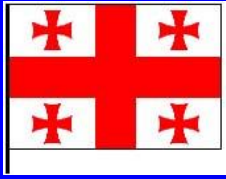


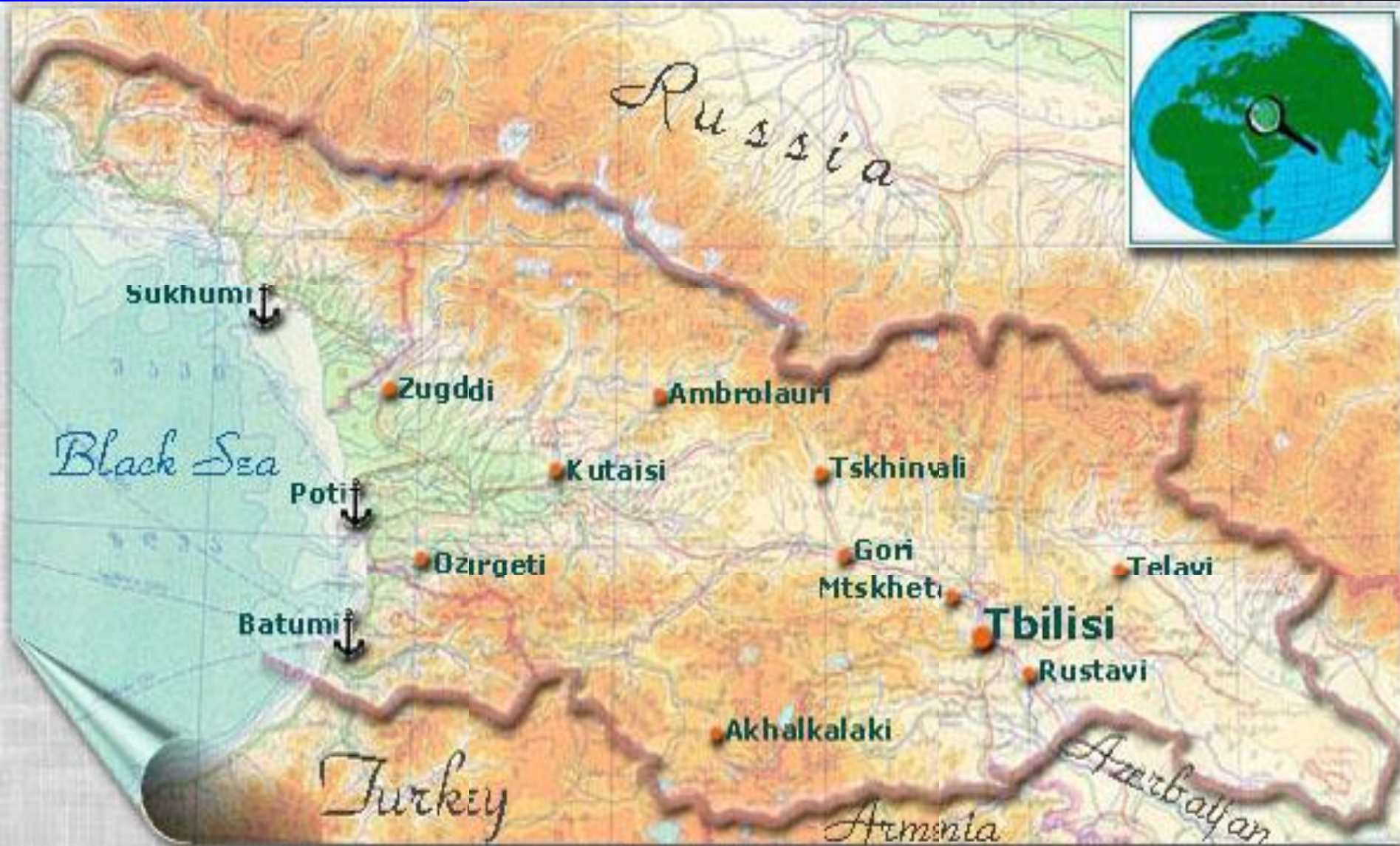


From the model of "District Doctor" to the "Family Physician"

Gabunia T., Karosanidze I.,



GEORGIA



GEORGIA

Country data

- Population – 5.4 million
- Capital- Tbilisi, population 1.253.000
- Surface area – 69.700 sq. km
- Population per sq. km – 78
- Birth rate (May 1, 1998) – 11.2 %
- Maternal mortality rate-19,3%
- Mortality rate-7,7 % (May 1, 1998)
- Life expectancy (2002) – 72.63 years
- Population absolute poverty rate (1999)–20%
- GDP (US \$) – 995 per capita (1998)

Strategic Health Plan of Georgia for the years 2000-2009

Main points

- Emphasis on improving primary and preventive services rather than on curative care
- Shifting considerable resources to primary care from hospital services
- Strengthening Primary Health Care with the introduction of family physicians and developing new nursing PHC services

Support and assistance in development and implementation of the concept of health reform was provided by:

- **The Government of USA**
- **UK (DFID, KNOW-HOW FUND), Germany, Japan**
- **Netherlands, Canada, Sweden, Denmark**
- **The World Bank**
- **WHO**
- **UNDP/UNICEF**

Support and assistance provided by UK Government

Know-How fund Georgia PHC Project (1996-1999)

- ❑ Development the training programme in family Medicine**
- ❑ Training of first cohort of Family Physicians**
- ❑ Development of professional standards for FPs**
- ❑ Development of accreditation system for FPs and training institutions**
- ❑ Preparing training materials**

DFID Georgia PHC development project 2000-2003

- **FM demonstration sites functional**
- **New financing model for PHC implemented**
- **Human Resource Capacity for new PHC model established**
- **Risk pooling scheme for essential primary care drugs developed and implemented in demonstration sites**

FM demonstration sites functional

- FM centers opened at the end of April 2002
- Organizational structures established within FMCs
- Roles and responsibilities of PHC team members defined
- Legislative framework developed and approved by the Ministerial decree (15.04.2002)
- FMCs accredited

NATIONAL FAMILY MEDICINE TRAINING CENTER



WAITING AREA

NATIONAL FAMILY MEDICINE TRAINING CENTER



RECEPTIONIST



RECEPTION



HALL



**FAMILY
PHYSICIAN**



**PRACTICE
MANAGER**



**PRACTICE
NURSE**

New financing model for PHC implemented

- **Household survey for Health Service Utilisation and Expenditure in Tbilisi undertaken**
- **Alternative options for financing PHC identified**
 - **Financing option discussion paper for development of PHC in Georgia produced and submitted to MoLHSA for discussion**
- **PHC financing proposal developed for ACP**
 - **Weighted capitation and performance related pay**
 - **Agreed by FMC chiefs and TMHD representation.**
 - **Implementation started in October 2002**
- **New financing model implemented in whole Tbilisi**

The Users

Social marketing-What does the “Family Physician” mean?

- Provision of printed materials
 - 30,000 leaflets, 300 posters
- Developed ‘message’ delivered in home visits
- 21,000 families (67,000 residents) visited at home
- Hotline phones for inquiries
- Patient’s ombudsman offices for all five polyclinics

The Users

Increased registration

Increased attendance and utilisation by 250%
since implementation of ACP

Family Physicians as a new providers of primary health care at selected pilot facilities

- New contracts for provision of medical care for patients of all ages and both gender
- Role of specialists at PHC level?
- Quality

Lessons learnt

- Home visits made by FMCs staff very effective way to pursue people to attend
- Signs of tension arising from the definition and overlap of catchment areas for FM centers is apparent
- Risk of double registration is high-How to avoid?

Lessons learnt

- Avoid fragmentation
- Unified budgets
- Focus and don't compromise on quality-quality costs
- User centred services-engage users
- Inclusiveness key to developing PHC: Must involve practitioners in strategic decisions-avoid the top-down approach which guarantees failure

Final thoughts

Do not reinvent the wheel



Final thoughts

- Cooperation
- Incentives
- PHC development takes time-senior champions must motivate

Final thoughts

- Remember PHC is for the future!

