

<b>HEALTH PROMOTION AND DISEASE PREVENTION</b> <b>A Handbook for Teachers, Researchers, Health Professionals and Decision Makers</b>	
<b>Title</b>	<b>Preventive Programs in Family Medicine Services: Case Study Croatia</b>
<b>Module: 3.3</b>	<b>ECTS: 1</b>
<b>Author(s), degrees, institution(s)</b>	<b>Milica Katic</b> , MD. MSc, PhD, Professor Andrija Stampar School of Public Health, Medical School, University of Zagreb, Croatia
<b>Address for Correspondence</b>	<b>Milica Katic</b> Andrija Stampar School of Public Health Rockefellerova 4 10000 Zagreb Croatia Tel: + 38514590109 Fax: +38514684441 E-mail: mkatic@snz.hr
<b>Key words</b>	Prevention, Family medicine, preventive measures in family medicine
<b>Learning objectives</b>	After completing this module students and public health professionals should: <ul style="list-style-type: none"><li>• recognise the role of family physician in preventive medicine;</li><li>• increase knowledge about principles of preventive medicine in family medicine practice;</li><li>• understand specific tasks and measures in various preventive programs;</li><li>• differentiate specific procedures of primary, secondary and tertiary prevention in family medicine practice;</li><li>• identify risk groups and suitable preventive activities;</li><li>• improve the skill of planning and providing preventive activities.</li></ul>

<b>Abstract</b>	<p>Many of contacts between the physician and the patient enable primary, secondary and tertiary prevention. The majority of preventive programs provided in family medicine are focused on cardiovascular and malignant diseases. In order to improve prevention in family medicine, a concept of pro-active prevention has been developed. Therefore, a patient-oriented approach is recommended in which a physician encourages preventive actions and provides preventive procedures during consultations made for different reasons. The program elements to be determined in advance include target group definition; frequency and method of a target group coverage, recording target group response, risk factor(s) measurement and follow up of patients with positive screening results. The preventive programs in family medicine should be developed and implemented on evidence-based guidelines.</p> <p>The paper describes organization of Family Medicine Services in Croatia and Preventive activities in the Family Medicine Services. The Health Care Measure Plan and Programme is included in the Contract between the Croatian Institute for Health Insurance and each GP. GPs in Croatia are obliged to provide all preventive activities but, however, there are no mechanisms for monitoring and evaluation. The contracted GPs realize the biggest part of income from capitation fees. In fact, there is a lack of financial and professional incentives for GPs to provide preventive activities in the routine daily work.</p>
<b>Teaching methods</b>	The module will comprise: Interactive lectures (4 hours), seminars (6 hours), field practice and visits in primary care settings (8 hours), small group discussion (4 hours), and individual work (reading and writing the seminar paper -14 hours).
<b>Specific recommendations for teachers</b>	Work under teacher supervision: 0.5 ECTS Individual students' work: 0,5 ECTS. Facilities: Library equipped with access to International scientific data banks, computer equipment and training materials, primary care settings. Proposals for target audience: MD
<b>Assessment of Students</b>	Seminar paper, case problem presentations

## **PREVENTIVE PROGRAMS IN FAMILY MEDICINE: CASE STUDY CROATIA**

**Milica Katic**

### **Introduction**

A family physician is privileged in implementation of preventive actions since he/she is in permanent contact with a patient and well informed about the patient's condition, socio-economic position and family situation. Many of contacts between the physician and the patient enable primary prevention such as: healthy life style awareness raising, vaccination and counseling about reproductive health, and secondary prevention by screening and early detection of disease. The family physician also plays an important role in tertiary prevention –adequate treatment of disease, prevention of complications decline in disability, preventing early deaths and improved quality of life. The majority of preventive programs provided in family medicine are focused on cardiovascular and malignant diseases. In order to improve prevention in family medicine, a concept of pro-active prevention has been developed. Therefore, a patient-oriented approach is recommended in which a physician encourages preventive actions and provides preventive procedures during consultations made for different reasons. The program elements to be determined in advance include target group definition; frequency and method of target group coverage, recording target group response, risk factor(s) measurement and follow up of patients with positive screening results. The preventive programs in family medicine should be developed and implemented on evidence-based guidelines.

### **Organization of Family Medicine Service in Croatia**

Before 1997, the state owned Health Centers were the institutions responsible for organizing and providing primary care through various primary care services for all citizens living in a given local community. In the present system, the majority of health care on the primary level is provided by Family Medicine Service. In 2005 it employed 2347 teams consisting of doctor and nurse who provided care for 3 905 606 persons registered on the doctors' lists (87% of the total Croatian population). More than 80% of doctors working in the Family Medicine services were individually contracted with the Croatian Institute for Health Insurance and responsible and paid only for patients registered on their own lists. Prevention is one of the basic tasks of family medicine doctors/general practitioners (GPs). These doctors are in a privileged position to implement preventive activities because they are in permanent contact with patients. Studies show that 90% of registered patients visit their GP at least once in three years.

The doctor/patient contacts offer a variety of opportunities for preventive activities, such as counseling, education about healthy lifestyles, reduction of invalidism, prevention of premature death, and improvement in the quality of life.

A GP's position as a gatekeeper to the health system makes these functions easier because he or she is the doctor of first contact for all health problems.

### **Preventive activities in the Family Medicine Service**

The Health Care Measure Plan and Program created by the Croatian Ministry of Health and Social Welfare comprised a broad spectrum of various preventive measures at

the national level. The Health Care Measure Plan and Program is included in the Contract between the Croatian Institute for Health Insurance and each GP. By the same token, GPs in Croatia are obliged to provide all preventive activities defined in the Health Care Measure Plan and Program. However, there are no agreed mechanisms for monitoring and evaluation of all of these preventive activities. This problem is multidimensional and reflects financial, organizational, educational and individual factors. The contracted GPs realize the biggest part of their income from capitation fees of their registered patients adjusted to the age of patient. In fact, the capitation fee is mentioned to be sufficient for covering almost all services provided for a particular person. In the Family Medicine service there is a lack of financial and professional incentives for GPs to provide preventive activities in the routine daily work. The GPs work is mainly oriented towards curative medicine. The education of GPs in a field of preventive medicine is not sufficient in spite of the existence of preventive medicine in the curriculum of graduate and postgraduate study. The lack of proper monitoring and evaluation of providing the programs included in the Health Care Measure Plan and Program are the biggest obstacles for providing the whole spectrum of the preventive activities. According to data of Croatian Institute of Public Health, in 2005 in the Family Medicine Service, there were 27345460 encounters (6,3 per registered person per year), of which only 76037 were preventive check-ups to adults (0.02 per registered person per year).

### **The list of Preventive measures provided by family medicine doctors/general practitioners in Croatia:**

#### *Preventive care for preschool children*

20% of all preschool children are registered on the Family physician /GP list. The preventive program for this segment of population comprises promotion of breast feeding, prevention of iron deficiency, screening for developmental problems, and early detection of chronic diseases, childhood immunizations (Tuberculosis, Hepatitis B, Haemophylus influenza, Diphtheria, Tetanus, and Poliomyelitis. Measles, Rubella, Parotitis)

#### *Preventive check-ups for persons older than 18 years*

- Preventive check-ups for adult population in general have been planned in the Health Care Measure Plan and Program but the age when these check-ups should occur, or which preventive measures should be included, have not been strictly defined.
- Preventive check-ups for persons older than 50 years comprise the following preventive activities: family and personal medical history, data on smoking and alcohol use, data on Pap smear and mammography which had been done in the previous three years (for women), body weight and height, blood pressure measurement, physical examination, digit rectal examination and laboratory tests: sedimentation rate, hemoglobin, blood glucose level, fecal occult blood test).

#### *Immunizations of older population*

- Immunization against tetanus is obligatory for people of 60 years of age.
- Immunization against influenza is recommended and free of charge for persons older than 65 years and patients suffering from chronic diseases such as chronic bronchitis, diabetes etc. In 2005, there were around 500000 persons older than 65 vaccinated against influenza.
- Immunization against pneumonia is recommended and free of charge for older persons situated in nursing homes or for patients in whom splenectomy was performed.