

Interview: Kamen Plochev - Governor, National Health Insurance Fund (NHIF), Bulgaria



"We are not running away from innovative drugs and, in fact, the NHIF allocates 60 percent of its pharmaceutical budget to innovative solutions"

16.10.2017

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Prof. Dr. Kamen Plochev, Dr. M. Sc., recently appointed as the governor of the National Health Insurance Fund in Bulgaria, discusses the key issues he has identified for the Bulgarian healthcare system as well as how he intends to tackle them and ultimately establish a more efficient and transparent organization.

Could you please introduce yourself to our international audience?

I graduated from the Medical Academy in Sofia back in 1975 with Medicine as a specialty, having the opportunity to complete my educational background abroad in countries such as Germany and Belgium.

Afterwards, I worked as lecturer in epidemiology and infectious diseases in the Military Hospital - Ruse (1979-1980), clinical intern of infectious diseases in the Military Medical Academy - Ruse (1980-1984), lecturer in infectious diseases in the Military Hospital - Ruse (1984-1985), Assistant in Infectious Clinic in the Military Medical Academy (1985-1988), Deputy-Manager of the Infectious Clinic (1988-1991), Deputy-Manager (1991-1994) and Manager of the Immunology Center to the Military Medical Academy (1994-2000), Manager of the Clinic of Infectious Diseases - the Military Medical Academy. Furthermore, I acquired educational and scientific degree "doctor" (1995), Associate Professor (2001), Doctor of Medical Sciences (2012) and Professor (January 2013).

In 2000, I was elected as a member of the National Expert Board of AIDS and Sexually Transmitted Diseases and member of the European Society of Infectious Diseases and Microbiology. More recently, at the end of July 2017, the Bulgarian Parliament unanimously elected me as Governor of the National Health Insurance Fund (NHIF).

Additionally, I am also member of the Union of Scientists in Bulgaria, the Scientific Society of Immunology, the Scientific Society of Infectious Diseases, the International AIDS Society, the International Association of Cell Analysis. Overall, I have over 180 scientific publications and monographs on problems of infectious diseases, AIDS and immunity, seven books, and 12 teaching aids.

Would you explain to our international readers the main activities and responsibilities of the National Health Insurance Fund (NHIF)?

The mission of the institution, in conformity with the effective legislation, is to purchase from healthcare providers and all kinds of medical treatment facilities as well as healthcare institutions medical services, activities, goods with a permanently increasing quality to provide the patients with highly qualified servicing – the objective is the improvement of the main medical health indicators.

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The system has to be further developed since it is currently poorly constructed and its philosophy is mistaken. Unfortunately, we are currently in a systemic deficit but I am glad to confirm that we have strong support from the government in this front. Therefore, I am required to transform the institution in order to ensure its financial sustainability while ensuring the Bulgarian patients' access to high quality treatments.

The government is implementing the Health Management Plan 2020. What are the specific actions taken by the NHIF in this regard?

As an independent public-legal subject, the NHIF has relative independence but, at the same time, it should not be overlooked that the NHIF is an integral part of the healthcare system and it should observe the state health policy in terms of how it is managed and implemented. The NHIF will perform this mission with strict observation of the national and the European legislation.

It is my duty to ensure that the developments of the NHIF's activities are based on the main philosophy and principles set up by the legislation and the Ministry of Health. This regulation is somewhat dynamic since, as aforementioned, it needs to be further developed to enhance the

quality of the healthcare as well as the control over the medical activities. In this regard, the National Health Strategy for 2020 anticipates attainment of sustainability of the system through prevention and the effective use of financial resources.

As our health system is composed of the primary healthcare system, out-patient care and in-patient care, we would like to act first on the out-patient care area in order to determine who is misusing the system - which is one of the main challenges of the NHIF. Indeed, we have noticed that the main misuse comes from the territorial medical expert commissions, which delivers sick certificates to patients without them being actually sick, meaning that they receive financial compensation without delivering any health service. Thus, our solution is a combination of prophylactic examinations and diseases' prevention - Hence, we will register all patients in need of treatments and differentiate between those suffering acute and chronic diseases. Such registration will allow us to better allocate our budget and provide adequate treatments when needed.

I positively perceive the intentions of the Minister of Health that, in tandem with the Bulgarian Medical Association (BMA), is moving diseases' groups from in-patient to out-patient care in order to optimize public expenditures. In this regard, there are some interesting initiatives that are being assessed such as the Personal Electronic Health Record Card (PEHRC) and the so-called parallel access to a specialist.

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Additionally, we are also looking at the reorganization of the NHIF. We would like to establish new units to separate private and public health insurances. There are different financial approaches in this regard and we are planning to build a stronger collaboration with the private insurance companies in order to get a better control on the spending of our budget and reduce out-of-pocket expenses. In fact, Bulgaria is the second country in the world with the highest co-payment rate being 43 percent, after the USA (52 percent) and before Germany (23 percent). Therefore, I believe that private insurance companies have better practices to handle this issue and, furthermore, such partnership can help us to gather more accurate data for the E-health system.

We understand that E-health is a key topic not only for the Ministry of Health but also for the NHIF.

Indeed, we initiated the program more than eight years ago but we have faced very strong resistance from Bulgarian healthcare professionals since E-health embeds tight controls and routine procedures that will be at the disadvantage of the misusers of the healthcare system. After looking at our western European neighbours, we would like to implement a system similar to

Germany because our main goals are to provide accessibility and timeliness of healthcare for Bulgarian patients.

The organization of the E-health system will be a political decision. My personal opinion is to centralize the system and build on the already existing infrastructure adding, as aforementioned, the private insurance sector in this front.

One of my main tasks is to improve the transparency of the system so each citizen can check his or her own health dossier more easily and we can develop a proper E-health system. Moreover, such transparency will help the Ministry of Health to reduce the misuses of the system such as false diagnosis. It is important to advance against the healthcare misuses since it does not only negatively impact the financial sustainability but it will also prevent the system from achieving the health goals since the E-health will be set with wrong data.

The E-health system will certainly optimize the control over public resources' spending – There is no better controller than the user of the healthcare, i.e. the patient. This will be felt most tangibly after the introduction of the individual electronic identifier – the Personal Electronic Health Record Card (PEHRC).

What are the main objectives you would like to accomplish and what are you expecting from your talks and reinforced collaborations with pharmaceutical companies?

The main priority of the NHIF is the efficient management and spending of the funds from the health insurance contributions for purchase of health activities as well as guaranteeing the quality of the obtained healthcare.

Obligatorily a clear alert should be supplied for pursuance of progeneric medicinal policy. This will for sure expand the use of generic medicaments (conformed to the availability of patented medicaments), as cheaper analogues, which will reduce the great expenditures of the NHIF for medicines under patent. The use of generic medicaments enlarges patients' access to target socially significant diseases such as arterial hypertension, ischemic heart disease, cerebro-vascular disease, diabetes, gastrointestinal, liver, and pulmonary. Additionally, I believe that it should be assessed the possibility of reimbursing the medicinal therapy rather than an individual medicament for this therapy.

To conclude, I believe that pharmaceutical companies have to be our most important partners as they have really useful insights on the global and national healthcare environments. In addition, we rely on the pharmaceutical industry to advise us on the introduction as well as reimbursement of new innovative molecules to the market. I want to reinforce that we are not running away from

innovative drugs and, in fact, the NHIF allocates 60 percent of its pharmaceutical budget to innovative solutions.

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