

POLICY BRIEF 14

SPECIALIST PHYSICIANS' PERCEPTIONS AND PREFERENCES IN RELATION TO HEALTH FINANCING IN KOSOVO



INTRODUCTION

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

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 healthcare 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.

Family and specialist physicians, as well as 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 and specific preferences were taken into account—especially with respect to changes in payment models for 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 most the favorable one for health professionals. This policy brief provides data and information on the perceptions and preferences of specialist physicians toward health financing reform in Kosovo.

The survey included 289 specialist physicians from all over Kosovo. The specialist physicians interviewed were generally satisfied with their workplace conditions, working hours, and both their personal performance and that of their respective healthcare institutions. However, specialist physicians were less satisfied with the supply of medications, health products and equipment, the healthcare financing system, cooperation between the public and private health sectors, and their baseline salaries and monthly remunerations.

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.

This policy brief was prepared by:
Ilir Hoxha¹, Alban Fejza¹, Nora Murataj², Blerim Sylta²,
Blerim Delija²

1. Solidar Suisse Kosovo
2. Trade Union Health Federation of Kosovo

Specialist physicians showed neutrality in relation to health financing reform, i.e., introduction of the health insurance scheme, which may be the result of insufficient engagement and information about the health financing reform process. However, they are ready to accept the changes that health finance reform will bring. Specialist physicians support reward-(performance-)based payment systems tied to patient satisfaction. Specialist physicians expect that the introduction of health insurance will have a positive effect on the time they can devote to patients. Specialists are devoted to their work in the public sector and show a preference for working at tertiary-level facilities rather than secondary-level facilities.

KEY FINDINGS

Educational and Demographic Characteristics of Specialists

Among the specialist physicians interviewed, 67.6% were male and 32.4% were female, with an average age of 50.8 years old; the youngest was 30 years old, and the oldest was approaching pension age (64 years old). 54.6% of the specialists had received a university degree from the Faculty of Medicine and had completed specific specializations. Only 13.4% had Master's degrees, 3.1% had Ph.D. degrees, and 28% had sub-specializations. 56% of the specialists received all of their medical training in Kosovo, while 37.8% received training partly in Kosovo and partly in Europe, and 5.5% received medical training in Kosovo combined with a non-European country.

The hospital and university centers of Prishtina, Belgrade, and Zagreb were most often mentioned as the medical centers where specialists had done their postgraduate specializations. Only around 27% of specialist physicians were engaged in research work, while around 73% of them were not.

Professional Characteristics of Specialists

The average duration of work experience among the specialists interviewed was 20.9 years. 67.7% worked completely or mostly in the public sector, while 32.3% worked in both the public and private sectors. Almost all of the specialists (91.4%) delivered a mix of inpatient and outpatient services for both hospitalized and ambulatory patients; only 7.6% of physicians served primarily hospitalized patients, and less than 1% dealt mainly with ambulatory patients.

Income Characteristics of Specialists

When designing any healthcare finance policy, it is important to take into consideration the income generation characteristics of specialist physicians in Kosovo. The average basic salary for specialists in the public sector is 606.5 euros per month, with relatively little variation. About one third of specialists received additional income from their workplaces, such as pay for working extra hours during afternoon and night shifts (*kujdestaria*, *gatishmëria*), and the average income for this additional work was 468.8 euros per month. Around 7% of specialists also reported generating additional income from the private sector, which averaged 648.9 euros per month. In addition, 21% reported income from other professional

commitments, such as training and conferences, with an average income of around 219.8 euros per month; this varied significantly from specialist to specialist and could reach up to 6,000 euros. The average total monthly household income for the specialist physicians interviewed (including income from other family members) was 1,148.5 euros. The specialists interviewed expressed that the minimum acceptable monthly income should average at least 1,534.3 euros. This study reveals a large gap between the expectations of specialist physicians and their basic salary, which is probably one of the major factors explaining their motivation for finding alternative ways to generate additional income.

The minimum acceptable fee for a specialist visit was indicated to be 33 euros. The physicians reported an average of 445 patients per month, which means that if that number of patients was asked to pay 33 euros per visit, the physician's office would earn 14,685 euros per month. This amount is much higher than the basic specialist salary, but it would also need to cover the salaries of the nursing and support staff, the costs related to medical equipment and its operation, and other related expenses.

Satisfaction Levels of Specialists with Specific Aspects of the Healthcare System

Relative to other aspects of the healthcare system, specialists 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, specialist physicians were less satisfied with the supply of medications and healthcare equipment, the method of financing for health professionals, public to private sector cooperation, and the salary levels of health workers at their institutions.

Specialists reported a high degree of neutrality in relation to the health insurance aspect of the healthcare system, 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: the functioning of the law, the health insurance system that would be offered with the law, and the benefits the law would bring.

Agreement Levels of Specialists with Specific Aspects of the Healthcare System

Among the 16 aspects of the healthcare system for which specialist 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 specialist 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. Physician preference for working at the primary level rather than the secondary or tertiary level
3. Physician personally ready for changes to come with implementation of laws related to health insurance reform
4. Physician preference for working at the tertiary level rather than the secondary level
5. Doctors must have more time for patient treatments after the implementation of health insurance
6. Physician preference for working in the public sector

of healthcare rather than the private sector
Also, there were 5 specific issues with which physicians generally disagreed more than they agreed, and they are listed below, from the most disagreeable to the least disagreeable:

1. Clinical/medical work associated with high quality on clinical indicators must be rewarded (such as lower complications rates)
2. Physician receives the proper information about developments at the institution regarding opportunities for continuous education and such
3. Health insurance will insure us even in EU countries
4. Private health insurance is more efficient than public insurance
5. Physician has been well informed regarding healthcare reform

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



RECOMMENDATIONS

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

1. Improve the levels of information and knowledge among specialist 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 the finances of secondary- and tertiary-level health facilities and the work and payment of specialist physicians. This can be achieved through intensified advocacy and information campaigns targeting key health service providers at all levels, and in particular specialist physicians, when secondary and tertiary services are targeted.
2. Ensure participation of specialist physicians (or their representatives) in the policy discussions about health financing reform, the implementation of health reform, and the impact of reform at the secondary and tertiary levels.
3. Introduce performance-based payment for specialist physicians. Such payment systems should take into account indicators that relate to the quantity and quality of services offered by specialist physicians, including the level of complications and performance on patient safety and satisfaction indicators.
4. Enhance engagement of specialist physicians in continuous medical education schemes and explore possible ways to enhance their knowledge and skills through short training and study courses in advanced specialized medical centers abroad.
5. Improve engagement of specialist physicians in research work.
6. Further improve working conditions and workplace safety for specialist physicians and health staff in general.



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