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Improving the Health System in Romania

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ABSTRACT *Health services system in Romania is found at the end of a long transition from an integrated model, in which all the healthcare provider's organizations were public property, under the Ministry of Health authority, to a contractual model funded from public sources, but also from private ones. Under these conditions, the majority of public or private providers of health services, with a high degree of autonomy, are binding contracts with Health Insurance Agencies. The article follows the evolution of the legislative framework in the periods 1949-2006 and 2006-2013, and also identify the main courses of action of the Romanian health system. In order to demonstrate the need to improve the legislative framework, SWOT analysis were performed using comparison method. In the end it result that the legislation fails to clearly assign responsibilities placed on each institutional actor involved in the public health system and the quality of medical services in Romania is still below the level of EU countries and it is not measured by questionnaires or other methods.*

INTRODUCTION

Health insurance is a key objective of any state. Thereby, the main goals of health system are to provide a high level of health and equitable distribution of healthcare services (Anton, Onofrei, 2012). A health system should meet people's expectations, which implies respect for individual, autonomy and confidentiality of patients, patient-customer orientation and information, prompt services and good quality facilities, but also a high quality of medical services (Breton et al., 2013; Cărăușan, 2005).

The integrated model of healthcare system in Romania has been introduced by Healthcare Organization Law in 1949, being inspired by Semaşko health system designed in the Soviet Union (Baba et al., 2008). Its aim was a high level of fairness and it was based, according to the theory, on the principles of universal coverage of the population and free access to healthcare services, but it leaves for the customer-patient very little freedom of choice inside an extremely standardized, centralized and strictly regulated system (Stoina, 2012).

THE LEGAL REGULATORY FRAMEWORK EVOLUTION OF THE ROMANIAN HEALTH SYSTEM

By 1990, the Romanian health system was characterized by: 1 - state funding; 2 - central planning; 3 - rigid administration; 4 - state monopoly on healthcare.

After 1990, there were major pressures for a change from the taxpayers, users, doctors, medical institutions, and also the administrative authorities, although all medical services were free (Hintea et al., 2009). They were due to poor quality of health services in some areas of the country and progressive deterioration of health state due to underfunding, inefficiency, rigid rules, lack of competition through a system of private health and individual initiative. In turn, the pressures from other national health systems in the EU, led to a lot of hospitals, inadequate medical equipment, insufficient access to modern medicines, insufficient preventive services, increased inequity in healthcare provision between different regions in Romania and among different social groups (Stoina, 2012).

The structure of health system is now pluralistic and complex, compared to the previous system more centralized and standardized. In the system before 1990, providers were almost entirely owned by the state in a pyramidal structure of command and control, led by the Ministry of Health (Stoina, 2012). Planning health care indicators in states based on a National System of Health Services must take into account the location and organization of health services in hospitals to improve access to healthcare services in terms of cost and efficiency (Mestre et al, 2012).

SWOT ANALYSIS OF NORMATIVE REGULATIONS DURING 1990 – 2006, Law no. 145/1997

Strengths

- The health insurance is mandatory and operates in a decentralized, autonomous manner;
- All citizens, regardless of income, have the right to adequate medical protection;
- Organization of social insurance is very flexible.

Weaknesses

- Possible imbalances between generations, when a smaller number of employees (active population) should support a greater number of inactive population (pensioners, disabled people, etc.);
- Lack of clear criteria for measuring the quality of healthcare services.

Opportunities

- The functioning of other forms of health insurance, covering individual risks in specific conditions, but for people with high incomes;
- Increasing the quality of healthcare through the free choice of doctors and hospitals;
- Medical orientation in order to satisfaction of the patient.

Risks/Threats

- Increasing health spending without improving the health of the population;
- Absence of effective mechanisms to ensure quality of healthcare in terms of efficiency, effectiveness and economy;
- Corruption development in patient-doctor relationship, by giving and taking bribes to obtain undue benefits;
- Managerial inefficiency;
- Increase of healthcare spending without positive effects on the quality of medical and public health services;
- Insufficient managerial training of doctors in leadership positions.

THE NEED TO CHANGE THE LAST LEGISLATIVE FRAMEWORK. THE 2006 REFORM PROCESS

The main act of legislation governing health care in Romania is Law no. 95/2006 on healthcare reform, as amended and

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supplemented. The law imposes rules for the relevant activities funded public and private. It also sets out the responsibilities of the main actors in the field, namely the Ministry of Health - MH and its decentralized services, the National Health Insurance House - NHIH and County Health Insurance Houses - CHIH.

HEALTHCARE REFORM - LAW 95/2006

Strengths

- Pluralistic and complex structure;
- Contractual relationship between insurance funds and private and public providers of health services;
- Transparency in the management of funds for health insurance system.

Weaknesses

- Insufficient funds to cover the use of drugs for customer-persons;
- Public health departments have reduced authority to the health care providers which are in a contractual relationship with the county health insurance houses;
- Poorly paid human resource;
- Uncontrolled growth of drug consumption, by making doctors pharmaceutical products prescribers in the interest of producers and importers of medicinal products.

Opportunities

- The possibility of developing an appropriate legislative framework and harmonized with European recommendations on various levels: policy, strategy, action plans, financial provisions, guidelines and professional advice;
- The general process of decentralization could help health system to organize regional screening programs;
- Competition between national health system and other systems in other countries, may be beneficial in the medium and long term, but not short-term.

Risks/Threats

- On malpractice, legislature has not classified in category of misbehavior the act of under legal limit insurance;
- Insufficiently paid human resource;
- Migration of human resources in countries that pay better healthcare professionals as Italy, Germany, Norway, etc.;
- Financing system crashes through doctors' drugs prescription;
- Closure of hospitals and clinics due to lack of public funding;
- Romanian patients migrate to other countries in the European Union with better healthcare providers.

An especially important part of Law 95/2006 is related to health insurance contributions. Health insurance system is mainly financed by contributions from employers and employees (shown in Figure 1). They are credited to the Unique National Fund of Health Insurance - UNFHI, which is administered by National House of Health Insurances - NHHI. Law 95/2006 sets other important financing sources for healthcare in Romania, the vice tax and turnover tax on drug manufacturers. This law is enforced by a variety of methodological rules detailing particular aspects such as national health programs, contracts with service and products providers, organizing hospitals, etc.

Regarding the structure and dynamics, the public health system resources are funded by: Unique National Fund of Health Insurance -UNFHI, Ministry of Health - MoH and the state budget.

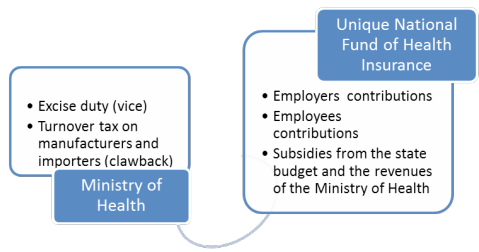

Figure 1. Textual incomes of public health system

On the whole, the health legislative framework is very diverse and complex, consistent with the entire domain. However, we should note that the law fails to clearly assign responsibilities to each of the actors involved. The problem is especially serious in terms of funding of various medical services which are expensive, such as cancer treatment (Gibson et al., 2013). Overlapping financing responsibilities between NHH, MH and local authorities seems to be the rule and not the exception. This allows any player to exculpate blaming the other for any failure.

CONCLUSIONS

Law 95/2006 was amended and supplemented excessive, by no less than 23 times since its adoption, 4 times even in the year of adoption, and in 2008, 8 times.

In addition to this are added important annual requirements of the system and framework contracts for medical assistance and national health programs.

The health legislative framework is constantly changing, which obviously creates problems of implementation and interpretation confusion at all levels; these deficiencies are reflected ultimately in the quality of healthcare.

The current legislation, funding the health system in Romania, is not oriented towards achieving a high degree of efficiency and quality, which means that we couldn't talk about significant changes in short and medium terms to improve the quality of medical services in Romania.

The new quality of medical services in Romania has to wait, because in Romania still is not used questionnaire for measuring the patient satisfaction.

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