Financing of the Health Care System and Family Medicine in Romania 1990-2010

Before 1990 in Romania worked a Semaschko health system, financed by the state. After 1990 it was used a dual system of funding, one part from the national budget and another form — a special health fund (OG 22/1992). There was also an external funding by credits from the World Bank, Phare funding and donations.

Up to 1998 the total sum spent on health revolved around 2.9% from GDP, ranging from a minimum of 2.7% and a maximum of 3.1%. By external or private payment the total sum allotted to health care rounded up to 3.5% of GDP. The introduction of the mandatory health insurance meant increased funding. Due to the way the financing system was working, the real financing of primary care at that time is unknown (GPs and nurses were employed by hospitals and the wages were not distinct from other wages. Also the spending on resources and maintenance of buildings were deducted from the budgets of hospitals, that managed the GP clinics — then called “dispensare” or “circa”).

The prereform strategy stated that 35% percent from the new funding through an insurance fund were intended to go to primary care. But the real funding was just 20% in 1997. The next year the funding was even lower. The only way to cope with this was to decrease the number of nurses, thus reducing the staff and the wages. The contract with the DHIH stipulated that for each 1000 patients a GP must have a nurse. Since most of the GPs had just above 1000 they let go 3-4 nurses per clinic. Also they reduced the investments made in the clinics to the minimum required to work.

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<td>%</td>
<td>9</td>
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A = primare care funding – millions lei
% = percent of primary care funding from National Fund
B = minimal wage on economy (lei)
C = an index regarding a reference between primary care funding and the minimal wage.
The National Fund was initially independent but in 2002 was „nationalised” – that means the Government transformed it into a part of the National Budget (a step back from the initial reform – which collected the health insurance money with a clear purpose and only allowed for it all to be used for health care) and since then is under the control of the Ministry of Finance.

There were differences between how the money was spent. In 1999, 2000 and 2001 the contract payment was split between the GP gross income and a budget for staff wages and other spendings related to the practice. This budget was supervised by DHIH. From 2002 the contract was made only for a gross income (but the figures were lower than the total of the preceding year).

In 2010, the payment is split in two figures – per capita which makes 70% of the income, with a low fluctuation (due to low fluctuation of number of patients). From 2010 the maximum payment in per capita is limited to 2200 patients (with the exceptions of areas with a GP deficit). Also there is fee for service payment – until 2009 the services paid by fee for service were just an annual check up, pregnant and infant care, vaccines, tuberculosis, contraception. From 2010 it changed to the consultations for acute and chronic diseases given by the GP, and all the previous services that were paid by fee for service in 2009 are now included in the per capita payment.

Also there is a 20% bonus for those GPs who have passed another exam, after a minimum of 5 years after their specialist exam. Ando also a variable bonus for working in rural and remote areas. GPs who haven’t yet passed their specialist exam have a 10% penalty.

The average gross income for a GP practice is around 7000 lei/month in 2010 (approx. 1650 Euros). This has to cover all the wages for the staff, the costs of maintaining the practice and other taxes. A good aproximation leaves the GP with a personal income around 2000-2500 lei (450-550 Euros), before income and health tax (around 22%).