

Journey to integration, Estonian way

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SOTSIAALMINISTEERIUM

- Area 45,336 km²
- Population 1 331 000
- Population density 30 in/km² (10 without capital)
- Social & health care state budget 2024: ... €
(social protection 33%, health care 13%)
- Administrative division: 15 counties, 76 local authorities

Facilities

421 family doctor practices
 52 hospitals incl
 19 acute care hospitals in HNBP
 ? social service providers



Journey to integration – Estonian way

- General practitioner: „1/4 of my working time goes to solving the social problems of my patients“
- Municipal social officer: „I spent full day in order to get appointment to GP and psychiatrist for my client “
- County hospital: „We have to help older people because of access to GP service is only digital“
- Children of an older patient: „They sent our mother home from hospital after surgery and suggested physiotherapy, but her GP did not provide this service. We had to find ourselves appropriate service provider.“
- Ambulance: „ We have a call often done by elderly people, who need actually social care, but we have no channel to notify about the person in need. Many times we have to take such kind of people to the hospital.“

Measures that indicate low integration of the system

- High # of low priority ED visits - in 2023 1.8 mln physical GP visits vs 0.4 mln ED visits done by patients self initiative (80% of these triaged low priority)
- High level of avoidable (re)hospitalisation - ca 15% of all acute hospitalizations
- Too long length of stay of acute care in the hospital - 7 days (vs 5 days in many other OECD countries)
- Long waiting times, difficult access - unmet medical need below OECD average
- Too much diagnostics at hospital level
- People consider system to be complicated
- Low health literacy
- Preventable and treatable mortality rates higher than OECD average

How to integrate?

- Mapping of current initiatives
- Analysing best practises of other countries (including study visit to Finland)
- Engaging strategical partners - general practitioners, leaders and social officers of local municipalities, hospitals, HIF, SKA
- Using EU support and experience of IFIC experts
- Trying to get consensus among all the important parties

Considering what is going on the background

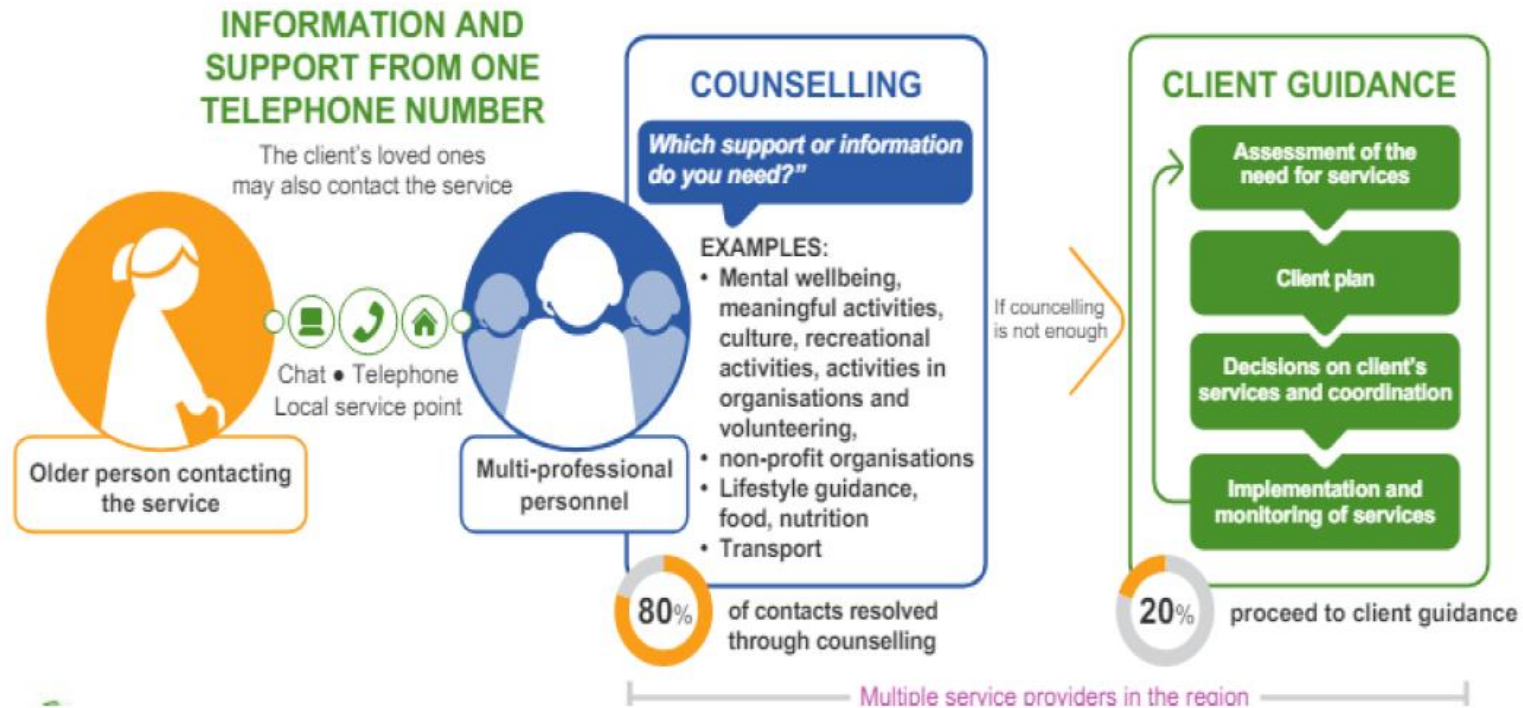
- Update of Hospital Masterplan
- Update of Primary care development plan
- Update of Ambulance development plan
- Economic depreciation, budget cuts
- Considerable immigration

Components of full systematic integration

- **Integrated service regions - counties?** (mostly 20 000-50 000 habitants, 3000-5000 square kilometers, 3-4 municipalities in each, at least one county hospital in the county)
- Strategic management in the integrated service regions - **Regional collaboration boards** that bring together state representatives and municipality leaders, representatives of primary health care and specialty care in the region
- **Regional service provider networks** - looks reasonable to put together primary health care providers, social care providers (eg municipalities) and county hospital
- **Care coordination** (at service provider level) - looks reasonable to add care coordinators to primary care health centers in order to avoid hospitalization of risk groups, looks reasonable to add care coordinators to hospitals in order to reduce length of stay and rehospitalization.

Care coordination in Finland – learning from neighbours

Multiprofessional counselling and client guidance



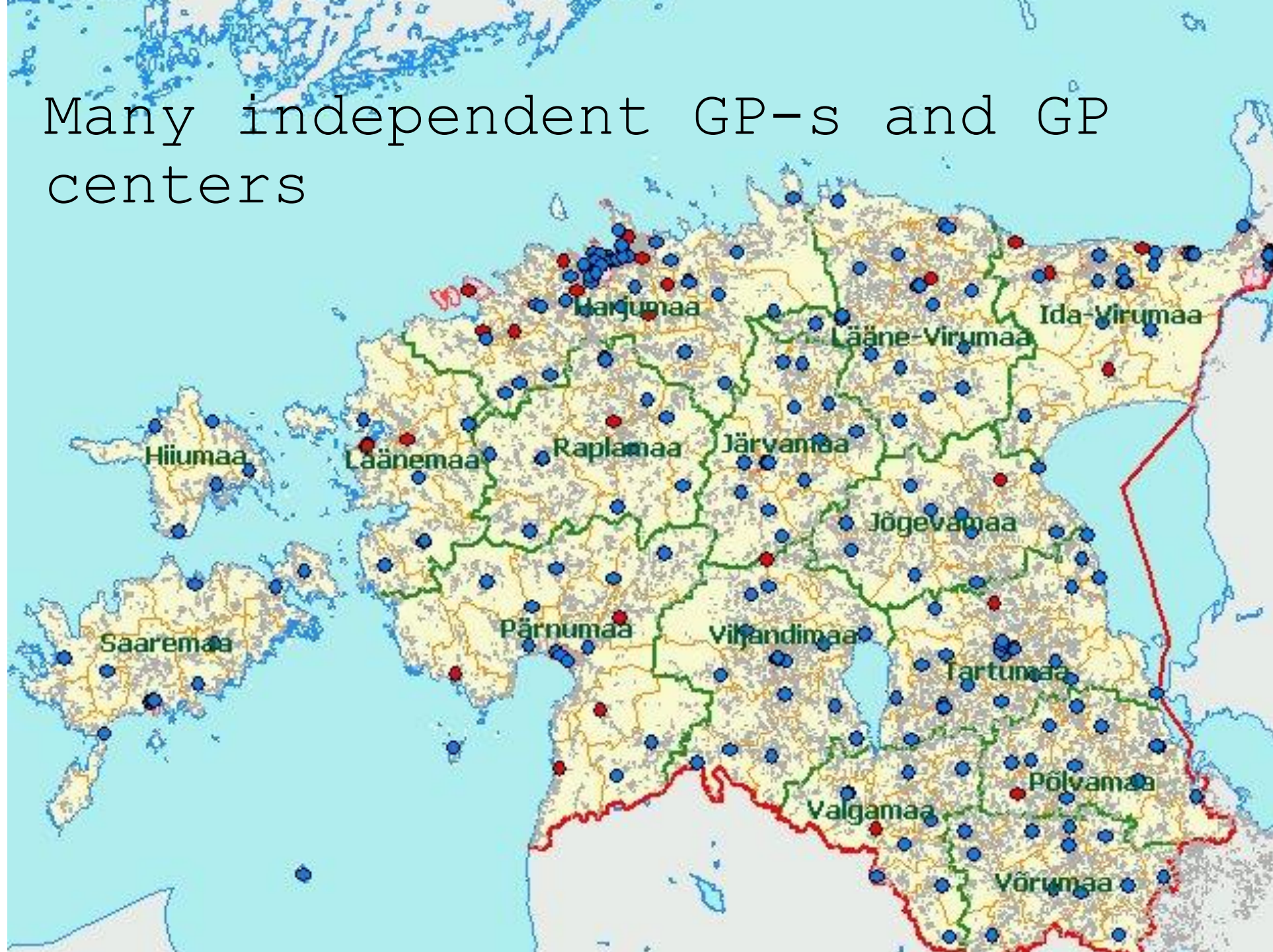
Dimensions of full systematic integration

- Creation of leadership and management of integration
- Reorganization of service provision
- Reorganization of financing and targeting - reducing financing mechanisms that inhibit integration, introducing financing mechanisms, that support integration
- Development of IT systems - „One person, one plan“
- Removing legislative restrictions
- Supporting training and employment of necessary personell

Challenges (except financing)

- County hospitals - part of primary care or specialty care?
- 15 counties - a lot of administration
- Family doctors - many small private entities, hard to motivate for networking, too busy to take leadership role
- County of capital (population ca 450K) - completely different approach

Many independent GP-s and GP centers



Questions ?