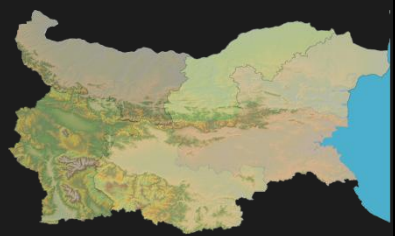
Assessing barriers of access to primary healthcare in Bulgaria



EUROPEAN CHARTER OF PATIENTS' RIGHTS

BASIS DOCUMENT

Rome, November 2002

- **Right of Access**
  - *Every individual has the right of access to the health services that his or her health needs require. The health services must guarantee equal access to everyone, without discriminating on the basis of financial resources, place of residence, kind of illness or time of access to services.*

Parliamentary Assembly
Assemblée parlementaire
COUNCIL OF EUROPE CONSEIL DE L'EUROPE

The reform of health care systems in Europe: reconciling equity, quality and efficiency

Doc. 9903
11 September 2003

- … the main criterion for judging the success of health system reforms should be effective access to health care for all without discrimination, a basic human right.

- … priority to primary care and the role of GPs and strengthening the respect for patients' rights.

Some effects of limited access

- Reduced use of health services
- Low satisfaction of patients
- Modified style of professional behavior of healthcare providers
  - neglected prophylactic activities,
  - ineffective or short consultations,
  - increased number of referrals to other institutions
  - increased number of avoidable hospitalizations

The reformed health system in Bulgaria

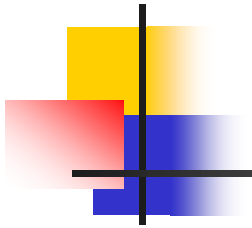
- Three level health system
  - controversial allocation of resources,
- Mandatory health insurance
  - 1 200 000 – 1 900 000 uninsured
- GPs contract the NHIF and act as "gatekeepers" –
  - Limited access to diagnostics and prevention
- Multiple problems and low satisfaction of both providers and patients
  - 424 vacant contract positions for primary care practices in small towns, remote and disadvantages areas
  - 582 809 have no access to a primary care provider

The “invisible” citizens

- 500 000 – 800 000 people with disabilities
  exact number to be established by 2013
- 50 000 new people register every year
- 452 000 received disability pensions in 2010
- Only 10% could find employment

- By October 2007
  - 34% - working capacity lost more than 90%
  - 44% - working capacity lost 71% - 90%
  - 22% - working capacity lost 50% -70.99%

“I want to be in control of my life”



On the level of individuals quality of healthcare has two important components – access and outcome

How do we assess barriers of access to primary healthcare services?

- Understand access
- Study determinants

Concept model

„Opportunities" created by the health system

Fit

facilitators / barriers

-Economic
-Geographic (spatial)
-Transport
-Architectural
-Time
-Cultural
-Socio-demographic
-Psychological
-Organizational
-Information

Needs and „abilities" of the population

to use the available resources and services and provided

Potential access

Availability
Accessibility
Accommodation
Organization
Financing and health insurance coverage

Equity and justice

Analysis of the differences and disparities by social groups and territories

Realized Access

Affordability
Acceptability
Demographic, socio-cultural and economic characteristics
Health status and needs
Health care utilization
Satisfaction

The subject of our research were indicators, of access in several domains:

- **Availability**
- **Accessibility**
- **Affordability**
- **Acceptability**
- **Accommodation and organization**
- **Realized access**
- **Access profiles**

Analytical models for measuring and evaluating access in primary care

- General system models
- Model for evaluation of access at the level of general practices

Field work

- random multi-stage sampling studies in 2007:
  - Questionnaire study of 1300 persons at the age over 18 living permanently in Bulgaria
  - Observation, registration of activities and questioning of GPs in 130 practices
  - A set of specific reliable and valid tools ($0.65 > \alpha > 0.82$)

Some results

- **Limited access in rural, disadvantaged and remote areas** affects about 30% of the population.
- **Financial barriers lead to self-limited use of health services in over 50%.**

Some results

- **Architectural factors limit the access of disabled people** in 46.9% of the practices
  - 57.8% practices share waiting-rooms,
  - 84.4% provide no comfort and convenience for disabled people,
  - 32.81% could not isolate patients if necessary
  - queues in the waiting-rooms of 67.2% GPs

Barriers to provision of acceptable healthcare services

- 33.3% of the practices
  - Insufficient records or could not easily identify groups of patients with specific health needs in their lists \vulnerable social groups, etc.\

Patients' evaluations of the changes in access after the reforms in health care

- "getting worse" or "much worse" for 52.1%

Changes in the consumer health behavior

- **self-treatment and self-limited utilization of health services**
  - 77.5% report limiting their use of health services,
  - self-treatment is the first choice in 48.7%,
  - 25% - “medical care and consultations should be sought only in cases of emergency”

Self reported unmet need for medical examination or treatment

geo\time	2007	2009
EU	2.6%	1.9%
Bulgaria	15.8%	7.5%

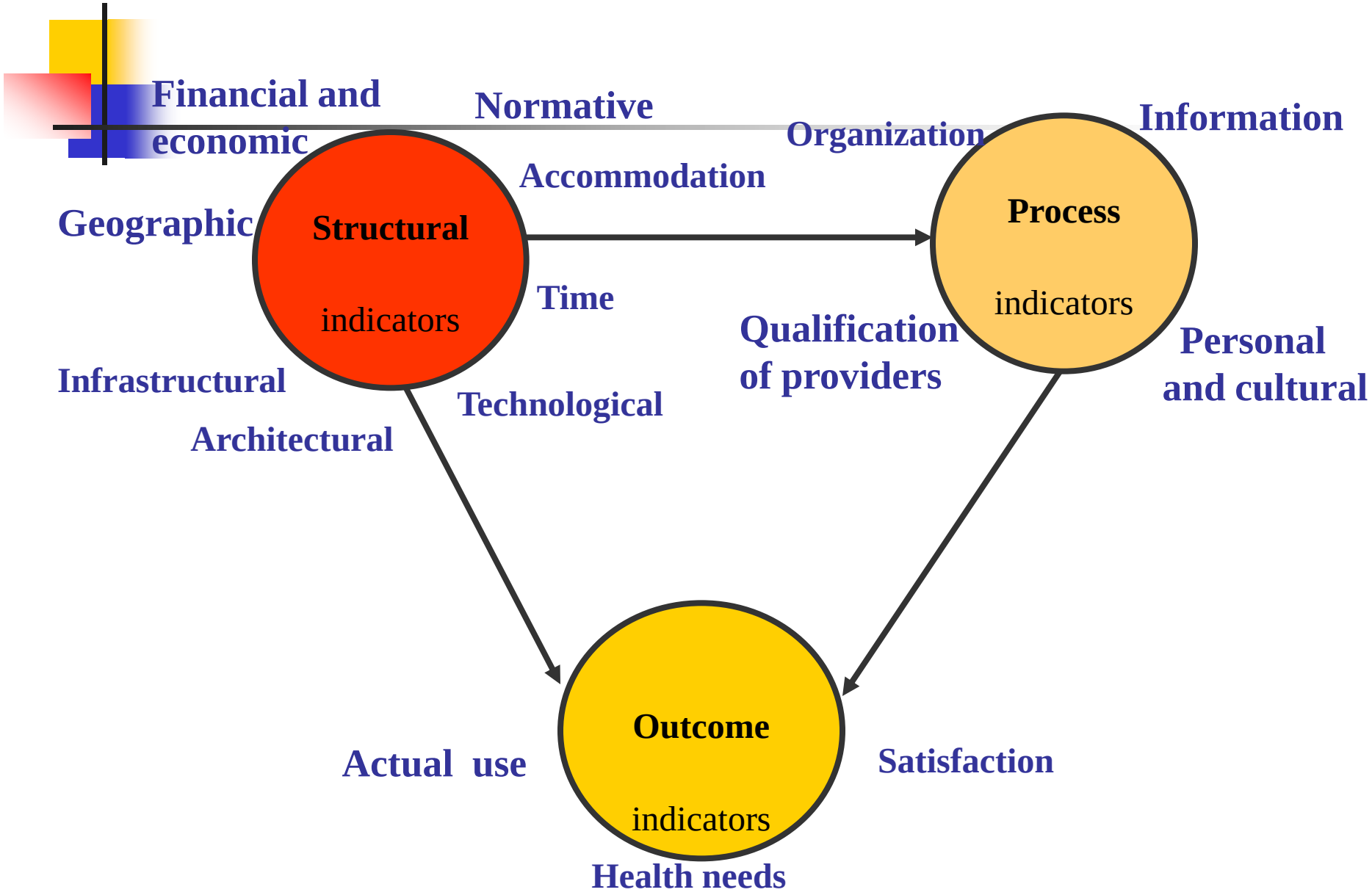
•Source: http://epp.eurostat.ec.europa.eu/tgm/table.do?tab=table&init=1&plugin=1&language=en&pcode=tsdph270

Factors with significant influence on the general evaluation of access \24 out of 45\

Top 9

- Doubt in the competence of the GP
- Need to travel out of the place of residence for consultation with a GP
- **Disrespect of patient's specific needs in the practice**
- Inconvenience of the working time of the GP
- **Poor accommodation in the practice**
- **Low financial and SES of the patient**
- Need to travel out of the place of residence for tests
- Payment for Out-of-hours services
- Doubt that the GP knows the patient's health status

General analytical model



Analytical model of access at a macro level

Structural indicators

- Health expenditures per 1 person and proportion of public - private financing;
- % of population with health insurance coverage;
- contents of the health insurance coverage (services provided);
- % of the population with complementary health insurance;
- % of the population without insurance coverage for 12 months;
- Density and distribution of GPs, especially in remote and disadvantaged areas;
- Average number of patients per 1 GP;
- % of GPs with more than 1500 patients;
- % of the population with no choice of provider;
- **%** of the population without regular provider for a period over 6 months

Analytical model of access at a macro level

Process indicators

- % of insured population who have paid directly for services included in the coverage;
- % of the population, who have experienced difficulties getting health services out-of-hours;
- % of the population, who experienced difficulties contacting GPs or receiving information for the provision of services;
- % of the population who feel they have been treated unequally;
- % of households with unmet needs of health services in primary care for financial reasons;
- % of the population whose first choice of provider is not in primary care;

Analytical model of access at a macro level

Outcome indicators

- **Utilization** (consultations per 1 person in general and by type and by socio-demographic groups)
- **Experienced barriers** of access (% of the patients reporting limited access by reasons and by socio-demographic groups)
- **Satisfaction** with access (% of unsatisfied population - general and by socio-demographic groups)
- **Health status** indicators – health self-assessment - dynamics over a period of 12 months (general and by groups)

Analytical model of access at the level of PHCE

Structure indicators

• Location and architectural accessibility for people with disabilities;
• Transport and infrastructural accessibility (availability of public transport and time need to travel, etc.)
• Duration of working time \open hours and shifts\;
• Extended open hours in the morning; in the evening hours and in weekends ;
• Structure of patient lists (by age, gender, education, ethnic background, religious and cultural models, SES, disabilities etc.) and % of vulnerable population groups and population with specific health needs;
• Availability of personnel (number, type, qualification) adequate to the structure of the patient lists.

Analytical model of access at the level of PHCE

Process indicators

- Provision of out-of-hours services;
- Adequate alternatives when the regular GP is not available;
- Mean duration of consultations;
- Average waiting time for an appointment;
- Average waiting time in the waiting room;
- Availability of an appointment system;
- Frequency of „queuing” in the waiting room;
- Providing acceptable services through collaboration with other organizations in the community etc.

Analytical model of access at the level of PHCE

Outcome indicators

- **Utilization** (consultations per 1 person by type and by socio-demographic and health status indicators)
- **Limited access** (% of the patients and reasons)
- **Satisfaction** (% of unsatisfied and structure by reasons and population groups)
- Annual analyses of **health status** indicators
- Analyses of **patients' self-evaluation of health status and its dynamics** (general and by groups)

Thank you