TO REFER OR NOT TO REFER: WHAT SHOULD WE DO?

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Abstract

Referral system applications are important pieces of Health System of WHO suggesting to developed and developing countries since decades. Starts with defining health centers as primary, secondary and tertiary, sustained with health staff and patients attendance. Referral system which supplies countries to use their human and economical resources, are in application in very few country because of some obstacles. In Turkey, it is first tried in 1960's, but because of primary health care was not developed enough. Also in Health Reform Program, which is started to applied in 2003, "gradual referral system" idea is accepted theorically. In 2008 November, it is tried in 4 city, after couple of months in January 2009 it is cancelled.

Researches are showing that, societies most of health problems are can be solved in primary health centers. (%80-90) Thats why,referral system, is a system supported by people who are working in these issues, because of the reasons; using more efficient of human and financial resources, decreasing the barriers of academic development, increasing the service quality of secondary and tertiary health centers. However there are obstacles against referral system, still. To pass beyond these obstacles, referral system, the advantages, obstacles and solutions must be defined and able to be measurable.

The aim of our research is to make addition to researches about family physicians and specialists thoughts about referral system. This search is planned as qualitative. We used a detailed questinaire form for physicians, and applied with a

in-depth interview method. All of the physicians were agree that referral system is needed. But in small details they were separating.

Keywords: *Referral System, Family Physician, Social Security Organisation*

Introduction

Background

Referral system is a topic comes to the agenda time to time in the history of Ministry of Health (MOH) Turkey. In fact not only in Turkey, even developed countries are always interested with referral system and its' details. Even in the development of it, it is developed with, medical logic, cost effectivenes, development of specialist hospital services, medical ethics and survival of general practice factors since long times(1).

In Turkey, referral system is tried to be applied, 2 times, but they didn't have long life. In the last trial, in 2008, starting from 1st of November, in 4 pilot city (Bayburt, Isparta, Gümüshane and Denizli) MOH tried referral system. According to regularity, in these cities citizens were not able to go goverment hospitals without refer from their family physicians under their social insurance cover. It wasn't easy, in the first days, individuals reaction was not good to the referral system(2). After 20 days, news was very affirmative about the new system from the opinion of Social Security Organisation(3). (Sosyal Güvenlik Kurumu SGK) But about 3 months later, with the first months of 2009, the MOH and SGK gave up from referral system. There were different criticism for referral system. It is interesting that, Chamber of physicians Isparta announced a press released that, the number of patients in hospitals decreased about 50% and as a result the income of the hospitals decreased –the aim of the referral system was that, and it means it was successful-. The slogan of the Chamber was “In health and education there can not be retrenchment” (4).

Change in Health

> ***Transformation in Health System***
>
> The 59. Goverment of Turkey announced, Transformation in Health System Programme in 2003. As summary, programme includes General Health Insurance, Family Medicine System, Hospital Autonomy and Health IT headlines. Same year, with the partnership of Ministry of Health (MoH) and Ministry of Labor and Social Security (MoLSS) prepared the Transform in Health System Project to support Transform in Health System Programme, with the funds from Policy and Human Resources Development Fund, World Bank and Japan Development Bank(5).

In the programme book, and one of official web site, the goverment announced their target as(6):

...

> ***Health Services is given in 3 steps in Turkey***
>
> ***In Primary Health Care, Family Health Centers and dispanseries. For the patients who can be treated in these centers do not need to go hospitals***
>
> ***In Secondary Health care centers, hospitals are servising. Patients who couldnt be treated, or needd advanced laboratory, imaging and treatment technics are directed to the hospitals***
>
> ***In tertiary Health Care centers are servising to patients who couldnt be treated in hospitals.***
>
> ***With this leveling, most of the diseases are treated in primary health care centers. In developed countries more than 90% of patients are able to be diagnosed and treated. By this way, crowds in hospitals are obstacled and physicians in hospitals can spare much more time for their patients, to diagnose and treatment.***
>
> ***...***

> ***Family Physician system is one of the basics of this program. In this system, patient satisfaction is primary priority. With the development of Primary Health Care services, keeping preventive medicine , with caring the needs of citizens and the starting of referral system, the crowded in hospitals will be prevented.***
>
> ***...***
>
> *The important point is, to build a system that, citizens are trusting to their family physicians, they can choose their family physicians, family physicians will serve in the manner of service race, and their qualified service will reflect them.*
>
> *...*

Ideally, MOH is willing the rights things. But it is difficult to apply.

...

> *The family physcian may refer to secondary or tertiary health care facilities when it's neccesary. The phyisician takes appointment for the patient from referred hospital.However, these people remain registered in their own family physicians and family physicians are responsible for the treatments to be applied after discharge.Such a medical care or treatment when needed, the relevant institution must primarily notify related family physician. Instituion should convey summary of patient file to family physician at the time of discharge of patient.*

While assessing a system, if especially that system will be affecting millions, it should be considered deeply. The actors' ideas must be keep in view from their side. In our research we tried to do this from physicians side. But we are sure that, this field is strongly needing much more researchs.

Method

We planned this research as In-depth Interviews. The first name author (Mehmet Gulluoglu, will be used as MG) made the all interviews. With this, we decreased the

bias posibilty reasoned from interviewers difference. All of the interviews are done in August 2012. The interviews are voice recorded and recordings are voice analyzed by MG. Average interview lengt is 14 minutes.

At the design of the interviews first of all we prepared a guide for interviewers. In the guide, the aim of research, what to do, and what they should not do, the questions, and some other helpful advices included.

We planned to make interview with 25 physician from different positions and specialities. But because of the limited time we couldnt reach that number. The number of the respondents is not enough. For further researchs, the number should be much more, at least about 25-30, and from much more different specialities and positions. 3 of the respondents were family physician, 1 of them was gynecology resident and one of them was health manager. All are living and working in Istanbul.

The responders were, (The letters are just symbolizing them, their original names are hidden)

BŞ: Vice head of health directorate, male, 39, before this position worked as vice, chief of staf in a goverment hospital.

AT: 30, Senior resident in a Research and Education Hospital, Gynecologist.

AB: Family Physician, 39, until family physician worked as general practitioner in several primary health care centers.

FT. Family Physician, 32, until family physician worked as general practitioner in several primary health care centers.

BA:Family Physician, 34, until family physician worked as general practitioner in several primary health care centers, and also as vice chief of staff in a govermental hospital, and chief of some departments in Health Directorate.

Results

Below you can read the questions, the respondents answers and some interesting ideas about the questions.

What do you think about referral system implementation? Do you think referral system is needed?

All of the respondents agreed that referral system is needed. As reason the common point was, the huge crowded patients in hospitals. They said that if we want to decrease those numbers, we should use referral system.

BA : Because there is no referral system, the real patient who need much more to a specialist's examination or assesment, can not reach to that service on time.

FT: We have potential to deal with most of the patients. Although it is limited we have laboratory.

AB: It is early to start referral system. Because family physicians are not ready, and family physician system is not fully on application.

AT: I have doubts about referral system to be applied in the right way, and public awareness about the benefits of this system.

According to you, how will the patients reflect?

All of the respondents agreed that patients will not like this system. Because this will limit their going to hospitals. And it will take time for them to reach specialists.

AT: Patients think that it is their ordinary, to apply any doctor the want. And it will affects the politics, and votes.

AB: Although i think we need referral system, i agree also, it is a right for people to apply any doctor they want.

BŞ: I think thats why goverment couldnt continue referal system.

-How does it affect the workload of family physicians?

All of the respondents agreet that the workload of the family phyisicians workload will increase.

BŞ: Until the average population of the family physicians decrease to 2000 – 2500 it is impossible to start referral system, because of workload.

BA: I don't think, after referral system, it will be problem for family physicians that much.

-How does it affect the worklad of emergency services?

All of the respondents except one, agreet that the workload of the emergency services workload will increase. As the common reason, people who insist to go speacialist and dont want to deal with referral issues, will use emergency services as shortcut.

AB: If we think that, patients who are appling to emergency services only 20% need exactly emergency service, if we can give our primary health care service as it should be, people wont need to go emergency service, that's why the workload may decrease.

How does it affect the workload of specialists?

The respondents do not have a common answer. Although they think that it will decrease the number of patients as generally, some think that the decrease will be seen few branchs, like internal medicine and pediatry, but some think it will affect more or less all of the branchs.

BŞ: The specialists learned, how to examine in a limited time. They became lab physician. We should teach, remind them how to make a detailed physical examination, how to be a clinician, rather than lab physician.

BA: With referral system, specialists will start to see just their patients, it will be much better.

FT: Although at first we may think the applications will decrease, i think it won't be that much, because still there will be lots of patients, that we will refer to hospitals.

How does it affect the healthcare costs?

All of the respondents said that, health care costs will decrease with referral system.

AT: If you can not control, increased emergency services, the costs will not decrease that much.

How does it affect the quality of healthcare services?

All of the respondents except one agreed that quality of healthcare will increase.

BŞ : While you are asking quality, if you mean patient and physician satisfaction, primary health care patients and physicians satisfaction will decrease, secondary and tertiary centers patients and physicians satisfaction will increase. Thats why it depends one where you are looking.

Do you think, what are the most important reason/factor that affect the transition process ?

Respondents said that, the common factor that will affect the transition is displeasure, dissatisfaction of the patients, especially on primary care centers.

AT: People's conscious is main factor, that will help or limit the transition. If you do not change this, you can not put any system.

Is there any chance to harm students who are training and research expertise in medical schools and hospitals in these practise?

Some of the respondents said that, it wont affect the education in negative way, more over it will increase the quality of education. But one of them said that, in nowadays, most of the seniors, although one of their primary duty is giving lecture, are not interested about lectures, or residents education. After referral system, most of the those seniors will think more about their salary, because of decreased patients in hospitals and performance system. And some respondent also add that, in this crowded hospitals, the residents also learn how to challenge with this crowded situation, at that time they will not learn how to challenge with difficult conditions. Another one said that, it may harm the education, because the residents wont see primary patients in their field.

What is the best and the worst side of the practise?

As the best part of the referral system, all of the respondents said that, specialists will the patients who are mostly really in their field, the waste time will decrease and health care services quality will increase.

As the worst part of the referral system, paient dissatisfaction in primary health care level, will increase so much, and this may affect the whole system.

AB: With referral system, we will know all of our populations health problems. At that time the population will be on our control. And also i am curious about some issues, like screening. Will it be under our responsibility or not. I think we may do.

After start of the referral system, can family physicans provide needs of the society?

One of the respondents said that, he has no idea, others agreed that with the population at todays numbers, can not provide successful service, the population per family physician must be decreased to the level of around 2500.

AB: Between the family physicians and their patients there may be some struggles.

AT: The conscious of society will not let the system to be applied.

In your view, how does it affect the referral system implementation to private hospital?

Except one of them said that, private hospitals will be affected from referral system, like other goverment hospitals, their patients number will decrease also.

AB: If with the refer from family physician, patient can go to private hospital, the private hospitals will not being affected.

What should be the exceptions, except emergnecy healthcare services?

Until this question, the respondents were agree in most of the questions. But in this question, it is difficult to draw the lines. Chronic diseases is common answer. But also depending on the despondent, they said some specialities also. Ophtalmology, gynecology, neurosurgery, all subspecialities are some of them. Also cancer patients, neonatal babies, patients who need homecare are also should be exceptions of referral system.

FT: Martyrs, and war veterans families can be exceptions also.

AT:In fact in all of the specialities some diagnoses may be exception.

BA: Although emergency services will be accepted as exception, the triage must be done properly.

Additions:

AT: The main issue about any change is public awareness and public conscious.

BA: While starting the referral system, there must be something to attract family physicians. One of the way may be that, if MOH gives entrance to appointment system, and let them to get appointment earlier then the patients themself. By this way the transition will be softer also.

FT: The researches like this are very important. With these researches we can understand the big picture. Otherwise everyone speaks from their side.

Discussion

As you read, all of he physicians are willing referral system. They all think that it is useful for countries' economy. And it is helpful for decreasing huge crowdeds in hospitals.

While rethinking and re-regulating the referral system, some topics must be reconsidered.

While transition, as easily estimated most of the people will try to use emergency services as shortcut. Although it will be an exception, those services can not manage those huge number of patients. The experience what happened in 2008 must be considered. Before transition, the conscious of emergency must be given. A patient who has headache for 2 weeks, or who has back pain for 3 months is not an emergency patient. But still most of the patients of emergency services are full of like these. With the understanding like this, we can not use referral system. The researchs and projects to measure, manage and decrease the numbers of emergency services must be increased.

Economic reasons are most pushing and reasonable reasons for transition to referral system. The health costs are increasing and it is the only way to control and decrease health costs. On the other hand,if the policy makers, regulators can not regulate the system properly, it wont be sustainable.

In Turkey Private Health sector is one of the important actor in health industry. Agreements with Social Security Organization (SGK) and private hospitals was good for both sides. Private hospitals was using this agreement, that their need to make marketing about their hospitals decreased. There is a huge population, who need health service. And the private sector was ready, at the time of goverment hospitals was not enough. Although SGK tried to limit the extra payment from patients to private hospitals, addition to SGK pays, couldnt be successful. For

politicians it was good also, there was, and stil, huge demand for health service from citizens and also from voters. Private hospitals was easy solution, easy supply for that demand. On the other hand, on of the reason may be why SGK couldnt limit the private hospitals cost, couldn't control the bills from those hospitals. They just paid the bills.

After referral system, like the goverment hospitals, the numbers of the patients in private hospitals, especially who had agreement with SGK will decrease also. And the decreased number of patients means, decreased income for doctors, staff and businessmen.

While regulating the economic side of referral system, the income levels of family physicians', specialists', health staff working in hospitals must be considered. A specialist whose income decreased, although the workload is also decreased, will not be glad. The economical transition is also must be soft.

One of the very important point that respondents mentioned is people's conscious about health system. After changes in health system, most of the people started to think it is their natural right to choose any hospital and any doctor that they want. It will be one of the most important topic in the transition and sustainability of referral system.

Another big issue is the number of family physicians. Compared to the other OECD countries, the population per family physician is nearly 2,5 times more. In fact the total number of phyisician in all country i also very low compared to others. And because of this situation, this is one of the most important limit to transition to referral system. It is estimated that, after starting of referral system, family physicians are not able to manage their populations for now. They think that, they will not able to give service like, vaccine and pregnant follow up and normal duty polyclinic service and others. In our discussion with medicine students, more than 90% wants to be specialist. The reasons and their encouragement to be a family phyisician must be searched in other researches. (7)

About the number of family physician, MOH is also aware. In an interview with him, he mentioned that, "until 2023 our target is to increase the number of family physician, after that we will able to start referral system then." As a result this target new medical faculties are in agenda. But after this the quality of education is becaming problem again and again.

Minister said in an interview that:

> *We have a 2023 vision. Until this date doctors, family physcians number will increase. Family physicians will have sufficient time to examine, to be interested with all citizens. Today we can not start the mandatory referral system. It would be wrong to start at the moment. Each country should act in accordance with its terms.Sometimes they say:' How can you say family medicine, without referral system.' These are due to some matter not knowing enough.There are different models are on the world. We are applying unique Turkey model. (8)*

care service is that a physician of his choice and trust. This is also, as mentioned above, the strengthening of primary health care services and individuals under the responsibility of family physicians providing primary care services are subject to service of status.In this respect, coordinator of the health system guidance of family doctors have preventive effect of irregularities, misdirection and unnecessary healthcare costs. It prevents squander of healthcare expenditures and prevent unnecessary congestion, queues and prevent patient grievances in the second step. (9)

In our literature search, we couldn't find enough research, to guide us. That's why it is certain that, this field is needed to be studied. Health policy, health economy, and especially referral system is the weak topics in medical literature compared to other clinical fields.

As we mentioned in introduction, this research is not a complete one. This research must be considered as a pre-research, and entrance to the topic. Researchs in this field must be done, with the better questions, much more proper matching larger target groups.

Before applying a system, it is important to take opinions of the actors. It is important because of several reasons. One ofthem is to check different aspects of the issues. From the ideas of the actors some more new developments may be caught. Some dilemmas, paradox, misunderstood issues may be found. In this research we tried to use in-depth interview method. We used open questions, that not limiting the respondent. But with interviewer we tried to limit the speech under the referral system topic. The number of the respondents, and the positions and specialities should be increased in next researchs.

One of the issue while in transition or sustainability of referral system is public conscious. People may think that this is a barrier to their natural right. But in fact, the aim of the referral system is professional guidance. Nevertheles the economy of a country is also on the shoulder of citizens. Individually or as a society policy makers should think the public conscious. The better parts of the new system must be told effectively.

Another issue about family physicians is more than their quantitiy, their quality. The medical faculties quality is directly affecting medical system, with family physicians. In Turkey, although family physician is a speciality, most of the Family Phyisician called doctors are didn't get any education more than medical faculty. (10) In this point, continues medical education (CME) will be helpful to family physicians. From dermatology to neurosurgery, orthopedia to infectious disesase, there are lots of disease that should be reminded or new discoveries in all fields told.

The limits of the research

All of the respondents were living and working in Istanbul. It would be better if some of the respondents would be in the pilot cities. Another limit of the research was, in these months Health system of Turkey is in transition. All of the physicians and all other health staff is aware of it. The physchological effects of this transition may affect the thoughts.

As a conclusion, in this research we tried to reflect physicians opinions unpretentiously. Before applying any system, it is the good and true way to see the effects of the intended system from different perspectives. For referral system, it must be understood that, as well as medical issues, politics, health economics, number of professional staff, social security applications, sociology and media power must be considered. And there are lots to learn from Turkey's experience for Balcanian countries.

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