BARRIERS TO UTILIZATION OF PRIMARY AND SECONDARY HEALTHCARE AMONG NON-COMMUNICABLE DISEASE PATIENTS VISITING PUBLIC HOSPITALS; A CROSS-SECTIONAL SURVEY IN TEHSIL HAZRO

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ABSTRACT

Objective: To determine the frequency of non-communicable disease patients reporting directly to Tertiary care hospital, Rawalpindi. To identify the barriers of utilizing primary and secondary healthcare among non-communicable disease patients by using adapted WHO Rapid Assessment of Referral Care System Questionnaire.

Study Design: Descriptive cross-sectional survey.

Place and Duration of Study: Benazir Bhutto Hospital, Rawalpindi, from Oct to Dec 2020.

Methodology: The sampling method employed was non-probability convenience sampling on 450 non-communicable disease patients. The data was collected by using an adapted version of world health organization Rapid Assessment of Referral care system questionnaire. Frequencies and percentages were calculated.

Results: Of the 450 participants, 252 (56%) were females, 270 (60%) were diabetic, 137 (30%) had hypertension and only 43 (9.6%) reported with respiratory diseases. More than 346 (80%) came directly to the tertiary care hospital while only 86 (19%) were referred, 255 (70%) visited tertiary care because of good quality of care, rest of them 109 (30%) had other reasons.

Conclusion: Inadequate utilization of health facilities at primary and secondary level results in overburdening of the tertiary health care facilities.

Keywords: Barriers, Non-communicable disease, Primary healthcare, Utilization.

INTRODUCTION

An effective referral system and proper utilization of primary healthcare facilities play an important role in improving the health status of a country. Primary health care is characterized as vital wellbeing care that is based on deductively sound and socially worthy strategies and which is made all around open to people and families within the community, and at a fetched that the community can manage.[1] Main focus of the sustainable developmental objective is to supply all individuals all through the world with break even with, fair-minded get to and guarantee measures are input to empower the utilization of essential Primary health care administrations.[2] The role of Primary health care is to provide universal access to health facilities in the available resources. However, there's a positive figure that decides the utilization of wellbeing care administrations which incorporates financial, earthly openness, and level of education in that population.[3] Referral has been described in literature as a process in which a health care staff working at a lower level of the health care system, having limited resources (equipment,

drugs, skills) to manage a clinical ailment, seeks the help of a better or well equipped facility at the same or superior level to provide assistance or take over client's management.[4] A Successful referral is when a referred patient reaches the referred facility in an appropriate time period regardless of the treatment outcome. However, a high percentage of patients are those who are referred but do not comply. These non-attenders are often termed as unsuccessful referrals.[5] In a well-structured health system referral rates by the physicians at the primary care levels to consultants/ specialists range from 2-28%.[6] Studies from Nigeria, Namibia and Zimbabwe each reported that only a small proportion of people (7%, between 27-52% and 38% respectively) seeking care at higher level health care facilities had been referred from a primary level of healthcare, while the majority were accessing the higher level of healthcare facilities as their first health care source.[7] Recent study from Tanzania showed: >90% of the patients and almost 75% of patient admissions at the hospital who was serving as a referral site came from within 10 km radius.[8] A referral assessment was carried out in Ghana and it reported a similar finding with only one out of 34 (3%) patients interviewed at

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the OPD of the referral hospitals have been referred and amongst patients who were admitted into the in-patient ward, only 11% had been referred.[9] A research study from India reported that 55.7% of the patients sought care directly at the referral health care facility because of the perception that the referral hospital provided better quality health care services.[10] A local study from Karachi, Pakistan showed a referral rate of 55% by the LHWs, a number fairly high.[6] Analysis of the referral system in District Attock reported that 75% of the care-takers visiting first level Referral Facility and 44% of the caretakers attending higher level health care facilities could have well managed at the First Level Care Facility.[11] Bypassing primary health care facilities and seeking care directly at the referral site hospitals for ailments that could be easily managed at first/primary level health care facility results in over burdening of the higher referral site health care facilities and increased costs both for the patients as well as for the healthcare delivery system.[12] In Pakistan, health care services are provided through a wide national network consisting of a referral system beginning from primary care centers in the area and continuing upto secondary and tertiary levels in the higher centers. The first or primary level includes Basic health units and Rural health care centers forming the base of the primary healthcare model, while secondary level health care included first and second level referral facilities providing acute, inpatient and ambulatory care through THQS, DHQS and tertiary care sites including teaching hospitals.[13] In Pakistan despite an extensive network of BHUs (5000), RHCs (600) and tertiary level health care facilities, the health promotion activities at the primary level have not brought about expected results. One of the reason behind this failure is absence of a properly functioning referral system. A search of the literature revealed a dearth of information on both satisfactory definition of, or practical means and methods for evaluating, the referral system except for some very recent publications on the subject. Hence there is dire requirement for research to define the need for well-strengthened referral services by identifying the barriers to utilizing primary and secondary healthcare among non communicable disease patients.

METHODOLOGY

This descriptive cross-sectional survey was taken at medical outpatient department of Benazir Bhutto Hospital, a tertiary care hospital in Rawalpindi which serves as a referral site for other health care centers. The study was conducted after taking ethics approval

from Institutional Review board of Armed Forces Post Graduate Medical Institute, Rawalpindi from October to December 2020. The size of the sample for the study was 450 calculated from statistical formula n=z2pxq/e2 using 50% prevalence. The sampling technique employed was non-probability convenience sampling.

Inclusin Criteria: All NCD patients visiting tertiary care hospital were included.

Exclusion Criteria: Those patients who did not give consent were excluded.

An adapted version of WHO Rapid Assessment of Referral care system questionnaire was used comprising two sections that include socio-demographic characters and questions regarding referral. Informed consent was taken from all participants and their privacy, anonymity, dignity was ensured. Statistical Package for Social Sciences version 23 was used for entering data and analysis. Analysis of study variables was done by computing frequencies and percentages.

RESULTS

The study enrolled 450 NCD patients and the response rate came out to be 100%. Socio-demographic profile of the participants is given in Table-I.

Table-I: Socio-demographic profile.

Patients Characteristics	Frequency	Percentage
Age		
30 to 40 years	33	7.3
40 to 50 years	92	20.4
50 to 60 years	142	31.6
60 to 70 years	146	32.4
70 to 80 years	37	8.2
Gender		
Male	198	44
Female	252	56
Provisional Diagnosis		
Diabetes	270	60
Hypertension	137	30.4
Respiratory diseases	43	9.6

Majority of the study participants 364 (81%) came to the tertiary care hospital directly while only 86 (19%) were referred.

Majority (255) of the respondents visited tertiary care because of good quality of care as shown in the Figure-1. Almost 364 (81%) had BHU/RHC as their nearest government facility, 407 (90%) reached nearest government facility in less than half an hour.

Principal reason for not availing the nearest government facility was poor quality of care reported

by 327 (73%) of the participants as shown in Figure-II. Amongst referred patients 52 (60%) were referred from a non-government facility, 34 (40%) were given referral slip.
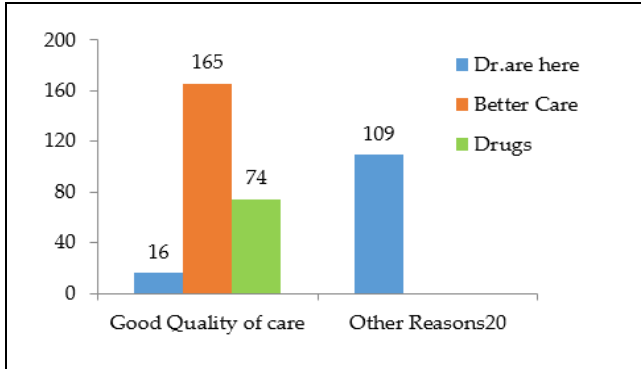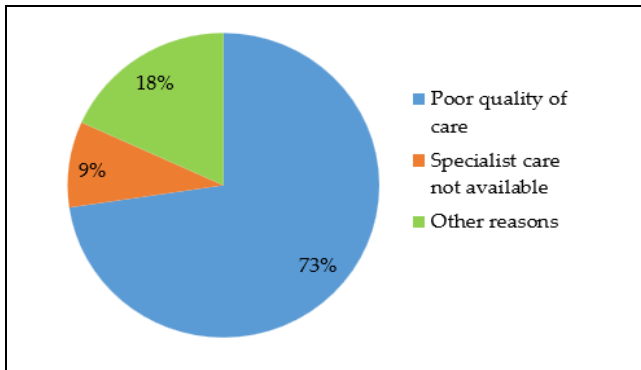

Figure-1: Main Reason for Tertiary care hospital visit.

Figure-2: Reported reasons for not visiting nearest facility.

Table-II: Means and cost of travel to tertiary care.

	Frequency	Percentage
How did you reach here		
Bus/minibus/Wagon	314	69.7
Taxi/Private car	33	7.3
Motor Bike	92	20.4
Others	11	2.6
How long did it take you to reach here		
In an hour	346	77
More than an hour	104	23
How much money will you have spent to come here and return to your home		
500 to 1000	355	78.8
More than 1000	95	21.1
How were you able to gather this money		
Easily	189	42
With Difficulty	261	58
How do you feel about the treatment/care you receive today		
Satisfied	380	84.4
Not Satisfied	40	8.8
No Opinion	30	6.4

DISCUSSION

The findings of this survey point to the fact that >80% of the NCD patients came to the tertiary care hospital directly while only 19% were referred. These findings are consistent with a study done in Nigeria where 93% of the caretakers made the teaching hospital as their primary/first contact with the National Health System.[14] Another study carried out in Ethiopia also reported that most of the patients attended teaching hospitals directly without referral and by-passing primary and secondary health care levels.[7] Referring to the reason for not utilizing the nearest government facility the results in my study revealed that 73% did not avail nearest government facility due to poor quality of clinical and support services. The results are somewhat similar to a study conducted in Agha Khan University Hospital, Karachi which highlighted that majority of the patients bypass primary level health care delivery units for higher level centers due to lack of satisfaction with the healthcare services provided plus non-availability of resources.[15] Yet another study illuminated perceived care quality and staff competence at first level care facility as the most important factor affecting the utilization pattern.[6] Another study carried out in Uganda showed that the deficiency of drugs, anticipated high amount of treatment and destitute staff state of mind at the primary and secondary healthcare centers are all obstruction to the utilization of well-being administration.[16] Regarding Referral slip 7.6% of the referred patients were given referral slip, 6.4% did not have knowledge and 5.6% were not having referral slip. These results bore similarity to a study conducted in Nigeria which highlighted that 7% of the referred patients did not come with referral slip/note.[14] Majority of the study participants self-referred them and came to the tertiary care hospital directly. Self referral as one of the problem that led to the poor quality of referral care reported by a study conducted in Iran.[17] Similar results are also reported by another survey carried out in Nigeria.[18]

CONCLUSION

The study has provided a basis for understanding various factors influencing the utilization of primary and secondary healthcare services. The findings revealed that majority patients visited tertiary care hospital directly and were not referred. More than half of the participants reported good quality of care as their main reason for visiting tertiary hospital. Bypassing the primary and secondary healthcare facilities and direct reporting at tertiary healthcare facilities results in over-burdening and causing a delay in the treatment of patients with serious health problems.

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