. family medicine doctors are called "gate-keepers". PHC should be capable of resolving a minimum of 80% of all health problems.

Comprehensive primary health care

The concept of "comprehensive PHC" is generally used in many developed countries and entails a wide range of health education, health promotion, prevention of diseases, treatment and rehabilitation.

Primary health care as the major process

PHC is the major process within a health system. It implies the first level of contact, an entry filter of the health system, continuity, comprehensiveness and coordination. The first level of contact of a patient is made possible when a need for it arises; continuity focuses on long-lasting health of citizens, not only on short-lasting treatment; comprehensiveness constitutes a range of services that are adequate in terms of common health problems of the population, which are accessible at the PHC level and where there is no discrimination as to age, sex and health problems; PHC coordination refers to the planned pathway of a patient to the upper levels of the health system, where the central role is played by family medicine doctors.

Family medicine team in primary health care

The basic organisational structure that will be the agent of tasks and activities at the PHC level is the family medicine team.

U prelaznom periodu tim porodične medicine se sastoji od specijaliste porodične medicine ili doktora medicine sa završenom dodatnom edukacijom ili specijaliste druge grane medicine sa završenom dodatnom edukacijom i dvije medicinske sestre/tehničara.

Dugoročno, od 2010. godine, tim porodične medicine sastojaće se: od doktora - specijaliste porodične medicine ili specijaliste druge grane medicine sa završenom dodatnom edukacijom i dvije medicinske sestre/tehničara.

Porodični doktor, kao vođa tima, je kliničar koji treba da obavlja sljedeće poslove: promociju zdravlja i prevenciju bolesti, predsimptomatsko otkrivanje bolesti, ranu dijagnozu, konačnu dijagnozu, upravljanje bolestima, upravljanje komplikacijama kod bolesti, oporavak pacijenta, palijativnu njegu i savjetovanje porodice u vanrednim okolnostima.

Razlozi za reformu primarne zdravstvene zaštite

Nejednak pristup zdravstvenoj zaštiti

Nejednak pristup zdravstvenoj zaštiti uzrokovan je visokom stopom zdravstveno neosiguranih građana. Visok je nivo direktnog plaćanja zdravstvenih usluga ("plaćanje iz džepa"), čime se stvaraju dodatne barijere pristupu i povećava nejednakost, što dovodi do povećanja vulnerabilnosti građana na posljedice bolesti.

Bolja zaštita najugroženijih kategorija stanovništva od zdravstvenih rizika i rješavanje nejednakosti u pristupu zdravstvenoj zaštiti ključ su za smanjenje siromaštva i poboljšanje socijalne kohezije.

The family medicine team consists of a doctor - family medicine specialist and two nurses/medical technicians.

The family doctor, as the team leader, is the only clinician that should perform the following tasks: health promotion and disease prevention, pre-symptomatic detection of diseases, early diagnostics, final diagnosis, disease management, disease complications management, recovery of patients, palliative care, and consulting of families in extraordinary circumstances.

Reasons for the primary health care reform

Key health care issues to be considered by the RS PHC Strategy may be summarised as follows:

- Unequal access to health care,
- Inefficient delivery of health care services,
- Inadequate health care financing,
- Inadequate structure of human resources,
- Ageing population.

Unequal access to health care

Unequal access to health care is caused by a high number of individuals with no health care insurance. The level of direct payment for health services ("out-of-pocket" payment) is quite high, thus constituting an additional barrier to the access and aggravating inequality, which renders individuals more vulnerable to the effects of a disease.

A better protection of the most vulnerable groups of the population from health risks, and dealing with

Neefikasno pružanje usluga

Naslijeđena PZZ okrenuta je bolesti i terapiji, epizodnoj zaštiti i pasivnom prijemu pacijenata, većem korišćenju konsultativno-specijalističkih i dijagnostičkih usluga, te bolničkog liječenja.

Postoji fragmentacija prvog kontakta građana sa zdravstvenim sistemom uz ograničenu ulogu "vratara", a kontinuitetu zdravstvene zaštite posvećuje se neodgovarajuća pažnja. Na nivou PZZ usluge se i dalje, u najvećem broju domova zdravlja, pružaju na osnovu starosne dobi, pola ili vrste bolesti u specijalizovanim dispanzerima i službama, što nije najefikasniji način korišćenja raspoloživih resursa.

Neefikasnost u aranžmanima pružanja zdravstvenih usluga jasno je vidljiva kada se prikažu rashodi u zdravstvu, gdje se naglasak i dalje stavlja na sekundarnu i tercijarnu zdravstvenu zaštitu, a na štetu PZZ.

Neadekvatno finansiranje zdravstvene zaštite

Glavni nedostaci sistema finansiranja zdravstvene zaštite u Republici Srpskoj su sljedeći:

- Nesrazmjer između raspoloživih finansijskih sredstava i garantovanih prava;
- Nesrazmjer između ukupnog kapaciteta zdravstvenog sistema i raspoloživih finansijskih sredstava;
- Neefektivno uključivanje samozaposlenih i poljoprivednika u obavezno zdravstveno osiguranje;
- Veliki broj korisnika, koji su isključeni iz plaćanja ličnog doprinosa, nema zdravstveno osiguranje jer oni koji bi trebali da uplaćuju doprinos za ove kategorije to uglavnom ne rade (vanbudžetski fondovi i vladin budžet);

inequality in access to health care is the key to poverty reduction and enhanced social cohesion.

Inefficient delivery of health care services

The PHC we inherited focuses on disease and therapy, episodic care and passive admission of patients, a higher utilisation rate of consultative-specialist and diagnostic services and hospital treatment.

The first level of contact of individuals with the health system is fragmented, where the gate-keeping role is limited and insufficient attention is paid to the continuity of health care. At the PHC level, in the majority of health centres, services are still delivered according to age, sex or type of disease, by specialised departments or services, which does not constitute the most efficient way of utilisation of available resources.

Inefficiency of health services delivery is evidenced by health expenditures, where an emphasis remains on the secondary and tertiary health care to the detriment of primary health care.

Inadequate health care financing

The core shortcomings of the RS health financing are as follows:

- Disproportion of available funds and guaranteed entitlements;
- Disproportion of the aggregate capacities of the health system and available funds;
- Ineffective involvement of the self-employed and farmers into the mandatory health insurance scheme;

- Niske stope ubiranja doprinosa;
- Visoki ukupni troškovi u zdravstvu.

Konačan rezultat je taj da znatan dio građana još uvijek nije pokriven šemom obaveznog zdravstvenog osiguranja, koja je zamišljena da obezbijedi univerzalno pokriće i pristup zdravstvenoj zaštiti.

Neadekvatna struktura ljudskih resursa

U zdravstvenom sistemu Republike Srpske ne postoji strategija na polju ljudskih resursa. Neophodno je izraditi takvu strategiju koja će identifikovati postojeće i buduće potrebe, planove za implementaciju, te finansijske implikacije kroz primjenu ove strategije.

Trenutni broj doktora i medicinskih sestara / tehničara na nivou PZZ nije dovoljan kako bi se provela reforma PZZ prema modelu porodične medicine.

Na nivou PZZ se nalazi velik broj doktora-specijalista različitih grana medicine, koji je naslijeđen iz prethodnog sistema. Ovakva struktura doktora na primarnom nivou otežava provođenje reforme i uvođenje modela porodične medicine.

Starenje populacije

Uz stanovništvo koje ubrzano stari, opterećenje posljedičnim bolestima će se i dalje povećavati. Najveći izazov za javno zdravstvo u Republici Srpskoj predstavlja kontrola epidemije masovnih nezaraznih bolesti.

Prilagođavanje zdravstvenog sistema značajnim demografskim, epidemiološkim i sociološkim promjenama, njegovo osposobljavanje da se suoči sa predviđenim dodatnim opterećenjem i novonastalim potrebama, i njego-

- A large number of health care users who are exempted from paying social contributions and are not members of the health insurance fund, since the institutions responsible for paying the said contributions for these categories generally fail to do it (extra-budgetary funds and Government's Budget);
- Low rates of contribution collection;
- High total health care costs.

The ultimate result is that a considerable number of people still remain outside the mandatory health insurance scheme, which is conceived in such a way as to ensure universal coverage and access to health care.

Inadequate structure of human resources

In the RS health system, not a single strategy deals with human resources. It is necessary to develop such a strategy, which will identify the current and future needs, implementation plans, as well as financial implications of its application.

The current number of doctors and nurses/medical technicians at the PHC level does not suffice for the implementation of the family medicine-based PHC reform.

At the PHC level, there is a large number of doctors - specialists in various branches of medicine, which is a legacy of the previous system. Such a profile of doctors at the primary health care level impedes the implementation of the reform and introduction of the family medicine model.

Ageing population

With the rapidly ageing population, the burden of disease will continue to grow. In the RS the main public

va bolja reakcija na očekivanja stanovništva predstavljaju glavne izazove u narednim godinama.

Ciljevi Strategije primarne zdravstvene zaštite

Osnovni, strateški cilj je razvoj PZZ u kojoj će centralno mjesto imati model porodične medicine i koja će se bazirati na pružanju dostupnih, efikasnih, kvalitetnih i isplativih usluga, intervencija i programa.

Strateški cilj će biti ostvaren kroz realizaciju specifičnih ciljeva i to:

- Izmjene i dopune postojeće regulative u cilju jačanja PZZ;
- Jačanje planiranja i organizacije u PZZ;
- Uspostavljanje neophodnih upravljačkih mehanizama;
- Širenje modela porodične medicine na cjelokupnoj teritoriji Republike Srpske;
- Uspostavljanje efikasnog sistema pružanja usluga;
- Transformacija postojećih službi doma zdravlja i usklađivanje sa modelom porodične medicine;
- Razvoj, testiranje i uvođenje novog ugovora i mehanizama plaćanja davalaca usluga;
- Stvaranje adekvatnog profila zdravstvenih radnika;
- Uvođenje i primjena standarda kvaliteta s ciljem unapređenja, osiguranja i kontrole kvaliteta;
- Razvoj i implementacija informacionog sistema;
- Razvoj i implementacija sistema praćenja i vrednovanja.
- Jačanje učešća lokalne zajednice u obezbjeđivanju primarne zdravstvene zaštite

health challenge is control of outbreaks of mass non-communicable diseases.

Adjusting the health system to these significant demographic, epidemiological and sociologic changes, making it able to cope with the foreseen additional burden and emerging needs and making it more responsive to the population expectations constitutes major challenges in the years to come.

Goals of the primary health care reform

The core strategic goal is development of primary health care focused on family medicine, which will be based upon delivery of accessible, efficient, quality and cost-effective services, interventions and programmes.

The strategic goal will be attained through the realisation of specific objectives, such as:

- changes and amendments to the existing regulations with a view to strengthening primary health care;
- strengthening of PHC planning and organisation;
- establishment of required management mechanisms;
- Expansion of the family medicine model to cover the whole territory of the Republic of Srpska;
- Establishment of an efficient system of service delivery;
- Transformation of the existing service of health centres and adjustment to the family medicine model;
- Development, piloting and introduction of new contracting and provider payment mechanisms;

Sadržaj reforme primarne zdravstvene zaštite

Cilj 1. Izmjene i dopune postojeće regulative u cilju jačanja PZZ

U narednom periodu, potrebno je izvršiti reviziju postojeće zakonske i podzakonske regulative i utvrditi koje je izmjene i dopune neophodno napraviti kako bi se pozicija PZZ u zdravstvenom sistemu Republike Srpske konačno učvrstila.

Za određene segmente PZZ koji nisu dovoljno ili nisu nikako pokriveni postojećim zakonima i/ili pod-zakonskim aktima, potrebno je pristupiti izradi novih zakonskih i/ili podzakonskih rješenja.

Da bi se ovaj cilj ostvario potrebno je:

- Revidirati postojeću zakonsku i pod-zakonsku regulativu;
- Izraditi, eventualne, izmjene i dopune postojeće regulative;
- Usvojiti izmjene i dopune postojeće regulative;
- Implementirati izmjene i dopune;
- Izraditi nova zakonska i/ili pod-zakonska rješenja;
- Usvojiti nova zakonska i/ili pod-zakonska rješenja;
- Implementirati nova zakonska i/ili pod-zakonska rješenja.

Ovaj posao treba da urade ekspertski timovi koje će, po potrebi, formirati Ministarstvo zdravlja i socijalne zaštite.

- Building adequate profiles of health workers;
- Introduction and application of quality standards with a view to quality enhancement, assurance and control;
- Development and implementation of an information system;
- Development and implementation of monitoring and evaluation systems;
- Better involvement of the local community in the provision of primary health care.

Contents of the primary health care reform

Goal 1. Changes and amendments of the existing legislation with a view to strengthening primary health care

In the forthcoming period, it will be necessary to review the existing laws and by-laws and identify changes and amendments to be made in order to finally strengthen the position of primary health care in the health system of the Republic of Srpska.

With regard to certain PHC segments that are not adequately or at all provided for by the established laws and/or by-laws, it will be necessary to initiate formulation of new laws and/or by-laws.

In order to attain this goal, it will be necessary to:

- review the established laws and by-laws;
- develop possible changes and amendments of the current regulations;

Cilj 2. Jačanje planiranja i organizacije u PZZ

Planiranje

U cilju jačanja funkcija planiranja, kao jedne od četiri glavne sekundarne funkcije menadžmenta u zdravstvenim ustanovama, potrebno je u sve domove zdravlja uvesti strateško i poslovno planiranje i osposobiti postojeće i buduće menadžere domova zdravlja, u vezi usvajanja modernih tehnika planiranja.

Da bi se ovaj cilj ostvario potrebno je:

- Revidirati i dopuniti postojeći program za kratke kurseve iz oblasti zdravstvenog menadžmenta;
- Odrediti ciljne grupe u PZZ koje moraju biti edukovane i obučene iz oblasti strateškog i poslovnog planiranja;
- Planirati i organizovati program edukacije i obuke iz oblasti strateškog i poslovnog planiranja;
- Angažovati međunarodne i lokalne eksperte, kao predavače, iz oblasti strateškog i poslovnog planiranja;
- Uvesti program edukacije i obuke iz oblasti strateškog i poslovnog planiranja za ciljne grupe;
- Vrednovati program edukacije i obuke iz oblasti strateškog i poslovnog planiranja i njegov učinak na uvođenje i održavanje strateškog i poslovnog planiranja u ustanove PZZ.

Institut za zdravstveni menadžment Medicinskog fakulteta Univerziteta u Banjoj Luci biće glavni nosilac aktivnosti u vezi sa sprovođenjem programa i obuke iz zdravstvenog menadžmenta.

- adopt changes and amendments to the existing regulations;
- implement the changes and amendments;
- Develop new laws and/or by-laws;
- Adopt the new laws and/or by-laws;
- implement the new laws and/or by-laws;

This responsibility needs to be vested with expert teams, which will as necessary be appointed by the Ministry of Health and Social Welfare.

Goal 2. Strengthening of PHC planning and organisation

Planning

With a view to strengthening the planning function as one of the four core secondary functions of health management, it is necessary to introduce strategic and operative planning into all health centres, as well as to train both existing and future health centre managers to enable them to acquire modern planning techniques.

In order to attain this goal, it will be necessary to:

- review and amend the current curriculum for short-term courses in the filed of health management;
- identify target groups in primary health care that need to be educated and trained in the field of strategic and operative planning;
- plan and organise a programme of education and training in the field of strategic and operative planning;
- involve international and local experts as trainers in the field of strategic and business planning;

Organizacioni oblici

Osnovni organizacioni oblik u PZZ Republici Srpskoj je tim porodične medicine. Pored tima porodične medicine ova strategija definiše još dva organizaciona oblika PZZ: grupnu praksu porodične medicine i dom zdravlja.

Tim porodične medicine sastoji se od doktora i dvije medicinske sestre/tehničara porodične medicine. Tim može registrovati između 1.500 i 2.500 građana.

Grupna praksa porodične medicine sastoji se od 4 do 10 timova porodične medicine, koji zajedno mogu pokriti najviše do 25.000 građana.

Dom zdravlja sastoji se od timova porodične medicine, grupnih praksi porodične medicine i ostalih organizacionih jedinica koje mogu činiti dom zdravlja, a pokriva preko 25.000 građana.

Tim porodične medicine i grupna praksa porodične medicine mogu biti u javnom i privatnom vlasništvu, dok dom zdravlja može biti isključivo u javnom vlasništvu

Usluge, ugovaranje i mehanizmi plaćanja

Organizacioni oblici PZZ pružaće usluge iz paketa koji su prikazani u tabeli 1.

Ugovaranje i mehanizmi plaćanja

Sa timovima porodične medicine, grupnim praksama porodične medicine i domovima zdravlja biće zaključivani ugovori, koji će definisati obim i strukturu usluga iz tri različita, gorenavedena, paketa.

Ugovori neće biti automatski, već će se zaključivati u skladu sa definisanim kriterijumima.

Pored toga, timovi porodične medicine, grupna praksa porodične medicine i domovi zdravlja koji budu

- implement and organise a programme of education and training in the field of strategic and operative planning;
- evaluate the programme of education and training in the field of strategic and business planning and its effects on the introduction and sustainability of strategic and operative planning in PHC institutions;

The Health Management Institute of Banja Luka University's School of Medicine will be the main agent of the activities related to the implementation of the programme and training in health management.

Organisational forms

The core organisational form of primary health care in the Republic of Srpska is the family medicine team. In addition to the family medicine team, the Strategy defines another two organisational PHC forms: collective family medicine practice and health centres.

The family medicine team consists of a doctor - family medicine specialist and two nurses/medical technicians. 1,500 to 2,500 individuals can be registered with a team.

Collective family medicine practice consists of 4 to 10 family medicine teams, which can collectively cover a maximum of 25,000 people.

A Health Centre gathers family medicine teams, shared practices and other organisational units which may constitute a health centre, and covers over 25,000 people.

Family medicine teams and shared practices may be either publicly or privately owned, while health centres may be exclusively privately owned.

Tabela 1. Paketi usluga koje će pružati organizacioni oblici PZZ
Table 1. Service packages to be provided by PHCorganisational forms

Paket / Package	Usluge / Services
Osnovni paket PZZ PHC basic services	Esencijalne usluge (uključujući obaveznu imunizaciju) Essential services (including mandatory immunisation)
Prošireni paket PZZ Expanded PHC package	Esencijalne usluge + dodatne usluge / Essential services + supplementary services - Manji hiruški zahvati / Minor surgical interventions - Promocija zdravlja / Health promotion - Prevencija bolesti / Disease prevention - Upravljanje hroničnim bolestima / Chronic diseases management - Planiranje porodice / Family planning - Kućne posjete / Home visits
Integralni paket PZZ Integral PHC package	Esencijalne usluge + dodatne usluge + / Essential services + supplementary services + - Rehabilitacija u zajednici / Community-based rehabilitation - Mentalno zdravlje / Mental Health - Bolnica kod kuće / Hospital at Home - Palijativna njega Palliative care - Dječija i preventivna stomatologija / Child and preventive stomatology - Dijagnostičke usluge / Diagnostic services - Higijensko-epidemiološki poslovi / Hygienic – epidemiological services

* lista i opis usluga biće dodatno definisani podzakonskim aktom / the list and description of services will be additionally defined in by-laws

akreditovani imaće prioritet prilikom sklapanja ugovora sa Fondom zdravstvenog osiguranja i moći će ostvarivati određena bonus plaćanja.

Paket osnovnih usluga sastoji se od esencijalnih usluga PZZ. Sadržaj paketa odrediće Ministarstvo zdravlja i socijalne zaštite. Usluge u paketu su za sve starosne grupe i oba pola.

Usluge iz ovog paketa plaćaju se per capita. Potrebno je prilagoditi postojeću formulu plaćanja timova porodične medicine, u koju bi bio uključen segment plaćanja usluga iz domena obavezne imunizacije.

Services, contracting and payment mechanisms

PHC organisational forms will provide services from the packages as given in Table 1 below.

Contracting and provider payment mechanisms

Family medicine teams, shared practices and health centres will sign contracts whereby the volume and structure of services for three different, aforementioned, packages will be defined.

Contracting will not be a matter-of-course but will be made in line with the established criteria.

Prošireni paket PZZ nadovezuje se na Paket osnovnih usluga, kojim se proširuje obim i struktura usluga.

Usluge iz ovog paketa mogu se plaćati kombinovano:

- Per capita za osnovne usluge, i
- Po obavljenoj usluzi za dodatne usluge.

Integralni paket PZZ se, u suštini, nadovezuje na Prošireni paket PZZ, koji ima za cilj stvaranje uslova za razvoj koncepta sveobuhvatne PZZ. Primjenom ovog Paketa podstaklo bi se prenošenje zdravstvenih usluga, koje se tradicionalno pružaju na sekundarnom nivou, na PZZ.

Usluge iz ovog paketa mogu se plaćati kombinovano:

- Per capita za osnovne usluge,
- Po obavljenoj usluzi za dodatne usluge, i
- Prospektivnim budžetom za stavke navedene u tabeli 1. pod proširenom PZZ.

U ugovore za timove porodične medicine koji rade u ruralnim ambulantama treba ugraditi bonus plaćanja, kao mehanizme stimulacije za rad i ostanak timova porodične medicine u takvim područjima.

In addition, FM teams, FM shared practices and health centres that are accredited will be treated as priorities for contracting with HIF and will be eligible for bonus payments.

Basic Services Package consists of PHC essential services. The contents of the package will be identified by the Ministry of Health and Social Welfare. The Basic Services Package covers all age and sex groups.

Services of this package are paid through capitation. It will be necessary to adjust the current payment formulas for family medicine teams, which should incorporate payment of services related to mandatory immunisation.

Expanded PHC package supplements the Basic Services Package with expanded volume and structure of services.

Services of this package are paid through a mix of:

- capitation for basic services, and
- fee-for-service payment for supplementary services.

The PHC Integral Package in principle adds to the Expanded Package aimed at creating conditions for the

Tabela 2. Ugovaranje paketa usluga PZZ / Table 2. Contracting of PHC Service Packages

Organizacioni oblici **Organisational forms**	Osnovni paket PZZ Basic PHC Package	Prošireni paket PZZ Expanded PHC Package	Integralni paket PZZ Integral PHC Package
Tim porodične medicine Family medicine team	X	X	
Grupna praksa porodične medicine Collective family medicine practice	X	X	
Dom zdravlja / Health centre	X	X	X

* sadržaj paketa biće dodatno definisani podzakonskim aktom / the contents of the packages will be defined in by-laws

Cilj 3. Uspostavljanje neophodnih upravljačkih mehanizama

U cilju transformacije doma zdravlja i uvođenja modela porodične medicine neophodno je proizvesti edukovane zdravstvene menadžere koji bi bili osposobljeni za profesionalno upravljanje reformskim procesima.

Da bi se ovaj cilj ostvario potrebno je:

- Stvoriti okruženje koje će pružati podsticaj i kontrolne mehanizme za uvođenje i korišćenje modernih menadžerskih tehnika u organizacionim strukturama PZZ;
- Izvršiti profesionalizaciju zanimanja zdravstvenog menadžera;
- Stvoriti uslove za nesmetano obavljanje edukacije i obuke menadžera iz oblasti zdravstvenog menadžmenta;
- Planirati, organizovati, permanentno sprovoditi i vrednovati edukaciju i obuku menadžera iz oblasti zdravstvenog menadžmenta;
- Planirati, organizovati, permanentno provoditi i vrednovati obuku iz upravljanja promjenama;
- Razviti strukture i puteve napredovanja zanimanja zdravstvenog menadžera;
- Razviti mehanizme stimulacije za vrednovanje kvalitetnog rada zdravstvenih menadžera.

Ključnu ulogu u ostvarenju definisanih ciljeva razvoja i profesionalizacije zdravstvenog menadžmenta u Republici Srpskoj treba da odigra Institut za zdravstveni menadžment.

development of a comprehensive PHC concept. Application of this Package will stimulate the transfer of health services traditionally delivered at the secondary level to primary health care.

Services of this package may be paid through a mix of:

- capitation for basic services,
- fee-for-service payment for supplementary services, and
- prospective budget for each of the items as listed in Table 1 under Expanded PHC.

Contracts with family medicine teams working in rural clinics need to incorporate bonus payments as incentive mechanisms for their work and stay in such areas.

Goal 3. Establishment of required management mechanisms

With a view to transforming health centres and introducing the family medicine model, it will be necessary to produce trained health managers who will be capacitated to manage reform processes in a professional manner.

In order to attain this goal, it will be necessary to:

- create such environment that will ensure incentives and control mechanisms for the introduction and application of modern management techniques to PHC organisational structures;
- to acknowledge health management as a profession;
- to create conditions for unhindered education and training of managers in the field of health management;
- plan, organise and continuingly implement and evaluate education and training of managers in the field of health management;

Cilj 4. Širenje modela porodične medicine na cjelokupnoj teritoriji Republike Srpske

Polazeći od dobrih rezultata postignutih uvođenjem modela porodične medicine kroz pilot projekat Ministarstva zdravlja i socijalne zaštite u nekoliko domova zdravlja, u narednih pet godina model porodične medicine će, primjenom sveobuhvatne i integrisane strategije implementaljcije, biti proširen na cjelokupnu teritoriju Republike Srpske.

Sveobuhvatna i integrisana strategija implementacije porodične medicine podrazumijeva:

- Izradu plana sprovođenja za dom zdravlja,
- Utvrđivanje početnog stanja u domu zdravlja,
- Prilagođavanje regulative doma zdravlja,
- Medijsku promociju modela porodične medicine,
- Slobodan izbor doktora porodične medicine i registraciju građana,
- Edukaciju timova porodične medicine (program specijalizacije i program dodatne obuke),
- Građevinsku rekonstrukciju ambulanti porodične medicine,
- Opremanje ambulanti porodične medicine standardnim setom medicinske opreme,
- Obuku iz menadžmenta promjena za timove porodične medicine i menadžment doma zdravlja,
- Uvođenje informacionog sistema (hardver i aplikativni softver),
- Obuku korisnika (doktora i sestara porodične medicine) u vezi sa korišćenjem aplikativnog softvera za ambulante porodične medicine,
- Uvođenje novih oblika ugovaranja i mehanizama plaćanja,
- plan, organise and continuingly implement and evaluate training in problem management;
- develope structures and paths of promotion of health managers as a profession;
- develop incentive mechanisms for evaluating the quality of health managers' performance;

The key role in the attainment of the defined goals of development and professionalisation of RS health management should be played by the Health Management Institute.

Goal 4. Expansion of the family medicine model to cover the whole territory of the Republic of Srpska

Following good results achieved in the introduction of the family medicine model, which was implemented in several health centres as a pilot-project of the Ministry of Health and Social Welfare, the family medicine model will be expanded to cover the whole territory of the Republic of Srpska through the application of a comprehensive and integrated implementation strategy,

A comprehensive and integrated family medicine implementation strategy implies the following:

- Development of an implementation plan for health centres,
- Determination of the situation as found in health centres.
- Media promotion of the family medicine model,
- Free choice of a family medicine doctor and registration of citizens,
- Training of family medicine teams (specialisation programme and PAT),

- Uvođenje vodiča za kliničku praksu u PZZ,
- Akreditaciju timova porodične medicine i uvođenje sistema kontrole kvaliteta,
- Uvođenje sistema praćenja, nadzora i vrednovanja rada timova porodične medicine.

Primjenom integrisane i sveobuhvatne strategije implementacije mijenja se kompletna postojeća organizacija, planiranje i upravljanje domom zdravlja.

Cilj 5. Uspostavljanje efikasnog sistema pružanja usluga

PZZ koja se bazira na modelu porodične medicine treba da izgradi efikasan sistem koji bi predstavljao prvu tačku kontakta građana sa zdravstvenim sistemom i koji bi težio ostvarenju najvažnijih principa PZZ: dostupnost, sveobuhvatnost, kontinuitet i usklađenost.

Prva tačka kontakta građana sa zdravstvenim sistemom: Prvi kontakt građana sa zdravstvenim sistemom ostvaruje se isključivo preko timova porodične medicine. Timovi porodične medicine predstavlja "filter za ulazak u zdravstveni sistem".

Ključne aktivnosti za ostvarenje ovog principa su:

- Slobodan izbor doktora porodične medicine, i
- Registracija porodica i građana kod izabranog tima porodične medicine.

Dostupnost zdravstvene zaštite: PZZ mora biti jednako dostupna svim građanima Republike Srpske.

Ključne aktivnosti za ostvarenje ovog principa su:

- Edukacija potrebnog broja timova porodične medicine,
- Pravilna raspodjela timova porodične medicine na cjelokupnoj teritoriji Republike Srpske, u skladu sa

- Physical reconstruction of family medicine clinics,
- Equipping of family medicine clinics with a set of medical equipment,
- Training in change management for family medicine teams and health centre management,
- Introduction of an information system (hardware and software applications),
- User training (family medicine doctors and nurses) in the usage of software applications for family medicine clinics,
- Introduction of new forms of contracting and payment mechanisms,
- Introduction of clinical practice guidelines into PHC,
- Accreditation of family medicine teams and introduction of the quality control system,
- Introduction of systems of monitoring, supervision and evaluation of the performance of family medicine teams.

Application of the integrated and comprehensive implementation strategy will change the overall existing organisation, planning and managing of health centres.

Goal 5. Establishment of an efficient system of service delivery

Family-based primary health care needs to build an efficient system that would serve as the first level of contact of individuals with the health system that would aspire to fulfil the central principles of primary health care: accessibility, comprehensiveness, continuity and coordination.

The first level of contact of individuals with the health system: The first level of contact of individuals

brojem stanovnika i njenim geografskim karakteristikama.

Domovi zdravlja obavezni su da pripreme i izrade, a jedinice lokalne samouprave da usvoje lokalnu mrežu ambulanti porodične medicine.

Sveobuhvatnost zdravstvene zaštite: Tim porodične medicine mora biti osposobljen da rješava različite zdravstvene probleme i da pruža širok spektar usluga, bez obzira na starost, pol ili vrstu zdravstvenog problema građana. Pored tradicionalnih, kurativnih i rehabilitacionih usluga, tim porodične medicine pruža i usluge promocije zdravlja i prevencije bolesti, koje su u ranijem sistemu bile potpuno zanemarene.

Ključne aktivnosti za ostvarenje ovog principa su:

- Visokokvalitetna edukacija iz porodične medicine (dodiplomska i postdiplomska), i
- Opremanje standardnim setom medicinske opreme ambulanti porodične medicine.

Kontinuitet zdravstvene zaštite: PZZ koja se zasniva na modelu porodične medicine treba da osigura kontinuirano praćenje zdravlja opredijeljene populacije.

Ključne aktivnosti za ostvarenje ovog principa su:

- Uvođenje i održavanje aktivnog pristupa u provođenju mjera i aktivnosti u PZZ,
- Zakazivanje pregleda, i
- Obezbjeđivanje odgovarajuće njege na višim nivoima zdravstvene zaštite.

Koordiniranost zdravstvene zaštite: U dobro organizovanom sistemu zdravstvene zaštite, u kojem centralnu ulogu ima PZZ, nema tzv. lutanja pacijenta.

Ključne aktivnosti za ostvarenje ovog principa su:

- Vodiči za upućivanje i kretanje korisnika zdravstvenih usluga prema konsultantu-specijalisti u domu zdravlja ili u bolnicu;

with the health system is made exclusively through the family medicine team. The family medicine team constitutes "an entry filter of the health system".

The key activities aimed at the attainment of this principle are as follows:

- a free choice of a family medicine doctor, and
- registration of families and individuals with the selected family medicine team.

Accessibility of primary health care: PHC must be equally accessible to all citizens of the Republic of Srpska.

The key activities aimed at the attainment of this principle are as follows:

- Training of the necessary number of family medicine teams, and
- Equal distribution of family medicine teams throughout the Republic of Srpska in accordance with the number of residents and geographic characteristics.

Health centres are obligated to prepare and develop, while local self-governance units are obligated to adopt, their local networks of family medicine clinics.

Comprehensiveness of health care: The family medicine team must be capacitated to deal with various health problems and provide a wide range of services irrespective of age, sex or kind of health problems. In addition to traditional, curative and rehabilitative services, the family medicine team will provide promotive and preventive services as well, which were completely neglected in the previous system.

The key activities aimed at the attainment of this principle are as follows:

- High-quality training in family medicine (undergraduate and postgraduate studies), and

- Precizan i jasno definisan zahtjev prema konsultantu-specijalisti za obavljanje određenih konsultacija/usluga;
- Odgovarajuća medicinska dokumentacija koja prati korisnika zdravstvenih usluga koji je upućen konsultantu-specijalisti u dom zdravlja ili u bolnicu;
- Zakazivanje pregleda kod konsultanta-specijaliste u dom zdravlja ili u bolnicu;
- Praćenje stanja zdravlja/bolesti, u konsultaciji sa doktorom-specijalistom u domu zdravlja ili bolničkim doktorom koji liječi upućenog korisnika zdravstvenih usluga;
- Povrat informacija i dokumentacije, formalno uspostavljenim putem, o korisniku zdravstvenih usluga, od konsultanta-specijaliste iz doma zdravlja ili bolničkog doktora prema doktoru porodične medicine.

Krajnji cilj razvoja PZZ u Republici Srpskoj je uspostavljanje temelja na kojima će se, u budućnosti, graditi sistem integrisane zdravstvene zaštite.

Cilj 6. Transformacija postojećih službi doma zdravlja i usklađivanje sa modelom porodične medicine

Konsultativno-specijalistička služba

Organizacija

Postojeća organizacija konsultativno-specijalističke službe u domovima zdravlja mora se prilagoditi modelu porodičine medicine.

- Equipping of family medicine clinics with a standard set of medical equipment,

Continuity of health care: Family-medicine based PHC should ensure continuous monitoring of the covered population's health.

The key activities aimed at the attainment of this principle are as follows:

- Introduction and pursuing of an active approach to the implementation of PHC measures and activities,
- Consultation appointment, and
- Ensuring adequate care at higher levels of health care.

Coordination of health care: A well-organised health system, where the central role is given to PHC, does not allow the so-called "meandering" of patients.

The key activities aimed at the attainment of this principle are as follows:

- Guidelines for referral and pathways of health care users to consultant-specialist in the health centre or hospital,
- Precise and clearly defined requirements of consultants-specialists, for delivery of certain consultations/services;
- Adequate medical documentation following the health care user who is referred to a consultant/specialist or hospital;
- Setting an appointment system for consultations with a consultant-specialist in the health care or for admission to hospital;
- Monitoring of health/disease condition in consultation with doctors-specialists in the health centre or hospital doctors responsible for the treatment of the referred health care users;

Konsultativno-specijalistička služba se transformiše u konsultativno-specijalističke ambulante, koje, zavisno od potreba timova porodične medicine, obezbjeđuju specijalističke konsultacije ili usluge za svoje opredijeljene građane.

Upućivanje korisnika zdravstvenih usluga kod konsultanata - specijaliste, unutar domova zdravlja, samostalnih specijalističkih ambulanti, bolnica, klinika, vršiće ljekar porodične medicine. "Kretanje" korisnika zdravstvenih usluga kroz ovako uređen sistem biće regulisano vodičima - algoritmima, protokolima (tzv. dijagnostičko - terapijski protokoli), te posebnim aktima koji će zahtijevati stalnu reviziju i aktuelizaciju u skladu sa potrebama savremene prakse. Na osnovu nalaza specijaliste - konsultanta, ljekar porodične medicine donosi konačnu odluku, čime se ujedno obezbjeđuje kontinuitet zdravstvene zaštite

Određeni broj specijalista iz PZZ, zavisno od planiranih potreba Republike Srpske, može završiti dodatnu edukaciju iz porodične medicine i obavljati poslove doktora porodične medicine.

Ugovaranje i mehanizmi plaćanja

Konsultativno-specijalističke usluge mogu ugovarati domovi zdravlja, grupne prakse timova porodične medicine i timovi porodične medicine.

Konsultativno-specijalističke usluge mogu se plaćati kombinovano: po obavljenoj usluzi i prospektivnim budžetom.

Zaštita zdravlja žena i djece

Organizacija

Postojeća organizacija zdravstvene zaštite djece, trudnica i žena u domovima zdravlja mora se prilagoditi

- Information feedback and return of documentation concerning the patient through formal channels, from the consultant-specialist of the health centre or. hospital doctor, to the family medicine doctor.

The ultimate goal of PHC development in the Republic of Srpska is to lay the foundation upon which a future integrated health system will be constructed.

Goal 6. Transformation of the existing services of health centres and their adjustment to the family medicine model

Consultative-specialist service

Organisation

The current organisation of consultative-specialist services of health centres must be adjusted to the family medicine model.

Consultative-specialist services are to be transformed into consultative-specialist clinics which will, depending on the needs of family medicine teams, provide specialist consultations or services for the population they cover.

Referrals of health are users to consultants-specialists of the health centre, independent specialist clinics, hospitals, departments will be made by the family medicine doctor. The "movement" of health care users through the system thus arranged will be regulated by guidelines – algorithms, protocols (so-called diagnostic-therapeutic protocols), and by special documents that will need constant revising and updating in line with the needs of modern practices. Following the findings of a

modelu porodične medicine. Dosadašnja organizacija obezbjeđivala je zdravstvenu zaštitu navedenih grupa kroz rad odgovarajućih specijalističkih službi i dispanzera, lociranih u principu u urbanim područjima, čime je, na samom početku, narušen princip jednakosti u zdravlju, u korist stanovništva grada u odnosu na selo.

Konsultantsko - specijalističke usluge u oblasti zdravstvene zaštite djece i žena mogu se obavljati u domu zdravlja. U cilju zaštite zdravlja ovih vulnerabilnih grupa, kao i zaštite funkcije tima porodične medicine koji treba da usklađuje zdravstvenu zaštitu i ujedno obezjeđuje njen kontinuitet, kretanje korisnika zdravstvenih usluga na primarnom nivou zdravstvene zaštite između timova porodične medicine i specijalista pedijatara - ginekologa biće definisano vodičima – algorimima.

Specijalisti - konsultanti pedijatri i ginekolozi imaće obavezu da najmanje jednom mjesečno posjete ambulante porodične medicine i obave konsultaciju sa timovima porodične medicine, te da im pruže potrebnu stručnu pomoć.

Medicina rada

Organizacija

Postojeća služba medicine rada u domovima zdravlja takođe se mora prilagoditi modelu porodične medicine. Medicina rada, zavisno od lokalnih potreba, može se transformisati u dva pravca.

Prva opcija je da se postojeća služba medicine rada transformiše u konsultativno-specijalističku ambulantu. Ova ambulanta bi pružala konsultativno-specijalističke usluge timovima porodične medicine i mogla bi obavljati druge poslove iz svog domena, ako za to postoji potreba

specialist-consultant, the family medicine doctor makes the final decision, thereby ensuring the continuity of health care.

The family medicine team decides, on behalf of the registered individuals, when and which consultant-specialist they will be referred to.

A number of specialists working in PHC, depending on the projected needs of the Republic of Srpska, may be additionally trained in family medicine (PAT) and perform tasks of the family medicine doctor.

Contracting and provider payment mechanisms

Consultative-specialist services may be contracted by health centres, shared family medicine practices and family medicine teams.

Consultative-specialist services will be contracted by family medicine teams and family medicine shared practices.

In both cases, these consultative-specialist services may be paid through a mix of fee-for-service payment and prospective budgeting.

Health care of women and children

Organisation

The organisation of health care of children, pregnant women and women currently existing in health centres must be adapted to the family medicine model. The previous organisation favoured the health care of the above groups through the services of relevant specialist services and clinics, located mainly in urban areas, which breached the principle of equality in health, favouring urban population to the detriment of rural population.

(periodični pregled radnika zaposlenih na radnim mjestima sa posebnim uslovima rada, ekspertize profesionalnih oboljenja, utvrđivanje trajne radne sposobnosti, i sl.).

Druga mogućnost je da kompletan posao medicine rada, od domova zdravlja preuzme Zavod za medicinu rada, kojeg je osnovala Vlada Republike Srpske i koji bi se bavio aspektima zaštite na radu, te dijagnostikom i liječenjem profesionalnih oboljenja.

Prije konačnog uspostavljanja Zavoda za medicinu rada, potrebno je uraditi studiju ekonomske opravdanosti i finansijske održivosti, kako bi se utvrdila ekonomija obima i kako bi se stručno verifikovala druga opcija.

Ugovaranje i mehanizmi plaćanja

U prvoj opciji, u prelaznom periodu, konsultativno-specijalističke usluge medicine rada mogu ugovarati domovi zdravlja. Dugoročno, konsultativno-specijalističke usluge medicine rada će ugovarati timovi porodične medicine i grupne prakse porodične medicine.

U drugoj opciji, usluge iz domena medicine rada ugovarao bi Zavod za medicinu rada.

U obje opcije, konsultativno-specijalističke usluge medicine rada se mogu plaćati kombinovano: po obavljenoj usluzi i prospektivnim budžetom.

Hitna medicinska pomoć

Organizacija

Postojeća služba hitne medicinske pomoći u domovima zdravlja mora se prilagoditi modelu porodične medicine. Hitna medicinska pomoć, zavisno od lokalnih potreba, može se transformisati u dva pravca.

Consultative-specialist services in the field of health care of children and women may be performed in the health centre. With a view to providing health care to these vulnerable groups, as well to protecting the interests of family medicine teams, which should coordinate health care and simultaneously ensure its continuity, the movement of health care users at the primary health care level, from family medicine doctors to specialists in paediatrics and gynaecology will be defined by guidelines – algorithms.

Specialists-consultants – paediatricians and gynaecologists – will be obliged to visit family medicine clinics at least once a month and consult with family medicine teams and provide necessary assistance.

Occupational Medicine

Organisation

The current occupational medicine services of health centres must also be adjusted to the family medicine model. Occupational medicine, depending on local needs, may be transformed into two directions.

The first option is transformation of the current occupational medicine services into a consultative-specialist clinic. This clinic would provide consultative-specialist services to family medicine teams and may perform other tasks in its domain should the need arise (periodical reviews performing jobs that require special conditions of work, expertise related to professional disease and ability-to-work, etc.).

The second option is that all tasks of occupational medicine services should be transferred from health centres to the Occupational Medicine Institute, which has

Hitna medicinska pomoć transformiše se tako da timovi porodične medicine, u radno vrijeme i poslije radnog vremena, zbrinjavaju hitna medicinska stanja. Ovo bi se primijenilo u svim domovima zdravlja u Republici Srpskoj.

Dom zdravlja obezbjeđuje hitni sanitetski prevoz.

Potrebno je da timovi porodične medicine prođu dodatnu obuku u vezi sa pružanjem hitne medicinske pomoći.

Hitna medicinska pomoć organizuje se i u okviru opštih bolnica ili kliničkih centara.

Potrebno je uraditi studiju ekonomske opravdanosti i finansijske održivosti za eventualno uspostavljanje trakta za urgentni prijem.

Ukoliko bi transformacija hitne medicinske pomoći išla u pravcu formiranja trakta za urgentni prijem, neophodno je definisati precizne protokole u vezi sa preuzimanjem životno ugroženih sa određene teritorije.

Ugovaranje i mehanizmi plaćanja

Hitnu medicinsku pomoć ugovaraju timovi porodične medicine i ona spada u Paket osnovnih usluga. U tom smislu je potrebno izvršiti prilagođavanje postojeće formule plaćanja timova porodične medicine per capita.

Dom zdravlja ugovara hitni sanitetski prevoz, koji se plaća po pređenom kilometru.

Opšte bolnice ili klinički centri bi preko eventualno uspostavljenih urgentnih traktova ugovarali hitnu medicinsku pomoć i hitni sanitetski prevoz.

U tom slučaju, usluge hitne medicinske pomoći mogu se plaćati kombinovano: po obavljenoj usluzi i prospektivnim budžetom, a hitni sanitetski prevoz plaća se po pređenom kilometru.

been established by the Government of the Republic of Srpska and which is to deal with aspects of protection at work, and diagnostics and treatment of job-related diseases.

Before the Occupational Medicine Institute has been fully founded, it will be necessary to conduct a study of cost-effectiveness and financial sustainability in order to determine the economies of scale and verify the second option by sound evidence.

Contracting and provider payment mechanisms

With regard to the first option, in the interim period, consultative-specialist services of occupational medicine may be contracted by health centres. In the long run, consultative-specialist services of occupational medicine will be contracted by family medicine teams and family medicine shared practices.

With regard to the second option, occupational medicine services will be contracted by the Occupational Medicine Institute.

In both options, consultative-specialist services of occupational medicine may be paid through a mix of fee-for-service payment and prospective budgeting.

Emergency Care

Organisation

The existing ER services in health centres must be adjusted to the family medicine model. ER, depending on local needs, may be transformed into two directions.

ER is transformed in such a way that family medicine teams, during and after working hours, take care of

Patronažna služba

Organizacija

Postojeća služba patronaže u domovima zdravlja mora se u potpunosti prilagoditi modelu porodične medicine. Potrebno je da se sestre iz tima porodične medicine dodatno edukuju iz oblasti promocije zdravlja, prevencije bolesti i palijativne njege.

Poslove iz domena patronažne službe preuzeće i ugovarati tim porodične medicine, uz prilagođavanje postojeće formule plaćanja per capita.

Centar za fizikalnu rehabilitaciju u zajednici i Centar za mentalno zdravlje

Organizacija

Organizaciona struktura centra za fizikalnu rehabilitaciju u zajednici i centra za mentalno zdravlje neće se mijenjati.

U prelaznom periodu, centar za fizikalnu rehabilitaciju u zajednici i centar za mentalno zdravlje ostaju u sastavu doma zdravlja. Dugoročno, ovi centri bi trebalo da se institutišu kao zasebna pravna lica.

U oba slučaja, potrebno je raditi na razvoju vodiča kojima bi se jasno i precizno utvrdio "modus operandi" između timova porodične medicine i centra za fizikalnu rehabilitaciju u zajednici i centra za mentalno zdravlje.

Da bi se uvažili principi ekonomske opravdanosti i finansijske održivosti, ovi centri bi se osnivali u zavisnosti od lokalnih potreba i finansijskih mogućnosti.

Ugovaranje i mehanizmi plaćanja

U prelaznom periodu usluge fizikalne rehabilitacije u zajednici i mentalnog zdravlja ugovara dom zdravlja.

emergency conditions. This option will be applied to all health centres in the Republic of Srpska.

Health centres will provide ambulance transportation.

It will be necessary for family medicine teams to undergo training in the provision of emergency aid.

ER may be established within general hospitals or clinical centres through their emergency admission services.

It will be necessary to conduct a study of cost-effectiveness and financial sustainability in order to establish an urgent admission area.

Should ER be transformed into emergency admission services, it will be necessary to define precise protocols concerning admission of persons with life-threatening conditions from designated territory.

Contracting and provider payment mechanisms

Emergency care is contracted by family medicine teams and it is covered by the Basic Services Package. In this sense, it will be necessary to refine, i. e. adjust the currently applied formula for family medicine teams payment on the basis of capitation.

Health centres will contract ambulance transportation, which will be paid by kilometre.

Emergency services and ambulance transportation will be contracted by general hospitals or clinical centres through potentially organised urgent admission areas.

In this case, emergency services may be paid through a mix of fee-for-service payment and prospective budgeting, whereas ambulance transportation will be paid by kilometre.

Kasnije, centar za fizikalnu rehabilitaciju u zajednici i centar za mentalno zdravlje, kao zasebna pravna lica, će samostalno ugovarati usluge iz domena njihove djelatnosti.

U oba slučaja, zdravstvene usluge iz domena rada centra za fizikalnu rehabilitaciju u zajednici i centra za mentalno zdravlje mogu se plaćati prospektivnim budžetom.

Dijagnostičke usluge

Organizacija

U domovima zdravlja se najčešće pružaju sledeće vrste dijagnostičkih usluga: biohemijsko-hematološke, RTG i ultrazvuk.

Potrebno je da svi domovi zdravlja u Republici Srpskoj procijene potrebe i ekonomsku opravdanost uvođenja, odnosno postojanja određenih medicinskih tehnologija.

Na osnovu konačne procjene potreba, odnosno ekonomske opravdanosti uvođenja ili postojanja medicinskih tehnologija, dijagnostičke usluge, koje ostaju u sastavu doma zdravlja, biće tehnička podrška svakodnevnom radu timova porodične medicine.

Ruralne ambulante porodične medicine, koje su udaljene deset i više kilometara od doma zdravlja, mogu imati opremu za najčešće laboratorijske usluge.

Ugovaranje i mehanizmi plaćanja

Dijagnostičke usluge ugovara dom zdravlja, a mogu se plaćati kombinovano: per capita i prospektivnim budžetom.

Patronage services

Organisation

The current patronage services of health centres must be fully adjusted to the family medicine model. It will be necessary for family team nurses to undergo additional training in health promotion, disease prevention and palliative care.

Tasks of the patronage service will be shifted to and contracted by family medicine teams, where there current payment formula based on per capita payment will need to be adjusted.

Community-based physical rehabilitation centres and mental health centres

Organisation

The organisational structure of community-based physical rehabilitation centres and mental health centres will not change.

In the interim period, community-based physical rehabilitation centres and mental health centres will remain within health centres. In the long run, these centres should be incorporated as independent legal entities.

In both cases, it will be necessary to develop guidelines that will clearly and precisely define the modus operandi of family medicine teams and community-based physical rehabilitation centres and mental health centres.

In order to observe the principles of cost-effectiveness and financial sustainability, these centres will be founded in line with local needs and financial resources.

U ruralnim ambulantama porodične medicine, dijagnostičke usluge ugovara tim porodične medicine, a plaćaju se per capita. U ovom slučaju, potrebna su određena prilagođavanja formule plaćanja timova porodične medicine.

Higijensko-epidemiološki poslovi

Organizacija

Potrebno je da svi domovi zdravlja u Republici Srpskoj procijene lokalne potrebe i ekonomsku opravdanost u vezi sa statusom i radom postojeće higijensko-epidemiološke službe.

Na osnovu konačne procjene potreba i dokazane ekonomske opravdanosti, "nova" higijensko-epidemiološka služba ostaje u sastavu doma zdravlja.

Primarni zadaci "nove" higijensko-epidemiološke službe su unapređenje i kontrola stanja higijenskih prilika na području lokalne zajednice i epidemiološko nadgledanje, preventivni rad u smislu eliminacije mogućih izvora zaraze, te kontrola i suzbijanje širenja zaraznih i masovnih nezaraznih bolesti.

Ugovaranje i mehanizmi plaćanja

Higijensko-epidemiološke usluge ugovara dom zdravlja, a mogu se plaćati kombinovano: po obavljenoj usluzi i prospektivnim budžetom.

Osim toga, dom zdravlja može ugovarati higijensko-epidemiološke poslove sa jedinicom lokalne samouprave i drugim pravnim i fizičkim licima na svom području.

Contracting and provider payment mechanisms

In the interim period, community-based physical rehabilitation services and mental health services will be contracted by health centres.

Later on, community-based physical rehabilitation centres and mental health centres, as independent legal entities, will autonomously contract services falling within their scope of responsibility.

In both centres, health services falling within the scope of community-based physical rehabilitation centres and mental health centre may be paid through prospective budgeting.

Diagnostic services

Organisation

The following are services most frequently provided by health centres: biochemical - haematological, RTG and ultrasound.

In is necessary that all health centres in the Republic of Srpska assess their needs and economic cost-effectiveness of introduction, i. e. application of certain medical technologies.

Based on the final need assessment and cost-effectiveness of the introduction, i. e. application of medical technologies, diagnostic services, which are to remain within health centres, will serve as a technical support to everyday activities of family medicine teams.

Rural family medicine clinics, 10 or more kilometres from a health centre, may have equipment for common laboratory services.

Stomatološka služba

Organizacija

Postojeća stomatološka služba u domovima zdravlja treba da se transformiše u stomatološke ambulante za dječiju, preventivnu i opštu stomatologiju.

Opšta i specijalistička stomatologija treba u potpunosti biti orijentisana ka tržištu i, u tom smislu, doktorima stomatologije treba omogućiti zakup poslovnog prostora i opreme u okviru doma zdravlja, pod veoma jasnim i preciznim uslovima koji se definišu ugovorom,

Ugovaranje i mehanizmi plaćanja

Dječiju i preventivnu stomatologiju ugovara dom zdravlja, a može se plaćati kombinovano: prospektivnim budžetom i po programu (programi prevencije).

Snabdijevanje sigurnim, kvalitetnim i efikasnim lijekovima u PZZ

Organizacija

Propisivanje i obezbjeđivanje isplativih lijekova koji se koriste u prevenciji, kontroli i liječenju uobičajenih zdravstvenih problema, osnovna je uloga primarne zdravstvene zaštite, kako je definisano u deklaraciji Međunarodne konferencije o primarnoj zdravstvenoj zaštiti iz Alma Ate i reformskim strateškim dokumentima Republike Srpske.

Iako farmaceuti i farmaceutske usluge nisu sastavni dio tima porodične medicine, neophodna je njihova uključenost i saradnja kako bi se pacijentima obezbijedila sigurna, efikasna i optimalna terapija. Farmaceuti, kao

Contracting and provider payment mechanisms

Diagnostic services will be contracted by health centres and may be paid through a mix of capitation and prospective budget.

In rural family medicine clinics, diagnostic services will be contracted by family medicine teams and paid through capitation. In this case, certain adjustments of the family medicine team payment formula are needed.

Hygienic – epidemiological services

Organisation

It is necessary that all health centres in the Republic of Srpska assess their needs and cost-effectiveness related to the status and performance of the existing hygienic-epidemiological services.

Based on the final assessment of needs and proven cost-effectiveness, a "new" hygienic-epidemiological service will remain within the health centre.

Primary tasks of the "new" hygienic-epidemiological service will be enhancement and control of hygienic situation in the local community and epidemiological surveillance, preventive activities in terms of elimination of potential sources of infection, as well as control and eradication of communicable and mass non-communicable diseases.

Contracting and provider payment mechanisms

Hygienic-epidemiological services will be contracted by health centres and may be paid through a mix of fee-for-service payment and prospective budgeting.

In addition, health centres may contract hygienic-epidemiological services with a local self-governance

stručnjaci za lijekove, imaju nezaobilaznu ulogu u pružanju informacija i savjeta o lijekovima građanima i propisivačima lijekova, što jača korist od njihove upotrebe i čini propisivanje efikasnijim.

Kroz dijalog i saradnju sa lokalnim farmaceutima, timovi porodične medicine trebali bi da uspostave mehanizme koji će osigurati redovnu raspoloživost i isplativo snabdijevanje lijekovima koji su neophodni za liječenje uobičajenih i prioritetnih zdravstvenih problema.

Kako bi se ostvarila dobra praksa propisivanja i snabdijevanja lijekovima, zasnovana na dokazima, neophodna je kontinuirana edukacija farmaceuta i doktora primarne zdravstvene zaštite.

Apoteka je zdravstvena ustanova gdje se građani snabdijevaju i informišu o lijekovima, medicinskim sredstvima i ostalim neophodnim preparatima za liječenje i očuvanje zdravlja.

Cilj 7. Razvoj, testiranje i uvođenje novog ugovora i mehanizama plaćanja davalaca usluga

Ovo je jedan od ključnih ciljeva za održiv razvoj PZZ u Republici Srpskoj. Novi ugovor i novi mehanizmi plaćanja davalaca usluga treba da obezbijede stimulacije za poboljšanje efektivnosti, efikasnosti i kvaliteta u pružanju zdravstvenih usluga na nivou PZZ, i da smanje nepotrebno upućivanje konsultantima-specijalistima i u bolnice.

Da bi se ovaj cilj ostvario potrebno je:

- Definisati ciljeve koji se žele ostvariti kroz primjenu novog ugovora i mehanizama plaćanja,
- Dizajnirati novi ugovor i mehanizme plaćanja,
- Testirati novi ugovor i mehanizme plaćanja,

unit and other physical and legal entities in the area they cover.

Dental service

Organisation

The existing dental services in health centres need to be transformed into dental clinics for child, preventive and general dentistry.

General and specialist dentistry needs to be fully market-oriented and, to this end, dentists should be enabled to rent the health centre's premises and equipment under clear and precise terms to be stipulated in the agreement.

Under equal terms, all other branches of dentistry, such as oral surgery, prosthetics, and the like, need to be regulated by market mechanisms.

Contracting and provider payment mechanisms

Child and preventive dental services will be contracted by health centres and may be paid through a mix of prospective budget and in accordance with programmes (of prevention).

Provision of safe, quality and efficient medicines in PHC

Organisation

Prescribing and ensuring cost-effective medicines that are used in prevention, control and treatment of common health problems is the principle task of primary health care, as defined in the Alma Ata Declaration

- Vrednovati rezultate primjene novog ugovora i mehanizama plaćanja,
- Napraviti eventualne izmjene u testiranim ugovorima i mehanizmima plaćanja,
- Planirati i organizovati širenje novog ugovora i mehanizama plaćanja na cijelokupnu teritoriju Republike Srpske,
- Implementirati novi ugovor i mehanizme plaćanja na cijelokupnu teritoriju Republike Srpske.

Novi ugovor i mehanizmi plaćanja testiraće se u dva doma zdravlja i dvije opšte bolnice u okviru Projekta tehničke pomoći socijalnom osiguranju (SITAP).

Testiranje novih ugovora i mehanizama plaćanja davalaca usluga u PZZ nadogradilo bi iskustva stečena u okviru Projekta osnovno zdravstvo.

Cilj 8. Stvaranje adekvatnog profila zdravstvenih radnika

U cilju stvaranja odgovarajućeg profila zdravstvenih radnika u PZZ potrebno je izraditi sveobuhvatnu strategiju za ljudske resurse u zdravstvenom sistemu Republike Srpske, kako bi se model PZZ, fokusiran na porodičnu medicinu, proširio i učinio održivim, te osigurao optimalan broj i odgovarajuću strukturu zdravstvenih radnika u zdravstvenom sistemu Republike Srpske.

Strategija za ljudske resurse mora se izraditi na način kojim se iskazuje snažna podrška modelu porodične medicine u okviru svih institucionalnih i organizacionih nivoa zdravstvenog sistema.

Ova strategija mora definisati:

- Nedostatak, odnosno višak doktora, za svaku od medicinskih specijalnosti, odnosno sestara i ostalih zdravstvenih radnika;

and conforming to the reform strategic documents of the Republic of Srpska.

Although pharmacists and pharmaceutical services do not constitute the family medicine team, it will be necessary to ensure their involvement and cooperation in order to provide safe and efficient optimal therapy to patients. Pharmacists, as experts in medicines, have a crucial role in the provision of information and advice to the public and prescribers, which strengthens benefits from administration of medicines and renders prescribing more efficient.

Through a dialogue with local pharmacists, family medicine teams should establish mechanisms aimed at ensuring regular availability and cost-effective procurement of medicines that are necessary for treatment of common and priority health problems.

In order to attain good evidence-based prescribing and procurement practices, it will be necessary to ensure continuing education of pharmacists and primary health care doctors.

The pharmacy is a health institution where the public is provided with and informed about medicines, medical substances and other substances necessary for treatment of preservation of health.

Goal 7. Development, piloting and introduction of new contracting and provider payment mechanisms

This is one of the key goals for sustainable development of primary health care in the Republic of Srpska. New contracting and provider payment mechanisms should ensure incentives for improving efficiency, effec-

- Potreban broj doktora-specijalista porodične medicine;
- Potreban broj medicinskih sestara/tehničara porodične medicine;
- Potreban broj i strukturu drugih medicinskih specijalnosti;
- Potreban broj medicinskih sestara/tehničara i ostalih zdravstvenih radnika;
- Optimalan broj studenata fakulteta zdravstvenog usmjerenja;
- Optimalan broj učenika u srednjim medicinskim školama;
- Optimalan broj specijalizanata potrebnih za specijalizacije iz svih grana medicine, stomatologije i farmacije
- Način i finansijske stimulacije za prekvalifikaciju specijalista koji rade u PZZ;
- Način na koji bi se zdravstveni radnici privlačili i zadržavali da rade u ruralnim područjima.

U cilju izrade Strategije za ljudske resurse u zdravstvenom sistemu Republike Srpske, neophodno je uspostaviti saradnju između Ministarstva zdravlja i socijalne zaštite i Ministarstva prosvjete i kulture u svrhu boljeg planiranju i procesa odlučivanja u vezi sa politikom upisa u škole i fakultete zdravstvenog usmjerenja.

Cilj 9. Uvođenje i primjena standarda kvaliteta s ciljem unapređenja, osiguranja i kontrole kvaliteta

Licenciranje i akreditacija zdravstvenih radnika u PZZ predstavlja kritičnu komponentu, koja za cilj ima unapređenje, održavanje i osiguranje kvaliteta rada.

tiveness, efficacy and quality of service delivery at the PHC level, and reduce unnecessary referrals to consultants-specialists and hospitals.

In order to attain this goal, it will be necessary to:

- define objective to be attained through new form of contracting and payment mechanisms,
- design new contracts and payment mechanisms,
- pilot new contracts and payment mechanisms,
- evaluate results of the application of new contracting and payment mechanisms,
- Adjust, as necessary, piloted contracts and payment mechanisms,
- Plan and organise expansion of new contracting and payment mechanisms in the whole territory of the Republic of Srpska,
- implement the new contract and payment mechanisms in the whole territory of the Republic of Srpska,

The new contract and payment mechanisms will be piloted in two health centres and two general hospitals within the Social Insurance Technical Assistance Project.

Piloting of new contracts and provider payment mechanisms in primary health care would enrich the experiences gained within the Basic Health Project.

Goal 8. Building adequate profiles of health workers

With a view to creating adequate profiles of health workers in primary health care, it will be necessary to develop a comprehensive strategy for human resources in the health system of the Republic of Srpska, in order

Sastavni dio procesa akreditacije i re-akreditacije je i plan individualnog profesionalnog razvoja, kojim se utvrđuju potrebe za kontinuiranom medicinskom edukacijom, sa ciljem podsticanja zdravstvenih radnika u PZZ da proširuju svoja znanja i kompetencije.

Neophodno je da Komora doktora medicine izradi poseban pravilnik kojim bi se regulisalo licenciranje doktora - specijalista koji su završili dodatnu edukaciju iz porodične medicine.

Da bi se osiguralo pružanje usluga visokog kvaliteta, neophodno je izraditi dodatne vodiče za kliničku praksu u PZZ, zasnovanih na dokazima, koji će doprinijeti jačanju kontinuiteta zdravstvene zaštite.

Da bi se osigurala uspješna primjena vodiča, potrebno je:

- Revidirati program specijalizacije iz porodične medicine i dodatne edukacije, kako bi se u njih uključili vodiči za kliničku praksu;
- Ugraditi mehanizme plaćanja po učinku u ugovor za pružanje usluga u PZZ, čime bi se stimulisala upotreba vodiča za kliničku praksu i vodiča za promociju zdravlja i prevenciju bolesti;
- Uvesti kliničku reviziju primjene vodiča, kako bi se vrednovao uticaj vodiča na kliničku praksu;
- Razviti odgovarajuće pokazatelje i njihovu metriku, pomoću kojih će sistem praćenja i vrednovanja moći evidentirati informacije u oblastima za koje su vodiči izrađeni.

Ključnu ulogu u daljem razvoju, uvođenju, primjeni i kontroli standarda kvaliteta u PZZ imaće Agencija za akreditaciju i unapređenje kvaliteta zdravstvene zaštite.

for the family-based PHC model to be expanded and rendered sustainable, and to ensure an optimal number and adequate profile of health professionals in the health system of the Republic of Srpska.

The Human Resources Strategy must be developed so as to strongly demonstrate support to the family medicine model in the framework of all institutional and organisational levels of the health system.

This strategy must define:

- the lacking or excessive number of doctors in each of the medical specialities, as well as of nurses and other health workers;
- the required number of family medicine doctors;
- the required number of family medicine nurses/technicians;
- the required number and structure of other medical specialities;
- the required number of nurses/medical technicians and other health workers;
- the optimal number of students of schools of health vocation;
- the optimal number of students in secondary schools of medicine;
- the optimal number of residents as needed in each of the medical, dentistry and pharmaceutical branches;
- Manner and financial incentives for re-training of specialists working in primary health care;
- ways to attract health workers to work in rural areas and stimulate them to stay there;

With a view to developing the Strategy for human resources in the health system of the Republic of Srpska, it will be necessary to establish cooperation between

Cilj 10. Razvoj i primjena informacionog sistema

U cilju razvoja i implementacije informacionih i komunikacionih tehnologija u PZZ potrebno je izraditi sveobuhvatnu strategiju za razvoj zdravstvenog informacionog sistema Republike Srpske.

Osnov za razvoj informacionog sistema u PZZ je aplikativni softver za timove porodične medicine, koji je razvijen i testiran u domu zdravlja Laktaši u okviru projekta "Osnovno zdravstvo".

Aplikativni softver će omogućiti povećanje produktivnosti timova porodične medicine, stavljajući medicinske, administrativne i finansijske poslove, koje tim svakodnevno obavlja, u jednu aplikaciju, čime je omogućeno centralizovano zakazivanje pregleda, vođenje evidencija o opredijeljenim građanima, praćenje planiranih aktivnosti, materijalno-finansijsko poslovanje, kao i izvještavanje prema nadležnim institucijama.

Da bi se ovaj cilj ostvario potrebno je:

- Opremiti timove porodične medicine potrebnim hardverom i komunikacionom opremom;
- Izraditi i provesti program obuke za korišćenje softvera;
- Obezbijediti timovima i grupnim praksama porodične medicine profesionalnu i organizovanu podršku u vezi održavanja informacionog sistema;
- Razviti standarde za razmjenu, upravljanje i integraciju zdravstvenih podataka, čime će se omogućiti elektronska razmjena podataka.

the Ministry of Health and Social Welfare and the Ministry of Education and Culture with the purpose of better planning in the process of decision-making related to the enrolment policy of secondary schools and faculties of health vocation.

Goal 9. Introduction and application of quality standards with a view to quality enhancement, assurance and control

Licensing and accreditation of PHC health professionals constitutes a critical point, which is aimed at enhancement, sustainability and assurance of quality of performance.

An integral part of the accreditation and re-accreditation process is also the plan of individual professional development, whereby needs for continuing medical education are determined, with a view to stimulating PHC health professionals to expand their knowledge and competence.

It is necessary that the Chamber of Medical Doctors should develop a special rulebook regulating licensing of doctors - specialists who have undergone additional training in family medicine;

In order to ensure delivery of high quality services, it is necessary to develop additional evidence-based guidelines for clinical practice in primary health care, which will contribute to strengthening of health care continuity.

In order to ensure successful implementation of the guidelines, it is necessary

- to review the curricula of family medicine specialisation and PAT in order to incorporate clinical practice guidelines;

Cilj 11. Razvoj i implementacija sistema praćenja i vrednovanja

U cilju razvoja i primjene sistema praćenja i vrednovanja u PZZ, potrebno je izraditi sveobuhvatnu Strategiju za monitoring i evaluaciju zdravstvenog sistema Republike Srpske.

Razvoj i primjena sistema praćenja i vrednovanja zdravstvenog sistema Republike Srpske služiće za određivanje i praćenje aktivnosti/intervencija u zdravstvenom sistemu u smislu ostvarivanja željenih i planiranih ciljeva.

Ova Strategija predviđa da će organizacioni oblici PZZ kontinuirano prikupljati podatke za sistem praćenja i vrednovanja, na osnovu definisanih indikatora.

Sistem praćenja i vrednovanja funkcionisaće kao instrument nadležnih institucija za praćenje progresa kratkoročnih, srednjeročnih i dugoročnih ciljeva definisanih okvirima zdravstvenih politika, strategija, programa i projekata.

Ključnu ulogu u razvoju i implementaciji sistema praćenja i vrednovanja zdravstvenog sistema Republike Srpske imaće Institut za zaštitu zdravlja Republike Srpske.

Cilj 12. Jačanje učešća lokalne zajednice u obezbjeđivanju primarne zdravstvene zaštite

Za planiranje zdravstvene zaštite, osim što je bitno da znamo obilježja stanovništva, strukturu populacije u lokalnoj zajednici, njeno zdravstveno stanje, starosne populacione grupe, bitno je poznavati uticaj lokalne zajednice na zdravlje stanovništva, rad i zapošljavanje, socijalni status, životnu sredinu, loše navike i rizična pona-

- to incorporate performance-based payment mechanisms into PHC service delivery contracts, which would stimulate the application of clinical practice guidelines and health promotion and disease prevention;
- Introduce clinical revision of the guidelines' application in order to evaluate the effects on clinical practice;
- to develop adequate indicators and related measuring in order for the monitoring and evaluation systems to record information in the area covered by the guidelines.

The key function in further development, introduction, implementation and control of quality standards in primary health care will be vested with the Agency for accreditation and improvement of health care quality.

Goal 10. Development and implementation of the information system

With a view to development and implementation of IT technologies in primary health care, it is necessary to develop a comprehensive strategy for development of the health information system of the Republic of Srpska.

The foundation for development of the PHC information system is the family medicine team software application, which has been produced and piloted in the Health Centre Laktasi within the Basic Health Project.

The software application will bring about increased productivity of family medicine teams, aggregating everyday medical, administrative and financial tasks into one application, which will enable centralised appointing

šanja. Stoga je potrebno uskladiti sve sektore u lokalnoj zajednici sa sektorom zdravstva, posebno primarnom zdravstvenom zaštitom (opštinske službe, socijalne službe, obrazovanje, vodosnabdijevanje, životna sredina, razna udruženja)

Iz svega gorenavedenog, uloga opština kao i ostalih navedenih službi moraće se definisati u svjetlu novih organizacijskih struktura davalaca usluga u primarnoj zdravstvenoj zaštiti.

- Opštinama bi se trebalo omogućiti da finansiraju zdravstvene usluge na nivou PZZ. Opštine bi tako mogle postati finansijeri, čime bi se ojačala PZZ
- Opštine moraju razviti i unaprijediti određeni broj funkcija koje podrazumijevaju:
  - Podsticanje kvaliteta usluga u primarnoj zdravstvenoj zaštiti;
  - Osiguravanje finansiranja infrastrukture, kapitalnih troškova i troškova iznajmljivanja prostorija za smještaj službi PZZ
  - Sufinansiranje službi u zajednici (centri za fizikalnu rehabilitaciju i centri za mentalno zdravlje) i hitne medicinske pomoći
  - Omogućiti razvijanje i održavanje osnovnih funkcija javnog zdravstva
- Angažovanje građana i civilnog društva je od posebne važnosti za uspostavljanje uravnoteženog sistema njihovih prava, te za istovremeno podsticanje boljeg razumijevanja obaveza i dužnosti. Ovakav vid uključivanja građana i civilnog društva osiguraće se kroz opštinske zdravstvene savjete koje čine predstavnici opštine, PZZ i građani, razne volonterske grupe i udruženja pacijenata

of consultations, registration of patients, monitoring of planned activities, material - financial operations, as well as reporting to competent institutions.

In order to attain this goal, it will be necessary to:

- equip family medicine teams with necessary hardware and communication equipment;
- develop and implement a training programme for software application;
- provide professional and organised support to family medicine teams and shared practices in relation to maintenance of the information system;
- to develop standards for exchange, management and integration of health data, which will enable an electronic exchange of data.

Goal 11. Development and implementation of the information system

With a view to development and implementation of the monitoring and evaluation system in primary health care, it will be necessary to develop a comprehensive strategy for monitoring and evaluation of the health system of the Republic of Srpska.

Development and implementation of monitoring and evaluation of the health system of the Republic of Srpska will serve to identify and monitor activities/interventions in the health system in terms of attaining desired and projected goals.

This Strategy foresees that PHC organisational forms will, on a continuous basis, collect data for the monitoring and evaluation system following the established indicators.

- Uključivanje lokalne zajednice u definisanje prioriteta u razvoju PZZ na lokalnom području u skladu sa potrebama lokalne zajednice

Dom zdravlja u reformisanoj primarnoj zdravstvenoj zaštiti

Vizija

Dom zdravlja će, u reformisanoj PZZ, biti zdravstvena ustanova odgovorna za zdravstveno stanje stanovništva na području koje pokriva i koja koordinira sve organizacije i pojedince u planiranju, organizaciji, pružanju i kontroli PZZ, uz korišćenje svih raspoloživih resursa na lokalnom nivou.

Dom zdravlja biće zdravstvena ustanova u kojoj su zaštita i unapređenje zdravlja građana i poboljšanje kvaliteta njihovog života na prvom mjestu.

Misija

Dom zdravlja biće zdravstvena ustanova koja će planirati, organizovati i pružati stanovništvu određenog područja, dostupnu, efikasnu, isplativu i visokokvalitetnu primarnu zdravstvenu zaštitu koja se zasniva na modelu porodične medicine.

Zadaci

Dom zdravlja:

- Prati, istražuje i analizira zdravstveno stanje na području lokalne zajednice;

The monitoring and evaluation system will act as a tool for competent institutions for monitoring the progress of short-, medium- and long-term activities as defined in the framework of health policies, strategies, programmes and projects.

The key function in development and implementation of the health care monitoring and evaluation system of the Republic of Srpska will be vested with the Public Health Institute of the Republic of Srpska.

Goal 12. Strengthening the involvement of the local community in ensuring primary health care

With regard to health care planning and in addition to the characteristics of the population, the structure of the population in the local community, its health status, age groups, it is necessary to know in what ways the community affects health of the population, such as labour and employment, social status, environment, bad habits and risky behaviour. Therefore, it will be necessary to coordinate all sectors of the local community with the health sector, particularly primary health care.(municipal services, social services, education, water supply, environment, various associations and unions).

Given the above, the role of municipalities and the afore mentioned services will have to be defined in light of new organisational structures of health care providers in primary health care.

- Municipalities should be enabled to finance health services at the PHC level. Thus, municipalities could be transformed into financiers strengthening primary health care.

- Prati, istražuje i analizira uticaj spoljnih faktora na zdravlje stanovništva na području lokalne zajednice;
- Definiše i planira strateške ciljeve, prioritete i aktivnosti za razvoj PZZ na području lokalne zajednice;
- Ocjeljuje stepen ostvarenja strateških ciljeva i preduzima, eventualne, korektivne mjere i aktivnosti;
- Planira, organizuje i pruža usluge PZZ u skladu sa procijenjenim potrebama i zdravstvenim stanjem lokalne zajednice;
- Planira ljudske resurse za PZZ na području lokalne zajednice;
- Podržava kontinuiranu i koordiniranu zdravstvenu zaštitu;
- Organizuje i kontroliše primjenu standarda kvaliteta u PZZ;
- Koordinira rad timova porodične medicine na području lokalne zajednice;
- Obezbjeđuje logističku podršku timovima porodične medicine;
- Obezbjeđuje snabdijevanje ampuliranim lijekovima, sanitetskim materijalom i medicinskim sredstvima neophodnim za rad domova zdravlja
- Obezbjeđuje osnovnu administrativnu podršku timovima porodične medicine;
- Ocjenjuje rad timova porodične medicine;
- Vrednuje učinak implementacije programa promocije zdravlja i prevencije bolesti na poboljšanje zdravstvenog stanja na području lokalne zajednice;

- Municipalities must develop and improve a number of functions that entail the following:
  - Providing incentives for provided quality services in primary health care
  - Ensuring financing of the infrastructure, capital costs and rent for premises accommodating PHC services
  - co-financing of community-based services (CBRs for physical rehabilitation and mental health) and ER
  - Ensuring all fundamental functions of public health
- Involvement of the public and civic society is of crucial importance for establishing a balanced system of their rights, as well as for better understanding of their obligations and duties on their side. Such an aspect of involvement of the public and civic society will be ensured through municipal health councils, which consist of the representatives of the municipality, PHC and citizens, various voluntary groups and associations of patients.
- Involvement of the local community in defining priorities in PHC development in the local area in line with the needs of the local community.

Health centre in reformed primary health care

Vision

In reformed primary health care, the Health Centre will be a health institution responsible for the health

- Definiše, razvija i predlaže programe prevencije bolesti čija bi primjena imala veliki učinak na poboljšanje zdravstvenog stanja na području lokalne zajednice;
- Koordinira sve organizacije i pojedince koji na direktan ili indirektan način učestvuju u obezbjeđivanju i pružanju PZZ;
- Podržava izvođenje teoretske i praktične nastave iz programa specijalizacije iz porodične medicine;
- Planira i organizuje kontinuiranu medicinsku edukaciju i kontinuirano profesionalno usavršavanje;
- Podržava naučno-istraživački rad u PZZ;
- Komunicira i upoznaje stanovništvo sa važnim pitanjima zdravlja i zdravstvenog stanja lokalne zajednice;
- Uključuje lokalnu zajednicu u definisanje prioriteta za razvoj PZZ na lokalnom području;
- Uključuje lokalnu zajednicu u finansiranje prioritetnih programa i projekata koji se ne finansiraju sa nivoa Republike Srpske, a koji imaju veliki značaj za lokalnu zajednicu;
- Obezbjeđuje centralizovano upravljanje medicinskom, materijalno-finansijskom i drugom dokumentacijom;
- Prikuplja, obrađuje i čuva podatke iz oblasti rada u zdravstvu i podatke o zdravstvenom stanju stanovništva;
- Dostavlja propisane izvještaje nadležnim institucijama;
- Obezbjeđuje hitan sanitetski prevoz;

status of the population in the area it covers, which will coordinate all organisations and individuals in planning, organisation, delivery and control of primary health care using all available resources at the local level.

The Health Centre will be a health institution where health care and better health of people as well as enhancement of the quality of their lives will be the core priority.

Mission

The Health Centre will be a health institution that will plan, organise and deliver accessible, efficient, cost-effective and high quality health care based on the family medicine model to the population of the given area.

Tasks

Health centre is to:

- monitor, research and analyse the health status of the local community in its area of living;
- monitor, study and analyse the effects of external factors on the health of the local community in its area of living;
- define and plan strategic goals, priorities and activities for PHC development in the local community;
- evaluate the level of attainment of strategic goals and undertake possible corrective measures and activities;
- plan, organise and deliver PHC services in line with the estimated needs and health status of the local community;

- Održava infrastrukturu, objekte i medicinsku opremu;
- Upravlja svim ostalim djelatnostima u svom sastavu.

Dom zdravlja će biti temelj zdravstvenog sistema i polazna osnova objedinjene zdravstvene zaštite.

- plan PHC human resources in the local community;
- support continuous and coordinated health care;
- organise and control the application of PHC quality standards;
- coordinate the work of family medicine teams in the local community;
- provide logistical support to family medicine teams;
- procure ampouled medicines, medical supplies and medical substances that are necessary for the of health centres
- provide basic administrative support to family medicine teams;
- evaluate the performance of family medicine teams;
- evaluate the effects of promotive and preventive programmes on the improvement of health of the local community;
- define, develop and propose preventive programmes, whose implementation would significantly affect the improvement of the health status of the local community;
- coordinate all organisations and individuals who, either directly or indirectly, participate in PHC provision and delivery;
- support theoretical and practical training sessions related to family medicine specialisation curricula;
- plan and organise continuing medical education and professional advancement;

- support scientific and research work in primary health care;
- communicate with and informs the population on important health issues and status of the local community;
- Involve the local community in defining priorities concerning PHC development in the local area;
- involve the local community in financing of priority programmes and projects that are not financed from the RS level, which are of high importance for the local community;
- ensures centralised management of medical, material – financial and other documentation;
- collect, process and store data related to health work and data on the health status of the population;
- submit required reports to competent institutions;
- provide emergency transportation;
- maintain the infrastructure, facilities and medical equipment;
- manage other activities under its competence.

The health centre will be the foundation of the health system and a starting basis of integrated health care.

Strategija primarne zdravstvene zaštite
Radna grupa projekta EU/WHO
"Podrška reformi zdravstvene zaštite
u Bosni i Hercegovini" 2004-2006

Izdavač
Ministarstvo zdravlja i socijalne zaštite
Republike Srpske

Tiraž / Izdanje
1000 / III izdanje

Mjesto i godina izdavanja
Banja Luka
2008

Dizajn i štampa
CGM design
Banja Luka

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