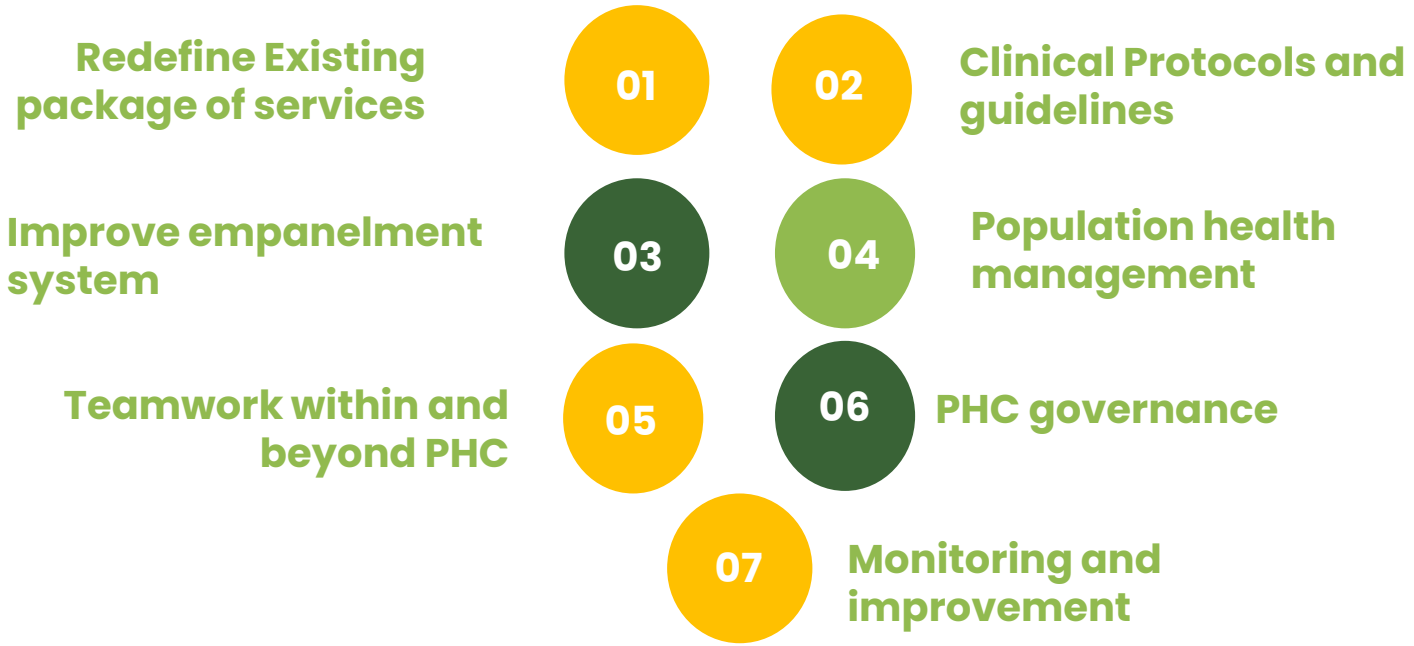
New proposed model of PHC in Georgia

Georgian Family Medicine Association (GFMA)
Tbilisi, 2023

A new model for PHC in Georgia to improve equity in services delivery



Introduction

A strengthened model of PHC is needed to address the design, organization and performance challenges in Georgia.
This may enable the current model of PHC to transition from a reactive, disease-centred health services delivery approach to a PHC model that is proactive in preventing noncommunicable diseases and organized around the needs of local residents in both rural and urban areas.

The current package of Services

- The current package of services in Georgia risks placing a greater burden on more specialized levels of care by failing to give priority to the prevention and early management of noncommunicable diseases in PHC.
- **Currently Universal health coverage program covers following consultations/investigations prescribed by family doctor**:
  - → **Consultation of 8 specialists**: endocrinologist, ophthalmologist, cardiologist, neurologist, oto-rhino-laryngologist, gynecologist, urologist, surgeon;
  - → **Clinical-laboratory tests**: Full blood count, urine analysis, glucose in peripheral blood, creatinine, hemoglobin, Cholesterol in the blood, lipid panel, Fecal occult blood test, INR, liver enzymes: ALT, AST; thyroid function test TSH, pregnancy test
  - → **Instrumental investigations**: electrocardiography, ultrasound of abdomen, urogenital system, pelvic organs, chest X-ray, bone radiography
- Not included HbA1C, UACR, Spirometry etc.

Revised basic package of services

- As a first phase, the expansion of services should include a comprehensive range of preventive services for priority noncommunicable diseases, early childhood development, and mental health;
- The following services will be given priority:

1. A full set of preventive services focused on priority noncommunicable diseases (cardiovascular risk assessment, early detection and management of diabetes, hypertension, chronic obstructive pulmonary disease and asthma);
2. A holistic service package for early childhood development that addresses the psychosocial needs of families with children 0–6 years old; and
3. Integrating essential mental health services into PHC.

- For the second phase (2025–2026), the expansion of the PHC package of services will focus on managing people with TB and HIV, women's health and antenatal care.

Teamwork within and beyond PHC (1)

- Currently PHC teams in Georgia are composed by Family doctor and General practice Nurse
- The workforce has an ageing demographic profile, with many health-care workers within 15 years of the retirement age (60 years for women and 65 years for men), and some health-care workers are working well into retirement
- The number of nurses remains very low in comparison to other countries in the WHO European Region, at just 542 per 100 000 population in 2019.
- The ratio of nurses to doctors has not exceeded 0.8 nurses to 1 doctor since 2014. The situation may be worse in primary care, especially in rural areas.
- In rural areas population have limited access to basic laboratory and instrumental investigations due to absence of these tests at the rural ambulatory and the need to go to the urban clinic or hospital.

Teamwork within and beyond PHC (2)

- The proposed networked model of care can support access to a wide range of shared resources, widening rural PHC teams beyond family doctors and general practice nurses.

- This is foreseen to include, for example, access to specialists and managerial support in the short term and, in the longer term, the support of social workers, health educators and psychologists, among others.

- Family doctors and general practice nurses in Georgia need to be supported to both obtain and continually improve a wider range of competencies.

Clinical Protocols and guidelines

- More than 35 clinical protocols and guidelines exist for primary care clinical practice, but they are not fully implemented and many are outdated
- **In 2021-2023 more than 15 clinical protocols/patient pathways have been developed/updated for the management of common health problems in PHC (within the Czech Caritas Project)**
- Some PHC providers have implemented their own clinical protocols based on international standards and have introduced internal quality improvement measures for monitoring how they are implemented in everyday practice.
- However, in most PHC facilities in urban and rural areas, compliance with evidence-informed clinical protocols is not sufficiently implemented in practice.

Clinical Protocols and guidelines

- The referral rate from **PHC to specialists is 40%, well above rates internationally, typically ranging between 10% and 15%.** In addition, hospitals are easy to access and provide emergency care and medicines free of charge, encouraging patients to bypass PHC.
- PHC clinical protocols and guidelines **should be accompanied by clearly defined and redistributed tasks to support the implementation of the benefit package.**
- The implementation of referral standards along **with strengthened patient pathways and the alignment of financial incentives** are necessary to strengthen the role of family doctors.
- The population should ultimately view family doctors as coordinators of care with **essential family medicine competencies (that are distinct from specialized care) to be recognized as first-contact providers for the whole population**.

Quality Monitoring

- There is currently no nationwide system of quality improvement, and monitoring how clinical protocols are implemented in practice,
- No formal requirement of quality improvement and performance measurement mechanisms that are aligned with financial and nonfinancial incentives targeted at motivating personnel to achieve better clinical outcomes.
- Patient pathways are not systematically defined apart from some individual provider-level initiatives.
- The current co-payment system incentivizes family doctors to refer patients to diagnostic services, resulting in substantial induced demand for unnecessary laboratory tests and other diagnostic services
- There is no countrywide quality monitoring system that is supported by information technology and enables the implementation and monitoring of clinical protocols and guidelines.

Priority actions within seven priority areas for strengthening PHC model in Georgia (1)

Redefine the PHC package of services, gradually expanding the scope of services provided	Year 1	Year 2	Year 3	Year 4
Redefine the PHC services within the benefit package for defined priority noncommunicable diseases and mental health	●			
Clearly define scope of services provided for priority conditions by family doctors, general practice nurse and by narrow specialist	●			
Ensure access to diagnostic and affordable medicines in alignment with revised package of services		●		
Ensure access to a broader range of services, including antenatal care, TB, HIV, health education, further development of mental health services			●	
Activate measures for the continual review of the benefit package				●

Priority actions within seven priority areas for strengthening PHC model in Georgia (2)

Implement new clinical protocols and guidelines and patient pathways for priority condition	Year 1	Year 2	Year 3	Year 4
Implement revised clinical protocols for priority noncommunicable diseases and mental health	●	●		
Ensure that patients pathways align with the implementation of the new model of care, including referral system for priority conditions	●	●		
Establish a new process for routinely reviewing and updating clinical protocols and guidelines			●	●

Priority actions within seven priority areas for strengthening PHC model in Georgia (3)

Align the profile of PHC teams with population health needs and a revised package of service	Year 1	Year 2	Year 3	Year 4
Establish a unit within the Ministry with the capacity and mandate to conduct health workforce assessments and strategic planning.	●			
Develop a PHC workforce strategy that gives priority to the equal distribution of family doctors with family medicine competencies.	●			
Introduce a minimum requirement for PHC teams to have one general practice nurse per doctor	●			
Define clear roles and responsibilities of PHC providers, including laboratory and diagnostics, for most common conditions, and establish referral requirements.	●			
Establish the legal, educational, societal and organizational conditions for increasing the professional autonomy of general practice nurses.	●			
Develop requirements for competencies and responsibilities for social workers and nurse assistants to be introduced in PHC teams.	●			

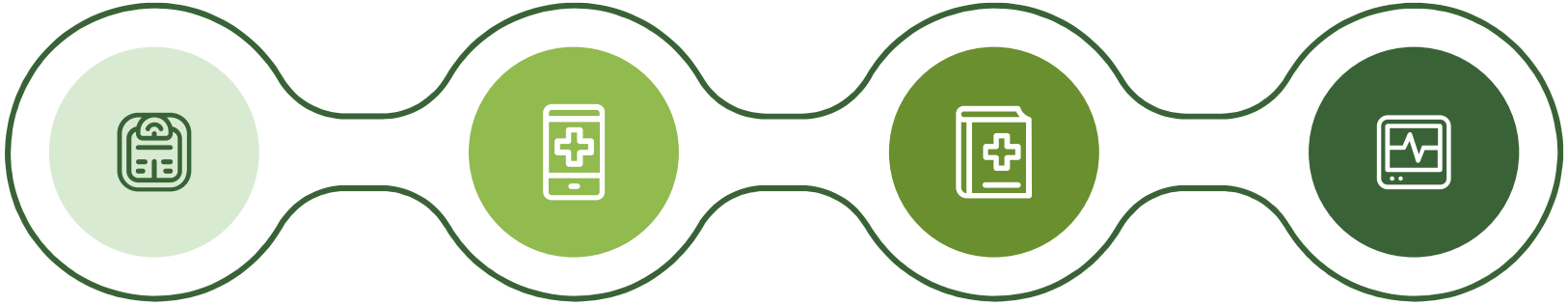
Priority actions within seven priority areas for strengthening PHC model in Georgia (4)

Align the profile of PHC teams with population health needs and a revised package of service	Year 1	Year 2	Year 3	Year 4
Upgrade the competencies of general practice nurses in alignment with new services and tasks for priority clinical conditions.		●		
Invest in training family doctors in managing non-communicable diseases, early childhood development and mental health in alignment with the new PHC package of services and the expected new roles and responsibilities		●		
Introduce a more systematic approach to continuing professional development for the PHC workforce to continually improve the quality of care provided and enhance patient experiences			●	
Establish a group of PHC professional development leaders within PHC networks to contribute to developing and implementing continuing medical education and other initiatives for innovative capacity building.			●	
Introduce multidisciplinary ways of working in a networked approach that includes sharing a broader range of human resources to expand teams Introduce new types of social workers that working with vulnerable patients in the network				●

Priority actions within seven priority areas for strengthening PHC model in Georgia (5)

Revise the PHC system for performance monitoring and quality improvement	Year 1	Year 2	Year 3	Year 4
Establish a unified PHC performance monitoring framework that includes a plan for monitoring and evaluating implementation of the new PHC service model	●			
Introduce feedback loops for continual learning and quality improvement at each level to support performance improvement		●		
Invest in successful change management by enhancing the capacity of managers, including their ability to use the established performance monitoring and management frameworks for managerial decisions and innovations			●	
Further align motivational incentives, such as results-based payment for priority services and conditions to continually improve performance				●

Challenges to Consider



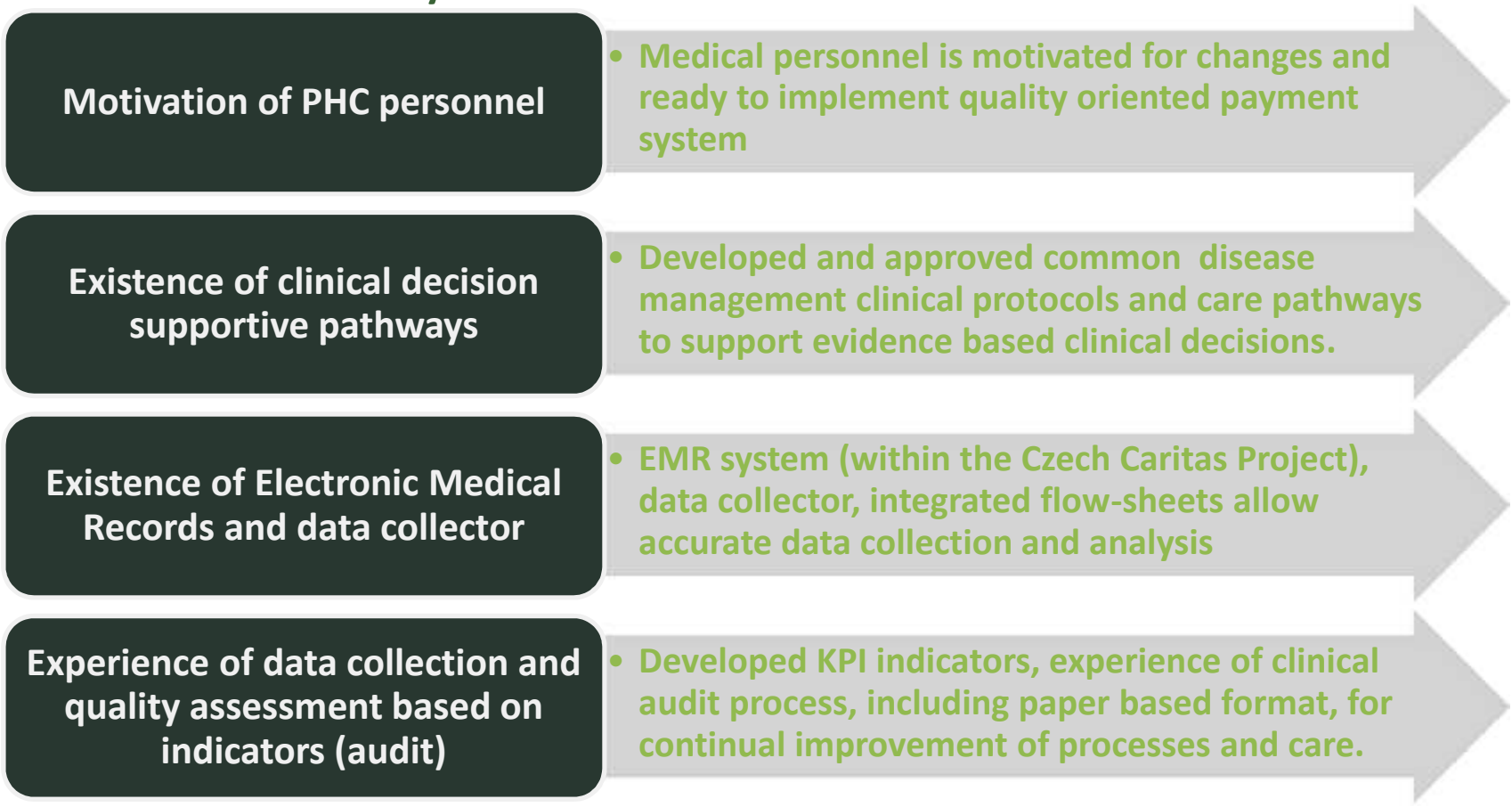
Lack of PHC workforce (especially nurses)

Risk of resistance from the patients to choose their PHC provider and freedom to change in case of need

Risk of delaying establishing countrywide electronic health monitoring system

Lack of motivational incentives for PHC personnel

PHC system readiness for the reform



Thank You

Resources

- Georgia: moving from policy to actions to strengthen primary health care. Primary health care policy paper series. Copenhagen: WHO Regional Office for Europe; 2023. Licence: CC BY-NC-SA 3.0 IGO.

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