

Macedonian Health Sector Reform Project

JPN 26814-MK

TA in the Primary Health Services Component

Final report

Margus Lember

Heidi-Ingrid Maaros

March 2004

Building on the Inception Report prepared in December 2003 and on the Mid-term Report from February 2004, the current report presents the final recommendations for the development of Primary Health Care and proposes activities to be funded by the II World Bank Health project in Macedonia.

Progress Review

The 3rd visit of the consultants to Macedonia took place on March 7-15, 2004 with the aim of finalising the proposals for PHC development and proposing the activities to be funded by the II World Bank Health project in Macedonia. During the visit, individual working with all the representatives of the working group was performed followed by a joint workshop and the final presentation and discussion of the recommendations. The work was based on the previously agreed principles and defined issues of the highest priority.

Working Group (WG) on PHC Policy Development

1. Dr. Jovanka Kostovska – MOH
2. Dr. Qamil Qamili - MOH
3. Dr. Snezana Kitanceva - HIF
4. Prof. Dr. Jovan Tofoski – Macedonian Medical Association
5. Prof. Dr. Aleksej Duma – Macedonian Doctor's Chamber
6. Prof. Dr. Katica Zafirovska – Medical Faculty Centre of PHC
7. Prim. Dr. Katerina Kovaceva – Association of Physicians-General Practitioners

The process of working with the established working group consisted of the following steps:

1. Critical assessment of the existing pattern of PHC service delivery and education in PHC (inception report)
2. Identifying opportunities for improvement in service delivery, PHC organization, funding and education; prioritizing and finding consensus with the main stakeholders (mid-term report)
3. Recommendations and action plan for identifying possibilities for the funding from the envisaged Health Project; finding consensus with the main stakeholders (final report)

At every step, input from the WG was sought, feedback at the meetings and the reports were received and incorporated into the documents.

The objectives of the PHC reform in Macedonia, defined at the TOR of the consultants were as following:

1. Support implementation of a new model of PHC able to diagnose and treat a wider range of conditions without referral to specialist or hospital care, and able better to coordinate patient care
2. Support reorganization of public providers of PHC and rationalization of the PHC network
3. Support for the HIF in further development of contracts, payment methods and monitoring arrangements for PHC
4. Support for the MOH to implement new legal provisions regarding licensing and accreditation of health care staff, with focus on PHC providers.
5. Support implementation of education and training strategy to establish PHC specialization, the PHC faculty, and include PHC in the undergraduate curriculum as well as sustainable continuation of CME activities for PHC professionals

Final recommendations

Perform an analysis of the PHC workforce: current situation, future and how does it correspond to the population location

In order to plan and implement changes in PHC, this analysis should be considered as a high priority.

The following tasks are important for implementing the recommendation:

- Identify the current location of practices and doctors
- Identify the current location of population
- Perform an analysis of workforce by age groups
- Draw a plan for 2005 after introducing capitation payment in PHC, analyse the consequences of introducing of the capitation payment.
- Draw a plan for 2014
- Define the training need of PHC doctors

- Timeframe: 2004-2005
- This is a task for the MOH jointly with the HIF- for analysis of the current situation; future planning should be performed together with all stakeholders.

Introduce a new PHC doctor/GP into the PHC system

The tasks for implementing this recommendation:

- Review the job description, tasks and rights of PHC physicians.
- Develop and agree a new package of services.
- Define the CME needs of PHC doctors for accreditation.
- Introduce an obligatory CME for all medical doctors (2 weeks per year)
- Develop the plan of how to introduce direct contracts between the HIF and PHC doctors.
- Work out a mechanism for renting offices for PHC doctors in the current health centres.
- Work out and introduce legislation to improve of the referral system.

- Timeframe: 2004-2006

- Task for the MOH jointly with stakeholders
- Accreditation and licensing delegated to the Macedonian Doctors` Chamber

This recommendation means actually permanent work on PHC policy issues and the tasks are interrelated: job description, tasks and rights of a PHC doctor, new basic package of services and training should correspond to each other.

Introduce the EU requirements into medical education

As Macedonia is approaching the EU, there is a need to harmonize the legislation in different areas of society. As the profession of doctors is one of the regulated professions in the EU by special directives, it is needed to compare the current Macedonian regulations with the EU requirements in the following areas:

- List of specialities
- Training duration and content of specialities

There is a need to

- introduce appropriate specialist training
- guarantee appropriate state funding for the whole duration of medical education (including specialisation)
- work out the system of recognition of medical diplomas received outside the EU
- Timeframe: 2004-2006
- Task for the MOH, Ministry of Education, Faculty of Medicine, Macedonian Doctors`Chamber and Macedonian Medical association

A solution must be found for funding of postgraduate medical training (specialisation). According to the EU standard in order to be able to practice independently, an appropriate postgraduate training (specialisation) should be passed. Therefore, the education of doctors should consist of under- and postgraduate parts. It is not the most appropriate way of using resources for training if only the undergraduate teaching is covered by state- with this education the graduates do not have a right for unsupervised practice in the European understanding.

Establish a policy and strategic planning unit at the MOH

As a health care reform is a huge task (as in any country), planning and leading the reform is a demanding task for the MOH. General health care strategy should be directed by the parliamentary committee, strategic planning and implementation lies with the MOH. Establishing a policy and strategic planning unit at the MOH is a task identified also by other consultants, in the field of PHC it should

- plan, follow-up and advise on changes in PHC
- be working with participation of the representatives of the HIF, Skopje Medical Faculty, GP association, Doctors` Chamber and Macedonian Medical Association, their role should be defined and established as external advisers.
- use the expertise of people in Macedonia who have already been prepared and who have experience in PHC reform, alongside with training of new professionals
- Timeframe: 2004-2005
- Task for the MOH
- TA is needed to support the establishment and starting of this unit as well as advising on policy issues. A consultant for the MOH is clearly needed for the starting of this unit and advising the MOH in implementing changes in PHC and advising in handling problems arising when implementing changes. The consultant should have experience in planning and implementing changes in PHC, preferably implementing or consulting the reforms in the East-European countries. The amount of consultancy is 3 person-months over a 2-year period of 2005-2006.

Capacity building of the staff of the MOH in PHC

To improve the role of the MOH in PHC reform, it is essential that personnel working with PHC reform at the MOH should

- have training and study visits to gather the best experience from other countries who have performed comparable reforms.
- have increased commitment to PHC

- have long-term role in PHC development at the MOH to improve the continuity of the reforms
- Timeframe: 2005-2009
- Task for the MOH
- WB loan needed for staff training. Staff of this unit and the key external advisers to the unit, responsible for PHC should have training and study visits to gain the best experience in PHC organisation and reforms. The amount is planned for 10 person-weeks.

Develop incentives to motivate efficiency and quality in PHC

Improving efficiency and quality of care in PHC should be the main objectives in PHC reforms.

The tasks to implement this recommendation:

- Introduce an equal funding system for public and private providers for equal tasks
- Re-evaluate the incentives for quality (e.g. limits in prescribing, referrals)
- Develop a new basic package together with the MOH, medical faculty and representatives of doctors` organisations
- Negotiate yearly the contracts and prices between the HIF and the organisations representing GPs
- Reassess the current structure of prices, to include costs for CME
- Timeframe: 2005-2007
- Task for the HIF and MOH, with input from all stakeholders

There are several issues arising while discussing the efficiency and quality issues which actually must be solved by strategic planning (e.g. immunisations to be organised and paid separately from the basic package, 24 h coverage mechanism etc.).

Introduce patient lists and combined capitation payment for all PHC providers

It needs the following steps to be taken:

- Updating/improving information system to compare patient lists
- Providing all GP practices/health centres with PCs
- Prepare a strategy how to handle possible unemployment, needs for relocation

- Time: 2004-2006
- Task for the HIF and MOH (policy issues)
- WB loan is needed for improvement of software at the HIF and for computerisation of PHC practices/health centres. Introducing capitation payment to all PHC providers (private and public) demands an effective central patient list and software for comparisons and updating the list. The current software at the HIF needs to be improved for this purpose.

Introducing capitation payment to all PHC providers (private and public) demands computers at the practices. Currently most of the private PHC doctors have computers at their offices. Capitation payment needs computers also in practices. As the first step of computerisation, it is foreseen to purchase computers at least 1 to every practice/health station/health centre all over the country. Electronic patient records for out-patient care would be the next step, which can be used only after appropriate hardware is available in all practices. Therefore, at the current moment, priority should be given for computerisation mostly in administrative purposes (urgent need) while the electronic patient records can be postponed for some 5-7 years-the health system is not ready to use them now due to lack of computers and computer skills in general.

Start the CPHC at the Skopje Faculty of Medicine.

This recommendation includes proposals for:

Implementation of undergraduate teaching

- The dean and curriculum development commission of the Faculty of Medicine must include teaching hours for the CHPC in the new undergraduate curriculum starting from October 1st 2004 for the spring term of the first year and last year courses.

- Appropriate undergraduate teaching load is a prerequisite for staffing of the CPHC, as well as for the staff training. As the new curriculum starts from the October 1st 2004, the decisions to give named teaching load must be decided during the next few months.

Implementation of academic PHC in the Faculty of Medicine of the University of Skopje has the first priority role in the whole development of PHC in Macedonia. It gives strength for the PHC speciality, has been a prerequisite for harmonization of Macedonian health care specialist training in EU.

Although it was decided open the CPHC years ago and the head was nominated, it still has no teaching activities. As the faculty decided to implement the new curriculum and include in the first year course the early patient contact, it gives the needed content for the teaching in the CPHC on the first year. We recommend the minimal duration must be at least 4 weeks, but taking into account the importance of the PHC speciality the number of teaching hours should be even higher.

Staffing of the CPHC and training of staff

- Beside the head of the CPHC, for the starting, at least 4 faculty members (part time assistants) must be selected and nominated.
- Technical associates must be selected and nominated. Technical associates are general practitioners and educators who will work on a contractual basis fulfilling certain tasks in education.
- Staff job descriptions must be prepared. Training of the staff of the CPHC includes PHC education courses and visits abroad in respective universities in Europe to create contacts for further international collaboration as twinning universities. For that purpose, 5 one-month study visits, 8 two weeks study visits, 6 one-week visits are proposed. Time for staffing June 2004
- Time for training 2004-2007 Task for the Faculty of Medicine, CPHC and MOHWB loan resources needed

The selection of rooms for the CPHC and clinical educational PHC centre

- The CPHC rooms and the rooms for the clinical educational PHC centre must be selected close to each other and both centres preferably in a public health centre in Skopje.
- The CPHC, Faculty of Medicine and MOH must prepare the list of equipment, procure equipment and develop a plan for civil works.
- Time for the preparation of the rooms is 2004-2006.
- Rooms for the CPHC and clinical educational PHC centre must be rehabilitated and equipped with support from a WB loan (working places for assistants, internet access, computers, computer class, skills lab, consultation skills training class, library with journals and books, equipment for the clinical educational PHC centres (4 GP practices, medical equipment and teaching equipment)).

WB loan support for the starting process should ensure the teaching environment and trained staff and facilitate triggering of all-level teaching activities. Plans for civil works to prepare rooms for the CPHC and clinical educational PHC centre, list and procurement of equipment for teaching purposes and equipment for the clinical educational PHC centre must be done by the MOH and the Faculty of Medicine. The sustainability of the PHC teaching and further professional development of the faculty members in the University of Skopje guaranteed by a future teaching load, by the number of PHC specialist trainees ordered by government and by the number of CME courses ordered by the Macedonian Doctor's Chamber.

Starting PHC specialization

- Number of PHC specialists for training by years must be planned by the MOH in the frames of the whole planning of the health care workforce. Planning consists of the calculation of the existing number of PHC specialists, their ages, the need to replace PHC specialists by regions and the need for new PHC specialists
- The MOH must propose calculated numbers to the Ministry of Education for planning of finances

- To start PHC specialist training from October 1st 2004 with 2 residents offered by the MOH to the faculty and with 2 private residents in 2005 with an individually adapted training plan. The first rotations will be in the closest to PHC specialities- ambulatory gynaecology, emergency, and internal medicine. It allows for new staff of the CPHC to be prepared for full functioning from 2006. Gradual increase of PHC specialist training during 2006-2010 according to the MOH developed plan

Our proposals about the number of PHC specialist trainees are valid for the start, which should be increased according to the development of a workforce plan for Macedonia and determination of the needs for PHC specialists. A full framework of PHC specialist training for Macedonia, according to the European standard, was discussed and consensus reached in the discussions with the WG during a second visit of consultants and this was included in the midterm report. Programmes for PHC specialist training were made already years ago and were waiting for implementation.

Restart CME centres

According to the new health care law regarding licensing and accreditation, the first licence will be given after graduating from the Faculty of Medicine and the second licence after 7 years. Therefore, according to the Law, all working PHC physicians need CME for licensing. To fulfil this task there is an urgent need for the start with CME modules, involvement of trained educators to perform CME courses with giving them a contract with the Faculty of Medicine in the University of Skopje as technical associates of the CPHC.

- To continue with CME in 2005 from the governmental budget in the Health Sector Reform Project.
- To start in 2004 with groups of 30 physicians by funding from different sources with involvement of already trained educators
- Provide otoscopes for graduates from CME courses from a WB loan in the Health Sector Reform Project
- For years 2004-2010, the MOH is responsible in cooperation with the Macedonian Doctor's Chamber, Macedonian Medical Association and Association of Physicians-General Practitioners to plan training needs on a yearly basis

- The Macedonian Medical Association and Association of Physicians-General Practitioners should cooperate with CPHC standardization and running of CME and refreshing courses
- Time: 2004-2010
- Task for the MOH, Macedonian Doctors` Chamber, Macedonian Medical Association and Association of Physicians-General Practitioners, Faculty of Medicine, CPHC Support from the governmental budget and WB loan resources needed

Proposal for activities to be funded by the WB Health Project (according to the structure of the Project)

Component 1: Policy Development and Strengthening

Subcomponent 2: Strategy Development

Consultant services

C. PHC Strategy

2. Foreign consultant (3 person-months) 60,000.-USD

The current PHC reforms have been based on a common understanding of the needs for change. Several steps have been taken in introducing legislative changes, licensing, new payment mechanisms and improving the educational system. Besides the MOH there are other active participants: HIF, Medical faculty, Doctors` Chamber, Medical Association, GP association. However, there is a need for the MOH to have a clear vision of the reforms and a leading role in health policy. There is a need to establish a policy and strategic planning unit at the MOH. A consultant for the MOH is clearly needed for the starting of this unit and advising the MOH in implementing changes in PHC and advising in handling problems arising when implementing changes. The consultant should have experience in planning and implementing changes in PHC, preferably implementing or consulting the reforms in the East-European countries. The amount of consultancy is 3 person-months over a 2-year period of 2005-2006.

Training

3. Implementing PHC reform by the MOH, training visits for 10 person-weeks 20,000.-USD

The current PHC reforms have been based on a common understanding of the needs for change. Several steps have been taken in introducing legislative changes, licensing, new payment mechanisms and improving the educational system. Besides

the MOH there are other active participants: HIF, Medical faculty, Doctors` Chamber, Medical Association, GP association. However, there is a need for the MOH to have a clear vision of the reforms and a leading role in health policy. There is a need to establish a policy and strategic planning unit at the MOH. Staff of this unit, responsible for PHC, should have training and study visits to gain the best experience in PHC organisation and reforms. The amount is planned for 10 person-weeks.

Component 3: Improve Service Delivery

Subcomponent 1: Hospital and PHC Strengthening

Consultant Services

A. Strengthening of PHC training capacity

Local consultants (govt. financed) 106,875.7 USD

To restart the CME activities in CME centres

Goods

Improving an electronic patient list and software for comparison of the lists

50,000.-USD

Introducing capitation payment to all PHC providers (private and public) demands an effective central patient list and software for comparisons and updating the list. The current software at the HIF needs to be improved for this purpose.

Computers (hardware) for PHC doctors 340,000.- USD

Introducing capitation payment to all PHC providers (private and public) demands computers at the practices. Currently, most of the private PHC doctors have computers at their offices. Capitation payment needs computers also in practices. As the first step of computerisation, it is foreseen to purchase computers at least 1 to every practice/health station/health centre all over the country. Electronic patient

records for out-patient care would be the next step, which can be used only after appropriate hardware is available in all practices. Therefore, at the current moment, priority should be given for computerisation mostly for administrative purposes, (urgent need), while the electronic patient records can be postponed for some 5-7 years-the health system is not ready to use them now due to lack of computers and computer skills in general.

**Civil works and equipment for the Centre of PHC at Skopje Medical Faculty
150,000.- USD**

30% for civil works, 70% for equipment.

Creating a teaching environment, (offices for the teaching staff with computers, lecture room and a computer class for students and trainees, skills lab, consultation training possibilities, a library with journals and books) at the Centre of PHC at Skopje Medical Faculty, is a prerequisite for starting the work of the centre. This centre is a high priority, despite the decision of establishment it is not yet working due to lack of space, equipment and teaching staff.

**Civil works and equipment for the clinical educational centre as a teaching base
for the Centre of PHC at Skopje Medical Faculty 120,000.- USD**

30% for civil works, 70% for equipment.

This clinical educational centre should serve as a base for the clinical work of the assistants of the Centre of PHC at Skopje Medical Faculty and a base for trainees in specialisation. As a minimum, 4 equipped GP offices should be established. This clinical centre should be located together with the Centre of PHC at Skopje Medical Faculty, preferably at one of the current Health Centres/Policlinics in Skopje.

Equipment for PHC doctors 120,000.- USD

After passing a CME course the trainees should get some pieces of equipment for their practice. As a new item of equipment, often used in general practice and taught

at the CME, is an otoscope. It permits better diagnosis and avoids referral of many patients, thus increasing the efficiency of PHC.

Training

Staff training of the Centre of PHC,at the Skopje Medical Faculty 70,000.- USD

Educating the academic staff in teaching methods and in organisation of PHC education and twinning university – courses and visits abroad in respective universities in Europe. 4 study visits, a`1 month, 8 two-week visits, 6 one-week visits

Total: 930,000.-USD