



REPUBLIC OF SLOVENIA
MINISTRY OF HEALTH

Vienna Healthcare Lectures 2016

Primary health care in SLOVENIA

Vesna Kerstin Petrič, M.D. MsC
Ministry of Health



Vesna Kerstin Petrič

- A medical doctor since 1994
- A specialist in clinical and public health aspects of addiction since 1997, public health professional
- 20 years of experience in working at the state administration
- Responsible for:

plenty!

Some data to compare!

- Life expectancy at birth:

Austria: 81,3, women 83.6; men 78.0

Slovenia:80, women 83,2; men 76.6

- Infant mortality: 2/1000 live births Slovenia
- Vaccination for polio and measles 96%
- GDP: A 47.667,81 UDS, SLO 28941,87 USD
- Share of GDP: A 10,1%, SLO 8,7%
- Expenditure per capita:

Austria 3.821 EUR

Slovenia: 1.901 EUR



Health care system in Slovenia

PRINCIPALS: universal coverage, solidarity, fairness in financing, non-profitability and equity in access for all groups of population.

FINANCING: compulsory and voluntary complementary health insurance;

COVERAGE: All persons with permanent residence in Slovenia are included in compulsory health insurance; almost 95% of population has in addition voluntary complementary insurance.



Sources

- HiT Slovenia: www.euro.who.int/en/about-us/partners/observatory/publications/health-system-reviews-hits
- [www.mz.gov.si/si/pogoste vsebine za javno ost/analiza zdravstvenega sistema/](http://www.mz.gov.si/si/pogoste_vsebine_za_javno_ost/analiza_zdravstvenega_sistema/)
- www.nijz.si



PRIMARY CARE SYSTEM FRAMEWORK

Dimensions of the PC structure

Governance of PC system

Economic conditions of PC system

PC Workforce development



Dimensions of the PC Process

Access to PC services

Comprehensiveness of PC services

Continuity of PC

Coordination of PC



Primary health care in Slovenia

- **Dimension of the structure:** governance, the workforce, and economic conditions
- **Dimension of the process:** results of the Health System Analysis in Slovenia in 2015 regarding services delivery optimization
- **Outline of the reform:** the process and proposed solutions based on good practice

Primary Health Care - Slovenija

PHC in Slovenia is provided by **geographically well distributed network:**

- of community level-health centres owned by municipalities (76% physicians , 42% dentists), and
- of private office-based teams contracted (concessions) by HHS.

The network is a matter of a consensus between municipalities and ministry of health.



Community health care centers:

- offer access with no referral to family doctor, pediatrician, dentist and gynecologist - selected by patient;
- provide basic laboratory and diagnostic services.



Medical emergency and community nursing are organized within bigger PHC centers.



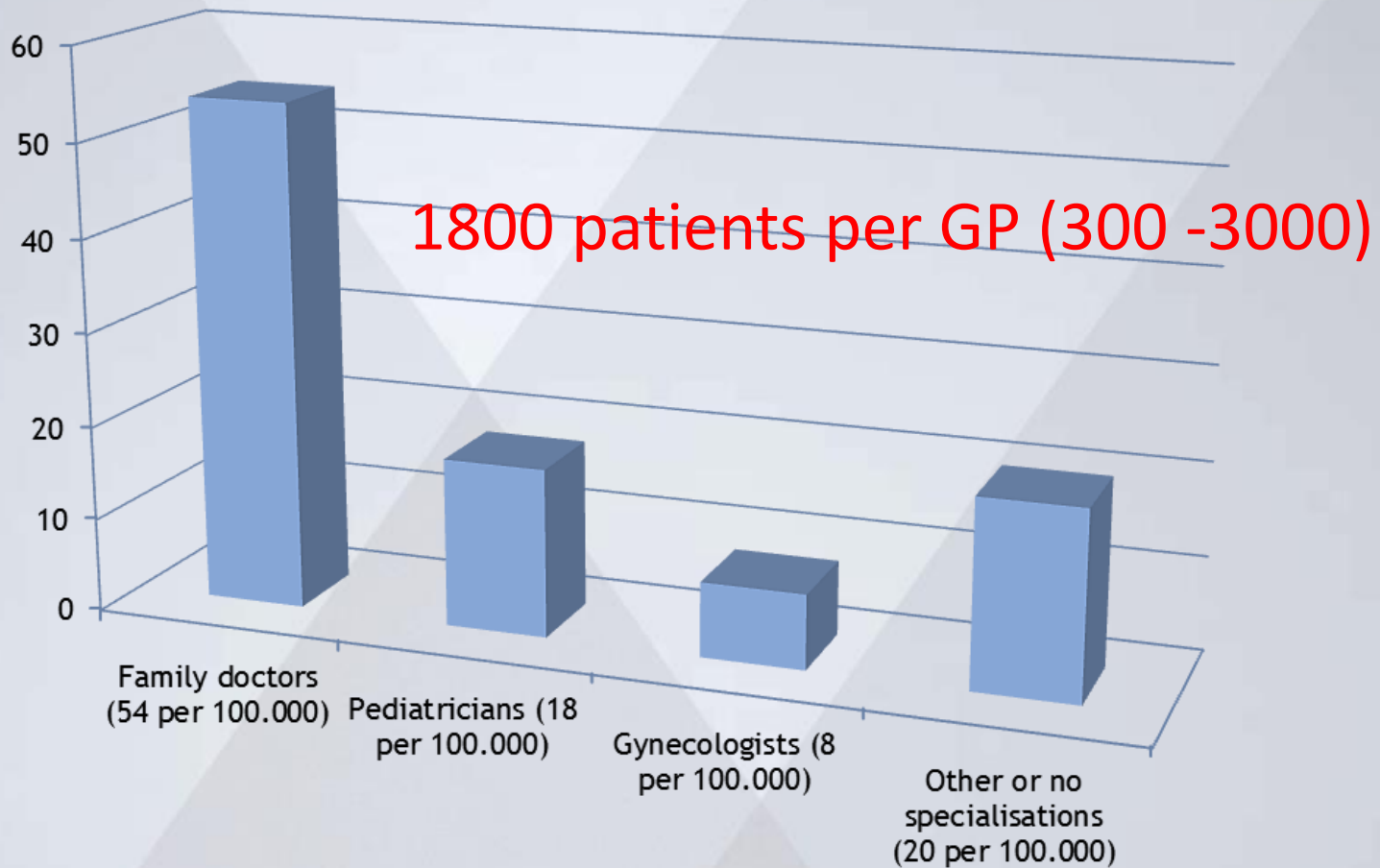


Services in PHC

- General practice (family medicine physicians)
- Emergency medical aid (all primary health physicians)
- Health care for woman (gynaecologists)
- Health care for children and adolescents (paediatricians)
- Community nursing
- Laboratory and diagnostics
- Preventive and curative dental care
- Physiotherapy
- Health education including smoking cessation programmes and nutrition counselling



Workforce: PHC physicians





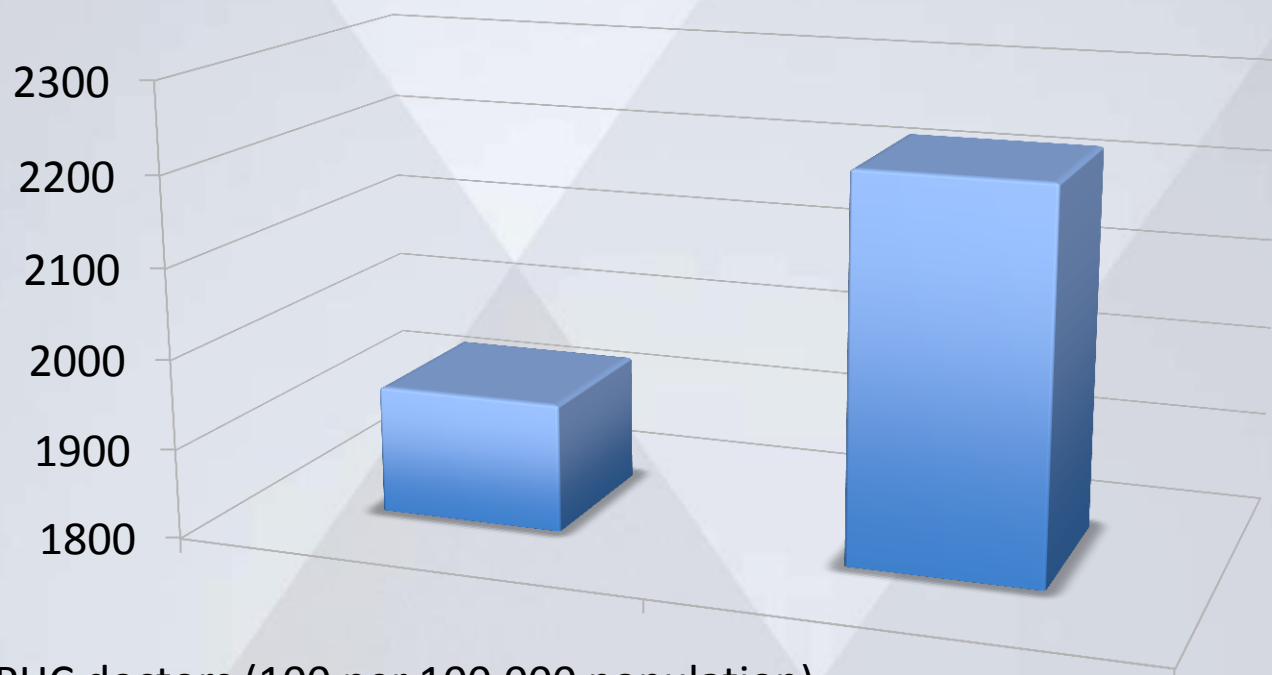
Number of PHC physicians as percentage of physician workforce



■ GPs 38% (100
per 100.000)



Number of physicians and nurses in PHC



PHC doctors (100 per 100.000 population)

Nurses (111 per 100.000 population)



Who is responsible for the workforce and the network?

- Medical Chamber is responsible for the number of doctors in specialist training and for licensing of all doctors
- Medical and nursing associations and medical and nursing faculties are responsible for education, training guidelines
- The municipality is responsible for the network (concessions)
- The Ministry approves the decisions

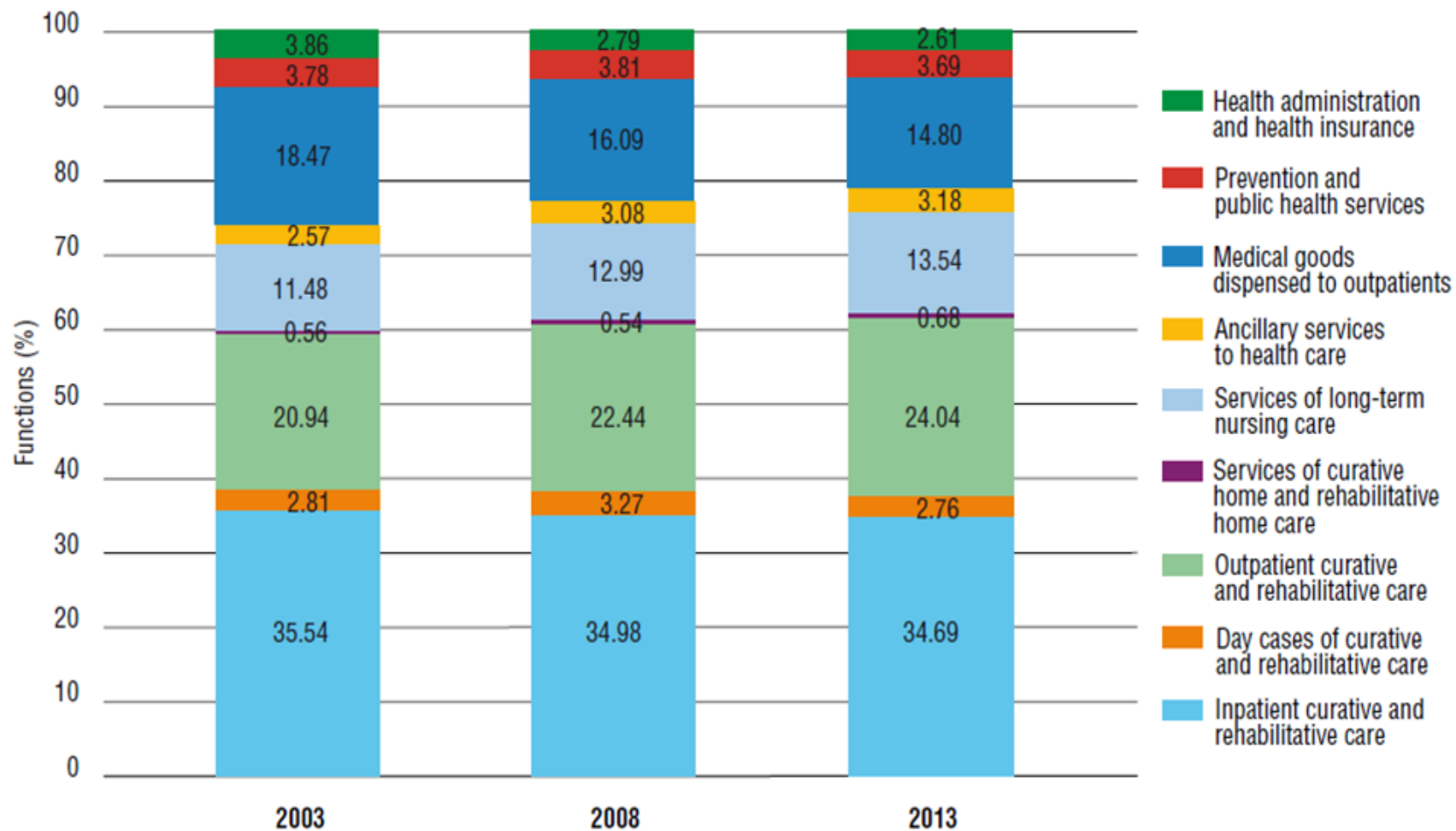
Transparency issue!



PHC financing, payment system and capital investments

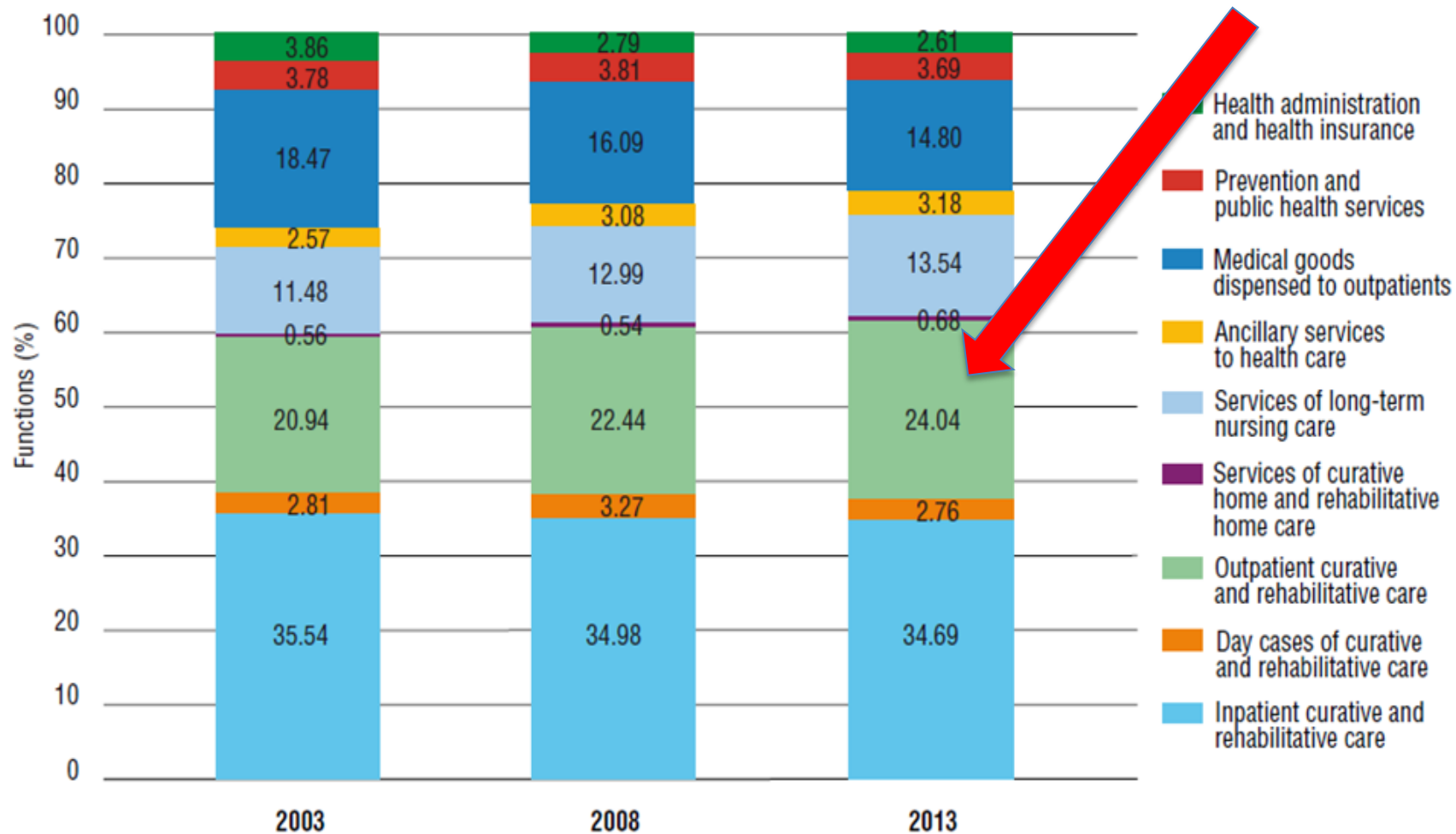
- PHC services are covered predominantly through **compulsory health insurance (voluntary health insurance taken out by 95% of population)**
- Payment system for PHC: **capitation + FFS; extra flat rate budget for prevention**
- **Capital investments** in health care centers are covered by municipalities or by a private owner of the GP practice

Structure of current public health expenditure by health care functions



Source: IMAD calculations based on data from the Statistical Office of the Republic of Slovenia, 2015a.

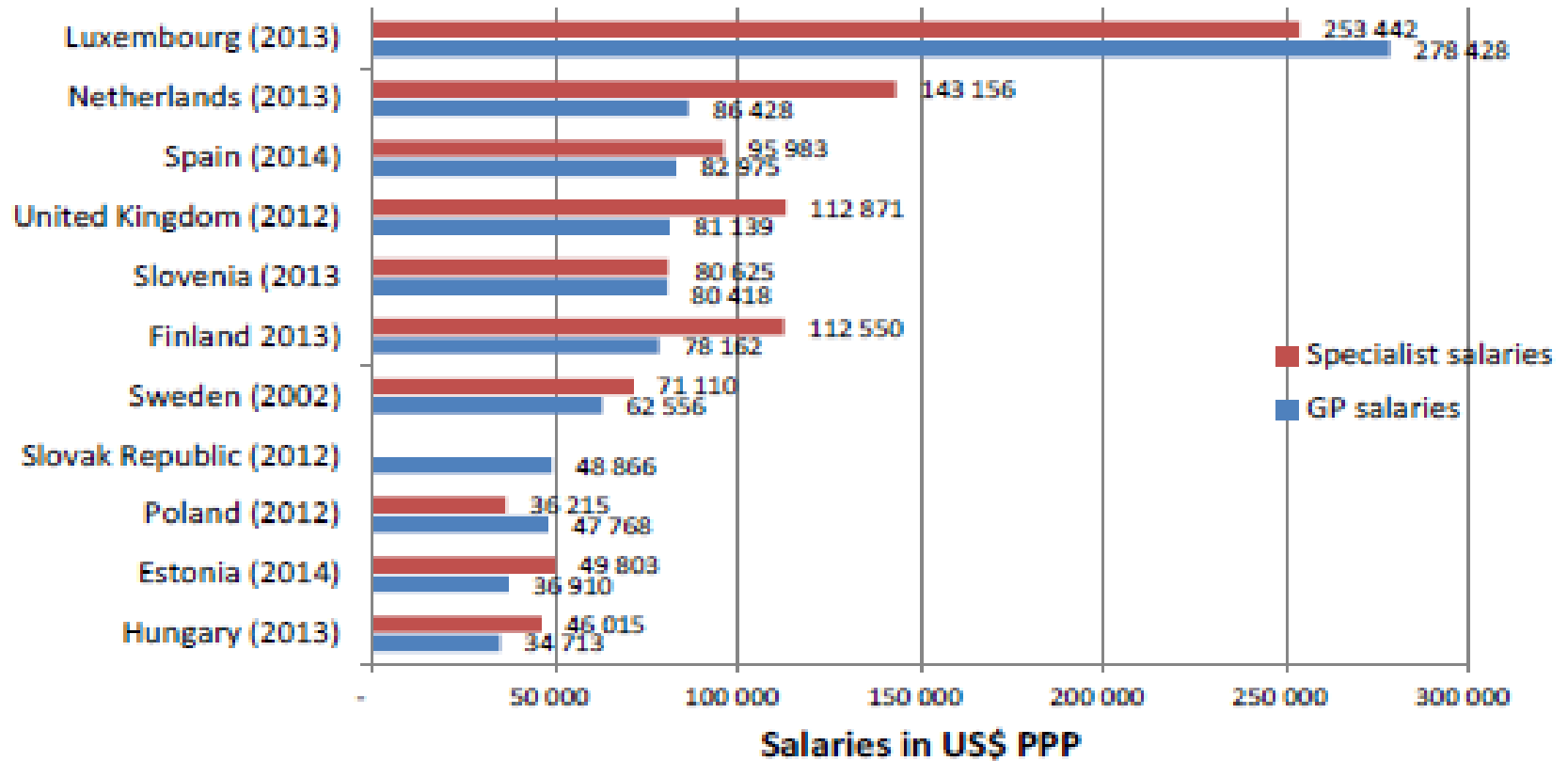
Structure of current public health expenditure by health care functions



Source: IMAD calculations based on data from the Statistical Office of the Republic of Slovenia, 2015a.

Income of GPs in comparison of average hospital specialist income

Figures 4.2a-c: Average incomes of GPs and salaries in European OECD countries (in US\$PPP and GP salaries per average wage), 2013 unless specified otherwise





PRIMARY CARE SYSTEM FRAMEWORK

Dimensions of the PC structure

Governance of PC
system

Economic conditions
of PC system

PC Workforce
development



Dimensions of the PC Process

Access
to PC services

Comprehensiveness of
PC services

Continuity of PC

Coordination of PC



Processes: access

- PHC in Slovenia is obligatory first contact care for whole population, except for emergency care – **strong gate keeping, selected PHC physician**
- There is **no waiting time** for appointments at PHC.
- There are **no out-of-pocket payments** for PHC services (some exceptions for gynaecologists).



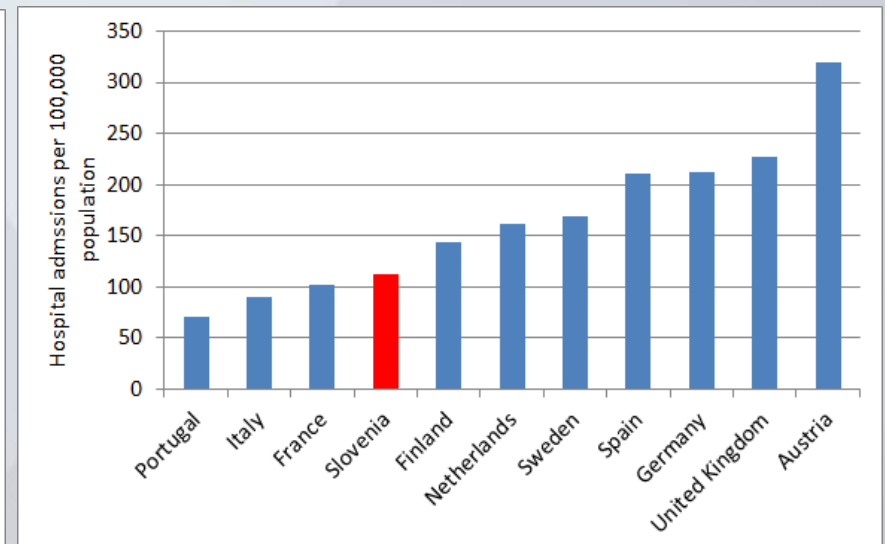
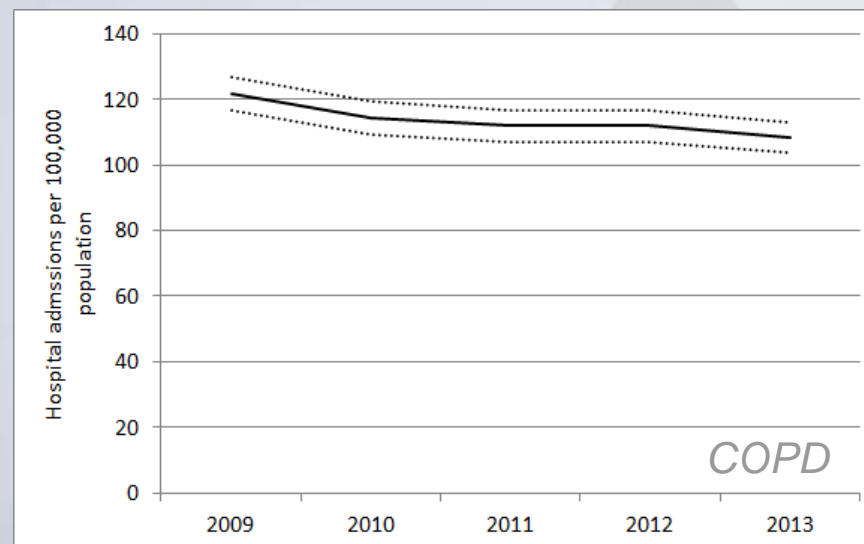
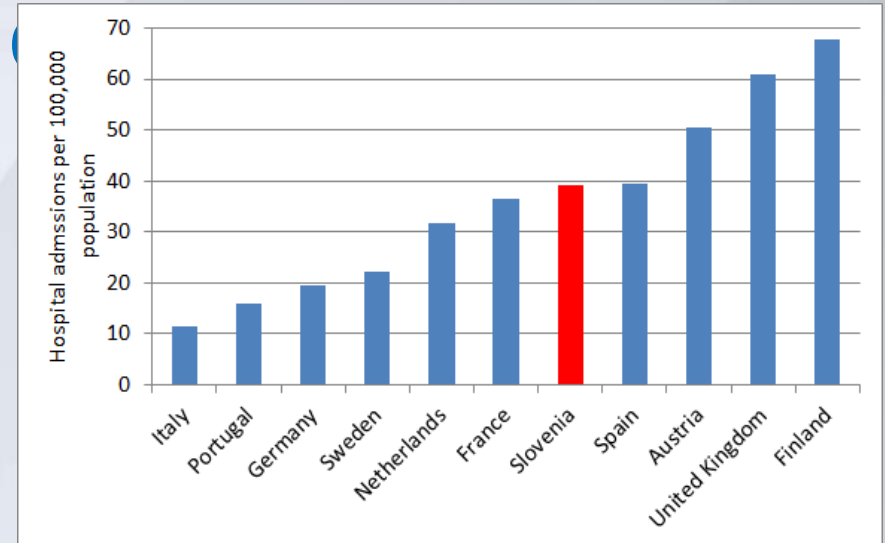
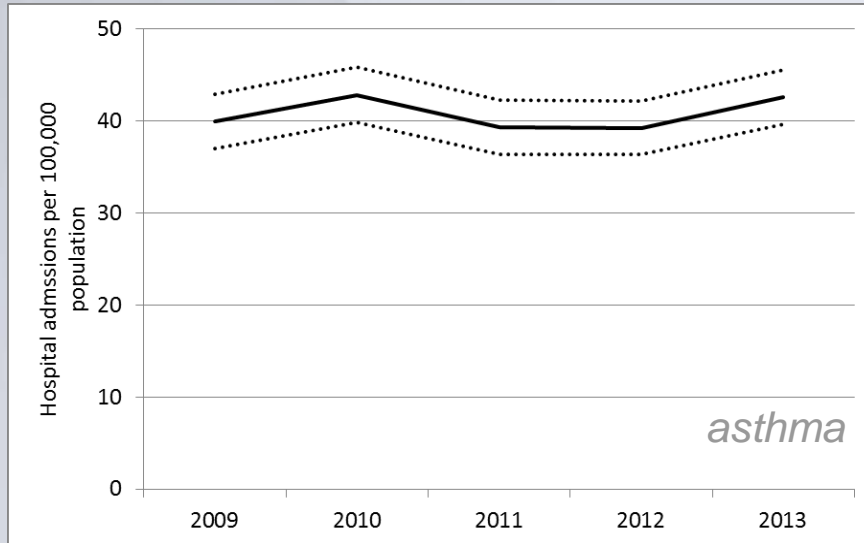
Kringos et al.

- Slovenia is among countries with strong PHC together with NL, Fi, P, ES, S and GB; with **very good access** to health services at primary level (D, NL, GB)
- Slovenia successfully operates a **typical gatekeeping system** (similar to NL, S, D and GB)
- Improvements are needed in **cooperation** among professionals and providers, **continuity** of care and **comprehensiveness** of care.

Potentially avoidable hospital admissions (2009 – 2013): OECD data



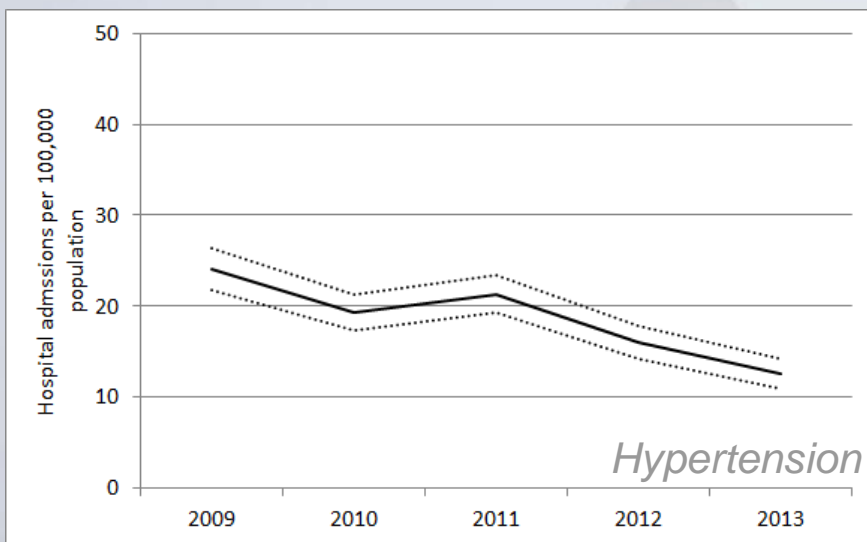
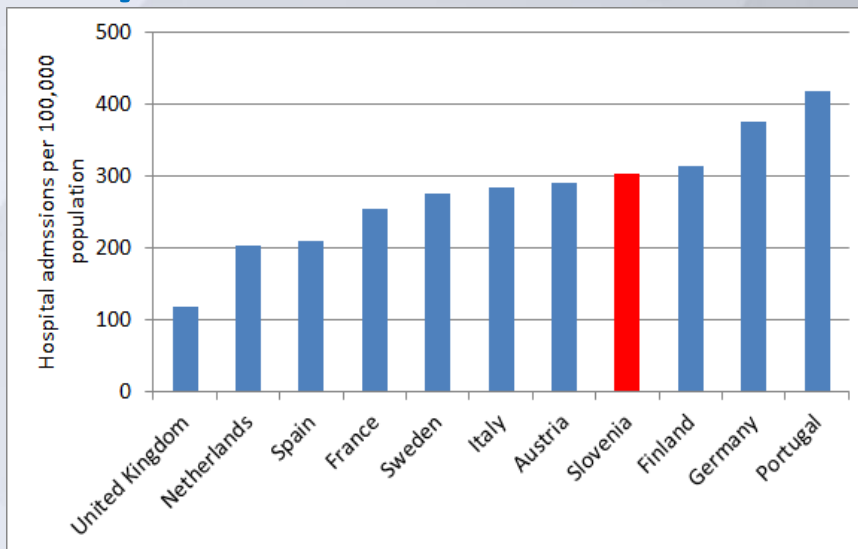
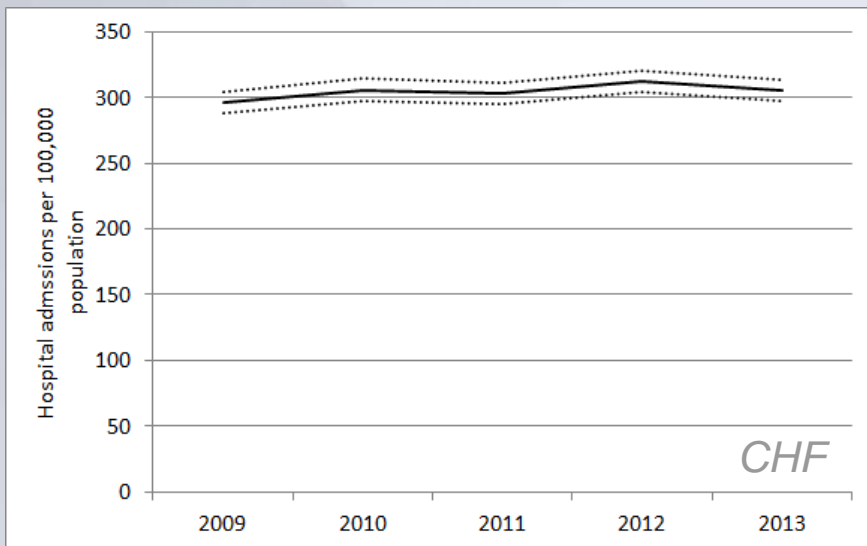
REPUBLIC OF SLOVENIA
MINISTRY OF HEALTH



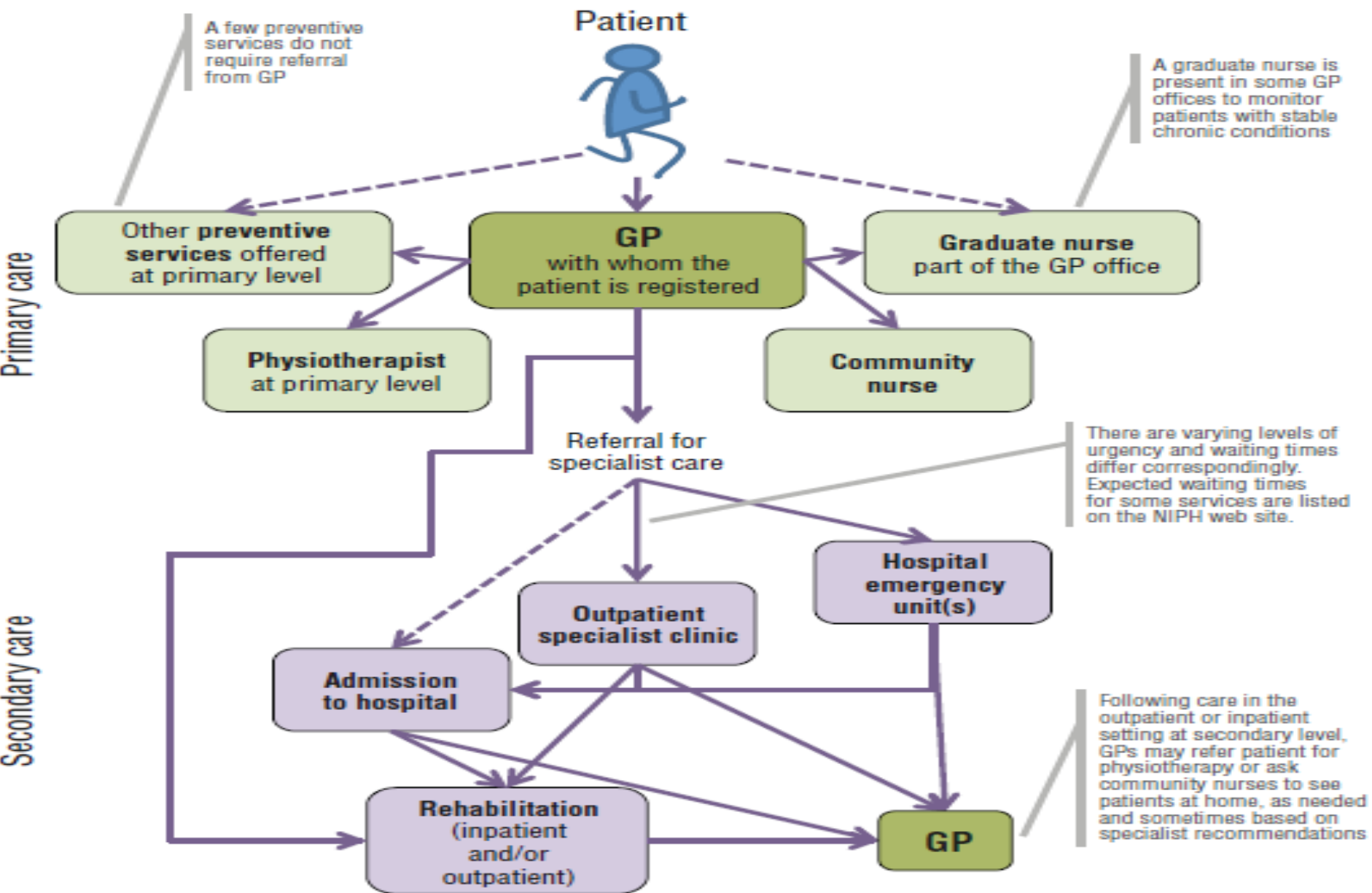
Potentially avoidable hospital admissions (2009 – 2013): OECD data



REPUBLIC OF SLOVENIA
MINISTRY OF HEALTH



Simplified patient pathway in Slovenia





Preventive services

10 years of the **National cardiovascular preventive program** based on WHO CINDI program and including:

- financial incentives for providers to perform risk factors assessment and individual counseling;
- establishment of 61 Health educational centers within community health centers to perform group interventions for smoking cessation and weight counseling.

Public health responsible for monitoring, management of the program and training of professionals!





Successes and....

Cardiovascular diseases still cause 40 % of deaths in Slovenia but:

- about 1.200 deaths related to cardiovascular diseases less per year than in 2002
- at least 600 premature deaths (50%) per year prevented due to the successful implementation of the National cardiovascular disease preventive program.
- 900.000 preventive check-ups performed in the target population (men 35 – 65, women 45 – 70)



.....shortcoming

S

- failed to assure comprehensive approach towards prevention and control of other most prevalent NCDs (diabetes, asthma, cancer, depression);
- integrated care of chronically ill was assured only in some of the practices due to lack of appropriately trained nurses, protocols and indicators.
- data collected through the program were not available to practitioners to follow their own patients. This resulted in lack of motivation.



The Process and Proposed Solutions of the PHC Reform

- Analysis of health system in Slovenia (2015)
- Slovenia National Health Care Plan 2016-2025 puts firm priority to strengthening primary Care. (adopted in the Parliament in 2015)
- A consensus building process was launched by MoH in 2016 to adopt a **National Strategy on Development of Primary Health Care in Slovenia 2017 - 2025.**

Analysis of health system in Slovenia (2015)

Areas where the change is most needed:

- Cooperation, continuity, comprehensiveness = integration of care and communication between services and levels (including social services)
- Inequalities in health
- Time constrains
- IT support
- Research and development
- Payment for performance



Challenges in paying for performance (Source: Analysis 2015)

- Primary care is considered to be unattractive because of **perceived relatively low pay** (3.690 EUR)
- Rigidity of the **civil servant pay scale**: Physician payment has to follow the civil servant pay scale but this prohibits rewarding performance of physicians
- The common practice of paying for “**equivalent hours**” substitutes for adequate payment but is highly in-transparent

National Health Care Plan 2016 to 2025 (PHC)

- Responding to the needs of population (vulnerable groups)
- Integrating care in particularly for chronically ill (including with social services)
- Shifting from disease oriented health care to prevention
- Empowering patients
- Shifting certain services from GPs/family practitioners to other health professionals (nurses, district nurses, pharmacists)
- Introducing incentives based on quality indicators

Focus on patient/citizen, inequalities and system sustainability!



Change

PEOPLE:

Identifying needs
Tackling determinants,
Empowering populations
Engaging people

SERVICES:

Reorienting model of care
Organizing providers and settings
Managing services delivery
Improving performance

SYSTEM:

Rearranging accountability
Aligning incentives
Preparing a competent workforce
Promoting rational use of medicines
Innovating health technologies
Rolling out e-health



National Strategy on Development of Primary Health Care in Slovenia 2016 to 2025 – the process

- Nomination of the **WG and steering committee at MoH** (key stakeholders including patients)
- **National consensus meetings and workshops:**
 - 21 April 2016: The vision for PHC in Slovenia;
 - 11 May 2016 : Financing, management and organization of PHC;
 - 2 June 2016: Measures for further development of PHC;
 - 14 June 2016: Consensus conference.
- September 2016 – **adoption of the Strategy by the Government**



National Strategy on Development of Primary Health Care in Slovenia 2016 to 2025 - good practices

- **Model practices** – screening for chronic disease risk factors and preventive counselling, as well as the care coordination of all registered patients with stable chronic diseases
- **Health promotion centres within PHC** - upgrading Health Education Centres and better focusing on reducing inequalities in health
- **Comprehensive approach to obesity** in PHC Centre, involving the whole family
- Cooperation of **community nursing with social services**
- **Introduction of pharmacists into the PHC team**



Model practices

- **proposed by primary health physicians;**
- focus on integrated care of chronic patients and at the same time on prevention and early detection of NCDs;
- initiated by the ministry of health in 2011 - additional resources invested;
- perceived as an important intervention to strengthen primary health care in response to growing chronic disease burden and lack of family medicine physicians.



Main objectives of the model practice:

- to treat chronically ill patients in accordance with the protocols for the management of patients with chronic diseases (chronic obstructive pulmonary disease, asthma, diabetes, depression, heart failure, benign prostatic hyperplasia);
- to upgrade preventive services;
- to assure better quality of health services provided;
- to rationalise the use of medicine and laboratory services;
- to transfer certain services and interventions from a secondary to a primary healthcare level;
- to shift some of the tasks from a doctor to a graduate trained nurses (registered nurses).

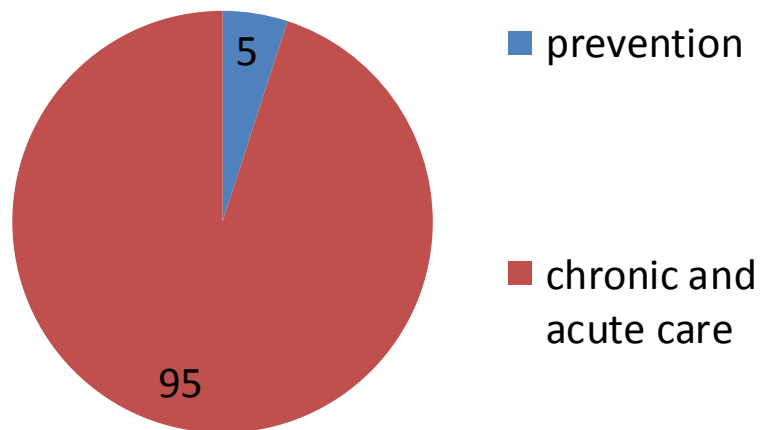


The Team

- family medicine practitioner - doctor
- 0.5 graduate nurse
- 1 nurse

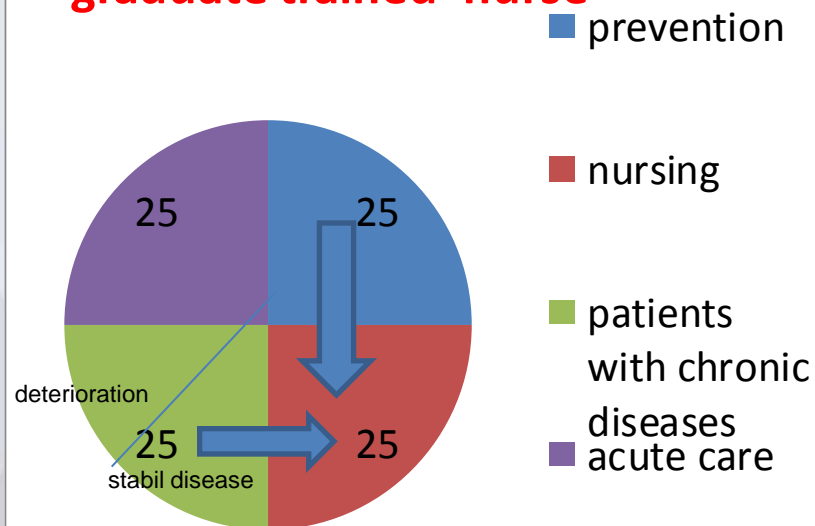
GP practice

staff: 1GP, 1 nurse



Model practice

staff: 1GP, 1 nurse, **0,5 graduate trained nurse**





Advantages for patients:

- team approach;
- patients feel the interest of their physician and nurses for their health and wellbeing;
- patients are involved in **comprehensive preventative medical programmes**, planned and performed in line with the protocols.



Health promotion centres within PHC



Preventive services within PHC centre



Community nursing



Partners in local environment

Centre for social work

National employment office of Slovenia

Health insurance institute of Slovenia

NGOs

National institute of public health – regional unit

Municipality



National Strategy on Development of Primary Health Care in Slovenia till 2025 – priorities of action

- Implement **model practices to all PHC** practices by 2018 (2016: 584 model practices, 2018: 858 model practices in Slovenia (2020 all PHC centres)
- Develop **Health Promotion Centres in 25 PHC centres by 2020 and in all PHC enters by 2025**
- Introduce e – referrals, e – prescription and **e- records**
- **Institutionalize quality monitoring , research and development of PHC**
- **A new payment model** with an aim to improve performance



National Strategy on Development of Primary Health Care in Slovenia till 2025 – managing and financing the change

- **National coordinating body for the implementation of the Strategy** – all key stakeholders including patients representatives
- **Financing resources for the implementation:** EU and Norwegian mechanism; National Budget – earmarked taxes from tobacco sales:

Norway grants (2013 – 2016) Total: 10 million EURO

European cohesion policy (2016 – 2021) Total: 30 million EURO

Earmarked tobacco tax: app 60 to 100 million EURO



Information, knowledge and good practice exchange is contributing to evidence based policy making!

Thank you for offering me an opportunity in this regard.