# Monitoring the demand for outpatient specialised medical care

**Executive summary**

The SAO conducted an audit examining the collection of information on the waiting lists for outpatient specialised medical care in the Estonian Health Insurance Fund and medical institutions and the relevant administrative measures in the Ministry of Social Affairs. With the help of accurate waiting list information, the person would find the shortest waiting list for a doctor and the medical institutions would know which services are expected from them. Operational waiting list information allows improving the organisation and management of healthcare, incl. determining the causes of long waiting lists and envisaging measures to shorten these lists.

The audited aimed to outline the organisational hindrances occurring in the collection of waiting list information and distorting the overview of effective demand. On the basis of the analysis of gathered material, proposals have been sent to the Minister of Social Affairs, the Chairman of the Management Board of the Estonian Health Insurance Fund and the Director General of the Health Care Board concerning the elimination of numerous hindrances and the avoidance of distortions of information.

The audit revealed that the reliability of collected information is low despite the fact that there is a wide range of waiting list information users encompassing the different levels of the healthcare system.

**Customer service quality**

The SAO inspected the work of registries and found that almost half of the audited medical institutions do not comply with the requirements to the keeping of waiting lists as set out in a Regulation of the Minister of Social Affairs and that, in general, the quality of customer service is low. Since the registry's telephone lines are busy for long periods of time, getting of information depends on chance or the patient's persistence. However, once a call penetrates or a person arrives at the medical institution, it often turns out that it is not possible to make an appointment to the required doctor and that the person should call again within a specified time limit to agree an appointment.

In this situation some of the patients remain untreated and the corresponding share of the demand remains unregistered, meaning that the effective demand cannot be taken into account in the financing of healthcare. The SAO considers it important that all patients have equal opportunities of obtaining information on services from the medical institution and including themselves in the waiting list.

Medical institutions have problems with patients, who have put themselves on the waiting list, but fail to appear. In the case of waiting lists extending over more than four weeks such patients make up even as much as 40 %, which implies that the seemingly long lists are actually "full of air". On the other hand, the patient cannot notify the waiver of the appointment because of the overload of registry's telephone lines and the medical institution itself does not contact the patient either.

In the opinion of the SAO, the problem can be solved best by way of improving the quality of customer service in medical institutions. In order to ensure that the medical institution is informed of the patient's decision on whether to appear or not, the SAO suggested the Minister of Social Affairs that the latter should establish customer service requirements to medical institutions: to create additional facilities for patients for notifying of their failure to appear (e.g. by e-mail), and, in the case of long waiting lists, to ask the patient to confirm his or her appearance. The registry performance standards work towards the same end.

In his letter the Minister of Social Affairs responds that health service providers should introduce a quality management system to ensure that patients receive high-quality and adequate information. The Ministry is currently preparing a reference guideline for healthcare institutions to allow introducing this system. The SAO is of the opinion that, in addition to methodological assistance and guidance, the Minister of Social Affairs must at least establish the minimum quality requirements and specific goals to be achieved by means of quality improvement.

**Monitoring**

The SAO finds that the settlement of the above problem also requires ensuring that medical institutions comply with the requirements to the keeping of waiting lists. Since, as of today, no systematic monitoring has been exercised in this field, the SAO sent the relevant proposal to the Director General of the Health Care Board. In his response, the Director General explains that in the course of past

inspections the Health Care Board has detected a number of deficiencies in the formal arrangements for keeping the waiting lists and drawn the institution's attention to these. The Director General says that more stringent measures will be applied in the course of future monitoring. Also, co-operation with the Society of Family Physicians and the Health Insurance Fund has been undertaken to find solutions to the detected problems.

The SAO is of the opinion that the Minister of Social Affairs should clearly define the areas to be monitored and the monitoring objectives and prepare the program for monitoring health service providers in 2004 in collaboration with the Health Care Board and the Estonian Health Insurance Fund.

**Role of family physician**

Usually the patient goes to his or her family physician to receive primary health care and the latter refers the patient to a medical specialist, where appropriate. A survey carried out among family physicians revealed that normally they help the patient to find the appropriate specialist and that in nearly half of the cases they personally put the patient on the waiting list. They would make more appointments on the patients' behalf, but the overload of the registry's telephone lines and the lack of alternative registration possibilities constitute an obstacle.

The SAO finds that the role of family physicians in finding a suitable treatment possibility for the patient and in referring him or her to treatment should be strengthened and supported in all respects and made a proposal to amend the relevant regulatory framework. In his response, the Minister of Social Affairs notes that, according to the plans, in 2004 the regulatory framework concerning inclusion in waiting lists is to be revised and, where appropriate, modified, together with measures improving the availability of health services.

The Director General of the Health Care Board supports the modification of the regulatory framework for the keeping of waiting lists and stresses the need to increase registration by family physicians.

**Uniform system of waiting list information**

The registry is almost the only source of information on health services for the patient (or his or her family physician), but because of the overload of registries it is very difficult for the patient to get information from there. Only half of the hospitals have a web site and only two medical institutions publish waiting list information in the Internet.

However, information on health services should be available to the patient at the medical institution's registry and, first of all, in the Internet. It would be easier to find information in the Internet, if the information of all health service providers is put together on one web site.

The SAO suggested the Minister of Social Affairs that a uniform system for publishing waiting list information should be created, which would allow the continuous collection of waiting list information from all medical institutions and make it possible for all users to find the necessary information easily and conveniently. Most of the larger hospitals keep the waiting lists in their information system and the consolidation of waiting list information into a uniform information system calls for the establishment of data exchange rules only, but for those medical institutions, which have no such facilities at their disposal, the SAO recommends the establishment of a central information system for keeping the waiting lists. All waiting list information users should use the same source and to this end the SAO made a proposal to the Health Insurance Fund to replace the current quarterly reporting with continuous monitoring of waiting lists by means of the uniform system mentioned above.

In his response, the Minister of Social Affairs notes that inclusion into waiting lists will improve, once the project "Digital medical history" is launched (the development and introduction period of the project is 2002 to 2007). The Minister did not provide a more detailed timetable for implementing the proposals of the SAO, and neither did he take a clear position on the publication of waiting list information in the Internet.

The SAO thinks that it is primarily the duty of the Ministry of Social Affairs to ensure that information on health services is available and that by implementing the proposals the Ministry has a good opportunity of improving a public service provided directly to the patients.

The SAO finds it necessary to include the design of information systems for the publication of waiting list information and for the keeping of waiting lists into the Ministry's programme for development projects in 2004 (e.g. in the framework of the project "Digital medical history").

The Chairman of the Management Board of the Health Insurance Fund supports the creation of a common IT environment for waiting lists.

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