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R95 *Russian Economy in 2019. Trends and outlooks. (Issue 41) /* ***[V. Mau et al; scientific editing by Kudrin A.L., Doctor of sciences (economics), Radygin A.D., Doctor of sciences (economics), Sinelnikov-Murylev S.G., Doctor of sciences (economics)]; Gaidar Institute. – Moscow: Gaidar Institute Publishers, 2020. – 596 pp.: illust.***

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The review "Russian Economy. Trends and Outlooks" has been published by the Gaidar Institute since 1991. This is the 41th issue. This publication provides a detailed analysis of main trends in Russian economy, global trends in social and economic development. The paper contains 6 big sections that highlight different aspects of Russia's economic development, which allow to monitor all angles of ongoing events over a prolonged period: global economic and political challenges and national responses, economic growth and economic crisis; the monetary and budget spheres; financial markets and institutions; the real sector; social sphere; institutional changes. The paper employs a huge mass of statistical data that forms the basis of original computation and numerous charts confirming the conclusions.

By contrast to the previous publications the present issue includes also a short analysis of the first three months of 2020 from the perspective of the COVID-19 pandemic impact on the Russian economy development.

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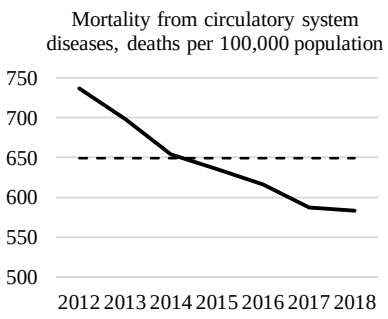
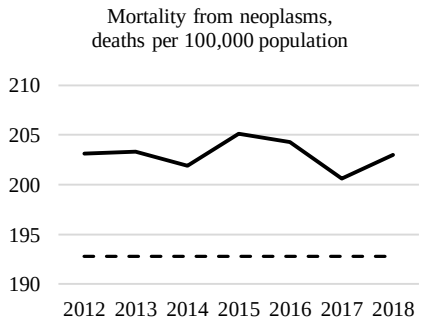
5.8. The creation of a unified national health system [1]

In many ways, the year 2019 was supposed to be a watershed for Russia's healthcare system. This was the final year of the ambitious six-year program set forth in the May 2012 Executive Orders of the President, to be followed by even more substantial transformations under the new national project 'Healthcare'. Meanwhile, the burgeoning unified national health system was continually evolving, its goal being to provide the entire nation with guaranteed equal rights to medical care.

5.8.1. The outcome of the implementation of the May 2012 executive orders of the President

The majority of targets set in the May Executive Order that addressed the health care system and directly aimed at improving the health of the people, were achieved within the first few years of its implementation. One exception was the neoplasm mortality rate, including deaths from malignant neoplasms, where even a moderate but steady downward trend could not be achieved (*Fig. 45*).





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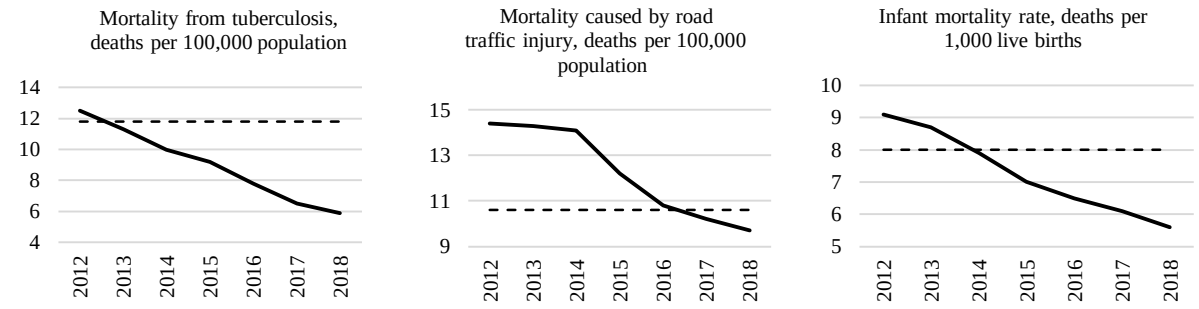

Note. The dotted line indicates the targets for 2018.

Fig. 45. Reduction in mortality from key causes, 2012–2018

The failure to reduce mortality from neoplasms can be explained by both the weakness of the specialized medical service and the objective rise in oncological morbidity alongside the declining rates of mortality from other causes (primarily from diseases of the circulatory system) and the increased life expectancy, which is a characteristic feature of all developed countries. Nevertheless, the lack of positive results in this area probably played a significant role in determining the priorities of the new national project.

The instruction to raise the salaries of medical workers, those of medical doctors to 200%, and those of secondary and junior medical personnel to 100% of the average salary for a given region, turned out to be less successful. According to official data, as of year beginning 2019, the established targets had been achieved, or nearly achieved, by the majority of subjects of the Russian Federation.[1] However, in many cases, these results were not backed by adequate financing and could be achieved only on a temporary basis, by reducing the number of employees[2] and by redistributing in favor of salaries the funds earmarked for some other expenditures.[3] The relaxation of control led to a rapid decline of the salary level below its target. According to our calculations based on the year-end results of 2019, the ratio of medical worker salaries moved beyond the target values (with due regard for the permissible deviation of 5 percentage points):[4]

– according to our estimates, the salaries of medical doctors are lower than 95% of the national economy's average in 11 of 85 subjects of the Russian Federation (in 2018, there

[1] Results of federal statistical monitoring of the remuneration levels of certain categories of employees in the social sphere and the science sector over January - December 2018. URL: http://www.gks.ru/free_doc/new_site/population/trud/itog_monitor/itog-monitor06-18.html.

[2] *Lopatina, M., Lyashok, V.* Implementation of the May 2012 Executive Orders of the President: the consequences for the public sector // Monitoring of Russia's economic outlook. No 15 (76). P. 19–24.

[3] *Nevinnaya, I.* The salary of doctors amounted to 80% of the budget of medical organizations // The Russian Newspaper. 2017. URL: https://rg.ru/2017/11/10/zarplata-vrachej-sostavila-80-procentov-biudzheta-medicinskih-organizacij.html.

[4] By the time of writing this section, Rosstat had published data on the average salaries of medical doctors, and secondary and junior medical personnel across subjects of the Russian Federation for January – December 2019; the information on the average monthly charged salary of the personnel employed by organizations, individual entrepreneurs, and individuals will become available only by April 15, 2020. The preliminary forecast values were calculated on the basis of the assumption that in each region, the ratio between the salaries of all personnel employed by organizations, individual entrepreneurs, and individuals and the salaries of all employees in all categories of organizations will remain at the level of 2018.

were 5 such regions), and a decline in the ratio between the salaries of medical doctors and the average salary for a given region's economy is possible in 60 subjects of the Russian Federation;

- the salaries of secondary medical personnel are lower than 95% of the national economy's average in 2 subjects of the Russian Federation (in 2018, there were no such regions), and a decline in the ratio between the salaries of this category of workers and the average salary for a given region's economy is possible in 57 regions;
- the salaries of junior medical personnel are lower than 95% of the national economy's average in 26 subjects of the Russian Federation (in 2018, this was the case in 4 subjects of the Russian Federation), and a decline in the ratio between the salaries of this category of workers and the average salary for a given region's economy is possible in 75 regions.

An obvious sign of the deteriorating situation were the large-scale protests of medical doctors employed by state hospitals, who were complaining of their unacceptably low salaries. In its turn, the RF Ministry of Health insists that the healthcare sector's resources are sufficient for the declared salary level, and attributes the existing unsatisfactory state of affairs solely to the unsubstantiated differentiation in the levels of remuneration. As a measure designed to eliminate the possibility of violations, a new industry-wide remuneration system has been suggested, which will strictly regulate the structure and size of healthcare worker salaries. During the first phase of reform, which is to be launched in 2020, it is planned to limit the possibilities for salary differentiation by cutting the variable salary component, and to guarantee a minimum salary for the key categories of healthcare workers. According to the estimates released by the RF Ministry of Health, these measures will make it possible to reduce the differences in the salary levels of healthcare workers with comparable labor inputs (position, qualification, standard working hours) from the current ratio of 7–9 times[1] to 1.2–1.3 times, solely by redistributing the available resources inside the system, without any additional financing.[2]

It was suggested that the minimum standard for the guaranteed part of salary could be set at 55% of total salary; from 2015, it was established as the recommended norm.[3] In 2019, in the majority of territories, the guaranteed minimum amounted to 40–50% of salary, in 10 subjects of the Russian Federation it was above 50%, and in 4 regions it was at the level of 20–30%.[4] Simultaneously with the mandatory minimum salary, unified lists of incentives and compensations will be introduced, where the amounts of these payments and the grounds for their assignation will be specified.

To prevent the risk of only a formal salary raise, which could be introduced simultaneously with cuts on incentive payments, it is planned that the guaranteed total amount of earnings should be introduced gradually. The RF Ministry of Health suggests that during the first phase of reform, the ratio between the salaries of key categories of healthcare workers and the national

[1] Minister Veronika Skvortsova held a live broadcast with the people. RF Ministry of Health, 2019. URL: https://www.rosminzdrav.ru/news/2019/09/13/12480-ministr-veronika-skvortsova-provela-pryamoy-efir-s-naseleniem.

[2] Meeting on the issues of primary health care modernization. August 20, 2019. URL: http://kremlin.ru/events/president/transcripts/61340.

[3] Uniform guidelines for the introduction, at the federal, regional and local levels, of the systems of remuneration of the employees of state and municipal institutions for 2015 (approved by decision of the Russian tripartite commission for the regulation of social and labor relations, as of December 24, 2014, Minutes No. 11).

[4] Meeting on the issues of primary health care modernization. August 20, 2019. URL: http://kremlin.ru/events/president/transcripts/61340.

economy's average should be fixed at 170% for primary care medical doctors and narrow medical specialists, at 200% for medical doctors in the emergency care system, at 70% for primary care nurses, and at 120% for paramedics who perform some functions of a medical doctor (in all cases, at a second-job pay rate of 1.2).[1]

The joint implementation of both measures should guarantee to these categories of healthcare workers their minimum and average salary levels. It is expected that this will ensure an acceptable level of income for young and experienced professionals alike. However, the Russian government has already declared that an attempt to establish minimum salary standards for certain categories of healthcare workers can be viewed as discrimination in their remuneration levels, which is prohibited by law. In addition, in its commentary on the relevant draft law, the government pointed out that in order to actually implement this proposal, some additional budget allocations would be required.[2]

Even if a proper solution to these problems should be found, the impact of the new remuneration system on the healthcare sector may be controversial. The imposition of constraints on the size of incentive payments can reduce the motivation of healthcare workers and lead to an outflow of the best-qualified specialists from the public healthcare sector. It appears that a more effective long-run approach would be to create the incentives for head physicians to optimize their healthcare institutions, the necessary condition for such optimization being a strengthened control over the volume and quality of medical care.

5.8.2. The launch of the national project 'Healthcare'

The relative success of the May 2012 package of Executive Orders of the President served as an impetus for the adoption of a new, more extensive healthcare system development program for the next six years. By Executive Order of the President of the Russian Federation No. 204 dated May 7, 2018 'On National Goals and Strategic Objectives of the Russian Federation through to 2024', the healthcare system not only was assigned a new set of mortality reduction targets, but also a number of tasks concerning the transformation of its structure. The national project 'Healthcare' represents the largest investment in the healthcare sector since the regional health modernization programs implemented in 2011–2013. *Fig. 46* shows Russia's current consolidated budget expenditures earmarked for healthcare in real 2020 prices, with due regard for the national project implementation, as well as the initial trend laid down in the main directions of fiscal policy for 2018–2020, which were prepared by the Russian Ministry of Finance in 2017, prior to the announcement of the forthcoming launch of national projects.

Much of the additional allocations will be earmarked for the fight against cancer – 62% of the total budget projection, including 48.3% for the provision of medical care in accordance with clinical recommendations.[3] The exceptionally high priority given to the oncological service can be explained by the fact that malignant neoplasms represent the only cause of death among the other leading causes of death in regard of which no stable survival statistics improvement could be achieved so far.

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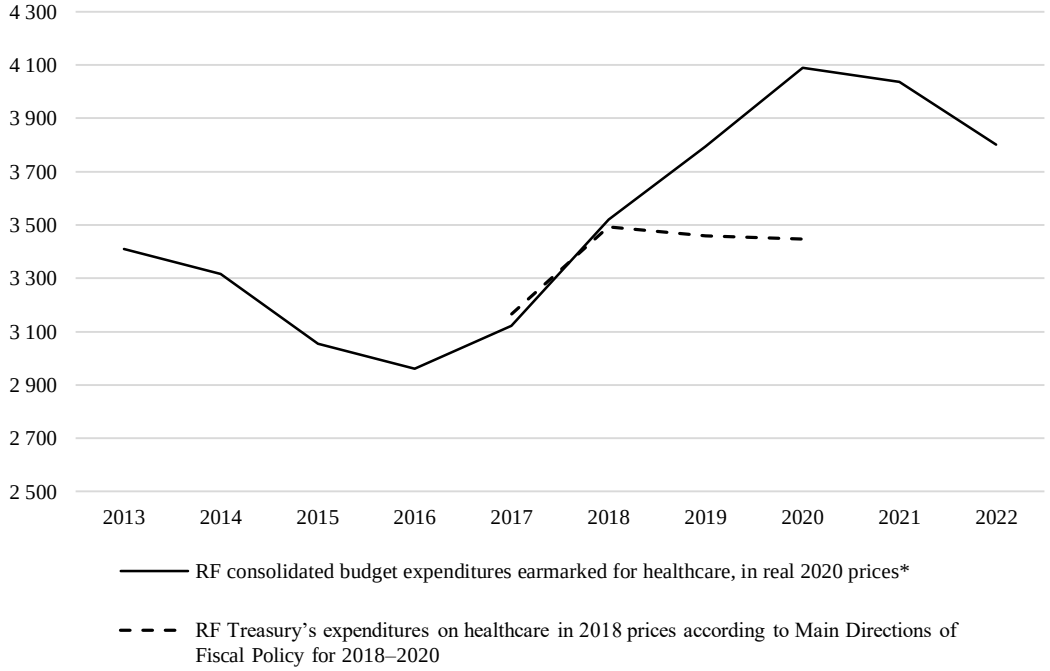
[1] Ibid.

[2] Draft Law No 898575-7 'On the introduction of amendments to the Labor Code of the Russian Federation in the part of establishing the minimum salary for certain categories of medical personnel'.

[3] Certificate of the National Project 'Healthcare', approved by the Presidential Council for Strategic Development and National Projects (Protocol No 16 dated December 24, 2018); Certificate of the Federal Project 'The Combat against Oncological Diseases' (approved in the summary record of the meeting of the Project Committee on the National Project 'Healthcare' No 3 dated December 14, 2018).

The measures that involve altering the medical care tariffs in the field of oncology so as to make them consistent with the actual needs of the oncology branch of the healthcare system can be viewed as a pilot project, and the payment mechanism thus tested can later be implemented in the treatment of other relevant diseases. The previous medical care tariff model based on the actual costs of medical institutions, in spite of some obvious advantages (its simplicity and reliance on easily accessible source data), has two important limitations:

– the actual costs of medical institutions, in fact, depended on the medical care tariffs (it was impossible to spend more money than had actually been allocated);
– the cases with clinical similarities within one diagnosis-related group may vary significantly by the cost of treatment, which was, and still is, determined by the specific therapy administered in each particular case.



* Prior to 2018 – the graph is based on data released by the RF Treasury, adjusted by the established medical insurance contribution coefficients for non-working population; for the period 2019–2022, it is based on data provided in the Main Directions of the Budget, Tax and Customs Tariff Policy for 2020–2022.
** Adjusted by the established medical insurance contribution coefficients for non-working population.

Fig. 46. The RF consolidated budget expenditures earmarked for healthcare, 2013–2022, billions of rubles

Source: own calculations based on data released by the RF Treasury[1], and on data provided in the Main Directions of the Budget, Tax and Customs Tariff Policy for 2018–2020[2] and the period 2020–2022[3] and in the draft law on the budget of the Federal Compulsory Medical Insurance Fund for the period 2018–2020.[4]

From 2018 onwards, the cost-effectiveness coefficients for the provision of medical care for malignant neoplasms, which determine the tariffs applied in the system of clinical statistical groups (CSG), are calculated with due regard for the actual cost of medical therapy regimens administered in accordance with the national clinical recommendations. In 2018, 3 medical therapy cost levels were established for day hospital care and inpatient care regimens; from 2019, 10 medical therapy cost levels were introduced. The payment is bound to the specific medication administered in each case, and its amount depends on the cost of the medication. Ultimately, this approach makes more accessible for patients the effective medical therapy methods prescribed in the latest clinical recommendations.

The possibility of extending the practice of tariff-setting based on clinical recommendations to other groups of diseases and medical conditions, as well as to other categories of costs (for example, the equipment necessary for diagnosing and treating some specific diseases in accordance with clinical recommendations) is stipulated in Executive Order of the President No. 204; however, at present its actual implementation is constrained by the following two factors:

- the absence, or low quality, of the existing clinical recommendations for the majority of diseases. Some active efforts to update the clinical recommendations were launched in 2019, after the RF Ministry of Health approved the requirements for their elaboration. It is planned that by 2022, state-of-the-art clinical recommendations will be introduced for all the major nosologies;
- the insufficient financial backing for the established state guarantees. The introduction of new approaches with regard to medical therapy for malignant neoplasms (other than lymphoid and hematopoietic tissue neoplasms) alone required an additional allocation of RUB 70 billion in 2019, RUB 120 billion in 2020, and RUB 140 billion in 2021. It is obvious that in order to apply these practices to other diseases and other categories of costs, even more money will be required.

When assessing the intermediate results of the national project, it should be borne in mind that, as far as most of its directions were concerned, the first year of its implementation was fully or in part spent only on the organizational and methodological activities. By referring to this fact, we can to a certain extent explain why 3 out of the national project's 4 key targets set for 2019 (reduction of the working-age population mortality, mortality from circulatory system diseases, and mortality from neoplasms) were not met (according to preliminary data released by the RF Ministry of Health). [5] At the same time, the failure to meet the intermediate targets

[1] RF Treasury. Execution of budgets. URL: http://www.roskazna.ru/ispolnenie-byudzhetov/.

[2] Main Directions of the Budget, Tax and Customs Tariff Policy for 2018 and the planning period 2019-2020. URL: https://www.minfin.ru/common/upload/library/2017/10/main/ONBNTTP_2018–2020.docx.

[3] Main Directions of the Budget, Tax and Customs Tariff Policy for 2020 and the planning period 2021-2022. URL: http://www.roskazna.ru/ispolnenie-byudzhetov/https://www.minfin.ru/common/upload/library/2019/10/main/ONBNiTTP_2020–2022.pdf.

[4] Explanatory note to draft law No 274620-7 'On the budget of the Federal Compulsory Medical Insurance Fund for 2018 and the planning period 2019-2020'. URL: http://sozd.duma.gov.ru/download/D6AD2F89-22D6-4E08-A7E5-EE37491BABDB.

[5] RF Ministry of Health: eight targets of the national project 'Healthcare' were achieved in 2019 // Future Russia. 2019. URL: https://futurerussia.gov.ru/nacionalnye-proekty/minzdrav-vosem-pokazatelej-nacproekta-zdravoohranenie-dostignuty-v-2019-godu.

may indicate that the healthcare system is not ready for dealing with the complex problems requiring complex intervention.

5.8.3. Centralization of the system of state guarantees

The initially introduced decentralized model of state guarantees, which delegates to the subjects of the Russian Federation broad powers to independently regulate the set of medical care services to be covered by compulsory medical insurance and their financing, has been increasingly the target of criticism over recent years. The main source of dissatisfaction has been the varying quality and accessibility of medical care services across the subjects of the Russian Federation, as well as in the prices for medical services, with little justification for such differences.

In spite of the existence of federal recommendations concerning the most controversial issues, the RF Ministry of Health, until recently, has had no opportunity to influence the decisions made by the subjects of the Russian Federation, whenever these ran contrary to the established standards. In 2018, the key element of the future unified model was established, i.e., the mandatory clinical recommendations, on the basis of which the RF Ministry of Health could now introduce its general requirements to the quality of medical services.[1] In 2019, the model was further centralized, in the part of regulating the financial support of the territorial programs for the implementation of state guarantees.

The most important new mechanism introduced in the compulsory medical insurance system was the mandatory coordination with the Federal Compulsory Medical Insurance (CMI) Fund of the tariff agreements concluded by the subjects of the Russian Federation.[2] The regions do not have the right to approve a tariff agreement without receiving a prior confirmation thereof from the Federal CMI Fund. The latter, thanks to this mechanism, can now control all the attempts to apply the methods of payment for medical care services that have not been properly coordinated, as well as the instances of some unreasonably low or high tariffs being set. From 2021 onwards, legal liability will be established for the failure, on the part of relevant legal entities, to comply with the requirements for proper coordination of tariff agreements; however, the prospects for this norm being actually applied have become dubious after the draft law on administrative responsibility in the healthcare sector was voted down.

By way of protecting the coordinated amount of financial support, attempts have been made to reduce the cost overruns in cases when medical care is provided in excess of the planned volumes. The new CMI rules impose restrictions on the right of medical institutions to submit their registers of accounts to medical insurance organizations (hereinafter – MIOs), which now should be reduced to the volume of medical care assigned to a given medical institution by the Commission for the development of the territorial CMI program. In its turn, medical institutions and MIOs are obliged to appeal to the Commission whenever they identify a possible instance of medical services being delivered in excess of the planned medical care volume, so that its volume could be redistributed. The Commission's powers to redistribute the volume of medical care over the course of one year have been fully legalized, and have become one of its principal functions. The requirements to the allocation to a MIO of funding to cover the excess medical care costs from the insurance reserves held by the territorial funds, for which specific norms

[1] Federal Law No 323-FZ dated November 21, 2011 'On the fundamental principles of protecting of the health of citizens in the Russian Federation'.
[2] Federal Law No 437-FZ dated November 28, 2018 'On introducing alterations into the Federal Law 'On compulsory health insurance in the Russian Federation''.

are established, have been toughened, and they now require that a general detailed report on the use of funds during the said year should be submitted.[1]

Nevertheless, the said provisions are by no means new in terms of their fundamental principles, and it is unlikely that they can prevent all the instances of overspending in excess of the planned volume. The norm whereby the coverage of medical care costs should be limited to the planned volume of funding was already stipulated in the Federal Law 'On compulsory medical insurance', but it is not recognized by judicial practice.

Alongside all these financial issues, the new CMI Rules also regulate the powers of MIOs and commissions. The MIOs have been delegated the responsibilities of providing insured individuals with information support and exercising additional control over certain types of medical care (the provision of medical care to patients with confirmed or suspected oncological diseases, the keeping of dispensary records, routine medical examinations, hospitalizations, telemedicine consultations). The new responsibilities are consistent with the general strategy of transforming MIOs into administrative control subjects that are not allowed to exercise any independent powers to finance the medical care system. Nevertheless, even in this form, MIOs retain the important role of a professional participant in the healthcare system, which acts independently of the State.

As far as the activity of commissions is concerned, some new requirements have been established that address their functions of planning and distributing the assigned medical care volumes, including the responsibility to review the information submitted by the healthcare authorities concerning the current needs for medical care, to apply the established set of criteria when distributing the assigned medical care volumes, and to publish the final medical care distribution schedule. Taken together, these measures increase the transparency of medical care distribution and reduce the risk of subjective decision-making, but do not completely rule out that risk.

Simultaneously with the new MHI Rules, some other documents have been adopted that regulate the activities of healthcare system subjects in some other areas. In particular, a mandatory minimum of requirements was established for medical organizations that has to do with the organization and conduct of internal control of the quality and safety of their medical activities; previously, in half of the medical institutions, such quality and safety control procedures were either non-existent or dysfunctional.[2]

For a long time, the budget-funded component of the territorial state guarantees programs has remained an exclusive responsibility of subjects of the Russian Federation. In 2017, a deficit in the budget-funded component of the territorial state guarantees programs was observed in 62 regions; in 2018, in more than 40 regions. In 2019, the formation and approval of deficit-free territorial programs was established as a mandatory requirement for receiving transfers from the federal budget to fund the implementation of regional primary health care modernization programs.[3] In early 2020, that norm was relaxed, and it was allowed to provide the funding on condition that the subject of the Russian Federation should approve the schedule

[1] Order of the RF Ministry of Health No 108n dated February 28, 2019 'On approving the Compulsory Medical Insurance Rules'.

[2] Internal control remains a weak spot in many medical organizations // Medical Herald. 2017. URL: https://medvestnik.ru/content/news/Vnutrennii-kontrol-ostaetsya-uyazvimym-mestom-medorganizacii.html.

[3] Decree of the RF Government No 1304 dated October 9, 2019 'On approving the principles of primary health care modernization in the Russian Federation.'

for eliminating the existing financial deficit.[1] As of January 1, 2020, the territorial programs with a deficit in their budget component were approved in 28 subjects of the Russian Federation.[2]

The toughening of requirements for the provision of medical care should have been followed by the introduction of no less stringent administrative responsibility for non-compliance with those requirements. The draft amendments to the Code of Administrative Offenses envisaged the imposition of large fines on medical organizations and their employees for violating the requirements established by legislation in the field of healthcare, including non-compliance with the established procedures for the provision of medical care, medical expert's estimations, and violation of citizen rights in the field of health protection.[3] The penalties included fines of up to RUB 40,000 for individuals, and fines of up to RUB 500,000 and temporary suspension of activities for legal entities.

The sizable fines were one of the reasons for the rejection of the draft law by the State Duma. For state medical organizations, which do not provide paid medical services, or provide them only on a small scale, the payment of fines in the amount suggested in the draft law could have translated into a shortage of funding to cover the costs of their core activities. Another unresolved legal problem that arose in connection with the proposed amendments was the poorly substantiated transfer of legal liability: from the empowered healthcare authorities to medical organizations, for their failure to properly comply with the established procedures for providing medical care; and from medical organizations (legal entities) to their employees (individuals), for violations of citizen rights in the field of healthcare. The second draft law that was elaborated at the same time by the RF Ministry of Health, on the introduction of administrative responsibility for the officials representing the bodies of authority in the public healthcare sector and medical organizations for their failure to create proper conditions for the provision of high-quality accessible medical care, was criticized along similar lines during the phase of its public discussion, and so it was not submitted to the State Duma.[4]

And finally, one more attempt to centralize the healthcare management system was the introduction, from January 1, 2019, of a new procedure for determining the initial contract price cap (ICPC), based on the so-called reference price (the weighted average purchase price over the past 12 months). It was assumed that this would lead to more equitable pricing, because previously that there had often been instances when one and the same pharmaceutical was purchased by neighboring regions at different prices over the course of one year. However, the introduction of new requirements for the formation of ICPC produced the situation where, in the framework of the government purchases, the price cap frequently was set below the economically feasible level, because the previously reduced price applied as the benchmark was set relative to the supplies of pharmaceuticals that were approaching their expiration dates,

[1] Decree of the RF Government No 72 dated February 3, 2020 'On the introduction of alterations into Decree of the RF Government No 1304 dated October 9, 2019.'
[2] *Kamaev D.* In 28 regions, the territorial state guarantees programs were adopted with a deficit // Vademecum. 2020. URL: https://vademec.ru/news/2020/02/28/defitsit-po-terprogrammam-gosgarantiy-imeyut-28-regionov/.
[3] Draft Federal Law No 1093620-6 'On the introduction of alterations into the Code of Administrative Offenses of the Russian Federation in the part of improving administrative responsibility provisions in the field of healthcare'. URL: https://sozd.duma.gov.ru/bill/1093620-6.
[4] Draft Federal Law 'On the introduction of alterations into the Code of Administrative Offenses of the Russian Federation in the part of establishing administrative responsibility for a failure to create proper conditions for ensuring medical care quality and accessibility (prepared by the RF Ministry of Health, Project ID 02/04/02-19/00088338).

or could be explained by the special preferential conditions offered by the manufacturers to certain buyers, etc. As a result, a significant number of planned pharmaceutical procurement deals in 2019 did not take place due to lack of offers, which led to significant delays in the supply of pharmaceuticals and the impossibility of their timely delivery both to outpatients and to hospitals.

* * *

The most important outcome of the year 2019 was the approval of new components of the unified national healthcare system: the new requirements to clinical recommendations and the pilot study of the mechanism for their use in tariff-setting (so far, only in the medical treatment of oncological diseases); the introduction of mandatory coordination of CMI tariff agreements with the Federal CMI Fund and a tougher regulation of medical care delivery in excess of its planned volume; and stronger regulation of the activities of the key subjects of the CMI system. It should be noted that most of these changes have been pushing the existing healthcare system still farther away from the classical medical insurance principles, which were originally laid down when the CMI model was considered to be the best choice for this country. Federal regulation has been switching over to an increasingly detailed control of the performance of medical institutions, which to a certain extent can protect the system from direct violations of citizen rights, while at the same time preventing it from upgrading its performance level.

It is expected that next year, a sector-specific remuneration system will be introduced as part of regulation of the financial backing of state guarantees;[1] and a pilot program of the supply of pharmaceuticals to the outpatients being followed after an acute altered cerebral blood circulation episode, myocardial infarction, or other acute cardiovascular diseases or cardiovascular surgery.[2] The mechanisms of the actual implementation of the latter have not yet been determined. From our point of view, when implementing the program, it would be worthwhile to test the cost recovery mechanism, which implies that the patient purchases the prescribed pharmaceutical in a commercial pharmacy. For its part, the pharmacy receives compensation from the State in the amount of the reference price of the delivered pharmaceutical, and the price difference (if any) is covered out of the patient's pocket. The cost recovery mechanism makes it possible to more flexibly adjust to the patient's personal interests and preferences, because the latter will be able to buy generic drugs, while receiving a subsidy from the state. In addition, this mechanism eliminates the public procurement issues, which became especially relevant in 2019 after the entry into force of the new rules for determining the initial contract price cap (ICPC).

Under the national project 'Healthcare', the year 2020 was to see the start of full-scale implementation of the most complex infrastructure measures, as well as the measures designed to transform the existing medical care system. However, it has already become obvious that the spread of the coronavirus (COVID-19) and the resulting preventive measures will require some significant adjustments to the planned transformations. A new priority in the healthcare system

[1] List of instructions based on the results of the meeting addressing the primary healthcare system modernization (approved by the RF President on October 8, 2019, No Pr-2064). The RF Ministry of Health is planning to prepare, by April, a plan for a new medical worker remuneration system // TASS. 2020. URL: https://tass.ru/obschestvo/7605301.

[2] Federal Law No 380-FZ dated December 2, 2019 'On the federal budget for 2020 and the planning period 2021-2022'.

development, at least for H1 2020, will become the organization of its performance in an epidemic, including the preparation of isolated wards, the purchase of resuscitation equipment, and the provision of medical institutions with laboratory equipment and supplies, disinfectants and personal protective equipment.

As of the end of March, preventive medical examinations and checkups of certain groups of the adult population had been suspended, and it was recommended that the planned in-hospital and day hospital care and medical procedures should be postponed until later periods. [1] There is no information that the previously approved organizational reforms might be cancelled or postponed, but as a result of the redistribution of resources in favor of anti-epidemiological measures, the government may be forced to abandon some of the most costly measures.

[1] Order of the RF Ministry of Health No 171 dated March 16, 2020 "On the temporary procedure for organizing the operation of medical institutions for the purpose of implementing the measures designed to prevent and reduce the risks of the spread of the new coronavirus infection (COVID-19).'