Organisation of the family doctor service

Does the system perform its functions?

Report of the National Audit Office to the Riigikogu, Tallinn, 8 April 2011

Summary of audit results

The National Audit Office assessed in the course of its audit how the family doctor system performs its functions. The National Audit Office believes the family doctor system functions well when

- family doctors provide the services they are supposed to provide pursuant to legislation;
- family doctors treat and monitor the patients on their list who suffer from chronic illnesses primarily themselves;
- a very small percentage of people who need the care of a family doctor turn to emergency medicine for assistance;
- the preconditions for the timely performance of the "First Contact Care Development Plan 2009-2015" have been created.

Although just 9.2% of health insurance funds or 70 million euros is spent on the family doctor service, family doctors do play a key role in the health system. Family doctors are a person's first contact with healthcare, they refer patients to specialists and coordinate their treatment processes if necessary. The functions of family doctors also include monitoring healthy children and people suffering from chronic diseases, health promotion and prevention of diseases at the level of every single person.

In the opinion of the National Audit Office, the family doctor system is unable to perform all of its functions in the health system, because family doctors do not always perform the agreed services, frequently refer patients to specialists without good reasons, and the system does not guarantee accessibility of the family doctor service in all regions. The main reason behind the problems *of the family doctor service* **in addition to the limited awareness of patients is the lack of family doctors in certain regions, their varying competence and the limited development opportunities of the system.**

The strength of the Estonian family doctor system is that almost free medical care is guaranteed to all insured persons and every person has a family doctor. However, to improve the way the system works, the state needs to pay more attention to the specification of the functions of family doctors, harmonisation of the qualifications of family doctors, guaranteeing the quality of the work of family doctors, improving the accessibility of family doctor services and carrying out the other measures given in the development plan.

Family doctors do not perform all of their functions. The National Audit Office analysed the activities of family doctors and found that in more than a half of all cases, family doctors had referred patients suffering from hypertension to cardiologists without it being justified. Also, not all family doctors provide the services they should be providing pursuant to legislation, but instead refer their patients to specialists who provide the same services. Another problem is that many patients go to emergency medicine departments with minor health concerns instead of going to their family doctors. The National Audit Office found that 39% of audited cases where patients turned to emergency medicine departments where cases where the patients should have first been seen by their family doctors.

The inadequate work of family doctors puts pressure on the health insurance budget. The National Audit Office analysed the cost of unjustified appointments of patients with specialists and found with

regard to some diagnoses in the two audited specialties (cardiology and emergency medicine), the costs totalled almost one and a half million euros. There is no reason to believe that other specialties are not affected by the same problem.

The accessibility of family doctor services has deteriorated. The number of patients who have been able to make an appointment with their family doctor for the same day has decreased over the years, whilst the number of patients who have only been able to make an appointment for the 3rd or 4th day after calling has increased. The results of the audit showed that there are villages in 78 local authorities, where people are unable to visit their family doctors in a day using public transport. This makes it harder for these people to receive medical care.

The number of family doctors is decreasing. Even if all doctors who have passed family doctor training start working as family doctors, we will have 60 fewer family doctors in 20 years, as 72% of current family doctors will attain retirement age by then. The Ministry of Social Affairs has set itself the goal of reducing the number of patients on the list of one family doctor and by doing so, improving the quality of family doctor services considerably. The National Audit Office finds that this goal cannot be achieved with the present organisation of family doctor training.

The family doctor system does not motivate family doctors to work in rural areas. The analysis showed that the patient lists of family doctors are generally shorter in rural areas, which means that the revenue base of the doctors is smaller. This means that family doctors in rural areas earn less than their colleagues who work in towns and cities. Another obstacle for family doctors who may consider working in rural areas is that they usually work alone, which makes it harder for them to find locums when they go away on holiday and/or training. Also, work with a short list of patients makes the provision of certain services impossible, as the doctor does not acquire the experience required for this. Family doctors who run their practice alone also tend to spend more time on non-medical activities.

The financing system does not motivate family doctors to apply their abilities in full. The above observations indicate that the current financing system, which is largely based on capitation fees, does not motivate all family doctors to provide the same quality service. Performance pay is a good initiative, but its percentage in total funding is currently too small to motivate all family doctors.

The Minister of Social Affairs has not made enough effort to carry out the First Contact Care Development Plan. The majority of the problems found by the National Audit Office are highlighted in the "First Contact Care Development Plan 2009-2015". The measures given in the development plan are largely the same as the recommendations made by the National Audit Office, and the Ministry has started implementing quite a few of them, but some drafts concerning the system have not been approved due to political considerations.
The National Audit Office believes that the main problem in the implementation of the development plan is that the progress of its implementation has been much slower than intended. This is why several of the goals set for 2015 cannot actually be achieved and many of the interim goals set for 2010 have still not been attained.

Recommendations of the National Audit Office to the Minister of Social Affairs:

In order to reduce the number of cases where family doctors refer patients to specialists without reason, the National Audit Office advised the Minister of Social Affairs to implement the e-referral and e-consultation system, which would allow family doctors to consult specialists without necessarily having to send the patient to the specialist. The National Audit Office also advised to create a competence evaluation system, which is mandatory for family doctors.

In order to make the work of family doctors in rural areas easier, the National Audit Office advised creating measures that make opening a practice in rural areas easier (with loans on favourable terms or state benefits). For the same purpose, the National Audit Office advised analysing the options of combining the patient lists of family doctors in rural areas, creating the option of paying additional remuneration to family doctors who go to work in certain regions, and implementing a national locum **doctor** system as quickly as possible.

Response of the Minister of Social Affairs:

The Minister of Social Affairs said in his response to the National Audit Office that a digital registration service is now available as part of the e-Health system, which makes it possible to send and receive referrals and responses to them. The e-appointment service, where a specialist can sort referrals according to the conditions of patients, is currently being tested.

As for the mandatory competence assessment system, the Minister believes that this idea should be presented to the key persons in the area and it should be considered whether it would be necessary to create it for the assessment of all healthcare professionals.

The Minister of Social Affairs said that the recommendations made to facilitate the work of rural family doctors are already being implemented and the national locum system will start in 2012. The Minister believes that a national start-up support system and/or grant of loans with state guarantees to family doctors in order to motivate them to work in rural areas required broader involvement and political support. However, the Minister did not specify how and when he starts working on this broader involvement and support.

Recommendations of the National Audit Office to the chairman of the management board of the National Health Insurance Fund:

The National Audit Office advised the chairman of the management board of the National Health Insurance Fund to change the funding of family doctors and consider a possible increase of the money paid into the medical test fund and separate payment for some of the service so far provided for the capitation fee. The National Audit Office also advised analysing the activities, which could be financed to improve the quality pay system of family doctors.

Response of the chairman of the management board of the National Health Insurance Fund:

The chairman of the management board of the National Health Insurance Board said that the use of the medical test fund has been analysed over the years and it was found that use of the fund depends on the rational and cost-effective conduct of the doctor. The chairman of the management board promised to continue monitoring the research fund of family doctors. The National Health Insurance Fund is planning to analyse the price model of family doctor services according to the proposal made by the Estonian Association of Family Doctors for amendment of the financing conditions and add several new activities to the quality fee.

Tarmo Olgo
Audit Director
Performance Audit Department