

Introduction of GP institution in Latvia

Aigars Miežitis
Health Compulsory Insurance State Agency
Latvia

Main figures

Area 64 589 km²

Population 2.25 million

Life expectancy 71.1

Average number of patients per GP 1591

Reforms

- Started after re-establishing of independence in 1991

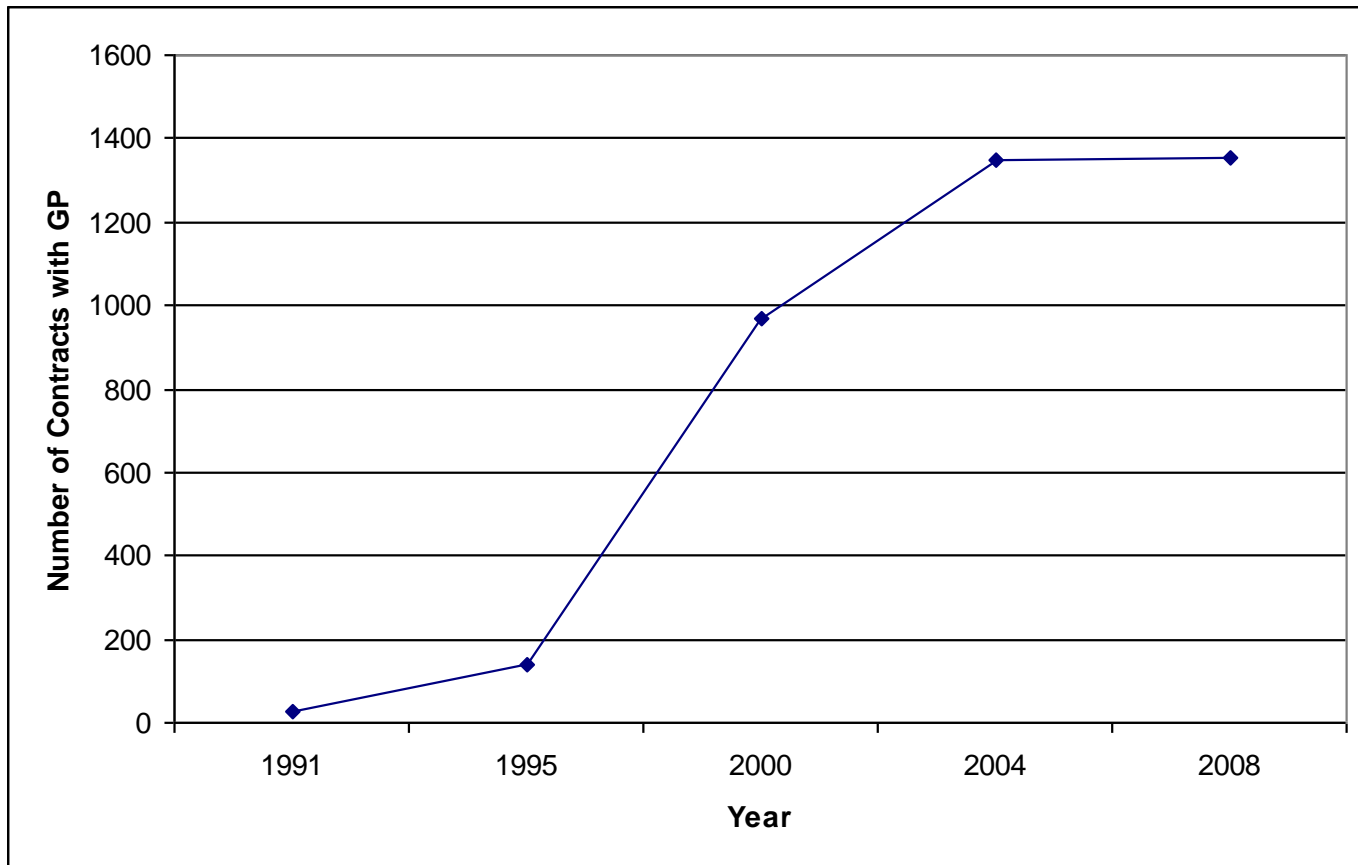
State Governmental level

- 1991 – Centralization - Ministry of Welfare (merging Ministries of Health, Social Affairs and Labour)
- 2002 – Decentralization - Ministry of Health and Ministry of Welfare

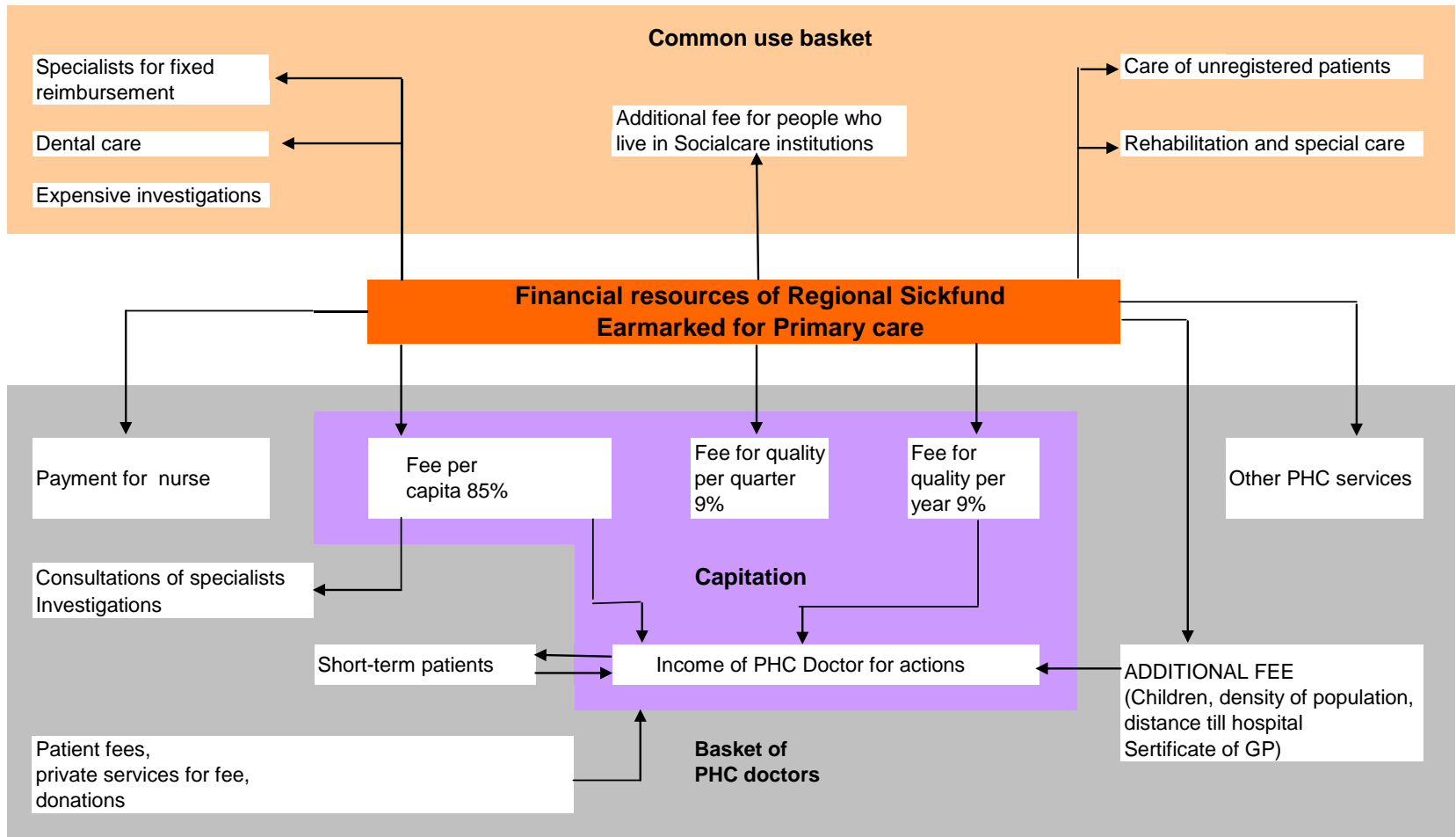
Reforms of executives

- 1994 -Decentralization (35 local sickfunds were established, different payments systems exist in the same time)
- 1997 – Centralization (8 funds, criteria 200 000 people living in area)
- 2005 – HCISA and its 5 territorial branches

Number of contracts with GP

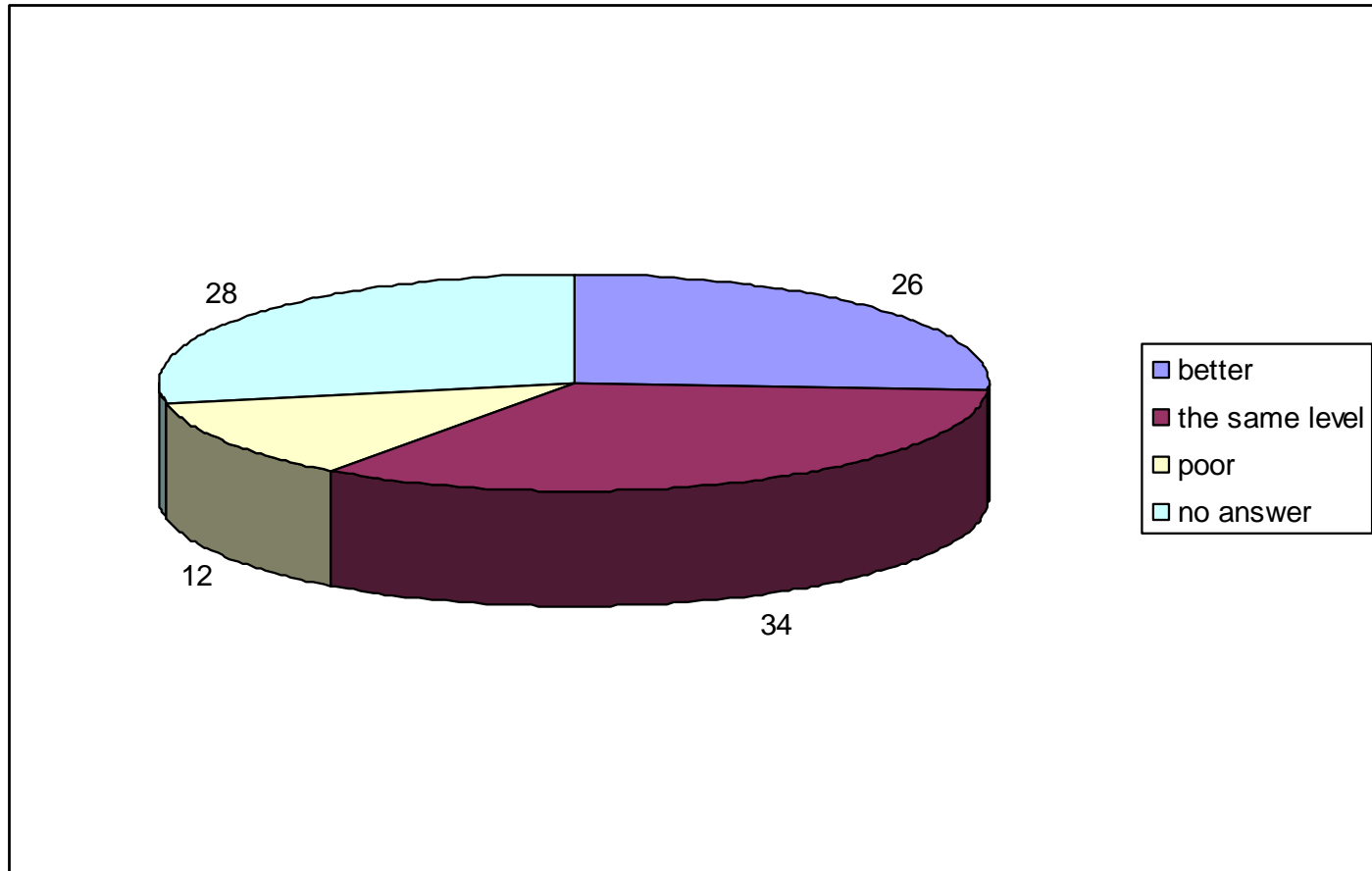


Regulations for PHC doctors (issued by MoW (23.08.2000))



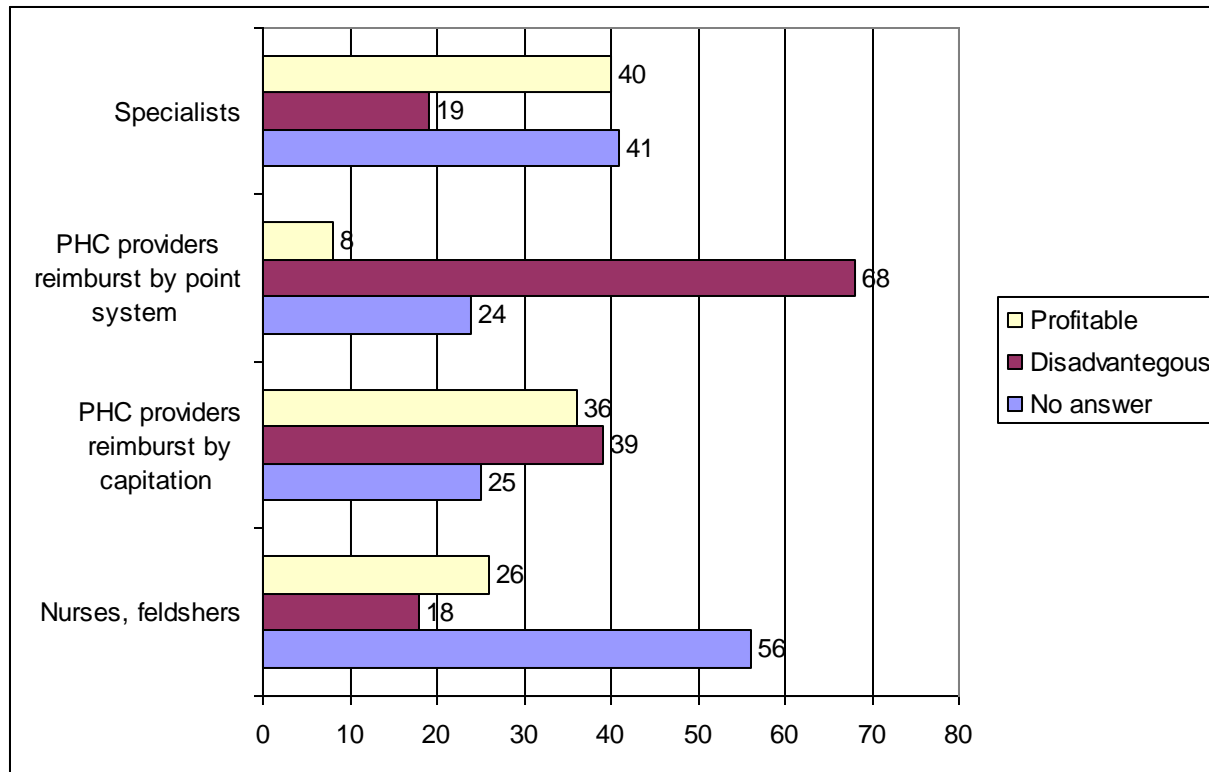
Survey on satisfaction (2000)

Question to patients: What is the quality of service provided by GP compare with therapist in Polyclinics?



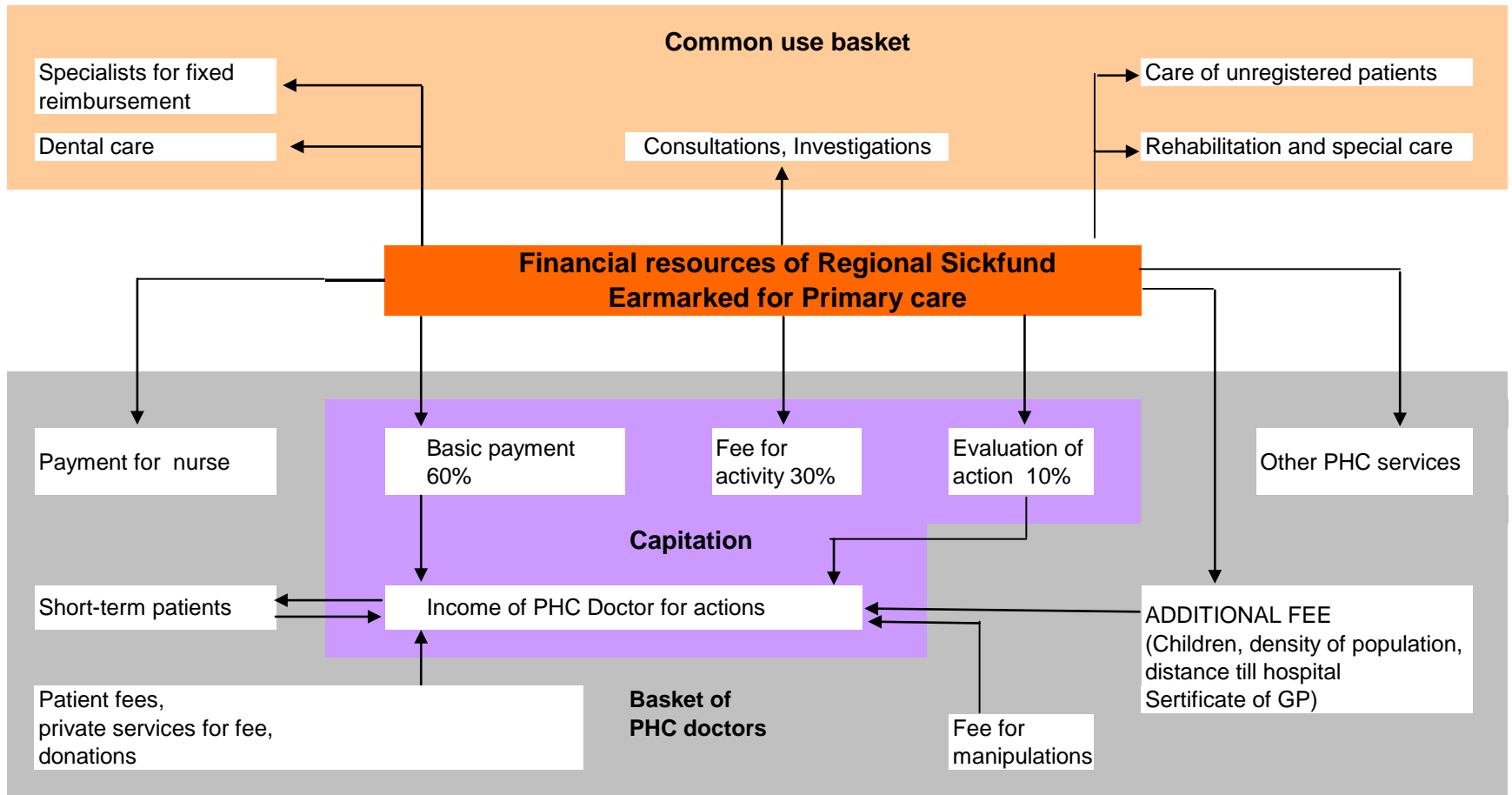
Survey on satisfaction (2000)

Question to providers: What is your opinion on capitation compare with fee for service regarding profitability?



Regulations for Riga PHC doctors

(issued by MoW (01.07.2002))



Comparison of 2 models that existed in the same time

Model 2002

- Enlargement of waiting lists to specialists
- Increased costs for specialists

Model 2000

- Limited accessibility to specialists

Primary health care service providers

- Family doctor (GP)
- Physician's assistant (Feldsher)
- Nurse
- Midwife
- Dentist, dental assistant, dental nurse and dental hygienist

Organisation and Financing of Health Care (one model from year 2005)

Regulations prescribe:

- The types and amounts of medical treatment services that shall be paid from the State budget and the resources of the recipient of services
- The procedures for the payment of medical treatment services
- The medical treatment service rates and referred conditions of health care services
- The procedures for centralised waiting lists

Payment methods

Primary health care services

- Capitation
- Additional fixed payments
- Fee-for-service payment per specific activity
- Bonus payments

Dental services

- Fee-for-service payment per activity according to tariff

Payment methods

Outpatient specialists

- Consultant specialty-specific episode tariff
- Fee-for-service payment per specific activity
- Flat rate payments

Laboratory tests and visual diagnostics

- Fee according to a tariff

Average monthly projected income of a GP practice (1600 – 1700 registered patients)

- Age-adjusted capitation 38%
- Nurse/assistant allowance 22%
- Patient fees 11%
- Fee-for-service specified services 10%
- Fixed allocations 16%
- Bonuses, compensations 3%