Practical Class 6

Primary Health Care | Outpatient Care

GP Functions | Hospital at Home

Conspectus topic (40)

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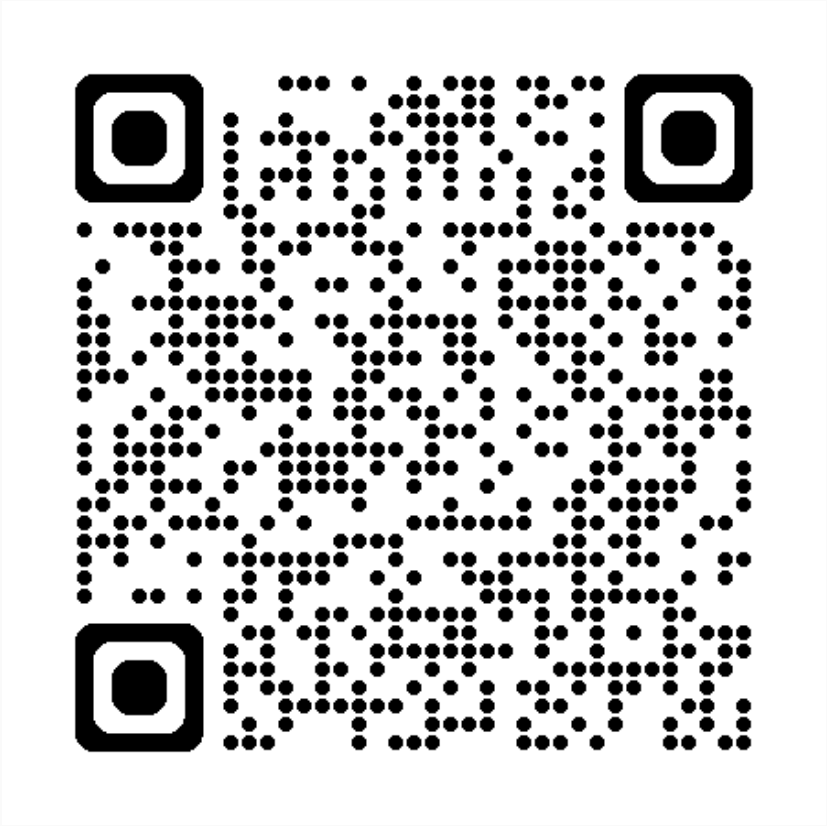
Department of “Social Medicine and Public Health”

download the presentation from https://tinyurl.com/social-med-class-06

15-minutes reading assignment



https://kostadinoff.github.io/learning.html

Group tasks

https://kostadinoff.github.io/tasks.html

Outline

1. Definition and Development
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Definition and Development

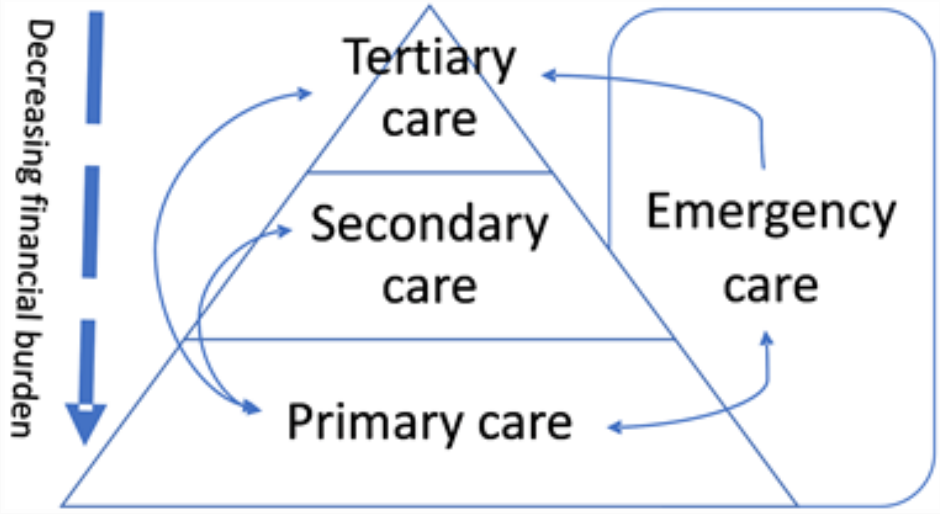
Defining Primary Health Care (40)

Primary health care (PHC) is basic healthcare founded on practical, scientifically sound, and socially acceptable methods and technologies — accessible to individuals and their families through their full participation, at a cost that both the community and the country can afford at every stage of their development.

Three operational dimensions distinguish PHC from other care levels:

- It functions as a priority sector within each national healthcare system
- It represents the most peripheral level of the system — delivering comprehensive services directly within communities
- It is delivered through ambulatory facilities and health centres, not hospitals

PHC Within the Health System (40)



The Resource Imbalance That Prompted Reform (40)

WHO-sponsored research in developing countries revealed a persistent structural inefficiency:

≈ 2/3 of healthcare budgets spent in large urban hospitals

serving only 10–20 % of the population

Furthermore, roughly half of hospital expenditure went to conditions manageable in outpatient settings — gastrointestinal disorders, tuberculosis, malaria, and other acute infections.

Principle: resources should follow the patient, not remain concentrated in static institutional settings.

Landmark International Declarations (40)

Year	Event
1920	England — three-tier system established; primary health centres at the first level
1978	Alma-Ata Declaration — WHO/UNICEF strategy for radical change through PHC; "Health for All" as the principal social goal
2008	World Health Report: "Primary Health Care — Now More Than Ever" — three decades reviewed
2018	Astana Declaration — renewed commitment linking PHC to universal health coverage (UHC)
2019	UN Declaration "Moving Forward Toward a Healthier World"
2023	UN High-Level Meeting — Political Declaration on UHC; 45th anniversary conference in Astana — 70 countries convened

Projected Impact of Scaling PHC (40)

Recent analyses of global PHC investment suggest:

Scaling PHC could **prevent > 60 million deaths**

and deliver **≈ 75 % of projected SDG health gains**

Achieving these outcomes requires additional investment of **$200–328 billion/year** in low- and middle-income countries (≈ 3.3 % of national GDP).

As of 2023, roughly **4.6 billion people** globally lack full essential health service coverage, while **2.1 billion** face financial hardship from out-of-pocket health expenses.

Essential Elements

Essential Elements of PHC — the ELEMENTS mnemonic (40)

- **E**ducation for health and health promotion
- **L**ocally endemic disease control
- **E**xpanded programme on immunisation
- **M**aternal and child health, including family planning
- **E**nvironmental sanitation and safe water supply
- **N**utrition and adequate food supply
- **T**reatment of communicable diseases and common illness
- **S**upply of essential drugs

Three Dimensions of Contemporary PHC (40)

The 2018 Astana Declaration expanded the traditional elements into three interconnected dimensions:

1. Meeting basic health needs — promotional, preventive, protective, curative, rehabilitative, and palliative services throughout the life cycle
2. Addressing health determinants — systematic action on social, economic, environmental, and behavioural factors through evidence-based policies across all sectors
3. Empowering communities — policies that promote health protection, self-care, and mutual care within communities

Characteristics of PHC

Defining Characteristics of PHC (40)

Free access	No financial, geographic, or social barriers to necessary care
Universality	All ages and genders throughout the lifespan
Comprehensiveness	Wide range of services addressing the majority of health problems
Continuity	Past medical history and future health needs; same physician over time
Personal care	Patient-centred relationship with the GP
Integration	Physical, mental, and social factors considered together
Gatekeeping	PHC resolves up to **90 %** of problems; regulates referrals to secondary/tertiary care
Coordination	PHC coordinates care pathways and resource utilisation
Community orientation	Services tailored to the needs of the local population

WONCA Europe — 2023 Revision (40)

The 2023 European Definition of General Practice / Family Medicine incorporated:

- Planetary health and One Health concepts into core GP competencies
- Recognition that population health cannot be sustained on an unhealthy planet
- Links between human, animal, and environmental health — underscored by the COVID-19 pandemic
- Alignment with the Sustainable Development Goals

This revision marks a shift from purely biomedical competencies toward an ecological understanding of health determinants.

Structure of PHC in Bulgaria

Ambulatory Medical Establishments in Bulgaria (40)

- In Bulgaria, PHC is provided in outpatient medical establishments regulated by the Medical Establishments Act.
- Regional health inspectorates maintain registers of all outpatient establishments.

Key distinction: Bulgarian legislation uses the term "medical establishments" — not "healthcare establishments" or "outpatient clinics!"

Classification of Ambulatory Establishments (40)

Category	Subtypes
Ambulatory for primary medical care (PMC)	Individual practice; Group practice
Ambulatory for specialised medical care (SMC)	Individual practice; Group practice
Medical centres, medical-dental centres, dental centres	≥ 3 physicians/dentists with **different** recognised specialties
Diagnostic-consultative centres (DCC)	≥ 10 physicians with different specialties; ≥ 1 laboratory; imaging diagnostics
Independent medical-diagnostic laboratories	Examinations prescribed by another physician or dentist
Independent medical-technical laboratories	Specific technical activities; specialised medical devices
Ambulatory for healthcare professionals	Individual or group practice — medical assistants, nurses, midwives, rehabilitators (≥ 3 years experience)

Ambulatory for Primary Medical Care (40)

- **Individual practice:** organised by a physician with recognised specialty in general/family medicine (or a dentist).
- **Group practice:** multiple GPs working collaboratively within a shared organisational structure.

Physicians must designate a **substitute** in case of absence and inform the regional health inspectorate and the district health insurance fund in writing.

Physicians are legally restricted to holding no more than **two contracts** with the NHIF.

Ambulatory for Primary Medical Care

Ambulatory for Specialised Medical Care (40)

- **Individual practice:** organised by a physician with a specialty other than general medicine (or a dentist with recognised dental specialisation).
- **Group practice:** established by a commercial company or cooperative of physicians with the same recognised specialty.

Ambulatory for Specialised Medical Care

Medical Centre (40)

- A medical centre or medical-dental centre provides specialised ambulatory care by no fewer than **three** physicians and/or dentists with recognised **different** specialties.

Diagnostic-Consultative Centre (DCC) (40)

- Provides specialised ambulatory care by ≥ 10 physicians with recognised different specialties
- Must have the necessary medical apparatus, at least one medical-diagnostic laboratory, and imaging diagnostics facilities
- Managed by a physician with recognised specialisation and qualification in healthcare management or a master's degree in health economics and management

Diagnostic-Consultative Centre

Independent Medical-Diagnostic Laboratory (40)

- Physicians, assisted by other specialists, perform specialised medical examinations prescribed by another physician or dentist in one or more medical specialties.
- At least one physician with recognised specialisation in each area of laboratory activity.

Independent Medical-Technical Laboratory (40)

- Specialists perform specific technical activities prescribed by a physician and produce specialised medical devices.
- Managed by a physician with recognised specialisation.

Ambulatory for Healthcare Professionals (40)

- Organised by a medical assistant, nurse, midwife, or rehabilitator with a minimum of **three years** of experience.
- Group practice involves combinations of these professionals, each with ≥ 3 years experience.

Healthcare practices may perform activities in the patient's home when the patient's condition requires it.

Access to PHC

Patient Registration and GP Choice (40)

Insured individuals have the right to freely choose a GP in any primary ambulatory care facility that has a contract with the NHIF — throughout the country.

- The choice is personal for minors or persons under guardianship, it is made by parents, guardians, or legal representatives
- For **newborns**, registration uses the birth certificate number until a permanent personal ID and health insurance booklet are issued
- The first examination by the chosen GP must occur within 24 hours of discharge or choice

Changing GP and Temporary Registration (40)

- Each insured individual receives a health insurance card.
- The chosen GP can be changed at the individual's discretion after six months — in June and December each year.
- **Temporary choice:** permitted for 1–5 months when a patient is temporarily residing outside their permanent registry locality.
- Medical referrals for specialised consultations (Form 3) and diagnostic tests remain valid for 30 calendar days.

GP Functions

Core Clinical Functions of the GP (40)

- **Diagnostics and treatment** — examinations, investigations, diagnoses, and therapeutic interventions across the full spectrum of community practice
- **Health promotion and disease prevention** — health education, behavioural counselling, immunisations, screening, dispensary examinations
- **Care coordination** — managing referrals, synthesising specialist recommendations, ensuring coherent care plans
- **Chronic disease management** — ongoing monitoring, treatment adjustment, self-management support for conditions such as diabetes, hypertension, COPD, depression

Specific Tasks and Responsibilities (40)

- Provides emergency assistance to any patient — regardless of registration or place of residence — until the emergency team arrives
- Implements “Maternal Healthcare” and “Child Healthcare” programmes; conducts non-communicable disease prevention in adults
- Prepares documentation for consultations, medical-diagnostic examinations, or hospitalisation
- Conducts visits to patients from homes for medical-social care registered in the GP’s registry
- Prepares Health Status Cards for children and students at the beginning of each school year

Gatekeeping, Referral, and Hospitalisation (40)

- The GP issues a **medical referral** for consultation or joint treatment with a specialist.
- The GP directs the insured individual for **hospitalisation** when treatment goals cannot be achieved in outpatient care.
- Patients maintain the right to choose any specialist or hospital with an NHIF contract across the entire country.
- After discharge, the GP receives a copy of the discharge summary and organises follow-up care in accordance with the hospital's recommendations.

GPs have the **legal right to visit** their insured patients in hospital and receive information regarding diagnosis and treatment progress.

Remote Consultations and e-Prescriptions (40)

Under specific conditions — declared state of emergency, epidemic, documented mobility impairment, or quarantine orders — GPs can issue prescriptions and referrals without a physical examination.

- Conducted via phone or video consultation
- Strictly integrated into the National Health Information System (NHIS)
- Documents issued as electronic records with qualified electronic signature
- For chronic stability: repeated e-prescriptions for up to 6 months without a mandatory physical visit

A 2024 amendment to the Public Health Act made electronic health records mandatory for all medical activities across public and private sectors.

Population-to-Provider Ratios (40)

Settlement type	Max. patients per GP
Villages, municipalities, smaller towns	≤ 1,500
Medium cities (50,000–150,000)	≤ 1,800
Large cities (> 150,000)	≤ 2,000
Specialised practices	15,000–30,000 per specialty

Note: these are guideline ratios. GP practices are private entities that can in practice choose to serve any number of residents; the figure is not officially regulated.

Funding of GP Practices

Capitation Payments — Monthly per Registered Patient (40)

- GP practices are financed by the NHIF on a capitation basis — payment based on the number of enrolled patients, not service volume.

Age group	Monthly capitation
Children (0–18 years)	€2.80
Adults (19–59 years)	€2.50
Elderly (60+ years)	€3.70

In 2023, Bulgaria introduced increased capitation and fee-for-service rates alongside performance-based payments for preventive service targets.

Fee-for-Service Payments (40)

Additional payments for specific activities beyond basic capitation:

Activity	Payment
Dispensary — single chronic disease	€12.30
Dispensary — two chronic diseases	€15.35
Dispensary — more than two diseases	€18.40
Annual preventive exam (18+ years)	€17.40
Immunisation (18+ years)	€7.90
Incidental visit from other healthcare region	€12.80

User Fee and Exemptions (40)

- Standard user fee: €1.50 per visit to GP, dentist, or medical facility.
- For pensioners (insurance length and age): €0.50 paid by patient, remainder supplemented from the state budget through the NHIF.

Exempt categories: minors and dependants; war veterans and disabled veterans; socially disadvantaged individuals; medical professionals; patients with malignant tumours; pregnant women and mothers within 45 days postpartum; persons detained in custody; individuals with > 71 % reduced work capacity.

NHIF Budget 2025 — Expenditure Structure (40)

The 2025 NHIF budget of **€4,866,263,990.22** (+16 % vs 2024) allocates:

Expenditure category	Amount	Share
Inpatient care	€2,132,372,956.75	43.82 %
Pharmaceuticals and medical devices	€1,212,239,816.34	24.91 %
Primary outpatient care	€332,640,260.15	**6.84** %
Specialised outpatient care	€338,106,174.87	**6.95** %

Converted from the official values in thousand BGN at the fixed rate 1 EUR = 1.95583 BGN.

Bulgaria's system remains hospital-centric: primary care receives a fraction of total expenditure despite being the level of care that resolves up to 90 % of health problems.

Quality Assessment Criteria

Process Quality Indicators — Accessibility (40)

Indicator	Standard
Preventive examinations for adults (18+) with risk factor group formation	Coverage ≥ 33 %
Maternal healthcare programme compliance	Coverage ≥ 80 %
“Child Healthcare” programme (0–18 years)	Coverage ≥ 83 %
First newborn examination	Within 24 hours of discharge
Minimum duration of preventive examination	≥ 10 minutes
Minimum duration of dispensary examination	≥ 10 minutes

Outcome Quality Indicators (40)

Outcome indicators evaluate sustained engagement with chronically ill patients:

- Dispensary observation for patients with non-insulin-dependent diabetes — for the entire observation period (calendar year), minimum **6 months**
- Dispensary observation for patients with cardiovascular or cerebrovascular disease — for the entire observation period, minimum **6 months**

These indicators measure whether continuous therapeutic relationships are maintained — not merely whether isolated services are delivered.

Home Care

Midwife and Medical Assistant Functions (40)

- Provide information to families on strengthening children's health, promoting positive health habits and life skills
- Assess the home environment from a health perspective; identify family- and community-level risk factors
- Counsel parents on rational infant feeding — exclusive breastfeeding for the first 6 months; guidance on adapted formulas where needed
- Provide hygiene instruction — bathing, clothing, sleep environments, daily care
- Monitor and record vital signs recognise indications of life-threatening conditions and take timely action

Hospital at Home (40)

All procedures are performed at the patient's home — including laboratory tests and electrocardiography. Documentation follows the standard **medical history** format.

Eligible conditions:

- Chronic diseases with exacerbation — limiting mobility but not requiring inpatient admission
- Patients with infectious diseases suitable for treatment at home under infection control precautions
- Patients with a clearly identified cause for their febrile condition who can be safely managed at home

Emergency Medical Services

Emergency vs. Urgent Conditions (40)

- **Emergency condition:** any acute disruption of vital functions associated with cessation or severe impairment of one or more organs/systems — could lead to immediate death or permanent disability if not immediately addressed.
- **Urgent condition:** any acute illness or exacerbation of a chronic condition causing substantial discomfort and carrying a risk of disrupting organ function if left unaddressed — but not immediately life-threatening.

Emergency departments function as **transitional settings** — treatment should not exceed **12 hours**.

Organisation and Financing of Emergency Services (40)

- Organised through **Centres for Emergency Medical Care** — legal entities headquartered in each regional administrative centre
- Overseen by respective Regional Health Inspectorates
- Funded from the **national budget** (not the NHIF) — reflecting their public goods character and universal access regardless of insurance status

Persistent challenges: dual supervision of ED physicians; insufficient dedicated hospital funding for EDs; geographic access gaps in remote areas; mission expansion into primary care functions during non-working hours.

Contemporary Challenges

Structural Challenges in Bulgarian PHC (40)

- PHC remains underdeveloped and under-resourced the system is hospital-centric
- Quarterly referral quotas imposed on GPs hamper access to specialised outpatient care and undermine the gatekeeping and coordination role
- GP and nurse shortages across the country — with inadequate working conditions and salaries; the nurse-to-doctor ratio stands at 1:1 (EU average: 2:1)
- Remote and rural areas face acute challenges: poor infrastructure, geographic distances, ageing workforce
- Approximately 11–12 % of the population remains uninsured

Toward Universal Health Coverage (40)

Countries with stronger primary healthcare systems consistently achieve:

- Better health outcomes at lower costs
- Reduced hospital admissions for ambulatory care-sensitive conditions
- More equitable access across income groups and geographies

Achieving UHC requires:

- Sustained investment in PHC infrastructure, workforce, and information systems
- Payment models that adequately compensate prevention and care coordination
- Integration of PHC with public health and social services
- Addressing social determinants of health beyond the healthcare sector

Thank you for your attention!