

Access to Ambulatory Medicines for the Elderly in Georgia

Tengiz Verulava¹ , Revaz Jorbenadze², Beka Dangadze¹, and Ekaterine Eliava³

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Abstract

Pensioners in Republic of Georgia are covered by the Universal Healthcare Program. In addition, socially vulnerable chronic patients additionally benefit from the Program for Providing Medicine for the Chronic Diseases (PPMCD). The research aims to assess the financial accessibility to outpatient medicines for the elderly in Georgia. Totally, 700 pensioners were surveyed within the quantitative research. The study showed that PPMCD (launched in 2017) has facilitated the affordability of medicines for elderly, especially the socially vulnerable chronic patients. However, the out-of-pocket spending on medicine is still high for most respondents. The main problem for the family is the high unaffordable price (26%). Nearly a third of respondents (31%) could not fully purchase all the outpatient medicine prescribed by the doctor, and 15% could not purchase them at all due to the high costs. Most of the respondents (57%) buy outpatient medicine without visiting family doctor and 37% self-medicate. This shows the irrational choice of elderly people during their health problems. In this regard, the pharmacy and self-treatment play an important role in the informal network of medical service. A significant part of the respondents (36%) does not know about PPMCD. The low level of awareness of the PPMCD among pensioners increases the risk of impoverishment. It is necessary to increase pensioners' awareness about PPMCD. It is recommended to include not only socially vulnerable people in the PPMCD, but also chronic patients of pension age, because the expenses may often be catastrophic for them.

Keywords

the elderly, personal income, spending on medicines, affordability of medicines

Introduction

Georgia is a country in the Caucasus region, located at the crossroads of Western Asia and Eastern Europe, with a population of almost 3.7 million.¹ Georgia gained independence after the collapse of the Soviet Union in 1991. According to the World Bank statistics, Georgia is a lower-middle income country.²

In 2013, the Universal Healthcare Program (UHCP) has been introduced. The goals of UHCP are to increase geographic and financial accessibility to primary health care, to rationalize expensive and high-tech hospital services by increasing PHC utilization, and to increase financial accessibility to urgent hospital and outpatient services.³

Universal health care program covers ambulatory visits to a family doctor, primary health care services, planned and urgent outpatient services, extended urgent hospitalization, planned surgeries (including daycare inpatient), treatment of oncological diseases, and child delivery.

In March 2017, the next wave of health care reforms was announced, which further differentiated packages for those covered under the UHCP. The most important feature of this set of reforms was that the highest income group of around 43 000 people was excluded from the UHCP from July 2017,

as they were expected to purchase VHI.⁴ Under the UHCP, the purchasing function has been consolidated to the Social Services Agency (SSA).

Georgia has made significant progress in improving the access to health care services under the UHCP.⁵ Financial protection has also improved and fewer households face financial difficulties from having to pay for health services, but OOP payments still dominate health expenditure despite the rapid increase in public expenditure.⁶

People of pension age enjoy the full service provided by the program. According to the survey,⁷ the affordability of health care services has significantly increased as a result of the implementation of the Universal Healthcare Program. In 2015–2017, the percentage of households who did not have access to health services decreased from 43.1% to 22.3%.

¹Ilia State University, Tbilisi, Georgia

²G. Chapidze Emergency Cardiology Center, Tbilisi, Georgia

³Senamed Hospital, Senaki, Georgia

Corresponding Author:

Tengiz Verulava, Health Policy and Insurance Institute, School of Business, Ilia State University, 3/5, K. Cholokashvili Ave., Tbilisi, 0162, Georgia.
Email: Tengiz.verulava@iliauni.edu.ge

The population aging, that is, the increase in the share of the elderly in the population is observed in Georgia and in many other countries. In 1989, the share of the elderly aged 65 years and above was 8.8% of the total population of Georgia, while in 2014, 14.3%.⁸ According to the UN forecast, the share of seniors (aged 65 and older) will reach 18.9% of the total population in 2030 and this figure will increase to 25.3% by 2050.⁹

Health-related problems including chronic diseases that result in disability and deterioration of quality of life¹⁰ are more common in older people. The growth in numbers of elderly populations increases their health and long-term care expenses.¹¹⁻¹⁷ According to the studies,¹⁵ pension is the main source of income for 84.2% of the elderly population. Georgia as a low-income country does not have a proper elderly pensionary system. This leads to the poverty of the elderly.¹⁸ According to the 2015 Welfare Monitoring Survey,¹⁹ the Universal Healthcare Program is a main source of funding of medical costs for two thirds (65%) of pensioners. For the remaining one-third, the health expenses are covered from the family revenues or with the help of friends and relatives. The amount paid by the elderly on medical consultation during the last visit to a doctor (beyond the expenses covered from the Universal Healthcare Program) is 25 GEL (\$10) in average.

In July 2017, the Program for Providing Medicine for the Chronic Diseases (PPMCD) was launched.²⁰ Socially Vulnerable persons of any age who have the following chronic diseases cardiovascular diseases, chronic diseases of lung, thyroid gland diseases, diabetes type 2 (non-insulin-dependent) can all be a beneficiary of this program. PPMCD does not cover the chronic patients of pension age which are not registered in the unified database of socially vulnerable families. To take advantage of the benefits when purchasing medication included in the list, citizens should contact a family (rural) doctor or physician specialist who writes a form of confirmation of chronic disease. The doctor confirms the diagnosis and prescribes the daily dose of the medicine. Furthermore, beneficiary with the prescription should be submitted to any branch of the Social Services Agency and registered in the program. After registration in the Social Service Agency, the beneficiary addresses the relevant pharmacy. The beneficiary can only take the amount of medicine enough for 3 month at a time. In the case of taking each medicine, a person pays 10% of the medicines value, which does not exceed 1 GEL (\$0.4). The program will facilitate affordability of medical services for socially vulnerable patients. However, the program applies only to those pensioners who are registered in the unified database of socially vulnerable families.

Expenses of medical services are catastrophic financially when it poses a threat to the family's normal life level²¹ and exceeds its paying capacity. The family income always determines the limit of out-of-pocket spending, the excess of which results in financially catastrophic expenses.

For example, expenses can be financially catastrophic when the out-of-pocket spending on health care exceeds 15% of the average annual household income.²² According to other studies, the health care expenses are "catastrophic," if they exceed 10% of the household expenses or make up more than 25% of the household expenses. To assess catastrophic expenses on health care, different researchers use different limits, which vary from 5% to 20% of the average annual family income.²³

According to the Population Welfare Survey held in Georgia in 2017,⁷ the expenditures of households on medical services and medicines are too big. These expenses amounted to more than 10% of total expenditures for 34.2% of households, which is higher than the 2015 figure (29.8%). In addition, for 26.4% of households the health care expenditures accounted for more than 25% of nonfood expenses, which is higher than the 2015 data (25.1%). One of the reasons for this increase is the cost of medicine. Approximately 27.8% of households (26.4% in 2015) noted that the expenditures of medicine were a major problem for them. The average rate of expenditures on medicines has been significantly increased in various quintiles. Research shows that families in Georgia spend about 60% of all their health care expenses (being one of the highest rates across the world) on medicine.²⁴

According to the research,²⁵ medication expenses represent one of the most important components of the medical service for the pensioner population. Over 55% of the pensioners have to buy medications at least once a month and 34% purchase them at least once or twice a week. Most of the interviewed population believes that buying medicines, combined with low financial accessibility to relevant medical services, is the biggest problem for their families. The fact that 32.8% of the population cannot afford medications prescribed by their doctors also points at low financial accessibility for medicines.

The pension age beneficiaries are in a difficult situation as their morbidity rate is higher due to their age and they are attributed to a high-risk group.²⁶ Consequently, in many countries, the state covers health care expenses for this part of population, including the provision of medicines.

The most rising and large share of health care expenses in Georgia comes to medicines.²⁷ Various local and international studies have shown that patients in Georgia spend twice as much on medicine on average than in Europe. Studies show that the main share of health care expenses (69%) comes on medicines, which is one of the highest in the world. In the European countries the share of medicines in health care expenditures ranges from 16 to 17%.²⁸ The reasons for this are irrational prescribing (medically inappropriate and economically ineffective use of pharmaceuticals),²⁹ less consumption and prescription of generic medications, lack or insufficiency of prescription mechanisms, self-treatment by patients, insufficient financial limit for medicines in health care programs, and aggressive marketing of the pharmaceutical industry.

Health care for pensioners often requires too much expenses and has become the major reason for their impoverishment. The most rapidly increasing and unaffordable share of health care expenses falls upon medicines.³⁰ This article examines financial access to medicines and the satisfaction with the insurance policy within the Georgia State Health Insurance Program for pension age population.

The research goal is to assess the financial accessibility to medicines for the pension age population.

Methodology

An analytic cross-sectional study was conducted. Participants were 700 pensioners from Tbilisi, the capital city of Georgia. The research was conducted in one particular branch of the Liberty Bank in Tbilisi. Liberty Bank was selected because it provides the pension services to pensioners. The criteria for involvement in the survey were local pensioners who voluntarily expressed the desire to participate in the study.

The survey instrument was a semi-structured questionnaire, that was modified from the relevant studies. The validity of the modified questionnaire was assessed among 5 participants. The survey was conducted in February to June 2018. The duration of interview of a beneficiary was about 30 to 45 minutes. Descriptive statistics were used to describe the sample and the results of the questionnaires.

Ethical Problems and Limitations

The study was approved by the Ethics Committee of the Ilia State University. The protocol was in accordance with the declaration of Helsinki. We conducted interviews and tried to protect the ethical standards. To avoid any difficulties, we had explained them the aim and the objectives of the research and after that we took the permission to record an interview on an audio tape. We have taken informed consent from each participant. All respondents had the opportunity to stop interviewing at any time. The results of this research are confidential and analyzed only in general form. All these actions aim to ensure the confidentiality of the respondents. The researchers were obliged to protect all the rights and ethical standards.

The main limitation of the survey is the fact that due to the lack of time, the survey was conducted in one particular branch of Liberty Bank in Tbilisi.

Results

Following interviews and the analysis of the data, it was verified that 56.4% were women (395) and 43.5% (305) men. The age of the questioned elderly varied between 60 and 80 years, with the average age of 68 (SD = 5.2). The majority of respondents were between 66 and 70 years old (36.3%) (Table 1).

The widow(er)s prevail among the respondents (50%). Around 16% of respondents live independently or with their spouse, and 17% of respondents live alone. Totally, 36% of

Table 1. Characteristics of the Elderly Population Studied.

Characteristics	Number of respondents (n = 700)	%
Gender		
Men	305	43.5
Women	395	56.4
Age		
60-65	122	17.4
66-70	254	36.3
71-75	195	27.9
≥75	129	18.4
Average age	68±5.2	
Marital status		
Married	315	45
Divorced	21	3
Widow(er)	259	50
Never married	14	2
Living conditions		
Lives alone	119	17
Lives with the spouse only	112	
Lives with one or more adult less than 60 years old without the spouse	252	37
Lives with one or more adult less than 60 years old with the spouse	217	31
Main source of income		
Pension	532	76
Income received from the work	91	13
Other income (from property or savings, money transfers from abroad or another source)	77	11
Personal income		
Less than 200 GEL	532	76
200-500 GEL	105	15
500-1000 GEL	70	10
More than 1000 GEL	0	0
Average income	220±15	
Household income (in GEL)		
Less than 200 GEL	38	12
200-500 GEL	126	18
500-1000 GEL	287	41
More than 1000 GEL	203	29
Average income	780±56	

respondents live with one or more family members aged less than 60—in most cases, with their children, without a spouse. Around 31% of respondents are elderly people who live with the representatives of younger generation. The monthly household income of the majority (41%) ranges between 500 GEL and 1000 GEL (\$200-\$400). For majority of respondents (76%) the pension is the main source of income, their personal income is less than 200 GEL (\$80) and the average income is 220 GEL (\$88) (Table 1).

According to the survey, 78% pensioners of 60 to 75 years old and 92% over 75 years old were on medication. Around

20% of respondents (140) simultaneously used more than 5 medicines, and 34% (238)—3 to 5 medicines. The average number of medicines taken by each person was 3.1 (SD = 2.3) (Table 2). The elderly most used the cardiovascular system drugs (66%) (Table 2).

When the interviewees were questioned regarding the action taken in the case of a health problem, the most respondents replied that they bought medications in the pharmacy without a prescription (57%) and considerable proportion of respondents still self-medicated (37%). However, a significant part of the respondents (46%) were referring to the doctor (Table 2).

The bigger share of respondents (39%) spends 51-75 GEL (\$20-30) to purchase of medicines per month. The average expenses for medicines are 72 ± 13 GEL ($\$29 \pm 5$), that is 33% of the pensioner's personal income. Around 27% of respondents do not pay anything for the medicines because they are involved in the PPMCD. The out-of-pocket expenses for medicines are still high for most of the respondents. Totally, 29% of pensioners pay 51 GEL to 75 GEL (\$20-30) per month, while 16%—76-100 GEL (\$30-\$40). The average own expenses for medicines are 56 ± 11 GEL ($\$22 \pm 4$), that is 25% of the pensioner's personal income (Table 2).

A great part of respondents named the low pension as the main family problem (28%), followed by heavy expenses on medicines (26%). Nearly a third of respondents (31%) indicate that they could not purchase all the medicines prescribed by the doctor, while 15% of respondents were unable to purchase them at all. Around 54% of the pensioners were able to purchase all the prescribed medicines.

We also investigated the awareness of the PPMCD by the elderly and found that only 36% of this population was aware of this (Table 2).

Discussion

The average monthly household income of respondents varies from 500 to 1000 GEL (\$200-\$400), which is lower than the average monthly income (1110.7 GEL—\$445) per household established by the National Statistics Office of Georgia. Pensioners spend an average of 33% of their own income on medicines. However, the survey shows that the majority of elderly people (54%) manage to purchase the necessary medicines, but, nevertheless, the main problem for the family is the high unaffordable price (26%). For a significant number of the respondents, the amount spent on medicines is 50 GEL (\$20), and the average monthly expenses makes 25% of their personal income. Nearly a third of respondents (31%) note that they could not purchase all the medicines prescribed by the doctor, while 15% of respondents were unable to purchase them at all. The survey data show that affordability of medicines remains a problem for a significant number of pensioners.

However, the affordability of medicines has been improved. In comparison with the survey held in 2014,²⁵ it was revealed that the main problem for the majority of

Table 2. Elderly and Medicines.

	Number of respondents (n = 700)	%
Medicines taken according to the age		
60-75	445 (n = 571)	78
≥75	119 (n = 129)	92
Do not take medicines	136 (n = 700)	19
Medicines taken simultaneously		
1-2 medicines	322	46
3-5 medicines	238	34
≥5	140	20
Average number of medicines taken by each person	3.1 ± 2.3	
Pharmacological groups most used by the elderly ^a		
Cardiovascular system	462	66
Analgesic/antiinflammatory	217	31
Vitamins/mineral supplements	168	24
Central nervous system	182	26
Hypoglycemic agents	126	18
Others	287	41
Action taken by the elderly in case of health problem ^a		
Consult a doctor	322	46
Use of medicines from a home pharmacy	189	27
Purchase of medicines in a pharmacy without prescription	399	57
Sharing other's opinion	77	11
Self-medication	259	37
Monthly expenses for medicines		
Less than 50 GEL	196	28
51-75 GEL	273	39
76-100 GEL	140	20
More than 100 GEL	92	13
Average expenses	72 ± 13	
Out-of-pocket expenses for medicines		
0 GEL	189	27
Less than 50 GEL	133	19
51-75 GEL	203	29
76-100 GEL	112	16
More than 100 GEL	63	9
Average expenses	56 ± 11	
Main family problem		
Heavy expenses for medicines	182	26
Unemployment	112	16
Low pension	196	28
Purchase of food	161	23
Utilities	35	5
Inadequate living conditions	14	2
Purchase of medicines prescribed by a doctor		
Could not purchase all of them	217	31
Could not purchase at all	105	15
Could purchase all	378	54
Awareness of the elderly of the Program for Providing Medicine for the Chronic Diseases		
Aware	252	36
Have not heard about this program	448	64

^aMultiple choice questions.

respondents was a low pension (28%), followed by heavy expenses on medicines (26%). In 2014, the main problem was the purchase of medicines (36%). The number of pensioners who failed to purchase all the medicines prescribed by the doctor has decreased from 38% to 31%, while the number of pensioners who failed to buy all the medicines has decreased from 32.4% to 15%. We may assume that the PPMCD (launched in 2017) has somehow facilitated the affordability of medicines for elderly, especially the socially vulnerable chronic patients.

Based on the results of the survey, we can conclude that medicines for elderly people are one of the most important components of health care. Number of the elderly who take medicines range between 78% and 92%, which is slightly higher than the rate recorded in the international surveys.³¹

The majority of the respondents (57%) in case of health problems refers to the pharmacy instead of a doctor and purchase medicines without prescription. Other surveys have shown that purchase of medicines without a prescription makes 37% of the respondents.³² Also, the share of respondents who self-medicate is big. This shows the irrational choice of elderly people during their health problems. In this regard, the pharmacy and self-treatment play an important role in the informal network of medical service. The same results were reported in other international surveys. However, for a significant number of respondents (46%), a doctor is the major source of medication.

The level of awareness of the PPMCD is low. An important part of the respondents (36%) do not know that the state compensates the cost of medicines for chronic illnesses for certain categories of pensioners. Low awareness among pension people is associated with improper primary health care system in the country; Family doctors are primary source of such information and take measures to raise patient's awareness about health care programs. However, patients have low confidence with the family doctor's institution and are less likely to contact the family doctor.³³ Research indicate the need to develop educational programs with specific interventions to raise awareness about PPMCD among pensioners.

Conclusion

Since July 2017, the introduction of the PPMCD has played a positive role in the affordability of health care for socially vulnerable patients. However, the cost of medicines is a heavy burden for the elderly people who are not registered in the unified database of socially vulnerable families. The survey has shown that the average expenses on medicine make a significant part of the pension income of the elderly.

It is recommended to include not only socially vulnerable people in the PPMCD but also chronic patients of pension age, because the expenses may often be catastrophic for them and consequently result in their impoverishment.

The low level of awareness of the PPMCD among pensioners increases the risk of impoverishment. It is necessary

to increase pensioners awareness about PPMCD. The most preferred method of disseminating this information is either from the primary health care, internet, or television.


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ORCID iD

Tengiz Verulava  <https://orcid.org/0000-0001-8110-5485>

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