



Slovenia: life course approach to NCD prevention and treatment

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2023



Slovenia facts

Population: 2.1 mio
GDP per capita: 24,770 €
Average monthly net earning: 1.318,64 €
Unemployment rate: 4,0%
Health spending share of GDP in 2020: 9,4%
(4.435 mio €)
Share of private sources in health care
funding: 26,8%

BISMARCK MODEL

Universal coverage (Health insurance
Institute of Slovenia – compulsory
health insurance)



Topics for today

- Primary Health Care
- Preventive health care programmes
- Health promotion Centers
- Involving target populations
- Are we successful?



Health care system in Slovenia

- **PRINCIPALS:** universal coverage, solidarity, fairness in financing, non-profitability and equity in access for all groups of population.
- **FINANCING:** compulsory and voluntary complementary health insurance; **this is changing in 2024**
- **COVERAGE:** All persons with permanent residence in Slovenia are included in compulsory health insurance; almost 95% of population has in addition voluntary complementary insurance – **change in 2024**

Primary care – where all starts

PHC in Slovenia is provided by geographically well distributed network:

- of community level-health centers owned by municipalities (76% physicians , 42% dentists), and
- of private office-based teams contracted (concessions) by HHS.

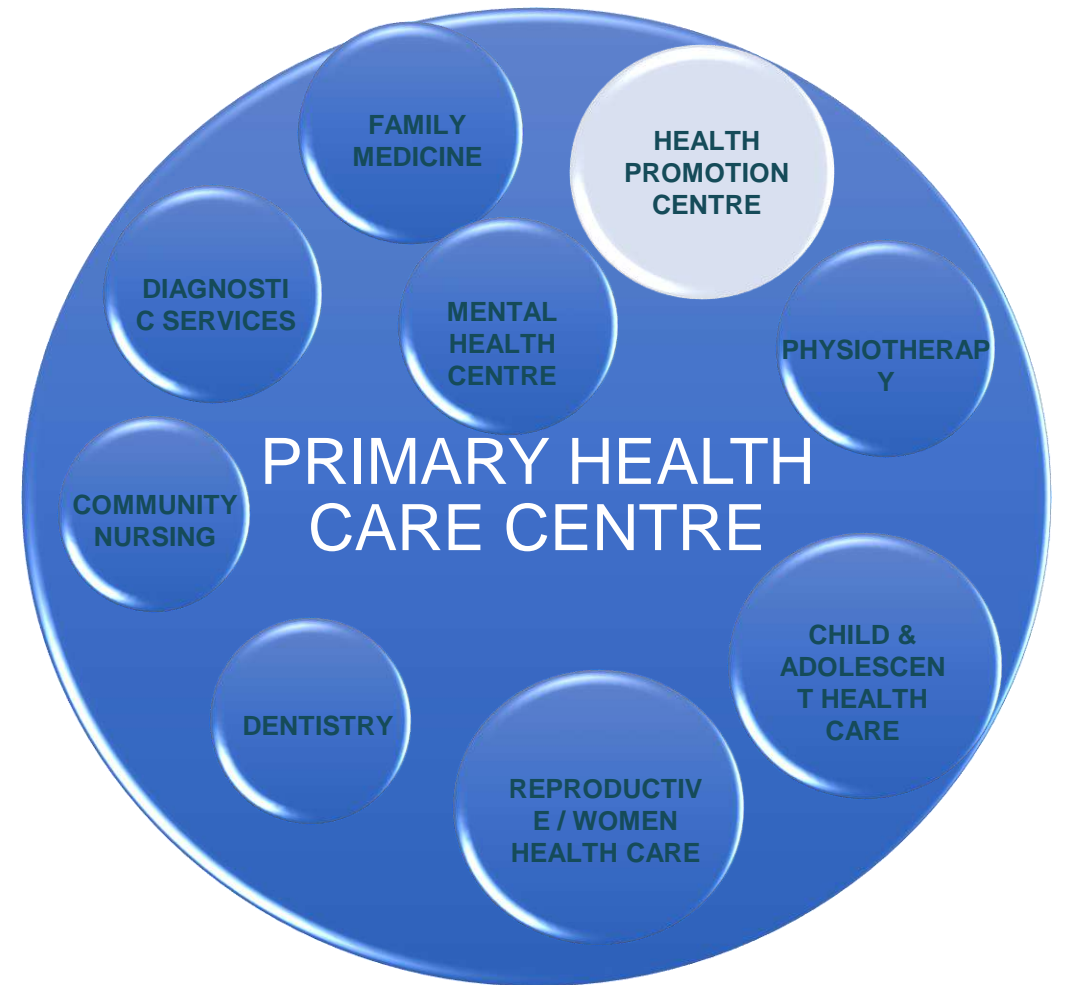
The network is a matter of a consensus between municipalities and ministry of health.

Services in PHC

- General practice (family medicine physicians)
- Emergency medical aid (all primary health physicians)
- Health care for woman (gynaecologists)
- Health care for children and adolescents (paediatricians)
- Community nursing
- Laboratory and diagnostics
- Preventive and curative dental care
- Physiotherapy
- Health education including smoking cessation programmes and nutrition counselling

Structure of Primary Health Care in Slovenia

- Network of community based primary health care centers owned and run by municipalities
- Ministry of health responsible for planning and regulation of health care system
- Primary care consists of family medicine, pediatrics (child and youth health care), gynecology (women's health care) and dentistry as well as other primary care services
- The network is and must be as close as possible to the population to enable faster and easier access, taking into account the geographical distribution of population



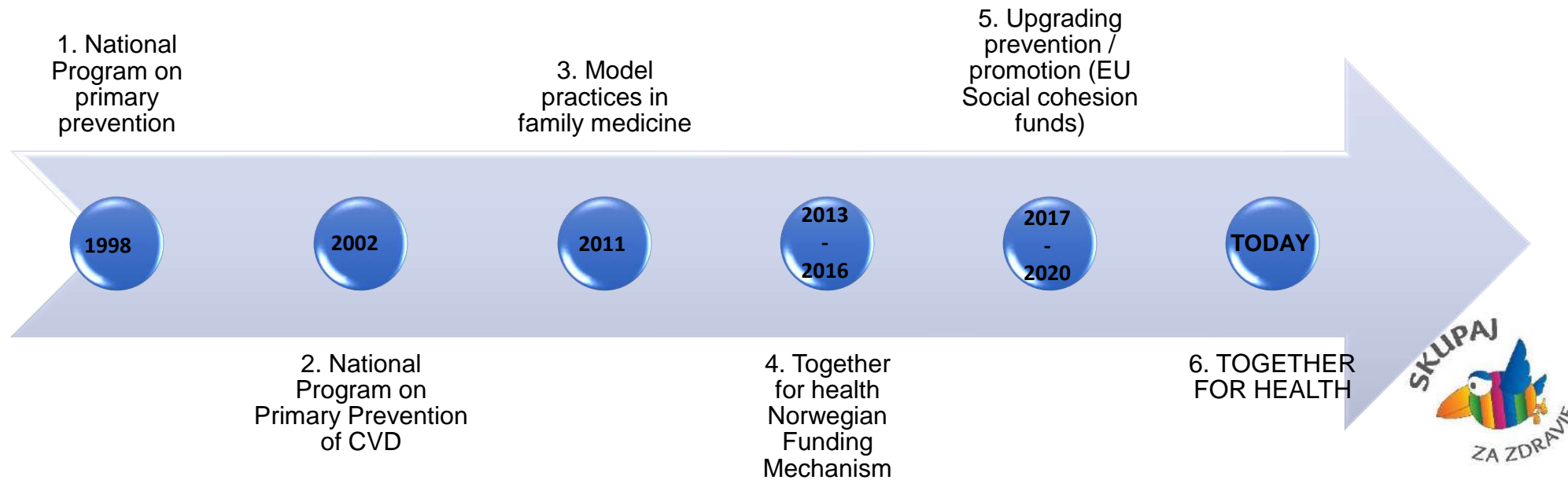
Primary access

- PHC in Slovenia is obligatory first contact care for whole population, except for emergency care – **strong gate keeping, selected PHC physician**
- There is **no waiting time** for appointments at PHC.
- There are **no out-of-pocket payments** for PHC services (some exceptions for gynaecologists).

Preventive programs



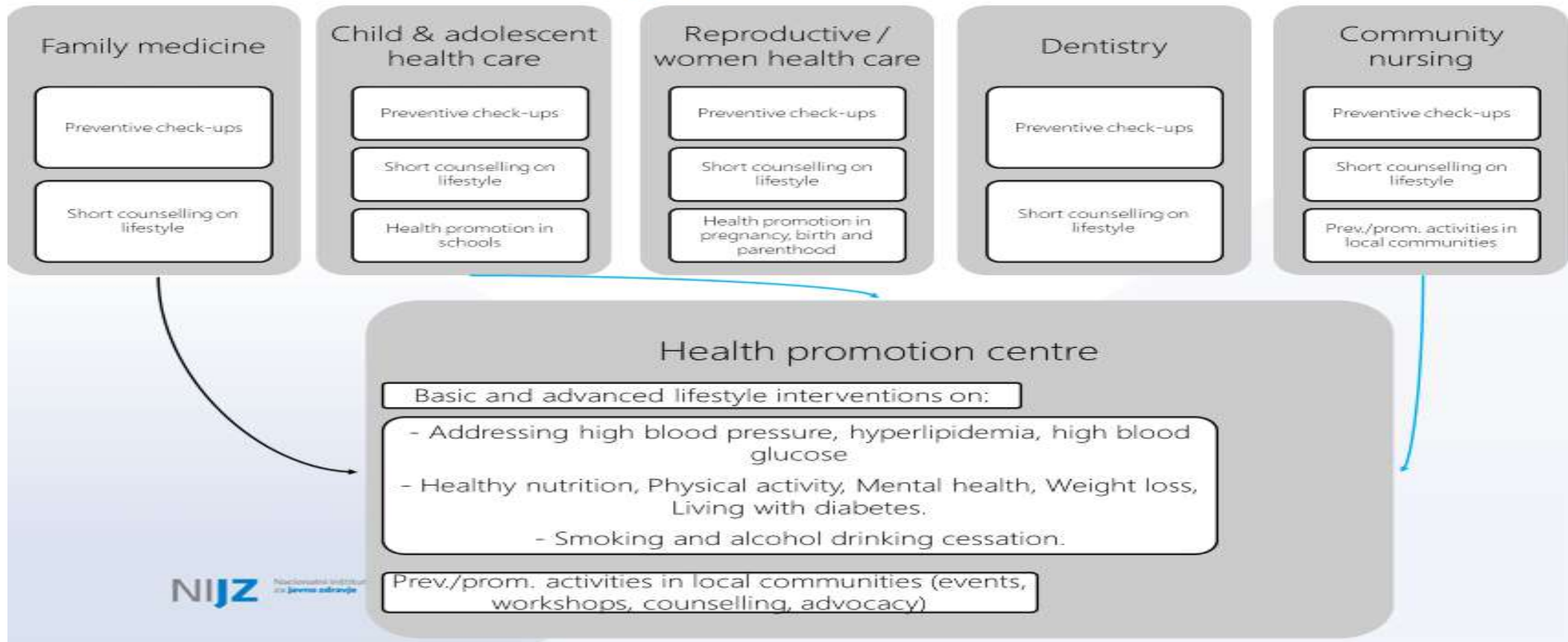
Development of the PREVENTION programs



Primary preventive services

Prevention / promotion services in PHC

Prevention / promotion services in PHC



**NATIONAL PROGRAM
FOR INTEGRATED PREVENTION OF NCDs
FOR ADULTS;
NATIONAL PREVENTION PROGRAMME FOR CHILDREN**

GP; Pediatrician

**Preventive check-up
+
Short counselling on
healthy lifestyle
for patients, who are
in risk for chronic
diseases or chronic
disease patients.**



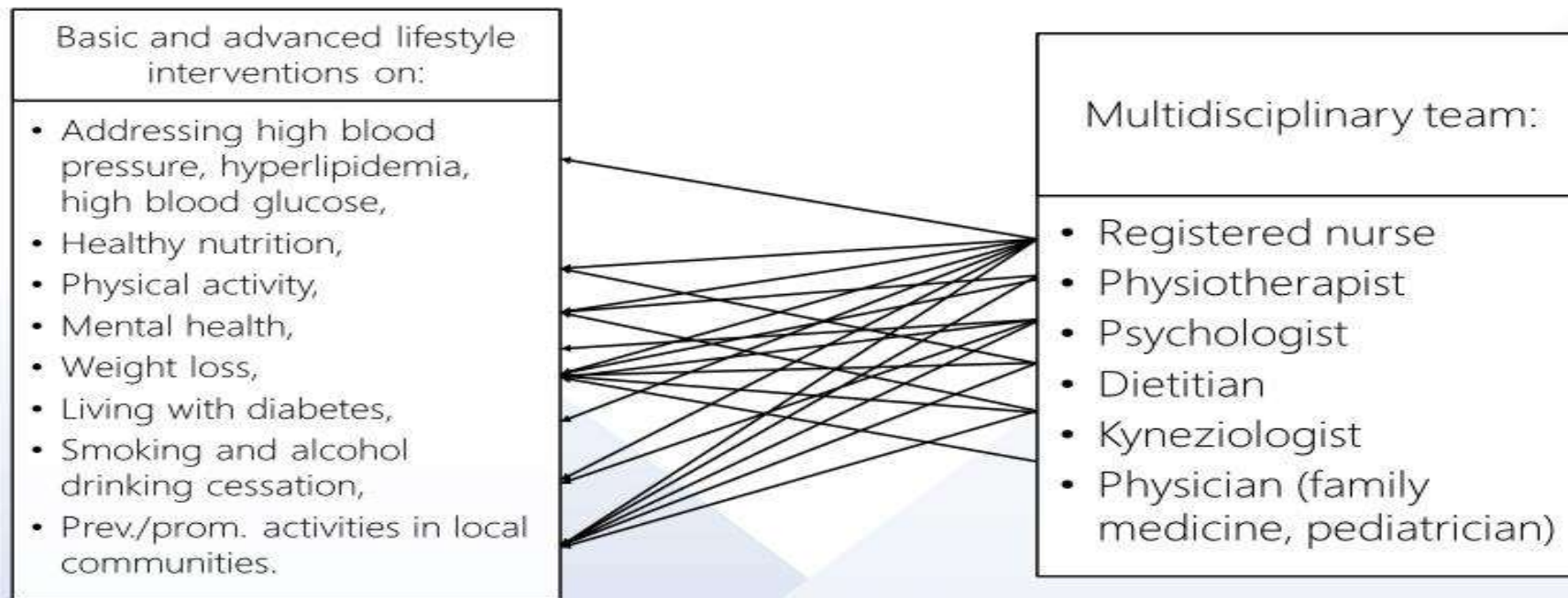
HPC

**Performance of
Health education
program
+
Lifestyle
interventions
+
Local community
programs**

COMMUNITY HEALTH CENTER

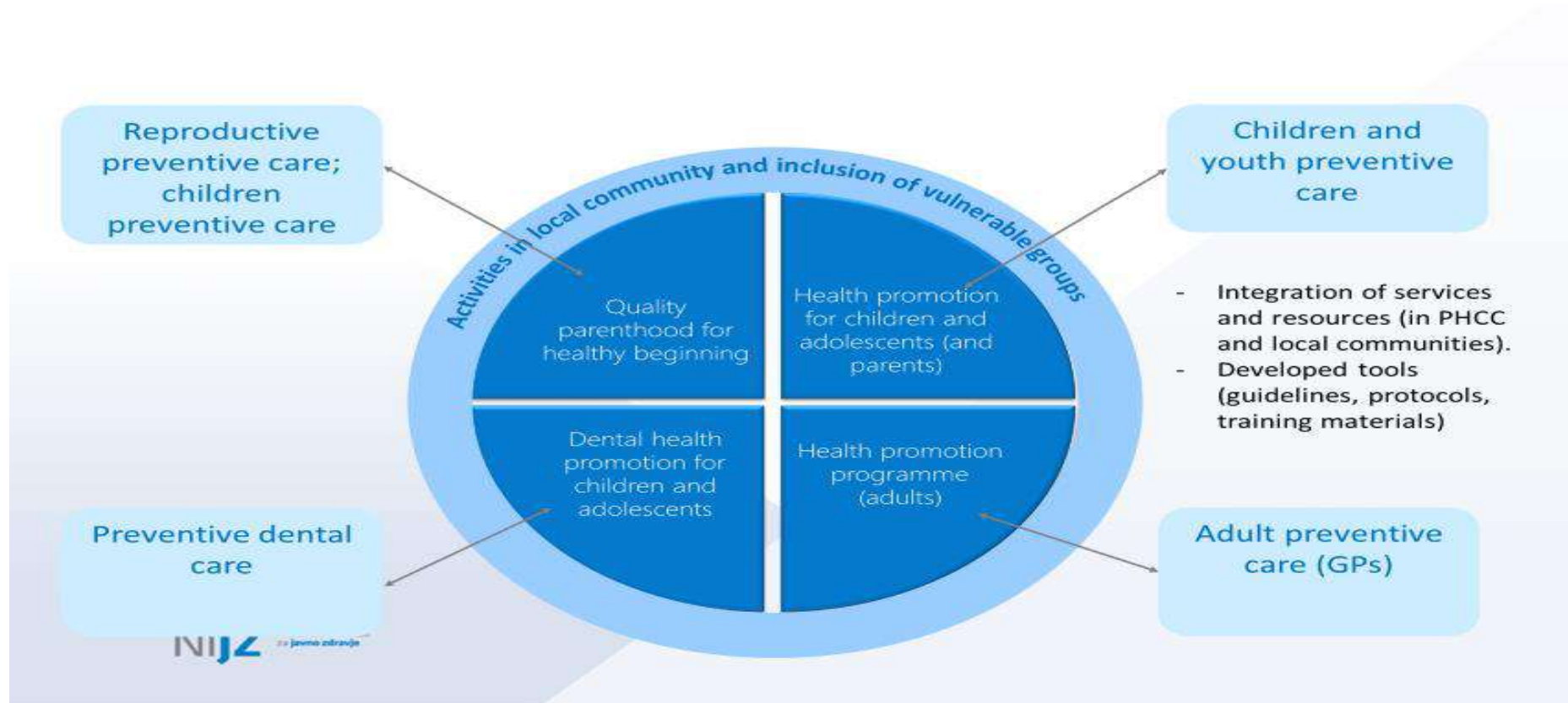
Health promotion centre

Health promotion centre



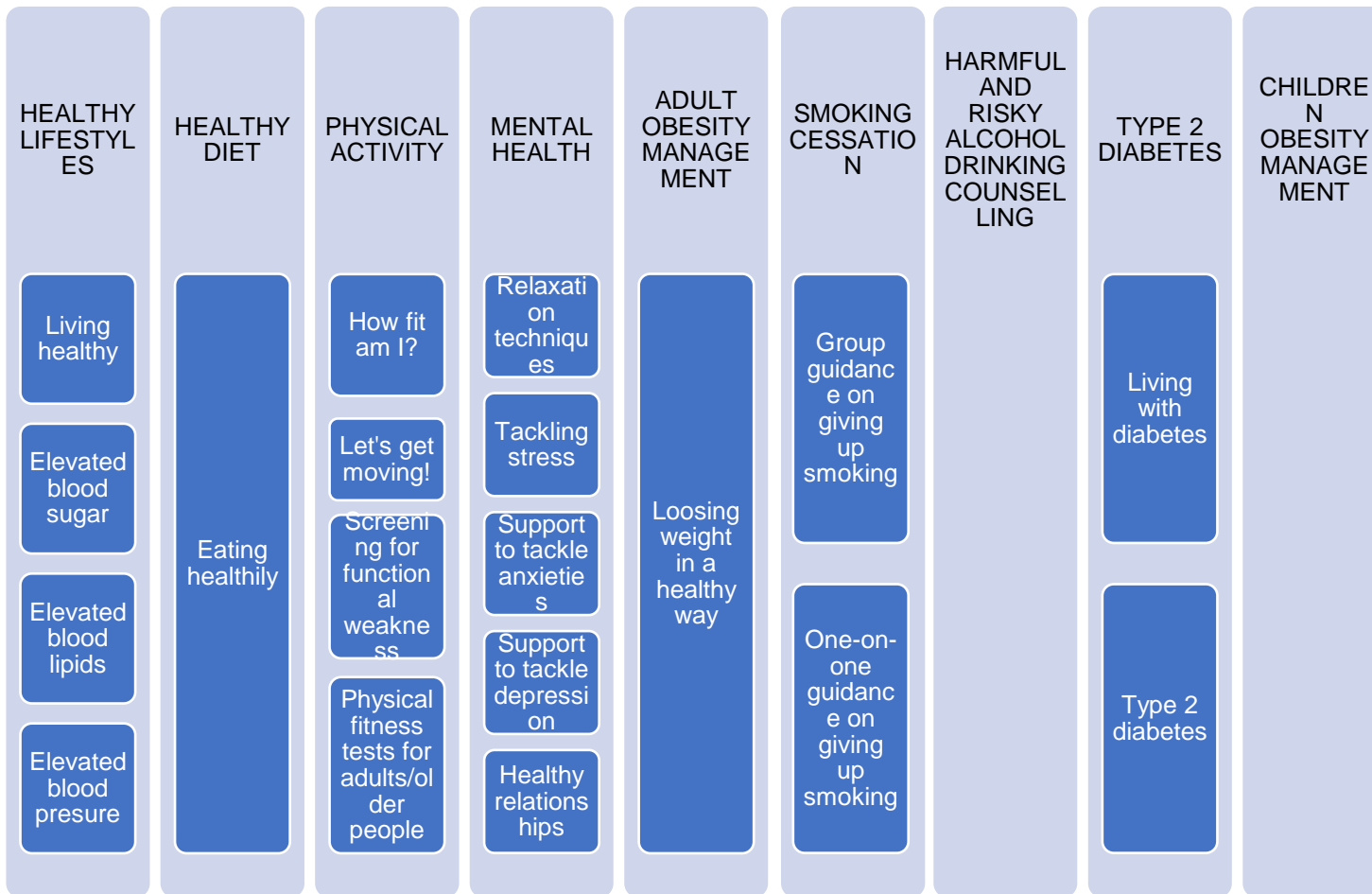
Health promotion centre

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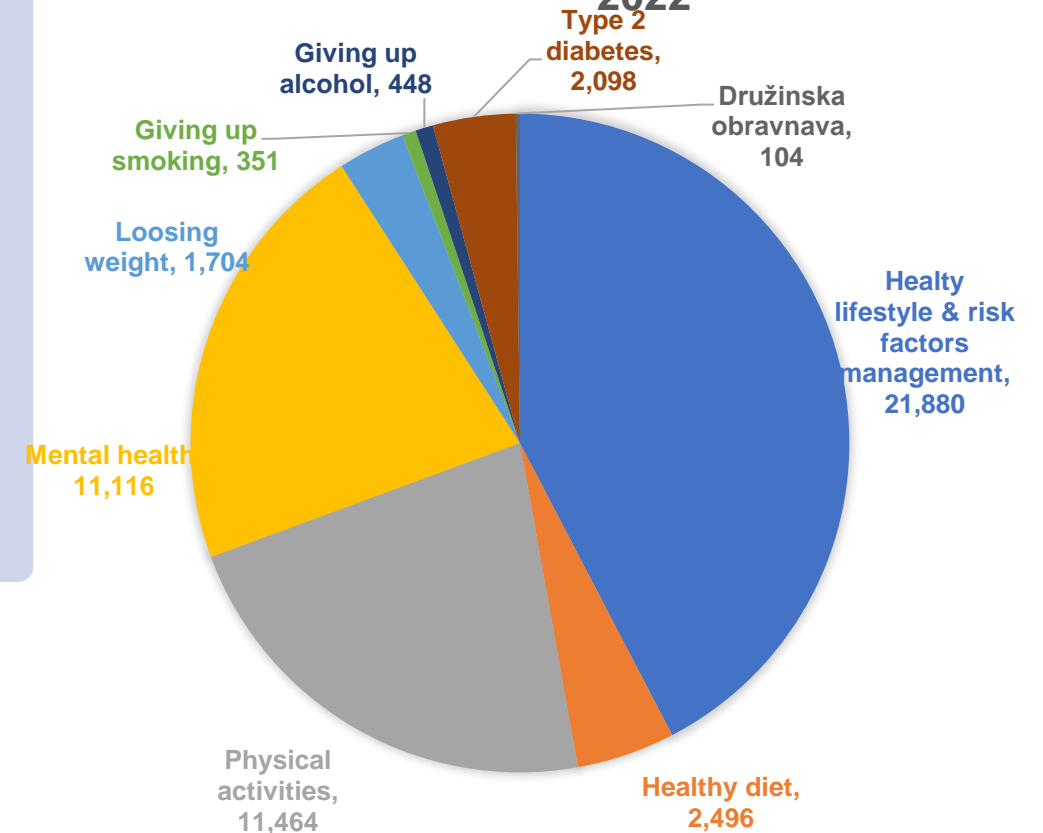


Strengthening the public health role of Primary health care centers (PHCC)

- Health promotion (HP) and preventive activities in local community (LC)
- Dealing with health inequalities and vulnerable groups in LC
- Implementing community approach in HP
- Screening for high risk individuals and providing health counseling and support programs

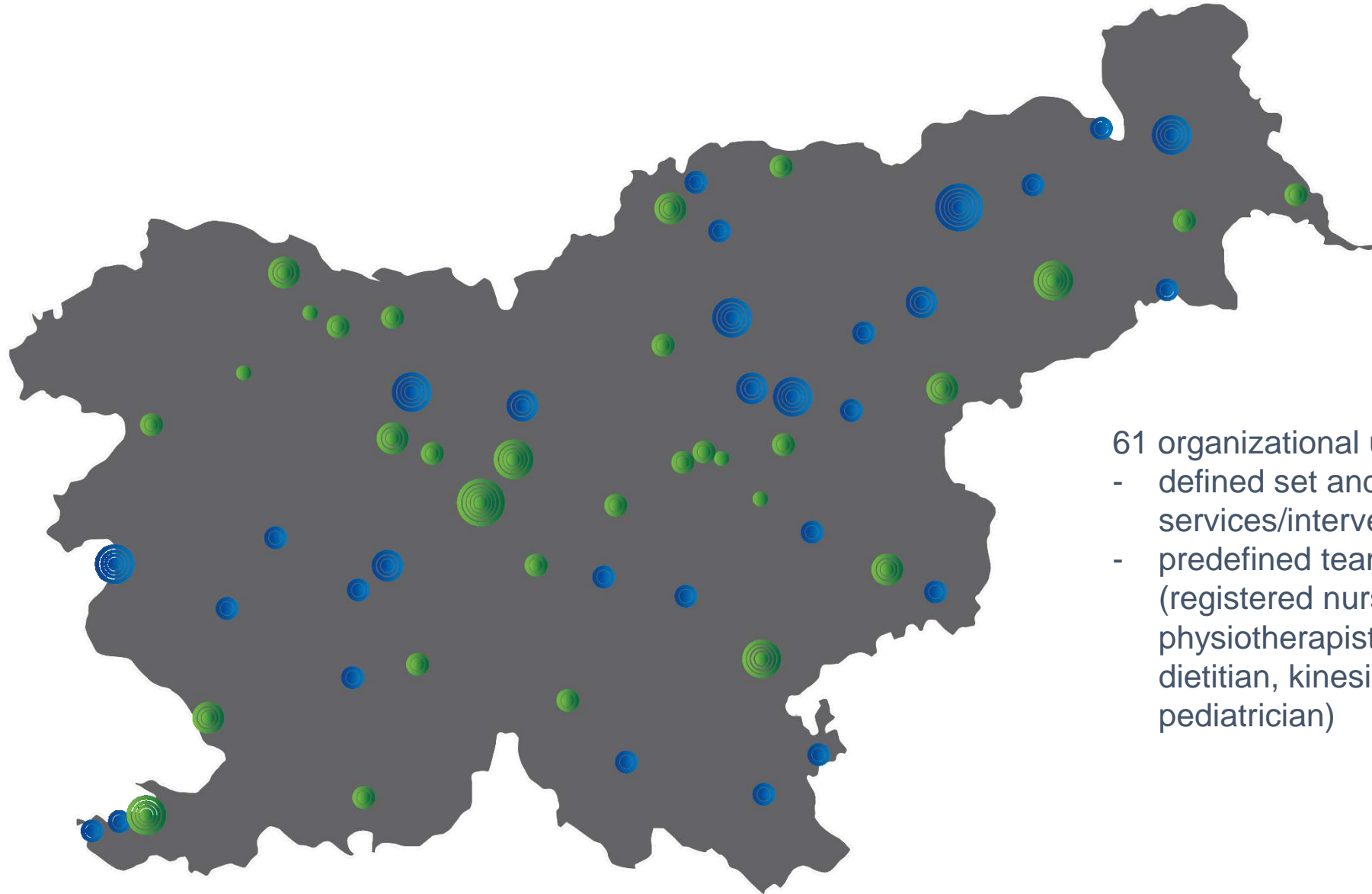


PARTICIPANTS IN WORKSHOPS IN 2022



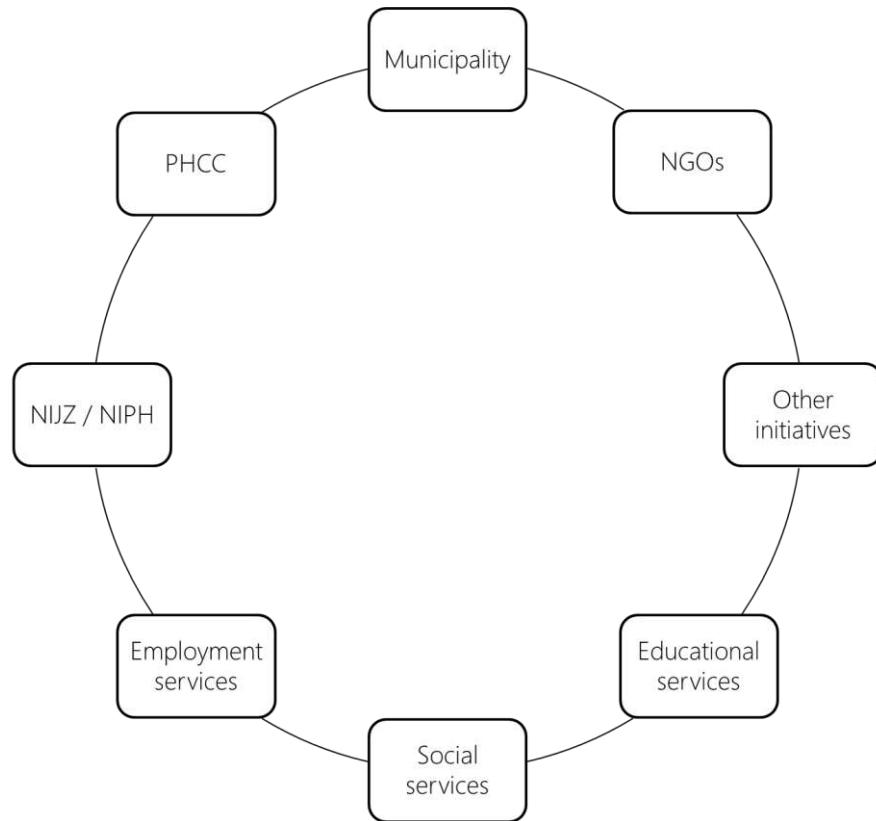
- 6.733 workshops performed in 2022 (52% out of almost 13.000 planned)
- Estimated 52.000 participants

HEALTH PROMOTION CENTRES network



- 61 organizational units with:
- defined set and volume of services/interventions
 - predefined team members (registered nurse, physiotherapist, psychologist, dietitian, kinesiologist, GP, pediatrician)

Partnerships



Tasks of local health promotion action group

- Identification of needs,
- Priority setting,
- Implementation.
- (Strategies and action plans)

Vulnerable groups

Who they are?

Unemployed, aged, disabled, illicit drug users, mental health disorders, homeless, migrants, Roma, selfemployed in unsecure employment.

Problems and how to approach?

Access to HC (distance, disability, cultural and language barriers, insurance)

Research, identification, inclusion, intervention.

Programs?

Community nursing: Maternal care: prevention of depression; counselling.

HPC: intercultural mediators, counselling in local community.

Employment offices: information, motivation.

BARRIERS

- Initial skepticism of GPs: systematic national preventive programme for adults put pressure on performance in GP practices – financial incentives to achieve the objectives;
- Transfer of competencies;
- Access to HPCs for vulnerable groups.
- Lack of available professionals with sufficient competencies on the market
- Visibility on the market vs commercial providers

ENABLERS

- Strong political commitment;
- Involvement of key stakeholders;
- Financing scheme;

RESULTS

- In the 20 years of operating Health Promotion Centers and implementing the CVD / NCD Preventive Programme, more than half of the adult population was screened for lifestyle risk factors. 50 000 patients annually attend interventions in HPCs.
- Trends in (premature) mortality, particularly for cardiovascular disease, declined by 19% between 2007 and 2015 (from 327 to 266 per 100 000).

SUSTAINABILITY

Can be achieved with

- properly trained professionals that are following the same goal
- stable financing
- stakeholders involvement

Preventive services and public health life-style interventions in Health Promotion Centers are sustainably and fully financed from health insurance fund (compulsory insurance scheme), including further developments.

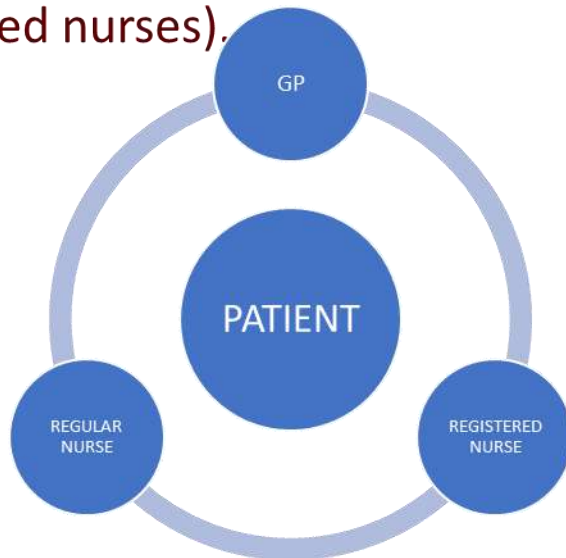
Model practices/ upgrade of GP practices

- proposed by primary health physicians;
- focus on integrated care of chronic patients and at the same time on prevention and early detection of NCDs;
- initiated by the ministry of health in 2011 - additional resources invested;
- perceived as an important intervention to strengthen primary health care in response to growing chronic disease burden and lack of family medicine physicians

Model practices

- to treat chronically ill patients in accordance with the protocols for the management of patients with chronic diseases (chronic obstructive pulmonary disease, asthma, diabetes, depression, heart failure, benign prostatic hyperplasia);
- to upgrade preventive services;
- to assure better quality of health services provided;
- to rationalise the use of medicine and laboratory services;
- to transfer certain services and interventions from a secondary to a primary healthcare level;
- to shift some of the tasks from a doctor to a graduate trained nurses (registered nurses).

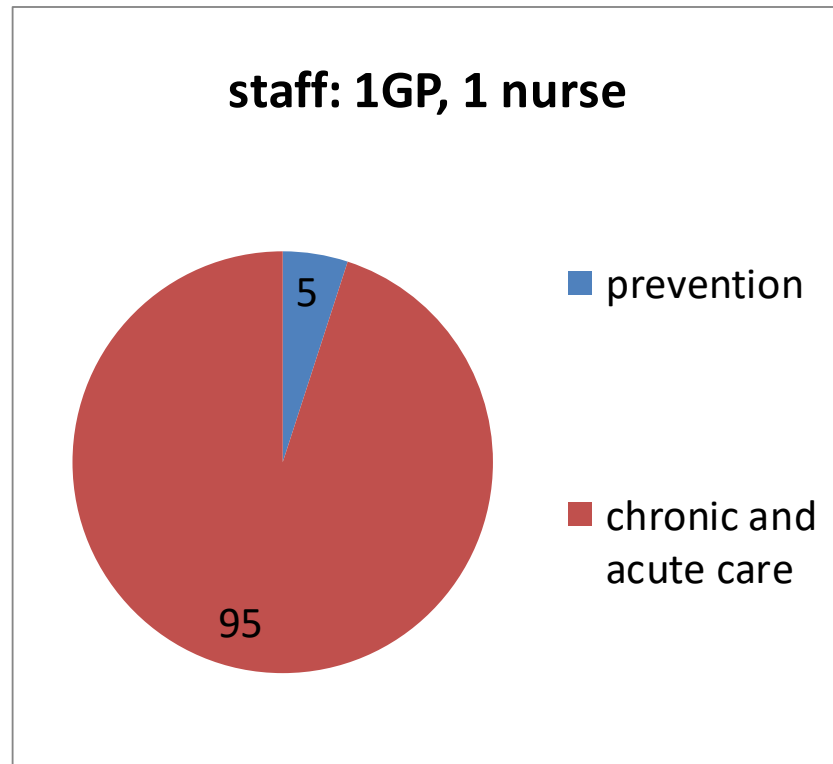
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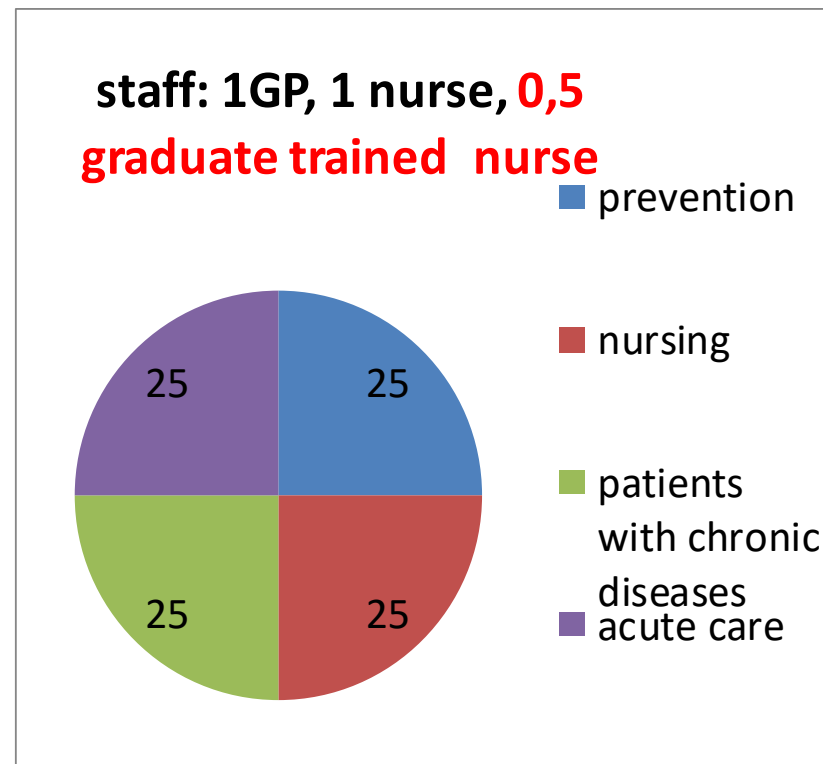
✓ The current number of family medicine „Model practices“ is **864**, which are divided into 55 health centers and 178 clinics with concessions regional coverage PROVIDED!

The Team

- family medicine practitioner - doctor
 - 0.5 graduate nurse
 - 1 nurse
- GP practice



Model practice



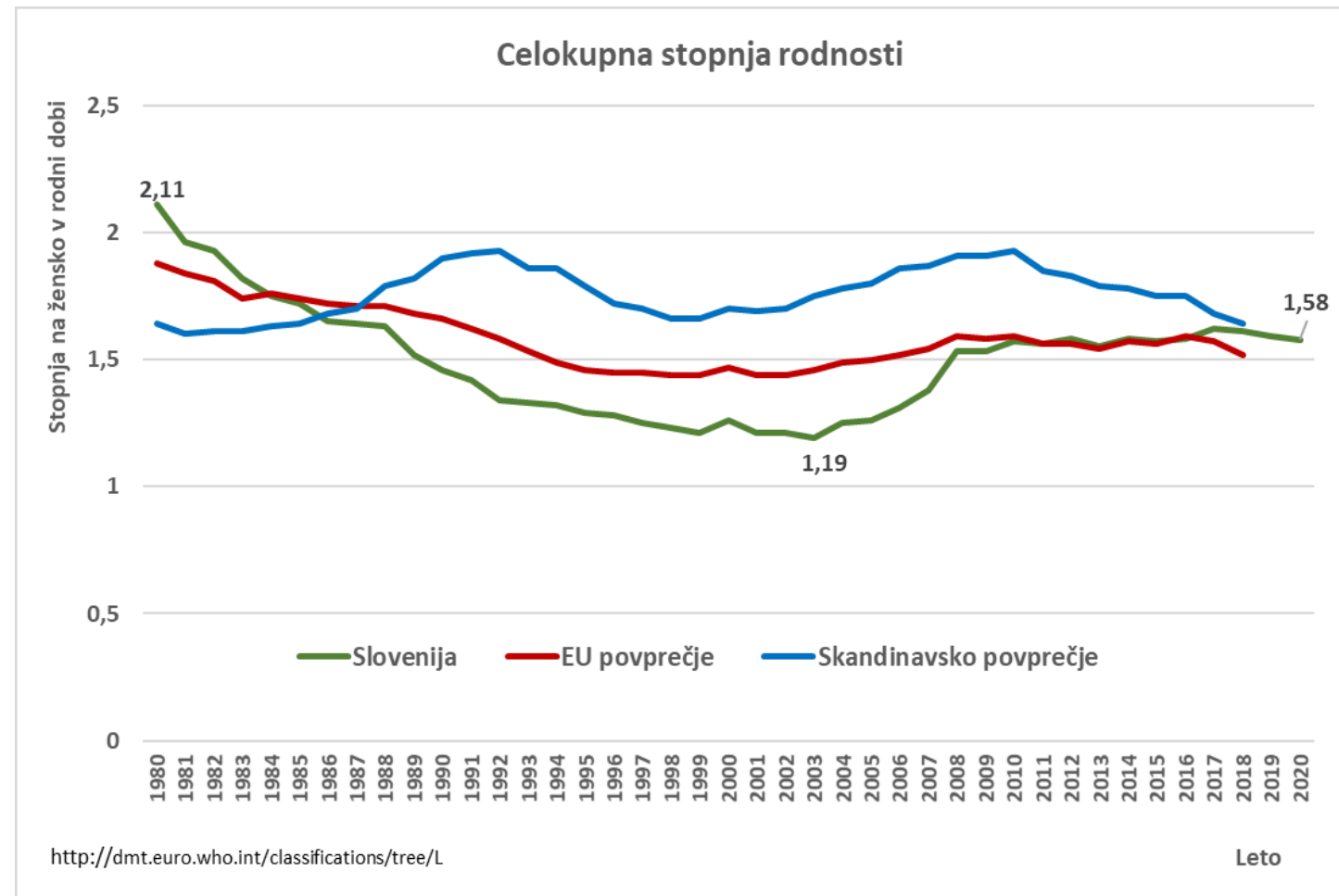
ADOPTED STRATEGIC DOCUMENTS

- National program for the management of diabetes
- National Cancer Control Program
- National program for nutrition and physical activity
- National HIV / AIDS Control Program
- National mental health program
- National program for the prevention of cardiovascular diseases in primary health care since 1990
- National program in the field of illicit drugs
 - ✓ Measures and activities are planned in action plans that are multisectoral and interdisciplinary
 - ✓ They are also implemented by NGOs and local communities, who are important partners in preserving of the whole population health

Perinatal period

Live births and fertility rate in Slovenia

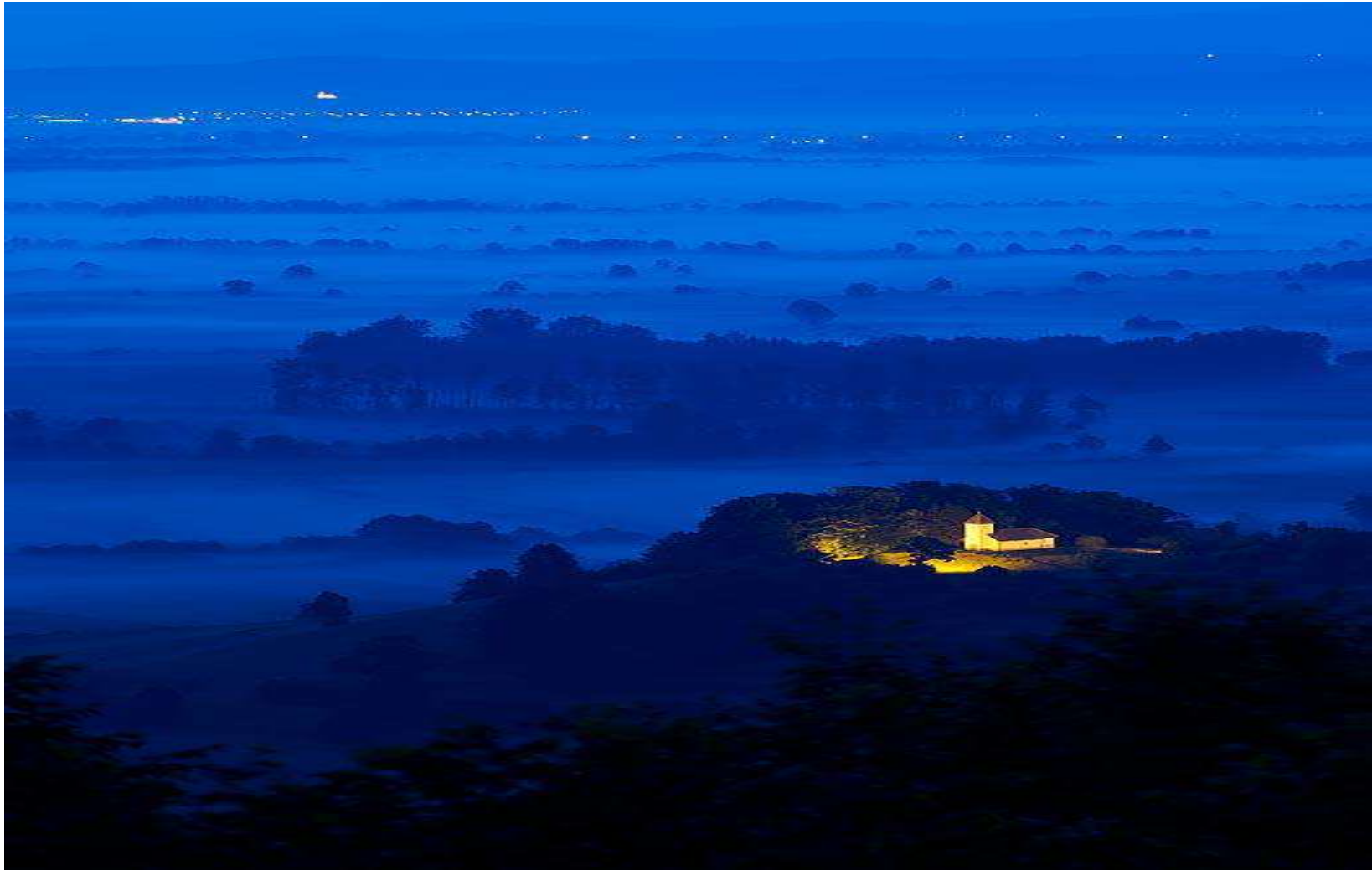
- Slovenia has a population of 2.1million inhabitants.
- In 2020 there were 18.514 live births (8,8 live births per 1.000 population).
- The total fertility rate was 1,58 per woman in reproductive period (close to EU average).
- The mean age of a mother at first birth was 29,6 years and the mean age of a mother at all births was 31 years.



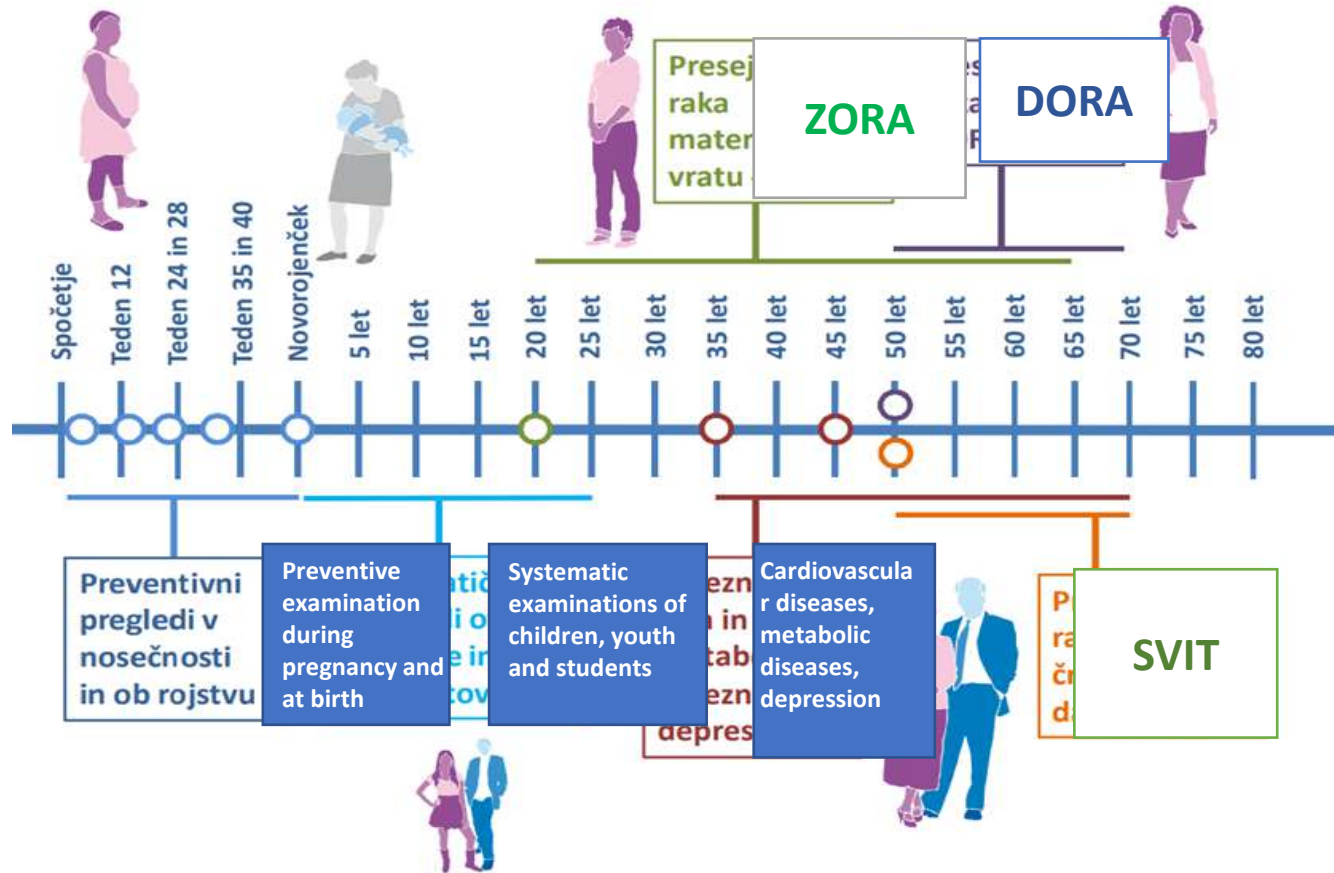
Perinatal period

Health care during pregnancy is covered by compulsory health insurance and provided by primary reproductive health teams for uncomplicated pregnancies:

- 10 preventive antenatal visits with routine antenatal tests (5 with physician, 5 with midwife/physician)
- 2 US examinations (early pregnancy and morphology at 20 weeks of gestation)
- All needed curative visits and examinations
- Screening for chromosomal abnormalities for all women (2 steps, + NIPT)
- Free vaccinations available: pertussis, flu, Covid 19
- Pathological pregnancy referral to secondary or tertiary level (maternity hospitals).



NATIONAL SCREENING PROGRAMS



- ✓ **Dora** – breast cancer screening program for women between the age of 50-69
- ✓ **Zora** – a screening program for detecting cancer on the cervix, intended for women aged 20-64
- ✓ **Svit** – a screening program for the diagnosis of colon and rectal cancer, aimed at both men and women aged 50-69

SOME HEALTH INDICATORS - are we successful?

- Life expectancy has prolonged (cca 7 y. in the last 25 years)
- Slovenia is among the leading countries in the world with the lowest infant mortality rate
- We have significantly reduced the mortality rate in regards of cardiovascular diseases
- We have implemented effective screening programs and other preventive activities for all age groups
- We are among the leading EU countries in terms of universal access to health care (according to the SILC methodology)
- Our GDP for healthcare is lower than in countries with comparable health indicators
- But... some problems still remain, i.e. cancer (cause of aging), alcohol, tobacco use, obesity and mental health

facts

- Investments in preventive care programs are vital for finances, for health of population and for future generations
- We need to start at birth (also before birth)
- Continuum must be through life time – adapted to needs at certain age
- We need to prevent/detect/ diagnose/treat early
- Preventive care must be easy reachable, available, accessible
- On long term there are just +

to remember

In 20 years,
you will be more dissapointed by what you didn't do
than by what you did.
-Mark Twain





Thank you for your attention