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Audit on organisation of Primary care in Estonia

Case study

Liisi Uder
Audit manager
National Audit Office of Estonia

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The Focus

- Aspects – criteria setting, experts, data selection, reporting
- ISSAI and how to apply it in a small country?
- Case – audit on organisation of primary care in Estonia

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Overview of primary care (family doctors system) in Estonia (1)

- First point of care, no fee, family doctors (FD) are care coordinators and team managers;
- Comprehensive care: children, elderly, acute and chronic care, palliative care etc >Free choice of FD, patients are free to change the FD
- List system (1600 ±400 patients)
- 40 working hours per week, not responsible for out of hours care
- Private practitioners - legal entity (private entrepreneurs, or company to provide PHC, nursing care, social services, teaching and research activities); May not be partners or shareholders of companies providing specialized medical care
- Task description of family doctors

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Overview of primary care (family doctors system) in Estonia (2)

- **77,3 mln euros** goes to the primary health care, it's 9,3% of the whole health insurance budget and 12,8% of the health care services (2012)
- Fixed number of practices (today 804)
- Family Doctor as independent contractor with Estonian Health Insurance Fund
- Gate-keeping (partial)- FDs control most of access to specialist care
- Combined payment scheme
- Family Doctor Hotline - available for all in need of assistance (24/7/365)- av 609 calls per 24 hours (2012)

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What standards to use?

- No national standards in performance audits – internal guidelines for NAO only!
- Everything is based on international standards – ISSAI the best!
- My personal verdict > Local guidelines are national specific and therefore might be more helpful.

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Planning – main challenges

- Criteriasetting
- Working with experts (also in other stages) – preparing the test questionnaire, prepering the test for ER workers
- The audit questions: Does the primary care fulfill its aim as gatekeeper and is the PC system sustainable?
 - If the family doctors are not doing their work properly how much does it affect the ER departments and specialist care in hospitals?
 - How much does it cost for the health insurance?
 - Is the PC available and accessible now and in the future? Is the PC developed according to the action plan?

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Planning – setting the criteria– easy?

- Audit criteria:
 - Family doctors provide the services that they suppose to for capitation fee.
 - **family doctors monitor the patients with chronic illness**
 - **Less than 10% of the patients who should get treated by family doctors end up in ER**
 - The financing model supports the work of family doctors
 - The system is developed according the action plan and the targets set for 2015 are realistic to fulfill.

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Challenges in criteria setting

- **ISSAI 3000:** If the criteria are difficult to determine, the auditor may need to work with experts in the field to develop credible criteria that, when applied, are objective, relevant, reasonable and attainable.
- **Family doctors monitor the patients with chronic illness**
- **Less than 10% of the patients who should get treated by family doctors end up in ER**
- How to assess the criteria fulfilment? – The experts!
 - Cardiologist (Hypertonia – most common chronic deceases (ca 1/3 of the population)
 - Emergency medicine doctors

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Conducting the audit – working with the experts

- ISSAI 3000: The use of experts requires special care - Experts are often used in performance auditing. Before using experts, the auditor should ensure that the expert has the necessary competence required for the purposes of the audit. An expert, if needed, is a person or firm possessing special skills, knowledge, and experience in a particular field other than auditing. The auditor must ensure that the expert is independent of the activity/program, and the experts should be informed about the conditions and the ethics required.
 - **How to find independent experts in a small country where all the doctors attended the same university?**
 - **How to ensure the good expert work if the audit team has no medical background?**

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How to guarantee the good work of the experts? (1)

- Hypertension patients (I10-I15) treatment by family doctors > Sample:
 - 50% the patients referred to the cardiologist (results: 51% should have referred)
 - 50% the patients were treated by the family doctor only (6% should have referred)
- Experts are cardiologists, but part of the cases were reviewed by the family doctors. – this should guarantee that the results are less biased.
- The cardiologist and the family doctors together agreed the criteria when the patients should be referred to cardiologist. This made both parties the "owners" of the process.

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How to guarantee the good work of the experts? (2)

- Emergency medicine doctors defined the cases where it was not justified to turn to the ER.
- The family doctors made their amendments
- Once again: both parties the "owners" of the process.
- The result – questionnaire form + short manual for the ER doctors

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Conducting – data collecting

- ISSAI 3000: Reasonable assurance on the quality of information should be provided. A performance audit conducted in accordance with applicable auditing standards must examine the quality of the information provided. Performance auditing is increasingly dependent on the quality of information produced by the auditees and others, often stored on electronic media. What is 'reasonable' depends on the situation, i.e. on the kind of evidence at hand and the conclusions that can be drawn from it.
- Real life question – how to secure high quality data?

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Conducting – how to secure the high quality data? ER

- Testing of patients
 - in 4 different hospitals in 4 city's
 - during 21 days
 - in September
 - Only "green-yellow" patients
 - Children, foreign citizens and ambulatory trauma patients were excluded.
- How valid is the data?
- Strengths: more than 1 hospital, long period, all weekdays, September (outside flu season, high injury seasons (Dec-Jan and June))
- Weaknesses: only 4 big hospitals (less patients from countryside), only one period.

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Conducting – how to secure the high quality data? Doctors' payment analysis

- Good example what You can do in a small country and what You can't. No need to sample!
- The payment is an indication how does the payment scheme actually work and how does it affect the income of the family doctors:
- 800 doctors = salaries + 3 year dividends/3

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Av wage of the Family doctors

Location of the practice	How many patients on list			
	Below average	Above average, but less than 2000	More than 2000	Average
Small municipality (countryside)	1 327	1 732	1 887	1 469
Small town	1 412	1 749	2 066	1 633
County center – bigger town	1 528	1 668	2 202	1 821
Tallinn	1 547	1 952	2 229	1 923
Keskmine	1 387	1 752	2 109	1 659

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Conducting – how to secure the high quality data? Accessibility data

- The system works – everyone can easily access the family doctor!
- How to assess the criteria?
- Easy when You have the resources – we didn't
- We asked people working in county' governments- result – they indicated 200 villages from where You could not access the family doctor's practice in one day using the public transport.
- How valid is the data?

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Conducting/reporting

- If You have very many and complex data collection practices You need somehow validate the results.
- **Expert focus groups** – you might even get the answer to the question "why?"
- BIG QUESTION – how to find balance between the positive vs. the negative messages?

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Two sides of the primary care in Estonia



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Reporting and follow up

- ISSAI 3000: The report should, if possible, be distributed to the auditee, the government, legislative officials, the media and other interested parties..... Publishing audit reports may cause misunderstandings. The media may misinterpret and exaggerate findings, and as a consequence frustrate the purpose of the audit. It is therefore – based on experience – recommended that one provides the media with adequate and well balanced information backed by factual evidence, for instance in the form of press releases.
- How to act when You have very sensitive report?
 - Press release!
 - Press briefing (before releasing the report) > the preparations of special radio and TV shows
 - Many articles in the press (one by auditor general)
- Follow-up > perfect!

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Challenges for ISSAI standards

- Are the small countries exceptions? Is being small an advantage or a curse?
- Should ISSAI 3000 take that into account?
- Should ISSAI 3000 look more into data validation process?

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- Thank You!
- Let's discuss!
