

DISLOYAL COMPETITION AMONG BULGARIAN GENERAL PRACTITIONERS

M. Ivanova and S. Tufkova

Department of Health care Management & General Medicine, Medical University – Plovdiv, Bulgaria
Clinic of Toxicology, University Hospital – Plovdiv

Summary. With market economy established in primary health care, new ethical problems arise. The increasing competition for a greater market share of patients among general practitioners poses a danger of its mutation into various non-correct forms. This study is aimed at establishing the presence of disloyal competition among general practitioners (GPs) regarding patients registration with GP practices. The need for new ethical and legal regulations in this sphere is obvious. 221 general medicine practices in several municipalities of Bulgaria were included in this study. The method of the direct individual questionnaire was employed. There is data regarding the illegal enlistment of patients with GP practices through patients' personal data misuse. Professional relations among physicians lack the corresponding level of trust. The Ethical Code of Bulgarian Physicians requires adoption of new principles for loyal competition as well as rules for good medical practice in the conditions of the health care market.

Key words: *health care market, general practitioners, stealing of patients, disloyal competition*

INTRODUCTION

Currently, the presence of competition in the health care sector in more developed countries is a broadly discussed issue, regarding its impact on the behavior of physicians and the doctor-patient relationship [2, 4, 6, 20]. The widely accepted opinion holds that health care market should be dependent on moral values, regardless of increasing competition among practitioners for financial gain and professional reputation. The competition for attracting more patients is likely to lead to financial and personal interests dominance which in its turn threatens the sense of duty in the medical practice, the relation

between the physician and the patient and the quality of the medical care provided [1, 5, 17, 19, 21].

The economic theory states that competition is a market regulator and its driving force. As a rule, well functioning markets are competitive markets. For this reason, the aim of primary health care reform in Bulgaria was to address one of the most important requirements of market economy – great number of health care providers i.e. family doctors, striving towards a greater health care market share of patients. Patients are enabled to receive treatment and care from a freely chosen GP and GP practice.

The primary health care is expected to show a high level of competition, with patients having free choice of a family physician [22]. However, there are fears, that increasing professional competition in health care services leads to its mutation into different disloyal forms, as well as to changes in physician-physician, physician-nurse and general practitioner-consultant-physician relationships. These phenomena arise when ethical rules are ignored and regulation and coordination by professional associations is lacking [22]. It is generally believed that increasing competition in private medical practice and the neglect for ethical rules require careful consideration and regulation [8].

AIM

The study aims at establishing the presence of disloyal competition among general practitioners (GPs) regarding patients' enlistment. Measures for its ethical and juridical regulation are outlined.

MATERIAL AND METHODS

Using the method of a direct individual questionnaire, 221 general medicine practices in several municipalities of Bulgaria are comprised in the study as follows: Plovdiv (n=86), Yambol (n= 31), Kardzhali (n=21), Haskovo (n=32) and Kazanlak (n=23). Part of the practices are in the rural regions (n=23) and part are mixed practices (with urban and rural outpatient clinical settings) (n=5). The logical unit of this observation are the general practitioners (GPs) holding contracts with the National Health Insurance Fund (NHIF). The technical unit of the observation are the individual and group practices. The respondent general practitioners are aged between 27 and 69 (median age – $44,7 \pm 0,54$ (SD=8,14)). Women are prevailing - $59,7 \pm 3,30\%$, with a statistically significant difference – $P < 0,01$ ($u=4,15$). Work experience ranges between 4 years and 44 years, average $19,08 \pm 0,55$ years (SD=8,22).

As seen, in the sample, individual practices for primary health care are prevailing ($78,7 \pm 2,75\%$) versus group practices – $21,3 \pm 2,75\%$. The median patients'

bulk of the medical practices (the number of registered patients) is 1511,16±39,4 patients, min=300 patients, max=3920 patients.

The research is carried out in the period from October 2006 through March 2007. The principles of autonomy and voluntary participation are strictly adhered to. The questionnaire included questions, challenging the GPs' attitude towards the cases of disloyal enlistment of patients with the primary care practices as well as questions concerning the ethic aspect of the competitive relations between physicians in the conditions of the health care market.

Non-parametric analysis for data processing was used for statistics – Pearson's correlation criterion (Hi-square), at a level of significance of the null hypothesis (Ho) $P=0,05$. The statistical analysis and the graphic representation of the results are performed, using SPSS v.13.0 and Microsoft Office XP software packets.

RESULTS AND DISCUSSION

According to the data from the monthly informational bulletins (issued by the National Health Insurance Fund – NHIF), one of the frequently encountered violations (registered during audits based on received signals and complaints) is the illegal enlistment of health-insured persons on the patient lists of the GPs [9-16]. It is stated that the illegal enlistment of patients with the practices is performed without patients' knowledge and consent, thus their right of a free choice of a family doctor being violated, according to the Regulations for Access to the Health-Care Establishments (Durzh. Vestnik, issue 45 / June, 2nd 2006).

In 2005, a pilot research among the GPs from Plovdiv showed the existence of the practice of stealing of patients as noted by most of the questioned physicians [18]. The results of the present detailed study are quite similar to the above mentioned and confirm the existence of abuse of the right of the free choice of a family physician. Indicative of this is the fact that 88,7±2,13% of the respondents answer positively to the question "Have you noticed that patients have been stolen from your general medicine practice?"

Challenged to share their personal opinion on the ethic aspect of the disloyal registration of patients with medical practices, the prevailing part (about 80%) of the family doctors share that they find this practice unacceptable. One of six GPs recognizes the presence of disloyal competition in the conditions of the competitive healthcare services. There is a correlation between the frequency of registered cases of patients' stealing from the medical practices and the attitude of the affected physicians, regarding the ethic aspect of the phenomenon – $P<0,01$ ($\chi^2=16,97$) (Table 1).

Table 1. Relation between the frequency of the illegal enlistment (“stealing”) of patients and the GPs’ opinion on the issue.

Presence of stealing of patients from the practice	Attitude of the GPs towards the “stealing” of patients									Number	%
	Acceptable			Unacceptable			I cannot judge				
	Num.	%	Sp	Num.	%	Sp	Num.	%	Sp		
Never	1	4,0	–	20	80,0	8	4	16,0	–	25	100,0
Rarely	24	22,2	3,99	80	74,1	2,49	4	3,7	–	108	100,0
Often	10	14,5	4,24	56	81,2	4,7	3	4,3	–	69	100,0
Very often	0	–	–	19	100,0	–	0	–	–	19	100,0
Total	35	15,8	2,45	175	79,2	2,73	11	5,0	1,46	221	100,0
P<0,01 ($\chi^2=16,97$)											

Physicians whose practices have been more frequently a subject of disloyal competition are more intolerant in their attitude – they find it unacceptable whereas others assume this form of disloyal competition as acceptable - P<0,001 (u=10,54).

Nearly one fifth of the GPs consider that “stealing” the health-insured persons from their patient lists is possible with the “cooperation” of other colleagues from their individual or group practices, In these cases, most of them expect greater loyalty and honest attitude from their co-workers - (physicians – holders, hired physician assistants, nurses, and registrars). This fact explains their reluctance to entrust their patient bulk to other physician during absence from work. There is a statistically significant relation between the frequency of the cases of illegal enlistment of patients and the mistrust of physicians in the loyalty of their competitors – other general medicine practices. P<0,05 ($\chi^2=14,57$). The physicians who have more frequently been a subject of disloyal competition declare lack of trust in their colleagues from other medical practices – P<0,01 (V=0.20) (Table 2).

Table 2. Relation between the frequency of illegal enlistment of patients and the trust in colleagues from other practices

Presence of illegal enlistment of patients with practices	Trust of the GPs in their colleagues from other general medicine practices									Number	%
	Full trust			Partial trust			Lack of trust				
	Num.	%	Sp	Num.	%	Sp	Num.	%	Sp		
Never	9	36,0	9,6	15	60,0	9,79	1	4,0	–	25	100,0
Rarely	41	38,0	4,67	53	49,1	4,81	14	13,0	3,24	108	100,0
Often	17	24,6	5,18	38	55,1	5,99	14	20,3	4,84	69	100,0
Very often	2	10,5	–	10	52,6	11,46	7	36,8	11,06	19	100,0
Total	69	31,2	3,12	116	52,5	3,36	36	16,3	2,49	221	100,0
P<0,05 ($\chi^2=14,57$)											

In this research work, there is evidence of the presence of disloyal competition among family doctors. In this respect, some logical questions arise – what are the mechanisms of illegal enlistment of patients with medical practices; what are the legal and ethical consequences of this practice. There is need for new ethical standards, regulating the relations in the primary care medical teams. Some of the participants in this study share that their patients' have been transferred to other medical practices through forging of medical documentation and through patient's data misuse (i.e. stealing of patients Personal Identification Number, forging of patients' signatures etc.) In these cases the negative attitude of the affected GPs is absolutely justified, and most of them define this practice as "theft". In fact, the term "stealing patients from colleagues" and "entice patients from colleagues" is well-known and is present in the International Code of Medical Ethics of the World Medical Association. There is a definition regarding the ethical rules of professional conduct among physicians and their colleagues [5, 24].

In the available literature sources, there is no data about the presence of illegal enlistment of patients with general medicine practices in other countries with competitive healthcare market. A likely explanation of the emergence of disloyal competition among the Bulgarian general practitioners is the manner they receive reimbursement from the National Health Insurance Fund. Physicians are paid on a capitation basis – they receive a fixed sum per patient i.e. they are paid according to the number of registered patients, regardless of the volume and intensity of care provided. Capitation is the most common form of payment and it constitutes nearly 70 % of the general practitioners income [7]. Another form of payment is the fee-for service basis, but it is not effectively used and constitutes only 20-35% of the incomes of the general practitioners [23].

In most countries with market health care, the ratio between payment on a capitation basis and fee-for service payment is 1:1. This ratio is expected to be achieved in Bulgaria in the coming 2-3 years. It is likely, that thus physicians will be encouraged to improve the quality of care provided and will have a positive impact on patients' satisfaction [7].

CONCLUSIONS

This study presents an outline of a comparatively new ethical phenomenon in Bulgarian health care market. On the base of the obtained results the following might be concluded:

1. There is illegal transfer of patients from one GP practice to other GP practices i.e. there is disloyal competition in primary health care sphere.
2. Stealing of patients has a strong negative impact on the attitude of affected physicians – they find it unacceptable from a legal and ethical point of view.
3. General practitioners exhibit mistrust in their colleagues as a consequence of this practice (misuse of their patients' personal data).


4. A change in the method of payment – the introduction of fee-for service payment would be a reliable instrument to limit the tendency to “steal patients” from general medicine practices.

Better knowledge of the non-ethical aspects of the competition in medical practice enables us to foresee its effects on physician-physician and physician-patient relationships. The accumulated data illustrate the need for ethical and legal measures to regulated them on behalf of the financing institutions and professional associations. New principles for loyal competition and good medical practices in the conditions of market health care should be adopted by the Ethical Code of the Bulgarian physicians.


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 *Address for correspondence*

Miglena Frantova Ivanova
Department of Health Care,
Management & General Medicine
Medical University
15 A "Vasil Aprilov" blv.
4000 Plovdiv
Bulgaria

 +35932602484

 359889273426

e-mail: miglena_frantova@yahoo.com