

# ESTONIA

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## HEALTHCARE AND HOSPITAL EXPENDITURE

HEALTHCARE SYSTEM EXPENDITURE	2001	2006	Difference
1. Total health expenditure, PPP\$ per capita	498,33	996,06	+99,88%
2. Total inpatient expenditure, PPP\$ per capita	147,51	332,68	+125,53%
3. Total inpatient expenditure as % of total health expenditure	29,60%	33,40%	+3,8

What main factors have determined the rising of health expenditure in your country in the last 5/10 years?

- ▶ In 2007 health care expenditure as a proportion of GDP was 5,4%. The public share of total expenditure on health care was 4,1%.
- ▶ The total health expenditure formed 5% of GDP in 2005 and 2006. The proportion of national health insurance was 62,5% in 2006 and health expenditure of national budget formed 9,4% of total health expenditure.
- ▶ The public share of total expenditure on health care grew in the last years due to growth of public health care expenditure and Health Insurance Fund budget.
- ▶ Health Insurance Fund income has increased since 2000, because the health expenditure is related to social tax income and during Estonian rapid financial growth social tax income has increased and so has the total health expenditure.
- ▶ Compared to 2000, the voice of income of the health insurance expenditure which has increased the most is the reimbursement of medicinal products; the voice of income of the health monetary benefits which has increased the most is maternity benefits, nursing benefits have also increased. Structural change of benefits is exemplified for instance by increase of proportion of medicinal products in 2002, which has fell afterwards, and increase of proportion of monetary benefits from 17,6% in 2002 to 19,9%, which is mostly due to sickness and maternity benefits.

What does explain the changes of the level of inpatient care expenditure in the last 5/10 years? Which types of hospital costs have been the driving forces?

- ▶ Since the main expenses in hospital care are personnel costs, the collective agreements with health care workers have increased health care costs. With the 2007 agreement the wages of health care workers were increased significantly.

What impact is the current crisis having and what impact is it likely to have in the future on healthcare level of expenditure?

- ▶ Since the crisis started, health care expenditure has decreased. For example the budget of Health Insurance Fund decreased by 7,6% during the year 2009 compared to the approved budget. In comparison to 2009 original budget (before decreasing) the 2010 budget prognosis (not yet adopted) has been reduced by 16%.
- ▶ Since the Health Insurance Fund has less money, the prices of health care services have decreased and hospitals are struggling.

## HOSPITAL PROVISION

HOSPITAL PROVISION	2001	2006	Difference
4. Total number of hospital beds per 100.000 population	671,5	564,77	-15,90%
5. Acute care hospital beds per 100.000 population	513,89	393,51	-23,04%

Could you explain the trends affecting hospital care and, in particular, acute care, such as shift to primary/home care, increase in hospice care, improved treatment times, etc...?

- ▶ Decrease of hospital beds has taken place, accompanied by shortening of average length of stay and increase of bed turnover. The number of active care (or short-term care) beds has decreased by almost 30% in six years.
- ▶ Although the number of hospital beds has decreased by 23% by the end of 2006 in comparison to the end of 2000, the number of hospitalised persons per 1,000 inhabitants has decreased slightly fewer than 10%.
- ▶ There is an increasing trend in using outpatient health care services; this is evident by the increasing number of outpatient visits and day-care cases. 8.5 million of doctor outpatient consultations in 2006 results in average 6.3 consultations per person per year. The number of day-care cases has increased two times in 2006 in comparison to 2000.
- ▶ Larger changes can be seen in the development of nursing care. The number of independent consultations made by nursing specialists per 100 persons increased to 31 in 2006. Wider spread of home nursing and care services has increased the number of home visits by nursing specialists. In comparison to 2004, the number of home visits has doubled, reaching to 196.000 in 2006. The number of home visits of nursing specialists per 100 persons has also increased from 1 in 2000 to 15 in 2006.

ACUTE CARE HOSPITAL INDICATORS	2001	2006	Difference
6. Acute care admissions/discharges per 100 population	17,88%	16,82%	-1,06
7. Average length of stay for acute care hospitals (bed-days)	6,92	5,92	-1,00

Please, comment the figures about the rate of hospital admissions and the average length of stay for acute care hospitals. What do these figures highlight about hospital healthcare in your country?

- ▶ During the last 7 years of life of the new hospital network structure, the trends have been towards shortening the average length of stay. That has been achieved through more ambulatory service prior and after hospitalization, as well as through a better co-operation between the hospital and the family practitioners' sector. These trends have been stated as target goals in the beginning of this decade and have been reached through using mostly financial, but also technical legal policies.

## HEALTHCARE WORKFORCE

HEALTHCARE PROFESSIONALS	2001	2006	Difference
8. Physicians per 100.000 population	303,79	328,53	+8,14%
9. % of physicians working in hospitals	49,70%	51,90%	+4,43%
10. Nurses per 100.000 population	616,08	655,21	+6,35%
11. Rate of nurses per doctors	2,03	1,99	-4,00

Do you consider the ratios of doctors and nurses to population in your country sufficient? Please, mention any local/national initiatives and policy shifts that will affect this.

- ▶ Estonia has an overall serious shortage of all health personnel. Our health care system is still mainly very doctor-based, thus the opportunity to use nurses' work power in addition still needs to be empowered. Therefore the ratio of doctors and nurses is still insufficient especially in regard to western European standards.
- ▶ The Ministry of Social Affairs makes suggestions about the number of training places in Tartu University for doctors. These numbers are worked out in cooperation with the Estonian Doctors Union. This planning process has been relatively efficient in the last years. In spite of this good planning, there is still a great, uncovered need for good doctors and nurses, a problem that is unlikely to be solved soon.
- ▶ With regard to the motivation of health professionals, employers clearly play a key role in making the working environment favourable in a way that promotes the efficiency and work persistence of nurses and doctors.

Do you consider the ratios of doctors working in hospitals in your country sufficient?

- ▶ As well as the total number of doctors in the country, the number of doctors working in the hospitals is insufficient.