

Bono Auge

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Organisation: Fonasa (Chilean public health insurer)

Country: Chile

Level of government: Central government

Sector: Health, Social protection

Type: Public Service

Launched in: 2010

Overall development time: 6 months

Link to the innovation's website

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Description

The AUGE programme in Chile establishes a system of universal access and explicit guarantees for health care services by law. “Bono Auge” is an instrument through which the insured persons in the public health insurance Fonasa can obtain health provision in the private sector via a voucher (= bono) if public care is not sufficiently available. AUGE assures, among others, a maximum pre-established time limit to get medical attention to patients with one of 80 high-mortality pathological conditions.

Patients who do not get prompt treatment in a public facility can contact Fonasa who assigns them to a different, public or private, provider through a Bono Auge voucher within two days. The Bono Auge programme is intended to reduce long waiting lists in public hospitals and ensures fast treatment for publicly insured patients in case of high risk diseases.

Why the innovation was developed

In 2004, Chilean Law established the Explicit Health Guarantees (AUGE): access, quality, financial protection and opportunity (timeliness). Those should be applied to a prioritised set of diseases (currently 80). This law was known publicly as the “Universal Access with Explicit Guarantees” (AUGE). AUGE requires that Fonasa ensures public health care within a maximum time-limit, known as “guarantee of opportunity”. When this guarantee is not fulfilled, insured persons by Fonasa are entitled to make a claim, and Fonasa has the obligation to assign another (public or private) health provider. In March 2010, there was a stock of approximately 380 000 unfulfilled guaranties.

Objectives

Improve access, Improve effectiveness, Improve efficiency, Improve service quality, Improve user satisfaction

- Implement the goals set out in AUGE by law.
 - Provide health services in the pre-established limit of time for insured persons that suffer from high-mortality pathological conditions.
 - Introduce market pressure on public health care institutions to provide faster access to treatment.
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Main beneficiaries

General population, Government staff

Insured persons with an unfulfilled “guarantee of opportunity” related to one out of 80 AUGE pathologies.

Results

Effectiveness

Increased effectiveness by public health care providers through more competitiveness in service provision since patients could now also access private services.

Service quality

Accessibility:

- Reduction of the patient waiting list with 113 566 unfulfilled guarantees at the end of 2010 being reduced to 50 780 cases by June 2011. All cases were solved and the list completely eliminated by October 2011.
 - Through a “traffic light system”, the number of cases is still monitored to continuously ensure low levels of patients on waiting lists.
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User satisfaction

- 65% of Bono Auge patients declared their satisfaction with the benefits delivered by the programme.
 - 81% were satisfied with medical services provided.
 - 87% evaluated the programme with a score between 5 and 7 on a scale from 1 to 7 in a survey conducted by the Chilean Budget Office.
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Evaluation

- A survey on patient satisfaction was conducted by the National Budget Office (Dirección de presupuestos - DIPRES).
- A general evaluation was made with the main focus on:
 - Results of implementation.
 - Implementation and causality analysis.
 - Efficiency analysis.
- Some aspects of the evaluation that can be highlighted are:
 - The waiting list of unfulfilled AUGE guarantees was solved.
 - 69.1% of the budget for this item in 2011 was spent.
 - Administrative expenses represented 4.1% of the total cost of the programme in 2011.
 - The programme caused an incentive to the public providers (Servicios de Salud) to avoid opportunity guarantees to become unfulfilled.

Development

Design

The need to reduce the number of patients in the waiting lists of AUGE pathologies was officially prioritised by the Chilean Government in March 2010. Fonasa, being the Public Health Insurance, was in charge of executing this command by designing an instrument to assure access to health care for insured people on the waiting list. By providing Bono Auge vouchers, patients can be assigned to another public health care facility and be treated within the respective time limit established by law.

Design time: 3 months

Testing

Pilot programme covering only patients with cataract pathology.

Testing time: 3 months

Implementation

Tools used:

- Quantify the overall waiting list and its territorial distribution as well as the exact patient numbers of the 80 AUGE cases.
- Assure sufficient offers in private sector health institutions to meet demand by publicly insured patients.
- Cost evaluation of purchasing the services needed to treat AUGE/GES patients in the private health sector.
- Design of new processes at Fonasa.
- Staff training at Fonasa, including call centers.
- Communication campaign informing the public about their rights to claim treatment at Fonasa.

Resources used:

- Communication Campaign:
 - Mass media campaign: CLP 288 177 000.
 - Posters printing, video production, publicity agency: CLP 95 021 000.
 - TV commercial and photography: CLP 39 604 000.
 - Total: CLP 422 802 000.
- Assigning new functions to Fonasa staff, including Commercial Department purchasing services from private sector: CLP 23 012 949 in 2011.
- Costs for use of the information system dedicated to register and monitor the GES/AUGE cases.
- Other minor administrative costs.

Implementation time: 3 months

Challenges and solutions

- The insured persons that don't claim due to the fact that they are not attended, had to be informed that they must claim.
 - Broadcast had to be done in order to empower the insured persons of their rights.
 - Coordination between public and private healthcare providers was required.
 - The quantity of actual unfulfilled guarantees had to be determined.
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Partnerships

Public Health Services

Other Public Sector

They are in first instance responsible for the provision of the health care to the AUGE cases for the insured person that belongs to Fonasa.

Municipalities

Other Public Sector

They facilitated the search and location of people with unfulfilled guarantees of opportunity.

Private health care providers

Private sector

They provided health care to beneficiaries of the "Bono AUGE".

Foundations

Civil Society

They served as private health care providers in the provision of some of the health services required.

Lessons Learned

Lessons Learned

- Importance of keeping beneficiaries of the programme informed about their rights and the mechanisms that are available to claim compliance with them.
 - Good and coordinated communication channel with the health care providers, public and private, facilitates the management of a programme of this kind. This is because, at a basic level, the "Bono AUGE" is about the coordination and collaboration of different actors: the insured persons, the private and public health providers, and Fonasa itself, as the insurer.
 - Successful implementation of the "Bono AUGE" was largely due to the complementarity that was developed between the public and private sectors. Interaction and integration between both worlds (public and private) proved highly relevant in order to solve the problems that are important to the population.
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Conditions for success

- Budget availability.
 - Legal feasibility.
 - Available capacity in the private sector.
 - Communication between sectors.
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Other information

- One key aspect of the implementation of the "Bono AUGE" programme is the empowerment given to the insured population in terms of the information they held about their rights, particularly, the right to make a claim in order to receive the health services they were supposed to receive.
 - In addition, the implementation of the "Bono AUGE" helped insured persons of Fonasa learn to differentiate the public health insurance from the public health providers, improving the image that people had about Fonasa and the health sector.
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