

# The development of General Medicine in Cyprus under the proposed NHIS

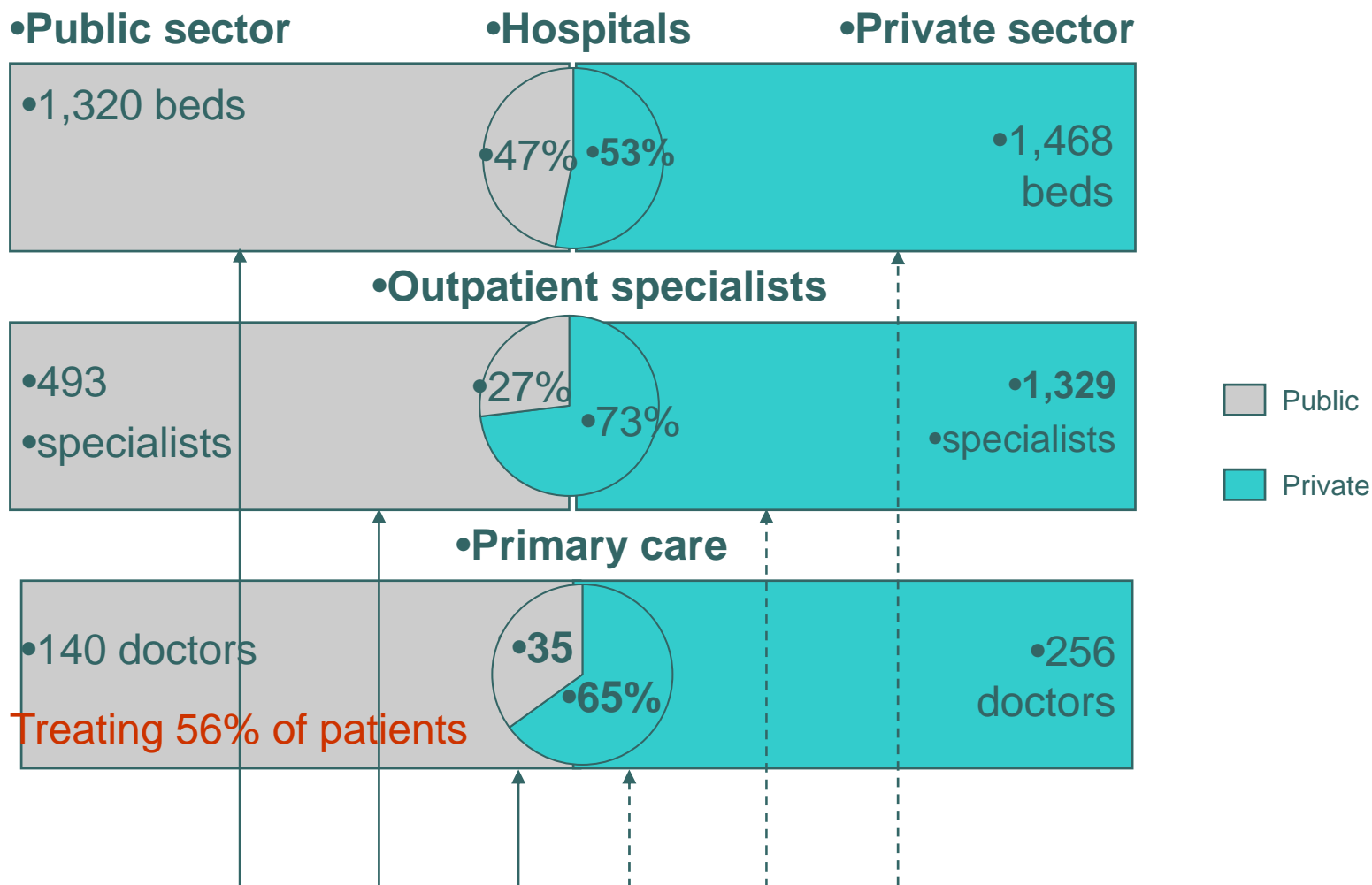
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# Need for introduction of NHIS

- No coordination between private and government sector, no data transparency, duplication of services
- Health expenditure (6.4% of GDP) is increasing with a high rate for both sectors (8% per year for the private sector and 11% for the public sector)
- Excessive out of pocket payments for healthcare in Cyprus
- Lack of measurement of quality indicators in both public and private sectors

# Current situation in delivering health care by private and government doctors





# The proposed NHIS is based on the Family Doctor Concept

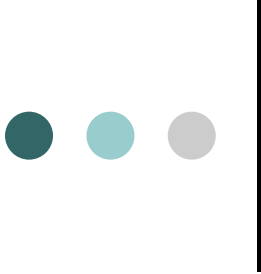
primary healthcare will be provided by contracted general practitioners  
the Family Doctors

- FDs will be:
  - the first point of access to the Scheme
  - The main providers of primary healthcare and the navigators of the beneficiaries through the Healthcare System.
- Access to specialists is to be granted in general through the Family Doctor.
- Free access to Obstetrician/Gynecologist for women >15
- Free access to A&E for real emergencies
- Number of free access to specialist for chronic diseases (exacerbation of disease)
- Free access to the dentist for preventive dental care for children up to 16
- Children up to the age of 15 will register with a Family Pediatrician (age group 16-18 will have a choice between FD or FP)



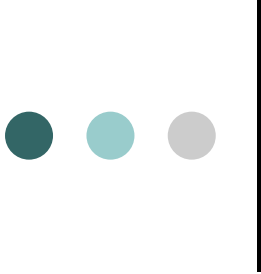
## THE FAMILY DOCTOR CONCEPT OFFERS SEVERAL ADVANTAGES

- **Direct and easy access to treatment for the majority of cases**
- **continuity of care** – building of strong patient-doctor relationship, more holistic approach of patient, continuing, comprehensive and coordinated medical care
- **Prevention** – The close long-term relationship with the same physician allows for structured healthcare prevention and monitoring at an early stage
- **Chronic disease management** – Better integration between Family Doctors and specialists on chronic disease management
- **Cost containment** – The majority of cases can be treated at the GP level, reducing specialist fee expenditure
- **Higher specialist effectiveness** – Specialist time is spent more effectively, in the truly complicated cases
- **Data transparency** the FD will be the data administrator to the system; transparency of primary care provision and referral/prescription patterns



## The introduction of the NHIS will change the delivery of Primary health Care in Cyprus

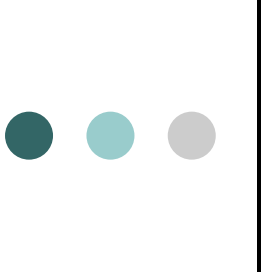
- The new “Gatekeeper” role of Family Doctors
- The new method of reimbursement
- Introduction of quality indicators and measurement of performance
- Need for Group- practices



# Payment of FD will be made by capitation model and 3-Tiered approach

## ○ Payment of doctors

- Age and Gender adjusted capitation payment
  - The FD will be paid an annual fee for every beneficiary registered on his list (60-75% of annual income)
  - Number of beneficiaries 300-2500
- Tier-2 reimbursement for specific activities
  - Management of chronic diseases according to protocols
  - Routine care home visits
  - Preventive programs (Screening for cancer: breast, cervical, colorectal)
  - Vaccinations
  - home visits for acute cases
- Tier-3 additional reimbursement on system compliance
  - Over-referrals, Over-prescriptions activities with negative reimbursement)



Clinical protocols and quality indicators will be introduced with best practice rewarding

- Introduction of clinical protocols
  - Diabetes Mellitus
  - Arterial hypertension
  - Dyslipidemia
- For Paediatric Family Doctors
  - Asthma
- Auditing/monitoring of clinical work and health outcomes





# Challenge for GPs working as government employees

- Free access of patients to both public or private doctors with free choice of specialists will create shifting of patients from public Primary Healthcare Centers to Private doctors

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## The optimal FD coverage can be determined by comparing current status, target state and international benchmarks

- Unit of measure: GPs per 1000 inhabitants

- Current Cyprus coverage (all GPs\*)

• 1.21

- OECD average for FD-centered health systems

• 0.80-1.00

- Current Cyprus coverage (private GPs\*)

• 0.95

- Current Cyprus coverage (public GPs)

• 0.26

– Current coverage by public and private GPs is sufficient

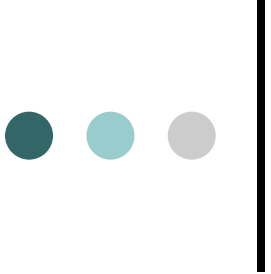
– Future coverage to be determined by doctors registering for FD training (estimate is that number of doctors will be adequate)

\*Assuming 250 private specialists are currently working as GPs

Source: MoH team

OECD: Organization of European Co-operation and Development





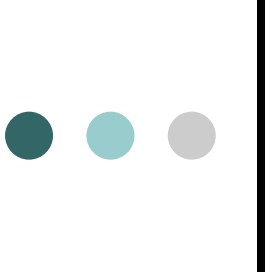
# Incentives will be given to FDs to form group practices

- **Financial Incentives**

- Facility incentives
- Equipment incentives
- Personnel incentives
- Sharing of premises, personnel and equipment

- **Non financial incentives**

- Flexible timetable, ability to work part time
- Maximum and minimum number of beneficiaries
- Greater convenience for patients (running of specialised clinics ie DM clinic)



# Family Doctors must get prepared to undertake their new role

- Patient management must be adjusted to mode of compensation
- Training of family doctors
- CME will be required in the future (prerequisite for renewal of contract every 2 years)
- GPs must be ready to take over their new role
- Association of General Practitioners must prepare to offer its members the support needed