ARE ROMANIAN FAMILY DOCTORS READY FOR HEALTH 2020?

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INTRODUCTION
In 2012, the World Health Organization (WHO) Regional Committee for Europe adopted a new health strategy for WHO Europe: Health 2020. This is based on previous experiences and includes the basic principles and values of the Health for All Strategy [1]. Health 2020 reiterates the importance of primary health care in the development and increased performance of health systems. It also highlights that the use of new technologies, especially in telecommunication, telemedicine, e-health and social media, can contribute to higher quality and more cost-efficient primary care services. Furthermore, it recognizes that the patient is both a source of information and a partner in the healing process. Health 2020 provides a series of recommendations for primary health care [1].

Primary care has the potential to effectively address the most pressing challenges to the Romanian health system. A series of international health systems surveys have recently been conducted to evaluate primary care in the country. We present selected findings from a recent European Commission-funded study: Quality and Costs of Primary Care in Europe (QUALICOPC).

METHOD: We have selected findings from this study which we believe are key in addressing Romania’s health system challenges. To do this, we used the priority area recommendations from the World Health Organization European Region’s Health 2020 strategic policy framework as a guide.

RESULTS: Study results are presented for primary care provision to the elderly, harmful alcohol use, mental health, service integration and professional relations in primary care.

CONCLUSIONS: Using Health 2020 to explore survey results was helpful in framing the QUALICOPC results. Our analysis shows that family doctors in Romania have improved their performance and are better positioned towards strengthening primary health care.

Key-words: Health 2020, family doctors, primary health care, management, health policies, health care study, health systems

RESULTS
The Health 2020 priority recommendations for policy action are grouped under four policy areas. The first three areas are directly relevant to primary care:

1. Investing in health through a life-course approach and empowering people,
2. Tackling Europe’s major health challenges: non-communicable and communicable diseases

1. Providing better primary care to the elderly
Health2020 priority area 1, Investing in health through a life-course approach and empowering people, addresses the demographic transition occurring all across Europe. The demographic transformations and its consequent challenges requires interventions and new approaches to promote health and prevent diseases. Romania’s transformation has been caused by increases in life-expectancy, decreased birth rates in recent generations and emigration. Thus, the health of the elderly appears as a priority issue of the health system with important economic and societal impact.

An important indicator of this is the number of elderly persons (over 70 years old) included in GPs’ patients list. Collected data confirm that the elderly persons are included in the family doctors lists (Table 1). From this point of view, the elderly in Romania have access to primary health care. However, it seems there are not many health education and health promotion activities dedicated to this population. Only 2% of the family doctors reported organizing such activities (Table 2). More than that, only a few GPs (5.5%) see patients in senior residential centers in a normal working week (Table 3).
2 - Harmful alcohol use

Health2020 priority area 2, Tackling Europe’s major health challenges: noncommunicable and communicable diseases, addresses diseases directly. Harmful alcohol use is an important cause of the most common noncommunicable diseases. This problem necessitates supporting initiatives for screening and brief interventions in the case of hazardous and harmful drinking. These can occur in primary health care and other settings. Health 2020 recommends that, in order to reduce the health risks from harmful alcohol use, interventions should be carried out addressing this problem, especially at the level of primary health care. These interventions should comprise early identification of harmful alcohol abuse among patient populations with particular emphasis on women of childbearing age. In Romania, GPs are most often not the usual first contact for men with alcohol addiction problems, for example (Table 4). Problematic alcohol use is approached by the family doctor as part of normal patient contacts (94% of the doctors, see Table 5), and this activity is not done systematically in relation with the alcoholic patients (97.3% of the doctors).

3 - Mental health

Another important aspect to non-communicable diseases, as outlined in Health2020 is their interrelatedness with mental health problems. Early diagnosis of depression and prevent suicide by initiating community-based intervention programmes is one of the challenges mentioned by the Health 2020 strategy. People with mental health problems need to be detected in primary care, and people with severe conditions should be referred to specialist services [1].

Romanian GPs report that they are the first contact with the health system for more than 50% of their patients experiencing problems with anxiety, depression, convulsions and memory loss (Table 6).

Although the GPs provide consultations for mental health patients, cooperation with the mental health professionals is less frequent, 55% of the family doctors request advice rarely or never from the psychiatrists (Table 7).

4 - Service integration and coordination

Health2020 Priority area 3, Strengthening people-centred health systems, public health capacity and emergency preparedness, surveillance and response, addresses the complexity of a health system with many interconnected parts. Increasingly, health services are capable of coordinating efforts. This is needed, in particular in the case of people with chronic conditions.

Problems of integrated and coordinated care often arise at the interface of primary and secondary care, health and social care and curative and public health services and among professional groups and specialties. Service delivery models that are characterized by collaboration and cooperation across boundaries and among professions are increasingly needed. Additionally, there is increasing need for providers and institutions to focus on and benefit individuals with chronic conditions. Health system mechanisms, such as payment policies, need to encourage rather than discourage coordination and to facilitate continuity of care [1, 6].

Within the Romanian health system it is compulsory for the family doctors to use referral notes to the specialist doctor and hospital. Nonetheless, some 16% of GPs GPs in Romania work rather isolated from the other medical and social professions. They meet face to face more than once per month with practice nurses (85.9%), other family doctors (62.3%) and pharmacists (53.2%). For the rest of related professions the range is between 30 and 5% (Table 11).

GPs in Romania outnumber highly some professions (dietician, geriatrician and physiotherapist) and this might explain the infrequency of face to face meetings. Another explanation might be the geographic proximity of the patients' homes.
distribution of medical professions with GPs being more located in rural areas, while specialists are to be found more in urban locations.

5 - Relation with the profession

Primary care continues to present challenges in many countries, with a narrow task profile, poor teamwork, limited recognition, weak links to higher levels of care and inadequate funding [1].

Over 85% of the family doctors consider that their profession is very interesting and they are interested in it the same as at the beginning. 54% consider there is a lot of stress in their activity. Almost half of the family doctors (48%) says that family medicine is a well-respected specialty. Most of them (96%) consider that their activity is overloaded with unnecessary administrative details. Regarding the activity relevance, the opinions are split: 52% of the doctors consider that part of their activity is not truly relevant. 69% say that there is no good balance between effort and reward (table 12).

Payers (national and county health insurance houses) often perform analysis of prescriptions and referrals. Sending feedback to GPs on these seems to be a matter of local preferences as the respondents in the study are almost equally divided between receiving feedback (44%) and not (55%).

In addition, peer review and practice visitation are generally not commonly used by Romanian GPs (Table 13).

LIMITATIONS

This is self-reported data as a nationally representative sample of GPs filled out the survey based on their own perception. As quantitative data was not available to triangulate answers to these questions, we rely on the self-reported data and recognize its limitations.

Also, this is one snap-shot in time. We do not know to what extent, on what trajectory, or how quickly the answers to these questions are evolving.
Table 12 - GP ratings on job satisfaction measures

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>No answer</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel that some parts of my work do not really make sense</td>
<td>16</td>
<td>36</td>
<td>31</td>
<td>17</td>
<td>1</td>
</tr>
<tr>
<td>My work still interests me as much as it ever did</td>
<td>38</td>
<td>48</td>
<td>12</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>My work is overloaded with unnecessary administrative detail</td>
<td>58</td>
<td>36</td>
<td>5</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>I have too much stress in my current job</td>
<td>11</td>
<td>42</td>
<td>41</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Being a GP is a well respected job</td>
<td>11</td>
<td>37</td>
<td>43</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>In my work there is a good balance between effort and reward</td>
<td>5</td>
<td>26</td>
<td>54</td>
<td>15</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 13 - Feedback from colleague GPs (peer review or practice visitation)?

<table>
<thead>
<tr>
<th>Percent</th>
</tr>
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<tbody>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No answer</td>
</tr>
<tr>
<td>Total</td>
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CONCLUSIONS AND DISCUSSION

The Romanian primary health care system is facing an important transition and development. To compare the current situation with the past, we need to look into other studies and publications since the described QUALICOPC instrument is singular.

In 1996, the first Health Care Systems in Transition profile for Romania describes primary health care as subordinated to hospitals that hold territorial funds for both primary and secondary health care. This has often meant that primary health care has been starved of resources relative to hospital-based care [7]. The gatekeeping role was not defined and the referral system to specialist physician or hospital was increasingly bypassed and the frequency of primary health care consultation was declining.

Moreover, a patient satisfaction survey conducted at the time by the Romanian Institute of Public Health revealed that over one-third of patients rated GP’s services to be “poor” and some evidence pointed towards organization and staff attitudes as being the cause [7].

Changing the financing of health by introduction of compulsory social health insurance in 1999 endowed primary care physicians with a gatekeeper role. However, this increased role did not improve patients’ perception of service quality or to bring them closer to patient needs. Surveys showed that primary health care services were generally of poor quality and diagnostic and treatment equipment was practically non-existent (except for dental care in the bigger dispensaries). Primary-care health service had been “the neglected service” for a long time and reform attention was recommended [8].

The next decade showed an improvement due to the reforms that were intended to strengthen access to and quality of primary health care, improve responsiveness to patients through competition among GPs, and reduce reliance on specialists and hospital care by giving GPs a “gatekeeper” function[9]. The most accessible tools to evaluate the changes were again surveys on patient satisfaction. They were unsatisfied mainly with hospital services (37%), but to some extent also with GP services (19%), ambulatory services (9%) and emergency services (7%) [9].

We can affirm that the primary health care system improved during the past 20 years. Patient satisfaction surveys are indicating the changes. Their perception of primary care shows an important improvement. The work of Romania’s GPs takes place rather isolated within the health care system then integrated with other services but horizontal collaboration exist and looks like a good starting base for more integration. Cooperation with the social workers indicates the possibility for more integrated service delivery but steps need to be done by social services too.

Better promoting health and prevent diseases is difficult to achieve without highly integrated and coordinated delivery of primary care services. Romania’s GPs are serve elderly people not only from the perspective of chronic diseases treatments some of them (20%) are involved in health promoting activities dedicated to this category of population. In the same way and percentages they are tackling lifestyle factors and other determinants of health. Main reason of fragmentation and unevenness delivery of such services are due to financing models used so far and due to lack of community involvement. Widening the area of such interventions and spreading it to more PHC providers is a way to go towards the Health 2020 objective.

The QUALICOPC study showed also GPs’ willingness to widen the scope of their activities and their readiness to improve the way in which they are contributing to the goals of the Romanian health care system. From this perspective we might conclude that primary care became closer to the broader health policy goal of moving the focus from hospital based care to primary care, at least it gives the chances for a better start towards the Health 2020 objectives than two decades ago.

References:
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