Defining and standardizing primary care in Georgia

Overview

Working towards universal health care, a number of activities have recently been launched in Georgia to improve the quality of care delivered. Proposed actions have focused on expanding the selection of services, introducing a basic package of care with a focus on disease prevention, primary care and emergency medical services. Related efforts include standardizing referrals and care guidelines to strengthen the role of primary care in managing these services. While the initiative is in the early planning stages and the impact of proposed reforms remains to be realized, high levels of government support for improving primary care are evident.

Problem definition

In the early 2010s, the overall burden of disease for Georgia was high, with infectious diseases, mostly preventable with existing vaccines, accounting for 56% of the disease burden among children up to 15 years of age. Noncommunicable diseases, specifically mental health, cardiovascular diseases, cancer and trauma, collectively accounted for 69% of the disease burden observed among the working-age population.[1]

Despite previous efforts to strengthen primary care, gatekeeping by primary care providers remained weak with high rates of provider dissatisfaction as a result. A lack of monitoring and government oversight within the largely privatized health system weakened accountability and hindered performance improvements. Furthermore, a large proportion of the population lacked coverage for basic health services under the private health insurance system and out-of-pocket health expenditures were high (Box 1).

Box 1

What problems did the initiative seek to address?

- Increasing burden of chronicity and noncommunicable diseases.
- Low productivity and provider dissatisfaction.
- Weak gatekeeping ability of primary care.
- Limited coverage for basic health services.

Health services delivery transformations

Timeline of transformations

In 2012, following the election of a new parliament, plans for the introduction of universal health care became the new focus as part of a wider strategy to improve health services delivery (Table 1). An initial benefits package covering primary care and emergency medical services was introduced in 2013, with this later expanded to include elective surgery, oncology and obstetric care. Further reform efforts are ongoing to refine the concept of primary care and strengthen care standards.

Table 1

What were the chronological milestones for the initiative?

2011	National Health Care Strategy 2011–2015 released, defining strategic objectives for strengthening care quality.
2012	Election of new government; National Health Care Strategy expanded to include plans for reintroduction of universal health care.
2013	Basic package of benefits covering primary and emergency medical care, elective surgery, oncology and obstetrics introduced.
Present	Ongoing implementation of the National Health Care Strategy to refine the concept of primary care and strengthen care standards.

Description of transformations

Selecting services. Universal health coverage for a basic package of services including primary and emergency medical care, elective surgery, oncology and obstetric care was recently introduced. Emphasis has been placed on developing disease prevention services including screenings for cardiovascular disease and cancer, as well as developing health promotion services to increase awareness of behavioural factors such as diet, physical activity and tobacco use. Efforts are currently underway to further define and standardize the package of primary care services.

Designing care. Officials within the Ministry of Labour, Health and Social Affairs are developing primary care guidelines and protocols for priority conditions.

Organizing providers. Efforts are underway to establish referral systems between providers and to strengthen the gatekeeping role of primary care. Specifically, a pilot project to standardize cardiology screenings has been put in place.

Managing services. The Ministry of Labour, Health and Social Affairs is responsible for the oversight of services delivery. However, decentralization to the Health and Social Programmes Agency has been seen and an increased role of district-level public health centres in managing care delivery is under discussion.[2] Improvements in health infrastructure are planned with 150 medical facilities targeted for renovation. Efforts are also being made to define the number of health providers per catchment area to improve the planning of human resources.

Improving performance. The Ministry of Labour, Health and Social Affairs plans to offer ad hoc trainings to health providers on new care guidelines once finalized. Close monitoring of providers' adherence to guidelines and standards is also planned to help ensure care quality and patient safety.

Table 2
How was the delivery of health services transformed through the initiative?

Before	After
Selecting services	
Large proportion of population without coverage for basic health services under privatized insurance system.	Entire population provided access to a basic package of services including primary and emergency medical care, elective surgery, oncology and obstetrics; increased emphasis on health promotion and disease prevention services.
Designing care	
Absence of guidelines and protocols for disease management in primary care; weak implementation of limited guidelines in place.	New evidence-based guidelines, protocols and tools for primary care in development; guidelines based on World Bank recommendations.
Organizing providers	
Majority of health providers salaried by privately owned health facilities, with the exception of rural practitioners who are individual fund holders; overabundance of physicians and acute shortage of nurses; weak gatekeeping ability of primary care providers; geographic access to providers is fair, but financial barriers exist.	Initiative plans to strengthen gatekeeping by primary care providers and improve referral systems; reductions in physician numbers are planned with corresponding increases in the number of nurses.
Managing services	
Ongoing investment in health infrastructure; private sector responsible for services delivery with only limited oversight and regulation from the government.	Increased government oversight of services delivery; increased role for district-level public health centres in managing services delivery under discussion.
Improving performance	
Lack of continuing education for providers; absence of monitoring and regulation threatens care quality and patient safety.	Planned training for providers on new guidelines and protocols once finalized; planned implementation of monitoring systems with performance incentives.

Health system enabling factors

The Ministry of Labour, Health and Social Affairs is leading the initiative and working to increase health system stewardship and oversight to support reform efforts (Table 3). The Ministry is responsible for planning and determining health priorities, developing and implementing national policy, ensuring enforcement of health-related laws, collecting and reporting health statistics and regulating health professionals.[3] Under the initiative, the Ministry introduced accreditation requirements for postgraduate medical education programmes, placing stronger focus on clinical training. A mandatory list of minimum quality and safety requirements to be met by all inpatient facilities has also been identified to improve care quality. The Ministry's current priority is the development of a national concept for primary care which, up until now, has not been prioritized at the ministerial level.

We started to develop the national concept for primary health care. We had to agree on what primary health care needs. … So the Ministry two months ago recruited a team of two national consultants who are currently consolidating this concept. This has never been systematized or endorsed by the Ministry before. The two consultants have already drafted a high-quality document, which defines the accessibility criteria and the organizational system criteria. … That document will then act as a guideline to every primary health care centre and as a guide to standardizing this care.

A new health information system has been established and electronic medical records will be developed to centralize patient information. The National Centre for Disease Control has developed a set of population health indicators to facilitate monitoring and evaluation. Additionally, the United States Agency for International Development (USAID) is helping to develop instruments to enable data collection for priority conditions, including cardiovascular disease.

When we looked at the scale of cardiovascular disease burden and also when we looked at the need for strengthening monitoring and accountability of primary health care, it was evident that existing tools and managing systems were not accurate enough.

The Ministry plans to use financial incentives to reward performance improvement, coupled with "rigid sanctions" for non-compliance to standards.

We envisage problems for when we actually start monitoring people because we did a preliminary analysis, which is not official, but when we looked at the utilization of primary health care in rural areas we found that rural physicians are busy only two full months out of the 12-month calendar. So no one was monitoring that; they were receiving their salary. No one was monitoring whether they showed up to the office each day and whether they were doing anything. So we will start monitoring the accountability of services and will be increasing the financial resources for physicians and putting in place financial incentives. Now it is time for accountability and partnership. We need to put in place rigid sanctions.

Outcomes

The initiative is in the early planning stages and consequently the impact of proposed reforms has yet to be realized.

Change management

Key actors

Several actors have already made significant contributions to the design and planning of the initiative (Box 2). The Ministry of Labour, Health and Social Affairs is leading the effort and is currently working with stakeholders, including national and local governments, international development partners and health providers, to build an initiative that

Table 3

How has the health system supported transformations in health services delivery?

System enablers	Example
Accountability	• Ministry of Labour, Health, and Social Affairs working to increase government stewardship and oversight within the health system. • New care standards in development to support standardized and high-quality care.
Incentives	• Planned use of financial incentives and sanctions to encourage adherence to care guidelines.
Competencies	• New accreditation requirements for postgraduate programmes developed.
Information	• New health information system established and electronic medical records in development. • Set of population health indicators selected by the National Centre for Disease Control for monitoring purposes.

is informed by experts and relevant to local situations. However, as the initiative remains in the early stages of development, leaders still "don't have a clear list for who will be involved or who will be in charge of what". Relationships between stakeholders have been described as strong, which has facilitated the change process.

We have been quite lucky that a lot of problems are simplified, as it is usually the political will of the government to advocate on our behalf. We have an excellent understanding with USAID and with all our stakeholders. However, we do envisage that implementation of integrated care guidelines and tools will be a challenge.

Box 2

Who were the key actors and what were their defining roles?

- **Ministry of Labour, Health and Social Affairs**. Leading development of the initiative.
- **World Bank.** Provided technical assistance and guidance in developing new care pathways.
- **USAID**. Described as a key consulting partner; leading a project to develop instruments and standards for improved disease management within primary care.

Initiating change

The initiative is an "ongoing arm" of recent health reforms in Georgia. When the Ministry of Labour, Health and Social Affairs designed the basic package for primary care services to be covered under universal health care, they "realized that if we wanted to move towards integration of primary care, the tools to do this were not there for primary care providers." Following this realization, the Ministry recruited both national and international consultants to plan the initiative and began discussions to start "to develop the national concept for primary health care built on centralizing primary health care".

This initiative is far from implementation. We have an idea and would like to work on this. We are now working on developing the concept of primary care. We think we should first have the concept of primary care, as it is easier to design this initiative and carry out interventions.

Moving forward

The Ministry of Labour, Health and Social Affairs continues to develop the initiative and lead health system reforms. While specific actions to be taken moving forward currently remain undefined, leaders are focused on "creating a system with a clear vision, a clear mandate and simplified standardization procedures that are well monitored and supervised." Once this foundation has been achieved, leaders hope to strategize ways to further improve health system quality.

Highlights

- Articulating a clear government vision ensured reforms had a strong foundation on which to build.
- Learning from previous experiences and international partners helped avoid potential difficulties.
- Inclusion of stakeholders in the design process helped build local consensus for change.
- Following strategy development, detailed plans were drawn up to guide proposed reforms.

1 Ministy of Labour, Health and Social Affairs of Georgia. (2011). *National health care strategy 2011-2015: Access to quality health care*. Retrieved from http://www.nationalplanningcycles.org/sites/default/files/country_docs/Georgia/nhp_georgian.pdf

2 Chanturidze, T., Ugulava, T., Duran, A., Ensor, T., Richardson, E. (2009). Georgia. *Health systems in transition. 11*(8):1-116.