

Family physicians' quality system indicator descriptions 2017

Always see also the "Implementing Guide" of this year of the Annex 4 of the Primary Medical Care Agreement and the required coverage of this year on the EHIF website

(<http://www.haigekassa.ee/raviasutusele/perearst/kvaliteedisustem>)

For explanations of the treatment codes, see also the list of health care services provided by the Estonian Health Insurance Fund and/or Annex 8 "Code of Activities within the Capitation Fee" of the Primary Medical Care Funding Agreement.

Name of the indicator	Vaccination
Number of the indicator	Vaccination 1.1
Purpose/potential indicator value	90%
Definition	% of children of the corresponding age group in the family physician's list who have been vaccinated according to the national vaccination plan
Target group	The target group includes children at least 3 years of age. The code referring to the indicator is provided after the vaccination according to the national immunization plan. A 3-year-old child is considered to be covered if he or she has received all immunizations by the family physician according to the national vaccination schedule within the previous three years. Vaccination refusal and medical contraindications for vaccination should be included in the coverage of vaccination of children aged 0-2 years if the child has passed the examinations and general medical check-ups prescribed for the corresponding age group. The refusal must be supported by a parent's written application. In case of a family physician working with an approved list whose service area is a local authority and whose list is made up of residents in the area and no children of 0 to 2 years old live in the area, the criteria for efficient work on prevention of the diseases of persons 0-18-year-old is considered to be fulfilled at 100%.
The cases added to or excluded from the target group	From the target group are excluded children during the appeal process of preliminary results if the family physician notifies in writing that the child is living abroad and has been designated to the list by the county governor or the Health Board and has never visited the physician's office.
Data source	EHIF database for the use of vaccination codes as described in family physicians' medical invoices within 4 years.
Observation period (1 year, 3 years, etc.)	4 years (the observed year and three years prior to that)
Additional information, treatment guidelines, articles, references, etc.	Immunization schedule established on the basis of the Communicable Diseases Prevention and Control Act: https://www.riigiteataja.ee/akt/115012014002 ; Implementation Guideline for National Immunization Schedule: http://www.haigekassa.ee/uploads/userfiles/Immuniseerimiskava_rakendusjuhised_01_07_2014.pdf ; European Commission decision on case definitions: http://ec.europa.eu/health/ph_threats/com/docs/1589_2008_et.pdf

Name of the indicator	Children's examination and general medical examination of children up to 3 years of age
Number of the indicator	Toddler
Purpose/potential indicator value	90%
Definition	% of children of the corresponding age group in the family physician's list who have passed medical examination according to the work instructions of family physicians.
Target group	The target group includes children at least 3 years of age. The code referring to the indicator will be marked on the treatment invoice following an inspection, in accordance with the work instructions of the family physicians and the healthcare professionals working with them. A 3-year-old child is considered to be covered if on his or her treatment invoice has been marked the codes 9031; 9032; 9033; 9034 by the family physician within the previous three years. In case of a family physician working with an approved list whose service area is one local authority and whose list is made up of residents in the area and no children of 0 to 2 years old live in the area, the criteria for efficient work on prevention of the diseases of persons 0-18 year old is considered to be fulfilled at 100%.
The cases added to or excluded from the target group	From the target group are excluded children during the appeal process of preliminary results if the child is living abroad according to the data of the population register/has been designated to the list by the Health Board and has never visited the physician's office.
Data source	EHIF database of family physicians' treatment invoices respectively in case of examinations for 1 month of age 9031, in case of examination for 3 months of age 9032, in case of examination of 12 months of age 9033 and in case of examination of 2 years of age 9034 use within 4 years.
Observation period (1 year, 3 years, etc.)	4 years (the observed year and three years prior to that)
Additional information treatment guidelines, articles, references, etc.	Regulation of the Minister of Social Affairs "Work instructions of the family physicians and healthcare professionals working with them, treatment guide recognized by EHIF: Family nurse's code of conduct, drafted by the Tallinn Family Physicians Society and the Family Nurses Society of the Estonian Nurses Union http://www.haigekassa.ee/uploads/userfiles/Pereoe_tegevusjuhend_07%2004%202009%20tunnustatud.pdf

Name of the indicator	Pre-school child examination and health check at 6, 7, 8 years of age
Number of the indicator	School 1
Purpose/potential indicator value	90%
Definition	% of children of the corresponding age group in the family physician's list who have passed the examination and the health check
Target group	A child is considered to be in the target group if he or she has started the 1st grade in the current year on the basis of data provided by the Ministry of Education. In case of a family physician working with an approved list whose service area is one local authority and whose list is made up of residents in the area and no children of 6, 7 and 8 years old live in the area, the criteria for efficient work on prevention of the diseases of persons 0-18-year-old is considered to be fulfilled at 100%.
The cases added to or excluded from the target group	From the target group are excluded children during the appeal process of preliminary results if the child is living abroad according to the data of the population register/has been designated to the list by the Health Board and does not visit/has never visited the physician's office.
Data source	EHIF database on family physicians' treatment invoices use of the code 9030 in the year of observation.
Observation period (1 year, 3 years, etc.)	1 aasta
Additional information treatment guidelines, articles, references, etc.	Regulation of the Minister of Social Affairs "Work instructions of the family physicians and healthcare professionals working with them, treatment guide recognized by EHIF: Family nurse's code of conduct, drafted by the Tallinn Family Physicians Society and the Family Nurses Society of the Estonian Nurses Union http://www.haigekassa.ee/uploads/userfiles/Pereoe_tegevusjuhend_07%2004%202009%20tunnustatud.pdf

Name of the indicator	Monitoring of diabetes mellitus patients (defined glycemc hemoglobin, creatinine in the blood serum, total cholesterol in the blood serum, cholesterol fractions in the blood serum, counseling of the family nurse performed)
Number of the indicator	II Diabetes 2
Purpose/potential indicator value	Average coverage + 10% but not more than 90% (The average coverage is the average percentage of the results achieved during the calendar year preceding the calendar year preceding the calendar year reviewed, which will be published on the EHIF website by July 1 at the latest. Year 2015 coverage 70%)
Definition	% of type II diabetes mellitus patients, <ul style="list-style-type: none"> • whose glycohemoglobin has been determined at least once a year (if the glycohemoglobin is over (or equal to) 7.0%, the code on the treatment invoice should be 9050), • whose creatinine has been determined at least once a year, • whose total cholesterol content has been determined least once a year (if the patient has a total cholesterol value greater than 5.0 mmol/l, then regardless of the disease or condition, the code 9040 is always entered on the invoice); • whose cholesterol fractions have been determined at least once in 3 years, • who has been advised by the family nurse (lifestyle, control of the disease) at least once a year
Target group	All type II diabetic patients (ODC-10 code E11) who are on the current (reviewed) year in lists of chronic illnesses. Persons will be considered if they have been insured for the year to be reviewed or if they have lost the insurance coverage by the moment of calculation of the results (1 January of the year following of the year to be reviewed) or dead, but nevertheless received the service.
The cases added to or excluded from the target group	In the cases accepted by the Health Insurance Fund, the persons in the target group are excluded in the following cases: according to the population register, the person has left Estonia (lives abroad) or the corresponding diagnosis of chronic illness is on the treatment invoice only with the extension "0 - diagnosis unspecified".
Data source	The EHIF database for family doctor's invoices shows the code 66118 or 9118 for glycemc hemoglobin; for creatine code 66102 or 9102; for total cholesterol code 66104 or 9104 and for family nurse counseling, code 9061 during the reviewed year. Cholesterol fractions code 66105 or 9105 for 3 years.
Observation period (1 year, 3	For 1 year (e.g. for the whole 2016 year) or for cholesterol fractions 3 years (the reviewed year and the two previous ones, for example, if 2016 is the reviewed

<p>Additional information treatment guidelines, articles, references, etc.</p>	<p>Analysis performed at another health care institution in the past 12 months will be included in the calculation of results for the quality system if the result of the analysis is documented in the family physician's medical file (preferably with a copy of the result of the analysis attached), and the family physician enters the relevant additional code beginning with 9 on the treatment invoice. The date of the test indicated by the family physician is the date on which the family physician assesses the result of the patient's test.</p> <p>Clinical guidelines approved by the EHIF: Prevention and treatment of chronic kidney disease (published: 04.01.2017) http://www.ravijuhend.ee/juhendid/ravijuhendid/148/kroonilise-neeruhaiguse-ennetus-ja-kasitlus</p> <p>Estonian Family Physicians Society and Estonian Endocrine Society; drawn up by a professional society: Treatment guidelines for diabetic ketoacidosis in children, V. Tillmann, H. Grünberg, 2003 Eesti Arst; Code of Conduct for Family Nurses http://www.haigekassa.ee/uploads/userfiles/Pereoe_tegevusjuhend_07%2004%202009%20tunnustatud.pdf, The authors of the Tallinn Family Physicians Society and the Family Nurses Society of the Estonian Nurses Union.</p>
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Name of the indicator	Metformin or combination of metformin prescribed for patients with diabetes II
Number of the indicator	Diabetes II medications I
Purpose/potential indicator value	Average coverage + 10% but not more than 90% For example, by July 1, 2016, the indicator is measured and reported as average coverage on 2015, and the required coverage for 2016 is 2015 plus 10%. The average coverage is the average percentage of the results achieved in the calendar year preceding the reviewed calendar year which will be published on the EHIF website by July 1 at the latest. The average coverage for 2015 is 61%.
Definition	At least 6 discount prescriptions for metformin or combinations thereof for type II diabetes (with the diagnosis E11) that are on the list have been prescribed in 14 months.
Target group	All type II diabetic patients (ODC-10 code E11) who are on the current (reviewed) year in lists of patients with chronic illnesses. Lists will be made available in TORU. Persons will be considered if they have been insured for the year to be reviewed or if they have lost the insurance coverage by the moment of calculation of the results (1 January of the year following of the year to be reviewed) or dead, but nevertheless received the service.
The cases added to or excluded from the target group	In the cases accepted by the Health Insurance Fund, the persons in the target group are excluded in the following cases: according to the population register, the person has left Estonia (lives abroad) or the corresponding diagnosis of chronic illness is on the treatment invoice only with the extension "0 - diagnosis unspecified".
Data source	The discount prescriptions issued for the patients of the list belonging to the target group on the basis of a medical prescription database. The prescriptions issued by medical specialists are also taken into account.
Observation period (1 year, 3 years, etc.)	14 months (e.g. for the year 2016, 01.11.2015 - 31.12.2016)
Additional information, treatment guidelines, articles, references, etc.	Minister of Social Affairs Regulation No. 30 of 18.02.2005 Conditions and Procedure for Prescribing and the Issuance of Medicines from Pharmacies and the Form of Prescription § 2 (6). https://www.riigiteataja.ee/akt/130122016006?leiaKehtiv Clinical guidelines approved by the EHIF: Drawn up by a professional society: Treatment guidelines for diabetic ketoacidosis in children, V. Tillmann, 2003 Eesti Arst.

Name of the indicator	Monitoring of low-risk hypertension patients (glucose and total cholesterol in the blood serum determined and a family nurse's consultation performed)
Number of the	Hypertension I
Purpose/potential indicator value	Average coverage + 10% but not more than 90% (The average coverage is the average percentage of the results achieved by the physicians applied for the performance pay during the calendar year preceding the calendar year reviewed, which will be published on the EHIF website by July 1 at the latest.). Year 2015 coverage 77%.
Definition	% of low-risk hypertension patients with <ul style="list-style-type: none"> determined glucose or glycated hemoglobin (HbA1c), counseling of the family nurse performed once a year in the reviewed year, total serum cholesterol in the blood serum determined for at least 1 x 3 years.
Target group	All patients with a diagnosis of I10-I15 (ODC -10 codes) and marked with Grade 1 in the list of patients with chronic illnesses iforwarded by the Health Insurance Fund in the current (reviewed) year and approved by the family physician. Persons will be taken into account if they have been insured for the year to be reviewed or if they have lost the insurance coverage by the moment of calculation of the results (1 January of the year following of the year to be reviewed) or died, but nevertheless received the service.
The cases added to or excluded from the target group	In the cases accepted by the Health Insurance Fund, the persons in the target group are excluded in the following cases: according to the population register, the person has left Estonia (lives abroad) or the corresponding diagnosis of chronic illness is on the treatment invoice only with the extension "0 - diagnosis unspecified".
Data source	The EHIF database for family physicians' invoices for glyucose code 66101 or 9101 or 66118 or 9118; for total cholesterol code 66104 or 9104 use during 3 years. In the case of family nurse's counseling appointment, the use code 9061 during the reviewed year will be evaluated.
Observation period (1 year, 3 years, etc.)	3 years (the reviewed year and the two previous ones, e.g. if 2015 is the reviewed year, then the years 2013-2015), for the counseling appointment of the nurse, the activity is evaluated during one year (e.g. the entire year 2015)
Additional information, treatment guidelines, articles, references, etc.	Analysis performed at another health care institution in the past 12 months will be included in the calculation of results for the quality system if the result of the analysis is documented in the family physician's medical file (preferably with a copy of the result of the analysis attached), and the family physician enters the relevant additional code beginning with 9 on the treatment invoice. The date of the test indicated by the family physician is the date on which the family physician assesses the result of the patient's test. If a patient has a total cholesterol value over 5.0 mmol/l, the invoice is always marked with the code 9040 regardless of the patient's illness or condition. Clinical guidelines drawn up by a professional society: Estonian Hypertension Guidelines (produced by the Estonian Cardiology Society, 2004); Compendium of ESC guidelines 2007, Section II Hypertension; www.escardio.org Estonian Clinical Guideline 2012, Treatment of Adult High Blood Pressure at Primary Level http://www.ravijuhend.ee/juhendid/ravijuhendid/120/tk-korgvererohktove-kasitlus Family Nurse's Code of Conduct http://www.haigekassa.ee/uploads/userfiles/Pereoe_tegevusjuhend_07%2004%202009%20tunnustatud.pdf , The authors: Tallinn Family Physicians Society and the Family Nursing Society of the Estonian Nurses Union; Compendium of ESC guidelines 2007, Section II Hypertensio; www.escardio.org

Name of the indicator	Monitoring of hypertension patients with a moderate additional risk (total cholesterol, cholesterol fractions, glucose, creatinine in blood serum determined, cardiogram performed, counseling appointment of the family nurse carried out)
Number of the indicator	Hypertension II
Purpose/potential indicator value	average coverage + 10% but not more than 90% (The average coverage is the average percentage of the results achieved by the performance pay activities during the calendar year preceding the calendar year reviewed, which will be published on the EHIF website by July 1 at the latest.). Coverage 58% in the year.
Definition	% of hypertonia patients with a moderate additional risk, <ul style="list-style-type: none"> • having a total cholesterol level determined at least once a year • having cholesterol fractions determined at least once a year, • having a glucose or glycated hemoglobin (HbA1c) in the blood serum determined at least once a year • having creatinine in the blood serum determined at least once a year, • having ECG performed least 1 x in 3 years • who has been advised by the family nurse (lifestyle, control of the disease) at least once a year
Target group	All patients with a diagnosis of I10-I15 (ODC -10 codes) and marked with Grade 2 in the list of patients with chronic illnesses forwarded by the Health Insurance Fund in the current (reviewed) year and approved by the family physician and in case of total cholesterol and cholesterol fractions, the persons who are at the time of calculation of the results (January 1 of the year following to the year reviewed) younger than 80 years of age. Persons will be taken into account if they have been insured for the year to be reviewed or if they have lost the insurance coverage by the moment of calculation of the results (1 January of the year following of the year to be reviewed) or died, but nevertheless received the service.
The cases added to or excluded from the target group	In the cases accepted by the Health Insurance Fund, the persons in the target group are excluded in the following cases: according to the population register, the person has left Estonia (lives abroad), or the corresponding diagnosis of chronic illness is on the treatment invoice only with the extension "0 - diagnosis unspecified"; in case of total cholesterol and cholesterol fractions, the persons who are at the time of calculation of the results (January 1 of the year following to the year reviewed) younger than 80 years of age.
Data source	In EHIF database on the treatment invoices of family physicians, the code is 66104 or 9104 for total cholesterol, 66105 or 9105 for cholesterol fractions, 66101 or 9101 or 66118 or 9118 for glyucose, 66102 or for 9102 for creatinine during the year to be reviewed. In the case of an ECG, there are codes 6320 or 6322 or 6232 or 9320 on treatment invoices for 3 years, and for family nurse counseling, code 9061 during the year to be reviewed.
Observation period (1 year, 3	For 1 year (e.g. for the whole 2013 year), for EKG 3 years (the reviewed year and the two previous ones, for example, if 2015 is the reviewed year, then years 2013-

<p>Additional information treatment guidelines, articles, references, etc.</p>	<p>Analysis performed at another health care institution in the past 12 months will be included in the calculation of results for the quality system if the result of the analysis is documented in the family physician's medical file (preferably with a copy of the result of the analysis attached), and the family physician enters the relevant additional code beginning with 9 on the treatment invoice. The date of the test indicated by the family physician is the date on which the family physician assesses the result of the patient's test.</p> <p>If a patient has a total cholesterol value over 5.0 mmol/l, the invoice is always marked with the code 9040 regardless of the patient's illness or condition. Clinical guidelines drawn up by a professional society: Estonian Hypertension Guidelines (produced by the Estonian Society of Cardiology, 2004); Family Nurse Code of Conduct http://www.haigekassa.ee/uploads/userfiles/Pereoe_tegevusjuhend_07%2004%202009%20tunnustatud.pdf, drawn up by Tallinn Family Physicians Society and the Estonian Nurses Union. Clinical guidelines approved by the EHIF: Prevention and treatment of chronic kidney disease (published: 04.01.2017) http://www.ravijuhend.ee/juhendid/ravijuhendid/148/kroonilise-neeruhaiguse-ennetus-ja-kasitlus Family Nurses Society; Compendium of ESC guidelines 2007, Section II Hypertensio; www.escardio.org</p>
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Name of the indicator	Monitoring of hypertension patients with high and very high additional risk (total cholesterol in the blood serum, cholesterol fractions in blood serum, glucose in blood serum, creatinine in blood serum determined, family nurse's counseling appointment performed)
Number of the indicator	Hypertension III
Purpose/potential indicator value	average coverage + 10% but not more than 90% (The average coverage is the average percentage of the results achieved with the corresponding activities during the calendar year preceding the calendar year reviewed, which will be published on the EHIF website by July 1 at the latest. Year 2015 coverage 67%.
Definition	% of high and very high risk hypertension patients, <ul style="list-style-type: none"> • having a total cholesterol level determined at least once a year • having cholesterol fractions determined at least once a year, • having a glucose or glycated hemoglobin (HbA1c) in the blood serum determined at least once a year • having creatinine in the blood serum determined at least once a year, • who has been advised by the family nurse (lifestyle, control of the disease) at least once a year.
Target group	All patients with a diagnosis of I10-I15 (ODC -10 codes) and marked with Grade 3 in the list of patients with chronic illnesses forwarded by the Health Insurance Fund in the current (reviewed) year and approved by the family physician and in case of total cholesterol and cholesterol fractions, the persons who are at the time of calculation of the results (January 1 of the year following to the year reviewed) younger than 80 years of age. Persons will be taken into account if they have been insured for the year to be reviewed or if they have lost the insurance coverage by the moment of calculation of the results (1 January of the year following of the year to be reviewed) or died, but nevertheless received the service.
The cases added to or excluded from the target group	In the cases accepted by the Health Insurance Fund, the persons in the target group are excluded in the following cases: according to the population register, the person has left Estonia (lives abroad), or the corresponding diagnosis of chronic illness is on the treatment invoice only with the extension "0 - diagnosis unspecified"; in case of total cholesterol and cholesterol fractions, the persons who are at the time of calculation of the results (January 1 of the year following to the year reviewed) younger than 80 years of age.
Data source	In EHIF database on the treatment invoices of family physicians the code is 66104 or 9104 for total cholesterol, 66101 or 9101 or 66118 or 9118 for glucose, 66102 or for 9102 for creatinine during the year to be reviewed. In the case of family nurse's counseling appointment, the use code 9061 during the reviewed year.
Observation period (1 year, 3	1 year (e.g. the entire year 2015)

<p>Additional information treatment guidelines, articles, references, etc.</p>	<p>Analysis performed at another health care institution in the past 12 months will be included in the calculation of results for the quality system if the result of the analysis is documented in the family physician's medical file (preferably with a copy of the result of the analysis attached), and the family physician enters the relevant additional code beginning with 9 on the treatment invoice. The date of the test indicated by the family physician is the date on which the family physician assesses the result of the patient's test.</p> <p>If the patient's total cholesterol value is greater than 5.0 mmol/l, then regardless of the illness or the condition, the code 9040 is always entered in the invoice.</p> <p>Clinical guidelines prepared by the professional associations: Estonian Hypertension Guidelines (prepared by the Estonian Society of Cardiology, 2004); Family Nurses Code of Conduct</p> <p>http://www.haigekassa.ee/uploads/userfiles/Pereoe_tegevusjuhend_07%2004%202009%20tunnustatud.pdf,</p> <p>Tallinn Family Physicians Society and the Family Nurses Society of the Estonian Nurses Union; Compendium of ESC guidelines 2007, Section II Hypertensio; www.escardio.org</p>
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Name of the indicator	Proportion of active substance-based prescriptions out of prescriptions issued for hypertensive patients of all risk levels
Number of the indicator	Hypertension medications 1
Purpose/potential indicator value	Average coverage + 10% but not more than 90%. The average coverage is the average percentage of the results achieved in the calendar year preceding the reviewed calendar year which will be published on the EHIF website by July 1 at the latest. The average coverage for 2015 is 90%.
Definition	% of active substance-based prescriptions prescribed for insured patients in the family physicians' list with diagnoses I10 to I15 out of issued prescriptions.
Target group	All patients with all grades of severity who have been forwarded by the Health Insurance Fund in the current (reviewed) year, who are in the list of patients with chronic illnesses with a diagnosis of I10-I15 (ODC -10 codes) and who have been prescribed a medication with the hypertension medicines (clinical guideline).
The cases added to or excluded from the target group	The assessment of the indicator will also take into account the prescriptions issued by the substitute physician related to the list for patients with diagnoses I10 to I15.
Data source	The prescriptions issued for the patients on the list of the patients with the diagnosis of I10- I15 on the basis of the medical prescription database.
Observation period (1 year, 3 years, etc.)	1 year (e.g. the entire year 2015)
Additional information treatment guidelines, articles, references, etc.	Minister of Social Affairs Regulation No. 30 of 18.02.2005 Ravimite väljakirjutamise ja apteekidest väljastamise tingimused ja kord ning retsepti vorm § 4 (5). Estonian Clinical Guideline 2012, Treatment of Adult High Blood Pressure at Primary Level http://www.ravijuhend.ee/juhendid/ravijuhendid/120/tk-korgvererohktove- kasitlus

Name of the indicator	Medicines prescribed for patients with hypertension with moderate, high and very high additional risk level
Number of the indicator	Hypertension medications 2
Purpose/potential indicator value	Average coverage + 10% but not more than 90% For example, by July 1, 2016, the indicator is measured and reported as average coverage on 2015, and the required coverage for 2016 is 2015 plus 10%. The average coverage is the average percentage of the results achieved in the calendar year preceding the reviewed calendar year which will be published on the EHIF website by July 1 at the latest. The average coverage for 2015 is 83%.
Definition	At least 6 prescriptions of angiotensin converting enzyme inhibitors, calcium channel blockers, beta-blockers, or angiotensin (II) antagonist medicine group, or combinations thereof issued within 14 months for hypertension patients (ODC-10 codes I10-I15) with moderate, high and very high-risk levels who are on the list.
Target group	All hypertension patients with moderate, high and very high-risk level (ODC codes I10-I15) who are on the current (reviewed) year in the list of patients with chronic illnesses who have been prescribed medication. Lists will be made available in TORU.
The cases added to or excluded from the target group	The assessment of the indicator will also take into account the prescriptions issued to hypertension patients (ODC-10 codes I10-I15) with moderate, high and very high-risk levels by medical specialist and the substitute physician related to the list.
Data source	The prescriptions issued for the patients on the list of the patients with the diagnosis of I10-I15 on the basis of the medical prescription database. The prescriptions issued by medical specialists are also taken into account.
Observation period (1 year, 3 years, etc.)	14 months (e.g. for the year 2016, 01.11.2015 - 31.12.2016)
Additional information, treatment guidelines, articles, references, etc.	Minister of Social Affairs Regulation No. 30 Ravimite väljakirjutamise ja apteekidest väljastamise tingimused ja kord ning retsepti vorm § 2 (6). Estonian Clinical Guideline 2012, Treatment of Adult High Blood Pressure at Primary Level http://www.ravijuhend.ee/juhendid/ravijuhendid/120/tk-korgvererohktove- kasitlus

Stratification of the risk of hypertonia patients by blood pressure, risk factors and organic damage:

	Blood pressure (mm Hg)				
Other risk factors, organ damage or co-morbidity	Normal SVR 120129 or DVR 80-84	High normal SVR 130139 or DVR 85-89	Grade I (mild hypertension) SVR 140-159 or DVR 90-99	Grade II (moderate hypertension) SVR 160-179 or DVR 100-109	Grade III (severe hypertension) SVR \geq 180 or DVR \geq 110
No risk factors	Normal risk	Normal risk	Low additional risk	Moderate additional risk	High additional risk
1-2 risk factors	Low additional risk	Low additional risk	Moderate additional risk	Moderate additional risk	Very high additional risk
\geq 3 risk factors, metabolic syndrome, organ damage or diabetes	Moderate additional risk	High additional risk	High additional risk	High additional risk	Very high additional risk
Concomitant cardiovascular disease or kidney disease	Very high additional risk	Very high additional risk	Very high additional risk	Very high additional risk	Very high additional risk

Risk factors affecting the prediction of hypertensive patients:

Risk factors:	Sub-clinical organ damage:
Systolic and diastolic blood pressure	Left ventricular hypertrophy on the electrocardiography:
Pulsed pressure in the elderly	Sokolow-Lyon (SV1+RV5-6) > 38 mm; Cornell > 2440 mm/ms;
Men have a life expectancy > 55 years.	or on Echocardiography, left ventricular mass index M ≥ 125 g/m ² , N ≥ 110 g/m ²
Women have a life expectancy > 65 years.	Ultrasound indicated thickening of the artery wall (intima media thickness > 0.9 mm) or atherosclerotic plaque
Smoking	Index: blood pressure on the leg/blood pressure in the upper arm
Dyslipidemia:	Low-expressing serum creatinine increased:
Total cholesterol > 5 mmol/l or	M: 115–133 μmol/l
LDL cholesterol > 3.0 mmol/l or	W: 107-124 μmol/l
HDL cholesterol M <1.0; N <1.2 mmol/l	Microalbuminuria (30-300 mg/24 h or
Triglycerides > 1.7 mmol/l	Albumin/creatinine ratio M ≥ 2; N ≥ 3 mg/mmol)
Glucose in the fasting plasma 5.6 - 6.9 mmol/l	Glomerular filtration decreased (<60 ml/min/1.73m ²)
Glucose tolerance disorder	(Cockcroft Gault formula for calculating creatinine clearance:
• Abdominal obesity, i.e. waist circumference M > 102 cm, W > 88 cm	(140-age) x weight (kg) (x0.85 women)
Family history of cardiovascular disease at an early age (M <55 y and W <65 a.)	0.810 x serum creatinine (μmol/L))
Concomitant vascular or kidney disease	
Vascular disorders of the brain: ischemic stroke, cerebral hemorrhage, transient ischemic attack	
Heart diseases: myocardial infarction, angina pectoris, coronary revascularization, heart failure	
Kidney diseases: diabetic nephropathy, renal insufficiency (serum creatinine M > 133, W > 124 μmol/l; proteinuria > 300 mg/24h)	
Peripheral arterial disease	
Advanced retinopathy: haemorrhages or exudates, papilloedema.	
Diabetes or metabolic syndrome	

Classification of hypertension patients on treatment invoices:

1	Hypertension I	Low risk
2	Hypertension II	Moderate additional risk
3	Hypertension III	High or very high (that is, extremely high)

Name of the indicator	TSH in serum determined by a patient with hypothyroidism
Number of the indicator	Hypothyroidism
Purpose/potential indicator value	average coverage + 10% (The average coverage is the average percentage of the results achieved during the calendar year preceding the calendar year reviewed, which will be published on the EHIF website by July 1 at the latest). In 2015, the required coverage was 90%
Definition	% of patients with hypothyroidism whose TSH in blood serum has been determined at least once a year.
Target group	All patients with hypothyroidism (ODC-10 codes E01, E02, E03, E89.0) who are in the lists. Persons will be considered if they have been insured for the year to be reviewed or if they have lost the insurance coverage by the moment of calculation of the results (1 January of the year following of the year to be reviewed) or dead, but nevertheless received the service.
The cases added to or excluded from the target group	In the cases accepted by the Health Insurance Fund, the persons in the target group are excluded in the following cases: according to the population register, the person has left Estonia (lives abroad) or the corresponding diagnosis of chronic illness is on the treatment invoice only with the extension "0 - diagnosis unspecified".
Data source	EHIF database on family physicians' treatment invoices use of the code 66706 or 9706 in the year reviewed.
Observation period (1 year, 3 years, etc.)	1 year (e.g. the entire year 2016)
Additional information, treatment guidelines, articles, references, etc.	Analysis performed at another health care institution in the past 12 months will be included in the calculation of results for the quality system if the result of the analysis is documented in the family physician's medical file (preferably with a copy of the result of the analysis attached), and the family physician enters the relevant additional code beginning with 9 on the treatment invoice. The date of the test indicated by the family physician is the date on which the family physician assesses the result of the patient's test. Clinical guidelines drawn up by a professional society: Thyroid surgery consensus of the Estonian Endocrine Society (compiled by the Estonian Endocrine Society, 2002 Lege Artis); Article in the journal "Perearst" (Family Physician) 02/2008 p. 14-15, sources: AACE Thyroid Guidelines 2006; Williams Textbook of Endocrinology (10th ed.) 2003; Endokrinoloogia, Medicine 2003; M.Lubi, Türeoidiidid, Lege Artis, Nr 6, 2007; Management of thyroid dysfunction during pregnancy and postpartum: an Endocrine Society clinical practice guideline, 2007; Subclinical thyroid disease: scientific review and guidelines for diagnosis and Management. JAMA 2004.

Name of the indicator	Follow up of the myocardial infarction patients (total cholesterol, cholesterol fractions, and glucose in the blood serum determined)
Number of the indicator	Infarction
Purpose/potential indicator value	average coverage + 10% but not more than 90% (The average coverage is the average percentage of the results achieved with the corresponding activities during the calendar year preceding the calendar year reviewed, which will be published on the EHIF website by July 1 at the latest). Year 2015 coverage 80%.
Definition	% of myocardial infarction patients diagnosed whose total cholesterol, cholesterol fractions and glucose or glycated hemoglobin (HbA1c) in blood serum has been determined at least once a year.
Target group	All patients with myocardial infarction (ODC-10 codes I21, I22, I23, I25.2) who are on their lists. Persons will be considered if they have been insured for the year to be reviewed or if they have lost the insurance coverage by the moment of calculation of the results (1 January of the year following of the year to be reviewed) or dead, but nevertheless received the service.
The cases added to or excluded from the target group	In the cases accepted by the Health Insurance Fund, the persons in the target group are excluded in the following cases: according to the population register, the person has left Estonia (lives abroad) or the corresponding diagnosis of chronic illness is on the treatment invoice only with the extension "0 - diagnosis unspecified".
Data source	In EHIF database on the treatment invoices of family physicians the code is 66104 or 9104 for total cholesterol, 66101 or 9101 or 66118 or 9118 for glyucose, 66102 or for 66105 for cholesterol fractions during the year to be reviewed.
Observation period (1 year, 3	1 year (e.g. the entire year 2016)

<p>Additional information treatment guidelines, articles, references, etc.</p>	<p>Analysis performed at another health care institution in the past 12 months will be included in the calculation of results for the quality system if the result of the analysis is documented in the family physician's medical file (preferably with a copy of the result of the analysis attached), and the family physician enters the relevant additional code beginning with 9 on the treatment invoice. The date of the test indicated by the family physician is the date on which the family physician assesses the result of the patient's test.</p> <p>If a patient has a total cholesterol value over 5.0 mmol/l, the invoice is always marked with the code 9040 regardless of the patient's illness or condition. Clinical guidelines approved by the EHIF: Estonian clinical guidelines for acute myocardial infarction with ST segment elevation http://veeb.haigekassa.ee/files/est_raviasutusele_ravijuhendid_andmebaas_tunnustatud/infarkt.pdf ; Cardiovascular disease prevention guidelines http://veeb.haigekassa.ee/files/est_raviasutusele_ravijuhendid_andmebaas_tunnustatud/SVH%20Esti%20juhis%20060106.pdf ; Guidelines for diagnosing and treating acute heart failure http://www.haigekassa.ee/files/est_raviasutusele_ravijuhendid_andmebaas_tunnustatud/-SP%20ravijuhis-Haigekassale.pdf ; Guidelines for diagnosing and treating chronic heart failure http://www.haigekassa.ee/files/est_raviasutusele_ravijuhendid_andmebaas_tunnustatud/Kroonilise%20SP%20diagn1.%20ja%20ravi%20juhised-2007.pdf (All of the aforementioned compiled by the Estonian Society of Cardiology); clinical guideline approved by EHIF: Estonia guidelines for the rehabilitation of cardiac patients (compiled by the Estonian Society of PRM Doctors); compiled by a professional society: Estonian Lipid Guidelines (compiled by the Estonian Society of Cardiology, Estonian Society of Internal Medicine, Estonian Family Physicians Society, Estonian Society of Endocrinology, 2001)</p>
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Name of the indicator	Beta-blockers, or combinations thereof prescribed to the myocardial infarction patients
Number of the indicator	Infarction medications 1
Purpose/potential indicator value	Average coverage + 10% but not more than 90% For example, by July 1, 2016, the indicator is measured and reported as average coverage on 2015, and the required coverage for 2016 is 2015 plus 10%. The average coverage on the basis of the data of the year 2015 is 71% (The average coverage is the average percentage of the results achieved in the calendar year preceding the reviewed calendar year which will be published on the EHIF website by July 1 at the latest.)
Definition	At least 6 discount prescriptions for Beta-blockers or combinations thereof for myocardial infarction patients (ODC-10 codes I21, I22, I23, I25.2) who are on the list have been prescribed in 14 months.
Target group	All patients with myocardial infarction (ODC-10 codes I21, I22, I23, I25.2) who on the current (reviewed) year are on their lists of patients with chronic diseases. Lists will be made available in TORU. Persons will be considered if they have been insured for the year to be reviewed or if they have lost the insurance coverage by the moment of calculation of the results (1 January of the year
The cases added to or excluded from the target group	In the cases accepted by the Health Insurance Fund, the persons in the target group are excluded in the following cases: according to the population register, the person has left Estonia (lives abroad) or the corresponding diagnosis of chronic illness is on the treatment invoice only with the extension "0 - diagnosis unspecified".
Data source	The discount prescriptions issued for the patients of the list belonging to the target group on the on the basis of a medical prescription database. The prescriptions issued by medical specialists are also taken into account.
Observation period (1 year, 3 years, etc.)	14 months (e.g. for the year 2016, 01.11.2015 - 31.12.2016)

<p>Additional information, treatment guidelines, articles, references, etc.</p>	<p>Minister of Social Affairs Regulation No. 30 of 18.02.2005 Conditions and Procedure for Prescribing and the Issuance of Medicines from Pharmacies and the Form of Prescription § 2 (6). https://www.riigiteataja.ee/akt/130122016006?leiaKehtiv Clinical guidelines approved by the EHIF: Estonian clinical guidelines for acute myocardial infarction with ST segment elevation http://veeb.haigekassa.ee/files/est_raviasutusele_ravijuhendid_andmebaas_tunnustatud/infarkt.pdf ; Cardiovascular disease prevention guidelines http://veeb.haigekassa.ee/files/est_raviasutusele_ravijuhendid_andmebaas_tunnustatud/SVH%20Eesti%20juhis%20060106.pdf ; Guidelines for diagnosing and treating acute heart failure http://www.haigekassa.ee/files/est_raviasutusele_ravijuhendid_andmebaas_tunnustatud/-SP%20ravijuhis-Haigekassale.pdf ; Guidelines for diagnosing and treating chronic heart failure http://www.haigekassa.ee/files/est_raviasutusele_ravijuhendid_andmebaas_tunnustatud/Kroonilise%20SP%20diagn1.%20ja%20ravi%20juhised-2007.pdf (All of the aforementioned compiled by the Estonian Society of Cardiology); clinical guideline apprised by EHIF: Estonia guidelines for the rehabilitation of cardiac patients (compiled by the Estonian Society of PRM Doctors); compiled by a professional society: Estonian Lipid Guidelines (compiled by the Estonian Society of Cardiology, Estonian Society of Internal Medicine, Estonian Family Physicians Society, Estonian Society of Endocrinology, 2001)</p>
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Name of the indicator	Statines or combinations thereof prescribed to the myocardial infarction patients
Number of the indicator	Infarction medications 2
Purpose/potential indicator value	Average coverage + 10% but not more than 90% For example, by July 1, 2016, the indicator is measured and reported as average coverage on 2015, and the required coverage for 2016 is the result of the year 2015 plus 10%. The average coverage on the basis of the data of the year 2015 is 65% (The average coverage is the average percentage of the results achieved in the calendar year preceding the reviewed calendar year which will be published on the EHIF website by July 1 at the latest.)
Definition	At least 6 discount prescriptions for statins or combinations thereof for myocardial infarction patients (ODC-10 codes I21, I22, I23, I25.2) who are on the list have been prescribed in 14 months.
Target group	All patients with myocardial infarction (ODC-10 codes I21, I22, I23, I25.2) who on the current (reviewed) year are on their lists of patients with chronic diseases. Lists will be made available in TORU. Persons will be considered if they have been insured for the year to be reviewed or if they have lost the insurance coverage by the moment of calculation of the results (1 January of the year following of the year to be reviewed) or dead, but nevertheless received the service.
The cases added to or excluded from the target group	In the cases accepted by the Health Insurance Fund, the persons in the target group are excluded in the following cases: according to the population register, the person has left Estonia (lives abroad) or the corresponding diagnosis of chronic illness is on the treatment invoice only with the extension "0 - diagnosis unspecified";
Data source	The discount prescriptions issued for the patients of the list belonging to the target group on the on the basis of a medical prescription database. The prescriptions issued by medical specialists are also taken into account.
Observation period (1 year, 3 years, etc.)	14 months (e.g. for the year 2016, 01.11.2015 - 31.12.2016)

<p>Additional information, treatment guidelines, articles, references, etc.</p>	<p>Minister of Social Affairs Regulation No. 30 of 18.02.2005 Conditions and Procedure for Prescribing and the Issuance of Medicines from Pharmacies and the Form of Prescription § 2 (6). https://www.riigiteataja.ee/akt/130122016006?leiaKehtiv Clinical guidelines approved by the EHIF: Estonian clinical guidelines for acute myocardial infarction with ST segment elevation http://veeb.haigekassa.ee/files/est_raviasutusele_ravijuhendid_andmebaas_tunnustatud/infarkt.pdf; Cardiovascular disease prevention guidelines http://veeb.haigekassa.ee/files/est_raviasutusele_ravijuhendid_andmebaas_tunnustatud/SVH%20Eesti%20juhis%20060106.pdf; Guidelines for diagnosing and treating acute heart failure http://www.haigekassa.ee/files/est_raviasutusele_ravijuhendid_andmebaas_tunnustatud/-SP%20ravijuhis-Haigekassale.pdf; Guidelines for diagnosing and treating chronic heart failure http://www.haigekassa.ee/files/est_raviasutusele_ravijuhendid_andmebaas_tunnustatud/Kroonilise%20SP%20diagn1.%20ja%20ravi%20juhised-2007.pdf (All of the aforementioned compiled by the Estonian Society of Cardiology); clinical guideline apprised by EHIF: Estonia guidelines for the rehabilitation of cardiac patients (compiled by the Estonian Society of PRM Doctors); compiled by a professional society: Estonian Lipid Guidelines (compiled by the Estonian Society of Cardiology, Estonian Society of Internal Medicine, Estonian Family Physicians Society, Estonian Society of Endocrinology, 2001)</p>
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Name of the indicator	Professional competence
Indicator explanation	Family physician and family nurse have passed the assessment of competence
Purpose/potential indicator value	The corresponding professional association (Health Board / Estonian Nurses Union) has deemed the family physician/family nurse as certified/competent or from the receipt of a professional certificate that can be found in the register of healthcare professionals within the last five years.
Indicator fulfillment criteria	A family physician is considered to have fulfilled the indicator if he or she has a valid certification throughout the year to be reviewed. A family nurse is considered to have fulfilled the indicator if he or she has a valid evaluated competence throughout the year to be reviewed. Also nurses who have received professional certificates and have been registered in the register of health care professionals in the past five years are considered competent. In the event that several family nurses are working with a family physician, their total working hours amounting to the full-time workload of one family nurse, the indicator will be considered as achieved if all these family nurses have valid certifications for the entire reference year.
Data source	Assessment of the fulfillment of an indicator submitted by professional associations and forwarded to the EHIF.
Observation period (1 year, 3 years, etc.)	1 year
Additional information treatment guidelines, articles, references, etc.	EFPS competence evaluation system: http://www.perearstiselts.ee/perearstid/teavitus/90-Selts/1875-perearstideresertifitseerimine ENU competence evaluation system: http://www.ena.ee/paedeveusehindamine/hindamise-kord-ja-vajalikud-dokumendid ESM evaluation system: http://www.kutsekoda.ee/et/kutseregister/kutsestandardid/10544102/pdf/raseduskriisi-noustaja-tase-6.1.et.pdf ; http://www.kutsekoda.ee/et/kutseregister/kutsestandardid/10470049/pdf/ammaem-and-tase-6.7.et.pdf ; http://www.kutsekoda.ee/et/kutseregister/kutsestandardid/10470095/pdf/ammaem-and-tase-7.6.et.pdf Health Board. Registration of a healthcare professional. http://www.terviseamet.ee/tervishoid/tervishoiutoetoetaja-registreerimine.html

Name of the indicator	Monitoring of pregnancy
Indicator explanation/activities	The following activities are considered as indicators: <ul style="list-style-type: none"> • Pregnancy detection and compilation of the monitoring plan; monitoring of the progress of pregnancy up to the 20th week of pregnancy; • monitoring of the progress of pregnancy from the 20th up to the 36th week; • monitoring of the progress of pregnancy from the 36th up to the 40th week.
Purpose/potential indicator value	The activity codes are shown in the medical invoices at least 8 times in the year under review.
Indicator fulfillment criteria	The family physician monitors pregnant women (at least 8 code uses in the year under review).
Data source	In EHIF database on family physicians' medical invoices, use of the codes 3063, 3064, 3065, 3066 during the year of review. The accounting is done on the basis of the service codes described on the medical invoices issued by the family physician; on the basis of the service codes described in the medical invoices issued by his or her substitute physician; on the basis of the service codes described in the medical invoices issued by his or her assistant physician and the family nurse, if they are associated with the list of only one family physician; and if, under the above conditions, it is not possible to determine the unambiguous relationship between code usage with the family physician/list, then the corresponding action is taken into account on the basis of the feedback on the primary results provided by the family physician.
Observation period (1 year, 3 years, etc.)	1 year
Additional information, treatment guidelines, articles, references, etc.	Clinical guidelines drawn up by professional societies: Pregnancy monitoring guidelines, produced by the Estonian Gynecologists Society 2006 www.ens.ee ; Methodological guidelines for diagnoses of gestational diabetes, Anne Kirss Lege Artis 2001; Pre-natal diagnostics the Estonian Gynecologists Society 2005 www.ens.ee

Name of the indicator	Gynecological examination
Indicator explanation/ activities	The following activities are considered as indicators: Gynaecological examination with taking the preparation; Installation/instrumental elimination of an intrauterine device, extension of the cervix; Gynaeco-cytological examination.
Purpose/ potential indicator value	The activity codes are shown in the medical invoices at least 10 times in the year under review
Indicator fulfillment criteria	Family physician performs gynecological procedures (at least 10 usages of codes in the year under review)
Data source	In EHIF database on family physicians' medical invoices, use of the codes 7359, 7352; 66807, 66809 and 66811 during the year under review. The accounting is done on the basis of the service codes described on the medical invoices issued by the family physician; on the basis of the service codes described in the medical invoices issued by his or her substitute physician; on the basis of the service codes described in the medical invoices issued by his or her assistant physician and the family nurse, if they are associated with the list of only one family physician; and if, under the above conditions, it is not possible to determine the unambiguous relationship between code usage with the family physician/list, then the corresponding action is taken into account on the basis of the feedback on the primary results provided by the family physician.
Observation period (1 year, 3 years, etc.)	1 year
Additional information treatment guidelines, articles, references, etc.	Clinical guidelines drawn up by professional societies: Hormone replacement therapy in the transitional period Helle Karro, Piret Veerus, Made Laanpere Lege Artis 2005; Medical indications and contraindications for contraceptive methods Estonian Gynecologists Society 2000 www.ens.ee; EHIF approved clinical guidelines: Code of conduct for early detection of cervical cancer SA Estonian Cancer Foundation http://veeb.haigekassa.ee/files/est_raviasutusele_ravijuhendid_andmebaas_tunnu_statud/Emakakaelavahk.pdf

Name of the indicator	Surgical manipulations and minor surgeries
Indicator explanation/activities	The following activities are considered as indicators: Excitement of superficial wounds, surgical treatment; outpatient minor surgery (opening of a superficial abscess, opening panaritium, etc.); Outpatient dressing of a burns victim; Placement of plaster cast; Taking a biopsy (except during surgery); Puncture of the organ/cavity for diagnostic or therapeutic purposes; Catheterization; Installation of a permanent catheter; Exchange of epithostomy; Bladder flushing and drug delivery to the bladder (outpatient), diathermocoagulation, cryotherapy (procedure for one patient)
Purpose/potential indicator value	The activity codes are shown in the medical invoices at least 40 times in the year under review
Indicator fulfillment criteria	Family physician performs gynecological and urological procedures (at least 40 usages of codes in the year under review)
Data source	In EHIF database on family physicians' medical invoices, use of the codes 7115, 7116, 7117, 7122, 7139, 7114, 7130, 7004, 7005, 7159, 7160, 7162, 7163, 7025 during the year under review. The accounting is done on the basis of the service codes described on the medical invoices issued by the family physician (including on the basis of the service codes described in the medical invoices issued by his or her substitute physician, assistant physician and the family nurse, if they are associated with the list of only one family physician). If, under the above conditions, it is not possible to determine the unambiguous relationship between code usage with the family physician/list, then the corresponding action is taken into account on the basis of the feedback on the primary results provided by the family physician.
Observation period (1 year, 3 years, etc.)	1 year
Additional information, treatment guidelines, articles, references, etc.	Clinical guidelines drawn up by a professional society.

Name of the indicator	Assessment of the quality of a health service provider
Indicator explanation	The results of the evaluation of the quality of health care providers who have been awarded treatment financing contracts of primary medical care carried out by the Estonian Family Physicians Society. As the result of the evaluation, all participants will receive a score based on which the family healthcare center will place on A, B or C level on the quality assessment scale.
Purpose/potential indicator value	A healthcare provider with a contract for the financing of primary medical care has attained A level in the evaluation.
Indicator fulfillment criteria	A family health care center is deemed to have fulfilled the indicator if the results of the evaluation of the quality of health care providers who have been awarded treatment financing contracts of primary medical care have been evaluated with an A level.
Data source	<p>A list of healthcare providers who have been awarded a treatment financing contract issued by EFPS and forwarded to EHIF.</p> <p>The Health Insurance Fund will pay the family physician performance pay for the services marked with the code 3050 once in a calendar year on the basis of the results achieved with the activities of the calendar year(s) preceding the payment to one healthcare providers who has primary medical care financing contract per up to six lists.</p> <p>The basis for payment of the performance pay marked with the code 3050 are the results of the evaluation of the quality of health care providers who have been awarded treatment financing contracts of primary medical care carried out by the Estonian Family Physicians Society. As the result of the evaluation, all participants will receive a score based on which the family healthcare center will place on A, B or C level on the quality assessment scale.</p>
Observation period (1 year, 3 years, etc.)	as at 31.12 in the year to be reviewed
Additional information, treatment guidelines, articles, references, etc.	System of accreditation of the EFPS family health care centers.

Name of the indicator	Service provider quality management
Indicator explanation	The results of the evaluation of the quality of health care providers who have been awarded treatment financing contracts of primary medical care carried out by the Estonian Family Physicians Society. As a result of the evaluation, all participants will receive a score based on which the family healthcare center will place on the A, B or C level on the quality assessment scale and have completed at least 80% (512 points) of the criteria for effective prevention of diseases marked in the list of health services with the code 3061 or 3069 and monitoring of patients with chronic illnesses.
Purpose/potential indicator value	A healthcare provider with a contract for the financing of primary level healthcare has attained a level A or level B on the evaluation and has completed at least 80% (512 points) of the criteria for effective prevention of diseases marked in the list of health services with the code 3061 or 3069 and monitoring of patients with chronic illnesses.
Indicator fulfillment criteria	A family healthcare center is deemed to have fulfilled the indicator if the results of the evaluation of the quality of health care providers who have been awarded treatment financing contracts of primary medical care have been evaluated with an A or a B level and has completed at least 80% (512 points) of the criteria for effective prevention of diseases marked in the list of health services with the code 3061 or 3069 and monitoring of patients with chronic illnesses.
Data source	The results of the evaluation of the quality of healthcare providers who have been awarded treatment financing contracts of primary medical care carried out by the Estonian Family Physicians Society and approved by the EHIF. The performance pay marked with the code 3093 is paid to the healthcare provider with the contract for the financing of the primary medical care for each list that has fulfilled the requirements provided in the Regulation established on the basis of § 32 of the Health Insurance Act. On the basis of the results of the evaluation of the quality, the Estonian Family Physicians Society grants the healthcare providers who have been awarded treatment financing contracts of primary medical care an A or a B level as of 31 December of the year of review.
Observation period (1 year, 3 years, etc.)	as at 31.12 in the year to be reviewed
Additional information, treatment guidelines, articles, references, etc.	System of accreditation of the EFPS family health care centers.