

Albanian Primary Care Physicians and COVID Pandemic: Reinventing Primary Health Care Service

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1. An overview of COVID Pandemic

The novel coronavirus outbreak began in Wuhan, China, in December 2019, and soon spread throughout China.

On February 21st, cases started to spike in Italy and on March 8th, 60 million Italians were on lock down.

On March 11th, WHO declares the outbreak a pandemic and soon enough, on June 28th, the total number of COVID-19 cases surpasses 10 millions and accounts for more than 500,000 deaths globally.

The COVID pandemic in Albania, begun in March 8th, where the first 2 cases, father and son, tested positive after traveling to Florence, Italy. On that same day, the Government stopped all flights from North Italy, up to April 3rd.

Schools also closed, for 2 weeks, until further assessment (and never reopened until now).

Activities that required gathering of large groups, such as sport activities were advised to shut down.

The country was on lock down, and special permission was requested to leave home.

Bars and restaurants were opened only on May 18th, under specific requirements for social distancing and hygienic strict rules.

During this pandemic the entire health care system, was reinvented and primary care, was specifically required to follow up on cases suspected to have contracted the novel coronavirus infection.

As in every pandemic, the primary care is critical to the health system and should be fit to triage, test, treat, educate patients as well as provide the same service it is designed to.

In Albania, primary care, has always been considered a regular routine service provider, mostly focused on prevention, yearly check ups, vaccination programs, pediatric care, women health care centers, treating patients suffering from chronic diseases and also, acute diseases who can be referred to specialist also working for the primary care facilities.

In this situation it was vital for a small country such as Albania, to stop people from flooding already overcrowded hospitals.

Patients with symptoms suggesting a COVID infection, were asked to stay home, and not go to their primary care

doctors for office visits, but it soon failed, facing a new difficulty; patients were lying about their symptoms and later on during the visit they would come up with symptoms, although trying to minimize their severity.

It did not take long, and all primary care facilities were advised to adhere to some sort of Telemedicine, which by family physicians was carried on in their smart phones through mostly whatsapp and viber apps, in order to steer clear of gathering in small offices.

Around 90% of all the work was carried on online, through phone calls, video calls and messaging.

Monthly receipts for chronic diseases were refilled and codes for each prescription were sent either to the drug store or to the patient.

For patients stable, a 6 months electronic receipt was used in order to avoid unnecessary visit to the office.

Routine doctors visit such as vision acuity or ear lavage, follow ups for arthrosisect., were scheduled later on, hoping the situation would improve.

Patients were encouraged to seek medical attention from their primary care physician only for emergencies.

At the beginning of the pandemic, epidemiologists predicted that the total number of COVID-19 cases would sum up to a couple of hundred cases, but it wasn't long, until we were disabused of the idea that the damage would not exceed a couple of hundred cases.

Since July 2020, we have been recording an average of 140 cases per dia, while the fatalities vary from 3 to 6 ever day. Numbers have been climbing high and now that fall and winter are just around the corner, new challenges need to be faced.

2. Challenges in Primary Care

Doctors of primary health care service, are facing difficulties that sound surreal in other countries.

The population is incredulous of a true existing pandemic, as they seem more prone to believing conspiracy theories, blaming it all on George Soros, the 5G technology, a lockdown so that the government can take control of our lives. Some also believe that the vaccine will be forced on the population and a chip will be released under the skin in

order to control our lives, our decisions and eventually will control our behavior.

Others believe this is all made up, and at most can be just called a seasonal flu, that might be dangerous only to those whose health is seriously compromised.

Believing the unbelievable, patients are not compliant with the diagnosis, treatment and they disregard all suggestions about anti COVID safety measures.

Most of the patients that come into our offices are not wearing a mask, or if they are, it is usually wore incorrectly. Some of them, became aggressive when asked to put their masks on when entering the office stating that, it is enough for one of us to be wearing it, or that they are not sick, or the COVID does not exist, and so on...

The ones that have tested positive, are seen around the clinic frequenting bars, going through supermarkets, drug stores, entering the polyclinic and not letting know to the staff that they are COVID positive.

Everyday practice is becoming stressing and is wearing us out.

The salaries are around 435Euros, which is approximately half of the average salary of doctors in the region.

Low salaries were reported as the main factor, that made Albanian doctors move abroad, mostly in Germany, causing Albania, to have the lowest number of doctors per capita ; Greece 6.2 per 1000, Macedonia 2.8, Serbia 2.4, Bosnia 1.8.

Based on a 2018 report, in Albania there are 1.2 doctor per 1000 people and 3.6 nurses for 1000 people.

Each family physician should have at least 2000 patients. Some of us have as much as 3100 or even more. Taking care of them is demanding, especially now, where a great deal of our practice is carried online.

Since March 2020, family physicians have engaged in the process of contact tracing being an important and active partner in the effort of containing the pandemic. Despite the maximal efforts, the serious engagement of primary care, back to back with epidemiologists such containment has not been very efficient, specially because of lack of compliance with patients and the population.

In an online survey, people asked if they believed in the pandemic, and if they followed advices of public health specialists, such as keeping a mask, following social distancing rules and personal hygiene only 45% replied they used a mask in public closed spaces and 80% of young adults 20 to 35 years old, responded that during the summer social gatherings were part of every weekend, and no measures were taken to avoid potential infection.

This is translated into clear statistics, if we take into consideration that up until June 9th, in total we suffered 35 casualties and only 1263 cases diagnosed with COVID 19,

whereas the last 3 months casualties numbers rose 9 times into a total of over 320 and new cases reached 10600.

3. Medical teams in primary health care and COVID 19

Primary health care teams, have faced an enormous increase in work and responsibility compared to what their work consisted on just a few month ago.

Numerous communications with patients were present every day, exceeding work hours.

In just 20 work days, in August we counted more than 600 visits in the office, over 300 phone calls, 52 video calls and over 84 Wapp communications.

Less than half of all communications were carried on during work hours, leaving 60% of the work done from home.

More than 45€, were spent on internet access in order to reach each patient with video calls, wapp messages and numerous photos of receipts, lesions, throat images, skin lesions, laboratory results, imaging reports taken by patients.

A great part of patients who were daily followed as COVID positive or suspected to have encountered the infection, after daily follow ups, called or asked to be called, just because hearing the doctor, made them feel safe.

90% of all such patients, more than physically ill, were psychologically devastated. They felt scared and embarrassed to acknowledge the infection to others, and many were scared to have the epidemiologists test them in their houses because of fear of being stigmatized.

On the other hand, patients attending policlinics to have injections of antibiotics or corticosteroids after being tested positive, did not give notice to their family physicians and the nurses staff who would manipulate, putting the staff in great risk of contagion.

What the primary care service greatly suffered were lack of personal protective equipment. Masks used were often labeled as "not for medical use". Buying PPE, had its cost, the salaries are around 450€ on average.

4. Conclusions

Being part of the primary health care system, has been a great experience. The range of problems addressed to the family physician is quite wide, and the need to reinvent ourselves just to be able to deal with them, makes us flexible but also puts us into great deal of stress. Most of us, face the "burnout syndrome", but not many acknowledge it, and fewer are opened to talk about it.

The pandemic, taught us many things, and one of them, is to invest into primary care service.

Family physicians should be given better salaries, should be provided better work conditions, should be trained and given

the chance to subspecialize wherever they feel more comfortable, and find that can make a difference or give a contribution.

The rest to be said, will be postponed until aftermath of the pandemic