8.1 Introduction

This last chapter of the thesis will start by presenting the main conclusions that may be drawn from this study. As stated in the introductory chapter, this type of research is relatively new in Romania. Therefore, this chapter will explicitly state knowledge gained through this study, i.e. what is known now that was not known before.

The findings will lead to some recommendations concerning the "state" of the health care reforms, especially from the consumer perspective, and to some suggestions for policy. These will be presented and discussed. In addition, recommendations are made for policymakers, patient organisations and further research.

8.2 Conclusions

Health care reforms in Romania started relatively late compared with other Central and East European countries. The socioeconomic circumstances were relatively unfavourable and health care was paid rather belated attention by policymakers. The reforms were difficult for several reasons:
- the bad economic situation
- the market-oriented vision of "western consultants"
- the lack of vision within Romania on how health care should develop
- the power of the hospitals
- the lack of democratic structure.

The outcomes of this thesis show that health care is a major concern for Romanians and that they have specific preferences about quality of care. Doctors should work more efficiently, take care of proper arrangements when there is a risk, and be more informative.

Some people would prefer to go back to the "old" health care system, especially older and less educated people. More highly educated people prefer the new system, but are also the most critical of it. They probably understand what is right and wrong with the reforms and how they could better fit their interests. This category of people, i.e. with higher education and higher income, act more as consumers, while poorer people, older people and people living in rural areas act more as dependent patients.
Many people experience a discrepancy between what they consider as important aspects of care and what they actually get. Communication is an important issue here, as well as accessibility. There is a real danger that health care may not be accessible for poor people, people living in rural areas and the elderly. To put it more clearly, these days many services, especially medicines, are indeed not accessible for these categories of people.

As a characteristic phenomenon of inequity in health care, under-the-table payment is frequently used to guarantee good treatment. This phenomenon influences the equity negatively and does not result in more satisfied clients, quite the contrary.

Overall, Romanians are moderately satisfied with the health care they receive, but as mentioned before, there are significant differences within the population. It is remarkable and also a worry to find that only half of those interviewed believe that the quality of care has improved compared to 10 years ago. Apparently, the reforms are not that successful in the eyes of the citizens. Over half of the respondents do not feel sufficiently informed about the reforms. Even more people (62%) believe that health care does not get enough attention from politicians as compared to the past.

This study delivers new information and knowledge that specifically applies to the situation in Romania. The following aspects may be considered as unknown before and therefore "new". Measurement of health status with the MOS-20 is valid in Romania. The psychometric qualities have been tested for the Romanian population. The QUOTE is a feasible instrument for use in Romania. People show clear expectations as well as evident judgements about less positive experiences. The reliability of the dimensions is good. Taking the perspective of patients and people as a source for the evaluation of the performance of the general practitioner, medical specialist and dentist has not been conducted previous to this study. There is no known research in Romania that assesses the expectations people have of health care providers. This study shows which aspects are considered as important issues for health care providers to fulfil.

Although satisfaction research is not new in itself, this study analyzes which categories of the population are more or less satisfied with the health care delivery and the changes in the health care system. It shows that older and less educated people are less satisfied. Additionally chronically ill and elderly believe that the reforms make health care less accessible. This study presents what people think about the changes in the health care system. This topic has never been analyzed and published in detail in Romania, unlike here.


8.3 Discussion

A cross-sectional study is like a photograph; it describes the reality here and now. The research project presented in this thesis was carried out three years ago. For a health care system in reform, these three years are a lot of time and in between much may have changed. However, the findings of this study are highly relevant in Romania today. Some examples will show why that is the case:

The system of collecting revenues for health insurance funds should now be efficient enough in its task, unlike the first year, 1998, when there were some operational problems (Chapter 2). However, in spring 2003 there were real problems in the distribution function. During recent months, people have not been able to get any compensation for medications because the fund did not deliver the money, despite the fact that the money is there.

The crisis in the health care system, a phrase first mentioned by Cockerham [3] (Chapter 2), is nowadays very often used in discussions about health care in Romania, especially by the mass media. The professional dominance of physicians within the health care system is unchanged (Chapter 7) from three years ago. Doctor-centred care is still the dominant approach.

The political agenda still does not properly address the issue of under-the-table payment. Actually, in Law no 46/2003 on patient rights there is implicit approval of under-the-table payment. In Bulgaria, according to Balabanova, there are two parallel layers of "informal payments": a gift as a traditional sign of gratitude and an under-the-table payment for services, often asked for explicitly by the personnel. In Romania, the latter is forbidden by law but no sanctions are mentioned. In 2002, 22% of the respondents offered money and gifts as under-the-table payment. Of those, 10% stated that they were asked to do so. Additionally, 61% of the respondents involved in under-the-table payments considered that it was necessary to offer them in order to get medical care or medications [6]. These results confirm our recommendation (Chapter 5) to address this issue through both formal (sanctions, control, formalising the payments, higher income) and sociocultural means.

With respect to peoples satisfaction with health care providers, recent studies show that the situation has not changed much. Although a barometer has been developed (using other questions and other methodology than in this study), its findings confirm the results of this thesis, which means that, in the opinions of the citizens, policy is not very effective.

The findings of this study are, on the one hand, unique and, on the other hand, comparable with international research findings. They are unique in that this study concerns Romania. The following are found internationally:
• overall positive opinions about and satisfaction with health care services
• differentiation between categories of citizens concerning opinions and satisfaction, resulting in inequity in health care delivery
• importance given to many aspects of quality of care
• limited explained variance when it comes to "predicting" which factors determine opinions, satisfaction and experiences.

The uniqueness of this study, as mentioned before, also causes some limitations. This is the first study in Romania to investigate what people think about the health care reforms and health care delivery and what people consider as important aspects of quality of care. So this really is new information. The disadvantage of such a "new situation" is that there are no instruments available that are validated in the Romanian context. This study used some "international" instruments that are partly validated. The first conclusion is that they are reliable in the Romanian context but further analysis is needed.

The study was executed in one region, which may be considered as "average" for regions in Romania. However, it is also known that large differences exist between regions. So, although the Dolj district is "average" as demonstrated by some figures and data and thus presents a "Romanian picture", one may find different outcomes in other specific regions. For reasons of manpower (expertise) and finance, this study could not be expanded to other regions. To get a complete Romanian picture, a larger study will be needed.

In the study design, the respondents were recruited through "stratified sampling", i.e. first 10 general practitioners were selected at random in the region, with a quota of 60% working in urban areas and 40% in rural areas. The final sample represents this quota. One question remains open: Do these 10 GP practices represent all practices in the district or may there be a bias? Bias may occur for several reasons: practices which did not have an up-to-date registration system refusing to cooperate, not all patients were registered in the selected practices. Since no data on organization of practices, number of GPs, nurses etc., number and type of patients, completeness of the registration lists etc. is available covering all the practices in the region, this aspect cannot yet be researched.

The transitions in the Romanian health care system are partly comparable with transitions in other Central and East European countries such as Slovakia, Hungary and Croatia. This concerns the measures for privatization, the introduction of an independent health insurance system and the
strengthening of primary health care. However, the situation in Romania differs from the other countries in two ways. Firstly, the reforms in Romania started much later than in the other countries. This does not only apply to health care but also to other social areas. Secondly, the infrastructure in health care (as in other sectors) had deteriorated due to under-financing during the Ceausescu regime. So, reforming the system demands much more investment and reorganization than in other countries. The advice of the World Bank gave priority to sectors other than health care and that resulted in a slow process of implementation of the reforms. The advice of the World Bank and other international agencies on the direction of the transitions (i.e., privatization) may be questioned. Privatization presupposes that health care professionals know how to organize, plan, administer and control their own practices. This was not the case and had to be learned during the privatization process. Building up an independent health insurance system also requires specific skills of administration, planning and controlling as well as a reliable registration system. These prerequisites were not present, at least at the beginning. This resulted in lack of premiums, confusion about administrative directives and growing overheads. It may not come as a surprise that the Ministry of Health took over (again) the tasks of health insurance.

This thesis shows extensively how people evaluate the transition in health care. Negative opinions on the changes due to the reforms may also threaten the implementation of the reforms. Therefore, it is important to ask the people for their opinions on a regular basis, as well as to explain the reasons for specific reforms and measures. This supposes that policymakers see patients/citizens as relevant partners in restructuring the health care delivery system. In Romania this is not the case (yet).

Another interesting finding concerns under-the-table payment. As in other former communist countries, this is not an unusual phenomenon. It is more than a sign of gratitude; it is often necessary to get adequate services or treatment in time and those who pay under-the-table do, indeed, often consider it a necessary evil to get fair treatment. However, this does not mean that these people are satisfied! Some suggestions on how to deal with this phenomenon will be presented under recommendations.

8.4 Recommendations

Policy

The increase in the health care budget, the growing autonomy of health care professionals, especially in primary health care, and the free choice of a
doctor are considered to be positive developments that should be continued. It is important to discuss with patients representatives both what the further plans for reforms are and their consequences for health care delivery. Reforms are not only a matter for policymakers and professionals. Surveys have to be carried out regularly to evaluate the consequences of the reforms.

Knowing the opinions of the population about the reforms is also useful for implementation. Since patients are still in a vulnerable position, legislation is needed to strengthen their position and to empower them. Such legislation has to be accompanied by systematic information, training of patient groups representatives and an organizational structure. However, these elements are all still lacking despite new legislation (see below).

Policymakers should pay attention to the consequences of the reforms for specific groups at risk. If reforms are necessary which threaten the health status and essential services of these vulnerable groups, specific measures for these groups should be considered.

The vast majority of respondents consider that they have to pay more for medication than before. The increased out-of-pocket health care expenses may be arrested by three measures:

1. Reallocate the money from the third-part payer to the GPs in order to cover the entire cost of essential drugs and treatment.
2. Introduce a "paragraph of competition" which prevents employees from having a regular job in the public sector and in the private sector in the same time [1]. In this way, people could really choose to visit a private practice when they could afford it.
3. Establish sanctions, controls and higher income for health care providers on the one hand and, on the other, institute a public campaign to convince people of the illegitimacy and negative consequences of this custom.

However, the project to address under-the-table payments should pay attention to the many ways to solve this problem. Whatever solution is proposed should be tested by research, for example in a regional experiment, before implementation on a national scale.

Research

The QUOTE is used for the first time in Romania. Although it is also used in other countries, it is still not clear what structure and dimensions are included. This calls for further validation studies.

Another interesting research topic is the international comparison of the QUOTE. Although there may be cultural and structural differences in expectations about health care as well as in experiences, the instrument is
already being used in various societies in Europe, some of them prosperous, some of them poor. International comparison requires the use of the same questionnaire as well as a comparable population.

As mentioned before, it is recommended that evaluative research on health care reforms and experiences with health care delivery be conducted on a regular basis. Research at the national level would provide insight into the wider impact of the implementation of these reforms. The outcomes would be useful to improve the quality of services, reconsider some policy measures and implement changes.

Since 2002 some research has been done on a regular basis. Each year, a national representative sample of people have been asked their opinions on the health care services and the findings are presented on a web page [6]. The questions concern health status, access to services, satisfaction with physicians and evaluation of the health ministry. This barometer may be a useful tool for gaining public support for the ongoing reforms. Together with the present study, it represents a start towards involving users in the operation of the health care system.

In a period of economic transition with many negative consequences for the population and for the health of the population, and bearing in mind the poor health status, health interventions that impact on the accessibility of health care should be based on research. In addition, interventions should be followed by an evaluation, as it is very well known that there is a gap between statement of intent (policy in books) and operational implementation (policy in practice).

There are special groups that are vulnerable to health risks, such as the elderly and people with poor health status, who consider that they have less access to health care services compared with 10 years ago. Action-oriented research, targeted on these two groups with the objective of increasing their access, has the advantage of resulting almost immediately in more access for them.

Health care researchers, who are scarce in Romania, can design projects to respond to some questions raised by this study:

- Statistical evaluation of the decrease in accessibility. What solutions can address this problem and are they acceptable to the population?
- Transforming lay people into consumers. Are Romanians willing to be involved in medical decisions and in political decisions regarding health care? How can the population become more involved?
- Under-the-table payments. What strategies would be effective in
removing this habit and are they acceptable to people and health care providers?

• (In)congruence between peoples expectations and health care providers expectations regarding the providers role. Are expectations regarding the health care providers role the same?

• Magnitude of the process of privatization in Romania. What effects does this process have on quality of and accessibility to health care?

• The new role of patients and patients groups in the reformed health care system. How acceptable is this new role to the other actors in health care system and to what extent do people want to be involved in health policy and medical decisions?

**Health care users involvement**

Health care users should be aware of their position in the health care system. First of all, as the producers of their health, their opinions should be asked and taken into account. Secondly, as payers for medical services through health insurance, they should be entitled to quality services and control of the quality of health care. Thirdly, as citizens, people have the right to be part of the decision-making process in both medical encounters and health policy. Therefore, as important actors in the health care system, health care users should organize themselves in order to take action.

The introduction of the Law of Patients Rights on 1 March 2003 represents a first step by Romanian policymakers towards giving users a position in the health care system. This law was introduced eight years after the law on the Medical Profession (Chapter 2) and, previously, there had only been parts on this topic within a law of 1978 [4].

However, as mentioned in Chapter 4, there is usually a gap between policy planning and implementation and, therefore, the effects of this law in practice should be studied to see whether they are as intended. This law refers to the patients rights to medical information, to personal consent on medical treatment, to confidentiality and privacy, to make decisions on family planning, to treatment and to health care. The most important aspects for the future position of users of health care services within the system are related to their role in the decision-making process regarding their treatments and the right to a second opinion. Both these rights are key points in changing the role of users.

The content of the law on patients rights is mainly copied from the declaration made in Amsterdam in 1994 on patients rights in Europe. Although a legitimate approach, given the necessity and willingness to be in line with
European laws, there are two aspects of the declaration which have been "forgotten". These aspects are the patients right to be represented as a group at each level of the health care system and the patients right to a physician-patient relationship that is characterized by humanity. This study shows that these "forgotten" aspects will be important issues in the future.

There is also a part of the declaration that deals with the application of measures regarding patients rights. It states: "To have these rights mentioned by the present document implies that the adequate means for this purpose are established." What about the means for Romanian patients rights? Besides the unspecified sanctions and the lists of rights to be posted inside health care institutions, there is nothing about the implementation of this law [5].

**Health care providers**

In order to have a healthy population, Romanian health care providers need partnerships with three groups: policymakers, health care users and health researchers. While there is an awareness of the necessity of the first partnership, the others are new for physicians.

A real partnership between the physicians and the users of health care services would benefit physicians, their job satisfaction and the outcome of their work. As the experience of Western countries in this respect shows, this situation is in most cases a win-win situation. Approving and encouraging the Romanian patient to become a consumer of health care services is the cornerstone of a partnership for a healthy population.

In their work, physicians should address both the medical problems and the psychosocial needs of their clients. Knowledge of their patients needs can be obtained through both the quantitative and qualitative approaches of scientific research. Involvement in health services research is, therefore, useful for the physicians work. Knowledge of the users needs influences the quality of the medical act. According to Nelson and Larson [2], "health care providers who are serious about improving quality may want to do their own consumer research to determine ... what they should do consistently, efficiently, and compassionately to meet basic expectations of their patients."

Additionally, research into the physician performance from the consumer perspective may provide useful feedback for the professionals.

Being aware nowadays of the populations need for health education and of the lack of health educators (Chapter 7), several medical institutions have formed a partnership and taken over the task of informing and educating people [8]. Although having an informed (potential) patient is important, the
next step should be transforming this into a user/consumer role. One question in a brochure produced by this partnership, "Can I consult a GP without payment?" and the answer "Yes, if you are insured", does not show awareness of the fact that the GPs consultations are paid for by the third-part payer, from the peoples money.

**Users of these findings**

Who does this research address? People, associations and organizations that may find this study useful include lay people, policymakers, providers, medical school professionals, the mass media and health care researchers.

Lay people have publicly expressed their opinions on the changes and their satisfaction, expectations and experiences with and about health care providers. The study is a reflection of their experiences and opinions.

Policymakers may see in these findings the users feedback on their work during the last 10 years. In addition, the patient satisfaction results may be considered as an indirect measure of how the institutions and providers have adjusted to their new roles. Policymakers may also observe which groups of people are more receptive to the changes in health care. Additionally, they may see areas of potential quality problems and realize the need for health educators in the health care system.

In the findings of the patient satisfaction survey, health care providers may see the users feedback on their work. They may also become aware of the different expectations and needs of various groups of people.

Medical school professionals may understand the need to stress both factual information and improved communication skills in the curricula of future health care providers. They may also realize that the medical educational system should be reoriented to teach students to practice patient-centered medicine and to pay attention to the patients expectations.

The mass media may be able to assess the results of its public campaign focused on the changes due to the reforms of the health care system.

This study intends to deliver new information and insights/views, which will be useful for the further transition of the health care system in Romania. The results may contribute to a more qualified, accessible and equitable health care system for all Romanian citizens.
References:


