

# Evaluation of the Croatian Primary Care

There is growing evidence that countries with strong primary care (PC) achieve better health outcomes at lower costs. From the 1950-ies, Croatia was well recognized as a country with high orientation toward the PC, due to the well-developed network of health centers along the country and the specialization in family medicine. Family medicine, school and occupational medicine as well as primary pediatrics' and gynecologist services were responsible for the provision of comprehensive PC to the population of defined territory.

Since 1990-ies, the health system in Croatia is in constant changes. In the beginning, changes included organization of health care and functioning of health institutions. Only family medicine, primary pediatrics' and gynecology remained a core of PC services, while school and occupational medicine became mostly preventive services. The most important changes related to the PC were the introduction of a free choice of the PC doctors and the process of privatization. The responsibility for patients from a defined territory was replaced by responsibility for the patients on the PC doctors' lists, patients who had freely chosen family doctors (FD), primary pediatricians (PP) and gynecologist (PG). In 1996, all of them became private entrepreneurs, with the obligation of contracting with the Croatian Health Insurance Fund (CHIF). Contractually they became obliged to provide primary health care for the patients on their lists. However, this process of privatization has been implemented gradually, and therefore a certain number of PC doctors continued working within health centers as employees, or salaried doctors, but with the same contractual rights and obligations as the »private« PC doctors.

Since 2004, the cluster of reforms was focused on decreasing the growth of health care costs. In addition to age-adjusted capitation-fees reimbursement, fee-for-service for some preventive procedures was introduced as well as the fee-for-service reimbursement for certain diagnostic and therapeutic procedures with the main aim to enlarge the scope of work and reduce referrals. Additional measures, aimed at rationalizing of prescribing, referrals and seek-leaves became further contractual obligations of the PC doctors. In order to keep the rising health care costs under control, patient's co-payment and an additional private health insurance was introduced.

However, the available data suggests that there is a substantial lack of information on the influence of all those changes on the organization and functioning of PC. In an attempt to provide more information for policy-makers, Foundation for the Development of Family Medicine in Croatia, and WHO Collaborating Centre for Primary Health Care, School of Public Health »Andrija Štampar« have launched research Project: »Evaluation of the Primary Care in the light of health system's changes:

A longitudinal study based on publicly available data«. The survey was initiated in 2013. It was mainly based on the national statistic data from the Croatian health service yearbooks for the period 1995 to 2012. The data related to family medicine, primary pediatrics' and gynecology services as well as for public health nurse and home care nursing services were collected in the same manner they were presented at the yearbooks. Some data were collected from the Croatian health Insurance Fund and Croatian Agency for Medical Products and Medical Devices web-pages.

This issue of *Collegium Antropologicum* provides an overview on the 18-th years trends of different aspects in organization and functioning of PC service in Croatia, including family medicine, primary pediatrics', primary gynecology, public health nursing and home care nursing services.

It consist of the total of 34 articles that were written by a total of 49 authors and covers various topics on the organizational and structural aspects of different PC services such as the number, educational structure and employment status of PC workers, the number and distribution of practice facilities and the number of patients under the care. Different aspects of PC provision are also covered, such as morbidity patterns, the number of office and home visits, referrals and specialist's consultation, prescriptions and pharmaceutical's consumption, problems of seek-leaves, preventive activities and care for children, women and elderly patients. Public health and home care nursing services were also covered as well as some financial aspects of the health service provision, particularly of PC.

The results presented here are mainly from the publicly available nature of data, but the consistence in collecting and reporting them during the eighteen years of follow up period allow drowning up conclusions on the trends of the topics under the investigation. Although the further researches are needed for deeper understanding the certain aspects of PC in Croatia, the obtained results could be useful in decision-making and health policy planning. It could also be helpful as a starting pint to follow up the future trends and in relation with possible changes in the field of health care provision as well as in the society as a whole.

I would like to thank to all the colleagues who were or currently are involved in the project for their sincere willingness to contribute and develop it further and perhaps, in the future, to continue to look on what is happening within the Croatian PC. Also, I have to thanks to the Editor-in-Chief and the Editorial Board of *Collegium Antropologicum* for the offer to present the results to this supplement of *Collegium Antropologicum*.

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