

## ACCESSIBILITY TO MEDICAL CARE - NEW CONTENT AND MODEL

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**Abstract:** The problem of access to medical care is unilateral because it focuses on the normative approach of providing medical care and requirements to doctors and hospitals for a certain quality. No societal factors influencing the level of accessibility such as quality of life, which may be a decisive factor in the use of health care services, are taken into account. **Aim:** to bring the content of the concept of accessing medical care to new features. **Method:** system approach to the health system. **Results:** accessibility to medical care is positioned at all levels of the system: (1) the outcome as a criterion for outcome assessment, (2) back to the process and (3) the input, the implementation of health activities, the planning of resources, for the analysis of health status, needs, expected, regulatory and administrative requirements and programs. **Discussion:** The factors providing access to medical care are: economic, organizational, legal, environmental and quality of life. A new definition, with added content on access to medical care and a new model, is presented. **Conclusion:** Access to medical care is not a building called a hospital, but rather relates to the organization of the health system, supported by the types of resources, the legal norms, the influence of the environmental factors and the quality of life. Accessibility is a function of the effectiveness of the entire healthcare system. Understanding the problem of access to medical care and its complexity will greatly contribute to overcoming the unevenness of medical care.

**Keywords:** healthcare system, accessibility to medical care, quality of medical activity, environment. quality of medical care.

### INTRODUCTION

In Bulgaria, the issue of access to medical care is regulated in a normative manner, based on the commitment of individuals to pay for health insurance in various forms. These are: compulsory health insurance to the state fund, health insurance to private insurance companies, transfers from the social ministry for the socially disadvantaged and direct payment by the patients themselves

On the other hand, the State Health Insurance Fund concludes contracts with doctors to provide medical care by setting quality requirements. The latter is expressed as statutory requirements for equipment, apparatus and specialists, when contracting between medical care providers and the state health fund. Despite the measures, in recent years statistics have reported a trend of increasing morbidity and mortality. The legally established approach to healthcare provision is one-sided because it emphasizes the responsibility of the individual for self-health and health care providers for a particular quality.

Other societal factors influencing the level of access such as quality of life, which by its content may be a decisive factor in the use of a health service, are not taken into account. The low quality of life leaves the sick person out of the system, despite the minimum security. Thus, the access decision is at the entrance of the system without analyzing the problem in depth - what happens to the processes inside the system as a whole and which factors influence the access to medical care.

### AIM

The aim of the article is to improve the content of the concept of "accessibility of medical care" with new elements and aspects by examining the possibilities of a systematic approach as a comprehensive tool and the concept of the quality of the medical service. Determine where access points are in the healthcare system. Define the factors of society that affect the level of access.

### METHODS

A systematic approach to health system research is applied = A schematic image of the health system is considered and access is an element of the quality of the health system. Together, they present a model with accessibility points for medical care and which are the control points for both the individual organization and the health system as a whole (Figure 1)

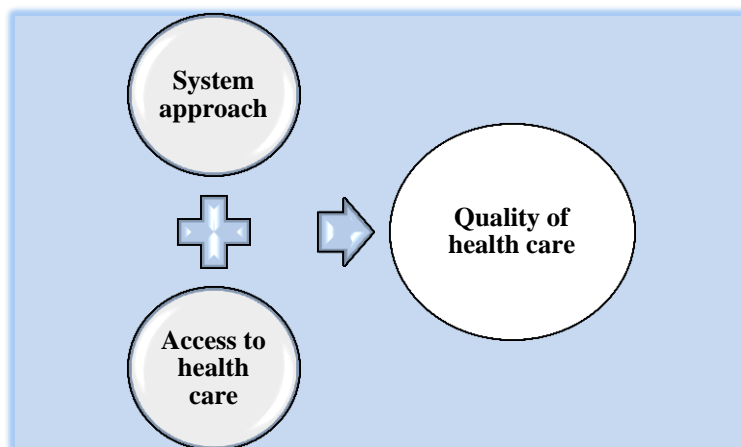


Figure 1 Methodical model of system approach of the health system and access

## DISCUSSION

### 1. AVAILABILITY TO MEDICAL ASSISTANCE AS A QUALITY ELEMENT AND QUALITY "POSSIBILITY"

Healthcare quality is understood to mean a set of characteristics of medical care reflecting its ability to meet patients' needs at the expense of medical standards consistent with the state of the art, and accessibility is the very possibility for patients to obtain such quality.

Accessibility features are contained in other elements of quality. Thus, adequacy includes accessibility and timeliness, and means the patient's ability to receive sufficient amount of medical care at the right time and in a convenient place. Timeliness means medical assistance on medical evidence, fast in the absence of waiting. Therefore, access to medical care is a fundamental element of quality and focuses on the other elements of quality: adequacy, continuity, effectiveness, safety, timeliness and minimization of medical errors (Figure 2).

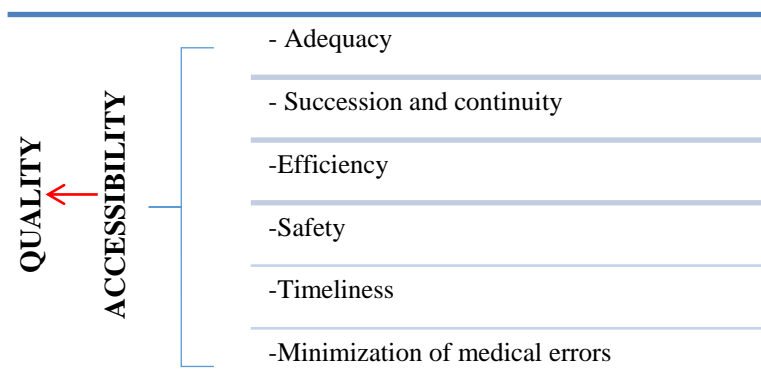


Figure 2 Elements of Medical Power Quality - Place and Role of Accessibility

In managing the quality of the medical service, healthcare systems do not put a clear boundary between accessibility and quality, using the two concepts together and evaluating them by the same criteria. These are: public health indicators (morbidity, morbidity and mortality), the amount of medical care provided, human resources (physician occupation), the financial resources (value of the unit of medical care), the focus on the consumer of medical care) [6, 7, 8, 9, 10, 11]. The dual role of access is a condition to assume that its provision at strategic points of the system is a prerequisite for the quality of its operation.

## 2. SYSTEMIC APPROACH IN HEALTH AND ACCESS POINTS

In the management, the term "approach" means the point of view of the management subject as to the direction it gives for the development of the management process. The management object is approached as a system. Therefore, the system is the most general scheme and a rough "image" of the management process.

Each organization, regardless of its contribution and benefits, and society is represented as a system composed of interconnected and mutually determined elements with input and output.

The systematic approach makes it possible to take into account all interrelationships and interactions in the management system and allows for the formulation of the objectives and the restrictive conditions to determine the management mechanism by which the objectives set are achieved. The idea of a system approach as a managerial tool is practical and wide-ranging and therefore finds application in technology, public life and health.

When applying a systemic approach to the healthcare process, accessibility to medical care should be positioned at all levels of the system: (1) the outcome as a criterion for the evaluation of the outcome, (2) back to the process, and (3) implementation of health activities, planning of resources, analysis of health status, needs, expected, regulatory and administrative requirements and programs (Figure 3).

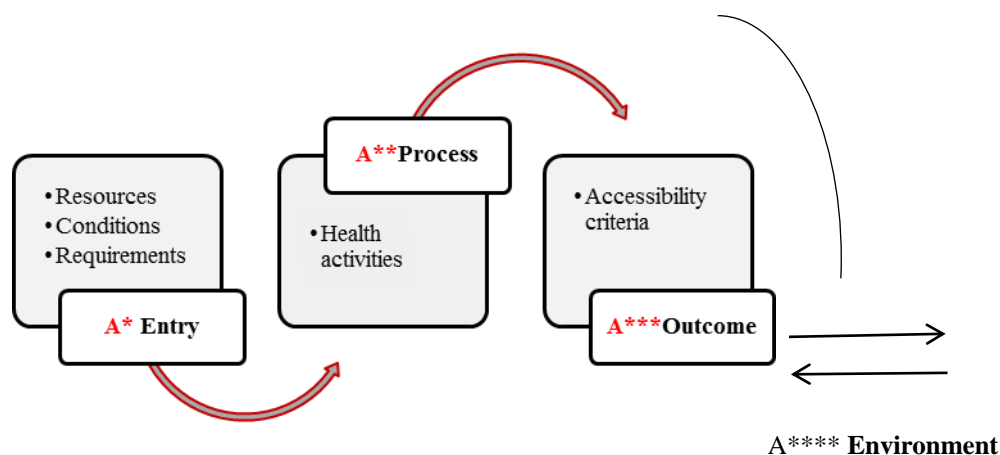


Figure 3 The place of access to medical care in the healthcare process (denoted by A\*)

\* **System entry** - design of medical activities; \*\* **Process** - a process of consistently performed procedures, medical and non-medical activities, by the partners of the health system, regulated in the norms and codes for professional practice; \*\*\* **System exit** - analysis and control of medical activities; \*\*\*\* **Environment**.

### 1. FACILITIES FOR ACCESS TO MEDICAL ASSISTANCE

Providing accessibility to medical care is provided by the availability of the elements of five aspects: economic, organizational and legal, which are component components of each system. Separately they represent

- I. **Economic aspect** (provision of medical activity with resources: material (apparatus and medication), human, financial, technology, information and time.
- II. **Organizational aspect**
  - Patient awareness of the organization when receiving the medical service;
  - Awareness of doctors about levels of medical care in a given health system, organizing coordination between them;
  - Established rules for the organization and behavior of medical staff in providing hospitalization to patients in various medical situations;
  - Established relations between the outpatient care institutions and other hospitals
  - Established relations between the specialists of a clinical specialty and different clinical specialties at a given medical establishment or between different outpatient and hospital care institutions in the country;
  - Movement of scientific information between and within medical care levels.

- Established interactions with Emergency Medical Centers;
  - Rules issued by the hospital management for the patient's path from the receiver diagnostic block to the patient's administration.
- III. Legal Aspects**
- The right to health: prescribed rights of the patient for access to medical care, in the legislation of the health sector.
- IV. *Quality of life: presence of a level of health***
- V. *Environment: quality of life, poverty, geographical location of health regions and unequal distribution of resources, demographic factors.***

In this classification, the quality of life aspect is presented as a separate access factor and as an element of the environment. This is because, by its very nature, quality of life is part of health and involved in the formation of health.

The degree of human health is formed under the influence of the following factors:

- employment and working conditions;
- purchasing power;
- level of education and striving for health education;
- leisure time and its use;
- social contacts;
- health.

Unemployment, poor working conditions, low levels of education, and inappropriate use of leisure time for sports lead to low purchasing power, which is related to poverty and disability, respectively poor health, and in turn to being unable to work, low income and inability to provide health and health insurance. Therefore, the quality of life and the environment are in a cause and effect relationship that has an indirect impact on access to medical care.

### **3. CONTENT AND ACCESS MODEL**

*The addition to the content of access to medical care includes new aspects related to the organization of the healthcare process, such as: organizational, economic and legal aspects, awareness, patient rights, mobility between healthcare establishments. It can be defined in the following way;*

*Access to healthcare (to the healthcare system) is free contact with the healthcare system in its entirety, regardless of geographic, economic, social, cultural, organizational and linguistic barriers, manifesting itself as a process of designing, conducting, analyzing and controlling medical activities and directly depends on the environment, expressed through the quality of life.*

*It is expressed through (1) the right of the individual to health, (2) the information expressed as patient awareness of the functioning of the health system and (3) the communication between the healthcare institutions at all levels within the system, (4) the quality of life.*

It is done through the health activities of the health system partners, resource planning, needs and norms, and is measured by the values of public health indicators, the volume and effectiveness of medical care, help and user orientation (Figure 4).

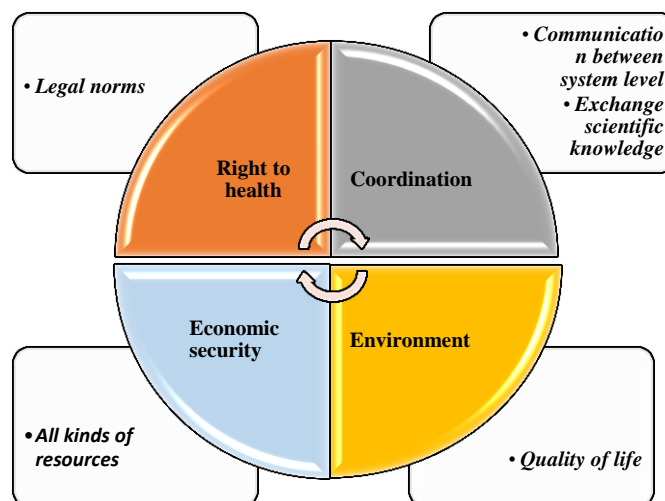


Figure 4 Model accessibility to medical care

## CONCLUSIONS

1. Accessibility to medical care is a fundamental element of quality and focuses on the other elements of quality: adequacy, continuity, effectiveness, safety, timeliness and minimization of medical errors.
2. In a systemic approach, accessibility to medical care can be positioned at different points of the system: the outcome of the system as a criterion for evaluating the outcome as a component of quality - "backward" to the process of health activities and the input of the system resource planning and analysis of health, needs, regulatory and administrative requirements.
3. Basic aspects of accessibility are also criteria for measuring the availability of medical care.
4. Quality of life is an important element that indirectly affects access to medical care.
5. Access to medical care mainly relates to the organization of the health system, supported by the types of resources and legal norms and environmental factors.

Access to medical care is not a building called a hospital, but rather relates to the organization of the health system, supported by the types of resources, the legal norms, the influence of the environmental factors and the quality of life. Accessibility is a function of the effectiveness of the entire healthcare system. A proper understanding of the problem of access to medical care and its complexity will be a major contribution to efforts to overcome the unevenness in medical care provision.

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