

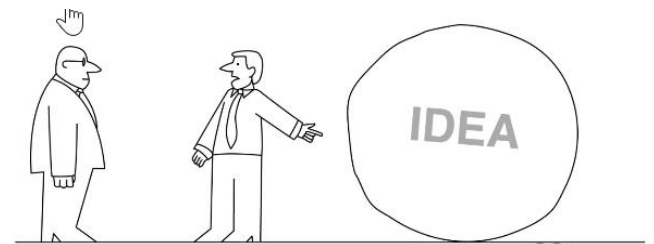


Primary health care - reference ambulance

Regional Study Tour 2019
28th January – 1st February 2019

Incentives for primary health care - Slovenia

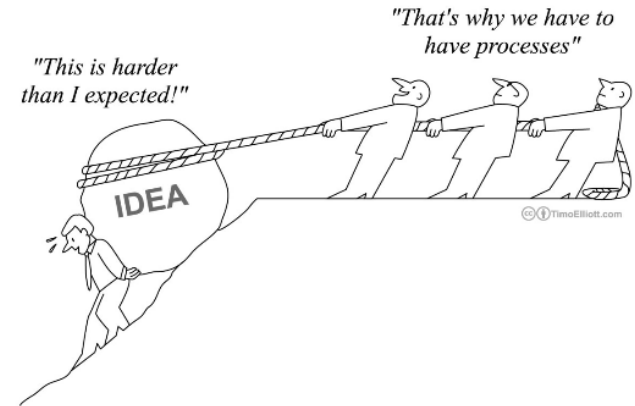
- **1992: Structural changes – mixed model**
 - choice of personal doctors on primary level: INSTITUT OF GATEKEEPER
 - public and private (individual and collective) providers concessionaires
 - capitation with age correction and reimbursement of services
 - standard team: 1 doctor, 1,1 nurse, 0,36 administrative worker
- **2001: new incentives in payment methods**
 - capitation, fee for services, national caps (92%) and preventive care given (8%) and monitoring referrals below or above national average (+/-2/4%)
 - **till 2003: a 19% drop in referrals!**
- **2010: preparation of (no)reform: Upgrading the Health Care System**
 - Organisational practices: Reference (RP), Teaching (TP) and Rural (RuP)
 - New role of health care center
 - Reimbursement changes
 - Quality and safety
 - Informatization and communication
 - Measures in the field of education
 - Institution for development



"You mean I actually have to PUSH my idea?!"

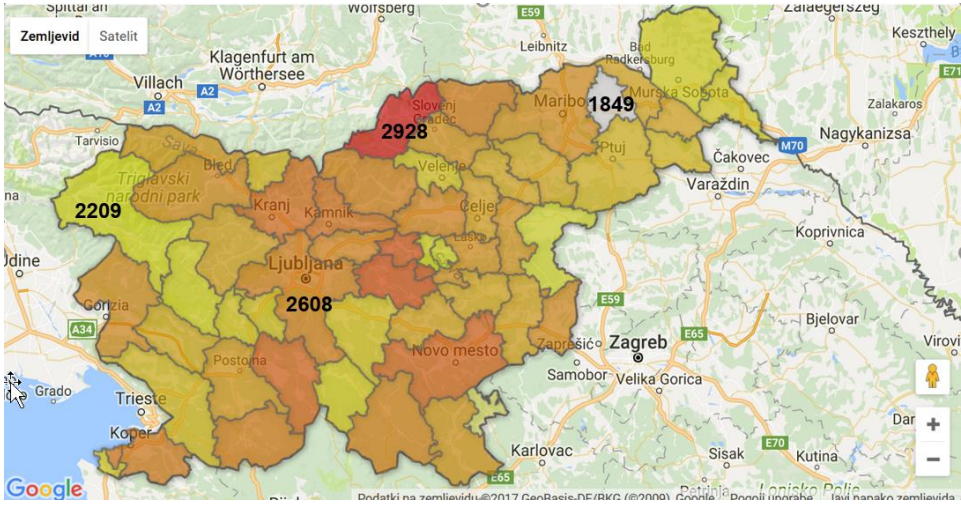
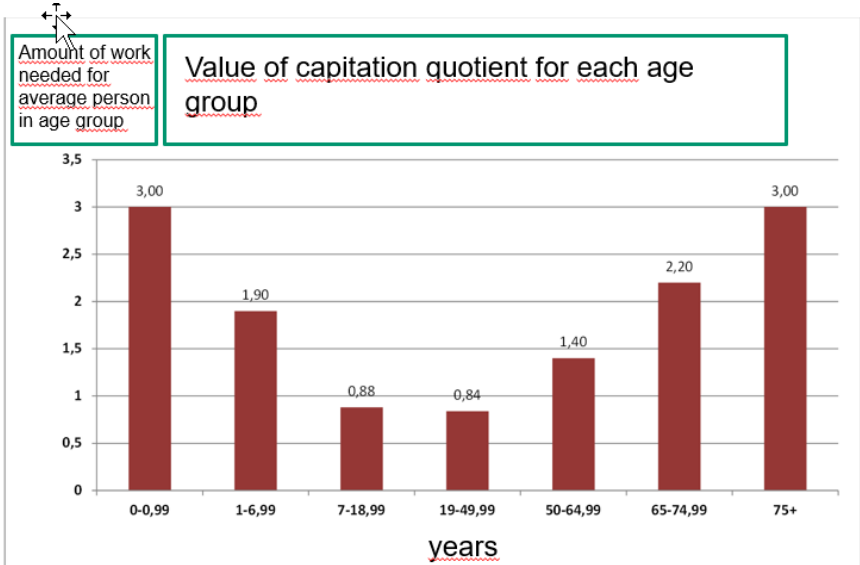
The goal of TP+RP+RurP was to

- promote
 - team work
 - prevention
 - integrated care
 - chronic patient treatment based on protocols
 - optimal use of laboratory services
 - quality indicators
- facilitate the transfer of work to the primary level through the appropriate staff-content financial structure and protocols
- improve and reward quality, safety and cost-effectiveness (P4P) in treating patients

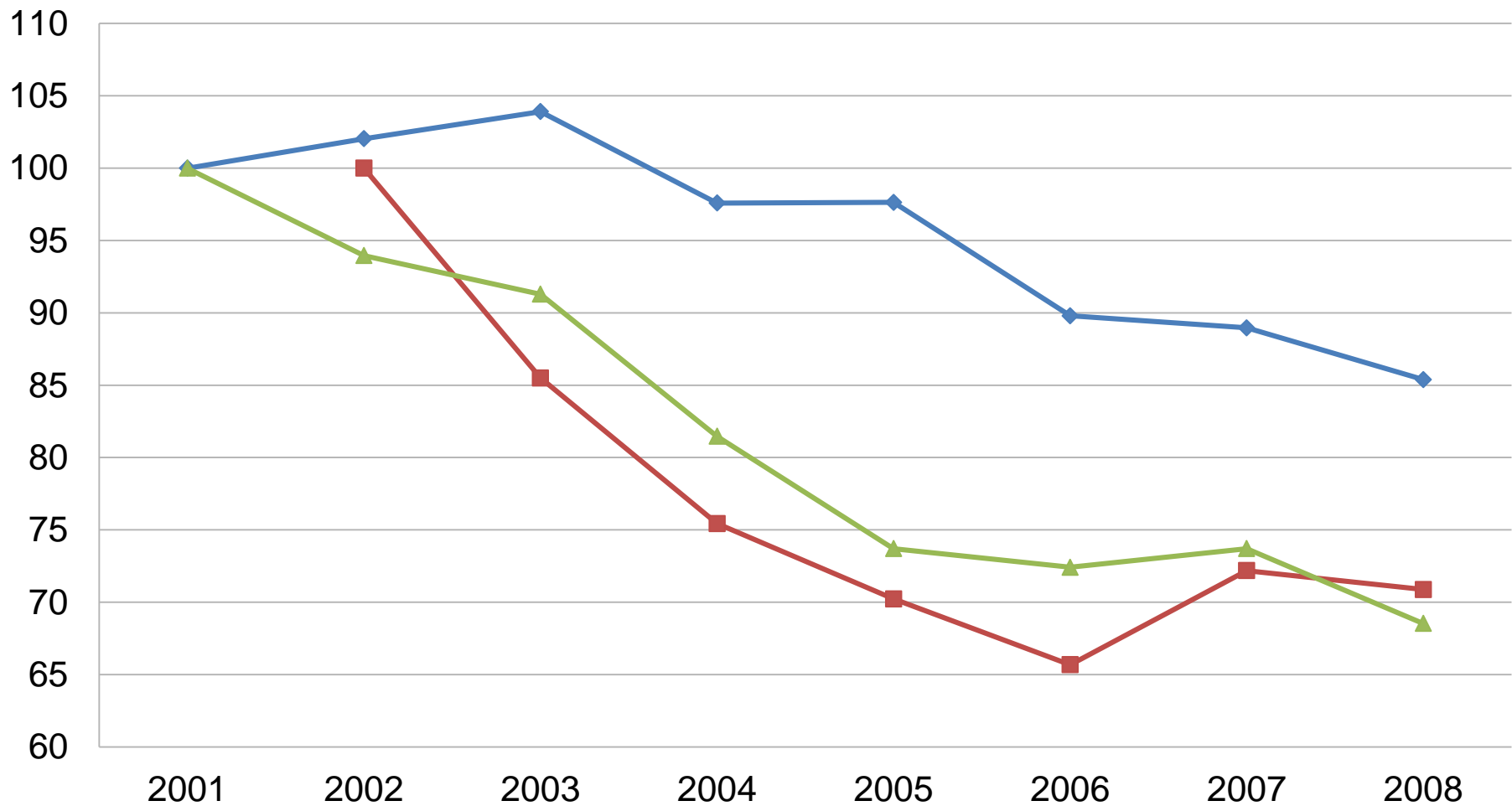


Slovenia, 2103

- 2.058.821 inhabitants
- 1.465.688 (71%) of pop. registered in GP/FP`s offices
 - 1800 pop/GP or app 2500 capitation quotients/ GP
 - FD are “gate- keepers” for secondary level specialists, referrals are obligatory
 - Over 80% of cases are completed on primary level
- 22% of population registered in pediatric offices
- 1% in social care institutions
- 6% of population without chosen doctor



The index of curative, preventive and home visits by the family doctor, 2001-2008



◆ Kurativni obiski (2001=100) ■ Preventivni obiski (2002=100) ▲ Hišni obiski (2001=100)

Reference practices (RP)

- **The aim**

- increase quality, safety and cost effectiveness in patient treatment
- performance of certain activities in part by the certified nurse in accordance with their jurisdiction and responsibilities

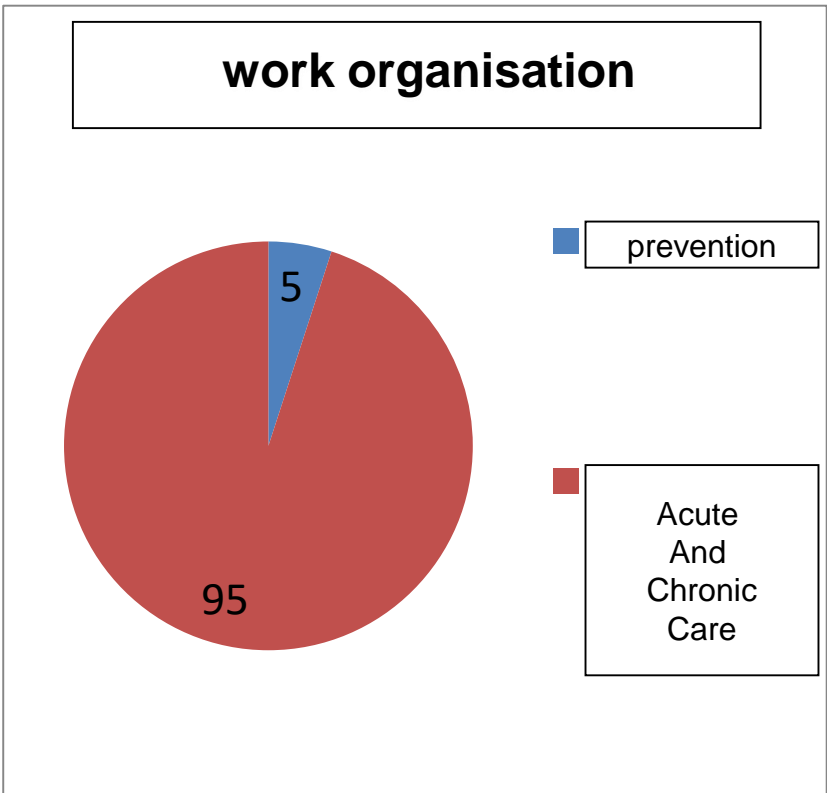
- **In RP physicians already work in the public health care network, but are at a high level as far as their expertise is concerned regarding:**

- integrated care
- chronic patient treatment per protocols
- prevention
- quality indicators
- optimal use of laboratory services

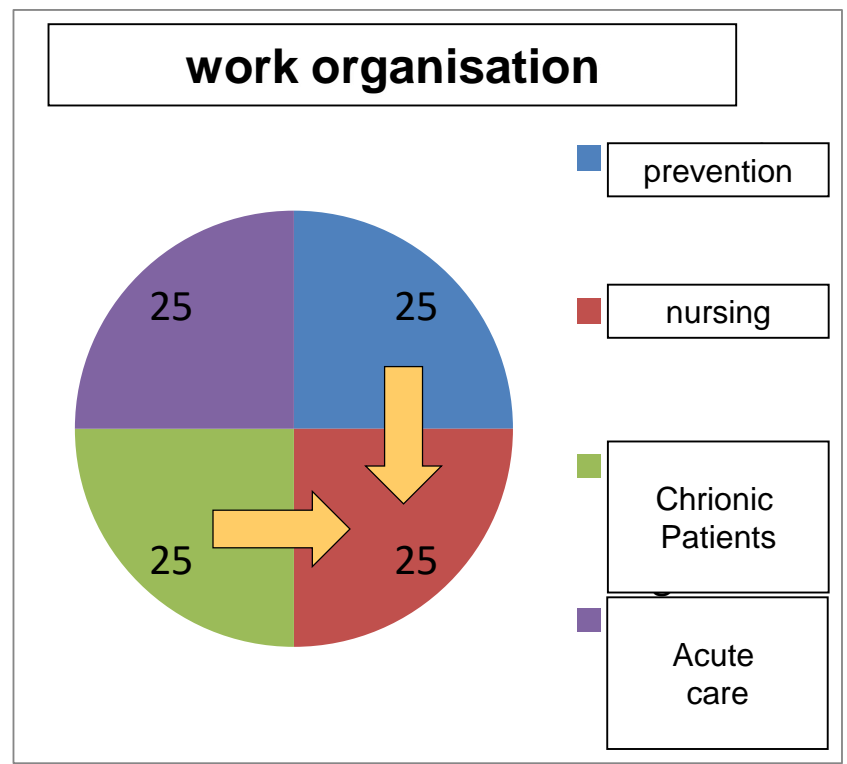
RP reorganisation in 2010

- **New team: 1 doctor, 1,5 nurse (+0,4), 0,5 (+0,14) administrative worker**

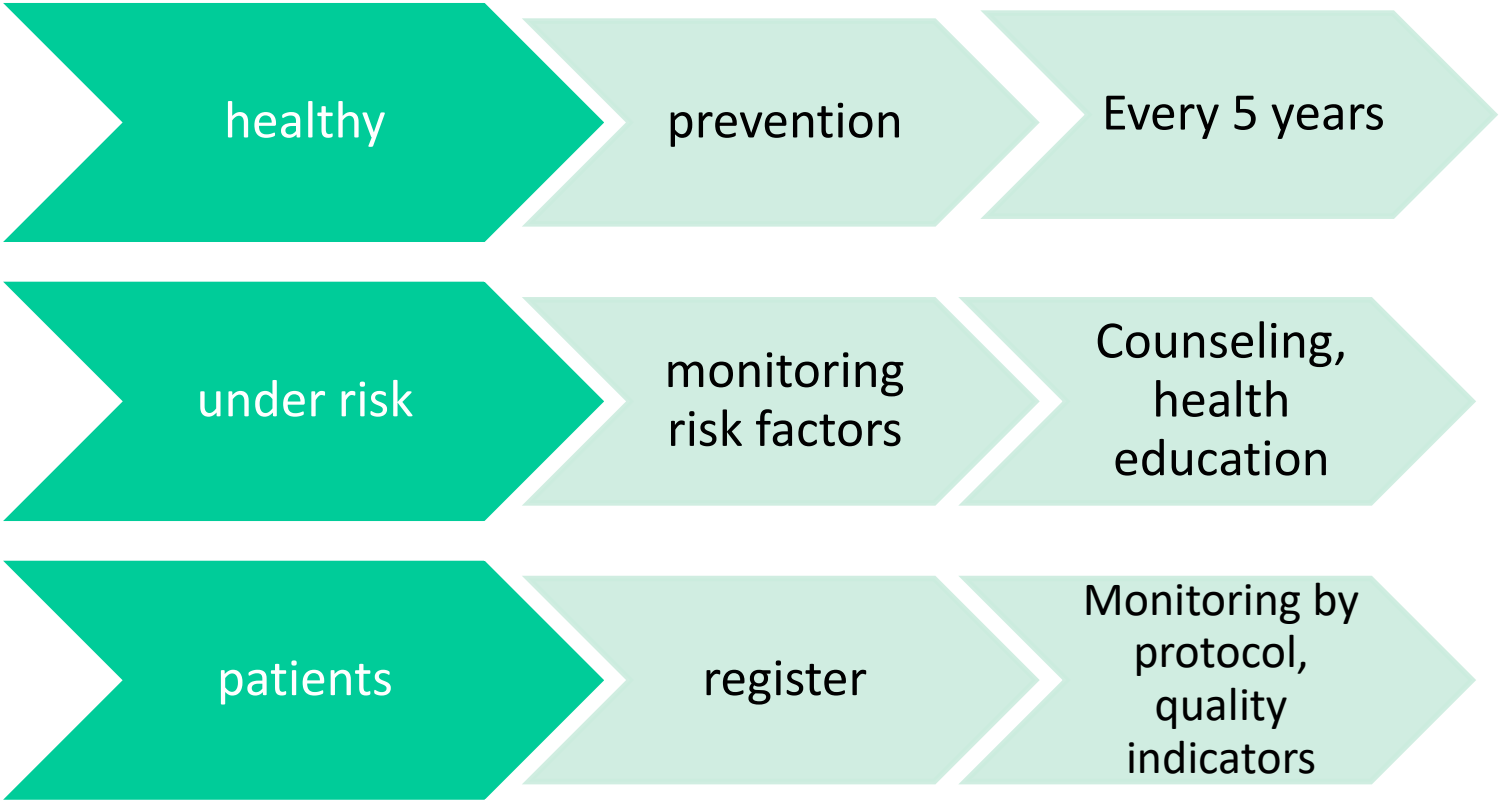
■ Till 2010



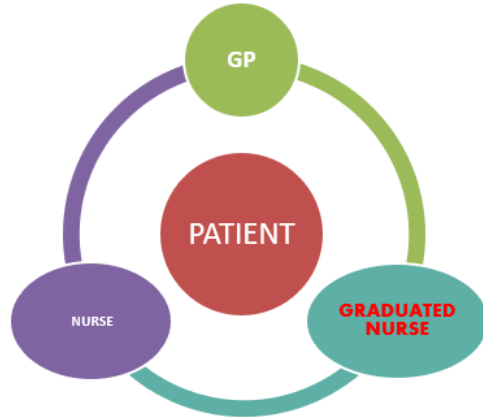
■ Today



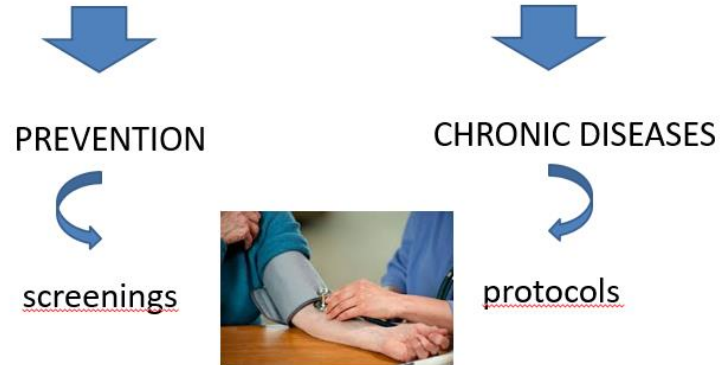
Three groups of citizens



Reference practice: family medicine practice, reinforced by graduated nurse



GRADUATED NURSE



PREVENTION – GRADUATED NURSE

TOOLS: questionnaires, measurements



PREVENTION AT HOME- community nurse

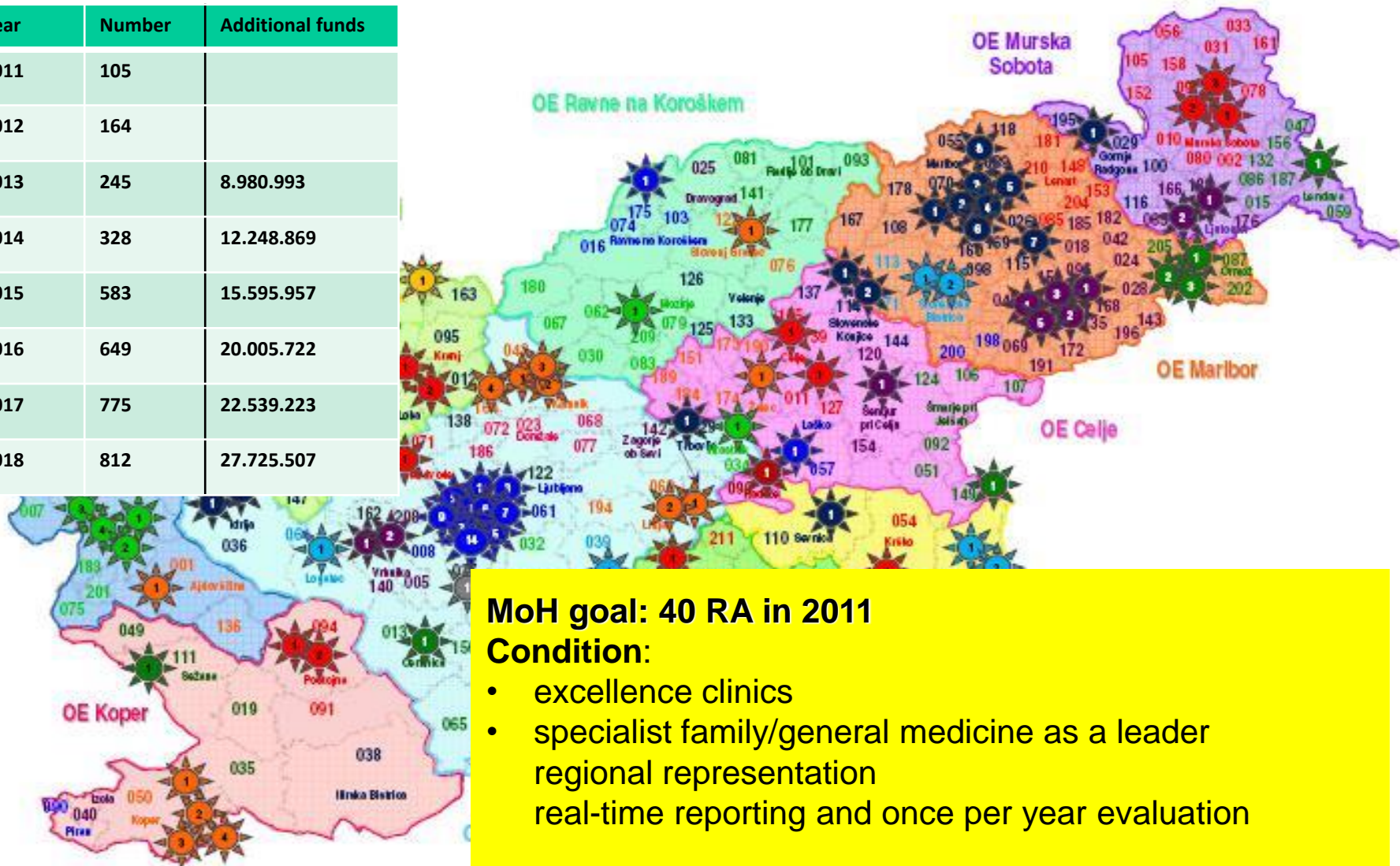


- Physically disabled people
- People with specific psychological problems
- People in social isolation



Geographical distribution of RA candidates – 31.1.2011

Year	Number	Additional funds
2011	105	
2012	164	
2013	245	8.980.993
2014	328	12.248.869
2015	583	15.595.957
2016	649	20.005.722
2017	775	22.539.223
2018	812	27.725.507



MoH goal: 40 RA in 2011

Condition:

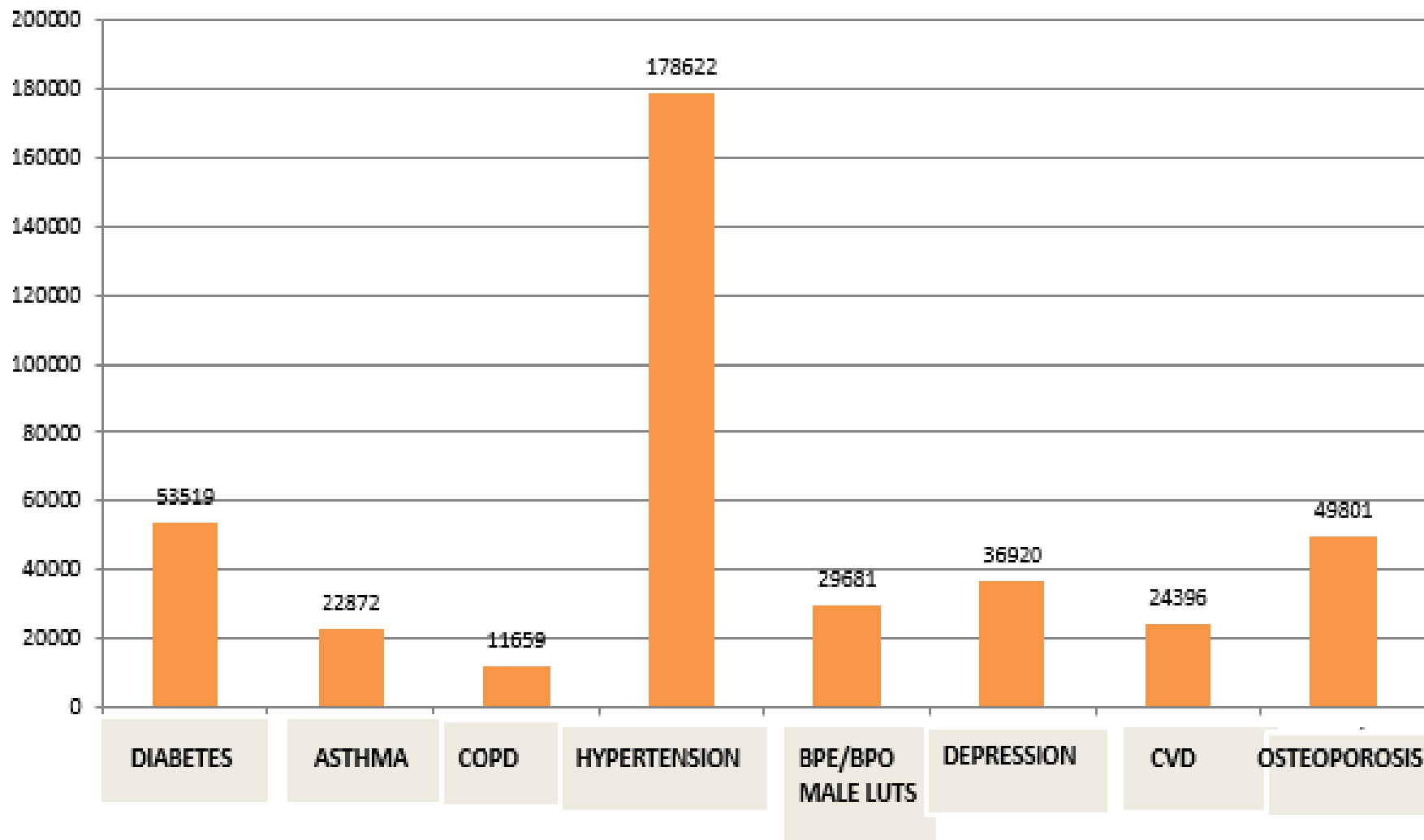
- excellence clinics
- specialist family/general medicine as a leader
- regional representation
- real-time reporting and once per year evaluation

Dynamics: 105 (2011) and 164 (2012)

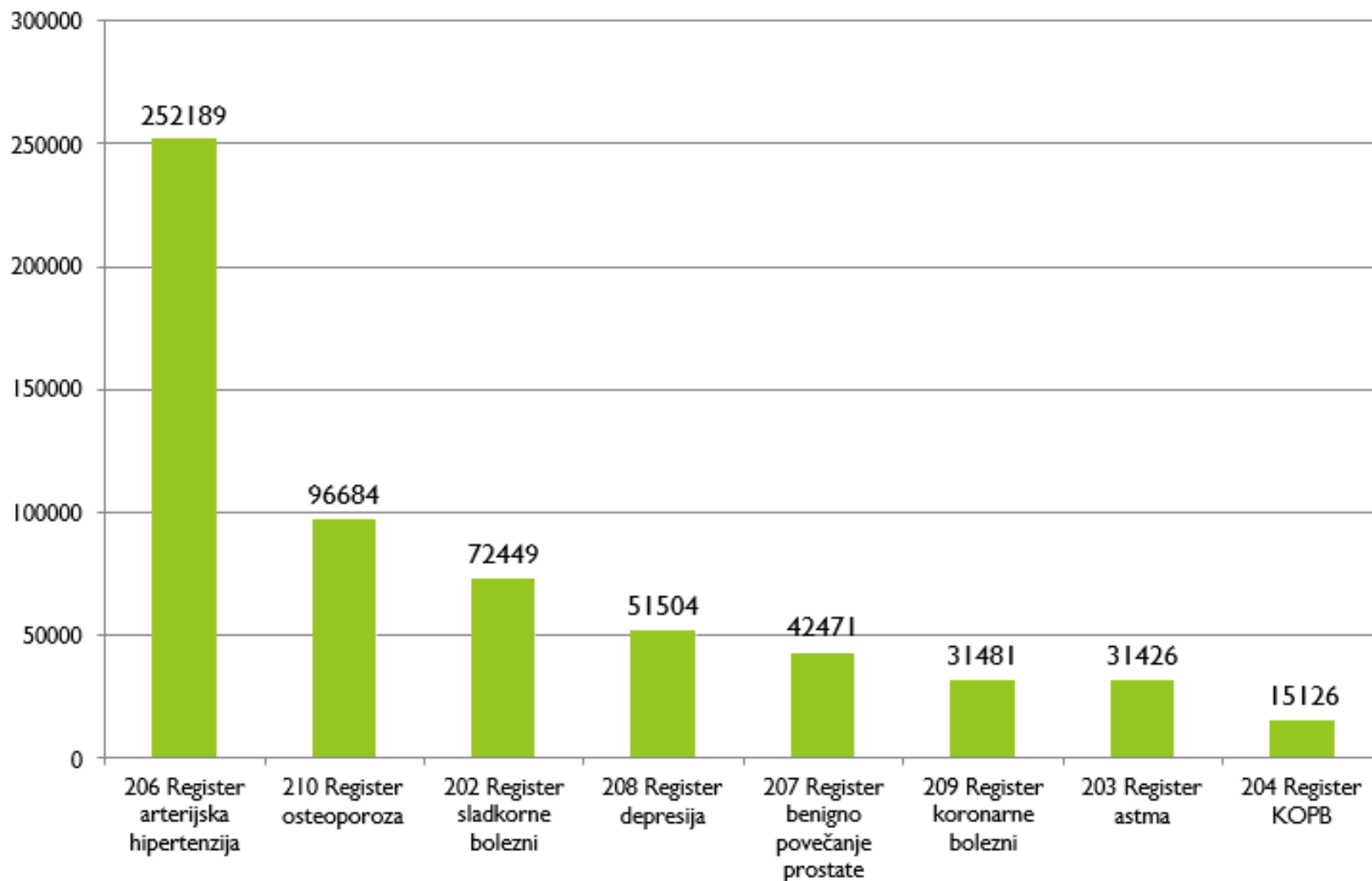
Management of patients with chronic diseases

- **Protocols:** consensus between primary and secondary/tertiary health care on treatment of chronic patients
- **Registers of chronic patients:** 8 chronic diseases
- **Quality indicators:** a total of 28 quality indicators (registers, frequency of checking parameters defined in protocols , risk factors, vaccination rate for influenza and pneumococcus, etc...)

Registers 2015: 407.470 of 1.060.268 patients in FMMP

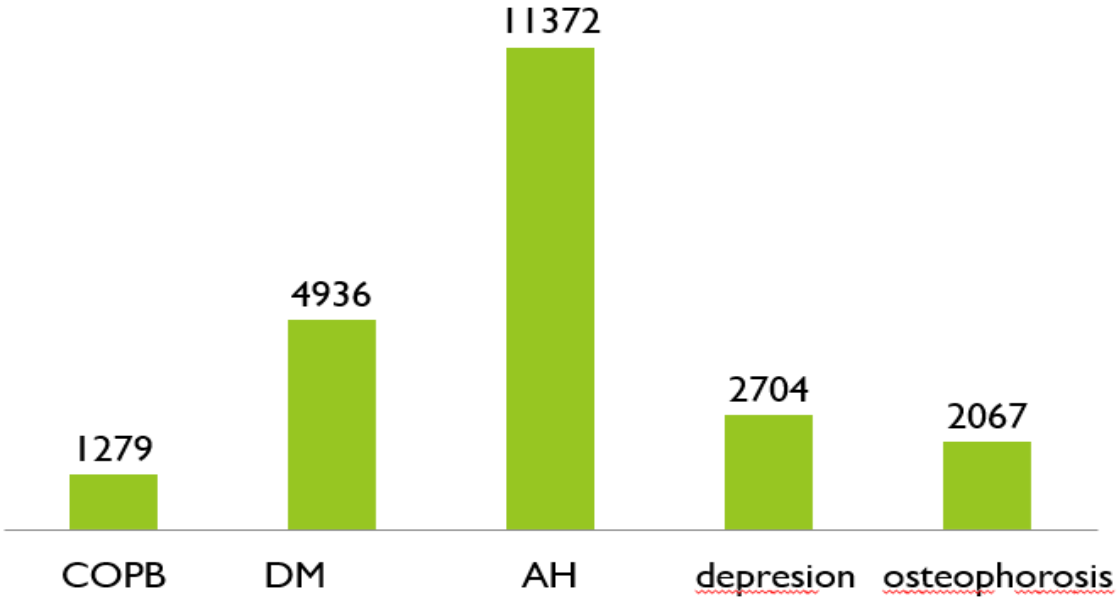


Chronic patients in registers, 2017



Results, 2017

- 206.747 preventive visits (126 per RA), 137.005 patients
- Chronic patients found at preventive visits:



- 5,866 curative visits per RA (from 2 to 7 per day)

Nurse learning - new approach

- e-courses (“blended learning”) for nurse
- lectures of top experts are recorded and accessible at any time on the website (www.referencne-ambulante.si)
- regular checks conquered content in e-learning environment
- practical ex RA webside real environment

The image shows a screenshot of the website www.referencne-ambulante.si. The main content area features a video player with the title "KAJ ŽELIMO DOSEČI" (What we want to achieve). A yellow callout box points to the video player with the text "Lectures: voice, pictures, ppt". Below the video player is a list of bullet points:

- Manj pritožb pacientov
- Enakomerna porazdelitev delovnih obremenitev
- Načrtno vodenje bolnika
- Zmanjševanje frekvence
- ...ne pa zmanjšane dostopnosti!!!

On the right side of the screenshot, there is a test interface titled "Test - dispanzerska metoda dela". A yellow callout box points to the website header with the text "RA webside". The test question is: "Na katerem področju celovite obravnave bolnikov bo glavno torišče dela diplomirane medicinske sestre v referenčni ambulanti družinske medicine?" (In which area of comprehensive patient care will the main focus of work for a diplomated nurse in a reference family medicine clinic be?). The test options are:

- Pri izvajanju kroničnega zdravljenja po navodilih zdravnika
- Pri sočasni obravnavi akutnih in kroničnih zdravstvenih problemov
- Pri obravnavi akutnih stanj
- Pri izvajanju medicinskih posegov
- Pri spodbujanju zdravega načina življenja

(pobriši odgovor)

At the bottom right of the test interface, there is a page number: "1 - 2 - 3 - 4 - 5".

Thanks

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