



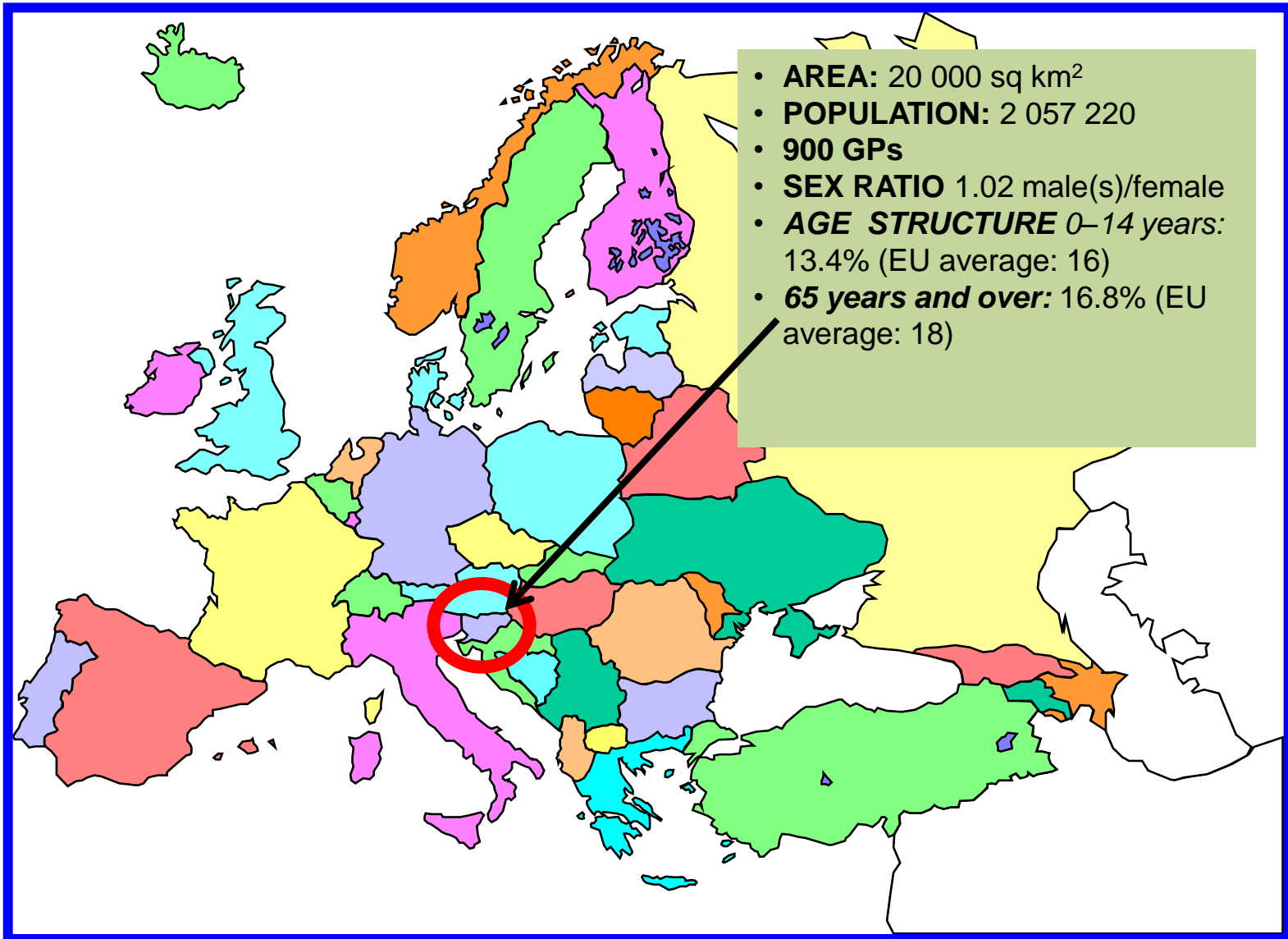
REPUBLIC OF SLOVENIA
MINISTRY OF HEALTH

Health care system in Slovenia

Ministry of Health of the Republic of Slovenia

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Public Health and primary healthcare Study visit, December 2014





Health care system in Slovenia

- **Model:** Bismarck social security system model .

1992: Health Care and Health Insurance Act – the core act regulating the Compulsory and the Voluntary Health Insurance (**CHI and VHI**)

- **Principles:** Equality, Justice, Solidarity.

- **Financing:**

- Health Insurance Institute of Slovenia (HIIS) is sole provider of the **CHI** - single payer model.
- **VHI** is based on cost-sharing and coinsurance strategies: some services are 100 % covered by CHI, while others are only covered up to a certain % of the service's full value. The difference to the full value is paid by an insured person himself or VHI company, at which the person has taken VHI policy for co-payments. More than 95 % of population is included in VHI.

- **Coverage:**

All persons with permanent residence in Slovenia are included in compulsory health insurance; almost 95% of population has in addition voluntary complementary insurance.



Types of Health Care Services

Primary level (primary care)

- General Practice (GP's) and outpatient service
- Dental care service
- Pharmacy service
- Physiotherapy, home nursing and mental health clinics
- Rescue service and Emergency medical service (EMS)

Secondary level (specialist care)

- Specialist Ambulatory Services (Outpatient)
- Specialist Hospital Services (Inpatient)
 - Acute Hospital treatment
 - Non-acute treatment
 - Psychiatric treatment
 - Rehab treatment



Primary health care

Family medicine practices: public providers and private providers with concession, financed through health insurance.





Primary health care centers:

- offer access with no referral to family doctor, pediatrician, dentist and gynecologist, selected by patient;
- provide basic laboratory and diagnostic services.



Medical emergency and community nursing are organized within bigger PHC centers.





PREVENTIVE PROGRAMME FOR NEWBORNS

99,8% newborns born in hospitals (2004)

Preventive program for newborns consists of:

- Preventive examination after birth, daily check-ups (every day in hospital) and before discharge from the hospital
- Preventive measures (neonatal hemorrhagic illness, neonatal ophtalmia, screening for pheniketonuria and congenital hypothyreosis, screening for congenital luxation of coxae and for hearing disorders, immunization for TBC).

All is covered from compulsory health insurance.

Parental involvement

- **Parental leave**

Entitled to 1 year of parental leave (maternity leave)

- **Parenting Schools**

Free health education in health care centres and maternity hospitals for future parents. It covers information and preparation for delivery and parenthood (infant care, physical relaxation and breathing exercises, basis of legal rights, social care and working rights, breastfeeding, nutrition, injury prevention) - psychological issues (parental role, communication, setting boundaries, separation) and education about important health topics.



PREVENTIVE PROGRAMME FOR PRESCHOOL CHILDREN

Well-child visits at:

1 month
3 months
6 months
9 months
12 months
18 months
3 years

Include:

- Medical examination
- Immunisation by immunisation program
- Health education

Additional well-child visits

- Support for breast feeding at 2 months of age
- Examination before entry into kindergarten

Psychological assessment at 3 years of age

Medical examination for children with developmental delay every year



PREVENTIVE PROGRAMME FOR SCHOOL CHILDREN

Well- child visits:

Before school entry

In the 1st, 3rd, 5th, 7th grade
of Elementary School

In the 1st and 3rd grade of
Secondary School

Include:

- Medical examination
- Immunisation by
immunisation programme
- Health education

Team assessment

before entry into primary school

vocational guidance after completion of primary school

in cases of health problems, learning disorders, behavioural problems

Additional well-child visits

Health education (lectures, small group work, workshops for parents, school teachers)

Medical examinations for children with developmental delay every year



Preventive services for adults

10 years of the **National cardiovascular preventive program** based on WHO CINDI program and including:

- financial incentives for providers to perform risk factors assessment and individual counseling;
- establishment of 61 Health educational centers within Primary health centers to perform group interventions for smoking cessation and weight counseling.

Public health responsible for monitoring, management of the program and training of professionals!





Successes and....

- **Infant mortality** is an important indicator of social and economic development, and an indicator of the quality of health care. In recent decades infant mortality in Slovenia has fallen significantly. In 2012 it was 1,7 per 1.000 live births.
 - **Teenage pregnancies** are not prevalent in Slovenia, since both birth and abortion rate among teenagers are low. In last period there are on average 5 live births and 6 induced abortions per 1000 girls aged 15-19.
 - **Number of maternal deaths** - in the period from 2000 to 2009 there were 0 to 5 maternal deaths per year. The average maternal mortality rate in this period was 13,3 per 100.000 live births.
- **Cardiovascular diseases still cause 40 % of deaths in Slovenia but:**
- about 1.200 deaths related to cardiovascular diseases less per year than in 2002
 - at least 600 deaths (50%) per year prevented due to the successful implementation of the National cardiovascular disease preventive program.
 - 900.000 preventive check-ups performed in the target population (men 35 – 65, women 45 – 70)



.....challenges

- **obesity** – observing the **dietary habits of Slovenian adolescents** (according to results of the cross- national study Health Behavior in School Aged Children in 2010) we find a very high rank in **frequent consumption of sugar-sweetened beverages**.
- **alcohol consumption** and its health consequences. Besides legislation, efforts at preventing harmful and hazardous alcohol consumption are being carried out at national, regional and local levels also including measures regarding tax and pricing, road safety and the workplace environment.
- substance abuse (marihuana and new psychoactive substances)
- need to assure a more comprehensive approach towards prevention and control of other most prevalent NCDs (diabetes, asthma, cancer, depression);
- integrated care of chronically ill was assured only in some of the practices due to lack of appropriately trained nurses, protocols and indicators.
- data collected through the program were not available to practitioners to follow their own patients. This resulted in lack of motivation.



Norway grants in Slovenia

- Predefined project „**Towards better health and reducing inequalities in health**“ is being implemented by National Institute of Public Health in cooperation with programme partner Norwegian Institute of Public Health.

The overall objective of the project is to reduce lifestyle-related non-communicable diseases by strengthening preventive health care capacity. The existing preventive programmes for children and youth will be critically assessed and upgraded and the programme for integrated lifestyle-related disease prevention for adults shall be developed.

A number of programmes for health promotion and disease prevention are available in the framework of the healthcare system in Slovenia. Despite universal availability to these programmes, for some vulnerable groups access must be improved.

- **Open call for projects in the area of:**

- inequalities in health,
- the prevention of chronic diseases related to lifestyle and
- improvement of mental health



To conclude:

- Preventive health care is in the forefront of health care in Slovenia, our goal is to further develop this fundamental concept of health care.
- Primary health care has an important role with its preventive services and community nursing.
- We have to learn how primary health care and public health system could better work together.
- Integrated preventive services and holistic approach towards chronic patients is an appropriate approach.
- Common programs and integrated services should also be developed with other sectors, in particular social affairs and school sector.



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