



ZdravReform
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TRIP REPORT NO. UKR-879

**Primary Health Care Reform
in the City of Kiev
and Dniepropetrovsk and Zhitomir Oblasts
in Ukraine**

by Andrey Huk and Lyudmila Omelchenko
ZdravReform/Kiev consultants,

submitted by the ZdravReform Program to
USAID/ENI/HR/HP

USAID Contract No. CCN-0004-C-00-4023-00
Managed by Abt Associates Inc.
with offices in Bethesda, Maryland, USA
Moscow, Russia; Almaty, Kazakstan; Kiev, Ukraine
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1.0 EXECUTIVE SUMMARY

A three-member group of *ZdravReform* ex-patriate and Ukrainian consultants visited the city of Kiev and the oblasts of Dniepropetrovsk, Zhitomir in late June 1997 to assess the current status of primary health care and family medicine development. The visits also served one of the consultants, Dr. Robert Drickey, in his effort to collect information materials for use in future training seminars and a family medicine manual.

The consultants found some success in the establishment of family medicine ambulatories and appreciable interest on the part of health care administrators and physicians in expanding family medicine and primary care. Nevertheless, several problems impede the implementation process: an absence of a normative basis for family medicine, a lack of physicians trained in family medicine and a lack of programs to provide such training, and a shortage of funds to fund training programs and establishment of family medicine facilities.

2.0 BACKGROUND

This trip helps to fulfill several objectives of the 1997-98 *ZdravReform/Ukraine* workplan. First, the workplan calls on the *ZdravReform* Program to assist Ukrainian health care experts in their development of outpatient primary health care and family medicine, as part of a broader restructuring of the health care system, formerly dominated by specialist physicians and inpatient hospital care. The workplan also calls on *ZdravReform* to roll out its work beyond its Intensive Demonstration Sites (IDS) in L'viv and Odessa; all three sites discussed in this paper have had previous contact with the Program, but collaboration has not been at the level of an IDS. Third, the workplan asks *ZdravReform* to work on national and regional legislation to support reforms, and issue was addressed during the visits. Finally, the workplan called on *ZdravReform* to leverage resources through partnership programs; the University of Colorado/NADIYA became an on-going partner in mid-1996, with a focus on primary care delivery.

This was the second visit of Dr. Robert Drickey, a family practitioner and professor of family medicine at the University of Colorado, to Ukraine. (See *ZdravReform* report 898 by Drickey for details on his entire June 1997 trip.) He previously assessed primary care development in Kodyma rayon of the Odessa Oblast, and, in September, he will return to Ukraine to do training in family medicine. Andrey Huk and Zhanna Parkhomenko are technical consultants based in the Kiev office of *ZdravReform/Ukraine*.

3.0 ACTIVITIES

3.1 Kiev City

On June 18 1997 *ZdravReform* consultants Drickey, Parkhomenko, Huk and interpreter S. Kolesnik met with V.V. Zavgorodniy, the first deputy head of the Kiev City health

administration, who described the growth and development of family medicine in the city of Kiev.

Implementation of family medicine in Kiev began 1989 but later was suspended for lack of state funding and for flagging interest on the part of administrators and physicians. At present, when primary health care reform rank high among national-level issues, family medicine is being revitalized. There are about 60 family medicine ambulatories in the city. An association of family doctors has been created. The main problems that the process faces are the lack of physicians trained in family medicine, the lack of training programs themselves, the imperfection of primary health care systems, and the lack of a normative base for family medicine.

After the meeting the consultants visited two family medicine ambulatories. The first was a two-year-old ambulatory located at Nizhniy Podval Street #4. The head of the ambulatory is I.V. Strachevska. The ambulatory is situated within its catchment area. It has three internists, three nurses and a masseur. Each doctor serves 2400 adult patients. (The physicians do not serve children because they do not have appropriate training; however, they expressed interest in retraining.) On average, 20 percent of patients are referred to specialists.

The second ambulatory visited was at Zankovetskaya Street 3. It is headed by P.S. Bodnariuk. It is located near its catchment area and has been operating for five years. It has three district doctors, three district nurses, two procedure nurses and one head nurse. A cardiologist provides consulting services. Each doctor serves 3000 adults. The doctors expressed willingness to practice family medicine, provided they get needed training.

As the consultants observed, there are no true family physicians in the ambulatories visited. Medical care is provided by internists who have worked in their districts for 10 years and provide a wider range of services than internists in polyclinics. Children are treated solely by pediatricians.

3.2 Dniepropetrovsk Oblast

Dniepropetrovsk is the largest oblast in Ukraine in terms of geography and population (population: 3,859,000). It also has a strong industrial base.

3.2.1 Meetings

On June 19, the consultants traveled to Dniepropetrovsk. Their first stop was at the Family Medicine Clinic of Dr. O.I. Gaiduk, the clinic's founder and chief doctor, who guided them on a tour of the clinic and introduced them to staff. The clinic is unusual and noteworthy among Ukrainian health facilities, not only for its name but for its structure and principles of work: It is an autonomous hospital which delivers all types of ambulatory and polyclinic care and a substantial volume of high quality hospital and home care for adults and children on an around-the-clock basis. The modern four-story

building is completely different from standard hospitals in terms of cleanliness and its concern for patient satisfaction with their medical care. The hospital is organized within the framework of the joint investment program of the state research center "Achilles" and small enterprise "Elita," which rents the premises of the medical unit of the "Vesna" company.

The clinic was reconstructed and furnished with high quality modern clinical equipment in four months. The investment stage ended after the clinic began its operation, which is based on the principles of self-financing. After the first months of work the clinic was in full swing and now it not only treats patients but also acts as their "health advocate," bearing full moral, legal and economic responsibility for them. The clinic is open to any paying customer, and patients come from as far away as Kiev, Kharkov, Donetsk, Zaporizhia, Poltava and Kirovograd.

Seventy highly qualified doctors of different specialties work in the clinic. Many of them also hold positions as department heads and professors at Dniepropetrovsk Medical Academy. In accordance with patients' wishes, if care cannot be provided at the clinic, it arranges medical examinations and care at the best medical centers in Ukraine and abroad; contracts have been concluded with leading health facilities in Dniepropetrovsk, Kharkov and Moscow.

Dr. Gaiduk pointed out that the pivotal operation of the clinic is the family medicine program "Your family doctor," which is built on the principles of interaction between the internist, pediatrician and gynecologist. Different specialists serve as consultants for the family physicians.

The clinic does not provide classic family care (one physician caring for both adults and children). Rather, medical care for all family members is provided by physicians of different specialties who work for the clinic on a contractual basis. First of all, this is accounted by the lack of professionals trained in family medicine specialty. In conversation with the *ZdravReform* team, pediatricians and internists expressed their wish to keep to the "family physician" principle in their work and stressed the need for restructuring present-day primary health care, in particular, to make it a recognized specialty. This confirmed the consultants' opinion about the need for appropriate professional training in family medicine.

After visiting the clinic, the group went on to the Dniepropetrovsk Medical Academy, where they met with Dr. Valeria Lekhan, head of the Academy's Department of Social Medicine and Health Care Organization, and with Dr. Viktor A. Anisimov, deputy head of the Oblast Health Administration (OHA), and Dr. E.K. Duhovenko, deputy chief doctor for ambulatory and polyclinic work of the oblast hospital. They discussed issues pertaining to the development of primary health care based on the principle of family medicine as well as issues of training and retraining of physicians. The Academy will graduate the first 100 physicians in the specialty of the family doctor in December 1997. If such a graduation rate (100 specialists annually) continues, it will take 20-25 years to

meet the region's need for family practitioners, assuming that one family physician cares for 1500-2000 persons.

On the following day, June 19, the *ZdravReform* group met with city and oblast health professionals, including the oblast deputy health administrator, chief doctors from medical units, hospitals and polyclinics, departments heads and professors from the Dniepropetrovsk Medical Academy, and practicing physicians. Before discussions began, participants watched a family medicine video designed by *ZdravReform*.

They then went on to discuss a broad range of primary health care issues:

- health care restructuring in the city and oblast through development of the primary health care sector on the basis of family medicine;
- training and retraining of physicians for the specialty "family doctor;"
- financial management and quality assessment of primary health care;
- the role of secondary and tertiary care in health sector reform; and
- the role of non-state health facility in health reform.

Discussion brought up a number of obstacles facing development of primary care. Foremost is the training of family doctors and supplying them with necessary. Second is the lack of official regulations (on the family medicine ambulatory, the family medicine physician and nurse, qualifications, equipment, etc.). Another obstacle in health care reform is absence of material incentives and appropriate conditions for work. Thus, unfortunately, family medicine is advanced only in the private (non-state) sector which was confirmed both by speakers and in the course of the subsequent visit to Dnieprodzerzhinsk.

After lunch the *ZdravReform* representatives met with Dr. Ipatov, head of the Oblast Health Administration, and OHA deputy Anisimov. Ipatov briefly described OHA reform work, his understanding of transition to primary care and family medicine and training and retraining of doctors for family medicine. He expressed his hope for future collaboration with *ZdravReform*.

On June 21, the consultants met with V.G. Dziakom, rector of the Medical Academy, and the oblast chief obstetrician-gynecologist to discuss training of family doctors and retraining of pediatricians and internists at the Academy. Specialization courses for doctors is a four-month intermittent (by one month) cycle, during which physicians follow an approved curriculum taught by trainers from various Academy departments. They have found that this short-term program does not adequately groom a professional who will provide medical care for 1000-2000 patients, nor will it produce a sufficient number of family doctors to meet the oblast's need for the next 10-20 years. But they have not yet found a solution to this problem.

On June 23, the consultants traveled to Dnieprodzerzhinsk, 40 km. from Dniepropetrovsk. There they met with Dr. O.V. Mostipan, head of the City Health Administration and a featured speaker at last year's *ZdravReform* Regional Conferences. He acquainted the group with the work of the Family Medicine Polyclinic, which he

previously headed, and various other city family medicine offices. They visited a polyclinic that provides day care, and home care units. The Family Medicine Polyclinic (with three city precinct offices) operates on the principle of self-financing. It contracts with enterprises and other organizations to provide medical care provision for workers and members. Medical care is provided round the clock. Physicians have ambulances equipped with radios at their disposal, and labor is organized in an efficient, systematic way.

Again, family physicians per se do not exist. Rather services are provided by a combination of the pediatrician-internist-gynecologist-stomatologist. Facilities treating inpatients are paid by actual care provision. Financial issues such as payments are dealt with by managers, not physicians. There is an efficient computer system for collection and processing of information.

The consultants also paid a visit to City Polyclinic No.1 which has day-care and home-care units. This polyclinic admits 2000 patients per day. Restructuring is underway: The polyclinic has opened an around-the-clock traumatology unit, and a surgical unit and a labor delivery hall are planned, bringing medical care closer to patients and optimizing diagnosis and treatment. This has resulted in the reduction of bed and staff (600 in the past four months) in city health facilities of the city.

Mostipan's plans a gradual transition to family practice throughout the city through reductions of beds at secondary and tertiary care facilities, restructure of the emergency hospital by reducing some units and shifting the rest closer to downtown. The main obstacles are absence of state financing, shortage of family physicians and strong opposition from many chief doctors of city health facilities.

3.2.2 Findings

Health reform in Dnipropetrovsk Oblast—and nationwide—is characterized by the following:

- health care reform is very much hindered by lack of reform in the budgetary sphere, that is, transition to per capita financing;
- the absence of state funding encourages search for non-budgetary funds and expansion of more cost-effective and efficient private medical practice based on family medicine;
- the shortage of family physicians makes the existing models—family group practices—more expensive (a group of 3-4 physicians is more costly than a single family practitioner);
- the absence of family medicine legislation impedes the transition to this form of primary care;
- it is difficult to determine the actual number of patients and nosologies which the family physician will address without restructuring bed capacity with allowance made for morbidity by sex-age groups i.e. population's actual need for special care. The experience gained by Dnipropetrovsk polyclinics show that it is necessary to make statistical calculations with actual figures which will serve as a basis for DRGs;

- primary health care reform through transition to family medicine should not be done in an abrupt fashion because neither the staff (family physicians and nurses), nor the normative basis nor the ability to calculate appropriate budgets exist.

3.2.3 *Conclusions*

Thus, this Dnipropetrovsk Oblast primary care assessment demonstrates that the main problems in primary care reform presently are:

1. an insufficient number of family physicians and nurses;
2. insufficient programs of training, especially the retraining of family practitioners;
3. absence of a normative basis for family medicine;
4. absence of basic financial management at state-owned primary care facilities (no calculations are made for the need for financing of family physicians).
5. difficulties with state funding for FM ambulatories (premises, equipment, salaries etc.) and
6. restructuring of bed capacity of secondary and tertiary care facilities is directly contingent on the rate of transition of primary care to a family medicine basis—the more cared for by family medicine, the less need for specialized beds.

In a more positive vein, it is noteworthy that the CHA and OHA have prioritized the development of primary care restructuring through transition to family medicine. The active, progressive chief administrators are prepared to bring about radical changes and are hopeful for assistance from *ZdravReform*.

3.3 **Zhitomir Oblast**

Zhitomir Oblast has a population of 1.5 million. It is divided into 22 rayons. Medical care is chiefly provided by key 16 health facilities. Family medicine was introduced into the oblast in 1992. Presently 70 family ambulatories are operative; another 30 are planned to be operative by the end of the year. All existing ambulatories are located near their catchment areas. Unlike polyclinics, the ambulatories have no specialists on staff.

3.3.1 *Meetings*

On June 24, *ZdravReform* consultants Drickey, Huk, Kolesnik and Lyudmila Omelchenko, accompanied by USAID/Kiev project officer Michelle Varnhagen, visited Zhitomir where they first met with OHA head Dr. Z.M. Paramonov and Dr. Mikhail Borschivskiy, chief doctor of the oblast hospital. (The latter was a key presenter at the *ZdravReform* Regional Conferences last year.)

Oblast-level reform in Zhitomir is taking three main directions: health facilities restructuring, family medicine training and financial management.

Restructuring is being done in several ways: rural district hospitals are converted into family medicine ambulatories or social service institutions, rayon hospitals undergo bed capacity reduction and the oblast hospital provides tertiary care only.

The skills conversion program for family physicians has been created by the OHA itself. It is a two-year combined full-time and extramural training. Twice a week a doctor comes to the oblast hospital to undergo training and works together with a family medicine specialist.

Economics and finance reform is targeted at decentralization of the budget, per capita distribution of funds and full fundholding in the outpatient and polyclinic system. Two years ago the OHA introduced per capita financing with the agreement from the Ministry of Health.

After the meeting the consultants visited the "Zdoroviye" health center, directed by chief doctor V.I. Hrenov. Prior to 1992, the center was the medical unit of the now-liquidated "Electrovimiryuvatch" enterprise. Since then the center has been re-oriented from the "teamwork" approach to medical care provision to family practice, and now serves 15,000 people in nine rayons.

The 15 family physicians who work for the center were retrained by the oblast program. One physician provides services for approximately 1300 people. Former pediatricians provide care for all age groups, while internists treat adults and children above seven years. By the end of this year, the "children" category will start at age 5. Starting in year 2000, every family physician is to serve all age groups. Physicians are paid on a differential, per capita basis according to the volume and quality of their work.

The center has a well-organized system to assess quality of care. Every two months, experts from the OHA and oblast hospital randomly examine outpatient records. Information is regularly collected and analyzed, but lack of modern computer equipment prevents processing.

The polyclinic has a day-care facility with eight beds (average bed turnover is four patients per day), as well as a home-care services unit. Performance the units is in Tables 1-4.

Table 1

Organization of home-care unit

	1994	1995	1996
Total number of home care inpatient facilities	224	309	572
Per 10 000 population	149,3	206,0	381,3
Per physician	24,9	34,3	63,6

Table 2**Hospitalization rate after wide-scale introduction of ambulatory methods of treatment**

	1992	1993	1994	1995	1996
Hospitalization rate per 100 residents	22.41	16.27	8,3	7,07	6,1

Table 3**Performance indicators of inpatient day-care facility**

	1994	1995	1996
Number of discharged (treated) patients	412	641	811
Number of patients per bed	45,8	71,2	90,1
Number of procedures made	11818	13790	15174

Table 4**Analysis of patients treated according to pathologies in day care facility (percent ratio)**

Pathology profile	1994	1995	1996
Therapeutic	57,3	27,0	31,8
Neuralgic	27,2	36,5	27,9
Surgical	--	7,4	2,2
Obstetric-gynecological	15,5	25,6	33,5
Other	--	3,5	4,6

The polyclinic printshop puts out the weekly "Puls" newspaper, which covers topical health care issues in the oblast and Ukraine.

After lunch the consultants visited the General Practice Polyclinic in Bogunsk rayon, Zhitomir City. The polyclinic, is headed by Dr. O.A. Ter-Tumasov, has operated on the principle of general practice since 1994. It has a day-care unit with 20 beds, specialized rooms and a laboratory. Its 24 general practitioners see an average 400 patients daily.

Because of current budgetary shortfalls, the polyclinic has introduced paid services and seeks other non-budgetary resources (sponsors, charitable contributions, etc). Issues of financing and the (re)training of physicians as family doctors is the top priority for polyclinic restructuring.

The consultants also looked at the Zhitomir Oblast Hospital. Hospital managers regularly are asked to make presentations about the success of hospital reforms efforts at conferences, including the regional conferences held by *ZdravReform* last year. Such results are due to the hospital's competent administrators and well organized system of primary health care. The hospital is restructuring its system of medical care delivery and seeking new economic mechanisms and effective methods to use the hospital's full potential for service delivery. Surgery now is performed on the day that a patient is admitted to the hospital; and there is a well organized system for rehabilitation. Such a hospital may be an example of restructuring for the whole of Ukraine. A charitable contributions fund allocates money for urgent cases, the purchase of medications, etc. that the State no longer provides. According to results of the joint MOH/*ZdravReform* health facilities licensing and accreditation experiment, this hospital is now a yardstick for other health facilities of its kind. Pre-admission patient exams and an intensive treatment process yield high ratings on indicators. But again, the entire volume of information cannot be processed without first generation computers, and software procurement is one of the challenging the administration.

A final health care institution visited by the consultants was a family medicine ambulatory in the village of Novohuyviysk. The ambulatory is headed by L.V. Kuranchuk. The ambulatory has operated for eight years now. It is run by four retrained general practitioners, one gynecologist and one pediatrician. The catchment area of the ambulatory is the 6,000 village residents. Available to patients are an outpatient care and 8-bed day-care facility. The rate of patients' visits is 50 per day and more.

3.3.2 Findings

Thus, summarizing the materials that were collected, we can draw the following conclusions about the Zhitomir Oblast health sector reform:

1. The oblast administration as well as the OHA are headed by highly qualified, progressive administrators who have been implementing restructuring for four years now.
2. Hospital bed capacity was optimized through intensifying the process of diagnosis and treatment and shifting a substantial volume of care onto outpatient polyclinic units.
3. The focus of health care reform was reoriented to primary health care on the basis of family medicine.
4. Activities in the sphere of financial management also got off the ground (budget decentralization, introduction of per capita financing, charitable contributions, funds etc.).

3.3.3 *Conclusions*

Problems that the oblast administration still must solve are as follows:

1. Training and retraining of physicians in the specialty "family physician."
2. Optimization of the process of treatment and restructuring primary health care based on family medicine with computerization and software provision to design the DRG system and launch financial management in the true sense of the word.

The examples in the preceding section show that the Zhitomir Oblast can be a model of health care reform (optimization of treatment, restructuring focused on primary care/family medicine, implementation of financial management).

4.0 OVERALL CONCLUSIONS:

1. Introduction of family medicine is being inhibited by the absence of a normative-legal base, and by insufficient trained staff and appropriate physical and financial resources (including an increase in family physician salary commensurate with his/her increased volume of work).
2. Restructuring accompanied by a shift to family practice requires efficient financial management (oblast budget calculations with allowance made for the structure of age-sex groups morbidity, budget decentralization, switch to per capita funding etc.), mistake avoidance and reconstruction of primary health care.
3. The Zhitomir Oblast is one of the best examples of results of health care reform and may be recommended as an experimental site for launching programs which subsequently will be rolled out throughout Ukraine.