

REALITIES, HOPES AND OPPORTUNITIES FOR THE FAMILY DOCTORS OF THE COUNTY OF VÂLCEA IN 2007

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Abstract: This paper aims at identifying and evaluating certain factors relative to the activity of the family doctors of the county of Vâlcea, to their medical offices seen as entities, the relation of the physicians with the patients, colleagues and with the authorities, their suggestions for the improvement of life and their activity within the current context.

Keywords: family doctors, medical offices, human relations, laws, authorities.

Rezumat: Lucrarea își propune identificarea și evaluarea anumitor factori legați de activitatea medicală a medicilor de familie din județul Vâlcea, a cabinetelor medicale ale acestora ca entități, relația medicilor de familie cu pacienții, colegii și autoritățile și propuneri ale acestora pentru îmbunătățirea vieții și activității lor în contextual actual.

Cuvinte cheie: medici de familie, cabinete medicale, relații interumane, legi, autorități.

PURPOSE OF THE RESEARCH

This paper aims at identifying and evaluating certain factors relative to the activity of the family doctors of the county of Vâlcea, to their medical offices seen as entities, the relation of the physicians with the patients, colleagues and with the authorities, their suggestions for the improvement of life and their activity within the current context.

MATERIAL AND RESEARCH METHODOLOGY

The research method used was the sociologic survey and the data gathering technique was the questionnaire, which was filled in by the family doctors of the county of Vâlcea. The questions reflected simple indicators, such as:

- 1) Age groups: a) 25-35 years old b) 35-45 years old c) 45-55 years old; d) over 55 years old.
- 2) Work place: a) Urban; b) Rural.
- 3) Type of the medical office: a) Individual Medical Office; b) Medical Civil Society; c) Ltd.; d) Health Centre
- 4) Do you: a) commute; b) do not commute;
- 5) Number of patients on the family doctors' list a) less than 500 b) 500-1000 c) 1000-1500 d) 1500-2000 e) more than 2000.

- 6) Percentage approximation of the professional structure of population; school pupils, employees, pensioners;
- 7) Number of employed medical assistants: a) one part time employed; b) one; c) two; d) other options;
- 8) Do the medical assistants: a) commute; b) do not commute;
- 9) The medical office of the family doctor is provided with: a) old furniture b) new furniture; c) very good medical equipment d) what do you wish to acquire in the near future?

Mark on a scale from 0 (zero) (very weak) to 5 (five) (very good) the following:

- 10) The relation with the County Health Insurance House;
- 11) The relation with the local authorities;
- 12) The relation with the Financial Administration;
- 13) Interhuman relations;
- 14) The relation with the patients;
- 15) Approximate the working programme: a) at the medical office; b) at the patients' residence; c) mention other circumstances;
- 16) The accounting of the medical office: a) is made up by you; b) by an accountant hired by you;
- 17) Approximate in percentages the directions towards which the income of your medical office is divided into a) wages; b) expenses for the maintenance of the medical office; c) how much does it remain? d) other directions. Do these percentages satisfy you? YES/ NO.
- 18) How many times did you participate in conferences and courses (continuing medical education) outside your county, in the last year (cases in which the physician is paying the costs for the meals, transportation, accommodation, participation fee) a) none; b) one; c) two; d) more;
- 19) Proposals regarding the improvement of the family doctors' life and activity.

RESULTS AND DISCUSSIONS

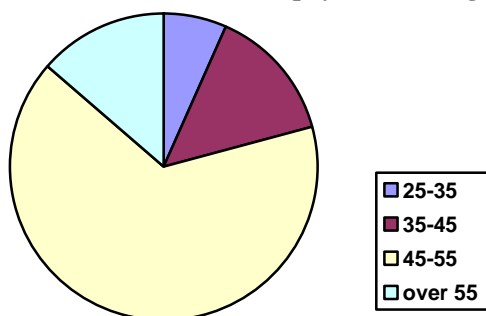
153 of those 223 family doctors of the county of Vâlcea provided answers to this questionnaire, between January and March 2007.

- 1) Distribution on age groups:
 - 25-35 years old – 10 doctors, that is 6,5%;
 - 35-45 years old – 22 doctors, that is 14,3%;

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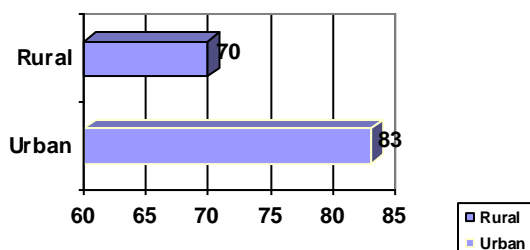
- 45-55 years old – 100 doctors, that is 65,5%;
- over 55 years old– 21 doctors, that is 13,7%;

Picture no. 1 Distribution of physicians on age groups.



2) Regarding the work place, 83 of the respondents act in the urban environment – that is 54,24%; in the rural environment, there are 70 doctors – that is 45,75 %;

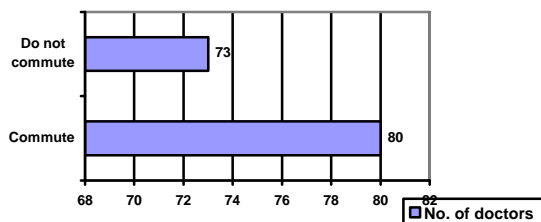
Picture no. 2. Distribution of physicians taking into account their workplace.



3) Type of the medical office. The majority of those questioned, that is 146 doctors, have an Individual Medical Office (IMO), that is 95,42%; Medical Civil Society – 2 doctors; Ltd. – 3 doctors; Health Centre – 2 doctors.

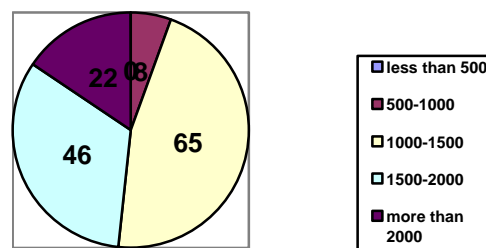
4) Out of those 153 questioned doctors, 80 commute, that is 52,28 %, and 73, that is 47,71 % do not commute.

Picture no. 3. Distribution of physicians in terms of commuting.



5) Regarding the number of patients within the questioned batch, no doctor had less than 500 patients, 8 patients – that is 5,22% – had between 500 and 1000 patients; 65 doctors – that is 42,48 % – had between 1000 and 1500 patients, 46 doctors – that is 30,66% had between 1500 and 2000 patients and only 34 doctors, that is 22,12%, had more than 2000 patients.

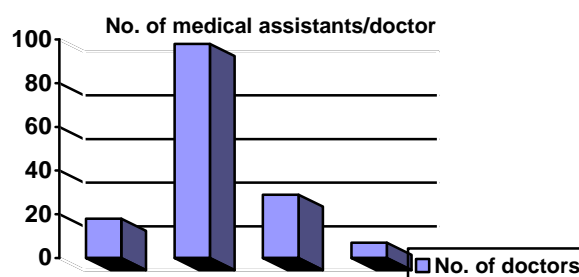
Picture no. 4. Distribution of physicians according to the number of the registered patients.



6) 25% of the patients of those 153 doctors are school pupils and students; 23 % are employees; unemployed 8%; and 44 % are pensioners.

7) As far as the employed medical assistants are concerned, 18 doctors, that is 11,76%, had one medical assistant working part time; 98 doctors had one medical assistant (64,5%); 29 doctors had two medical assistants (18,95%); and 7 doctors (4,57%) had two or more medical assistants.

Picture no. 5. Distribution of physicians according to the number of the medical assistants per one doctor.

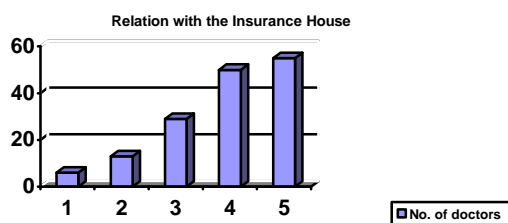


8) The medical assistants of those 30 doctors, that is 19,60% commute and the medical assistants of the other 122 doctors (79,74%) do not commute.

9) The place for developing the medical act within primary care is in 98% of cases in more than 30-year-old buildings and 94 family doctors (61,43%) had old furniture, 59 family doctors (38,56%) had new furniture and only 9 doctors consider that their medical equipment is very good, including the diagnosis apparatus (5,88%) (electrocardiograph, echography, small laboratory analyzers). Only 40 doctors (26,74%) would have the possibility and would like to acquire new furniture and medical devices in instalments.

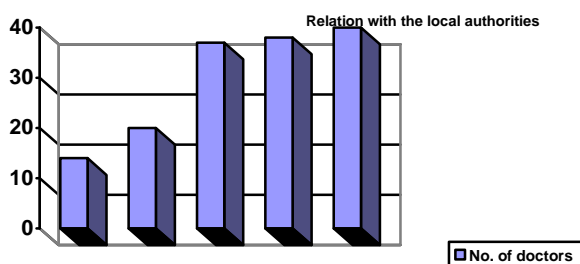
10) Regarding the relation with the County Health Insurance House, on a scale from 1 to 5, 6 doctors said that they had a very bad relation with the Health Insurance House (3,92%), 13 (8,49%) had a better relation, 29 doctors (18,95%) consider their relation with the Health Insurance House as being acceptable, 50 doctors (32,67%) had good relations and 55 doctors (35,94%) had a very good relation with the Health Insurance House of the county of Vâlcea.

Picture no. 6. Distribution of physicians taking into account their relation with the Health Insurance House.



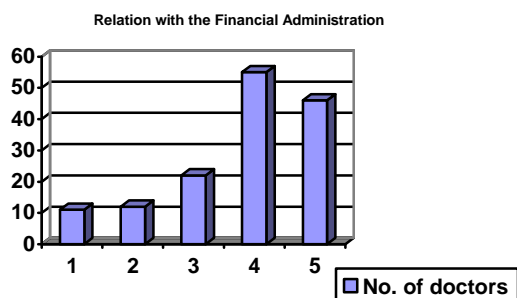
11) The relation with the local authorities: the grade 1 (very bad relation) was given by 14 doctors (9.15%), the grade 2 (a better relation) was given by 20 doctors (13.07%), grade 3 was given by 37 doctors (24.18%), grade 4 (good relation) by 38 doctors (24.83%), and 5 was given only by 40 doctors (26.14%). Out of those 153 questioned, 4 doctors did not answer to this question.

Picture no. 7. Distribution of physicians according to their relation with the local authorities.



12) Relation with the Financial Administration: 11 doctors (7.18%) considered that they had a very bad relation with the Financial Administration, 12 doctors (7.84%) had better relations, 22 doctors (14.37%) gave 3, 55 doctors (35.94%) gave 4 (good relation with the FA) and only 46 doctors (30.06%) thought they had a very good relation with the Financial Administration. Out of those 153 questioned, 7 doctors, did not give any answer to this question.

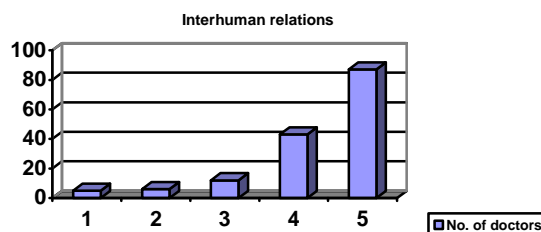
Picture no. 8. Distribution of physicians according to their relation with the Financial Administration.



13) Regarding the interhuman relation, 5 doctors (3.26%) had not a good relation with their colleagues, 6 doctors (3.92%) had quite bad relations with their

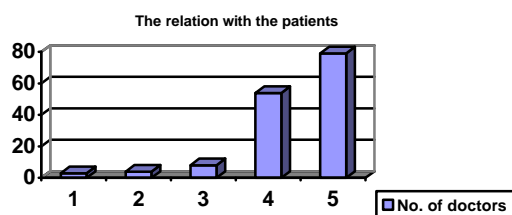
colleagues, 12 doctors (7.84%) considered they had acceptable relations, 43 doctors (28.10%) gave 4 (good relations), and 87 doctors (56.86%) thought they had a good relation with their colleagues.

Picture no. 9. The distribution of the interhuman relations.



14) The relation with the patients: 3 doctors (1.96%) considered they had very bad relations with their patients, 4 doctors (2.64%) had better relations, 8 doctors (5.22%) had acceptable relations, and 54 doctors (35.29%) had good relations with their patients, while only 79 doctors (59.63%) thought they had a very good relation with their patients. 5 doctors did not answer to this question.

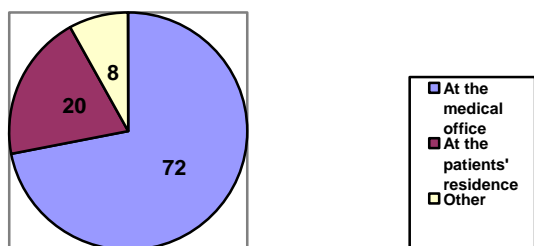
Picture no. 10. Distribution of the relation with the patients.



15) The working programme of a family doctor is relatively imposed by the Health Insurance House of the county of Vâlcea, by the Public Health Authority, by patients and checked by all these, including by the local authorities.

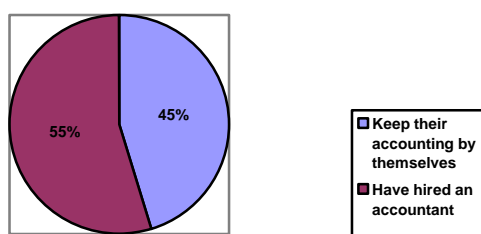
Thus, the questioned doctors think that 72% of their activity is developed within the medical office, 20% at the patients' residence and 8% of the professional activity consists in consultations in the street, in the transportation means, when shopping (luckily, we are not gynaecologists). The doctor must solve personally the problems of his/her medical office with the Health Insurance House, or with the Public Health Authority, as well as the problems related to accounting, Financial Administration, Sanitary and Epidemiologic Control Institution, Labour Inspectorate, Pension House etc. (monthly).

Picture no. 11. Distribution of physicians according to the place for their activity development.



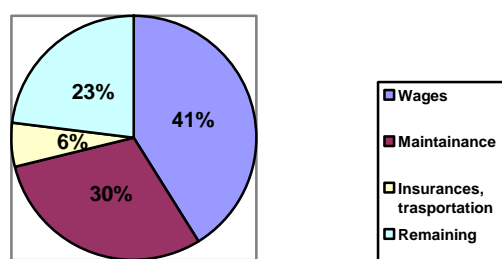
16) Out of those questioned, 68 doctors (44.44%) keep their accounting by themselves, which is not easy, while 82 doctors (53.59%) hired an accountant.

Picture no. 12. Distribution of physicians regarding the presence/absence of an employed accountant.

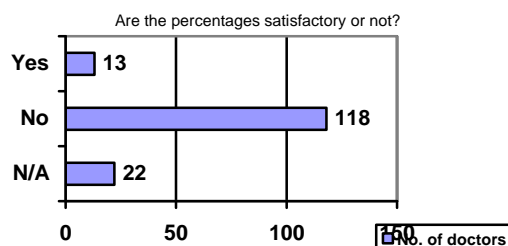


17) The incomes of a family doctor's medical office, according to the questioned doctors, are divided between: a) almost 41% - salaries (medical assistants, cleaning woman, auxiliary personnel); b) the maintenance expenses represent almost 30% of the incomes; c) 6% is spent on insurances, transportation; d) the doctor remains with 23%. He/she pays taxes to the state, for this percentage. It was asked whether this percentage satisfied or not the doctors. 13 doctors, that is 8.49% said YES, 118 doctors (77.12%) said they were NOT satisfied with this percentage and 22 doctors did not answer to this question (14.2%).

Picture no. 13. Distribution of physicians' incomes.

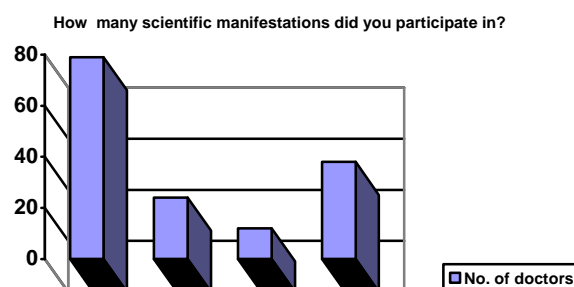


Picture no. 14. Distribution of physicians regarding the level of satisfaction regarding incomes repartition.



18) The continuing medical education should represent a vital necessity of the family doctor. This is accomplished by participating in symposiums, training courses, round tables, national and international conferences. In order to participate in these meetings, doctor should pay by themselves the participation fee, the costs relative to their transportation, accommodation, and of course, this implies missing from the medical office. Only few doctors can afford the continuing medical education in other localities than the one where they develop their activity, not to mention those held outside the country. In the last year, out of those 153 questioned doctors, 79 doctors (51.63%) did not participate in any scientific manifestation outside their county, 24 doctors (15,68%) attended one, 12 doctors, that is 7.84%, participated in two such meeting, 38 doctors (24.8%) went to more meetings, conferences, in the last year.

Picture no. 15. Distribution of physicians according to their participation in scientific manifestation outside the county.



19) 75% of the questioned doctors had many proposals for the improvement of the activity and implicitly, of their life as a medical doctor:

- Granting financial aid for the rehabilitation and modernization of the medical office;
- Bank loans with low interest for equipping the medical offices of the family doctors (as against the interests of the banks which are currently very high);
- Simplification of the documents, of the reports and of the reporting method regarding the activity of the medical offices;
- Increasing the value of the score (three-fold, from the part of the Health Insurance House with whom we have contracts for supplying the medical services);

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- Doctors and sanitary staff should benefit from free medicines and hospitalization;
- The doctors and the medical staff should benefit from food tickets;
- Some of the doctors wish that the health centres and the medical offices should be under the administration of the Ministry of Public Health;
- Changing the services scoring;
- Lower taxes for the family doctors;
- The medical offices should not be compared with the trading companies, by the Financial Administration (some of them wish to return to the existence of the practice budget of the medical office, separately from the doctor's income);
- The Health Insurance House and the Public Health Ministry should equip the medical offices with computer (laptop) and should provide them with Internet connection;
- Consultation information and patient's description sheet in electronic format;
- Removing the obligation of reporting the statistical data or at least their simplification. (monthly, quarterly, yearly statistic reporting towards the Public Health Authority is difficult and unpaid);
- Providing the necessary conditions for the medical staff to be trained (the existence of a separate budget);
- Optimum list should be of 1100 patients;
- Extra funds for those who commute;
- Payment towards the family doctors should be made by taking into account the number of consultations.
- Increasing the number of services paid by the Health Insurance House;
- Greater scoring for the payment of the chronic patients;
- Payment by the Health Insurance House of an operator who should be employed to work on the computer;
- Payment of the consultations made in weekend or during the night at the patients' residence;
- Co-payments introduction;
- Updating the patients' situation (employee-pensioner) through a relation between the Health Insurance House and the Pensions House;
- Observing the legal provisions of the framework contract by all doctors, including by those working in hospitals and in the specialized ambulatories, regarding the issuance of the compensation prescriptions and of the medical letters for those chronically ill;
- Extra funds for those who are working in the rural environment, financial aid from the part of the local and international authorities for providing equipment for the medical office;
- Separate budgets for the employees' wages and expenses of the medical office;
- Improving the collegial solidarity;
- Assuring the paid leave of the family doctor;
- Lower income taxes for doctors;
- Free prescriptions for doctors and their relatives (of 1st degree);
- Payment of the services we are now providing freely (family planning);
- programmes, software which should make our work easier (printing of the prescriptions, filling in the consultation information in electronic format), setting up a unique accounting service, in order to take over the accounting problems of the family doctors);
- the doctors should be the owners of the medical offices where they develop their activity;
- providing houses for the doctors working in the rural environment;
- extra funds for the acquisition of medical apparatus;
- extra resources for the wages of the average staff and their co-interest in increasing the incomes of the medical offices, because, at the moment, they get their salaries due to their trade union which puts pressure upon the government, as we do not have the possibility to increase their wages;
- the profession of midwife, hygienist assistant, maternal assistant and paediatric assistant have disappeared, so many of the tasks had fallen in the medical doctors' responsibility. Because of the inflation of the medical assistants and of their weak professional training of the majority (especially from the practice point of view), we encounter difficulties in accomplishing the medical act inside and outside the medical office;
- separate funds for the continuing medical education of the doctors and medical assistants;
- real dialogue with the Health Insurance House, with the Financial Administration and with the Public Health Authority;
- recognition and payment, as the case may be, of the competences of the family doctors, gained through courses, examinations, the way they are recognized for the doctors of other specialities;
- extra funds for the service vehicle and/or ambulance;
- correct payment of the guards of the family doctors within the permanence centres;
- improving the sanitary education of the patients by mass media and under the guidance of the Ministry of Public Health;
- direct payment of the consultation, by the patients towards the family doctors and the issuance of a receipt whose value will be reimbursed by the Health Insurance House.

CONCLUSIONS

Out of those 153 family doctors questioned:

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- Approximately ½ of the doctors are working in the urban environment and ½ in the rural one.

- 65% are between 45-55 years old, so they have a certain experience in the system, as they have been working before and after 1989.

- The majority of the doctors are working in individual medical offices, so they control the entire activity.

- Approximately ½ commute, this makes difficult their work.

- Regarding the number of patients (which is very important):

- the majority of them, 42,48%, have 1000-1500 patients;

- only 22% have over 2000 patients.

This is due to a certain inflation of family doctors in the county of Vâlcea. There is a sufficient number of family doctors with less than 1000 patients, which is insufficient for a decent life, for which a number of 1800-2000 of patients would be necessary.

- That is why, there are only few doctors which can afford hiring more than two assistants. The number of the assistants is very important for a medical office, in order to cover efficiently the entire range of activities necessary for a good functioning.

- The fact that there is a reduced number of medical assistants who commute (20 %) is a good thing.

- The equipment of a medical office, that is the furniture and the diagnosis devices is left to be desired in the county of Vâlcea – only 5,88% of the doctors benefit from proper medical equipment, 61,43% have old furniture, because they could not afford acquiring new one. 98% of the medical offices function in more than 40-year-old buildings.

- Regarding the relation of the family doctors with the Health Insurance House, only 35,55% consider they have very good relations with this institution and 26,14% have very good relations with the local authorities.

- Regarding the relation with the Financial Administration, the majority of the family doctors are unpleased, only 30% say that have very good relations with this institution.

- the interpersonal relations of the family doctors of the county of Vâlcea are in percentage of 57% very good and good for 28%, which is pleasing.

- In exchange, the relations with the patients are considered in percentage of 95% good and very good.

- The working programme of the family doctors is imposed by the Health Insurance House and by the Public Health Authority and, largely (72%) it is developed in the medical office and in 20% of the cases, at the patients' residence.

- The fact that 44,4% of the family doctors keep their accounting by themselves, means that either they do not have money to pay a professional accountant or that they have learnt to deal with figures and fiscal laws.

The incomes of a medical office are generally spent on the wages of the employees and on the maintenance expenses; the family doctor is left with 23%. The proof is

that 77,12% of the family doctors are unpleased with this percentage.

- That is why many of the family doctors cannot afford travelling in other localities for scientific manifestations, because they have to pay by themselves the participation fee, transportation and the accommodation. 52% declared they never participated in such an action outside the county, in the last three years.