



Health Care Modernization in Central and Eastern Europe

Structure and Provision of Primary Care

Christopher B. Forrest, MD, PhD

What is Primary Care?

- Triage Function
 - Matching services to needs
 - Service Provision
 - Acute care
 - Prevention
 - Chronic care
- Coordination

Primary care is where most people get most of their health care for most of their health problems.



Population Needs and Primary Care

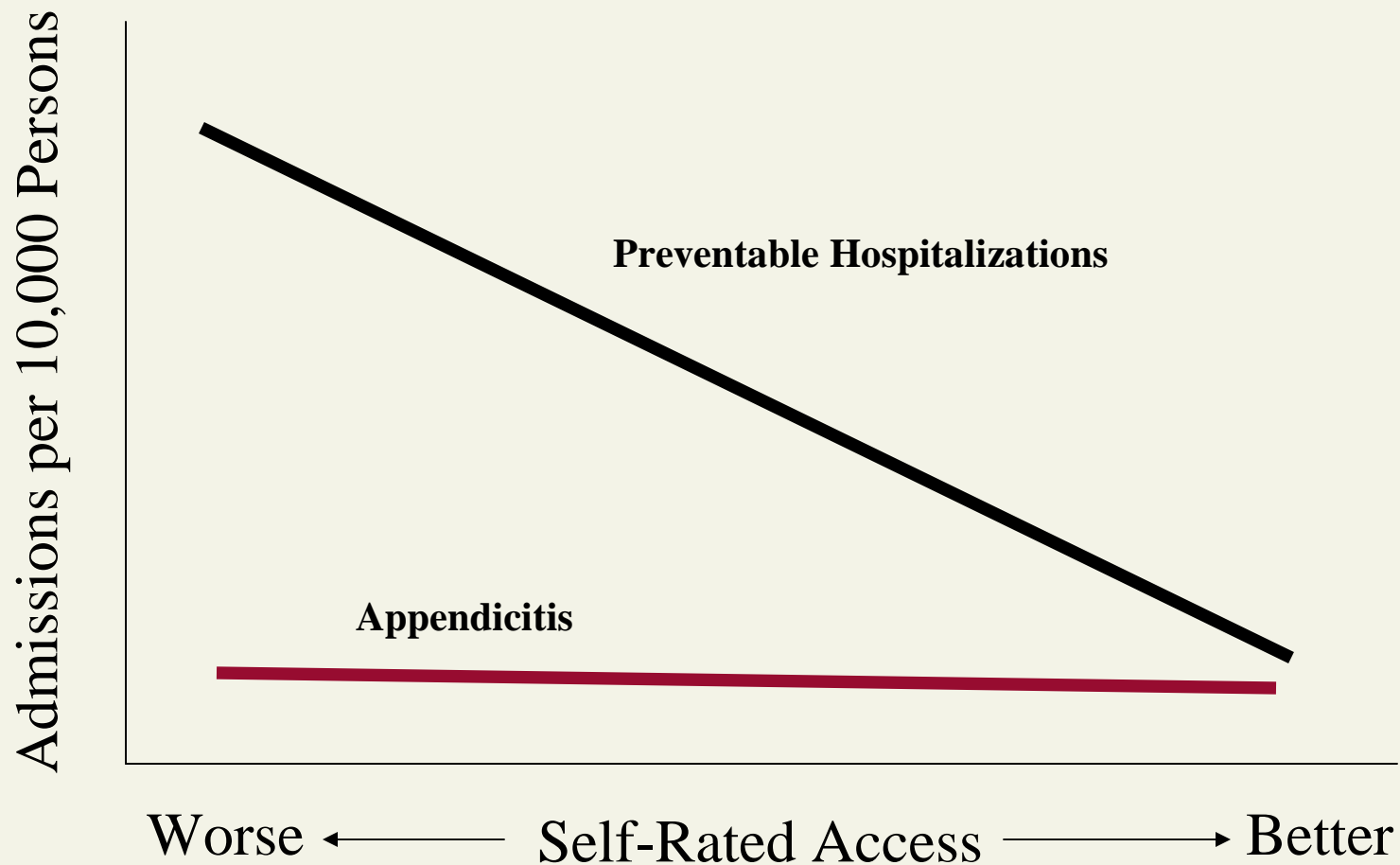
- Aging populations suggest need for greater attention to chronic diseases
- High rates of vaccine-preventable conditions, preventable hospitalizations, and avoidable mortality which characterize this region suggest need for stronger primary care systems.



What Are the Benefits of Primary Care?

- More “rational” demand management
- Lower rates of hospitalization
- Improved health status
- Lower costs

Better Access to Primary Care is Associated with Fewer Hospitalizations



Primary Care Financing

- All 10 countries use capitation mixed with other financial incentives
- Blended Systems
 - Each country supplements capitation with other financial incentives to:
 - Promote quality: Bulgaria uses bonus payments for management of patients with priority conditions and Slovakia uses fee-for-service for preventive care
 - Improve rural access: Lithuania uses bonus for rural location; fee-for-service for selected services
 - Reduce inefficiency: Poland uses fundholding of payments for specialists

Primary Care Financing Recommendation: Raise Salaries then Introduce Co-pays

1

Raise Primary Care Physician Salaries



2

Formal Co-Payments

Introduction of co-payments before salaries are raised will worsen access and limit the effectiveness of primary care.

Primary Care Gatekeeping: Matching Scarce Resources to Patient Needs

	Gatekeeping Counties in Western Europe	Non-Gatekeeping Countries in Western Europe
% of GDP spent on healthcare	7.8%	8.6%
Mean wait for a specialist visit	23 days	8 days
Range of conditions managed by primary care doctors	Higher	Lower

Source: Forrest CB. Primary care gatekeeping and referrals: effective filter or failed experiment? *BMJ* 2003;326:692-5.



Primary Care Gatekeeping: Benefits and Potential Pitfalls

	Benefits	Pitfalls
Specialty referral	Less patient direct access; more judicious use of specialists	More referrals if no incentives to care for complex patients
Patients relationships with primary care doctors	Strengthened; improved continuity	Less trust if patients feel that doctors have financial incentives to NOT refer
Range of conditions managed by primary care doctors	Higher; substitution of primary care for specialty care	Without adequate expertise, substitution of primary care could threaten quality

Primary-Specialty Care Interface Recommendations: Strengthen gatekeeping, align incentives, public education

These steps can occur in parallel.

1 **Strengthen Gatekeeping: assign every resident to a PCP**

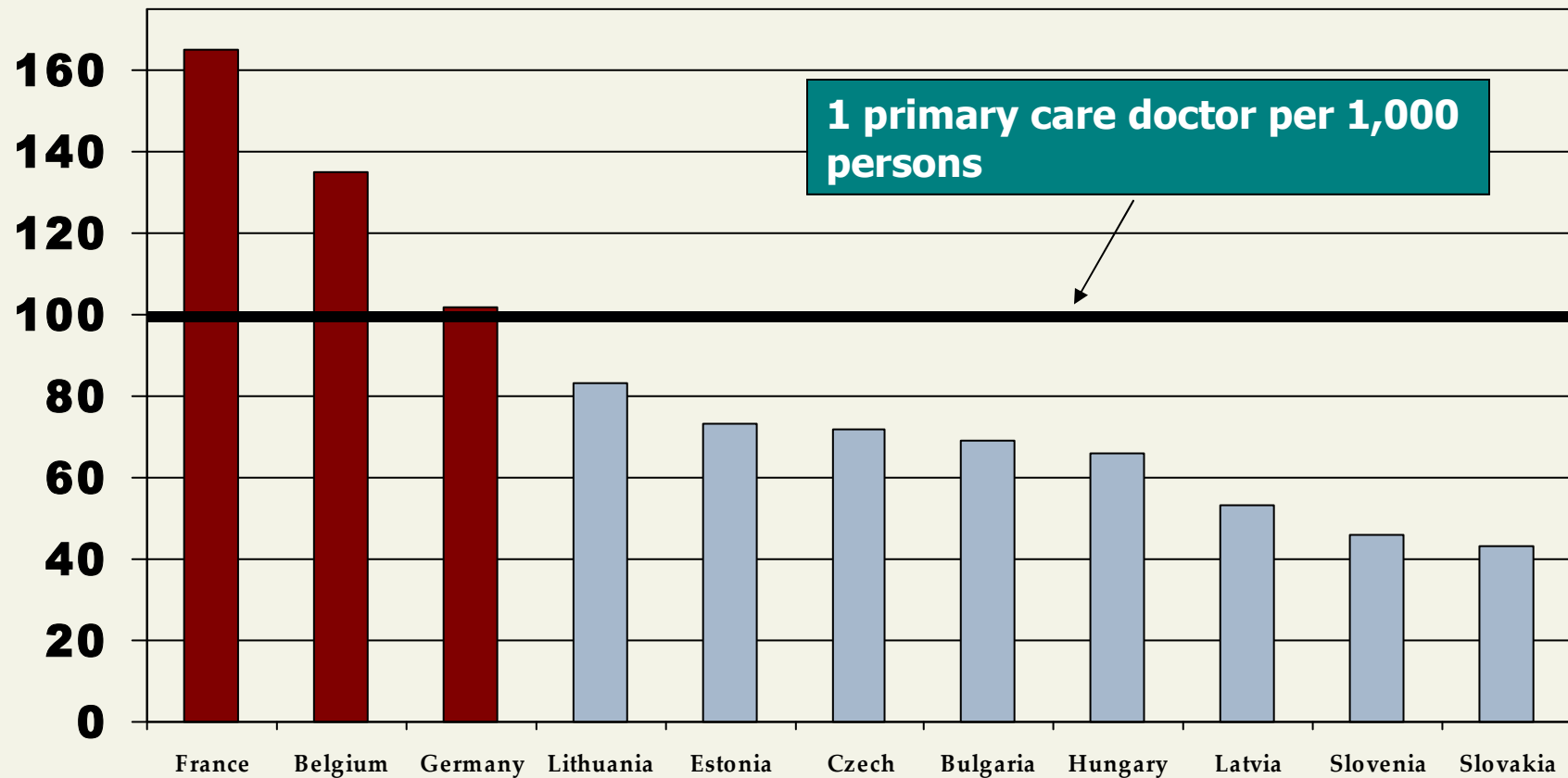


2 **Align Incentives: risk-adjust capitation, blended payment**



3 **Educate public about benefits of primary care:
“having a personal doctor”**

Primary Care Doctors per 100,00 Population



Low PCP availability worsens access, increases costs, and may worsen health outcomes.

Source: WHO/E On-line Database; data are from 2001-2004; some CEE countries are not available in the data-set..

Primary Care Workforce: Recommendations

These steps can occur in parallel.

1 **Increasing salaries of PCPs will increase numbers**



2 **Provide incentives for practicing in rural settings**



3 **Develop a comprehensive human resource management plan that aligns demand for health workers with population needs**