

Primary health care visits in the Albanian population during 2005-2012

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Abstract

Aim: Our aim was to describe the level of primary health care visits conducted by family physicians in Albania in the past decade.

Methods: We reviewed the number of primary health care visits conducted in each of the 36 districts of Albania separately for urban areas and rural areas for the period 2005-2012. The information was collected from the files of the Institute of Health Insurance.

Results: For both urban areas and rural areas, there was evidence of a significant increase in the number of the overall primary health care visits performed by family physicians in Albania. In urban areas of Albania, the overall number of primary health care visits increased from 2436314 in 2005 to 3767941 in 2012 (linear trend: $P < 0.01$). Conversely, in rural areas of Albania, the overall number of primary health care visits increased from 1001990 in 2005 to 1863592 in 2012 (linear trend: $P < 0.01$).

Conclusion: There has been a considerable and consistent increase in the overall number of health visits conducted by general practitioners and family physicians in Albania over the past decade. Future studies should explore the putative link between the frequency of health visits and the quality of health care services provided by primary health care professionals in Albania.

Keywords: family physicians, general practitioners, health visits, primary health care, rural areas, urban areas.

Introduction

There is a considerable amount of literature linking the rate of primary health care visits with demographic factors (age, sex, marital status and place of residence) and socioeconomic characteristics (1-3). Furthermore, differences in the rates of primary health care visits may reflect differences in health beliefs, health-seeking behavior and doctor-patient relationships between groups (1,4).

On the other hand, quality of care is associated with health outcomes (5,6) and this holds especially true for primary health care services (7). From this perspective, the primary health care users receive considerable attention in most of the industrialized countries. Users' satisfaction is relevant to the success of the "gate-keeping" function of primary health care. This is particularly important for the former communist countries in Europe including transitional Albania which is currently undertaking deep reforms in the health sector moving from hospital-based system to the primary health care model. The current

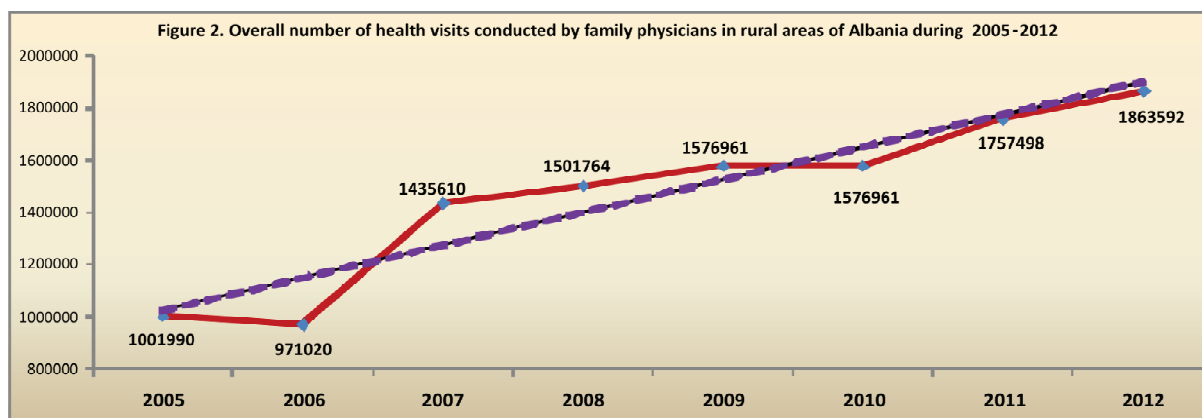
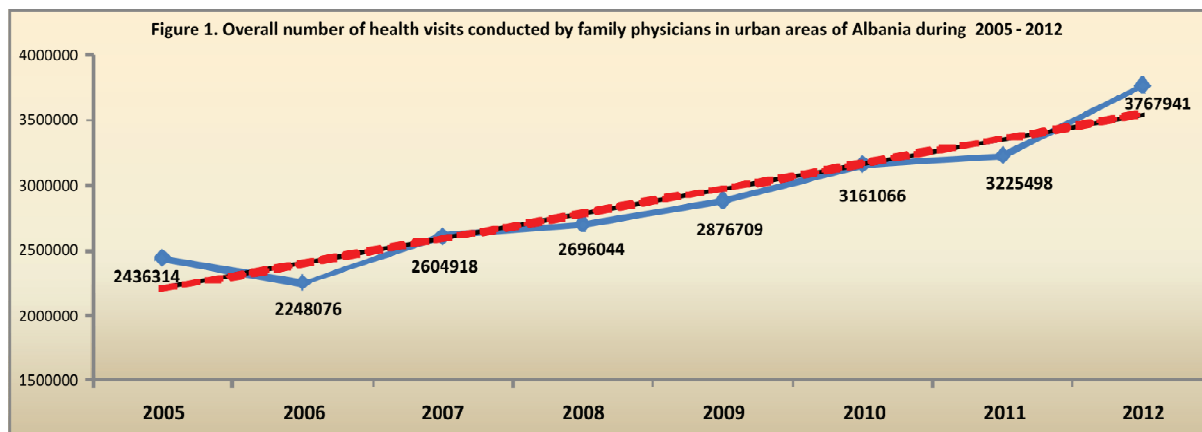
health care reforms in Albania, however, face enormous challenges with regard to the effectiveness of the referral system.

In this short report we describe the primary health care visits conducted by family physicians in Albania in the past decade.

Methods

For the current analysis, we reviewed the number of primary health care visits conducted in each of the 36 districts separately for urban areas and rural areas of Albania for the period 2005-2012. The information was collected from the files of the Institute of Health Insurance, which receives detailed records on the performance of the primary health care professionals in each district of Albania.

Statistical Package for Social Sciences (SPSS, version, 19.0) was used to assess the statistical significance of linear trends in the overall number of health visits conducted in urban areas and in rural areas of Albania for the period under investigation.



Results

The overall number of health visits conducted by family physicians in urban areas and in rural areas of Albania is presented in Figures 1-2.

For both urban areas and rural areas, there was evidence of a significant increase in the number of the overall primary health care visits performed by family physicians in Albania.

In urban areas of Albania, the overall number of primary health care visits was 2436314 in 2005, 2248076 in 2006, 2604918 in 2007, 2696044 in 2008, 2876709 in 2009, 3161066 in 2010, 3225498 in 2011 and 3767941 in 2012 (Figure 1).

The consistent increase in the number of health visits from 2436314 in 2005 to 3767941 in 2012 was statistically significant (linear trend: $P < 0.01$).

On the other hand, in rural areas of Albania, the overall number of primary health care visits was 1001990 in 2005, 971020 in 2006, 1435610 in 2007, 1501764 in 2008, 1576961 in 2009 and in 2010, 1757498 in 2011 and 1863592 in 2012 (Figure 1). The consistent increase in the number of health visits from in 1001990 in 2005 to 1863592 in 2012 was statistically significant (linear trend: $P < 0.01$).

In both urban areas and rural areas of Albania, there was evidence of a slight decrease in the number of health visits for the year 2006, which corresponds to the transition towards the new reforms in the Albanian primary health care sector which was finally introduced in early 2007.

Discussion

Our analysis revealed a significant increase in the overall number primary health care visits in both urban areas and rural areas of Albania. The increasing trend in the rates of health visits was similar in most of the districts of Albania.

Different studies have reported a positive association between patient satisfaction and quality of primary care (8) and health outcomes (9,10). In addition, it has been reported that the number of primary health care visits is associated with age,

socioeconomic status, and urban/ rural location, indicating that such visits may reflect differences in health beliefs, health-seeking behavior and doctor-patient relationships between groups (1-4). It would be appealing to conduct a stratified analysis by age-group, sex, and socioeconomic characteristics of the Albanian population in order to determine the link between the rate of health visits with demographic factors and socioeconomic characteristics.

A limitation of our analysis concerns the lack of disaggregated data on the type of health visits performed by family physicians in both urban areas and rural areas of Albania. From this point of view, we cannot distinguish whether the apparent increase in the overall number of primary health care visits concerns e.g. preventive services and periodic check-ups of the adult population, or treatment of chronic conditions among older people. In addition, the lack of disaggregated data does not inform about the number of health visits performed at an individual level. From this perspective, the increase in the overall number of health visits might imply an increase in the number of new users of primary health care services in Albania, but might also reflect an increase in the number of health visits performed by the same individuals (who maybe e.g. chronic patients). Hence, it would be interesting to break down the number of health visits by users of primary health care services (new users vs. chronic patients) and also by type of the visits performed (preventive services and check-ups vs. treatment of chronic diseases).

In conclusion, our analysis indicates that there has been a considerable and consistent increase in the overall number of health visits conducted by general practitioners and family physicians in Albania over the past decade. However, such an increase in the number of primary health care visits may not necessarily relate to an overall improvement of the quality of care. Therefore, future studies should explore the putative link between the frequency of health visits and the quality of health care services provided by primary health care professionals in Albania.

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