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## **Progress in Family Medicine in Slovenia**

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### **Abstract**

Slovenia is one of the transition countries in Central Europe. There is only one insurance company National health insurance institute in the country. Health care providers are split in several public non-for-profit health care centres (hospitals and primary health care centres) and private contractors. The compulsory health insurance covers over 80% of all health care costs.

In the 1960 the code on the medical fields declared family medicine (in that time general medicine) as one of the specialist fields. In November 1995 after one test year Department of family medicine was established at Ljubljana University and in autumn 2003 the Department of family medicine will be established at Maribor University as integral part of new Medical School. Professional position of family physician has improved. The salaries has raised fivefold in the 1990. Public opinion towards quality of the health care system and especially family practice are encouraging. The satisfaction with family physicians is very high and can be compared to the levels of satisfaction in the other European states.

The approval process and recognition of the family medicine as a special profession within the medical profession and among family physicians themselves was long, relatively tough and exhausting, so the today success has not arrive by chance. We will be fostering further activities in research, education and quality development in family medicine, because these are visiting cards of every profession.

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### **Slovenian health care system**

Slovenia is one of the transition countries in Central Europe. The population of Slovenia is approximately 2 millions. It gained its independence in 1991 after the separation from former Socialist Federative Republic of Yugoslavia and has faced dramatic political and economic changes. The changes are also seen in the organisation of health care services.

Since 1992 the Slovene health care system like in other Central and East European countries has been transforming from the state run system to a decentralised model<sup>[1, 2]</sup>. The national health care system in Slovenia has only one insurance company National health insurance institute (NHII). Ministry of health has kept a co-ordinative role in annual agreement between NHII and health care providers which are split in several public non-for-profit health care centres (hospitals and primary health care centres) and private contractors. Annually plan of service provision and the payment of the services is agreed among the parties and a contract signed<sup>[1]</sup>. Financial constrains defined in the contract pose potential threats to the quality of care and could hinder good doctor-patient communication<sup>[3, 4]</sup>. The main source of the NHII budget consists of compulsory health insurance, which is partly derived from a percentage deduction from the wages of employees and other personal incomes, and partly directly from employers. Every inhabitant of Slovenia is insured through his/her employment status, the unemployed are covered by local communities. The compulsory health insurance covers over 80% of all health care costs. Through the purchase of voluntary insurance for co-payment, the remaining health care costs and additional services provided to the customer above the basic level can be assured by other insurance companies.

### **The development of family medicine in Slovenia**

Under the influence of Andria Stampar and other country's opinion leaders in social medicine and the impact of socialist government in former Yugoslavia, which claimed health care system as one of the parading horses of the regime there was an important emphasis on the development of health care services in the country in the fifties. There were large investments in the premises especially in the primary care field throughout the country. A range of preventive activities were implemented in the primary health care centres on the national basis: well baby clinics, well mother clinics, clinics for women, clinics for tuberculosis, clinics for trachoma, clinics for workers, clinics for schoolchildren and students etc. Many of the physicians working in these clinics pursued their professional careers in the specialist field that they covered in those clinics. Under these events, under the decline in holistic and generalist thinking in specialised medicine and under the Soviet policlinic approach at the end of fifties and the begin of sixties there was a threat that general practitioners would sooner or later die out. Only a few enthusiast believed in family medicine as an important source of care.

In the 1960's the code on the medical fields declared family medicine (in that time general medicine) as one of the specialist fields. But vocational training was not a prerequisite for working in general practice. After medical school and one year of residency physicians were supposed to be able to work in the practice. Especially in Croatia many physicians completed vocational training and took a lead alongside with the School of Andria Stampar in Zagreb in motivating general practitioners throughout former Yugoslavia to join in an association. As a result of these efforts Slovene family medicine society and Yugoslav family medicine association were established in 1966<sup>[5]</sup>. The Society played an important role in raising the awareness and in preparing conditions for the university department, mandatory vocational training and recognition of family practice in the professional and lay community. The first attempt to establish General

practice department was in 1975. It will be remembered by the quotation of the rhetoric question of one otherwise rather unimportant professor of internal medicine at the faculty board: "How something that holds in its name general (general practice) can be treated as special (specialist field)," which undermined well prepared plans for the department as well for the institute of general practice. Colleagues in Croatia were more successful. They got the Department of family medicine in 1979 as one of the first in Europe.

This event was hard and devastating for general practice at that time. But the lesson is the one to remember: There is no king's path, there are only hard work, clear aims and devotion that can build a critical mass which could not be resisted in appropriate time frame. The leaders of the Society recognised the importance of own research, own continuing medical education, own publications and own academics. First actions were undertaken in the CME field. The Society started to organise own courses. Today, we organise up to ten workshops, congresses and courses of CME yearly and publish proceedings which serve basic needs of our family physicians. Besides co-operation with the colleagues in other Yugoslav republics, international contacts were established in the eighties and especially in the early nineties after the declaration of the independence. These contacts serve as a source of research co-operation on the international projects and as a source of political support to our efforts. Professionals needed for the academic recognition of the family medicine evolve from those research projects. Next important step was to change the name of the department, the name of speciality and the profile we were aiming at: Instead of general practice we started to talk about family medicine to overcome the linguistic barrier in our efforts to become recognised as speciality. In November 1995 after one test year Department of family medicine was established at Ljubljana University. The curricula are unique in this field <sup>[6]</sup>: during seven week course lectures are kept to a minimum of two lectures, one day a week students spend with an assistant teacher in small group work which consists of reports about the experience in the practice, project reports, medical decision making sessions, videotaping consultations with simulated patients and discussing communication skills. The rest of the week students stay with their specially trained tutors in the practice to test the knowledge they gain on communication skills, medical record keeping and to learn practice management and disease management skills.

The numbers of in service vocationally trained doctors raised recently to the two thirds of all practising in general practice but it took decades that the law has passed and from the year 2000 the vocational training for family medicine is adopted by the regulating bodies in the country and completing vocational training became mandatory condition to be licensed.

### **Current position of family physicians in Slovenia**

Academic and political position of family physicians in Slovenia is rather good. There is Family Medicine Department at Medical School in Ljubljana University and there will be another one in University Maribor, which will start Medical School in autumn 2003. Also professional position has improved. The salaries has raised fivefold and under new legislation it is possible to work also as an independent contractor not only as an

employee in the non-for-profit public institutions <sup>[1]</sup>. As our country acknowledged the lead of the primary care, much higher responsibility for the patients lies with the family physicians who have got a gate-keeping role <sup>[1, 4]</sup>. Every patient has to choose his/her own "personal" family physician, if he/she wants to enter the health care system <sup>[1]</sup>.

Personal family physician has the responsibility to provide primary care for the patients on the list including emergency care 24 hours a day. Outside working hours physicians are working in rotas for the defined populations. Family physicians' a gate-keeping role puts them in the focus of cost containment and quality assurance efforts of the health care system. These tasks could present a potential threat to the doctor-patient relationship <sup>[1, 4]</sup>. Also emergency medical services are provided by the family physicians as part of their daily routine, as part of out of hours services or as separate services.

### **Quality of care**

Quality of care is an important issue in the debates in our country. Proposal of national policy on quality was prepared and the strategies for family practice were presented <sup>[7, 8]</sup>, and quality report for WHO has been finished recently. Several courses on quality assurance were prepared in 1994 and since then two books on quality, few guidelines and some working materials were published <sup>[9]</sup>. We are working on guidelines development in several fields. Systematic and scientific evaluations of quality of care in family practice is still missing. There is a project on on-line reporting on quality indicators for management of hypertension currently running and we plan together with foreign partners projects on practice assessment and quality awards.

Public opinion towards quality of the health care system and especially family practice are encouraging <sup>[4, 10]</sup>. Despite financial constrains and limitations imposed by the new legislation patients praise the accessibility, availability, equity and quality of the current health care system <sup>[4]</sup>. Regarding health care system as a whole the patients claim only waiting lists for certain types of secondary care. The satisfaction with family physicians is very high and can be compared to the levels of satisfaction in the other European states <sup>[10, 11]</sup>.

### **Conclusions**

Slovene family medicine has travelled its journey as many others did. The approval process and recognition of the family medicine as a special profession within the medical profession and among family physicians themselves was long, relatively tough and exhausting, so the today success has not arrive by chance. We will be fostering further activities in research, education and quality development in family medicine, because these are visiting cards of every profession.

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