

HEALTH SERVICES REFORM IN THE PRIMARY HEALTH CARE

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Keywords: primary health care, reform, quality of health services

Abstract: Primary care is defined by WHO as essential to health care., Accessible at a tolerable price for the country and community, realisable through proven practical and scientific methods made possible and socially acceptable. Primary health care is the first level of contact with the patient's health is the first step in a continuum of health care. The paper stresses the importance of increasing the role of primary care to improve the health system performance. The results show that there are still some difficulties with the primary care, based on the equipment in the cabinets, excessive bureaucracy and to the relationship between doctor and patient, but efforts are made to satisfy, as far as possible, the expectations and needs of the sick people.

Cuvinte cheie: medicina primară, reformă, calitatea serviciilor medicale

Rezumat: Asistența medicală primară este definită de OMS ca fiind asistența fundamentală a stării de sănătate, accesibilă, la un preț suportabil pentru țară și pentru comunitate, realizabilă prin metode verificate practic și științific și acceptabile social. Îngrijirile primare de sănătate reprezintă primul nivel de contact al pacientului cu sistemul de sănătate, constituind prima etapă a unui proces continuu de îngrijire al sănătății. 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, birocrăția excesivă și până la relația dintre medic și pacient, dar se fac eforturi în a se satisface, pe cât posibil, așteptările și nevoile oamenilor bolnavi.

INTRODUCTION

Primary care is the most common form of providing health care in Europe and provide basic services essential to the health care system. Primary care is, as the entire health system in a continuous reforming, being constantly confronted with major health problems of political and socio-economic aspects of the Romanian society, which entail new risks to the human health.

After WHO, the family doctor is the doctor of first contact with the patient, providing primary care, considered "the cornerstone of health for all"

THE AIM OF THE STUDY

The purpose of this paper is to assess family doctors opinion on reform strategies, progress and shortcomings made in reforming primary care. In this context we analyzed the professional opinion on the optimization of primary care services through modern management methods aimed at increasing public accessibility to primary health services, improving their quality and increase patient satisfaction.

MATERIAL AND METHODS

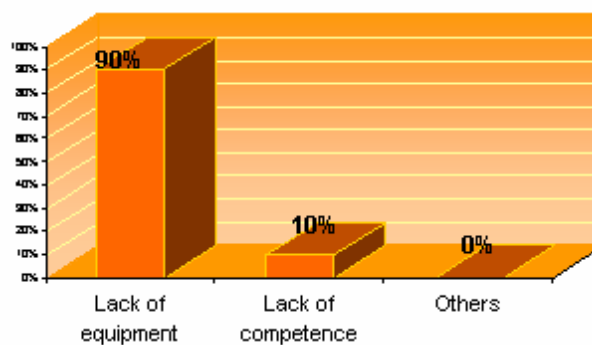
The study was conducted in collaboration with the primary care professionals and was designed as a survey calitativă, opinion, using anonymous questionnaire as a tool with pre-formulated answers.

The study was conducted in 2010 on a group composed of 40 individuals randomly selected from a number of family medical practice, in Sibiu.

Following the survey we obtained the following results: the importance of the primary health care is supported by 87.5% of those surveyed who consider that primary care should be a mandatory step in the addressing patient health system. Subjective opinion about the degree to which primary care should cover most health problems so patients was expressed in percentage of 82.5% of cases.

Regarding the real possibility to achieve this objective, only 67.5% of physicians answered affirmatively, the remaining 32.5% since-and negative response, based on inadequate medical service fitting (Fig. 1).

Figure no. 1. The causes that prevent problems of health in the primary medical practice



Responses to the open question on the main complaints about doctors who visit patients have highlighted the

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following issues (tab.nr.1)

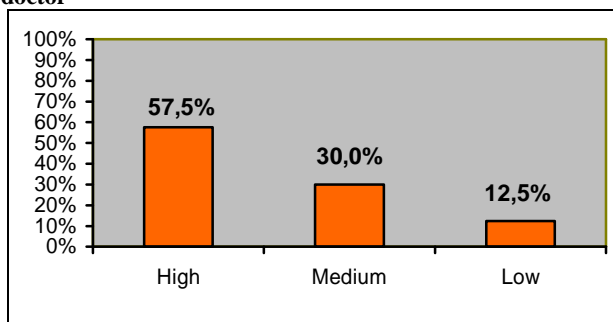
Regarding the degree of endowment of the offices where they work, 60% of doctors surveyed considers medium to low. The existence of better-equipped offices, which would lead to increased addressability patients and other services that can be solved in outpatients has been supported by most subjects (77.5%).

Another set of questions focus on medical opinion regarding the addressing patients' physicians. The survey showed that although this is relatively high, 57.5%, not correlated with an appropriate degree of patient satisfaction (Fig. 2, 3)

Table no. 1. Medical opinion on the main gripes of the relationship with the patient

No.of subjects	Share	Main complaints in relation to pa
14	11,66%	1. Variable compliance in therapeutic indications
16	13,33%	2. Self-medication practicing
24	20%	3. The increased number of visits per month
17	14,16%	4. Misconduct in the patient-doctor relation
18	15%	5. Lack of patient compliance in meeting the work program
12	10%	6. Lack of trust in the primary care intervention

Figure no. 2. The degree of addressability to the family doctor



Motivations related to the low patient satisfaction relating to: limited funds for free prescriptions and laboratory tests - 26.36%, long waiting period for conducting laboratory tests and consultations - 18.18% and - 17 27%, inadequate equipment cabinets - 13.63%, expensive treatments for patients - 11.81%, lack of future programming for a consultation - 11.81%. At a rate of 4.09% noted that doctors have studied and causes of dissatisfaction for patients, the difficulty of creating an appointment system for chronic patients, which would decrease the long waiting time, lack of patient information, ignorance of their rights and obligations, ignorance for their own health, and misunderstanding the role of prevention in daily life.

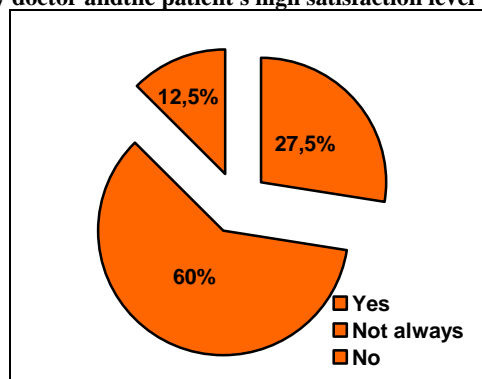
Medical opinion concerning the creation of inequities among patients with end funds for certain services and medicines free or offset a 95% showing in the opinion of doctors that they exist and are deprived of medical ethics.

In respect of access to specialized medical advice from your GP, doctors have said that "no" at a rate of 77.5% and "yes" at a rate of 22.5%.

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Figure no. 3. Relationship between the addressability to the family doctor and the patient's high satisfaction level



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As a logical foundation of a functioning health system, primary care health issues are addressed most of the population. Asked if the role of primary care should be more important in the current health care system, physicians surveyed answered "Yes" 92.5% of cases and "No" only 7.5%.

The study was done by analyzing the possibilities of improving the quality of primary care services. Thus, we obtained the following results: 90% of doctors agreed with both questions set out as follows: equipping the medical staff offices and increase motivation through appropriate remuneration, while 10% of doctors have agreed only with the first response. In this question doctors were able to freely express opinions about other options for increasing the performance of primary care.

CONCLUSIONS

1. The study conducted on a sample consisting of 40 family doctors from Sibiu highlighted the importance of primary care as a first step required to go in a functioning health system.
2. The majority population's health problems, is essential for health promotion and disease prevention.
3. Adherence high addressability patients to primary health care system is not always followed by a measure of patient satisfaction as we had expected.
4. The study highlighted some of the difficulties encountered by family physicians in their medical offices namely Insufficient funds for free medications reduced / offset the large number of visits per month.
5. There are times when creating inequities among patients with insufficient funds allocated to offset recipes / free.
6. In the doctor-patient relationship is a dose of subjectivity and sometimes lack of consideration to the patients GP.

7. Need to know the patient beyond his pathological history, the social context of his relationship with preferences, values and beliefs about the medical.

Proposals for developing primary care:

1. Increase endowment of family medicine cabinets, both urban and rural areas.
2. Reduce red tape by simplifying formalities issue receipts and forms.
3. The possibility of establishing an electronic system for future consultations appointments for chronic patients.
4. Financial support to national programs dezvoltre primary health care in rural areas.
5. Making health education television programs, national programs in health promotion.
6. Develop and distribute information materials on prevention and primary prevention.

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