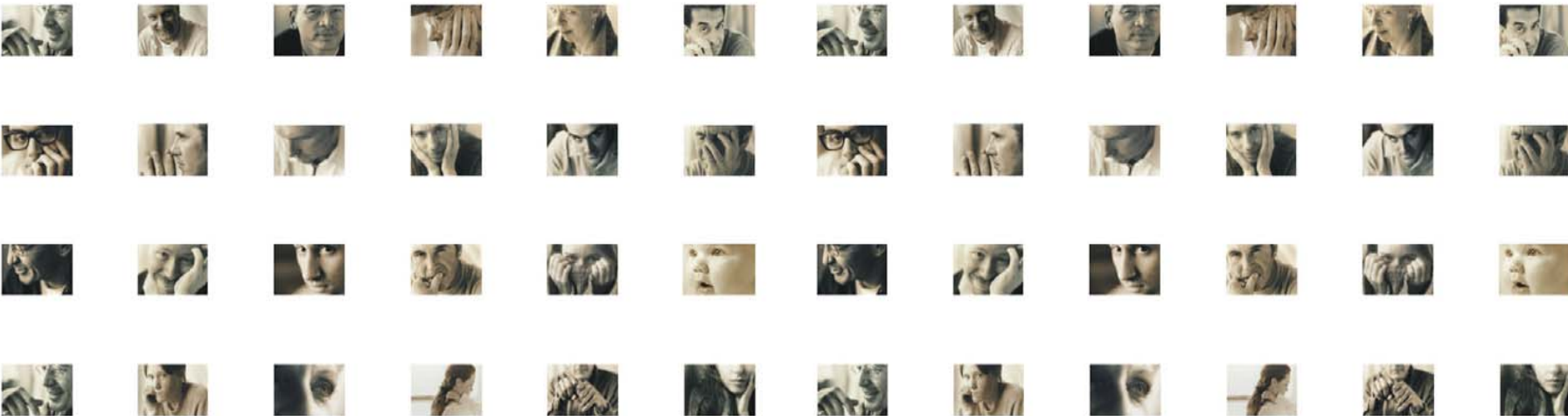


# Access to care in a context of healthcare reform in Estonia

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# ESTONIA

- ▶ Population – 1.344 million
- ▶ Area 45 285 km<sup>2</sup>
- ▶ 15 counties, 243 municipalities
- ▶ Urban concentration 69%

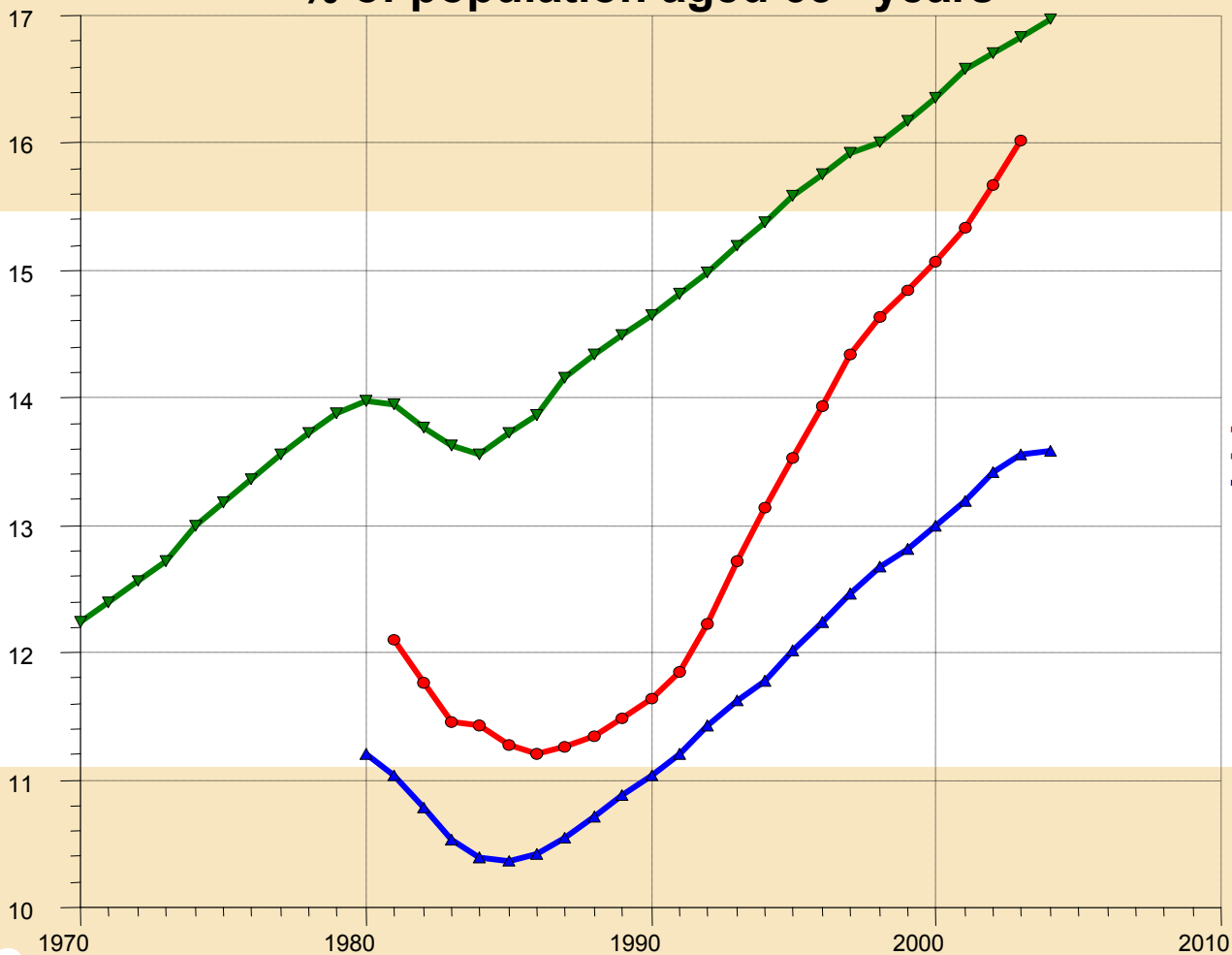
## POPULATION PROFILE

- ▶ Age structure
- ▶ 0–14 years 16%
- ▶ **65+ years 14.5% (2000), 16.2% (2003)**
- ▶ Median age 38 years



# Ageing population

% of population aged 65+ years



- Estonia
- ▲ EU members before May 2004
- ▲ EU members since May 2004



## Health Care Reforms since 1991

### ▶ A twofold process of change:

- ▶ from centralised and state-controlled health care delivery system towards a **decentralised** one;
- ▶ from a general state funded system to one based on **health insurance**.

### ▶ Main issues:

- ▶ launching of the **health insurance system**
- ▶ **restructuring and reorganising** of health care system (optimizing hospital sector, launching FPS)



# Health Care Organisation in Estonia

Health Care Services Organisation Act (since 2001)

- ▶ Primary Care
- ▶ Specialist Care
- ▶ Emergency Care
- ▶ Independent provision of nursing



## Major problems in hospital network

- ▶ Excess of hospital beds
- ▶ Low bed area standard
- ▶ Great number of hospital admissions and long average length of stay
- ▶ Low average occupation rate of hospital beds
- ▶ Little use of day care and day surgery



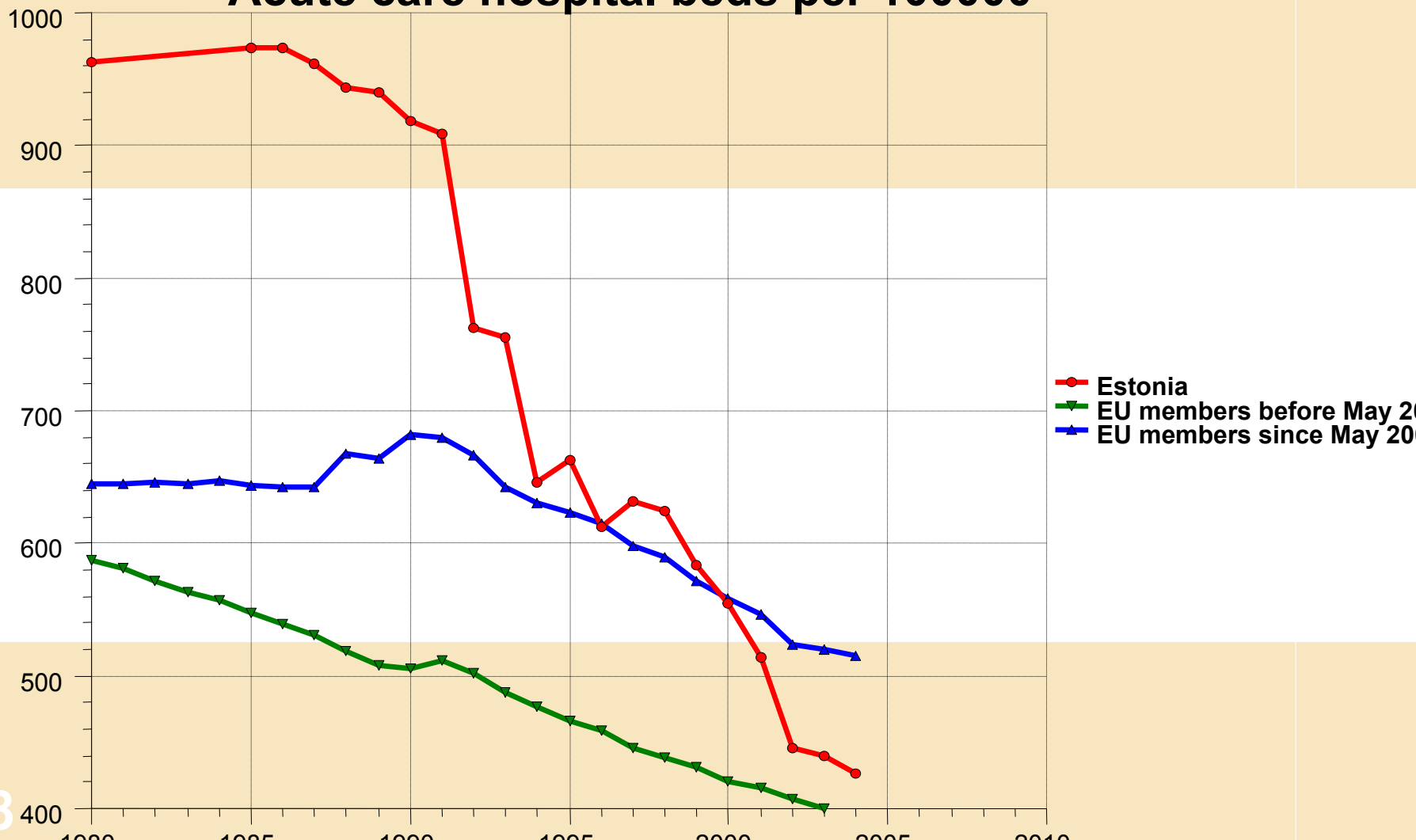
## Main principles of restructuring hospital network (HMP 2002)

- ▶ **“Golden hour” principle** - principle of equal geographical access to acute care
- ▶ Sufficient catchment areas of hospitals to assure better **quality of specialized care and efficient use of resources**
- ▶ Developing of nursing care services to enable **more efficient use of active care** (“bed blockers”)



# Changes in hospital sector

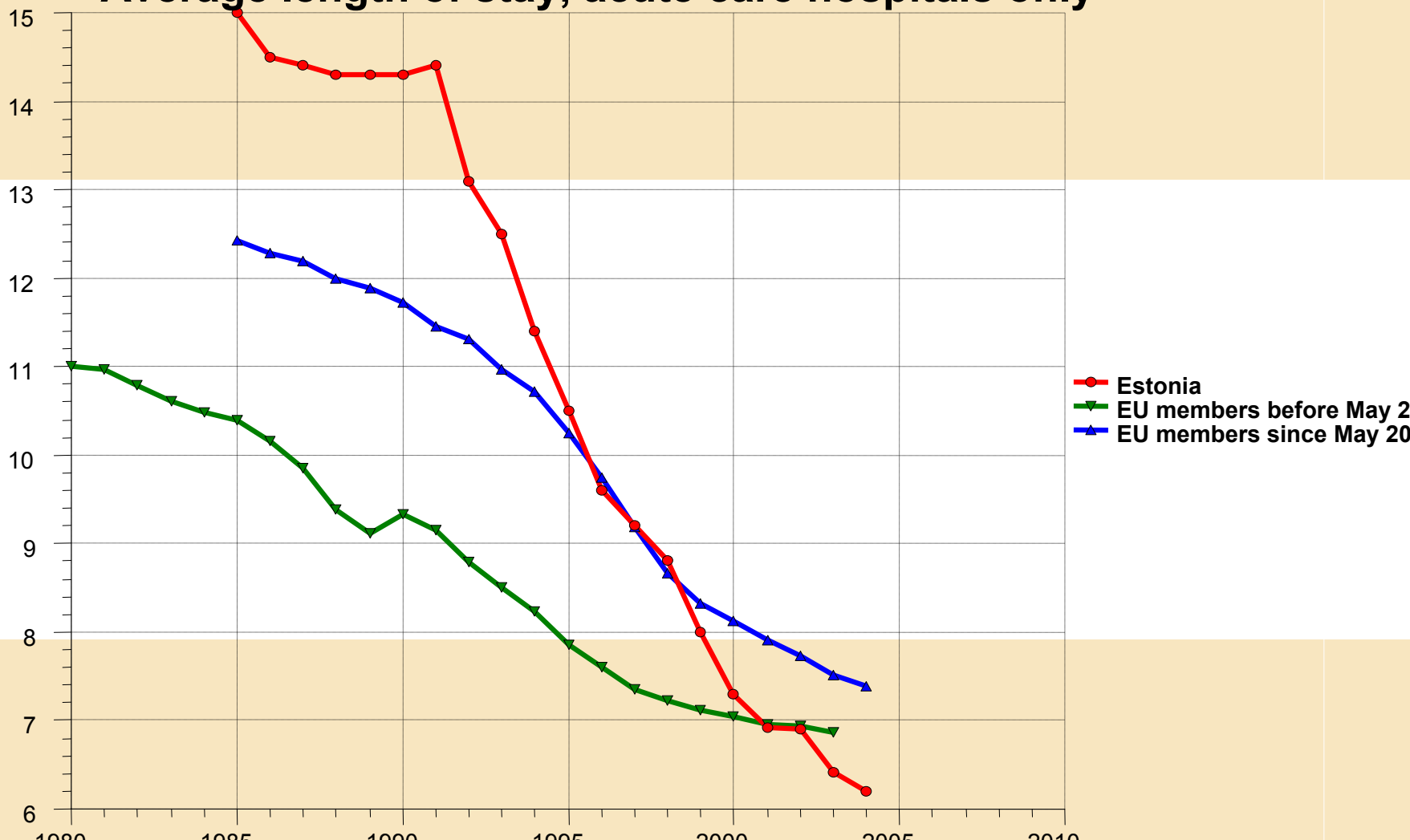
## Acute care hospital beds per 100000





# Changes in hospital sector

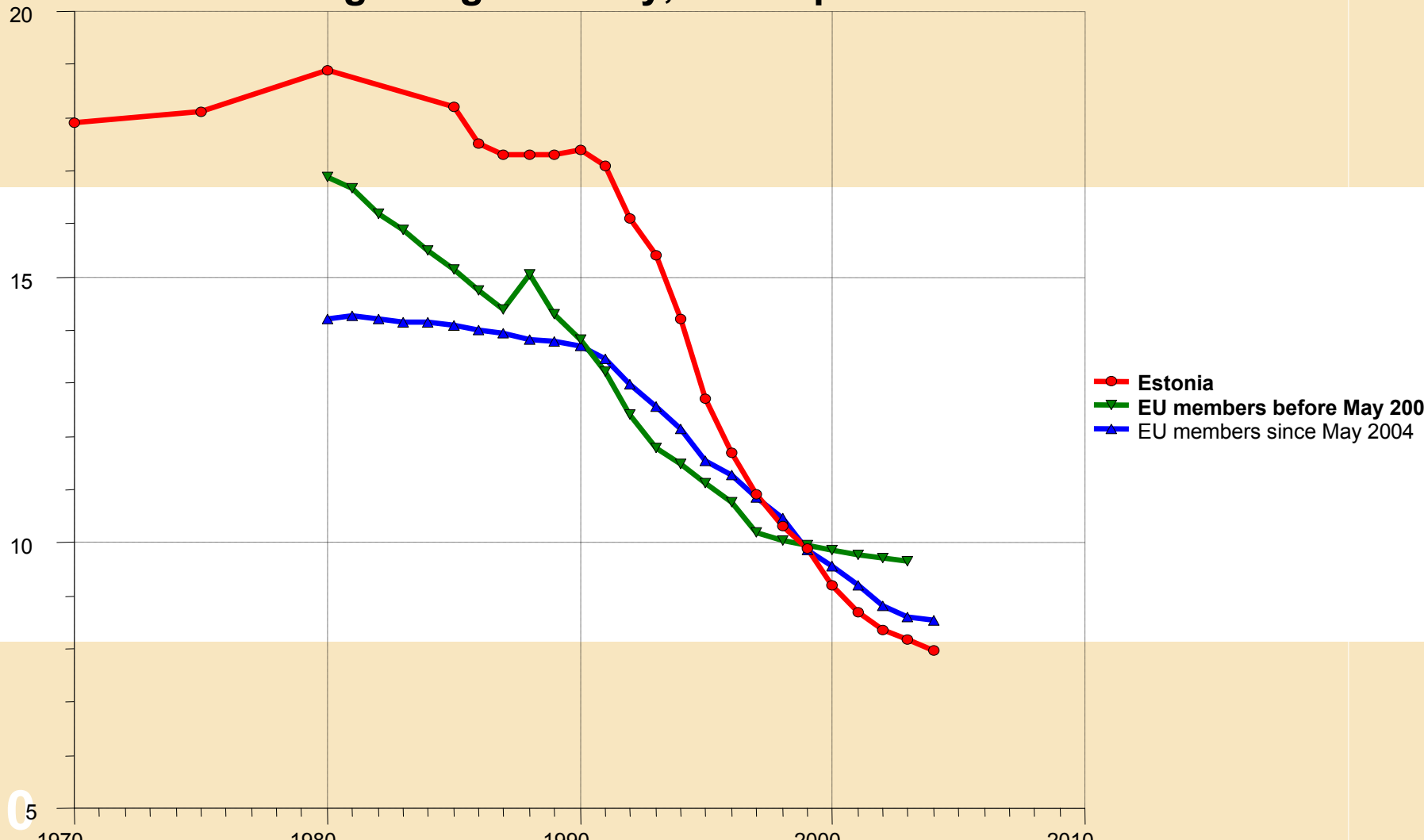
## Average length of stay, acute care hospitals only





# Changes in hospital sector

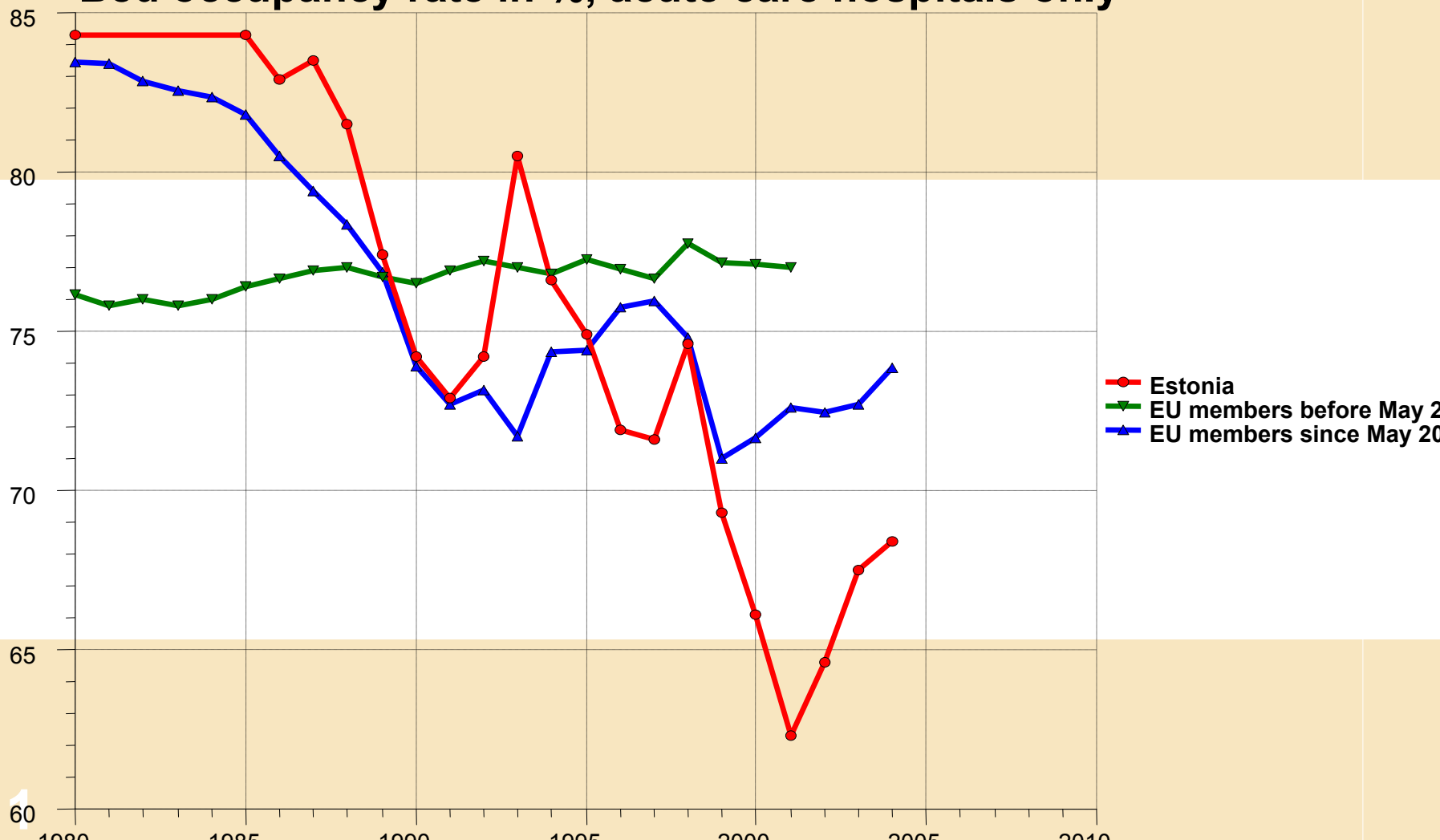
## Average length of stay, all hospitals





# Changes in hospital sector

## Bed occupancy rate in %, acute care hospitals only





## Major problems in LTC and nursing care

- ▶ Insufficient availability of home nursing services
- ▶ Shortage of LTC and nursing care beds
- ▶ The separation of health care and welfare systems, “grey area” between health care and social welfare services (continuity of care)



## Developing LTC and nursing care

- ▶ **Intergrating nursing care and social care services**
- ▶ **Developing more diverse home care services** to help a person in their domestic environment
- ▶ **Availability and quality** of both home care and institutional care services.
- ▶ Provision of services on **thoroughly evaluated needs**



## Changes in Primary Care

- Organized around family practices on the county level
- Freedom of choice for every citizen to choose his/her FP
- FP as a gatekeeper for the system
- FP as a specialist
- FPs as sole proprietors or found companies, contracted with HIF



# Access to health services : population coverage

## Health insurance covers 94% Estonian residents:

- ▶ whose instalments are paid by the employer,
- ▶ who pay instalments by themselves,
- ▶ whose instalments are paid by the state,
- ▶ who are entitled to insurance without making personal instalments,
- ▶ who are insured on the basis of international agreements.



## Access to health services: fee exemptions

**Insured persons** are charged for the following:

- ▶ family physicians home visit (up to 3 Eur)
- ▶ medical specialists visit (up to 3 Eur)
- ▶ hospitals bed-day (up to 1.5 Eur per day for the first 10 hospitalisation days)



## Access to health services: out-of-pockets payments

**OOPs for insured persons include:**

- ▶ dental care for adults (e. emergency dental care)
- ▶ in-patient medical rehabilitation services for some chronic patients
- ▶ abortions in case of non-medical reasons



## **Access to health services : waiting times**

- ▶ **Primary Care** – 99.8% of the persons in need are able to make an appointment with the FP within three days
- ▶ **Special medical care** – there are waiting lists both to the out-patient (up to 90 days) and in-patient services (up to 3,5 years)



## Ensuring equity of access

### Priority policies

- ▶ Diminishing the number of uninsured persons
- ▶ Special efforts to shorten and arrange the waiting lists in specialised medical care
- ▶ Widening the scale of services in Primary Care level for better access to these services.
- ▶ More emphasis on disease prevention and health promotion activities at the Primary Care level



## Addressing inequalities in health outcomes

- ▶ Both morbidity, mortality, health-related behaviours and patterns of health care utilisation strongly vary between subgroups of the Estonian population
- ▶ People from lower socioeconomic groups live shorter, more often suffer from health problems, engage more often in health damaging behaviour, and have less favourable health care utilisation patterns.

Social inequalities in health in Estonia (WB, MoSA, report 2002)  
Regular health interview surveys 2000-2005



## Diminishing inequalities in health outcomes

- ▶ Prevention and reduction of **long term unemployment** and exclusion from labour market
- ▶ Prevention and alleviation of **poverty and social exclusion** of families with children
- ▶ Health promotion and implementation of disease prevention strategies at the county level in dense co-operation with local municipalities **to reach target groups**



# Health promotion and disease prevention

- ▶ **Control of communicable disease** – controlling the spread of **HIV-epidemics** and **tuberculosis** by implementing relevant strategies
- ▶ **Promotion of healthy choices and lifestyle** (implementing **National Heart Strategy** and **National Cancer Strategy**)



## Sustainability of health care system

**Financial sustainability** of healthcare system –

**increasing** revenue of HIF,

**decreasing** expenditures of the HC system by  
improving technical and allocative efficiency.

**Sustainability of human resources** – training MP  
according to the needs, implementing measures to  
avoid migration of MP.

# THANK YOU!



võrdsed võimalused inimväärseks eluks