Background

SINA health, education and welfare trust is a non-profit organization that started with just one clinic in 1986 and has rapidly grown to 16 primary health care centers to date in the squatter areas of Karachi, Pakistan. Named after Ibn Sīnā (Avicenna), its greatest asset is its quality management system, which has been adapted from the developed healthcare systems for application in low-income settings. This has led to both high quality care and patient satisfaction since the derived protocols help doctors to bring about an effective coordination of care not just within a primary care practitioner’s office but also between primary and specialty care physicians clinics once the patient is referred from the clinics of SINA.

In most countries there are two major types of health facilities—primary care facilities and secondary and tertiary care hospitals. Health care systems are often designed to encourage caretakers to seek care first at the primary level and then be referred, if necessary, to a higher level of care. In many developing countries, however, especially Pakistan, caretakers and patients often bypass primary care facilities and seek care directly at referral care hospitals for illnesses that could be easily treated at the primary care facility.

This study is the first of its kind in Pakistan, focusing on general practice referrals to tertiary centers or to specialists and the identification of reasons and barriers of low socioeconomic class patients to referral compliance.

Method

500 patients, from 8 primary health care clinics located in squatter areas of Karachi, were referred to the referral clinic from January to May 2014. A qualified family practitioner evaluated the referrals and referred further if needed. The data, updated in an electronic database, helped in coordinating appointments for specialist referrals as well as assessing barriers encountered and reasons for referral compliance through telephonic interviews.

Outcomes

63.8% patients adhered to referral recommendations. The type of specialist referred to was significantly associated with referral compliance; highest seen for surgical subspecialists (30.7%). The most common obstacle for private and government hospitals referral noncompliance was the unavailability of funds to meet the expenses (17.2%) and the presence of long queues (25.9%) for specialist appointments respectively. Presence of contact person at the referral facility was significantly associated with more attendance at private as compared to government health facilities.

Relevance

This study shows that continuity of care is promoted through an efficient tracking system and by assisting appointment scheduling for referral compliance. This will improve healthcare delivery to the masses and decrease the burden of specialists at the tertiary care level especially in developing countries.