PRIMARY HEALTH CARE FROM THE PERSPECTIVE OF THE SERVICES PROVIDER

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Keywords: *primary care, reform, role, importance, suppliers' opinion*

Abstract: *At the conference in Alma-Ata from 1978, it was agreed that primary health care is an essential health care service, based on practical methods and technologies, socially relevant, made to be universally accessible to individuals and families in a community, through their full participation at a cost the community and country may afford and to be maintained at every stage of its development, to support confidence and self-determination. Primary health care is the first level of contact between individuals, families and communities, the country's health system, trying to harmonize, if possible, the activity in the health field to that of people's life environment representing the first element of continuous health care. This paper assesses the family doctors' opinion regarding the place and role of primary care in health care reform in Romania. The results show that there still are difficulties in the primary care, starting from the equipment, excessive bureaucracy, to the doctor-patient relation, but there are efforts in meeting, if possible, the expectations and the needs of the sick people.*

Cuvinte cheie: *asistenţa primară, reformă, rol, importanţă, opinia furnizorilor*

Rezumat: *La Conferinţa de la Alma-Ata din 1978, s-a stabilit că îngrijirile primare de sănătate sunt îngrijiri sanitare esenţiale, bazate pe metode şi tehnologii practice, pertinente din punct de vedere social, făcute să fie accesibile în mod universal indivizilor şi familiilor dintr-o comunitate, prin totala lor participare, la un cost pe care comunitatea şi ţara poate să şi-l permită, să îl menţină în fiecare stadiu al dezvoltării lor, în sprijinul încrederii în sine şi al autodeterminării. Îngrijirile primare de sănătate reprezintă primul nivel al contactului dintre indivizi, familie şi comunitate, cu sistemul de sănătate al ţării, încercând să apropie, pe cât posibil, activitatea din domeniul sănătăţii de mediul de viaţă şi de muncă al oamenilor, constituind primul element al unui proces continuu de îngrijire a sănătăţii. Lucrarea de faţă evaluează opinia medicilor de familie în ceea ce priveşte locul şi rolul asistenţei primare în cadrul reformei sistemului de sănătate din România. Rezultatele atestă faptul că există încă o serie de dificultăţi la nivelul asistenţei primare, plecând de la dotarea cabinetelor, birocraţia excesivă şi până la relaţia dintre medic şi pacient, dar se fac eforturi în a se satisface, pe cât posibil, aşteptările şi nevoile oamenilor bolnavi.*

INTRODUCTION

Primary health care activities and services are preventive, curative, rehabilitating and promoting, offered to community members at a price any community should afford that should be accessible to all, representing the first contact with the health care system of a country.

To make primary health care universally accessible to a community, the individuals and the community are required to participate in its planning, organization and management. This ability to participate is best accomplished through proper training, allowing solving, at community level, the real health problems, with the support of other levels of the health system.

The sources that led to the definition of primary health care were: awareness of the links between health and other sectors, highlighting the need for an integrated, intersectoral approach, and need for the equity of the access and the delivery of health issues related to the increase of the population, and that supports the need to develop services for mothers and children; the "technological" and "economic" approach of diseases and medical services, which does not consider enough the social, economical and political aspects of life; the achievements made in healthcare in some countries, due to the involvement of the community in health actions.

Alma-Ata Conference affirms that health is a state of complete well being physically, mentally and socially, consisting not only in the absence of disease or infirmity; this is a fundamental human right and achieving the highest possible level of health is one of the important world social objective whose accomplishment involves beside the medical field the action of other sectors, as well (economic and social).

The "Health for All" policy is a challenge to achieve the best health for the benefit of everyone on the planet; it is a challenge to achieve the best health, obtained by applying an effective strategy based on the collective experience of the countries in the region.

The basic principles of primary health care formulated by the Alma-Ata declaration are:

a. Equitable distribution of health care – the health services should be equally accessible in the rural and urban environment, as well as for the rich and the poor;
b. Community involvement - active participation in decision taking regarding their health, involving the individuals in promoting their health;
c. Focusing on prevention activities – an important role is played by the doctor, who can more easily

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Article received on 25.06.2012 and accepted for publication on 23.08.2012
ACTA MEDICA TRANSILVANICA December 2012;2(4):172-176

detect the risk factors; he provides home care to the chronically ill patients;

d. appropriate technology - accepted, effective in terms of cost, cheap and locally available;
e. multisectoral approach - integration is done by social services and NGOs, including activities dealing with nutrition, education, living conditions, drinking water etc.

PURPOSE

The purpose of this paper is to assess the family physicians' opinion on the particularities and primary health care within the Romanian health system and whether the activities at this level contribute to the health system performance.

PAPER MOTIVATION

Primary care is a specialty which aims at promoting and regaining the health of the individual, his/her family, community, existential entities listed on a curve and included in their referential environment.

Primary care is recognized by its three directions of action which make it irreplaceable. This triad refers to:

1. Primary health care (with the practical application of these three stages of prevention: primary, secondary and tertiary);
2. Integrative care (general medicine performs the synthesis at the level of the man integrated in the geographical and social environment, of the prevention, curative and rehabilitating aspects);
3. Continuing care (general medicine enables the individual and collective health diagnosis, the prognosis and the planning of the measures to take, monitoring individual health and collective evaluation of the work performed);

Within this context, the family physician is defined as a "gate-keeper" of the health systems; it is the patient's first contact with the health care system, but also he guides the patient to solve his health problem, protecting the system from inadequate services.

The structural component of family medicine as first contact medical assistance is accessibility, evaluated according to the working hours, consultations schedule, telephone access, waiting time etc.

Currently, the position of care services is redefined, not only being of financial interest for a health system, but of medical and preventive interest through the above-mentioned directions.

Recent studies made on the public perception of the general medicine within the health system signals positive aspects on the future of general medicine: it represents the logical foundation of a functioning health system; it is essential for health promotion and disease prevention, for the treatment of chronically ill patients with multiple problems, particularly the elderly. These values taken together are the values of primary health care.

Personal interactions that include the physician-patient relation of trust are in the centre of primary health care concerns, by providing integrated health services. This involves three necessary attributes, namely: understanding, coordinating and continuity of private care, as a dynamic process influenced by the psycho-social context of the individual.

In front of the general practitioner, there are many tasks: detecting the interaction of various problems, a good collaboration with the patient, so that the treatment to improve the symptoms so distressing for the patient and that worry the doctor. Another aspect is the responsibility of both the physician, widely known and studied, and of the patient, who is also responsible for the received indications. The largest accessibility is held by the patients in the primary care system, and in order to achieve good compliance, physicians should find a different approach for each patient.

Solving most medical issues means that the doctor should adapt to each stage of the cycle of the patients' life, while the close relationship or the partnership between the physician and the patient is difficult to differentiate from "continuity" and this is good: the easy and fast access to medical advice and, ultimately, the patient's satisfaction.

METHODS

This study was designed as a qualitative opinion survey, using as the working tool the anonymous questionnaire with pre-formulated answers.

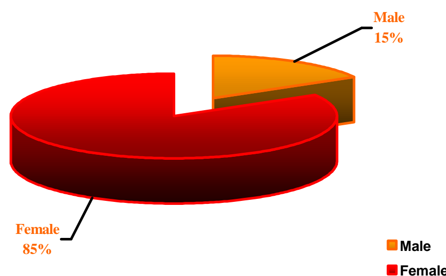
The study was conducted in 2012 on a group of 40 randomly selected individuals from different family medicine offices, in Sibiu. We followed:

- Distribution by sex of the studied individuals;
- Distribution by age group;
- The view of the studied people on the role of primary health care in the current health system;
- Issues regarding the equipment existing in the medical offices where medical services are provided;
- Doctor – patient relation;
- Main complaints of doctors in relation to patients, but also the dissatisfaction expressed by the patients;
- Issues related to patients' addressability regarding the family doctor;
- The view of the studied persons regarding the methods that should be used in order to improve the quality of primary care services.

After completing the study, we obtained the following results: regarding the distribution by gender, 15% of the subjects interviewed are male and 75% were females.

In relation to the distribution by age, we found that 10% of subjects were aged between 25 and 34 years old, 30% are in the age group of 35-44, while 60% are aged between 45-54 years (figure no. 1, figure no. 2)

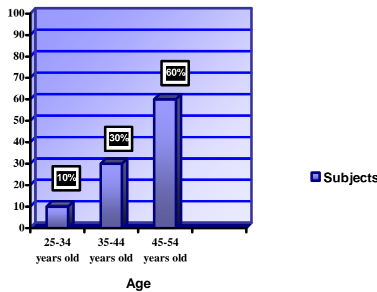
Figure no 1. Gender distribution of the studied persons



The importance of primary health care is confirmed by the positive responses in a proportion of 87.5% and by only 12.5% negative answers to the question, whether it should or not be the first step required for patient entry into the system (figure no. 3).

In an approximately similar percentage, 82.5%, - positive and 17.5% - negative, there was expressed the opinion of the patients regarding the degree in which primary care should address or not the majority of the health problems (figure no. 4).

Figure no. 2. Subjects' repartition on age groups



In approximately similar percentages - 82.5% - positive answers and 17.5% - negative answers, there was expressed the subjects' opinion on the degree in which primary care should address or not the most of the health problems (figure no. 4).

Figure no. 3. Physicians' opinions regarding primary health care as the first step for the patient's entry into the health system

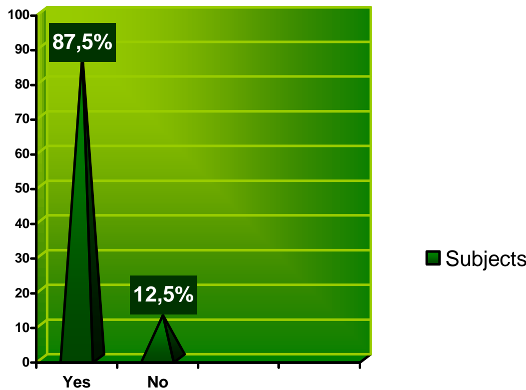
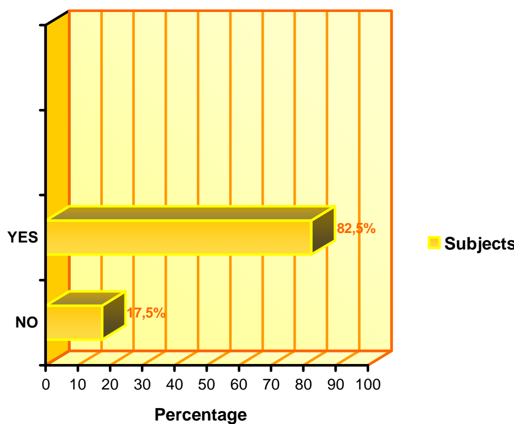


Figure no. 4. Subjects' opinion on the degree in which the primary health care should address the majority of health issues



Regarding the possibility of resolving a large part of the patients' health needs at the level of the primary medical practice, physicians responded "Yes" in a percentage of 67.5% and "no" in proportion of 32.5 %. The latter have argued the answers by the lack of adequate equipment for 90% of subjects and the lack of competence from the part of the family doctors for only 10%. Other reasons that could support the medical needs unable to solve the primary care medical practices were not specified by the doctors included in the study (figure no. 5).

Regarding the degree of equipment of the cabinets where medical services are provided, 40% of physicians consider it good, 47.5% considered it average and only 12.5% low, and there is no marked disparities of views, explained by the fact that all interviewed doctors operate in an urban environment. The idea of the existence of better-equipped offices, which would lead to increased addressability of patients and other services that can be resolved outpatiently, was supported by the majority of the subjects (77.5%), the difference being represented by 5 % negative responses and by 17,5% who did not express their view (figure no. 6).

Figure no. 5. Physicians' opinion on the possibility of solving the majority of health issues at the level of the private care office

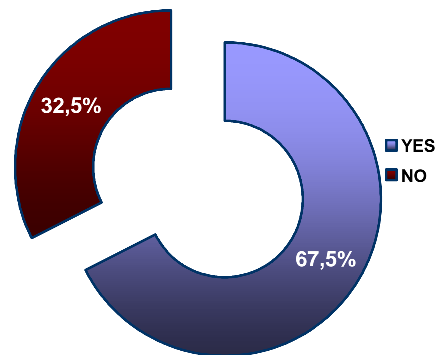
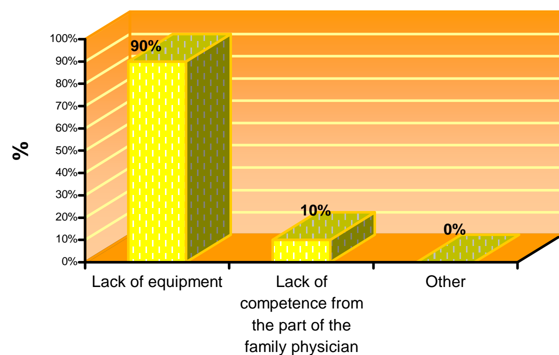
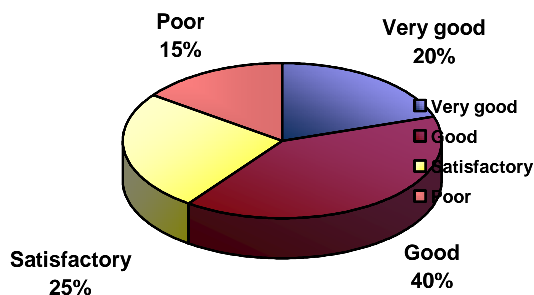


Figure no. 6. Physicians' opinion on the causes that prevent solving the health issues at the level of primary assistance care



A basic principle in the smooth running of primary health care is the family doctor – patient relationship. Although it should be universally regarded as essential, we found that a relatively small percentage of 20% agree that there is a very good relationship, 40% showed a good relationship, 25% satisfactory and 16% poor. The difference of opinions expressed could by explained by a certain degree of subjectivity of the responses of subjects (figure no. 7).

Figure no. 7. Study persons' distribution regarding the physician-patient relation



The answers given to the open question on the main complaints of doctors regarding the patients revealed the following: increased number of visits per month - 20%, patient noncompliance in observing the working hours - 15% improper attitude of the patient against the doctor - 14.16%, practicing self-medication - 13.33%, variable adherence to the therapeutic indications - 11.66%, lack of trust in primary care - 10%. In a weight of 15.83%, doctors mention "others", such as: the difficulty of creating a programming consultation for the chronic patients, which would decrease the long waiting time, the lack of information from the part of the patients, ignorance of their rights and obligations, ignorance for their own health, and misunderstanding the role of prevention in daily life.

Another set of questions aimed at the doctors' opinion regarding the addressability of patients to family doctors. The data showed that although this is increased in a percentage of 57.5% of responses on average in 30% of the cases, it is low in 12.5%; patients' degree of satisfaction is not in all cases as expected, so in 60% of the cases the answer was "not always", "yes" in 27.5% and "no" in 12.5% of cases.

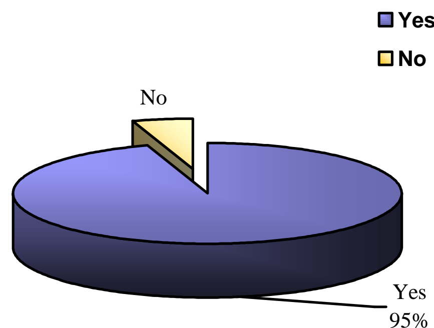
The reasons related to the low patient satisfaction concerns: limited funds for free prescriptions and laboratory tests - 26.36%, the long waiting time for laboratory tests and consultations - 18.18% and - 17, 27%, improper equipment of the medical office - 13.63%, expensive treatments for patients - 11.81%, lack of programming for future consultation - 11.81%. At a rate of 4.09%, doctors also mentioned the difficulty of creating a programming consultation for the chronic patients, which would decrease the long waiting time, the lack of information from the part of the patients, not knowing their rights and obligations, ignorance for their own health, and misunderstanding the role of prevention in daily life (table no. 1).

Table no. 1. Medical opinion on the main complaints expressed by the patients

Total no. of subjects	Percentage	Main complaints expressed by the patients
40	100%	
19	17,27%	1. Long waiting time for consultation
13	11,81%	2. Expensive treatments
9	8,18%	3. Not scheduling the future consultation
29	26,36%	4. Limited funds for laboratory tests and prescriptions
20	18,18%	5. Long waiting time for laboratory tests
15	13,63%	6. Improper equipment for the medical offices
5	4,09%	7. Others (not observing the working hours at the medical office and home care)

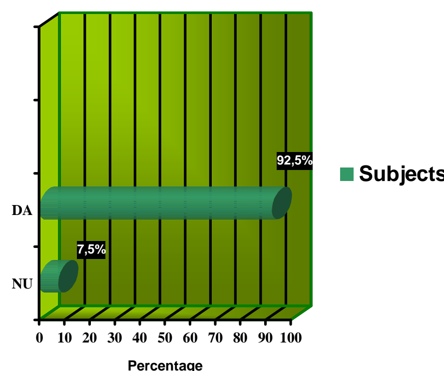
The physicians' opinion on the creation of inequities among patients once the funds are ended for certain services or medications showed the existence of inequities in a percentage of 95%, while only 5% said that these inequities are not possible (figure no. 8).

Figure no. 8. Physicians' opinion on the inequities between patients after the end of the funds for certain medical services or free/compensated drugs



As a logical basis of a functioning health system, primary health care problems are addressed to the majority of the population. Asked whether the role of primary care should be more important in the current health system, the study physicians answered "yes" in 92.5% of cases and "no" in only 7.5% (figure no. 9).

Figure no. 9. Physicians' opinion regarding the importance of increasing the role of the primary assistance care within the present health system



The study was concluded by analyzing the

possibility of improving the quality of primary care services. Thus, we obtained the following results: 90% of physicians agreed with both questions as follows: equipping the medical offices and increasing motivation through appropriate remuneration, while 10% of doctors have agreed only with the first response. In this question, doctors were able to freely express their opinions about other ways to increase the performance of primary care.

CONCLUSIONS

1. The study made in the city of Sibiu in 2012 highlighted the role and importance of primary care, the first link in the functioning of the Romanian health system.
2. Family medicine has real possibilities of resolving the majority of population's health issues; it is essential for health promotion and disease prevention.
3. High compliance in the reach of primary care patients is not always followed by a corresponding degree of satisfaction of patients.
4. The study highlighted some of the difficulties faced by practitioners in their work, namely: low equipment, red tape, reduced funding for free/compensated drugs, the large number of consultations per month.
5. There are often situations when inequities are created among patients due to the insufficient funds for free/compensated prescriptions.
6. Regarding the doctor-patient relationship, there is sometimes a dose of subjectivity and lack of consideration to doctors from patients.
7. The need to know the patient beyond his pathological history within the social context of his relationship, preferences, values and beliefs about medical services.

Proposals of physicians in the study group regarding the development of care performance at the level of primary care:

1. Improvement of family medical offices in both the urban and the rural environment in terms of equipment.
2. Reducing bureaucratic formalities, by simplifying the issue of receipts and forms.
3. Financial support of national programmes for the development of primary health care in the rural areas.
4. Development of health education TV programmes within the national programmes of health promotion.
5. Possibilities of creating and distributing information materials on health prevention and preservation.
6. Health education for patients made on computer in the waiting rooms of the medical offices.

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