

Family Medicine Development in Georgia

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Primary care reform in Georgia

- ▶ Family medicine is a relatively new development for Georgia that has been prioritised by the Georgian Government during the last decade.
- ▶ Interventions aimed at strengthening Primary Health Care Services in Georgia:
 - Training of physicians and nurses in family medicine
 - Improving PHC physical infrastructure
 - Developing clinical practice guidelines
 - Developing health management information systems
 - Elaborating new organisational and financing models aimed at encouraging cost-effective interventions and preventive practices

Key Players

- ▶ Ministry of Labor, Health and Social Affairs
 - ▶ Major donors and International Agencies: World Bank, USAID, DFID (UK), European Commission, SIDA, UNDP, WHO
 - ▶ Professional Associations & Groups
 - ▶ Universities
 - ▶ Insurance companies
 - ▶ Healthcare providers
 - ▶ Non-governmental organizations
 - ▶ Communities and patients
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Key Achievements

- ▶ Several hundreds of primary care physicians and nurses were re-trained to enter family medicine.
- ▶ Health care facilities have been refurbished and equipped to support high quality service delivery and improve utilization and coverage.
- ▶ Functional Family Medicine Sites have been established in Tbilisi and Regions
 - Family Medicine service contracts with
 - State Health Insurance Agency
 - Private Insurance Companies

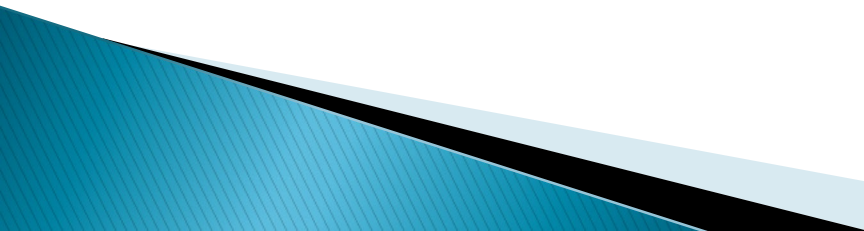
Key Achievements

- ▶ Focus on quality
 - 50+ Clinical Practice Guidelines Developed by Multidisciplinary teams
 - Performance evaluation of newly trained practitioners introduced
- ▶ Strengthening of Family Medicine Professional bodies:
 - GFMA web-page established
 - Production of a newsletter for disseminating FM news to family physicians supported
 - Increased involvement in elaborating PHC reform proposals and state health care programs

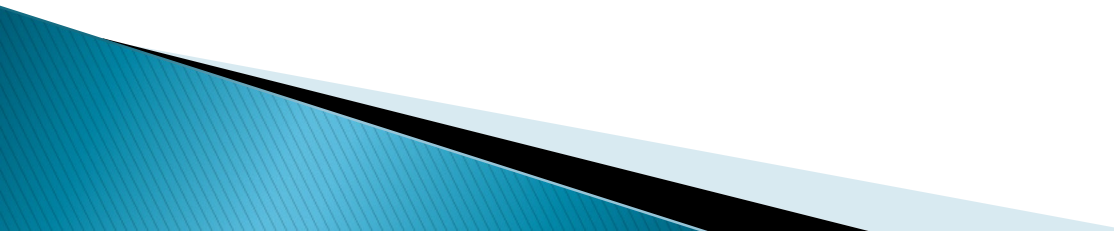
Performance Evaluation of Newly Trained Family Physicians and Nurses (2008)

- ▶ The following were identified as barriers to the effective running of a practice:
 - lack of disease management protocols (85% of participants);
 - low motivation due to low reimbursement (95% of participants);
 - lack of family medicine service contracts with the State purchaser (95% of participants);
 - poor facilities (65% of participants);
 - unclear task distribution (62% of physicians; 82% of nurses);
 - Poor systems for patient data recording (95% of participants).

Performance Evaluation of Newly Trained Family Physicians and Nurses (2008) cont.

- Although all respondents expressed satisfaction with re-training programs, 30% considered revising the training curricula as necessary.
 - Almost half of the physicians reported the need to improve ophthalmoscopy, otoscopy, and ECG interpretation skills.
 - Nurses emphasized elderly and emergency care as areas in which they need more training.
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What to do next?

- ▶ Advocate for improved implementation of evidence-based guidelines and protocols
 - ▶ Advocate for introducing incentives for preventive care provision
 - ▶ Advocate for Introducing incentives for performance
 - ▶ Encourage and support continuous professional development initiatives
 - ▶ Strengthen national and international professional networks in family medicine
 - ▶ Advocate for increased involvement of patients in health care
 - ▶ Revise the role of family medicine practitioners in the light of rapidly developing private health insurance market
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What to do next?

And

- ▶ Continuously advocate for FAMILY MEDICINE