European Commission

Health system performance assessment – Integrated Care Assessment (20157303 HSPA)

Health system fiche | Estonia

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Estonia

Population size (thousands): 1,315 (State of Health in the EU, Estonia, 2017)[1]

Population density: 30.3 inhabitants / km^2 (Eurostat, 2015)[2]

Life expectancy: 78 years (State of Health in the EU, Estonia, 2017)

Fertility rate: 1.6 births / woman (State of Health in the EU, Estonia, 2017)

Mortality rate: 12.6 deaths / 1,000 people (Central Intelligence Agency, 2017)[3]

Total health expenditure: 6.5% (State of Health in the EU, Estonia, 2017)

Health financing: government schemes (10%), compulsory contributory health insurance schemes and compulsory medical saving accounts (65.6%), voluntary health insurance schemes (0.2%), enterprise financing schemes (1.4%), household out-of-pocket payments (22.7%) (Eurostat, 2015)[4]

Top causes of death: circulatory diseases, ischaemic heart diseases, and malignant neoplasms (State of Health in the EU, Estonia, 2017)

The Estonian healthcare system

The Estonian healthcare system is mainly funded through earmarked social payroll tax paid by citizens employed. The regulatory framework of the Estonian health system is laid down in five major pieces of legislation – the Health Insurance Act, the Health Services Organisation Act, the Public Health Act, the Medicinal Products Act, and the Law of Obligations Act (European Commission, 2017e).

In terms of national-level healthcare, organisation, planning, regulation and supervision, as well as health policy development are the responsibility of the Ministry of Social Affairs and its agencies. The financing of healthcare is mainly organised through the independent Estonian Health Insurance Fund (EHIF). The Ministry of Social Affairs and its agencies are also responsible for the financing and management of public health and ambulance services financed by the state budget (European Commission, 2017e).

With regard to health provision, primary care is the first level of contact with the health system and is provided by independent family doctors working alone or in groups, increasingly supported by family nurses, and practising on the basis of a practice list of enrolled patients. Secondary health services are provided by publicly or privately owned healthcare providers (hospitals and outpatient care offices). Pharmaceuticals are distributed to the public through privately owned pharmacies, and account for the majority of out-of-pocket spending. Palliative and long-term care are delivered as part of nursing care (European Commission, 2017e).

Integrated care policies

Several structural reforms to the Estonian health system have been undertaken in the past decade, namely: centralisation of primary care organisation (2012), establishment of the Health Board (2010), establishment of the health information system (2008), implementation of diagnosis-related groups as payment system (2004), and adoption of the Hospital Master Plan (2013–2015) (European Observatory, 2013). However, it is worth

[1] https://ec.europa.eu/health/sites/health/files/state/docs/chp_et_english.pdf

[2] Population data, Eurostat http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tps00003&plugin=1

[3] https://www.cia.gov/library/publications/the-world-factbook/fields/2066.html

[4] http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_sha11_hf&lang=en

noting that Estonia does not have any formal policies or roadmaps for policy-making in the context of integrated care implementation.

Implementation of integrated care in Estonia

- *Medendi* is an organisation that focuses on patients that are discharged to their homes after surgery, disabled patients, and patients requiring rehabilitative and follow-up care. The organisation develops initiatives in the context of process monitoring, creation of integrated care patient groups, and patient surveillance and preparation for upcoming visits to hospitals.[5]
- *Sentab* is an initiative in Estonia and England that looks to advance the horizontal integration of primary care for elderly patients with chronic diseases.[6]

Assessment of the maturity of the health system

Maturity Model – Estonia	
Readiness to Change to enable more Integrated Care	
Self-assessment	1 – Compelling need is recognised, but no clear vision or strategic plan
Justification	Health professionals are readier for change than policy-makers, who disseminate the message that no considerable changes are required for integrated care to be delivered in Estonia, and that it can be achieved simply through better coordination between health professionals. The stakeholder noted that health professionals are aware of progress in other countries and that there is a clear motivation to bring that advancement to Estonia; however, the current policy landscape does not facilitate that.
Structure & Governance	
Self-assessment	2 – Formation of task forces, alliances and other informal ways of collaborating
Justification	There are several good practices in Estonia with regard to the integration of health and social care, but mostly based on pilot projects. However, there is no formal mandate to create effective and consistent collaboration between health professionals.
Information & eHealth Services	
Self-assessment	1 – ICT and eHealth services to support integrated care are being piloted
Justification	The need for integrated information systems is understood by most health professionals, but advancements in this context are only done at pilot project level. The stakeholder noted that for true integration between health and social care, core information systems for healthcare and social care have to be integrated. One example of this is the InterRAI platform, which is currently being funded by the Ministry of Social Affairs.
Finance & Funding	
Self-assessment	1 – Funding is available but mainly for pilot projects and testing
Justification	Funding is only available for small-scale pilot projects looking to integrate health and social care.

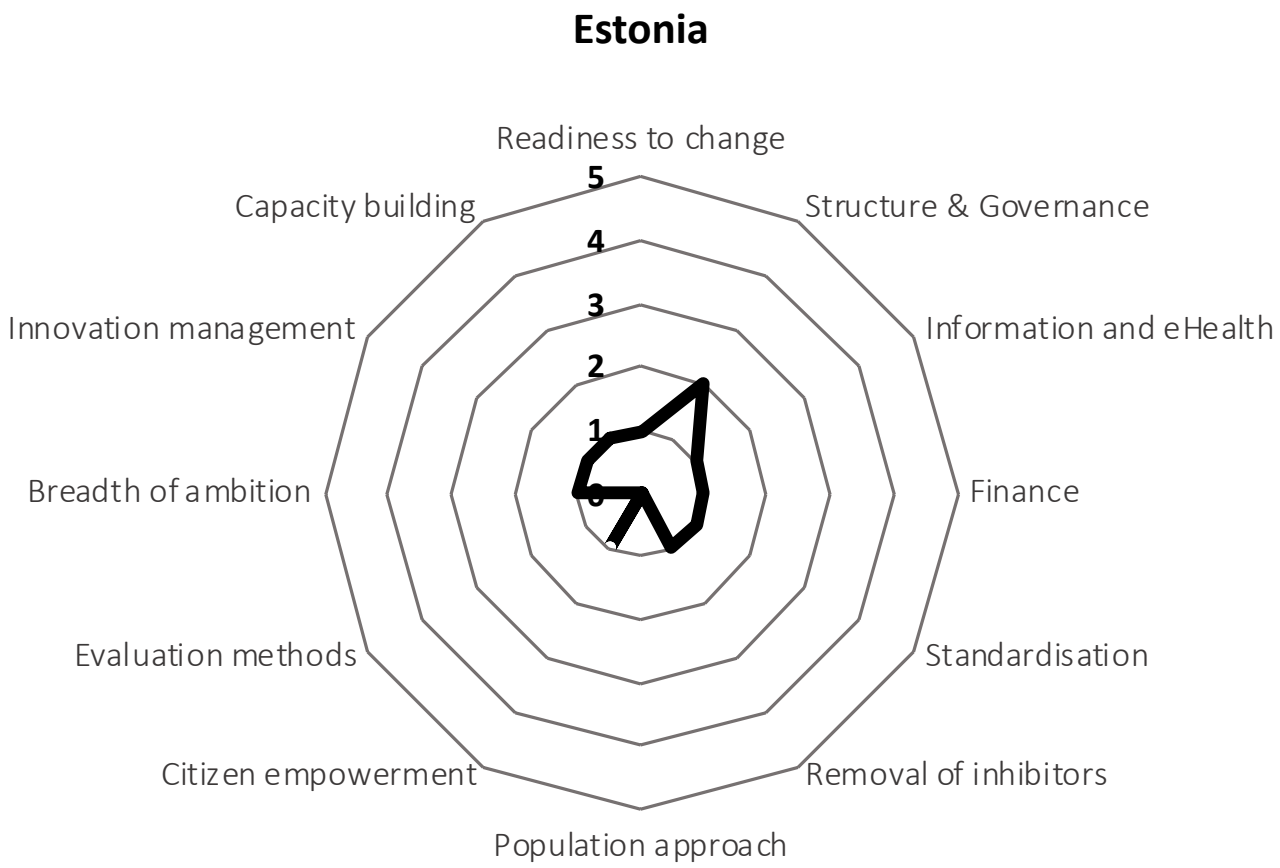
[5] For additional information on this integrated care organisation and its initiatives, see http://www.sustain-eu.org/integrated-care-sites/

[6] For additional information on this integrated care initiative, see https://www.sentab.com/about

Standardisation & Simplification	
Self-assessment	1 – Discussion of the necessity of ICT to support integrated care and of any standards associated with that ICT
Justification	The need for integrated information systems is understood by most health professionals, but advancements in this context are only done at pilot project level. The stakeholder noted that for true integration between health and social care, core information systems for healthcare and social care have to be integrated. One example of this is the InterRAI platform, which is currently being funded by the Ministry of Social Affairs.
Removal of Inhibitors	
Self-assessment	1 – Awareness of inhibitors, but no systematic approach to their management is in place
Justification	The biggest inhibitors are known to health professionals: IT systems are not integrated, financing is separated between health and social care, the 'case manager' role is nonexistent. There is also a competition environment between and within these two sectors. Little interest from policy-makers to address these inhibitors to integration.
Population Approach	
Self-assessment	0 – Population health approach is not applied to the provision of integrated care services
Justification	The stakeholder was not aware of population risk stratification approaches being used in Estonia.
Citizen Empowerment	
Self-assessment	1 – Citizen empowerment is recognised as an important part of integrated care provision but effective policies to support citizen empowerment are still in development
Justification	The stakeholder was not confident enough on this topic to further support this ranking, and has suggested the Ministry of Social Affairs as a potentially useful contact point.
Evaluation Methods	
Self-assessment	0 – No evaluation of integrated care services is in place or in development
Justification	The stakeholder was not confident enough on this topic to further support this ranking, and has suggested the Ministry of Social Affairs as a potentially useful contact point.
Breadth of Ambition	
Self-assessment	1 – The citizen or their family may need to act as the integrator of service in an unpredictable way
Justification	Pilot projects have shown some level of progress in this dimension. However, the 'case manager' profession / role is nonexistent, and practices usually have to depend on 'hero social workers'.
Innovation Management	
Self-assessment	1 – Innovation is encouraged but there is no overall plan
Justification	Encouragement is seen as the main tool for changes, but there is little interest from policy-makers with regard to the development of new systems and additional funding. Lack of a consistent strategy and approach to funding of integrated care.
Capacity Building	
Self-assessment	1 – Some systematic approaches to capacity building for integrated care services are in place
Justification	The stakeholder was not confident enough on this topic to significantly expand on this domain, but has noted that the National Health Insurance is interested in care integration, and will potentially incentivise developments in 2018.

There are no clear policies specifically aimed at setting guidelines for integrated care implementation, which is considered to be in its infancy in Estonia. Moreover, there is no political consensus or a shared vision toward implementation of integrated care and a roadmap to overcome the identified inhibitors to care integration. This was reflected in the Maturity Model Assessment, particularly in the Readiness to Change and Removal of Inhibitors assessment dimensions, which were rated by the stakeholder as 1 (second lowest possible score).

However, there is a considerable ongoing effort in Estonia to advance implementation of integrated care from a 'bottom-up' perspective. In fact, there are numerous integrated care initiatives in the form of projects and interventions looking to use information technology to integrate care provision with health record management, as well as organisations looking to advance integration of health and social care.



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