REFORMS IN FAMILY MEDICINE OR GENERAL PRACTICE IN THE COUNTRIES OF CENTRAL AND EASTERN EUROPE

WORLD HEALTH ORGANIZATION
Regional Office for Europe
COPENHAGEN

TARGET 28

PRIMARY HEALTH CARE

By the year 2000, primary health care in all Member States should meet the basic health needs of the population by providing a wide range of health-promotive, curative, rehabilitative and supportive services and by actively supporting self-help activities of individuals, families and groups.

50619

EUR/ICP/PHC 354
04034
ORIGINAL: ENGLISH

REFORMS IN FAMILY MEDICINE OR GENERAL PRACTICE IN THE COUNTRIES OF CENTRAL AND EASTERN EUROPE

Report on a WHO Meeting

Sinaia, Romania
25 – 28 October 1993

1994

EUR/HFA target 28

ABSTRACT

The chief aim of this meeting was to present and exchange information on health care reforms in general practice or family medicine in the countries of central and eastern Europe. For this purpose an analytical framework was presented in order to facilitate the understanding of primary care and general practice in different settings. Although much has been done already, the lack of financial resources often frustrates developments. The introduction of general practice as a core element in primary care has the potential to solve some of the current problems in the health care system. Nevertheless, general practitioners or family doctors still have to struggle to be recognized by other health professionals. Collaboration with partners in western countries may contribute towards developing training programmes and organizing professional associations. One important task of such associations would be to maintain relationships with the "outside world": health policy-makers, financiers and patient organizations. Since these interested parties will ask for the highest possible quality of care, quality control should be a permanent activity at several levels in the profession. It was emphasized that the Regional Office should continue to promote understanding of the comprehensive role general practice/family medicine plays in primary health care. Special attention should be paid training and quality assurance.

Keywords

FAMILY PRACTICE – trends
PRIMARY HEALTH CARE
CCEE

CONTENTS

INTRODUCTION

The obvious inadequacies of the former health care systems in the countries of central and eastern Europe (CCEE) have placed health care reforms high on the political agenda. Many of these countries have already taken measures to meet the basic health needs of the population by moving towards a more equitable and cost-effective provision of health services. In addition to initiatives aimed at improving health care funding and maintaining universal coverage, efforts are being made to develop family medicine or general practice[a], which is at the heart of primary care. This model has the added advantages of offering a personal approach and continuity of care. Although health care reforms are under way in most CCEE, many obstacles have still to be surmounted. A Meeting on Reforms in Family Medicine or General Practice in the Countries of Central and Eastern Europe was therefore held from 25 to 28 October 1993 in Sinaia, Romania. The aims of the Meeting were to:

- discuss and analyse the present situation in CCEE;
- introduce a framework for analysis of family medicine/general practice (GP/FM) and, in a broader perspective, of primary health care;
- clarify the chief functions to be performed in different health care settings by various providers; and
- establish a network of experts and others involved in developing GP/FM in CCEE who wish to contribute to devising and implementing models of health services that suit the current social context and, at the same time, are compatible with the health for all philosophy.

With respect to participation from CCEE, there were participants from Albania, Bulgaria, the Czech Republic, Estonia, Hungary, the Republic of Moldova, Poland, Romania, Slovakia and Slovenia. Representatives from Israel, Netherlands, Spain and the

[a] In this report the terms "general practice" and "family medicine" are used as synonyms.

United Kingdom also attended, as well as an observer from the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (WONCA). Dr Ioana Jipa was elected Chairperson, while Mr Wienke Boerma served as Rapporteur. Annex 1 contains a list of the working papers and background material, and Annex 2 the list of participants.

Dr Jipa welcomed the participants and expressed her wish that there would be a fruitful exchange of ideas. Dr Josep Goicoechea, Regional Adviser for Primary Health Care, opened the meeting on behalf of the Regional Director of the WHO Regional Office for Europe, and explained that the results of the Meeting will also be important with respect to the WHO conference on health care reforms, which will be held in Vienna in 1996.

DISCUSSION

GP/FM in countries of central and eastern Europe

The current situation in GP/FM was described in background documents, and on that basis the participants discussed the advances that had been made as well as the remaining obstacles. Reforms are proceeding at an uneven pace: some countries are still making plans while others have already implemented the appropriate legislation and regulations. Also the choices that have been made are different.

The participants agreed that the central issues are decentralization of health care, introduction of some form of health insurance, reduction in duplication of care, a shift from secondary to primary care, improvement in cost-effectiveness, development of training and education programmes for health professionals, and a free choice of doctor.

Reforms in health care and GP/FM are often frustrated by lack of, mainly financial, resources. At national level there are many competing needs, and health care is not always given the highest priority. Even within health care, however, in many CCEE, GP/FM has to compete for a central position. Since GP/FM is a newcomer to the health scene, it has not yet been firmly established and has to

struggle for acceptance in the academic and medical world. Further, primary care physicians still have to struggle against the low esteem they were ascribed under the former system as compared to medical specialists.

In most CCEE the introduction of elements of GP/FM is expected to be a solution to bottlenecks in the health care system. Countries in western Europe may serve as models. GP/FM is often viewed differently from country to country and sometimes confusion exists about its essential principles. Community nursing is an important component of GP/FM. Since this type of nursing is hardly known in CCEE a parallel development in this field is crucial.

The attitude of the population with respect to health care also needs to change. At present, people are hardly taking responsibility for their own health, and dependency on health care services is high, especially hospital and specialist care. GP/FM may be useful in this educational process.

The health care infrastructure is often outdated and inadequate. Premises and equipment have to be modernized. Not only does the training of health professionals need attention, but the training and education of allied staff should be developed in order to allow doctors and nurses to concentrate on their proper tasks. Finally, to have the whole system work well, it has to be sustained by an adequate information system. It would be helpful for the CCEE to get applicable information and models from abroad. The participants also considered the exchange of experience among countries in a comparable developmental stage useful.

A framework for analysis

A three-dimensional conceptual model was presented as a framework to structure the discussion and to help specify the content of GP/FM. The three dimensions were functions, health care providers and health care settings.

The participants found the concept of functions useful as a means of:

- defining boundaries of GP/FM;
- identifying duplication in care;

- reaching agreement on the tasks to be performed by the various professionals;
- distinguishing between obligatory and optional tasks;
- forming the basis for contracts, payment schemes, etc.;
- establishing a framework for a system of quality assurance.

The participants also discussed whether general practitioners or family doctors should care for whole families or individuals (although in the context of their social network). The debate turned out to be related to the use of either the term "family medicine" or "general practice". The participants concluded that there may be a discrepancy between the functional and the structural approach to family medicine. General practitioners cannot perform alone all the tasks that belong to the domain of general practice or family medicine; adequately trained nursing and auxiliary staff and basic equipment are needed.

With regard to health care settings, the participants agreed that the community orientation of GP/FM is important. General practitioners or family doctors should work for well defined target populations (however, there may be some conflict between community orientation and "consumerism" in health care). General practitioners or family doctors should preferably work in teams that include other health professionals. The status of GP/FM could be improved if it were given greater prominence in professional life, for example, academic chairs in GP/FM. National GP/FM associations also need to be strengthened in order to defend better the interests of general practitioners and family doctors (for example with respect to negotiations).

The broader context of health care

Relationships between GP/FM on the one hand and financiers, politicians, other health professionals and the patients on the other were discussed. The participants addressed three issues in particular: the link to policy, quality assurance in GP/FM and patients or clients.

The relationship to policy is threefold: financing and regulation of access to care; design of the system; and health status. It was pointed out that financing and system design get the most attention from policy-makers, especially because the causal relationship between the health care system and the population's health status is very difficult to establish. Health policy reflects a compromise between various needs and interests. It has nonetheless the ability to create the essential protective environment for GP/FM. In return, however, GP/FM has to be accountable. To be active in the formulation of health policy, general practitioners and family doctors should organize themselves.

Quality assurance can be understood from the viewpoint of the different parties involved in health care. In general terms it is the relationship (sometimes the gap) between expectations and requirements on the one hand and actual care on the other. If the expectations of different parties are contradictory (for example, professional standards versus cost containment) a compromise has to be found. Quality assurance can be initiated in small and simple ways and should in fact start from the bottom up. Whenever possible, quality assurance should be related to outcomes of care. It should be conducted internally (within a practice, institution or profession) or externally (accounting to a third party), although one must guard against its misuse. Quality assurance could make GP/FM more visible and act as a motivating factor for general practitioners or family doctors. Finally, ways to conduct and implement quality assurance should be further developed; the profession should keep the initiative.

Patients or clients are the most important party in health care, but usually the least organized. The participants agreed that community involvement is a basic requirement for GP/FM and essential for assessing the needs of the population. It is, however, lacking at present; patients or clients are difficult to organize. Community involvement is also an important element in health education; general practitioners have a central role in changing people's lifestyles.

CONCLUSIONS AND RECOMMENDATIONS

1. WHO should promote and support understanding of the comprehensive role GP/FM plays in primary health care; conditions for implementation should be made more explicit.

2. WHO should promote training in GP/FM, which was seen as a crucial element in the development of GP/FM.

3. Management and quality assurance in GP/FM should be given particular attention at future meetings.

4. Networking to speed up GP/FM development in CCEE and the newly independent states of the former Soviet Union (NIS) was considered. To be influential, such a network needs to bring together individuals and institutions, health professionals working in the field, decision-makers and experts. Such a network must also be given high priority by national policy-makers. Good working relations and cooperation between all parties involved are essential to produce practical results and achieve credibility among administrators, professionals and the public.

Annex 1

WORKING PAPERS[a] AND BACKGROUND MATERIAL

Working papers

ICP/PHC 354/7	Statements on the current situation in countries
ICP/PHC 354/8	General practice development in Europe: an analysis model, by J. Gené
ICP/PHC 354/9	The quality of care in general practice: some basic considerations, by W. Boerma
ICP/PHC 354/10	The family medicine model in Israel, by G. Almagor
ICP/PHC 354/11	Contract models in general practice, by C. Buttanshaw

Background material

EUR/ICP/PHC 314(5)	*Primary health care development in southern europe and its relevance to countries of central and eastern Europe:* report on the Fifth WHO Forum. Copenhagen, WHO Regional Office for Europe, 1993.

[a] Copies can be obtained from the Primary Health Care unit, WHO Regional Office for Europe, Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark.

EUR/ICP/PHC 352 *Development of general practice in countries of central and eastern Europe:* report on a WHO Working Group. Copenhagen, WHO Regional Office for Europe, 1992.

EUR/ICP/PHC 348 *The contribution of family doctors/general practitioners to health for all*: report on a WHO Working Group. Copenhagen, WHO Regional Office for Europe, 1992.

Boerma, W. et al. *Health care and general practice across Europe.* Utrecht, Netherlands Institute of Primary Health Care, 1993.

Annex 2

PARTICIPANTS

Romania

Dr Tiberiu Bucur
National Institute for Health Services and Management, Bucharest

Dr Alexandru Gheorghiu
Vice-President, National Society of General Practice, Bucharest

Dr Elvira Ilicea
Health Department of Constanta

Dr Gabriel Ionescu
National Institute for Health Services and Management, Bucharest

Dr Afilon Jompan
Health Department of Timis, Hospital Clinic No. 2, Medical Dispensary TCIT TF, Timisoara

Temporary Advisers

Dr Giora Almagor
Ramat Yishai, Israel

Dr Virgilui Balasanu
Health Department of Vilcae, Romania

Dr Vaclav Benes
Scientific Secretary, Chairman International Committee, Czech Society of General Medicine, Prague, Czech Republic

Dr Clement Bivol
Chief Therapeutist, Chisinev, Republic of Moldova

Mr Wienke Boerma
Senior Researcher/Psychologist, Netherlands Institute of Primary Health Care (NIVEL), and WHO Collaborating Centre for Primary Health Care, Utrecht, Netherlands (*Rapporteur*)

Dr Stoyan Botev
Secretary General, Bulgarian Medical Association, Sofia, Bulgaria

Dr A. Christopher Buttanshaw
Consultant in Public Health Medicine, West Glamorgan Health Authority, Swansea, United Kingdom

Dr Petraq Cama
Chief Inspector, Department of Public Health, Ministry of Health of the Republic of Albania, Tirana, Albania

Dr Tasim Demi
Director of Public Health, Polyclinics of Tirana, Albania

Dr Gyula Furedi
Head, Family Medicine, Department for Health Policy, Ministry of Welfare of Hungary, Budapest, Hungary

Dr Joan Gene
Coordinator, Area Basica de Salut de Castelldefels, c/Marconi cantonada Maranon, Castelldefels, Spain

Dr Nicolae Ghidirim
Minister of Health of the Republic of Moldova, Chisinevc, Republic of Moldova

Dr Istvan Hidas
President of the Hungarian Scientific Society of General Practitioners (MAOTE), Budapest, Hungary

Dr Pawel Jakubek
Director, Department of Health Policy, Ministry of Health and Social Welfare, Warsaw, Poland

Dr Joana Jipa
Health Department of Sibiu, Romania (*Chairperson*)

Dr Rein Kermes
Chairman, Estonian Society of Family Doctors, Tartu, Estonia

Dr Katarina Krizanova
I International Clinic, Faculty Hospital, University of Bratislava, Slovakia

Dr Stajko Koulaksasov
Head, Department of International Projects, Ministry of Health, Sofia, Bulgaria

Dr Alexandru Lazareanu
Health Department of Suceava, Romania

Professor Heidi-Ingrid Maaroos
Faculty of Medicine, University of Tartu, Estonia

Dr Doina Modval
Health Department of Brasove, Romania

Dr Constantin Pandeli
Chairman, General Practice/Family Medicine Commission of the Ministry of Health, Bucharest, Romania

Dr Jacek Putz
Head, Department of Primary Health Care, Medical Centre of Postgraduate Education, Warsaw, Poland.

Ms Majda Slajmer-Japelj
International Manager, Health Centre of Maribor, WHO Collaborating Centre for Primary Health Care Nursing, Maribor, Slovenia

Dr Igor Svab
University Institute for Public Health, Ljubljana, Slovenia

Dr Libor Svet
Head, Primary Health Care Department, Ministry of Health of the Czech Republic, Prague, Czech Republic

Dr Vasili Tutunaru
Director of Human Resources, Ministry of Health of the Republic of Moldova, Chisinev, Republic of Moldova

Dr Rudolf Zboncak
Senior Officer, Health Care Section, Ministry of Health of the Slovak Republic, Bratislava, Slovakia

Observers

Dr Cornelia Cristina Dodu
BANKCOOP Medical Dispensary, Bucharest, Romania

Dr Veturia Bradea
BANCOOP Medical Dispensary, Bucharest, Romania

Dr Lacramioara Nita
Romanian Adoption Committee of the Ministry of Health, Bucharest, Romania

Representatives of Other Organizations

World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (WONCA)

Dr Lotte T. Newman
London, United Kingdom

World Health Organization

Regional Office for Europe

Dr Josep Goicoechea
Regional Adviser, Primary Health Care

Ms Gurli Vestergaard
Programme Assistant, Primary Health Care

WHO Liaison Office, Bucharest

Dr Cristian-Adrian Havriliuc
WHO Liaison Officer

Ms Ruzandra Valeriu
Senior Secretary