



DIFFICULTIES AND PROBLEMS IN THE ORGANIZATION AND MANAGEMENT OF THE GENERAL PRACTICE - SOCIOLOGICAL RESEARCH AMONG GPs FROM STARA ZAGORA REGION

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ABSTRACT

GP is a leading figure in the implementation of primary health care. He organizes and coordinates the out of hospital, sanatorium and hospital treatments. As a central figure in modern health care systems family medic faces number of challenges, duties and responsibilities. Insurance of quality medical services in the face of GPs require complex mechanism of control in constantly changing laws and regulations and unfavorable socio-economic conditions.

Key words: general practitioner, priority problems, management

INTRODUCTION

Started in the late 20th century health reform in Bulgaria change requirements for all workers in the health sector with purpose to synchronize with the established European standards. The main accents of health reform and in international aspect, and here are related to priority development priority of primary healthcare with guaranteed package of health services, evidence-based medicine, health promotion, market mechanism of control of health resources, increasing the responsibility of the patient, the family and society as a whole for their own health, of management and organizational culture in health care.

GPs is a defining figure in the state and development of primary health care in Bulgaria.

He is placed at the base of the pyramid of health system and he is a senior fellow at the

first level of the provision and management of health care. In carrying out its activities, family physicians are daily encounter with diverse difficulties and problems- legal, social, moral and ethical, financial and other.

Goal:

To identify priority problems in the management of contemporary general practice with aim to realize effective and high quality medical care in terms of reforming health care.

MATERIALS AND METHODS

Our team conducted an extensive survey of general practitioners in Stara Zagora Region, Bulgaria, during the period from October to December 2013 and from January to February 2014. It was applied direct individual questionnaire in strict compliance with the principles of anonymity and voluntariness.

DISCUSSION AND RESULTS

The number of doctors, who filled out the questionnaire carefully and responsibly, was 200. The most numerous of the age groups is the one ranging from 46 to 55 years – 65 %. The excerpt includes 2/3 females and 1/3 males. Those who have experience from 10-

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14 years as a general physician are 90 % of the surveyed family doctors.

Health reform starts with sweeping changes in primary care and the introduction of the "institution" of GPs. Exactly for them, was assigned the difficulty to implement mission as a guard at the entrance and guide to the health care system. In his ambulatory, family doctor faces daily series of unselected problems with social, somatic or psychological nature of their patients. He was disturbed and frequented by the individual and his family on several occasions/ reasons, to resolve various issues in their nature.

At the same time the general practitioner is obliged to consider and observe implemented and periodically changing legal requirements and regulations by the contractual partner. Adhering to the prescribed limit of forms for specialized medical care and medical diagnostic activities, family doctor should be able to provide quality health care for each patient.

In connection with organizational activity, family physicians share for the short time interval, that is necessary to have health care of the proper level for their patients. Ambulatory for Primary health care in a large percentage of respondents are located in cities, patient lists include not less than 1000 -1500 people, and the average number of outpatient examinations in one day exceed 20. Due to the high workload and work intensity, time of 10 to 15 minutes to carry out of medical consultation and/ or examination, filling medical forms and documents in most cases are insufficient. **(Figure 1)**

During the interview the majority of respondents shared, that they are constantly being harassed by their patients over the phone for any occasion, visiting their homes is not always a valid and urgent reason. Most GPs provide "24-hour medical care" of patients by targeting offices for emergency medical care, located in the city. Anyway, although a small percentage of respondents opined, that even in the wee hours of the night they are available on calling from their patient. **(Figure 2)**

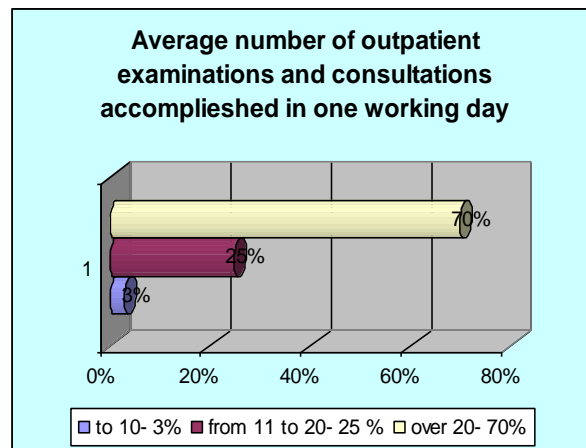


Figure 1.

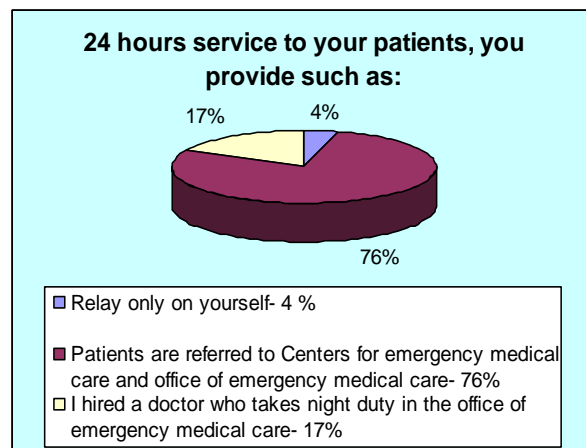


Figure 2.

In Ambulatory for Primary health care family physicians rarely confronted their patients. As a cause for disagreement, GPs indicate unreasonable desires of the patient for consultation with a specialist or form-field of medical diagnostics. Lack of ethical behavior and low intellectual culture of the patient, for part of family physicians are also the reason for creating the conflict situation in ambulatory for Primary health care. **(Figure 5)**

For a large group of family physicians problems in primary care practice arise on how the organization and financing of health care system, and in particular - the financing model of providers of primary outpatient/ health care. 52% of respondents disagreed with the method of financing the basic package of health activities / services of the National Health Insurance Fund, and also with model of mixed funding in a ratio 60/40 capitation /pay for performed medical activity/ service. **(Figure 3)**

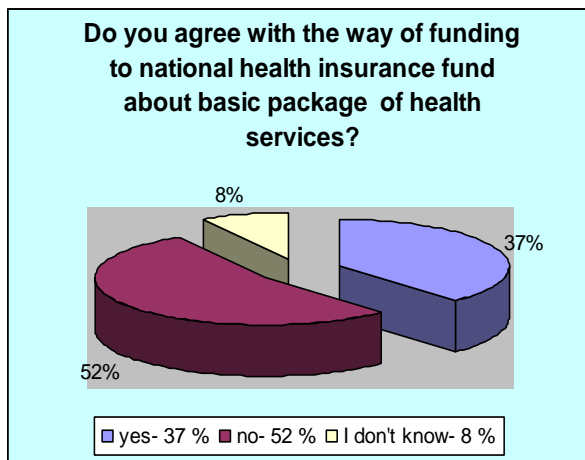


Figure 3.

In conducting the interview most of family doctors expressed the opinion to increase financial resources provided for component “payment for performed medical activity”. Inclusion and payment of outpatient examinations in acute diseases, extension of prophylactic and preventive activities, unification of “User patient fee”, regardless of age and presence of associated decision for disablement are part of claims of family doctors to accepted and current national framework agreement. (Figure 4)

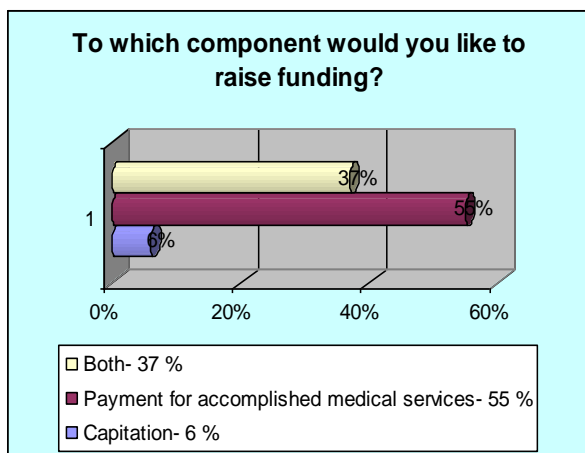


Figure 4.

Monthly labour remuneration does not satisfy a significant contingent of family physicians. Salary does not match on their invested daily work. Activities of the family doctor is responsible and is conducive to psycho-emotional stress. Due to the intensive nature and tension in the workplace, family physicians felt the need of relaxation and psychological rehabilitation.

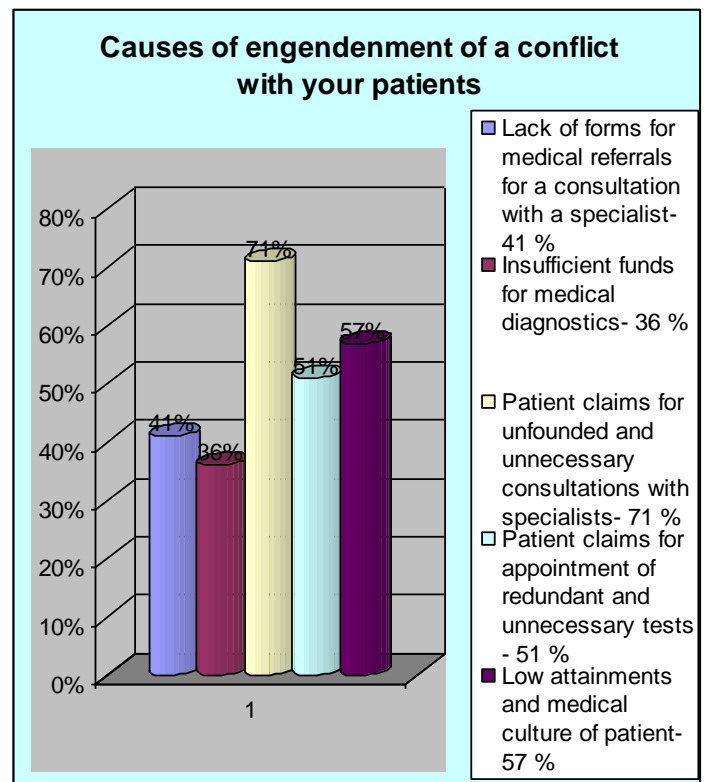


Figure 5.

CONCLUSIONS

In the position of manager, GPs should succeed to catch the latest trends in the field of health care, so that to adapt and integrate their practice. A significant percentage of respondents share their difficulties in the management and organization of their daily ambulatory activity. As a priority problems in their medical practices, the surveyed family physicians identify three main groups:

- Problems resulting from healthcare reform;
- Problems connected with statutory and normative regulations;
- Problems referred to internal and external conditions of the functioning of the general practice.

The Place of GPs within complex health services is on the front line. GPs need to be able to manage, coordinate and plan their activities according to the rules of good medical practice and accepted standards within the existing conditions.

The Management of contemporary general practice is a complex and continuous process of planning and organizing the resources-human and material for realization a certain goal. The Management in family medicine is primarily organization, allocation, monitoring and coordination of medical and

administrative activities, as well as possibilities for application of new, effective management concepts.

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