

The Development of Family Medicine in Ukraine

Yevgenii Latyshev, Director
Information Resource Center on
General Practice/Family Medicine
Ministry of Health of Ukraine

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HEALTH SECTOR DEVELOPMENT STRATEGY

December 7, 2000

Health Sector Development Strategy
Approved &
Decree signed by the President of Ukraine

August 9, 2001

Program on Comprehensive Measures to
Implement the Health Sector Development
Strategy approved by the Cabinet of
Ministers

HEALTH SECTOR DEVELOPMENT STRATEGY

GOALS

- to improve the health of people and increase life expectancy
- to put all legislative, economic and management mechanisms in place to ensure access to health care & medical services and insurance
- to define and grant a scope of medical services that have to be provided free of charge
- to establish a market for paid medical services
- to have state, businesses, community and individuals co-share expenses for medical services

Chronology of PHC sector Reform

1987 – MoH Decree to conduct a pilot project in Lviv Oblast to introduce FM principles in primary care services delivery

1991 – 3-year residency in family medicine

1992 – first FMC organized in Drohobych, Lviv Oblast

1993 – curricula for residents training revised

1994 – family physician scope of work identified and adopted

1995 – position of family physician approved

1996 – Kiev Medical Academy of Postgraduate Training opened first FM department

Chronology of PHC sector Reform

1997 – Ukrainian Association of Family Physicians established

1998, 1999, 2000 – National Conferences on Family Medicine with international expert participation

2000 – Decree of Cabinet of Ministers “On comprehensive measures to introduce family medicine in health care system”

2001 – other legislative and regulative documents prepared and adopted to ensure further development of family medicine

2001 – First Ukrainian Congress on Family Medicine co-sponsored by Ministry of Health & AIHA

Legislative Framework

Decree of Cabinet of Ministers

“On comprehensive measures to introduce family medicine in health care system” (2000) is the main document

Twelve more documents and regulations adopted in 2000-2001 to address different aspects:

- Scope of work for a family physician and family nurse
- Certification of family physicians and nurses
- Requirements for Family Practice facilities
- Basic equipment list
- Workload standards, etc.

Work force

Undergraduate and postgraduate training curricula are developed. 8 out of 17 Medical Institutes and Universities offer training & retraining programs in FM (300 residents are now trained annually)

Number of Family Physicians

2000 – 244

2001 – 440

2202 – 1264

Number required – 30,000

Family practice facilities

2000 – 219

2001 – 400

Today – 604

RESULTS

- Decrease in referrals (from 60% to 25%)
- Reduced hospitalization rate
(from 84.2 per 1,000 to 63.8 per 1,000)
- Decrease in emergency care calls
(from 92.4 per 1,000 to 84.7 per 1,000)
- New types of in-patient care introduced (day time and home-based care)

Cost-effectiveness

Overall cost per visit to a Family Practice Facility is **1.3 times lower** compared to a visit to a regular polyclinic
for example:

Common problems in adults - cost per visit **1.6 times lower**

Common problems in children – cost per visit **4.3 times lower**

1/5 of the health care budget could be saved if transition is made to family practice

MODEL CENTERS IN PILOT OBLASTS

6 AIHA partnerships opened 12 PHC Centers in Kiev, Odessa, Donetsk, Kramatorsk, Lviv and Zhovkva, Kharkiv and Korobochockino, Uzhgorod and Velykyi Bereznyi

The Centers serve as a model for the delivery of a comprehensive range of quality primary care services emphasizing the importance of

- prevention and health promotion
- community education and mobilization
- enhanced role of nurses
- use of evidence-based practices and CPGs
- patient satisfaction
- continuing medical education
- financial sustainability

Benefits of Family Medicine

Family practice allows to:

- improve the health of people, decrease morbidity, disability and early mortality
- enhance preventive focus, increase access to medical services and continuity of care
- mobilize and involve community
- strengthen co-sharing of responsibilities between health authorities, businesses and individuals

Further Development of Family Medicine

- Dissemination and Replication of model PHC Centers experience
- Ongoing Reform of other health care sector components to ensure linkages and continuity of care
- Ongoing professional development
- Provision of required equipment and supplies for Family Practice facilities
- Introduction of financial incentives (Wages and benefits for family practitioners)
- **Promotion of family practice approach among medical and non-medical community**