

The Development Of Health Care In Latvia – The Riga Example

The Latvian Constitution requires the state to protect the health of inhabitants, and the government to provide the best possible conditions for health. Health is not only a basic human right; it is also a basic element in quality of life, as well as personal and family welfare. It is a fundamental building block in society.

The Present Position In Latvia

The health care service in Latvia is provided by the state, by municipal institutions, and by private health care organisations. Every inhabitant can get the state-paid health care services only through those institutions which have contracts with sickness insurance companies. In common with many other countries there are three health care levels in Latvia: primary, secondary, and tertiary.

The primary health care system is based around primary health care physicians. The primary care doctor (family doctor, primary health care internist, paediatrician) is the central figure who ensures patients' access to health care services.

At the moment there are two health care financing models: the rural model, and the Riga city model. The general difference between them lies in the financing system for primary health care doctors. There is no distinct money for specialist consultations and examinations, although this money is scheduled in the finances for rural family doctors. Riga city physicians' practice is not connected with specialist payments.

A scheme is now in place to avoid mistakes, such that family doctors and specialists budgeted for. Family doctors will get money for procedures performed, so the doctor's interest in carrying out simple surgical and gynaecological operations will increase.

Three Innovative Solutions

The Republic of Latvia's Ministerial Cabinet has prepared and accepted a structure plan for providers of outpatient and inpatient treatment services (November, 2004). This document determines health care institutions' optimal location throughout the country, such that inhabitants will be provided with access to a high quality health care service. The structure plan includes health care at primary and secondary levels.

As a new principle, health care funds are only to be allocated from the State's basic budget. The special budget provision, which derived from citizens' income tax and was therefore always subject to uncertainty, has been abandoned.

A health INFO system is proposed to provide for the interests of all health care institutions. This will mean that:

- The Ministry of Health gets data necessary for policy formation.
- The Health Statistics and Medical Technology State Agency gets information for the organisation of financial flow and for valuation of throughput.
- The Compulsory Health Insurance State Agency can enact the state policy of providing available health care services, with the main task of administering its financial resources.
- Data providers will also benefit through filling in fewer documents.

Three Current Key Problems

1. The Latvian health care system has a low level of total financing, with all the attendant problems of medical salaries, reimbursement of pharmacy costs, etc.

In 2003, health care expenses comprised 9.5% of the consolidated state combined budget, compared to 9.3% in 2002. Combining state, municipal and private contributions, the total of health care expenses came to approximately 5.6% of Gross Domestic Product (GDP). In 2002 state financing amounted to 64.1% of the total spend, with private contributions at 35.9%. In 2003 state financing ran at 63.7%, compared with 36.3% private – direct expenses associated with private practitioner services. In addition, we should also note the cost of purchase of medications. The unsatisfactory state of health care financing means that at present many patients are waiting for state-funded operations. Furthermore, the low salaries available to health care professionals also cause problems in the health system (e.g. the anaesthetists' strike).

2. There is poor access to health care. From statistical data we can see that the level of outpatient care is unchanged since 2000. At the same time, there is a high death rate (13.9 per 1000 inhabitants) and morbidity (e.g. cancer, tuberculosis, diabetes mellitus). Unfortunately there is a high level of neglect of morbidity (the proportion of 4th clinical phase is high, 24.1% in 2003; visual localisation of cancer in the 3rd and 4th phases, 29.2%).
3. There is an unsatisfactory level of human resources in terms of physicians, nurses, and family doctors. The trend at the moment is for the number of physicians to decrease. Data from WHO indicates that Latvia is the lowest in the indices per 10,000 population: 299 in Latvia, 399.4 in Lithuania, 308.4 in Estonia. The average number of medical personnel has decreased in Latvia since 1991. In comparison with other EU states it is in the lowest position: 511 per 10,000 population. Salaries for doctors and for the average medical personnel are lower than average earnings. At the same time the prices of consumer goods and foodstuffs have become more expensive.

Solutions To The Above Problems

The first priority of the new Latvian government is to avoid a crisis in the health care system. Therefore, a supplementary budget of 34.5 million LSL is allocated for health care in 2005. The government has promised to growth in health care of 10 – 15% per year.

The next priority is development of a family doctors' institution, followed by preparation of a new preventative maintenance program to decrease the neglect of morbidity.

The Ministry of Health has prepared a long-term program to increase the salary of medical personnel twice a year. In addition, there will be an increase in state financing for residential studies.

Finally, a structure plan for treating outpatients and inpatients is being put in place, and a new health care financing model has been set in motion.

The Riga Example

Under current law, local authorities are obliged to make health care accessible, and to promote a healthy lifestyle for citizens. Riga is the centre of the whole health care system, and the location of the state's main hospitals and health care centres.

Riga City Council regularly allocates significant financial resources for the renovation of health care institutions and for the purchase of new technologies, thus improving access to health care.

Primary Health Care

In 2004 primary health care was provided by 423 primary health care physicians - family doctors, paediatricians, internists - and 401 primary health care nurses. Most primary health care takes place in 26 multi-profile ambulatory health care establishments, where there is also easy access to specialist services and a number of medical procedures.

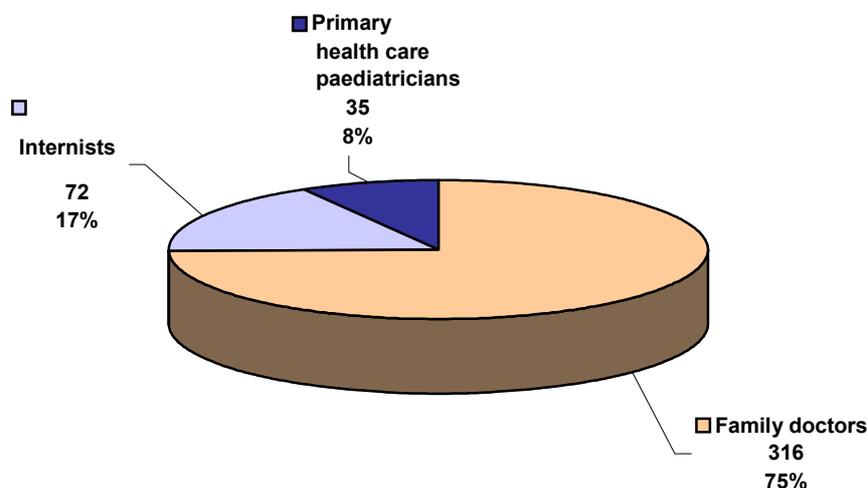


Figure 1: The number of primary health care physicians

Source: Development programme of ambulatory and hospital health care providers, Cabinet of Ministers of the Republic of Latvia, 2004

Hospital Care

According to data from 2004, hospital care is provided in 5 municipalities, 14 state hospitals and 3 private hospitals, with a total of 7623 beds.

As independent entities in a competitive environment, these hospitals are trying to stay in existence and to provide new services, such that they can provide multi-profile care. This arrangement amounts to an essentially unplanned service network, which causes below average use of beds. In 5 municipal hospitals (total bed numbers 1870) average bed occupancy ran at only 78.4%, while the average length of stay was 7.3 days.

Emergency Care

Riga's emergency care centre is subordinated to Riga City Council. It is the oldest institution of this kind in Latvia: in 2004 it celebrated its 100th anniversary. Its daily work is provided by a

central substation and three outlying substations. In 2004 there were 36 24-hour emergency medicine crews: 6 specialized, 10 intensive therapy, and 20 physician's assistant crews.

The total number of people who receive emergency medical help is now growing. The highest level was in 1997, when 212 people per 1000 inhabitants were recipients of emergency care. Although there was a dip in 1999 (185 per 1000 inhabitants), the number of calls on emergency medical care services has grown steadily since then.

Medical Rehabilitation

At the moment, state-paid acute medical rehabilitation services are provided during treatment in the Gailezers Clinical Hospital within the cerebral thrombosis division, and afterwards in the Bikernieki Railway Hospital. It should be mentioned that a limited amount of acute rehabilitation services are also accessible from other sites in Riga, such as the Hospital of Traumatology and Orthopaedics, Riga Hospital No. 2, the Children's Clinical University Hospital, and Stradins Clinical University Hospital.

Ambulatory medical rehabilitation services in Riga are only available in 6 ambulatory health care institutions, where they close to patient's homes.

Medical rehabilitation services for Riga's are also provided also by the National Rehabilitation Centres Vaivari, Līgatne, Tērvete, the Rehabilitation Hospitals Rāzna, Baltezers, and Ogre. The municipality of Riga provides regular help for low income inhabitants to pay the patient's contribution to a number of rehabilitation services.

Geriatrics

In Riga the centre of gerontology is at the Bikernieki hospital. There are 70 hospital beds, where the elderly receive qualified treatment and rehabilitation. Ambulatory geriatric services are provided by primary health care physicians.

Psychiatry

Psychiatric inpatient care for Riga's inhabitants is provided by the State Agency of Mental Health. Bed numbers total 621, with 98% usage and an average length of stay of 42.5 days. For children and teenagers, inpatient and ambulatory psychiatric care is provided by the Gailezers hospital, with 65 designated beds.

The Promotion Of A Healthy Lifestyle

Since 2002, the municipality of Riga has been involved in the World Health Organization's project "Healthy Cities", which covers 47 European Cities. The objective of this project is to create a healthy city environment and to encourage healthy lifestyles for inhabitants. Every political decision and practical action in the city is firstly evaluated in terms of the health of society. Riga municipality's 2005 budget has for the first time included a new programme - Promotion of health - and projects included in it will allow the municipality to more effectively promote healthy lifestyles.

Factors That Obstruct The Development Of The Health Sector

These can be summarised as follows:

- Unsatisfactory financial structures
- Unclear distribution of responsibility
- The forms of ownership of healthcare institutions
- Fragmentation of healthcare providers, coupled with duplication of services
- Poorly planned location and load of medical technology
- Lack of personnel, low salaries.

State Guidelines For The Development Of The Health Care System

It is necessary to implement health care reform in Riga in line with the state guidelines for the development of health care system.

The *Development programme of ambulatory and hospital health care providers* was approved by the Cabinet of Ministers of the Republic of Latvia on 20.12.2004.

The objective: to provide accessible, quality health care services for the inhabitants and to achieve effective usage of resources in health care.

Specific targets:

1. To develop the primary health care system and to improve the network of primary health care service providers
2. To establish a high quality, accessible healthcare system for inhabitants, and a cost effective emergency medical help system.
3. To establish high quality, specialized, mutually coordinated and cost effective hospital treatment
4. To optimize the structure of hospitals
5. To establish a network of medical rehabilitation institutions
6. To provide accessible, rationally distributed medical technologies.

Results Of Implementation

- Up to 1800 patients registered with primary health care physicians
- 5 hospital beds, per 10 000 inhabitants
- Average length of treatment reduced by 10%; average bed occupancy increased to 85%
- In cities, in at least 75% of cases the inhabitants obtain emergency medical care 15 minutes; in the rest of the country, in at least 75% of cases emergency medical care is reached within 25 minutes
- As a result of restructuring and unification of hospitals, secondary health care in the city is provided in 3 territorial unions of hospitals
- One regional multi-profile hospital serves not less than 100 000 inhabitants. In the hospital there are not less than 300 beds with the average load of 85%, including at least 3% intensive therapy beds
- One local multi-profile hospital will serve territory in which there are not less than 25 000 inhabitants. In the hospital there are 120 beds with the average load of 85%, including 3% intensive therapy beds
- Rational location of medical technologies.

The Implementation Plan For Ambulatory And Hospital Health Care Service Providers' Development Programme

The Ministry of Health, in collaboration with local municipalities, has worked out an implementation project for the ambulatory and hospital health care service providers' development programme for the state. This includes Riga City (2005 - 2010), and it was approved in December 2005. Responsibility for implementation of the plan lies with the Ministry of Health. Extra financial resources will be requested for the concrete action programme from 2005 till 2007: LVL 73 385 100 per year.

Priorities For The Development Of The Industry

1. Establishment of an accessible primary health care system, providing it as close as possible to the living place of the inhabitants.
2. Rational distribution of specialised help (in ambulatory institutions, multi-profile hospitals, specialized centres).
3. Emergency medical help provision, in high quality (modern equipment of Riga Emergency Medical Help Station, transport, professional resources). Improved Emergency Medical Help in multi-profile hospital emergency units.
4. A programme for renewal of professional resources.

Table 1: Planned number of Primary health care service providers

	2004			2010		
	Number of inhabitants	Number of primary health care locations	Number of patients per location	Number of inhabitants	Number of primary health care locations	Number of patients per location
Riga	739232	419	1764	736993	425	1734
Latvia	2331480	1349	1728	2315109	1369	1691

Source: Development programme of ambulatory and hospital health care providers, Cabinet of Ministers of the Republic of Latvia, 2004

In planning the number of specialists in hospitals for 2010, it was envisaged that various hospitals would be unified, forming 3 territorial unions of hospitals in the city. There are various reasons for these unions.

A large variety of medical specialities and overlapping clinical activities indicate administrative problems. It is expected that Riga's hospitals will soon adopt a block organisation model, which is best adapted to patients' medical problems. This will automatically create a new service structure and new requirements for reorganising the hospitals in a way which is no longer dictated by separate clinical specialities and subspecialities. Currently, the organisation with strict specialities and subspecialities causes unnecessary inflexibility in function and should be regarded as obsolete.

The future health care system will be based on a regional network of cooperating hospitals and outpatient units. As stated in the World Bank project, acute care for adults will be concentrated in three main centres:

- In the West Region Hospital Union, at Stradins University hospital
- In the East Region, to Hospital No. 7

- In the Central Region, to the new hospital built on the site of the present State Traumatology and Orthopaedic Institute.

Acute paediatrics will be based in the University Children's hospital in the West Region. Riga is split into two parts by Daugava River. The capacity of the existing bridges will be insufficient in the foreseeable future. Therefore both sides of the river will have an independent service system at primary and secondary level.

For the establishment of the Hospital Unions it is necessary to:

- Work out an action plan
- Define terms for the implementation of actions
- Receive the necessary financing
- Appoint the responsible institutions for the implementation of the actions.

Within the establishment of the West region hospital union from 2005 till 2007 it is planned to:

1. Establish the Stradins University Hospital as a centre for the union
2. Incorporate the State Dentistry and Face Surgery Centre with the Stradins University hospital
3. Organize an international conference at Stradins University Hospital to examine the development of the hospital. It is anticipated that there will be a new emergency medical help and emergency unit body.
4. Join Hospital No. 2 to West region hospital (after 2007).

Within establishment of East region hospital union from 2005 till 2007 it is planned to:

1. Establish Riga's Hospital No. 7 as a centre of the union.
2. Join the hospitals Bikernieki and Linezers, together with the Oncology Centre in 2005.
3. Open the poli-trauma division in Riga's Hospital No. 7 in June 2005.
4. Move the Combustion Centre from the Bikernieki hospital to Riga's Hospital No. 7 in 2007.
5. Move the Centre of Haematology from Linezers hospital to the Oncology Centre in 2007.
6. Move the Vaivari National Rehabilitation Centre to the Bikernieki hospital, or build a new rehabilitation centre at Stradins University hospital in 2007.
7. Move the Latvia Infectology Centre to East region's Linezers hospital (after 2007).

Within establishment of Central region hospital union from 2005 till 2007 it is planned to:

1. Move the Skin and Sex Disease Transmission centre, and the Maternity Home, to join Riga's Hospital No. 1.
2. Join Riga's Hospital No. 1 and the State Traumatology and Orthopaedic Institute (after 2007).
3. Move the Narkology agency to the Central region hospital (after 2007).
4. Start a debate about building the new hospital near the State Traumatology and Orthopaedic Institute or in another location.

Implementation of the action plan will give the following results over a 10 year period:

- A regional network of local hospitals
- Restructuring of health care service providers
- Rational use of professional resources and medical technologies, without service duplication
- Implementation of planned renovation and modernization in all hospitals
- Systematic training of necessary medical personnel at a high level of quality
- Where some functions such as laboratories, sterilization and radiological information networks are services for the whole city, responsibility will belong to a single organization.