

Developing an integrated primary care model in Slovakia

Overview

In 2012, the indicator of population healthy life years in Slovakia was 10 years below the European Union average of 62 years. Rising rates of chronicity and suboptimal management of chronic conditions in primary level care settings were key contributors to below average health outcomes.¹ In response, the government committed to comprehensive health system reform to transition away from the hospital-centric model in place and work towards strengthening the role of primary care.¹ Formalizing this aim through the Strategic Framework of Healthcare 2014–2030, this strategy proposed plans for the development of a network of primary-level integrated health care centres (IHCC) to co-locate providers and promote interdisciplinary team working. Anticipated system-level transformations to include the introduction of performance-based financing mechanisms and strengthening of medical education. The Ministry of Health has formed a steering committee to oversee implementation of reforms and has established the Institute of Health Policy to provide analytical and implementation support. The region of Trenčín has been selected as the pilot site to test reforms. Following a performance review of all health facilities in Trenčín, a map-based analysis was used to determine the number and geographic location of facilities required to meet population needs. Four acute-care facilities, eight large IHCCs and eight small IHCCs have been proposed to cover care needs based on findings. Existing facilities will be renovated and modernized where possible, however approximately half of all facilities will need to be newly constructed. While implementation of the pilot project is only just beginning, it is expected that reforms will change health system dynamics to increase cost-effectiveness, reduce fragmentation and bring care closer to communities.

Problem definition

In 2012, expectation for Healthy Life Years in Slovakia was just 52 years; 10 years below the average in the European Union of 62 years that same year.¹ Chronic disease was the leading cause of mortality and morbidity and there was growing political concern regarding individuals' involuntary exit from employment and experience of

social exclusion in retirement (Box 1)^{1,2}. The existing hospital-centric model of care limited the availability of health promotion or disease prevention services and hindered effective management of patients with chronic disease in primary settings. Gatekeeping at the primary level was weak, evidenced by 80% of patients with chronic conditions being

referred to outpatient specialists or inpatient hospital services following the first contact with general practitioners. Furthermore, with little communication between providers, care delivery was found to be fragmented leading to duplication of services and limited continuity of care.

Box 1

What problems did the initiative seek to address?

- Growing political concern over chronic disease burden and suboptimal population health outcomes.
- Limited availability of health promotion or disease prevention services.
- Concentration of services delivery in higher-level settings; weak gatekeeping at the primary level.
- Fragmented delivery of services with limited continuity of care for patients with chronic disease.

Health services delivery transformations

Timeline of transformations

In 2013, the Slovak government launched plans for a comprehensive health system reform, committing approximately €4 billion to the project and approving the Strategic Framework of Healthcare 2014–2030 to guide changes (Table 1). In 2014, the self-governing region of Trenčín was selected by the Ministry of Health as the pilot location to test proposed reforms. Currently, the initiative is still in the early planning stages and activities are underway to prepare Trenčín for implementation of proposed reforms.

Description of transformations

Selecting services. A more holistic package of services is being advocated for through the reform strategy. Emphasis is placed on early detection and intervention for chronic disease, as well as more

Table 1

What were the chronological milestones for the initiative?

July 2013	Government announces plans for health system reform and commits approximately €4 billion over a period of 35 years to modernize health system.
December 2013	Strategic Framework of Healthcare 2014–2030 approved as a roadmap to guide health system reform.
2014	Small region of Trenčín selected as pilot site to test proposed reforms.
Present	Ongoing implementation of reforms in Trenčín as part of the pilot study.

effective life-cycle management of chronic conditions in primary settings. Services offered will include screening for chronic conditions, physical and occupational therapies,

dietary counselling, mental health services, addiction counselling, minor interventional treatments, dental care, gynaecological services and chronic disease management

support. Further, select social care services, including social counselling and rehabilitation, will be integrated with primary health services.

Designing care. New guidelines for disease prevention, management and treatment of chronic conditions are being developed to assist primary care providers to fulfil their expected new roles. Guidelines and standards are being based on international guidelines and recommendations, as well as evidence-based practices observable in other European countries.

Organizing providers. Primary care providers will be positioned to take on a greater role in managing patients with chronic conditions, reducing referrals to specialist care. The goal is to establish primary

Table 2

How was the delivery of health services transformed through the initiative?

Before	After
Selecting services	
Universal health coverage provides basic package of services to population; weak provision of health promotion or disease prevention services; treatment for chronic conditions overly specialized.	Plans aim to increase health promotion and disease prevention services, expand services offered in primary care and integrate health and social services.
Designing care	
Absence of guidelines for primary care providers to support management of patients with chronic disease in primary settings.	New guidelines will be developed to support increased provision of care in primary settings; guidelines and standards will be evidence-based and incorporate European recommendations.
Organizing providers	
Concentration of providers in higher-level settings; weak gatekeeping ability of primary care; high referral rates to specialists after initial contact with general practitioner, even for low-risk patients; high degree of fragmentation between providers limits continuity of care.	Efforts to strengthen primary care underway; improved gatekeeping by general practitioners and increased management of lower-risk patients in primary settings anticipated; IHCCs will be established to co-locate primary care providers with other health professionals.
Managing services	
Inefficient management of health resources; overabundance of health facilities leading to low utilization rates and cost inefficiencies.	Mapping of health needs in pilot region undertaken to identify underperforming facilities for closure and optimal reorganization and development of new care facilities.
Improving performance	
Need for skill strengthening at the primary care level.	Training for providers on new guidelines and standards planned; indicators for performance monitoring in development.

care as the main gatekeeper to the health care system through building a network of integrated health care centres (IHCC). IHCCs will co-locate general practitioners with a variety of other supporting health professionals to help support multidisciplinary team working. Larger IHCCs will house 20 to 25 physicians with smaller centres housing five to 15. Additionally, depending on local contexts, consultation rooms will be made available to health professionals such as occupational therapists, psychologists, social workers, dieticians and dentists, among others.

Managing services. Mapping of health care needs in Trenčín was carried out at the start of the pilot to enable efficient planning and allocation of resources. A network of eight large and eight small IHCCs has been proposed to cover the pilot region's primary care needs. Initially, the pilot project plans to construct three IHCCs in Trenčín for study. Underutilized facilities have been identified for closure with planned reductions in the number of hospitals in the region. New performance parameters, based on best practices from other European countries, have been developed to assess the operational efficiency and effectiveness of hospitals against quality, productivity and financial performance indicators.

Improving performance. Prior to implementation of reforms, trainings are planned to educate providers on new care pathways and guidelines. A series of indicators are also being developed to enable monitoring of performance.

Health system enabling factors

In 2013, the government approved the Strategic Framework of Healthcare 2014–2030 as an overarching framework to guide health system reforms (Table 3). As proposed reforms align with

the existing legislative structure, only minor legislative changes are anticipated, largely focused on enabling the implementation of new clinical guidelines and changes to physician remuneration models. The Ministry of Health plans to use financial incentives to encourage health providers to adopt the new integrated model focused on primary care. Payment mechanisms for health providers in IHCCs will be based on a capitation method, with additional payment-for-performance incentives for effective management of patients with specified chronic conditions. Incentives for new medical graduates to work in regions with provider shortages are also planned and capital investments to modernize health infrastructure are expected to attract and retain younger providers, with strengthening of medical residency programmes helping to enhance new providers' competencies.

The Ministry of Health has focused on building internal ministerial capacities for successful

implementation. This has included establishing the Institute of Health Policy to provide analytical support to government decision-makers. The government has also drawn on international examples, guidelines and support tools to support the initiative, including epidemiological and demographic service profiling systems from Northern Ireland; clinical modelling strategies for acute hospital configuration from the Netherlands and the United Kingdom; condition appraisal toolkits developed in Norway; a template model and systems analysis used in Sicily; and a master plan template for regional health care reform developed in Finland. While the majority of planning has so far has taken place at the national level, the Ministry recognizes that later decentralization to the regional level is necessary. However, as each health care region will be defined by the catchment area of an acute hospital instead of geographical boundaries, it is currently unclear how this will be managed.

Table 3

How has the health system supported transformations in health services delivery?

System enablers	Example
Accountability	<ul style="list-style-type: none"> Strategic Framework of Healthcare 2014–2030 approved by the government to guide health system reforms.
Incentives	<ul style="list-style-type: none"> Remuneration for primary care providers will be capitation based with additional payment-for-performance incentives. Management of specified conditions in primary care will be financially incentivized. Targeted funding will promote relocation of new medical graduates to underserved areas.
Competencies	<ul style="list-style-type: none"> Medical residency programmes will be strengthened.
Information	<ul style="list-style-type: none"> Detailed situational analysis conducted in pilot region for the initiative to understand needs. Institute of Health Policy established to provide analytical support to the Ministry of Health.

Outcomes

As piloting of the initiative is only just beginning, information on outcomes is currently unavailable.

Change management

Key actors

The initiative is being led by the Ministry of Health through a top-down approach. The government has focused on building internal capacity to enable implementation of reforms, establishing the Institute of Health Policy and an expert steering committee to help oversee implementation (Box 2).

Box 2

Who were the key actors and what were their defining roles?

- **Ministry of Health.** Leader for national health system reforms; developed the Strategic Framework of Healthcare 2014–2030 to guide activities; government funds support reform process.
- **Institute of Health Policy.** Provides analytical and implementation support for key decision-makers at the Ministry of Health.
- **Steering committee.** Oversees implementation of reforms; ensures effective use of time and resources throughout the implementation process.

Initiating change

Growing political concern over the negative economic and social impact of suboptimal health outcomes pushed the need for health system reform up the government agenda. The timely release of a European Commission report, published around the time the government was considering potential health reform strategies, illustrated how the development of the health sector could improve economic sustainability and provided inspiration for the design of the Strategic Framework of Healthcare 2014–2030.³

Implementation

Implementation of the pilot project in Trenčín is only just beginning. Trenčín was selected as the pilot site following a pilot feasibility study which confirmed it had the necessary pre-existing capacities for implementing reforms. Following completion of the pilot,

implementation of health reforms across Slovakia is set to occur in five interconnected stages: development of IHCCs; redevelopment of acute centres and regional centres of excellence in the hospital sector; implementation of new clinical guidelines and care pathways; strengthening of medical residency programmes and education of clinical staff; and integration and dissemination of health information. Implementation of reforms will be led at the regional level and is expected to unfold at different paces based on local political support and preparedness for reforms.

Moving forward

Piloting of proposed health system reforms is ongoing. Based on the results of the pilot study, the Ministry of Health plans to scale up reforms across Slovakia as detailed in the Strategic Framework of Healthcare 2014–2030.

Highlights

- Development of a framework at the national level provided the initiative with a strong base from which to develop.
- A national approach to change provided clear goals and supported the alignment of activities.
- Creation of a new agency to provide analysis and implementation support increased government capacity to lead change.
- Piloting of reforms will enable gradual introduction and testing of planned changes.
- Regional authorities will lead implementation of reforms to allow adaptations based on local needs.

1 Ministry of Health of the Slovak Republic. (2014). *Implementation strategy – Integrated health care system: Modernizing health care infrastructure and improving access to quality services in primary and acute bed health care*. Bratislava; Slovakia. Retrieved from <http://www.health.gov.sk/?strategia-v-zdravotnictve>

2 Institute of Health Metrics and Evaluation. (2015). *Global burden of disease cause patterns*. Retrieved from <http://vizhub.healthdata.org/gbd-compare/arrow>

3 European Commission. (2013). *Investing in Health*. Brussels: Author. Retrieved from http://ec.europa.eu/health/strategy/docs/swd_investing_in_health.pdf