

## Evaluation of patient referrals to family physicians in Georgia

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A – Study Design, B – Data Collection, C – Statistical Analysis, D – Data Interpretation, E – Manuscript Preparation, F – Literature Search, G – Funds Collection

**Summary Background.** Adequate utilization of primary care directly reflects the health status of the population. In Georgia (Republic), many patients seek care without a referral by a primary-care provider, and as a result, patient referral rates to family physicians are low. A tendency of patient self-referral behavior may reduce the effectiveness of the healthcare system.

**Objectives.** The purpose of the research is to study the problem of the low rate of patient referrals to family physicians in Georgia.

**Material and methods.** Within the quantitative survey, 20 family physicians and 300 patients were interviewed through a semi-structured questionnaire in different regions of Georgia.

**Results.** Patient referral rates to family physicians are low. 15% ( $n = 3$ ) of family physicians recognize that patients often address them only for a referral to specialists. Only 5% ( $n = 3$ ) of family physicians provide preventive consultations on occasion and 50% ( $n = 10$ ) – in the case of need only. 70% ( $n = 14$ ) of family physicians think that their remuneration is not adequate for their work and that they work more than they are paid. 35% ( $n = 105$ ) of respondents in the case of a health problem address both a family physician and a specialist-physician. 42% ( $n = 126$ ) of patients visit a family physician once a year or do not visit at all, and 47% ( $n = 141$ ) of patients believe that the family physician institute needs some changes.

**Conclusion.** The result suggests that the low rate of patient referrals to family physicians is due to distrust towards family physicians, which is related to a lack of qualification of physicians and low public awareness of the competence of the family physicians. Due to inadequate reimbursement, family physicians do not have enough motivation to provide adequate service, and the lack of continuous professional education negatively affects their professional development. It is recommended to raise public awareness about primary care, to introduce effective methods for payment of family physicians and to increase the role and affordability of continuous professional education.

**Key words:** primary health care, family practice, referral and consultation, Georgia (Republic).

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## Background

Health care system orientation to primary care has a positive effect on the continuity and coordination of medical services, which simultaneously reduces the cost of unnecessary specialized services and improves the health of the population. In a health care system focused on primary health care, the role of family physicians as a gatekeeper increases. In such a system, the patient tries to apply firstly to a family physician, then, if necessary, apply for specialized services to specialists.

Studies have confirmed that in a health care system where referral to special medical care is performed through a family physician, the health care costs decrease [1, 2], and continuous medical supervision is at a high level. Patients who are under the permanent supervision of a primary care physician are less likely to need specialized services or hospitalization [3–5]. The need for urgent medical care is less in patients who utilize regular primary health care services [6, 7]. Thus, primary care is considered as a mechanism for preventing health care costs, which is important for a low-income country like Georgia [8, 9].

One of the most important components of assessment of the effectiveness of medical care is the patient referral rate to family physicians. It aims to analyze how often the population

applies to primary health care institutions. Studies show that the primary healthcare system in Georgia has failed to develop under the standards that have been applicable in many developed countries for several years [10–12]. This is confirmed by the fact that the patient referral rate to family physicians is 3.6 (up to 7.5 in European countries), which is due to the fact that patients have less motivation to address the primary care physician for prevention. Patients prefer hospital services [13–15]. It is obvious that the low development of primary care and family physician institutes is negatively impacting the health status of the population and health care costs [16–18].

## Objectives

The purpose of the work is to study the problem of the low rate of patient referrals to family physicians in Georgia. The objective of the research is to identify the factors that cause low confidence in family physicians.

## Material and methods

The research is a cross-sectional study and is concerned with the problems in primary care in Georgia (Republic). Within



the quantitative survey, 20 family physicians and 300 patients (enrolled in a family physician's list) were interviewed under a semi-structured questionnaire in different cities and regions of Georgia. The random selection method was used for selection of the survey contingent. The questionnaire for this study was developed based on a review of literature and specificities of the primary health care system in Georgia. After the questionnaire had been built, the information of respondents was collected by a convenient sampling method. The data was then processed by SPSS software.

The main limitation of the survey is the fact that it was conducted in only a few cities/regions due to lack of time.

The protocol for the research project was approved by the suitably constituted Ethics Committee of the Ilia State University, within which the work was undertaken and conforms to the provisions of the Declaration of Helsinki of 1995.

## Results

### Family physicians' survey results

Within the scope of the survey, 20 family physicians were interviewed. About 60% ( $n = 12$ ) of respondents serve 10 to 15 patients per day. 15% ( $n = 3$ ) of family physicians recognize that patients often address them only for a referral to specialists. The survey makes it clear that only 5% ( $n = 3$ ) of family physicians provide preventive consultations on occasion and 50% ( $n = 10$ ) in the case of need only (Table 1).

	<i>n</i>	%
The number of patients received by a family physician during a day		
Less than 10	1	5
From 10 to 15	12	60
More than 15	7	35
The patients often address the family physicians only to receive a referral to a specialist		
Yes	3	15
No	5	25
More or less	11	55
Not sure	1	5
Do you provide preventive consultations to your patients?		
Sometimes	3	5
Only in case of need	10	50
I have no time for such consultations	7	35
Assessment of remuneration by the interviewed physicians		
Low remuneration	13	65
Satisfactory remuneration	6	30
Good remuneration	1	5
Adequacy of remuneration as assessed by the interviewed family physicians		
Works more than paid	14	70
Pay is adequate to the work	1	5
Works somehow less than paid	5	25
Whether family physicians have nurses?		
Yes	8	40
No	12	60
Do you have career development, professional improvement opportunity?		
Yes	0	0
No	7	35
More or less	10	50
Not sure	3	15

Do you attend educational programs for family physicians?		
Yes	3	15
No	7	35
More or less	6	30
Not sure	4	25
Do you follow medical news through medical journals and articles?		
Yes	10	50
No	0	0
More or less	9	45
Not sure	1	5
Do you get updated guidelines via the Internet?		
Yes	7	35
No	6	30
More or less	7	35
Not sure	0	0

Physicians have named low pay the reason for low motivation. One of the ways to solve existing primary care problems is an increase in salaries. The majority (65%,  $n = 13$ ) think that their remuneration is low. In addition, 70% ( $n = 14$ ) of family physicians think that their remuneration is not adequate to their work and that they work more than they are paid.

The survey found that 60% ( $n = 12$ ) of family physicians do not have nurses. Considering that nurses play a significant role in providing services, their absence in the family medicine team negatively affects the quality of service, and therefore the patient's satisfaction. 50% ( $n = 10$ ) of family physicians think that they are more or less able to improve professionally, but 35% ( $n = 7$ ) do not have the opportunity to do so. 35% ( $n = 7$ ) of respondents cannot participate in educational programs for family physicians. 50% ( $n = 10$ ) of family physicians are familiar with medicine news through medical journals and articles, and 45% ( $n = 9$ ) are more or less familiar. It is noteworthy that respondents over 51 years of age do not follow the news on the Internet.

### Patient survey results

56% ( $n = 168$ ) of the interviewed patients were female and 44% ( $n = 132$ ) male. The majority have higher education (73%,  $n = 219$ ). The health status of 48% ( $n = 144$ ) of respondents is average. 35% ( $n = 105$ ) of respondents in case of a health problem address both a family physician and a specialist-physician. At the same time, 30% ( $n = 90$ ) of respondents will directly address the physician. 42% ( $n = 126$ ) of respondents visit the family physician once a year or do not visit at all. When asked if they trust the family physician, most of the respondents (36%,  $n = 108$ ) were not sure what to answer. The majority of respondents 47% ( $n = 141$ ) believe that the family physician institute needs some changes (Table 2).

	<i>n</i>	%
Gender		
Female	168	56
Male	132	44
Education		
Secondary education	81	27
Higher education	219	73
Health status		
Good	120	40
Average	144	48
Not satisfactory	36	12
Who will you mainly address in case of health problems?		
Family physician	60	20
Specialist-physician	90	30
Sometimes a family physician, sometimes a specialist-physician	105	35
Self-medicate	45	15

	n	%
How often do you address to a family physician during a year?		
Once or not at all	126	42
2–5	72	24
6–8	42	14
9–10	54	18
11 and more	6	2
Do you have confidence in your family physician's qualification?		
Yes	101	34
No	91	30
Not sure	108	36
How would you rate the family physician institute?		
Positively	90	30
Requires some changes	141	47
Negatively	54	18
Not sure	15	5

## Discussion

The survey has shown that the rate of visiting a family physician in Georgia is lower compared to other countries. A significant part of the patients visit a family physician once a year or do not visit at all. In the case of health impairment, patients try to directly visit the specialist-physician, bypassing the family physician. The patient more often applies to specialized medical services (hospital, physician specialists) by him/herself. The existing system does not contribute to the reduction of self-referral to specialized medical services.

It is noteworthy that a greater share of respondents rarely addresses the family physician for consultation with the purpose of prevention. Family physicians are less likely to take preventive measures. This reduces the efficiency of medical care, since early detection of illness cannot be provided by preventive measures. The low rate of patient referrals to family physicians in Georgia may be due to a lack of confidence in the quality of medical care. According to family physicians, the mistrust and low satisfaction of patients are not only due to them, but also due to the fact that patients do not like the infrastructure of outpatient medical facilities, as well as standing in a queue to visit the family physician. Another important factor is also the established stereotype that family physicians are less professional than specialist-physicians. At the same time, according to family physicians, their load exceeds their pay. It should be taken into consideration that the majority of family physicians do not have a nurse and take on the work themselves.

The situation is aggravated by the fact that employers are less likely to support professional growth of family physicians. Consequently, family physicians do not have the opportunity to improve and develop skills, which is very important for people employed in medicine, as well as in any other field. The study shows that the administration of medical facilities is less interested in the problems of family physicians. Consequently, the problems are not identified, each particular issue is not re-

viewed and analyzed, and the paths toward a solution are not searched for.

A separate problem is the fact that continuous professional education in the country is not mandatory. In addition, for some physicians, the academic and educational programs are not affordable, as participation in them is paid.

The study shows that a family physician's pay is low, which hinders the development of the family physician institute in the country. The physician's financing method is one of the key leverages to effectively implement health care services. It is advisable to introduce combined methods of pay for primary health care, i.e. funding other than the remuneration method (targeted remuneration and so on). Special attention should be paid to the methods of incentive remuneration of physicians to carry out prophylactic measures for beneficiaries.

The patient referral rate to family physicians in Georgia is low. Patients are trying to address specialist-physicians directly, bypassing the family physician. Most rarely address a family physician for prevention. Family physicians are less likely to take preventive measures. The low role of a family physician reduces the effectiveness of medical care, as it is not possible to detect illness early by preventive measures. Patient self-referral has a negative effect on the health of the population, reduces the quality of medical care and increases health care costs.

The low rate of patient referrals to family physicians may be due to a lack of confidence in the quality of medical care. This is mainly caused by the low qualifications of family physicians. The state and employers are less likely to support the professional growth of family physicians. Accordingly, family physicians do not have the opportunity to develop and grow professionally. It is noteworthy that continuous professional education is the country is not mandatory.

Primary health care reform will not be implemented without a properly educated family physician/nurse. In the furtherance of this goal, the level of professional training should be raised. In this aspect, there are family medicine training centers in the country where family physicians/nurses are trained. However, most of them are paid trainings and often are not affordable. With the support of donor organizations, the state should ensure development of the necessary capacities of primary health care human resources of appropriate qualifications throughout the country. The state should also support the continuous medical education of family physicians.

## Conclusions

The result suggests that the low rate of patient referrals to family physicians is due to distrust towards family physicians, which is related to the lack of qualification of physicians and low public awareness of the competence of the family physicians. Due to inadequate reimbursement, family physicians do not have enough motivation to provide adequate service, and the lack of continuous professional education negatively affects their professional development. It is recommended to raise public awareness about primary care, to introduce effective methods for payment of family physicians and to increase the role and affordability of continuous professional education.

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