Effect of Universal Healthcare Program Reforms in Georgia on Primary Health Care Service Utilization and Patient Satisfaction

L.Gumbaridze; PhD T.Chanadiri; PhD L.baramidze; PhD I.Zarnadze

Public Health and Management Department of Tbilisi State Medical University (Georgia).

Abstract

The purpose of our research was to evaluate the effect of Universal Health Care Program reforms in Georgia in terms of how the measures of quality of PHC services had been changed, such as primary health care service utilization (subjective perceptions of beneficiaries) and patient's satisfaction.

We made prospective study among a representative sample of 300 adults, registries in primary healthcare centres in Tbilisi (capital of the Republic of Georgia) area (with a population of 1.114 million). The research sample population was constituted using a 3-level random sampling method. The research was completed within 268 participants.

Measurements of primary healthcare service's satisfaction by researched population demonstrated higher scores in several domains: (a) Duration of continuous registration (>12 month) in the PHC - 84%; (b) First contact positive experience (subjective perception) with PHC - 56%; (c) Rating of Usefulness attitudes toward PHC services - 52%; (d) Rating of clearness and exhaustiveness of information provided by PHD - 64%.

However, parameters of the further period, after the first contact, include challenges: Most of the participants (54%) were neither satisfied nor unsatisfied and the program has covered less than 50% of the primary healthcare needs for 68% of beneficiaries.

Primary healthcare system generally operates a monopoly and uniform offer; only 8% of beneficiaries from sample have applied additional private insurance packages.

Keywords: Universal Health Care Program; Primary health care; Patient's satisfaction.

Introduction

The healthcare system must be adapted to cost-containment goals while at the same time meeting the patient's needs and expectations as closely as possible. Universal Health Care system increases the efficiency of health services, spatial accessibility of care and patient satisfaction and, among other issues, requires accurate characterization of healthcare resource utilization by the beneficiary's population, as well as identification of determinants of use.

A large number of studies have addressed the detection of patient satisfaction determinants, and it is known that contradicting evidence exists across patient satisfaction studies. Batbaatar E. et al had reviewed the conceptual framework of patient satisfaction for further operationalization procedures and evidence regarding determinants of patient satisfaction between 1980 and 2014. They had proved that health care service quality indicators were the most influential determinants of patient satisfaction (2). On the other hand, the strength and directions of associations with patient satisfaction were found inconsistent.

As part of the system, primary health care (PHC) is accepted as the model for delivering basic health care to low-income populations in developing countries. Primary care is recognized as the most important form of healthcare for maintaining population health because it is relatively inexpensive, can be more easily delivered than specialty and inpatient care, and if properly distributed it is most effective in preventing disease progression on a large scale (8).

Over the last six years, the Government of Georgia has initiated reforms in the health sector named Universal Health Care Program; which had provided basic outpatient, inpatient and emergency services to all citizens. Through this program, outpatient visits have increased since 2012 and reached 3.9 visits per capita in 2016, although this number remains lower than the European Union average (4). That was the result of system response, according to which the majority of health care users utilize primary health care services where these services are free at the point of entry and coincide with general healthcare needs of beneficiaries (11).

Despite the global and positive changes caused by Universal Healthcare program implementation embraced the whole country, there still remains the problems in the primary healthcare, which should be resolved. There is a dearth of knowledge on the factors influencing service utilization and satisfaction with primary healthcare clinic services, especially at the national level.

The purpose of our research was to evaluate the effect of Universal Health Care Program reforms in Georgia in terms of how the measures of quality of PHC services had been changed, such as primary health care service utilization (subjective perceptions of beneficiaries) and patient's satisfaction.

Methods

This study was a prospective study among a representative sample of 300 adults, registries in primary healthcare centres in Tbilisi (capital of Republic of Georgia) area (with a population of 1.114 million). The research sample population was constituted in 2016 using a 3-level random sampling method. In a first step, 20 PHC (with about 2000-5000 beneficiary in each) were randomly selected using a stratification based on geographic distribution. In the next step, 1200 participants were randomly chosen from a complete list of the beneficiary within each selected centres. In the final step, each study participant was randomly selected from the list by the birthday method and general research population was 300. The refusal rate among the contacted people was 10.7% and research was completed within 268 participants.

Three socio-demographic dimensions were explored as possibly associated with healthcare utilization and healthcare services satisfaction: age (5 categories: <35, 36–45, 46–55, 55-60, and 61 years old or more), gender, employment status (employed, unemployed, temporary employed), it was researched separately among participants, who were inactive or retired.

A self-administered structured questionnaire (contained 18 structured questions) was used to obtain quantitative data from the participants. Participants were interviewed face-to-face by interviewers. The questionnaires were divided into two sections i.e. a demographic and a PHC services information section. The study was carried out over an eight month period (from August. 2016 to March. 2017). The questionnaire assessed PHC services utilization component, such as inputs, service deliveries and outputs measures, as well as trends of satisfaction by these services.

The register or computerized/electronic monthly statistical records were examined using a data extraction method to obtain data for further analyses. Descriptive statistics were used to analyze the data. In analyzing the data, an assessment of the structured question's answers on attendance and utilization of PHC services was conducted. Data were imported into SSPS software. Analysis included frequency distributions of different types of answers and the results are presented by making use of bar charts and tables. Statistical significance was set at $P<0.05$.

Results

The total number of patients involved in the study was 268 of whom males and females constituted 102 (38%) and 166 (62%), respectively. The average age of the patients included was 52.17 years (SDσ =17.2). Subjects who were unemployed amounted to 39%. About 37% of subjects relied on income from an unstable job and it was 24% of stably employed patients (Figure 1).

Figure 1. Ranking demographic indicators of selected beneficiaries (according to sex and employment status)
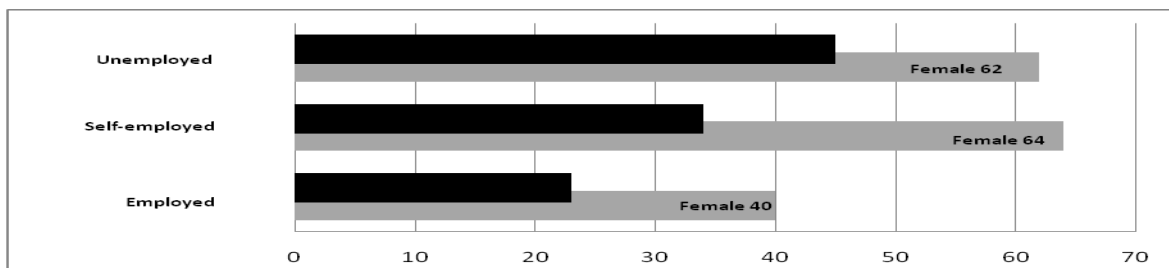
A third of respondents (33%) did not know to whom they should address if they had any problems with regard to health. Other respondents thought, that they know to whom they should refer to primary medical consultation: 22% to primary health care centers, 27% to hospital, and 18% - to a familiar doctor.

43% of patients, participating in the survey, responded to a question about the sources of information about PHC services availability within the Universal Healthcare State Program, that they had got this information from the medical staff, who were visited at home pro-actively; About 25% of respondents were informed about the PHC services financed by the Universal Health Program from the medical staff in the Clinic, when they came to get medical care; 11% got information from mass media; 15% - from other patients, who had already benefited from the PHC services provided by this program and 6% had chosen to answer "other sources" (Table N1).

The duration of continuous registration in the Primary Health Care Institutions, which were represented providers of Universal Health Care Program, was more than 2 years for 59% of respondents, only 9% changed PHC in less than 2 months, and 16% took a decision to register in the new PHC for services in less than 1 year as you saw in table N1.

The majority of respondents, in particular 60%, have used the primary healthcare services for the first 2 years after registration in the PHC (41% for the first year); 21% have not used the PHC services at all, even though they were registered as beneficiaries; 20%, who did not use these services for the first 2 years, had started using these services after 5 years from date of registration (Table N1).

Half of the sample (48%) had not made visits to any primary health center during the previous year. There were 21% who had made 1-6 visits or less per year. 14% had made between 6 and 11 visits and 17% had made 12 visits or more during the previous year (Table N1).

As presented in table N1 only 33% of respondents had used primary healthcare services more often after the enactment of the universal healthcare state program than. Most of them (42%) had used these services with the same frequency as before the program had been initiated.

Table N1. Social attitudes towards interviewed parameters during quantitative survey in whole population (268 respondent) – Part I

PHC services parameters distribution in whole population during quantitative survey (part I)		
Sources of information about PHC services availability within the UHSP	**Number**	**%**
From the medical staff within pro-active communication	114	43%
From the medical staff during a visit to the clinic	68	25%
From mass media	29	11%

From other patients	41	15%
From other sources	16	6%
TOTAL	**268**	**100%**
Duration of continuous registration in the PHC	**Number**	**%**
Less than 2 month	23	9%
During 2-6 month	6	2%
During 6-12 month	15	6%
During 12-24 month	67	25%
More than 24 month	157	59%
TOTAL	**268**	**100%**
First visit time after registration in the PHC	**Number**	**%**
For the first 1 Year	109	41%
For the first 2 Year	51	19%
For the first 5 Year	53	20%
Never visited yet	55	21%
TOTAL	**268**	**100%**
PHC services usage frequency rate in relation of UHSP activation	**Number**	**%**
More frequently before UHSP activation	67	25%
More frequently after UHSP activation	88	33%
Same frequently before and after UHSP activation	113	42%
TOTAL	**268**	**100%**
PHC services usage frequency rate during the previous year (annually)	**Number**	**%**
1-6 visits to PHC doctor per year	57	21%
6-11 visits to PHC doctor per year	37	14%
One or more visits to PHC doctor per month	46	17%
Never visited yet	128	48%
TOTAL	268	100%

The majority of interviewed respondents (56%) positively evaluate the first contact experience with PHC, 40% of them have noted that these experiences were good and 16% - very good (Table N2).

Most of the beneficiaries (57%), who have used the primary health care component of the Universal Healthcare State Program, had noted that only 20%-50% of the healthcare needs of the PHC services are covered by the program. Almost the total volume of PHC services (95-100 % of needs) is allowed only for 4% of respondents. A substantial part of the needs (75-95 % of needs) is covered by the program for 10% of respondents. Less than 20% of needs for PG services 11% of the beneficiaries involved in the survey are eligible for the program. 11% of the beneficiaries, involved in the survey, had received less than 20% of the required level of primary health care services (Table N2).

Table N2. Social attitudes towards interviewed parameters during quantitative survey in whole population (268 respondent) – Part II

PHC services parameters distribution in whole population during quantitative survey (part II)		
The primary healthcare needs coverage by UHSP	**Number**	**%**
Covered by program >20%	29	11%
Covered by program 20-50%	154	57%
Covered by program 50-75%	45	17%
Covered by program 75-95%	28	10%
Covered by program 95-100%	12	4%
TOTAL	**268**	**100%**
Satisfaction rating toward PHC services	**Number**	**%**
Very Unsatisfied	2	1%
Unsatisfied	29	14%
Not Satisfied, Not Unsatisfied	116	54%
Satisfied	47	22%
Very Satisfied	8	4%
TOTAL	**268**	**100%**

| First contact experience (subjective perception) with PHC	**Number**	**%**
Very Negative	16	6%
Negative	38	14%
Not Negative Not Positive	66	25%
Positive	108	40%
Very Positive	44	16%
TOTAL	**268**	**100%**
Rating of Usefulness attitudes toward PHC services	**Number**	**%**
Very Worthless	2	1%
Worthless	98	37%
Not Worthless Not Useful	31	12%
Useful	74	28%
Very Useful	63	24%
TOTAL	**268**	**100%**
Rating of clearness and exhaustiveness of information provided by PHD	**Number**	**%**
Very Unclear/Incomplete	5	2%
Unclear/Incomplete	67	25%
Not Unclear/Incomplete Not Clear/Exhaustive	26	10%
Clear/Exhaustive	123	46%
Very Clear/Exhaustive	47	18%
TOTAL	**268**	**100%**

As the survey results had shown, 54% of beneficiaries from the sample population said that they are neither unsatisfied nor satisfied with PHC services within the state program. Very unsatisfied

and very satisfied beneficiaries were 1% and 4% respectively. The percentage of satisfied patients was 22%, and the unsatisfied – 14%, as you have seen in table N2.

The majority of patients (51%), who had benefited from the provided services, thought that these services were useful; between them, 24% thought that these services were extremely useful. It was difficult to evaluate the benefit of PHC services for 12% of research participants; to the question about services usefulness they had marked the type of answer - "neither useful nor useless". It was quite high and reached 37% the number of respondents, who had evaluated the benefits of medical services, offered by PHC, as unnecessary and worthless (table N2).

Most of the beneficiaries (76%) did not know whether or not they had excessive medical intervention. 20% of participants were convinced that they had been given extra medical intervention (Figure N2).

Figure N2. Attitudes towards excessive medical intervention in PHC in whole population
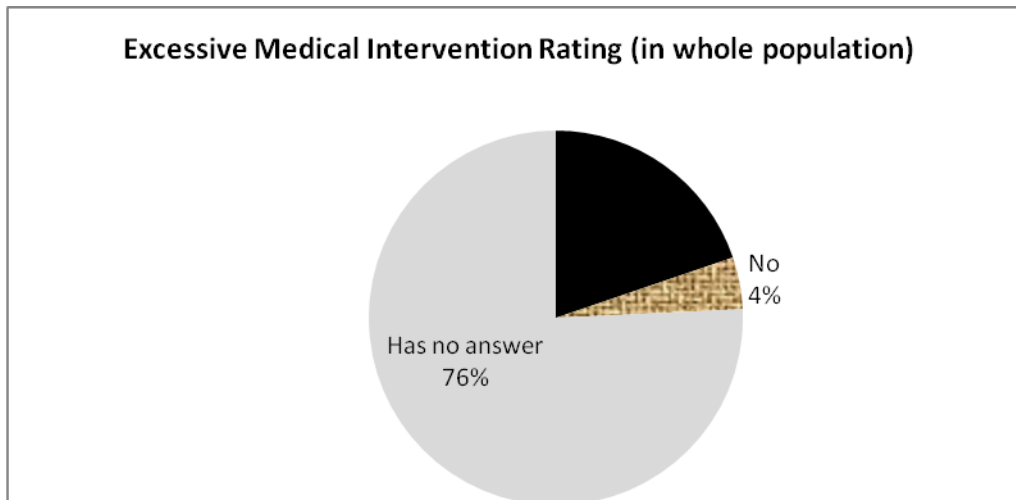
Most of the respondents (46%) had believed that the PHC doctors provide them information about their health management quite clear and exhaustive (18%), but for 25% of beneficiaries the information about their medical status, received from PHC doctors, was remained unclear and incomplete (Table N2).

The average waiting time reported in the survey was approximately 20 to 30 minutes. The waiting time for getting the consultation with the primary healthcare physician was <30 minutes for the 41% of sample, 20-30 minutes for 27%, 10-20 minutes for 23% and >10 minutes for 9% respectively. The ranges of waiting time and consultation time are presented in table 2.

Figure N3. Availability of private health insurance programs together with UHST in whole population

Availability of Private Health Insurance Package (PHIP)
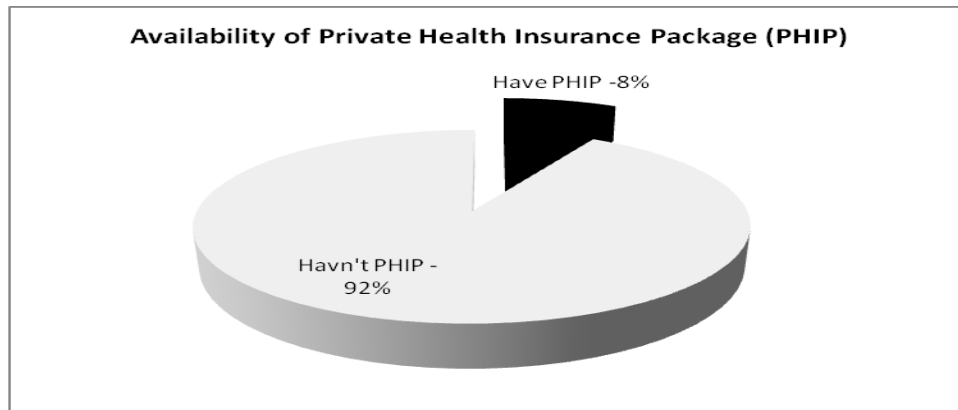
Along with the universal health care services, 8.2% of the respondents had noted, that they applied additional private insurance packages. The remaining 246 respondents (91.8%) had indicated that only the services provided by the Universal Healthcare State Program were available for them (Figure N3).

Discussion

The achievement of universal access to health services, in the many countries where it now exists, has engaged a broad debate. According to Dr. Margaret Chan, WHO Director General: "It (universal access to health services) unifies services and delivers them in a comprehensive way, based on primary health care" (12).

The WHO defines universal access to integrated primary health service delivery as "organization and management of health services so that people get the care they need, when they need it, in ways that are user friendly, achieve the desired results and provide value for money"(10)

It is desirable to raise the financial availability of healthcare services, but it may cause catastrophic costs. In this respect, primary healthcare services must be more widely involved in the universal healthcare program and been expanded their scale of patient's medical needs satisfaction (5).

The measures of utilization of primary health care facilities show, that the majority of the interviewed subjects (52%) visit their PHC doctors at least once annually, but also it is a high level of beneficiaries, who never have visited their PHC doctors yet (48%). This means that the primary

Health care system within UHSP is still unable to perform its vital role in slowdown increasing healthcare expenditure. Data from last researches (6,7) have indicated that countries with a strong system of Primary Health Care (PHC) are more likely to have efficient health systems and better health outcomes than countries that focus strongly on hospital services (1).

Patient satisfaction as a measure of health care is an important outcome measure of effective implementation of the UHC program. It is useful in assessing consultations and patterns of communications. It can also be taken as the proxy measure for the quality of health care.

Our study revealed that the experience of the first contact with the PHC doctor was basically positive: first contact experience (subjective perception) with PHC participants measured as positive in 56%, information about PHC services availability within the UHSP they got from the PHC medical staff within pro-active communication in 43%, the first visit was conducted with a PHC doctor in the first year after UHC Program registration in 41% and duration of continuous registration in the PHC in 84% was >12 month.

Our study is restricted to the views of the users of the primary health services and it identifies various subjective perceptions and attitudes toward first contacts with newly Universal Coverage Healthcare Program. However, it should be taken into account that awareness and the positive attitude obtained during the first contact with primary healthcare system is one of the main factors for the implementation of the system as a gateway. Then again incorporating the views of the users in the management of the health services will lead to fewer unsatisfied users.

However, after the first contact, the PHC services' satisfaction and utilization parameters of further period include challenges: Most of participants (54%) were neither satisfied nor unsatisfied and program has covered less than 50% of the primary healthcare needs for 68% of beneficiaries. It is clear that balance between availability and satisfaction of the primary healthcare needs is violated and outpatient contact rate with primary healthcare per person per year, despite the system's openness, does not grow than 5.8 (4).

The study also identified another important obstacle that greatly is preventing the primary health care system to play a role in facilitating the cost-effectiveness of the entire healthcare system. It operates a monopoly and uniform offer, the system limits competitive offers that can be produced by private insurance sector. Only 8% of beneficiaries from sample have applied additional private insurance packages.

For the purpose of effective usage of the limited funds allocated for health care services provision, together with an annual increase in health care expenditures, the private health insurance schemes should be involved in the UHC program. This will increase competition in the medical market, and enhance the quality of health service (3).Conclusion

One of the measures of the quality of health care may by assessing client satisfaction. In this study, we have attempted to assess the level of satisfaction of the users of PHC services within newly for country (Republic of Georgia) UHCP.

It is important to ascertain the level of PHC services utilization and reasons for non-utilization. These have to be addressed and looked into in order to improve utilization. In resource-constrained set-ups like in all developing countries, all efforts should be undertaken to bring about the maximum efficiency of primary health care delivery.

References

1. Alma Ata Declaration on Primary Health Care. http://www.who.int/publications/almaata_declaration_en.pdf.
2. Batbaatar E, Dorjdagva J, Luvsannyam A. et al. Determinants of patient satisfaction: a systematic review. Perspect Public Health. 2017 Mar;137(2):89-101.
3. Duns G. Constructing quality health policy. Aust Fam Physician. 2015 May;44(5):261.
4. European Health Informational Gateway. Outpatient contacts per person per year. Online resource. January 2018. https://gateway.euro.who.int/en/indicators/hfa_543-6300-outpatient-contacts-per-person-per-year/
5. Hone T, Macinko J, Millett C. Revisiting Alma-Ata: what is the role of primary health care in achieving the Sustainable Development Goals? Lancet. 2018 Oct 20;392(10156):1461-1472. doi: 10.1016/S0140-6736(18)31829-4.
6. Martin-Misener R, Valaitis R, Wong ST, et al. A scoping literature review of collaboration between primary care and public health. Prim Health Care Res Dev. 2012;13:327–346.
7. Örsal Ö, Duru P, Örsal Ö et al. Analysis of the relationship among health awareness and health literacy, patient satisfaction levels with primary care in patients admitting to primary care health centers. Patient Educ Couns. 2019 Feb;102(2):376-382.
8. Shi L. The impact of primary care: a focused review. Scientifica (Cairo) 2012, http://dx.doi.org/10.6064/2012/432892.
9. Simou, Effie PhD; Pliatsika, Paraskevi MSc; Koutsogeorgou, Eleni MA; Roumeliotou, Anastasia PhD. Quality Indicators for Primary Health Care: A Systematic Literature Review. Journal of Public Health Management and Practice: September/October 2015 - Volume 21 - Issue 5 - p E8–E16, doi: 10.1097
10. Vega J. Universal health coverage: the post-2015 development agenda. Lancet. 2013;9862:179–180.
11. William Hogg, MSc MClSc MD CM FCFP. Improving measurement of primary care system performance. Can Fam Physician. 2011 Jul; 57(7): 758–760.
12. World Health Organization What is universal health coverage. Online resource. October 2012. http://www.who.int/features/qa/universal_health_coverage/en/ (accessed March 29, 2014).