Organisation of healthcare of preschool children

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Executive Summary

The SAO examined the organisation of health of preschool children, focussing in its audit on the topic of health promotion and prevention of diseases. For this, it analysed the substantial strategic documents planning the field that are the basis of organisation. From the practical side, it examined the monitoring of the health of schoolchildren by family physicians and also the topics concerning the health care professionals in childcare institutions as most of the preschool children go to preschool childcare institutions (e.g. creche, nursery school).

Relevant observations

Health organisation of preschool children needs more attention than it has been getting up until now. According to the school health services reports collected by Health Insurance Fund, 42% of the first-formers that have been preventively examined have health problems (for example, bearing disorder, over- or underweight etc.). In the interpretation of data it has to be taken into consideration that data is being collected only since the year 2004 and that their reporting has not yet been completely harmonised. Also, it has to be taken into account that the analysis covers approximately half of the first-formers because only the results of the second half-year could be accessed. Nevertheless, the big percentage of children with health problems shows that health-promoting and disease-preventing healthcare of preschool children needs to be organised more effectively. When health problems not discovered in early stage are allowed to deepen, in the future their treatment could be far more expensive for the state, compared to what could be saved with preventive action.

The organisation of the area is not consistent. Child Protection Act valid from 1993 deals with health in a generalised manner and child's right for health is ensured rather with other legislation. New act has not been prepared although The Parliament pointed out the need for it already in 2001. The health related sections of the two main strategic documents (Strategy to Guarantee the Rights of the Child and Conception of Child Protection) do not cover the field entirely. The objectives of the Strategy to Guarantee the Rights of the Child are general and not covered by the prescribed activities. The healthcare section of the Conception of Child Protection does not fulfil the objective to create an overall system as it only covers a few problems. The contents and financing of the ending State Health Program for Children and Youth has significantly decreased compared to what was planned and the managing of the program has been unstable. The performance of the program has not yet been analysed, therefore there does not exist any information on how to continue its activities purposefully after the program has ended.

Exists a risk that family physician has not examined all children periodically. Children's medical examination is mainly carried out by family physician and indicative instructions have been developed for this. As the instructions are not compulsory for the family physician, it is not easy for the Health Insurance Fund to control the compliance with it. Therefore there does not exist an overview of how many children have been examined in accordance with the instructions. Comparing the number of seven-year-olds and the number of family physicians' medical invoices in 2003, it can be stated about approximately 90% of children that they have been examined by the family physician in the calendar year. Additional remuneration for family physicians as of 2007 will approve the situation, and among other things sets as a priority the medical examination of children under 2 years old and those going to school and enables better to monitor the compliance with the instructions. In the opinion of the SAO it would also be necessary to also promote the regular examination of 3 to 5 year old children.

40% of child care institutions do not employ a health care professional because it is not compulsory. Tasks have been appointed to health care professionals pursuant to the law but it **is not regulated if and who should carry out the tasks in their absence.** Because of such unclear responsibility, some of health care related tasks remain unfulfilled mainly in child care institutions without a health care professional. In the future, the number of health care professionals in child care institutions is likely to decrease even more: a quarter of the current health care professionals are in retirement age now and in general the young do not come to work in child care institutions. Some of the child care institutions may also refrain from employing health care professionals because of the established requirements for minimum wages and due to the lack of funds. Therefore, the tasks of health care professionals should be reviewed critically and a decision to be taken which of these should be fulfilled, and at the same time establish a clear responsibility of child care institutions for the compliance

with them.

Child care institutions are not aware of the health care professionals' qualification requirements or the obligation to register in Data Protection Inspectorate, thus the obligations are not fulfilled. It is not clear for many local authorities and child care institutions, which qualification requirements the health care professionals of child care institutions should comply with. More than half of the health care professionals of child care institutions do not comply with the requirement to register themselves in Health Care Professionals' Register, they also receive much less in-service training than required. Also, none of the child care institutions or local authorities has registered in Data Protection Inspectorate as a processor of sensitive personal data, though this data, or children's medical information has to be recorded in group diary.

Major proposals to the Minister of Social Affairs

For the overall treatment of the topic of child healthcare and ensuring its priority and getting an overview of the health of preschool children

- supplement the current Child Protection Act or draw up a new one and ensure that it would lay down exactly how and through which standards the healthcare of children is organised (ensured is the right for as good health as possible, medical products and restoration of health);

- reflect the overall organisation of child healthcare in the Strategy to Guarantee the Rights of the Child and the Conception of Child Protection and ensure that all set objectives would be carried out;

- examine why almost 42% of the first-formers suffer from health problems and in what age did the problems start.

For ensuring the periodical examination of children younger than 7 years old in cooperation with the Director of Board of the Health Insurance Fund

- identify how many children and for what reasons are not periodically examined by the family physician;

- consider adding the medical examination of 3 to 5 year old children to the criteria of planned additional remuneration for the family physicians.

For organising healthcare in preschool child care institutions and better monitoring of children's health in cooperation with the Minister of Education and Research

- decide to what extent health services are necessary in child care institutions and their provision compulsory and whether child care institutions have to employ a health care professional in order to provide the service;
    - decide whether child care institutions have to employ a health care professional in order to provide the service or alternative options should be chosen (for example, local government buys health services from the specialists of medical institutions)
    - in the case of making a part of the service compulsory, ensure its financing;
    - if the service is not made compulsory, clearly establish who has to fulfil the tasks related to child health when the child care institution does not employ a health care professional;
    - specify the size of the child care institution starting from which it is compulsory to have a health care professional or the service;

- regulate the obligations of health care professionals of child care institutions and the child's family physician in monitoring the child's health (incl. the exchange of information between them);

- clearly establish the qualification requirements for health care professionals in nursery schools and ensure the compliance with them;

- inform local governments of the necessity to meet the obligation of registration pursuant to Personal Data Protection Act related to processing sensitive personal data in relation to child health (incl. recording the respective information in the group diary).

The Minister of Social Affairs declared in his response that the Ministry of Social Affairs will deal with the problems related to preschool child institutions in 2006, when the health promotion, health protection and health care administration of all preschool child care institutions will be reviewed. Currently a new draft of Child Protection Act has been started in the Ministry of Social Affairs, but the minister finds that this act should not regulate all health care administration directed at children, but the basic requirements for children's health protection. The SAO concurs with it but is of the opinion that the Child Protection Act should also contain references to other acts that regulate health care administration of children. The Minister of Education and Research considers the accessibility of health care in preschool child care institutions to be very important and thus concurs with the proposals to ensure possibilities for better monitoring of child health in child care institutions, but an exact plan of action is not submitted.

The Minister of Social Affairs declared that it is not planned to centrally collect the general health indicators of preschool children because it would be expensive and the results may not justify it. In 2008, Digital Medical Records will be launched, which creates opportunities for abetter collection of children's health indicators and from where in the future it is possible to get information as a whole, if necessary. The Minister finds that the primary choice in monitoring children's state of health is still the statistics of mortality and sickness and full coverage has been met in this part. The Minister did not inform the SAO whether the Ministry of Social Affairs intends to explore why almost 42% of the first-formers suffer from health problems.

Both the Minister of Social Affairs and the Director of Board of the Estonian Health Insurance Fund declared in their responses that in the future they will consider adding the medical examination of 3 to 5 year old children to the criteria of planned additional remuneration for the family physicians. Also, an analysis based on the problems of the health insurance database will be carried out and specify the number of children without family physician's treatment invoice, and the causes for not making out the treatment invoice.

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