PRIMARY HEALTHCARE IN SOUTH EASTERN EUROPEAN COUNTRIES

Kratko ime ankete: PRIMARY HEALTHCARE

Dolgo ime ankete: PRIMARY HEALTHCARE IN SOUTH EASTERN EUROPEAN COUNTRIES

Število vprašanj: 66

Anketa še ni bila aktivirana.

Avtor: natasa delfar Spreminjal: Spela1

Dne: 24.09.2018 Dne: 03.10.2018

Dear colleague. Thank you for agreeing to take part in this survey assessing primary healthcare in South-eastern European countries. With the survey, we would like to create a snapshot of current PHC system models in SEEHN member states. This important information will help us when planning the detailed programme for the expert meeting on the value of primary health care system strengthening in Ljubljana in November 2018 and the results will be presented there. The questionnaire should take approximately 30 minutes to complete. This survey allows you to stop and continue answering the questions later. Please find the button in the top right corner on each page. Your personal data and other information you will provide will only be used for the purposes of the expert meeting in Ljubljana on 6-7th November 2018 and, upon prior mutual consent, for possible future expert publication purpuse. All data will be kept secure in compliance with General Data Protection Regulation (GDPR). If you have any further questions, please do not hesitate to contact us here: pia.vracko@nijz.si. Please click Next page to begin.

lame - Name:
astname - Last name:
nstitutio - Institution:
Country - Country:

N1 - I. MODEL OF PRIMARY HEALTHCARE (PHC) SYSTEM IN YOUR COUNTRY

	- Which services are offered at PHC facilities? tiple answers are possible
	Family medicine / general practice
	Paediatric services
	Gynaecological services (women's health, reproductive health and family planning)
	Dental medicine services – general
	Dental medicine services – specialist, describe:
	Specialists medical services - other specialities, list:
	Preventive programs
	Emergency care
	District nursing
	Physiotherapy
	Occupational therapy
	Speech therapy
	Services to support self-management of chronic diseases
	Social care services
	Other
Q1a	(1) Q1 = [Q1g] (Preventive programs) a - Which preventive programs are offered? tiple answers are possible
	Vaccination
	Preventive screenings, list:
	Preventive counselling
	Support for healthy lifestyle

IF (2) Q1a = [Q1ad] (Support for healthy lifestyle)

Q1b - What kind of support for healthy lifestyle is offered? Multiple answers are possible					
Physical activity					
Healthy diet					
Quit smoking					
Quit risky alcohol consumption					
Other:					
— Other.					
Q2 - To which of the following discipl	ines do people have	e direct access - witho	ut referral?		
	Var akusus	Was but ast	NI-		
GPs:	Yes, always	Yes, but not obligatory	No O		
Paediatric specialists:	0	0	0		
Gynecology specialists:	0	0	0		
Dentists:	0	0	0		
School medicine specialists:	0	0	0		
Occupational medicine specialists:	0	0	0		
Psychologists:	0	0	0		
Nurses:	0	0	0		
Midwifes:	0	0	0		
District nurses:	0	0	0		
Specialist of Internal medicine:	0	0	0		
Ophthalmologist:	0	0	0		
ENT specialist:	0	0	0		
Surgeon:	0	0	0		
Doctors of medicine, other specialists, specify::	0	0	0		
Physiotherapists (ambulatory):	0	0	0		
Other::	0	0	0		
Other::	0	0	0		
Other::					

stran 4 / 17

Q3 - Do PHC medical teams operate registered lists of patients?
○ Yes, all of them.
○ Yes, some of them, list:
○ No.
Q4 - Is referral from primary care obligatory for visiting secondary care specialists?
○ Yes, always.
○ Yes, but there are exceptions. Please explain:
○ No.
Q5 - Is primary care cooperating with publich health services?
○ Yes, always.
○ No.
IF (3) Q5 = [1, 2] Q5a - In which areas?
Q7 - Is there a care coordinator to navigate patients through medical services?
Q7 - Is there a care coordinator to navigate patients through medical services? ○ No.
○ No.
No.Yes, please describe:
 No. Yes, please describe: Q8 - Is there a chronic non-communicable diseases prevention programme at a national level in place?

	(4) Q8 = [1] (Yes) - What is the targeted population and what is the % of target population involved in the programme?
	0 - Are there oral health promotion programmes in place? tiple answers are possible
	Yes, routine oral health assessment using KEP index or other
	Yes, oral health education in schools
	Yes, supervised tooth brushing schemes in schools
	Yes, promotion of use of fluoride toothpaste
	Yes, regulation of advertising and marketing of food and beverages that are high in free sugars
	Other:
	Other:
	Other:
	No.
as: Q1	(5) Q10 = [Q10a] (Yes, routine oral health sessment using KEP index or other) 1 - Routine oral health assessment using KEP index or other is in place for: tiple answers are possible
	Children
	Youth
	Adults
	Elderly
	- Have policy documents been issued that reflect a government commitment to sustained tuberculosis atrol activities at the national and regional level?
0	Yes
0	No
0	Not yet, it is currently in preparation, please describe:

Q71 - Are there standardized algorithms for detection of tuberculosis, treatment and case reporting in place?								
○ Yes								
○ No								
O Not yet, it is currently in preparation, please describe:								
Q12 - How usual is nurse-led health education in primary care?								
	Does not exist	Rarely occurs	Sometimes occurs	Very often occurs	ls always available			
For adults (e.g. to stop smoking, physical activity, healthy diet, etc):	0	Ο	0	0	0			
Family planning:	0	0	0	0	0			
For children and youth:	0	0	0	0	0			
Diabetes education (to stop smoking, physical activity, healthy diet, etc.):	0	0	0	0	0			
N2 - II. FINANCING MODEL OF PRIMARY CARE SYSTEM								
Q13 - Total expenditure on PHC as % of total expenditure on health:								
Q14 - Total expenditu	re on prevention	and public health	as % of total exp	enditure on health	1:			
Q15 - % of the population fully covered or insured for PHC costs:								

Q16 - What is the purchasing model for PHC providers? Multiple answers are possible						
☐ Capitation						
Fee-for-service						
☐ Flat rate						
Pay-for-performance						
Any combination:						
Q17 - Is there anything els	se you would like	to state about the PH	C payment model?			
Q18 - How are salaried Ph	IC workforce paid Flat salary	Salary related to patient list	Salary related to patient list and performance	Other		
GPs:	0	0	0	0		
Specialists paediatricians:	0	0	0	0		
Specialists gynaecologist:	0	0	0	0		
Dentists:	0	0	0	0		
Other medical specialists:	0	0	0	0		
Diploma nurses in medical teams:	0	0	0	0		
Diploma district nurses:	0	0	0	0		
Physiotherapists:	0	0	0	0		
Psychologists:	0	0	0	0		
Other::	0	0	0	0		

IF (6) Q18a = [4] Q19 - Describe payment model for GPs
IF (7) Q18b = [4] Q20 - Describe payment model for specialists peadiatricians
IF (8) Q18c = [4] Q21 - Describe payment model for specialists gynaecologists
IF (9) Q18d = [4] Q22 - Describe payment model for dentists
IF (10) Q18e = [4] Q23 - Describe payment model for other medical specialists

IF (11) Q18f = [4] Q24 - Describe payment model for diploma nurses in medical teams							
IF (12) Q18g = [4] Q25 - Describe payment	model for diploma	district nurses					
IF (13) Q18h = [4] Q26 - Describe payment model for physiotherapists							
IF (14) Q18i = [4] Q27 - Describe payment model for phychologists							
Q28 - How common it is that PHC facilities have the following equipment available at the premises:							
	Always available	Usually available	Occasionally available	Seldom or never available			
Blood cell counter:	0	0	0	0			
Hemoglobinometer:	0	0	0	0			
Any blood glucose test set:	0	0	0	0			

stran 10 / 17

Coagulometer:	0	0	0	0
Urine strips:	0	0	0	0
Tumor markers test. Specify::	0	0	0	0
Thyroid-Stimulating Hormone (TSH) Levels Test:	0	0	0	0
Ophthalmoscope:	0	0	0	0
Eye tonometer:	0	0	0	0
Otoscope:	0	0	\circ	0
Audiometer:	0	0	0	0
X-ray:	0	0	0	0
Gynaecological speculum:	0	0	0	0
Ultrasound for abdomen/fetus:	0	0	0	0
Infant scales:	0	0	0	0
Transvaginal	0	0	0	0
ultrasound: Vaginal smear microbiological test:	0	0	0	0
Blood pressure meter:	0	0	0	0
Electrocardiograph:	0	0	0	0
Resuscitation equipment:	0	0	0	0
Defibrillator:	0	0	0	0
Bicycle ergometer:	0	0	0	0
Peak flow/PEF meter:	0	0	0	0
Spirometer:	0	0	0	0
Infusion set:	0	0	0	0
Urine catheter:	0	0	0	0
Set for minor surgery:	0	0	0	0
Suture set:	0	0	0	0
Doctor's bag for home visits:	0	0	0	0
Refrigenerator for medicines:	0	0	0	0
Other, list::	0	0	0	0

N3 - III. GOVERNANCE OF PHC AND POLICY IMPLEMENTATION

Q29 - Have policy documents been issued that reflect a clear vision on current and future PHC (for the next five years)?
○ Yes, please decribe:
○ No.
O Not yet, it is currently in preparation, please describe:
Q30 - Have responsibilities for PHC been decentralized to regional or local level?
○ Yes.
○ No.
Q31 - Do formal requirements exist for physicians (such as GPs/family doctors) to work in PHC?
○ Yes.
○ No.
IF (15) Q31 = [1] (Yes.) Q32 - What are the requirements?
N4 - IV. STRUCTURE OF HEALTH PROFESSIONALS (BY BASIC EDUCATION AND SPECIALISATION)
Q34 - Total number of active PHC physicians as a ratio to total number of active specialists at secondary care:

stran 12 / 17

Q35 - What is the age structure of practising GPs/ paediatricians/ gynaecologists/ dentists? If you don't have exact data you can put an estimate. If data don't exist leave empty.

	% GPs	% Paediatricians	% Gyneacologists	% Dentists			
:							
35-44 years of age::							
45-54 years of age::							
55+ years of age::							
Q36 - Have tasks/duties of PHC physicians been described in a law or policy document?							
○ Yes.							
○ No.							
	Q37 - Do national associations or profesionals organizations of GPs / PHC paediatricians / PHC gynaecologists / PHC dentists exist in your country?						
		Yes	No				
	GPs:	0	0				
PHC Pa	aediatricians:	0	0				
PHC Gy	rnaecologists:	0	0				
PHC	Dentists :	0	0				
Q38 - Do national associations or organizations of PHC nurses / district nurses / physiotherapists / psychologists/ occupational therapists exist in your country?							
		Yes	No				
	C nurses:	0	0				
Distri	ict nurses:	0	0				
Physic	otherapists:	0	0				
Psyc	hologists:	0	0				
Occupation	onal therapists:	0	0				

N5 - V. COMMUNICATION BETWEEN PRIMARY AND SECONDARY CARE PROFESSIONALS

stran 13 / 17

out-of-nours services?	
○ Yes, occasionally	
○ Seldom	
○ No, never.	
Q40 - Do secondary care specialists communicate back to a referring primary care physician afte episode of treatment?	er an
episode of treatment?	er an
episode of treatment? O Yes, always	er an
	er an
episode of treatment? O Yes, always O Yes, usually	er an
episode of treatment? Yes, always Yes, usually Yes, occasionally	er an

Q39 - Do PHC practices receive information within 24 hours about contacts that patients have with

Q41 - Is it common for PHC physicians to have regular face-to-face meetings with the following professionals?

	Yes, always	Yes, usually	Yes,	Seldom	No, never
Other GP(s):	0	0	occasionally	0	0
Specialist(s):	0	0	0	0	0
Nurse(s):	0	0	0	0	0
District nurse(s):	0	0	0	0	0
Physiotherapist(s):	0	0	0	0	0
Community pharmacist(s):	0	0	0	0	0
Social worker(s):	0	0	0	0	0
Community mental health workers:	0	0	0	0	0
Other, please describe:	0	0	0	0	0

stran 14 / 17

Q42 - Are there other	means of comm	unication between	primary and sec	ondary care? Ple	ase describe.
N6 - VI. ACTIVITIES F	FOR REDUCING H	HEALTH INEQUAL	ITIES		
Q43 - Is there an exp more evenly?	licit governmenta	al policy to regulat	e the distribution	of PHC providers	and facilities
○ Yes.					
O No.					
Q44 - Total number o	of directly access	ible GPs available	per 100 000 popu	lation:	
Q45 - Do (regional or	national) shorta	ges of PHC physic	ians exist?		
	No shortages	Modest shortage in some regions	Severe shortage in some regions	Modest shortage nationwide	Severe shortage nationwide
GPs:	0	0	0	0	0
Peadiatricians:	0	0	0	0	0
Gynaecologists:	0	0	0	0	0
Dentists:	0	0	0	0	0
Q47 - Do patients no	rmally need to pa	y for:			
		No payment	Some paymer	nt Payment of amour	
A visit to their PHC physician and interventions performed by PHC:		0	0	0	
Medicines or injections prescribed by their PHC physician:		0	0	0	
A visit to a specialist their PHC phys interventions per specialis	ician and formed by	0	0	0	

failure:

				Lonor	-AIV OCCIVITIE
A visit of their PHC p patient's home and performed by	interventions	0	0	0	
A visit to a dentist an performed by		0	0	0	
Q48 - Are there PHC people without healtl		for vulnerable (groups of populatior	such as homele	ess, migrants,
○ Yes					
○ No					
IF (16) Q48 = [1](Ye Q49 - Please describ	•				
N7 - VII. EFFICIENCY	OF PHC AND QUA	LITY CONTRO	L		
Q50 - Are community	v health surveys co	nducted to imp	prove the quality and	responsiveness	of PHC?
Regularly nationwi	de				
 Incidentally nation 	wide				
○ Regularly at local of	or regional level				
 Indicentally at loca 	l or regional level				
Other, please desc	cribe:				
Q51 - To what extent GP?	do patients with th	e following dis	eases receive treatn	nent/follow-up ca	re from their
	Almost always	Usually	Occasionally	Seldom	Never
Chronic bronchitis:	0	0	0	0	0
Peptic ulcer:	0	0	0	0	0
Congestive heart	0	0	0	0	0

stran 16 / 17

				LUNUI	LAN COUNTINES
Pneumonia:	0	0	0	0	0
Uncomplicated diabetes type II:	0	0	0	0	0
Rheumatoid arthritis:	0	0	0	0	0
Mild depression:	0	0	0	0	0
Cancer (in need of palliative care):	0	0	0	0	0
Patients admitted to a nursing home/ convalescent home:	0	0	0	0	0
Q69 - % of total patien referrals to other prov		ed solely by GPs	s / paediatricians /o̯	gynaecologists / c	lentists without
	GPs:				
	Paediatricians	S:			
	Gynaecologist	s:			
	Dentists:				
Q70 - Is there anythin any current activities			ut PHC in your co	untry (examples o	of good practice,

stran 17 / 17