

PATIENTS' PERCEPTIONS ABOUT ACCESS TO HEALTH CARE AND REFERRALS TO FAMILY PHYSICIANS IN GEORGIA

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ABSTRACT

Introduction. Adequate utilization of primary health care directly reflects the health status of a population. In the Republic of Georgia, many patients seek care without a referral of a primary-care provider; as a result, patient's referral rate to the family physician is low. The tendency of patient's self-referral behaviour may reduce the effectiveness of the health care system.

The objective of the study was to assess the cause of the low referral rate to a family physician in Georgia.

Material and methods. An analytic cross-sectional study was conducted. Within the quantitative survey 300 patients and within the qualitative research 20 family physicians from different cities and regions of Georgia were interviewed.

Results. Patient's referral rate to a family physician was low. 55% of family physicians revealed that patients have often addressed them only for the referral to specialists. 42% of patients visited the family physician once or did not visit at all and 57% did not consult with a family physician for preventive purpose.

RÉSUMÉ

Les perceptions des patients de l'accès aux soins de sante et aux envois du medecin de famille en la Republique de Géorgie

Introduction. Une utilisation adéquate des soins de santé primaires reflète directement l'état de santé d'une population. Dans la République de Géorgie, de nombreux patients recourent à un traitement sans avoir d'envoi de la part d'un fournisseur de soins primaires; par conséquent, le taux d'orientation des patients vers un médecin de famille est faible. La tendance à un comportement d'auto-référence peut réduire l'efficacité du système de santé.

L'objectif de l'étude. La recherche vise à étudier la cause du faible taux de référence vers un médecin de famille en Géorgie.

Matériel et méthodes. Une étude transversale analytique a été menée. Dans le cadre de l'enquête quantitative, 300 patients et dans le cadre de la recherche qualitative, 20 médecins de famille de différentes villes et régions de Géorgie ont été interviewés.

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Conclusions. The results suggest that the patient's low referral rate was due to distrust towards family physicians, which was related to the lack of qualification of physicians and the low public awareness of the family doctor's competence. Due to an inadequate reimbursement, family physicians do not have enough motivation to provide adequate service and the lack of continuous education negatively affects their professional development. It is recommended to raise public awareness about the primary care, to introduce effective methods for payment of family doctors, to increase the role and affordability of continuous professional education.

Keywords: primary health care, family medicine, Georgia.

INTRODUCTION

The primary health care concept was formulated at the World Health Organization conference in Alma-Ata in 1978. Primary care involves the first contact of the patient with the organized medical service. It is provided by the family physician near the patient's place of residence and includes an assessment of the patient's health status, diagnosis, treatment and management of health problems, also prevention and health promotion during primary contact. Primary care is a kind of "gatekeeper" in the health care system that ensures the primary assessment of the disease and, if necessary, refers the patient to specialists. According to the best practices, the primary care constitutes 80-90% of visits to medical personnel¹. The gatekeeping of the primary care is widely used in the UK, Netherlands, Switzerland, and in the US Healthcare System.

Primary care serves as the cornerstone for building a strong health care system that ensures positive health outcomes. Health care system orientation to primary care has a positive effect on the continuity and coordination of medical services, which simultaneously reduces the cost of unnecessary specialized services and improves the overall health of the population. In the health care system focused on primary health care, the role of family physician as a gatekeeper gets greater. In such a system, the patient tries to

Résultats. Le taux d'orientation des patients vers un médecin de famille était faible. 55% des médecins de famille ont révélé que les patients s'étaient souvent adressés à eux uniquement pour être envoyés aux spécialistes. 42% des patients ont consulté le médecin de famille une fois ou ne l'ont pas du tout consulté et 57% n'ont pas consulté de médecin de famille à des fins préventives.

Conclusions. Le résultat suggère que le faible taux d'aiguillage des patients est dû à la méfiance à l'égard des médecins de famille, chose liée au manque de qualification des médecins et à la faible sensibilisation du public à la compétence du médecin de famille. En raison d'un remboursement insuffisant, les médecins de famille ne sont pas suffisamment motivés pour offrir des services adéquats et le manque de formation continue nuit à leur développement professionnel. Il est recommandé de sensibiliser le public aux soins primaires, d'introduire des méthodes efficaces de paiement des médecins de famille, d'augmenter le rôle et l'accessibilité de la formation professionnelle continue.

Mots-clés: soins de santé primaires, médecine familiale, Géorgie.

apply firstly to a family physician, and if necessary, apply for specialized services.

Studies have confirmed that the patient's referral to the special medical care through a family physician decreases health care costs^{2,3,4} and maintains the medical supervision at the high level⁵. According to one survey, the frequency of myocardial infarction in patients with chest pain was less among those who were under the supervision of a family physician⁶. Also, the mortality rate after coronary angioplasty was lower in patients who were under supervision of a family physician rather than in free treatment with specialists⁷. Constant supervision of a family physician positively impacts the quality of life, e.g., the pain management^{8,9,10}.

Studies have confirmed that patients under supervision of family physicians spend less time in hospital. Consequently, we can conclude that these patients take medical care more coordinated and rationally¹¹. Patients who are under the permanent supervision of a primary care physician are less likely to require specialized services or hospitalization^{12,13,14,15,16}. The need for urgent medical care is less in patients who utilize regular primary health care services¹⁷. Thus, primary care is considered as a mechanism of preventing health care costs¹⁸, which is very important for a low-income country like Georgia^{19,20}.

One of the most important components of the assessment of effectiveness of medical care is the

patient's referral rate to family physician. It aims to analyze how often the population applies to the primary health care institutions. Studies have shown that the primary healthcare system in the Republic of Georgia failed to develop according to the standards that have been applicable in many developed countries for several years. A low level of development of the primary healthcare system was demonstrated by the fact that according to data of 2015, a total number of outpatient contacts (which includes both GP care and outpatient hospital care) per person per year in the Georgia (4 in 2015) was much lower than in the European Region average (7.5)²¹. These were due because patients had less motivation to address to the primary care physician for prevention²². Patients preferred hospital services²³. It is obvious that the low development of primary care and family physician services have a negative impact on the health status of the population and health care costs^{24,25}.

The peculiarities of the primary care system in the Republic of Georgia

Important reforms in the primary healthcare sector in Georgia began in 2000. It referred to the improvement of the primary healthcare network. Following the granting of autonomy to service providers, the primary health care (PHC) facilities underwent a structural reorganization. Most of the facilities at the district level were grouped into single legal entities, such as district-level polyclinic ambulatory unions or hospital polyclinic unions covering the catchment population. In one pilot region (Imereti), all the PHC providers, including village-level ambulatory services, gained independent status. The Government of Georgia received substantial support from the international donor community to reform the PHC system. Family medicine training programs and the rehabilitation process of PHC facilities were started with the support of the United Kingdom Department for International Development (DFID) and World Bank grant.

The implemented interventions had no significant effect on outpatient service use. Studies confirmed that the patient's referral rate to family physician was low, and according to the 2011 data, this rate per capita was 2.1 annually²⁶. In 2010, only 50.9% of patients who applied to medical facilities because of health problems for the first time preferred the primary health care institutions.

In 2013, the Universal State Health Care Program was launched in Georgia, aiming to ensure financial and geographical access to health care for the population. As a result of the program, the patient's referral rate to outpatient services increased by 25% in 2014, which demonstrates the rise in

affordability of the health care services^{27,28}. However, only 22% of the beneficiaries of the Universal State Health Care Program addressed the outpatient clinic for a scheduled medical assistance. According to the survey conducted in Georgia, 40.1% of respondents express partial (38.6.8%) or full (1.5%) dissatisfaction with the family physician²⁹. More than half of the respondents (75%) reported that the physician did not appoint periodic medical examinations, which showed that the preventive medicine component was very weak in primary care services which significantly increased the cost of medical care because of the late detection of the disease. According to the 2015 data, family physicians in Georgia refer 40% of patients to other physicians. This suggested that a significant portion of the population used medical services only in case of urgent need and not for prevention, which increased the risk of late detection of illnesses and health care costs³⁰.

THE OBJECTIVE OF THE STUDY was to assess the cause of the low rate of patient's referral to the family physician in Georgia. The objective of the research was to identify the factors that caused low confidence in a family physician.

MATERIAL AND METHODS

An analytical cross-sectional study was conducted. Within the quantitative research, 300 patients from different cities and regions of Georgia were interviewed. Ten large Family Medicine Centers of Georgia were selected for research. The criteria for involvement in the survey were local patients who voluntarily expressed the desire to participate in the study. The study instrument was a semi-structured questionnaire that was modified from the relevant studies. The validity of the modified questionnaire was assessed among 5 participants.

Within the qualitative research, family physicians were interviewed. All of the registered family physicians who worked on these Family Medicine Centers were asked to participate. Out of the 43 family physicians, 20 agreed to participate in the survey. Within the qualitative study, in-depth interviews of family physicians were conducted. The questionnaire for this study was developed based on a review of literature and specificities of primary health care system in Georgia.

The survey was conducted during February-May 2018. The duration of an interview of a beneficiary was of about 30-45 minutes. After the questionnaire had been built, the information of respondents was collected by a convenient sampling method. Then,

descriptive statistics were used to describe the sample and the results of the questionnaires.

RESULTS

Family Physicians Survey Results

Within the scope of the survey, 20 family physicians were interviewed. Most of respondents were females (n=20, 100%); most of them (n=9, 45%) were 41-50 years old. 70% (n=14) of them worked as a family physician for 5-10 years. The greater part (n=11, 55%) served 1000 to 2,000 patients. About 60% (n=12) of respondents served 10 to 15 patients per day. 55% (n=11) of family physicians revealed that patients often addressed them only for the referral to the specialists (Table 1).

The survey made it clear that only 15% (n=3) of family physicians provided preventive consultations periodically and 50% (n=10) – in case of need (Table 2).

The lower rate of the patient's referral to a family physician in Georgia was due to a low confidence. When asked, what caused the patients' low confidence in family physicians, the physicians answered:

„Some patients think that the specialist will verify the diagnosis made by us.“

„I cannot tell you for sure, maybe the family physician is something new for them; they do not like to wait and stand in the queue. They are trying to get a special referral to specialists, but do not listen to us till the end.“

„I cannot answer clearly what is the reason for lack of confidence. Most of disappointed patients complain about standing in the queue. Patients are more dissatisfied with young family physicians and say that they do not have enough knowledge and skills.“

„As one patient has told me, a family physician is a novelty. When I told him that I am a therapist and I have turned to become a family physician, he liked this and told that he could trust me. I think the concept of a family physician is misunderstood in our country.“

„I have heard that patients do not treat family physicians as serious physicians. Once the patient told me: You know everything, but it is smattering. I do not think that's the reason, but I think the patients think a visit to the specialists is more reliable.“

„I think that today it is not the issue of confidence; patients have the opportunity to choose their desirable family physician.“

When asked about the solution of the family physician's problems in the primary care, we received the following answers:

„Physicians shall be encouraged to show better their abilities to patients.“

„The healthcare system should constantly try to deepen the knowledge of family physicians and intensively familiarize them with new guidelines, new approaches, promote their regular participation in trainings.“

Table 1. Results of Family Physicians Interview (1)

Variable	N=20	Percentage %
Sex		
Female	20	100
Male	0	0
Age		
21-30	1	5
31-40	4	20
41-50	9	45
51-60	4	20
Over 60 years old	2	10
Working experience		
Less than 5 years	2	10
5-10 years	14	70
More than 10 years	4	20
The number of beneficiaries under the family physician's supervision		
Less than 1000	1	5
From 1000 to 2000	11	55
More than 2000	8	40
The number of patients received by a family physician during a day		
Less than 10	1	5
From 10 to 15	12	60
More than 15	7	35
The patients address the family physicians often only to receive a referral to a specialist		
Yes	3	15
No	5	25
More or less	11	55
Not sure	1	5
Remuneration of the interviewed family physicians		
300-500 GEL	5	25
501-700 GEL	13	65
701-900 GEL	2	10
More than 901 GEL	0	0
Assessment of their remuneration by the interviewed physicians		
Low remuneration	13	65
Satisfactory remuneration	6	30
Good remuneration	1	5
Adequacy of remuneration as assessed by the interviewed family physicians		
Works more than paid	14	70
Pay is adequate to the work	1	5
Works somehow less than paid	5	25

„It is necessary to increase the encouragement of family physicians; in particular, the remuneration should be appropriate to their load. The physician's satisfaction positively impacts on the treatment of patients.“

Table 2. Results of Family Physicians Interview (2)

Questions	N	%
Do you provide preventive consultations to your patients?		
Sometimes	3	15
Only in case of need	10	50
I have no time for such consultations	7	35
Whether family physicians have nurses?		
Yes	8	40
No	12	60
Does the employer seek professional growth of a family physician?		
Yes	3	15
No	9	45
More or less	5	25
Not sure	3	15
Does the employer always listen and responds to your problems?		
Yes	4	20
No	7	35
More or less	7	35
Not sure	2	10
Do you have career development, professional improvement opportunity?		
Yes	0	0
No	7	35
More or less	10	50
Not sure	3	15
Do you attend educational programs for family physicians?		
Yes	3	15
No	7	35
More or less	6	30
Not sure	4	25
Do you follow the medical news through medical journals and articles?		
Yes	10	50
No	0	0
More or less	9	45
Not sure	1	5
Do you get updated guidelines via the Internet?		
Yes	7	35
No	6	30
More or less	7	35
Not sure	0	0

„The people should be provided more information about the role of the Institute of Family Physicians; their awareness of the importance of prevention shall be raised. It is also necessary to encourage physicians that will have

a positive effect on their treatment of patients and improve the relationship between the patient and the physician. “

As we can see, physician has named the low salary as the reason for low motivation. One of the ways to solve the existing primary care problems is a rise in salaries. The study showed that the salary of 25% (n=5) of respondents was below 500 GEL and for 65% (N=13) – 501-700 GEL. The majority (65%, N=13) said that their remuneration was low. In addition, 70% (N=14) of family physicians said that their remuneration was not adequate to their work and that they worked more than they were paid (Table 1).

The survey found that 60% (n=12) of family physicians did not have nurses (Table 2). Considering that nurses have always played a significant role in providing services, their absence in a family medicine office negatively affected the quality of service and therefore the patient's satisfaction. 45% (n=9) of family physicians thought that the employer did not care about their maintenance and professional growth as a human resource. 35% (n=7) of respondents agreed that the employers did not try to listen to their problems and did not respond to them in time. Along with the physician's low salary, the above-mentioned factors also appeared to be a reason for the family physician dissatisfaction.

Continuous professional education of medical personnel plays a great role in medicine. 50% (n=10) of family physicians think that they are more or less able to improve professionally, but 35% (n=7) do not have the opportunity to do so (Table 2). 35% (n=7) of respondents cannot participate in educational programs for family physicians. Continuous professional education in Georgia is not mandatory, and trainings and educational programs are mostly paid. Family physicians do not have the opportunity to get training and improve their education, and the employer does not care about it. This negatively affects the professional growth and qualification of the physicians.

50% (n=10) of family physicians are familiar with medical news through medical journals and articles, and 45% (n=9) of them are familiar more or less. It is noteworthy that 30% (n=6) of the respondents do not follow the news on the Internet (Table 2).

Patient's survey results

56% (n=168) of the interviewed patients were female and 44% (n=132) male. The majority had higher education (73%, n=219). The share of 51-60-year-old respondents was 24% (n=72). The monthly income of most patients (36%, n=108) ranged between 301-500 GEL (Table 3).

The health status of 48% of respondents was average. Most of them (79%, n=237) were beneficiaries of the universal state health care program. 35% (n=105) of respondents addressed both a family

physician and a specialist-physician. At the same time, 30% (n=90) of respondents addressed directly to the specialist-physician. 42% (n=126) of respondents visited the family physician once a year or did not visit at all (Table 4).

Most respondents (49%, n=147) spent less than 10 minutes with family physician. More than 30% (n=90) of respondents agreed that getting medical services with family physician was comfortable. The majority of respondents believed that the family physician institute needed some changes (Table 4).

DISCUSSION

The survey has shown that the rate of visiting family physicians in Georgia was lower compared to other countries. A significant part of patients visited a family physician once a year or did not visit at all. In case of health impairment, patients tried to visit the specialist-physician by-passing the family physician. Of course, such patients were less likely to have a continuous medical surveillance by their family physician. In many European countries with a general practitioner system (GP), the patient's self-referral was less noticeable and as a rule, general practitioners as gatekeepers, made a professional decision and referred the patient to the specialists in case of need^{31,32}. In the primary care system of Georgia, a patient more often applied to specialized medical services (hospital, physician specialists) by him/herself. The existing system did not contribute to the reduction of self-referral to specialized medical services. Studies have confirmed that this situation may have a negative effect on the patient's treatment³³.

It is noteworthy that the greater share of respondents rarely addressed the family physician for consultation with the purpose of prevention. Family physicians were less likely to take preventive measures. This reduced the efficiency of medical care. Studies have confirmed that the patient's self-referral to the specialized medical care without family physician negatively impacted the health of the population, reduced the quality of medical care and increased health care costs³⁴.

Low rate of the patient's referral to a family physician in Georgia may be due to lack of confidence in the quality of medical care. According to family physicians, the mistrust and low satisfaction of the patients are not only due to them, but also because patients do not like the infrastructure of outpatient medical facilities as well as standing in a queue to visit the family physician. Also, the other important factor is the established stereotype that family physicians are less professional than specialist-physicians. It can be said that the low remuneration of family physicians

Table 3. Patient's Survey Results (1)

Questions	Number, n=300	Percentage (%)
Gender		
Female	168	56
Male	132	44
Age		
Below 20	30	10
21-30	33	11
31-40	48	16
41-50	51	17
51-60	72	24
60 and over	66	22
Education		
Secondary education	81	27
Higher education	219	73
Monthly income		
Less than 300	93	31
300-500 GEL	108	36
501-1000 GEL	51	17
1001-1500 GEL	42	14
More than 1500 GEL	6	2
Health Status		
Good	120	40
Average	144	48
Not satisfactory	36	12
Coverage		
Universal care	237	79
Private insurance	45	15
Both	18	6

has a significant impact on the low development of the primary care system in the country. At the same time, according to family physicians, their load exceeds their pay. It should be taken into consideration that the majority of family physicians do not have a nurse and must work for two.

The situation is aggravated by the fact that employers are less likely to support professional growth of family physicians. Consequently, family physicians do not have the opportunity to improve and develop skills, which is important for people employed in medicine, as well as in any other field. The study shows that the administration of the medical facilities is less interested in the problems of family physicians. Consequently, the problems are not identified, each issue is not reviewed, analyzed and the ways of its solution is not searched for.

A separate problem is the fact that the continuous professional education in the country is not mandatory. In addition, for some physicians the academic

Table 4. Patient Survey Results (2)

Questions	Number, n=300	Percentage (%)
To whom will you mainly address in case of health problems?		
Family physician	60	20
Specialist-physician	90	30
Sometimes a family physician, sometimes to a specialist-physician	105	35
Self-medicate	45	15
How often do you address to a family physician during a year?		
Once or not at all	126	42
2-5	72	24
6-8	42	14
9-10	54	18
11 and more	6	2
Do you have confidence in family physician's qualification?		
Yes	101	34
No	91	30
Not sure	108	36
How long lasts your visit to a family physician in average?		
Less than 10 minutes	147	49
10-20 minutes	87	29
20-30 minutes	36	12
More than 30 minutes	30	10
Do you wait for appointment by a family physician for a long time?		
Strongly disagree	27	9
Disagree	33	11
Agree more or less	93	31
Agree	132	44
Strongly agree	15	5
Getting medical services with family physician is comfortable		
Strongly disagree	69	23
Disagree	24	8
Agree more or less	90	30
Agree	81	27
Strongly agree	36	12
How would you rate the family physician's institute?		
Positively	90	30
Requires some changes	141	47
Negatively	54	18
Not sure	15	5

and educational programs are not affordable, as the participation is paid.

The study shows that family physicians' pay is low, which hinders the development of a family

physician institute in the country. In addition, the effective methods of remuneration of a family physician are not used. Particularly, currently, under the universal state healthcare program, the family physician is paid according to the number of beneficiaries registered with him/her. In this regard, in many countries, the combined methods of remuneration in primary care have been introduced, which means funding by other methods (according to provided services, targeted remuneration, etc.). In Britain, family physician financing depends not only on the number of patients registered with him/her but also on how he/she works. In this case, physicians are interested in expanding the range of diagnostic and treatment services, ensuring continuity of medical care; the work in rural areas is encouraged. The physician's financing method is one of the key levers to effectively implement health care services.

CONCLUSIONS

The rate of patient's referral rate to family physician in Georgia is low. Patients are trying to address specialist-physicians directly by-passing the family physician. Most of them rarely address a family physician for prevention. Family physicians are less likely to take preventive measures. The low role of a family physician reduces the effectiveness of medical care because it is not possible to detect illness early by preventive measures. The patient's self-referral has a negative effect on the health of the population, reduces the quality of medical care and increases health care costs.

The low rate of the patient's referral to a family physician is due to lack of confidence in the quality of medical care. This is mainly caused by low qualifications of family physicians, their low pay. The state and employers are less likely to support professional growth of family physicians. Accordingly, family physicians do not have the opportunity to develop and grow professionally. It is noteworthy that the continuous professional education in the country is not mandatory.

Primary healthcare reform will not be implemented without properly educated family physician/nurse. In furtherance of this goal the level of professional training shall be raised. In this view, there are family medicine training centers in the country, where the family physician/nurse are trained. However, most of them are paid trainings and often they are not affordable. With the support of donor organizations, the state shall ensure the development of the necessary capacities of primary healthcare human resources of the appropriate qualification throughout the country. Also, the state should support continuous medical education of family physicians.

To promote the development of the family physician's institute, it is necessary to ensure the normal remuneration of primary care medical staff. It is advisable to introduce the combined methods of pay for the primary health care, which means funding other than remuneration method (targeted remuneration, and so on). Special attention shall be attached to the methods of incentive remuneration of physicians to carry out prophylactic measures for beneficiaries.

Author Contributions:

Conceptualization, T.V. and R.J.; methodology, L.K.; software, L.K.; validation T.V.; formal analysis, T.V.; investigation, R.J.; resources, T.V.; data curation, L.K. and T.V.; writing—original draft preparation, T.V.; writing—review and editing, T.V, R.J., L.K.; visualization, L.K. and R.J.; supervision, T.V.; project administration, T.V. All the authors have read and agreed with the final version of the article.

Compliance with Ethics Requirements:

„The authors declare no conflict of interest regarding this article“

„The authors declare that all the procedures and experiments of this study respect the ethical standards in the Helsinki Declaration of 1975, as revised in 2008(5), as well as the national law. Informed consent was obtained from all the patients included in the study“

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