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Political – conformist Factors in Inefficiency of Consultative Specialist Services at the Area of Zenica-Doboj Canton (ZDC)

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ORIGINAL PAPER

SUMMARY

Caring for the health of people is a potent factor in the development of social values. However, a bad set of health policy framework, without firm control mechanisms, creating the possibility of making politically motivated protectionist decisions that will give the poor outcomes of health services. Following the health needs of patients in the period since 2005 to 2010 in the area of Zenica-Doboj Canton and behavior of specialist consultants, after making an poorly judged, politically motivated decisions, we found increased demands of patients within primary health care (PHC) and specialist health care (SHC), an increase in the number of hospital patients, increasing demands for diagnostic tests, and dissatisfied patients for an inefficient health service. In order to prevent the possibility of making such decisions, or unethical behavior of health professionals, it is necessary to establish clear regulatory mechanisms and responsibilities in society and the health system, such as strategic plans, bylaws and standards, with guidelines for good practice.

Keywords: Health policy, health care needs of the population, protectionism, conformism.

1. INTRODUCTION

"The world is a dangerous place. Not because of the people who are evil; but because of the people who don't do anything about it." ALBERT EINSTEIN

The health care system, health policy and health care for people are among the most potent factors that drive the development of social values. Through the health system are achieved the most intense people contact with the public sector created by the official representative of the nation's politics. Concern about the health of people, in addition to encouraging the development of better social relations, also encourages the development of more efficient, potent and therefore more expensive health technologies. Many scientific and technological values of today are driven by efforts to create better and healthier living conditions, which includes the planning and research in the health system. All this creates an intense upward spiral of development, caused by many factors, where the error in one factor may make the drastic consequences, both in the development of health systems and the development of many social values.

Society in transition such as ours, burdened with many challenges, where democracy has morphed into some segments of its opposite, without a solid regulatory mechanisms, allowing the commission of the obvious cardinal errors on the policy level and at the level of individuals. We are well aware of that in this post-transition period. How the policy changed, bringing new interests and ideas, so are changed the procedures in the health system, sometimes with an unfinished projects, sometimes with retrograde operations, and always with a lot of protectionism for its "own" interests, and always with a lot of false steps, which are terribly mutilated once carved the principles of good medical care in our areas.

The effects of bad policy decisions in health care can be seen in the deteriorating health of the population (1), increased consumption of limited resources (2), the inappropriate setting of priorities (3) or irresponsible behavior of health professionals due to lack of strong regulatory mechanisms (4, 5, 6, 7).

This study aims to show how bad political assessment (decisions), and the absence of strong regulatory mechanisms, which would buffer the bad decision, and also the inappropriate behavior of health professionals, can produce unfavorable effects in the health system.

2. MATERIAL AND METHODS

The study was retrospective. Monitored data were obtained from medical institutions from Zenica-Doboj Canton in the period since 2005 to 2010 both the first and repeated visits to doctors in primary health care and consultative specialist health care (CSHC), the number referred from primary health care to specialist review and diagnostic tests, the number of discharged hospital patients, and the percentage ratio of services provided in primary and secondary health care in the Canton. Data on quality of consultative specialist service were obtained by surveying

Year	2005		2006		2007		2008		2009		2010	
	dr.	off.	dr.	off.	dr.	off.	dr.	off.	dr.	off.	dr.	off.
PHC	233	98	234	106	236	100	254	98	255	106	248	105
SHC	133	21	116	17	130	18	143	19	145	27	143	24
No.of patients	332,993		323,771		310,973		335,932		346,002		331,358	

Table 1. Health care personnel in health facilities of Zenica-Doboj Canton (ZDK)

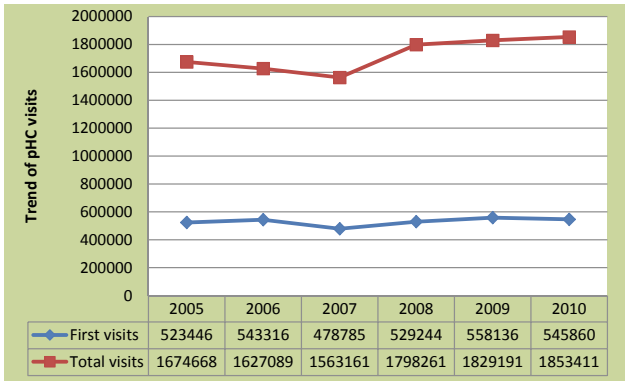
1980 patients. The survey was conducted in May 2011 when patients were asked about general satisfaction with the service, dedication of the doctor and the patient problem, the time spent for examination and treatment in accordance with the seriousness of the problem. These values were monitored to assess the efficiency of solving the request of patients at the primary level (PHC) and secondary care (SHC). During this period, namely in early 2007 were made significant policy decisions that were restructured the way of financing and providing consultative specialist services.

3. RESULTS

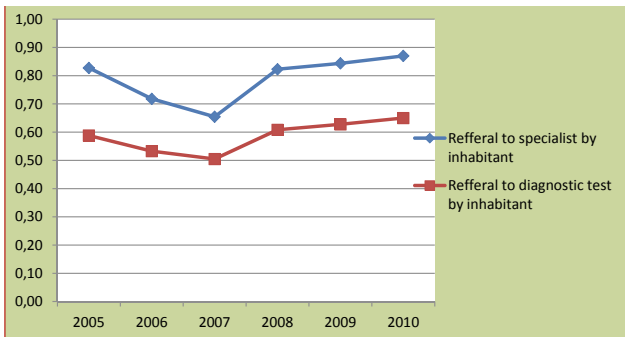
Zenica-Doboj Canton in this period had, by estimate, around 400,000 inhabitants. Outpatient medical care in Zenica-Doboj Canton provide two parallel services, primary health care services, where the job carriers are teams of family medicine and specialist outpatient consultative service. Movement of employees in the past 6 years in primary health care network and CSHC is shown in Table 1

The presented results show that there were no significant differences in the number of doctors in primary health care, CSHC and number of patients in this period.

But looking at the number of requests for health services in primary health care in the period since 2005 to 2010 the



Graph 1. The ratio of patients visits in PHC of ZDK from 2005 to 2010

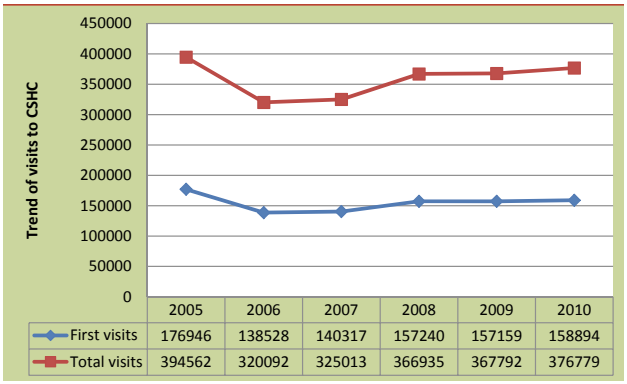


Graph 2. Specialists and diagnostics consultations in ZDK from 2005 to 2010

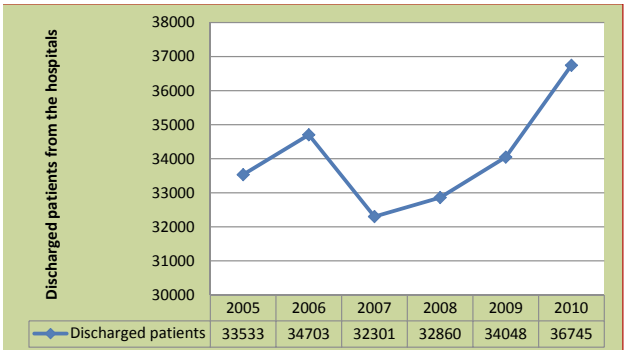
parameters show a downward trend since 2005 until 2007, and then upward trend since 2007 by 2010.

This trend of demands for health services has caused similar trends in number of referred from PHC to consultative specialist and diagnostic examinations.

A similar trend of requests for health services occurs with CSHC, with more re-visits than in the first visits. These are patients who are referred from primary health care by the indication of the PHC doctors and those who were invited to the control examination indicated by the CSHC. We see that the indications for the control exami-



Graph 3. The ratio of patients visits in specialists ambulances from 2005 to 2010



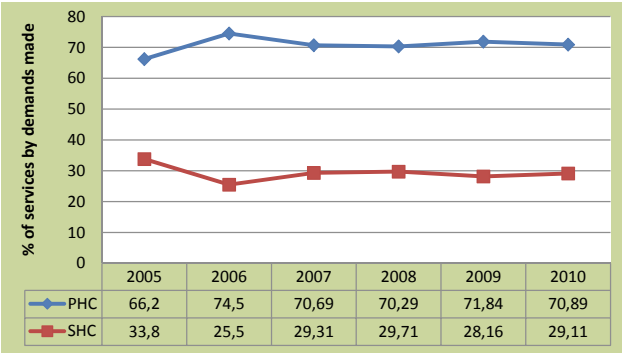
Graph 4. Discharged patients from hospitals in ZDK from 2005 to 2010

nations by doctors from CSHC were much more frequent than indicated for the first examination from the PHC.

Efficiency of movement in pre-hospital treatment of patients can be viewed and observed by trends hospital treated patients. There was a sudden increase in patients discharged from hospitals since 2007 to 2010.

Primary health care must meet the health needs of 80% of the population. The following chart shows the percentage of relations dependency between services provided in PHC and SHC, where in case of drop in the percentage of services in primary health care services there is the growing percentage in SHC. The same chart shows that in the period

observed SHC provides a significantly higher percentage of services to the population than the accepted standards in the world. And given that the consultative specialist care



Graph 5. The ratio of health services in PHC and SHC in ZDK from 2005 to 2010

is much more expensive to us is also as an indication of the irrational policies of the health care system organization.

Analyzing the data by surveying patients the average rating of satisfaction with SHC was 3.04, on a scale where 1 is the best rating and 5 the worst. The survey was conducted in all Canton municipalities and the average score by individual municipalities are given in the following Table 2.

How would you evaluate the total work of specialist services?				
Municipality	Mean	N	Std. Deviation	Variance
Tešanj	2.95	231	1.241	1.541
Usora	2.11	35	1.345	1.810
Doboj Jug	2.70	23	0.974	0.949
Maglaj	2.51	117	1.149	1.321
Žepče	3.31	153	1.497	2.241
Zavidovići	3.11	190	1.319	1.739
Zenica	2.99	636	1.277	1.631
Kakanj	2.84	206	1.249	1.560
Visoko	3.04	198	1.410	1.988
Breza	3.55	73	1.537	2.362
Vareš	3.72	54	1.459	2.129
Olovo	4.19	64	1.320	1.742
Total	3.04	1980	1.352	1.827

Table 2. Assessment of patients' satisfaction with the work of specialists in the ZDC

Patients report that their SCH doctors devote them little time (EUROPEP1% = 10.9, 18.8, 35.7, 20.1, 14.5), make superficial examination (EUROPEP9% = 5.2, 10.5, 23 , 3, 27.5, 33.5) (8), appointed them for unnecessary controls for cases that can be treated by the primary health care physicians or in the case of post-surgical health care by nurses.

4. DISCUSSION

Primary health care in Zenica-Doboj Canton (ZDC) is achieved through locally organized public health centers, whose activity is required for all aspects of health care, financed from budget funds of health insurance. Seeking to provide favorable conditions for the population with open possibility of providing a higher level of health services (secondary – consultative specialist) under organized policlinic health centers. However, this option is used by the local management of health institutions to enter into profitable transactions with contracting consultants, and often did not know that the service provided is covered by health insurance and that was made at the request of the patient and the patient will be asked to pay. Permanent employees working in the Cantonal Ministry of Health, Health Insurance and the Institute of Public Health in the field was able to suppress these negative trends and improve the quality of provided health care trends we see from the demands for health services. So we are in the period until end of 2006 had decreased requirements for health services in primary health care, and SHC, decline in the request for diagnostic tests and consultative specialist examinations, decrease in number of discharged patients from hospitals and increased the percentage of requests resolved at the PHC level. It should be noted the decreasing trend in repeated visits to PHC and SHC as indicators of efficiency and quality of health care.

Regardless of such favorable trends, in early 2007 the decision is made to ensure that the consultative specialist health care will be provided by Cantonal Hospital in Zenica, which will delegate a specialist in primary health care centers according to certain standards as a consultant. This decision apparently wanted to prevent the use of primary health care centers to create extra profit in public health institutions, and decision was actually motivated by protectionist policy to support the development of the hospital as a clinical center. Specifically this and other decisions have created the preconditions for the creation of new departments, the procurement of new technologies and hiring new staff. Such a decision would be good if it was not only politically motivated, in fact all were based on realistic assumptions. In a short period of time they employed a large number of doctors, making it impossible for a longer period to have continual income of new knowledge and ideas. Departments have been established and acquired technology in such an extent as there is no rational foothold in the needs and abilities of the Canton.

Such decision led to the termination of favorable trends in health care provision. Since 2007 we have noticed increased utilization of health services. Poorly motivated specialists, adapting to circumstances, made the shift from a professional, ethical and professional health care (9,10). In a short period of time they examined a large number of patients, ordered the patients for follow-ups several times because of the trivial diagnoses, treat patients who can be treated at the level of primary health care physicians or nurses. In addition, there is a routing of patients to home health care institution (Cantonal Hospital), offering them better treatment. This has created dissatisfied patients, who attempt to solve their problems by asking from the health service more services. They give a poor review of consultative specialist services, often stating that their specialists do not devote enough attention to them, they often do not examine them properly, do not take into account their needs. A large number of requests occurs due to frequent review by the consultants indicate an attempt to justify their existence. A redirection of patients toward hospital trend appears in number of discharged patients. We have also dissatisfied doctors in primary health care because they cannot adequately keep their patients because of interference from

consultants, their professional disdain. Doctors in PHC have been turned into scribes, administrators who there to serve consultants instead of being in opposite situation.

Thus was created a vicious circle leading to progressive growth of cost of health care in the Canton, and, unfortunately, not at the expense of quality, but on account of irrational organized health care, where SHC as a more expensive model of health care services is to be provided to patients instead by doctors and nurses at the level of PHC. This is actually causing loss of funds which should be committed to improving the quality of services in health care.

5. CONCLUSION

This research has shown that inappropriate, based on unrealistic estimates political decision could lead to greater demands and increased spending at the expense of quality in health care. Such decisions and conformist attitudes of specialists are possible because of poor regulation in structured health care. Namely, the Law on Health Care provides only a framework regulation, while the precise and specific regulation should give micro strategic documents, bylaws, clearly defined standards and guidelines for good practices that create an environment for good outcomes of health services.

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