

# PREPARING PATIENTS FOR HANDICAP-STAGE ASSESSMENT AND THE CHALLENGES FOR THE GENERAL MEDICAL PRACTICE

Paraskeva Mancheva<sup>1</sup>, Desislava Vankova<sup>2</sup>

<sup>1</sup>*Medical University of Varna, Medical College of Varna ,*

<sup>2</sup>*PhD School, NGO “Public Health - 99”, Medical University of Varna*

## ABSTRACT

General Practitioners (GPs) face a variety of administrative challenges during their daily work. One of them is the growing number of patients who demand assessment for a handicap stage from the Territory Expert Medical Commissions (TEMC). The General Medical Practice (GMP) is the starting point of the Expert Decision (ED) procedure. GMP is also the place where the patients come back with questions about the patients' rights which they obtain receiving ED. The people with disabilities have to traverse a difficult way in order to receive a handicap stage (percentage). The key to success is competent preparation of the patient by the GMP for the TEMC-examination. This also is a guarantee of the normal functioning of the whole System for Medical Expertise of Working capacity (MEW). The continuous medical education of the GPs is an opportunity to enrich and update their knowledge and competences about MEW-procedures. The long-term strategy is to guarantee the patient' rights which are explicitly formulated by the law. As a result, justified patients' complains will be avoided. The overall aim of the presented synopsis is to explore the process of preparing patients for handicap stage assessment by GMP and the challenges which face a GMP related to this process. The methods used are: meta-analysis of legal and medical documents for disability assessment; and participatory research method e.g. follow up of the patients' path and the procedures in TEMC. On the bases of this study recommendations are proposed referred to the effectiveness of the MEW-procedure and the role of GMP in the disability stage assessment process.

**Keywords:** *general medical practice, medical expertise for working capacity, handicap, territory expert medical commission*

---

### Address for correspondence:

*Assoc. Prof. Dr. Paraskeva Mancheva, Msc, PhD  
Medical college  
Medical University of Varna  
55 Marin Drinov Str.  
9002 Varna, Bulgaria  
e-mail: p\_mancheva@abv.bg*

**Received:** March 25, 2015

**Accepted:** May 11, 2015

### BOX 1: HARMONIZED TERMINOLOGY

As far as the article aims also at Bulgarian audience, herewith we sum up some of the English expressions translated by the authors and their original Bulgarian expressions and abbreviations:

- ❖ Territory Expert Medical Commission (ТЕМС) – Териториална Експертна Лекарска Комисия (ТЕЛК)
- ❖ National Expert Medical Commission (NEMC) – Национална Експертна Лекарска Комисия (НЕЛК)
- ❖ General Practitioners (GPs) – Общо-Практикуващи Лекарски (ОПЛ)
- ❖ General Medical Practice (GMP) – Обща Медицинска Практика (ОМП)
- ❖ Doctors' Consulting Commission (DCC) – Лекарска Консултативна Комисия (ЛКК)
- ❖ Expert Decision (ED) – Експертно Решение (ЕР)
- ❖ Permanently Diminished Working Capacity – Трайно намалена работоспособност (ТНР) – след 2000г. се определя „процент трайно намалена работоспособност/степен на увреждане“. Преди 2000г. се определяше „група инвалидност“.
- ❖ Medical Expertise of Working capacity (MEW)
- ❖ Медицинска Експертиза на Работоспособността (МЕР)
- ❖ Regional Card-index of Medical Expertise (RCME) – Регионална картотека на медицинската експертиза (РКМЕ)
- ❖ Social Security Code (SSC) – Кодекс за социално осигуряване (КСО)
- ❖ Insured length of service – осигурителен трудов стаж
- ❖ National Framework Contract (NFC) – Национален Рамков Договор (НРД)

### INTRODUCTION

Territory Expert Medical Commission (ТЕМС) and the Medical Expertise of Working capacity (MEW) have *preventive and social functions*, guaranteed with the legal consequences of the Expert Decision (ED), issued by the expert commissions (Box 1). Social integration of people with disabilities is closely related with the quality of their preparation for the TEMC examination (1,2). The ED is a legal document which gives rights to the person with a disability for a social rehabilitation. Possibilities for community integration including job opportunities, chances for extra-qualifications etc. are based also on the ED by TEMC. According the law, the General Medical Practice (GMP) has to prepare the patient for her/his TEMC-examination. As the family doctor is the one most familiar with the health and social status of the concrete patient he has to prepare also an individual health care plan (4,7).

The legislative premises concerning the conditions and order for the fulfilment of the medical expertise according article 103 (3) – the Health Act, are clearly defined in a regulation of the Council of Min-

isters (5). The form and the content of ED of TEMC are standardized and approved by the Governor of the National Social Security Institute (NSSI) and from the Minister of Health.

After the year 2000, as a consequence of not entirely clear practices, ED by TEMC is accepted mainly as the “universal key” for social and financial privileges. Citizens are strongly interested in the percentage of work capacity decline that they will receive; for how long they will receive the handicap-pension; when they will start to receive the money; is it possible to receive life-time approval-period for their ED etc. The most frequently asked questions are: What will be the amount of the pension received from the NSSI and how much is the target help from the Agency for Social Assistance (ASA).

The overall **AIM** of the presented synopsis is to explore the process of preparing patients for disability stage assessment by GMP and the challenges which face a GMP related to this process. The methods used are: analysis of legal and medical documents for disability assessment and participatory re-

search method e.g. follow up of the patients' path and the procedures in TEMC.

### *The essence of the problem*

Since 2000 pensioners, according to their age and insured length of service, have been included in the "stream" of the MEW-process. In 2004, this has led to a heavy "traffic jam" of the MEW-system. In recent years, the number of people with disabilities who demand to receive assessment – by TEMC has grown (19). This fact is especially marked in the years 2004, 2005 and 2013 (Figure 1), and among those aged over 60 where pensioners are the predominant group (17).

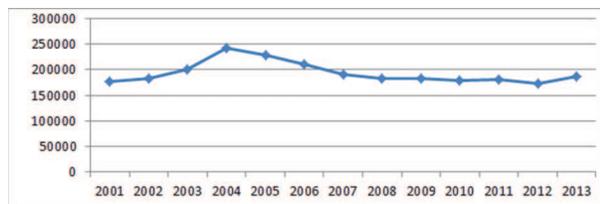


Fig. 1. Growth of the number of handicap - period 2001 – 2013

(Source: National Center for Public Health and Analysis, 2014 (10))

### *Numbers of handicap*

A large number of patients – working or pensioners – were waiting for 2 to 3 years in order to receive an appointment letter from TEMC (3,10). This induced the creation of new general and specialized TEMC. Since 2005, social workers had been appointed to the TEMC/NEMC. Their task was to overcome the informational deficit concerning patients' rights of people with disabilities who apply for medical expertise. They provided thorough information to patients for their social gains after receiving an expert decision. Unfortunately, their presence in TEMC/NEMC has been considered unnecessary and now the problem with the informational deficit is "flourishing".

This problem reflected very seriously upon the GMP, as far as the obligation (according the law) of the GPs is to prepare the patients for TEMC. No separate resources were planned for the TEMC-preparation of a patient. This fact created problems in out-patients and in hospital medical care. The GPs have a limited number of "medical directions for consulting with specialists" from the National Health Insur-

ance Fund (NHIF). The fact that they have to organize the medical consultations for TEMC diminishes the limited number of these "medical directions" with which GPs organize consultation for acute and chronic diseases of all their patients. Further, the preparation for TEMC blocks some "clinical hospital paths" which saves time of the patients and "medical directions for consulting" of the GMP. However, these processes are highly inefficient for the whole health care system.

"Medical Expertise Talon" – MH-NHIF № 6 has been created in order to overcome these problems. With this talon the patient can do all the medical consultations and every specialist writes a statement on one part of the talon. The GP is obliged to give the patient the "Medical Expertise Talon" if she/he has received a letter-invitation from TEMC. All these regulations were summarized by NEMC and sent to the Regional Health Inspectorates (RHI), respectively to all health care organizations: Letter – № I 3278/17.06.2011- Re: Instructions for the preparation of the patients for TEMC/NEMC-certification/recertification.

Unfortunately, this administrative action was not effective. The main reason was that the NHIF-financial resources for such specialized medical consultations (with the "Medical Expertise Talon") were scarce. As a result a new practical process has been "invented": the GP gives one "medical directions for consulting" for one of the specialists whose examination is needed for TEMC-application. When the patient visits this specialist he shows the letter-invitation from TEMC and asks for a "medical directions for consulting" for the next specialist, etc. The existence of such practices saves some of the GPs' "medical directions for consulting" but the problem of the lack of separate resources for TEMC-preparation still exists. Moreover, such a process is not cost-efficient because the financial resources spent by NHIF are even higher.

Many patients who want or need to obtain TEMC/NEMC-certification have to be hospitalized in order to receive highly specialized medical examinations impossible to be provided or not recommended in out-patients-clinics. The activities of the health care institutions related to TEMC/NEMC-certification and re-certification are financed by

NHIF according article 21 (2–7): Regulations of structure and organization rules of the MEP and the Regional Card-index of Medical Expertise (RCME) and according the National Framework Contract (NFC) (18,19). Hospitalization is a must also in the cases when this is explicitly required in the letter-in- vitation by NEMC or TEMC. Usually hospitalization is demanded when there is a need for clarification of the diagnosis or to prove change for the worse of the health status of a patient. In addition, the prepara- tion of the patient for TEMC examination is further complicated from the fact that the set of documents required by TEMC consists of examinations and labor- atory tests which have different time-limit validity. For example:

- ❖ 1 year – for hospital epicrisis, including all the consultations, laboratory test and medical im- aging results;
- ❖ 6 months – “green talon” for examination by a medical specialist;
- ❖ 1 month – for laboratory test, ECG etc.

The referral of patients back to the GMPs for new “medical directions” for specialized medical care and for laboratory test is causing chaos in the process. Therefore, the GPs have to overcome many obstacles on their road of preparing every single pa-

tient for TEMC-certification/recertification. Usually these difficulties lead to daily conflicts between the medical experts from TEMC/NEMC and the people with disabilities applying medical expertise.

In addition, there is a threat for financial pen- alties, which can be imposed by the National Social Security Institute (NSSI) to the medical experts from TEMC according to article 110 (1) from Social Secu- rity Code (SSC) „... and by acts of medical expertise, which are canceled for the reason of breaking norma- tive regulations while issued.” All the above facts can be a reason for a delay in TEMC-certification which creates an extra tension in the system (8).

**Procedure of the edition of the ED** starts with “Medical direction for TEMC” prepared by the GP on the basis of the data from the patients’ dossier. This document is handed in by the patient, in per- son, at RCME (8). A sufficient reason for initiating a TEMC-procedure by the GP is a wording request by a patient who is included in the list of the GMP. The only exception of this sequence of the procedure is the case when the 6 months (or twice per 6 months with a break) term of the temporary incapacity for work from DCC has expired. In that case the TEMC- expertise can be initiated by DCC. The TEMC has the right to assess the need to prolong the temporary incapacity for work. By law, TEMC can do that three

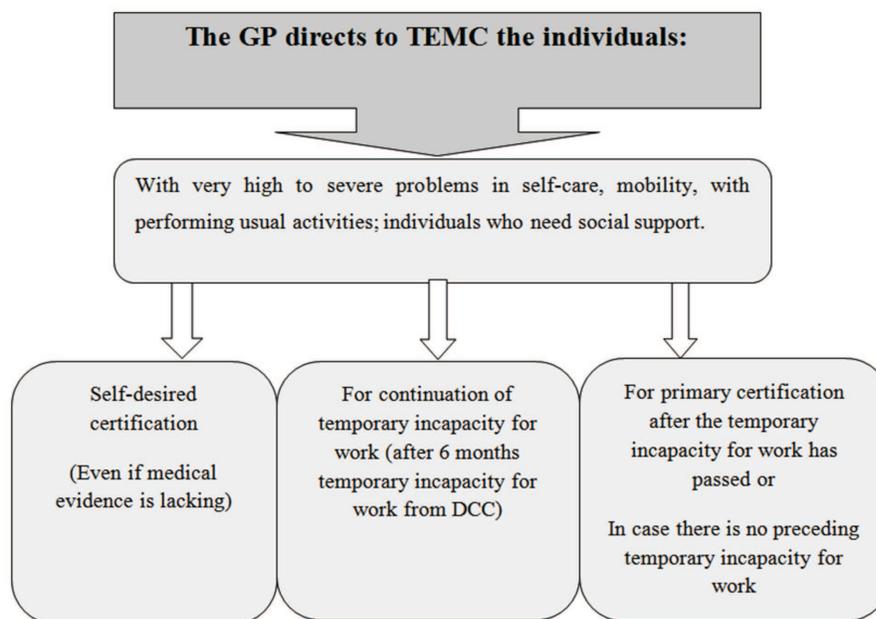


Fig. 2. The conditions under which the GP sends off to TEMC

times per 2 months or to define a percentage of permanently diminished working capacity (Figure 2):

The certification of a patient by TEMC is based on a detailed clinical anamnesis; thorough medical examination; disease-related laboratory and functional tests; extra data from the available medical documentation on the functional status of a concrete organ and the organism as a whole. The medical commissions at NSSI are controlling the MEW. They can appeal against a concrete ED by TEMC in front of NEMC in case of the smallest divergence from the law. The state of “appealing against” the ED is quite unclear and with vague legislative consequences for the patient. Unfortunately it can last for years, till the NEMC-statement on the concrete ED is prepared (6,11,13-16).

The work of the GP related to the preparation of the patients for TEMC could be significantly improved by making a “personal health care plan” which could result in a desired “filtering” at the level of the GMP. This would be cost-effective for the main financing body – the NHIF. It is recommended that the “personal health care plan” includes:

- ❖ Medical history – information is available in the personal ambulatory diary and the available medical documentation from the past;
- ❖ Health prevention recommendations based on the health status of the patient;
- ❖ Allergies;
- ❖ Dental care needs;
- ❖ Public health activities – current needs:
  - ✓ Immunization and health status monitoring – defined by the GP;
  - ✓ Dietary regime – depends on the health status of the patient;
  - ✓ Rehabilitation – if needed, depends on the health status of the patient;
  - ✓ Personal hygiene – The GP recommends a personal assistant or specialized personnel if a person cannot manage her/his self-care.

The information in the “personal health care plan” should include all the dates (expiring terms, deadlines etc.) related to TEMC. This will make the processes of certification and recertification fluent and effective. The “personal health care plan” has to be updated in case of change of the health status or in need of new preparation for TEMC-certification.

Every citizen will pass a “painful” e.g. long and slow way if she/he wants to apply for and eventually receive an ED by TEMC. Therefore, a preliminary filter at the GMP-level is essential.

The standardized obligations of the social services suppliers and of the GPs include individual planning for health care services adapted to the health and social needs of the consumer (12). The aims, standards and criteria for health and social care are stated in the article 41, (2 – 6) in the Rules for application of the Social Assistance Law. A revision of these regulations is recommended from a GMP-perspective. This rethinking of the processes could result in a synchronization of all the health and social activities by different state and community institutions (9).

To sum up, the challenges which GPs face preparing their patients for a handicap-assessment procedure by TEMC are the following:

1. Insufficiency of “medical directions” for acute and chronic patients. The reason is lack of planned budget for TEMC-preparation.
2. Very often the patients are referred back to the GMP by TEMC. The reason is the existing threat for financial deficiency/ penalties, which can be imposed by NSSI to the medical experts from TEMC.
3. Daily conflicts among patients, their GPs, TEMC/NEMC-experts and the medical commissions of NSSI.
4. Patients are often complaining for not being directed properly and lose their time doing unnecessary things or repeating one and the same examination or testing.
5. The negative image (often not deserved) of the medical experts working at TEMC
6. The negative public image of the Bulgarian health care system as a whole.

#### **RECOMMENDATIONS:**

1. The pensioners, according age and insured length of service have to be separated from the flow of patients to the TEMC.
2. *Social assessment and social support of the pensioners* who live under the social minimum should be an obligation of the Ministry of Labor and Social Policy – Agency for Social As-

sistance. There is no need for preliminary TEMC-assessment.

3. Education and training of GPs to make preliminary “personal health care plan” of vulnerable people from their patients list is required. This will result in an effective “filtering” of patients who demand to start a MEW-procedure.
4. Post-graduate training (after Master’s in Medicine degree) of the members of the expert commissions which will certify them as “experts in medico-social expertise” is necessary.
5. There is a need for inclusion of specialists – Masters of Social Care – they could provide a qualified complex assessment of the pensioners who will be taken off the MEW- system.
6. There is an imperative need for change of patients’ attitudes towards the MEP - system and the experts working in it. The patients are not only health and social care consumers but also partners during the whole process. However, this is the most difficult change and it has to start with a competent provision of information to the patients on the content and steps of the MEW-procedure.

## CONCLUSION

Providing knowledge and updating the competences of the GPs related to the MEW-processes could be a precondition for motivated pre-selection of patients from their practices who demand TEMC-certification. This could diminish the tension in the whole health care system. The continuous medical education of the GPs is a possibility to build up such competences. Moreover, there are practices in the European Union which include a GP in the assessment process of the permanently diminished working capacity (e.g. handicap group) together with the members of the expert commission. In Bulgarian context this role could be taken by a medico-social expert. Nevertheless, a continuous training of the GPs on MEW-procedures is essential. This is the shortest way of social integration of the people with disabilities in Bulgaria. The GP is most familiar with the family and financial status of her/his patients. The environment of the GMP usually has the intimate and tolerant atmosphere which offers opportunity for effective medical and social examination.

In conclusion: the idea of the proposed actions for change is to guarantee the patient’ rights and to avoid patients’ complains because they create unnecessary “noises” in the system. Preparing patients for the TEMC-examination should be synonymous of caring for patients. Obtaining TEMC-certification is primarily a matter of receiving rights for social integration which is definitely not a process of receiving social and financial privileges.

## REFERENCES

1. Jarskaja-Smirnova E, Je Naberushkina. Social’naja rabota s invalidami. 2-e izdanie. Izd. „Piter”, 2005. (Russian).
2. Alexiev J. New Approach to the integration of people with disabilities, IPI, Sofia, 2012, 5, [http://ime.bg/var/images/IME\\_Integration\\_2012.pdf](http://ime.bg/var/images/IME_Integration_2012.pdf). (Bulgarian).
3. Dermendzhieva L, M Nikolov, N Dobrev. Employment law and deontological problems in oncology. Bulgarian medical practice. 2007; 4:14-15. (Bulgarian)
4. Goranov M. General Medicine. Pleven: University Press; 2001. pp. 88-89, 120-303. (Bulgarian).
5. Health Law. State Gazette (official edition of the National Assembly), issue.70 on 10.08.2004, the law is effective from 01.01.2005/last changes: State Gazette, issue 30 on 26.03.2013. (Bulgarian).
6. Interpretative Decision № 1222 from 2003 by the Supreme Administrative Court- I-st part of administrative case № 7377 from 2002. (Bulgarian).
7. Mancheva P. Preparation for TEMC – an indispensable part of the individual health care plan. Proceedings of Scientific Conference, Russe University “D. Kanchev” and SSU – Russe, 25-26-10.2013, pp. 19-23. (Bulgarian).
8. Medical Direction for TEMC (in Bulgarian: Медицинско направление за ТЕЛК). Application №1 to art.22 (2) from the Structure and Organization Rules of the Organs of Medical Expertise and of the RCME. State Gazette (official edition of the National Assembly), issue 34 on 04.05.2010/last changes: State Gazette, issue 41 from 31.05.2011. (Bulgarian).
9. Methodological Instructions for the work of the specialized institutions for social services and for social community services according the standards and criteria for health care. Ministry of Labor and

- Social Policy – Agency for Social Assistance, issued № 9100 – 209, 13.08.2007. (Bulgarian).
10. National Center for Public Health and Analysis (NCPHA). Bulletin “Epidemiology of Disabilities in Bulgaria - 2001-2013”. Sofia: NCPHA; 2014. (Bulgarian).
  11. Penchev K, Iv Todorov, G Angelov, B Yordanov. Administrative-processed Codex Commentary. Siela; 2006. pp. 298-299, 304-305. (Bulgarian).
  12. Rules for application of the Social Assistance Law State Gazette (official edition of the National Assembly), issue 133 on 11.11.1998/last changes: State Gazette, issue 17 from 21.02.2013. (Bulgarian).
  13. Sredkova Kr. Critical View on the practices of the Supreme Administrative Court on the Obligatory Social Security for the period 1999-2001. Law World. 2002;2:213.
  14. Sredkova Kr. New Law on Medical Expertise on Working Capacity. Labour and Law. 2005;8(3):16. (Bulgarian).
  15. Staykov, I. About the Discussions on Medical Expertise and their Character. Law Journal of NBU. 2013;4:49-72. (Bulgarian).
  16. Staykov I. Appealing against the Decisions on Medical Expertise on Working Capacity. Contemporary Law. 2004;6:23-36. (Bulgarian).
  17. Stoev, T. Social Needs of the Elderly and the resources for their supply, PhD- thesis, 2003;12:16-17. (Bulgarian).
  18. Structure and Organization Rules of the Organs of the Medical Expertise and of the RCME. State Gazette (official edition of the National Assembly), issue 34 on 04.05.2010/ last changes: State Gazette, issue 41 from 31.05.2011. (Bulgarian).
  19. The National Framework Contract, 2015. (Bulgarian).