Implementation of HC Quality Strategy:

Legislation and the Perspective of Health Insurance

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Estonian Health Insurance Fund

The aim to cover 4 main questions

- WHO?
- WHY?
- WHAT?
- HOW?

Main components of current health system – compulsory health insurance based on solidarity

- **Single strategic purchaser: Estonian Health Insurance Fund** (EHIF), a legal person in public law
- **Publicly funded:** social tax (33%) paid by employers, the revenue base for EHIF is health care share 13%
- **Estonian health insurance system adheres to internationally recognized principles:**
  - **Coverage breadth**: 97% of population is insured, EHIF covers the cost in case of illness regardless of the amount of social tax paid for the person concerned
  - **Wide scope of services in benefit package**
    - Benefits in kind: HC services (screening programs, primary and nursery care, specialized care), medicines, medical devices
    - Benefits in cash: temporary sick leaves, dental care
    - HTA as a essential tool is in use

Legislation provides a strong basis:
obligations and responsibilities are set in the law

- **„Insured persons have equal rights and equal opportunities to receive health insurance benefits“**
- **„Health insurance benefit is a high quality and timely health service …“**

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- **Ensure the quality of services provided to the insured persons**
- **Publish regular reports on the use of social tax revenues**

Health Insurance Act

WHY? Accountability:
an increasing demand to demonstrate evidence of optimal outcomes

- Continuous escalation of HC costs has generated necessity to prove that growing expenditures effectively achieve desired results
- There is unexplained variation in clinical practice and outcomes
- There is limited evidence of the effectiveness of medical care in improving the health and well-being of the population
- The growing role of information in patient empowerment and doctor-patient relationship

The principal question for the insurance fund is:

How do we build (and hold) the system that delivers medical care in safe and reliable way regardless of the variation exerted on the process by individuals?

Proven quality implies performance measurement

- **Performance – must be defined in explicit goals reflecting the values of various stakeholders**
- **Performance assessment requires reliable methods of measurement against validated standards**
- **Indicators (input, output and outcome) are the basis for performance measurement**
- **Measurement - implies objective assessment, but does not itself include judgement of values or quality**
- **Measurement is a value-free activity, evaluation means „putting a value“ on what is measured**

Indicators are the basis of measurement and evaluation

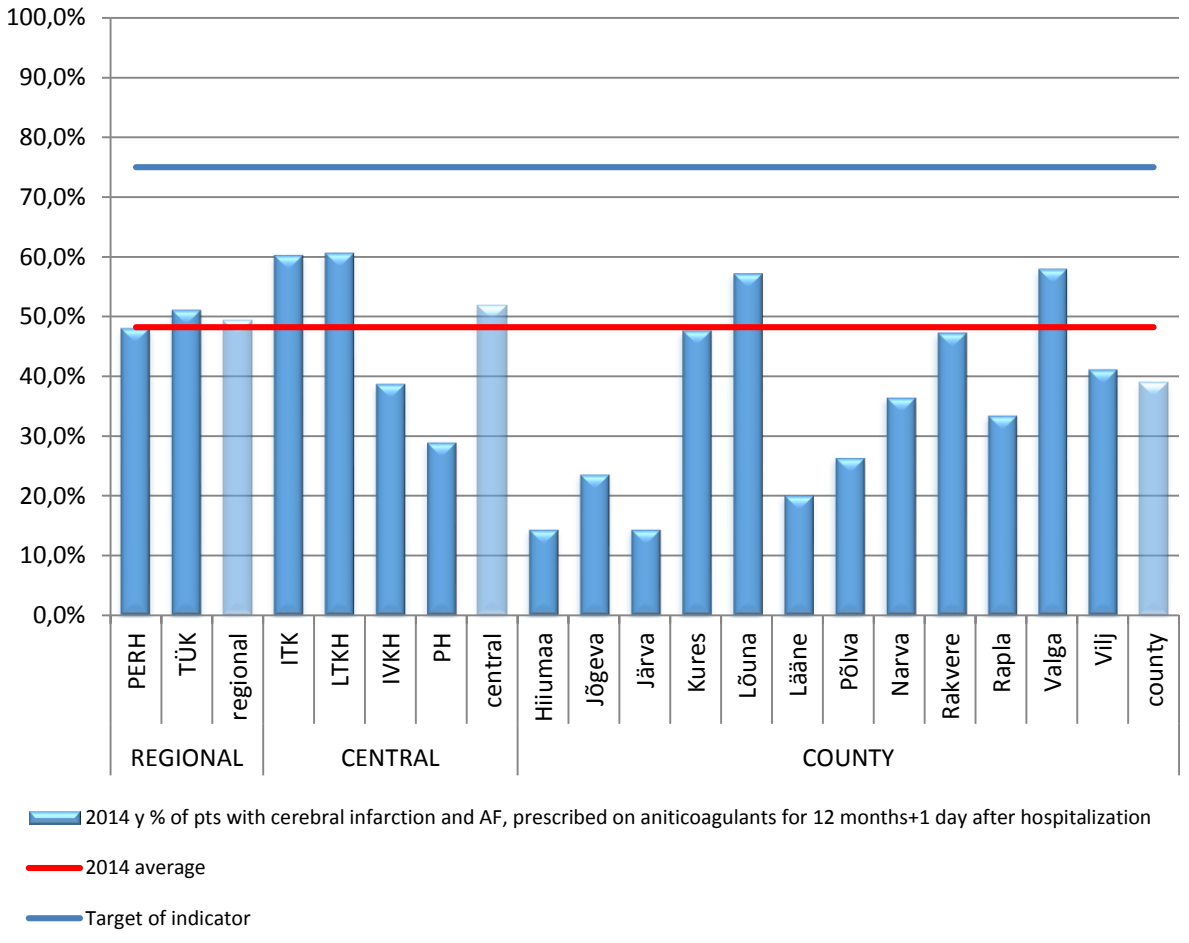
Indicator**: Prescribing of anticoagulants after acute stroke among patients who are diagnosed AF and stroke**

Methodology: observed period is 12 months (+1 day) after acute stroke diagnosis; analysis of all Estonian hospitals

The basis of analysis:

- EHIF invoices database
- e-prescription data

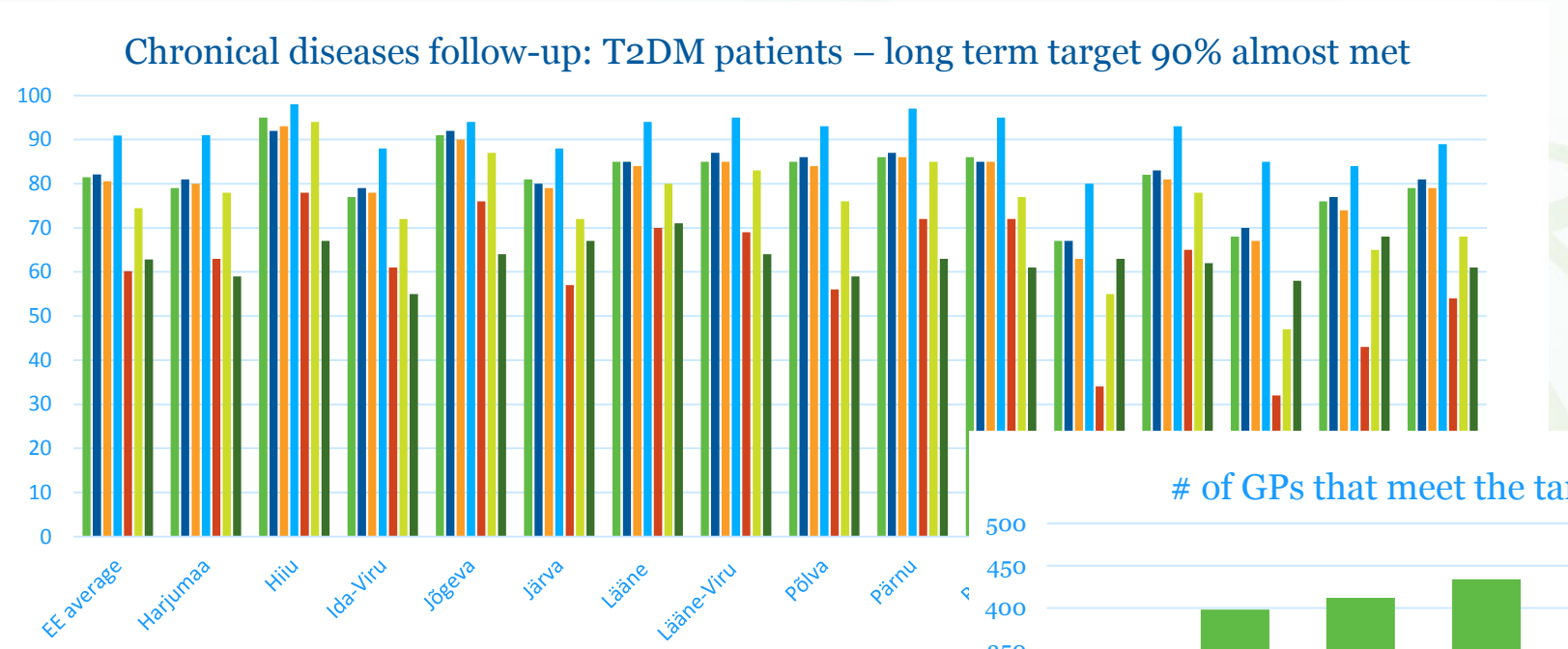
Evaluation summary: a significant differencies in clinical practice; there are clear need for treatment guideline on stroke and AF.

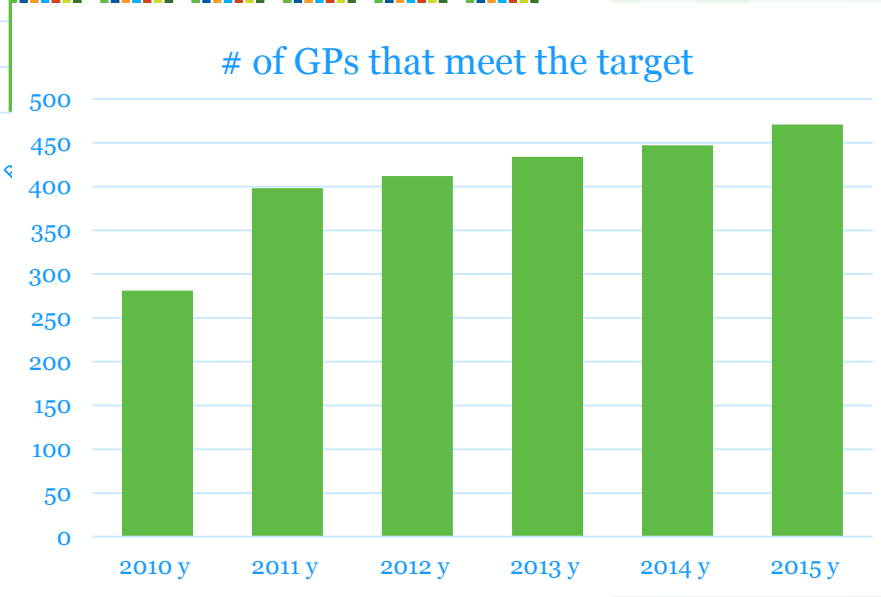


WHAT? Concentration on opportunities

- **To improve co-ordination of activities**
  - In cooperation with TU MF Advisory Boards to EHIF
  - Best international practice into local context - WHO, WB expertize
- **Standards are needed**
  - Development of clinical guidelines, pathways (since 2002, system update with methodological handbook 2010)
- **National system of indicators should be established**
  - Development of clinical indicators system with TU and professional societies based on international experience (since 2013)
- **Development of an incentive system to support efforts**
  - Quality Bonus System (QBS) for family practitioners (since 2006)
- **Educating and involving patients**
  - Patients guidelines, social campaing, media activities

Quality Bonus System (QBS) for family practitioners





WHAT? Continously supporting strengthts – measurement and accountability

- **Clinical audits**
  - 5 topics per year (since 2002; updated methodological handbook 2011)
- **Patient satisfaction surveys**
  - At population level (since 2001)
  - At service provider level (since 2008)
- **Regular feedback to HC service providers and public** (since 2012)
  - Indicators based on HC servicies e-bills and e-priscription data
  - Family physicians QBS results by each doctor
- **Development of strategic purchacing and contracts**
  - Partner management and QA (new system under development)
- **Summary of activities are published in our website** (since 2014)

HOW? Quality issues defined as a priority in the EHIF 2017-2020 development plan

- **Education is essential**
  - >200 health care professionals trained in EBM since 2011 in co-operation with TU MF and WHO
- **IT-solutions are helpful**
  - Development of standardized patient satisfaction assessment tool
  - Data enviroment tool for clinical audits
  - Quality indicators reports allowing data analyze
  - Home page for guidelines (www.ravijuhend.ee)
- **Administrative support quarentees continuity**
  - Coordination and assistance in indicators, guidelines teams
- **Professional expertize from insurance**
  - EBM/HTA assessments, cost effectivness analyses
  - Activly involved into QBS development

Perspective

- **To strengthen clinical partnership with TU MF**
- **To continue co-operation with WB in development of integrated care indicators and patient at risk registry**
- **Activities for supporting health literacy skills**
- **Regular publishing of quality indicators reports**
- **To strengthen assessment of compliance with the terms of the contract and strategic purchasing (=incentives for good clinical outcome)**

Lessons learnt: key success factors

- **Limited human resources: partnership and co-operation between competencies of different institutions**
- **Sustainable process**
  - from project to permanent activity
  - from discussions, decisions to implementation

Conclusion

- **Performance improvement relies on the ability to measure, willingness to interpret and readiness to improve: all components of cycle are covered**
- **Accountability**
  - is the relationship between process and outcomes of care
  - involves a provider of service, the recipient of that service, the payer for that service and a social context within which that exchange takes place
- **Societal expectations to health insurance and clinicians are similar -** we are contractors and have an obligation to provide the public with information on performance

THANK YOU!