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First Level Healthcare Providers not Preferred? Reasons for Preferring the Third Level

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ABSTRACT

Objectives: This study aimed to investigate the reasons why patients prefer tertiary pediatric outpatient clinics instead of primary healthcare services.

Methods: The research was conducted with patients who visited the pediatric outpatient clinic at Kafkas University Faculty of Medicine Hospital in 2023. Data were collected through face-to-face interviews with patient relatives.

Results: A total of 378 patients were included in the study. When the reasons for referral to tertiary healthcare services were analyzed, 168 (44.4%) were patient-related, 97 (25.7%) were physician-related and 113 (29.9%) were health system-related. The family doctor being considered insufficient was the most common with 71 (42.3%) patient-related reasons. Among physician-related reasons, a Family doctor's referral to a pediatric specialist was 97 (25.7%). Moreover, distance from the family doctor with 63 (55.8%) of the reasons related to the health system.

Conclusion: The study revealed that none of the cases required tertiary-level intervention, indicating that the present system encourages unnecessary specialist visits and diagnostic testing.

Keywords: Referral and consultation, primary care, pediatrics

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INTRODUCTION

As is well known, in 2003, the Ministry of Health launched the Health Transformation Program.[1] The previously region-based healthcare delivery model was transformed into a population-based model. This change; however, brought along several challenges. One of the main problems was the de facto elimination of the referral chain, despite its continued existence "at the legal level."[2]

Before the Health Transformation Program, healthcare users were required to first consult a first-level healthcare provider (health centers).[3] When an individual visited a first-level healthcare provider, they would either receive an outpatient diagnosis and treatment or, if necessary, be referred to second-level healthcare institutions for further examination and treatment. Upon visiting a second-level healthcare institution, the patient would be evaluated by a second-level healthcare physician. If hospitalization was required, the patient would be admitted; if outpatient treatment was appropriate, treatment would be planned, and recommendations would be sent to the first-level physician. After the implementation of the Health Transformation Program, this referral chain was effectively abolished, allowing patients to directly access second and third-level healthcare institutions at any time. However, this caused disruptions in communication between physicians across different levels and provided a basis for the arbitrary behaviors of healthcare users.[4]

This study aimed to determine the reasons why patients apply to tertiary pediatric outpatient clinics instead of primary health care services.

METHOD

The population of the descriptive study was calculated by including patients who applied to the pediatric outpatient clinic of Kafkas University Faculty of Medicine Hospital in 2023. Considering that approximately the same number of patients would apply in 2024, after removing duplicate applications, the study population was determined as 7,233 patients. Accordingly, the sample size of the study was calculated as 365 patients with a 50% prevalence, 95% confidence interval, and 5% margin of error.

The variables of the study include sociodemographic characteristics related to the family, mother, and child, as well as reasons for not visiting first-level healthcare providers. The data collection form, which includes variables such as age, gender, and maternal education level, was prepared based on the Türkiye Demographic and Health Survey.[5] In addition, the mothers of the patients were requested why they applied to tertiary health services instead of primary health services. The data for the study were collected through face-to-face interviews with the relatives of patients.

In statistical analysis, the SPSS v20.0 (IBM SPSS Statistics for Windows, Version 20.0; Armonk, NY, USA) package program was used, and descriptive measures such as percentage and frequency were applied.

RESULTS

A total of 378 patients were included in the study. The sociodemographic characteristics of the patients and their parents are summarized in Table 1.

When the reasons for referral to tertiary healthcare services were analyzed, 168 (44.4%) were patient-related, 97 (25.7%) were physician-related and 113 (29.9%) were health system-related. The reasons for patients' referral to tertiary healthcare services are summarized in Table 2.

Table 1. The sociodemographic characteristics of the patients and their parents

	n (%)
Gender	
Male	195 (51.6)
Female	183 (48.4)
Age groups	
Newborn	14 (3.7)
1–24 months	66 (17.5)
2–5 years	81 (21.4)
6–17 years	217 (57.4)
Mother's education	
Uneducated	44 (11.6)
≤12 years	252 (66.7)
12–16 years	82 (21.7)
Mother's occupation	
Employed	120 (31.8)
Unemployed	258 (68.2)
Residence	
Urban	265 (70.1)
Rural	113 (29.9)

Table 2. The reasons for patients' referral to tertiary healthcare services

Reasons	n (%)
Patient-relative reasons	71 (42.3)
Family doctor being considered insufficient	27 (16.1)
Belief that further tests are needed	22 (13.1)
Birth occurred in the hospital where the research was conducted	20 (11.9)
Belief that university services are better	15 (8.9)
"Since I'm here, let's get checked"	13 (7.7)
"I didn't think of going to the family doctor"	
Physician-related reasons	97 (25.7)
Family doctor's referral to a pediatric specialist	
Health system-related reasons	
Distance from the family doctor	63 (55.8)
Being a guest	20 (17.7)
Out-of-office hours visit	18 (15.9)
Unable to get an appointment at the second level	12 (10.6)

DISCUSSION

The discussion will be examined under three main headings: first, patient/patient relative-related reasons; second, physician-related reasons; and third, system-related reasons.

When all reasons are considered as a whole, it is found that 44 out of every 100 visits are due to reasons related to the patient's relatives. The most significant reason for visiting the third level appears to be patient relative-related reasons. Among these, the belief that the family doctor is insufficient ranks first. Family doctors track and monitor children's weight, height, and development from the newborn period, as well as childhood vaccinations. The monitoring of healthy children, which is an important part of child health, by family doctors, along with sometimes prescribing treatments used regularly for chronic illnesses of

parents, might have led families to perceive family doctors as inadequate in understanding their child's illnesses. The second most common reason related to patient relatives is that 16.1% of parents stated that they visited the third-level hospital because they thought their child's symptoms required further tests. When the patients' medical history was investigated in more detail, it was found that families, after searching for information about their child's complaints on the internet, feared that it could be a serious illness and requested further investigation.

In terms of healthcare services, as individuals become more familiar, they are more likely to trust well-known healthcare professionals or hospitals.[6] Another study has shown that familiarity with hospital staff or satisfaction from a previous visit influences hospital choice.[7] In a study conducted with patients over the age of 65 who applied to tertiary care, it was observed that those who did not know their family physician did not use tertiary care effectively.[8] Due to the trust-building mentioned here, 13.1% of patient relatives may have preferred to continue their children's follow-up visits at the hospital where the birth took place. In a study conducted by Boscarino and Steiber, it was shown that the presence of specialist doctors, the quality of facilities, and the size of the hospital are among the criteria considered when choosing a hospital.[7] In our study, 11.9% of families stated that they visited the third-level healthcare institution because they believed the university hospital was better. The selective admission of patients has allowed for longer examination times and more qualified healthcare services for fewer patients compared to the second-level, leading to the perception that there is more attention given to patients and their conditions. It is also a fact that the ease of access to academicians in different departments at the third-level hospital has contributed to this perception. Perhaps for this reason, patient relatives have been seen to bring a different family member for examination, and thus, they also enter the pediatric outpatient clinic. In addition to being an example of cases that could have been diagnosed and treated at the first level due to the failure of the referral chain, this situation demonstrates that healthcare services are being sought solely from a service-focused perspective.

Physician-related reasons account for 26 out of every 100 visits. When these reasons are examined, the most common is the family doctor's referral to a pediatrician after their examination. With the absence of a referral system and the increasingly stimulated demand for healthcare, every patient tends to seek examination/consultation from a specialist doctor. Whether necessary or not, this request from patient relatives often results in the suggestion, "If the complaint doesn't go away, see a specialist." Especially for pediatric patients, such suggestions have become routine and are gradually making access to specialists increasingly impossible. In second place are cases where "the family doctor is afraid of treating pediatric patients." The family doctor, when faced with patient relatives seeking help for their child's complaints, primarily offers preventive and health-promoting services as a first-level physician. According to a frequently encountered scenario, when the complaint persists the next day, the family may return to the family doctor with increased anxiety, and the physician may face questioning or accusatory behavior regarding their diagnosis and treatment suggestions. Unfortunately, due to the increasing incidents of violence against physicians in our country, family doctors may more frequently refer pediatric patients to specialist doctors. The family of a child patient visiting the third-level pediatric outpatient clinic expressed that the family doctor does not treat pediatric patients. In third place is the situation where the family doctor's treatment does not lead to improvement. This issue actually has two aspects: First, there are situations where the family doctor's knowledge and skills may be inadequate. Second, it is when the treatment or recommendations given by the doctor do not meet the expectations of the family and are either not used or used inadequately (e.g., for an insufficient amount of time). For example, post-infectious coughs that can last up to 4 weeks after an Upper Respiratory Tract Infection diagnosis are one of the most common complaints encountered in studies like this one. 30 out of every 100 visits are due to system-related issues. Among system-related reasons, the most common is the distance from the family doctor and the difficulty in reaching them. Due to the geographical location of Kars, especially in winter, roads in some villages are closed due to snowfall, which prevents patients from reaching their family doctor. In addition, the fact that mobile family health services in some villages are only provided once or twice a week leads patients to visit urban centers or healthcare institutions with better facilities for their complaints. A study by Gesler and Meade also showed that the distance factor is a significant determinant in access to and use of healthcare services.[9] Similarly, a study in a rural province of China, investigating the preferences of hypertensive patients for first-level healthcare institutions, found that participants whose residences were closer to first-level healthcare facilities were about 10 times more likely to prefer them over those whose residences were closer to district hospitals or higher-level hospitals.[10] The second most common reason is when families visiting from other cities cannot be examined by their family doctor due to the family doctor being in a different city. The third most common reason is out-of-office hour visits. Family medicine working hours are from

8:00 am to 5:00 pm, except on official holidays. Outside of these hours, when patients have complaints, they often visit the emergency department without waiting, as there are no obstacles. In addition, after visits to the emergency department on weekends or after long official holidays, child patients are often referred to specialists, leading to an increase in the number of patients visiting our clinic. It was also found that of patients visited our clinic because they could not get an appointment with a specialist at the second level.

This study has several limitations. First, it was conducted at a single tertiary care center, which limits the generalizability of the findings to other regions or healthcare settings with different demographic or structural characteristics. Second, data collection relied on face-to-face interviews with patient relatives, making the results susceptible to recall and reporting bias. Participants may have misremembered events or provided socially desirable responses. Third, the study did not include the perspectives of healthcare providers, such as family physicians or pediatricians, which could have enriched the analysis by offering a more balanced view of the referral dynamics. In addition, the cross-sectional nature of the research captures only a specific time frame and does not account for seasonal or temporal changes in healthcare-seeking behavior. While health literacy was highlighted as an influencing factor, it was not directly measured or assessed, limiting the ability to determine its precise role. Finally, potential confounding variables such as socioeconomic status, cultural beliefs, and previous healthcare experiences were not fully explored or controlled, which may have influenced patients' preferences for tertiary care services.

CONCLUSION

This study shows that none of the patients visiting the tertiary pediatric outpatient clinic required tertiary-level care, highlighting a misuse of services due to the breakdown of the referral system. Factors, such as lack of trust in primary care, perceived need for specialist attention, and systemic access issues contributed to this trend. These patterns lead to unnecessary diagnostic testing, increased costs, and inefficiencies across the healthcare system. Strengthening the referral chain and improving public health literacy – particularly about when to seek primary versus specialist care – are key to ensuring more effective use of healthcare resources.

Disclosures

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