



MINISTRY OF INTERNALLY DISPLACED PERSONS
FROM THE OCCUPIED TERRITORIES, LABOUR,
HEALTH AND SOCIAL AFFAIRS OF GEORGIA



**Support To
Strengthening of
Primary Healthcare
in Georgia**

The project aligns with the Sustainable Development Goal prioritized by the *Bilateral Development Cooperation Programme between the Czech Republic and Georgia*. Specifically, SDG Target 3.4. “By 2030, reduce premature mortality from non-communicable diseases by one-third through prevention measures and treatment and promote mental health and well-being.”

In line with the Bilateral Development Cooperation Programme between the Czech Republic and Georgia:

Programme’s Outcome 2 “Decrease in mortality rate attributed to non-communicable diseases”; Programme’s Output 2.1 “Quality of Healthcare Services Improved”.



Project Donor



Project Partners



საქართველოს ექსპერიმენტული
ტარიტორიებიდან დავნიტა;
მრიბის, ტანმარტორტისა და
სოციალური დავნიტის სანიტისტრო

საქართველოს
სამედიცინო
ჰოლდინგი



About the Project



საქართველოს მკვებრივად
დაწინაშობილად დახმობა,
ზრუნა, ჯანსაღობა და
სოციალური დაცვის სააგენტო

Phase I

-) Improving quality of Primary Healthcare in Georgia 2017 – 2019

Phase II

-) Support to strengthening of Primary Healthcare in Georgia 2020-2023

MOU between the Ministry of IDPs from Occupied Territories, Labor, Health and Social Affairs of Georgia and the Czech Development Agency - April 2021

About the Project

Timeframe: April 2020-December 2023

Budget: 25,000,000 CzK

- **Specific Objective:** To improve the quality of primary healthcare service by: a) **updating and piloting PHC quality management tools**; b) developing and piloting the Unified Electronic Management Information system, and; c) **updating qualification standards and requirements of PHC personnel in Georgia.**

Indicator 1:

70% of healthcare providers meet the universal standard of healthcare quality by 2023.

Indicator 2:

A standardized Electronic Management Information system introduced by MoIDPLHSA.

Outputs

1. Healthcare quality management (quality assurance and improvement) instruments developed, enhanced and introduced at target locations
2. Standardized Electronic Management Information System (e-MIS) for Village Doctors and Primary Health Care Centers developed and introduced.
3. Qualification standards and requirements across the healthcare system updated and career-long learning programmes for healthcare professionals have been established.

Pilot PHC centers and rural ambulatories:

5 PHC clinics in Tbilisi: National Family Medicine Training Center, MedCapital Saburtalo, Medical Holding 23, Clinic “Curatio”, Clinic “Raymann (formerly Medikor)

16 ambulatories in Dusheti Municipality

28 ambulatories in Zugdidi Municipality

Tbilisi - June 2020 – December 2021

Dusheti –July -2021 –February 2022

Zugdidi - March 2022 – February 2023

Performance of Output 1 indicators



) *Indicator 1: Clinical practice guidelines and care pathways in at least 10 priority clinical areas developed (baseline 0);*

All planned 10 clinical protocols developed and approved by the Ministry of Health in 2021. An additional 10 clinical protocols and pathways on NCDs management developed in 2023 (8 already approved).

) *Indicator 2: At least 80 healthcare workers using updated clinical practice guidelines on a regular basis (baseline 0);*

By the end of 2023, **113 healthcare workers** are using updated clinical protocols on a regular basis. Out of 113, 32 are the medical staff of 10 ambulatories in Dusheti, 18 are quality leaders of 5 Tbilisi PHC facilities, and 63 are medical staff of 20 Zugdidi ambulatories.

) *Indicator 3: At least 45 primary care facilities conducting regular clinical audits in priority areas (baseline 0).*

By the end of 2022, out of 49 primary care facilities where the pilot was implemented, **35 facilities** were conducting regular clinical audits in priority areas. Out of 35, 10 are Dusheti medical ambulatories, 20 are Zugdidi PHC facilities and 5 are PHC providers in Tbilisi.

) *Indicator 4: 1050 Village doctors trained and supervised in the management of COVID-19 and distance management of chronic diseases*

In April 2021, **1156 village doctors** were trained online to manage the side effects of COVID-19 vaccination. The coverage rate was 89%.

Output 1: Developing or enhancing primary healthcare quality assurance instruments (2020-2023)



10 clinical protocols haven been developed in 2020- 2021)

1. Prevention, diagnosis, and management of chronic obstructive pulmonary disease at the primary health care level;
2. Preventive health check-ups for apparently healthy people 18-65 years in primary care;
3. Management of Essential hypertension in adult population at PHC level;
4. Management of Type 2 Diabetes at PHC level;
5. Principles of child health supervision in 0-6 years old children at Primary care
6. Management of dyslipidemia in PHC;
7. Assessment and management of cardiovascular disease risk in PHC.
8. Management of Bronchial Asthma at PHC
9. Regular check-ups for the persons above 65 at PHC
10. Assessment, identification, and management of venous thromboembolism at PHC

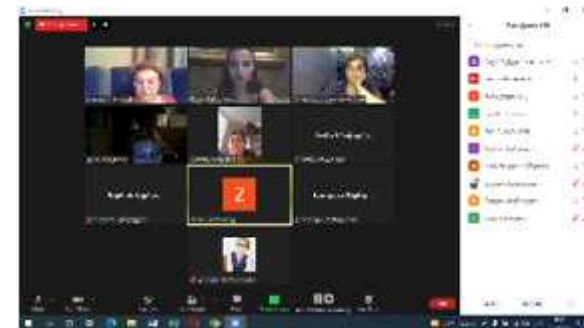
10 clinical protocols and care pathways have been developed/updated in 2023

1. Prevention, diagnosis, and management of chronic obstructive pulmonary disease at the primary health care level;
2. Management of Essential hypertension in adult population at PHC level;
3. Management of Type 2 Diabetes at PHC level;
4. Management of Diabetic nephropathy, retinopathy and foot problems at PHC level
5. Management of Ischemic Hearts disease at PHC
6. Management of Heart failure at PHC
7. Management of Atrial fibrillation at PHC
8. Assessment and management of cardiovascular disease risk in PHC.
9. Management of Bronchial Asthma at PHC
10. Screening, assessment, referral and brief intervention for substance use disorders at PHC

Output 1: Introducing primary healthcare quality improvement instruments (2021-2022)



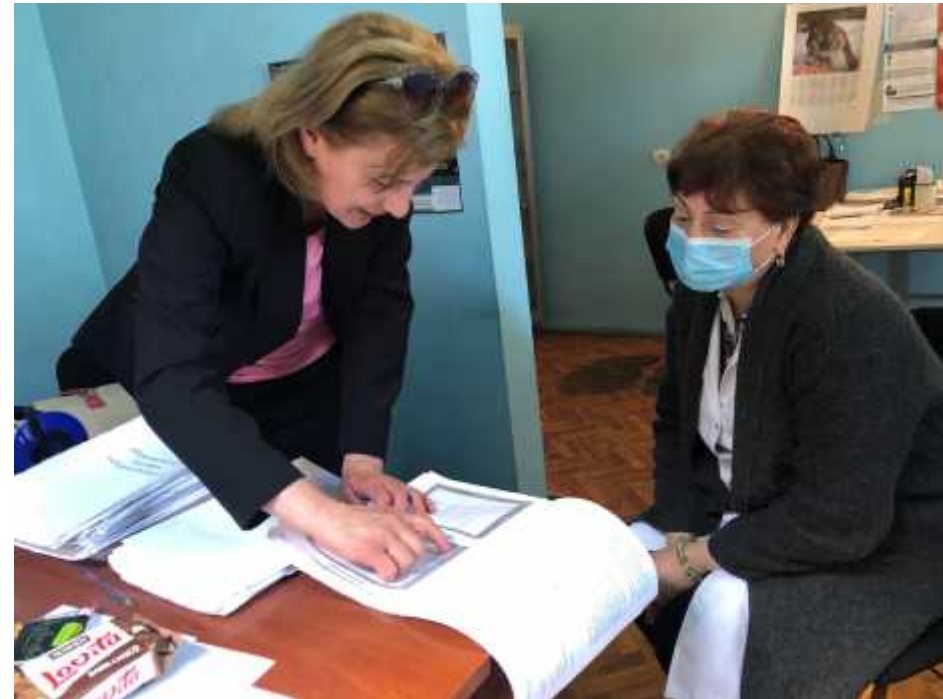
- 48 (6 sessions per month) online training sessions for Dusheti PHC staff
- 91 (8-9 sessions per month) training sessions for Zugdidi PHC staff
- Target audience
 - PHC personnel (23 doctors and 29 nurses) of 16 rural ambulatories in Dusheti
 - PHC personnel (46 doctors and 45 nurses) of 28 rural ambulatories in Zugdidi
- Special emphasis – on the importance of prevention, timely detection, and quality management of non-communicable chronic diseases in primary healthcare, issues of health monitoring in early childhood



Output 1: Introducing primary healthcare quality improvement instruments (2021-2023)



- 60 supportive supervision on-site visits to Tbilisi PHC clinics (monthly visit to each facility)
- 86 online supportive supervision sessions for Dusheti PHC
- 119 online supportive supervision sessions for Zugdidi PHC
- 48 on-site supervision visits – 3 site visits to each ambulatory in Dusheti
- 84 on-site supervision visits – 3 site visits to each ambulatory in Zugdidi
- Patient registries for arterial hypertension and diabetes
- Clinical audit of diabetes and hypertension



Output 1: Improving healthcare quality

- Technical support for Quality Improvement Leaders (QI leaders) of PHC facilities during site visits;
- Support with using electronic management information system;
- Distribution of printed national protocols and clinical decision support materials in Dusheti and Zugdidi;
- Glucometers per doctor and printers per ambulatory distributed to rural PHC ambulatories of Dusheti and Zugdidi municipalities. Those without computers in the same municipalities were supplied.



Online trainings in 2023



- * Trainings conducted to familiarize family doctors with updated clinical protocols and patient care pathways;
- * Information provided regarding existing online CME modules at the NCDC learning platform;
- * 20 training sessions will be finalized at the end of December;
- * At least 100 Primary Care professionals will be familiarized with updated clinical protocols/pathways and available accredited online CME courses.

Output 3: Qualification standards and requirements across the healthcare system updated



) Output 3 Indicators

Indicator 1: Qualification standards and requirements developed / updated.

- * In collaboration with the Georgia Family Medicine Association and Association of Family Doctors of Georgia, “Family Medicine system based Primary Care organization principles” has been developed;
- * The document aims to define minimum standards/requirements for general practice and family doctors' competencies to ensure patient safety, improve quality of care, and achieve compliance with legislative requirements.
- * The Document have been formalized and approved by the Primary care coordination council.

Output 3: Qualification standards and requirements across the healthcare system updated and career-long learning programs for healthcare professionals have been established



Output 3 Indicators

Indicator 2: 8 on-line learning modules developed.

Indicator 3: At least 100 health professionals access credible online courses during the reporting period.

10 online CME courses have been developed based on the updated clinical protocols/pathways in 2023:

1. Management of Essential hypertension in adult population at PHC level;
2. Management of Type 2 Diabetes at PHC level;
3. Management of Diabetic nephropathy, retinopathy, and foot problems at the PHC level;
4. Management of Ischemic Hearts disease at PHC;
5. Management of Heart failure at PHC;
6. Management of Atrial fibrillation at PHC;
7. Assessment and management of cardiovascular disease risk in PHC;
8. Prevention, diagnosis, and management of chronic obstructive pulmonary disease at the primary health care level;
9. Management of Bronchial Asthma at PHC;
10. Screening, assessment, referral, and brief intervention for substance use disorders at PHC.

Output 3: Establishing career-long learning programs for healthcare professionals



10 Online CME courses are available at the NCDC's learning platform <http://learn.ncdc.ge>



Achievements



-) Improvement of clinical skills of PHC personnel;
-) Improvement of the medical documentation quality;
-) Substitution of old records with those approved by Order N40/N in rural ambulatories;
-) Improvement of prevention service practices: CVD risk assessment using cardiovascular SCORE risk chart, diabetes screening, active use of child development questionnaires - ASQ-3 and MCHAT-R;
-) Improved competency for the management of adults by pediatricians and children by internal medicine specialists;
-) Implementation of clinical audit and self-assessment on the management of arterial hypertension and diabetes mellitus;
-) Launch of working in electronic medical records;
-) Improvement of Nurses' involvement and teamwork.

Recommendations



- For the project's results sustainability, it is essential to continue the activities of improving the quality of primary healthcare and to create motivational mechanisms for medical personnel;
- It is essential to address the infrastructure, equipment, and internet-related gaps of rural PHC personnel, which create technical obstacles in providing quality PHC services;
- Consider and introduce the main components of the quality improvement model proposed by the project:
 - Supportive supervision,
 - Peer reviews;
 - Clinical training and organizational support
- To improve the IT skills of PHC staff in rural areas, Georgian Medical Holding shall continue training in using electronic medical records, particularly training of nurses;
- Establish formal enrollment/empanelment system in rural areas,
- support creating and periodically reviewing/updating registries of chronic diseases;
- Facilitating the introduction of clinical audit and self-assessment system by the Georgian Medical Holding to improve the quality of rural primary care;
- Strengthening the competencies of nurses and promoting teamwork through creating precise requirements for nurses, motivational mechanisms, proper delegation of work, and standard operating procedures;
- Revising legal framework to improve coordination between the primary and secondary levels of health care and the continuity of care.



Thank you for being part of this transformative journey.

Together, we've made a lasting impact on Primary healthcare, and our commitment to improvement continues.

Thank you for your
attention