No 1
Old (modern) challenges in family medicine?

Mladenka Vrcić Keglević, Foundation for the Development of Family Medicine in Croatia, Črešnjevec 32, Zagreb, Croatia; e-mail: mvrcic@zzrom.org

Introduction
Witnessing and living the life of family medicine (FM) for more than 40-years as an ordinary practicing Family Doctors (FD), as well as an academic with international experience, it is possible to observe some trends present in the past, which could be also understood as the challenges for the future developments of FM as the specific scientific and medical discipline, especially at Balkan region.

Content
The main challenges to be faced in the future could be traced within this framework: a) “Doctor dedicated to the profession of FM” – selection of future FD, role-modelling, societal values? ) b) „Moral integrity“- independence from the politics, industry, ourselves (overdiagnoses, overtreatment, „healthisms“) and from patients by themselves; c) „Real knowledge not a collection of information“ - experiential knowledge/mixture of real work with patients, research and education; d) “Knowledge specific for FM ” – not shopping from the another medical disciplines; e) „Interest in the patients as a humans” – movements from the disease ideology toward the health and human’s experience ideology; f) Avoiding authoritarian doctor’s role - accepting real people-centeredness; g) „Work as dedication not as business“ – avoidance from too much corporative attitudes; h) “Social orientation and orientation toward social inequalities“ – to stand up and turned around, to see the patients' real life and to be proactive.

Conclusion
During the presentation the main challenges will be explained in narrative way and will be discussed as real life examples and real life situations coming from personal experience and from literature.

No 2
Which medicines we prescribed mostly in 2012?

Željko Vojvodić¹, Mladenka Vrcić Keglević²

¹Family Practice “Dr. Željko Vopjvodić”, Bijelo Brdo, Osijek
²Foundation for the Development of Family Medicine in Croatia, Zagreb, Croatia

Introduction: The importance of analyzing the most frequently prescribed
medicines is not only in justifying financial expenses and pharmaceutical consumption from the health statistics point-of-view, but in revealing, in the first instance, and in comparison with similar data from other countries, the influence of drug industry to individual prescribing practice, as opposed to national prescribing guidelines (where available). The importance of this issue also increases with increasing trends of pharmaceutical costs.

**Aim:** To investigate overall drug consumption volume in Croatia, in 2012, as well as therapeutic consumption, expressed in defined daily doses (DDD/1000 inhabitants/day, DDD/TID) and financial consumption in kunas (HRK), and specifically, the use of most frequently prescribed drugs in primary care setting.

**Materials and methods:**
This is cross-sectional observational study, based on routinely collected data from the Croatian Agency for Medicinal Products and Medical Devices. Data on total pharmaceutical consumption, in both primary health care and hospitals, were extracted from the publicly available annual reports on drug utilization. Twenty most frequently prescribed refundable drugs, twenty most frequently used non refundable drugs (over-the counter, OTC), and twenty drugs with the largest share in financial costs, were used as comparators against overall utilization, from the same source. The utilization was assessed on the country level and regionally (between counties). Data were processed using Microsoft Excel, and presented in tables and figures.

**Results:**
The highest overall consumption (hospital and community), measured in DDD/TID was in cardiovascular therapeutic group (37.42%), followed by drugs acting on the nervous system (16.02%) and gastrointestinal system (13.73%). In financial terms, the largest financial burden represented cardiovascular drugs (19.8% of total costs), drugs acting on the nervous system (16%) and antineoplastic drugs (15.12%). The significant share in financial expenditure belonged to medicaments prescribed upon recommendation of clinical specialists, such as atypical antipsychotics and biological agents. Ramipril and amlodipin together held the first and second position among twenty most frequently prescribed individual drugs in primary care, (13.10% and 12.84%), followed by diazepam (7.48%). Atorvastatin, pantoprazol and lisinopril HCT were on the three leading positions among twenty best-selling drugs (9.4%, 8.45% and 6.67% of the subgroup expenditure).

The proportions of OTC drugs were 12.11% in pharmaceutical, and 5.37% in financial consumption. Acetylsalicylic acid and analgesics (including nonsteroidal antiinflammatory drugs) were the most represented. There were also great differences in utilization between the counties – the highest in Požeško-slavonska (1530.76 DDD/TID), the lowest in Brodsko-posavska (474.5 DDD/TID).

Conclusion: A great utilization of cardiovascular drugs is understandable, because of their greatest public health importance, and is in compliance with the literature data elsewhere, but the proportion (or disproportion) of some individual drugs, such as ramipril, atorvastatin, diazepam and pantoprazol should be revised from the therapeutic and financial point of view. Their true
place and role in contemporary pharmacotherapeutic practice in primary care in Croatia is largely overestimated, in comparison with similar, equally efficient, but less expensive analogues, such as enalapril, simvastatin and extended release nifedipine, while some valuable therapeutics, such as H2 receptor inhibitors, are almost abandoned. Moreover, critical revision deserve also medicaments out of prescribing mandate of family practitioner.

No 3

Differences in the organizational structure and functioning of Family Practice in Brodsko-Posavska County in comparison to entire Croatia, 1995-2013

Danijela Daus-Šebeđak¹, Mladenka Vrcić Keglević²
¹ Family Practice „Dr. Danijela Daus-Šebeđak“, Podvinje, Slavonski Brod, Croatia
e-mail: sebedakdani@gmail.com
² Foundation for the Development of Family Medicine in Croatia, Zagreb, Croatia
e-mail: mvrcic@zzrom.org

Introduction

Frequent changes within health care system in Croatia, usually called health care reforms, in the last 18 years led to changes in the organisation and functioning of Family Practice (FP) in Croatia. The published researches indicated that there were regional differences in the outcomes of the health care reforms, especially within FP service.

Aims

The main aims of this research were to investigate if differences in the organisational structure and functioning of FP service do exist between Brodsko-posavska County in comparison to Croatia; having in mind quality improvement of FP service.

Methods

The study was observational and longitudinal. The Croatian health-service yearbooks, 1995-2013, The Croatian Network of planed and contracted practices/family doctors and Census served as data sources. A number of family doctors (FD) as well as the number of nurses working in FP and their educational structure were obtained, separately for Brodsko-posavska County and for entire Croatia. Furthermore, a number of patients on the FDs lists and the number of patients annually visited FP was obtained. Additionally, annual number of visits, examinations, referrals,
home visits, and preventive check-ups per one FD were collected and calculated too. The differences of the planned and contracted practices/family doctors were obtained from the Network document.

Results

During the observed period, a number of FDs in Croatia increased for 11.2% while in Brodsko-Posavska County it increased for 28.4%, but 16 FDs are still missing; in Croatia 5.5% of FDs are missing, in Brodsko-posavska 17.4%. In Brodsko-posavska County, a larger number of GP specialists are found as compared to Croatian average, 52.6% versus 49.3%. Also it is the County with larger number of patients on doctors lists than Croatian average (2 035 patients compared to 1 849 in Croatia) and the percentages of patients annually coming to FP is always smaller than county average, in Croatia from 74.9% to 80%, in Brodsko-posavska from 44.5% to 74.9% patients annually visiting to FP. Trends of using FP service, including the number of visits and the number of referrals to the specialists, are always higher than in the rest of the country; in Croatia annual number of visits per FD varying from 8515.1 to 14578.5, versus from 10 254.6 to 14931.9 in Brodsko-posavska County. Comparable to Croatian average, the number of home visits decreases, from 140 to 180 annual visits in Croatia and from 88 to 180 in Brodsko-posavska County. Number of preventive checkups is low, on national level and even lower in Brodsko-posavska County.

Conclusions

Besides the faster increase in the number of FDs in Brodsko-posavska County in comparison to Croatia during the observed period, 17.4% of FDs are still missing. Consequently, they are overburden by the numbers of practice visits and referrals with a smaller number of home visits and preventive activities. This should be taken into the account in future planning of FP service in this County.

Key words: family practice, organizational structure, functioning, Croatia