Family medicine as a cornerstone for the primary health care reform: the Latvian experience.
Countries that have based their health care system on family medicine reveal better health indicators and higher efficiency of the entire health care system.

Strong primary health care and family medicine allows to prevent fragmentation of care, ensures continuity of health care process and better coordinated approach to treatment process.

Initiative to start the training and re-training in family medicine from medical students and practising medical doctors.
Territory - 64 559 square kilometres (about twice the size of Belgium).

Inhabitants 1.96 million in 2016
Capitals city - Riga with 650 000 inhabitants

Forests covering 47% of the land area and forming Latvia’s most important natural resource.
THE HEALTH CARE SYSTEM IN LATVIA BEFORE 1991

- Mainly hospital based
- Primary health care: polyclinics – adult and children:
  - in cities and towns provided by district internist and district paediatricians
  - in rural areas primary health care very often provided by feldsher (physician’s assistant)
THE FIRST DECADE AFTER REGAINING INDEPENDENCE

• 1990 - 1991 - the first specialists willing to be retrained as family doctors, the re-training and the development of residency was initiated by medical doctors and students

• 1991 - 1993 – the first programme in family medicine residency at the Latvian Academy of Medicine
THE FIRST DECADE AFTER REGAINING INDEPENDENCE

- 1992 - Foundation of the Association of Family Physicians, now the very important stakeholder in health care in Latvia
- 1995 - 1996 - the Latvian Association of Family Physicians sets up a retraining courses in family medicine (2 months long)
THE FIRST DECADE

• 1994 - 1999 - Riga City develops and implements primary health care strategy in collaboration with the National Health Service (NHS) in the UK

• 1999 - the job description of the family (general practice) physician’s specialty is revised and aligned with other associations (1997 – the first edition)

• 1999 - PHARE project on family medicine postgraduate training and continuous strengthening of vocational training
YEARS 2000 - 2004

• 1999 – 2001 - World Bank project focused on reorganization of primary health care in Latvia

• 2000 - 2001 - World Bank Project to support retraining of district internists and pediatricians, enabling them to work in family medicine (From 2004 only family physicians could have the contract with NHS)

• 2000 - implementation of capitation with fund holding as the provider payment method for family physicians at PHC level all across Latvia, except Riga
• Tremendous reduction in funding for health sector, including the primary health care in 2009, due to economic crisis, with slow increase of funding for PHC since 2015.
• Experiment to re-introduce the district pediatrician at the PHC level in 2010 which was abolished in 2012 because of low patients’ activity to register with pediatricians. Although there is a new proposal to re-introduce PHC pediatricians in 2018
• Introduction of quality criteria and pay for performance (P4P) for family physicians since 2009
NUMBER OF FAMILY DOCTORS 1991 - 2018
NUMBER OF FAMILY DOCTORS ON 10000 INHABITANTS
• The programme in family medicine at the faculty of medicine, University of Latvia established in 2000 (faculty was re-established in 1998 after being closed down in 1948)

• The Department of family medicine established at the P.Stradin’s Riga University in 2010/2011
CONTINUING EDUCATION IN FAMILY MEDICINE

• The Certification after the residency training

• The periodical re-certification every five years:
  o Continuing education trainings organized by the Latvian Medical association, the Latvian association of family doctors, medical schools other professional associations
  o the international conferences and seminars
  o small group peer review and quality circles
CURRENT SITUATION IN LATVIA

- Number of family physicians in Latvia about 1500
- Number of family physicians having contract with NHS : 1322
- Number of family physicians working in Riga : 446
- Number of family physicians working in regions: 886
• 1800 enrolled person assigned to the one family physician

• 14% of practices have more than 2000 but in average 1543 patients are assigned with one family physician

• Family physician may have several consultation rooms in different places if working in rural areas
SPENDING ON HEALTH CARE AND PRIMARY HEALTH CARE

• HC budget in 2017 – 820 490 million Euros
• Through the general taxation but in 2019 it is planned to introduce mandatory health insurance
• HCB is 9.6 % of the Latvian government budget
• 9 % only from HC budget is spent of PHC, including payment for family physicians’ work
• Family physicians have 5.9 million visits a year, in average 3 visits per one registered patient.
• 70 % of all patients visits during the year
VARIETY OF MEDICAL PROCEDURES PERFORMED BY FAMILY DOCTORS

- Immunization: 92
- Hypertension: 88
- CVD: 83
- Disease Prevention: 74
- Oncology: 73
- BA/HPD: 65
- Screening: 62
- Otoscopic Investigations: 58
- Surgery: 53
- Dementia: 48
- Dementia/Geriatry: 44
- Gynecology: 34
- Observation of pregnancy: 29

Legend:
- **Blue**: Already doing
- **Orange**: Already doing but could be done more
- **Gray**: I am not doing it at the moment but would do if I would have resources
WHAT ARE THE MAIN OBSTACLES IN DAILY WORK OF FAMILY PHYSICIANS?
SATISFACTION WITH DIFFERENT ASPECTS OF PROFESSIONAL WORK OF FAMILY DOCTORS

- Satisfied
- Not satisfied, not dissatisfied
- Not satisfied
FINBALT SURVEY IN 2016:

• 60% of respondents were satisfied with their family physician.
CHALLENGES

- Lack of stable long-term strategy for the PHC
- Insufficient co-operations among family physicians and specialists
- Bureaucratic burden of medical records and paperwork in the daily work of family physicians
CHALLENGES

• Dependence of continuing education in family medicine on sponsors

• Insufficient horizontal cooperation, e.g., at the municipality level with other services.

• Introduction of e-health, at the moment for prescribing medicines and sick-leaves
FUTURE ACTIONS

- To identify strengths and weaknesses of the primary health care and family medicine, and to establish primary health care strategy to address the existing deficiencies (at least for 10 years period)
FUTURE ACTIONS

• To promote independent continuing education for family doctors, which would be independent of pharmaceutical industry and drug wholesalers
To build such health care strategies that promote co-operation between general practitioners as primary health care providers and specialists in order to work as a joint team in providing quality healthcare to the Latvian population.
• To convince the MOH and the Government of Latvia about the necessity to increase the spending on PHC

• To keep the payment for capita as the financing model for PHC with additional P4P scheme
FUTURE ACTIONS

• To expand the primary health care team with the involvement of a physiotherapist and midwife (in rural areas).

• To motivate using P4P family physicians to cover broader spectrum of services provided at the PHC level.
Introduction of family medicine started in Latvia 28 years ago as an initiative from medical students and practising doctors.

With support from international partners, the Latvian Government moved ahead to reform the health care system strengthening PHC in the 90's.

Only 9% of the health care budget is spent on PHC.
Today 1322 family physicians are covering the almost 70% of patients’ needs for health care in Latvia, serving 5.9 million visits a year and in average seeing every patient 3 times a year

In average on family physician has 1543 patients in the enrolment list

Family physicians provide the variety of services, including monitoring of pregnancy, care of newborns and babies, child care, small surgical operations and other.

60% of patients are satisfied by the advice and care provided by family physicians

IN CONCLUSION
IN CONCLUSION

• Family medicine has become a cornerstone for PHC in Latvia being a very effective way providing health care for patients

• The Association of Family Medicine in Latvia, also the member of the Latvian Medical Association has played a great role in designing the health sector reform, developing postgraduate and continuing education in family medicine

• To strengthen the latest developments a long-term strategy should be not only developed but also executed without frequent deviations due to political changes
There always is a place for the development and reform in health sector but too frequent changes do not lead us to better results.
REFERENCES

- http://eu.baltic.net/Project_Database.5308.html?contentid=28&contentaction=single
- http://www.lgaa.lv