

# The Performance of a Health System in Romania Ensures a Present for a Stable Healthy Population, Without Negative Influences of the Past

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Regardless of the existing situations, economic crises, epidemics, or causes determined by the effects triggered in the foreign policy of the European Union states, health becomes a factor of maximum urgency in the state of a state, in order to have a healthy population. Romania now has both funding sources and revenues allocated to the establishment of the Single National Health Insurance Fund, major conditions for having an efficient health system. The National House of Health Insurance becomes the binder in the establishment and use of the Single National Health Fund, in the organization and coordination of projects for the development of the public and private health system, so that through the framework contract, legally constituted, we can look at the health system from needs up to the consumption of health services. No matter how much we analyze the health system in the country, it becomes efficient in the future, even if we have an aging population with pressing needs from a demographic point of view. Through a consistent monitoring of the management in the health system and the attraction of medical personnel, after graduation, in hospital units, the balance of medical personnel vs. patient can become favorable. Family doctors must have the most important role in the health system, in the existing conditions considering that the prevention and elimination of waiting time in hospitals are strictly related to the urgency of the medical services provided in time by them. Hospital units can reduce the degree of illness of the population in the shortest possible time through monthly reporting of existing problems, including nosocomial infections. When there are well-established funding resources, the ways of their use and distribution are known, there are qualified medical personnel who can provide medical services to the population, upon returning to the country after specialization in other countries, we can clearly discuss that Romania has development levers of the public and private health system, in any condition. We must think that a transparent and prepared health system can therefore affect any country to have a healthy people, when the medical act is viewed through the lens of seriousness, humanity, professional values.

*Keywords:* financing, Single National Health Fund, National Health Center, public health system

## Introduction

If we start from the simple notion of a developed health system, we can remark that any beginning of a public and private system must start with new knowledge and strategies without going back in time, but beneficial

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in the future. The size and success indicators for the hospital unit must actually promote practice-based outcomes, demonstrable as a factual concordance between hospital case complexity indicators and their classification level (Ciutan, 2016). When the level of complexity is low, the remark can be only one, determined by the low level of hospital equipment, insufficient staff, and faulty management. So when the level is “tertiary”, the hospital unit is underfunded, with undefined planning or consolidation problems, medical services become insufficient, without precise destination, and chaotic. We often ask ourselves: what do rural patients who have remote hospital units do?

How can emergency cases be resolved under such conditions? What steps must be taken in the public and private system, in order for the population to have access in critical moments?

Strategically speaking, we can observe that the operationalization of the health system in Romania in the perspectives of the years 2022-2027, has in mind the provision of monitoring indicators that correspond to the redefinition of a sustainable and stable health system. The decentralized system of hospital units in percentage of 85%, through funding from both the state budget and the social health insurance budget, involved a concentrated and consistent administration through the local public administration (Ministry of the European Fund, 2021).

By reducing excess admission capacities, family doctors in ensuring the prevention of both infectious and chronic diseases, a reduction in personnel expenses in hospital units but without negative effects on them, the share of expenses representing a maximum of 70% of the total hospital budget, had implications on the formation of strategies regarding the reorganization of the hospital network by reducing public hospitals by 15%.

When a National and Regional, respectively Local Hospital Plan is prepared, it can be demonstrated that the number of admissions has decreased by 10%, hospital units have autonomy, through a well-established legislative framework, but with positive changes in the structure and managerial composition. The feasibility of the health system seen through the elaboration of legally established criteria for the classification of hospitals, as well as the accreditation of the operation of hospital units, is linked to a correct, permissive, and transparent information flow, through the digitization and implementation of the Single Integrated Information System (SIU), explaining the fact that 100% of the medical service providers who have contracts with the National Health Insurance House use this information system, a necessity in the centralization of some databases in the health system in a percentage of over 50%, the insured population using the health card health (Official Gazette 663, 2022). The establishment of the Single National Health Insurance Fund, led to a balance in the budget of hospital units, the Framework Contract of the National Health Insurance House, representing a legal basis for the collection and distribution of funds in the public and private system of health. The introduction of co-payment, of direct payment to the provider of medical services, created the possibility of differentiated medical services, by categories of medical assistance, but also medical compensation for disadvantaged people.<sup>1</sup> We can say this way, that all these aspects led to a fluidization of patients in hospital units, the rate of admissions per inhabitant registering a percentage of 5%, expenses for medical services in hospital units decreased by 10%, positively influencing the increase of revenues in the health system by more than 1%. The legislative changes in the health system led to the implementation of measures to establish the basic package of medical services, the phased development of 1-day hospitalization in hospital units.

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<sup>1</sup> Law no. 145 of 24.07.1997, the social health insurance law, art. 27, 31, 57.

### **The Implications of the Application of the Unique National Human Resources Plan in the Development of the Health System**

When there are qualified personnel, specialized in the public and private health system, a balanced budget in the health system, we must take into account the performance indicators that influence the achievement of a good budget execution. The balanced redistribution of hospital expenses, on family medicine, primary care, ambulatory care, but also home care, can determine the provision of a diversified treatment, but with low expenses compared to those in hospital units. Any budgetary change in the health system is estimated according to the indicators regarding the types of medical assistance, respectively primary care and that in hospital units with beds, the number of consultations and admissions but also the expenses or average costs lei/service or medical record (Ministry of Health, 2016).

A stringent objective is determined by the degree of coverage in hospital units, state and private, achieving a balance of insured medical services, medical personnel vs. patient, so that there is a mutual benefit.

Through the multi-year Strategy for the development of human resources in health 2022-2030, the implementation of effective, initiative programs regarding the attraction of medical personnel, doctors, specialized medical assistants, equitable distribution in disadvantaged, rural areas, with well-founded goals of prevention and primary medicine, is aimed at through training and medical education, from residency to high-performance qualifications, corroborated with solutions to attract personnel through financial sustainability, working conditions, service housing.<sup>2</sup> Any strategy regarding the human resource in the health system, starts from the conditions existing in the country, the aging of the population, the need to provide efficient medical services. The need to equitably distribute the medical staff derives from its high level of immigration, which leads over time to the reduction of medical health services, the investment in the education and training of the medical staff not being justified.<sup>3</sup>

This is why the pandemic and economic crises have triggered a series of assumptions, related to the type, purpose, and conditions of providing medical services, the balance between medical staff and patients. The inadequacies in the public health system make private health services a completion in urgent situations, catastrophes, all with the aim of ensuring effective medical services depending on the patient's state of health, disability, or cases of death.<sup>4</sup>

The policy and the legal framework in the health system play an important role in identifying the causes and respectively explaining the effects that can be reflected in a dynamic health system, through a strategy of continuous assurance of the necessary human resources, the development of the professional career both regionally, as well as locally in all public health institutions, through efficient, humane, financial management, without political dependence (European Observatory on Health Systems and Policies, 2017).

Over the years, Romania faced a shortage of personnel in the health system, a fact that led to a limitation of the population regarding access to medical services and with serious implications on the health status of the population. More than 47,000 migrations of medical personnel, doctors, nurses, midwives, pharmacists, dentists, negatively marking the proportion regarding the need for medical personnel, for the stable provision of medicated services in time and space.

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<sup>2</sup> <http://legeaz.net/monitorul-oficial-154-2017/oug-18-2017> community medical assistance, accessed on 22.03.2017.

<sup>3</sup> Emergency ordinance no. 18/2017 of February 27, 2017, regarding community medical assistance.

<sup>4</sup> [www.ms.ro](http://www.ms.ro)-Ministerul Health-Annual reports on national public health programs.

This is why it should be borne in mind that Romania needs determining strategies in the generation of human resources, a good management of existing human resources in the health system, the way in which it is monitored by the competent bodies, the government, of human resources. The financing of the health system in the field of human resources generates expenses on the one hand in the health system, on the other hand performance in providing necessary medical services for the population.<sup>5</sup>

### Conclusions and Proposals

I believe that the efficiency that identifies programs and projects in the health system must start from well-established principles, from the patient's fundamental right to access medical services whenever they need them. We must start from the needs of the community, both at the rural and urban level, regarding the planning of human resources in the field of health, to a balanced distribution and transparency of the medical personnel, at the territorial level. A quality management, in fact, must optimize the potential of the workforce regarding the offer of efficient and financially sustainable medical services. Eliminating the high degree of migration can be motivated by attracting qualified and specialized medical personnel, without paralyzing the functioning of the public and private system, motivated financially, educationally, professionally, socially. International professional collaboration relations, according to national priorities, for a consistent development of human resources, should not be ignored. Although the mobility of medical personnel has become a major problem in several countries, it has determined that international bodies, through the World Health Organization, develop policies for the training, development, and allocation of health human resources, a fair salary, but also an improvement of professional training in the medical field (European Observatory on Health Systems and Policies, 2017).

This is why it is important to pay attention to the distribution of medical personnel in urban and rural areas. Serious imbalances in the distribution of medical personnel have negative consequences on the execution of the medical act, for the residents of poorly served counties, for the elderly and vulnerable. The demographic conditions, the diversity of the population by age groups, sex, religion, are influencing factors in the establishment of concrete, transparent, viable policies in avoiding these aspects that influence the health system in our country. Any legislative amendment must represent a change in the Framework Contract, so that the National Health Insurance House remains the central pillar in the necessary financial and human quantification between health service providers and medical service beneficiaries. Through the two ministries, the Ministry of Health and the Ministry of Public Finance, the budget allocated to the health system must be designed, after the financial and human needs have been identified in the territory.

The strategies of the health system must become as transparent as possible, so that the information flow made available to patients helps to make permissive decisions in the choice of the doctor, the hospital unit, the provider of medical services, state or private, of the treatment alternatives.

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<sup>5</sup> [http://www.ms.ro/documente/anexa%201%20-%20strategia%20National%20de%20Sanatate\\_886\\_1761.pdf](http://www.ms.ro/documente/anexa%201%20-%20strategia%20National%20de%20Sanatate_886_1761.pdf), accessed on 21.03.2017.

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