



Research Article

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Analysing performance indicators in Albania's primary health care centers: Workload equality, documentation variability and the case for performance-linked incentives

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Abstract

This study provides a comprehensive comparative analysis of performance indicators across thirty primary health care (PHC) centers in Albania, exploring the relationship between workload, documentation quality and uniform remuneration. Albania's PHC system collects rich electronic data through the e-Visita digital platform, making every patient visit, diagnosis and follow-up electronically traceable. These data reveal large variations in follow-up consultations, chronic disease management, active-patient registration, vaccination activity and preventive visits. However, despite these substantial differences, physician remuneration remains identical nationwide.

The empirical analysis shows substantial variation in workload. The average number of visits per physician across centers is approximately 3 800 per year, ranging from as low as 389 visits per physician in one center to over 7 100 visits per physician in another. The average number of residents per physician ranges between 1900 and 3500. Despite these objectively measurable differences in workload and performance, physician remuneration remains uniform, with no financial differentiation for high-workload or high-performing centers.

Data were collected through institutional performance reports, electronic audits. The analysis demonstrates that centers with higher documentation completeness, stronger chronic disease follow-up and higher preventive service volumes operate under significantly greater workload than others. Yet this workload does not translate into differentiated financial recognition. Physicians in high-performing centers frequently reported concerns about fairness, noting that the uniform salary system does not reflect the measurable differences in performance and institutional demands.

Given that Albania already possesses a fully functional electronic monitoring system, the study argues that the existing digital data infrastructure is sufficient to support transparent, objective and reliable performance-linked financial incentives. Introducing such incentives could enhance motivation, reduce inequities and improve service quality without imposing additional reporting burdens.

Keywords: Performance Indicators, Albania's Primary Health Care Centers, Workload

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