



Physical and rehabilitation medicine in Estonia

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Population and language

- The current population of Estonia is 1,356,679



Finnish
and Estonian
are Finno-Ugric
languages.

- Kharkiv's population is now estimated at 1,418,978



Estonian
Health Insurance
Fund



Eesti Töötukassa



SOTSIAALKINDLUSTUSAMET

Medical rehabilitation.

The funds for **common health insurance** come from a 13% health insurance contribution deducted from the salaries of employed individuals.

If a person is facing several health-related obstacles in finding or retaining a job and thus needs the help of various specialists (i.e. a rehabilitation team), the Unemployment Insurance Fund can offer **occupational rehabilitation services**.

Social rehabilitation for children and retired persons to support ADL

<https://sotsiaalkindlustusamet.ee/en>

Estonian health insurance



- In Estonia, there is a **unified national health insurance**.
- The health insurance contributions and access to necessary assistance are not dependent on age, income, or health risks.
- **All insured individuals in Estonia have the right to receive equal and high-quality healthcare services.**

The Health Portal

The screenshot shows the user interface of the Estonian Health Portal (terviseportaal). At the top, the user is logged in as Martin Tamm with ID 38101131257. The main content area is titled "Minu töölaud" (My Dashboard) and contains several interactive cards:

- Üleriigiline Digiregistratuur**: A card for the national digital registration system, with a button "Ava registratuur" (Open registration).
- Minu tahteavaldused**: A card for declarations, with a button "Vaata tahteavaldusi" (View declarations).
- Minu perearst**: A card for the family doctor, showing the name "Anna Saar" and phone number "0000000".

At the bottom, a message states: "Sul puuduvad kehtivad saatekirjad, tulevased vastuvõtud, välja ostmata retseptid, hiljutised uuringud ja analüüside vastused." (You are missing valid certificates, future appointments, uncollected prescriptions, recent tests and analysis results.)

- **Every doctor has to send the information about the medical service to the general Health Portal**
- This enables patient to view their health information,
- submit additional data and change your contact details,
- book appointments, submit certificates and declarations,
- assign your representative(s), and
- perform actions on behalf of persons that have assigned you as their representative.

PRM as a medical speciality in Estonia



- 1995, PRM residency program in University of Tartu
- 2022 lengthening the residency program to **4 years**

Estonian Society of Physical and Rehabilitation Medicine Doctors (ESPRMD)

- 2002 Estonian Society of Physical and Rehabilitation Medicine Doctors
- There are over 80 members

The ESPRMD carries out

- physician **accreditations** and **educational activities**
- collaborates with health insurance to create **treatment guidelines** (complex cardiological rehabilitation, hip and knee endoprosthesis, PCI, stroke, lower back pain, chronic obstructive pulmonary disease etc).

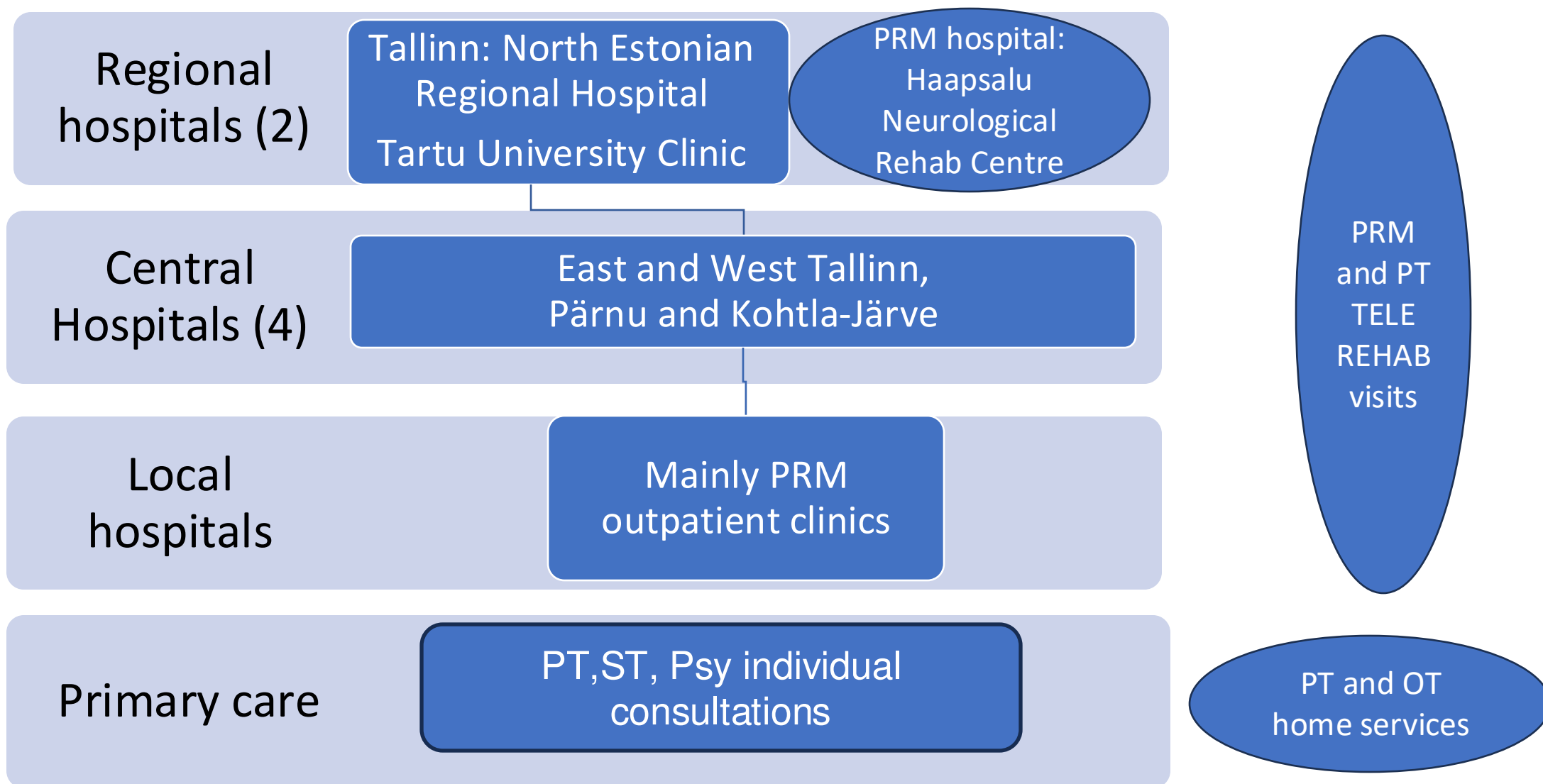


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PRM development plans

- **2002**, the first PRM development plan (Meeli Mumma) was created focusing on the team work in PRM
- **2003** PRM institutions network plan (Varje-Riin Tuulik) where the focus was on the improvement of competency centers (number of hospital beds 400, divided by 6-7 hospitals).
- **2012-2020 development plan (Annelii Jürgenson) .**
- **2023**, ESPRMD initiated PRM development plan modernization and **new plan 2025-2035** is under construction

PRM hospitals and services in Estonia



PRM specialists in Estonia

- **PRM doctors** 6+4 years of education, 1-3 residents a year
- **Physiotherapist**, 3+2 years of education, 60-70 students in a year
- **Occupational therapist**, 4 years of education, about 25 students a year
- **Psychologists**, 3+2+1 years of education. 120 students in a year, magistracy 52 + professional practice year 15 persons a year. The problem is that without this extra year it is not allowed to work in medical departments.
- **Speech therapists**, 3+2 years of education. 30 students a year + 45 persons as cycle learning. Magistracy incl special pedagogy 25, speech therapy 25 (cycle learning). Problem is there are not enough specialists, especially russian speaking
- **Social workers**, 3+2 years of education, no Health Insurance subject
- **Nurses** in PRM, no special education programs

The Health Fund pays for the following services in PRM

- Physiotherapy (22 eur), a group service (12 eur), home (69 eur)
- occupational therapy, a group service, home
- The same price if PT or OT uses robotics, but then the institution gets extra support
- Psychotherapy different services (27-72 eur)
- speech therapy and different diagnostics (30-62 eur)
- Team work (minim. 4 specialists) and individual rehabilitation plan (79 eur)



PROSTHETIC FABRICATION
LABORATORY

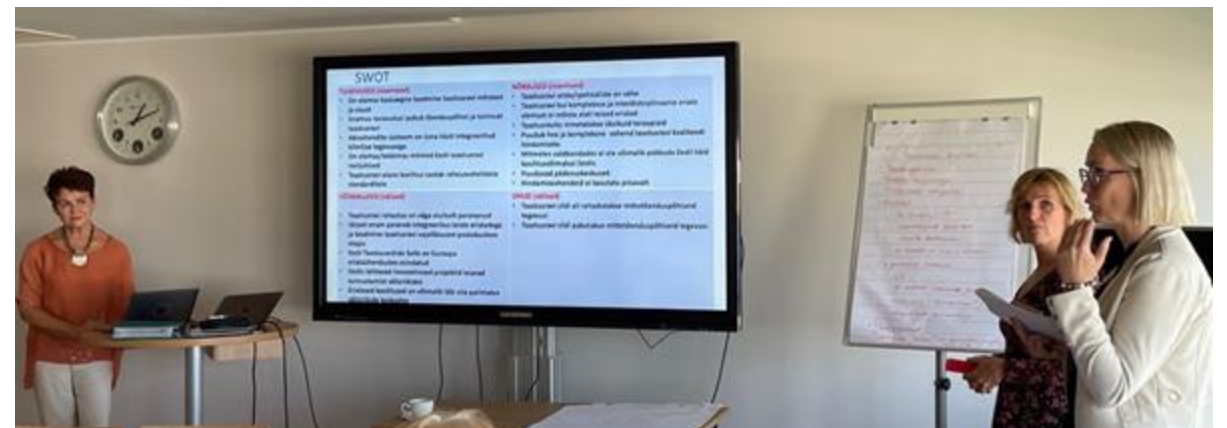
PRM paid by Health Insurance

- massage session (for patients with moderate or severe paralysis); (30 min 24 eur)
- Lymphotherapy (70 min- 51 eur)
- mud therapy session (for patients with rheumatoid polyarthritis, Behterev's disease and severe joint stiffness) (20 eur)
- speleotherapy (for patients with chronic bronchitis or bronchial asthma) (9 eur)
- cryotherapy (20 eur)



Future?

6-7.sept 2024 in Pärnu
ESPRMD had roundtables
to establish new goals to
the PRM development
plan for 2025-2035



UEMS PRM section: PRM for Outpatients Position Statement

- The Declaration of Alma-Ata defines primary care as: “the first level of contact for the population with the health care system, **bringing health care as close as possible to where people live and work.** It should address the main problems in the community, providing preventive, curative, and rehabilitation services”
- Medical rehabilitation is an **essential strategy in primary healthcare**, with medical specialists in Physical and Rehabilitation Medicine playing a pivotal role.
- PRM plays a pivotal role in the prevention, diagnosis, therapeutic intervention, and long-term care of diverse debilitating health conditions and concurrent comorbidities **across all age groups, spanning acute and chronic stages**
- Outpatient medical care, commonly known as ambulatory care, entails services provided to patients without needing admission to an inpatient hospital or for stays lasting less than 24 hours. Significant strides have been made in advancing **comprehensive outpatient rehabilitation diagnostic approaches and treatments.** These processes offer a viable substitute for hospitalisation for acute and chronic patients and serve as a professional intervention following early discharge from inpatient programs. In medical rehabilitation, terminology such as outpatient rehabilitation, ambulatory rehabilitation, and rehabilitation in primary care denote non-inpatient services
- **Therefore, there is an urgent need to establish minimum standards for these programs and carefully plan their implementation and support.**

UEMS PRM section: General professional principles of the PRM for outpatients

1. Professional practice must adhere to the **principles of the International Classification of Functioning, Disability, and Health (ICF)**, clearly defining functional goals.
2. Professional activities should follow the model of the **Individual Rehabilitation Project (IRP)** , ensuring a tailored approach to each patient's needs.
3. The professional process should embrace a holistic approach, **prioritising patient-centred care** and involving the patient's family .
4. Outpatient programs should be delineated as part of the **Rehabilitation Management Plan**, building upon previous stages and incorporating plans for subsequent stages .
5. Utilising validated assessment **measures to gauge functional improvement** is imperative, ensuring accuracy and reliability in tracking progress.
6. The engagement of a **PRM physician as the leader of the multiprofessional rehabilitation team** is warranted, to ensure a comprehensive and expert oversight of the IRP delivery.
7. Embracing **an interdisciplinary approach to the professional process**, including effective interprofessional communication and regular staff meetings, fosters collaboration and holistic care delivery.

Strengths of Estonian PRM

- **Inpatient PRM centers in bigger hospitals (regional, central)**
- **More than 90% of PRM is outpatient PRM**
- The PRM doctor can use all diagnostics (US, ENG, MRI etc).
- PRM doctors, like other specialists, specialize in narrower areas (spasticity, lymphatic therapy, etc.)
- use of high-tech equipment also in outpatient work
- possibility to make remote visits as tele-consultations
- e-consultations to other specialists have specific criteria

Need to develop...

- fluctuating **quality of referrals** from other doctors. Family doctors sometimes have referrals to many specialists at the same time (orthopedics and rehabilitation doctor, neurologist and rehabilitation doctor) and it is not always clear to the referring doctor whether a referral to a PRM doctor or a physiotherapist would be necessary
- **Team work in outpatient** clinics is not common
- No daypatient care rehabilitation units
- ICF is not in common use

Goals in PRM in Estonia

- wider use of **biopsychosocial health model** and ICF based documentation (*due the UEMS PRM Section Physical and Rehabilitation Medicine for Outpatients Position Statement*)
- **competency centres** for different patient subgroups
- **quality standards** for different services in PRM
- expansion of already **well-functioning target group-based projects** to all of Estonia (e.g. e-services in cardiac rehabilitation)

Thank You for the attention!

[FB Eesti Taastusarstide Selts](#)

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**MITMETAHULINE
TAASTUSRAVI**

Spetsialiseerumisvaldkonnad

- Ortopeediline taastusravi
- Neuroloogiline taastusravi
- Sisehaiguste taastusravi
- Lastehaiguste taastusravi
- Onkoloogiline taastusravi
- Vaagnapõhja taastusravi

Taastusarstina

- ravid inimest, mitte organit
- hindad ja testid funktsionaalsust
- kasutad ravitöös lisaks tabletravile süsteravi ja kaasaeget aparatuuri
- juhid taastusravimeeskonna tööd
- teed tihedat koostööd teiste erialadega



VABADUS SPETSIALISEERUDA OMA
KARJÄÄRI JOOKSUL VÄGA
ERINEVATESSE VALDKONDADESSE!