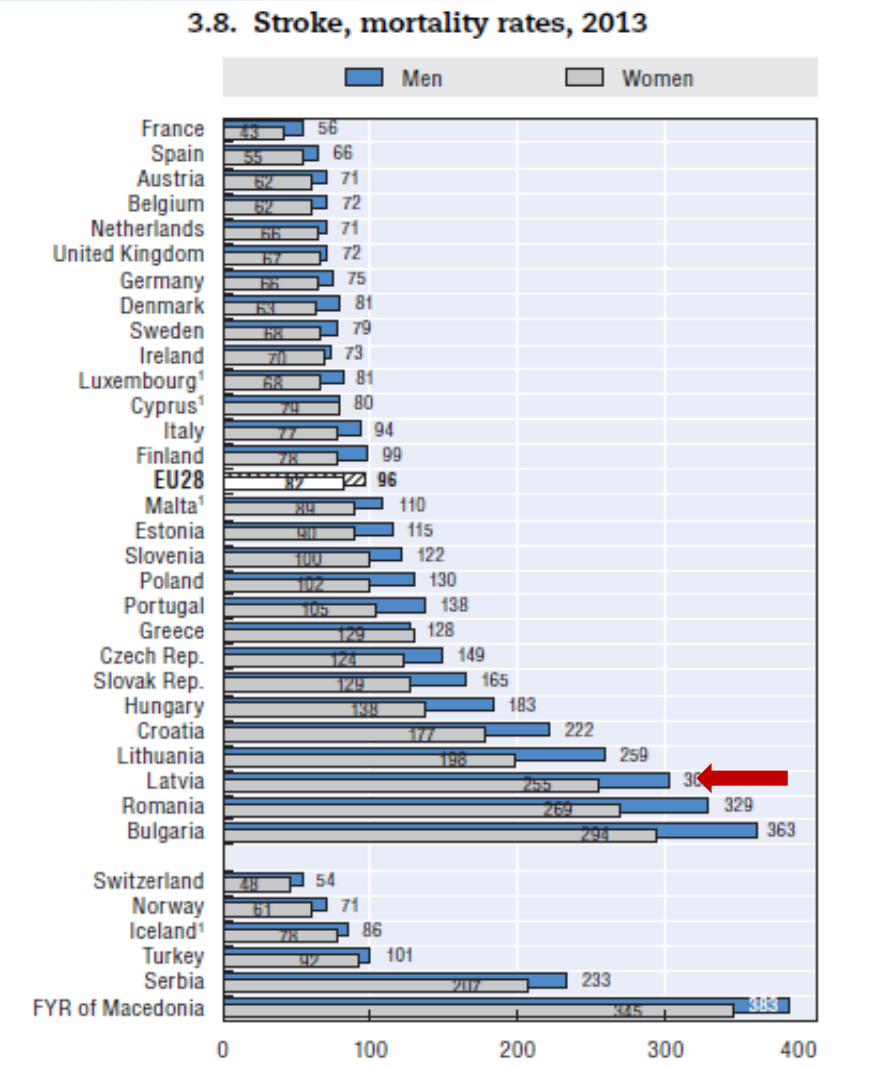
WORLD BANK GROUP
Health, Nutrition & Population

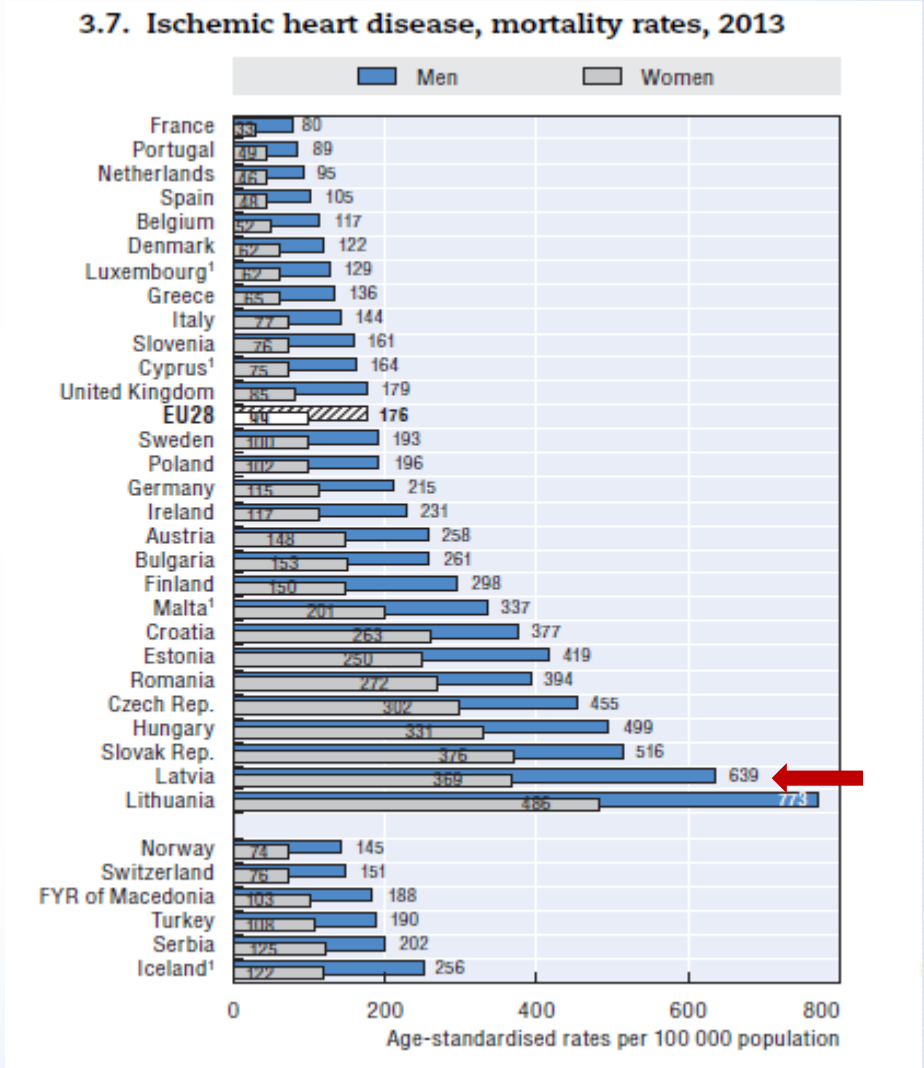
Support to develop a health system strategy for priority disease areas in Latvia

Health sector reform options for Latvia

WORLD BANK | 2016

Major challenges





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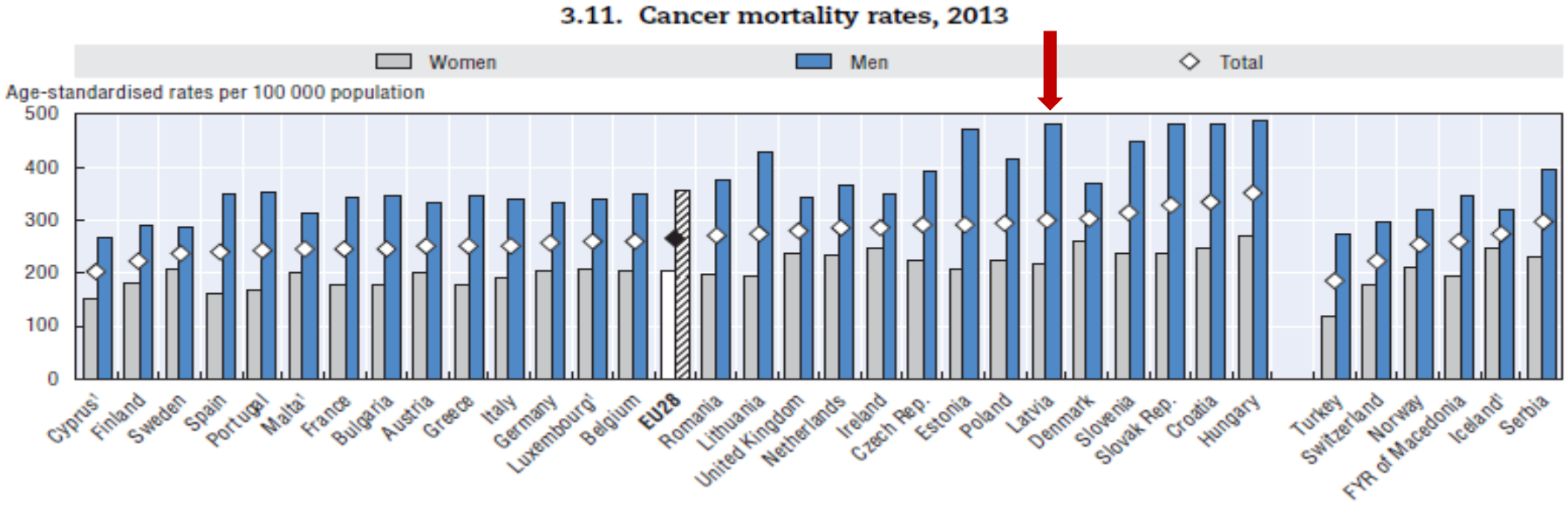
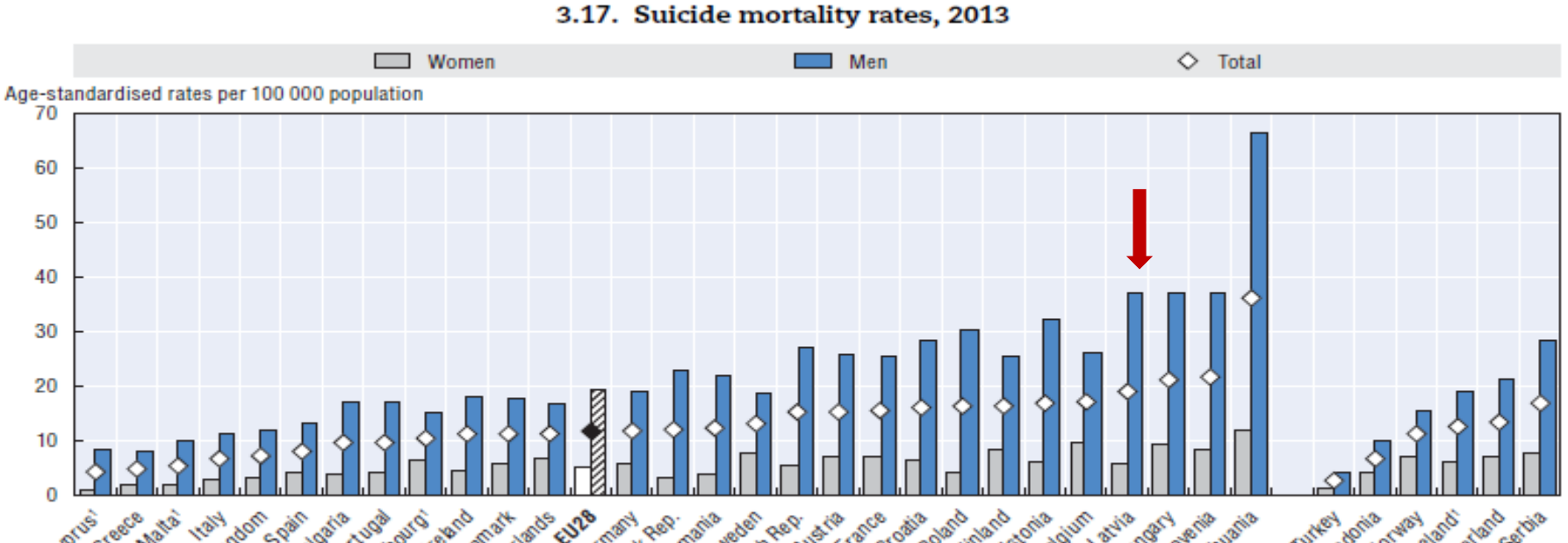




What underlies these challenges?

Inputs

- Infrastructure and equipment
- Human resources

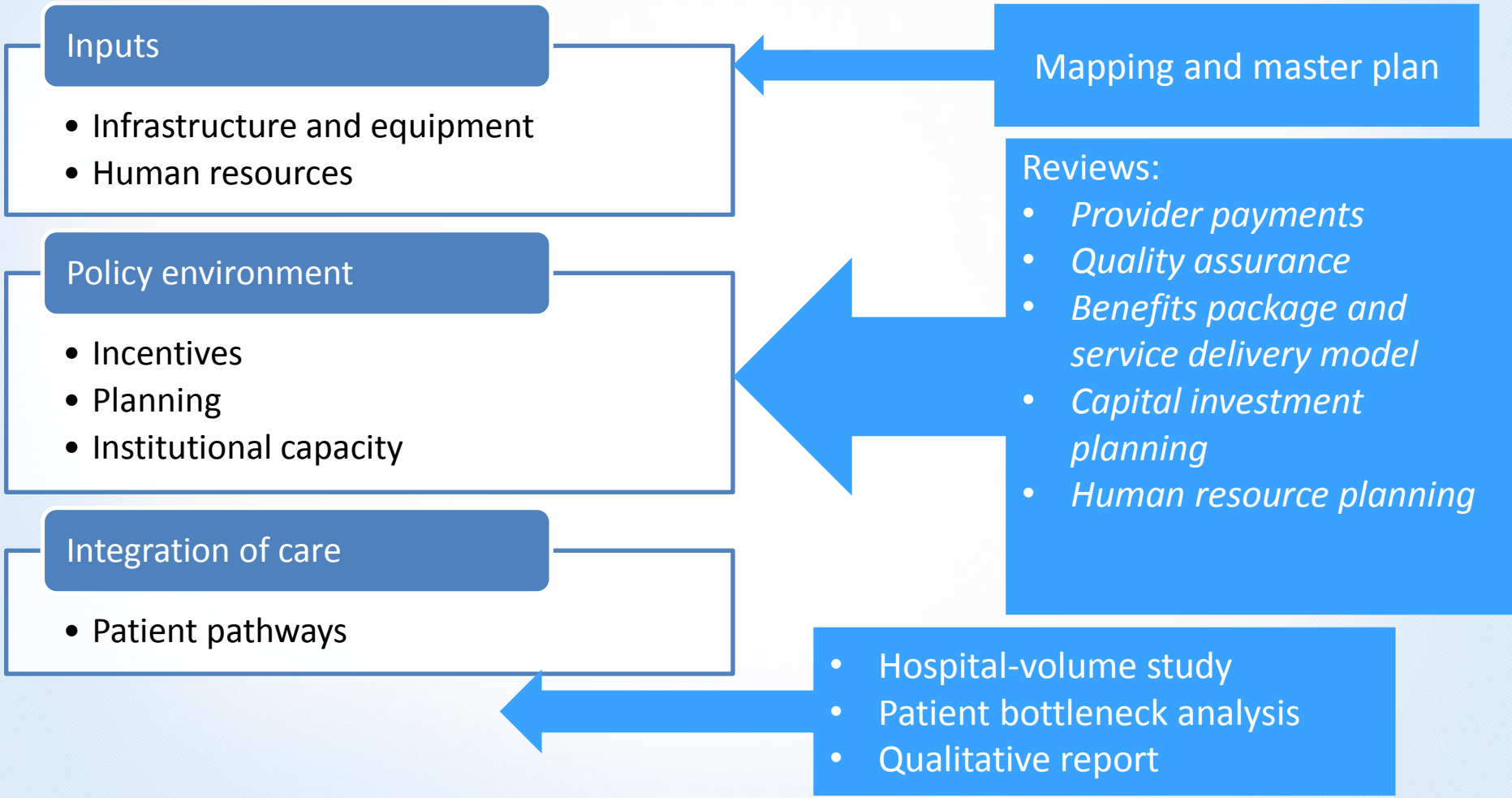
Policy environment

- Incentives
- Planning
- Institutional capacity

Integration of care

- Patient pathways

What underlies these challenges?



Overview of findings

Shortages are not the biggest human resource problem

	Actual FTE 2014	Proposed FTE 2020	Proposed FTE 2025	Current vs. Proposed FTE Gap 2020	2025
Population	**1,997,745**	**1,908,684**	**1,839,598**		
Medical Specialties	4,025	2,974	2,866	1,051	1,159
Mental Illness and Disabilities	375	324	312	51	63
Obstetrics and Gynaecology	584	382	368	202	216
Paediatric	570	372	359	198	211
Pathology and Radiology	495	298	287	197	208
Surgical Specialties	1,318	613	591	705	727
Overall	**7,367**	**4,962**	**4,782**		

FTE Specialists per Speciality	Actual FTE 2014	FTE 2014 based on Standards	Gap 2014
Medical Specialties	**4025.0**	**3112.5**	**912.5**
Accident and Emergency	138.1	199.8	**-61.7**
Critical Care (including Anaesthesia)	449.7	305.7	**144.1**
Cardiology	244.7	87.9	**156.8**
Dermatology	197.8	38.0	**159.8**
Endocrinology/ Diabetes Mellitus	83.7	30.0	**53.7**
Gastroenterology	95.5	51.9	**43.5**
General Medicine (GP)	1539.0	1198.6	**340.4**
Geriatric Medicine	0	24.0	**-24.0**
Infectious Diseases	54.8	59.9	**-5.1**
Internist	486.4	499.4	**-13.0**
Medical Oncology	82.2	40.0	**42.3**
Neurology	322.3	139.8	**182.4**
Nuclear Medicine	0	20.0	**-20.0**
Occupational Medicine	148.5	259.7	**-111.2**
Pneumonology	115.5	119.9	**-4.4**
Renal Medicine	44.0	22.0	**22.0**
Rheumatology	22.8	16.0	**6.8**
Mental Illness and Disabilities	**374.9**	**339.1**	**35.8**
Child and Adolescent Psychiatry	19.8	35.6	**-15.8**
Forensic Psychiatry	13.6	31.4	**-17.8**
General Psychiatry	289.8	228.2	**61.7**
Psychotherapy	51.7	44.0	**7.7**
Obstetrics and Gynaecology	**584.0**	**399.5**	**184.4**
Obstetrics and Gynaecology	584.0	399.5	**184.4**

Some regional shortages in 2025 projection

Medical Staff per specialty	Riga	Periga	Vidzeme	Kurzeme	Zemgale	Latgale
Medical Specialties	850	-49	92	93	61	112
Accident and Emergency	38	-27	-7	-16	-16	-18
Critical Care (including Anaesthesia)	189	-26	6	5	-7	2
Cardiology	135	4	0	6	7	12
Dermatology	131	7	6	6	5	9
Endocrinology/ Diabetes Mellitus	41	2	3	4	4	1
Gastroenterology	47	-3	0	1	-1	3
General Medicine (GP)	10	57	74	96	97	102
Geriatric Medicine	-10	-4	-2	-2	-2	-2
Infectious Diseases	13	-9	0	-1	-2	-1
Internist	63	-21	0	-7	-10	0
Medical Oncology	42	-4	1	3	0	3
Neurology	136	2	16	12	6	20
Nuclear Medicine	-9	-3	-1	-2	-2	-2
Occupational Medicine	-26	-16	-8	-9	-13	-18
Pneumonology	13	-4	2	-3	-5	2
Renal Medicine	25	-3	0	0	1	0
Rheumatology	13	-2	-1	0	-1	0
Mental Illness and Disabilities	60	-31	3	4	20	6
Child and Adolescent Psychiatry	-6	-2	-2	-1	-1	-1
Forensic Psychiatry	-9	-5	-2	-2	0	3
General Psychiatry	51	-18	9	9	21	8
Psychotherapy	24	-6	-2	-1	0	-4
Obstetrics and Gynaecology	146	0	16	24	12	18
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Low productivity can generate a “shortage”

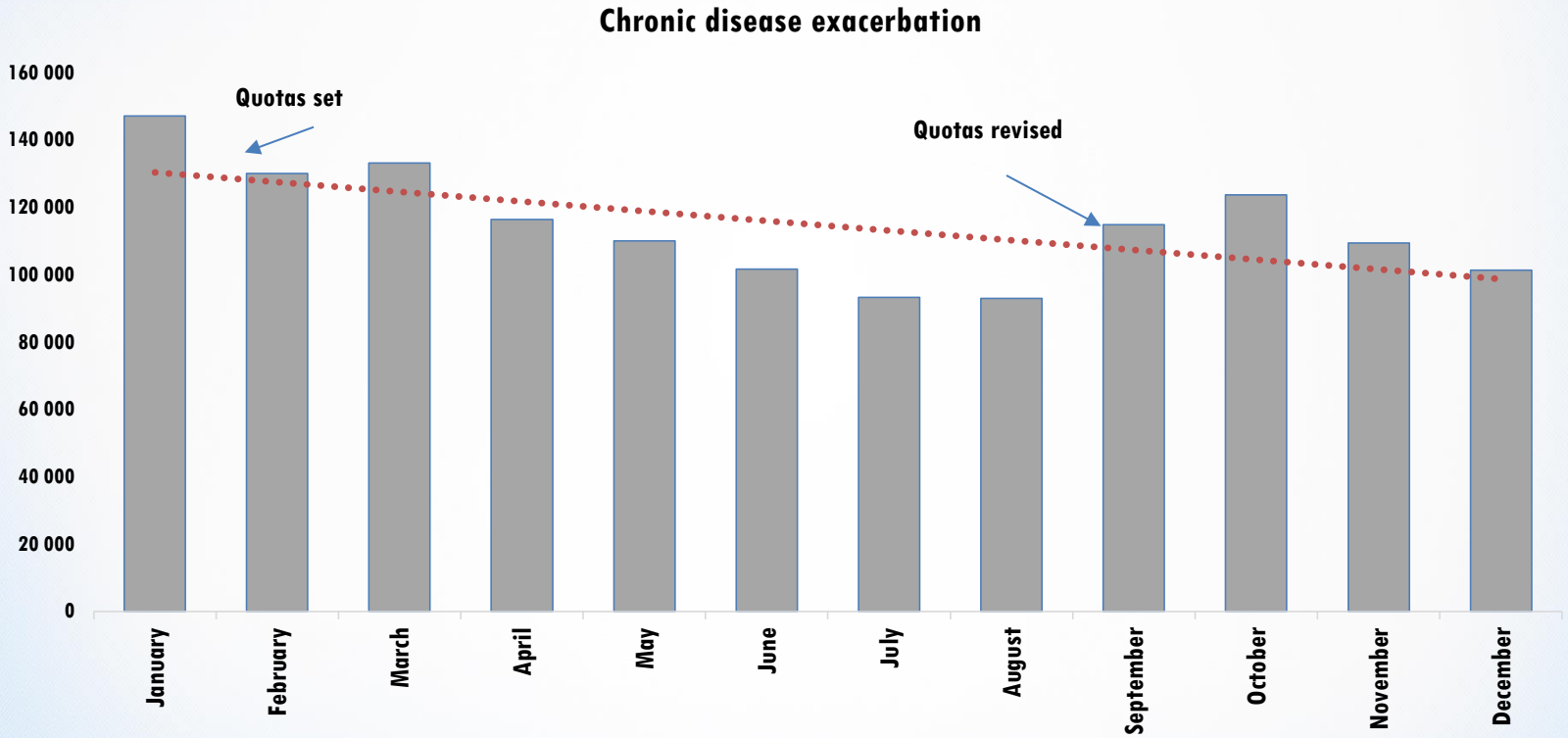
- Target workload for OB-GYNs: 150 births/year
- Average OB in Latvia sees 40 pregnant women per year
- → Productivity nearly 70% below target

- Current surplus of GPs
- High number of outpatient GP visits per patient
- Low take-up of primary care services in current benefits package

Current health financing does not encourage productivity…or equity

- Purchasing still passive, not strategic
  - Incomplete DRG implementation
  - Quality, efficiency, and equity not in contracts with providers
- Tariffs might not reflect true costs of care
- Quotas may limit access to care and cause distortions in service delivery

Current health financing does not encourage productivity…or equity



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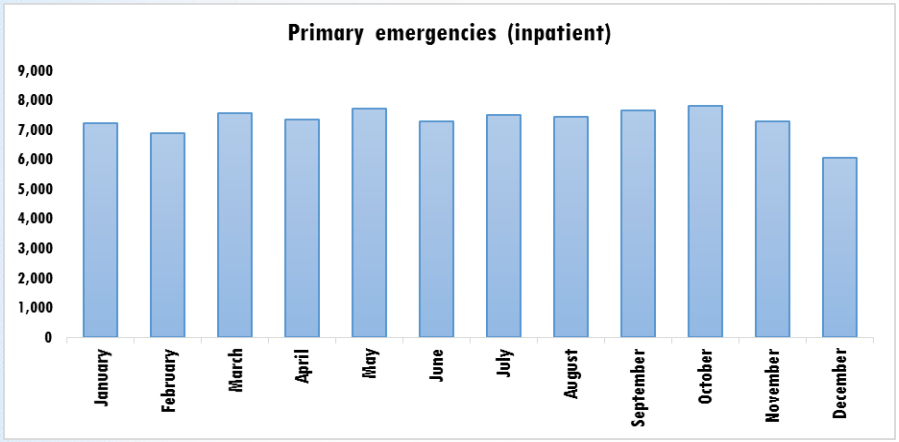
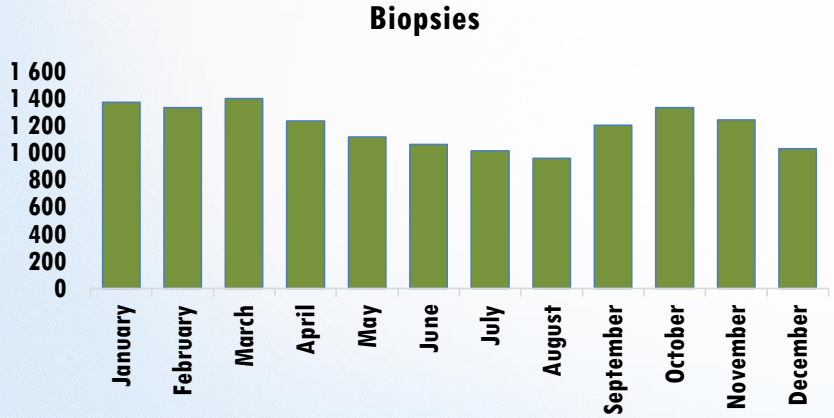
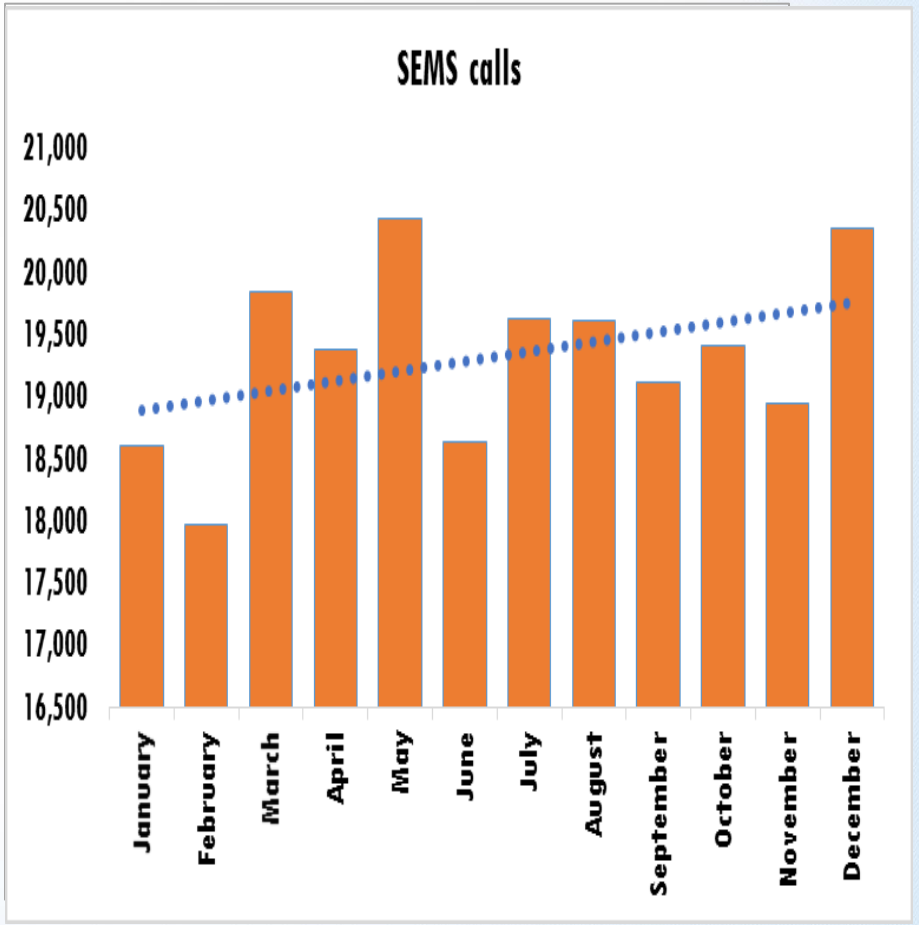






There are few quality assurance mechanisms in place

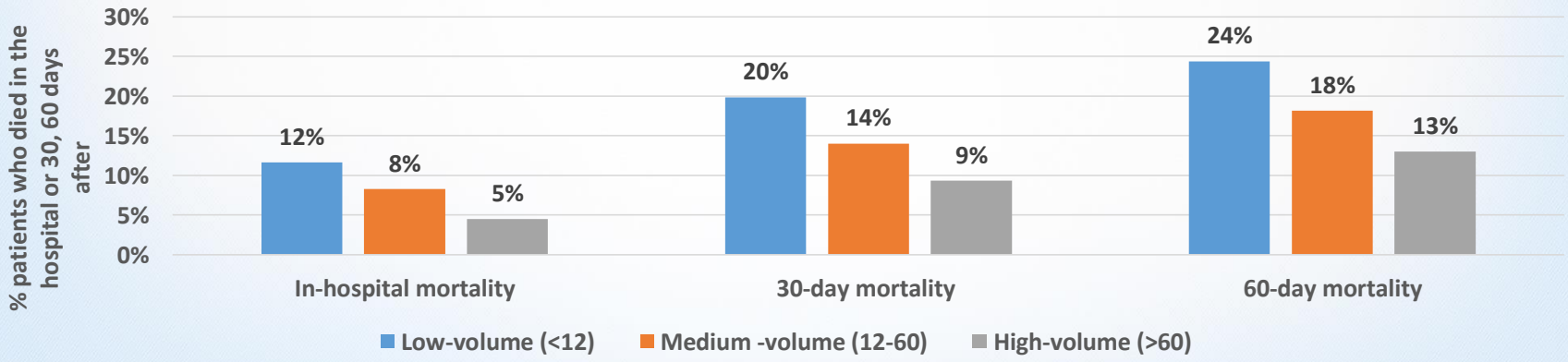
- ❑ Quality standards
- ❑ Clinical guidelines and clinical pathways
- ❑ Routine monitoring and reporting on quality of care
- ❑ Accreditation
- ❑ HTA program
- ❑ Support for quality improvement at provider level

But there are some easy wins for improving quality

Low-volume and lower quality indicators among elective AAA repairs

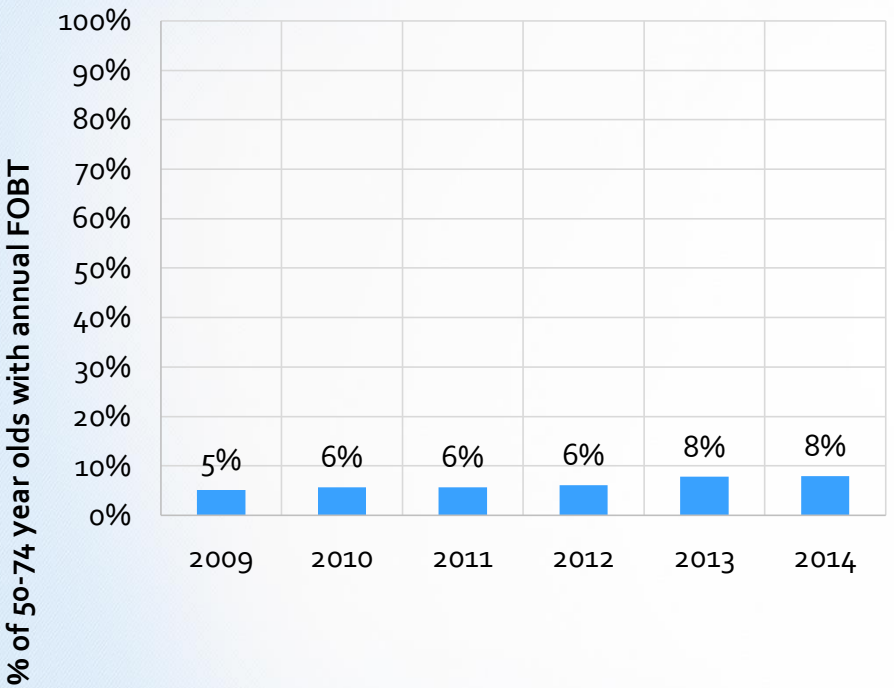
	ALOS	30-day readmission	in-hospital mortality	30-day mortality
Low-volume surgeon (<10)	12.7	7.9%	3.6%	4.3%
High-volume surgeon (>=10)	9.5	2.6%	1.3%	1.3%

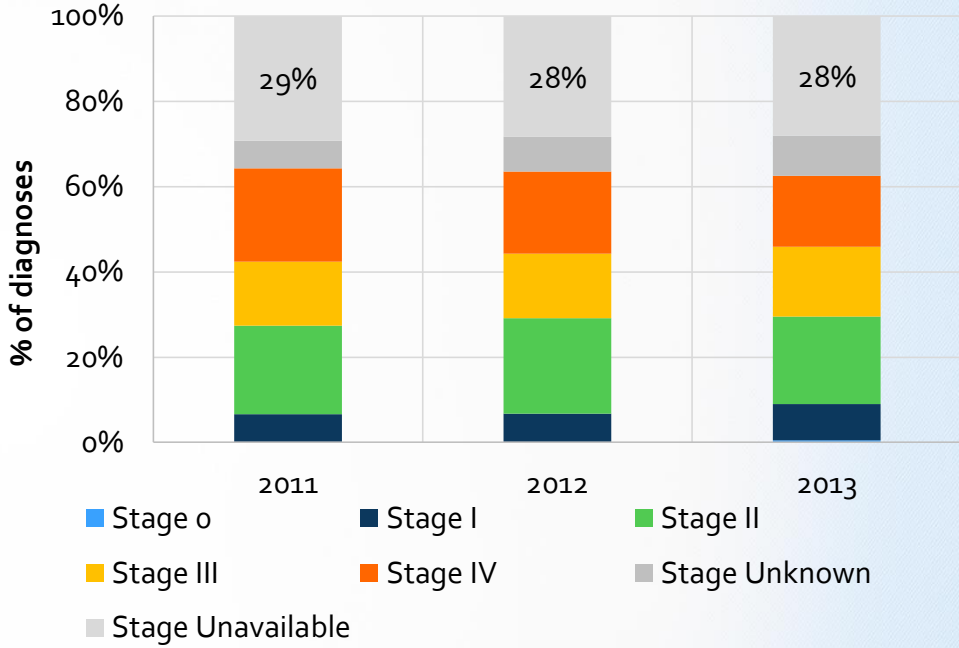
Adjusted-mortality rates for colorectal resections, by hospital volume



Patients encounter bottlenecks throughout the health system

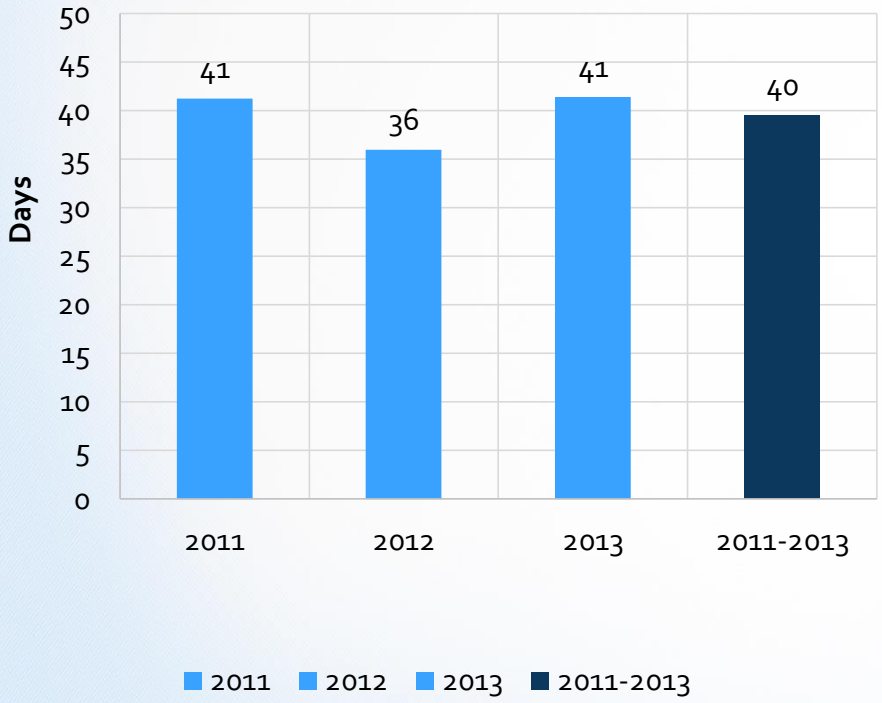
Patients bottlenecks: Colorectal cancer



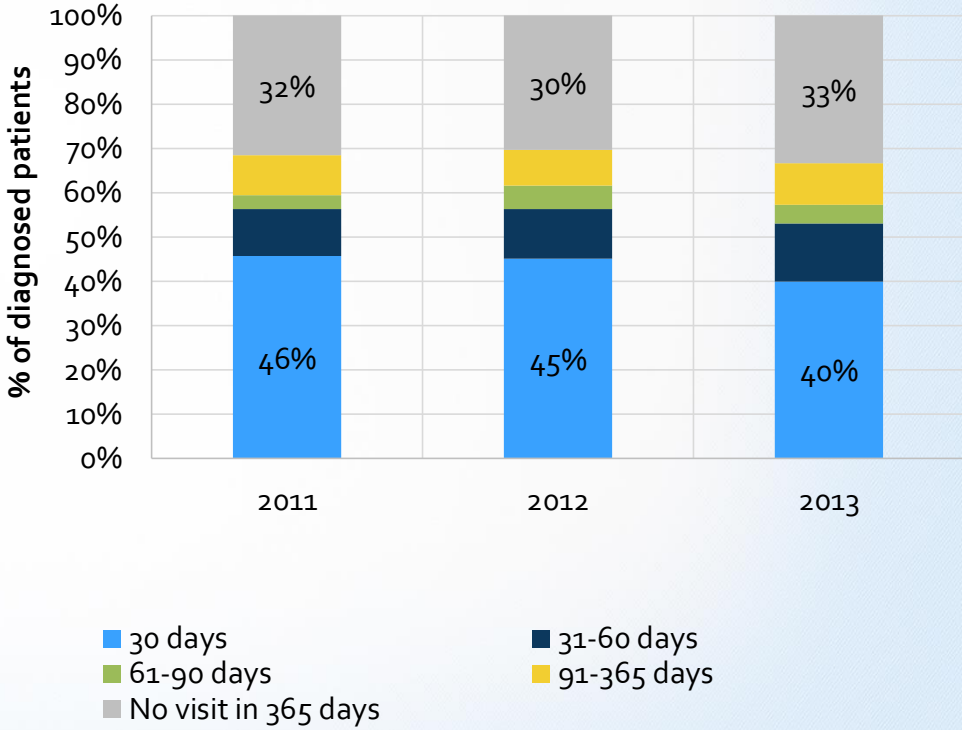


Patient bottlenecks: Colorectal cancer

Time elapsed between diagnosis and treatment

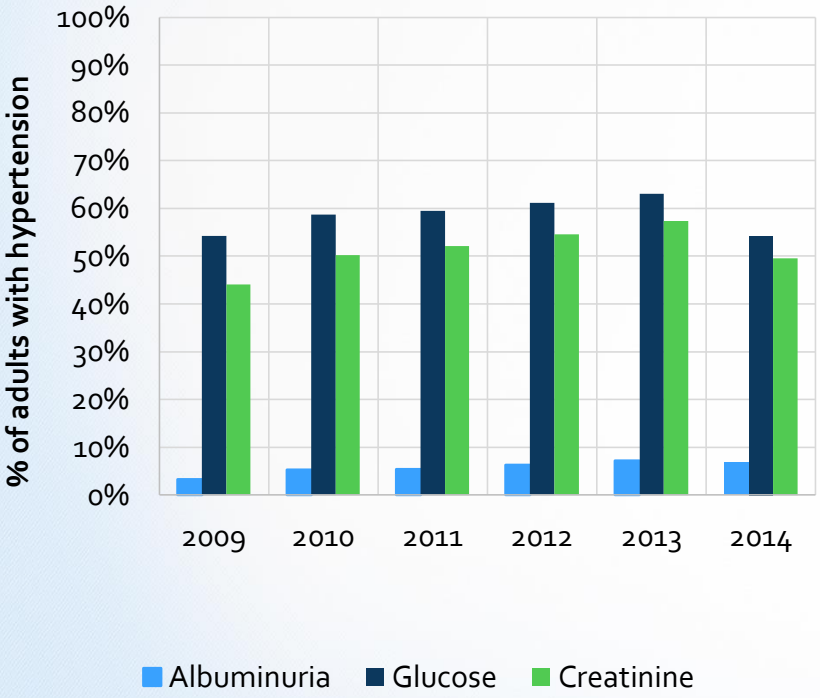


Timing of first oncologist visit after diagnosis

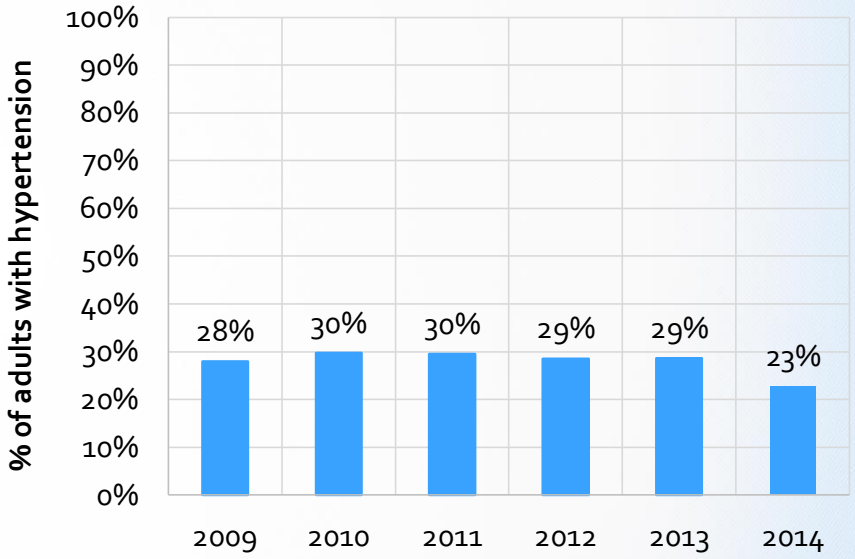


Patient bottlenecks: Stroke

Hypertension patients with annual tests

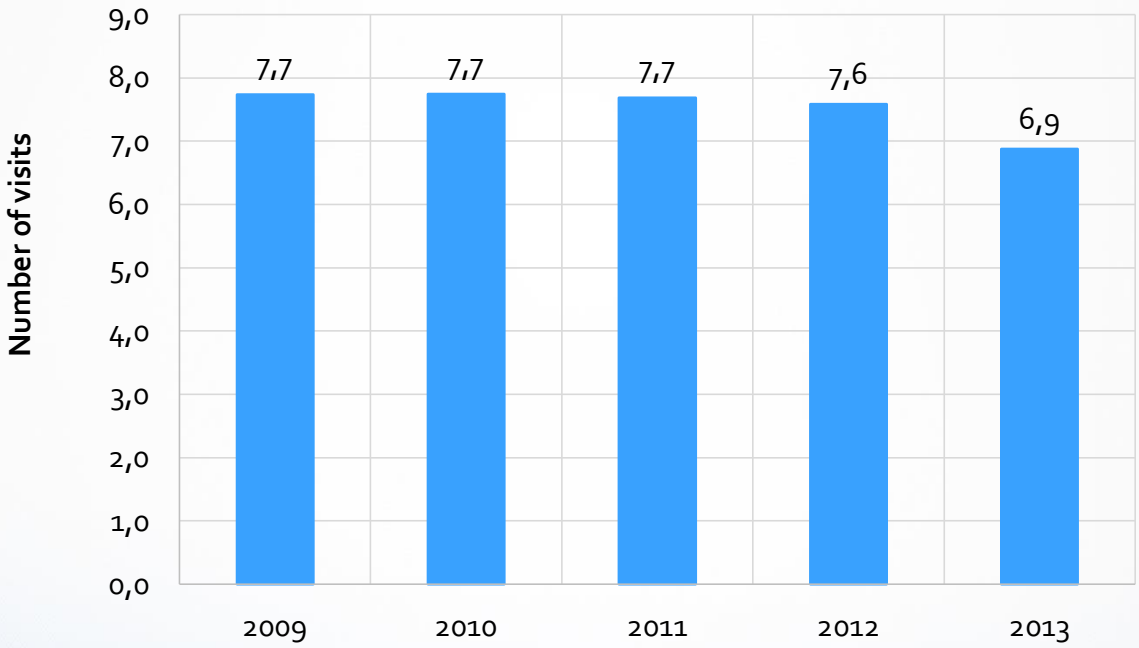


Hypertension patients with annual electro-cardiograms as an outpatient



Patient bottlenecks: Stroke

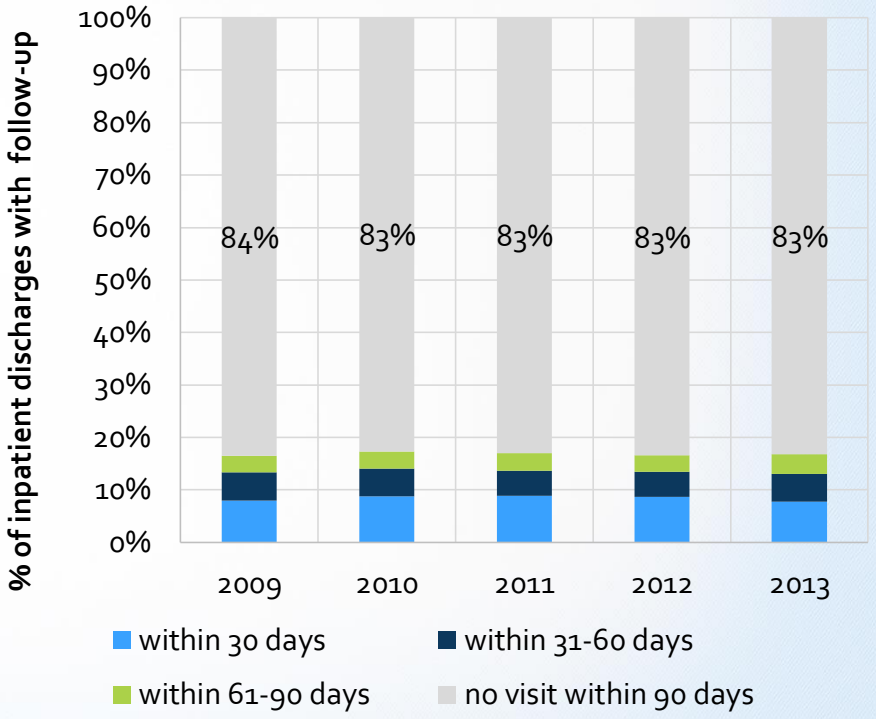
Number of outpatient visits to GP per year for persons diagnosed with hypertension



Patient bottlenecks: Stroke

Only 16% of stroke patients not diagnosed with hypertension in previous year.

First follow-up visit with a neurologist for inpatient discharges with a stroke diagnosis

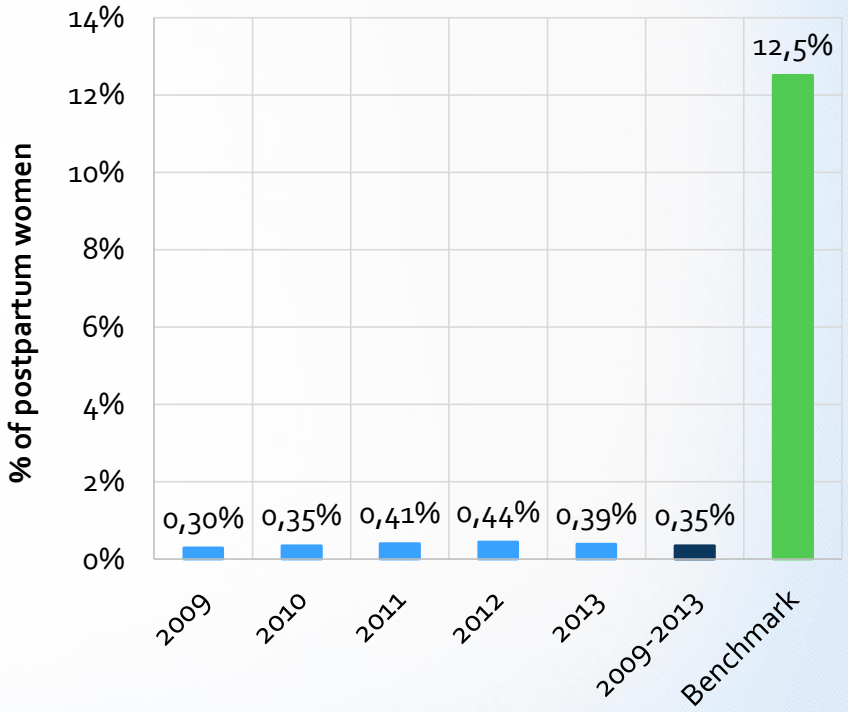


Patient bottlenecks: Depression

The most frequent outpatient diagnoses in 12 months preceding a suicide, 2009-2014

Rank	Diagnosis	Frequency
1	Hypertension [I10]	1290
2	Enlarged prostate [N40] or neoplasm of prostate [C61]	624
3	Medical observation for suspected diseases and conditions ruled out [Z03 and Z03.8]	618
4	Spondylosis [M47] and other spondylosis with radiculopathy [M47.2]	436
5	General exam without complaint, suspected or reported diagnosis [Z00.0]	369

Percentage of postpartum patients with a depression diagnosis within 12 months after birth



Priority reform options

Recommended priority reforms

1. Investment in capital and human resources for hospitals

2. Development of clinical guidelines and clinical pathways for priority diseases

3. Greater use of strategic purchasing

4. Investments in the health information system

Investment in hospitals

- **Levels of care**
  - Centralization of some services
  - Decentralization of others
- **Implementation mechanism:** strategic purchasing
- **More investigation**
  - Medical needs of different mental health patient profiles to determine locations and investment required for psychiatric services in primary care, ambulatory specialist care, and acute care settings

Clinical guidelines and clinical pathways

- Setting expectations for both providers and patients
  - Protocols for diagnosis and management
  - Location of services in a reconfigured network
- Anchoring benefits package to medical need
- Foundation for strategic purchasing
- Can be based on international experience
  - Content: NICE guidance in the UK
  - Process: Germany's "evidence-based consensus guidelines"

Greater use of strategic purchasing

- More quality-based payments for all levels of care
  - Specialist: bundled payments for treatment and follow-up care
  - Hospital: hospital-acquired conditions, readmissions
- Volume-standards for complex procedures and clinical programs
- Fuller implementation of DRG payments
- Lower tariffs for low-value care
- Higher tariffs for
  - Treatment of low-acuity cases in appropriate settings
  - Care for underserved regions and sub-populations
  - After-hours care

Strengthening the health information system

- **Better capture of data in real-time**
  - Captures privately financed care, relevant dates, and clinical information
  - Facilitates monitoring of adherence to guidelines and pathways and clinical audits
  - Allows for use of big data techniques to better identify target patients and prioritize waitlists
  - Offers way to provide decision support for physicians
  - Decreases administrative burden for physicians
- **Training in disease-coding for physicians**
- **Data sharing arrangements across departments and sectors**


PALDIES