

Triaging of patients by general practitioners (GPs) in primary health care settings: a neglected aspect in the health policy & practice in Nepal

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ABSTRACT

General Practitioners are the backbones of the primary health care and whole health system around the world. United nation declaration in Alma Ata about primary health care and WHO reinforcement regarding the importance of robust primary health care for universal health coverage are major catalysts to sensitize the government to implement triaging of patients through primary care by general practitioners. Nepal lacks strong primary health care system utilizing general practitioners as frontline health service providers in the community level. This has made people travel a long distance risking high expenses to get basic healthcare. The overcrowding in tertiary care hospitals is a result of improper triaging and referral system. General practitioners in Nepal work in emergency departments of hospitals and medical colleges, do private practices and a small number of GPs work in health departments of Ministry of Health and Population. Proper mobilization of GPs and establishing primary health care system is paramount to achieve equity, efficiency and effectiveness in health services. Current health policies and program must be reviewed and updated based on the evidences from the studies. CME (Continuous Medical Education) was organized in Chitwan for General Practitioners as a regular program of GPEMAN (General Practice and Emergency Medicine Association of Nepal). Participants were asked about primary health care system in Nepal and its opportunities and barriers. Majority of participants 84% (32 out of 38) pointed out that poor health policy and lack of recognition of General Practice for primary health care as first contact physicians by the government are the major challenges and barriers. Evidences will guide government and concerned stakeholders to establish robust primary healthcare system to increase access, efficiency, effectiveness of health service and to reduce out-of-pocket expenditure and disease burden in the community.

Keywords: general practitioner (GP), health policy, out-of-pocket expenditure (OOP), primary health care, triage, universal health coverage (UHC)

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INTRODUCTION

The general practitioner (GP) is a specialist trained to work in the frontline of a healthcare system and to take the initial steps to provide care for any health problem(s) that patients may have.¹ The GP takes care of individuals in a society irrespective of the patient's type of disease or other personal and social characteristics and organizes the resources available in the healthcare system to the best advantage of the patients¹. The general practitioner engages with autonomous individuals across the fields of prevention, diagnosis, cure, care and palliation using and integrating the science of biomedicine, medical psychology, and medical sociology.¹ In the United States, general practitioners are often called as Family Medicine Doctors or Primary Care Physicians where as in the UK, Canada, and Australia they are called GPs. In Netherlands and Belgium, they are called huisarts (literally meaning "home doctor"). French call GP as medicine generalist meaning general doctor. Many countries including Nepal have at least 3 years (some countries have 4 or more years of training) of curriculum-based university training.²

Nepal started MD GP (MD in General Practice and Emergency Medicine) residency program in 1982 in collaboration with the Institute of Medicine and Calgary University, Canada and is considered one of the oldest residency programs.³ Around 600 GPs have been produced in Nepal so far. Since 1988, the Institute of Medicine of Nepal has been running a residency program of General Practice and Emergency Medicine (MD GP) independently. During the start of the residency program, it was envisioned that residents after completing their training in General Practice would be capable not only of primary care but would also be able to tackle most of the emergency cases and surgical interventions because of the extreme lack of other specialties in the country.³ General Practitioners of Nepal slightly differ from the general practitioners of the other countries in that they have extra surgical skills for example: laparotomy, appendectomy, cesarean section, hernia surgeries etc. They usually do such surgeries in remote areas where GPs are the only doctors to take care of patients. Anesthesia is given by general practitioners themselves or by anesthesia technicians.

GPs are best structured to provide complete primary care as specialists for the majority of common medical illnesses. They provide comprehensive and continuous primary care to their patients. Most of the GPs in Nepal work in private hospitals, medical colleges, and in private

practice. Few GPs work in the government-owned hospitals and health departments of the Ministry of Health. It is necessary to review the practice of GPs working in Nepal and beyond to learn how they can strengthen primary health care by providing clinical care to patients near their homes. Newly qualified GPs don't find a satisfactory job inside the country and opt for a better job and life abroad triggering concerns that the country is heading for severe GP crisis.^{4,20} The General Practice and Emergency Medicine Association of Nepal (GPEMAN) was registered in 2021. General Practice and Emergency Medicine Association of Nepal (GPEMAN) is a professional non-for-profit organization of General Practitioners and Emergency Physicians established with the sole purpose of advocacy and professional development of GPs/Emergency Physicians to provide skilled caretakers for serving communities with world-class, evidence-based, efficient, cost-effective and continuous health care.⁵ This organization was earlier called as General Practice Association of Nepal (GPAN) which was established in 1990 as a chapter of Nepal Medical Association.⁶

Many studies show that care taken by GPs as first-point doctors reduces out-of-pocket (OOP) expenditure, hospital admissions, complications, and length of hospital stay. Similarly, primary care led by GPs increases the effectiveness, efficiency, trust, and recovery of patients.^{4,7}

As per WHO (World Health Organization) the COVID-19 pandemic disrupted essential healthcare services in 92% of countries including Nepal.⁸ To build back better WHO recommends reorientation of health systems to primary health care (PHC). Most (90%) of essential Universal Health Coverage (UHC) interventions can be delivered through PHC and 75% of projected health gains from the Sustainable Development Goals (SDGs) could be achieved through primary health care.⁹

METHOD

It was a survey study based on the interview taken among the participants of CME. General Practice and Emergency Medicine association of Nepal (GPEMAN) had arranged CME (continuous medical education) on 24th April, 2023 with the theme "Professional Development of GPs in Nepal" in Sauraha, Chitwan, Nepal. There were 38 participants who took part in the survey. The topic "Triaging of patients through primary care by general practitioners; a neglected aspect in health policy and practice in Nepal" was discussed. After the discussion participants were asked to respond

on the following sub-topics: a) Challenges and barriers b) Opportunities and potentials and c) Suggestions

RESULT

Majority of participants 84% (32 out of 38) pointed out that poor health policy and lack of recognition of General Practice for primary health care as first contact physicians by the government are the major challenges and barriers (Fig. 1).

Similarly, community trust towards GPs is low due to the unawareness of people about GPs. There is a lack of training and fellowship opportunities for general practitioners let alone research. Manpower shortage, poor lobbying, and less effort from the association of GPs are other factors contributing to weak general practice in the country. Salary and incentives are very low to support self and family, let alone recreation and other demands.

The majority of participants see opportunities and potential if the government establishes primary care services through the delegation of General Practitioners nationwide to triage and manage patients by geometrically increasing GP residents in academia. GPs can be health leaders in the community. GP-led primary care will reduce the unnecessary crowding of patients in tertiary care centers, which could otherwise have jeopardized the health care of needy sick patients. Training, fellowship programs, GP exchange program and research are potential domains of GPs.

Attendants of CME have suggested GPEMAN to be stronger and to take the lead in lobbying with the government to establish primary health care to open avenues for general practitioners and demanding respectful salaries, and incentives for the jobs they have been doing. More training and fellowship program can be initiated by GPEMAN itself in collaboration with stakeholders. Perception of patients as well as the government towards General practitioners should change.¹⁰ The change of current perception of patients and government about the GPs as not specialists to GPs as specialist doctors having knowledge of comprehensive care of patients of all ages is paramount to run primary health care service effectively. GPEMAN can do awareness campaign about the role and importance of GPs for successful health care in the country.

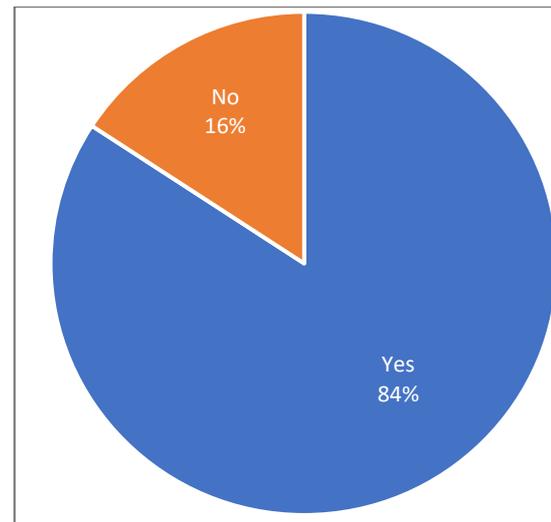


Figure 1. Participants' view on whether poor health policy and lack of recognition of GP for primary health care as major challenges.

DISCUSSION

Participants of CME (Continuous Medical Education), Chitwan gave their opinion on level of primary health care in Nepal and needed measures to establish strong primary health care. Weak health policy and planning has made it difficult to make GP as gatekeeper of healthcare. Number of general practitioners is small. More seats should be allocated to study general practice by government as well as private medical colleges. General practitioners must be given ample opportunities for further training and fellowship opportunities to make them up-to-date in medical knowledge. The professional organization of general practitioners, General Practice and Emergency Medicine Association of Nepal (GPEMAN) will lobby government for betterment of primary healthcare through delegation of GPs in primary health centers and hospitals. It is very important to make working environment attractive to retain GPs inside the country. Good working environment can be made by setting clinics/hospitals with adequate equipment, human resources, decent salary and learning opportunities.

Nepal has significant limitations on access to medical assessments and treatments due to mismatch of supply (health care resources) and demand (the need of individuals for health care advice).¹¹ Safe, effective, and fair distribution of health care resources therefore requires some form of filtering and direction, or triage, of individuals within healthcare services based on the type or severity of symptoms and/or working diagnosis. It is important to do initial assessment of individuals presenting with symptoms to ensure

that they access the right area of the health system with the appropriate degree of urgency.

Triage is the process of categorizing patients according to their need for medical care, irrespective of their order of arrival or other factors including sex, age, socioeconomic status, insurance status, residential status, nationality, race, ethnicity or religion. Triage involves an assessment to prioritize patients in need of immediate care in accordance with clinical severity and time urgency, compared with patients with non-urgent illnesses who can wait longer to be seen or who need referral to a more appropriate health care setting.¹²

While triage has been well documented in emergency departments, military, and natural disasters, it is far less well-understood in the primary care setting. Appropriate, accurate triage and disposition in primary care can improve patient outcomes and reduce unnecessary emergency department visits. This may have an impact on emergency departments' overcrowding. Triage systems can improve access to health services as practices can direct patients to their right practitioner/service.¹³ It improves patient care by ensuring that patients with the most complex health needs are prioritized and given longer appointments (if necessary). It maximizes workforce capacity by making the best use of skills mix in the practice team.

United nation declaration in Alma Ata about primary health care and WHO reinforcement regarding the importance of robust primary health care for universal health coverage are major boosters to sensitize the government to implement triaging of patients through primary care by general practitioners.^{14,21} Many data suggest that GP-led primary health care is cost-effective, efficient, and trustworthy reducing OOP(out-of-pocket) expenditure, morbidity, length of hospital stay, and mortality. The health policy of Nepal should accommodate "primary health care" as a critical component for proper utilization of GPs, sustainable health insurance and universal health coverage.¹⁵In the most of the low to middle-income countries including Nepal, people are forced to pay huge amounts of money for the treatments even by selling their lands and houses. Consequences of such expenditure are rich people becoming poor and poor people becoming poorer. Poor the people poor the country. So, for the economic and social growth of a country citizens should not be forced to expend a lot of money while receiving health care.^{16,17}

Everybody has the right to stay healthy. The nation should avail access to quality health services to its citizens. There is a disparity in healthcare between rural and urban areas, a disparity between developed and developing countries.¹⁸Such inequality is politically, socially, and financially unacceptable. In primary health care led by general practitioners, not only is disease addressed but also people and the whole community are advised for prevention, treatment, and awareness about health and ailments.¹⁹ General practitioners manage common health issues of people in the community near the households and refer them in time if cases are critical. Patients need not to travel for basic health care thus expending a lot of money if a robust primary health care system is in place.²¹ Due to the poor primary health care model, there is a soaring crowd in district, provincial and central hospitals. For example, in the teaching hospital of the Institute of Medicine, Kathmandu, one can witness huge crowd every day and night. Doctors cannot give health services in time. Each emergency bed becomes place of treatment for 2-3 patients. Similarly, there OPD (Outpatient department) is overcrowded with a long queue of patients. Patients have to wait a whole day to receive a care. Hospital corridors become full of patients and visitors. Doctors and allied health workers cannot cross the corridor easily due to the obstruction of ways by patients. It simulates a weekly crowded market in the suburbs. What could be the situation of waiting for patients and treating doctors in such a chaos? Such a mess clearly shows that primary health care service is in its infancy in our country.

CONCLUSION

This study has shown that there is no robust primary health care system in Nepal to deliver efficient and effective healthcare. Similarly, there is lack of general practitioners and their professional update through training and fellowship opportunities. General practitioners advised GPEMAN (General Practice and Emergency Medicine Association of Nepal) to lobby government for development of GP based primary health care.

A strong primary health care system significantly reduces out-of-pocket expenditure. General Practitioners could bring a great impact on health care if they were repositioned properly to lead primary health care despite placing them inappropriately in different capacities of

healthcare without proper roles and responsibilities.

Research studies on triaging of patients by general practitioners and its impact on the health of communities and country at large are needed to find the gaps of primary health care and suggest stakeholders to establish robust primary care in Nepal.

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