

## SECONDARY PREVENTION PROGRAMME REALISATION FROM RESIDENTS' AND DOCTORS' POINT OF VIEW

**Project implementation period:** 2012

**Aim of the study:** to assess the realisation of the secondary prevention programme, funded from the Compulsory Health Insurance fund, in the primary personal healthcare link from residents' and doctors' point of view.

**Tasks:**

1. To determine the residents' awareness of the preventive programmes and the experience of participating in them.
2. To determine the peculiarities of organising the provision of preventive programme services and doctors' experience and attitude while implementing them.
3. To determine the healthcare institution administrators' attitude towards preventive programme organisation and realisation.

**Materials and methods.** In 2012 a questionnaire survey of residents and doctors was conducted. 1000 residents belonging to preventive programme selective groups participated in the study: 633 women (aged 25-69), 367 men (aged 40-75), and 400 primary healthcare doctors, providing preventive programme services (296 GPs, 56 internal medicine doctors, and 45 primary healthcare team members – gynaecologists). Focus group discussion was organised, which was attended by 6 healthcare institution administrators and 3 specialists responsible for preventive programme realisation from 9 Vilnius primary personal healthcare institutions (hereinafter – PHCI).

**Results.** 72.7% of the residents stated they are aware of the oncological and cardiovascular disease preventive programmes but only 52.3% of the residents participated in the preventive programmes. Most of the women participated in cervix and breast cancer preventive programmes, while men participated in prostate gland and cardiovascular disease preventive programmes. Large intestine cancer preventive programme was participated in the least. 47.7% of the residents aware of the programmes did not participate in them due to wellbeing, lack of time, and not receiving invitations from healthcare institutions. Men, as compared to women, were aware of (odds ratio 0.54) and participated in (odds ratio 0.36) the preventive programmes less often. Men (odds ratio 1.61) and those with secondary and lower education (odds ratio 1.69) were less aware of separate preventive programmes. Residents with higher education (odds ratio 1.90) participated in preventive programmes more frequently. Men, as compared to women, indicated the necessity of preventive programmes less often (odds ratio 0.38). Women were mostly invited to participate in cervix and breast cancer preventive programmes, while men were invited to participate in the prostate gland cancer preventive programmes. Residents received invitations from the PHCI to participate in preventive programmes of cardiovascular diseases and large intestine cancer less often. In the course of the study negative preventive programme organisation in PHCI aspects emerged: three quarters of doctors do not plan the volumes of preventive programme services that they need to provide to residents in a particular period of time, the results of the preventive programmes are evaluated by around half of the residents (43.6%) only after they refer to PHCI to learn about them or during doctors' free time, while residents are mostly informed about the results of their preventive programme examinations only during a secondary doctor's appointment. Administrators and specialists indicated the main obstacles in organising and realising preventive programmes: insufficient financial encouragement for the realisation of preventive programmes; immoderate doctors' workload, the lack of public interest and application of means of raising awareness on the national level, and the lack of software providing aid in identifying preventive programme selective group persons and managing the records of services provided.

**Conclusion.** Even though the majority of residents and doctors have a positive attitude towards organising the realisation of preventive programmes in PHCI, the residents' participation volumes remain low. It is recommended to raise residents' awareness of the preventive programmes on national level by applying publicly accessible publication measures more widely and by involving public health and other specialists.

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