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Primary Health Care in Latvia



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Primary Health Care in Latvia

- PHC → the first level of health care system
- PHC is provided by general practitioner and his/her team
- General practitioners (GPs) → **"gatekeepers"**

Primary Health Care in Latvia

- PHC is funded by the state budget
- Patient own co-payments (1,42 euro)

Primary Health Care in Latvia

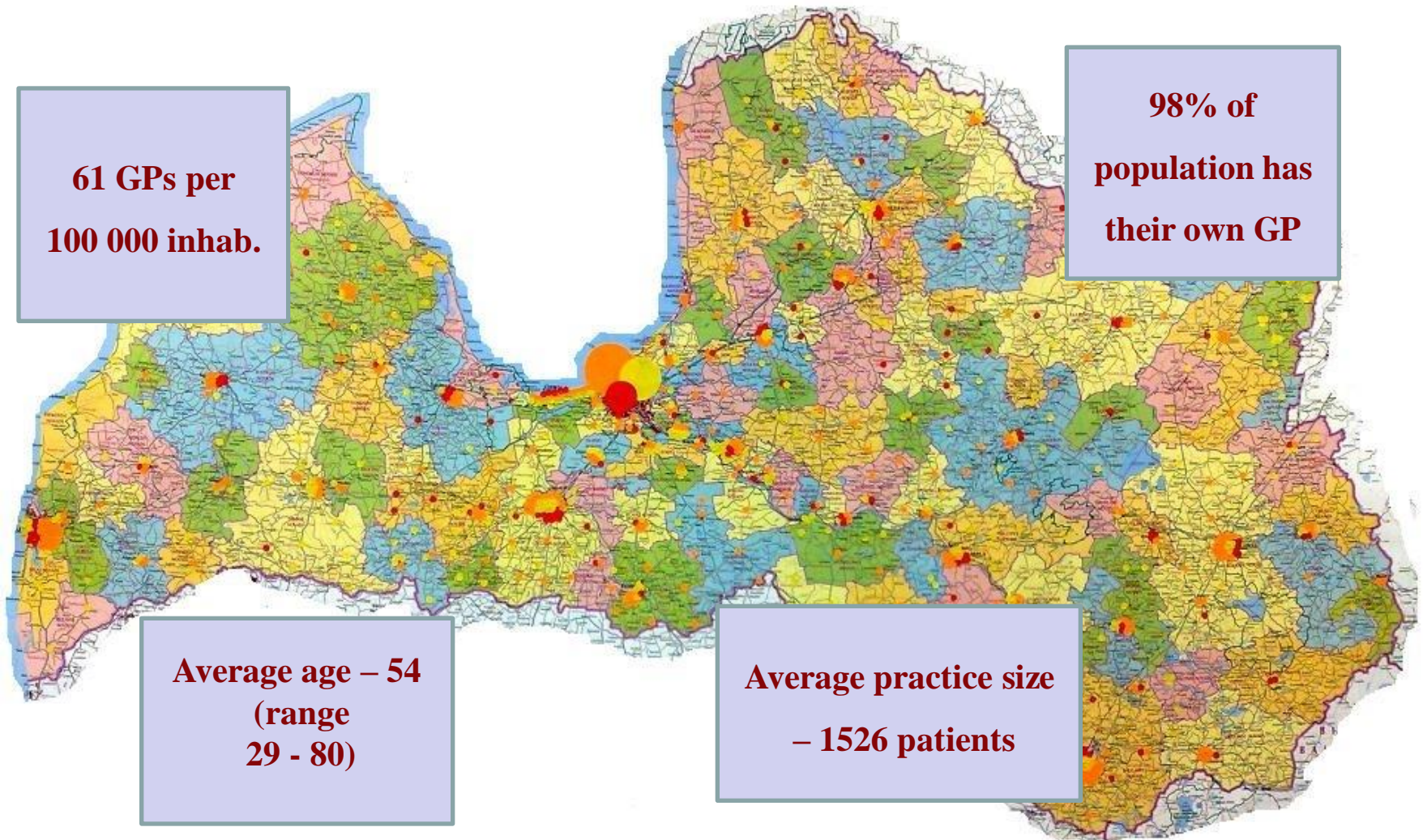
Exempted groups from patient contribution

- Children up to 18 years
- Pregnant women
- Politically repressed persons
- Poor persons etc.

Primary Health Care in Latvia



Primary Health Care in Latvia



Income of GPs Practice

- Capitation
- Payment for Performance (Quality Bonus system)
- Fixed payments
 - » For practice maintenance
 - » For additional practice sites
 - » For practice and staff working in rural area
 - » Salary for practice nurse and GP assistant

Income of GPs Practice

- Additional payments
 - » For manipulations
 - » For care of temporary registered and unregistered patients
- Patient co-payment and paid services

Regulations regarding accessibility of GP

- Every person has the right to choose a family doctor
- GP working time:
 - » At least 20 hours per week (patients <2000)
 - » At least 25 hours per week (patients =>2000)
- GP practice has to be open 40 hours per week
- GP appointment hours - on mornings and evenings
- Pre-bookable appointments – within 5 working days
- Acute appointments – on the same day

Second nurse

program started in 2010

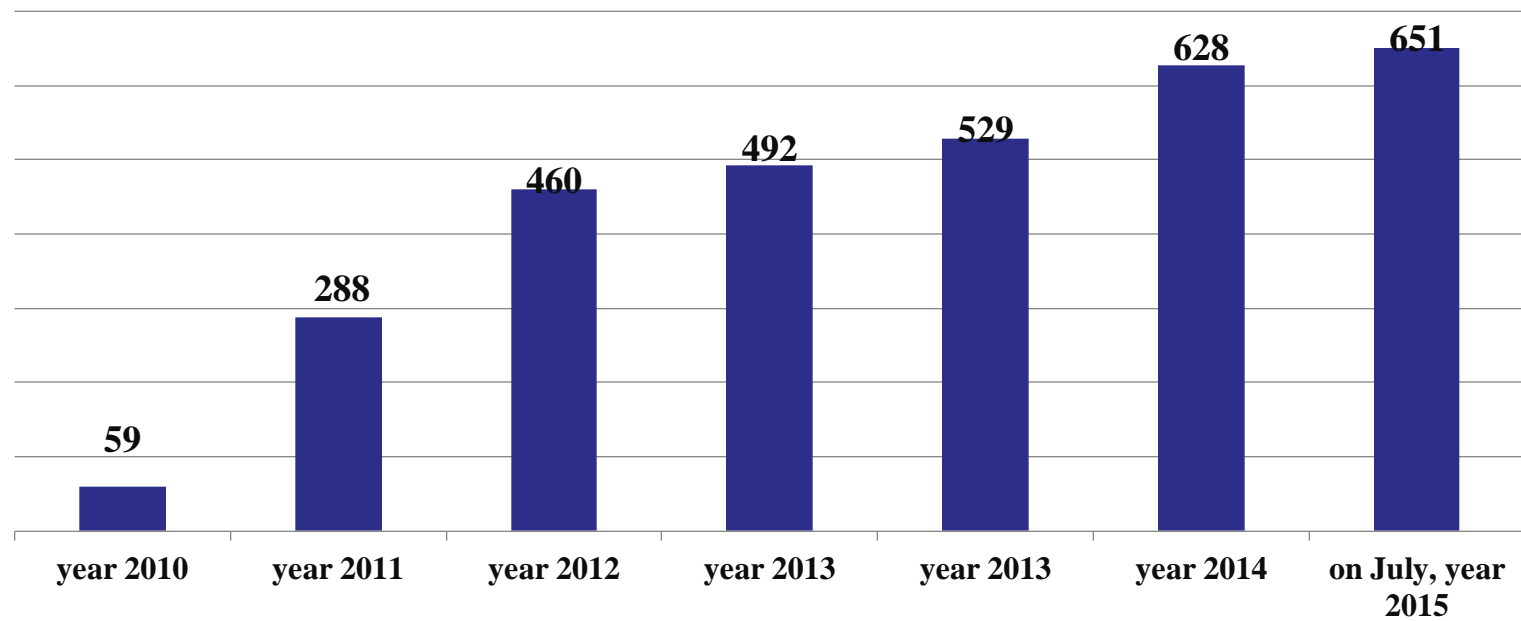
salary is state - funded

**performs patient
education and GPs team
support**

**from 1st January 2014 →
obligatory in the GP practices,
where the number of registered
patients is above 1800 or 800
children (under 18 years).**

Second nurse

Number of Second nurse



Notification system

- GP receives information about those listed patients who have called in the emergency medical service, but haven't been hospitalized.
- GP or practice nurse/GP assistant shall contact these patients within next working day in order to agree on the following health care.

Primary Health Care Development Plan 2014-2016

Strengthen

- To strengthen PCH as the most **accessible**, effective and comprehensive level of health care

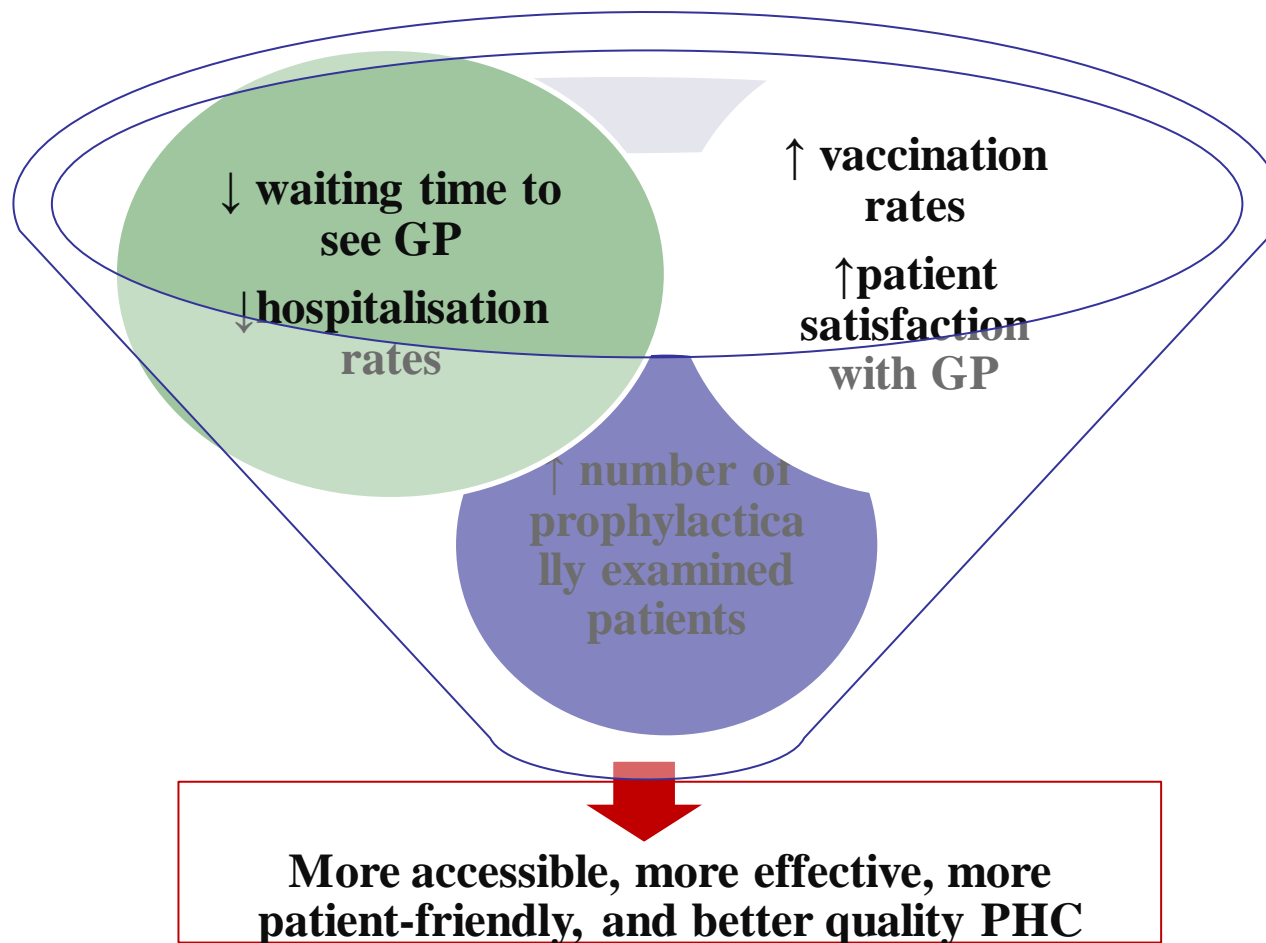
Increase

- To increase the **role** of PCH in the prevention, diagnostics and treatment

Improve

- To improve the **quality** of PCH

Expected outcomes of the Development Plan 2014-2016



Indicator groups

I. Prevention

eg check-up, vaccination, screening

II. Chronic conditions

eg diabetes, hypertension

III. Increase of cost efficiency of Health Care system

Increase Minor surgery, pregnancy care,
Reduce referrals, hospitalization rate

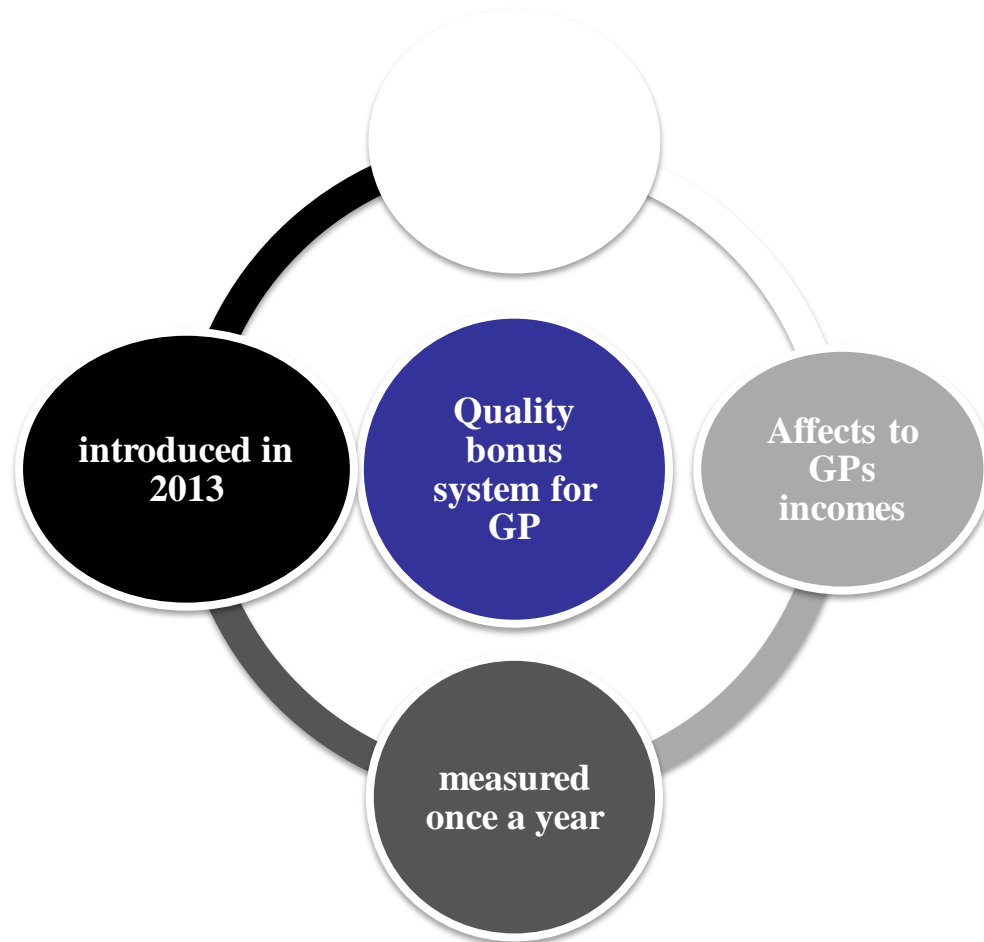
IV. Organization

Support of use IT solutions

OUTCOMES

COSTS

Quality Bonus System



Quality Bonus System

To strengthen organization of PHC practice

To promote the GP active involvement in disease prevention

To ensure more effective management of patients with chronic diseases

To tackle the spread of infectious diseases

To motivate GP-s to provide broad range of health services to patients

Thank you for your attention