Implementation of skill-mix innovations in primary care

Kaija Kasekamp
Ministry of Social Affairs Adviser

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Estonia in brief
Population 1.3 million
GDP per capita 15,883 EUR (2016)

ALE at birth 77.7 years (2015)
- Male 73 years
- Female 82 years

Health expenditures (2015)
- 6.5% of GDP
- Per person 1006 EUR
- Public expenditure 77%

Social health insurance (single payer) since 1992
- Coverage with health insurance 94-96% of population
PHC milestones since 1992

1992
- Family Medicine integrated to the curricula

1997
- PHC reform
- 5-year transition period starts

1998
- Patient lists
- New contracts
- New capitation based payment system

2003
- 5-year transition period completed

2006
- Voluntary P4P is introduced

2012
- Ministerial level act on services delivered in PHC and accessibility
- Family nurses role is defined

2017
- New health centers model introduced
Financial incentives to increase the role of family nurses (1)

2007

- A payment scheme was implemented to reduce the payments of family doctors when working without a nurse
- When working alone family doctors are paid 80% of the total capitation
- Number of family nurses has more than doubled starting from 2006

2006 584 nurses
2016 1389 nurses
Financial incentives to increase the role of family nurses (2)

2012

The role of the family nurse was defined with a ministerial level act: *The family nurse consults and monitors patients with chronic diseases and carries out analyses and procedures.*

Compulsory individual visiting hours was implemented to the family nurses (at least 20 hours per week).

This was implemented to the financing contract of family physicians.
Increase of nurses individual visits starting from 2010 to 2016

Increase of nurse counseling for type II diabetes patients from 2007 to 2014
Financial incentives to increase the role of family nurses (3)

2013

Extra funding for a second family nurse was introduced

- It is optional, the family doctor can apply
- The requirements for extra rooms and independent visiting hours need to be filled

The decision was made during Medical Doctors Associations strike

Change was mainly enforced by the Family Doctors Association
Payment system evolution

2003

- Basic allowance 12.6%
- Capitation 74.3%
- Distance fee 0.4%
- Investigations fund 12.6%

2017

- Basic allowance 14.1%
- Out of office hours pay 0.4%
- 2nd nurse fee 5.2%
- Distance fee 0.6%
- 2013 investigations fund 20.0%
- Activity fund 0.7%
- Therapeutic fund 1.3%
- Quality bonus (P4P) 2.7%

Source: www.haigekassa.ee

- All costs are covered through these different payments
- Over time the role of capitation has decreased
- New incentives: P4P, out of office hours fee, 2nd nurse fee
Expanding the role of family nurses

Starting from 2015 the **family nurses are allowed to prescribe a limited number of medicines**
Nurses are allowed to prescribe a previously **agreed list of**
  • medications for chronic conditions
  • medications, when previously prescribed by a Family Doctor

Family nurses have to **attend a training of clinical pharmacology** prior to be granted the right to prescribe medicine.

It was a **five years long consultation process with interest groups** which ended with an amendment in the Health Service Organization Act.

Change was mainly enforced by the Family Doctors Association and nurses association. The main opponents was the medical doctors association.
Recent reforms to increase the role of PHC

Over 85 million euros from EU structural funds will be invested to modernize or re-build primary health care centers all over Estonia till 2023.

Investments are an important measure to foster an increasing scope of services provided by family doctors’ teams and to strengthen the role of primary care.

After 2 years of consultations, in 2015, the Minister of Health and Labor defined minimum requirements for the PHC centers which set standard for investments.

To be eligible for the investment:
- at least three family doctors need to cooperate (with at least 4500 patients enlisted).
- in bigger cities at least six family doctors need to cooperate (at least 9000 patients).
- mid-wife, home nurse and physiotherapy services need to be offered in the new premises.
- .... even wider scope of services is encouraged, e.g. mental health nursing, social care.
Accessibility of PHC, 30 min drive

Source: Statistics Estonia, MoSA
New PHC model: new payment system

Gradual implementation since mid-2017

Several precondition for new funding model
• At least 4500 patients and 3 family doctors owning patient list
• Agreements with mid-wife and physiotherapist (not home-nurse) to provide wider scope of services
• Extended working hours, from 8h to 10h per day (8.00-18.00)
• Higher room standards (more m2)

Payment changes
• Higher monthly basic allowance (bigger room, management cost)
• Higher therapeutic fund (10% of the capitation compared to 3%)
Thank You!

Kaija Kasekamp
Kaija.Kasekamp@sm.ee