
Policy Brief # 22

Family Group Practice (FGP): Analysis and Evaluation of Various Organizational Forms

Development of a primary health care focused on the family medicine became one of the main goals of the National Health Reform Program *Manas* (1996). And an important element of the health reform was legal and financial separation of the primary health care from hospital services¹.

First 76 FGP were established in a form of independent legal entities in Issyk-Kul oblast, followed up by an increase of their number throughout the country. By the end of 2000 merging of some FGPs took place, and most of them joined FMCs as their structural units. Number of FGPs – independent legal entities has been reduced down to 21. Such a drastic decline in a number of FGPs - independent legal entities presents some interest from a view point of effectiveness of their operation and, in general, from the viewpoint of the need of having such an organizational form for health care delivery at the primary level.

And the main goal of this research – the **evaluation and comparison of different organizational forms of Family Group Practices** – had been determined on the basis of the latter statement:

- Independent legal entities;
- FGP as a part of FMC

1. Legal framework

Legal documentation regulating organization of health care, volumes and types of medical services, medical and statistic record-keeping is the same in all FGPs regardless their organizational form.

The main and the only difference between FGPs – legal entities and FGPs, which are a part of FMCs, is their legal status.

Registration of FGP – independent legal entity in a form of legal entity, in distinction from FGP with different organizational form gives them an opportunity to:

- To use independently their funds;
- To provide user fees or other services not prohibited by the legislation of the Kyrgyz Republic;

- To use infrastructure on the basis of the right of operative management;
- To open their own structural units;
- To form independently their own personnel.

Described opportunities of independent FGPs – legal entities allow them to respond quickly to the changes in their needs in order to perform their main function – delivery of good primary health care and to contribute to improvement of health status of the population they have been serving.

«... we have enough funds per patient, since we buy all reagents to the laboratory and drugs in time. We have enough drugs; we buy them in the pharmacy on a contractual basis». (a Clinical Director of an FGP –independent legal entity).

«...FGPs – legal entities don't have any shortage of drugs. The team independently determines where to spend their money...» (a Clinical Director of an FGP, which is a structural unit of FMC).

«Doctors are happy. We used our funds to pay for renovations, for some equipment; we have bought an inhaler...» (a Clinical Director of an FGP – independent legal entity).

Opportunities to influence FGP operational process make FGP leaders to take more active part in its management and organization of health personnel work. This has been specified not only by directors of FGPs – independent legal entities, but also by representatives of Mandatory Health Insurance Fund (MHIF) and clinical directors of FGPs – structural units of FMCs.

2. Assessment of staff structure and composition of doctors.

A structure of positions of health professionals working in FGP, according to manning table is the same in different organizational forms of FGP.

Assessment of manning table of surveyed FGP showed practically the same structure of medical positions in different organizational forms of FGP.

- A Clinical Director;
- A Manager;

¹ Kyrgyz Health Model, T. Meimanaliev, 2003, Bishkek

- Physicians (internist, pediatrician, obstetrician-gynecologist;
- Nurses;
- Junior health personnel;
- Additional personnel.

Almost every FGP have this composition of medical positions, except two positions: 1) FGP, which are structural units of FMC practically do not have the position of a manager, since their functions are performed by a centralized accounting unit of a Family Medicine Center. 2) Additional personnel, which mainly includes drivers and guards is broader represented in FGPs-legal entities. In FGPs, which are structural units of FMCs, they are a part of manning table of FMC.

The number of physicians in all FGPs is compliant to accepted workload norms (from 100 – up to 2500 of mixed population per one family physician).

There are some available vacancies, mainly in FGPs – structural units of FMC.

Assessment of filled positions of physicians showed availability of vacancies mainly in FGPs-structural units of FMC. FGPs – independent legal entities virtually do not have any vacancies of physicians.

«We are quite well staffed – we have 3 doctors per 3 enrolled villages. In the district center they don't have enough doctors to visit 3 enrolled villages at the outskirts of our district (a Clinical Director of an FGP - independent legal entity).

Health professionals, when surveyed, specified the growing workload and considerable volume of work. Many health professionals expressed their dissatisfaction with their workload and working conditions (Table 1), while answering the question: “To what extent are you satisfied with various aspects of your work?”

Table 1. Health professionals opinions

	FGP – independent legal entity	FGP as a structural unit of FMC	
		Located in FMC building	Outside of FMC building
Dissatisfied, %			
Operating mode	13,56%	0,00%	23,53%
Workload	30,00%	44,12%	60,00%
Working condition	30,00%	23,53%	60,00%

Assessment of age structure of physicians shows remaining tendency of health professionals ‘aging’ in the health care system of Kyrgyzstan, as it has been specified in the study of causes for health personnel attrition². And this tendency persists practically in all FGPs, regardless of their organizational form. The age of nearly 65 % of all doctors is more than 45 years.

3. Financing – actual expenses.

The budget of all FGPs, regardless of their organizational form has been prospectively determined for a forthcoming year as a product of capitation rate multiplied by a number of enrolled people.

The main sources of financing include the government budget, funds of the Mandatory Health Insurance, co-payment from population and special means, which all together form the consolidated budget. However, data of actual expenses received from FGP and FMC indicate to the fact that the FGP – legal entities have been mainly financed from the government budget and the funds of the Mandatory Health Insurance.

In all surveyed FGPs, irrespective of their organizational form, one can observe an increase of a general financing level both in absolute numbers and in percentage ratio of 2008 in comparison with 2006. Budget execution almost in every FGP is more than 100 %.

It should be mentioned that separation of actual expenses of FGPs – structural units of FMC became quite problematic for FMCs’ accounting units. In this regard, it becomes questionable, whether the separate financial record keeping is needed for FGPs, integrated into FMCs, in order to ensure transparency of the budget.

FGP directors mentioned a need to ensure transparency of the budget in their interview:

‘I don't know anything about financing of our FGP – what kind of expenses, – how salary has been calculated, etc. They don't pay any travelling expenses to us and do not give us any office supplies. The accounting unit does not provide us with any financial information’. (a Clinical Director of FGP, which is a structural unit of FMC).

«We don't know how money has been allocated to us, and how they calculate bonuses for individual

² Policy Research Paper no. 51, *Learning the Causes of Doctors Attrition from Health System of the Kyrgyz Republic*, 2008, Bishkek

performance factor. In FMC they act upon their decision. I don't know our expense budget at all. The director allocates funds for my expenses». (A Clinical Director of an FGP - structural unit of FMC).

There is an increase of salary level.

Increase of salary share from the total budget has been observed in all FGPs.

However, there is still quite a high level of dissatisfaction of health professionals with their salary size. Dissatisfaction level varies from 65 % in FGPs – independent legal entities up to 100% in FGPs – structural units of FMCs.

Almost every surveyed FGP had rather high percentage of respondents that mentioned a need of a supplementary pay. This indicator varies from 75 % up to 88,24 %.

65,0 % of respondents – representatives of FGPs – independent legal entities said that they had been getting some supplementary payments. Whereas, this indicator for respondents from FGPs – structural units of FMCs is virtually 2,5 times lower - 25,64 %. All 100% of those respondents that gave a positive answer on availability of a supplementary pay specified that their additional earnings are not related to medicine.

4. Performance Assessment

Main FGPs' performance indicators are indicative of quite an effective operation of FGPs – independent legal entities.

A considerable increase in a number of patients' visits had been observed in dynamics in FGPs – legal entities in the time period from 2006 – 2008 (per 7,03 %), in comparison with FGPs – structural units of FMC (0,04 %). The comparable tendency is seen in such indicators like: number of patients' visits related to different diseases, number of home visits paid by physicians, number of cases of polyclinic services delivery related to various diseases.

Independent FGPs – legal entities have a smaller level of reduction in a number of written prescriptions under the additional drug benefit package, in comparison with FGPs – structural units of FMCs («-7,23%» and «-18,64 %» accordingly).

Pattern of changes in the main FGP performance indicators, calculated per individual family physician, bears an evidence of a rather effective

performance of FGPs – independent legal entities and their capacity of delivering good health care services to population.

5. Opinion of health personnel

- The level of general satisfaction of health professionals employed by FGPs – independent legal entities was quite high (90%), and there were virtually no people that had some difficulties in answering this question. And in FGPs, which are structural units of FMCs, only 53,85 % of all employed health professionals were satisfied, and 28,21 % were not satisfied.
- Indicators of work performance show the better situation in FGPs – independent legal entities. In these FGP, 65% of respondents assessed their commitment as “very high” and “above average”. And there are no employees that have assessed their commitment below average. In FGPs – the structural units of FMCs - 38,46% of employees have commitment level as “above average” and “very high”. And the share of respondents, which said that their commitment was ‘below average’, or ‘extremely low’ was 10,25 %.
- Assessment of relationship with management is rather ambiguous. In the independent FGPs – legal entities – 80% of employees gave a positive appraisal to their relationship with their management, whereas in FGPs – structural units of FMCs – a share of satisfied employees was slightly smaller - 66,66 %.
- As far as further dissemination of the experience of establishing FGPs – legal entities is concern – opinions of the surveyed FGPs and FMCs directors have divided. Almost all respondents – FMC directors (7 people) do not support the idea of having FGPs as independent legal entities.

'FMC does not have any levers of pressure on them, they don't know their accounting'

«...there is no need to expand the number of FGPs – independent legal entities..., it is better, when they operate as a part of FMC..»

“We do not need FGPs – independent legal entities, we should not expand this experience. What's the point of having them? We do not oversee their operation, they do not report to us; however we are responsible for their performance....”

And other respondents – FGP clinical directors and representatives of Territorial Departments of MHIF (15 people) – in their turn - point out at the need of expanding the practice of establishing FGPs – as independent government facility within the health system in a form of a legal entity.

«...FGPs operating by FMCs are less active, probably due to the fact that FMCs management is next to them (they have been always looking at the director). They are not even aware how much they have been earning. FGPs – legal entities have been surviving quite well in case they have enough people enrolled to them...»

«...We have to support the practice of establishing FGPs – independent legal entities. People have to work hard, in case they want to achieve something. And in order to spread this experience, we need regulatory legal documents..»

«...It is better to be independent. FGPs – legal entities are more responsible... We would like to be independent, but our senior management doesn't want this...»

«...we used to know our manning tables, finances, and we used to have different training activities back in former Soviet Union times. Now we are a part of FMC, we listen what they say, we do not have our own ideas and activities. If we have our own money – we would be working hard throughout days and nights...»

«...our health personnel wants to leave for an FGP – a legal entity. We do not benefit at all from being a part of FMC...»

The main conclusions made on the basis of this survey give evidence of the need to preserve such form of FGP – as an independent legal entity.

And besides, it is suggested that dissemination of this experience should take place in a form of two options of the future development:

1. To turn all FGPs into independent legal entities.
2. To turn all FGPs - the structural units of FMCs geographically located in the distance from FMC into FGPs – independent legal entities.

In both cases the founder of FGPs – independent legal entities - shall be the Ministry of Health. And organizational and methodological supervision

shall continue to be performed by the region's coordinator.

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