The reform of the Romanian health care system: A comparative study between regional health directorates during 1990's

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This paper

- analyses *the development of the Romanian health care system at regional health directorate level* since the transition in 1989.
- First, we outline the development of the Romanian economy and especially the reform of the health care system.
- Second, we analyze the effects of the reforms in health care sector during 1990's by exploring the variations of health care *outputs* at regional health directorate level.

Historical background

- Between the I & II World Wars there was a social insurance system based on the *Bismarckian sickness fund model*.
- In 1949, the Law on Health Organization of the State was passed and there was a gradual transition to a *Semashko health system.*
- Romania began its process of health care reform in the early 1990s with major problems, such as chronic *underfunding* of the health system and *low staff salaries and morale*.
- The political objectives of reforming the health care system have been ***to decentralize*** *the health care system*, to create ***competition*** among providers and ***to improve*** *the health status of the population* (Ministry of Health, 1997).

Laws concerning the structure and organization

- Law 74/1995 concerning the organization of the College of Physicians
- Law 145/1997 on Social Health Insurance
- Law 100/1998 on Public Health
- Law 146/1999 on Hospital Organization

The new regulations

practically *changed* the entire structure of the health care system and *established* the framework for the shift ***from*** an integrated, centralized, state owned and controlled tax-based system ***to*** a more decentralized and pluralistic social health insurance system, with contractual relationships between health insurance funds as purchasers and health care providers.

The experiments

- Since 1994 ***a pilot scheme for primary health care*** has been introduced in **8 districts** (judete) of Romania; and it was *extended* to other 4 districts from 1996. The experiments ended in 1998.
- This scheme has ***shifted responsibility for funding and managing primary health care from territorial hospitals to district health directorates*.**
- The *negotiation* process and contracts between health care personnel and authorities as well as the salary system have been changed.

DISTRICT Average population ≃ 550 000 inhabitants RANGING fr. 232 951 to 874 219
(without Bucharest)

1992 CENSUS

- EACH district is divided into 3-6 FUNCTIONAL AREAS.
- EACH funct. area has:
  - → AT LEAST 1 HOSPITAL
  - → ≥ 1 POLYCLINIC(S)
  - → a network of DISPENSARIES

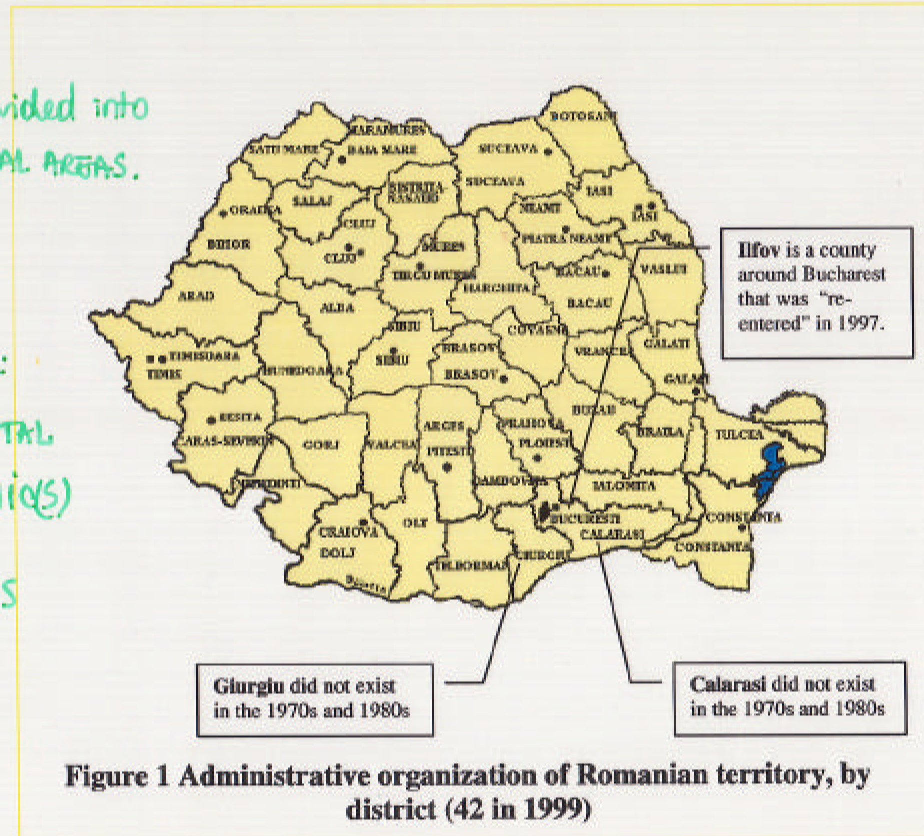


Figure 1 Administrative organization of Romanian territory, by district (42 in 1999)

EXPERIMENT 1 (1994-1998)

- PRIMARY HC services
- Human resources performance & motivation
- Impoved management
- community involvement

Ilfov is a county around Bucharest that was "re-entered" in 1997.

Giurgiu did not exist in the 1970s and 1980s

Calarasi did not exist in the 1970s and 1980s

Figure 1 Administrative organization of Romanian territory, by district (42 in 1999)

EXPERIMENT 1 (1994-1998)

- PRIMARY HC services
- Human resources performance & motivation
- Impoved management
- community involvement

EXTEN. of EXP 1 (1996-1998)

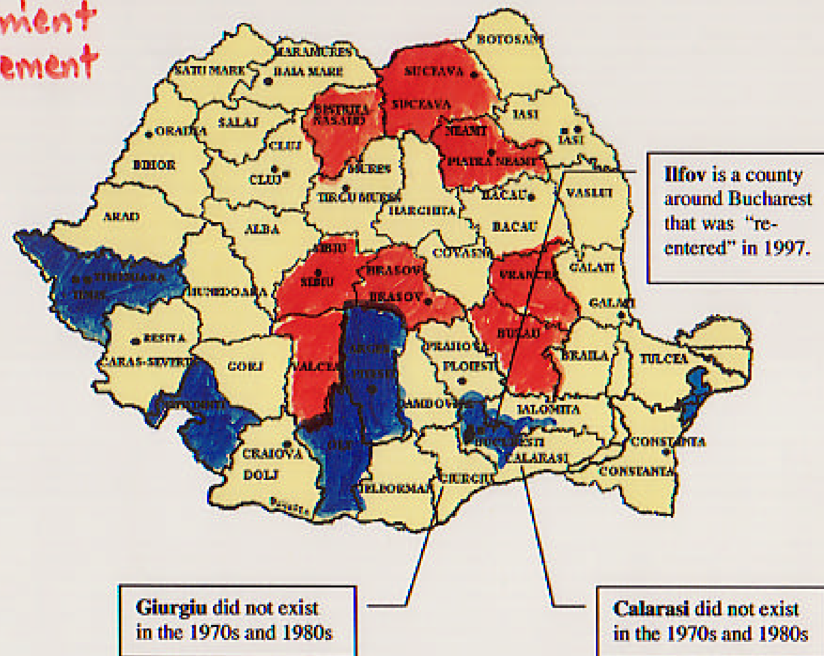
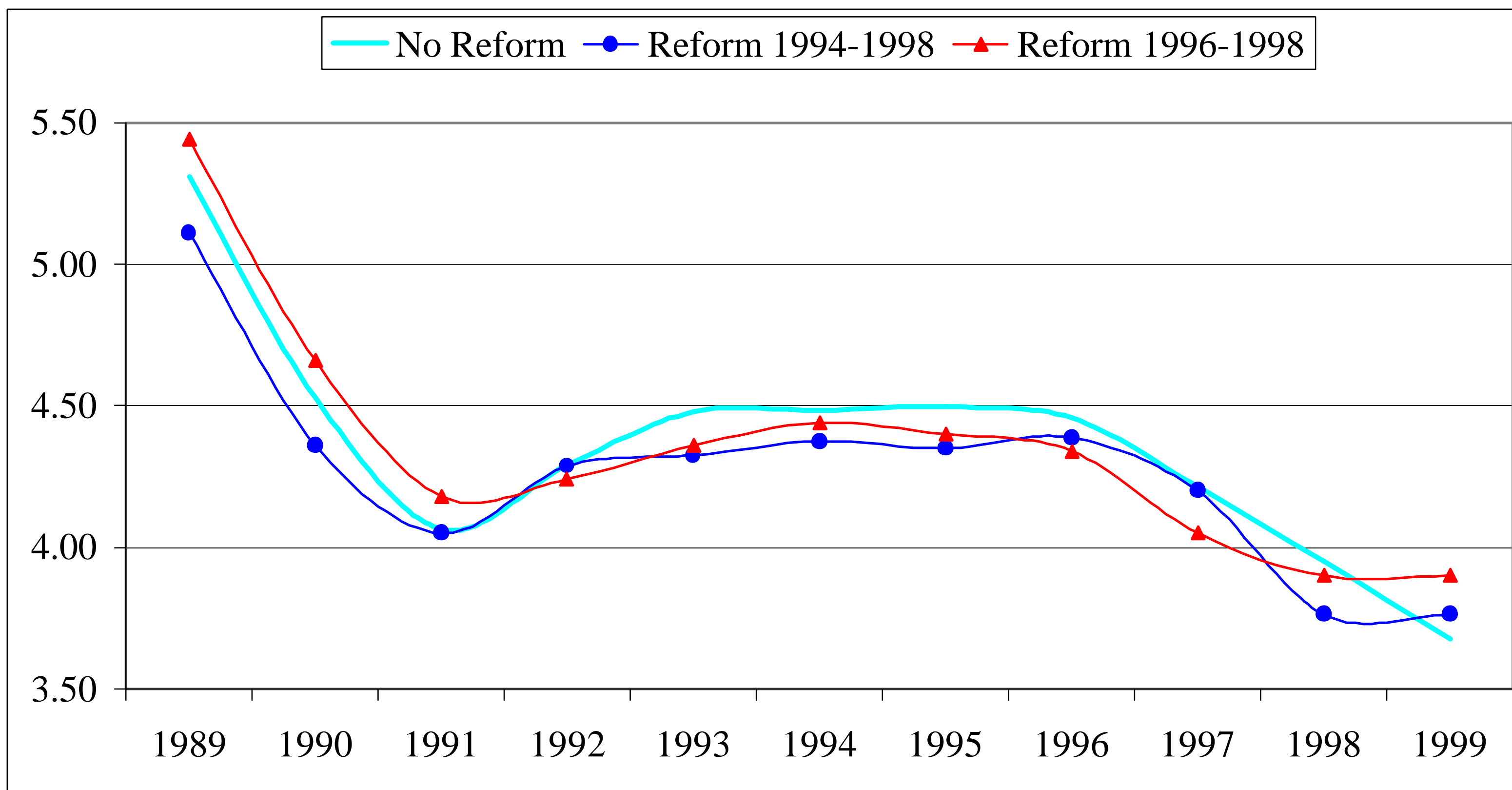
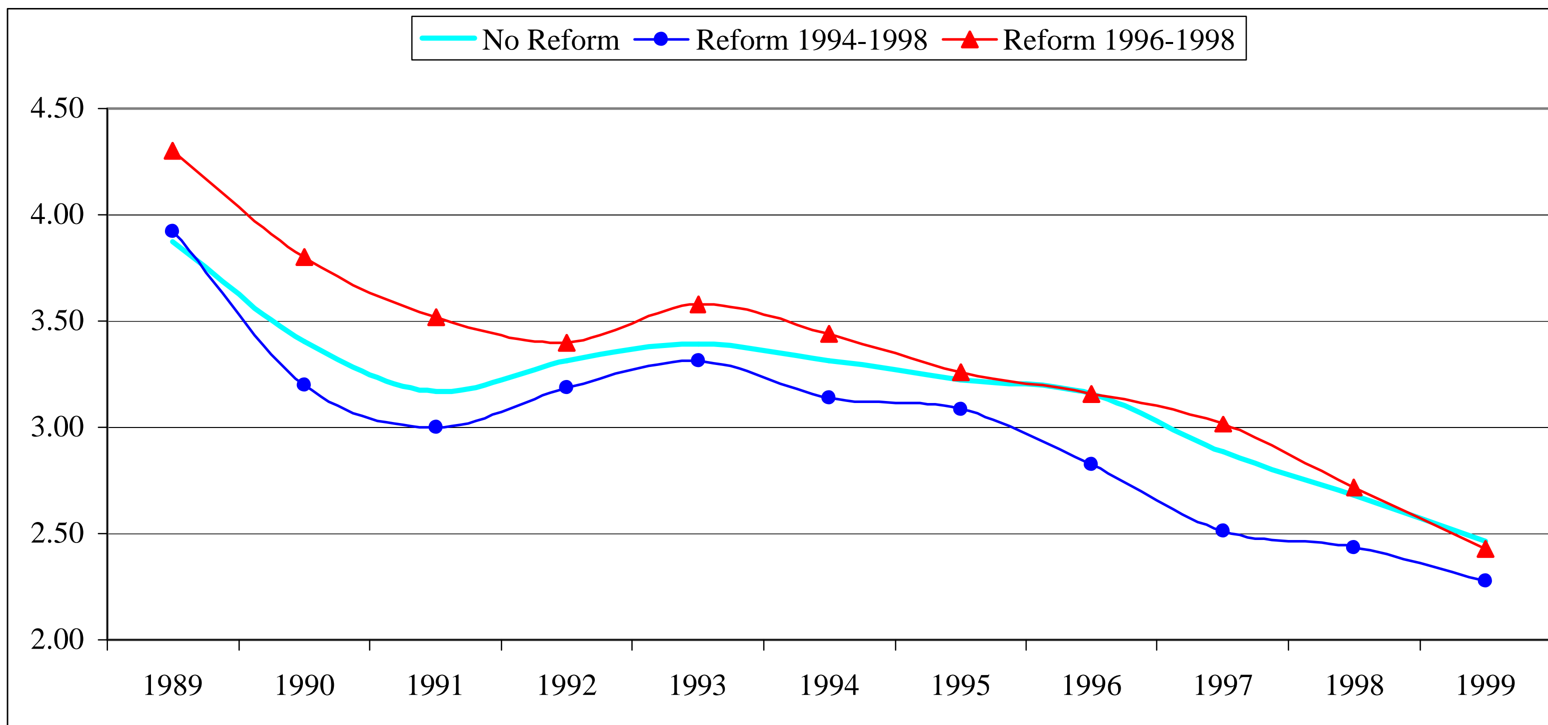


Figure 1 Administrative organization of Romanian territory, by district (42 in 1999)

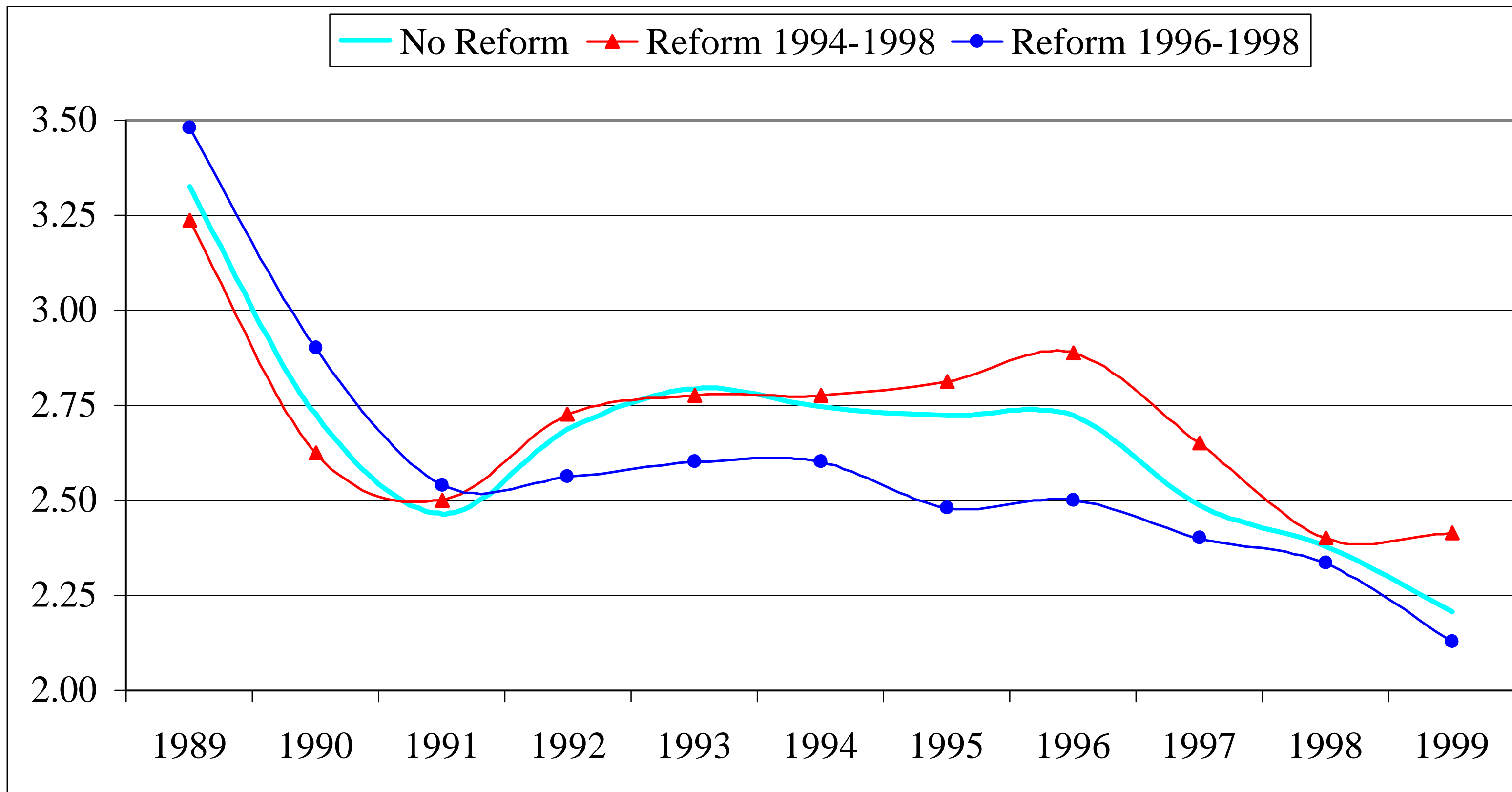
NB: “Reform” refers in all figures to the “experiment” (*i.e.*, the districts are grouped by the participation in the study pilot)



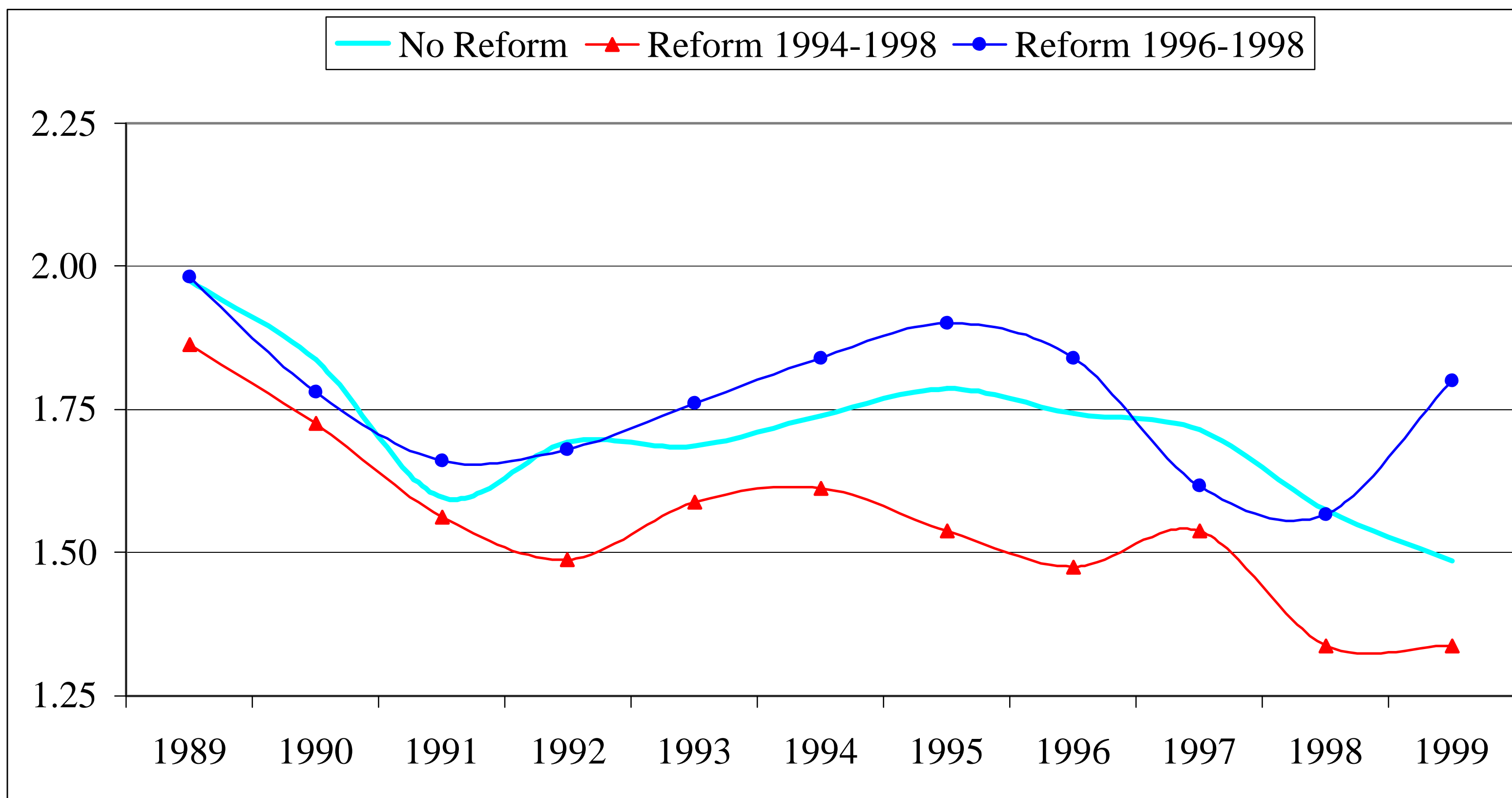
NUMBER OF CONSULTATIONS BY 1 INHABITANT



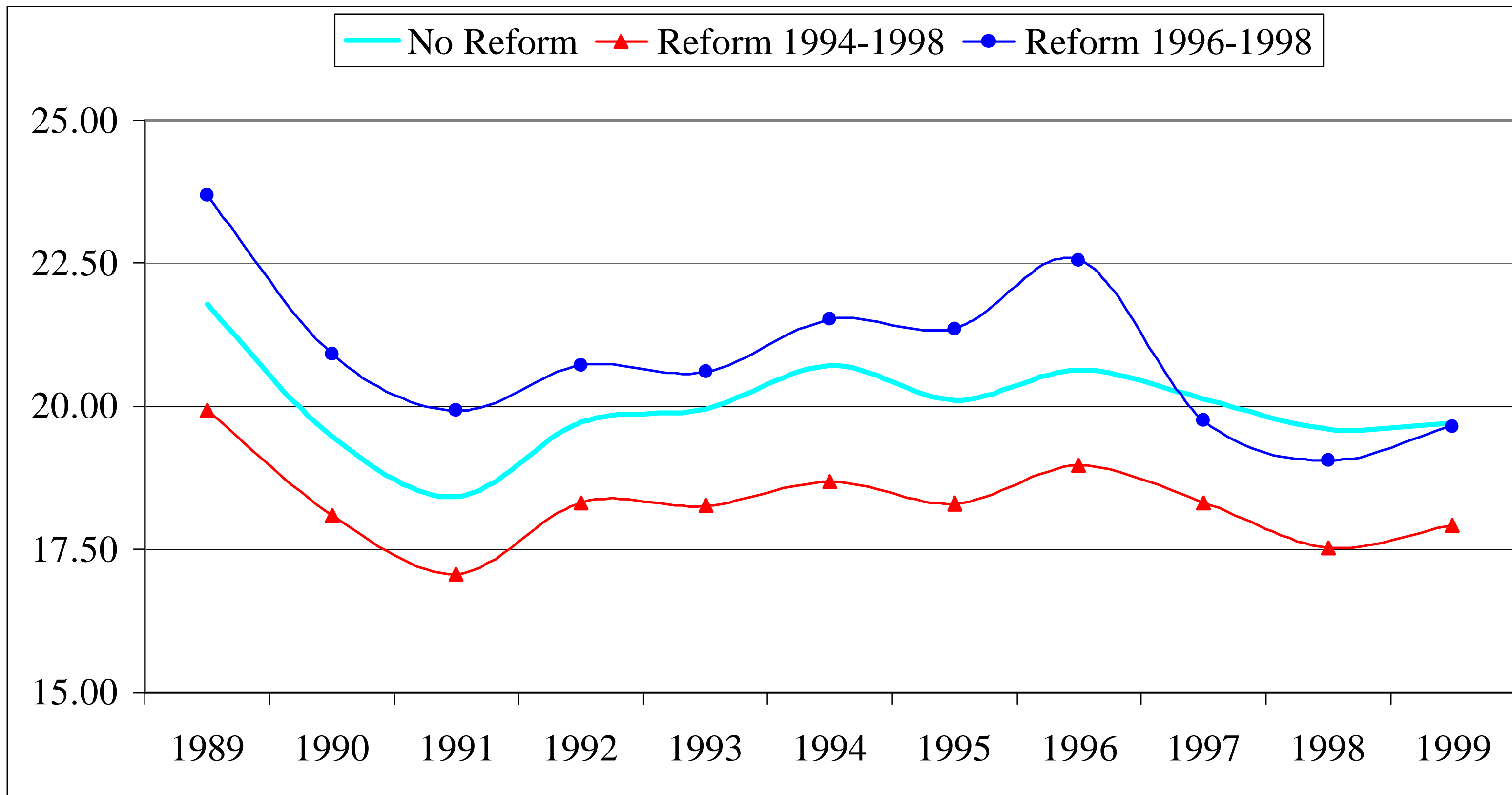
NUMBER OF TREATMENTS BY 1 INHABITANT



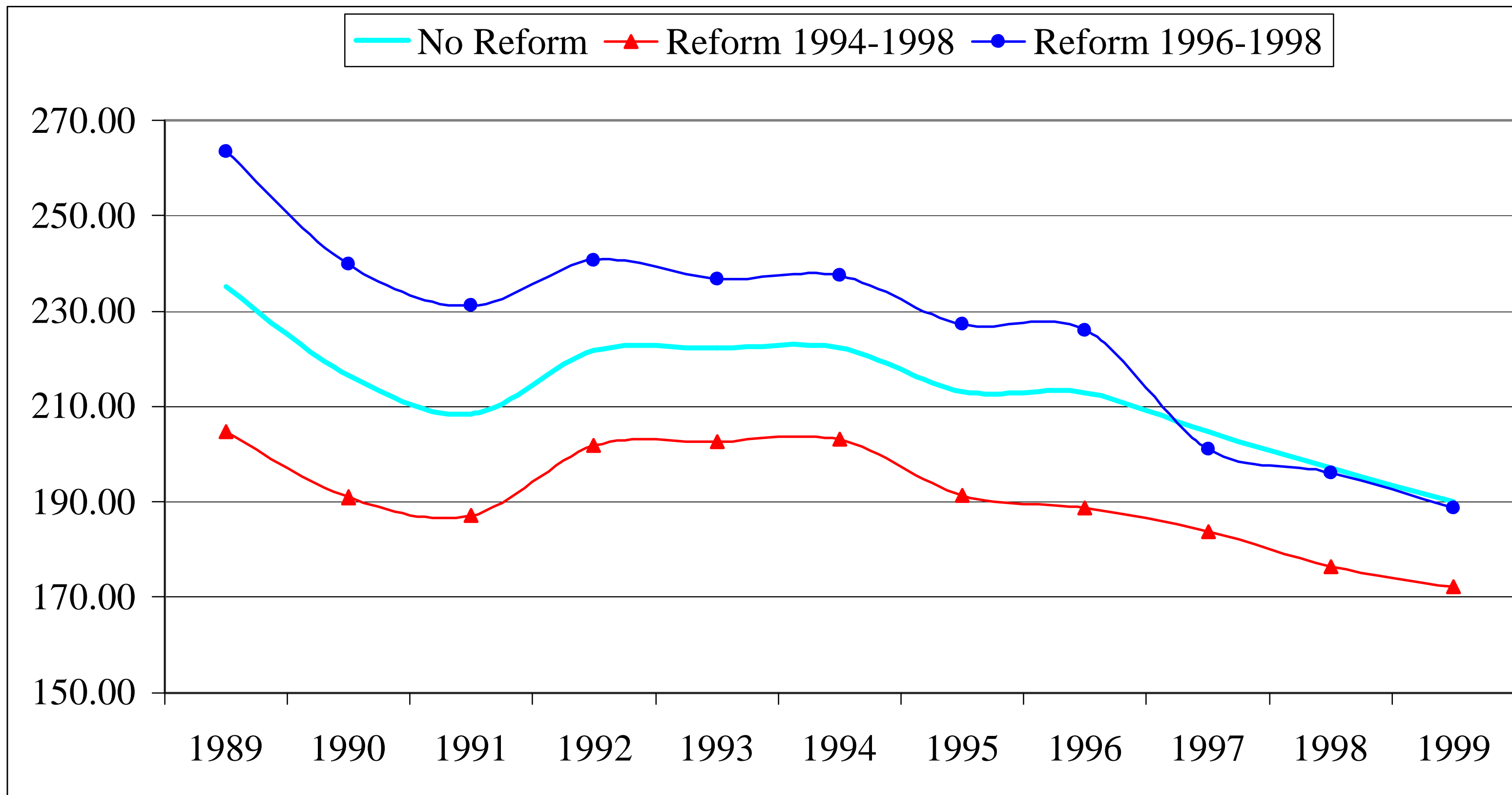
NUMBER OF CONSULTATIONS (BY 1 INHABITANT) IN MEDICAL DISPENSARIES



NUMBER OF CONSULTATIONS (BY 1 INHABITANT) IN POLYCLINICS AND HOSPITALS



INPATIENTS IN HOSPITALS (PER 100 INHABITANTS)



DAYS OF STAY (PER 100 INHABITANTS)

Conclusions

There are differences between the districts "outputs" regarding their participation in the experiments.