

The development of General Medicine in Cyprus under the proposed NHIS

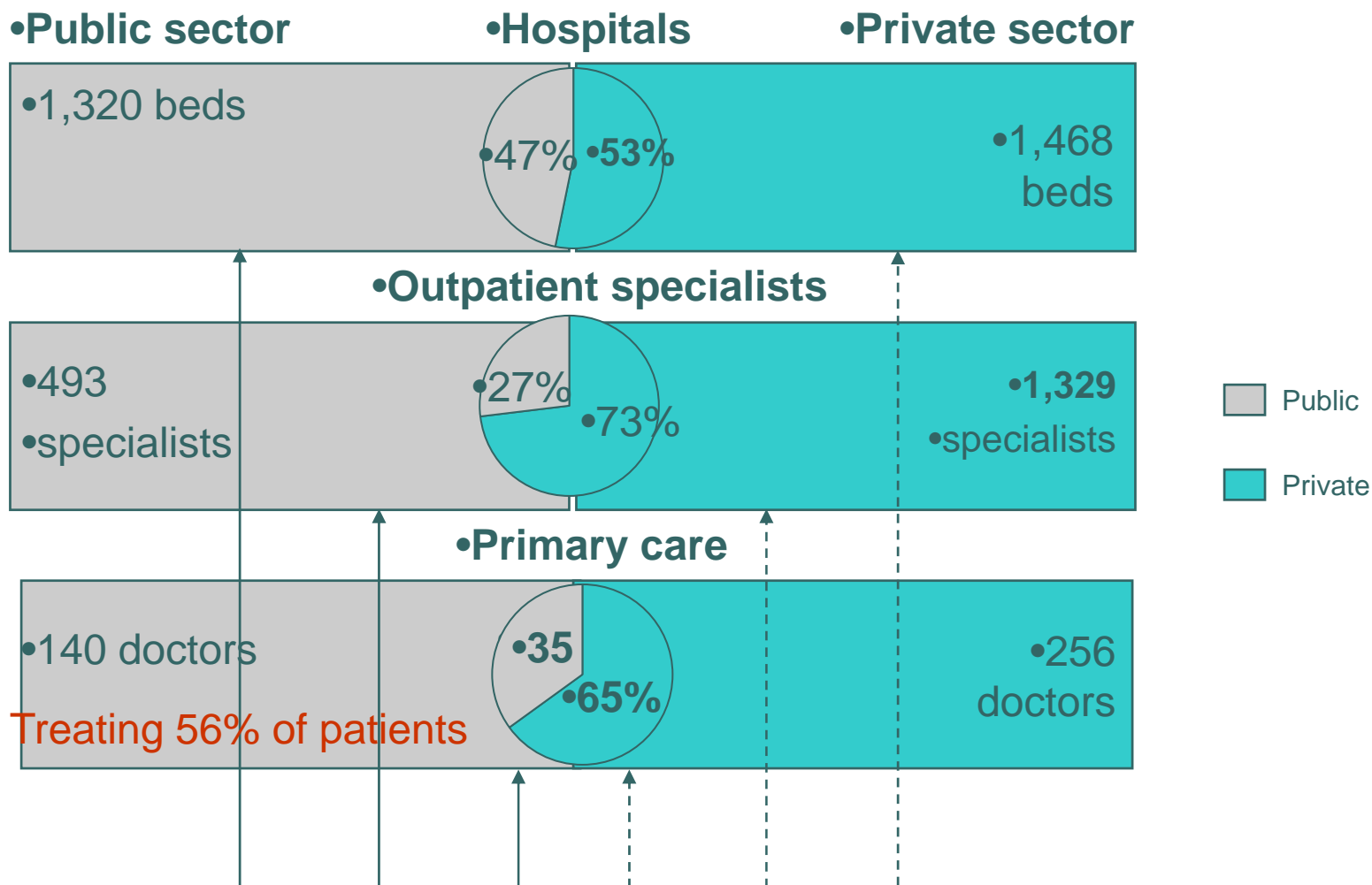
**Dr Mary Avraamidou
General Practitioner
President of the Cyprus Association
Of General Practitioners
Nicosia, October 2008**



Need for introduction of NHIS

- No coordination between private and government sector, no data transparency, duplication of services
- Health expenditure (6.4% of GDP) is increasing with a high rate for both sectors (8% per year for the private sector and 11% for the public sector)
- Excessive out of pocket payments for healthcare in Cyprus
- Lack of measurement of quality indicators in both public and private sectors

Current situation in delivering health care by private and government doctors





The proposed NHIS is based on the Family Doctor Concept

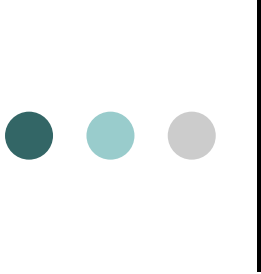
primary healthcare will be provided by contracted general practitioners the Family Doctors

- FDs will be:
 - the first point of access to the Scheme
 - The main providers of primary healthcare and the navigators of the beneficiaries through the Healthcare System.
- Access to specialists is to be granted in general through the Family Doctor.
- Free access to Obstetrician/Gynecologist for women >15
- Free access to A&E for real emergencies
- Number of free access to specialist for chronic diseases (exacerbation of disease)
- Free access to the dentist for preventive dental care for children up to 16
- Children up to the age of 15 will register with a Family Pediatrician (age group 16-18 will have a choice between FD or FP)



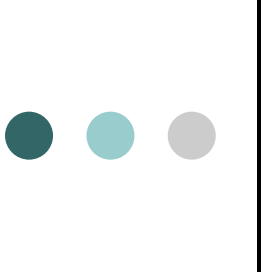
THE FAMILY DOCTOR CONCEPT OFFERS SEVERAL ADVANTAGES

- **Direct and easy access to treatment for the majority of cases**
- **continuity of care** – building of strong patient-doctor relationship, more holistic approach of patient, continuing, comprehensive and coordinated medical care
- **Prevention** – The close long-term relationship with the same physician allows for structured healthcare prevention and monitoring at an early stage
- **Chronic disease management** – Better integration between Family Doctors and specialists on chronic disease management
- **Cost containment** – The majority of cases can be treated at the GP level, reducing specialist fee expenditure
- **Higher specialist effectiveness** – Specialist time is spent more effectively, in the truly complicated cases
- **Data transparency** the FD will be the data administrator to the system; transparency of primary care provision and referral/prescription patterns



The introduction of the NHIS will change the delivery of Primary health Care in Cyprus

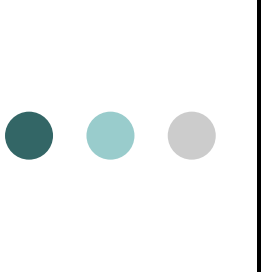
- The new “Gatekeeper” role of Family Doctors
- The new method of reimbursement
- Introduction of quality indicators and measurement of performance
- Need for Group- practices



Payment of FD will be made by capitation model and 3-Tiered approach

○ Payment of doctors

- Age and Gender adjusted capitation payment
 - The FD will be paid an annual fee for every beneficiary registered on his list (60-75% of annual income)
 - Number of beneficiaries 300-2500
- Tier-2 reimbursement for specific activities
 - Management of chronic diseases according to protocols
 - Routine care home visits
 - Preventive programs (Screening for cancer: breast, cervical, colorectal)
 - Vaccinations
 - home visits for acute cases
- Tier-3 additional reimbursement on system compliance
 - Over-referrals, Over-prescriptions activities with negative reimbursement)



Clinical protocols and quality indicators will be introduced with best practice rewarding

- Introduction of clinical protocols
 - Diabetes Mellitus
 - Arterial hypertension
 - Dyslipidemia
- For Paediatric Family Doctors
 - Asthma
- Auditing/monitoring of clinical work and health outcomes



Challenge for GPs working as government employees

- Free access of patients to both public or private doctors with free choice of specialists will create shifting of patients from public Primary Healthcare Centers to Private doctors

3

The optimal FD coverage can be determined by comparing current status, target state and international benchmarks

• Unit of measure: GPs per 1000 inhabitants

• Current Cyprus coverage (all GPs*)

• 1.21

• OECD average for FD-centered health systems

• 0.80-1.00

• Current Cyprus coverage (private GPs*)

• 0.95

• Current Cyprus coverage (public GPs)

• 0.26

– Current coverage by public and private GPs is sufficient

– Future coverage to be determined by doctors registering for FD training (estimate is that number of doctors will be adequate)

*Assuming 250 private specialists are currently working as GPs

Source: MoH team

OECD: Organization of European Co-operation and Development

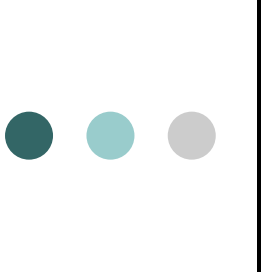
Public GPs cover 56% of total demand* – private GPs have built up a parallel primary care network mainly in urban areas covering the remaining demand

■ Private GPs

● Public primary healthcare centers



● Private doctors cover only areas with high patient demand and deliver care in single practices



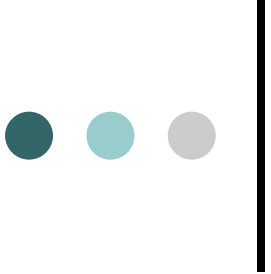
Incentives will be given to FDs to form group practices

- **Financial Incentives**

- Facility incentives
- Equipment incentives
- Personnel incentives
- Sharing of premises, personnel and equipment

- **Non financial incentives**

- Flexible timetable, ability to work part time
- Maximum and minimum number of beneficiaries
- Greater convenience for patients (running of specialised clinics ie DM clinic)



Family Doctors must get prepared to undertake their new role

- Patient management must be adjusted to mode of compensation
- Training of family doctors
- CME will be required in the future (prerequisite for renewal of contract every 2 years)
- GPs must be ready to take over their new role
- Association of General Practitioners must prepare to offer its members the support needed