



NATIONAL ASSOCIATION OF GENERAL PRACTITIONERS IN BULGARIA (NAGPB)



***MEMBER OF THE ASSOCIATION OF DOCTORS IN
GENERAL PRACTICE/FAMILY MEDICINE
OF SOUTH- EAST EUROPE
(A GP/FM SEE)***



PRIMARY CARE MODEL IN BULGARIA- PRINCIPLES AND RULES, ADVANTAGES AND DISADVANTAGES.

Assoc. Prof. Dr. Lyubomir Kirov, MD, PhD

***Faculty of medicine, Sofia University; President of NAGPB;
National consultant in General medicine.***

Assist.Prof.Dr. Emil Mushanov

***Faculty of medicine, Sofia University, Member of The Managing
Board of NAGPB***





BASIC MODELS OF PRIMARY MEDICAL CARE WORLDWIDE.

Three basic models of primary medical care worldwide, provided by General practitioners/ Family physicians (GPs/FPhs):

- *Specialized primary care (specialized model);*
- *General primary care (general model);*
- *Specialized and General primary care (mixed model).*





PRIMARY CARE MODEL IN BULGARIA

Bulgaria adopted the general model of primary medical care.

(became effective in 2000)

Its strong points include:

- **Man-centered**, not just patient centered;
- **Long-time** contact between the GP, his/her staff and the patients and their families, who have chosen him/her;
- **Easy and equal** access to healthcare;
- **Cost-effectiveness** for the large volume of medical activity etc.





STRUCTURE AND FUNCTIONING OF PRIMARY MEDICAL CARE

Single or group practices

Group practices- at least two GPs and staff (less than 10 %).

- All practices are **registered as companies**, following the regulations of the Bulgarian Trade Law.
- The Ambulatory for general practice **should meet certain criteria**, pointed by the National Health Insurance Fund (NHIF) and other rules of Ministry of Health, so as to have a contract signed with the NHIF.
- GPs have a **patient list of people** who have chosen them.
- GPs also **have to hire their staff** – part of them as compulsory, the rest as required.





STRUCTURE AND FUNCTIONING OF PRIMARY MEDICAL CARE

GPs pay:

- salaries and fees;
- social security taxes;
- income tax;
- rents (as most of them do not own the medical offices they work in).

GPs buy equipment, consumables, **have their** book-keeping done (and pay for that accordingly).

GPs are personally responsible to all institutions directly or indirectly related to their work and are fined in many cases.





WHAT GPs DO IN THEIR PRACTICE?

- execute **prevention, prophylaxis** (screening, vaccination, etc.) for **people of all ages**;
- **follow up and treat** patients with certain **chronic diseases of all ages**;
- **diagnose and cure** patients with **acute onset of disease**;
- **visit** patients **at home**;
- provide **continuous primary care** to their patients, including the **out-of-work hours** on their own by telephone consultation, home visit or examination in the ambulatory. Another way is to pay to a specially created for the purpose, so called “duty ambulatory”;
- **lead the patient through other levels of the healthcare system**, when the health or other patient’s problem cannot be solved in the primary care ambulatory, i.e. the GP arranges a referral to a consultant or hospital, etc.





ADVANTAGES OF PRIMARY MEDICAL CARE MODEL IN BULGARIA.

Those, typical for the General model of primary medical care worldwide.

Specific advantages



About 50% of GPs have a recognized specialty in internal medicine or pediatrics.





DISADVANTAGES OF PRIMARY MEDICAL CARE MODEL IN BULGARIA.

Some of the basic disadvantages:

- **Unnecessary patient referrals** to consultants (specialists) and hospital treatment;
- **Underuse of GP's professional qualification;**
- **Unfounded raise** of the cost of medical services;
- Make **General practice unattractive** career field;
- **Underestimation** of General medicine as a specialty;
- **Significant part** of GPs are affected by the **Burnout syndrome.**





DISADVANTAGES OF PRIMARY MEDICAL CARE MODEL IN BULGARIA.

Some reasons:

- There was a strong tendency for discrediting professional qualification of doctors, who started to work as GPs in the beginning of the healthcare reform;
- GPs are limited in their activities as physicians. *(currently GPs are forbidden to treat Asthma and DM type 1. GPs cannot take decision about treatment of those disease. Till 2009, GPs were not allowed to treat DM type 2, chronic heart failure, etc.);*
- GPs are not allowed to refer a patient directly to a computer tomography scanning or MRI without the permission of a consultant. GPs are not allowed to perform conventional echography.





DISADVANTAGES OF PRIMARY MEDICAL CARE MODEL IN BULGARIA.

Some reasons:

- GPs follow up and treat patients with hypertension, but they have the obligation to consult them with a cardiologist irrespectively to their condition;
- GPs are strongly financially limited in number of laboratory investigations and others, which in their opinion are useful for patients, because of the restricted budget;
- politicians' lack of sound knowledge about healthcare management, which leads to misunderstanding and wrong evaluation of situation, priorities and benefits;
- rather commercial than professional lobbying.





NAGPBG

Founded-2000.

- President/Managing Board-13 members-4 year term
- 28 local structures all over the country.
- 3800 GP members/95%/.

Activities:

- National conference-every year
- National congress-4 year
- 3-4 local conferences every year
- AGOFMSEE meetings





Mission:

- to develop public relations and information exchange ,to explain to people what to expect from a specialty that has a wide range and variety of activities.
- to protect the rights, professional, economic and social interests of GPs.
- respect the principles of medical ethic and deontology.
- to provide information to its members.
- to develop the specialty of General Medicine.





Interests in CVD:

- Lipid Risk Control in patients with Hypertension and Type 2 Diabetes-EPCCS Dublin 2017
- ANTIHYPERTENSIVE THERAPY IN BULGARIAN PATIENT WITH DIABETS AND HYPERTENSION
- COMORBIDITIES IN PATIENTS WITH TYPE 2 DIABETES AND AH IN BULGARIAN GENERAL POPOLATIONS
- RISK PROFILE OF PATIENTS WITH TYPE 2 DIABETES AND AH IN BULGARIAN GENERAL POPULATION-**Journal of Hypertension vol.35**



