



Health system performance assessment – Integrated Care Assessment (20157303 HSPA)

Health system fiche | Bulgaria



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Population size (thousands): 7,178 (State of Health in the EU, Bulgaria, 2017)¹

Population density: 66.2 inhabitants / km² (Eurostat, 2015)²

Life expectancy: 74.7 years (State of Health in the EU, Bulgaria, 2017)

Fertility rate: 1.5 births / woman (State of Health in the EU, Bulgaria, 2017)

Mortality rate: 14.5 deaths / 1,000 people (Central Intelligence Agency, 2017)³

Total health expenditure: 8.2% (State of Health in the EU, Bulgaria, 2017)

Health financing: government schemes (8.8%), compulsory contributory social health insurance schemes and compulsory medical saving accounts (44.2%), voluntary health insurance schemes (0.3%), financing schemes of non-profit institutions serving households (0.5%), enterprise financing schemes (0.4%), household out-of-pocket payments (45.8%) (Eurostat, 2015)⁴

Top causes of death: circulatory diseases, malignant neoplasms, and ischaemic heart diseases (State of Health in the EU, Bulgaria, 2017)

The Bulgarian healthcare system

The Bulgarian health system is based on an insurance model consisting of a centralised, compulsory SHI (statutory health insurance) and VHI (voluntary health insurance). SHI is administered by a single payer, the National Health Insurance Fund (NHIF), while VHI is solely provided by for-profit, joint-stock companies, and only makes up 0.3% of health financing (Eurostat, 2015b). The SHI/VHI insurance system covers diagnostic, treatment and rehabilitation services as well as medication for the insured individuals. However, an estimated 12% of the population cannot afford SHI coverage, and have lost their coverage. Moreover, an extremely high proportion of the health expenditure (48%), comes from out-of-pocket payments, which has significant implications on the accessibility of healthcare (European Commission, 2017c).

With regard to allocation of healthcare funding, the National Revenue Agency is in charge of pooling funds for both the central budget and the NHIF – it allocates tax revenue directly to the government agencies' accounts; the amount of funds distributed to each agency or sector depends on the approved budgets (European Commission, 2017c). In terms of healthcare organisation, the Ministry of Health is responsible for the overall organisation and functioning of the health system and national health policy, and further coordinates with all ministries regarding public health (European Commission, 2017c). In Bulgaria, healthcare providers are autonomous self-governing organisations: the private sector encompasses all primary medical and dental care, and the pharmaceutical sector most of the specialised outpatient care and some hospitals (European Commission, 2017c).

Integrated care policies

The majority of integrated care policies in Bulgaria originate from the social sphere, and are based on the Law on Social Support and the strategies and projects of the Ministry of

¹ https://ec.europa.eu/health/sites/health/files/state/docs/chp_bulgaria_english.pdf

² Population data, Eurostat <http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tps00003&plugin=1>

³ <https://www.cia.gov/library/publications/the-world-factbook/fields/2066.html>

⁴ http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_sha|l_hf&lang=en

Labour and Social Policy. These strategies and projects include but are not limited to the following:

- *National Strategy for Long Term Care*,⁵ which aims at integrating social and health services for elderly people and people with disabilities;
- *National Strategy for the Child (2008–2018)*,⁶ which proposes measures for integration of institutional services, including health and social care integrated care interventions;
- *The National Concept for Promotion of Active Ageing (2012–2030)*,⁷ which aims at improving the quality of life and access to services for social inclusion in response to complex needs, including health needs, of disabled and elderly people in need of health and social support.

Moreover, the expression 'integration of health and social care' was introduced in Bulgaria by law for the first time in 2015, through changes in the Law on Health and the Law on Healthcare Establishments. The **Law on Health** introduced integrated health and social services as 'activities through which medical professionals and specialists in the field of social services provide healthcare and medical supervision and carry out social work'. The **Law on Healthcare Establishments** introduced a new type of healthcare establishment and healthcare activity, respectively: (i) centres for complex services to children with disabilities and chronic diseases; and (ii) integrated health and social services, which the healthcare establishments can perform.

Implementation of integrated care in Bulgaria: initiatives in Sofia

- *Caritas Home Care for Elderly People*,⁸ which looks to provide integrated health and social services at home for elderly people;
- *HISPA Center*,⁹ which aims to identify, diagnose, treat and monitor patients at high risk of cardiovascular disease in an efficient and timely manner.

Assessment of the maturity of the health system

Maturity Model – Sofia (Bulgaria)	
Readiness to Change to enable more Integrated Care	
Self-assessment	2 – Dialogue and consensus-building underway; plan being developed
Justification	There is a strategic alliance with the Ministry of Health and Social Policy to implement integrated care at national level. There are policies about this but no specific legislation to implement integrated care.

⁵ A detailed description of this integrated care strategy is available at <http://www.strategy.bg/StrategicDocuments/View.aspx?lang=bg-BG&Id=882>

⁶ A detailed description of this integrated care strategy is available at <http://sacp.government.bg/bg/za-agencyata/politiki/strategii-i-programi/>

⁷ A detailed description of this integrated care policy is available at <http://www.strategy.bg/StrategicDocuments/View.aspx?lang=bg-BG&Id=764>

⁸ A detailed description of this integrated care intervention is available at <http://caritas.bg/our-campaign/caritas-home-care/home-care-support/item/2979-homecare?lang=bg#%D0%B7%D0%B0%D1%89%D0%BE>

⁹ A detailed description of this integrated care intervention is available at <http://alexandrovska.com/display.php?bg/%D0%90%D0%BA%D1%82%D1%83%D0%B0%D0%BB%D0%BD%D0%BE/3520>

Structure & Governance	
Self-assessment	1 – Recognition of the need for structural and governance change
Justification	The justification above applies to this domain as well. A pilot project to integrate health and social care has been implemented in Sofia (as part of the BeyondSilos ¹⁰ programme), financed with EU structural funds. The project finished in February 2017 and to continue it needs to be part of a national health insurance system to provide funding. Short-term and long-term pathways have been developed as part of the pilot. The best way forward would be to include these pathways in the coverage of the national health insurance system.
Information & eHealth Services	
Self-assessment	1 – ICT and eHealth services to support integrated care are being piloted
Justification	Technology applied in the pilot project included blood pressure meters with Bluetooth technology, temperature control with smartphone application and access to a web portal. Although including these technological advancements helped in the success of the project, it is important to first achieve integration even without ICT. Nationally we are lagging behind with ICT and eHealth.
Finance & Funding	
Self-assessment	1 – Funding is available but mainly for the pilot projects and testing
Justification	There are some opportunities for funding through structural funds for the municipalities but they finish in 2020. Not aware of other lines of funding available at national level.
Standardisation & Simplification	
Self-assessment	1 – Discussion on the necessity for ICT to support integrated care and of any standards associated with that ICT
Justification	Not aware this is happening outside the pilot project in Sofia; there seem to be no plans at national level.
Removal of Inhibitors	
Self-assessment	1 – Awareness of inhibitors but no systematic approach to their management is in place
Justification	Through the pilot project it has been noticed that GPs, while key players, are reluctant to change and take on what they consider an extra workload. It is difficult to recruit GPs for this type of initiative. Nurses and social workers are amenable to change and have generally embraced the use of ICT systems.
Population Approach	
Self-assessment	1 – A population risk approach is applied to integrated care services but not yet systematically or to the full population
Justification	This is available to health and social services only for five municipalities at the moment. The need is recognised but there is no system in place to extend it to the general population.
Citizen Empowerment	
Self-assessment	2 – Citizen empowerment is recognised as an important part of integrated care provision; effective policies to support citizen empowerment are in place but citizens do not have access to health information and health data
Justification	There is an expectation that electronic health records will be made available in the future, but there are no firm plans as yet to do so. There is a new government and the new health minister (Kiril Ananiev, 2017) has promised to implement electronic health records in two years, but there is uncertainty whether this will be possible in such a short timeframe. The patients in the

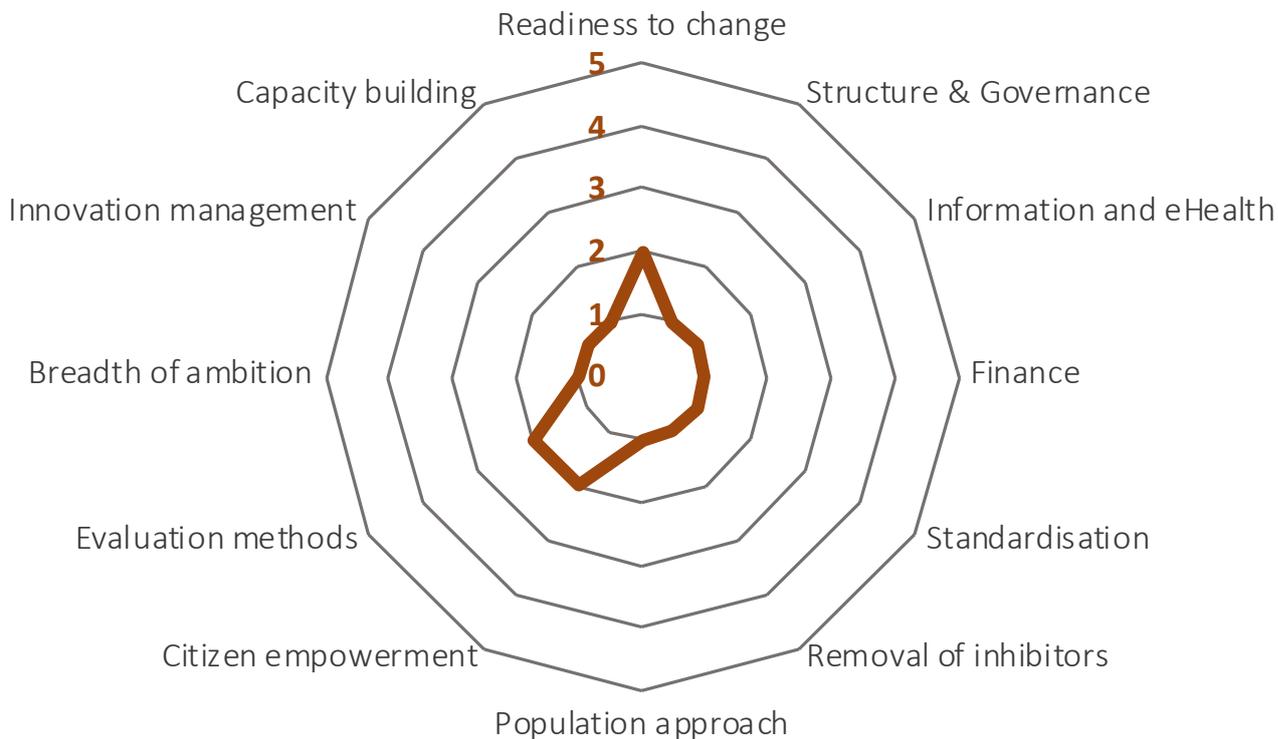
¹⁰ See <http://beyondsilos.eu/pilots/sofia-bulgaria.html>

	pilot project (around 50 people) are very pleased with the care they received according to satisfaction questionnaires (extra services and technology).
Evaluation Methods	
Self-assessment	2 – Evaluation of integrated care services is planned to take place and be established as part of a systematic approach
Justification	There are evaluation plans in place as part of the pilot project and in municipalities receiving structural funds.
Breadth of Ambition	
Self-assessment	1 – The citizen or their family may need to act as the integrator of service in an unpredictable way
Justification	As part of the pilot, it was found out that informal carers (family, friends and neighbours) play an important role as integrators of services.
Innovation Management	
Self-assessment	1 – Innovation is encouraged but there is no overall plan
Justification	The score is considered to be self-explanatory.
Capacity Building	
Self-assessment	1 – Some systematic approaches to capacity building for integrated care services are in place
Justification	<i>N.B. The stakeholder was not confident on providing a clear justification for this domain</i>

The implementation of integrated care at national level is in its early stages. Where integration of health and social care has taken place, for example a pilot project (i.e. Beyond Silos¹¹) in Sofia, the results have been positive. It has been noted that for scaling up and expanding the implementation of integrated care, new and more ambitious funding is needed, as well as the political will to do it. The Beyond Silos project has been financed with European structural funds. The need for implementing more integrated care is recognised by the government in its policies and there are plans, or at least intentions, to bring it forward, although these are still at the early stages.

¹¹ See <http://beyondsilos.eu/pilots/sofia-bulgaria.html> for more information

Bulgaria | Sofia



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