

Międzywydziałowa Katedra i Zakład Zdrowia Publicznego Akademii Medycznej w Lublinie  
Kierownik: prof. dr hab. Maciej Latański

MACIEJ LATALSKI, HANNA SKÓRZYŃSKA,  
EWA RUDNICKA-DROŻAK

*The evaluation of the first period  
of the health service reform*

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Ocena pierwszego okresu funkcjonowania reformy służby zdrowia

The aim of the study was to give preliminary estimation of functioning of the health service after the introduction of the reform on the basis of the opinions of the patients who used the services of the public health institutions.

INTRODUCTION

The most important legal act that has given warranty for reforming Polish health service system is the Act of the National Health Service Institutions of October 31st, 1991. It enables the introduction of the regulated market that sets in motion the mechanisms of competition between service providers who solicit public resources triggering their more effective distribution. In practice it means that instead of covering costs of the resources (e.g. hospitals, clinics) the most essential services are financed. Quality in medicine is a complex issue with its economic as well as moral, ethical and psychological aspects. In a widely used classification by Donabedian, one of the creators of the modern system of quality improvement, three spheres supplementing one another can be distinguished: 1) technical quality directed towards achieving possibly the most satisfactory state of patient's health (optimum use of scientific achievements, clinical methods, medical technologies etc.); 2) positive interpersonal relations between all the individuals participating in treatment; 3) environment i.e. dwelling conditions of the places where medical treatment is carried out.

When we take into account the multiplicity of elements that affect the effective work of health service institutions we cannot expect very good opinions about the reform that is being introduced.

## MATERIAL AND METHODS

The study included 151 patients who used health services on the basis of the insurance at the Local Health Service. The survey was carried out in a period from April to May 1999 i.e. a few months after the introduction of the health service reform. Therefore these data can be treated as a preliminary evaluation of the reform functioning on the basis of patient's opinions.

Standardized survey questionnaire was an instrument of the research. The questionnaire contained 19 questions of which 18 were one-choice questions and one required indication of one or more possible answers. Information gathered by means of the survey underwent statistic analysis and enabled the formulation of the opinion about the accessibility and quality of medical services in a new reality.

## RESULTS AND DISCUSSION

151 patients chosen at random took part in the survey. The patients used medical services at the general practitioner's in Lublin. 63.5% of the group were women, 36.5% – men. The average age of the subject was 54. The large majority among the patients were people professionally inactive who used medical services most frequently including: retired employees (41%), pensioners (22.5%), unemployed (11%). The percentage of the patients professionally active was 21.2%, 5.3% of the patients were students.

Until the introduction of the new health service system most of the patients were under medical attention of general practitioners being regularly treated because of chronic diseases such as hypertension, coronary heart disease, degenerative diseases of the osseous system etc. They constituted 68% of the whole. Among the remaining patients 27% used general medical services only in cases of sudden illnesses and only 5% of the subjects were not treated by general practitioners. Up till the moment of the reform introduction they had been treated by specialists only and in the new reality they were forced to choose a general practitioner (G.P.) who was to decide about the necessity of further special-istic medical treatment.

One of the rights that patients are entitled to according to the new health service reform was the free choice of a doctor. As far as the cases of the surveyed patients are concerned, the main factor determining their choice was their residence. 94.5% of the surveyed patients made their choices on the basis of their current dwelling-place and only 5.4% of the patients chose a G.P. outside their district.

Another assumption of the reform was the improvement of accessibility to health services. The patients' opinions about issue turned out to be generally negative (Fig. 1). 81% of the survey participants found it more difficult to visit a general practitioner in the present reality than it had been before, 16% of them did not observe any differences in this respect. Only 3% of the subjects claimed that the access to G.P.'s was better at present in comparison with the period before the reform.

According to 89% of the patients the queues to general practitioners' consulting rooms are much longer now than before the reform, which makes the period of waiting for a consultation much longer. The remaining 10.2% of the patients opposed this view. It is possible that the prolonged time of waiting for a consultation was connected with necessity of registering much earlier (Fig. 2). According to 69.3% of the patients the most important condition to visit a doctor was an early morning

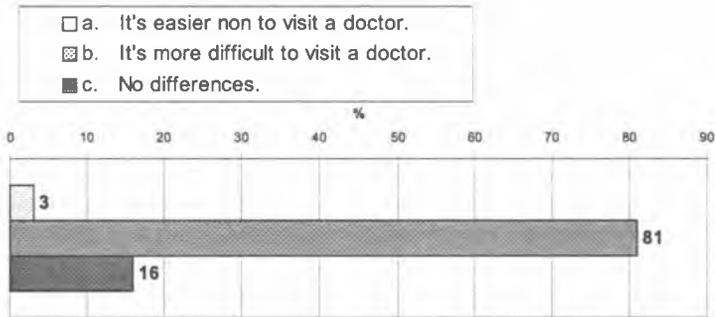


Fig. 1. Evaluation of accessibility to general practitioner after the introduction of the reform

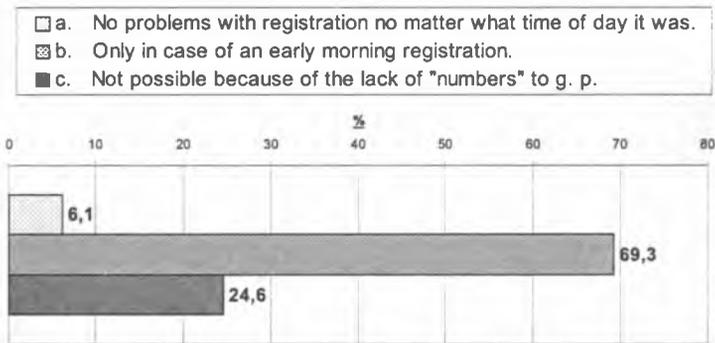


Fig. 2. Possibility of receiving consultation from general practitioner

registration. 24.6% of the patients claimed that they did not manage to consult their doctor because of the lack of "numbers" (only a selected number of people who get their "numbers" can visit a doctor during one workday). Only 6.1% of the subjects found the access to doctors easier now irrespective of the part of the day. These obstacles triggered the necessity of choosing different forms of treatment. 31% of the surveyed patients claimed that they had been made to use the services in private consulting rooms or clinics.

One of the new principles introduced at the beginning of the year is that it is necessary to consult G.P. in order to receive specialistic treatment or hospitalization. The subjects, as many as 79.9%, maintained that it was much more difficult to be sent to a specialistic treatment, 21.1% did not agree with this statement. Afterwards the subjects were asked to state whether there was a necessity to move their treatment from a specialistic to a G.P. consulting rooms or clinics. In cases of 1.9% of the patients belonging to this group it was caused by their health improvement and the fact that specialistic treatment was not required any longer, 44.5% of the subjects explained the fact by means of inability to get

to a specialist and 39.7% – by means of the necessity to use services of private specialists. The new principles discussed above undoubtedly caused much chaos and the queues to general practitioners became longer as crowds of people expected G.P.'s to send them to specialists.

Similar opinions of the patients concerned the accessibility to supplementary examinations (such as: blood tests, urinalysis, ECG, X-ray examination ) (Fig. 3). 67.2% of the subjects claimed that G.P.'s were unwilling to directing patients to supplementary examinations. 20.8% of the patients had to pay for examinations because of the difficulties in getting a document entitling to supplementary examinations because of a long period of waiting. Only 12% of the surveyed patients observed no differences in comparison with the period before the reform.

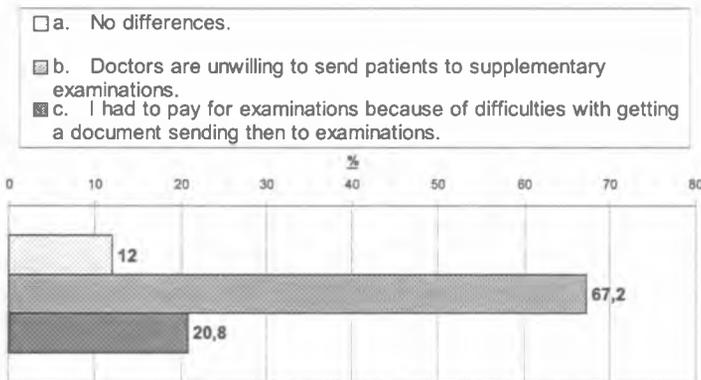


Fig. 3. Evaluation of accessibility to supplementary examinations

The patients' opinions about the possibility to supplement their general course of treatment with sanatorium treatment were mostly positive. 28% of the subjects got to sanatorium treatment without any problems. Only 2.9% of the patients' request, for treatment were not realised despite their earnest efforts. The rest (69%) did not apply for this form of treatment.

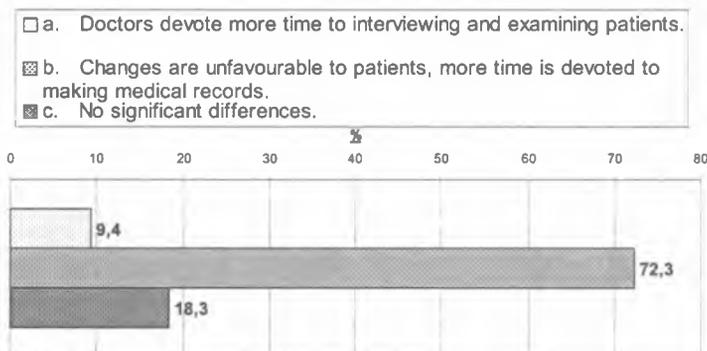


Fig. 4. Changes concerning quality of medical services in local health centres

The level of patients' satisfaction with the quality of medical services after the introduction of the health service reform was not very high (Fig. 4). Only in the view of 9.4% of the surveyed people the attitude of doctors towards their patients improved. According to them at present doctors devote more time to interviewing and examination. 18.3% of the patients did not observe any significant differences in the quality of health services offered. The large majority, as many as 72.3% of the subjects, gave negative judgements about the quality of medical services. The patients claim that such a situation results from the fact that much more time has to be devoted to making extensive medical records at the cost of limiting time for medical examination.

General evaluation of the first period of the health service reform is not satisfactory in the view of the patients (Fig. 5). The changes that have been introduced cause much chaos and make the process of treatment far more complicated. The changes, according to 86.3% of the subjects, are not beneficial for patients and, according to 79%, they are also unfavourable for doctors' work. The percentage of people satisfied with the functioning of the health service in the new reality is low. 12% of the subjects found the changes beneficial for patients and only 9.3% found them beneficial for doctors.

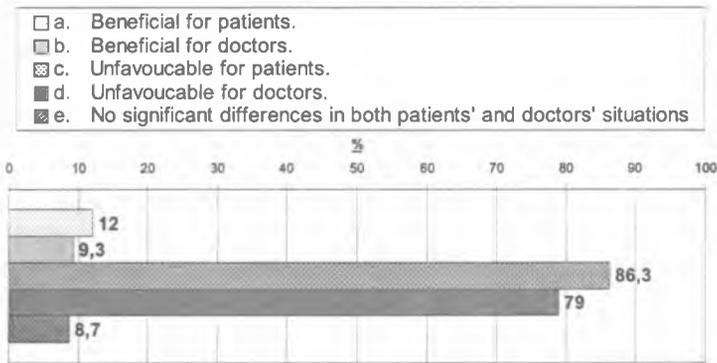


Fig. 5. Evaluation of the first period of functioning of the health service reform in patient's opinions

On the basis of the information gathered above we can claim that for most patients who are treated services are not satisfactory. This negative attitude results from the multiplicity of difficulties that arose in the new reality. The assumptions of the reform suggested improvements in accessibility and quality of services. The system made a general practitioner the most important factor of the health service. A G.P. was supposed to be a guide to the health service system and a "sieve" to select and limit numerous and costly examinations and specialistic treatment. Meanwhile what we observe is more difficult access to general practitioners resulting from a greater influx of patients. Therefore the time needed to get a treatment is significantly prolonged. Patients still wait hours in queues to G.P.'s consulting rooms. They are unsatisfied with a difficult access to specialistic treatment and supplementary examinations, both connected with doctors' unwillingness to give consultation as well as with bureaucratic obstacles. Patients' subjective feelings concerning difficulties in access to specialistic treatment and examinations should be compared with objective needs so that we obtain a thorough evaluation of the problems discussed above. The changes introduced recently did not come across social acceptance also because of the increase of financial expenses connected with a disease when

patients are forced to pay for the treatment and examinations. Moreover, growing bureaucracy makes the work of doctors more difficult and limits accessibility and quality of health services.

### CONCLUSIONS

1. Social reception of the newly introduced health service reform and the use of health services in the preliminary period is negative.

2. The accessibility to G.P's and the quality of their work have not improved and the time of waiting for a service became longer.

3. More difficult access to specialistic treatment and examination is highly unsatisfactory. It is connected with a prolonged period needed to receive them as well as overcoming bureaucratic obstacles.

4. The changes introduced did not get social acceptance because of the increase in financial expenses in case of a disease.

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### STRESZCZENIE

Celem pracy było dokonanie przez pacjentów wstępnej oceny nowego systemu funkcjonowania służby zdrowia. W badaniach uczestniczyło 151 pacjentów podstawowej opieki zdrowotnej z terenu miasta Lublina. Do oceny posłużył kwestionariusz ankiety, zawierający pytania dotyczące dostępności usług medycznych (zarówno usług lekarskich, badań dodatkowych, konsultacji specjalistycznych, jak i innych) oraz opinie badanych na temat zmian związanych z reformą. Zdecydowana większość ankietowanych (blisko 90%) jest zdania, że wprowadzone zmiany są niekorzystne zarówno dla pacjentów, jak i lekarzy.