

INTRODUCTION

Implementation of the health insurance scheme is expected to have a great impact on the health system in Kosovo

Health insurance is, without a doubt, one of the most important building blocks of the health system, and it will strongly influence the future development of the overall health care system in Kosovo. Health insurance is critical for patients and significantly affects service delivery, particularly the professional lives of health service providers. As such, the knowledge, attitudes, and preferences of health professionals regarding different health insurance schemes are important to understand, attracting scholars to study how they manifest in different countries.

Physicians and nurses were consulted and have participated in the public dialogue surrounding the health insurance scheme in Kosovo. However, little is known about whether their general preferences were taken into account—especially with respect to changes in payments to health personnel within the framework of health financing reform—and whether the model for the health insurance scheme embedded in the Health Insurance Law is the most favorable one for health professionals. This policy brief provides data and information on the perceptions and preferences of family physicians toward health financing reform in Kosovo.

The survey included 262 family physicians from all over Kosovo. The family physicians surveyed were generally satisfied with their workplace conditions, working hours, and both their personal performance and that of their respective healthcare institutions. However, family physicians showed lower satisfaction with their baseline salaries; monthly remunerations; supply levels of medications, health products, and equipment; safety at work; and levels of cooperation between the public and private health sectors.

Family physicians showed high interest in health financing reform, even though they were not fully informed and involved in the health financing reform process. They were also interested in seeing performance-based reward systems and improved satisfaction among their patients. Family physicians are devoted to their work in the public sector at the

The main aim of the KOSANA Project is improvement of the health and social security of the population of Kosovo through support of active participation by civil society in the development and implementation of a health insurance system in the country.

The KOSANA Project empowers the CSO-s representing citizens and patients to create advocacy positions based on facts, information, and the needs of the people. This process requires a long-term effort and commitment by organizations that represent citizens' interests.

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primary care level, and this should be nurtured and encouraged.

KEY FINDINGS

Educational and Demographic Characteristics of Family Physicians

Among the family physicians interviewed, 41.4% were male and 58.6% were female, with an average age of 47.3 years; the youngest respondent was 26 years old, and the oldest was 64 years old, approaching pension age. 57.4% of the family physicians interviewed had only a general practitioner's diploma, 6.1% had Master's degrees, and around 36% were specialists in family medicine. 91.8% received all of their medical training in Kosovo, while only 6.1% received training partly in Kosovo and partly in other European countries, and less than 1% received medical training in Kosovo combined with a non-European country. Only 7.3% of family physicians were engaged in research work, while 92.7% of them were not engaged in any research.

Professional Characteristics of Family Physicians

The average duration of work experience among family physicians was 14.7 years per interviewed respondent. 91.8% of the family physicians interviewed worked completely or mostly in the public sector, while only 8.2% worked in both the public and private health sectors. Only 11.4% of the family physicians served a mix of ambulatory (outpatient) and inpatient (hospitalized) patients, while 88.2% of physicians provided primarily ambulatory services for their patients

Income Characteristics of Family Physicians

When designing any healthcare finance policy, it is important to take into consideration the income generation characteristics of family physicians in Kosovo. The average basic salary for family physicians working in the public sector is 585.9 euros per month, with relatively little variation. About one third of family physicians had an additional source of income at their workplace, such as extra working hours during afternoon and night shifts (*kujdestaria*, *gatishmëria*), and the average income for this additional work was 84 euros per month on top of their baseline salary. Around 9% of family physicians also reported generating income from the private sector, which averaged 296 euros per month. In addition, 3% reported income from other professional commitments, such as training and conferences, with an average income of around 102.5 euros per month. The average total monthly household income for the family physicians interviewed (including income from other family members) was 952.8 euros. The family physicians interviewed expressed that the minimum acceptable monthly income should be at least 1,203.5 euros. This clearly demonstrates a large gap between the

expectations of family physicians and their monthly incomes, which partly explains their motivation to engage in additional work and look for additional sources of income.

The minimum acceptable fee for a simple visit was indicated to be 8.7 euros. The physicians interviewed reported an average of 750 patients per month, which means that if that number of patients was asked to pay 8.7 euros per visit, the designated service where an interviewed physician works would have revenues of 6,525 euros per month. This amount is well above the basic salary of physicians, but it also must cover salaries for nursing and support staff, medicines and disposable health products, medical equipment and its operation, and other related expenses.



Satisfaction Levels of Family Physicians with Specific Aspects of the Healthcare System

Relative to other aspects of the healthcare system, family physicians were more satisfied with their working hours at their institutions, the performance of healthcare personnel, and the institutional performance of their workplaces. On the other hand, family physicians were less satisfied with the supply of medications and health products, medical equipment, cooperation between the public and private sectors, and the remuneration of health professionals at their institutions.

Family physicians reported a high degree of neutrality in relation to health insurance, a result that may be attributable to insufficient information. For example, the issues with which physicians were generally neither satisfied or dissatisfied were related to the Health Insurance Law: implementation and functioning of the law, the health insurance system that would be offered with the law, and the benefits the law would bring.

Family physicians were generally dissatisfied (59.5%) with the current way of financing health professionals. 62.8% were dissatisfied with the levels of payment of health professionals at their institutions. 76.6% were either satisfied or neutral toward the Health Insurance Law; in addition, 80.8% were either satisfied or

neutral toward the health insurance system offered by the Health Insurance Law. A higher proportion was found to be satisfied (28.9%) rather than dissatisfied (13.7%) with the benefits that health insurance would bring.



Agreement Levels of Family Physicians with Specific Aspects of the Healthcare System

Among the 16 aspects of the healthcare system for which physician agreement levels were measured, there were 6 points with which the physicians tended to agree more than the others. The list below shows the issues with high physician agreement levels, ordered from the most agreeable to the slightly less agreeable:

1. Clinical/medical work associated with higher patient satisfaction must be rewarded,
2. Clinical/medical work associated with high quality on clinical indicators must be rewarded (such as lower complication rates),
3. Physician personally ready for expected changes from the implementation of laws related to health insurance reform,
4. Physician preference for working in the public sector of healthcare rather than the private sector,
5. Physician preference for working at the primary level rather than the secondary or tertiary level,
6. Doctors must have more time for patient treatments after the implementation of health insurance,

Listed below are 3 specific issues with which physicians generally disagreed more than they agreed (from the

most disagreeable to the least disagreeable):

1. Physician preference for working at the tertiary level rather than at the secondary level,
2. Private health insurance is more efficient than public insurance,
3. Physician has been well informed regarding healthcare reform,

As was the case with satisfaction levels, family physicians generally tended to have more neutral agreement levels when it came to issues related to health insurance..

A higher proportion of family physicians (36.1%) did not agree that they had been well informed about healthcare reform compared to 34.2% who agreed. The majority of family physicians (53.4%) thought that public health insurance was more effective than private health insurance, and 8% of them thought that public health insurance was the only solution for healthcare reform. 90.9% of the health professionals interviewed reported that they were ready for the changes that will come with the implementation of laws pertaining to health insurance reform. Family physicians preferred to work in the public health sector (83.2%) compared to the private health sector (4.9%).

RECOMMENDATIONS

The following is a set of recommendations resulting from the survey of family physicians:

- 1.** Improve the levels of information and knowledge among family physicians regarding key aspects of health finance, focusing on health financing reform, the Health Insurance Law, and in particular how implementation of health financing reform will affect health facilities' finances, work flows, and the payment of family physicians. This can be achieved through intensified advocacy and information campaigns targeting key health service providers at all levels, and in particular family physicians, when PHC services are targeted. One possible channel for targeted advocacy campaigns to promote health financing reform is through the Center for Development of Family Medicine and the established network of regional family medicine training centers,
- 2.** Ensure participation of family physicians (or their representatives) in the policy discussions about health financing reform and the implementation of health reform,
- 3.** Introduce performance-based payment for family physicians. Such payment systems should take into account indicators that relate to the quantity and quality of services offered, as well as patient satisfaction,
- 4.** Enhance engagement of family physicians in continuous medical education schemes,
- 5.** Improve engagement of family physicians in research work,
- 6.** Further improve working conditions and workplace safety for family physicians and health staff in general.



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