



Primary Care Evaluation Tool Slovakia

Overview of results

Launch meeting, Vysoké Tatry , October 11th 2012

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PCET: sources of information

- **National level**

 - questionnaire and consensus meeting

- **General Practitioners (GPs)**

 - questionnaire for samples of GPAs and GPCs

- **Patients in PC**

 - questionnaire for patients attending PHC

Slovakia: nationwide implementation



Response

	Total
GPA s	235
GPC s	118
Patient s	2224

Primary Care Dimensions

1. Governance

Vision, legislation and regulation

2. Resource Generation

Human and material

3. Financing

Funding and payment mechanisms

4. Service delivery

Accessibility, workload, care coordination, continuity, comprehensiveness and quality

1. Governance

- No separate department within the MoH for PC
- Little specific PC policies developed (only in 2006)
- Differences in provision of services at district level
- Since 2008 formal requirements for staff and equipment
- Formal requirements exist for working in PC
- Obligatory 5 year recertification scheme
- No norms for GP practice size
- No gatekeeping role since 2010

1. Governance (2)

- No obligatory complaints procedure for patients exists
- Several legislative documents describe patient rights
- Patient advocacy organizations exist
- Little awareness about patients' rights among patients and providers

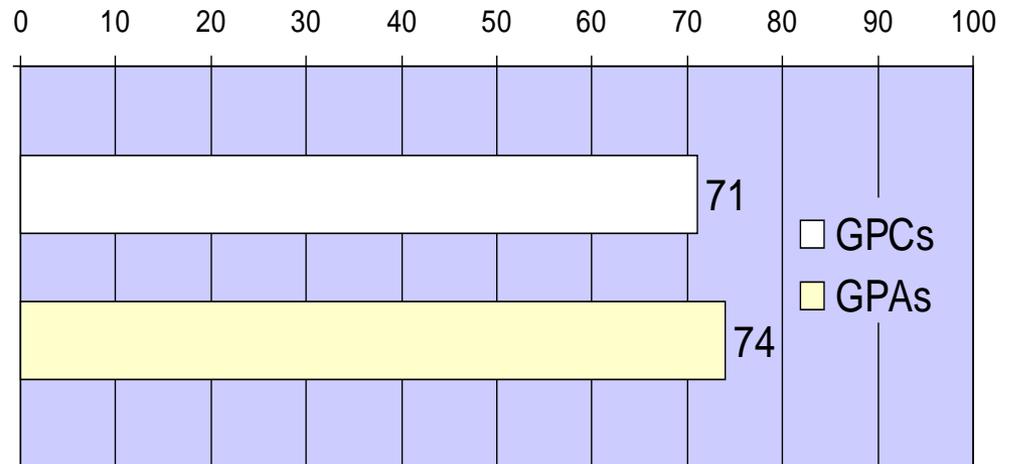
2. Resource Generation

- Less than 20% of physicians work as GP
- 4 Medical faculties
- Family Medicine is not recognized as scientific speciality
- 39 month postgraduate general medicine programme
- Paediatric graduates can work as GPC, 60 month specialization possible
- In 2009 10% of medical students enrolled in general medicine

2. Resource Generation (2)

- Shortages in GPs are foreseen:
 - GPs are old
 - large-scale retirement
 - Inflow is low

% of GPs over 50 years of age



3. Financing and incentives

PC financing and payment

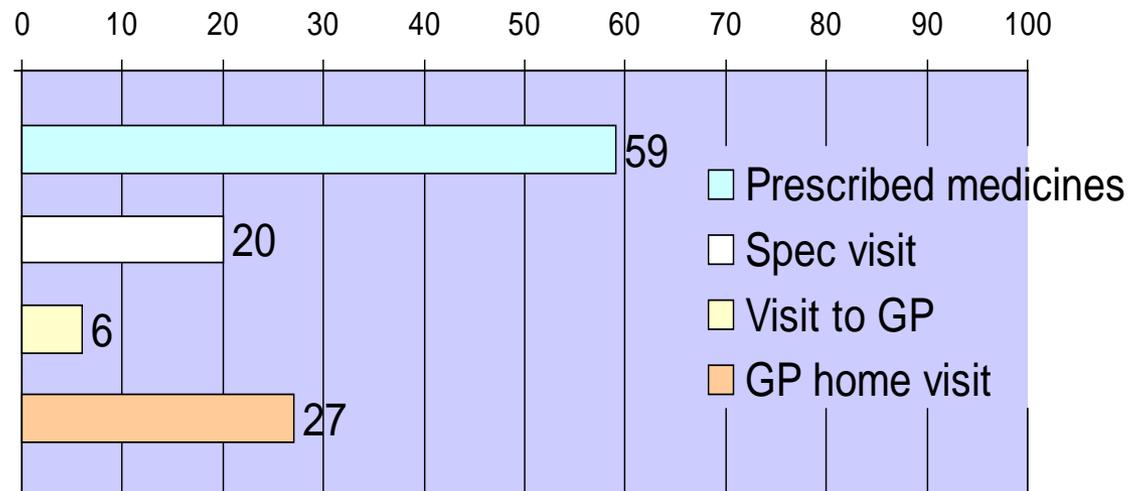
- 4.4% of health budget for PC in 2009
- Mixed payment system for GPs in place
- Payment is not related to performance
- Extra payment for prevention activities

3. Financing and incentives

Patients

- Health benefit packages are comprehensive for service utilization
- Co-payments exists for drugs

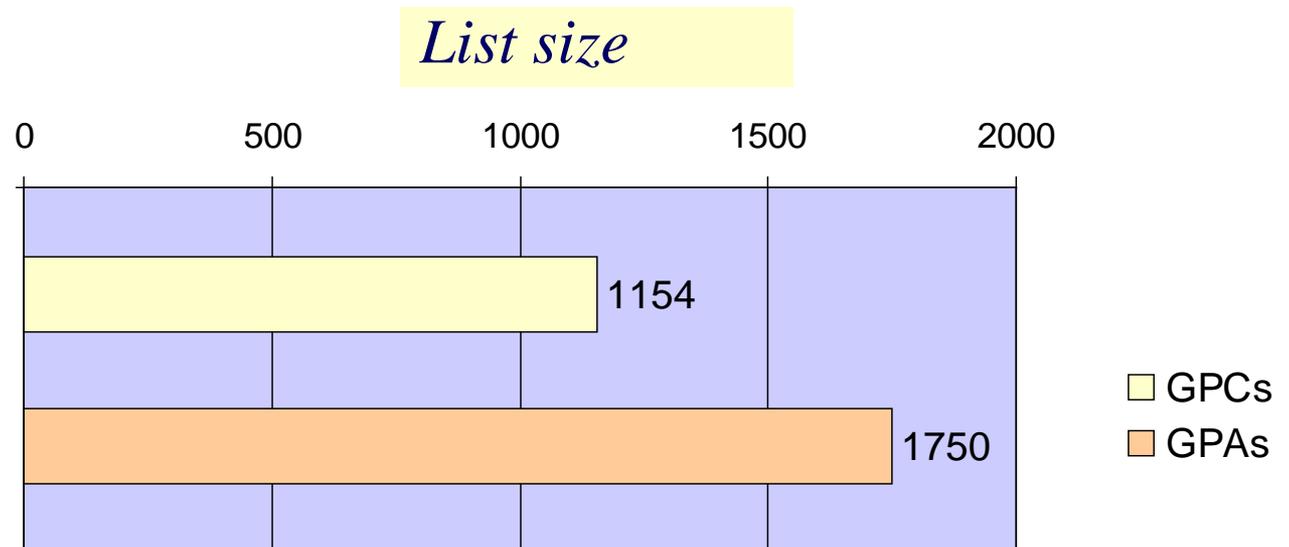
Indicated co-payments



4. Service delivery

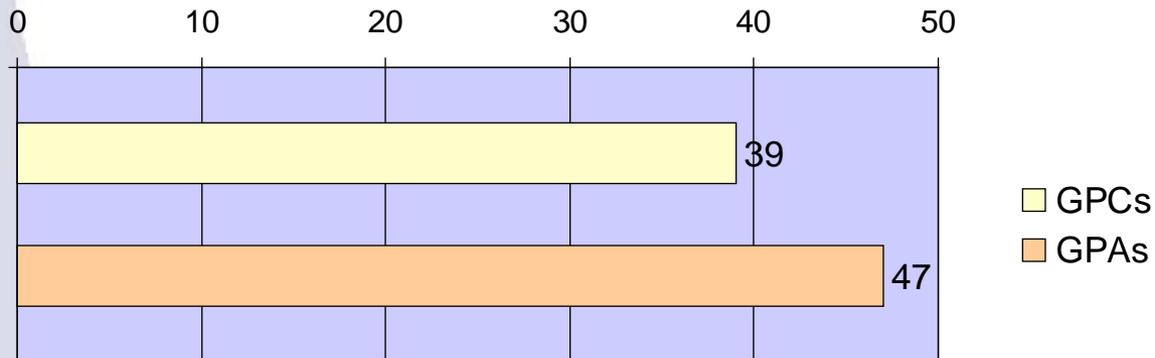
Workload

- GPs have higher list size and workload

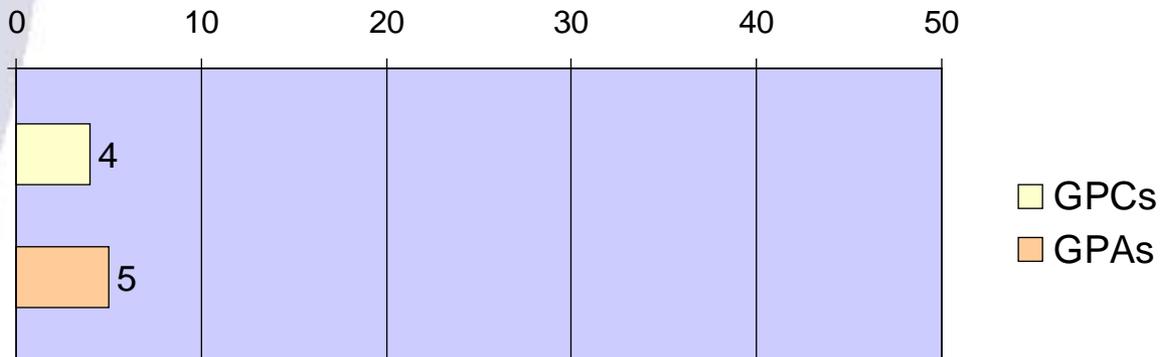


4. Service delivery (2)

Patient contacts per day



Home visits per week

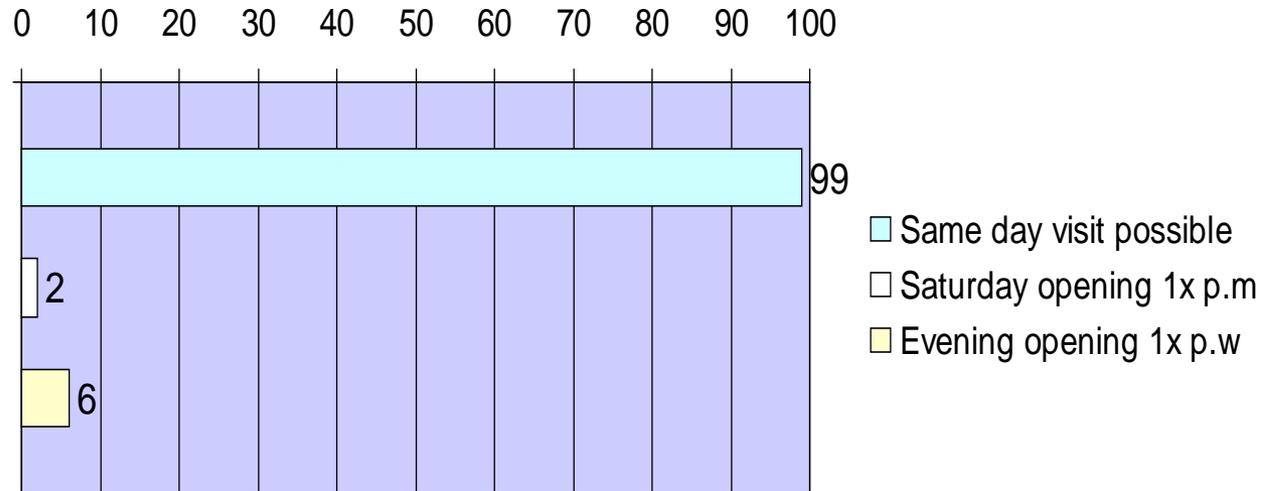


4. Service delivery (3)

Access

- GPs indicate good access

Access according to GPs



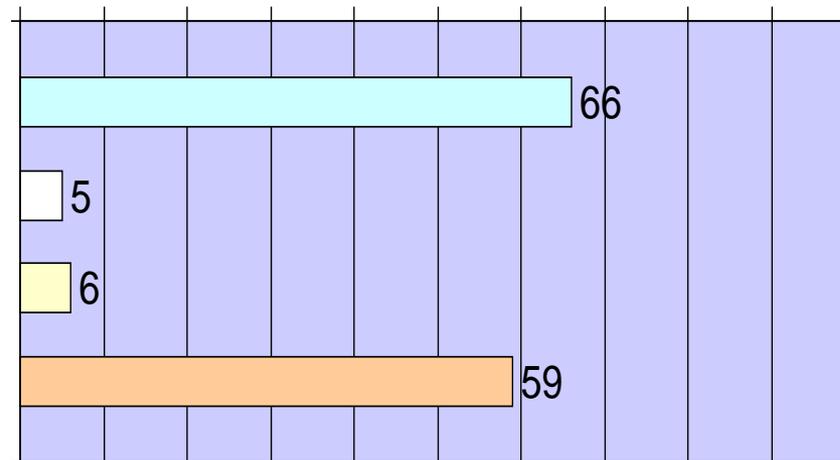
4. Service delivery (3)

Access

- Patients are less positive about access than Gps
- 67% reaches GP within 20 minutes

Access according to patients

0 10 20 30 40 50 60 70 80 90 100



- Same day visit possible
- Saturday opening 1x p.m.
- Evening opening 1x p.w.

4. *Service delivery* (4)

Quality of practice

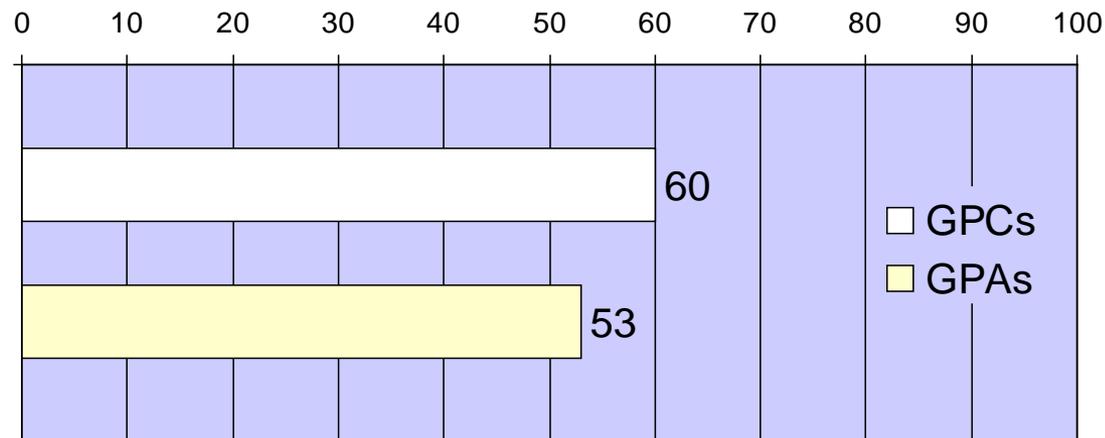
- No good access for wheelchairs (48%)
- Waiting room not convenient (45%)
- No complaintsbox in the practice (86%)
- Waiting times are too long (38%)
- Opening hours always clearly indicated (90%.)
- Practice has insufficient medical equipment (48%)

4. Service delivery (5)

Continuity of care

- Medical records are well kept, but not always digital
- Not easy to retrieve information by categories of patients

% easy to generate information



4. *Service delivery (6)*

Coordination of care

- GPs usually work in one building with other PC workers
- Diagnostic facilities are often shared
- Regular meetings most frequent with other GPs and pharmacists.
- Just under half (45%) has regular meetings with a practice nurse

4. *Service delivery (7)*

Coordination of care

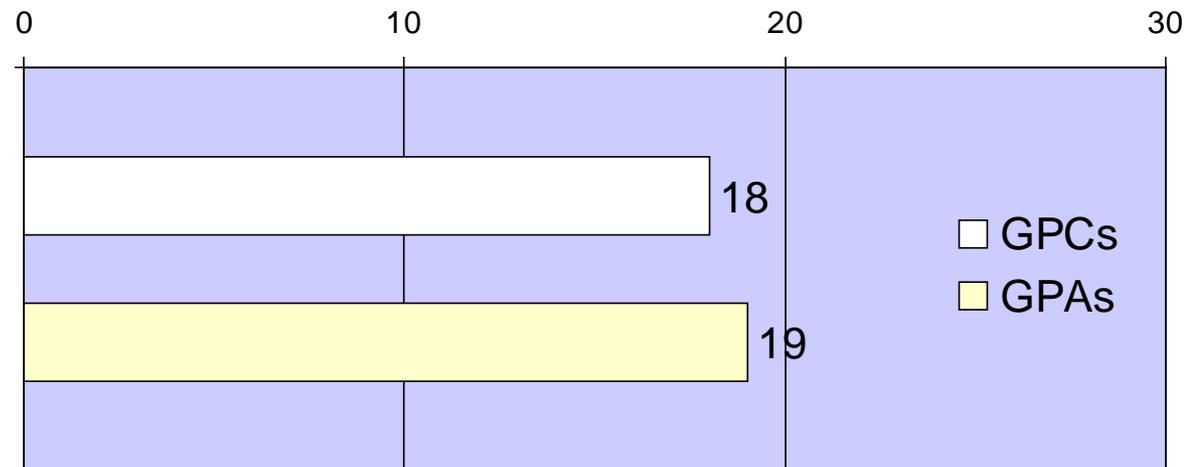
- GPs frequently ask advice from medical specialists
- Referral rates are high (in particular GPCs)
- Connections between GPs and community representatives are scarce

4. Service delivery (8)

Comprehensiveness

- GPs are equipped at a medium level

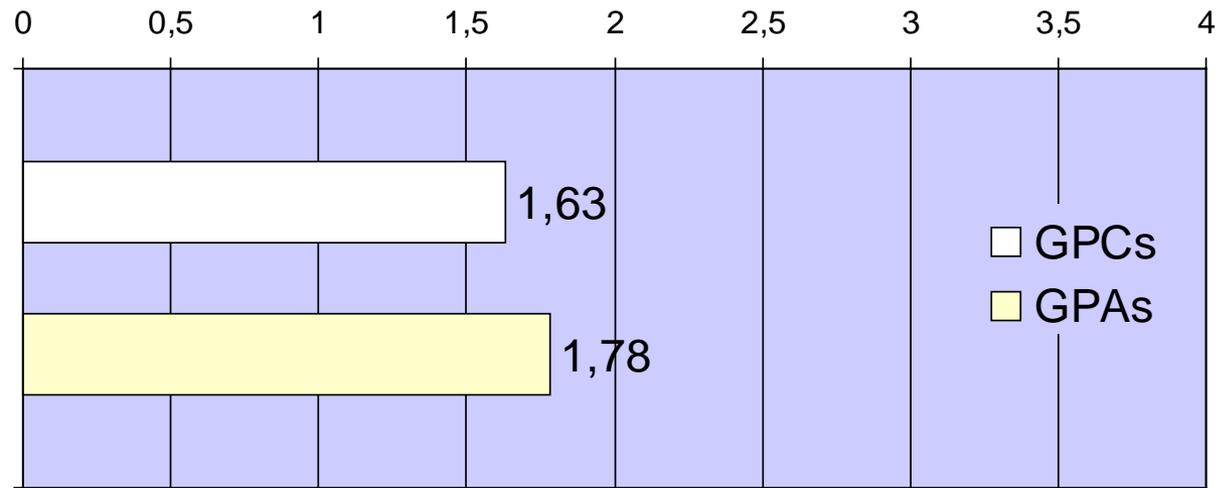
*Available medical equipment
(from 30 item list)*



4. Service delivery (9)

- GPs have a weak role as the doctor of first contact

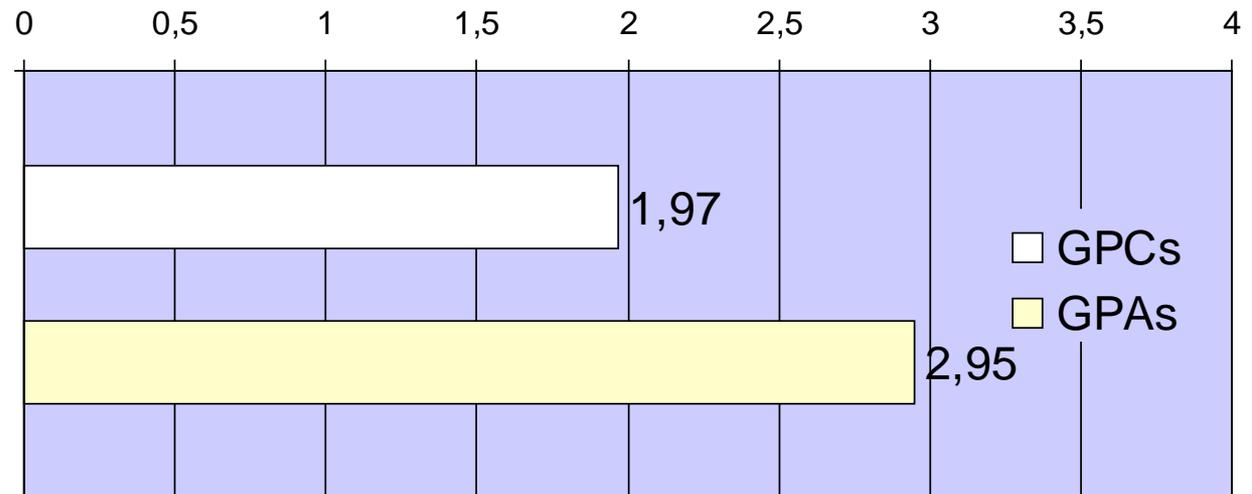
*First contact for various health problems
(from 18 items list)*



4. Service delivery (10)

- GPs have a stronger role in treatment of diseases

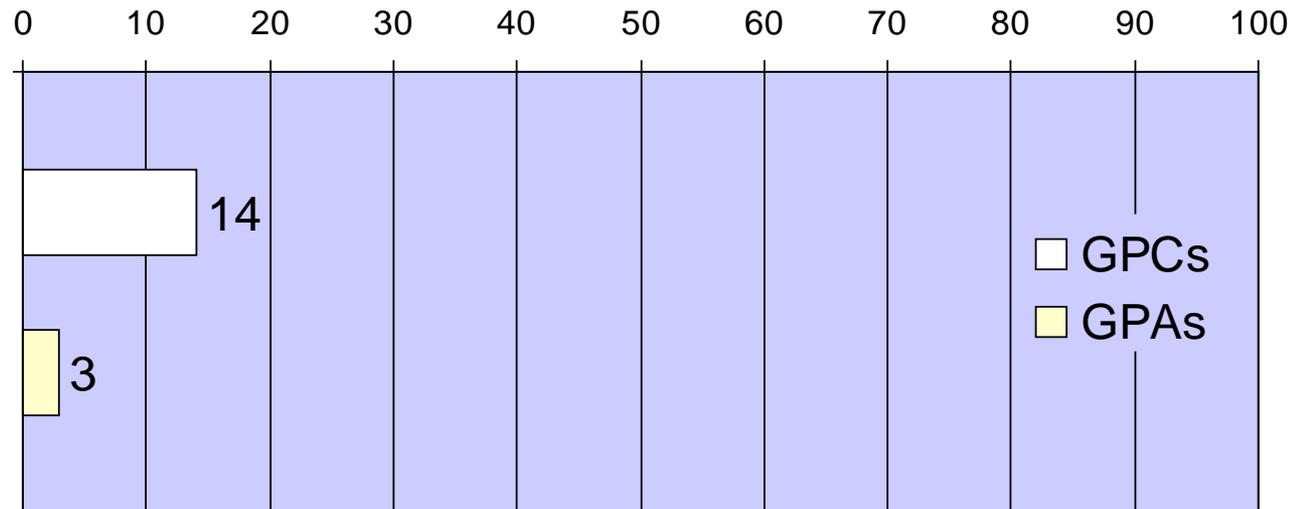
*Active role in treatment of diseases
(from 20 item list)*



4. Service delivery (12)

- GPs are very sparsely in family planning / contraception advise to their patients

% GPs indicating to provide these services



THANKS TO

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- Fieldworkers
- Members of the National Working Group
- 353 GPs
- 2.224 Patients throughout Slovakia
- ... and all others involved!