THE HEALTH CARE SYSTEM IN ESTONIA
The role of the state and state agencies

**Ministry of Social Affairs**

Through the Ministry of Social Affairs and its agencies, the state is responsible for development and implementation of overall health policy, including public health policy, and supervision of the quality of and access to health services.

In the area of health, the Ministry’s general responsibilities include health policy formulation, monitoring the health of the population and shaping the organization of the national health system by determining the scope of primary, secondary, tertiary and public health services.
Ministry of Social Affairs

- Its main health care tasks include the following:
  - preparing health care and health protection legislation
  - ensuring supervision of health-related law enforcement
  - developing and preparing legislation regarding standards for health care provision
  - developing and overseeing the implementation of public health programs
  - planning and funding health services for uninsured persons
Health Care Board

Main functions:
- Licensing of health care providers;
- Registering of health professionals;
- Controlling the quality of health care provision (mainly by processing patient complaints);
- Funding and organizing emergency medical care.
- Ensuring adequate standards of hygiene and health protection.
State Agency of Medicines.

Responsibility:
registration and quality control of drugs and regulation of pharmaceutical trade (including imports and marketing);
ensure the safety of donated blood and tissue transplants;
registration of medical technology.
Estonian Health Insurance Fund (EHIF)

In 2001 the EHIF obtained its present status as a public independent legal body, replacing the Central Sickness Fund.

Its main responsibilities include:

- contracting health care providers;
- paying for health services;
- reimbursing pharmaceutical expenditure;
- paying for some sick leave and maternity benefits.
The role of patient organizations

- Patient/consumer involvement in health care debates has become more significant in recent years. For example, the Society for Disabled People is represented on the Estonian Health Insurance Supervisory Board, which consults patient organizations on key legal issues.
ESTONIAN PATIENT ADVOCACY ASSOCIATION (EPAA)

EPAA is established in 1994
EPAA aim is to advocate for the human and civil rights of health and social care service users.

- **OBJECTIVES OF THE EPAA**
- Promoting and protecting the rights of health and care service users in relations with services providers, financers and decision makers
- Fighting against discrimination, social seclusion, inequality, unworthiness and improper deprivation of liberty, unnecessary isolation and segregation
- Developing and influencing legislation, policies and social arrangement to promote patient rights, self-determination, community integration and support of individuals
- Advocating for law reform and triggering Estonian health and care system into changes to respect human rights
- To help raising the quality of Estonian health and care services
- Educating and motivating health and care service providers, financers and decision makers to follow human rights norms
- Raising awareness in society at large about the health and care service users rights
Tervishoiuteenuste osutajate tegutsemissõigus

TRVISHOIUTÖÖTAJATE REGISTREERIMINE JA TEGEVUSLOA VÄLJASTAMINE

Tervishoiutöötajana võib teenuseid osutada isik, kes on vastaval kutsealal registreeritud. Registrist võib isiku kustutada, kui tema suhtes on jõustunud süüdimõistev kohtuotsus millega võetakse ära õigus erialal tegutseda, või kui ta tegevus on vastuolus tervishoiuteenuste korraldamise seadusega sätestatud nõuetega.

Tegevuslubade regulatsioon on korrastatud ning viidud kooskõlla haldusmenetluse seadusega, kuna tegevusloa väljastamise toiming on haldustoiming.

Tegevusluba antakse kuni viiks aastaks – eelnevalt viieks aastaks
EFFORTS UNDERTAKEN TO IMPROVE PATIENT SAFETY

Patients rights are regulated by The Law of Obligations Act, which entered into force in 2002, provides that generally, health care services are rendered on the basis of a patient’s consent.
The Law of Obligations Act

- The Law of Obligations Act regulates

Definition of contract for provision of health care services.

By a contract for the provision of health care services, one person (the provider of health care services) undertakes, in his professional activities, to provide health care services to another person (the patient), particularly by examining the patient in the interests of his or her health and observing the rules of medicine, by consulting and treating the patient or offering obstetrical care to the patient, and by informing the patient of his or her state of health and the progress and results of his or her treatment.
The Law of Obligations Act

Duty to inform patient and obtain his or her consent

The provider of health care services shall inform the patient of the results of examination of the patient, the state of his or her health, any possible illnesses and the development thereof, the nature and purpose of the health care services provided, the risks and consequences associated with the provision of such health care services and of other available and necessary health care services.

A provider of health care services shall not disclose information to a patient if the patient refuses to be given such information and if his or her legitimate interests or the legitimate interests of other persons are not damaged thereby.
HEALTH CARE BOARD

For performing its functions in the area of supervision, the Board shall:

1) exercise supervision over compliance with the requirements established for health service providers;
2) exercise supervision over the activities of family physicians, providers of emergency medical care, providers of specialised medical care and independent providers of nursing;
3) organize the work of the expert committee on the quality of health care.
PRINCIPAL PROBLEMS RELATED TO PATIENT SAFETY

Waiting lists - Long waiting lists are a problem in ambulatory health care.
- Recently, the government has established rules for queue jumping in order to prevent private patients from gaining faster access to treatment: it is only permitted when the waiting list is caused by lack of financial resources – that is, the provider has reached the volume of services specified in the EHIF contract – and cannot be justified on grounds of lack of provider capacity, nor is not permitted if it may delay the treatment of a person whose care would be funded by the EHIF. Data from the annual health care satisfaction survey show that 4% of those who sought ambulatory specialist care in 2003 considered paying or actually paid to jump the queue. Similar data is not available for inpatient care.
- Extra funds were allocated to shorten waiting lists in problem areas. Waiting lists for ambulatory specialist visits have developed in Tallinn and the Tartu University Clinic, which means that access to some types of specialists is better in other urban centres. Regarding utilisation by income group, only small differences were observable in visits to family doctors, while those in lower income groups in all age groups and in all areas were more likely to have been hospitalized in the last year. These differences have remained stable since 1994. Large inequalities were observed in visits to specialists and dentists, with almost twice as many people in the highest income group having visited a specialist or a dentist as in the lowest income group.

Informing a patient - A patient should be informed. A health care service provider has to inform the patient, the actual duty lies with a doctor: informing of a patient is the responsibility of the doctor providing treatment - he or she has to inform the patient and obtain the consent of the patient for medical treatment.
- The better a doctor and a patient can communicate with each other, the better and more problem-free the treatment will be.

Data protection -
- Supervision regarding data protection is regulated by two laws: Personal Data Protection Act and Databases Act. The processing of data and liability are also regulated by Health Protection Act, Archives Act, State Secrets Act, Accountancy Act, Statistics Act, Criminal Code, Code of Administrative Offenses, Public Information Act etc.

The Personal Data Protection Act divides personal data into two groups - non-sensitive and sensitive personal data. Sensitive personal data are data which reveal political opinions, religious or philosophical beliefs, ethnic or racial origin, the state of one's health, one's sexual life, criminal convictions, legal punishments and involvement in criminal proceedings.
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