COMPARISON OF THE PRESENT PRIMARY HEALTH CARE ORGANISATION AND THE PROPOSITION OF ITS REGIONAL ORGANISATION

USPOREDBA POSTOJEĆE ORGANIZACIJE PRIMARNE ZDRAVSTVENE ZAŠTITE I PRIJEDLOG NJEGOVE REGIONALNE ORGANIZACIJE

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Abstract: *Primary health care is being organized through many small institutions which employ a large number of non-medical personnel, and it is very expensive. Proposition of new regional organisation of primary health care presents a model with a single institution, with one board, and a single professional logistic. Number of non-medical personnel is decreased from 366 to 52. Auxiliary services are being performed by specialized firms, which reduces the number of auxiliary workers from 119 to 4. The working space of non-medical personnel is made available for other uses. Financial savings provide investments in the quality of health care.*

Key words: *primary health care, organisation, non-medical personnel*

Sažetak: *Primarna zdravstvena zaštita organizirana je u mnogim malim institucijama koje upošljavaju velik broj nemedicinskog osoblja i vrlo je skupa. Prijedlog nove regionalne organizacije primarne zdravstvene zaštite predstavlja model s jednom institucijom, jednom upravom i jednom profesionalnom logistikom. Broj nemedicinskog osoblja smanjen je od 366 na 52.Prateće usluge obavljaju specijalizirane tvrtke,što smanjuje broj pomoćnog osoblja od 119 na 4. Radni prostor nemedicinskog osoblja postaje dostupan drugim korisnicima. Financijske uštede omogućuju ulaganja u poboljšanje kvalitete zdravstvene zaštite.*

Ključne riječi: *primarna zdravstvena zaštita,organizacija,nemedicinsko osoblje*

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1. Introduction

Primary health care in all well known health systems, is the foundation of health care, whose primary goal is its availability to as greater number of population on certain area (Barnum, et al., 2000). In low income countries, primary health care is developing by fulfiling the basic conditions in disease prevention and control, and by ensuring socially oriented health care(Kleinman, 1978). Wealthier health systems organize their primary health care as the gatekeeper of the system, responsible for solving most of populations health problems(Musgrove, 1996). Also, primary health care is responsible for the implementation of preventive actions such as disease prevention, education of population, vaccination(Ostojic, 2006).

Primary health care in Croatia is being declared as a system which has to efficiently solve 70-80% of health problems oft he population, there are two reasons for that: social component, and financial effectiveness of the gatekeeper. Through last 60 years, primary health care in Croatia was organized through a regional system of health centres, many of which could not meet the basic criteria of functioning, and there were too many of them. Due the need of rationalization, and greater possibilities of health centres, legal background was made in 2004. which allowed merging of health centres on regional level, that way they became primary health care centres for a population of 250 000 to 300 000. Osijek – Baranja County has not carried out such possibility, and today, its primary health care is organized through 6 autonomous health centres with 3 drugstores, one clinic for speech disorders, and one emergency institution. Instead of 11existing institutions, it is proposed to establish one institution, which will continue to perform all functions of previous eleven, but in a more rational, less expensive way, with the potential of development toward the upcoming needs of the population, and with an obligation to raise quality of provided service evenly for all residents of Osijek – Baranja County.

Certainly, there are many risks in existing proposition, yet if the reforms would be planned consistently and professionally, positive results could be seen very soon(Newell, 2005). Too many autonomous health institutions ask for a great number of non-medical personnel which conduct administrative, accounting, supplying, maintaining and other logistical work. That way, the same or similar work is being performed on many locations, often with a lack of professionalism, and in poor conditions. With the unification of logistical services, number of required workers would be reduced, while the quality and professionalism, concentrated in a single place, would increase. It is also important that health care institutions do not perform cleaning, maintenance, security, and similar type of work, since there are specialized firms which perform those jobs better and less expensive (Spiegelhalter, et al., 2000). By implementing the above mentioned reforms and rationalizations, health care service would have more resources, and better conditions for work and progress.

2. Aim

To suggest a new regional organisation of primary health care. To compare the suggestion with the present state in finances and human resources management in the

non-medical sector, with a hypothesis that a smaller number of employees can bring better results, and possibilities of development.

3. Methods

All data about the number and characteristics of non-medical personnel, was taken from annual reports of health care institutions. Proposition of a new regional organization of primary health care was made, alongside with a comparison of the number of non-medical personnel and their fees, as well as the size of their working space.

4. Results

admini-stration	logistics	auxiliary staff	admini-strative board	working space:m^2	overall: non-medical personell	overall wages kn/month
69	101	119	77	2828	366	2.635.200

Table 1. Number of non-medical personnel. Present state.

admini-stration	log-istics	auxiliary staff	admini-strative board	working space:m^2	overall: non-med p.	overall wages kn/month
8	36	4	7	926	52	466.284

Table 2. Number of non-medical personnel. Suggested state.

work-place	lawyer	oec. univ degree	plann-ing and analysis	occup-ational safety	supply	econo-mist	other	overall
empl.	13	14	1	7 x 0,3	15	48	8	101
wages/kn	164.034	176652	11.876	17.987	178.815	376.896	77080	1.003.340

Table 3. Proffesional personnel. Present state.

workplace	lawyer	oec. univ degree	planning and analysis	occu-pational safety	supply	econo-mist	other	overall
employed	2	4	3	1	4	14	6	36
wages/kn	25.236	50.472	35.628	11.876	47.504	109.928	57.810	388.454

Table 4. Proffesional personnel. Suggested state.

5. Discusion and conclusion

Changes int he number of non-medical personnel are exceptionally remarkable. Number of non-medical personell would decrease from 366 to 52 (314 less, $p<0.005$). Financial expenses for gross wages are being reduced from 2.635.200kn to 466.284kn per month ($p<0.005$).

The number of administrative board members is reduced from 69 to 8, also, in professional logistic, number of workers is being cut down from 101 to an optimal 36. Auxiliary staff number is decreased from 119 to 4, since their jobs are being done by specialized firms.

Present organisation of the institutions requires 11 boards to manage the functioning of the institutions. In the new institution, only one board is required, or just seven people on the payroll. Workspace being used by non-medical presonnel is being reduced from 2828 m2 to 926m2.

New proposition brings changes to the number of personnel, and to the structure of professional logistic. Instead of eleven secretaries, lawyers, financial and supply managers, and similar, unified service would employ less, but the personnel would have better expertise, and new departments. Planning, analysis, supply, occupational safety, quality control, and marketing, all are required services for a modern health institution.

Number of non-medical personnel is being greatly reduced because of two basic lines of changes. First is the separation of autonomous firms from the present organisational structure, which can operate independantly in the private sector. Cleaning, environment and workspace maintenance, security and protection of buildings, are being performed by contracted firms.

In order to preserve the working places, new service firms are obligated to hire present employees of health centres.

Specialized service firms conduct auxiliary jobs in a much more efficient and more professional manner than the health institutions. Regional organisation is allowing common planning and acquisition of equipment, medical and other supplies, which leads to smaller expenses and balanced quality. It is not only a decrease in the number of non-medical personnel, as there is a suggestion in new organisation of employing highly qualified experts from the fields of planning, analytics, statistics, supply, quality control, occupational safety.

The proposition is not making impact on the number of medical personnel, which means that the primary health care network, which is made by central, national system organiser, remains unchanged, and the changes made are directed only on local rationalisation of non-medical personnel. Because of this reason, the proposition can be performed immediately, with no need to change the existing legislations. All valid contracts of existing healthcare teams and of all levels of health care, remain intact. Moreover, through regional merging of existing teams, it is possible to improve their engagements and assignments.

Existing smaller systems do not posses enough strenght in the number of teams, which could bear with all possible challenges.

The other advantage of regional organisation is the presence of a unique development strategy for the whole region. It is possible to achieve an equal level of professional and technical qualification, to equalize the quality of health care service, to ensure equal chances for education, and to expand Medical school teaching base.

This way, the existing large differences in certain parts of region can be easily eliminated. With the funds obtained through this changes, investments in new technologies, education, maintenance and equipment, are possible.

Reduce of working space of non-medical personnel, from 2828m2 to 926m2 (difference of 1902m2), is very significant, since the vast unused space could be rented, and the costs of maintenance would no longer be under charge of Health Centres.

Direct result of regional organisation of primary health care is the decrease of administrative boards members from 77 to 7, with annual savings of 1.290.000kn. In the new organisation, a board made of seven members is suggested. Director, secretary, administrator, and directors assistents for primary health care, drugstore, emergency, speech disorders clinic and logistic, are employed as full-time professionals.

Managers of healthcare branchoffices, ex Health Centres, are operative physicians, who, in their additional 2 hours of work, coordinate the work of health services. Expert logistic is being expanded through new services, while the need for many staff on many locations to perform administrative work is reduced.

We strongly believe that new organisation of primary health care would be more professional, les expensive, than the existing, and it would provide greater possibilities for progress in work and development.

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