Association of Hospitals
of the Kyrgyz Republic

HEALTH POLICY
ANALYSIS
CENTER

Policy Research Paper # 61

FAMILY GROUP PRACTICES (FGP): ANALYSIS AND EVALUATION OF VARIOUS ORGANIZATIONAL FORMS

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Bishkek - 2009

TABLE OF CONTENT

I. INTRODUCTION **4**

1.1 Background information **4**

1.2 Main survey issues **5**

III. SURVEY PREPARATION **6**

III. SURVEY FINDINGS **7**

3.1 General information **7**

3.2 Normative and legal basis **7**

3.3 List of personnel members and doctors staff evaluation **9**

3.4 Funding – actual expenses ..... Error! Bookmark not defined.

3.5 Evaluation of activity ..... Error! Bookmark not defined.

IV. CONCLUSIONS ..... ERROR! BOOKMARK NOT DEFINED.

I. INTRODUCTION

1.1 Background information

In 1994 the Ministry of Public Health of the Kyrgyz Republic and the WTO European regional bureau signed a Memorandum of Understanding according to which the Ministry of Public Health started designing of a General Plan of the Public Health System Reform, which was further called the National Public Health System Reform Program of the Kyrgyz Republic "Manas". The program was approved by the Government of the Kyrgyz Republic in 1996. Creation of the system of initial medical and sanitary assistance with the focus on family medicine was one of the major program goals. At that legal and financial separation of the initial medical and sanitary assistance from hospital services[1] was the most important element of the public health sector reform.

Polyclinics, which earlier were a part of Central rayon hospitals (CRH), were transformed into groups of family doctors (FGP) as independent legal entities or into Family Medicine Centers (FMC) and their branches in the form of the nearest FGP. Besides, in rural areas feldsher and obstetrics posts (FAP) were preserved, whereas rural neighborhood hospitals (RNH) and rural ambulatory stations (RAS) were transferred into FGP as independent legal entities or into FGP as branches of FMC.

The reform of initial medical and sanitary assistance (PIMSA) covered both rural and urban areas. In urban areas the restructuring process led to amalgamation of a children polyclinic, adult polyclinic and women consultation centers into a multi-faced polyclinic with a subsequent transformation into FMC.

First 76 FGP as independent legal entities (Table1) were created within the framework of a pilot and demonstration project in the Issyk-Kul oblast (with a technical and financial support of the USAID). In 2000 FGP were amalgamated and the majority of them became a part of the FMC structure as structural subdivisions.

Thus, at the end of 2008 678 FGP functioned in the Kyrgyz Republic where 657 FGP were a part of the FMC composition and only 21 FGP were independent legal entities. Such a radical reduction of the number of independent FGP as legal entities was interesting from the point of view of the effectiveness of their activity and, in general, a necessity of this organizational form at an initial level of medical assistance delivery.

Guided by the last statement the main survey goal was defined as an evaluation and comparison of various organizational forms of activity of groups of family doctors (*FGP being legally independent, FGP as a part of FMC, located territorially in FMC and FGP as a part of FMC, territorially separated from it*), as the main basic structure of the system of initial medical and sanitary assistance delivery to the population.

[1] "Kyrgyz model of public health", T.Meinmanaliev, 2003, Bishkek

Table 1.
Number of groups of family doctors in the Kyrgyz Republic

Regions	Number of FGP					Including independent legal entities				
	1998	1999	2000	2005	2008	1998	1999	2000	2005	2008
Kyrgyz Republic	**76**	**781**	**800**	**670**	**678**	**76**	**781**	**84**	**31**	**21**
Bishkek	-	108	106	94	99	-	108	-	-	-
Chui oblast	-	144	143	90	86	-	144	-	8	5
Talas oblast	-	37	37	31	34	-	37	10	5	2
Osh oblast	-	234	172	150	152	-	234	-	-	-
Jalal-Abad oblast	-	142	143	136	138	-	142	-	2	1
Batken oblast	-	-	68	84	83	-	-	-	-	-
Issyk-Kul oblast	76	74	74	42	41	-	74	74	14	13
Naryn oblast	-	42	57	43	45	-	42	-	2	-

1.2 Main survey issues

In evaluation of various organizational forms of activity of groups of family doctors in the survey the authors focused on studying of the opinion of medical staff and their managers on their satisfaction and willingness to work in groups of family doctors.

The actual information on FGP activity in various directions is presented in the form of a comparative evaluation of various organizational groups from the point of view of an effective use of available resources and also differences in the main medical activity indicators.

Main survey issues:

I. Study of medical staff opinion on positive and negative aspects of various FGP organizational forms from the point of view of effectiveness of the system of medical services delivery and from the position of their satisfaction with the work.

II. Evaluation and comparison of various FGP organizational forms from the point of view of:
   - Normative and legal basis and organizational structure;
   - Actual use of available resources;
   - Main medical activity indicators.

III. Survey preparation

FGP located in Chui and Issyk-Kul oblasts were the main objects of the survey. The selection of the regions was due to the fact that at the time of the survey (November 2009) FGP as independent legal entities functioned only in those regions. Moreover one of the criteria for selection of a specific, legally independent FGP was an indicator of the amount of the serviced population, i.e. the methodology for FGP selection for the survey was as follows:

1. At the initial stage study of FGP, being a part of the FMC structure and territorially located in FMC, was defined as obligatory. In each rayon FMC only one similar FGP exists at a rayon level. Thus, all FGP territorially located inside of FMC automatically became objects of the survey.
2. Selection of independent legal FGP and FGP as a part of FMC, territorially separated from it, was defined using the above mentioned criteria: the amount of the serviced population. It must be to a maximum the same in FGP, selected at the initial stage.

Based on those criteria there were defined FGP, included into the survey as objects of the survey (Table 2).

Table 2.
Surveyed FGP

FGP as a part of FMC		legally independent FGP
FGP inside of FMC	FGP outside FMC	
FGP “Nur” Jety-Oguzski rayon	FGP “Darhan” Jety-Oguzski rayon	FGP “Jety-Oguz” Jety-Oguzski rayon
FGP “Ak-Peyil” Ak-Suiski rayon	FGP “Boz-Uchuk” Ak-Suiski rayon	FGP “Chelpek” Ak-Suiski rayon
FGP “Araket” Tyup rayon	FGP “Taldy-Suu” Tyup rayon	
FGP “Center” Karakol		FGP “Nazik”, Karakol FGP “Umut”, Karakol
FGP “Sokuluk” Sokulukski rayon	FGP “Novo-Pavlovka” Sokulukski rayon	FGP “Kun-Tuu” Sokulukski rayon
FGP № 1 Moscovski rayon	FGP “Ak-Suu” Moscovski rayon	FGP “Alexandrovka” FGP “Sadovoye” Moscovski rayon

For a comparative analysis and evaluation of the public health organizations of the initial level both qualitative and quantitative data was used. Medical and statistical data of the Mandatory Health Insurance Fund (MHIF) of the Republican Medical and Information Center (RMIC), the Association of groups of family doctors (AFGP) and also information collected directly in the surveyed FGP was used as sources of information.

In order to conduct semi-structured interviews with managers at oblast and rayon levels, questioning of medical staff in the surveyed FGP the developed by project officers’ questionnaires and forms were adjusted for analysis of the public health policy.

III. Survey results

3.1 General information

As it was mentioned above the survey was conducted in 18 FGP of the Chui and Issyk-Kulski oblasts, including:

а) 6 FGP, being a part of the FMC structure and territorially located in FMC;
б) 5 FGP, being a part of the FMC structure but territorially located separate from it;
с) 7 legally independent FGP.

In the surveyed FGP, for the period from 2006 till 2008 104 doctors worked and their distribution by years is reflected in Table 3. 59 medical workers participated in questioning:

- 20 persons working in legally independent FGP;
- 34 persons working in FGP, being a part of the FMC structure and territorially located in FMC;
- 5 doctors working in FGP, being a part of the FMC structure, but territorially separated from it.

The biggest number of doctors, participating in questioning, were from remote but being a part of the FMC structure groups of family doctors that is explained by the fact that at the moment of the survey they rendered medical assistance upon calls in the nearest settlements.

Table 3.
Number of FGP doctors.

	TOTAL doctors	Legally independent FGP	FGP, being a part of the FMC structure and territorially located in FMC	FGP, being a part of the FMC structure but territorially separated from it
2006	**89**	31	40	18
2007	**87**	28	41	18
2008	**94**	28	42	24

3.2 Normative and legal basis

The status is the main and only difference in normative and legal basis between legally independent FGP and FGP, being a part of the FMC structure.

Normative and legal documents on organization of medical activity, volumes and types of provided medical services, maintenance of medical and statistics reporting is the same in all FGP, irrespective of their organizational forms.

The main and the only difference in the normative and legal basis between legally independent FGP and FGP, being a part of the FMC structure is their legal status. In independent legal FGP their status is formalized by a Regulations on a Group of Family Doctors and its registration in the Ministry of Justice as a state establishment within the system of the Ministry of Public Health whereas FGP, being a part of the FMC structure, is a structural subdivision of an out of patient institution without a status of a legal entity.

Registration of independent legal FGP in the form of a legal entity in contrast to FGP with another organizational form allows them:
- independently dispose their funds;
- render paid and other services not prohibited by the legislation of the Kyrgyz Republic;
- use technical and logistical base on the rights of operational management;
- open its structural subdivisions;
- independently recruit their personnel.

The described opportunities of legally independent FGP allow them efficiently responding to the changes in their needs for execution of their main responsibilities – ensuring good quality of initial medical and sanitary assistance and promoting improvement of health of the serviced population. This is confirmed with the indicators of activity of independent legal FGP (section "FGP activity") and opinion of both managers and doctors.

> *"… funds are enough per patient, because we procure reagents for laboratories, medications on time. Mediations are enough, we procure them in a drugstore based on the agreement…" (Clinical manager of a legally independent FGP).*
>
> *"… when possible we independently procure equipment: a refrigerator, ФЭК, TV-set, stationary. Our patients watch documentary films on a healthy way of life …" (Clinical manager of an independent legal FGP).*
>
> *"…if we need examination for cholesterol, hepatic tests we take blood samples and take them to FMC (pay according to the price list)…" (Clinic manager of an independent legal FGP).*
>
> *"…in legal FGP medicine is enough. The team takes decisions on all expenses…" (Clinical manager of FGP, being a part of FMC).*
>
> *"Patients are satisfied...we have our medications committee, which, when possible, determines socially vulnerable and needy families and we pay for the entire treatment course out of our budget…" (Clinical manager of a legally independent FGP).*
>
> *"Doctors are satisfied. We refurbished the premises ourselves, repaired lightning, bought an inhalator out of our budget…" (Clinical manager of a legally independent FGP).*
>
> *"…now we save money for equipment (glucometer, EKG), have an opportunity to make procurements…" (Clinical manager of a legally independent FGP).*

Opportunity to influence independently the process of FGP activity makes managers taking more active participation in FGP management and organization of work of the medical staff, which was mentioned not only by clinical managers of legally independent FGP, but also MHIF representatives and clinical managers of FGP, being a part of FMC:

> "… in our legally independent FGP a manager is active. He receives assistance both from MHIF and ayil okmotu and donors (ARIS project)…» *(Clinical manager of FGP, being a part of FMC).*

"…what MHIF gives us is execution of a SGBP program, and in addition managers find funds for their existence…" (TD MHIF representative).

3.3 Evaluation of the list of members of staff structure and doctors structure

Structure of medical positions according to the personnel the list of members of staff is the same in various organizational forms of FGP.

Study of the list of members of staff of the surveyed FGP demonstrated practically the same structure of medical positions in various organizational forms of FGP. Both in legally independent FGP and in FGP, being a part of FMC medical positions are represented in the following form:

- Clinical manager;
- Manager;
- Doctors (therapeutist, pediatrician, gynecologist, family doctor);
- Nurses;
- Junior medical staff;
- Others.

This composition of medical positions is observed in all FGP, with an exception of two positions: 1) Positions of managers practically do not exist in FGP, being a part of the FMC structure, because their functional responsibilities are performed by a centralized accounting FMC office. At least in lists of members of the FGP staff, which we received, there were no managers' positions in centralized accounting officers; 2) other personnel, which is mainly represented by drivers, night guards, was present in a big number in legally independent FGP. In FGP, being a part of the FMC structure, they are a part of the list of members of staff of the Center of Family Medicine.

The number of doctors in the lists of members of staff of all FGP corresponds to the adopted norms of a load (from 1000 – till 2500 of mixed population per a family doctor). Average data demonstrates that the amount of the population per a member of the family doctors' staff fluctuates from 1 828 till 2 127 individuals (Table 4).

Table 4.
Amount of population per a member of doctors' staff

	5 FGP (as a pat of FMC)*			5 FGP (outside FMC)			7 FGP (legally independent)		
	2006	2007	2008	2006	2007	2008	2006	2007	2008
Population amount serviced by FGP	116 435	118 291	118 315	49 886	52 109	52 812	68 947	69 912	70 968
Doctors	61.00	60.00	60.50	24.50	24.50	26.00	35.00	38.25	35.75
Amount of the population per a member of doctors' staff	1 909	1 972	1 956	2 036	2 127	2 031	1 970	1 828	1 985

* We could not obtain the data on FGP, being a part of FMC.

Availability of vacant positions was stated, mainly in FGP, being a part of the FMC structure.

In evaluation of occupied by doctors' staff positions availability of vacant positions was stated, mainly in FGP, being a part of the FMC structure (and the coefficient of holding of more than one positions practically remained at the same level), whereas in legally independent FGP vacancies of doctors are practically absent. Those vacancies vary by years.

- FGP, being a part of the FMC structure and territorially located in FMC:

  - ***2006 – 13.25*** (coefficient of holding of more than one positions – 1.2);
  - ***2007 – 10.75*** (coefficient of holding of more than one positions – 1.2);
  - ***2008 – 8.5*** (coefficient of holding of more than one positions – 1.2).

- FGP, being a part of the FMC structure, but territorially separated from it:

  - ***2006 – 4.75*** (coefficient of holding of more than one positions – 1.1);
  - ***2007 – 3.00*** (coefficient of holding of more than one positions – 1.2);
  - ***2008 – 2.00*** (coefficient of holding of more than one positions – 1.0).

- Legally independent FGP:

  - ***2006 – 0.50*** (coefficient of holding of more than one positions – 1.1);
  - ***2007 – 0.50*** (coefficient of holding of more than one positions – 1.3);
  - ***2008 – 0.00*** (coefficient of holding of more than one positions – 1.3).

This allows evaluating the situation from two opposite positions from the point of view of public health organizations:

1. Positive side – availability of vacant positions testifies to a possible saving of a guaranteed part of ФОТ of doctors' staff and an opportunity to increase an additional part of remuneration of labor with its subsequent distribution according to the coefficient of labor participation.

2. Negative side – availability of vacant positions points to insufficient number of doctors at the initial level and, in particular, in FGP, being a part of the FMC structure.

The second assumption is confirmed in calculation of a load norm per an occupied position and a loan norm per a family doctor as a physical person (Table 5), i.e. if the population amount per a member of staff and one occupied position in FGP, being a member of the FMC structure, corresponds to a load norm the population amount per a family doctor as a physical person already exceeds the load norm as an average by 300 – 500 people. And it is necessary to take into account that these are average indicators when in some cases the load of a family doctor reaches up to 10 000 of the population.

Table 5.
Family doctor load.

	5 FGP (as a partr of FMC)*			5 FGP (outside FMC)			7 FGP (legally independent)		
	2006	2007	2008	2006	2007	2008	2006	2007	2008
Population amount per a member of doctors' staff	1 909	1 972	1 956	2 036	2 127	2 031	1 970	1 828	1 985
Population amount per an occupied doctor position	2 438	2 402	2 286	2 526	2 424	2 201	1 998	1 852	1 985
Population amount per a doctor as a physical person	2 911	2 885	2 817	2 771	2 895	2 201	2 224	2 497	2 535

*We could not obtain the data on FGP, being a part of FMC.

In legally independent FGP the indicator is preserved within the limits of the established norms though it was also stated that in some FGP there were cases of a lack of doctors' staff. But as it was mentioned above the managers of legally independent FGP enjoy bigger freedom of actions in distribution of their funds (in part of material incentives of their staff through an additional payment fund, effective organization of work due to an efficient respond to the needs in rendering medical assistance, defining of an optimal staff amount).

> *" We have well filled in list of members of staff – 3 doctors per 3 assigned villages. In a rayon center they cannot come to the periphery on time …" (Clinical manager of a legally independent FGP).*

> *"…for medical personnel it is better to work in legally independent FGP. We see our medical personnel. There is no system of "selection of positions". In FMC – they take positions away and give them…" (Clinical manager of a legally independent FGP).*

Increasing of a load of doctors, big volume of work were mentioned in questionnaires of medical staff. In respond to the question: "To what extend are you satisfied with various aspects of your work?" many medical professionals referred to their dissatisfaction with the volume of work (load) and working conditions (Table 6).

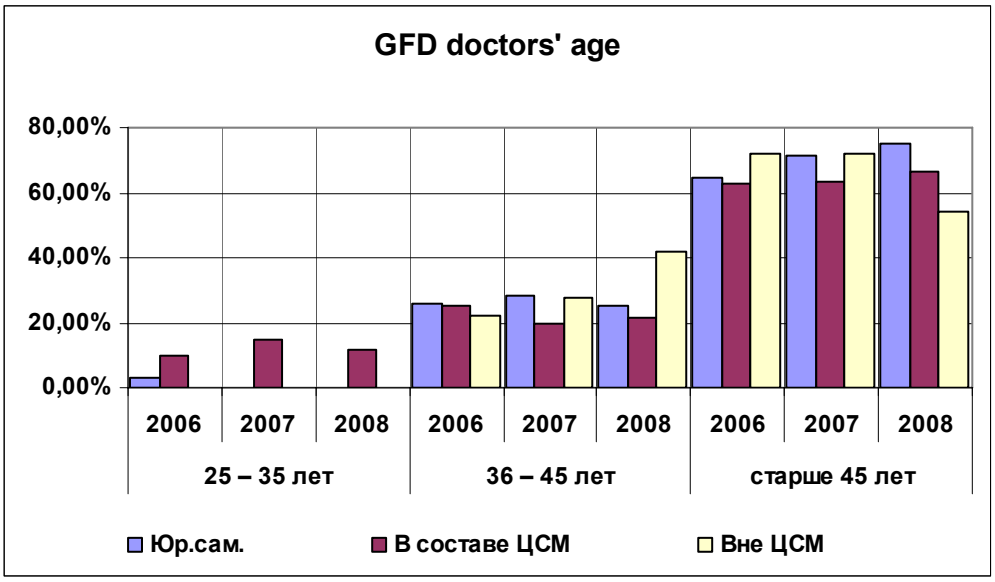
Table 6.

	Legally independent FGP	***FGP as a part of FMC***	***FGP outside FMC***
	"Dissatisfied" %	"Dissatisfied" %	"Dissatisfied" %
Regime of work	***13.56%***	***0.00%***	***23.53%***
Volume of work (load)	***30.00%***	***44.12%***	***60.00%***
Working conditions	***30.00%***	***23.53%***	***60.00%***

Evaluation of the age doctors' composition demonstrates preservation of the "aging" of medical staff within the system of public health of the Kyrgyz Republic as it was

mentioned in the survey on the study of the doctors' outflow reasons[2]. And the tendency is typical for all FGP irrespective of the organizational form of activity. Actually more than 65 % of doctors' personnel are doctors whose age is older than 45 years old (Diagram 1).

Diagram 1.



Legally independent As a part of FMC Outside FMC

3.4 Funding – actual expenses

Budget of all FGP, irrespective of organizational forms of activity, for a next year is determined as a product of a per capita norm of funding multiplied by an amount of the assigned population. The norm of per capita funding both out of the state budget and out of the funds of the mandatory medical insurance is annually revised depending on the total volume of the public sector funding.

The major sources of funding include the state budget, funds of the mandatory medical insurance, co-payment of the population and special funds, which all together constitute a consolidated budget. But the data on actual expenses received from FMC and FGP testify to the fact that legally independent FGP are mainly funded out of the state budget and the funds of the mandatory medical insurance. In their turn, FGP, being a part of the FMC structure, are additionally funded out of co-payment funds and special funds, because they are funded as being a part of FMC, having four sources of funding.

In all surveyed FGP, irrespective of organizational forms of activity, they mention a decrease of the total level of funding both in an absolute expression (Table 7), and in percentage comparing the data of 2008 against 2006. Practically in all FGP budget execution is above 100 %.

[2] Policy study document № 51, "Study of the reasons of outflow of doctors from the system of public health of Kyrgyzstan, public health policy draft analysis, 2008, Bishkek

Table 7.
Actual FGP expenses.

	FGP as a part of FMC		Legally independent FGP
	inside FMC	outside FMC	
2006	6 410 449.00	3 827 298.98	6 225 788.00
2007	8 713 845.00	4 735 807.12	8 584 117.00
2008	9 792 934.00	5 170 803.01	10 130 814.00
Percentage of changes of actual expenses from 2006 till 2008	52.77%	35.10%	62.72%
Budget execution in 2006	108.3%	106.1%	101.2%
Budget execution in 2007	107.3%	107.4%	106.4%
Budget execution in 2008	116.7%	110.1%	101.7%

It is worth mentioning that separation of actual FGP expenses, being a part of FMC, (apart from salary and social fund allocations items) turned out to be quite problematic for an accounting FMC office. Due to that there emerges a question of a necessity to maintain accounting of financial expenses for FGP, being a part of FMC with a purpose of budget transparency ensuring.

The necessity to reach budget transparency was mentioned in the course of interviews with FGP managers:

> *"I do not know anything about funding of our FGP – about types of expenses, how the salary is accounted and so on. They do not pay us for business trip expenses, do not give stationary. The accounting office does not give information on funding". (Clinical manager of FGP, being a part of FMC).*
>
> *"…FGP are less active in FMC… They even do not know how much they earn". (representatives of TD MHIF).*
>
> *"We do not know how we are distributed money, what (technical participation coefficient) КТУ. They do as they decide in FMC. I do not know my estimates of expenditures. The director distributes my expenses himself". (Clinical manager of FGP, being a part of the FMC structure).*

They mention an increase of a salary share.

In all FGP there is also an increase of a salary share in the total budget (Table 8).

Table 8.
Salary share in the total budget .

	FGP as a part of FMC		Legally Independent FGP
	Inside of FMC	Outside of FMC	
2006	55.19%	61.11%	56.36%
2007	60.78%	65.37%	57.12%
2008	64.49%	69.33%	63.85%

Nevertheless a high level of medical staff dissatisfaction with the salary amount is preserved. The level of dissatisfaction with the indicator fluctuates from 65 % in legally independent FGP till 100 % in FGP, being a part of the FMC structure, territorially separated from it (in FGP, being a part of FMC structurally and territorially located in FMC – 75.29 %).

In questioning of the medical staff the share of the interviewed who are aware about the level of calculated salary in legally independent FGP turned out to be a little bit bigger than in FGP as a part of FMC and considerably exceeds the indicator if compared with FGP outside FMC (95 %, 55.88 % and 20 % accordingly).

The level of dissatisfaction with the bonus system is also quite high:

- Legally independent FGP – 40%
- FGP, being a part of the FMC structure and territorially located in FMC – 55.89 %
- FGP, being a part of the FMC structure and territorially separated from it – 80 %

Nevertheless the level of satisfaction in legally independent FGP is a little bit higher than in FGP being a part of FMC – 50 % and 28.21 % accordingly.

In respond to the question about existence of the material incentives 60 % of the interviewed responded positively and 30 % of the interviewed responded negatively in legally independent FGP, whereas in FGP as a part of FMC and FGP outside FMC we watched an opposite picture. There only 29.41 % and 0 % accordingly answered positively. And 67.65 % and 100 % accordingly stated about a lack of a material incentives system.

Out of 60 % of respondents, who answered positively about the existence of material incentives, in legally independent FGP all the interviewed referred to it as good and satisfactory. The share of those who referred to a system of material incentives as good and satisfactory in FGP, being a part of the FMC structure and territorially located in FMC is a little bit less – 80 %.

The share of those who positively responded to the question about the existence of the system of moral incentives is approximately the same – 80 % in legally independent FGP and 74.36 % in FGP, being a part of FMC.

Practically in all the surveyed FGP a percentage of those who responded about the necessity to have additional earnings is rather high. It fluctuates from 75 % till 88.24 %. And 65 % of the interviewed from legally independent FGP mentioned about the

existence of additional earnings whereas this indicator for the interviewed in FGP, being a part of the FMC structure is practically in 2.5 times less amounting 25.64 %. Out of those who positively responded about the existence of additional earnings in FGP being a part of FMC all 100 % mentioned that their additional earning is not connected with medicine.

Analysis of responds to the question on an estimated salary level demonstrated the following tendency:

- Bigger share of the interviewed from legally independent FGP (60 %) responded about the necessity of a salary increase up to 20 000 KGS;
- And 58.97 % of the interviewed from FGP, being a part of FMC agree with their salary to be increased up to the level of 10 000 -15 000 KGS.

And the bigger part of the interviewed mentioned that the sum is sufficient for them to feel comfortable (39 respondents), the amount is comparable with the salary of personnel in a private public health sector (16 respondents) and the amount is comparable with a salary of personnel in state organizations in other branches (14 respondents).

3.5 Activity evaluation

Main indicators of activity of the surveyed FGP testify to some extend more effective activity of legally independent FGP, than FGP activity within the FMC structure.

Comparative evaluation of activity was made using main indicators contained in medical and statistical FGP reporting (Table 9). More considerable increase of the number of visits is stated in dynamics from 2006 till 2008 in legally independent FGP (by 7.03 %) against FGP, being a part of the FMC structure (by 0.04 %). Similar tendency is observed in such indicators as a number of visits to the doctors because of deceases, number of doctors' visits of patients at home, number of cases of servicing at policlinics due to a decease.

There is a lower percent decrease of issued prescriptions for an additional medications set in legally independent FGP if compared with FGP, being a part of FMC and territorially located in FMC ("-7.23%" and "-18.64 %" accordingly).

Table 9.
Percentage of the main activity indicators changes for the period from 2006 till 2008.

	FGP as a part of FMC		Legally independent FGP
	inside FMC	outside FMC	
Indicators of activity			
Number of visits to doctors, including preventive ones - total	0.04%	-4.69%	7.03%
Number of visits per a family doctor (an individual)	8.21%	-23.75%	10.72%
Including because of deceases	2.55%	19.70%	6.76%
Number of visits because of deceases per a family doctor (an individual)	10.92%	-4.24%	10.45%
Number of doctors' visits to homes - total	-8.90%	2.65%	2.0%

Number of visits to homes per a family doctor (an individual)	-1.47%	-17.88%	5.83%
Including because of deceases	-21.95%	42.22%	-17.26%
Number of visits because of deceases per a family doctor (an individual)	-15.58%	13.77%	-14.41%
Number of cases of servicing at polyclinic - total	5.44%	5.90%	5.51%
Including because of deceases	11.43%	0.98%	20.97%
Number of cases of sending to hospitals due to monitored deceases	-28.89%	79.48%	14.68%
Number of issued prescriptions for an additional medications set	-18.64%	-35.73%	-7.23%
Number of issued prescriptions for an additional mediations set per a family doctor (an individual)	-12.00%	-48.58%	-4.03%

The dynamics of changes of main indicators of FGP activity calculated per a family doctor as an individual (Table 9, highlighted lines) testifies to a sufficient effectiveness of activity of legally independent FGP and an opportunity to deliver good quality medical services to the population.

3.6 Opinion of medical personnel

- General satisfaction with the work of medical personnel of legally independent FGP is sufficiently high and amounts 90 %, meanwhile the number of people who faced difficulty in answering questions was practically none. Whereas in FGP, being a part of the FMC structure, the share of medical personnel who were satisfied with the work turned out to be only 53.85 %, and those who were dissatisfied amounted 28.21 %.

- According to medical staff questionnaires indicators of the level of labor activity demonstrate a better situation in legally independent FGP. In the FGP data on the level of labor activity “above the average” and “very high” reaches 65 %. At the same time there is no medical personnel who characterized their activity as below the average (25 % level of labor activity corresponds to an “average” level). In FGP, being a part of FMC, indicators of the level of activity as “above the average” and “very high” amount 38.46 %. And the share of respondents who evaluated the level of the activity as “below the average: and “very low” amounted 10.25 %. The average level of activity amounted 48.72 %.

- According to the opinion of the medical personnel in respond to the question about evaluation of their relationships with their colleagues practically all the interviewed (95 % in legally independent FGP and 94.87 % in FGP, being a part of FMC) answered positively. And it is necessary to mention that evaluation of relationships with the management is not the same. In legally independent FGP positive responds amounted 80 % of the personnel whereas in FGP, being a part of the FMC structure, the share of satisfied is a little bit less – 66.66 %. In addition in FGP, being a part of FMC, there is a sufficiently high percentage of the dissatisfied being 25.64 %. In legally independent FGP the share of dissatisfied with relationships with the management amounted only 5 %.

- They also mentioned a sufficiently high percentage of satisfied with the content of work. In legally independent FGP and in FGP, being a part of the FMC structure the same indicator amounted 70% and 61.53 % respectively.

- Professional growth opportunity:
    a. Satisfied – 65% (legally independent FGP), 58.97 % (being a part of FMC)
    b. Dissatisfied – 25 % (legally independent FGP), 15.39 % (being a part of FMC)

- Work prestige:
    a. Satisfied – 80% (legally independent FGP), 48.71 % ((being a part of FMC)
    b. Dissatisfied – 10 % (legally independent FGP), 33.33 % ((being a part of FMC)

- Opinion of the interviewed managers of FGP and FMC to some extend split. Practically all the interviewed managers of FMC (7 managers) do not welcome the FGP activity as independent legal entities:

"FMC do not have leverages of pressure on them, their accounting is unknown".

"*…the practice of legally independent FGP shall not be expanded…,it is better to work as a part of FMC …"*

"Legally important FGP are not necessary, they shall not be disseminated, what is the essence? We do not control them, they are not subordinate to use, we are not responsible for their work..."

In their turn the interviewed clinical managers of FGP and representatives of TD MHIF (15 individuals) mentioned the necessity of further expansion of the practice of creation of FGP as independent state establishments within the public health system in the form of a legal entity:

"… all FGP as a part of FMC shall be transformed into legally independent FGP…"

"…FGP under FMC are less active probably because the FMC management is close (they look at the director). They even do not know how much they earn. Legally independent FGP enjoy bigger opportunities in work. Legally independent FGP will survive if they have sufficient amount of the assigned population…"

"…the practice of legally independent FGP shall be preserved. If a person can and wants to achieve something – let him/her work. Normative documents are necessary for dissemination of the experience …"

"Legally independent FGP shall be much more in the country. They shall be given independence as earlier…"

"…It is better to be independent… Legally independent FGP are more responsible. When commissions check them everything is good with them. We would like to be independent but those who are on the top do not want it …"

"…earlier under the soviet ear we were aware of our finance, personnel, there were training events. Now FMC holds us and we listen to it, we do not have our ideas, activity. If we had our money – we would work independently day and night…"

"…outside FGP shall be made legally independent FGP. Especially those who are located far from FMC…"

"…our medical personnel would like to leave for legally independent FGP. FMC does not give us anything…»

IV. Conclusions

- The legal status is the major and the only difference in normative and legal basis between legally independent FGP and FGP, being a part of the FMC structure. In legally independent FGP their status is formalized by the Regulations on a groups of family doctors and its registration in the Ministry of Justice as a state institution in the system of the Ministry of Public Health, whereas FGP, being a part of the FMC structure, are structural subdivisions of an ambulatory institution without the status of a legal entity.

- The structure of medical positions according to the list of members of the staff is the same in different organizational FGP forms, with an exception for:

    1. Positions of managers are practically absent in FGP, being a part of the FMC structure;
    2. Other personnel is present in a big number in legally independent FGP. In FGP, being a part of the FMC structure, they are in the list of members of the staff of the Center of Family Medicine.

- They state the existence of vacant positions mainly in FGP, being a part of the FMC structure, which, on one hand, testifies to a possible saving of a guaranteed part of ФОТ of the doctors' personnel and a possibility of an increase of an additional part of remuneration of labor. On the other hand, existence of vacant positions testifies to a lack of doctors at the initial level and, in particular, in FGP, being a part of the FMC structure.

- Survey of the age of doctors demonstrates preservation of the "ageing" tendency of medical personnel within the system of public health of Kyrgyzstan.

- In all the surveyed FGP, irrespective of organizational forms of activity they state an increase of the general level of funding both in an absolute expression and in percentage. At the same time budget execution in all FGP exceeds 100 %.

- In all FGP there is also an increase of the share of salary in the total budget. However high level of medical personnel's dissatisfaction with the salary amount is preserved.

- Dynamics of changes of the main indicators of FGP activity testifies to a sufficiently effective activity of legally independent FGP and an opportunity to deliver good quality medical services to the population.

- According to the opinion of the medical personnel there is a sufficiently high level of satisfaction and labor activity in legally independent FGP.

- Opinion of managers of the surveyed FGP and FMC with regard to expansion of the experience of the legally independent FGP to some extend split. FMC

managers do not welcome the activity of FGP as an independent legal entity because the majority of clinical managers of FGP, irrespective of an organizational form, stand for dissemination of FGP practice as a legal entity.

The main conclusions made on the basis of the conducted survey testify to a necessity of preservation of such form of activity as legally independent FGP.

Moreover dissemination of the experience all over the republic is suggested in the form of three options of further development:

1. Transfer of all FGP into legally independent FGP.

2. Transfer of FGP, being a part of the FMC structure, but territorially located at a distance from FMC into legally independent FGP.

3. Preservation of the existing number of legally independent FGP with the improved methodological and technical support rendered by Centers of Family Medicine.

In all cases the Ministry of Public Health will act as a founder of legally independent FGP with preservation of an organizational and methodological control and management in the hands of a rayon coordinator. At the same time there is a necessity in improvement of the normative and legal documents, increase of a share of responsibility of legally independent FGP for the health of the population in the serviced regions, defining of minimal criteria promoting delivery of good quality medical assistance (amount of the assigned population, professional medical personnel and so on).