TOO MUCH MEDICINE AND TOO LITTLE CARE IN CROATIAN GENERAL PRACTICE

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KEYWORDS: Family practice; too much medicine; overinvestigation; overdiagnosis; overtreatment

**Introduction:** Some of Croatian family physicians (FP) gradually becoming aware of the medicalization of human lives. It line with the BMJ Too Much Medicine campaign, the group was established as an official part of the Foundation for the Development of Family Medicine in Croatia. The aim of the group is to find the mechanisms to prevent or to avoid overinvestigation, overdiagnosis, and overtreatment in the daily work of FP. Therefore, we undertake research project searching for evidence of “too much medicine”. Aim: The main aims of this pilot project, was to see if there was evidence of too much medicine in daily work of FP.

**Methods:** We took routinely collected data publicly available. From the Croatian Health Service Yearbooks (2000 – 2012) we extracted the data related to the numbers of: patients receiving FM care, registered diagnoses, referrals and the number of home visits, per patient and per years. From the Yearly Final Reports of the Croatian Institute of Health Insurance we obtained the data related to the number of issued prescriptions per patient receiving the care and per year. From the Yearly Reports of the Croatian Drug Agency we obtained the data about the usage of drags, for the statins shown in this report, in DDD/1000/per day, per years, shown in this report.

**Results:** The number of patients receiving FM care remained stable, with small variation from 2 946 555 in the year 2000, to 3 226 011 in the year 2012 (Croatian population - 4 284 889). But, the average number of visits per patient (including follow-up) increased from 7.5 in the year 2000 to 9.6 in the year 2012. The average number of diagnoses increased too; from 2.2 diagnoses per patient in the year 2000, to 3.8 in the year 2011. The referrals slightly increased; from 1.8 referrals per patient in the year 2000, to 2.3 in the year 2007. But, the average number of prescriptions, increased even dramatically. In the year 2000 it was issued 8.8 prescriptions per patient, and in the year 2012, 16.4 prescriptions per patient. The number of DDD of statins increased from 28.1 in 2004 to 83.5 in 2010, and slightly decreased after that. In the meantime, the number of home care visits decreased; from 0.25 visits per patient in the year 2000, to 0.20 in the year 2012. During this period of time, the overall mortality rate remain, almost the same (11.2 in 2000 to 11.8 in 2012).

**Conclusion:** We believe that this phenomenon could be called â“This too much medicine and too little care” in Croatian FM (Page 197).
INTRODUCTION: Ambulatory care sensitive conditions (ACSC) were defined as the conditions which could be successfully managed in primary health care (PHC) and should not be seen at the other levels, including emergency service (ES). Therefore, ACSC are used as the quality measure for the timely accessible and effective PHC. Aim: The aim of this study was to survey the morbidity trends of eight ASCS registered at ES from 1995 to 2012 in order to answer the question if PHC is timely accessible and effective.

METHOD: Longitudinal, observational and population study based on the routinely collected data, Croatian health-statistics yearbooks (1995-2012). The morbidity data, yearly registered diagnoses at ES as well as the diagnoses of five chronic and three acute conditions were extracted. Chosen chronic conditions to follow up were: hypertension, heart failure, angina pectoris, diabetes, asthma and COPD and acute: pneumonia, urinary-tract and skin infections. We calculate the percentages of chosen ACSC diagnoses of the total number of diagnoses as well as the percentages of specific diagnoses within all ACSC. We also extracted data about structure of interventions at ES, if they were performed at surgeries, patient’s homes or on the field.

RESULTS: The total numbers of registered diagnoses almost doubled, from 196.9 diagnoses per 1000 inhabitants in 1995, and 330.9 in 2007. After that time, a total number of registered diagnoses slightly decreased. The percentages of eight chosen ACSC were rather constant; 14.2% in 1995 to 16.3% in 2007. They decreased by 21% after 2007. Among ACSC the most frequently was hypertension (32.0–35.8%), than asthma and COPD (16.3-11.2%) and heart failure (12.2-13.1%). The numbers of diagnoses of angina pectoris and diabetes decreased, angina from 13.7% to 7.8% and diabetes from 8.8% - 5.0%. The number of diagnoses of pneumonia dropped from 7.0% to 4.8%. But, the urinary-tract and skin infections increased; urinary-tract infections from 1.0% to 15% and skin infections from 8.6% to 10.1%. Interestingly, 73.9% of the interventions were performed at the surgeries, with great differences among the counties.

CONCLUSION: The results indicated that ES was frequently used in total, as well as because of ACSC. Routinely-collected data are not sufficient to answer the question if the presents ACSC at ES are measure of low level of accessibility and effectiveness of PHC. Ther to answer the question if the presents ACSC at ES are measure of low level of accessibility and effectiveness of PHC. Therefore, a new, in dept, research is needed. (Page 108)
OR295
DIABETES TYPE 2 AS AMBULATORY CARE SENSITIVE CONDITIONS: A CROATIAN EXPERIENCE BASED ON ROUTINELY-COLLECTED DATA?

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KEYWORDS: ambulatory care sensitive conditions; diabetes type 2; family practice; quality indicator

Introduction: Ambulatory care sensitive conditions (ACSC) were defined as the conditions which could be successfully managed in primary health care (PHC), i.e. in family practice (FP) and should not be seen at the other levels. Looking at the literature, diabetes type 2 obviously belongs to the ASCS. ACSC are generally used as the quality measure for the timely accessible and effective PHC. The idea is very present in Croatia, mostly at administrative level and based on the routinely-collected data. Aim: In this pilot study, we wanted to answer two research questions: “How often diabetes type 2 is present at the emergency (ES), diabetic consultation (DS) and hospital service (HS)?” and “Can we find the answers from the routinely-collected data?”

Method: It is an observational, population and longitudinal study, period 2008-2012. Three routinely collected data-bases were used: a) Croatian health-statistics yearbooks; b) Register of diabetologists under the contract with Croatian institute of health insurance; c) 2011 Census. The morbidity data on diabetes type 2 registered in FP and ES, with age and yearly distribution, were obtained. Only total number, not the distribution, of the referrals, including to the diabetologist, were found. The data about the usage of DS, including the number of the consultations, were insufficient as well as the data on hospitalisation of diabetic patients. We found hospitalisation data for those over sixty five. Furthermore, the number of diabetologists per total number of Croatian inhabitants was calculated.

Results: The number of diagnoses of diabetes type 2 registered in FP was growing, peek in 2011 with 262 533 registered diagnoses, or 6.1% of the total morbidity. In spite of insufficient data, in the year 2011, 71 506 diagnoses of diabetes were registered out of FM (27.9% of all registered diabetic diagnoses); 53 648 of them at DS, 15 314 at ES, and 2 544 at HS, for only those over 65 years. The diagnoses registered at DS and HS increased, only those registered at ES decreased. The average number of Croatian inhabitants per one diabetologist were 126 397.9, with a great variation around the counties.

Conclusion: Even insufficient data indicated that diabetes in Croatian circumstances is very much present out of the FP. If we wont to use diabetes type 2 as the quality measure for the timely accessible and effective PHC based on routinely-collected data than they should be more carefully planned and collected (Page 109)
THE MORBIDITY TRENDS IN CROATIAN FAMILY PRACTICE IN THE PERIOD 1995 – 2012

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KEYWORDS: morbidity trends; chronic diseases; R and Z diagnoses; Family Practice; Croatia

Introduction: Alongside of the world wide presence, family doctors (FDs) in Croatia, are also witnessing the problems of many chronically ill patients in our everyday practices. There was no systematic investigation of this problem in Croatia for a long time. That is a reason to undertake this investigation. Aims: The main aim of this study was to look at the morbidity trends obtained from the routinely-collected data in family practice (FP) in the period from 1995 to 2012.

Methods: We used routinely-collected morbidity data (X ICD was used) registered in FP from Croatian health-statistics yearbooks (1995 - 2012). We calculated the numbers of patients seen, the relations to the total morbidity, the numbers and percentages of the diagnostics’ groups within the total morbidity, and the numbers and percentage of the diagnoses within the diagnostic groups with the greatest changes.

Results: A number of patients visiting FP were relatively stable, but the total numbers of diagnoses have been almost doubled. The average number of diagnoses per patient in 1996 was 1.99 while in 2012 it was 3.8. The most dramatical changes occured within the group of R diagnosis (symptoms and sings), 5.1 times more, than malignant diseases, 4.1 times more, endocrine group of diseases, 3.9 times more, Z group (the other reasons for the usasage of health care), 3.2 times more. Within the malignant diseases, the greatest changes happened within the group of carcinoma in situ, 5.9 times more, and breast cancer, 3.0 times more. Among endocrine diseases, the most dramatical changes occurred within the diseases related to the metabolic disturbances, 9.5 times more, than thyroid gland diseases, 4.7 times more and diabetes, 2.7 times more. Within the Z group, the family problems as the reasons to visit FP increased more than 5.5 times, then the problems related to infectious diseases and to the different types of investigation and diagnostics, 3.6 and 3.5 times more. But, the problems related to the socio-economic reasons decreased for almost 2 times. Less changes occurred within the respiratory diseases and the bening neoplasms.

Conclusions: A morbidity from chronic diseases increased, namely from cancer and endocrine diseases, but not from cardiovascular diseases. But, the special meaning for the profession has the changes in the group of R and Z diagnoses. (Page 112)
PO690
CROATIAN FAMILY PRACTICE: WHERE ARE YOU GOING ON?

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KEYWORDS: health care reforms; privatization; family practice; feminization, ageing

Introduction: Many health care reforms took place in Croatia, but the most important for family practice (FP) started in 1995 with privatization of the primary health care. The practitioners, previously employed within the health centres, family doctors (FD), paediatricians, gynaecologist, and others, became professionally and economically independent, singing individual contract with the Croatian Institute for Health Insurance (CIHI). But, they remain working at the same practices, responsible for the patients on the list, not for the population. What are the implications on the organization and functioning of the PHC were the questions to be answered by project we undertook. Aims: The aim of this sub-project was to find out the changes in the structure of FP occurred in the period 1995-2012.

Methods: It is an observational, population and longitudinal study based on routinely-collected data. From the Croatian health-statistic yearbooks (1995-2012) we extracted data about the number and location of the practices. From the Register of FD under the contract with CIHI, the data about the number, age and gender of FDs and the patients on the lists were obtained.

Results: Although, the number of FDs working in FP in 2012 were higher than in 1995 (2350 versus 2161), 123 FDs are still missing, mainly at the rural practices. The average number of patients on the lists was 1865 in the year 1995, 1420 in the year 2000, and again increased to 1854 in the year 2012; 26% of FDs having more than two thousand patients. In 1995 all FDs were employed within the HCs, in 2012 only 29.7% of them still working there and 70.3% are private, working as solo-practitioners. In the year 1995, women were prevailing (68.1% women and 31.9% men), but in 2012, 77.7% were women (for 2.8% data are missing). The average age of FD in 1995 was 43.5 years but in the year 2012, it was 49.6 years.

Conclusions: The results indicated that several structural trends were happening within FP. The most important are the fragmentation of PHC in solo-practices, lack of FDs in general, with too much patients on the lists and a phenomena of AdurbanizationẠ, having closed practises in rural areas. The process of ageing is also important as well as the process of over-feminization. All those facts should be taken in account, firstly by the profession itself and than by the policy makers and planners too (Page 465).

PO320
HOW DOES THE CLINICAL GUIDELINES IMPLEMENTATIONS AFFECT MY CLINICAL PRACTICE?

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**Introduction:** Various evidence based clinical guidelines are available to the general practitioners. They were developed mostly by clinicians and for the individual diseases. But, what are the results of their implementations in everyday practice, in complex situation such as the elderly patients suffering from diabetes type 2 (DM2) with different types of multimorbidity?

**Aim:** The aim of this study was the quality improvement of the pharmacotherapy to the patients with DM2 associated with multimorbidity.

**Methods:** It was cross-sectional, audit type of study, recruiting the patients from one GP practice. From the electronic medical records all patients with diagnosis of DM2 registered in 2010 were extracted (94 patients) and, for each, the following data were obtained: age, gender, duration of DM2, other registered chronic diseases and the number and types of prescriptions. All diagnoses were coded according to ICD-10, and all prescriptions according to ATC classification codes.

**Results:** The majority of the patients were female (70.2%), over 65 (74.5%) and with multimorbidity (2 or more chronic diseases beside DM2) - 94.7%. Average duration of DM2 was 7.0 years. Besides DM2, the average number of other diseases was 4.1 for the patients under 65, and 5.7 for patients over 65. The most frequent was hypertension (83.3%), different psychological problems (57.6%), low-back pain (50.0%), hyperlipidaemia (39.4%) and gastrointestinal problems (33.3%). Polymedication (4 and more medicaments) was found in 74.5% patients, with average of 7.9 medicaments per patients over 65. Antidiabetics were on the first place (77.6%), then angiotensin blockers (76.6%), hypolipidemics (59.6%), beta-blockers (50.0%) and Ca-channel blockers (45.7%). Psychotropic drugs were high (46.8%), as well as anti-thrombolytics (44.0%), NSAR (23.0%), and at the same time H2-receptors or proton-pump blockers (29.8%).

**Conclusions:** In most cases the optimal pharmacotherapy was prescribed for every individual diagnosis in line with guidelines. But it resulted in polipharmacy, especially dangerous for elderly. Therefore, two measures should be done: The first is to revise, together with the patient, the diagnostic criteria for certain diagnoses. The second, to discuss nonpharmaceutical measures for certain symptoms or diseases. Even such small-scale study, brought again into the question the use of individual clinical guidelines in the complex situation such as the diabetics with multimorbidity.

**PO293**

**DO WE NEED TO CHANGE A ROLE OF CROATIAN FAMILY DOCTORS IN THE PROVISION OF WOMEN’S HEALTH CARE?**

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**KEYWORDS:** family practice; women’s health; complexity of health problems; PHC
**Introduction:** Primary Health Care in Croatia is organised through family practice (FP), paediatrics and gynecology. In spite of this organizational structure, many family doctors (FD) used to say that they are often involved in the problems related to the women’s health. They said that they could not ignore the female patients’ needs, very often not only related to specific female organs, but coming from the wholeness of the human beings. **Aim:** The main aim of this study is to investigate how often the FDs are involved in the provision of the women’s health. **Method:** The study is observational, longitudinal and population based. We used routinely collected data from Croatian health-statistics yearbooks from 1995 to 2012; data related to the morbidity registered in FP, in which ICD X was used. We calculated the number and percentage of specific diagnoses related to the women’s health as well as the average number of diagnoses per one FD. **Results:** In Croatian FP 176 194 diagnoses related to the women’s health were registered in the year 1995 and 132 562 in the year 2012, average 139.7 diagnoses per one FD. The most frequent were diagnoses of multiple reproductive organ diseases (54.9%), than the problems related to the pregnancy, postpartum and abortion (29.2%), less in menopausal problems (13.0%) and more less with family planning (2.9%). The multiple reproductive organs diseases have shown an increase trend; from 68 073 diagnoses registered in 1995 to 132 564 in the year 2012. The diagnoses related to pregnancy, postpartum and abortion increase as well, from 40 179 in the year 1995 to 51 125 in the year 2012. The diagnoses of menopausal problems and those related to family planning decreased too. **Conclusion:** Routinely collected data has shown that Croatian FDs are daily involved in the provision of the women’s care, besides the presence of the gynecology service. The policy makers should take in account the readiness of FDs to be involved as well as the complexity of the women’s health problems. They should allow FDs to take care of the women who chose them as their personal doctors (Page 600).

**PO339**
THE TRENDS OF USAGE OF PHYSIOTHERAPY SERVICE IN CROATIA FROM 2008 TO 2012: COULD IT SERVE AS QUALITY INDICATOR IN FAMILY PRACTICE

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**KEYWORDS:** family practice; referrals; physiotherapy service; quality indicator

**Introduction:** Family doctors (FD) in Croatia are very often confronted with the requests for the referrals to the physiotherapy. What are the reasons and weather those referrals could be used as quality indicator in Croatian family practice we tried to answer by this pilot study based on routinely collected data. **Aim:** The aims of the study were to survey the referrals and the trends of consumption of physiotherapy service (PS) in Croatia during five year period, from 2008 to 2012. **Method:** It is an observational and population based study. Three routinely collected data-bases were used: a) Croatian health-statistics yearbooks (2008-2012), data related to FP and PS; b) Register of the consultants (including PS) contracting with the Croatian institute of health.
insurance; c) 2001 and 2011 Census. The number of patients referred from FP was compared with the number seen in consultant practices including PS, for Croatia and 20 counties separately. Furthermore, the number of inhabitants per one PS’ team was calculated yearly.

**Results:** Only the total number, but not the structure of referrals, was available from the routinely collected data. The differences were found between referrals and the number of patients seen at consultants’ service. The differences among the counties were large, from 1.1 patient referred and 2.8 patients seen in consultants’ service. The percentage of the PS consultations was 14.7% of the total number registered at the consultation service. PS was at the first place in the Croatia and in eight counties, with the differences from 6.0% to 35.3% of all speciality’s consultations. Together with the private service (not contracted with the insurance), almost every second Croatian inhabitant was seen in the PS in certain years. The women and the people age 20-64 were frequent users. The contracting standards for PS was established at the level of 35 000 inhabitants per one PS team. Average number of inhabitants per one PS’ team under the contract was 24 031.9, with county variations in between 46233.6 and 11 555.8 inhabitants.

**Conclusions:** The results indicate that the usage of PS in Croatia is high. But, it is not clear from the routinely collected data whether it could serve as quality indicator in FP or the answers come from over-accessibility of PS or patients’ preferences. Therefore, the new research is needed (Page 605).

**PO1104**

**TTO MUCH MEDICINE: PSYCHOLOGICAL PROBLEMS OR PSYCHIATRIC DIAGNOSES?**

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**KEYWORDS:** Too much medicine ;pshologycal problems ; general practice ; family medicine

**Introduction** It line with the BMJ Too Much Medicine campaign, the official “Too much medicine group” was established within the Foundation for the Development of Family Medicine in Croatia. The aim of the group is to find the mechanisms to prevent or to avoid over investigation, over diagnosis, and over treatment in the daily work of family doctors (FD). Therefore, we undertook an action research project. **Aims** The main aim of this sub-project was to find out if too much medicine does exist in the field of mental health.

**Methods** We took routinely collected data publicly available. From the Croatian Health Service Yearbooks (2004 – 2012) we extracted the morbidity data related to the F diagnoses (International Classification of the Diseases – ICD X), number and structure of the registered diagnoses. From the Yearly Reports of the Croatian Drug Agency we obtained the data about the usage of the psychotropic drags, types of drugs (ATC classification index) and amount of usage (DDD per 1000, per days and per years).

**Results** During the nine-year period, the mental health problems occupied the fifth or the sixth place on the morbidity lists. The number of psychiatrics’ diagnoses doubled, and the number of
depressions and personality disorders were three times more. For instance, in 2012, 20.3% of adult population got one of the psychiatrics’ diagnoses. The psychotropic drugs were on the second place, just after cardio-vascular, during the entire period. The full DDD were used by approximately 502,821.4 adult persons every day, during the year of 2012, or 14.8% of adult population. If we look at the specific groups of drugs, the psycholeptics were on the first place, with 66.9 DDD/1000/day in 2004 to 90.3 DDD/1000/day in 2012. Among them, the most frequently were anxiolitics, firstly diazepam, with 18.7 DDD/1000/day in 2004 to 31.6 DDD/1000/day in 2012. The number of psychoanaleptics, specially antidepressants, grow up from 11.4 DDD/1000/day in 2004 to 26.4 DDD/1000/day in 2012, mostly sertraline.

Conclusions This figures we called over diagnosis and over treatment, or transferring everyday life problems into the mental diseases. The reasons obviously came from different sources, including very broadly defined mental diseases, but also from everyday practice of FD. That is a reason why we started with the network of peer-groups, discussing real patients stories and trying to find the other techniques to support the patients in difficult situations (Page 689).

PO1159
LACK OF MANPOWER, INCREASED FAMILY PRACTITIONER WORKLOAD AND SOLUTIONS (CROATIAN EXPERIENCE)

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KEYWORDS: Family Practice; manpower; workload; interventions, E-health; Croatia
Introduction: The lack of manpower in Family Medicine is evident among many European countries. Croatia is suffering from the same problem which became more and more disturbing in last decade.
Method: Data search of official medical and health statistics reports regarding Family Practice in Croatia covering period 2001 to 2012.
Results: The number of health insured persons within Croatian Institute of Health Insurance scheme (CIHI) increased by 400,000 during 10-year period (2001-2010). At the same period number of Family Practitioners (FP) who had contract to CIHI decreased by 100. Consecutively, average number of persons on FP patients list increased from 1584 in 2001 to 1854 in 2012. Rate of persons who asked for medical help did not change in the same period: 71% to 75% of enlisted patients contacted FP at least once yearly. Average number of contacts to FP service increased dramatically from 9579 per FP team in 2001 to 13752 per FP team in 2011. It means that average number of contacts to FP team per patient was 7.6 in 2001 and 9.7 in 2011. Trends in observed period was constant i.e. figures increased year by year without significant oscillations. However, average number of direct consultation to FP per enlisted patients decreased minimally during the observed period: 5.4 in 2001 to 4.8 in 2012. Average number of direct consultation to FP showed specific trend by increasing from 5.4 in 2001 to 5.8 in 2005, decreasing trend till 4.6 in 2008 and stable average number to 4.8 in 2012.
Discussion: Two mainstream CIHI projects were oriented to diminish problem of FPs’ workload in Croatia in last decade. First one was to impose financial participation to each direct...
consultation to FP. Participation was imposed in 2005 and resulted in evident decrease of direct FP consultations. Second project was introducing electronic prescription scheme which allowed FP to prescribe medicament through E-prescriptions and patients to get theirs medication in every pharmacy within CIHI network. A result was 25-40% increase of contacts (all procedures) performed in FP while direct consultation to FP decreased by 10%. One must be aware that every procedures performed in FP have to be supervised by FP. Delegation of some tasks to other members of FP team, as well as E-health consultation and E-prescribing also demands specific time from FP who is in charge. Observed increased number of contacts alerts that FPs workload problems cannot be resolved by simple interventions (Page 692)