



A COMPARATIVE ANALYSIS OF ACCESS TO SPECIALIZED OUTPATIENT MEDICAL CARE IN BULGARIA AND THE USA

Tihomira Zlatanova¹, Nikolay Popov¹, Ralitsa Zlatanova-Velikova²

1) Department of Health Economics, Faculty of Public Health, Medical University-Sofia, Bulgaria

2) Department of Health policy and management, Faculty of Public Health, Medical University-Sofia, Bulgaria.

ABSTRACT:

The patient's access to medical care is a fundamental component of assessing public health systems. We conducted a questionnaire-style survey in Bulgaria and the USA in order to analyze the access to specialized outpatient care and determine whether there are inequities in access present. The questionnaire was anonymous and was distributed in the March 2023 - May 2023 period via the use of the Google Forms online platform among 395 adult citizens of Bulgaria and 387 adult citizens of the USA. The results show that, according to the respondents, there are inequities present in specialized outpatient medical care (SOMC). In Bulgaria, every fifth participant (20.42%) was examined by a specialist physician one day after acquiring a referral from the GP, and 35.74% waited over a week. In the USA, the largest portion of the respondents (42.64%) were examined by a specialist a month after and 26.43% after 2-3 months. In the context of the COVID-19 pandemic, the largest portion of respondents in Bulgaria (49.87 %) experienced access to specialist becoming harder, while the largest portion of respondents from the USA didn't experience changes in access.

Keywords: COVID-19, access, inequities, specialized outpatient care,

INTRODUCTION

The patient's access to medical care is a fundamental component of assessing public health systems. After the establishment of the general practitioner institution, access to specialist outpatient care for health-insured persons has been conducted after a specialist referral is secured. In the context of COVID-19, various restrictions were imposed, which also led to a change in access to primary and specialist outpatient care [1, 2].

The Administration and Congress in the USA took a range of actions to stabilize and increase access to health coverage amid the pandemic, with some extending beyond the Public Health Emergency but others ending. Early in the pandemic, Congress passed the Families First Coronavirus Response Act (FFCRA) [3], which included a temporary requirement that Medicaid programs keep people continuously enrolled during the COVID-19 Public Health Emergency in exchange for enhanced federal funds. Primarily due to this provision, Medicaid enrollment [4] grew substantially, and the uninsured rate dropped, with AIAN and Hispanic people experiencing the largest decline. The American Rescue Plan Act (ARPA) of 2021 included an option, made permanent in the Consolidated Appropriations Act 2023 [5], to allow states to extend Medicaid postpartum coverage [6] from 60 days to 12 months, and the majority of states have taken steps to extend postpartum coverage. The Consolidated Appropriations Act [7] also included a requirement for all states to implement 12 months of continuous coverage for children in Medicaid, supporting their coverage stability. However, the broader Medicaid continuous enrollment provision adopted during the Public Health Emergency ended on March 31, 2023, and millions of Medicaid enrollees have been disenrolled since then [8].

MATERIALS AND METHODS:

The goal of this survey is to present the views of respondents on their access to specialized outpatient care in a pandemic setting.

To realize this goal, the following tasks were assigned:

1. Analyzing the access to outpatient specialist in

Bulgaria and the USA.

2. Analyzing the reasons for having to wait for outpatient specialist visits in Bulgaria and the USA.

3. Analyzing changes in accessing outpatient specialists in Bulgaria and the USA in the context of the COVID-19 pandemic.

The study is part of a wider research analyzing health inequalities between Bulgaria and the USA. A survey was distributed in the March 2023 May 2023 period via the Google Forms online platform among 395 adult Bulgarian citizen, and SPSS 17.0 was used for processing the results of 387 adult US citizens.

RESULTS:

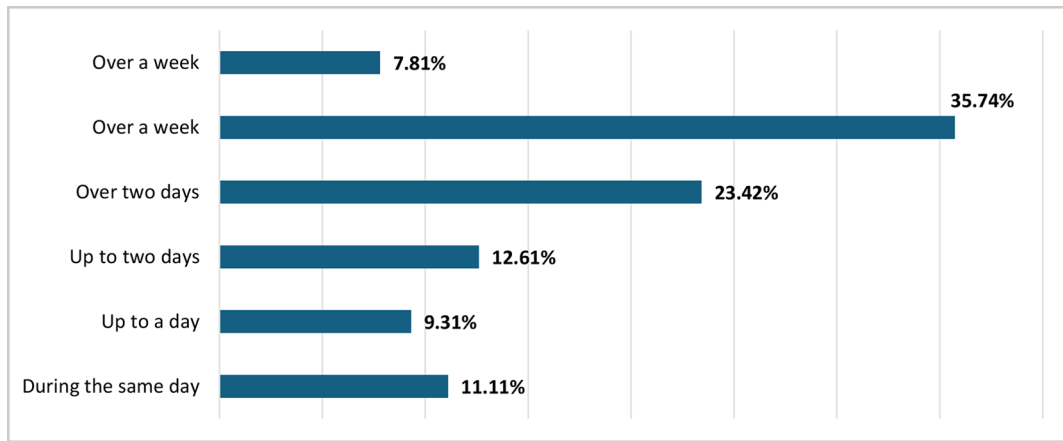
An analysis of the sample by gender showed that the highest proportion of respondents in Bulgaria were women ($n=231$; 58.48%) as opposed to men ($n=164$; 41.52%). In

the US, the largest proportion of respondents was also made up of women ($n=229$; 59.17%), while males made up 40.83% ($n=158$).

In terms of social status, in both Bulgaria and the USA, the largest relative share of respondents was made up of workers at 65.06% and 89.15%, respectively.

The answer to the question of how long it takes to see a specialist after obtaining a referral from the general practitioner in the context of the COVID-19 pandemic and the reasons for waiting is of interest (Figure 1). The results indicated that in Bulgaria, the majority of respondents ($n=119$; 35.74 %) see a specialist in over a week, followed by those who see the specialist ($n=78$; 23.42 %) in over two days. One in five respondents ($n=68$; 20.42 %) is examined by a specialist up to one day after obtaining a referral from their GP.

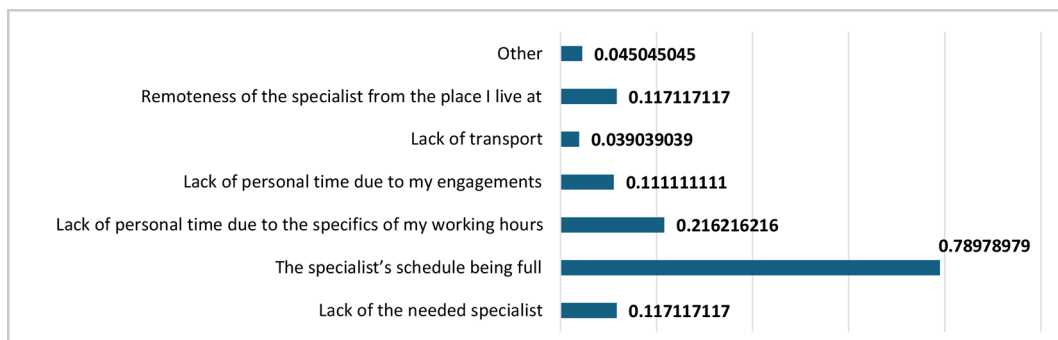
Fig. 1. Waiting times to see a specialist after a GP referral at the place of residence in Bulgaria.



When it comes to the reasons for waiting for a medical exam by a specialist (Fig. 2), the most common reason given by Bulgarian respondents is the specialist’s schedule being full ($n=263$; 79.00%), followed by the lack of personal time due to the specifics of the working hours ($n=72$; 21.60 %) and equal portions responded with the unavailability of the specialist needed ($n=39$; 11.7%) and the remoteness of the specialist to the place the respond-

ent lives ($n=39$; 11.7 %). These data correspond to the territorial disproportion in the distribution of specialist in Bulgaria and the relative shortage of infectious disease specialists, pulmonologists and paediatricians. On the other hand, most outpatient specialist work in in-patient care as well, which can lead to their relative scarcity and might be a reason for the results acquired.

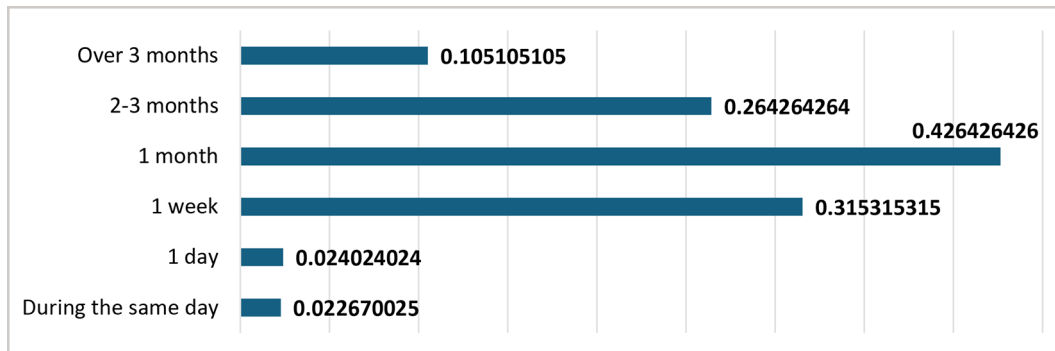
Fig. 2. Reasons for having to wait for a specialist physician visit in the context of the COVID-19 pandemic in Bulgaria.



When asked about the time frame in which they were seen by a specialist after obtaining a referral from their general practitioner in the context of COVID-19 and what the reasons for the waiting were in the USA, patients gave significantly different results (Fig.3, 4) The data show that the largest portion of respondents ($n=142$; 42.64 %) report be-

ing seen by the specialist in a month. Nearly 1/3 of the participants ($n=105$; 31.53 %) were seen by a specialist in a week. One in four respondents ($n=88$; 26.43 %) was seen by a specialist in 2-3 months after obtaining the GP referral. These results are indicative of the difficulties in accessing specialized care in the US healthcare system.

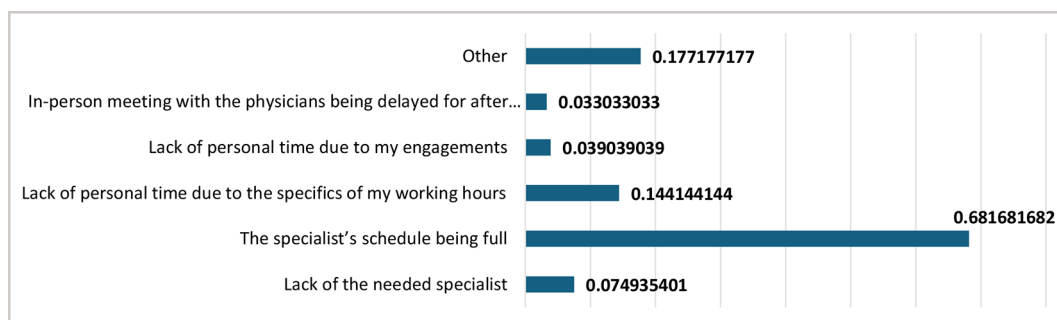
Fig. 3. Waiting time to see a specialist after a GP referral on the place of residence in the USA.



We inquired into the reasons for the waiting times for specialists. The largest portion of respondents indicated

the physician's ($n=227$; 68,17 %) filled schedule as the reason, while 7.49% - the lack of the needed specialist.

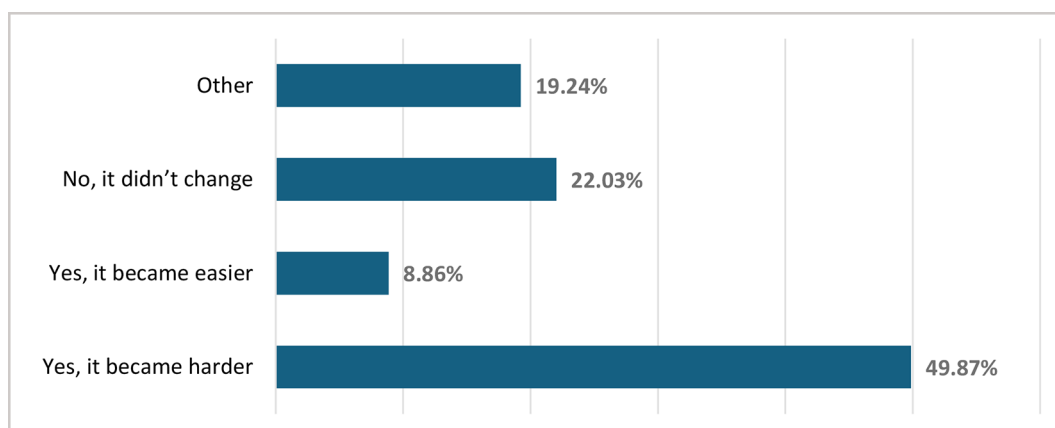
Fig. 4. Reasons for having to wait for a specialist physician visit in the context of the COVID-19 pandemic in the USA.



We asked the respondents whether there was a change in their access to outpatient care specialists in the context of the COVID-19 pandemic (Fig. 5). The largest portion of

respondents ($n=197$; 57.49,87 %) from Bulgaria indicated it had become harder, and every fifth ($n=87$; 22.03 %) answers that access was not changed.

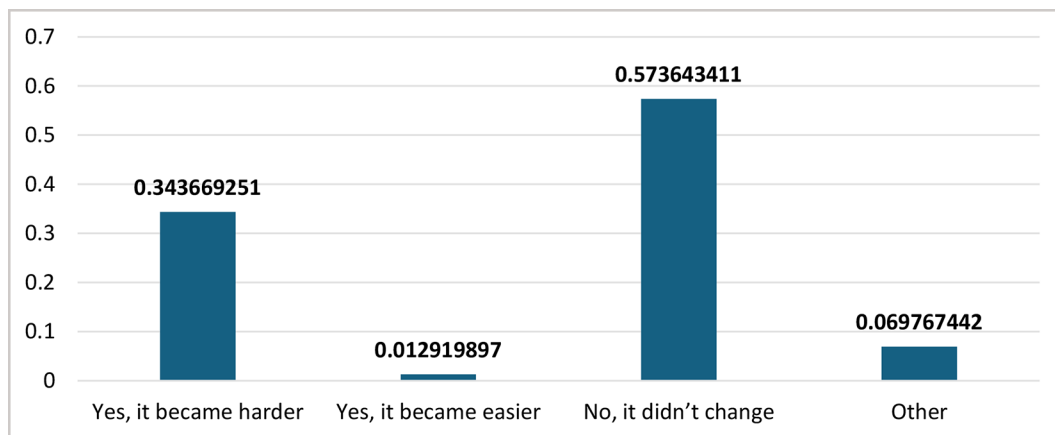
Fig. 5. Changes in the patients' access to specialist opinions in the context of the COVID-19 pandemic in Bulgaria.



We asked the respondents whether there was a change in their access to outpatient care specialists in the context of the COVID-19 pandemic (Fig. 6). The largest portion of

respondents ($n=222$; 57,36 %) from the USA indicated that their access to specialists was not changed, while 34,37 % ($n=133$; 57,36 %) indicated it had become harder.

Fig. 6. Changes in the patients' access to specialist opinions in the context of the COVID-19 pandemic in the USA.



DISCUSSION:

Based on the results presented, we can draw the conclusion that the following inequities in SOMC access are present among the respondents:

In Bulgaria, every fifth participant (20.42%) was examined by a specialist physician one day after acquiring a referral from the GP, and 35.74% waited over a week. The most common reason for waiting indicated by respondents is the specialist's schedule being full (79.00%), followed by the lack of personal time due to the specifics of the working hours (21.60 %).

In the USA, the largest portion of the respondents (42.64%) were examined by a specialist a month after and 26.43% after 2-3 months. The main reason (68.17 %) is the specialist's filled schedule, followed by the lack of the needed specialist (7.49%).

In the context of the COVID-19 pandemic, the largest portion of respondents in Bulgaria (49.87 %) experienced access to specialist becoming harder, while the largest portion of respondents from the USA didn't experience changes in access.

Patient access to outpatient medical care, as one of the elements of a quality health care service, must be studied and analyzed thoroughly and comprehensively. An important condition for patient satisfaction with outpatient care is the unhindered access to specialists from specialized outpatient medical care. This makes it necessary, especially in the conditions of the COVID-19 pandemic, for outpatient care physicians and patients to make full use of the possibilities of online consultations and pre-booking an appointment for an examination by the physician.

Patient satisfaction with health services in outpatient care is multifactorial, with a significant influence on the organization of the patient's reception and the matching

of the patient's expectations with the results obtained. The modern patient has a relatively higher general and medical culture, which predetermines his/her higher expectations and demands for medical care. This makes it necessary, especially in the conditions of the COVID-19 pandemic, to periodically study and analyze patient satisfaction with outpatient medical care with a view to taking the necessary corrective actions on the part of physicians [13].

Addressing disparities in health and health care is important from an equity standpoint and for improving the nation's overall health and economic prosperity. Racial and ethnic health disparities result in higher rates of illness and death across a wide range of health conditions. Research shows that these disparities are costly, resulting in excess medical care costs and lost productivity, as well as additional economic losses due to premature deaths. In addition, it is increasingly important to address health disparities as the population becomes more diverse [14]. The US Census Bureau projects that people of color will account for over half (52%) of the population by 2050, with the largest growth occurring among people who identify as Asian or Hispanic [15].

CONCLUSION:

The organization and access to outpatient care, as one of the elements determining the quality of the health services provided, should be studied and analyzed even more thoroughly and comprehensively in the context of a pandemic. An important condition for patient satisfaction with outpatient care is having unhindered access to an outpatient specialist in addition to the GP. This makes it imperative, especially in the context of the COVID-19 pandemic, that outpatient physicians and patients make full use of information and communication technologies and online consultations.

REFERENCES:

1. [Health Act. change and add. SG No. 39 of 01.05.2024] [in Bulgarian] [[Internet](#)]
2. [Health Insurance Act] [in Bulgarian] [[Internet](#)]
3. Tolbert J, Ammula M. 10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment. KFF. Medicaid. June 09, 2023. [[Internet](#)]
4. Burns A, Williams E, Corallo B, Rudowitz R. Medicaid Enrollment Growth: Estimates by State and Eligibility Group Show Who may be at Risk as Continuous Enrollment Ends. KFF. Medicaid. March 02, 2023 [[Internet](#)]
5. One Hundred Seventeenth Congress of the United States of America at the second session. Congress.gov. [[Internet](#)]
6. Ammula M, Gomez I. As 2022 Legislative Sessions End, Most States Are Adopting New Option to Extend. KFF. Medicaid. August 09, 2022 [[Internet](#)]
7. Rudowitz R, Burns A, Hinton E, Guth M, Tolbert J. Medicaid: What to Watch in 2023. KFF. Medicaid. January 24, 2023. [[Internet](#)]
8. Ndugga N, Hill L, Pillai D, Artiga S. Health Policy 101. Race, Inequality, and Health. KFF. May 28, 2024, Updated July 29, 2024. [[Internet](#)]
9. [Law on measures and actions during the state of emergency, declared by decision of the National Assembly of march 13, 2020 and on overcoming the consequences (Title Supplement - Sg No. 44 Of 2020, Effective From 14.05.2020.)] [in Bulgarian] [[Internet](#)]
10. [Order ¹ RD-01-124/13.03.2020 for introduction of anti-epidemic measures in the country. (revoked by Order ¹ RD-01-263/14.05.2020)] [in Bulgarian] [[Internet](#)]
11. [National Plan to respond to the Sars-Cov-2 Pandemic.] [in Bulgarian] Ministry of Health. July 09, 2021. [[Internet](#)]
12. [Analytic Report on Health-Related Activities Servicing the Population in Response to the Pandemic from COVID-19 for the period March 01 2020 - May 31 2021.] [in Bulgarian] NCPHA. June 2021. [[Internet](#)]
13. Semova B. [Quality of health services for patients with dermatological diseases in specialized outpatient medical care.] [dissertation] Sofia (Bulgaria). Medical University of Sofia. 2022. 143 p. [in Bulgarian]
14. LaVeist TA, Pérez-Stable EJ, Richard P, Anderson A, Isaac LA, Santiago R, et al. The Economic Burden of Racial, Ethnic, and Educational Health Inequities in the US. *JAMA*. 2023 May 16;329(19):1682-1692. [[PubMed](#)]
15. 2023 National Population Projections Tables: Main Series. USCensus Bureau. 2023. [[Internet](#)]

Please cite this article as: Zlatanova T, Popov N, Zlatanova-Velikova R. A Comparative Analysis of Access to Specialized Outpatient Medical Care in Bulgaria and the USA. *J of IMAB*. 2024 Oct-Dec;30(4):5905-5909. [Crossref - <https://doi.org/10.5272/jimab.2024304.5905>]

Received: 02/07/2024; Published online: 06/12/2024



Address for correspondence:

Tihomira Zlatanova,
Department of Health Economics, Faculty of Public Health, Medical University-Sofia;
8, Bialo More Str., 1527 Sofia, Bulgaria
E-mail: t.zlatanova@foz-mu.sofia.bg