

1 **HAJDÚ-BIHAR:**

- Bereettyóújfalu
- Hencida • Komádi
- Magyarhomorog
- Mezőpeterd

2 **BORSOD-ABAUJ-ZEMPLEÉN:**

- Borsodnádásd
- Arló
- Járdánháza
- Borsodszentgyörgy

3 **HEVES:**

- Heves
- Átány
- Kömlő
- Tiszanána

4 **JÁSZ- NAGYKUN - SZOLNOK:**

- Jászapáti
- Jász Kisér
- Jászivány

MI RÉSZT VESZÜNK BENNE!

The impact of the Model Program on the attitude and satisfaction with preventive (additional) services

Katalin Dózsa, Csaba Bálint, Eszter Sinkó
Semmelweis University HSMTC



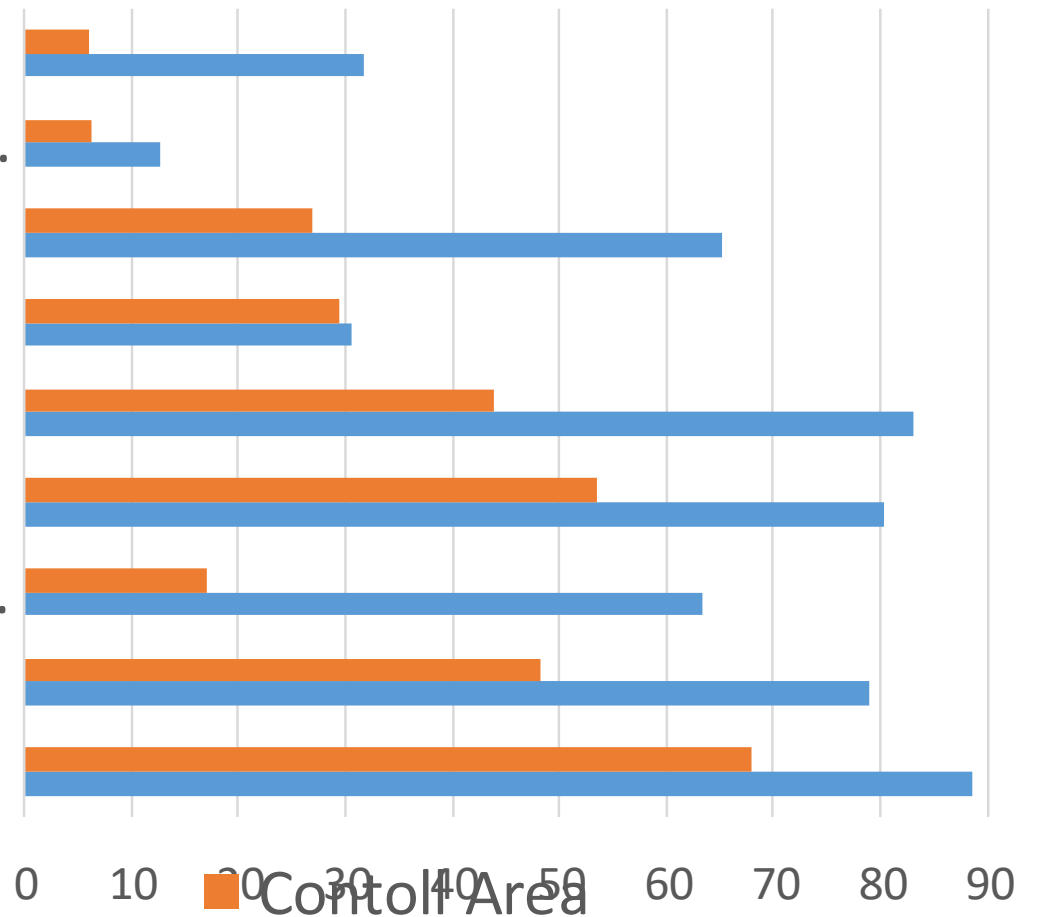
About the research

- Sample of 2x1000 people
- Based on the patientlist selected by the National Health Insurance Fund
- Praxises involved in the Program and Praxises with similar socio-economic background
- Average population without known disease profile as well as patients suffering from chronic disease
- Survey data collection



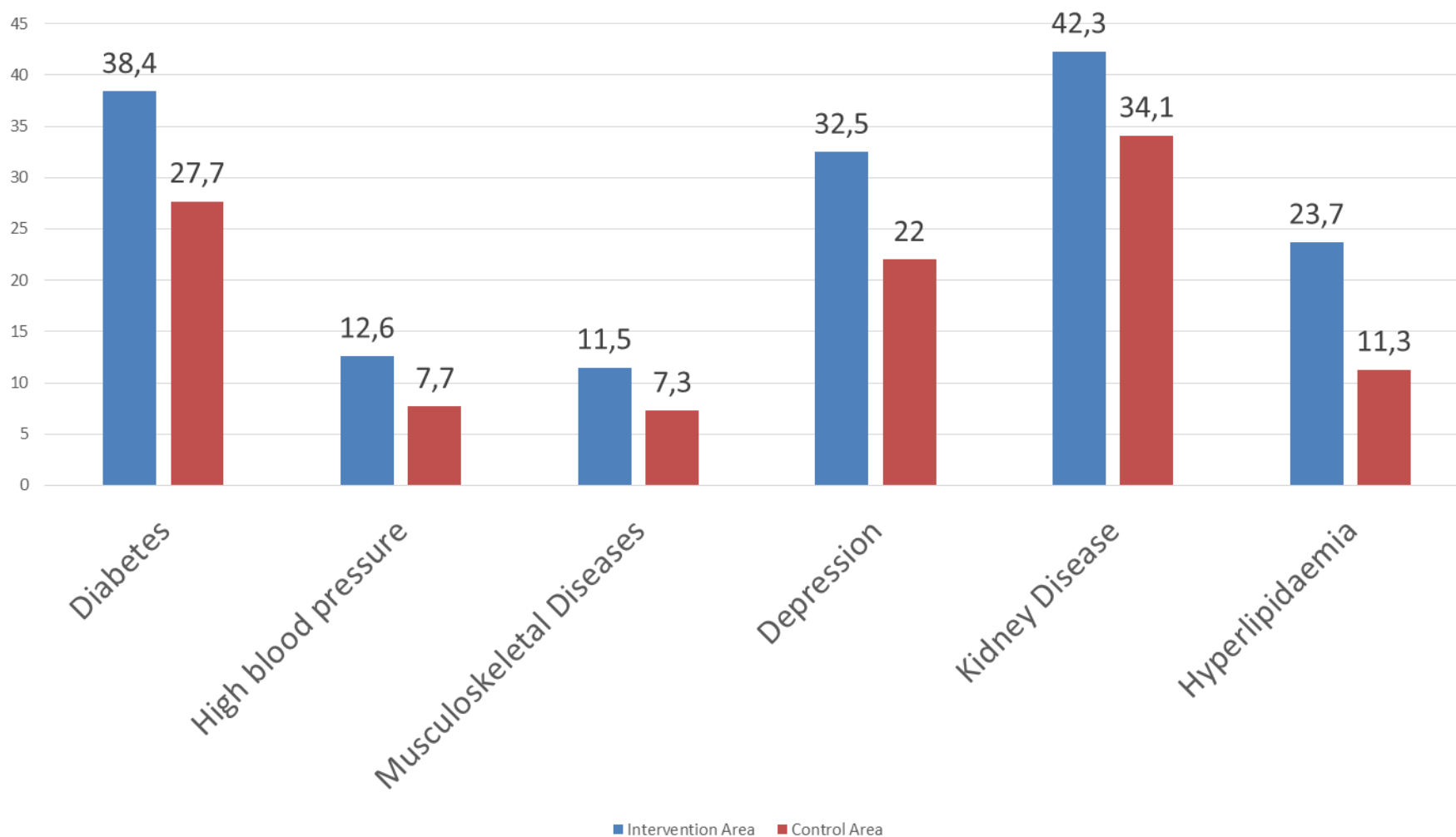
People without known disease who by the GP-s....

- Were sent to prostate screening
- Were sent to fecal occult blood...
- Were sent to cervical screening
- Were sent to breast screening
- Were sent to lung screening
- Blood was taken
- Abdominal circumference was...
- Body weight was measured
- Blood pressure was measured



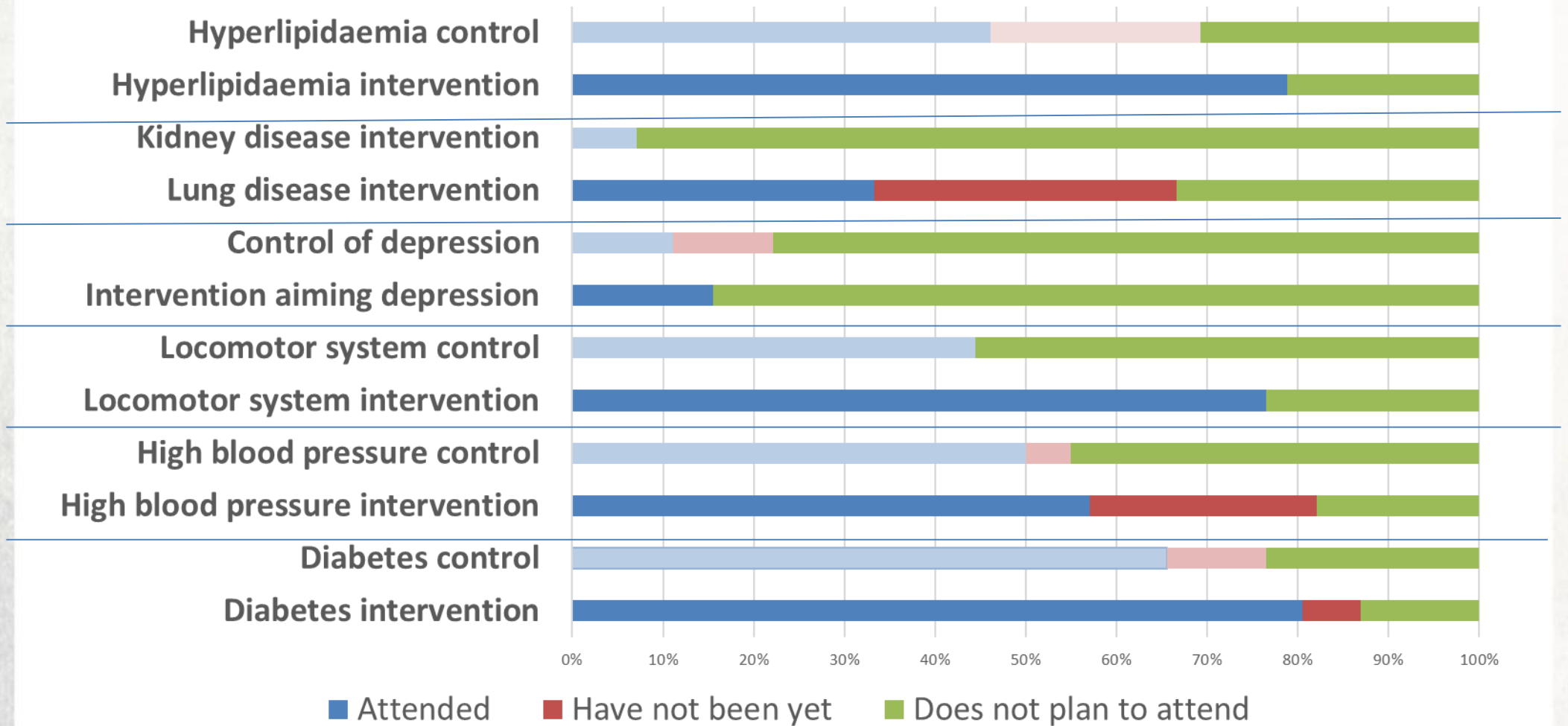


Was referred to Counselling in the past 3 years



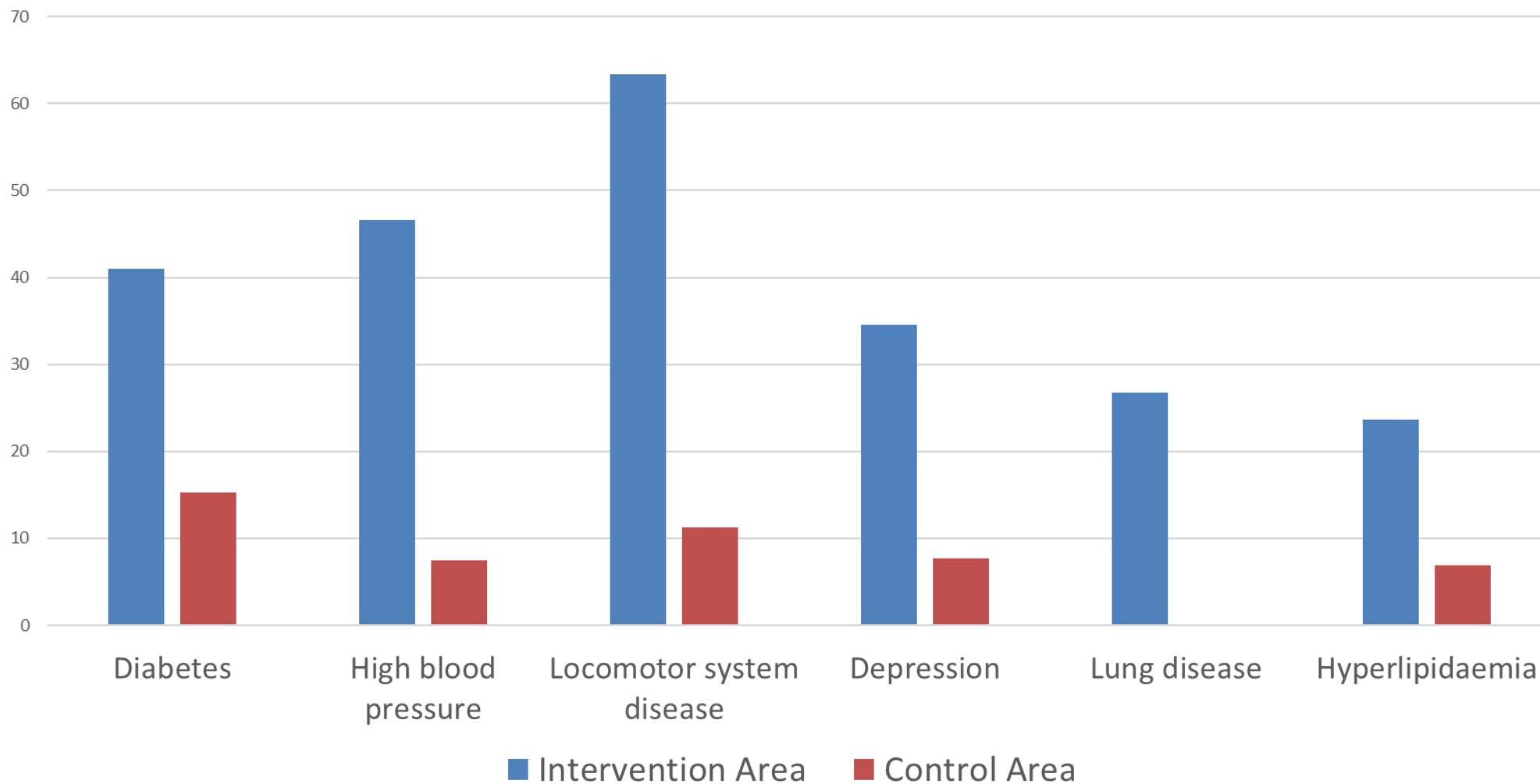


The ratio of clients attended counselling services



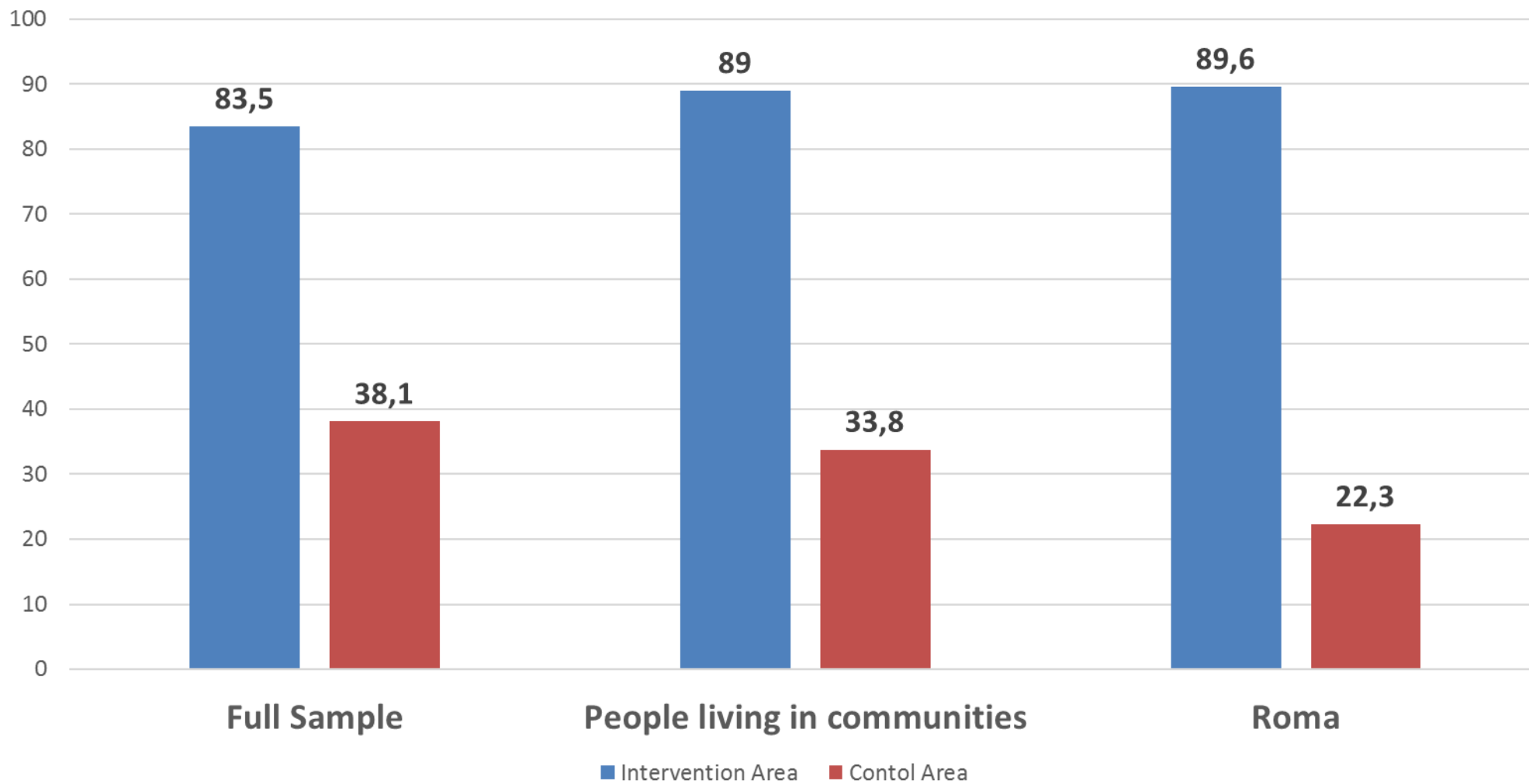


Patients who have not been sent but are aware of the service options



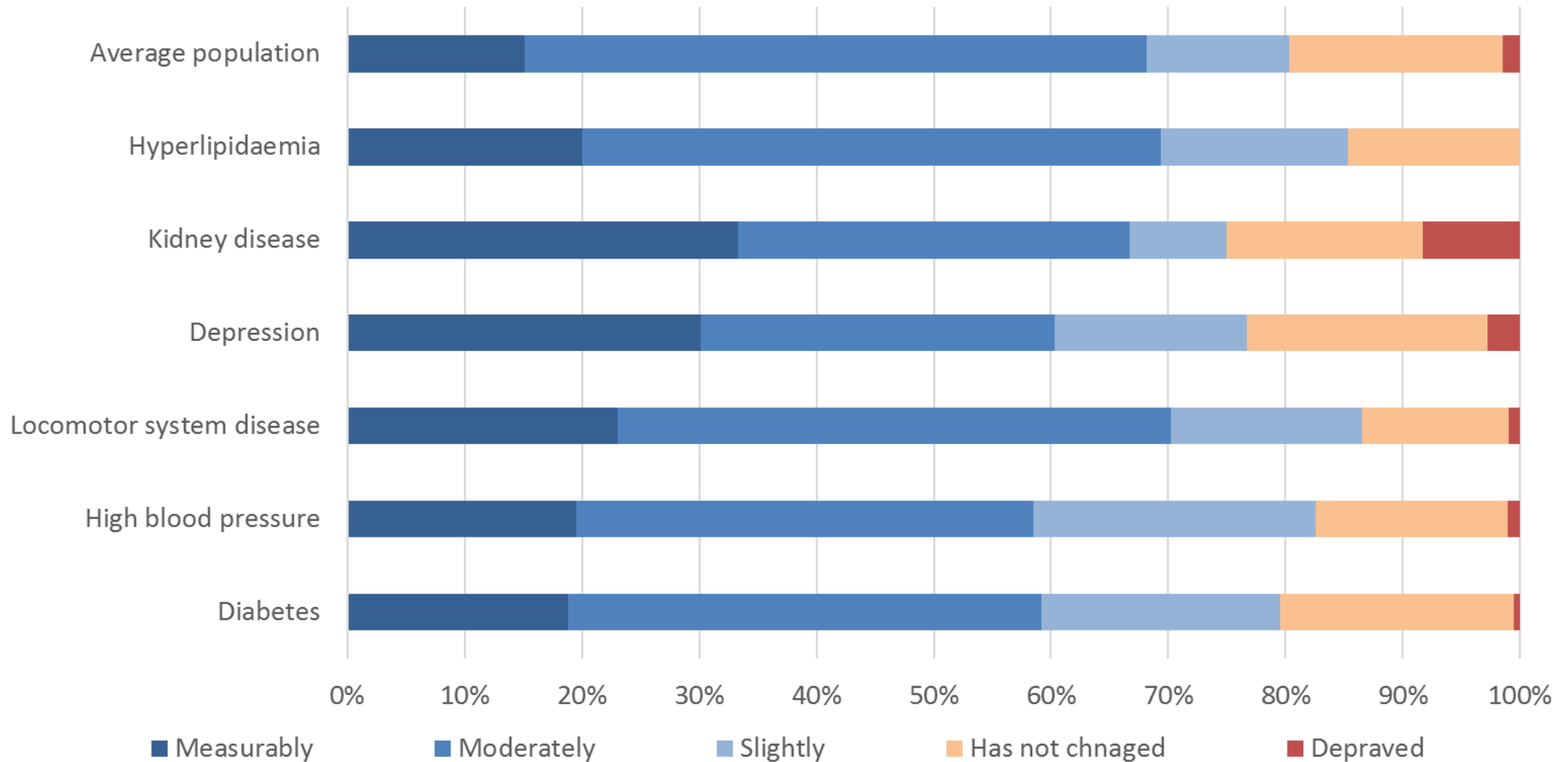


The proportion of people attended screenings in the past 3 years



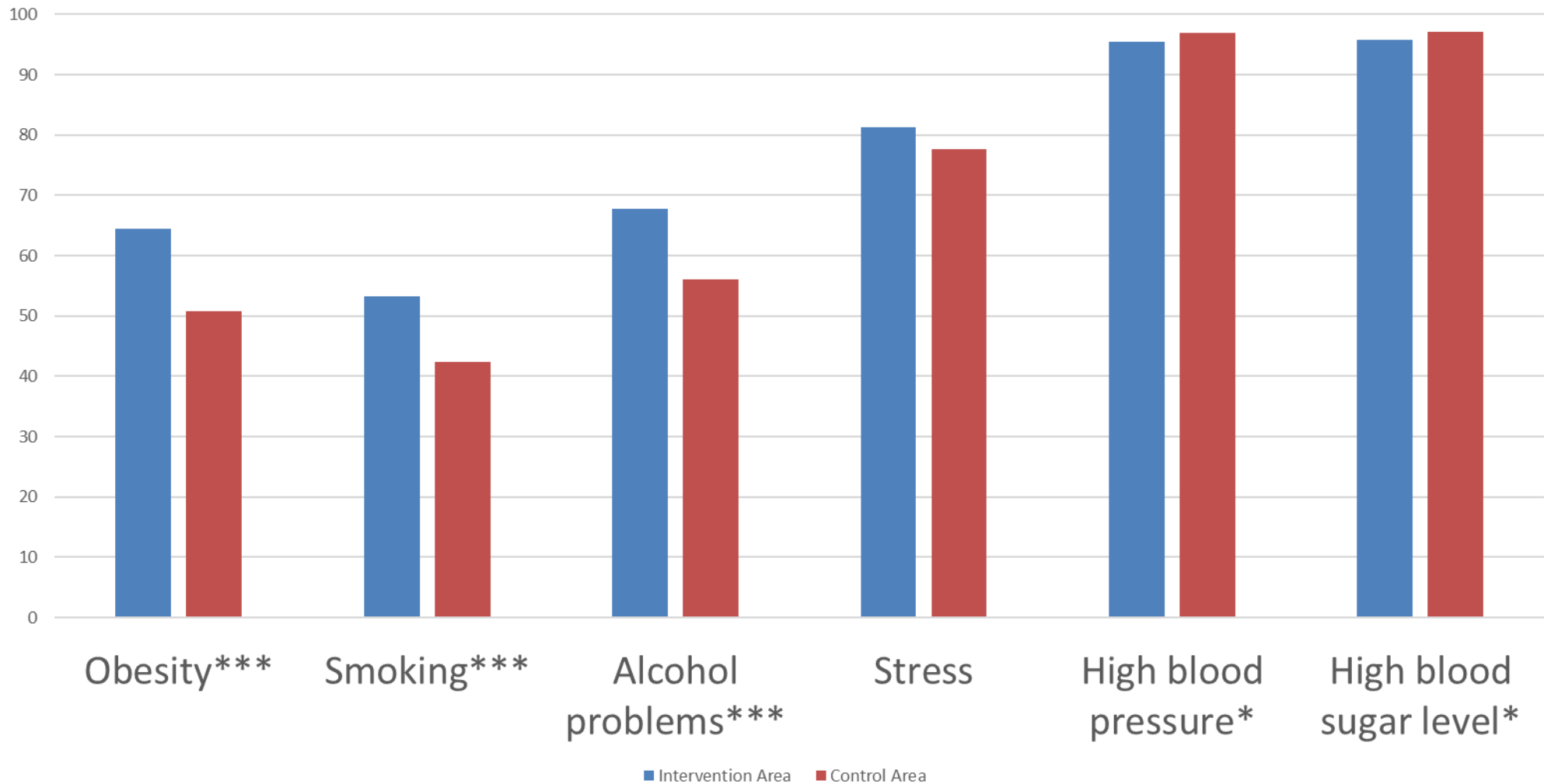


How have healthcare services changed in your residence since the introduction of the Program?



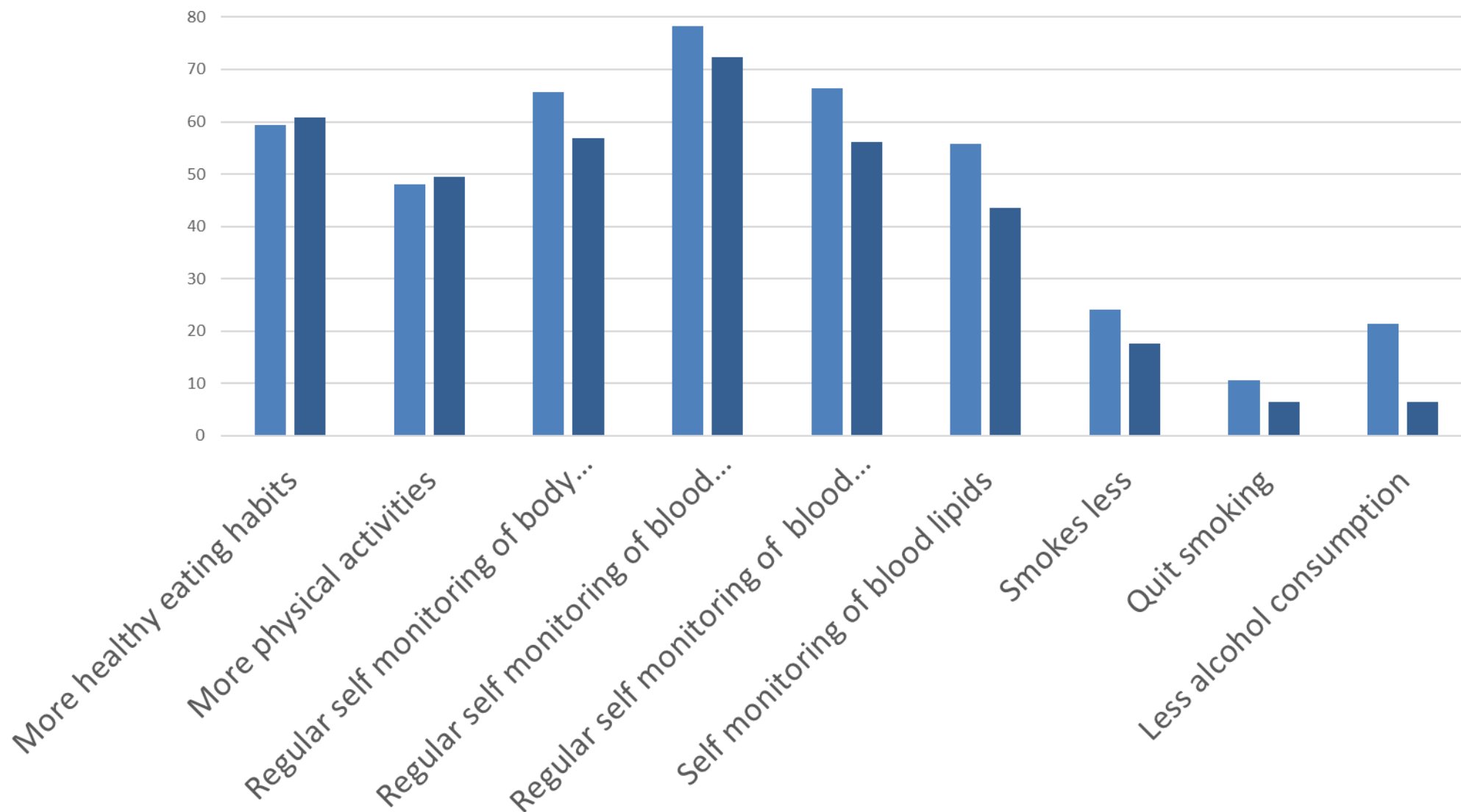


The proportion of clients who would like to visit professionals with the following problems:





Attitude change in the past 3 years



A projekt a Svájci-Magyar Együttműködési Program társfinanszírozásával valósult meg.
The project is supported by a grant from Switzerland through the Swiss Contribution.

www.svajcihozzajarulas.hu
www.alapellatasimodell.hu





Summary

- The publicity of the Program is exceptionally high
- Higher amount of chronic patients has been sent to attend additional services (physiotherapy, dietetics, psychology, lifestyle counselling) in the intervention area than in the control practices
- Offering services close to the place of residence for chronic patients has significantly increased the requisition compared to the control territory
- The consideration of lifestyle risks related to death (extremely high in Hungary in international comparison) differs significantly from the opinion of the control group.