Estonian Health Insurance Fund

the cool**est** healthy digital society

Overview of Estonian Health System

04.01.2023

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Introduction of Estonian Health Insurance Fund

Rain Laane, Chairman of the Management Board (CEO)

Marko Tähnas, Head of Partner Relations Departement

Pille Banhard, Member of the Management Board (CFO)

Jaarika Järviste, Head of Development Departement

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Estonian Health Insurance Fund

rain.laane@tervisekassa.ee

rain.laane@tervisekassa.ee

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ESTONIA

- **Area** 45,336 km2

- **Population** 1 331 000

- **Population density** 30 in/km^2

- **State budget** 2021: 11.2 billion €

  (social protection 33%, health care 13%)

- **Administrative division**: 15 counties, 79 local

  authorities

Estonian population is

Aging and decreasing

Moving from rural areas to the cities

Living longer, but not healthy

Statistics

Health Expenditure

6.73% of GDP (2019)
per capita **1599$**
out of pocket **24.05%** (2019)
96% of population covered by mandatory health insurance

Facilities

52 hospitals
421 family doctor practices
20 acute care hospitals in HNDP
6931 hospital beds

Workforce

3,5 doctors per 1000 population
6,2 nurses per 1000 population
Number of medical personell – 25 200

SOLIDARITY BASED HEALTHCARE

The EHIF's **vision** is to create and sustain a sense of health security and increase the number of healthy life years.

200 emlpyees;
4 locations
Annual budget 2023 - 2.2 B€

Strategic objectives

- Aspiration
- Consideration
- Cooperation

People are able to take better care of their own health.

Expanding health insurance benefits

High-quality healthcare services ensure comprehensive patient care.

The Health Insurance Fund is valued by insured people and our partners.

Cooperation with health service providers

marko.tahnas@tervisekassa.ee
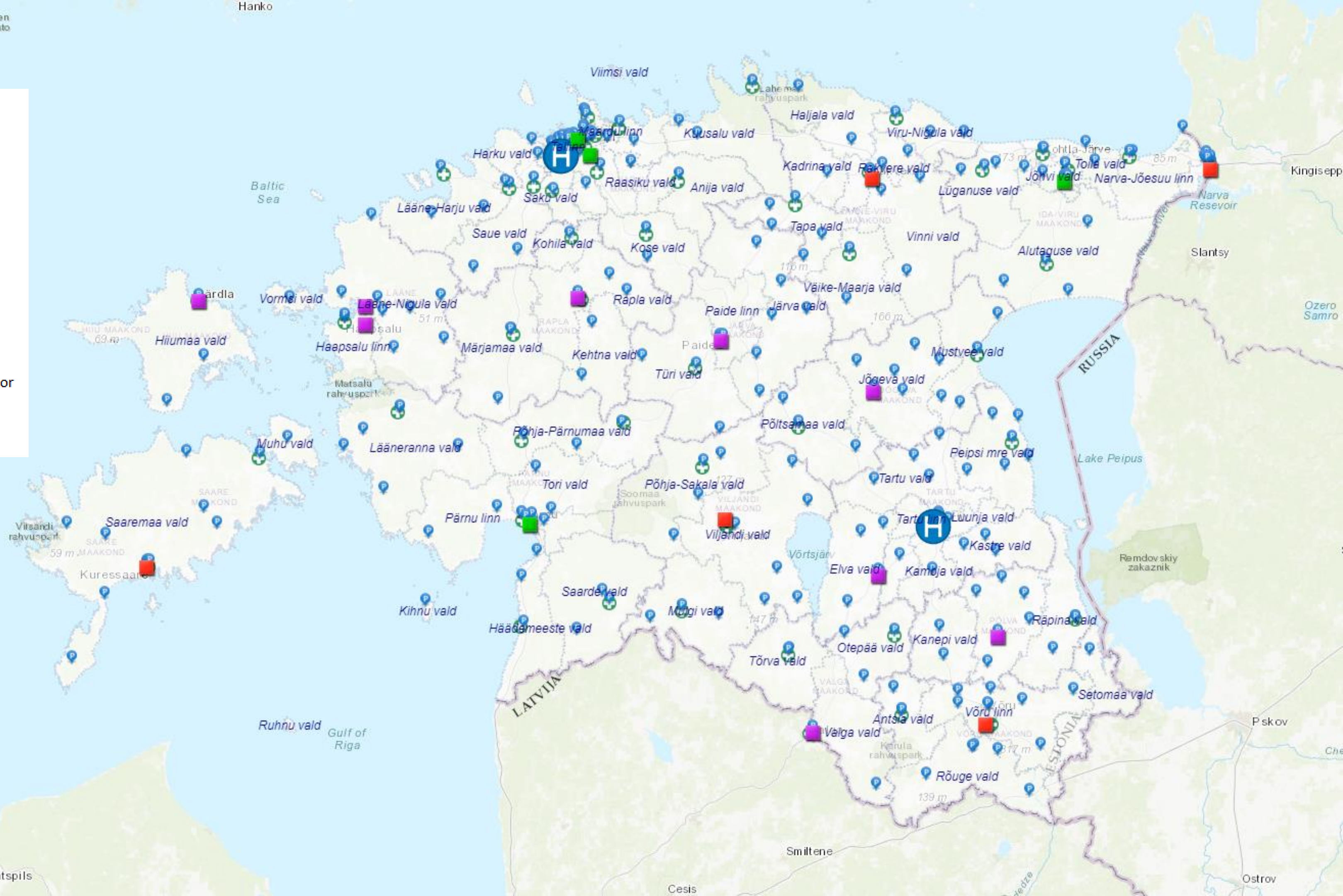
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Topics

Managing vs cooperation

1. Healthcare map
2. How to become a partner
3. Different contracts
4. Standard requirements
5. Transparency

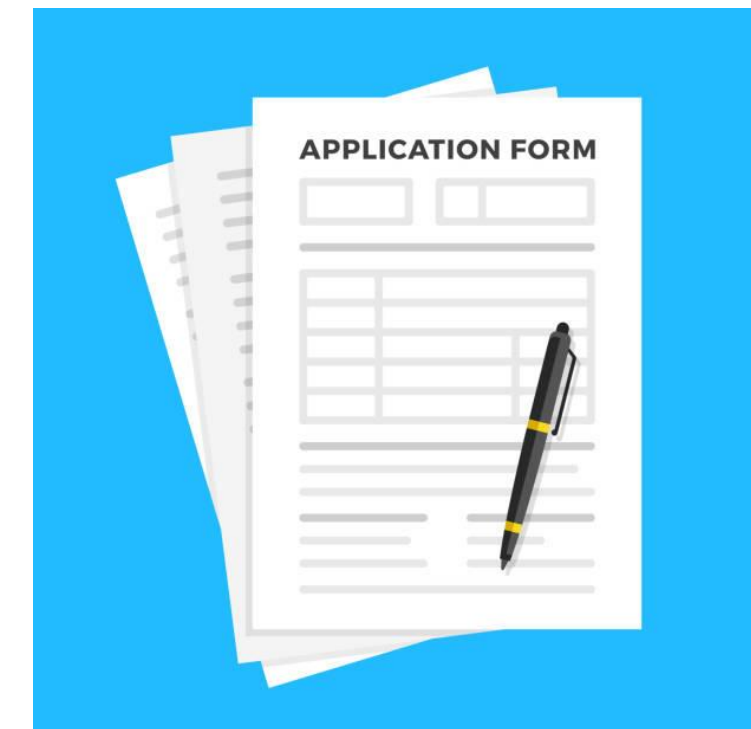Legend

Haiglad
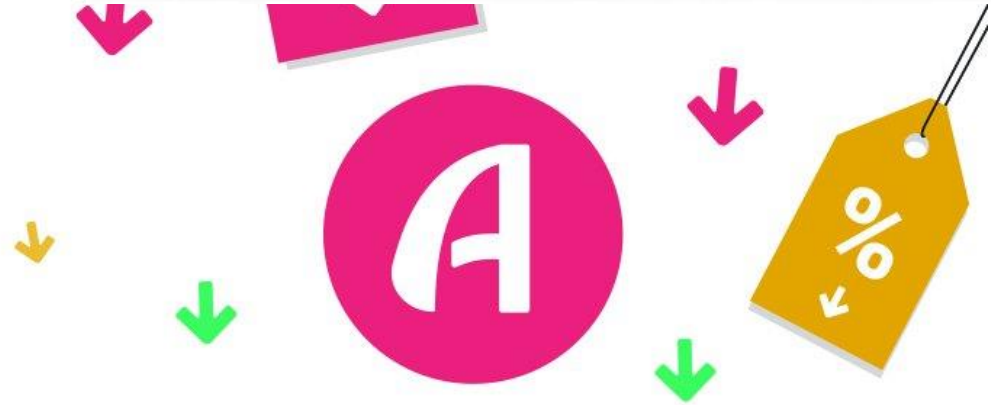
- H Regional Hospital
- ■ Central Hospital (green)
- ■ General Hospital (red)
- ■ Local Hospital (purple)
- GP (general practitioner/family doctor)
- Ambulance base

How to become a partner

Tender

Different contracts

Standard requirements

1. Defined what specialty needed on what level

2. Referrals digital

3. Connected to the national digital rgistry

4. Specialty care:

   a) E-consultancy

   b) Schedule opened for 4 months (including mobile services)

      1. Timestamps = waiting times

5. Schedule opened outside business times

6. Managing the contract = responsibility for money

7. Overwork = 0,7; 0,7; 0,3.

8. Vaccination centres

9. Invoicing on running schedule

Transparency

Everyone sees everyone (+1 day)

1. Quality

2. Actual work and financed services

3. Ambulance

4. GP's (general practitioner/family doctor)

Health system financing

pille.banhard@tervisekassa.ee

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EHIF revenues, expenditures and reserves (2004 -2026)

650 000

1 200 000

Working people who pay the 13% tax for health insurance

Working people + children (up to 19y), college students, pregnant women and maternity/paternity leave, pensioners etc

Population is aging and there is less employed people
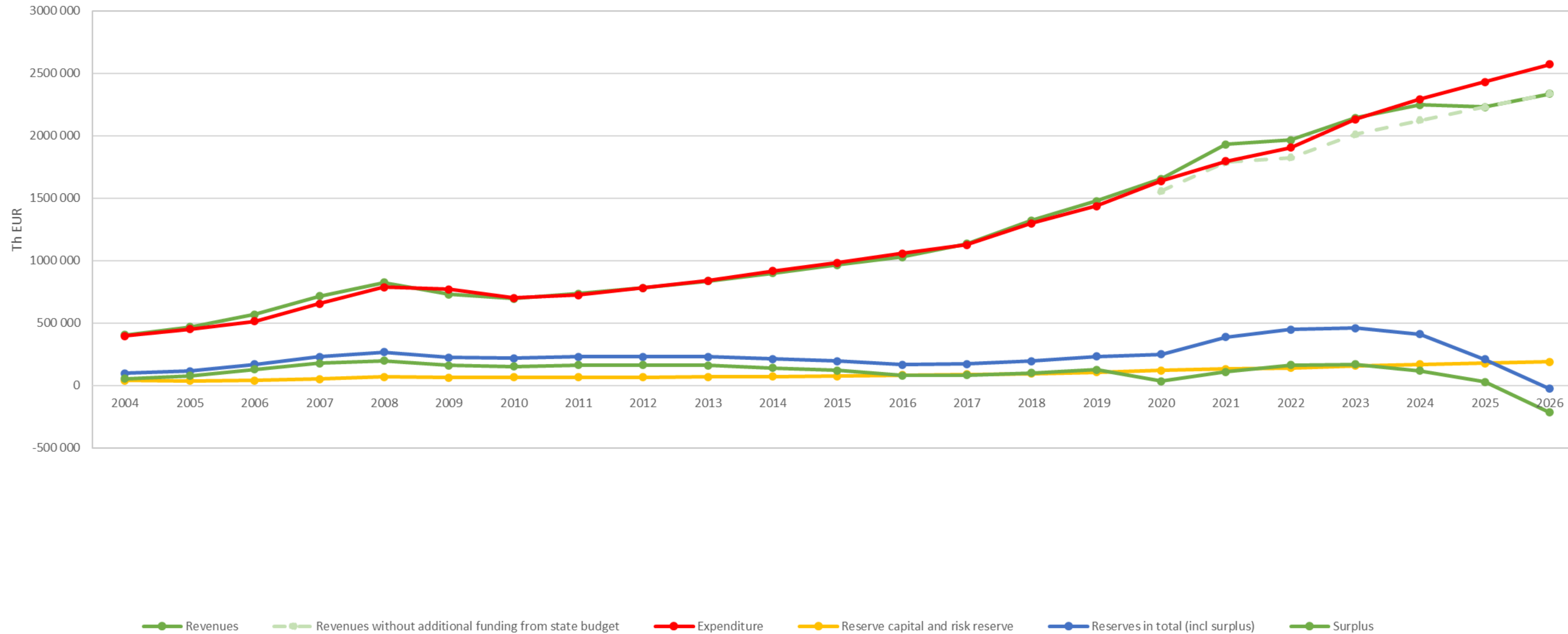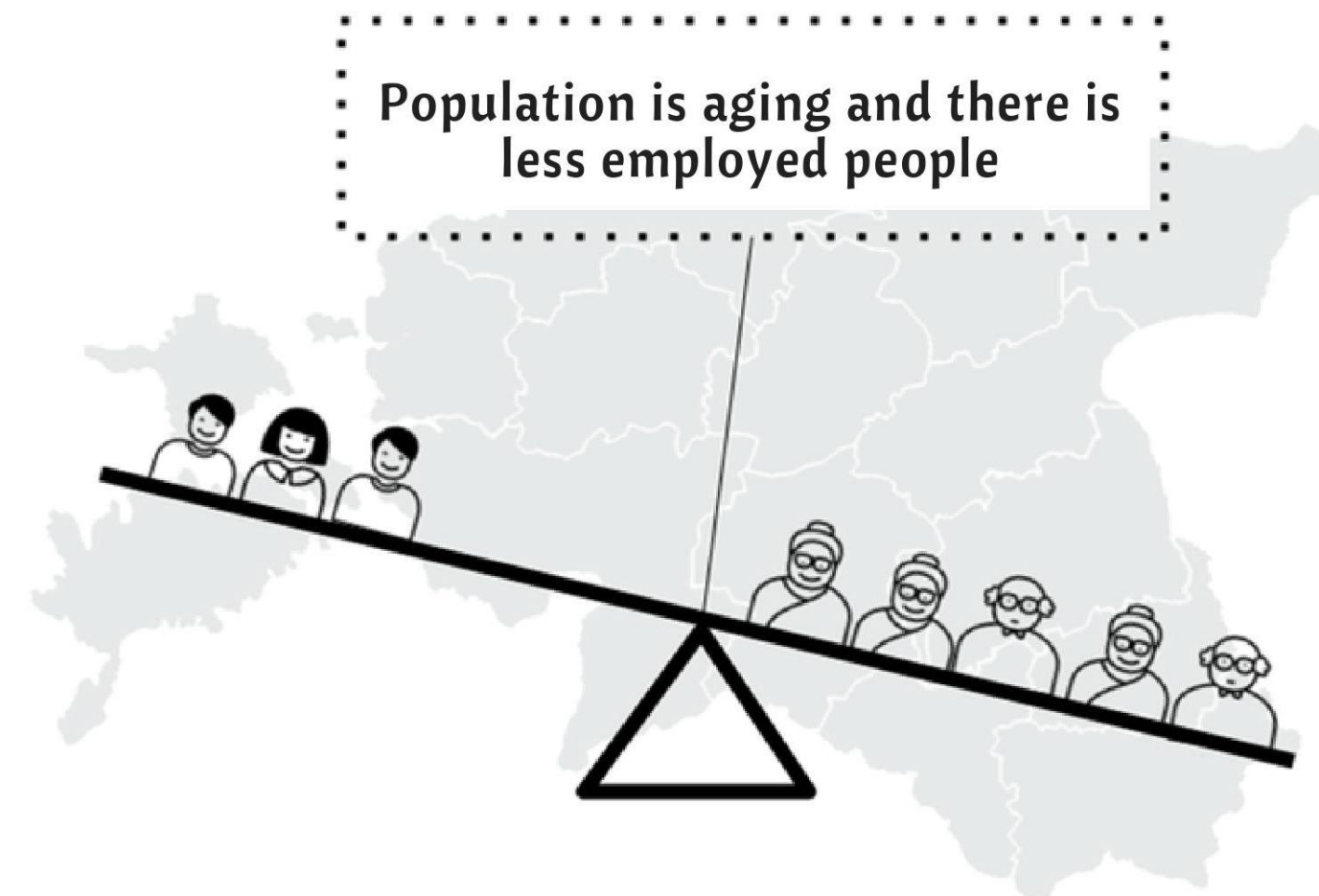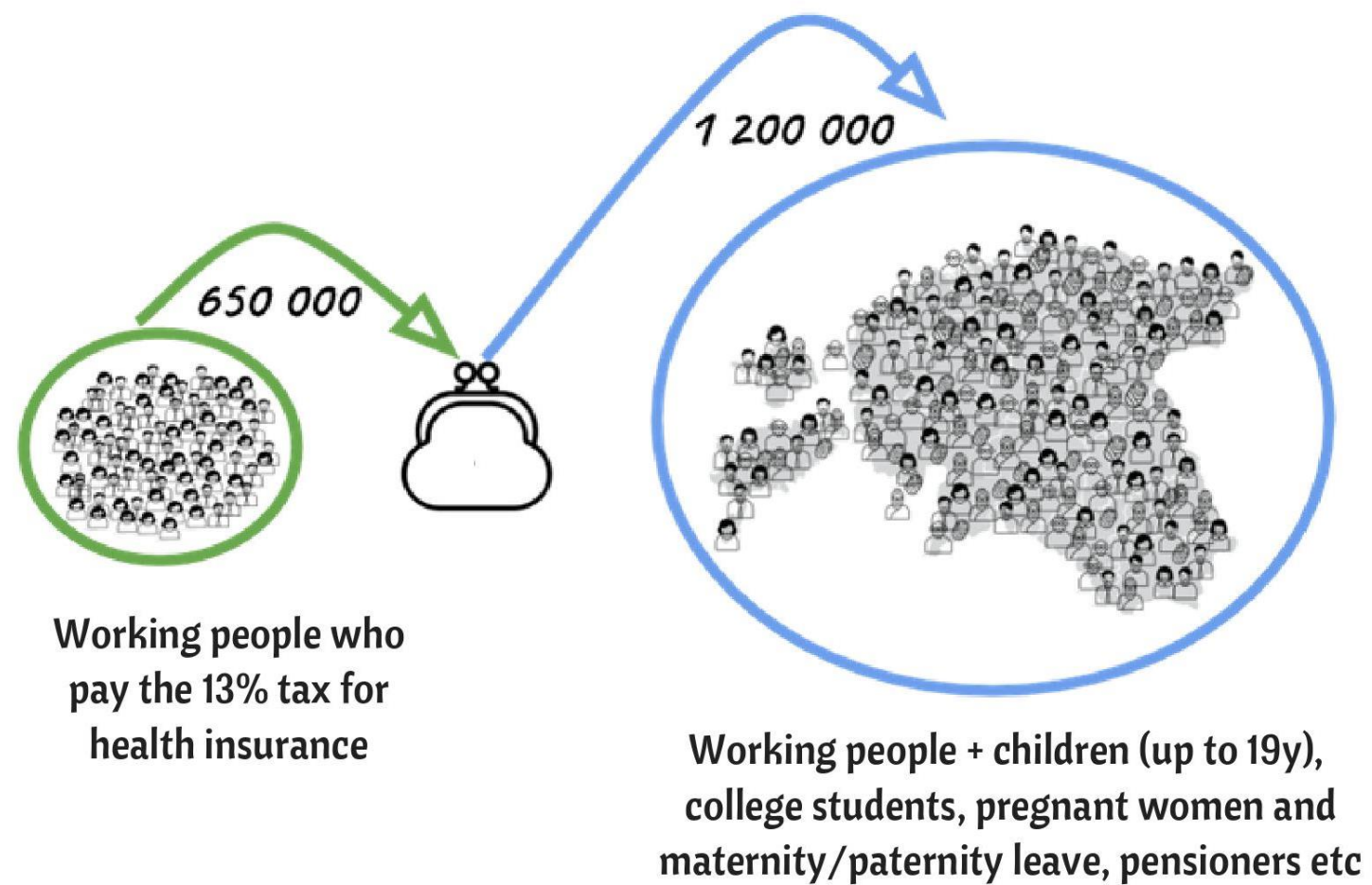
Starting from 2018 additional transfers from state budget

Estonian Health Insurance Fund revenues
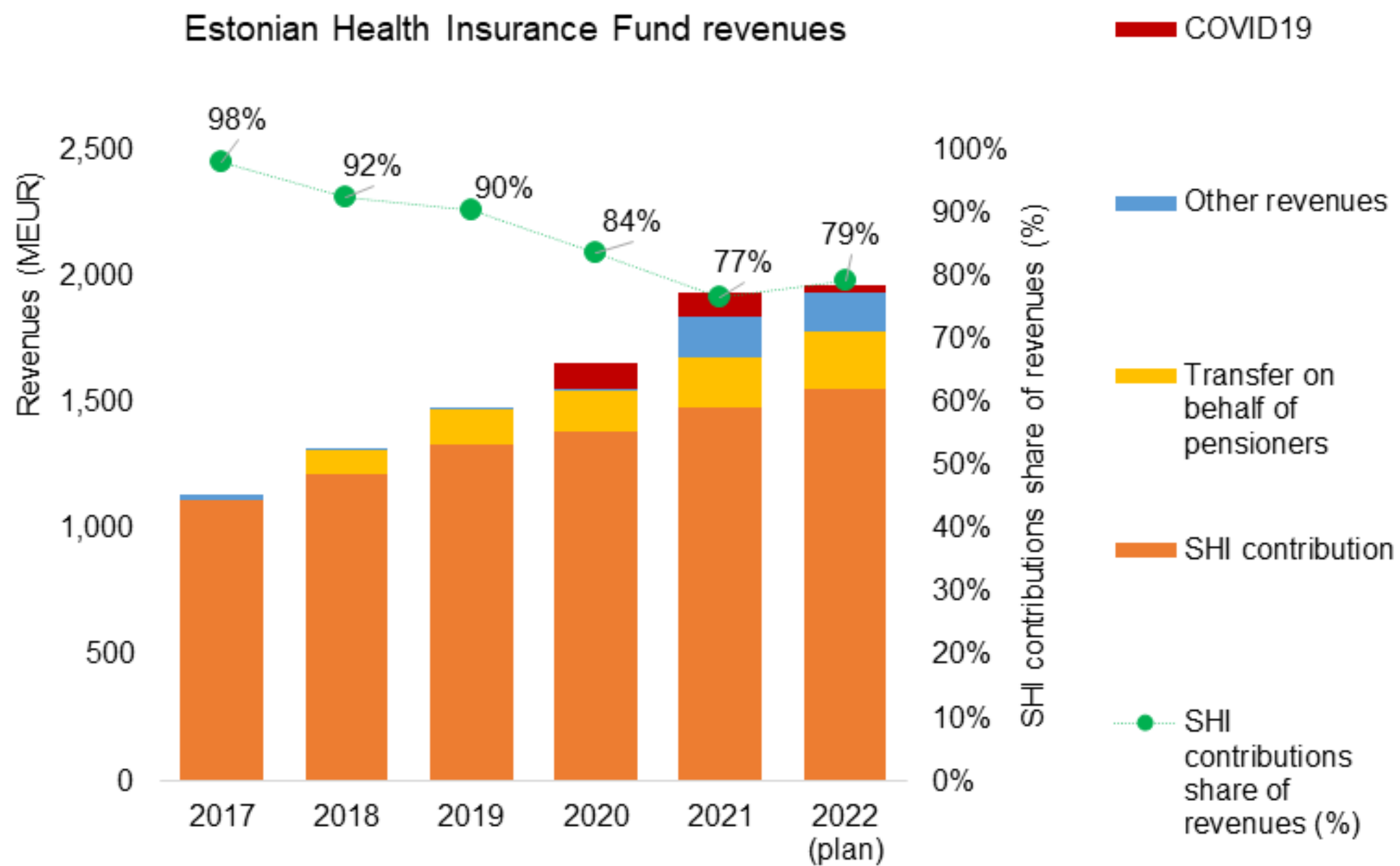
Revenues

Health insurance package

Category	Percentage
Specialist care (incl rehabilitation care)	50.10%
Benefits in cash as temporary incapacity to work	10.80%
Primary care	10.70%
Compensation of pharmaceuticals (incl…	10.30%
Other	4.30%
Dental care	3.80%
Ambulance	3.50%
Nursing care	3.20%
Health promotion and prevention	1.20%
Compensation of medical devices	0.80%
Emergency care of non-insured	0.70%
Cross border health care	0.60%

➢ 74% of the budget is managed by contracts
➢ Less than 1% of bugdet is related to administrative expenses

EHIF's Reserves Policy

<u>By law required</u>

Solvency reserve

- 5,4% of total budget to balance macroeconomic risks, needs Government approval

Risk reserve

- 2% of health insurance budget to balance the risks of health insurance obligations, needs EHIF's Supervisory Board approval

<u>EHIF initiative</u> **– Surplus**

- Difference between forecasted revenues and expenditures, needs EHIF's Supervisory Board Approval (<30% of total surplus, <7% of previous period's health care services budget)

Pricing of health services

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Health Service List (HSL)

✓Regulation of the Government of the Republic;

✓HSL includes **all services** that are reimbursed by EHIF in all care settings (incl. primary and specialist care):

- ✓ Service name (definition) and specific code;
- ✓ Price (maximum price);
- ✓ Rules of reimbursement (e.g., for which patient groups EHIF's reimbursement is available);
- ✓ Co-payment rate (maximum 50%).

✓Sets also **framework for payment methods** (DRG, FFS, capitation, P4P);

✓The price list contains almost 3000 different items.

Health Service List (HSL)

Part 2

✓ All providers are offered the **same prices** for services;

✓ All prices approved are **maximum prices**, and providers and EHIF can agree on lower prices in the contracts;

✓ HSL is changed in case of necessity **once a year** and in accordance with Health Insurance Act;

✓ Revision of HSL can be initiated by **provider or specialist associations** or by the **EHIF.**

Pricing methodology: FFS

Three parallel processes for costing of services:

Updating Specialities

- All services under a single speciality updated at once
- **Collaboration with Specia-list Associations**
- Focus on optimal use of resources – validation against hospital cost data
- Possible to add new services but using the „Proceeding Applications" framework

Proceeding Applications

- Main aim is to add single new services, sometimes used to change rules or prices of existing services
- **Collaboration with asso-ciation behind application**
- Focus on medical efficacy and cost efficiency;
- Validation against hospital cost data only for high-volume cases

Adjusting Overhead Costs

- Updated simultaneously for all services
- **Collaboration with financial departments of hospitals**
- Focus on optimal use of resources – validation against hospital cost data

Aim: Service prices cover all costs of resources needed to offer the services.

Provider payment mechanisms

✓General practitioners– capitation, FFS, P4P

✓Ambulatory specialist – FFS

✓Dental care for adults – FFS

✓Hospitals – FFS, Per diem, DRG, global budgeting, bundled payment

✓Long term nursing care – Per diem, FFS

All partners have contracts with EHIF

Results from having a unified methodology

✓Chance to agree on a „best practice" and optimal service offering;

✓If all resources are defined, calculating budget effects for input changes becomes rather simple;

✓System can be adapted quickly;

✓Service providers can compare their use of resources to the defined optimum – stimulates efficiency in the system;

✓Transparency: a lot of material, including unit prices, are publicly available.

E-health and digital systems

jaarika.jarviste@tervisekassa.ee

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Estonian e-health ecosystem

An Overview of e-Health Services in Estonia

National Health Information System

Patient portal

EHR data viewer

E-booking

Drug interaction Decision support

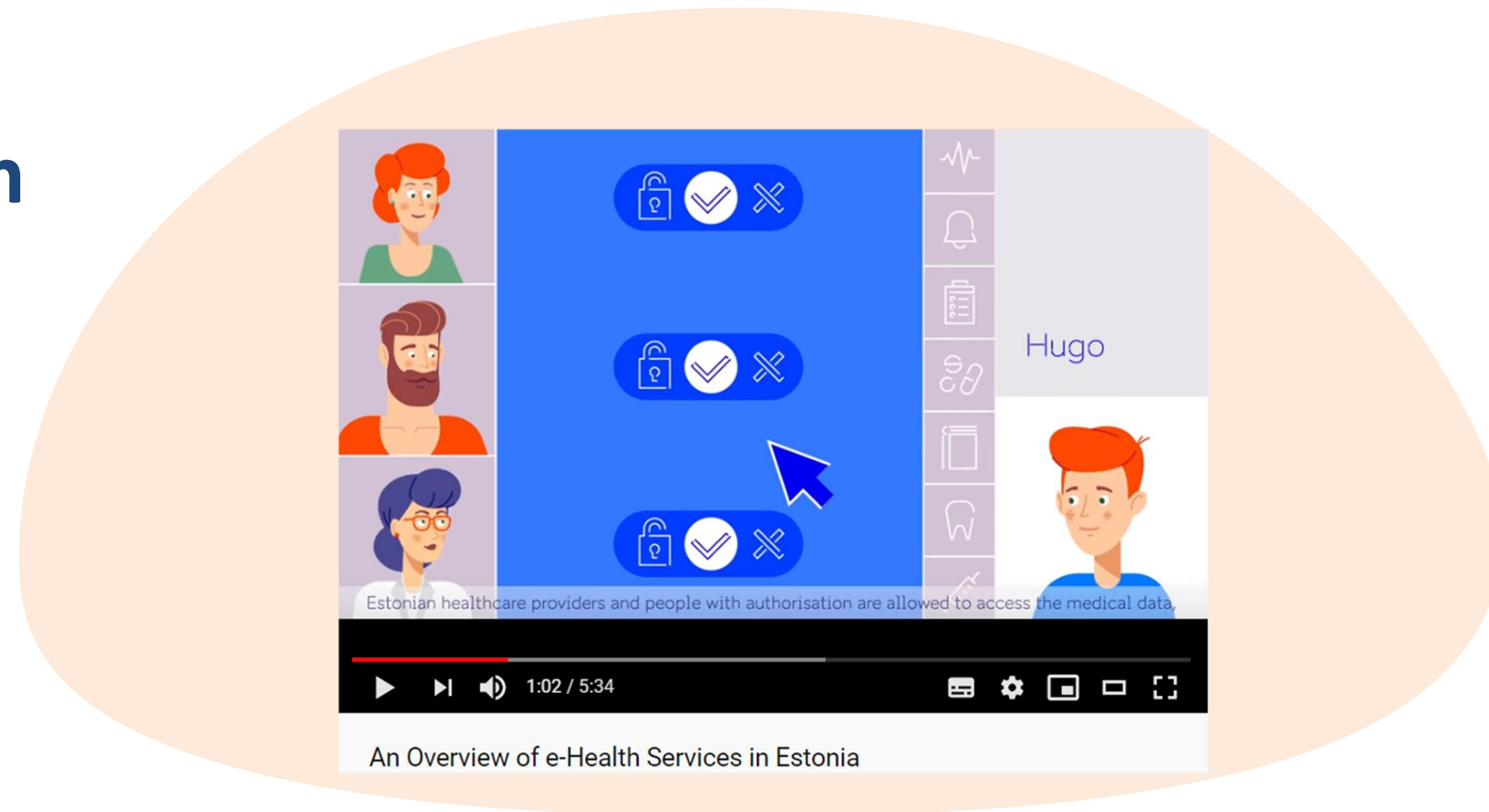Personalized medicine project

Clinical decision support system

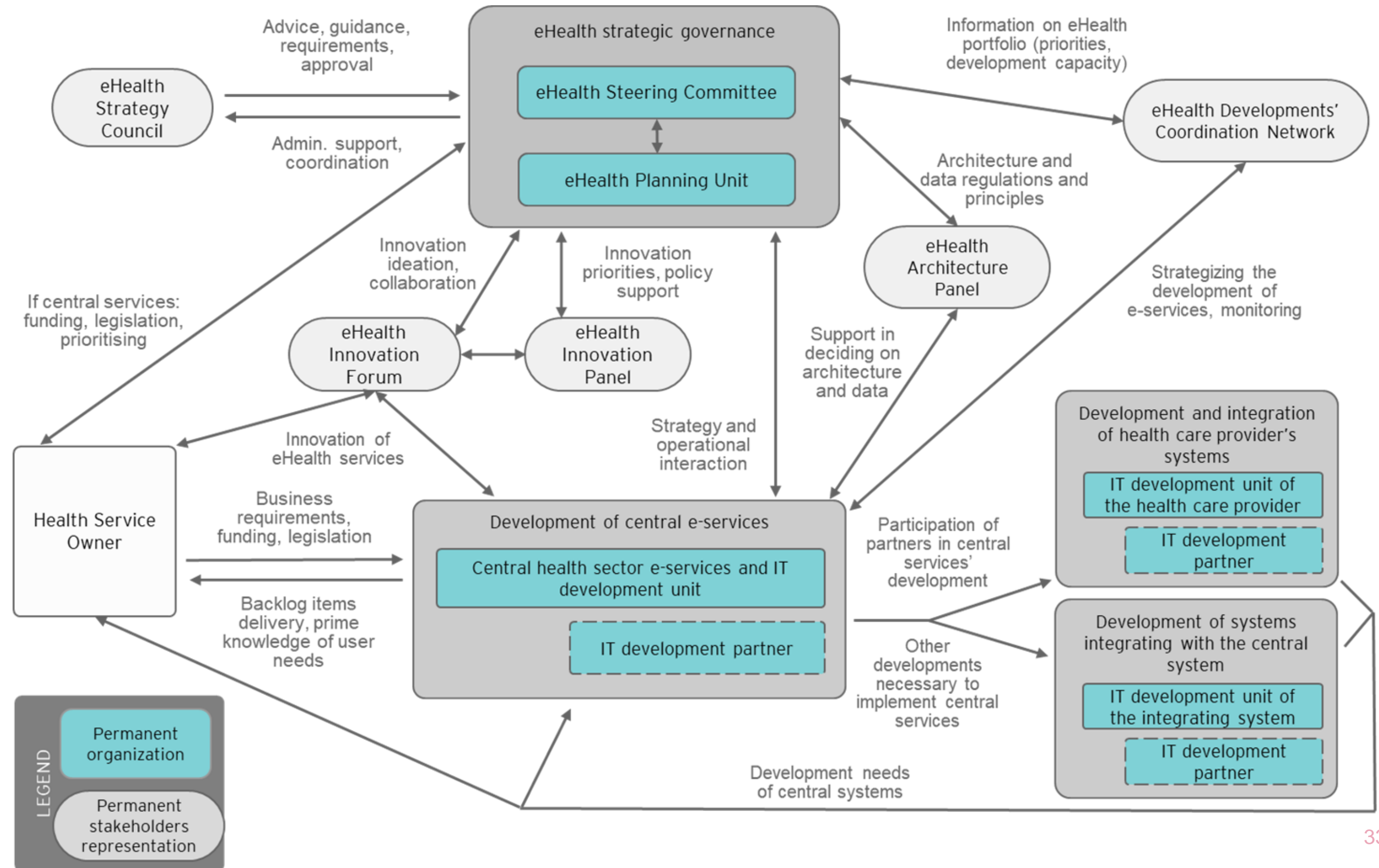Medical images bank

E-prescription

E-ambulance

E-consultation between specialists

E-prescription for hospital medicines

Estonian e-governance framework (2021-2022)

- Ministry of Social Affairs - **planner**

- Health Insurance Fund - **payer**

- Health and wellbeing information systems Center – **developer**

- Different e-service **product owners**

National Health Information System (TIS)

Central national database for health data since 2008

Data Exchange:
- ✓ enables healthcare service providers to exchange data
- ✓ enables patient to view health data from patient portal
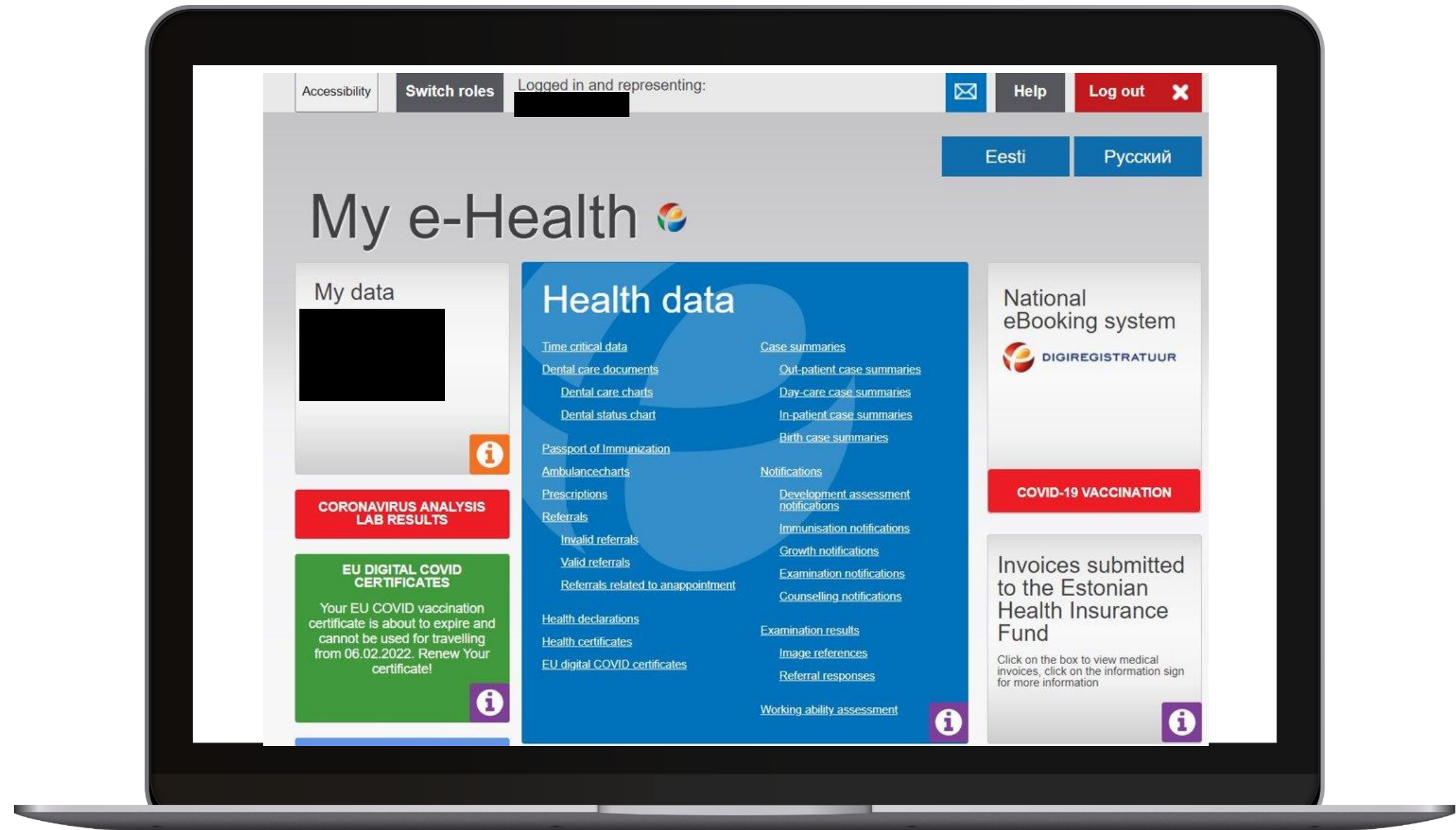
Main advantages:
- ✓ system improves and speeds up the exchange of information between doctors
- ✓ the family physician can access all the in-depth health records of the patients on his / her list
- ✓ large-scale study results and descriptions are available to the medical doctor and family physician through the system, regardless of where and when the study is conducted
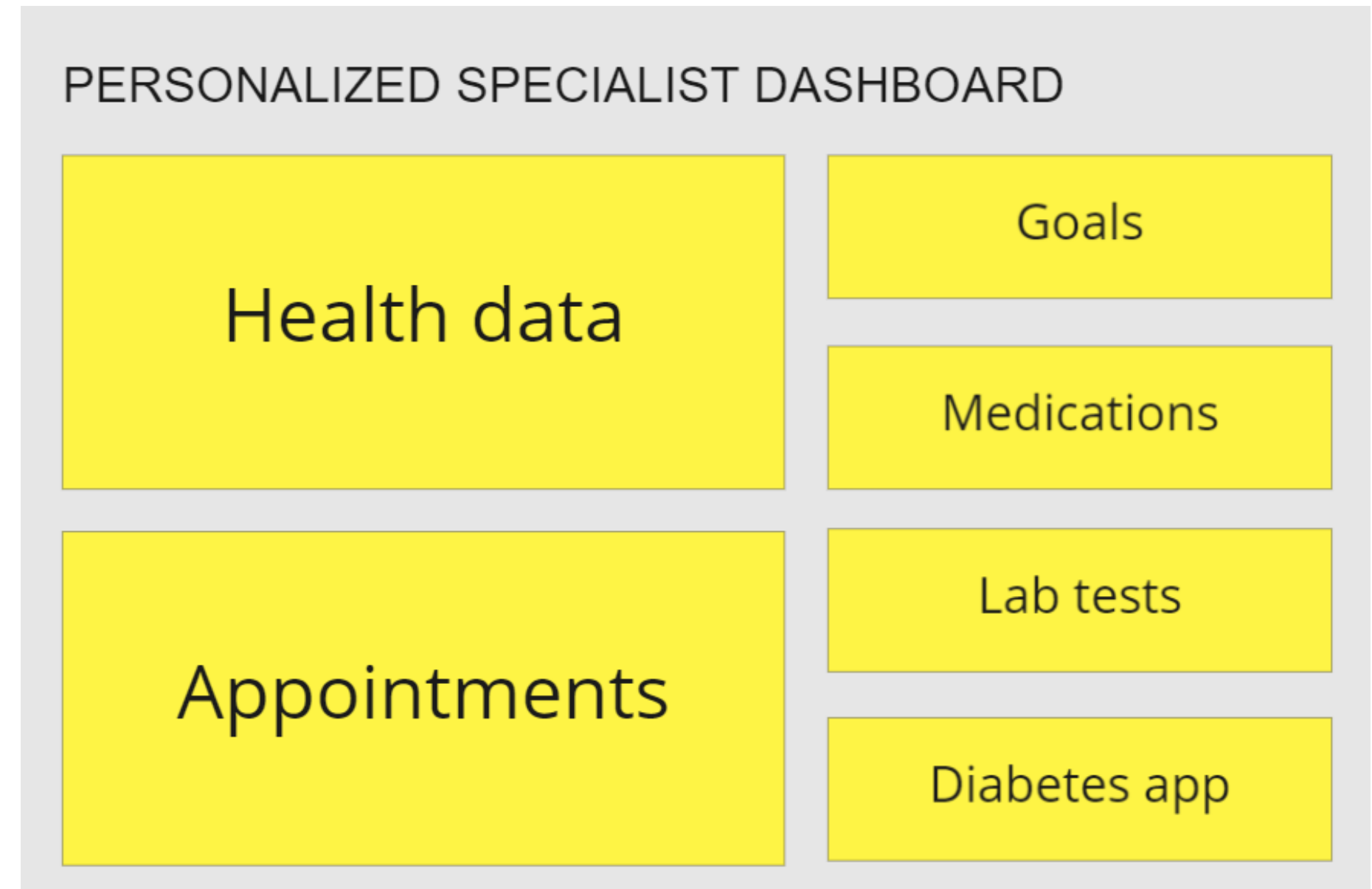
Next generation central health information system

Central userinterfaces

Patient portal

Specialist portal

Data counter for secondary use

National health information system

35
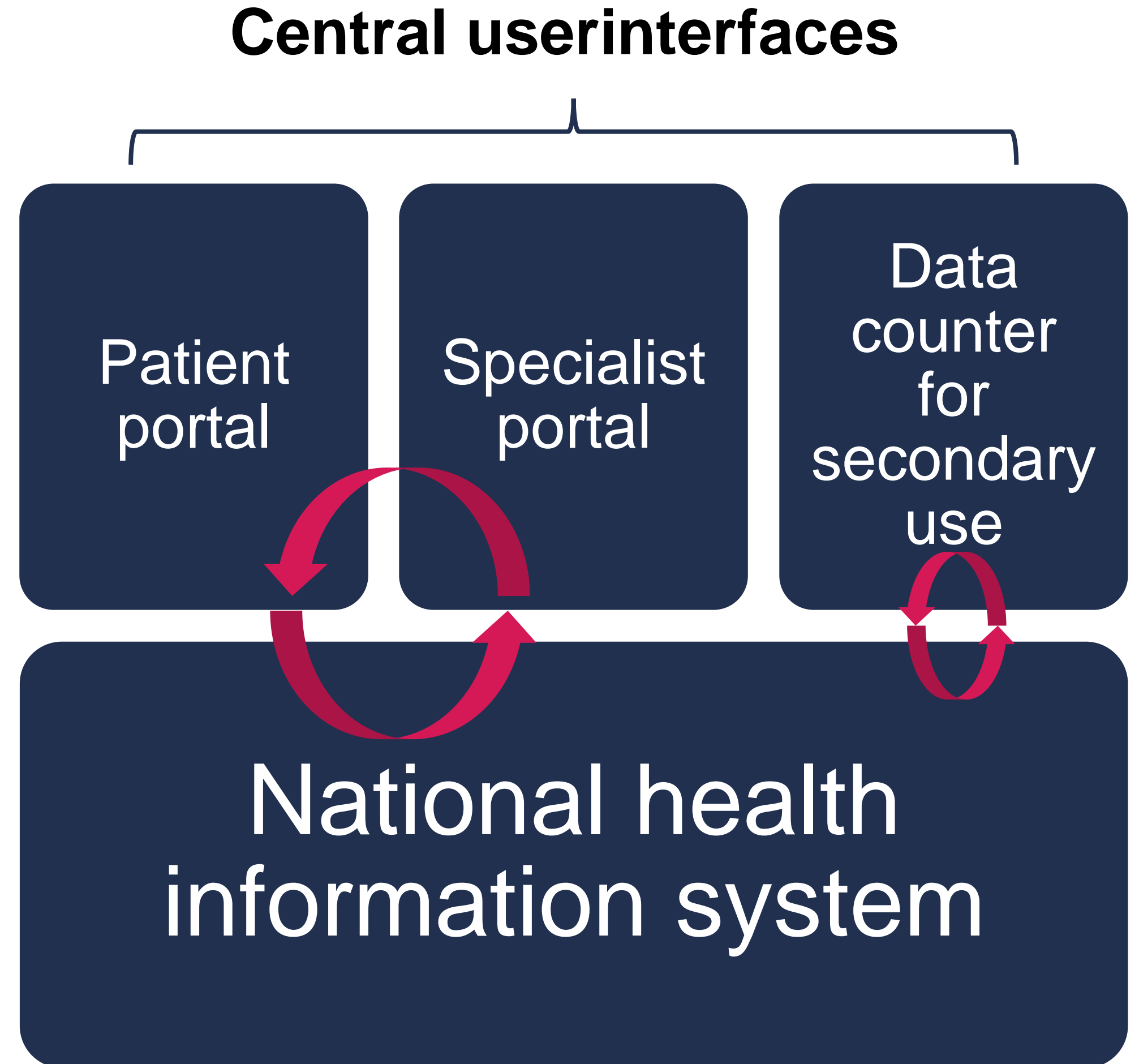
Patient portal digilugu.ee will become myhealth.ee in 2023

Specialist portal to be

- Accessible to the whole care team
  - Doctors, nurses, pharmacists, carers, social workers etc
- Structured overview of all health data (vs list of documents)
- Structured data insertion
- Central e-services can be used:
  - E-prescription, referrals, certificates, etc
- Possible to link health applications on dashboard

PERSONALIZED SPECIALIST DASHBOARD

Health data

Goals

Medications

Appointments

Lab tests

Diabetes app

Central medication view to be

Possible to
- see and edit the **latest** treatment plan
- accessible by whole care team
- create new prescriptions
- extend and cancel prescriptions
- print the view if needed

National digital health products lead by EHIF

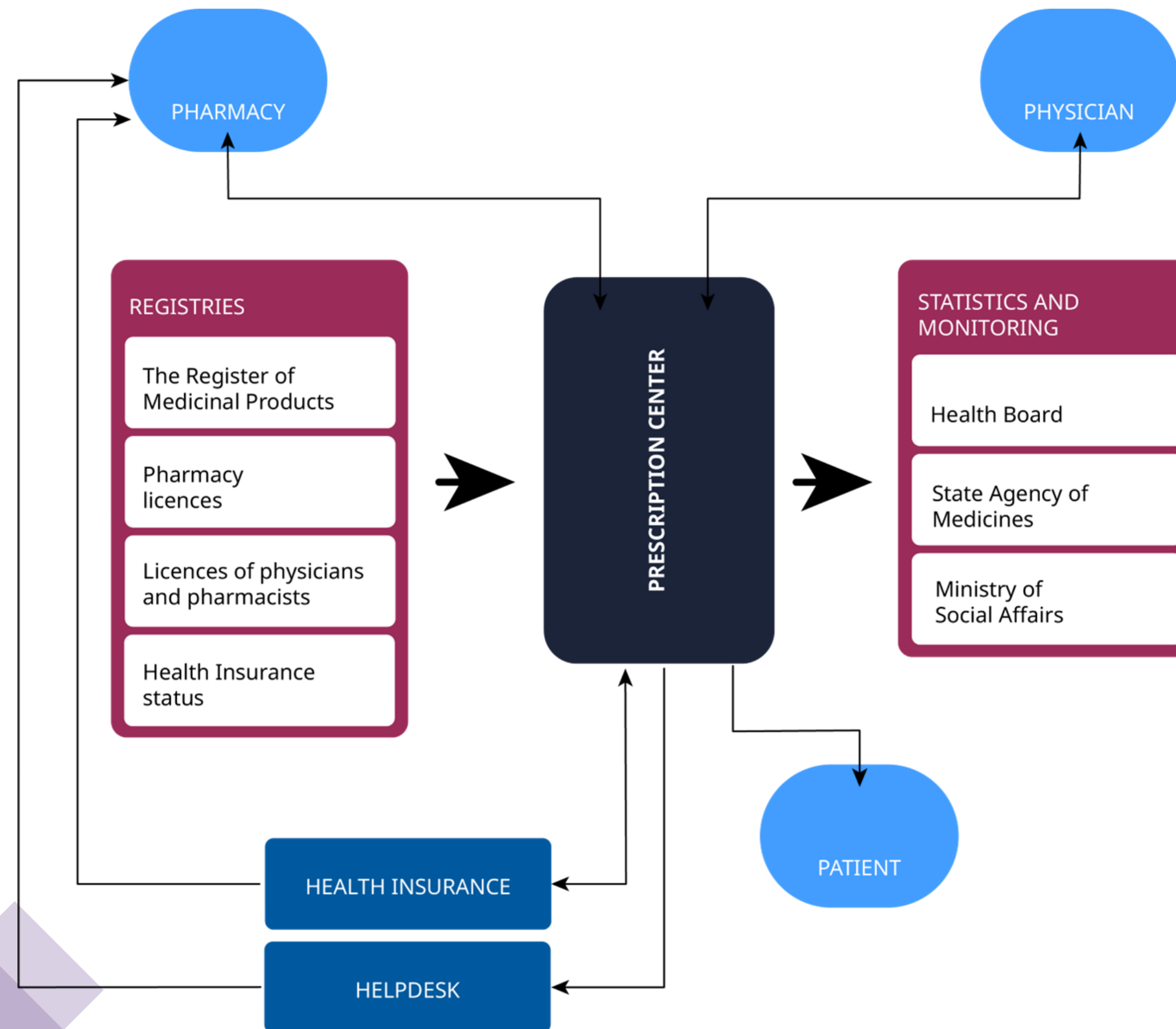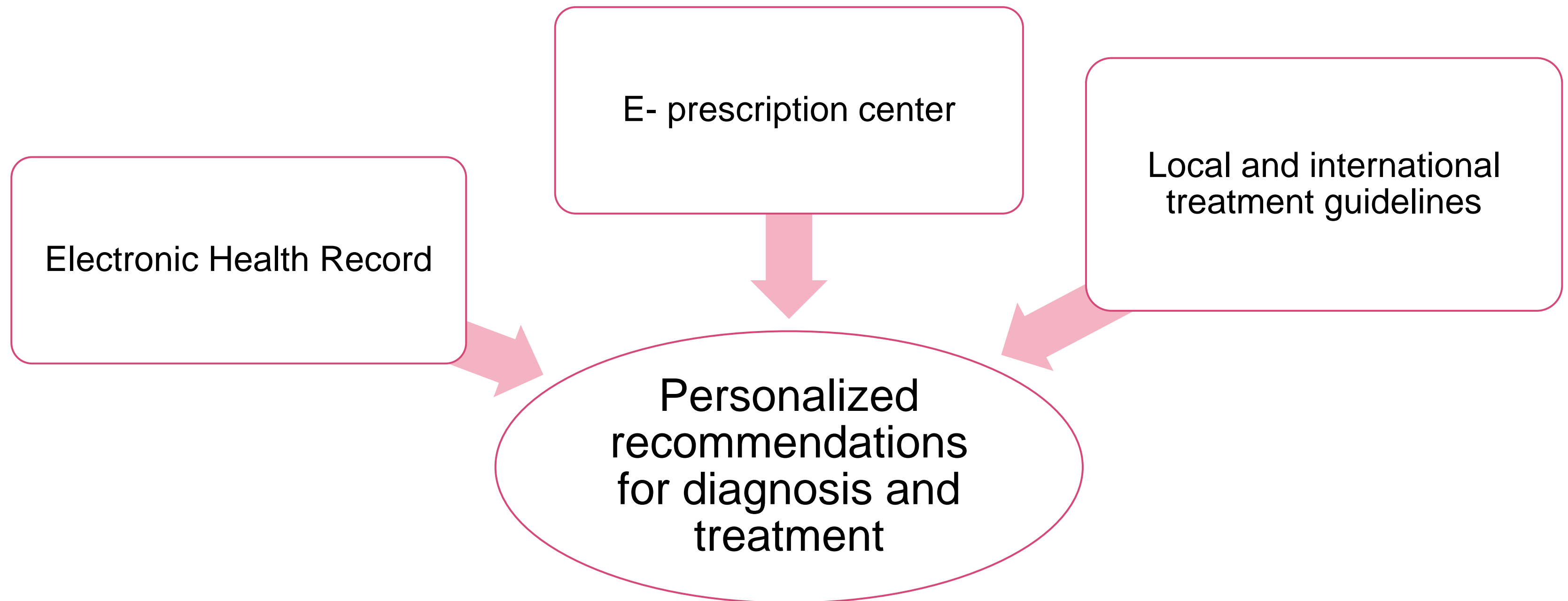|			
National EHR	Patient portal	Specialist portal	eAmbulance
ePrescription	Central booking system	Clinical decision support systems	Telemedicine

E – prescription (since 2010)

Clinical Decision Support System brings the doctor the information it needs for making clinical desicions

Live since 2020

E- prescription center

Local and international treatment guidelines

Electronic Health Record

Personalized recommendations for diagnosis and treatment

Tail Otsi Välisdokumendid Digilugu Labor Röntgenvastused E-tõend Tulemustasu Raviplaan Ennetus/Jälgimine Lisad Seaded Abi

Dr KALDA, AIN - Perearsti kabinet (PA3 test) ▼

DE, 27.03.2020

Nimi   L   P

KASK, AALE

00

30   **KASK, AARE**

00   **TESTTOT, TESTMEES**

30

00   **VÕSAÜLANE, ÜLLE**

30   **LOPATKO, DARJA**

00   **JALAK, MARIKA**

30   **UUS, EVELIN**

    LEPIK, ADA MAI MANNIKE

    CUUSK, LY

GASISIDET VAJAVAD PATSIENDID +

ISIKUANDMED   **BRONEERI AEG**

ISIKUKOOD ja VANUS: **43201010017** 88a 2k 26p

PEREKONNANIMI: **TESTHAIGETEHIK**

EESNIMI: **HALDI**

PEREARST:

Kindlustamata   KONTROLLITUD:

MÄRKUSED

VIIMANE HAIGUSJUHT

HAIGUSJUHT +

DIAGNOOS   **RAVITEENUSTE ARVE**

KÕIK HAIGUSJUHUD

ENNETUS 2020

AEGKRIITILISED ANDMED

VIIMASED KONTAKTID JA TEATED

ELUANAMNEES

DIAGNOOSID   ● Isikukeskne   ○ Haigusjuhu keskne

VAREM KIRJUTATUD RAVIMID +

VÄLJASTATUD DOKUMENDID

LABORI TELLIMUSED

ⓘ **OTSUSTUSTUGI**

→← Ravimivaade »
Kalkulaatorid/Küsimustikud (3)

↻ TESTHAIGETEHIK, HALDI (432010100

⌄ **Meeldetuletused**

⚠ Patsiendi ööpäevane metotreksaadi annus on 50 MG/1.00ML. Metotreksaati manustatakse tavaliselt üks kord nädalas ning maksimaalne annus on 25 mg nädalas. Kontrollige annust.

ⓘ ✉

⚠ Patsiendi GFR (37 ml/min 2020-02-20) on madal ning patsient kasutab regulaarselt MSPVAd ibuprofeen. Sellel võib olla kahjulik toime glomerulaarsele funktsioonile. Kaalu selle lõpetamist või asendamist näiteks paratsetamooliga.
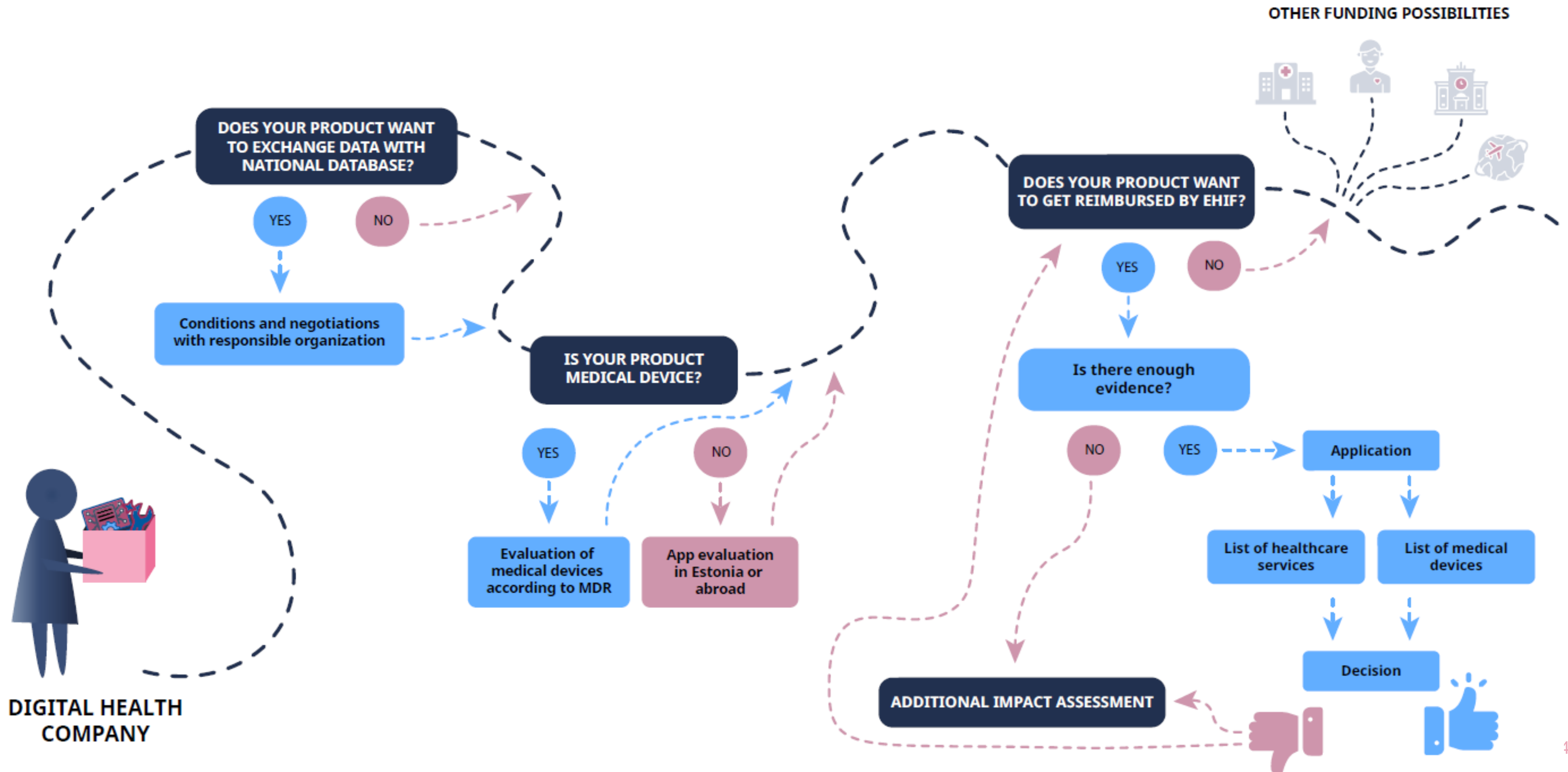
ⓘ ✉

⚠ Patsiendil diagnoositi kodade virvendusarütmia. Hüpertüreoidism on üks sagedasem ekstrakardiaalne riskitegur, mis põhjustab kodade virvendust. Hüpertüreoosi välistamiseks määra patsiendi TSH sisaldus.
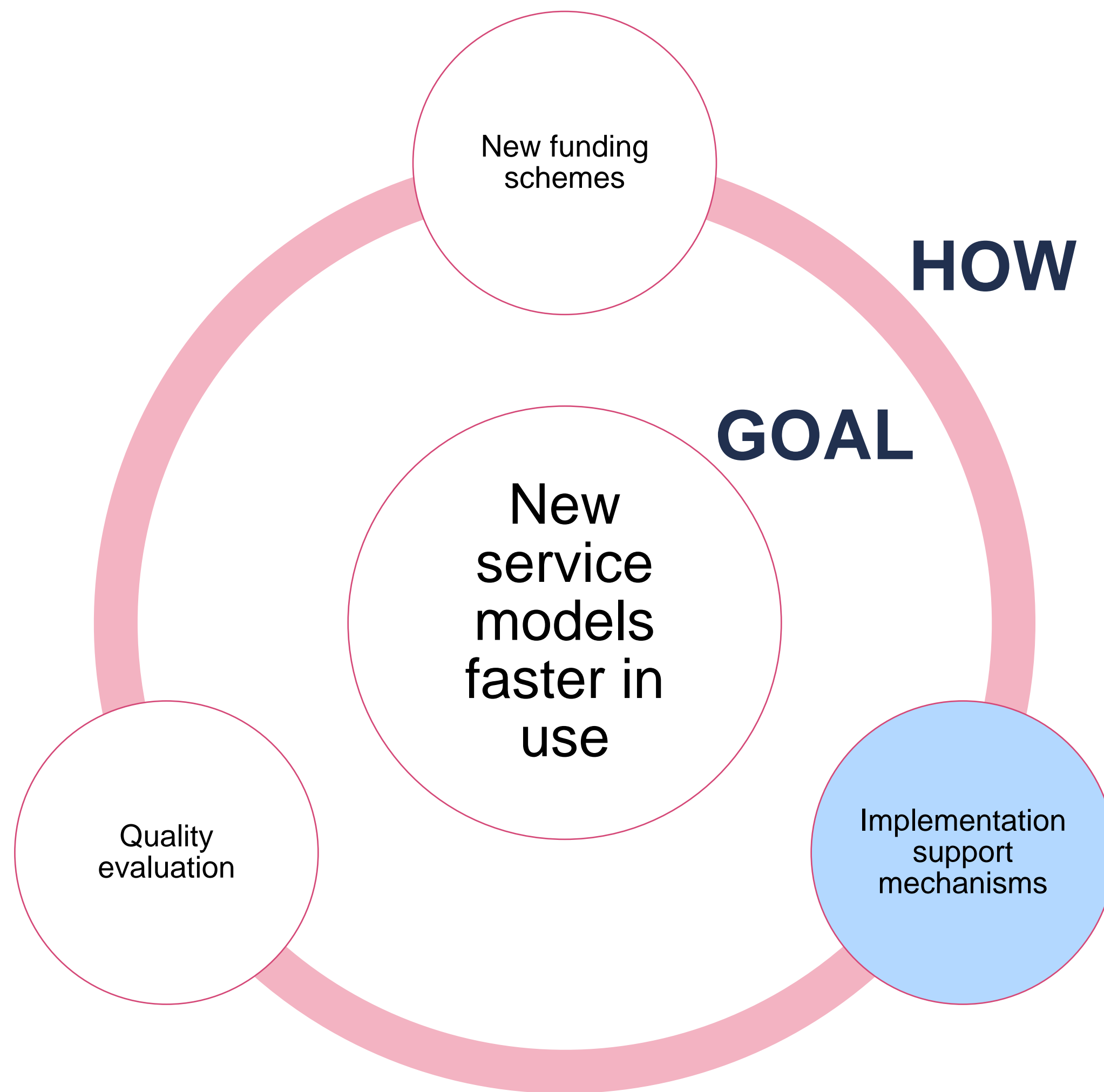
ⓘ ✉

⚠ Patsient võtab metotreksaati (metotreksaat), kuid foolhapet ei ole välja kirjutatud. Foolhapet on soovitatav võtta 3–5 mg/nädalas, samal päeval kui metotreksaati.
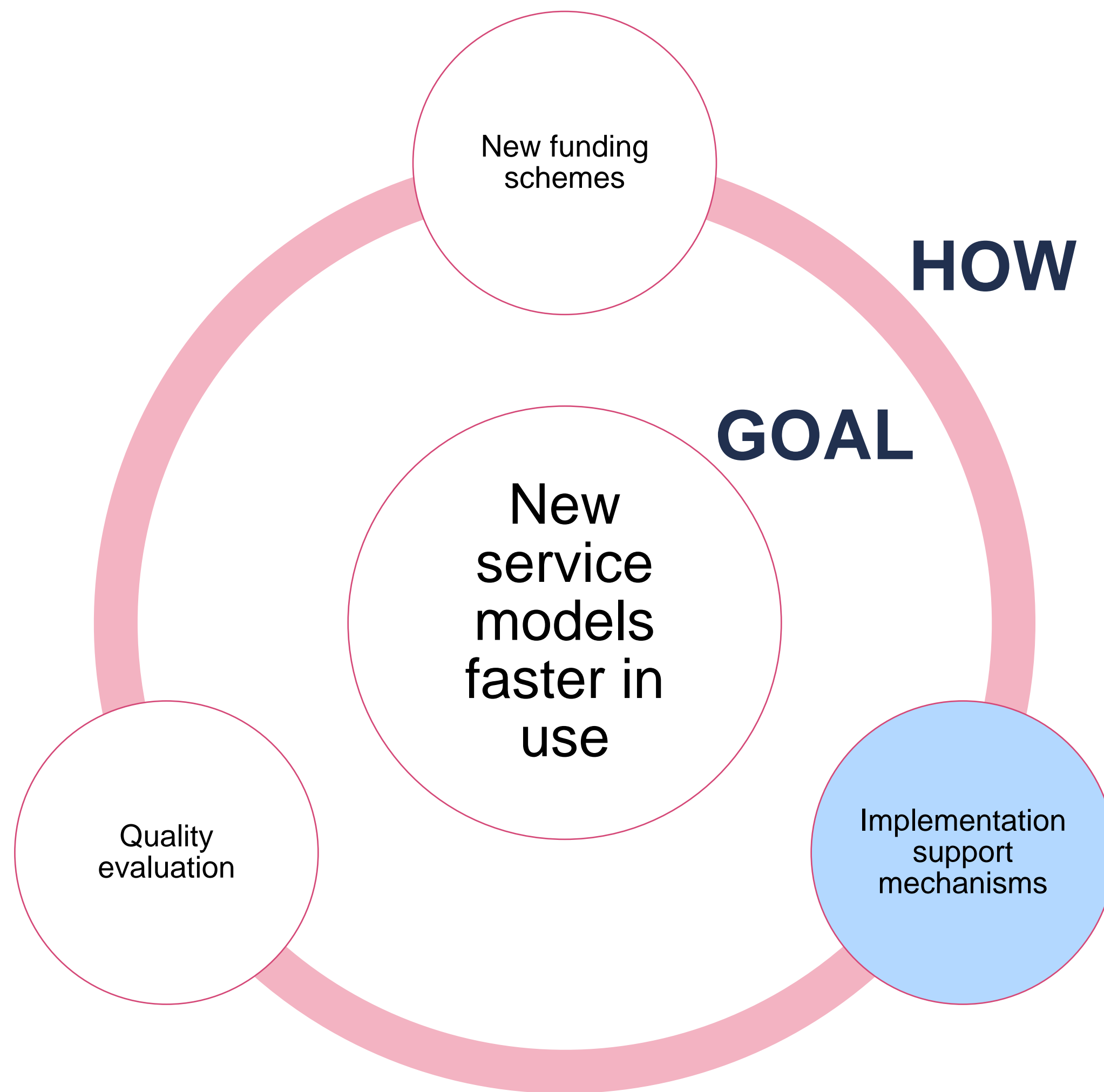
ⓘ ✉

Patsiendil on artriit ja ta kasutab

↻ Värskenda   Välj

Leading the way in healthcare innovation

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Digital health guidelines for industry

New funding schemes

HOW

GOAL

New service models faster in use

Quality evaluation

Implementation support mechanisms
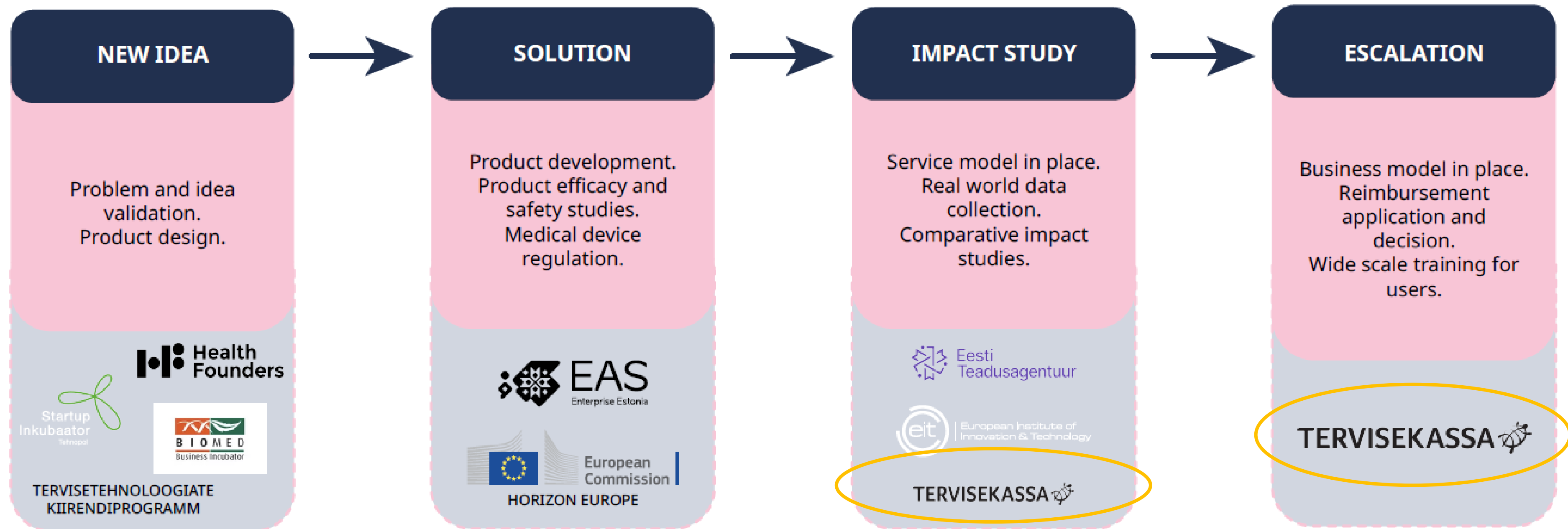
Innovation path and EHIF role in it

EHIF Innovation Fund

- Invests each year up to 3 mln € in new service model implementation studies

- Invests each year up to 7 mln € in central digital health product development

Telemedicine

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Telemedicine development in Estonia

Regulations and funding for **teleconsultations, March 2020**

Videoconsultation bonus, **March 2021**

Pilot projects on **remote monitoring, January-Dec 2022**

Regulations and funding for **teletherapy, January 2021**

Pilot projects on **remote monitoring** chosen, **April 2021**

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Teleconsultations

- 10% of all ambulatory appointments
- Syncronous appointment via telephone (90%), video (5-7%) or Chat (3%)
- 90% of patients satisfied with the consultation
- 20% expect videoconsultation instead of telephone consultations
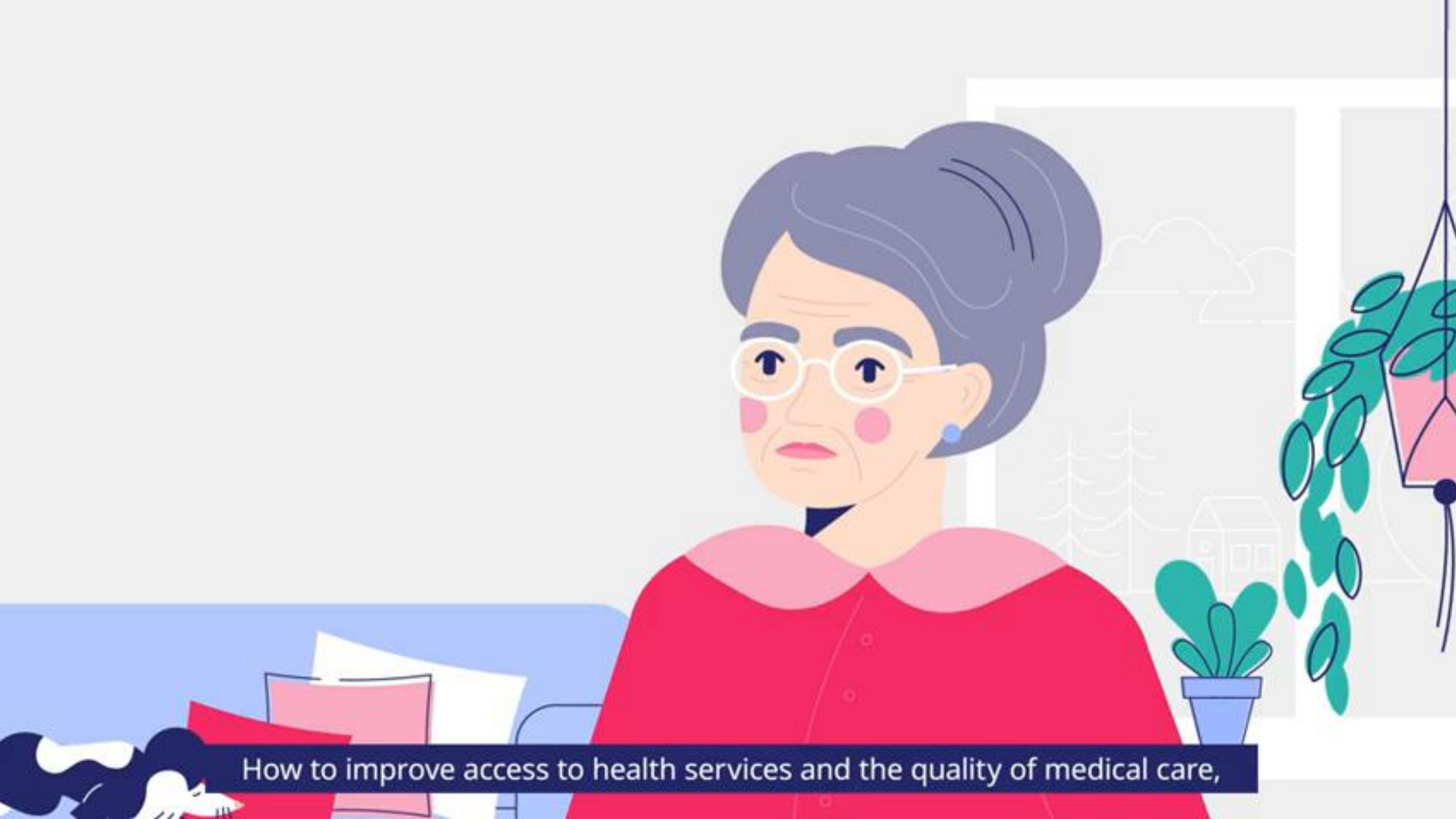
How to improve access to health services and the quality of medical care,

Hvala!

Estonian
Health Insurance
Fund