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Primary Healthcare in Romania – The main problems we are facing

1. **Legislation Problems**

a. Disrupted legislation. Laws and regulations are changed very frequent, with no consistency and with many contradictions between them. Because there is no stability regarding legislation, no medium and long term strategies can be established. Those few strategies that are created and presented to the public by the Government, through international agreements, are ignored by the same Government that created them or by the one that follows, often even after important financial investments were made in the early stages of the strategy.

b. Disruptions in the planning for primary health care when the leading political parties are changed. Each new government puts a stop to everything that the previous government has done, by declaring it useless, wrong or damaging to the healthcare system, and begins a new healthcare „reform". In the past 20 years we've been in a continuous reform, that is changing its concept at least every four years. There is no strategy, there are no public health policies, only the government policy, which is following other priorities.

2. **There is no strategy** in our health care system, especially concerning the place of primary care in the system. There is no vision regarding the real help that development of primary care can get for the medical system. We still have a hospital centered health care system, which means high costs and poor results. It is vital to convince the political leaders of the national health system that primary care is the best solution for most of the medical needs of the population.

3. **Problems regarding the communication between the health services providers and the decision makers (the National Health Insurance House and the Ministry of Health)**. There is practically no communication with the decision makers. Communication is formal, with no intention to adjust decisions to the real needs and possibilities. Threats are used to put pressure and agreements are not taken into consideration by the decision makers. All this leads to the constant deterioration of the trust family doctors have in reforms or the good intentions of the decision makers, and builds resistance to changes in the system. The Health Ministry has a Family Medicine Consultative Committee but it was never consulted and the written proposals that the Committee has sent to the Ministry were never taken into account. By the other hand, the National Health Insurance House did invite the representatives of family medicine for discussions about the contract, but still just formal discussions, as nothing was taken into consideration from what the family medicine representatives proposed, and the NHIH didn't even respect what it promised during the discussions.

4. **Financial problems**. Only 3.6% of Romania's GDP is assigned by the Government to the healthcare system, while other European countries have about 6-12%. The Government collects money from the employee and the employer and from some retired people with pensions over a certain limit and creates the National Insurance Fund (FNUASS in Romanian). This is administered by the National Insurance House. Primary care (PC) receives for the 11.500 family medicine offices only about 6% from this fund, while in other European countries PC gets about 10-15% of the funding. Family doctors are self-employed in

Romania, which means they cover all the costs of their practices. There is a general opinion that PC is important, but there is never money to help develop it.

5. **Problems related to the professional activity of the family doctor under contract with the NHIH**

- NHIH is the only health insurance provider, so there is a monopole.

- Excess paperwork – e.g. every prescription must be written in a special software, printed on a special form with 3 copies and with a registration number, and then also registered in the patient's file and the office register which are paper based. The NHIH imposed above all this barcodes to be used for prescriptions, although by the end of this year the new e-Prescription paperless system is planned to be finalized and working.

- A lot of limitations, which damage the early diagnosis and monitoring of frequent illnesses. E.g. we can't recommend certain tests, like osteodensitometry, spirometry, glycated hemoglobin, PSA, thyroid, breast or testicular ultrasound, viral hepatitis markers, sexual hormones. There are also economic, not therapeutical, protocols for prescribing subsidized drugs and the family doctor can't prescribe medication for osteoporosis, asthma, COPD, anxiety, depression, prostate adenoma.

- The contract with the NHIH isn't negotiated, and it has a lot of penalties for doctors and restrictions for patients, regarding access to medical services.

- Faulty software, imposed by the NHIH, which harms the rights of patients and doctors, by restricting access and also payment. The National Electronic System (SIUI in Romanian) never worked properly, although the NHIH claims it's been operational since 2008. Some of the faults are caused by protocols between institutions that aren't observed – each institution must send information about who is insured and who isn't, and the data is frequently incomplete, outdated or wrong.

- The family doctor has to check if the patient is insured through excess paperwork provided by the patient, because the electronic records (SIUI) have wrong information and if prescriptions or hospital referrals are issued for a patient that is in fact uninsured, the doctor has to pay the prescription or hospital costs. In addition to covering costs, there are great penalties and the NHIH is constantly making accusations in the press about corrupt doctors, without providing any proof. There is a constant feeling of threat.

- The way payment is made, through per capita and per service pay, but with a system where per service pay is decreased if doctors want to provide more services. This happens because the budget for primary care is fixed through Governmental decision and then divided so that it can cover a fixed number of possible medical services. Family doctors can only provide, through contract with the NHIH, 4 consultations/hour and can work on average just 5-6 hours, with another 2 hours for house calls, which are also limited to just 1/day. Doctors receive from the NHIH for a consultation approx. 1 Euro, for a house call 4 Euros and the per capita pay is approx. 10 Euro/year/patient. More services would mean smaller values, and this stops doctors from making investments or offering more diverse medical services. E.g.: many family doctors are licensed to do ultrasound exams but can't do it under the NHIH contract because the pay is too little and it doesn't cover costs. Patients can pay for the service but they choose to go to hospitals where they can do free ultrasounds instead of paying at the family doctor.

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6. **Problems related to the buildings/premises of the family doctors' offices**. Although there is legislation since 2004 to buy the offices, which are State-owned since the Communist era, and which have to remain healthcare units even after being bought, local authorities refused to sell and also refused to invest, although it was their legal obligation. Currently only 10% have been sold, and 90% are still rented, at market price value starting this year. Most offices have 2 doctors working in them, in two shifts, and the lack of space and time limitations prevent more services from being offered. In rural areas there is also often a lack of running water or sewer system.

7. **Problems regarding additional duties imposed on family doctors, outside the NHIH contract**. The Ministry of Health and NHIH want to implement various digital solutions (e-Prescription, electronic health card, electronic health record) in the next 2 years and have passed legislation through which the providers of medical services have to cover costs for all the hardware solutions and two broadband internet solutions. It is very difficult to find even one broadband solution in most rural areas, as some don't even have phone landlines or electricity. Another provision is that family doctors must edit the data on the health cards, with no mention of extra pay and, because of the space limitations mentioned at point 6), this will affect the time offered to patient care. It is also imposed on family doctors to provide medical services in schools or public health services, again with no extra pay.

8. **Problems regarding the understanding of the real place of the PC in the health system**. Romanian decision makers and politicians are constantly pressuring us, but they do not understand what the main role of primary care is. We have a hospital centered system and not a patient centered system. We have to convince the law makers of the national health system that primary care is the best solution for a poor health system. Unfortunately, most of the hospital physicians do not respect all the provisions of the contract, especially about issuing the prescription for subsidized drugs, which makes the patient come back to the family doctor to get that prescription. This makes us look like secretaries of hospital doctors and damages the relation we have with our patients – by contract we are not allowed to write the prescriptions hospital doctors should write and the patients are told in the hospital to come to us because we have to give them the prescription. The contract doesn't allow us to prescribe certain drugs and exams (as shown at point 5) so we have to reffer many patients to get the care they need, and this brings accusations that we only reffer and write prescriptions from other specialists, that family medicine doesn't actually diagnose, treat or cure anything.

9. **Problems about prevention programs**. Because the results of any prevention program can be evaluated after a rather long period of time, and of course not in the same mandate, most of the governments ignored prevention and education of the patients. They do not understand that prevention does not have results in one or two years, but it's still important. Maybe they thought about this, but only as a supplementary obligation for the doctors, without payment, without a serious, structured and normal financed program. We do not have a screening program for cervical cancer, breast cancer or colorectal cancer. We do not have a real program for prevention of cardiovascular diseases. Even the national immunization program had many disruptions in the past years.

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10. **Problems regarding the training of family doctors**. Family medicine is a registered medical specialty in Romania, but there are voices that still want to minimalize this specialty. Doctors in training can switch to training in Family Medicine from any other specialty if they can't finish their training in the specialty they have chosen. There are too many training positions in Family Medicine and this makes it the last specialty to be chosen after the entrance exam in the residency program, as a "last resort specialty". We truly believe that family medicine is a vocational specialty in its own right, and it has to be practiced by those who really have a calling for it, rather than be a default for doctors who failed to pass other residency exams. We need to create a modern, updated curriculum for this specialty, with more guidelines and a quality agenda in GP's activities.

11. **Problems related to practicing Family Medicine in rural and isolated areas**. Family medicine has great problems in rural areas, where it is most often the only medical service accessible. Most of the doctors are older than 55 years, the conditions are very difficult. There is no strategy for recruitment and retention of healthcare workers in rural and isolated areas. Young doctors, without any hope of a professional or financial achievement, prefer to emigrate.

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