

THE PART PLAYED BY THE FAMILY PHYSICIAN IN IMPROVING THE HEALTH CARE PERFORMANCES

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Abstract: Primary health care represents the patient's first contact level with the health system, trying to bring as near as possible the health activity and the working and life environment of people and represents the first element of a continuous health care process. Primary health care includes preventive and curative services offered by the members of a community at a price the respective community can afford and which should be accessible to all. This study emphasizes the importance of strengthening the family physician's part in primary care, with a view to improve the performance of the health system. The results show the fact that there still are a series of difficulties at the level of the primary health care, starting from the equipment existing in surgeries, excessive bureaucracy up to the patient-physician relation. Efforts are made in order to meet the expectations and the needs of the patients.

Keywords: primary care, performance, quality

Rezumat: Îngrijirile primare de sănătate reprezintă primul nivel de contact al pacientului cu sistemul de sănătate, încercând să apropie, pe cât posibil, activitatea din domeniul sănătății de mediul de viață și de muncă al oamenilor, constituind primul element al unui proces continuu de îngrijire al sănătății. Îngrijirile primare de sănătate sunt activități și servicii cu caracter preventiv și curativ oferite membrilor unei comunități, la un preț pe care comunitatea să și-l poată permite și să fie accesibil tuturor. Lucrarea de față subliniază importanța creșterii rolului asistenței primare în vederea îmbunătățirii performanței sistemului sanitar. Rezultatele atestă faptul că există încă o serie de dificultăți la nivelul asistenței primare, plecând de la dotarea cabinetelor, birocrația excesivă și până la relația medic-pacient, dar se fac eforturi în a satisface, pe cât posibil, așteptările și nevoile oamenilor bolnavi.

Cuvinte cheie: medicina primară, performanță, calitate

PURPOSE OF THE PAPER

The purpose of the this paper is to assess the opinion of the family physicians regarding the reform strategy at the level of primary care and the extent to which this can contribute to the increase of the Romanian health care performance.

MATERIAL AND METHOD

This study was conceived as a qualitative

opinion survey, using the homonymous questionnaire with pre-established answers as the working instrument.

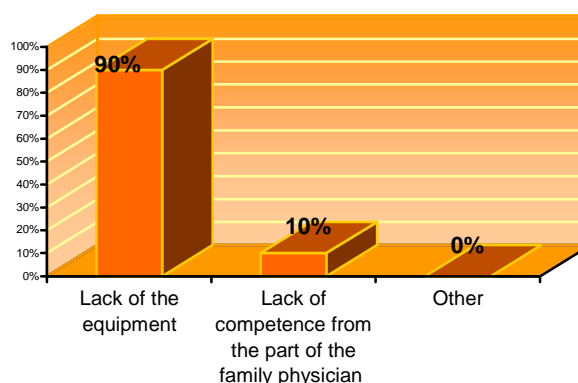
The study was made in 2008 on a batch made up of 40 persons aleatorily selected, from different family surgeries within the city of Sibiu.

RESULTS AND DISCUSSIONS

The survey revealed the following results: the importance of the primary health care is attested by 87,5% of the studied persons, who consider that the primary health care should represent a compulsory stage in patient's addressability to the health system. There also were 82,5% of the subjects who think that the primary health care should cover the majority of the health problems of the patients, the way it happens in the developed countries.

Regarding the real possibility to meet this objective, only 67,5% of the physicians answered affirmatively, the rest of 32,5% arguing their negative answer, based on the improper equipment of the surgery. (Picture no. 1)

Picture no. 1. The reasons that prevent solving the health problems at the level of the primary care surgery.



Regarding the level of endowment of primary care surgeries, 60% of the questioned physicians consider it medium or even weak. The idea of the existence of certain better equipped surgeries, which would lead to an increase of the patients' addressability for a larger number

of services that can be solved ambulatorily, was supported by the majority of the subjects (77,5%).

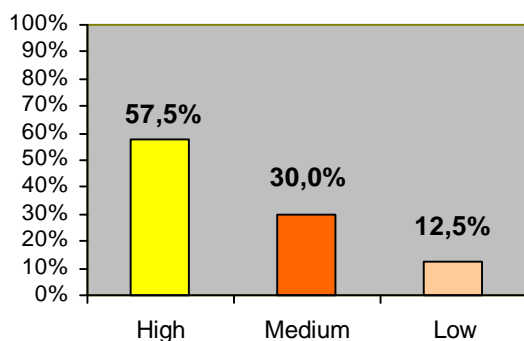
The answers to the open question regarding the physicians' main discontents in relation to their patients revealed the following aspects (table no. 1):

Table no. 1. Physicians' opinion regarding the main discontents in their relation with the patient.

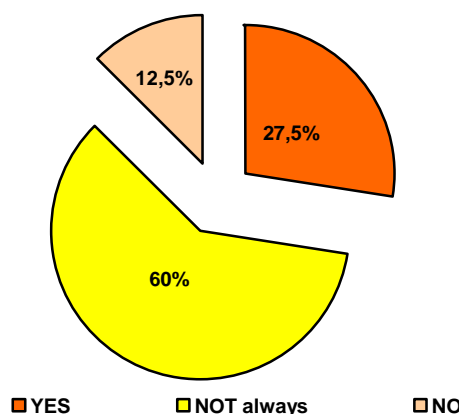
No. of subjects	Weight	Physicians' main discontents in relation to the patient
14	11,66%	Variable compliance to the therapeutic indications
16	13,33%	Self-medication practicing
24	20%	The large number of monthly consultations
17	14,16%	Improper attitude of the patient in relation to the physician
18	15%	Lack of compliance of the physicians in observing the working timetable
12	10%	Lack of trust from the part of the patients in the medical deed at the level of primary care
19	15,83%	Other (difficulty in creating a system for scheduling the consultations for the chronic patients, lack of information from the patients, not knowing their rights and duties etc.)

Another set of questions aims at the physicians' opinion regarding the patients' addressability to their family physician. The data of the study show that although this is relatively high, it is not correlated to a proper level of satisfaction from the part of the patients. (Pictures 2, 3)

Picture no. 2. Addressability level to the family physician.



Picture no. 3. Correlation between the addressability to the family physician and the patients' level of satisfaction



The patients' motivations in relation with the low level of satisfaction refers to the limited funds for free prescriptions and laboratory analyses - 26,36%, long period of waiting for doing the laboratory analyses and consultations and respectively - 17,27%, improper endowment of the surgeries - 13,63%, expensive treatments for the patients - 11,81%, not scheduling the future consultation - 11,81%. 4,09% of the interviewed physicians mentioned as one of the patients' dissatisfactions, the difficulty of creating a scheduling system for the chronic patients, which will also reduce the long waiting, the lack of information, the fact that they do not know their rights and duties, the ignorance for their own health condition, as well as the lack of understanding the part played by prevention in everyday life.

The physicians' opinion regarding the creation of inequities between patients along with the termination of the funds for certain medical services or compensated drugs show that 95% of the physicians think that these really exist and contravene to the medical ethics.

As to the observation of the access to specialized services, based on the family physician's recommendation, the majority of the physicians answered that this is not observed in many cases.

In terms of logical grounds regarding an efficient health system, the primary care addresses the majority of the health problems of the population. Asked whether the role of the primary care should be more important in the present health system, the questioned physicians answered affirmatively in 92,5% of the cases.

The study ended with an analysis of the possibilities for improving the primary care services quality. In this respect, we have obtained the following results: 90% of the physicians agreed to the both questions, that is: the improper endowment of surgeries and the increase of the medical staff's motivations through a corresponding remuneration, while 10% of the physicians agreed to only the first variant of answer. Within this question, the physicians could freely express

their points of view in relation to other possibilities of increasing the primary care performances.

CONCLUSIONS

1. The study made in the city of Sibiu on a batch made up of 40 physicians emphasized the importance of the primary care, as the first link in the efficient functioning of the Romanian health system.
2. Family medicine holds real possibilities for solving the majority of the health problems of the population, being essential for health promotion and diseases prevention.
3. The high compliance of the patients' addressability at the level of the primary care is not always followed by a corresponding level of satisfaction from the part of the patients.
4. The study revealed a part of the difficulties the family physicians encounter, such as: the lack of equipment in surgeries, excessive bureaucracy, reduced funds for free/compensated prescriptions, the large number of consultations per months.
5. There are often situations in which inequities among patients are created, through the insufficiency of the funds allocated for free/compensated prescriptions.
6. Within the physician-patient relation, there is a certain degree of subjectivism and sometimes even a lack of consideration from the part of the patients regarding the family physician.
7. The study reveals the necessity of knowing the patient beyond his/her pathological antecedents, within the context of his/her social relation, with his/her values, preferences and beliefs related to the medical deed.

The proposals of the physicians included in our study regarding the development of the performance of the primary care were the following:

1. Improving the endowment of family medicine surgeries, both in the urban environment and in the rural one.
2. Reducing the bureaucratic formalities by simplifying the issuance of the prescriptions and forms.
3. Financial support for certain national programmes regarding the development of the primary health care in the rural environment.
4. Health education TV broadcastings within certain health promotion national programmes.
5. Elaborating and disseminating informative materials on prophylaxis and population's health maintenance.
6. Centralized sanitary education made on computer in the waiting rooms.

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