

Strengthening primary care in Voznesensk, Ukraine

Overview

In Ukraine, the highly-centralized health system posed organizational challenges for the provision of efficient, high-quality and people-centred care in Ukraine. Persistently high rates of hospitalization have been attributed to the hospital centric design of services delivery and the allocation of resources skewed in favour of specialized care. In the early 2000s, following national reforms which decentralized financial and managerial control over the health system, the district of Voznesensk began an innovative local reform process, aiming to strengthen primary care and introduce family-based medicine. As a result of these local reforms, general practitioners located in outpatient clinics across the district now oversee the majority of patient care, including the management of patients admitted to day hospitals attached to these clinics. Local overhaul of provider payment mechanisms replaced fixed salaries for general practitioners with fee-for-service payments. Investments in technological infrastructure, supported with grant funding from the Ministry of Health, created a district-wide electronic patient registration and medical records system. Electronic medical records facilitate increased communication across levels of care and help promote continuity of care between providers. Local support for the initiative remains strong and Voznesensk continues to pilot new financing mechanisms and serve as an innovative model for primary care reform in Ukraine.

Problem definition

Ukraine's health system remains largely centralized and disease-orientated. Gatekeeping at the primary level was weak, with services delivery concentrated in specialized settings. The population often sought care directly from specialists, perceiving services in higher-level settings to be better quality. These conditions led to the overuse of hospital services and strained health system budgets, skewing the allocation of resources to higher-level settings to the detriment of primary care (Box 1).

Box 1

What problems did the initiative seek to address?

- Services delivery concentrated in higher-level care settings.
- Weak gatekeeping at primary care level.
- Patients perceived care quality to be superior in higher-level care settings.
- Overuse of specialized care strained health resources.

Health services delivery transformations

Timeline of transformations

Although primary care was identified as a national priority in the 1990s, comprehensive legislation and regulation on general practice and family medicine wasn't developed until the 2000s. Slow advancement of reforms at the national level, however, served to drive innovation by local actors in anticipation of national reforms. Within this context, the district of Voznesensk experimented with initiatives designed to align services delivery with the principles of family medicine (Table 1). Today, Voznesensk continues to actively implement changes and serve as an example of primary care reform in Ukraine.

Description of transformations

Selecting services. In Voznesensk, shifting towards a more proactive basic services package has been prioritized in an effort to reduce reliance on highly-specialized care. Preventive services have been prioritized through the introduction of an annual medical exam in primary care. Additional services now available in primary care include basic diagnostic and lab testing, immunizations, maternal and child health services and a wide spectrum of acute and chronic disease management services.

Designing care. Locally adapted care protocols have been established in Voznesensk to dictate services delivery pathways across levels of care. An electronic information system using international classifications of disease has been implemented to help guide care decisions.

Organizing providers. In Voznesensk, multiple general practitioners are co-located within outpatient clinics. Each general practitioner is paired with two nurses; one nurse works directly with the general practitioner in an assistant capacity, while the other performs

Table 1

What were the chronological milestones for the initiative?

1992	Principles of Legislation on Health Care declares primary care strengthening as a key policy goal.
2000s	Development of national legislation and regulation to support primary care strengthening; in 2000, Order of the Ministry of Health (No. 214) approves step-by-step guide for family medicine implementation in primary care.
2001	Piloting of primary care reforms begins in Voznesensk.
2004	Electronic information system introduced across Voznesensk.
Present	Continued commitment to primary care strengthening in Voznesensk; ongoing commitment to developing primary care at the national level.

community outreach services and home visits. A midwife is also available at clinics and is responsible for family planning, maternal health services and gynaecological referrals. Establishment of strict referral mechanisms, where patients are now required to see a general practitioner before receiving specialist care, has strengthened general practitioners' gatekeeping role. An electronic information system has been implemented to support communication between providers across care levels and facilitate referrals. All health providers have access to patients' electronic medical records, enabling sharing of information and feedback to general practitioners.

Table 2

How was the delivery of health services transformed through the initiative?

Before	After
Selecting services	
Lack of primary care services; majority of population in Voznesensk accesses specialized services for basic health needs.	Expansion of services offered in primary care; shift away from specialized care; annual medical exams introduced for all local residents.
Designing care	
National care protocols guide services delivery.	Care continues to be provided according to national protocols; new electronic systems guide services delivery using international classifications of disease.
Organizing providers	
Concentration of providers in secondary and tertiary settings; weak gatekeeping by primary care; limited communication between providers across care levels; patients seek services in specialized centres further from their homes; care access restricted by limited opening times of some specialized centres.	Improved gatekeeping by primary care; shift of providers into primary settings; majority of services provided by general practitioners co-located in outpatient clinics; each general practitioner works in a team with two nurses; electronic medical records facilitate referrals and communication between providers.
Managing services	
Primary care facilities lack necessary equipment and are in need of updating; computers rarely available in outpatient settings.	Primary care chief manages outpatient clinics and oversees general practitioners' activities; infrastructural investments made in outpatient clinics.
Improving performance	
Not applicable in this case.	Informal education sessions held for local providers on new care models and computer systems; peer mentorship trains new providers.

Table 3

How has the health system supported transformations in health services delivery?

System enablers	Example
Accountability	<ul style="list-style-type: none">• Development of national policies provided a framework for reforms and increased legitimacy of local efforts in Voznesensk.
Incentives	<ul style="list-style-type: none">• Shift from salary to fee-for-service payment for physicians in Voznesensk.• Information on lost earnings provided to general practitioners in Voznesensk when registered patients seek specialized care without referral.
Information	<ul style="list-style-type: none">• District-wide electronic patient registration system collects data on service use and population health.

Managing services. Reform efforts have devolved greater financial and managerial responsibility over services delivery to the local level, working to support local management of care facilities. Outpatient clinics are overseen by a primary care chief who “has the opportunity to evaluate the work of every general practitioner at any time”. Clinics have been equipped with the necessary technological infrastructure to support use of the electronic information system. Additionally, basic infrastructural investments have been made in clinics, including the provision of new medical equipment.

Improving performance. Informal education sessions were held for providers in Voznesensk to explain the new model of care and provide training on the electronic information system. Ongoing training needs for new physicians entering primary care are managed through peer mentorship. “When a new doctor comes, we don’t specially train them. An experienced colleague will instruct them.” Implementation of the electronic information system has allowed for the systematic collection of patient data, supporting local tailoring of services to patient needs.

Engaging and empowering people, families and communities
Efforts taken to strengthen primary care services have promoted patient choice, with patients now able to access care closer to home. After receiving specialized care, patients are provided with a summary of their treatment and have access to electronic records showing what care was received and actual cost data. While patients are not required to pay, this tool serves an educational purpose to increase awareness of costs among patients and encourage responsible use of health services.

Health system enabling factors

The development of national policy and legislation for primary care stimulated local primary care strengthening efforts and provided increased support for reforms in Voznesensk (Table 3). In Voznesensk, financing reforms have aimed to stimulate productivity improvements by shifting from salary-based to fee-for-service payments. Additionally, when registered patients seek specialized care without a primary care referral, general practitioners receive information on lost earnings. This serves as a motivational mechanism to encourage general

practitioners to cultivate positive relationships with patients to ensure that they are the initial contact for care.

Outcomes

Quality indicators for primary care show services delivery improvements, with the local population in Voznesensk generally reporting satisfaction with care (Box 2). Furthermore, economic analysis indicates that both efficiency and quality improvements have been achieved in Voznesensk.

Box 2

What were the main outcomes of the initiative?

- The majority of care in Voznesensk is now initiated in primary settings, rising from 20% to 72%.
- Over 85% of patients who start treatment with a general practitioner now complete treatment with a general practitioner.
- The number of ambulance visits for patients with chronic disease dropped from 9% to 3%.
- Efficiency indicators show improvements; the number of hospital beds declined, bed turnover increased and cost-benefit ratios improved.
- Health care resources continue to shift from secondary to primary settings; outpatient care costs climbed to 65% of the local health care budget in 2012.
- The majority of Voznesensk residents gave a positive evaluation of care quality (70%) and were supportive of family medicine (63%).

Change management

Key actors

The initiative was inspired by the prioritization of primary care led

by the Ministry of Health. However, most activities occurring under the initiative were championed at the local level. The Chief Physician at Voznesensk's Nykolai Homenyuk Central Regional Hospital was a key actor leading the diagnosis of services delivery barriers in Voznesensk and designing innovative local solutions to overcome challenges. These efforts were further supported by the Mayor of Voznesensk who acted as a strong advocate for the initiative and helped secure necessary funding for activities.

Initiating change

After examining the existing local health system, health officials in Voznesensk became aware of the need to increase efficiency. However, as closing hospitals was politically unpopular, another method to drive efficiency improvements was needed. With political support from the Voznesensk City Mayor and grant funding from the Ministry of Health, the Chief Physician at Voznesensk Nykolai Homenyuk Central Regional Hospital pushed the initiative forward

as a means to indirectly stimulate necessary efficiency improvements. Leaders of the initiative worked hard to explain the new model to health providers and communicate its advantages.

Implementation

“Successful implementation of the innovative approach to provision of medical services in Voznesensk became possible with leadership, a great team and a good idea.” With the appropriate incentives and tools put in place, general practitioners and nurses worked as a team to implement necessary changes. Technological investments

allowed many reforms to be carried out automatically, reducing the burden on providers and easing the transition process.

Moving forward

The initiative continues to receive strong support at the local level and hopes to expand further. National support for primary care strengthening has moved at a slower pace, but the national government has shown increased commitment to primary care reform in recent years. As an innovative model, Voznesensk will continue to serve as an example of primary care reform in Ukraine.

Highlights

- Effective leadership combined with political and financial support created a stable platform on which to build reforms from the bottom-up.
- Aligning local initiatives with national priorities proved valuable for gaining legitimacy and support for the initiative.
- Availability and capacity to collect and share data was fundamental for improving communication between health providers and increasing continuity of care.