



Ministry of Health of the Republic of Latvia
The Health Payment Center



NEWS

No 19 2011

FOREWORD

Dear readers!

The Health Payment Center has prepared and presents for your assessment the annual informative issue „News of the Health Payment Center”, that summarizes an extensive information on health care performance data providing the clear representation on the spending of state budget funds in health care and work results of contractual partners of Health Payment Center health care workers and residents.

Like during previous years, the activities of the Health Payment Center have been carried out in several directions in co-operation with medicare institutions, different governmental and non-governmental institutions, as well as with representatives of mass media, informing the society on the health care matters to achieve the set targets – to implement the state policy in securing of availability of health care services and to administer the state budget funds allocated for health care.

In 2010, the particular attention has been paid to improvement of the availability of measures included in „Social Safety Net Strategy”, determining two more groups of residents, which can receive preferences using state-paid health care services. To extend the availability of services, since the second half of the year 2010, not only the patient installment and co-payment, but also the complete health service was reimbursed to needy patients and low-income patients.

To strengthen the team of family doctor, since 2010, the financing program from “Social Safety Net Strategy “ funds has been launched for the second nurses in family doctors’ practices. Over the year, the number of the practices, where the second nurse has been financed, increased from 59 practices in the beginning of the year to 288 practices at the end of the year. Besides, the fixed permanent reception time for the second nurse or doctor’s assistant resulted in the opportunity for the largest number of the patients to receive the primary health care services.

Substantial work was performed in 2010, making the necessary arrangements to implement „Family Practitioners Advisory phone” in 2011, that would operate at evening and night hours, as well as on weekends and holidays, providing opportunity for the patients to get the necessary medical advice in the case of acute illnesses and exacerbation of chronic illnesses after family doctor’s working hours. With the implementation of the Family Practitioners Advisory Phone, the work of the hospital admissions department, casualty wards and A & E service would be unburden from the advising in the cases of simple illnesses.

In 2010, two new health care service programs organized in 2009 – early cancer detection program and health care at home - have been continued. In order to ensure availability of health care at home in the whole territory of Latvia, the list of diagnoses has been cancelled and the conditions have been defined at what cases the health care at home is to be provided for the patient and what services are included in the health care at home. The payment principles for health care at home have been specified – the two levels of health care at home were determined depending on the time taken by carried out actions and the level of their complexity, that, respectively, were paid up differently.

To promote the responsiveness of the residents in performing the tests within the framework of early cancer detection program, since April 2010, the investigations in specially equipped mammography van were paid up; its visits around the Latvian regions facilitated the provision of high-quality mammography examinations to patients nearby the place of their residence.

Over the year 2010, the Health Payment Center participated in work groups in order to agree on the opportunities for co-operation between the Baltic States within the framework of health care sector – providing coordination of medical emergency calls in the border areas of Baltic countries and making jointly procurements of medicaments.

It is important to note that in the previous year, taking into account the reorganisation of institutions subordinated to the Ministry of Health in 2009 and the structural changes, significant work has been

devoted to amendments in internal and external laws and regulations, thus clearly specifying the competence of the institution in health care sector. Consequently, the year 2010 was the first year after reorganisations carried out in institutions, during which the current Health Payment Center and other subordinated institutions have identified opportunities for better cooperation among themselves in order to exercise more effectively the entrusted functions.

The year 2010, which passed in difficult financial conditions affecting the range and amount of state-paid health care services, in general was rich in active work and results for the Health Payment Center; a lot of tasks were carried out to implement effectively the state policy in ensuring of availability of health care services.

Thanks to everyone who took part in the development of this issue and I hope that information will be useful both for people occupied in the field of health care and every resident of our country who is interested in the Latvian health care system.

Director of the Health Payment Center



Andrejs Doveiks

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1. KEY INFORMATION ON THE HEALTH PAYMENT CENTER

1.1. LEGAL STATUS OF THE HEALTH PAYMENT CENTER

The Health payment Center (hereinafter – the Center) is a direct administration institution subordinate to the Ministry of Health that in accordance with the Order No 509 of the Cabinet of Ministers “On Reorganization of State Administration Institutions Subordinate to the Ministry of Health” (29/07/2009) has been established on the basis of the Health Compulsory Insurance State Agency (hereinafter – the Agency) and is the legal successor of the functions, administrative tasks, rights, liabilities and financial funds of the Agency.

The Center performs its activity in accordance with the provisions of the Regulations No 1149 of the Cabinet of Ministers of 6 October 2009 „Health Payment Center Bylaws”.

1.2. OPERATIONAL GOAL AND MAIN FUNCTIONS OF THE HEALTHS PAYMET CENTER

The operational goal of the Center is ensuring availability of health care services for residents in line with national priorities.

For successful implementation of the aforementioned objective the Center has been entrusted realization of the following functions:

- Administration of the state budget funds allocated for health care and, under the concluded agreements, the settlement of accounts for provided health care services, as well as for medicinal products and medical devices intended for outpatient treatment;
- Monitoring over spending of state budget funds in medicare institutions and pharmacies committed for administration by the Center;
- Analysis of financial and amount indicators of health care services, forecasting the amount of health care services and evaluating their necessity;
- Informing the public on available health care services and their reception procedure;
- Organizing and realization of centralized state procurement of medicinal products and medical devices provided by the laws and regulations in the field of health care;
- Ensuring of realization of state-organized cancer screening;
- Recovering of resources under the regress procedure for person treatment if the treatment is the consequences of unlawful activity, inaction or criminal offence;
- Performing of tasks entrusted on the competent institution in the field of health care according to European requirements;
- Ensuring fulfillment of international liabilities in securing of availability of health care services and administration of the state budget funds allocated for health care.

1.3. TERRITORIAL UNITS OF THE HEALTH PAYMENT CENTER

The Territorial Units of the Center are branches of the Center operating in conformity with the bylaws of the Center approved by the Cabinet of Ministers of the Republic of Latvia, internal regulations of the Center, resolutions and orders of the Director of Center and meeting the laws and other legislative acts of the Republic of Latvia.

In total the Center has 5 territorial Units – Riga Territorial Unit (the Center is in Riga), Kurzeme Territorial Unit (the Center is in Kuldiga), Latgale Territorial Unit (the Center is in Daugavpils), Vidzeme Territorial Unit (the Center is in Smiltene) and Zemgale Territorial Unit (the Center is in Jelgava).

The Territorial Units of the Center have been entrusted to perform the following functions:

- Administration of the state budget funds allocated for health care in the volume delegated by the Center:
 - Preparation and conclusion of agreements with the primary health care, secondary outpatient and dentistry service providers and pharmacies on the provision of reimbursable medicaments and medical equipment;
 - Settlement, under the concluded agreements, of accounts for outpatient health care services;
 - Monitoring over spending of the state budget funds allocated for health care in medicare institutions in the volume delegated by the Center;
- To ensure the fulfillment of aforementioned functions in the administrative territories of the Republic of Latvia.

1.4. STAFF OF THE HEALTH PAYMENT CENTER

On the 30th of December 2010, there were 139 staff units in the Center, of which, pursuant to the criteria provided in the Law on State Civil Service, 62 were civil service posts. In 2010, the average actual number of employees, civil servants and other workers in the Center was 141.

In 2010, the employment relationships have been terminated with 16 employees and civil service relationships – with 8 civil servants; 4 of them have terminated their job due to the abolition of the post.

Number of positions per Units

Table 1

Agency /Center	Year 2004	Year 2005	Year 2006	Year 2007	Year 2008	Year 2009/2010
Central office	98	111	128	127	138	82
Riga Territorial Unit	45	47	53	49	51	21
Kurzeme Territorial Unit	39	39	40	36	31	9
Latgale Territorial Unit	47	42	37	36	31	9
Vidzeme Territorial Unit	-	38	37	37	31	9
Zemgale Territorial Unit	-	33	37	38	31	9
Total:	229	310	332	323	313	139

2. HEALTH CARE BUDGET

2.1. ADMINISTRATION OF THE STATE BUDGET RESOURCES ALLOCATED FOR HEALTH CARE

The purpose of the budget program „Provision of Health Care” is to ensure provision of health care services in the state-specified amount on the primary and secondary health care level, as well as to ensure reimbursement of the acquisition of medicaments intended for outpatient treatment, delivery of centrally procured medicaments, and other measures.

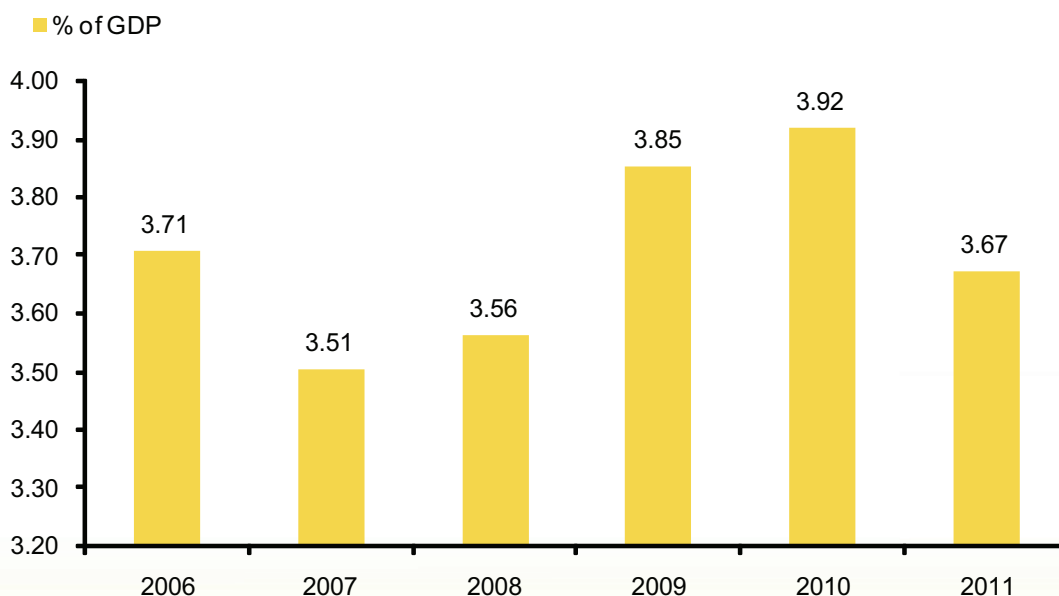
Pursuant to the Law on the State Budget the funds assigned for current year include:

- Subsidies from general revenues– budget funds that the Health Payment Center (hereinafter - the Center) receives from taxes, duties and other charges made to the state budget under the centralized procedure;
- Paid services and other own revenues- these are funds comprised from the paid services provided by institutions financed from the state budget and transferred to the budget accounts of budget institutions opened in the State Treasury and used to cover expenses.

The Center administers the state budget funds allocated for health care accordingly to laws and regulations, concludes agreements on the provision of health care services and ensure the payment for health care services provided by medicare institutions to residents, as well as creates, maintains and updates the register of the recipients of health care service and health care service payment systems (hereinafter – the MIS- Management Information System). In 2010, 496.05 million Ls were allocated for health care, that constitutes 3.92% of the gross domestic product (GPD) and is the highest health care budget percentage of the gross domestic products during last years.

Expenditures of health care budget in 2006-2011, % of GDP

Fig.1.



* Data source: data from the Ministry of Health.

**Health care state budget share of the total health care budget,
which is administrated by the Center**

Table 2

Indicators	Year 2008	Year 2009	Year 2010
Funds for health care, million Ls	575.60	503.70	496.00
Share administrated by the Center, million Ls	514.30	386.50	385.50
Increase/decrease of funds * compared with the previous years, %	9.10	-24.80	-0.26
Share of total health care budget, %	89.40	76.70	77.70

* In 2010, the decrease in funds of budget programs/subprograms given to administration of the Center is not material, it totals to 1,0 million Ls against the year 2009.

Fulfillment of health care budget program expenses (cash flow), Ls

Table 3

Health care budget programs	Fulfillment of financial resources, Ls
Medicare	251 173 241
Payment for reimbursable medicaments and materials	71 617 086
Centralized procurement of medicaments and materials	6 830 473
Implementation of Social Security Net Strategy measures	24 210 711
Spending of funds for unforeseen cases	26 224 187
Other programs	5 411 780
Total:	385 467 478

2.2. MEDICARE

The financial resources of the subprogram „Medicare” are intended for the settlements for outpatient and hospital health care services, payment for work of emergency medical assistance teams, as well as for cross-border settlements with the member states of the European Union and European Economic Area, and Swiss Confederation (hereinafter – member states of EU and EEA, and Swiss Confederation) for health care services provided to residents of Latvia.

The Regulations No 1046 of the Cabinet of Ministers of 19 December 2006 „Health Care Organization and Financing Procedure”(hereinafter – Regulations No 1046) stipulate that the Center plans the distribution of funds for health care services as follows:

- For outpatient health care services – minimum 38%;
- For inpatient medical care services – maximum 52%;
- For services of emergency medical assistance teams, including, for Emergency Medical Assistance Service – minimum 9%;
- For payment for cross-border settlements with the member states of the EU and EEA, and Swiss Confederation - maximum 1%.

Planned distribution of funding for payment for health care services in 2010

Table 4

Types of services	Planned funding, Ls	%	Ls per resident***
For ensuring health care services, total:	308 624 115*	100.00	137.08
For outpatient health care services	118 160 891	38.29	52.48
For emergency medical assistance**	30 950 543	10.03	13.75
For inpatient medical care	156 921 159	50.84	69.70
For settlement with the member states of EU and EEA, and Swiss Confederation	2 591 522	0.84	1.15

*Including the funding from the subprogram "Health care for military pensionaries of Russian Federation" and subprogram "Spending of funds for unforeseen cases".

** Including the funding from the subprogram „Emergency Medical Assistance”. In accordance with the Clause 268 of the Regulations No 1046, the Emergency Medical Assistance Service takes over gradually the provision of emergency medical assistance from medicare institutions during pre-hospital stage. Since 1 July 2010, the emergency medical assistance at pre-hospital stage is being financed only from the subprogram „Emergency Medical Assistance”.

*** Population on 31 December 2010 - 2 251 434.

3. OPERATIONAL CHARACTERISTICS OF MEDICARE INSTITUTIONS

The section „Operational Characteristics of Medicare Institutions” contains information on income, expenditures and collected patient installments of medical institutions (including doctor practices). The information have been prepared using the reports on the fund spending submitted by medicare institutions.

**Income structure of medicare institutions, Ls
(according to reports of medicare institutions)**

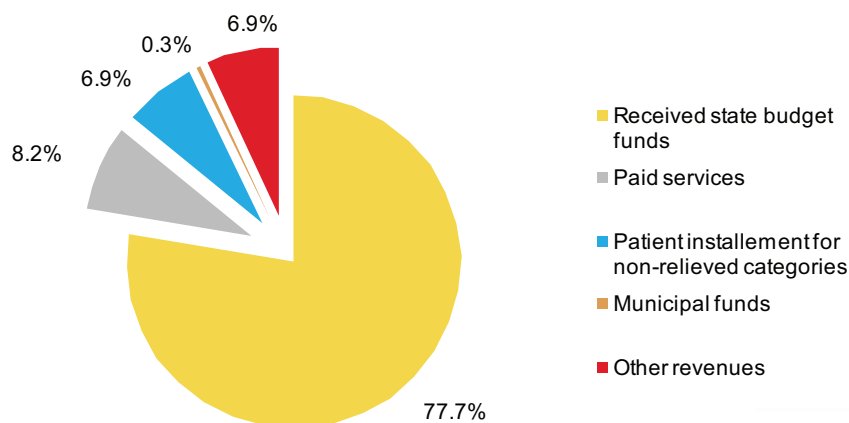
Table 5

Indicators	Actual revenues, Ls
Received state budget funds	285 513 640
Paid medical services	30 271 737
Patient installments for the resident categories not relieved from patient installment	25 236 778
Municipal funds	1 018 933
Other revenues*	25 437 476
Total:	367 478 564

* Other revenues include investments, int. al., also from EU funds and revenues from economic activities not related to medical services.

Income structure of medicare institutions, %

Fig.2



Dynamics of patient installments received by medicare institutions

Table 6

Patient installment	Year 2008, Ls	Year 2009, Ls	Year 2010, Ls
Calculated patient installment (collected by medicare institution)	14 295 036	25 489 147	25 236 778
Patient installment reimbursement from state budget funds for relieved categories under the contract	11 675 270	26 787 744	24 985 321
Patient installment – total:	25 970 306	52 276 891	50 222 099

Regarding the expenses for both outpatient and inpatient care, the decrease in proportion of spending on wages can be observed in 2010. With the decrease in spending on wages, the proportion of other types of spending increases, especially in procurement of materials, energy, water and inventory.

Outpatient assistance*

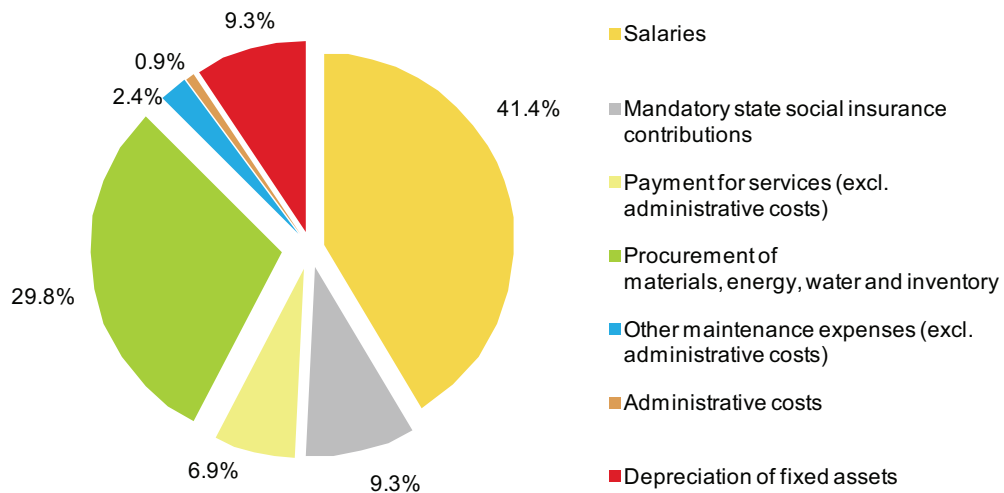
Table 7

Indicators	Actual expenses, Ls
Salaries	30 184 071
Mandatory state social insurance contributions	6 807 345
Payment for services (excl. administrative costs)	5 011 351
Procurement of materials, energy, water and inventory	21 765 879
Other maintenance expenses (excl. administrative costs)	1 759 913
Total administrative costs	631 746
Depreciation of fixed assets	6 779 569
Total:	72 939 874

* Expenses indicated not including practices of primary health doctors and specialists.

Outpatient assistance, %

Fig. 3



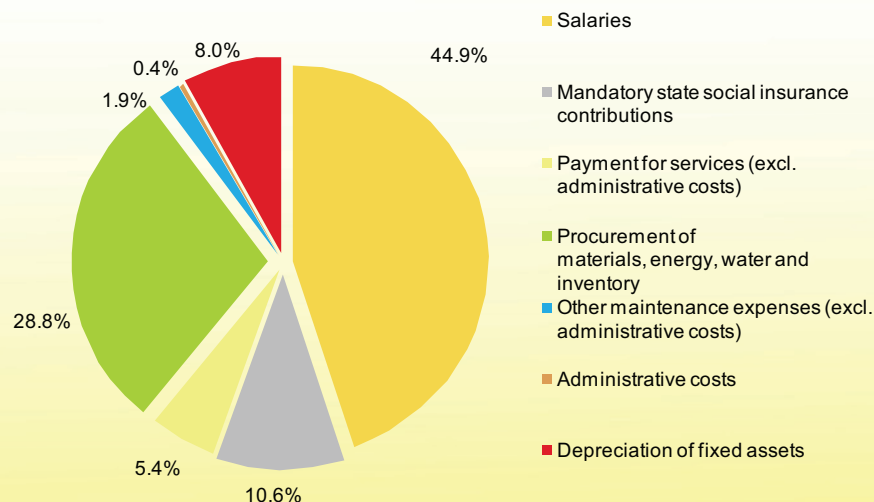
Inpatient assistance, Ls

Table 8

Indicators	Actual expenses, Ls
Salaries	83 200 158
Mandatory state social insurance contributions	19 559 252
Payment for services (excl. administrative costs)	10 079 581
Procurement of materials, energy, water and inventory	53 389 286
Other maintenance expenses (excl. administrative costs)	3 465 699
Total administrative costs	663 551
Depreciation of fixed assets	14 885 826
Total:	185 243 353

Inpatient assistance, %

Fig. 4



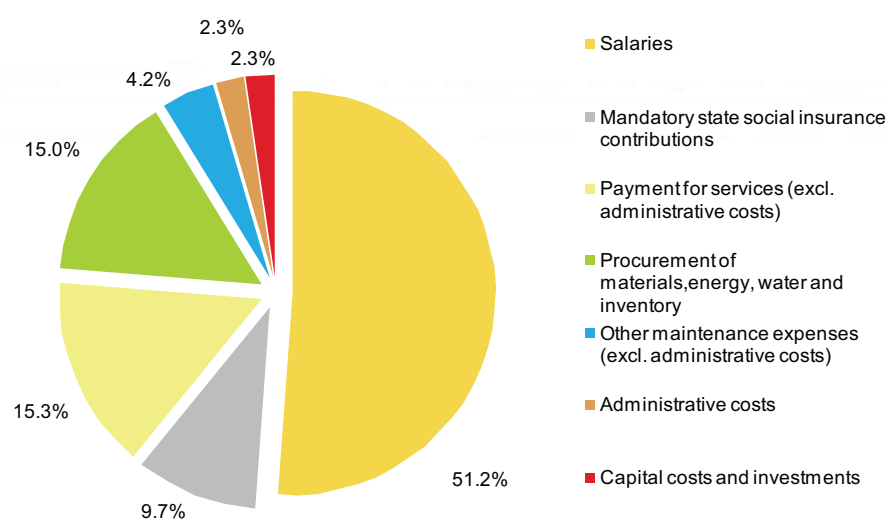
Structure of state budget expenses in doctor practices, Ls

Table 9

Indicators	Cash flow, Ls
Salaries	17 082 161
Mandatory state social insurance contributions	3 227 804
Payment for services (excl. administrative costs)	5 115 591
Procurement of materials, energy, water and inventory	5 003 843
Other maintenance expenses (excl. administrative costs)	1 391 672
Total administrative costs	759 425
Capital costs and investments	774 638
Total:	33 355 134

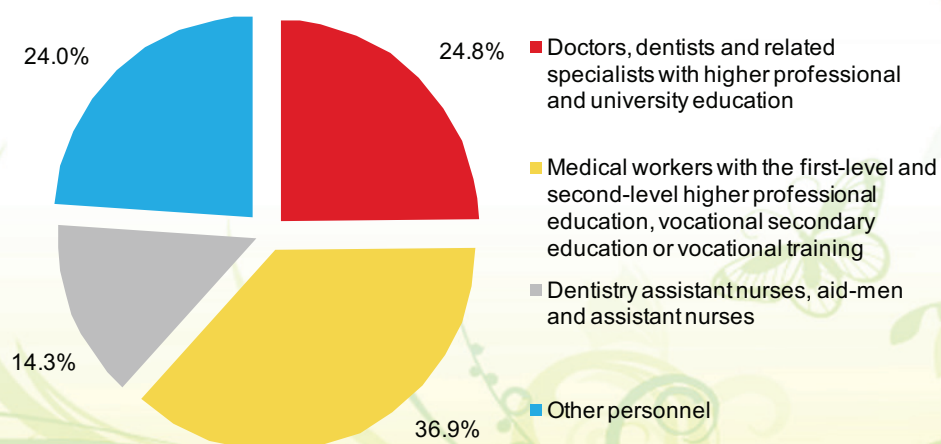
The structure of state budget expenses in doctor practices, %

Fig.5



Structure of employees, %

Fig.6



4. PROCUREMENT OF AND PAYMENT FOR MEDICAMENTS

4.1. PROVISION OF REIMBURSABLE MEDICINAL PRODUCTS IN OUTPATIENT MEDICARE

The funds of the subprogram „Payment for reimbursable medicaments and materials” are used to ensure the reimbursement of expenses for procurement of medicinal products and medical devices intended for outpatient treatment accordingly to patient’s diagnosis.

Reimbursement of expenses for procurement of medicinal products and medical devices is to be performed pursuant to Regulations No 899 of the Cabinet of Ministers of 31 October 2006 „Procedures for the Reimbursement of Expenses for the Acquisition of Medicinal Products and Medical Devices intended for outpatient treatment” (hereinafter – the Regulations No 899). The reimbursement of the medicinal products and medical goods are implemented within the framework of two budget subprograms: „Payment for reimbursable medicaments and materials” and for low-income patients – from the subprogram „Implementation of Social Safety Net Strategy measures”. In 2010, the actual expenses for the reimbursement of the expenses for the acquisition of medicinal products and medical devices intended for outpatient treatment is in amount of Ls 74 358 648.39 int. al., from the subprogram „Payment of reimbursable medicaments and materials” – in amount of Ls 71 410 931.47 and from the subprogram „Implementation of Social Safety Net Strategy measures” – in amount of Ls 2 947 716.92.

Spending of funds for the reimbursement of expenses for the acquisition of medicinal products and medical devices intended for outpatient treatment from the subprogram „Payment for reimbursable medicaments and materials”, Ls

Table 10

Indicators	Cash flow	Actual expenses
Balance on 01/01/2010.	0	X
Revenues – total:	71 692 513.55	X
Expenses – total:	71692513.55	71410931.47
Balance on 01/01/2011.	0	X

Spending of funds for the reimbursement of expenses for the acquisition of medicinal products and medical devices intended for outpatient treatment from the subprogram „Implementation of Social Safety Net Strategy measures”, Ls

Table 11

Indicators	Cash flow	Actual expenses
Expenses - total:	2 543 778.50	2 947 716.92

Spending of funds for the reimbursement of expenses for acquisition of medicinal products and medical devices intended for outpatient treatment:

- In 2010, the reimbursable medicinal products under the general procedure were prescribed to 505 773 patients in amount of Ls 73 854 504.02 (excl. individually payable medicinal products);
- At an average one patient received the reimbursable medicinal products for outpatient treatment in amount of Ls 146.02.

Financial funds spent for medicinal products and medical devices reimbursable under the general procedure

Table 12

Year	Number of patients	Spending of financial funds, Ls	Expenses per 1 patient, Ls
2008	478 564	77 182 313	161.28
2009	482 461	71 741 515	148.70
2010	505 773	73 854 504	146.02

In 2010, 5 166 019 prescriptions were written out; the average price of one prescription was 14.30. Within the system of the reimbursement of medicinal products, the patients have covered part of the state non-reimbursed part of price in the amount of Ls 15 051 847.00, as well as they have paid Ls 9 184 407.00 in addition to the reference price of medicinal products. Thus, receiving the state reimbursable medicinal products, the patient payments were in amount of Ls 24 236 254.00 that constitutes 33 % of the payment resources for medicinal products reimbursable from the state budget.

Actual expenses and number of written out prescriptions depending on the reimbursement share (excl. expenses for the reimbursement of acquisition of medicinal products for individual patients)

Table 13

Reimbursement share	Year 2008		Year 2009		Year 2010	
	Number of written out prescriptions	Actual spent financial funds	Number of written out prescriptions	Actual spent financial funds	Number of written out prescriptions	Actual spent financial funds
100%	1 744 605	45 229 892.29	1 772 208	48 799 803.12	1 776 983	50 196 702.89
90%	331 747	5 499 577.76	63 159	1 219 160.47	-	-
75%	2 753 801	25 839 182.50	787 051	9 355 173.72	2 430 459	14 267 873.76
50%	59 477	613 660.28	2 202 459	12 367 377.78	958 577	9 389 941.74
Total:	4 889 630	77 182 312.83	4 824 877	71 741 515.09	5 166 019	73 854 518.39

Number of written out prescriptions for reimbursable medicinal products and average price of one prescription, Ls

Table 14

Total in the country	Year 2008		Year 2009		Year 2010	
	Number of written out prescriptions	Average price of one prescription, Ls	Number of written out prescriptions	Average price of one prescription, Ls	Number of written out prescriptions	Average price of one prescription, Ls
Total:	4 889 630	15.88	4 824 877	14.99	5 166 019	14.39

Expenses of reimbursable medicinal products intended for outpatient treatment by diagnosis groups, Ls

Table 15

Diagnosis group	Year 2008			Year 2009			Year 2010					
	Number of written out prescriptions	Actual expenses, Ls		Number of written out prescriptions	Actual expenses, Ls		Number of written out prescriptions	Actual expenses, Ls				
		-	Ls		%	-		Ls	%	-	Ls	%
1. Diseases of the eye and adnexa	193 185	3 259 360.20	4.20%	16.87	192 419	3 683 205.49	5.09%	19.14	197 715	3 261 070.49	4.42%	16.49
2. Diseases of the ear and mastoid process	665	2 349.82	0.00%	3.53	541	1 496.88	0.00%	2.77	622	1 627.28	0.00%	2.62
3. Blood and blood formation organs diseases and immune system disorders	756	1 258 522.35	0.0162	1 664.71	681	1 200 023.59	1.66%	1 762.15	648	1 404 577.91	1.90%	2 167.56
4. Diseases of blood circulation system	2 813 427	18 461 790.54	23.77%	6.56	2 770 720	14 409 337.40	19.93%	5.20	3 001 582	14 390 324.22	19.48%	4.79
5. Tumors	88 227	9 772 98.60	12.58%	110.77	93 518	11 129 045.82	15.39%	119.00	99 559	10 170 957.10	13.77%	102.16
6. Diseases of the skin and subcutaneous tissue	21 364	296 46.35	0.38%	13.88	18 315	181 853.26	0.25%	9.93	18 505	160 548.92	0.22%	8.68
7. Diseases of the respiratory system	273 906	4 919 49.26	6.33%	13.01	246 316	4 019 343.47	5.56%	16.32	270 951	4 284 607.43	5.8%	15.81
8. Endocrine, nutritional and metabolic diseases	644 600	14 226 034.14	18.32%	22.07	673 473	15 390 274.74	21.28%	22.85	734 502	16 036 225.05	21.71%	21.83
9. Diseases of the digestive system	26 425	343 764.60	0.44%	13.87	22 485	249 313.51	0.34%	11.09	24 169	242 819.34	0.33%	10.05
10. Infectious and parasitic diseases	9 216	2 663 035.06	3.43%	288.96	5 542	1 333 912.13	1.84%	240.69	5 173	3 853 699.80	5.22%	744.96
11. Diseases of the musculoskeletal system and connective tissue	149 086	4 071 181.77	5.24%	27.31	137 729	2 709 644.62	3.75%	19.67	130 465	2 297 863.39	3.11%	17.61
12. Certain conditions originating in perinatal period	-	-	-	-	1	7.49	0.00%	7.49	-	-	0.00%	-
13. Congenital malformations, deformations and chromosomal abnormalities	82	124 314.44	0.16%	1 516.03	95	10 0175.3	0.14%	1 054.48	100	82 222.41	0.11%	822.22
14. Nervous system diseases	164 159	5 343 505.74	6.88%	32.55	159 578	5 647 448.84	7.81%	35.39	169 539	5 848 426.45	7.92%	34.50
15. Mental and behavioral disorders	319 130	4 934 192.72	6.35%	15.46	311 068	4 225 583.87	5.84%	13.58	281 154	4 236 942.16	5.74%	15.07
16. Factors affecting the health and the contact with health care workers	90 350	3 909 125.80	5.03%	43.27	95 956	3 918 618.98	5.42%	40.84	103 378	3 649 767.53	4.94%	35.31
17. Genitourinary diseases	90 860	3 510 716.31	4.52%	38.64	92 103	3 457 544.20	4.78%	37.54	103 015	3 834 955.43	5.19%	37.23
18. Injuries, poisoning	3 691	58 411.73	0.08%	15.83	3 911	65 269.72	0.09%	16.69	4 377	78 488.69	0.11%	17.93
19. Pregnancy, childbirth and the puerperium	501	27 066.40	0.03%	54.02	426	19 415.79	0.03%	45.58	278	21 007.70	0.03%	75.57
20. Reimbursement of expenses to individual patients	-	474 956.00	0.61%	-	-	565 307.07	0.78%	-	-	504 144.37	0.68%	-
Total:	4 889 630	77 657 268.83	-	15.88	4 824 877	72 306 822.17	-	14.99	5 166 019	74 358 648.39*	-	14.39

* Including the resources from the subprogram „Implementation of Social Safety Net Strategy measures“, excluding expenses for the reimbursement of medicinal products for individual patients

The Center plans the funds in amount of 2% of resources allocated in budget subprogram „Payment for the reimbursable medicaments and materials” for the reimbursement of medicinal products to individual patients. In the Center the special commission has been established, which examines the received applications for individual reimbursement of medicinal products, assesses the conformity of presented documents with the Regulations No 899, requests the necessary information from the Center of Health Economics, State Agency of Medicines and medical institutions, prepares decisions on the reimbursement or refusal of reimbursement. In 2010, reimbursement of expenses for acquisition of medicinal products intended for outpatient treatment was carried out for 230 patients.

The reimbursement of the medical products included in C list is performed on the basis of the decisions of the Center of Health Economics on the inclusion of the medicinal product in C list, specified number of patients, agreement with the Applicant or the Holder of the Registration Certificate for Medical Goods on the covering of the expenses from the Applicant's funds for the specified number of patients, as well as decisions of expert council. In 2010, accordingly to decisions of the Center of Health Economics it was planned to reimburse from state budget funds the expenses for the acquisition of the following medicinal products included in list C for 323 patients at the same time:

- *Enbrel* – for 88 patients;
- *Mabthera* – for 47 patients;
- *Temodal* – for 20 patients;
- *Remicade* – for 28 patients;
- *Feiba* – for 1 patient;
- *NovoSeven* – for 2 patients;
- *Glivec* – for 48 patients;
- *Velcade* – for 10 patients;
- *Fuzeon* – for 7 patients;
- *Isentress* – for 1 patients;
- *Herceptin* – for 20 patients;
- *Erbix* – for 12 patients;
- *Celsentri* – for 1 patient;
- *Sprycel* – for 4 patients;
- *Hycamtin* – for 34 patients.

Actual expenses for the reimbursement of these medicinal products for 385 patients amount to Ls 3 771 061,86.

4.2. CENTRALIZED PROCUREMENT OF MEDICAMENTS FOR MEDICARE INSTITUTIONS

In 2010, the Center accordingly to the Regulations No 1046 procured centrally and, within the framework of subprogram „Centralized procurement of medicaments, paid for the following medicaments:

- Vaccines, standard tuberculin and syringes;
- Correction preparations for phenyketonuria and other genetically determined diseases;
- Peritoneal dialysis treatment securing tools (solutions and supplies);
- Vision correction tools for children, payment of which is permissible in accordance with Sub-clause 14.12 of the Regulations No 1046.

Supply agreements on centrally procured medicaments and their fulfillment, Ls

Table 16

Supply	Amount of the agreements in 2010, Ls	Fulfillment
Supply of vaccines, standard tuberculin, syringes	5 234 143.76	4 952 312.87
Standard tuberculine	50349.3	35390.57
Correction preparations for phenyketonuria and products for dietetic therapy	297129.7	295214.05
Vision correction tools for children	44510.18	41230.21

5. ANALYSIS OF OUTPATIENT HEALTH CARE ACTIVITIES

5.1. GENERAL INDICATORS

Amount of funds planned for outpatient health care and its actual spending

Table 17

No	Payment	Planned amount, Ls	Actual fulfillment under agreement, Ls
Funds for outpatient care, incl.:		118 160 891.00	118 731 371.29
	<i>Ls per 1 resident</i>	52.48	52.74
1	Primary health care services	45 214 616.00	44 582 174.76
	<i>Ls per 1 resident</i>	20.08	19.80
	<i>% of outpatient funds</i>	38.26	37.55
1.1.	Primary health care	36 858 839.00	36 417 007.07
1.2.	Reimbursement of patient installments for the resident categories relieved from the patient installment	2 576 130.00	2 571 997.00
1.3	Dentistry	5 779 647.00	5 593 170.69
2. Secondary outpatient health care services		74 487 723.00	74 149 196.53
	<i>Ls per 1 resident</i>	33.08	32.93
	<i>% of outpatient funds</i>	63.04	62.45
2.1.	Secondary outpatient health care services	69 652 548.00	69 334 659.53
2.2.	Reimbursement of patient installments for the resident categories relieved from the patient installment	4 835 175.00	4 814 537.00
3. For redistribution from outpatient health care funds for December settlements		-1 541 448.00	-
	<i>Ls per 1 resident</i>	-0.68	-
	<i>% of outpatient funds</i>	-1.30	-

The secondary outpatient health care services include the payment for manipulations and episodes, payment for preventive examinations and fixed payments to specialists offices and branches. Funds planned for outpatient health care in 2010 – Ls 118 160 891, of which Ls 45 214 616 or 38.26% of funds planned for outpatient health care are intended for the primary health care. Ls 74 487 723 or 63.04% of funds planned for outpatient health care are intended for the secondary outpatient health care services.

Outpatient health care performance data

Table 18

Indicators	Kurzeme Territorial Unit	Latgale Territorial Unit	Riga Territorial Unit	Vidzeme Territorial Unit	Zemgale Territorial Unit	Total in the country
Number of unique patients, incl.:	250 511	224 909	931 144	216 539	241 865	1 563 026
at PHC specialists	218 962	190 932	551 637	189 811	206 485	1 348 674
at SOHC specialists	128 959	139 409	497 166	121 990	132 102	958 532
in auxiliary offices *	151 427	147 223	726 751	120 666	132 286	1 083 592
Number of care episodes, incl.:	1 619 061	1 614 341	5 849 027	1 386 157	1 466 414	11 935 000
at PHC specialists	819 567	708 400	1 965 975	721 873	759 836	4 975 651
at SOHC specialists	328 730	396 419	1 474 495	304 928	328 995	2 833 567
in auxiliary offices *	470 764	509 522	2 408 557	359 356	377 583	4 125 782
Number of outpatient visits, incl.:	1 951 221	1 916 591	6 658 707	1 684 808	1 786 146	13 997 473
at PHC specialists	1 107 971	934 411	2 622 527	976 474	1 031 276	6 672 659
at SOHC specialists	372 486	472 658	1 627 623	348 978	377 287	3 199 032
in auxiliary offices *	470 764	509 522	2 408 557	359 356	377 583	4 125 782

* Data on visits to medicare institutions during which only examinations (laboratory, radiological, functional diagnostics, endoscopic, etc.) were made.

Reimbursement of outpatient installments for relieved categories by categories of patients according to priority (in descending order)

Table 19

Code of patient group	Name of patient group	Total reimbursement of patient installments, %	Reimbursement of patient installments in PHC, %	Reimbursement of patient installments in SOHC, %
15	Needy persons which are recognized as such under the procedure established by the Cabinet of Ministers	12.34%	8.06%	14.26%
90	Person whose income over the past three months does not exceed 120 lats a month	2.33%	1.56%	2.68%
91	Person whose income over the past three months does not exceed 150 lats a month	0.66%	0.36%	0.79%
61	Dead	0.29%	0.31%	0.29%
23	Resident vaccinated under the procedure established by regulatory enactments	2.21%	7.06%	0.02%
67	Vaccination against influenza from state budget funds	0.00%	0.00%	0.00%
16	Resident undergoing preventive examinations under the procedure established by the Cabinet of Ministers	7.79%	16.47%	3.89%
11	Children under the age of 18	47.97%	58.68%	43.16%
12	Politically repressed persons and participants of national resistance movement	2.97%	2.62%	3.13%
13	Persons suffered in the liquidation process of the consequences of Chernobyl nuclear accident	0.65%	0.48%	0.72%
4	Pregnant women and women in the postnatal period up to 42 days if treatment services are received related to pregnancy and postnatal observation and pregnancy process	6.22%	0.36%	8.86%
85	Persons receiving palliative and/or health care at home	0.24%	0.77%	0.00%
14	Persons under care of the state specialized social care Centers and municipality homes (Centers)	1.28%	1.02%	1.39%
59	Persons of 1st group of disability	2.36%	2.13%	2.46%
3	Persons receiving treatment services in the event of infectious diseases that are laboratory-confirmed and subject to registration accordingly to the Regulations of the Cabinet of Ministers on the registration procedure for infectious diseases	0.26%	0.02%	0.37%
5	Psychiatric treatment	8.59%	0.00%	12.45%
2	Tuberculous patients and patients carrying out examinations for determination of tuberculosis	1.71%	0.00%	2.48%
47	Patient undergoing procedures of chronic hemodialysis hemodiafiltration and peritoneal dialysis procedures	2.01%	0.01%	2.91%
83	Patients requiring lasting artificial lung ventilation	0.00%	0.00%	0.00%
84	Organ donors	0.00%	0.00%	0.00%
24	Resident that undergoes passive immunotherapy under the procedure provided by regulatory enactments	0.01%	0.01%	0.00%
8	Patient, whose total amount of patient installments within a calendar year exceeds 400 lats	0.01%	0.01%	0.02%
92	Emergency Medical Service worker	0.10%	0.07%	0.12%
Total:		100.00%	100.00%	100.00%

**Specialists working in contractual relationships with the Center
(specialties and subspecialties)**

Table 20

Specialty	Year 2007	Year 2008	Year 2009	Year 2010
Family (general practice) doctor	1 339	1 322	1 342	1 339
Dentist	528	601	645	663
Gynaecologist, obstetrician	504	465	504	531
Anaesthetist, reanimatologist	351	342	386	446
Internist	440	417	439	430
Diagnostic radiologist	401	409	419	416
Surgeon	383	368	398	383
Paediatrist	305	322	327	331
Ophthalmologist	250	260	265	272
Neurologist	255	238	250	242
Traumatologist, orthopedist	212	208	231	231
Cardiologist	209	201	203	211
Otolaryngologist	189	189	198	189
Psychiatrist	154	164	173	189
Laboratory physician	176	163	163	151
Endocrinologist	96	106	111	112
Urologist	100	100	110	109
Dermatologist, venerologist	106	107	108	97
Pneumonologist	88	89	89	86
Pediatric surgeon	67	66	70	77
Rehabilitologist	59	67	80	73
Narcologist	65	77	75	72
Doctor of physical medicine	70	75	81	69
Pathologist	76	74	72	62
Nephrologist	56	53	56	62
Oral and Maxillofacial surgeon	56	67	59	55
Neonatologist	77	63	63	51
Oncologist chemotherapist	18	16	37	51
Gastroenterologist	42	43	48	45
Child neurologist	43	39	38	39
Neurosurgeon	42	36	38	36
Plastic surgeon	12	12	17	34
Haematologist	30	33	32	33
Doctor of Physical and rehabilitation medicine	1	1	4	32
Doctor of occupational diseases	36	25	33	30
Forensic psychiatry expert	8	15	15	29
Infectologist	27	25	25	27
Emergency medicine doctor	20	18	20	27
Oncologist	75	54	61	24
Rheumatologist	23	21	24	24
Child psychiatrist	14	18	20	24
Oncology surgeon	22	24	25	23
Therapeutical radiologist	22	20	23	23
Vascular surgeon	20	18	21	23
Orthodontist	18	18	20	17
Cardio-surgeon	15	16	16	17
Child pneumonologist	14	14	16	16
Child infectologist	16	14	14	14
Child allergologist	9	13	13	13
Oncological gynaecologist	15	12	12	13
Forensic expert	9	9	9	13
Child rheumatologist	10	10	10	11
Child cardiologist	8	10	10	10

Specialty	Year 2007	Year 2008	Year 2009	Year 2010
Child gastroenterologist	6	7	7	8
Thoracic surgeon	9	9	8	7
Child endocrinologist	4	4	5	5
Child haemato-oncologist	4	5	5	5
Geneticist	14	11	11	4
Child dentist	8	7	6	2
Dental prosthetist	2	2	2	2
Paradontologist	1	1	1	0

Medical workers and medical support staff working in contractual relationships with the Center

Table 21

Specialty	Year 2007	Year 2008	Year 2009	Year 2010
Nurse of out-patient care	564	608	829	852
Doctor's assistant (paramedic)	399	403	488	552
Medical nurse	109	141	204	352
Physiotherapist	205	214	252	275
Child care nurse	138	126	171	181
Nurse of physical therapy	122	127	145	135
Nurse of surgery care	17	18	95	119
Dental hygienist	93	108	122	108
Nurse of therapy	30	36	118	107
Midwife	43	45	61	72
Masseur	65	60	66	69
Paramedic -laboratory assistant	94	72	78	54
Ergo therapist	23	33	36	49
Speech therapist	41	35	41	40
Mental health care nurse	10	20	33	39
Nurse of traumatology and orthopedics	7	8	26	37
Dentist's assistant	39	44	45	35
Nurse of functional diagnostics	32	35	35	32
Nurse of intensive therapy, anaesthesiology and emergency care	6	10	26	31
Diabetes care nurse	21	25	30	30
Nurse of phthisio-pneumology	20	21	33	29
Laboratory assistant	24	28	30	28
Biologist	29	34	34	24
Nurse of public health	19	23	21	21
Nurse of paediatrics	12	16	17	21
Nurse of dentistry	16	27	18	20
Child masseur	16	14	21	18
Laboratory specialist	7	7	15	16

Number of outpatient visits per one patient a year

The outpatient visit is a contact of a patient with a treatment person at a definite time and in a definite place: in an outpatient medicare institution, outpatient assistance division of the hospital, if any, and in admissions department if a patient is not hospitalized, in an emergency medical service institution if provision of outpatient aid is organized in it.

A consultation by phone, laboratory examination and visual diagnostic examination, functional investigation and treatment procedure should not be considered as outpatient visit.

The Center considers as patients all persons included in the Health Care Service Users Register of the Center – these are all residents of Latvia that are registered with family doctors or meet the provisions of Section 17 of the Medical Treatment Law.

Average number of outpatient visits per one patient

Table 22

Indicator	PHC specialists			SOHC specialists		
	Year 2008	Year 2009	Year 2010	Year 2008	Year 2009	Year 2010
Average in the country:	3.0	3.0	3.1	1.3	1.2	1.3

The average number of outpatient visits to PHC specialists per one patient has a slightly increased in Latvia against the year 2009. The dynamics of the number of visits to SOHC specialists has increased from 1.2 visits in 2009 to 1.3 visits in 2010.

Number of care episodes per one patient a year

The care episode is a time period from the moment when a health care service provider encounters a health care problem of the patient (the first contact of the patient with the health care service provider) till the solution of the respective problem of the patient. One care episode can be realized only by one doctor (family doctor or specialist). One care episode may involve several outpatient examinations.

Number of care episodes per one patient

Table 23

Indicator	PHC specialists			SOHC specialists		
	Year 2008	Year 2009	Year 2010	Year 2008	Year 2009	Year 2010
Average in the country:	2.30	2.28	2.30	1.16	1.08	1.16

In 2010, the average number of care episodes in the primary health care has remained at the same level as in the year 2009. The number of the episodes in the secondary health care has slightly increased from 1.08 care episodes for one patient in 2009 to 1.16 care episodes in 2010.

Number of outpatient visits per one care episode (by years)

Table 24

Indicator	PHC specialists			SOHC specialists		
	Year 2008	Year 2009	Year 2010	Year 2008	Year 2009	Year 2010
Average in the country	1.32	1.33	1.36	1.15	1.12	1.12

In 2010, the average number of visits per one PHC care episode is 1.36 visits, but in SOHC - 1.12. The trend of a slight annual increase in number of visits PHC can be observed in all Territorial Units.

Distribution of outpatient visits by doctor specialties, %

Fig.7

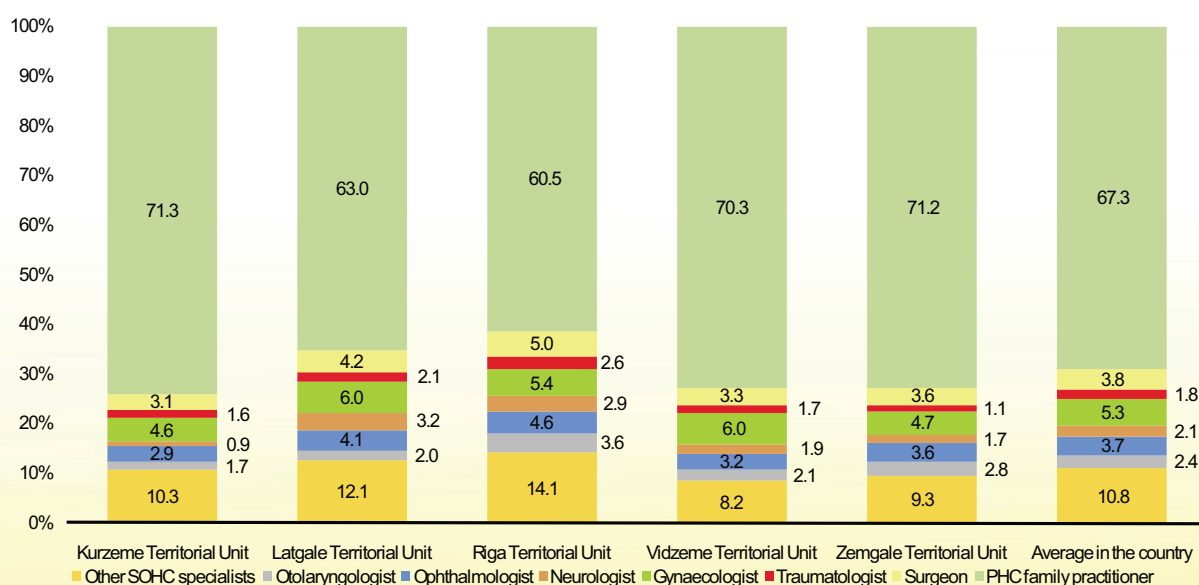
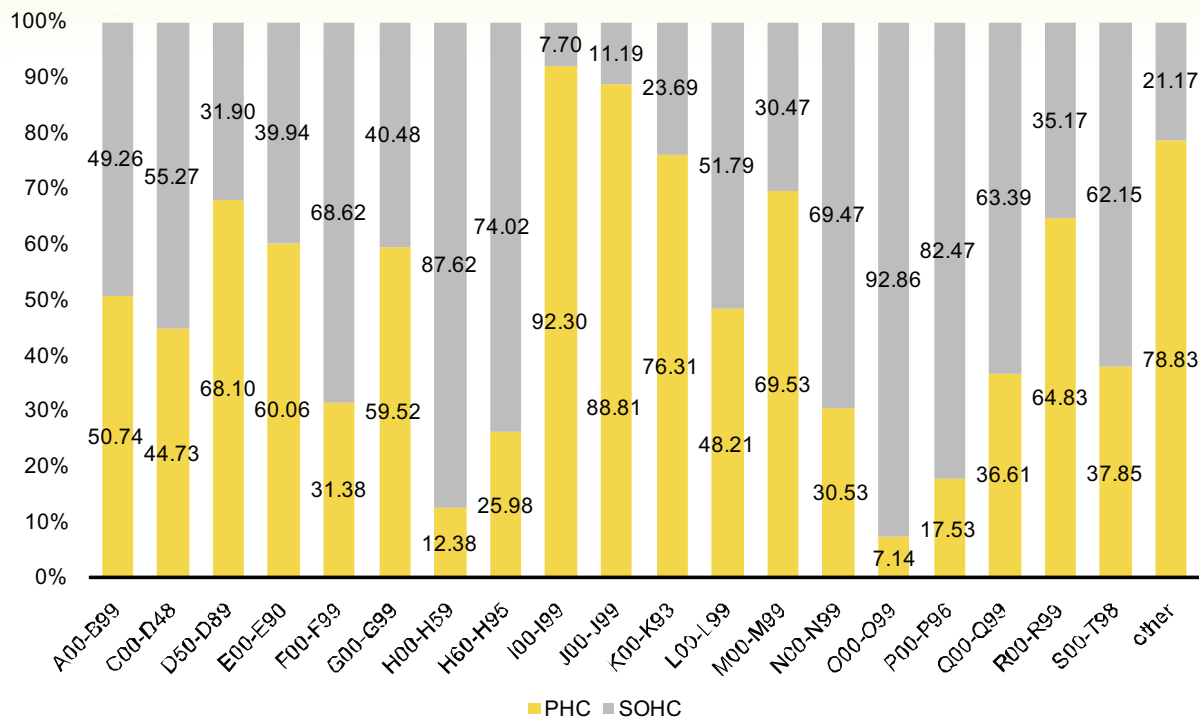


Figure 7 shows the distribution of the outpatient visits by specialties assuming total number of outpatient visits as 100%. Number of visits to PHC family doctor exceeds 60 % in all Territorial Units of the Center. Thus it can be concluded that the family doctors fulfill their primary health care service provider function and the primary health care probably should become more all-round and qualitative.

Number of outpatient visits by principal diagnosis to PHC specialists and SOHC specialists, %

Fig. 8



In PHC visits the proportion of diseases of the respiratory system (J00-J99) is - 88.81%, diseases of the circulatory system (I00-I99) - 92.30%, and of the diseases of the musculoskeletal system and connective tissue (M00-M99) - 74.99%. SOHC specialists are more addressed by patients with pregnancy, childbirth and the puerperium period (O00-O99) related matters - 92.86%, with certain conditions originating in the perinatal period (P00-P96) - 82.47% and diseases of eye and adnexa (H00-H59) - 87.62%.

Such competence distribution is adequate as, taking into consideration that the groups of diseases of the circulatory system and diseases of the respiratory system include many chronic patients, the care is provided to them mainly at the family practitioners. The specialists mostly get involved in narrowly specialized clinical groups such as ophthalmology and otolaryngology, as well as specific midwifery matters.

Number of outpatient visits at particular diseases, %

Fig.9

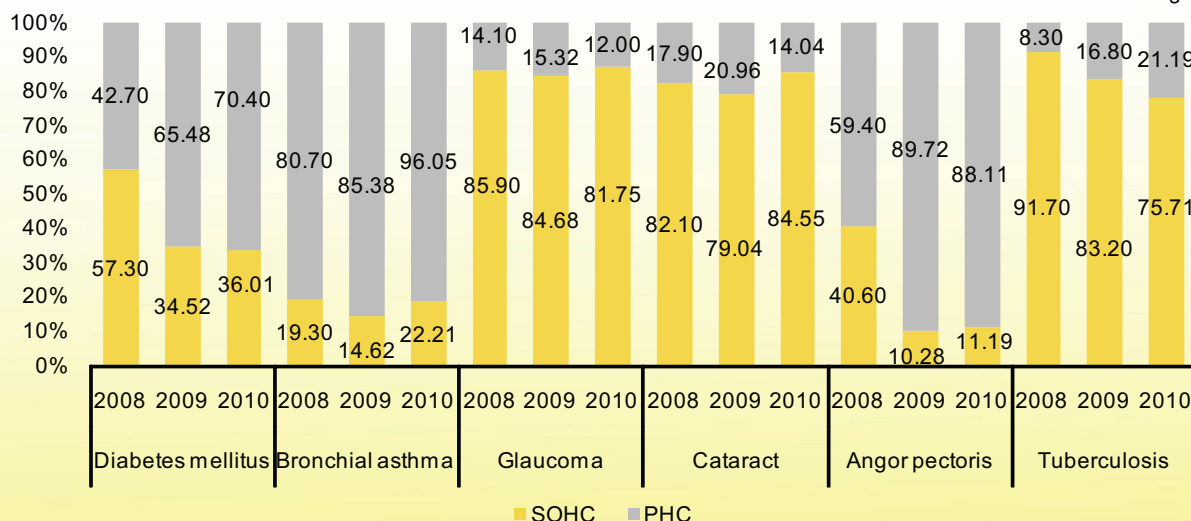


Figure 9 shows the analysis of the number of visits of PHC and SOHC patients with particular diagnoses. In 2009 and 2010, the proportion of the number of visits of PHC patients at angor pectoris has remarkably reduced against the year 2008.

Proportion of outpatient visits at a particular diagnosis, %

Fig.10

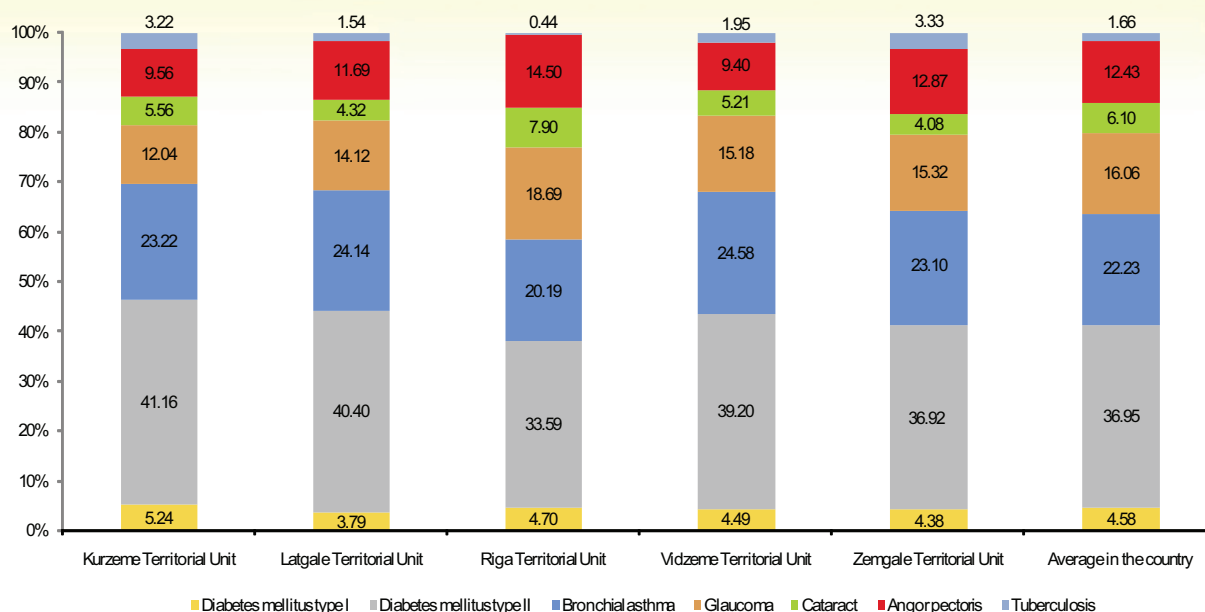


Figure 10 shows the proportion of outpatient visits at a particular diagnosis. The specified diagnoses make on average 7.6% of the total number of outpatient visits. Of these 7.6%, the greatest number of the outpatient visits in all Territorial Units of the Center is for patients with a diagnosis of diabetes mellitus type II – on average 37%.

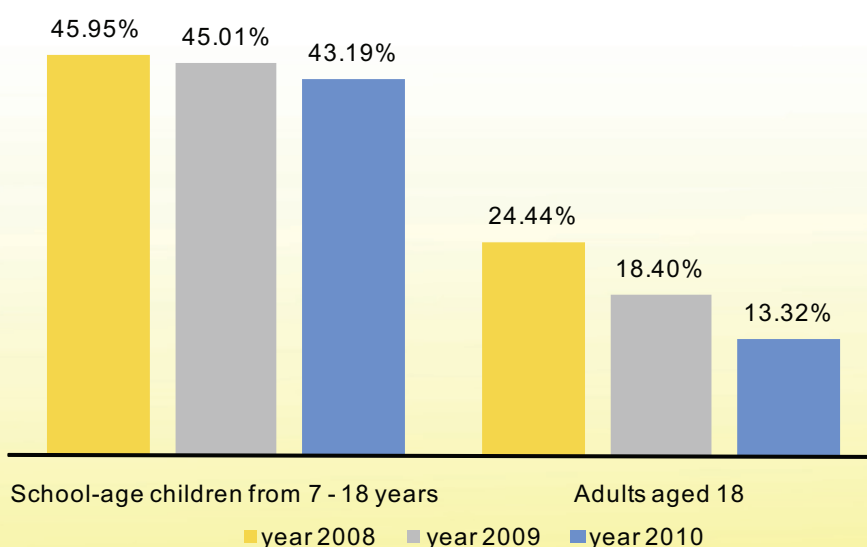
5.2. PREVENTIVE EXAMINATIONS

Number of preventive visits to family doctor

During the year 2010, 43.19% of all children aged between seven and eighteen years and registered with family doctor have undergone preventive health examination, but the number of adults registered with family doctor, who have undergone preventive health examination is 13.32%. During the covered period, preventive health examination of adults has a downward trend.

Proportion of preventive examinations of school-age children and adults at family doctor, % a year

Fig.11



Oculist's preventive examination for children

Fig.12

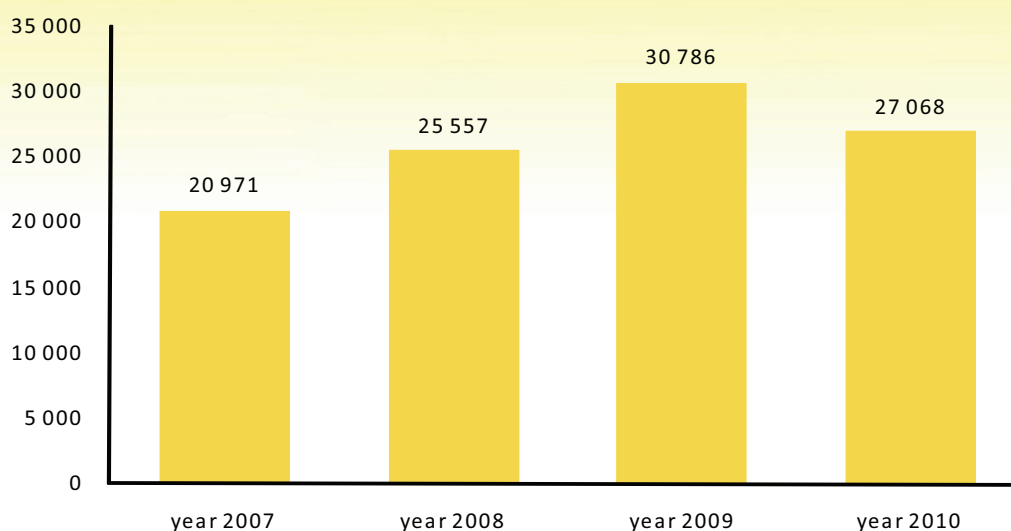


Figure 12 shows the number of unique patients which have undergone oculist's preventive examination. The program provides the oculist's preventive examination for the children at age of 3 – 24 months, three years and at a pre-school age of 6 – 7 years. Analyzing the obtained results, it can be concluded that the number of unique patients, who have undergone the oculist's preventive examination in 2010 has increased by 12% compared with the year 2009.

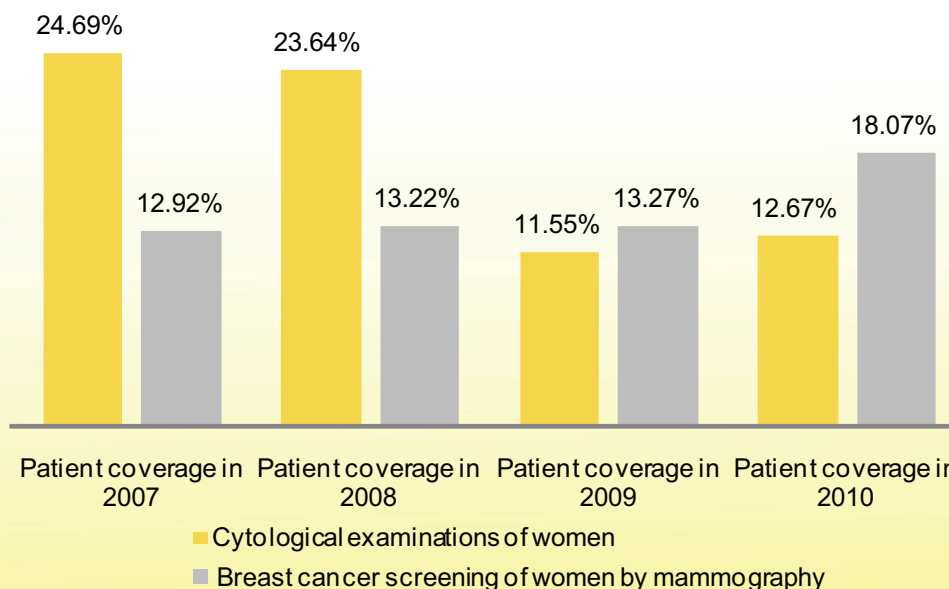
Dynamics of the cancer screening coverage indicators

Three early cancer diagnostics screening tests are included in the preventive examination program: a cervical cancer screening test, a breast cancer screening test by mammography and a fecal occult blood test for colon cancer screening diagnostics.

In 2010, the state-organized screening programs of the cervical cancer and breast cancer continued, when the target group women receive personal invitation letters for state-paid preventive examination. Within the framework of the cervical cancer and breast cancer screening program, on 29 January 2009 the first invitation letters were sent out to the target group women. Patients can undergo a mammography test for breast cancer prevention and a cell smear for cervical cancer prevention as the preventive health care services upon presentation of the invitation letter for a respective screening test.

Dynamics of the cervical cancer and breast cancer screening coverage indicators, %

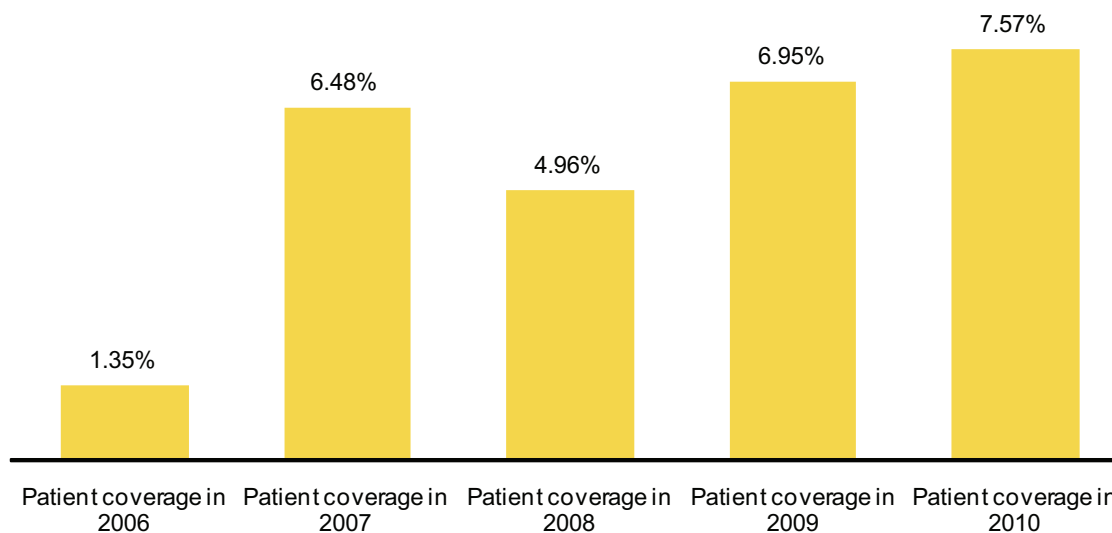
Fig.13



In 2010, the cervical cancer screening (cell smear from the cervix uteri) was performed to 31 562 women. The breast cancer tests by mammography was performed to 38 252 women. Analyzing the obtained results, it can be concluded that the coverage of breast cancer screening by mammography method increases every year, while the coverage in the cervical cancer screening program increases gradually since the year 2009. The actual screening coverage is greater as, in this Figure, data are compared for those women, whose age conforms to the state-organized cancer screening age groups and the exams have been performed within the framework of preventive examination programs. In 2010, 15 067 women attended the breast cancer diagnostics and 91 185 women attended the cervical cancer diagnostics undergoing the tests beyond the screening program but their age conforms to the age group for state-organized cancer screening.

Dynamics of fecal occult blood test indicators, %

Fig.14



In 2010, the early diagnostics of the colon cancer with the help of fecal occult blood test was carried out for 59 168 patients. The invitation letters for screening are not sent to the residents of colon cancer screening program target groups and with this the offer to undergo this screening is made by the family doctor. In 2010, the fecal occult blood test was provided by 568 family doctors. The coverage of patients gradually increases within the colon cancer screening. Thus, in 2008, it amounted to almost 5%, a year later - exceeded 6% and amounted to 7.57% in 2010.

5.3. DENTISTRY ASSISTANCE INDICATORS

Pursuant to Regulations No 1046 the following services are paid from the state budget for health care services: dentistry assistance for children under the age 18, first consultation for orthodontic treatment for children under the age of 18 and for orthodontic treatment of persons under the age of 22 with inborn facial/jaw clefts. Participants of the liquidation of the consequences of Chernobyl nuclear accident and also persons who got injured as a result of Chernobyl nuclear accident itself, in accordance with the provisions of the Section of 14 of the Law on social protection of the Participants of the Liquidation of the Consequences of Chernobyl NPP Accident and Persons Suffered from the Chernobyl NPP Accident, receive dentistry care in the amount of 50 %, but the expenses for teeth prosthetics with removable plastic dentures – in full amount.

Dentistry services

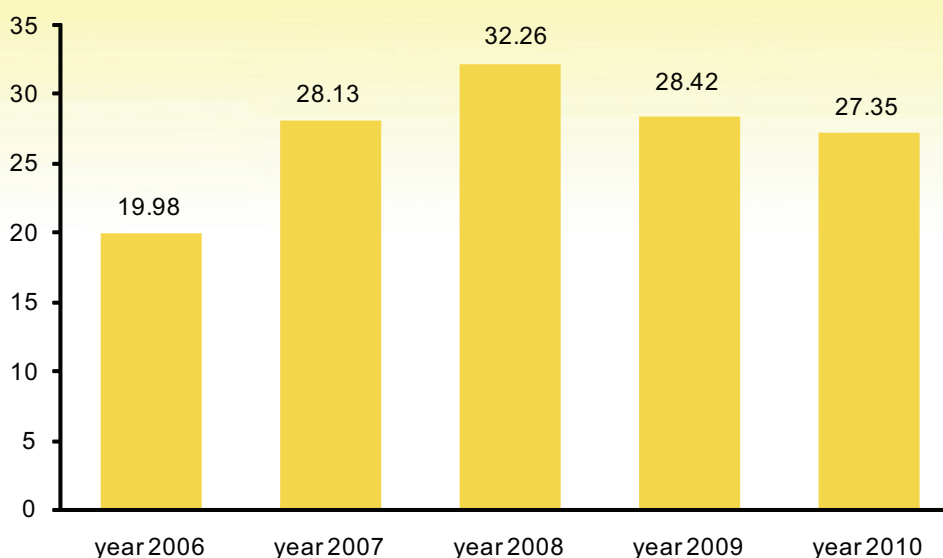
Table 25

Total in the country	Contract amount				The amount of work carried out from the funds for „Implementation of Social Safety Net Strategy measures” – unquoted share, Ls	Actual number of visits within the reporting period		Incl. in the mobile dental cabinet		
	Contract amount, Ls	Work carried out, Ls	Work carried out under contract, Ls	Work over the contract amount, Ls		Non-fulfillment of the contract, Ls	From subprogram "Medicare"	From the funds for „Implementation of Social Safety Net Strategy measures” – unquoted share, Ls	From subprogram "Medicare"	From the funds for „Implementation of Social Safety Net Strategy measures” – unquoted share, Ls
Total:	5 779 647.00	5 620 448.01	5 593 170.69	28 015.66	-187 214.65	8 943.90	603 975	907	5 247	0

In 2010, 98.67% of dentistry services are paid for children under the age of 18 (including 1.61% in mobile dental cabinet), 0.21% are paid for participants of liquidation of the consequences of Chernobyl nuclear accident and also for persons who got injured as a result of Chernobyl nuclear accident itself accordingly to provisions of the Section of 14 of the Law on Social Protection of the Participants of the Liquidation of the Consequences of Chernobyl NPP Accident and Persons Suffered from the Chernobyl NPP Accident, and 1.12% for orthodontic treatment of persons under the age of 22 with inborn facial/jaw clefts. 0.17% of total dentistry services are paid for needy persons and low-income persons.

Dentistry costs per one treated child, Ls

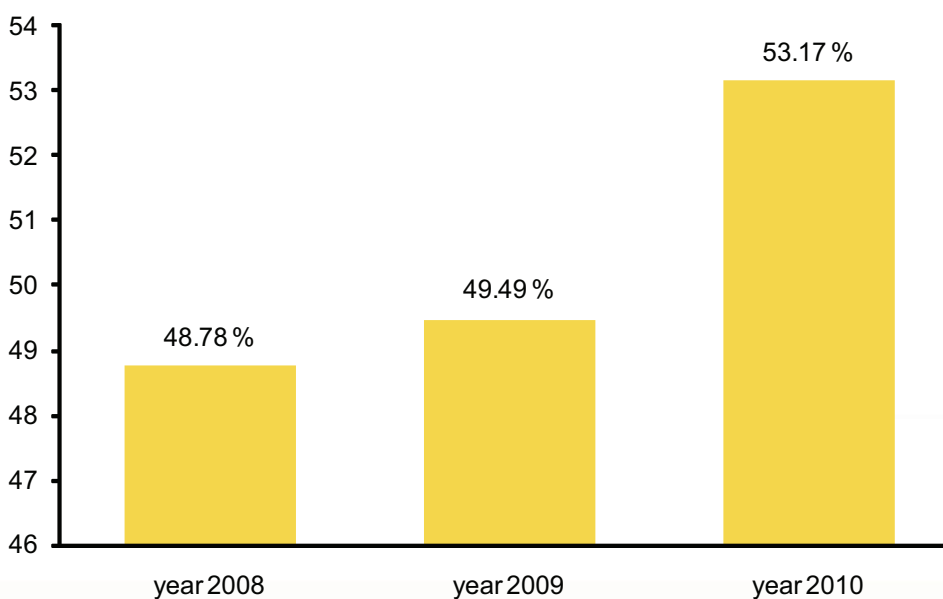
Fig.15



In 2010, the average dentistry service expenses per one treated child in the country were Ls 27.35, taking into account also expenses from the funds for „Implementation of Social Safety Net Strategy measures”.

Dynamics of children dentistry coverage, %

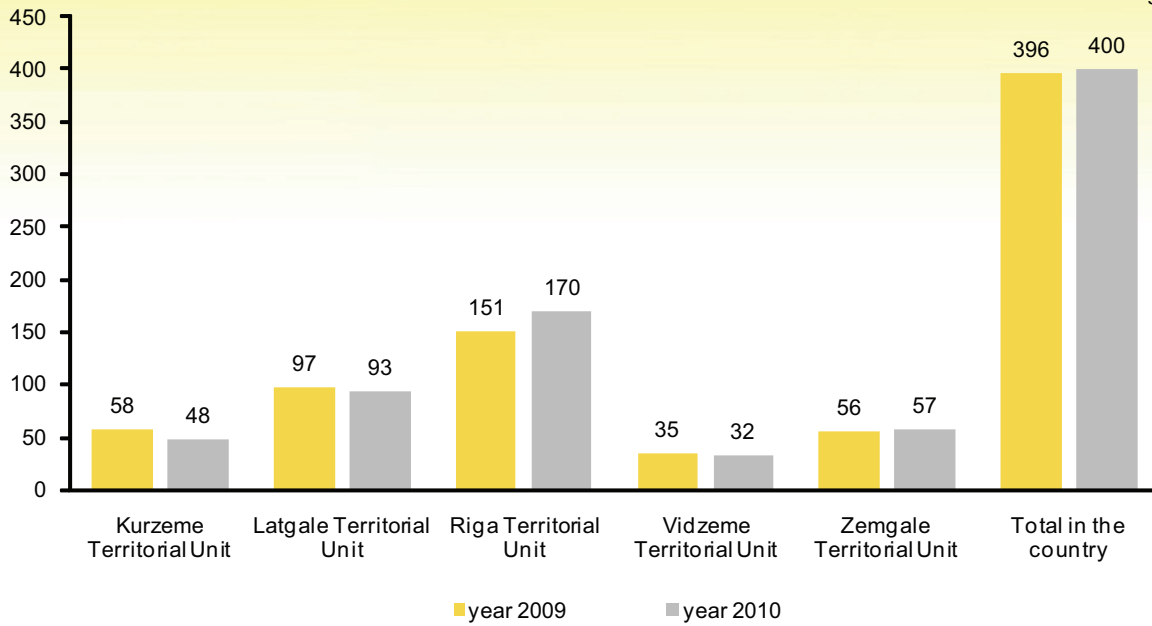
Fig.16



In 2010, the coverage of children dentistry has increased by 3.68% compared with the year 2009 and reached 53.17%. This trend can be observed during the last three years. The facilitating factors for the growth in the coverage of child dentistry are provision of services in two mobile dental cabinets to children in schools and social institutions in the remote regions of Latvia and the entering of the new dentistry institutions in contractual relationships with the Center.

Number of persons suffered from the liquidation of the Chernobyl NPP accident consequences, who have received dentistry services

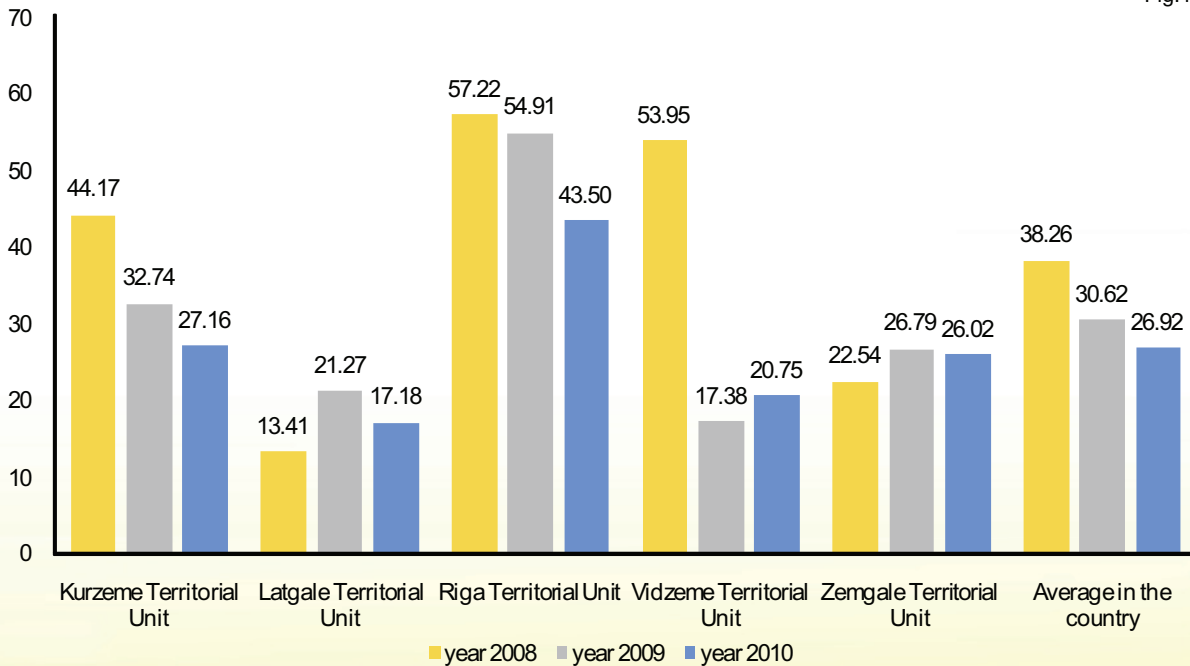
Fig.17



In 2010, compared with the year 2009, the number of participants of liquidation process of the consequences of Chernobyl nuclear accident and of persons who got injured as a result of Chernobyl nuclear accident has increased by 1% and reached 400 unique patients, who wished to receive state-paid dentistry assistance. The greatest number of participants of liquidation process of the consequences of Chernobyl nuclear accident and of persons who got injured as a result of Chernobyl nuclear accident have addressed for assistance in Riga and Latgale, the least number – in Vidzeme.

Dentistry costs for one person suffered from the liquidation of the Chernobyl NPP accident consequences, Ls

Fig.18



In 2010, the dentistry costs for one person suffered from the liquidation of the consequences of Chernobyl NPP accident have reduced by 12.08% compared with the year 2009 and in absolute numbers amount to Ls 26.92. The highest costs are in Riga Territorial Unit and the lowest-in Latgale Territorial Unit: Ls 43.50 and Ls 17.8 respectively.

5.4. HEALTH CARE AT HOME

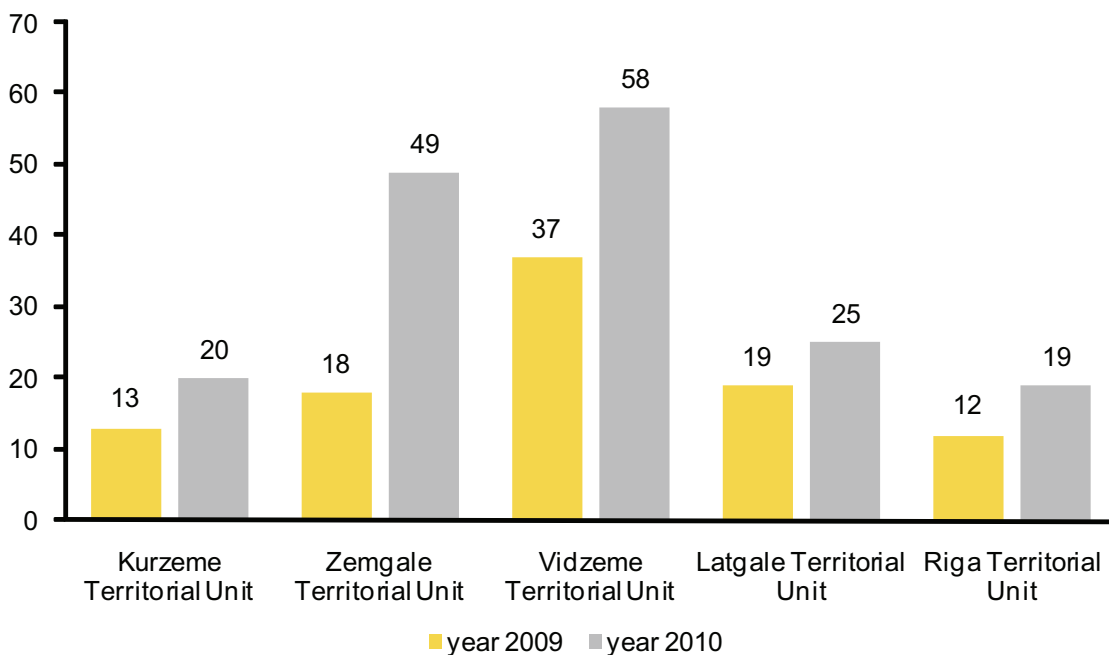
The health care at home is provided by certified nurses or doctor's assistant (paramedic) to patient at his place of residence and it should be performed in cases when the outpatient medical treatment is required to the patient but, due to medical indications, he is not able to arrive at medical institution to receive outpatient health care.

- patient has a chronic disease and movement disorders due to which the patient is unable to attend the medical institution;
- patient was discharged from inpatient medical institution or from the day hospital after surgery.

The health care at home in entire territory of Latvia was started on 1 January 2009.

Number of providers of the health care services at home

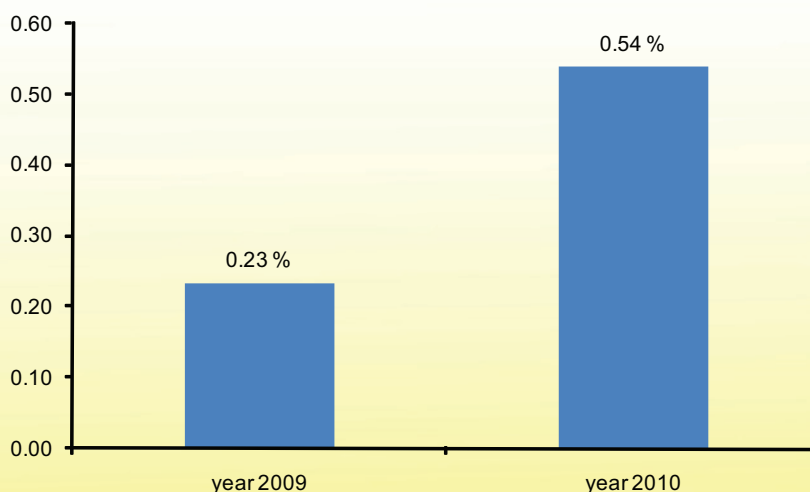
Fig.19



As it can be seen from the Fig. 19, on 31 December 2010, this service was provided by 171 medical institutions, that is 1.73 times more than in the year 2009. The greatest changes in number can be observed in Zemgale and Vidzeme Territorial Units.

Proportion of the residents of Latvia having received the health care at home, %

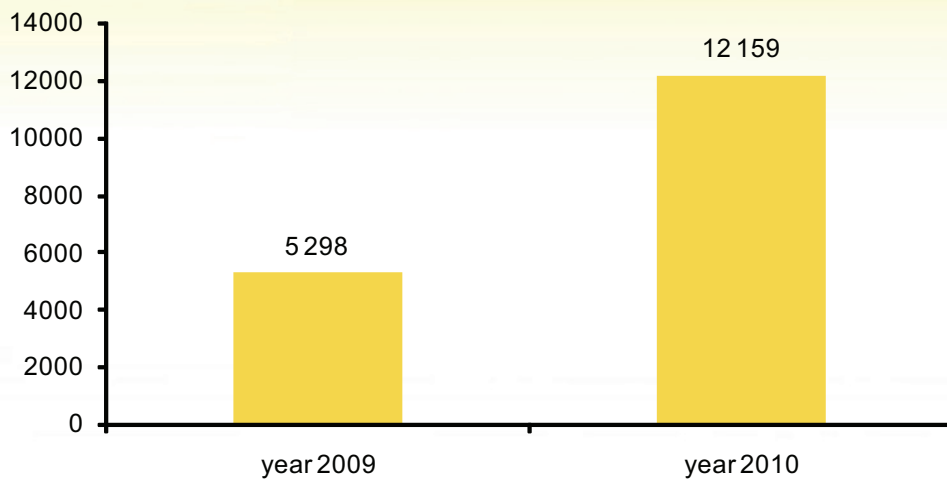
Fig.20



In 2010, the health care at home was used by 0.54% of all residents of Latvia, that is 2.35 times more than in 2009. This is indicative of the development of this service.

Number of unique patients

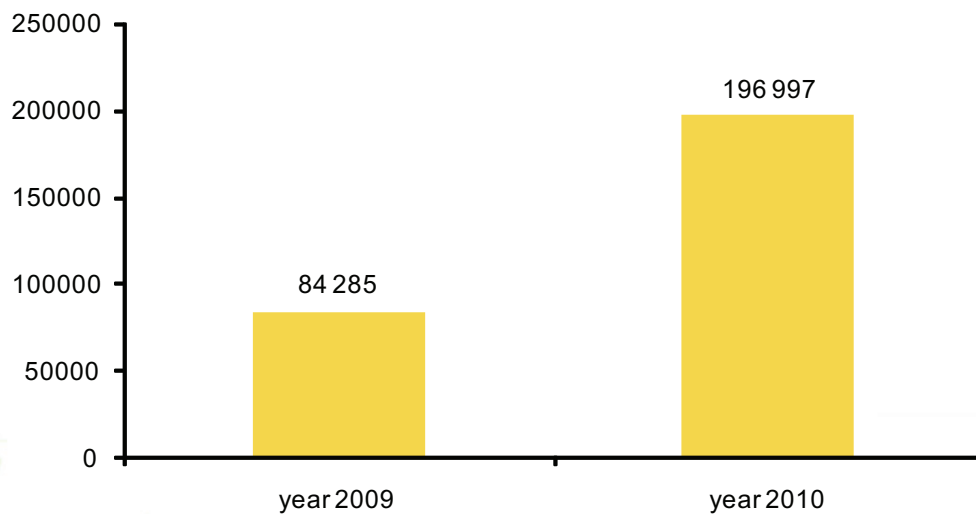
Fig.21



Within the dynamics of the years, the number of the unique patients having received the health care at home has increased 2.3 times.

Number of health care visits at home

Fig.22



In 2010, total 196 997 health care visits at home have been performed. Their number has increased 2.34 times compared with the year 2009.

6. ACTIVITIES OF HOSPITAL INSTITUTIONS

On the provision and payment of inpatient assistance the contracts have been concluded with 41 hospital medicare institution (number of contractual institutions at the beginning of the year) in amount of Ls 129 343 195). At the beginning of the year, the Balvi Hospital united with Gulbene Hospital and established Association of Gulbene and Balvi Hospitals. In May 2010, Ventspils Hospital united with Talsi Hospital and established Ziemeļkurzeme Regional Hospital. Thus, at the end of year 2010, there were 39 contractual hospital institutions.

In 2010, 231 819 unique persons have been treated in the hospitals, the total number of hospitalizations was 324 231.

Funding of inpatient health care services in 2010 (within the subprogram „Medicare”)

Table 26

Indicator	Contract amount, Ls	Payment for covering of delayed payments and settlements with creditors, Ls	Reimbursed patient installment for relieved categories of residents, Ls
Total, incl.:	129 343 195	11 623 394	15 152 167
Fixed payment for activity of hospital	119 135 685	-	-
Fixed additional payment for activity of admission department	9 148 035	-	-
Specific medicaments	130 000	-	-
Funding of estimates	885 996	-	-
Non-standard endoprostheses	43 479	-	-
1. Emergency Medical Assistance Hospitals:	103 654 969	10 361 093	7 444 145
1.1. Clinical University Hospitals	71 417 461	7 514 524	3 601 287
1.2. Regional multi-profile hospitals	23 867 085	2 068 384	2 773 805
1.3. Other EMA hospitals	8 370 423	778 185	1 069 053
2. Specialized hospitals	24 336 507	1 262 301	7 603 349
3. Care hospitals	1 351 719	0	104 673

In evaluation of the funding, it should be taken into consideration that the Regulations No 1046 provides that the payment for inpatient health care services are made by the way of the following types of payments: monthly fixed payment for the activity of the hospital and monthly fixed additional payment for activity of admission department.

Additionally, on the fact, the reimbursement of patient installment is paid for relieved categories of patients, and, since 1 July 2010, additionally the services for low-income persons have been paid up from the funds of Social Safety Net Strategy. Table 28 summarizes the information on state-paid sum for hospitals in the year 2010.

Distribution of funding by medicare institutions in 2010.

Table 27

Medicare institution	2	3	4	5	6	7	8	9	10= $(2+3+4+5+6)/8$	11= $(2+3+4+5+6)/9$
Payment for activity of hospital, Ls	Additional payment for activity of admission department, Ls	Reimbursed patient installment, Ls	Reimbursed patient installment for low-income patients, Ls	Work performed for needy persons (July-December), Ls	Calculated patient installment for non-relieved categories of residents, Ls	Number of hospitalizations	Number of bed days	State funding, total per one hospitalization, Ls	State funding, total per one bed day, Ls	
Children Clinical University Hospital	12 708 620	596 360	1 598 197	24 520	63 774	1 871	28 661	165 732	523	90
Pauls Stradiņš Clinical University Hospital	31 924 561	596 360	735 864	232 657	1 350 766	1 814 113	41 194	257 496	846	135
Rīga Austrumu Clinical University Hospital	24 930 821**	596 360	1 267 226	396 560	1 431 043	2 922 952	56 821	450 476	504	64
Daugavpils Regional Hospital	6 220 437	463 835	909 269	146 533	302 315	838 701	25 270	192 857	318	42
Jēkabpils District Central Hospital	2 052 064	463 835	312 502	99 233	196 647	342 601	11 476	76 717	272	41
Jeļgava City Hospital	1 857 249	463 835	292 785	72 937	151 564	422 962	13 393	79 680	212	36
Liepāja Regional Hospital	4 538 909	463 835	447 611	79 972	293 977	409 764	15 091	97 335	386	60
Rēzekne Hospital	1 758 722	463 835	325 125	163 063	309 526	449 625	13 105	94 247	230	32
Ziemeļkurzeme Regional Hospital*	1 916 698	463 835	203 964	35 849	64 924	324 776	9 181	57 489	292	47
Vīdzeme Hospital	2 337 501	463 835	285 159	81 049	158 836	326 409	10 738	70 599	310	47
Alūksne Hospital	265 049	265 049	58 763	23 959	28 414	79 516	2 873	16 281	223	39
Association of Balvi and Gulbene Hospitals	528 571	265 049	151 692	61 207	73 747	151 613	6 890	37 585	157	29
Cēsis Clinic	717 037	265 049	109 911	26 310	44 082	134 944	6 216	27 251	187	43
Dobeles and Locality Hospital	526 070	265 049	115 007	22 237	29 035	98 344	4 886	23 450	196	41
Jūrmala Hospital	638 302	265 049	66 606	11 499	23 679	123 509	4 416	19 806	228	51
Kraslava Hospital	265 049	265 049	16 856	19 819	21 859	88 730	1 753	12 399	336	47
Kuldīga Hospital	576 869	265 049	139 542	36 689	52 160	160 585	5 527	32 378	194	33
Madona Hospital	622 522	265 049	114 554	52 113	97 365	151 673	6 175	31 445	186	37
Ogre District Hospital	676 044	265 049	149 843	20 918	34 499	159 925	5 458	33 756	210	34
Preiļi Hospital	273 751	265 049	23 554	6 931	6 131	38 289	1 289	6 955	446	83
Tukums Hospital	365 620	265 049	122 725	53 208	68 832	145 492	5 436	32 068	161	27
Ainaži, Child Mental Hospital	563 106	-	229 501	-	-	-	139	24 158	5 702	33

Medicare institution	2	3	4	5	6	7	8	Number of bed days	State funding, total per one hospitalization, Ls	State funding, total per one bed day, Ls
	2	3	4	5	6	7	8	Number of bed days	State funding, total per one hospitalization, Ls	State funding, total per one bed day, Ls
1								9	$10=(2+3+4+5+6)/8$	$11=(2+3+4+5+6)/9$
Aknīste Mental Hospital	840 712	-	1 149 217	-	-	-	391	120 951	5 089	16
Daugavpils Mental Hospital	3 104 346	61 220	1 477 460	134 753	135 526	-	3 756	168 882	1 308	29
Piejūra Hospital	997 452	61 220	457 796	2 670	8 051	10 847	2 046	49 290	746	31
Rīga Maternity House	3 175 686	247 365	312 933	2 436	9 302	19 379	8 835	35 191	424	106
Rīga Hospital No 2	1 019 137	132 524	29 524	20 826	54 115	179 071	2 036	25 907	617	48
Rīga Centre of Psychiatry and Narcology	3 496 511****	122 440	1 439 753	29 994	29 739	51 615	7 455	179 504	687	29
Hospital „Ģintermuiža”	1 878 319	122 440	1 071 255	22 087	22 824	40 532	3 210	118 813	971	26
Straupe Narcologic Hospital	104 798	61 252	20 051	2 746	3 223	22 081	1 165	4 721	165	41
Strenči Mental Hospital	1 887 079	61 220	1 104 855	35 103	42 451	-	2 649	119 600	1 182	26
Traumatology and Orthopedics Hospital	4 726 323****	265 049	68 780	50 370	256 090	377 651	5 099	49 264	1 053	109
National Rehabilitation Center „Vaivari”	1 335 750	61 841	242 224	14 109	22 890	108 367	2 751	38 353	610	44
Aizkraukle Hospital	234 001	-	27 090	5 228	8 932	53 673	2 354	17 172	117	16
Bauska Hospital	231 512	-	20 965	8 395	8 944	36 860	1 758	13 197	153	20
Līvāni Hospital	127 295	-	23 688	6 185	7 063	22 790	824	10 525	199	16
Ludza District Hospital	266 570	-	8 530	12 560	17 521	31 420	1 372	10 495	222	29
Rīga District Hospital	229 192	-	11 555	6 828	8 804	37 288	1 257	11 140	204	23
Saldus Medical Center	201 809	-	10 235	4 140	4 392	31 510	1 285	9 091	172	24
Total:	120 120 064	9 148 035	15 152 167	2 025 693	5 443 042	10 209 478	324 231	2 822 256	468	54

* Since 01/05/2010, Talsi Hospital is joined to Ziemeļkurzeme regional Hospital.

** Including the actual spending of specific medicaments Ls 65 621.

*** Including funding of estimates Ls 885 996.

**** Including payment for non-standard endoprosthesis Ls 37 762.

General statistical indicators of inpatient care (including low-income patients for whom the services are covered under the subprogram „Social Safety Net Strategy”)

Table 28

Indicators	Total / on average year 2007	Total/ on average year 2008	Total / on average year 2009	Total / on average year 2010
Number of unique patients	335 617	328 808	266 348	231 819
Number of hospitalization	480 508	473 409	373 313	324 231
Number of bed days	4 527 812	4 474 893	3 263 809	2 822 256
Average treatment duration	9.4	9.5	8.7	8.7

General statistical indicators of inpatient care by hospital groups in 2010

Table 29

Hospital group	Number of hospitalizations	Number of bed days	Average treatment duration
Total in the country:	324 231	2 822 256	8.7
Emergency assistance hospitals, total:	275 661	1 814 297	6.6
Clinical University hospitals, total:	126 676	873 704	6.9
Regional multi-profile hospitals, total:	98 066	667 219	6.8
Other emergency assistance hospitals, total:	50 919	273 374	5.4
Specialized hospitals, total:	39 532	934 634	23.6
Care hospitals, total:	9 038	73 325	8.1

* One staying of the patient in hospital from the date of admission till discharge. If the services in several service programs have been provided to a patient during one hospitalization, for example, endoprosthesis and care, it should be considered as one case.

Number of patients and average treatment duration in distribution by ICD-10 Classification diagnoses groups

Table 30

ICD block	ICD-10 block title	In year 2009			In year 2010		
		Number of patients	Number of bed days	Average treatment duration	Number of patients	Number of bed days	Average treatment duration
A00-B99	Infectious and parasitic diseases	14 243	109 865	7.7	13 946	102 519	7.4
C00-D48	Tumors	34 792	293 826	8.4	30 195	265 238	8.8
D50-D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	1 582	11 120	7.0	1 636	11 304	6.9
E00-E90	Endocrine, nutritional and metabolic diseases	6 021	39 990	6.6	4 476	31 213	7.0
F00-F99	Mental and behavioral disorders	27 827	922 400	33.1	25 919	817 499	31.5
G00-G99	Nervous system diseases	13 097	99 844	7.6	11 626	83 446	7.2
H00-H59	Diseases of the eye and adnexa	4 905	21 175	4.3	2 941	14 684	5.0
H60-H95	Diseases of the ear and mastoid process	2 560	16 167	6.3	2 343	15 080	6.4
I00-I99	Diseases of the circulatory system	69 035	498 593	7.2	60 333	429 021	7.1
J00-J99	Diseases of the respiratory system	38 329	255 449	6.7	36 422	231 047	6.3
K00-K93	Diseases of the digestive system	34 106	183 241	5.4	30 363	165 871	5.5
L00-L99	Diseases of the skin and subcutaneous tissue	5 996	44 503	7.4	4 621	31 722	6.9
M00-M99	Diseases of the musculoskeletal system and connective tissue	19 923	179 598	9.0	12 540	109 117	8.7
N00-N99	Diseases of the genitourinary system	23 248	110 495	4.8	18 257	93 738	5.1

ICD block	ICD-10 block title	In year 2009			In year 2010		
		Number of patients	Number of bed days	Average treatment duration	Number of patients	Number of bed days	Average treatment duration
O00-O99	Pregnancy, childbirth and the puerperium	33 951	168 525	5.0	29 019	133 937	4.6
P00-P96	Certain conditions originating in the perinatal period	2 566	29 701	11.6	2 510	28 207	11.2
Q00-Q99	Congenital malformations, deformations and chromosomal abnormalities	2 560	19 968	7.8	2 213	16 306	7.4
R00-R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	664	2 549	3.0	700	2 829	4.0
S00-T98	Injury, poisoning and certain other consequences of external causes	37 987	251 599	6.6	33 470	230 147	6.9
V01-Y98	External causes of morbidity and mortality	34	128	3.8	44	364	8.3
Z00-Z99	Factors influencing health status and contact with health services	685	5 073	7.4	750	8 967	12.0
Total:		374 111	3 263 809	8.7	324 324	2 822 256	8.7

* Number of patients in distribution by diagnoses and treatment profiles may differ from the number of hospitalizations in the cases when the profile has been changed to the patient within one hospitalization.

European Union Committee for Employment and Social Affairs has defined in its guidelines the indicator diagnoses, which indicate to the gaps in outpatient health care. The patients having these diagnoses should be treated outpatient, by dividing the competence between the specialists of primary and secondary health care specialists. In 2010, there were 14 646 hospitalizations (less by 12% compared with the year 2009) with indicator diagnoses, of which 12 852 hospitalizations (less by 14% compared with the year 2009) were in the program „Other services”, and it means that the specialized inpatient assistance have not been provided to these patients.

Indicator diagnoses

Table 31

Code	Title of diagnosis	In year 2009		In year 2010	
		Total number of hospitalizations	Including number of hospitalization in the program „Other services”	Total number of hospitalizations	Including number of hospitalization in the program „Other services”
E10	Insulin-dependent diabetes mellitus	1 314	1 281	1 186	1 112
E11	Non-insulin-dependent diabetes mellitus	1 933	1 865	1 531	1 384
I10	Essential (primary) hypertension	6 254	5 855	5 944	5 335
I11	Hypertensive heart disease	2 972	2 759	2 516	2 183
I12	Hypertensive renal disease	188	174	166	163
I13	Hypertensive heart and renal disease	37	34	38	38
I15	Secondary hypertension	254	246	163	124
J45	Asthma	3 630	2 698	3 092	2 504
J46	Status asthmaticus	19	18	10	9
Total:		16 601	14 930	14 646	12 852

Number of unique patients relieved from patient installment by patient groups, who have received state-paid inpatient health care within the contract amount in 2010

Table 32

Code of patient group	Title of patient group	Number of unique patients	Patient installment for relieved categories, Ls	Average per one patient, Ls
2	Tubercular patients and patients undergoing examination for tuberculosis determination	826	491 000	594.43
3	Persons, who receive health care services in cases of those infectious diseases that have laboratorial approval and are subject to registration in compliance with Regulations of the Cabinet of Ministers on the procedure of registration of infectious diseases	4 467	294 837	66.00
4	Pregnant women and women in childbed up to 42 days if they receive health care services in relation to the pregnancy and postnatal observation and the course of pregnancy	22 239	1 222 304	54.96
5	Mentally ill persons when receiving psychiatric treatment	9 684	6 147 002	634.76
8	Patient, whose total amount of patient installment within a calendar year has exceeded 400 lats	90	31 025	344.72
11	Children under the age of 18	45 480	3 431 604	75.45
12	Politically repressed persons and participants of national resistance movement	3 296	412 479	125.15
13	Persons suffered from the liquidation of the Chernobyl NPP accident consequences	769	75 590	98.30
14	Persons under care of the state specialized social care Centers and municipality homes (Centers)	1 681	234 635	139.58
15	The needy persons recognized as such under the procedure established by the Cabinet of Ministers	12 495	1 677 873	134.28
26	Inpatient oncologic treatment for adults	10 488	939 786	89.61
27	Inpatient oncohematologic treatment for adults	1 030	129 216	125.45
28	Inpatient treatment for adults within the framework of alcoholism restriction program	3 713	147 600	39.75
29	Inpatient treatment for adults within the framework of drug addiction restriction program	237	29 227	123.32
47	Patient undergoing procedures of chronic haemodialysis, hemodiafiltration and peritoneal dialysis	383	82 722	215.98
59	Persons of 1st group of disability	2 531	483 379	190.98
61	Patient's death cases	5 748	520 178	90.50
90	A person whose income over the past three months does not exceed 120 lats a month	1 831	268 034	146.39
91	A person whose income over the past three months does not exceed 150 lats a month	2 141	178 336	83.30
92	EMA service workers	50	3 545	70.90
	Total sum patient installments made by the patient for inpatient treatment case has exceeded 250 lats	956	113 456	118.68
Total:		130 135	16 913 828*	129.97

* In the table the data have not been listed for those patients for whom the reimbursement of patient installment (in amount of 264 032 Ls) has covered for part of hospitalization time.

The numerically largest category of patients that have received reimbursement of patient installments from the state budget funds for categories of residents relieved from the patient installment are children, followed by expectant mothers and women in the postnatal period up to 42 days.

The highest expenses for reimbursement of patient installments on average per one patient are for mentally ill persons when receiving psychiatric treatment, tubercular patients and patients, who undergo examination for tuberculosis determination and persons of 1st group of disability, that can be explained by lasting or repeated patient treatment.

7.SPENDING OF SOCIAL SAFETY NET STRATEGY FUNDS

Within the framework of the subprogram „Implementation of Social Safety Net Strategy measures”, the implementation of included health care measures continues. By the Order No 490 of the Cabinet of Ministers of 18 August, since 1 July 2010 the additional measures in health care were included, as a result the following health care services have been paid up from the Strategy funds in 2010:

- reimbursement of patient installments and co-payment for low-income persons and payment for basic service;
- reimbursement of expenses for the acquisition of medicinal products for needy patients, at 100%;
- establishment of reimbursement mechanism for the covering of patient hotel costs (accommodation costs);
- home care for patients with serious diseases;
- concentration of inpatient services to needy patients with mental illness, reducing the number of beds by the development of care in day care Centers;
- provision of day hospital services;
- improvement of availability of primary health care services involving the second nurse in family doctor's practice.

Implementation of Social Safety Net Strategy measures in 2010

Table 33

No	Measure	Planned,	Fulfilled work,
		Ls	Ls
1	Establishment of reimbursement mechanism for the covering of patient installments and co-payments needy and low-income patients	8 002 426	11 808 303
2	Reimbursement of expenses for the acquisition of medicinal products to needy patients, at 100%	2 886 199	2 947 716
3	Establishment of reimbursement mechanism for the covering of patient hotel costs to needy and low-income patients	289 061	455 092
4	Provision of home care	880 709	722 047
5	Concentration of inpatient services to needy patients with mental illness, reducing the number of beds by the development of care in day care Centers	44 867	183 387
6	Provision of day hospital services	9 016 616	8 553 444
7	Improvement of availability of primary health care services involving the second nurse in family doctor's practice	3 090 833	1 135 630
Total:		24 210 711	25 805 619

**Statistical indicators of the health care services paid up from
Social Safety Net Strategy funds**

Table 34

Type of health care service	Activities	Number
Reimbursement of the expenses for the acquisition of medicinal products	Number of cases when the funds have been returned	410
	Number of patients for whom the medicinal products have been reimbursed at 100%	21 514
	Number of prescriptions	141 563
Inpatient services for needy and low-income persons	Number of hospitalization	23 425
Outpatient services for needy and low-income persons (except day hospital services and home care)	Number of visits at primary health care doctors	365 452
	Number of visits at secondary outpatient health care doctors	182 189
	Number of bed days in hotels	49 460
	Number of cases in hotels	7 208
	Number of patients received health care services (except dentistry)	129 114
	Number of visits in dentistry	907
	Number of patients received dentistry services	471
Other outpatient services from Strategy funds	Number of home care visits	82 896
	Number of home care patients	5 833
	Number of cases in day hospital	42 285
	Number of bed days in day hospital	216 281
	Number of cases for day hospital patients with mental illnesses	1 522
	Number of bed days for day hospital patients with mental disorders	24 943
	Number of the second nurses	289

8. HEALTH CARE SERVICES IN EUROPEAN UNION

The EU legislation provides for the retain of the rights to social security when the person exercises the rights to freedom of movement within the EU. Social rights include also health care matters, securing of which in Latvia is provided by the Center (the Center – a competent institution in Latvia regarding the fulfillment of obligations set out in the laws and regulations of EU in health care field). By implementing of EU legislation, the Center, in the cases and under the procedure set out in laws and regulations:

- issues documents that acknowledge the rights of the person to receive health care services secured in another member state of EU and EEA, and Swiss Confederation in accordance with the conditions of respective state, and provides reimbursement of these services from the budget funds of the Republic of Latvia;

Information on the cases reviewed within the year 2010 on the issue of the forms E 106, E 109, E 120, E 121, S 1

Table 35

Type of form	Number of initiated administrative cases	Number of decision taken		
		Total	Favorable	Adverse
E 106/S 1	389	354	319	35
E 109/S1	3	3	3	-
E 120/S1	-	-	-	-
E 121/S 1	91	77	57	20

- issues documents that acknowledge the rights of a person to receive planned health care services in another EU and EEA member state and Swiss Confederation, if the provision of such service is not possible in the Republic of Latvia, and secure reimbursement of these services from the state budget funds of the Republic of Latvia;

Information on cases reviewed in 2010 on the issuance of form E 112/S 2

Table 36

Type of form	Number of initiated administrative cases	Number of decision taken		
		Total	Favorable	Adverse
E 112/S 2	101	98	86	12

* The reasons for issuance of adverse administrative acts are as follows: requested reimbursement of such health care service for which reimbursement from the budget funds of the Republic of Latvia is not provided under national laws and regulations of Latvia, or, on the base of opinion of medicare institutions of the Republic of Latvia the requested health care services can be provided in the Republic of Latvia.

- issues documents that acknowledge the rights of the person to receive required and emergency health care during his temporary stay in another EU and EEA member state or Swiss Confederation, and provides the reimbursement of provided services from the state budget funds of the Republic of Latvia;

Type of document securing the availability of planned health care services

Table 37

In EU member states:	In European Economic Area States (Norway, Liechtenstein, Iceland) and Switzerland:
European Union Health Insurance Card	European Union Health Insurance Card
Number of issued documents	
European Union Health Insurance Card	50 923
EHIC substitution certificate	452

- registers the documents issued by competent institution of another EU and EEA member state or Swiss Confederation that acknowledge the rights of a person to receive state-secured health care services in the Republic of Latvia; ensures the availability of these services in accordance with the procedure and conditions stipulated in the Republic of Latvia; ensures recover of the expenses for provided services from another EU and EEA member state or Swiss Confederation;

Information on forms registered in the Center within 2010

Table 38

Type of form	Number of forms registered in the Center	Number of annulled forms
		(previously registered in the Center)
E 106/S 1	93	19
E 109/S 1	7	0
E 120/S 1	0	0
E 121/S1	29	2

- secures reimbursement of expenses to a person for the required and emergency health care services received in another EU and EEA member state or Swiss Confederation, which the person has received in the case of temporary stay and for which the person has paid from personal resources;

Information on the cases reviewed within 2010 on the reimbursement of expenses to natural persons

Table 39

Number of initiated administrative cases	Number of decisions taken			
	Total	Favorable	Adverse	Termination of a case due to lack of facts
		(on the reimbursement of expenses)	(denial to reimburse)	
84	80	42	21	11

Number of forms E112/S2 issued in 2010, division by countries, and types of health care services

Table 40

State	Number of forms	Health care service	Number of forms
Austria	1	Genetic investigation	1
Belgium	2	Liver donor seeking and verification	1
		Operation with monitoring of nervous functions	1
Great Britain	3	Genetic investigation	1
		Complicated heart surgery	2
France	2	Specific chemotherapy	1
		Examination and consultation	1
Estonia	12	Positron emission tomography	1
		Eye melanoma operation with radioactive applicator	11
Italy	3	Extensive cytoreductive surgery	1
		Stem cell donor seeking	1
		Analyses - HLA typing	1
Lithuania	31	Allogeneic stem cell transplantation	8
		Non-family stem cell donor seeking	14
		BCR-ABL gene control in marrow aspiration	2
		Real-time PCR method Chimerism analysis	6
		Surgery for congenital heart disease	1
Netherlands	1	Genetic investigation	1
Finland	1	Skull bone surgery	1
Switzerland	1	Consultation and spinal surgery	1
Hungary	2	Extracorporeal photopheresis	2

State	Number of forms	Health care service	Number of forms
Germany	41	Allogeneic stem cell transplantation	4
		Non-family stem cells donor seeking	3
		Examination and consultation	5
		Surgery for congenital heart disease	1
		Radioactive isotope therapy	4
		Analyses - HLA high-resolution typing	3
		Acute neurorehabilitation	2
		Genetic investigation	1
		Liver transplantation	3
		Liver donor seeking and verification	3
		Complicated spinal surgery	4
		Long-term electrocorticography	1
		Giant pigmented nevus excision	4
		Complex treatment of osteosarcoma	1
		Reconstructive skull surgery	1
Specific chemotherapy	1		
Sweden	4	Therapy control (congenital respiratory disorder)	2
		Examination and consultation	2
Total:	104		104

Number of the issued form E112/S2 by years

Table 41

Year of the issuance of the form	Number of issued forms
Year 2006	26
Year 2007	110
Year 2008	127
Year 2009	122
Year 2010	104

Information on the review of administrative cases on reimbursement of expenses to natural persons by countries in 2010

Table 42

State	Number of initiated cases	Administrative acts			
		Favorable	Adverse	On the termination of case	Other
Austria	2	2	-	-	-
Belgium	3	1	-	-	1
Bulgaria	1	1	2	-	-
Denmark	1	-	-	-	1
France	5	1	1	-	3
Greece	2	-	-	-	-
Croatia	1	-	-	-	1
Estonia	6	5	2	-	1
Italy	2	1	1	-	-
Great Britain	1	1	1	-	-
Lithuania	4	4	-	-	-
Netherlands	6	3	2	-	-
Norway	7	-	5	-	1
Poland	2	1	-	-	-
Finland	3	-	-	-	2
Spain	2	-	-	-	1
Switzerland	3	1	2	-	-
Germany	24	12	4	-	3
Sweden	6	6	-	-	-
Latvia	1	-	-	-	1
Other	2	1	-	-	1
Czech Republic	-	1	-	-	-
Malta	-	-	1	-	-
Slovenia	-	1	-	-	-
Total:	84	42	21	11	6

Settlements between the member states for health care services

Each member state is obliged to settle account for the health care services provided to persons subjected to its social insurance, if they have been provided on the base of the documents issued by the competent institution of respective member state. The settlements for provided services should be performed taking as a base:

- Actual expenses for health care services provided to persons;
- Average health care expenses, which are stated by each member state in accordance with the methodology described in the Decision No 175 of the Administrative Commission of 23 July 1999, and which are approved in the Administrative Commission for social security of migrating employees of European Community.

In accordance with EU legislation and on the grounds of actual expenses, the member states settle payments for the services which have been provided on the base of the following presented documents: EHIC, EHIC substitution certificate, form E 106, form E 112, while, taking as a basis average health care costs, the member states settle payments for the provision of health care services to the persons to which the following forms have been issued: form E 109, form E 121.

Amount of requests submitted to the Center in 2010 on health care services provided to the persons subject to Latvian social insurance, taking as a basis the actual expenses for provided health care services, and amount of the settlement made by the Center, Ls

Table 43

State	Amounts submitted for payment in 2010, total, Ls	Amounts paid in 2010, Ls*
Austria	82 394.51	80 876.35
Belgium	0.00	17 702.45
Bulgaria	1 008.16	1 008.16
Czech Republic	9 064.78	9 064.78
Denmark	5 226.29	8 311.08
France	112 417.41	112 347.18
Greece	2 372.29	2 372.29
Estonia	53 233.12	53 233.12
Ireland	0.00	0.00
Iceland	7 300.44	7 300.44
Italy	127 275.34	119 312.58
Cyprus	5 874.76	5 874.76
Great Britain	8 787.95	8 787.95
Lithuania	172 256.69	123 942.52
Liechtenstein	0.00	0.00
Luxembourg	65.50	65.50
Malta	49.12	171.97
Netherlands	59 308.70	59 308.70
Norway	0.00	130 347.00
Poland	7 376.67	7 522.32
Portugal	3 857.85	3 202.87
Rumania	0.00	0.00
Slovakia	2171.18	250.94
Slovenia	2 779.68	2 779.68
Finland	15 183.55	14 919.29
Spain	32 333.84	31 938.79
Switzerland	4 411.08	4 169.44
Hungary	67.63	67.63
Germany	979 927.31	832 620.81
Sweden	115 011.04	117 182.42
Total:	1 807 800.89	1 754 681.02

* Includes invoices unpaid in the previous period.

The amount paid by the Center within 2010 for health care services provided in another member state to persons subject to Latvian social insurance

Table 44

For actual	For average	Total:
1 754 681.02	150 686.47	1 905 367.47

Amount of requests prepared by the Center in 2010, taking as a basis the actual expenses for provided health care services, and amount of settlements made by another member state, Ls

Table 45

State	Invoices in 2010, total, Ls	Amounts received in 2010, Ls*
Austria	8608.95	5 606.39
Belgium	54.00	54.00
Bulgaria	3 837.03	0.00
Czech Republic	505.67	0.00
Denmark	1095.52	4 017.80
France	2 214.75	0.00
Greece	54.00	0.00
Estonia	15 281.64	16 761.59
Ireland	280.48	0.00
Iceland	5.54	0.00
Italy	3 121.58	0.00
Cyprus	0.00	0.00
Great Britain	17 101.82	10 122.79
Lithuania	24 847.01	35 959.45
Liechtenstein	0.00	0.00
Luxembourg	54.00	0.00
Malta	0.00	0.00
Netherlands	795.13	0.00
Norway	2 562.30	2 562.30
Poland	1 164.91	5 365.70
Portugal	330.71	366.36
Rumania	0.000	25.49
Slovakia	550.88	530.26
Slovenia	47.24	0.00
Finland	688.61	688.61
Spain	2345.2	735.48
Switzerland	86.23	585.60
Hungary	244.47	0.00
Germany	23 636.14	8 783.00
Sweden	6 281.61	6 281.61
Total:	115 795.42	98 446.43

* The received amount includes requests (invoices) prepared by the Center to competent institution. of other countries in previous years.

**Amount of requests prepared by the Center in 2010, taking as a base
the average health care costs, and the amount of settlements
made by another member state, Ls**

Table 46

State	Invoices, total, Ls	Amounts received, Ls
Belgium	0.00	256.08
Denmark	0.00	1 323.08
France	170.00	0.00
Lithuania	0.00	1 472.46
Netherlands	0.00	1 195.04
Norway	0.00	298.76
Switzerland	144.89	384.12
Germany	238.00	0.00
Total:	552.89	4 929.54

**The amount paid to the Center within 2010 for health care services provided in Latvia to
persons subject to social insurance of another member state**

Table 47

For actual	For average	Total:
98 446.43	4 929.54	103 375.97

9. RECOVERING OF REVERSE CLAIMS

In 2010, the Center, accordingly to the reverse claim procedure, has recovered Ls 646 630,27. The specified amount is by 29.32% more than planned in the activity plan of the Center for the year 2010. The recovered resources were allocated to the subprogram „Medicare” for reimbursement of the health care services.

Indicators of reverse claims in 2009 and 2010

Table 48

Indicator	Number in 2009	Amount (Ls) in 2009	Number in 2010	Amount (Ls) in 2010
Submitted claims, total:	1 769	775 902.44	1 667	904 145.57
<i>incl.:</i>	-	-	-	-
For the treatment of road accident casualties	1 735	743 949.8	1 318	726 027.27
<i>incl.:</i>	-	-	-	-
<i>To insurance companies</i>	1 571	653 064.81	1 135	577 663.65
<i>To Latvian Bureau of Vehicle Insurers</i>	164	90 884.99	183	148 363.62
<i>To persons who caused accidents</i>	0	0	0	0
For the treatment of other casualties	34	31 952.64	349	178 118.30
<i>inc.:</i>	-	-	-	-
<i>From unlawful acts and criminal offences</i>	13		335	154 683.78
<i>From accidents at work</i>	21	24 161.60	14	23 434.52
Paid up claims, total:	1 713	560 291.28	1231	646 630.27
<i>incl.:</i>	-	-	-	-
Partially paid up claims	0	0	29	4009.21
For the treatment of road accident casualties	1 695	543 816.63	1 180	631 223.77
<i>incl.:</i>				
<i>From insurance companies</i>	1 586	489 737.4	1 053	567 492.52
<i>From Latvian Bureau of Vehicle Insurers</i>	109	54 079.23	127	63 731.25
<i>From persons who caused accidents</i>	0	0	0	0
For the treatment of other casualties	18	16 474.65	51	11 397.29
<i>incl.:</i>	-	-	-	-
<i>From unlawful acts and criminal offences</i>	3	798.52	45	7 302.84
<i>From accidents at work</i>	15	15 676.13	6	4 094.45

Compared with the year 2009, the amount of applied reverse claims has increased by 16.53 % in 2010, and the amount of recovered funds has increased by 15.41 %. In 2010, the total paid up amount of reverse claims against the total amount of submitted reverse claims amounts to about 71.52 %.

10.COMMUNICATIONS WITH THE PUBLIC

To inform the public on available health care services and their receipt procedure, the greatest amount of work in 2010 was contributed just in the development and keeping of cooperation with the representatives of mass media: the press releases were sent out on a regular basis, the answers were prepared for writing mass media and interviews given to the representatives of television and radio on topical matters regarding health care services and activity of the Center.

Evaluating the publicity of the Center in mass media, it should be noted that in 2010, at an average 75 articles were published every month, where the Center has been mentioned primary (the articles were not listed, for the preparation of which the Center has provided information, but a reference for the information or commentary provider was not mentioned in the article). Taking into consideration the context, interpretation and emphasis of the article, the publicity of the Center is neutral in general in 80% of all articles. The articles include information provided by the Center that is not critically interpreted from the side of the author of article.

Taking into account the limited state budget funds in 2010, the following electronically prepared informative materials have been published on homepage with the aim to inform the workers of health care system and population on the spending of state budget funds in health care, as well to reflect the results of contractual partners of the Center:– „News of the Health Payment Center 2010” and „ Public Annual Report of the Health Payment Center for the year 2010”. The informative issue “Free European Health Insurance Card” also has been electronically prepared and sent out to all cooperation partners of the Center for the placing in publicly available place.

In order to transfer operatively the information on the state-paid health care services to the residents, the operation of toll-free info line 80001234 is provided since 2002. Toll-free info line works every working day from 8.30 till 17.00, providing intense callers flow during whole day.

At an average the consultations to 106 callers are daily given by the info line specialists. In 2010, total 26 670 consultations were given to callers including 107 complaints from the residents on the health care services received in medicare institutions or on medicare workers having contractual relationships with the Center.

Number of answered calls to the toll-free info line of the Center

Table 49

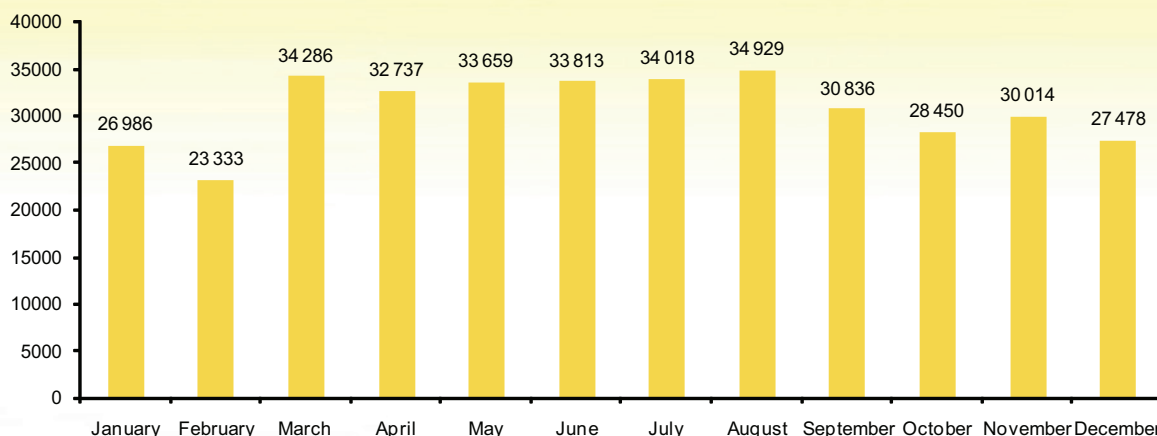
Time period	Average daily number of consultations	Total number of calls to which the answers were given
Year 2008	115	28 916
Year 2009	118	29 406
Year 2010	107	26 670

The summary of received calls shows that the residents are mainly interested in the following topics – registration at the family doctor according to the place of residence; conditions for prescription and receipt of reimbursable medicaments; procedure for receipt of EHIC and its basic operational principles; it was important for residents also to find out answers on questions regarding state-organized early cancer detection program. In 2010, the number of received calls on these matters was 13 066 or 49% of the total number of calls.

Along with cooperation with the representatives of mass media and provision of operation of toll-free info line, the Center also provides on a regular basis the update of information on the homepage of the Center www.vnc.gov.lv. According to “Google Analytics” statistical data, in 2010, the homepage of the Center was visited 370 539 times, while total the homepage sections were viewed 1 377 373 times.

Number of visitors of homepage of the Center in 2010

Fig. 23



To ensure availability of the information on state-paid health care services to Russian-speaking and English-speaking residents, in 2010, the information in Russian and English sections of homepage has been completely changed, providing exact explanations on the activity of the Center and state-paid health care services.

The new section has been made in homepage – „Structural Funds projects implemented by the Health Payment Center”, thus providing the publicity of the project „Implementation of process approach for the improvement of the quality of services provided by the Health Payment Center”.

In order to improve homepage layout, the improvements have been made to the text grouping forms, new additional interactive tools have been introduced: one-question survey, multiple-question survey, the text PDF saving tool, text transfer or printing tool, as well as „Quick links” section.

At the same time it should be noted that the information on the services provided by the Center (European Health Insurance Card and preparation and issuance of forms S, consultation on health care services and issuance of prescription forms) is being updated on a regular basis in Latvian state portal www.latvija.lv and portal www.iespejukarte.lv.

TERMS USED

Unique patient – patient who has received some one or several (accordingly to the data selection conditions) health care services within a particular time period but only once is registered in the totality of patients that have received the service.

Primary Health Care (Hereinafter – PHC) family doctors – all family practitioners involved in the primary health care, including internists and paediatrists under the Clauses 239 and 240 of the Regulations No 1046.

Family doctors – family practitioners involved in the primary health care, including internists and paediatrists under the Clauses 239 and 240 of the Regulations No 1046, which have registered patients in the patient register of family doctors and which are paid the capitation money in accordance with the provisions of Regulations No 1046.

Primary Health Care specialists- family doctors, doctor's assistants (paramedics), nurses and midwives involved in the primary health care.

Secondary Outpatient Health Care (hereinafter – SOHC) specialists – all doctors involved in the secondary outpatient health care.

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In the issue information prepared by the Ministry of Health, Health Payment Center, reports by medicare institutions, as well as regulatory enactments of the Cabinet of Ministers and the Ministry of Health have been used.

Publication has been issued electronically and available on homepage of the Center – www.vnc.gov.lv.

Reference is compulsory in case of quoting or re-publishing.