Estonian Health Care System

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Facts about Estonia

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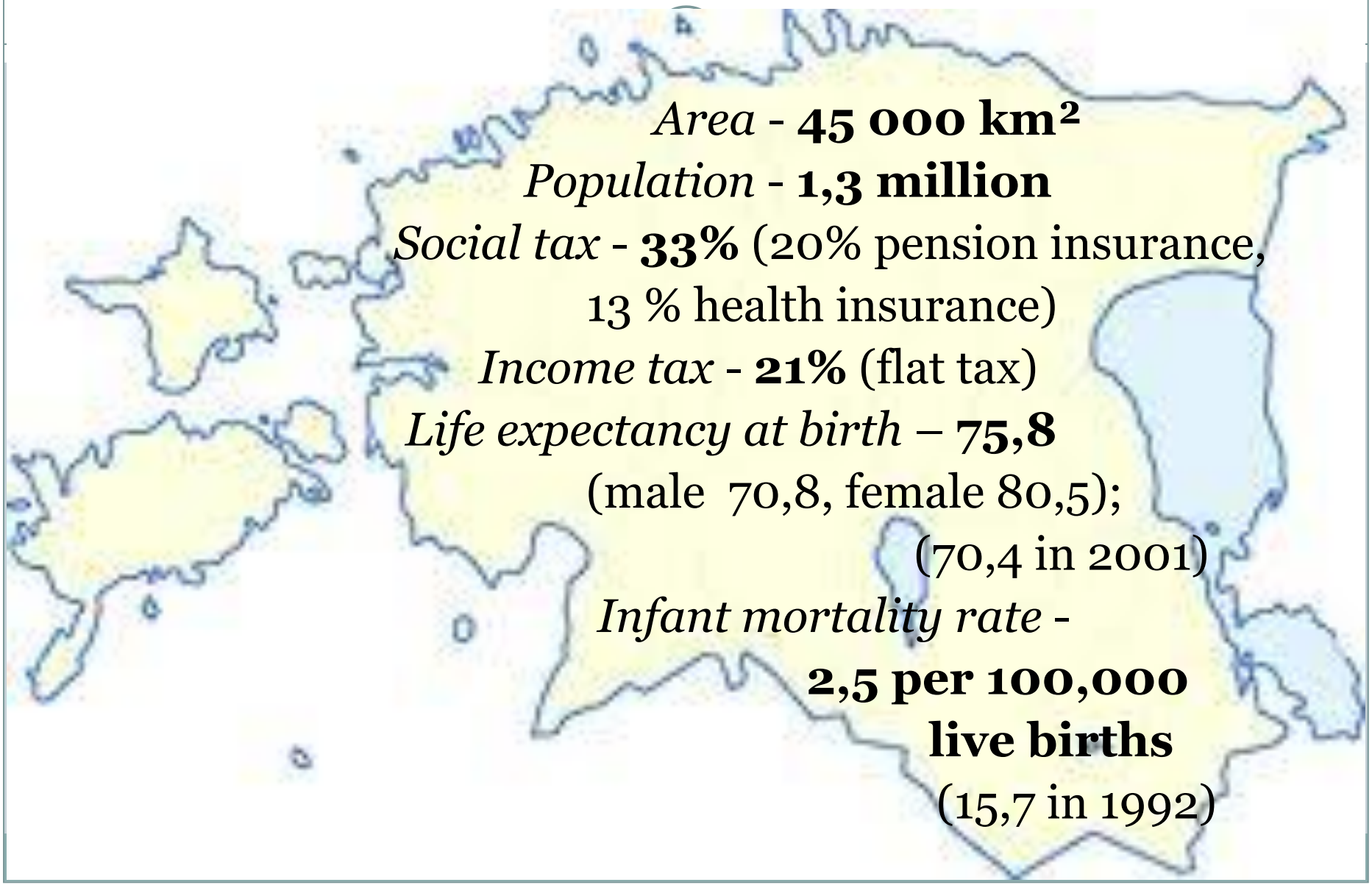


Area - **45 000 km²**

Population - **1,3 million**

Social tax - **33%** (20% pension insurance, 13 % health insurance)

Income tax - **21%** (flat tax)

Life expectancy at birth – **75,8** (male 70,8, female 80,5); (70,4 in 2001)

Infant mortality rate - **2,5 per 100,000 live births** (15,7 in 1992)

Estonian health care system at glance

- Compulsory health insurance paid by employer
  - Social tax 33%, from which health insurance tax 13%
  - Coverage 94 -95 % of the population
    - wider than actual contributors
  - Health care costs make up 7% of GDP

- Healthcare providers are private, municipal or governmental
  - Family doctors (private entities or companies)
  - Hospitals (shared companies or foundations)
  - Other service providers (f.e. dentists, private clinics, etc)

How we did it: structural reforms and development of infrastructure

- Estonian Health Insurance Fund (EHIF) (1991)
  - Accumulation of reserves in EHIF
  - Independent public legal body since 2001
- Primary health care based on family practitioners (1997)
  - Specialty, not general practitioners
  - Family practitioner phone line 24/7 (2005)
- Hospital Master Plan (2002)
- National Health Development Institute implements public health programmes (2003)
- Medical ambulance
- Use of WB loans, European structural funds and grants for capacity building, development of e-health system and renovation of hospitals

Result of the reforms, acute care hospitals (1991-2004: from 115 to 19)

Result of the reforms, nursing care hospitals in counties

EHIF as an active purchasing agency

- contracting health care providers
- paying for health services
- reimbursing pharmaceutical expenditure
- paying for temporary sick leave and maternity benefits

EHIF **Advisory Board** approves the EHIF's long and short term strategies and the yearly health insurance budget

List of services/DRG prices – regulation of Government

E-health

Five nation wide projects:

- Electronic Health Record
- Digital Images (PACS)
- Digital Prescription
- E-ambulance – in progress (fully operational by the end of this year)
- Digital Registration – in progress

E-health, as of July 21, 2012:

- **7,3 million medical documents in the system**
- **926 291 persons have** digital medical records in EHR , it is 71% of the population
- 100% of pharmacies have joined the digital prescription system
  - 2011: 8,8 million digital prescriptions were created
  - 93 % were prescribed electronically

Sustainability in financial crisis

- EHIF started to use accumulated reserves
- health budget was less affected than general state budget
- primary care and communicable diseases were prioritised within health budget
- rising of excise taxes for tobacco and alcohol (five times since 2008)
  - alcohol excise will annually rise by 5% until 2016
- state contributes to EHIF on behalf of unemployed
- state pays for emergency care of uninsured people

Sustainability in financial crisis

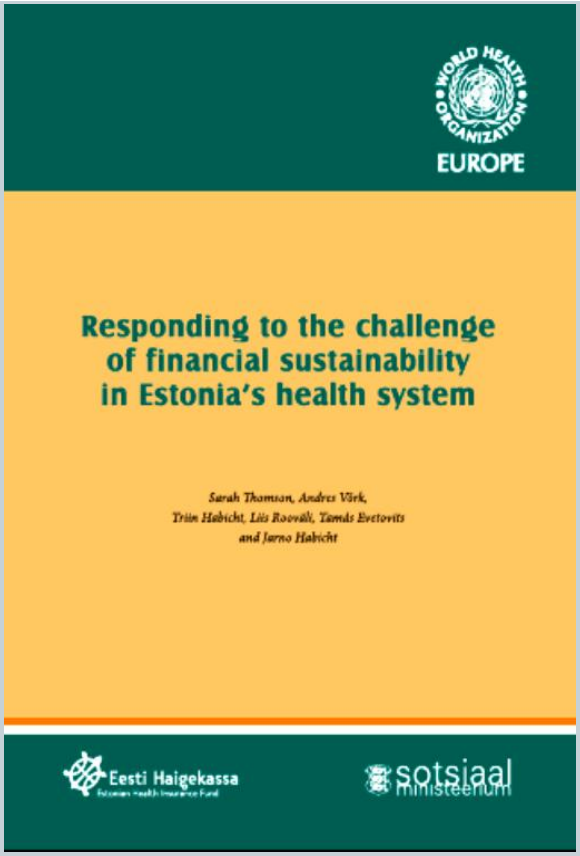
- more priority to day care and ambulatory care
- school medicine is fully provided by nurses since
- more independency to midwifes and family nurses
- reducing workload of GPs using health data from e-Health system for assignment of disability
- strengthening of primary health care and its gatekeeping role (management of chronic diseases)
- centralisation of management of primary health care
- revision of hospital master plan

Tallinn Charter: Health Systems for Health and Wealth

Member States of WHO committed themselves to:

- Promote shared values of solidarity, equity and participation;
- Invest in health systems and foster investment across sectors;
- Promote transparency and be accountable;
- Make health systems more responsive;
- Engage stakeholders;
- Foster cross-country learning and cooperation;
- Ensure that health systems are prepared and able to respond to crises.

Cooperation with WHO



Tallinn Charter follow up conference October 2013!