

Structural Changes in Primary Health Care for the Implementation of the Concept of Family Medicine

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Abstract

Kosovo Health Law has incorporated in the whole the concept of Family Medicine by defining it as a fundamental manner of provision of comprehensive health services at the primary health care level for the individuals and their families. Primary health care (PHC) is a network of health services with the basement or center in the community. This network should enable that 90% of the contacts with the patients to be carried out outside the hospitals, to restrain the patients stay in the hospitals and their safe issuance from the hospitals. Services in the primary health care institutions are provided by the family medicine doctors who should be prepared very good, and who should also provide individual and continuous health care services for the patients. Family medicine doctor should possess clinical skills: family medicine doctor will be able to easily identify the diagnose because of the continuous relationship, close relationship with the individuals and the family in the physical, psychological and social aspect. He should also possess preventive, therapeutic, consultation and the resources management skills (human, material). Services that are provided by the family medicine doctor are the first contact services and they present the main segment of the patient entrance into the health services system. The services should be reachable. This includes the geographical distance, disposal, language, culture, and also the approach to old problems as well as new ones. The services the family doctor provides should be comprehensive and not restricted by the disease, age or gender. They include the prevention of diseases, health advance, acute and chronic disease treatment, and rehabilitation. The services should be coordinated by acting as protective and giver of information for the patients. This includes the instructions for specialist services as well. Family Medicine should not be implemented in Kosovo think 4.1% of surveyed family doctors and 7.3% of other doctors. 34.1% of family doctors and 51.8% of other doctors think that the implementation of family medicine is not in the near future. 45.9% of family doctors and 32.1% of other doctors think that family medicine should be implemented soon in Kosovo and finally 15.9% of family doctors and 8.8% of other doctors surveyed in my research believe that family medicine in Kosovo will be implemented very soon.

Keywords: Kosovo health law; Family medicine, Primary health care; Primary prevention

Introduction

A physician who provides a continuous primary health care to individuals and families. He can visit his patients in their homes, in room for visits and sometimes in the hospital He will act educational, preventive and therapeutic towards advancement of patient health. "Family medicine better understood in terms of doctor-patient relationships than in clinical content [1]. McWhinney found: Primary Health Care (PHC) is a network-based health services or community center. Primary health care must be enabled to 80-90% of patients with selected contacts outside hospitals to limit their stay in hospital and secure their release from hospital. Services at primary health care facilities provided by family doctors who should be very well prepared, who should be able to provide continuous individual care for patients. Center for Family Medicine Development was established in September 2002 under the Ministry of Health in order to implement the Family Medicine in Kosovo. This time the request came after the two-year program to accelerate the specialization of Family Medicine at first led by the World Health Organization (WHO) [2]. Role of the Center for Family Medicine is to develop, implement and coordinate Family Medicine in Kosovo. It is expected that in the near future the center to become the Unit in the Department of Family Medicine at the Faculty of Medicine [3]. I think that Unit is supposed to be established so far and without doubt such a delay prevents the implementation of family medicine and the development of its concept.

Purpose

Concept of family medicine is a key priority in primary health care and health system in general [4,5]. Despite the continuing training of family medicine including doctors and nurses, there are

still major challenges. Problems and challenges have caused delays as the organization and functioning of concept implementation of family medicine in primary health care. The main purpose of this research is the analysis of the current situation of organizational management in primary health care in the implementation of the concept of family medicine [6].

Methodology of Work

In methodology, I am based in the current analysis, as well as the results obtained during research. Scientific research method is based on transversal, Cross sectionale, by using specially designed questionnaire for the purpose of this paper. For data collection, the method used is partial data collection - survey. Are chosen primary level health institutions, viz. eight (8) Main Family Health Centers in Kosovo have in their structure the Family Medicine Training Centre in Prishtina, Gnjilane, Prizren, Gjakova, Peja, Prizren, Mitrovica and Lipljan and special emphasis is given to Family Doctors, but as well as doctors who work in these centers. The survey is anonymous. The questionnaire contains 41 questions to research this issue [7,8].

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Work Results and Discussion

Of 307 physicians surveyed, 170 (55.4%) are family doctors and 137 (44.6%) are different specializations doctor or general physician practitioners working in primary prevention [9,10]. While according to age group, 1.2% is under the age of 35 family doctors and 98.8% are aged over 35 years, and 42.3% from other specialties physicians are under 35 years of age and 57.7% were aged over 35 years (Table 1).

Based on Training Centers that are involved in the research situation is this: in Pristina are 81 doctors surveyed, of which 59 or 72.8% are family doctors and 22 or 27.2% were other physician specialties [11,12]. In Gjiilan were surveyed 42 doctors, of whom 52.4% are 22 or family physician and 47.6% are 20 or more. In Prizren 37 doctors were surveyed, of which 19 or 51.4% of family doctors and other 18 or 48.6%. In Gjakova were surveyed 35 doctors, of whom 51.4% are 22 or family physician and 37.1% are 13 or more. Peja surveyed 46 doctors, 17 of them or 37.0% are family doctor and 63.0% are 29 or more. In Ferizaj 36 doctors were surveyed, of which 19 or 52.8% are family doctor and 47.2% are 17 or more. In Mitrovica, 15 doctors were surveyed, of which 33.3% are 5 or family physician and 66.7% are 10 or more. In Lipjan were surveyed 15 doctors, 7 or 46.7% were family physician and 8 or 53.3% are other (Table 2).

Based on gender of personnel working in primary prevention, 189 or 61.6% were female and 118 or 38.4% are male. The following table is analyzed by gender distribution of physicians throughout Training Centers [13]. According to the table shows that the largest percentage of female-doctor Center of Prishtina has 83.9%, following the center of Djakovica and Pec 62.9% on 69.6%, while the largest percentage of men-doctors on the center of Prizren 64.9% , follow me Lipjan Centre Gjiilan 60.0% and 47.6%. Based on the experience of the work of medical personnel working in primary prevention, 28.7% have less than 5 years of experience, 24.4% have work experience of 5-10 years and 46.9% have

Age		Professional Status				Total	
		Family Doctor		Other			
		N	%	N	%	N	%
<35	N	2	1.2	58	42.3	60	19.5
	%	3.3	-	96.7	-	100.0	-
>35	N	168	98.8	79	57.7	247	80.5
	%	68.0	-	32.0	-	100.0	-
Total	N	170	100.0	137	100.0	307	100.0
	%	55.4	-	44.6	-	100.0	-

Table 1: The structure of health personnel surveyed in primary prevention according to age and professional status.

Residence	Professional Status				Total	
	Family Doctor		Other			
	N	%	N	%	N	%
Prishtinë	59	72.8	22	27.2	81	26.4
Gjiilan	22	52.4	20	47.6	42	13.8
Prizren	19	51.4	18	48.6	37	12.1
Gjakovë	22	62.9	13	37.1	35	11.4
Pejë	17	37.0	29	63.0	46	15.0
Ferizaj	19	52.8	17	47.2	36	11.7
Mitrovicë	5	33.3	10	66.7	15	4.9
Lipjan	7	46.7	8	53.3	15	4.9
Total	170	55.4	137	44.6	307	100

Table 2: The structure of health personnel surveyed in primary prevention by residence and professional status.

Work Experience and financial Situation		Professional Status					
		Family Doctor		Other		Total	
		N	%	N	%	N	%
Work Experience	<5 years	0	0	88	64.2	88	28.7
	5-10 years	57	33.5	18	13.1	75	24.4
	>10 years	113	66.5	31	22.6	144	46.9
Financial Situation	Very good	7	4.1	9	6.7	16	5.2
	Good	78	45.9	83	61.9	161	52.4
	Average	45	26.5	25	18.7	70	22.8
	Low	40	23.5	17	12.7	60	19.5
Total		170	55.4	137	44.6	307	100

Table 3: The structure of health personnel surveyed in primary prevention by professional status and work experience as well as the distribution of responses to the question "The financial situation in the family".

more than 10 years of experience [14,15]. According to the table shows that the largest percentage of physicians more than 10 years working there Center 64.2% of Prishtina, Gjakova Center following the 48.6% and 46.7% of Mitrovica, while larger percentage of physicians with less than 5 years experience has Lipjan Center on 40.0%, followed by 38.1 Centre in Gjiilan and Peja% and 34.8% more. Based on the experience of the work of medical personnel working in primary prevention and occupational status appears that no family physician less than 5 years experience, 57 or 33.5% of them have work experience of 5-10 years and 113 or 66.5% Family physicians have more than 10 years of experience. But the situation with regard to other specialties working in primary prevention 88 or 64.2% of them have less than 5 years experience, 18 or 13.1% have 5-10 years of experience and 31 or 22.6% have more than 10 years work experience [16]. When asked how they stay in their family financially, 4.1% of family physicians and other specialists 6.7% of respondents were "very good", 45.9% of family physicians and other 61.9% were "good", 26.5% of family physicians and the other 18.7% were "enough" and 23.5% of family physicians and other 12.7% were "poor" (Table 3).

Conclusion

Based on the data obtained from the results of the research can derive the following conclusions: Total surveyed 307 doctors that are working in primary prevention respectively in Family Medicine Centers in eight municipalities in Kosovo that have also simultaneously Training Centers. 170 of them are family doctors and 137 are doctors of other specializations or general practitioner doctor. Based on work experience shows that among respondents there are no family doctor with less than 5 years of experience, 33.5% of them have work experience of 5-10 years and 66.5% of family doctors have more than 10 years work experience. As for the situation with other specialists that are working in primary prevention 64.2% of them have less than 5 years of experience, 13.1% have 5-10 years experience and 22.6% have more than 10 years of experience [17]. In the private sector works 16.5% of family doctors and 11.9% doctors of other profiles, while 83.5% of family doctors and 90.3% of doctors of other profiles stated that they do not work in private practice. Regarding the scientific preparation of Family doctors, the title so far received master's degree 9 of them and is expected to get even 11. The title Doctor of Medical Sciences has so far gained a family physician, regard to engagement in the learning process, 65.9% of family physicians are not engaged in the learning process ie. They do not teach anywhere, 16.5% are occasionally engaged and 17.6% are engaged in the learning process. We see the Ministry of Health responsible for developing the concept of family medicine. 45.6% of surveyed doctors working in primary prevention they think that promotion of FM should make appropriate Family Medicine Center.

The promotion of FM should make their family doctors declared 28.7% of the physicians surveyed, 25.1% were determined for the municipality, 55.5% see as responsible the FMDC and 34.2% of the surveyed doctors are assigned to the Ministry of Health. Family medicine will not be implemented in Kosovo think 4.1% of family physicians surveyed and 7.3% of other doctors. 34.1% of family physicians and 51.8% of other doctors believe that implementation of family medicine is a distant future. 45.9% of family physicians and 32.1% of other doctors believe that family medicine will be implemented soon in Kosovo and finally 15.9% of family physicians and 8.8% of other doctors who participated in my research believe that family medicine in Kosovo will be implemented very quickly.

Proposal of Measures

Development of human resources based on human resource planning for family medicine.

Registration of Population.

Implementation of basic health insurance and development financing systems and durable charge.

Zoning settlements by districts.

Develop lists of patients for family doctors.

Conversion of the major centers of family medicine in smaller centers with 3-5 family doctors suitable to cover a neighborhood. Provide and maintain the correct medical records for each patient and the development of necessary legislation.

Providing these centers with the necessary equipment and accessories in accordance with the standards of family medicine. Privatization of family medicine.

The financial support of those family physicians that have ambitions to be profiled in a certain area.

Establishment of the sector of family medicine that deals with educational activities, scientific research and FMDC will deal with CPD family doctors.

Promote the concept of family medicine, which should be systematic and organized.

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