

Accessibility of Urgent Neurosurgery Disease Services Covered by the State Universal Healthcare Program in Georgia (country)

Gürcistan Devlet Evrensel Sağlık Programı tarafından Acil Nöroşürji Hastalıklarına Erişilebilirlik

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ABSTRACT

Objective: The introduction of the State Universal Healthcare Program in Georgia has significantly increased the financial access to the urgent health services, among which are urgent neurosurgery services. The State Universal Healthcare Program covers 24 neurosurgery diseases. The aim of the present study was to investigate the financial accessibility to urgent neurosurgery services in Georgia.

Methods: In-depth interviews with the managers and the medical personnel of the neurosurgery hospitals and direct interviews with the patients or their family members through structured questionnaires have been used. The Tbilisi University clinic, "High Technology Medical Center," has been selected for the research. **Results:** The results of our research showed that the financial accessibility of health services has significantly improved after the introduction of the State Universal Healthcare Program. However, the program is not financing the specific types of urgent neurosurgery services or high-technological diagnostic tests (egg. CT and MRT). The financial limit defined by the State Universal Healthcare Program for the neurosurgery care is not perceived to be sufficiently helpful. Some patients had to pay the significant amount of the cost of the medical care that negatively affects their financial situation.

Conclusions: In order to increase the financial accessibility it is necessary to expand the list of urgent neurosurgical diseases covered by the State Universal Healthcare Program, and in urgent cases to finance the high-technology diagnostic tests. It is important to set acceptable financial limits for the urgent neurosurgical disease expenses so that a high cost for patients is avoided.

Key Words: Health Care, Georgia, financial accessibility

ÖZET

Amaç: Gürcistan Devlet Evrensel Sağlık Programının başlamasından sonra başta acil nöroşürji hizmetler olmak üzere acil sağlık hizmetlerine mali erişim önemli ölçüde artmıştır. Devlet Evrensel Sağlık Programı 24 adet nöroşürji hastalığını kapsamaktadır. Bu çalışmanın amacı, Gürcistan'daki acil nöroşürji hizmetlerine mali erişilebilirliğin araştırılmasıdır.

Yöntemler: Beyin cerrahisi hastanelerindeki yöneticiler ve sağlık personeli ile derinlemesine görüşmeler, ayrıca hasta veya aile üyeleri ile özel yapılandırılmış anket ile doğrudan görüşmeler uygulanmıştır. Bu araştırma için Tiflis Üniversitesi kliniği "Yüksek Teknoloji Tıp Merkezi" seçilmiştir.

Bulgular: Araştırmanın sonuçları, Devlet Evrensel Sağlık Programı uygulanmaya başlandıktan sonra sağlık hizmetlerine mali erişilebilirliğin önemli ölçüde iyileştiğini göstermiştir. Her ne kadar, Ancak, bu program ne acil beyin cerrahisi hizmetlerini ne de yüksek teknoloji tanı testlerini (örn. BT ve MRT) finanse etmemektedir. Nöroşürji bakımı için Devlet Evrensel Sağlık Programı tarafından belirlenen mali sınır yeterli değildir. Bazı hastalar onların finansal erişilebilirliklerini olumsuz etkileyen tıbbi bakımın maliyetini önemli miktarda ödemek zorunda kalmıştır.

Sonuç: Finansal erişilebilirliği artırmak amacıyla bu Devlet Evrensel Sağlık Programı kapsamındaki acil nöroşürji hastalıklarının listesini genişletmek ve acil durumlarda yüksek teknolojik tanı testlerini finanse etmek gereklidir. Acil Nöroşürji hastalıkları için mali sınırlarını tanımlamak bu hastaları yüksek maliyetlerden kurtarmak için önemlidir.

Anahtar Sözcükler: Sağlık, Gürcistan, finansal erişilebilirlik

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INTRODUCTION

It is very important for states to ensure the equal financial access to medical services. Patients very often can not receive needed medical services. Because of insolvency, the financial obstacles negatively affect people's health. Minimizing these barriers is one of the main tasks of the healthcare system. Since 2007 the state has provided health insurance for target populations below the poverty line as well as certain other groups (schoolteachers, the military forces and the policemen), including 1.2 million people in total (1). From September 1, 2012 on, the government extended the state-funded health insurance to an additional target population of one million people (retirement-age population, students, children of 0-5 years of age and children of 0-18 years of age with disabilities). This number together with that of the already insured populations by the state, accounts for the 50.8% of Georgia's population (2). From October 2012 on, the new government declared a policy that would be a major step towards a universal health coverage (3). A Universal Health State Program targeting a population of two-million uninsured people became effective on February 28, 2013 (minimal basic package (BP) provided as vertical programs for PHC and emergency services, specifically ambulatory (planned and emergency) and emergency hospital services) (3). An annual financial limit (15000 GEL) for scheduled hospital health services (more than 450 urgent inpatient services, including 24 neurosurgery diseases) has been defined (4).

The aim of the present study is to investigate the financial accessibility to urgent neurosurgical disease services for the beneficiaries covered by The State Universal Healthcare program.

METHODS

The present study has a qualitative and a quantitative component. The qualitative component involves the documentation of suggestions made by managers and medical staff of a neurosurgery hospital. As part of the qualitative component, discussions and in-depth interviews were held with focus groups. One focus group was studied in Tbilisi, in May 2014.

At the second stage of the study, some provisional questionnaires were developed based on the problems identified as part of the qualitative component of the study. These research aims were realized in a Tbilisi University clinic, "High Medical Technology Center." This clinic is known to have one of the best neurosurgery departments in the country. A direct interview method has been used. The interview was conducted through structured questionnaires. Each questionnaire included open- and close-ended questions. The duration of the interviews with beneficiaries was between 30 to 45 minutes.

Table 2. Distributions of the hospitalization for cerebrovascular diseases by age, 2014 (May, June, July)

	Age				65 and older		Total	%
	Under 45	%	45 to 65	%		%		
Haemorrhagic stroke	4	7.1	26	46.4	26	46.4	56	28
Occlusion or stenosis of cerebral arteries	1	2.7	16	43.2	20	54.1	37	18.5
Brain tumor	11	33.3	15	45.5	7	21.2	33	16.5
Brain aneurysm	7	20.0	18	51.4	10	28.6	35	17.5
Open head injury	6	31.6	8	42.1	5	26.3	19	9.5
other	4	20.0	9	45.0	7	35.0	20	10
Total	33	16.5	92	46.0	75	37.5	200	100

Approximately, 87% was not informed that the high-technology diagnostic tests, such as Computer and Magnetic Resonance Tomography are not financed by this program.

According to the majority of beneficiaries, more information is needed about medical services and the procedures that are financed by the State Universal healthcare program.

Two-hundred beneficiaries (90.9%) of the initially selected 220 people agreed to participate in the study. Twenty persons refused to participate. The 12 of these were men, and 8 were women. The 123 of the respondents were men (61.5%), and 77 were women (38.5%). Respondents under the age of 45 made up the 16%. Participants between the ages of 45 and 65 were 46%. Those aged 65 years and older were 37.5% (Table 1).

Table 1. The composition of respondents based on sex and age.

	Male 123 (61.5%)	Female 77 (38.5%)	Total 200
Under 45 years	21 (63.6%)	12 (36.4%)	33 (16.5%)
45 to 65 years	58 (63%)	34 (36.9%)	92 (46%)
65 years and older	44 (58.7%)	31 (41.3%)	75 (37.5%)

RESULTS

The State Universal Healthcare program defines 24 urgent neurosurgery diseases including subarachnoid haemorrhage, intracranial haemorrhage, and traumatic brain injury (4). The research results showed that the list of the urgent neurosurgical diseases covered by the State Universal Healthcare Program is very limited, and this list does not include diseases such as arteriovenous malformation in brain, brain and spinal tumors, discogenic radiculopathy and pathological fractures of spine. Also, the program does not include cerebral infarction and the surgical treatment of traumatic peripheral nerve lesions (4).

During the research in-depth interviews have been conducted with the representatives of the ministry of health, labor and social affairs in Georgia. According to their statements, the previous state healthcare programs were financing all urgent cases, and unlike the current system the amount of diseases were not strictly defined. Accordingly, in the past the patient was financially protected in any urgent case. In this research study the diseases of the hospitalized patients were diverse (Table 2).

Our results showed that, according to the majority of beneficiaries (92%) the most positive side of The State Universal Healthcare Program was the improved accessibility to medical services and the coverage of a bigger part of population. The majority of respondents (83% of respondents) are informed that the urgent neurosurgical diseases are covered by The State Universal Healthcare Program.

The managers and medical personnel of the neurosurgical department noted that some patients assume that all medical services are free, but actually, there are diseases and medical services that are not covered by the program and patients need to be informed about that.

Respondents satisfaction based on the following components of their medical care has been assessed: patient admission procedures, flexibility/rapidity of medical procedures in hospitals, politeness and attention of medical staff, general condition of medical ward (wall, floor, ceiling etc.), cleanliness, sanitation (linen, toilet, ward), the doctors' attitude (politeness, attention) and professionalism, the attitude (politeness, attention) and the professionalism of nurses, the time that doctors spend with patients, in-patient days, patient discharge procedures' rapidity/flexibility, hospital staffs' responses to the needs of patients, patient satisfaction with urgent neurosurgical hospital services. The majority of patients were satisfied with in-patient services. According to different parameters of medical services, their number varies between 83-93%. The reason of the beneficiaries' dissatisfaction (7%) was mainly the nurses' absence in the hospitals due to sickness.

The 82% of the respondents think that it is necessary to expand the program. They suggest particular services to be added to the neurosurgical diseases' benefit package. They think that the most important among those is to cover high-tech diagnostic tests such as CT and MRT (72%). The research results showed that for the treatment of the urgent neurosurgical diseases, the reimbursement within the state universal healthcare program amounted to the 81% of the whole cost of the treatment, the remaining 19% went to the private insurance companies or was the money paid by the patients. The 45% of the respondents had to share the treatment cost. Among them, 9% of the respondents had to pay more than \$3000, 10% of the respondents \$2000-\$3000, 12 % of the respondents \$1000-\$2000, and 14% of the respondents \$100-\$1000. The 13% of the respondents did not get any financial support for the high-technology diagnostic tests (e.g. Magnetic Resonance Tomography, MRT), which were necessary for their urgent neurosurgery treatment. The 12% of the patients were insured by private insurance companies, therefore, their medical service costs had been financed by the private insurance companies. According to the research results, the limit (15 000 GEL) defined by the State Universal Healthcare program was not enough for the treatment according to the 9% patients. The 36% of the respondents had to co-pay 30% of the cost as determined by the State Universal Healthcare Program.

DISCUSSION

The study results showed that the State Universal Healthcare Program has improved the financial accessibility to the medical services for the population. Despite the fact that the population is insured for the basic medical service needs, the specific types of urgent neurosurgical diseases and high-technology diagnostic tests (e.g., Computer and Magnetic resonance tomography - MRT) are not financed by the State Healthcare Program. Also, the financial limit (15000 GEL) defined by the State Universal Healthcare Program for the urgent neurosurgery treatment does not seem be sufficient. Some patients had to cover the part of their treatment costs (in some cases more than 2000\$), that negatively affected them financially.

CONCLUSION

The following recommendations have been listed based on our findings. In order to increase the financial accessibility to health services for people it is necessary to expand the list of urgent neurosurgical diseases covered by the State Universal Healthcare programs. Also, high-technology tests such as Computer and Magnetic resonance tomography (MRT) should be financed. Finally, it is important to set new financial limits for urgent neurosurgical diseases so that catastrophic costs for patients will be avoided.

Conflict of Interest

No conflict of interest was declared by the authors.

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