



"Consumers' role in PHC – Lessons from Slovenia."



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Aims

- 
- To describe the development of Slovenian HCS
 - To describe the PHC structure in Slovenia
 - To describe the development of FP
 - To describe the role of consumers in PHC



Slovenian health care system


1/4

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- A new legislation introduced in 1992.
 - 1992: Slovenian health care system was transformed – from a the state run system to decentralised model
 - Only one insurance company – National health insurance institute (NHII)(compulsory health insurance)
 - Ministry of health has a coordinative role in annual agreement between NHII and health care providers



Slovenian health care system

2/4

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- Universal coverage in a mixed Bismarck – social model.
 - The compulsory health insurance covers cost of app. about 80% of medical services.
 - Other 20% (co-payment) is covered from a pocket or by additional/private insurance (offered by 3 Private Insurance Companies).

Slovenian health care system

3/4

- One of the pillars of the reform was the introduction of self-employment.
- Until now, independent practices cover 25% of all practice of FP
- The rest of them (75%) are still part of non-for-profit Primary Health Care Centres (PHCC)
- Health policy makers are aiming at a ratio 50% : 50😊




Slovenian health system 4/4

- FP acts as a “gate keeper”
- List of patients (average list approx. 1600 patients)
- Paediatrician and gynaecologist (paediatricians should deliver care to children until the age 18, but approx. 10% of well baby clinics and approx. 40% of other care are provided by FP; each woman can chose additionally a gynaecologist on a primary level).




Slovenian PHC

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- Either private family physicians or health centres have a contract with NHII
 - Amount of received money depends on capitation and fee or service (according to the annual plan)
 - Compulsory health insurance covers 80% of health care costs
 - The remaining 20% is covered through the voluntary insurance

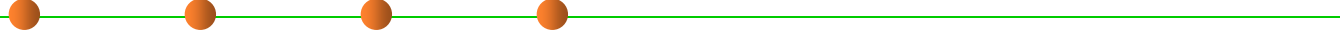


Development of Slovenian family medicine

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- In 1960 family medicine (in that time was labeled general medicine) became as one of the specialist fields, but vocational training was not mandatory at that time
 - Slovene family medicine society in 1966
 - In 1975 was the first attempt to establish General practice department (the political situation was not in-favour to this attempt)
 - Department of family medicine was established in 1995



Consumers organisations

- 
- National ombudsman for civil rights
 - Patient ombudsman in one region (Maribor)
 - National ombudsman for patients' rights
 - Independent national consumers organisation
 - Government consumers office
 - Several patient groups




Consumers in HCS

- Inhabitants are insured through the employment status or covered by local community – the entire population has a compulsory health insurance.
- The compulsory health insurance covers costs of app. about 80% of medical services (one salutory agency).
- Several groups of patients are waived of co-payment: children, pregnant women, diabetics, emergency, cancer, psoriasis or epilepsy patients.



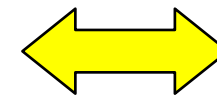
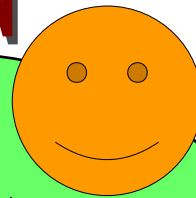
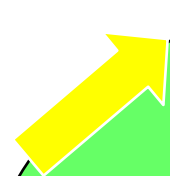
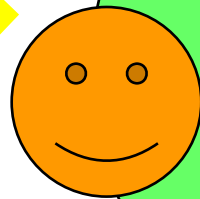
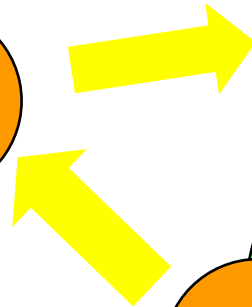
Consumers' options

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- To complain
 - Each provider must have a complaint procedure
 - Medical Chamber
 - Ministry of Health
 - Other (patient organisations, media...)
 - To go to the court
 - Take part in surveys

COMPLAINT SYSTEM IN PHC

MONITORING

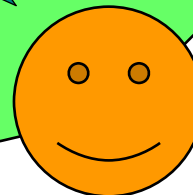
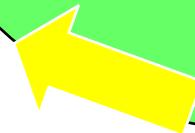
COLLECTION



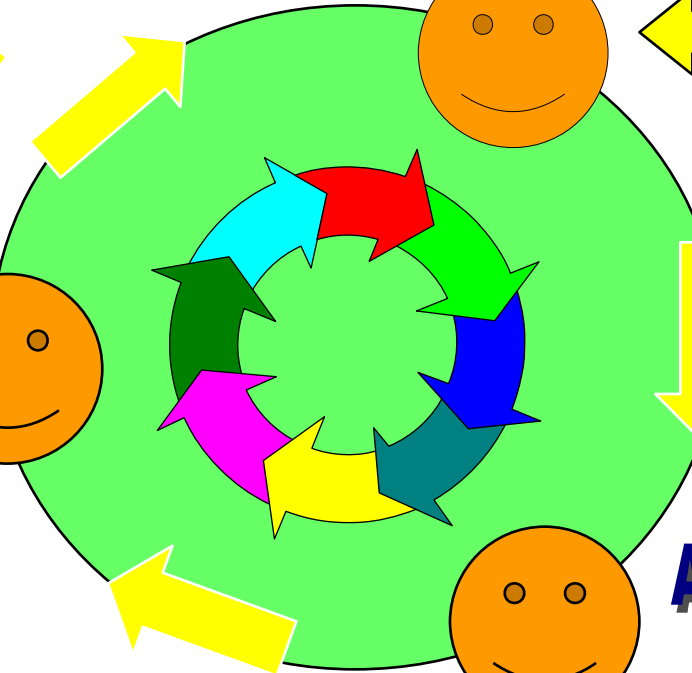
PRIORITIES



CHANGE



ANALYSIS





Survey of organisational culture

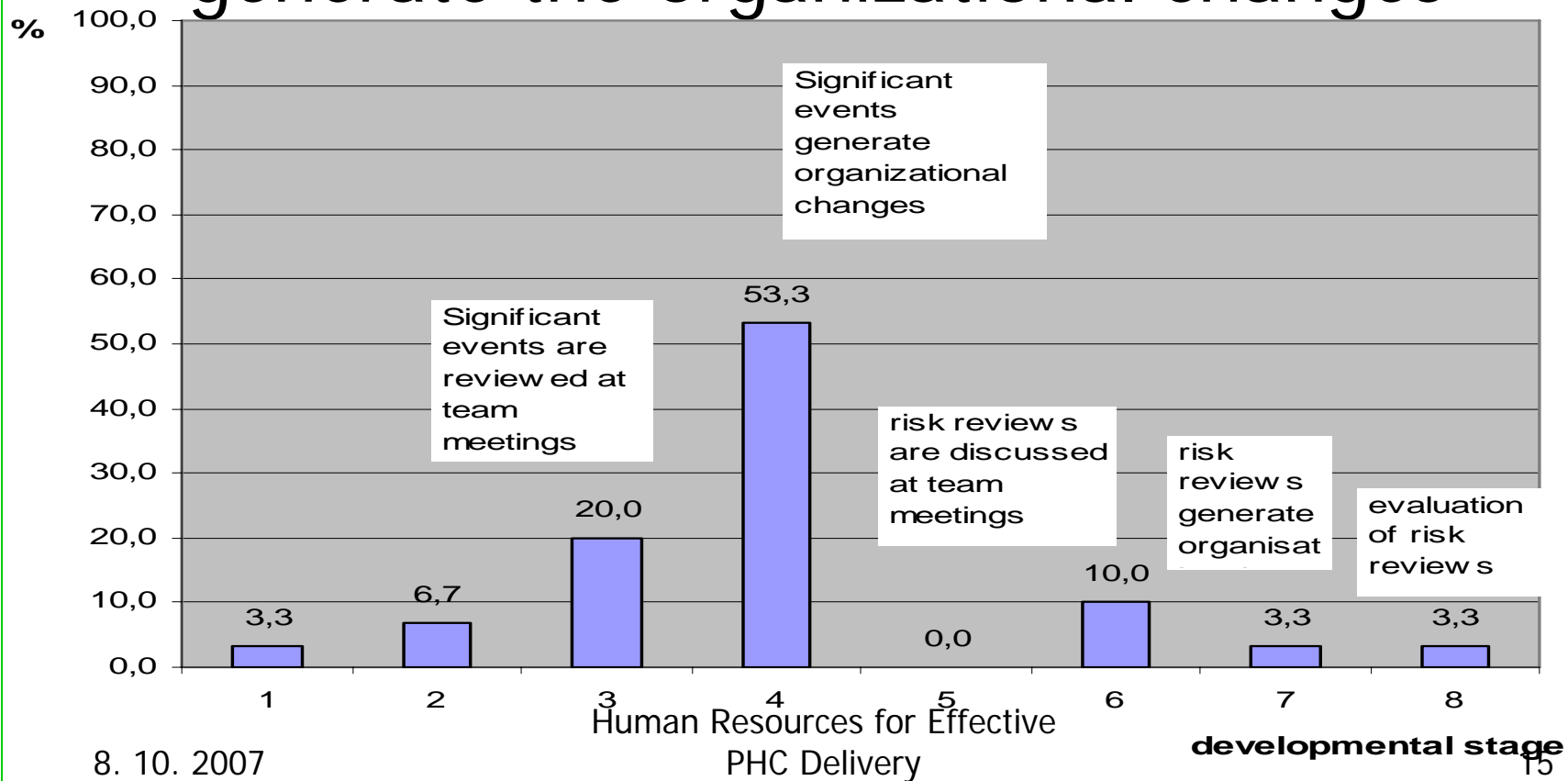


11 dimensions of assessment

- Clinical data
- Audit of clinical performance
- Use of guidelines
- Access to clinical information
- Prescribing
- Human resource management
- Continuing professional development
- **Risk management**
- Practice meetings
- **Sharing information with patients**
- **Learning from patients**

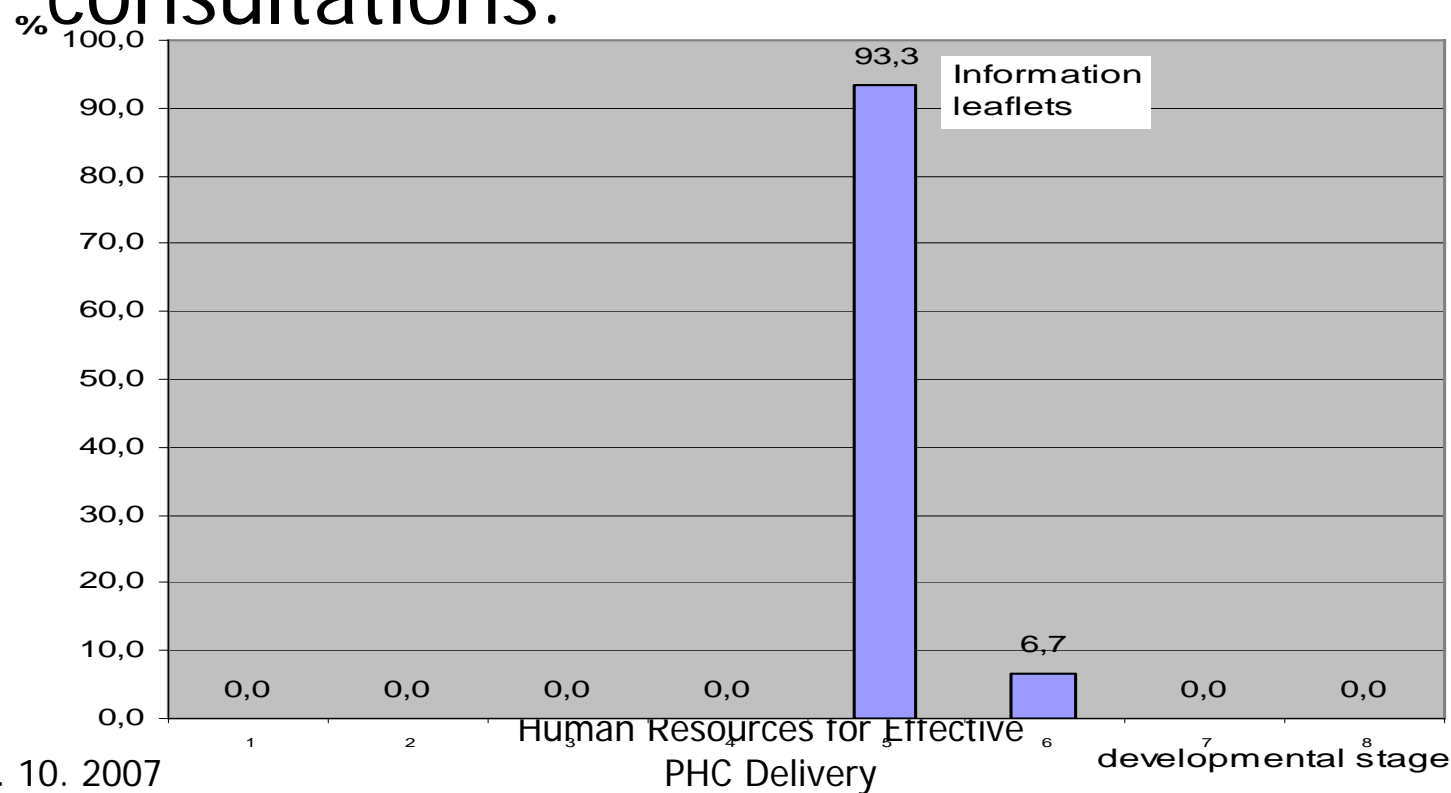
Risk management

■ In 53,3% teams significant events generate the organizational changes



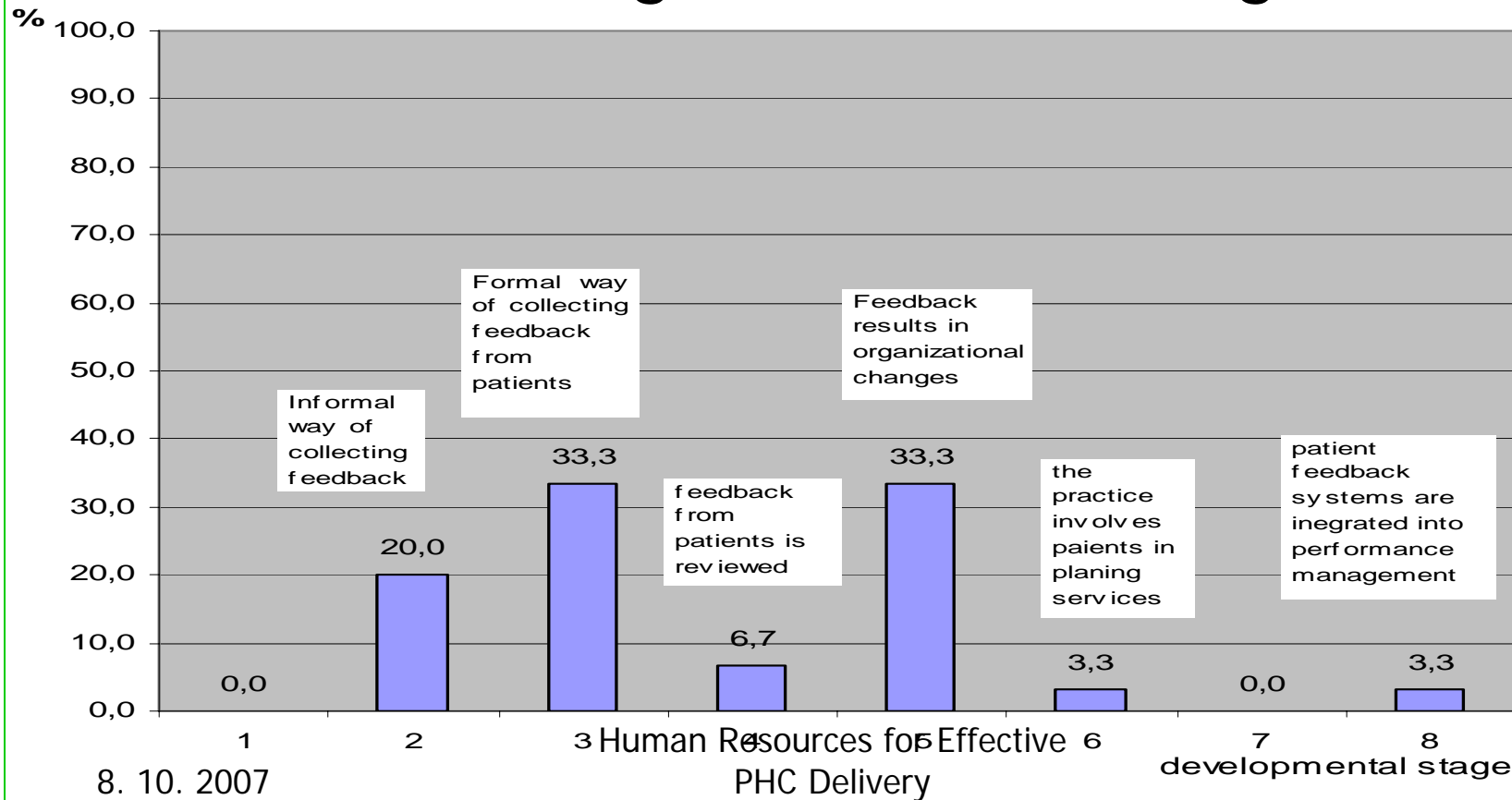
Sharing information with patients

- 93,3% provide leaflets during the consultations.



Learning from patients

- In 33,3% teams feedback from patients results in organizational changes.






Patient satisfaction survey







Patient satisfaction

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- An outcome of care
 - Contributor of better patients compliance leading to better clinical outcomes
 - A tool for quality improvement
 - Divergences and lower patient satisfaction in Eastern Europe
 - Transition of the health care system




Methods


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- Postal survey of a representative sample of patients from 36 family practices in Slovenia
 - 2160 patients approached
 - A self-administered EUROPEP questionnaire
 - Patients evaluate level of satisfaction on a five-points Likert scale



Results


- excellent ratings

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- 84% response rate
 - Mean of all items 58,2%
 - Waiting in the waiting room 26,0%
 - GP's interest in their personal situation 46,5%
 - Feeling that GP made them easy to explain about problems 49,1%
 - Perceived time in consultation 51,6%

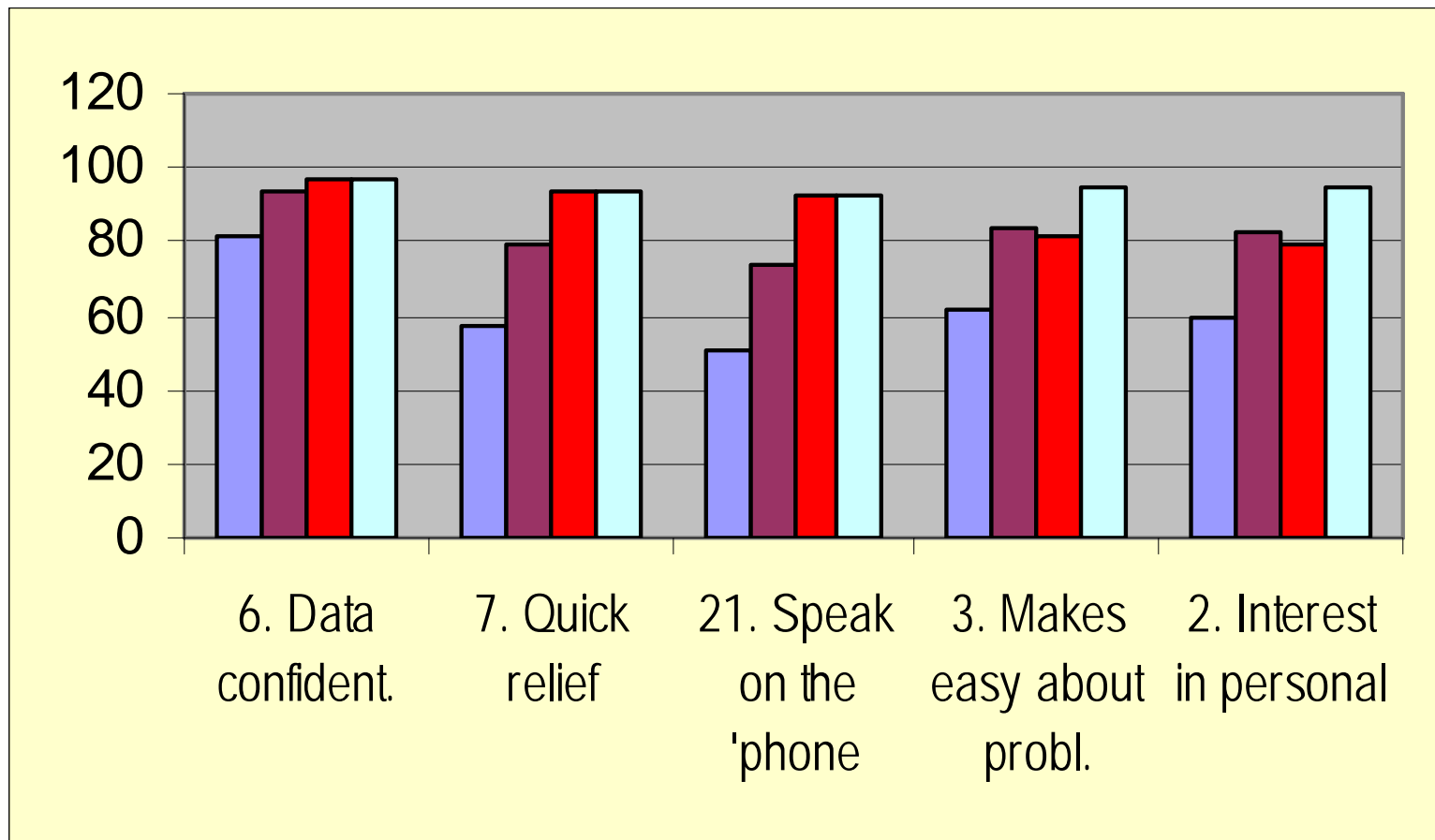


Results

- excellent ratings


- 
- Confidentiality of medical records 77,0%
 - Being able to speak to the family practitioner on the phone 72%
 - Getting through to the practice on the phone 71%
 - Listening capacity of their family physicians 69,4%

Results






Conclusions -1/2

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- Patient satisfaction with family practice care in Slovenia is high and in the same range with other countries
 - Patients are especially satisfied with the ease to reach practice by the phone and
 - to speak with the family physician on the phone




Conclusions -2/2

- 
- Patients were very satisfied with GP's instrumental behaviour: quick relief of symptoms, provision of quick service in emergencies and listening to them
 - The results showed areas needed for quality improvement: organisational changes to shorten the waiting time in the waiting room and greater emphasise on the communication skills



Summary

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- There is knowledge and awareness on consumers involvement in HCS.
 - There are structures in place.
 - We teach providers.
 - Media inform lay public.
 - There is always room for improvement.