Administrative and reporting tasks of family physicians in Europe

Imre Rurik and László Kalabay

University of Debrecen
Medical and Health Science Center
Faculty of Public Health
Department of Family and Occupational Medicine
4032 Debrecen, Móricz Zs. út 22., Hungary
Phone/fax: +36 52 25 52 52
E-mail: Rurik@med.unideb.hu

Semmelweis University
Faculty of Medicine
Department of Family Medicine
1125 Budapest, Kútvölgyi út 4.
Phone/fax: +36 1 355 85 30
E-mail: Kalasz@kut.sote.hu

Background: The administrative tasks of health professionals have been increasing continuously worldwide. This increase has been experienced in the primary care as well.
The electronic health records and hard copies are managed and stored often parallel. Electronic health records are considered more precise for date managements and statistics.
The administrative and reporting tasks of family physicians are regulated by rules and contracts, depending from the respective countries.
Research question: The aim of the evaluation was to compare the recent administrative tasks in the primary care in European health systems.
Methods: A questionnaire with 21 questions was constructed on the main domains of administrations. Family physicians from 22 countries of the European General Practice Research Network were asked to fill a questionnaire regarding their countries.
Job status; type of finances and/or salary; insurance companies or health authorities to whom the reports should be sent; required frequency of reports; topics included; identifying the patients, diagnostic procedures, treatment; sick leave; prescription form and coding the receipt; reimbursement of drug prices; existing free medication system (depending from type of illness or income of patients); referral system to specialists or hospitals; GP's budget.
Results: The results of their answers regarding the domains are presented in the tables and were analyzed, comparing countries and insurance systems.
Conclusions: Different systems exist in Europe therefore comparison is problematic. No clear relations were found between administrative workload and number of insurance companies. Financial data and epidemiological data are rarely consistent. It seems that state operated primary care systems need less administration. Existing primary care systems are working in very different administrative circumstances.

Background: Data management and recording represent an important part of daily workload of Primary Care Systems (PCS). There are structural, financial, and traditional differences between health systems of the countries.
Aim: A comparison between some administrative elements of PCS has been planned between European countries, who are members of the European General Practice Research Network [www.egprn.org].
Method: In 2007, family physicians (GPs) from 22 countries of the European General Practice Research Network were asked to fill a questionnaire regarding their countries. A questionnaire with 21 questions was constructed about the main domains of administrations, and insurance systems.
Results GPs are **employed** in 13 countries. In the others, they are **contracted** with 1-250 insurance funds or companies.
Their **activity report** should contain:
- names of the patients: in 5 countries
- coding (identity, insurance ID, birth date): in 5other
- referral to specialists or hospitals: in 9 countries.

Sick leave does not have to report only in 2 countries.
In 6 countries the **ICD code** should be indicated on the prescriptions form.
Receipts are handwritten or printed, in 6 countries yet Latin, in others native languages are used.
Option agreement on price of drug is needed in 3 countries.
Free medical system (without any co-payment of patient) exist in 11 countries.
GPs have a **financial budget** in 5 countries.
The results of their answer regarding the other domains are presented in the table.
Conclusions: Different systems exist in Europe, therefore comparison is problematic.
Existing primary care systems are working in very different administrative circumstances.
No clear relations were found between administrative workload and number of insurance companies.
It seems that state operated or employee managed primary care systems need less administration.
Financial data and epidemiological data are rarely consistent.
During continuous development, the regulations and practice may have changed in the last 2 years, since our evaluation.
Similar platform and guideline should be developed in all countries, to decrease the useless administration. Only those data should be reported, which may have important financial or epidemiological consequences.

Acknowledgement
Thanks to the **EGPRN** National representatives who participated in the study and to Johan Wens (Belgium) and Theresa Pawlikovska (UK).

1	country → / question ↓	AUS	BEL	BUL	CRO	CYP	DEN	EST	FRA	GER	GRE	HUN	ITA	LIT	MAL	NL	NOR	POL	POR	SER	SLO	SVE	SWI	UK
2	**Finances of GPs is based on?** fee for service: **ffs,** mixed: mix, capitation: **cap,** salary: **sal**	ffs	ffs	cap + extr	cap	cap	sal	ffs	ffs	mix	ffs	cap	95 %cap 5% ffs	cap	Cap (gov) ffs (priv)		ffs	cap	sal	ffs	cap	sal	ffs	cap
3	Number of insurance companies contracted with GPs	5	1	1		no	0	1	1	253	many	1	1 nat	2	no	10?	Social security for all	1	No	1	4-Jan		85	NHS
4	**How does pay to GPs?** insurance contracted: Ins. state employed: St, private: Pri	Ins	-	Ins	Ins	St	St	Ins	Pri	Ins	NHS + pri	Ins	St	St	St	Ins	St	St-NHS	St	St		County	ins	St
5	Data should be provided to	Ins	No	Ins		St	St	Ins	no	regional sickfund	Ins / priv	Ins	St-region	St	no	Ins	No	St	St	St	St	no		St
6	**In which way?** by internet: **I,** sending disc: **di**	I	no	di	I		I /di	I	no	I/di		di	paper	letter		I/di		I	I	I	I		I	I
7	**How often?** daily: **D,** weekly: **We** monthly: **Mo**, 3 monthly: **Qu**	Mo Qu	no	Mo	D		We	Mo	no	Qu		We Mo	Mo	Mo		Mo		D	Dg, Proc, dg	Mo	Mo		W	We/ Mo/ Qu/
8	**what about?** Diagnoses **Dg, proc**edure, therapy **th**	dg	no	dg, proc, sick	proc/sick			dg, th, proc,	no								no	Dg ,th		?	Dg, proc, sick epid date			
9	**in activity report should be included:**		no	name					no	billing code, insur ID								Y				no		
	name of patients if yes: **Y, insurance identity number IID**	Idd			IID		IID	Y				Y	Y	Y					Y					
	birth date if yes: **Y**	Y		Y				Y				Y		Y				Y	Y	Y				Y
	prescribed **drug**			Y	Y					No		Y	Pharma	Y				Y						Y
	diagnoses to be set up	Y		Y	Y		Y	Y				Y		Y					Y	Y				
	ICD code			Y	Y			Y		Y		Y		Y		no		Y	Y/ ICPC	Y	Y		local	
	others	proc.					Y	Y					Y											
10	-in case of **sick leave**				D				no	D		Y	Pat						Qu				employee	
	name							Y				Y		Y	Y			Y					Y	
	period	Y	Y	Y	Y		Y	y		Y		Y		Y			Y	Y	Y	Y	Y	Y	Y	Y
	diagnoses	Y	Y	Y				no		Y		Y		ICD	On certific		Y		Y	Y		Y	Code	Y
					time			Y spec code																
11	referring to specialist: type of specialty	No	No	type spec	spec			spec		type		Y	No				No	Unit		Code		no		
	name of specialist						Y		Y										no	Y	Y			
	code											Y			Dg									
12	**-sending to hospital?**	No	Same	referral							local	Y	No	No				name		Code		no		nearest
	name of hospital			pat have to choose	Y			Y	Y	name (nearest)		Y			Y		Y		Y	Y		Y		Y
	code											Y												
13	Writing receipt/prescription form							both				Y												
	handwritten	Y	Y				Y			Y	Y	Y	Y	Y	Y			Y	Y	Y		Y	Y	
	computer printed	Y	Y	Y	Y		Y		Y	Y	3 Mo	Y	Y				Y	Y	Y	Y	Y	Y	Y	Y
	Prescription period prescribed amount of drug	1-2 box	no	1 mo	1 Mo		1 y	2 Mo	1-6 Mo	pack size	no	3Mo	1-2 Mo	3mo	2mo	needed	1m-1y	-14day	6 mo	1-2mo	3mo	1y	12mo	3-6y
	Barcode recorded	no		other	Y		no		no			priv		Y	No	No	No				No	No	No	No
	prescription recorded in files	no		Y	Y		no	Y	Y ?	recommended	no	Y								Y				
	language of prescription			both	lat	nat/lat	nat	lat	nat	nat/lat	nat	lat	nat				nat	nat	nat		Latin	Native	Native	Native
	ICD on receipt	no	no	Y	Y	no	no	Y	no	no	no	Y	Ins code	Y	no	no	No	no	no	Y	no	no	no	no
		brand name						pharm name																
14	**patient's file** are recorded																							
	electronically	mostly	Y	Y	Y		Y	Y		billing	Y	Y	Y		Y	Y	Y		Y	Y		Y	Y	Y
	handwritten	few	Y 50%							others possible		Y		Y				Y	Y	Y	Y	Y		Y
	daily list of patients is recorded	no	no	Y	Y				no	no	Y ??		no	Y		no	no							
15	**option agreement** when prescribing medication	N	no	no	no	only HC	no	pharmacol name	no	no (pharm suggest gener)	no	Y	no	no	no	no	no	Y	no		No	No	Y	
	co payment of patients for drug	4.7€/ box	10-75%	60-80%	15%	all	all cov	50-90%	partly	pharmacy	all insur	Y	yes	part		part		all cov	part	part	part		part	no
	drug is covered by insurance company?											part		charity	Chronic by state		all, partly							Part cov
16	existing systems for **free medication** based on social reasons or diagnoses based	Y income based	max 90%	Y	Y	75% of population		no	Y		Y	Y	Y		Y	compensate	Y	diab, psyc, oncol	Y		no	no	Y	Y
17	**reimbursement** directly through	Pharm		Y				50-90% Phar				Pharm												
18	-drugs reimbursed by insurance		Pharm					Pharm	both		Pharm 0, 10,25 %	Pharm	Pharm 90-95%	Pharm 70%	No	some 80-20%	Phar 50%	30-50%		Phar	Phar	Nat insur	co later 10%	no 6,8 GBP/item
19	-drugs without payment	Tbc	Insulin diab antibiot	insul	Y	St		no some drugs 1.2€	70-100% No	no	Y	Y	no	insul		Y	Y			Y	Some compl	Y OTC	Y	No
20	How often has a patient right to **change doctors (GP)**?	3 Mo	daily	6 Mo	yearly	yearly		60 day	free	no limit 10€	no list	Mo	as they want	monthly			Yea 1-2x	6mo		Y	Y	D	Mo	Can go
	How should it be reported?	no	no	Dr	by pat	Dr		Dr	pat	no		Dr	authority	pat		pat	Dr	Dr		agreement patient	Dr	no insur	no	agreement
21	Is any **GP budget** for drug prescription?	no	min 30% generic	no	Y	no	no	no	no	Y	no	planned	no	earlier	no	no	?	no	no		control	no	?	cont
	country → / question ↑	AUS	BEL	BUL	CRO	CYP	DEN	EST	FRA	GER	GRE	HUN	ITA	LIT	MAL	NL	NOR	POL	POR	SER	SLO	SVE	SWI	UK