

AVAILABILITY OF PRIVATE PRIMARY HEALTH CARE IN THE CITY OF KAUNAS

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Summary

The aim of the study. To evaluate patients' opinion about the accessibility of the provided services in private primary healthcare institutions of Kaunas city.

The contingent and the methods of the study. The study was conducted in 2009. A questionnaire survey involving 280 people was carried out. All of them were registered with family physicians at primary health care institutions. For the study, we used 20-item anonymous questionnaires which focused on the availability of services provided by primary health care institutions. The studied attributes were described as relative values expressed as percentage, and 95 % confidence intervals (CI) were calculated. The chi-square criterion was applied for the comparison of the distribution of the analyzed features among the clinics.

Results. The study showed that 73.5 % (95 % CI=68.3–78.7 %) of the respondents spent up to half an hour to reach their health care institutions. Also, 61.8 % (95 % CI=56.1–67.5 %) of the respondents indicated that they spent less than 5 minutes when waiting at the reception, while 58.4 % (95 % CI=52.6–64.2 %) of the respondents stated that they spent over 15 minutes when waiting at a family physician's office door. The survey also showed that 41.9 % (95 % CI=36.1–47.6 %) of the patients thought that waiting lines at primary healthcare institutions were inevitable.

Conclusions. According to the study data, 73.5 % of the patients spent less than half an hour to reach the healthcare institution, 61.8 % of the patients spent more than 15 minutes while waiting at a family physician's consulting room, and 41.9 % of the patients thought that waiting lines to register for the family physician's consultation at a primary healthcare institution were inevitable.

Keywords: primary health care, health care service availability, patients' opinion.

INTRODUCTION

The citizens of the Republic of Lithuania and citizens of other countries permanently residing on Lithuania have the right to receive personal healthcare services; this right is guaranteed by the State and the laws. The guidelines established by the laws of the healthcare system provided conditions for the creation of the standards of the availability of healthcare services, since the availability of healthcare services was one of the main principles of the organization of healthcare. The implementation of this principle is ensured when healthcare services are available for the majority, and the main conditions – for all the citizens of the country. The services have to be close enough

to a citizen, and the price of the services has to be acceptable for poor members of the society [1–5].

During the last decade, numerous studies (mostly, abroad, and – to a lesser extent – in Lithuania) have analyzed the accessibility and the quality of the services provided on the primary healthcare level. These studies are undoubtedly important for an objective evaluation of the ongoing changes in primary healthcare, and for the identification and correction of the drawbacks of the healthcare reform. Significant attention in the evaluation of the accessibility of primary healthcare services is paid to the patients' opinion about this issue [6–10].

The aim of this study was to evaluate patients' opinion about the accessibility of the provided services in private primary healthcare institutions of Kaunas city.

THE CONTINGENT AND THE METHODS

For this study, we randomly selected private healthcare institutions located in Kaunas city and

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providing services to at least 3,000 registered patients: close corporations “Fama Bona”, “Eigulių šeimos sveikatos centras” (“Eiguliai Family Health center”), “Ars Medica”, and “Bendrosios medicinos praktika” (“General Medicine Practice Clinic”). This survey involved random patients who were registered with a family physician in those clinics. A total of 280 people (response rate – 67 %) were surveyed. This survey was carried out in 2009, applying a questionnaire survey method. The questionnaires were given to the patients at the reception during their visit at a primary healthcare institution. The questionnaire form consisted of 20 questions. Anonymous forms with questions concerning the quality of the services provided by the institutions of primary healthcare were used for the survey. During the evaluation of the accessibility of the services, the patients were asked how much time they spent on the way to the family physician, whether they were satisfied with the work of the reception, how much time they spent while waiting in line at the physician’s office, how they evaluated the possibility to solve health-related problems via phone consultation with the physician, whether they used telephone registration for a physician’s consultation, and how they evaluated the physician’s services. The respondents also provided information about their age, sex, education level, and occupation.

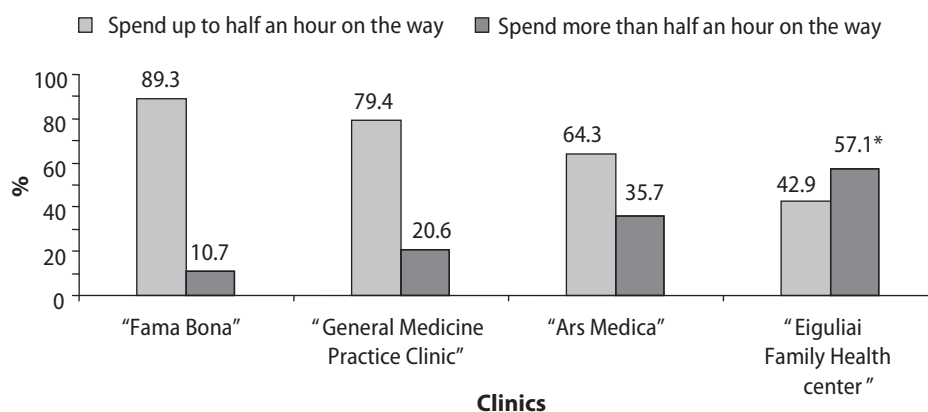
In total, this study included 280 respondents (94 (33.6%) males and 186 (66.4%) females) randomly selected from four healthcare institutions, the number of the respondents selected from each institution being proportional to the total number of patients registered with that institution. The respondents’ age ranged from 18 to 70 years; 32.0 % of the respondents were younger than 30 years of age, 64.0 % were 30 to 59 years old, and 4.0 % of the patients were 60 to

70 years old. Every second patient (56.4 %) surveyed in a private clinic had higher education level, and 25 % of the respondents had unfinished higher or secondary education levels. Patients who were registered in private clinics were distributed according to their positions as follows: the greatest part consisted of specialists/employees (45.4 %), workers/technical staff (13.2 %), businessmen (12.5 %), and managers of the highest/middle level (10.7 %); the remaining individuals were currently studying or unemployed. There was no statistically significant difference in patient distribution by sex, age, or occupation between the studied healthcare institutions.

The obtained data were analyzed by applying non-parametric statistical analysis techniques. The studied attributes were described as relative values expressed as percentage, and 95 % confidence intervals (CI) were calculated. The chi-square (χ^2) criterion was applied for the comparison of the distribution of the analyzed features among the clinics. The differences were considered to be statistically significant when $p < 0.05$. The data were processed using SPSS 20.0 statistical software package.

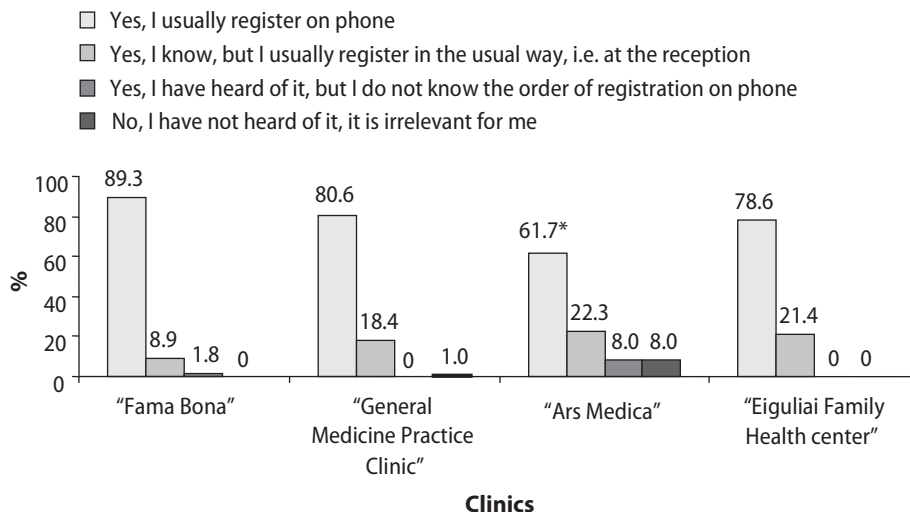
RESULTS

The majority of the respondents (45.9 %) claimed that they went to a family physician very rarely (once a year), and 29.4 % of the respondents indicated that they went to a family physician once in three months. The study showed that 73.5 % (95 % CI=68.3–78.7 %) of the respondents spent up to half an hour to reach their healthcare institutions. The comparison of the respondents taking into consideration the time they spent when going to the clinic showed a significant difference between the clinics ($\chi^2=20,507$, number of degrees of freedom (df)=3, $p < 0.001$) (Fig. 1). The



* $p < 0.05$, compared to the clinic "Fama Bona".

Fig. 1. Patients’ distribution according to the time spent on the way to the primary healthcare institution



* p<0.05 compared to clinics "Fama Bona" and "General Medicine Practice Clinic".

Fig. 2. Patients' distribution according to the opinion about the possibility to register for a family physician's consultation on phone

majority of the patients who spent more than a half of an hour while going to the clinic were those of "Eiguliai Family Health center" (57.1 %).

The study showed that the absolute majority of the respondents were satisfied with the territorial availability of clinics. The best evaluation of the availability was provided by the patients of "Fama Bona" – there was not a single patient who would have indicated that he/she was dissatisfied with the time spent while reaching the clinic. Meanwhile, in the clinic "General Medicine Practice Clinic", there were 7.8 % of patients dissatisfied with the time spent when going to the clinic, in the clinic "Ars Medica", there were 10.3 % of such patients, and in "Eiguliai Family Health center" – 9.1 % of such respondents. This fact indicates that the distance is not always important when choosing the clinic. However, when comparing all four clinics, the difference between the results was not statistically significant ($\chi^2=5.542$, $df=3$, $p>0.05$).

Many of the surveyed subjects claimed that they usually registered for a family physician's consultation by phone. Over 80.0 % of the patients of "Fama Bona" and "General Medicine Practice Clinic" usually registered for a family physician's consultation by phone, compared to only 61.7 % of "Ars Medica" patients ($p<0.05$) (Fig. 2). The study also showed that 1.8 % of the patients registered with "Fama Bona" and 8.0 % of the clients of "Ars Medica" had heard about registration by phone, but did not know the procedure, while 1.0 % of the

clients of "General Medicine Practice Clinic" and 8.0 % of the clients of "Ars Medica" indicated they had never heard of registration by phone and that this was irrelevant to them.

Also, 41.9 % (95 % CI=36.1–47.6 %) of the patients thought that waiting lines at primary healthcare institutions were inevitable because each patient is different, and thus the physicians find it difficult to estimate how long each visit would take. In addition to that, 54.6 % of the patients of "Fama Bona" and 46.3 % of the patients of "Eiguliai Family Health center" claimed that at least a short period of waiting was unavoidable in individual cases. The survey showed that 28.6 % of the respondents of the private clinic "Ars Medica" thought that there should be no waiting lines in healthcare institutions because lines indicated poor work organization on the part of the administration of the institution (Fig. 3). The difference among the clinics was statistically significant ($\chi^2=18.137$, $df=6$, $p<0.01$).

Table 1. Patients' distribution according to the time spent while waiting in a line at the reception of primary health care institutions

Minutes	"Fama Bona"	"General Medicine Practice Clinic"	"Ars Medica"	"Eiguliai Family Health center"	Total
≤5	87.5 %	50.0 % *	45.5 % *	64.3 %	61.8 %
6–10	8.9 %	38.8 % *	38.4 % *	35.7 %	30.5 %
>10	3.6 %	11.2 %	16.1 %	0 %	7.7 %

* p<0.05, compared to the clinic "Fama Bona".

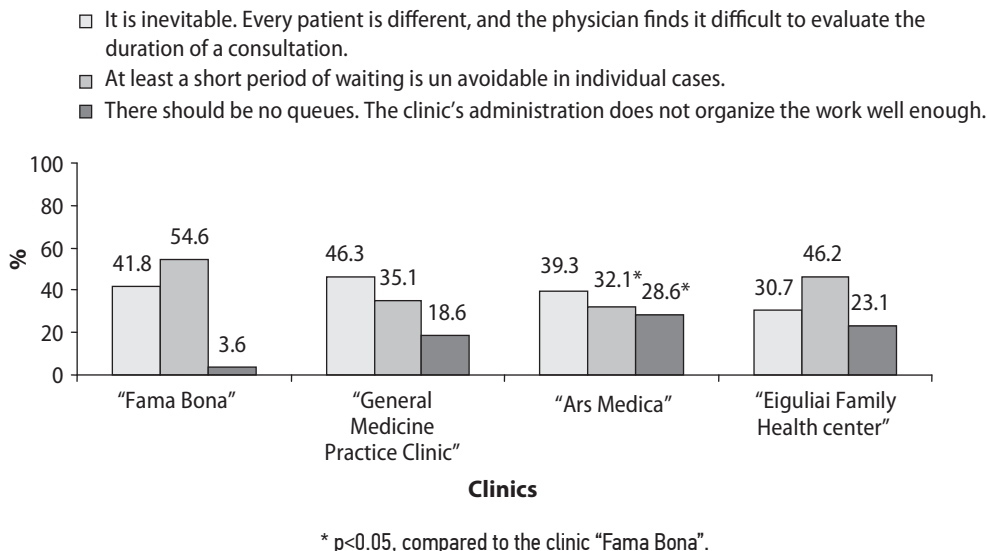


Fig. 3. Patients' opinion about waiting lines when registering for the physician's admission at primary healthcare institutions

The study also showed that 61.8 % (95 % CI=56.1–67.5 %) of the respondents indicated that they spent less than 5 minutes when waiting at the reception. The majority of the patients who presented this answer were registered with "Fama Bona" (87.5 %), while in other clinics there were fewer patients who chose this answer: 50.0 % in "General Medicine Practice Clinic", 45.4 % – in "Ars Medica", and 64.3 % – in "Eiguliai Family Health center" (Table 1). Also, 3.6 % of patients from "Fama Bona", 11.2 % of patients from "General Medicine Practice Clinic", and 16.1 % of patients from "Ars Medica" claimed that they spent more than 10 min. while waiting at the reception.

The results of the survey revealed that 40.0 % of patients from "General Medicine Practice Clinic" and 38.3 % of patients from "Ars Medica" thought that a too small reception was the main reason for the queues at the reception (Fig. 4), while 50.0 % of the respondents from "Fama Bona" indicated that the reception lacked specialists and equipment; 36.4 % of patients registered with "Eiguliai Family Health center" claimed that work was not organized well in the clinic, and 36.4 % of them indicated a lack of personnel and equipment.

The analysis of the survey results showed that 58.4 % (95 % CI=52.6–64.2 %) of the respondents

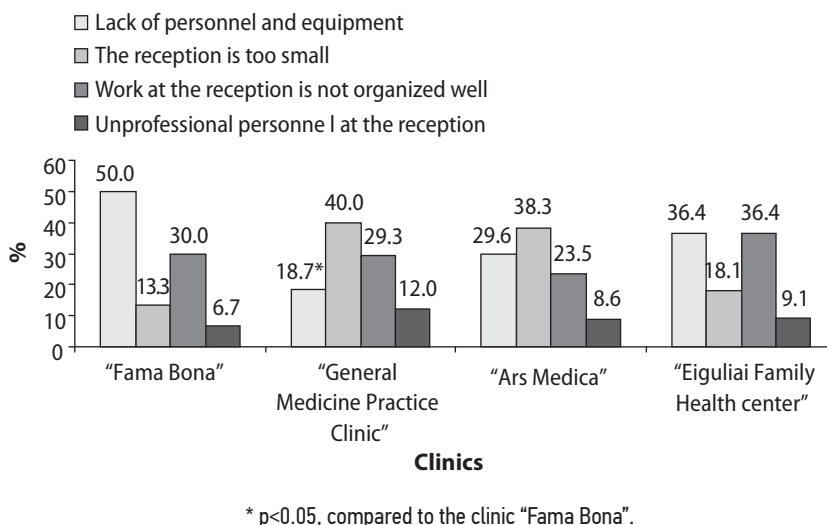


Fig. 4. Patients' distribution by their opinions about the main reasons for waiting lines at the reception of primary healthcare institutions

Table 2. Patients' distribution according to the time spent waiting in a line at a family physician's consulting room

Minutes	“Fama Bona”	“General Medicine Practice Clinic”	“Ars Medica”	“Eiguliai Family Health center”	Total
≤15	57.1 %	45.9 %	34.8 % *	28.6 %	41.6 %
16–30	37.5 %	44.9 %	48.2 %	57.1 %	46.9 %
>30	5.4 %	9.2 %	17.0 %	14.3 %	11.5 %

* $p < 0.05$, compared to the clinic “Fama Bona”.

stated that they spent over 15 minutes when waiting at a family physician's office door. The majority of the patients who had to wait for more than 30 minutes at a family physician's consulting room were those registered with “Ars Medica” (17.0 %), while the lowest number of such respondents was at “Fama Bona” (5.4 %) (Table 2). The shortest waiting time at a family physician's consulting room (up to 15 min) was indicated by 57.1 % of the clients of “Fama Bona”, whereas in “Ars Medica”, there were 34.8 % of such patients ($p < 0.05$).

According to the survey results, 57.9 % of the clients of “Fama Bona”, 30.8 % of those registered with “General Medicine Practice Clinic”, 32.1 % of those at “Ars Medica”, and 41.7 % of the patients of “Eiguliai Family Health center” had to queue up at family physicians' consulting rooms because the clinics wanted to service too many people. Also, 31.6 % of “Fama Bona” clients, 38.5 % of “General Medicine Practice Clinic” clients, 40.7 % of “Ars Medica” clients, and 8.3 % of the patients registered with “Eiguliai Family Health center” claimed that the time allocated for a physician's consultation was too short. Besides, 50.0 % of “Eiguliai Family Health center” patients and only 10.5 % of “Fama Bona” patients indicated too short working hours of a physician as the main reason for queues at a family physician's consulting room ($p < 0.05$).

DISCUSSION

The availability of healthcare is one of the main principles of the organization of healthcare services. The distance to a healthcare institution is seen as one of the barriers of the availability of healthcare [3]. A study carried out by J. T. Hart showed that provision with healthcare services was lower in economically poorer locations, while more citizens with higher healthcare needs lived in those areas than in richer regions [11]. According to a study carried out by Ž. Milašauskienė et al.,

persons with further education levels evaluated the territorial availability of a healthcare centre by 3.9 times, and those with higher education – by 6.9 times better when compared to the respondents with basic education [12].

The personnel's communication in the clinic is one of the most important criteria when evaluating the availability and quality of services. According to the data of a study carried out by I. Petrauskienė et al., the patients who chose a family physician working in a private health care institution were more satisfied with the availability of primary healthcare services compared to those who chose a physician working in a municipal healthcare institution: they were more satisfied with the provided healthcare services and the organization of the work of the chosen healthcare institution, the physician's qualification and his/her communication, and a shorter period of time when waiting for a physician's consultation also, they were more often informed about their health condition, tests, the course of the treatment, and the prognosis of the disease. As much as 76.4 % of the respondents were inclined to choose a private family physician in the future [13]. According to the data of our study, the majority of the patients were satisfied with the availability of their clinic at the studied private primary healthcare institutions.

A study carried out by J. Kairys et al. determined that 72.2 % of the respondents thought that the problem of queues existed in the clinics [4, 14]. The study carried out by Ž. Milašauskienė et al. evaluated the time patients spent when waiting at the reception, when more than two thirds (73.6 %) of the surveyed respondents noted that they had waited for a short period of time at the reception [12]. We determined that about 50.0 % of the patients spent up to 5 minutes at the reception.

I. Kameneckaitė, when analyzing the organizational availability of healthcare as a barrier to get to a physician, indicated a long period of waiting (before the visit to a physician and before the physician calls the patient in to a consulting room). In addition to that, literature sources describe a link between delayed visits and patients' dissatisfaction with the services [15]. The study carried out by J. Petrauskienė et al. showed that 34.9 % of the patients waited at a family physician's office for 10 to 20 min., 34.8 % of the patients waited for 20 to 40 min., and 30.3 % of the respondents waited

for more than 40 min. [13]. Our study showed that more than 50.0 % of the patients waited at a family physician's consulting room for more than 15 minutes. Queues at a physician's consulting room are evidence of drawbacks of work organization. According to the data of a study carried out by J. Vladičkienė et al., physicians acknowledged that the time intended for a patient's visit was not sufficient for filling out the documents and for devoting enough time to the patient [16].

V. Bankauskaitė et al. performed a study where they analyzed the reasons for people's dissatisfaction with healthcare in Lithuania. This issue was analyzed on three levels – the system, the organizational, and the individual ones. On the system level, dissatisfaction with the organization of the whole healthcare was indicated; that patients claimed that they were dissatisfied with the healthcare reform since it contained a lot of bureaucracy (physicians have to fill out a lot of documents instead of using that time for communication with their patients), it was difficult to get to a specialist, and medical services and medicines were expensive. On the organizational level, a long period of waiting at physicians' consulting rooms and the shortage of equipment to perform diagnostic tests were indicated. On the individual level, patients claimed that the personnel lacked expertise and responsibility, that too little information was provided to them, and that those who had no money were provided with poor-quality services [17]. A study carried out by J. Petrauskienė et al. analyzed the main reasons for patients' dissatisfaction with the services provided by a family physician. During the study, patients indicated the following reasons: a physician pays too little attention to the patients, a long period of time spent waiting at a family physician's consulting room, insufficient qualification of family physicians, and refusals to refer to a specialist [13]. According to the data of our study, a large percentage of the patients (30.0 % to 50.0 %) thought that waiting lines in primary health care institutions were inevitable.

As recipients of a service, patients find the availability of the information about the healthcare institution, its employees, and the provided services important, since such information stimulates society members to use the appropriate services provided by a health care sector optimally, and strengthens the role of a specific clinic, at the same

ensuring advantages over other clinics located in the territory, i.e. strengthens the healthcare institution's competitive ability. The provision of information about the health condition is important when giving the patients the majority of the responsibility for their own health [1, 18]. A patient has to be informed about his/her health condition, the diagnosis, the process of treatment, the purpose and the results of the tests, and the possible side effects of medications [19–21].

In addition to the assurance of a sufficient amount of human and financial resources, increasing the availability of healthcare services requires improving the position of the healthcare network and the structure and work organization of the institutions by implementing new diagnostic, therapeutic, and information technologies. A wide application of information technologies in the work of a healthcare institution is one of the most important conditions for improving the quality of healthcare services [1, 22–24].

Summing up, it can be stated that the quality of healthcare services depends not only on bony resources and technical possibilities (the variety of the provided services, the level of medical technology, and the possibilities of the medical equipment), but also by the flexible application of the principles of modern management in the organization of healthcare institutions' work.

We think that the limitation of our study is that we did not evaluate the accessibility of healthcare services in public primary healthcare institutions, focusing on private healthcare units instead.

CONCLUSIONS

1. The study showed that 73.5 % of the patients spent less than half an hour to reach the healthcare institution.
2. According to the questionnaire survey, 79.0 % of the respondents usually registered for a family physician's consultation by phone. Concerning the waiting time, 61.8 % of the patients spent less than 5 minutes at the reception, and 58.4 % of the patients spent more than 15 minutes while waiting at a family physician's consulting room.
3. The study also showed that 41.9 % of the patients thought that waiting lines to register for the physician's consultation at a primary healthcare institution were inevitable.

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Privačių pirminės sveikatos priežiūros paslaugų prieinamumas Kauno mieste

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Santrauka

Tyrimo tikslas – įvertinti pacientų nuomonę apie teikiamų paslaugų prieinamumą privačiose Kauno miesto pirminės sveikatos priežiūros įstaigose.

Tyrimo kontingentas ir metodai. Tyrimas vykdytas 2009 m. Atlikta 280 asmenų anketinė apklausa. Visi tiriamieji buvo prisiregistravę pas savo šeimos gydytojus pirminės sveikatos priežiūros įstaigose. Tyrime naudota 20 klausimų anoniminė anketa, kuria vertintas pirminės sveikatos priežiūros įstaigose teikiamų paslaugų prieinamumas. Tiriamosios savybės buvo aprašytos kaip procentais išreikštos santykinės vertės, taip pat buvo apskaičiuoti 95 proc. pasikliautinieji intervalai (PI). Lyginant tirtų savybių pasiskirstymą tarp klinikų, taikytas *chi* kvadrato kriterijus.

Rezultatai. Tyrimo metu nustatyta, kad 73,5 proc. (95 proc. PI = 68,3–78,7 proc.) respondentų kelionė į jų pasirinktas sveikatos priežiūros įstaigas trukdavo iki pusės valandos, 61,8 proc. (95 proc. PI = 56,1–67,5 proc.) respondentų nurodė, kad registratūroje laukdavo trumpiau negu 5 min., o 58,4 proc. (95 proc. PI = 52,6–64,2 proc.) respondentų teigė, kad jiems prie savo gydytojo kabineto durų tekdavo laukti ilgiau negu 15 min. Tyrimas taip pat parodė, kad 41,9 proc. (95 proc. PI = 36,1–47,6 proc.)

pacientų manė, jog pirminės sveikatos priežiūros įstaigose eilės yra neišvengiamos.

Išvados. 73,5 proc. pacientų savo sveikatos priežiūros įstaigas pasiekdavo greičiau negu per pusvalandį. 61,8 proc. pacientų prie savo šeimos gydytojo kabineto durų laukdavo ilgiau negu 15 min. 41,9 proc. pacientų manė, kad norint patekti į šeimos gydytojo konsultaciją pirminės sveikatos priežiūros įstaigoje eilės yra neišvengiamos.

Reikšminiai žodžiai: pirminė sveikatos priežiūra, sveikatos priežiūros paslaugų prieinamumas, pacientų nuomonė.

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