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Title: **Preliminary findings from focus group discussions and in-depth interviews on patient payments in Romania**

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Preliminary findings from focus group discussions and in-depth interviews on patient payments in Romania

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SUMMARY

Romanian health system is currently struggling to survive in the middle of a chronic lack of resources and a crisis of negative image largely exposed by local media. With less than 4% of GDP allocated for healthcare (compared to the EU average of almost 9%) and the rapid shift of key decision-makers, the health care system needs to firmly continue structural and financial reforms, focusing on their measurable results. Within this context, the investigation of mechanisms for pooling additional funds for the health care system (such as patient payments) is a beneficial reform component.

Romanian patients are not required to make any formal payments when using regular health care services included in the social health insurance package. However, the social health insurance package is limited and patients regularly meet formal co-payments and payments. There are also widely spread informal patient payments in the country, which present a major policy challenge.

As part of project ASSPRO CEE 2007, focus group discussions and in-depth interviews were carried out in Romania in June-August 2009, with the objective to study the opinion and attitudes toward patient payments in Romania.

The preliminary analysis of the data indicates that patient co-payments are not seen as a solution to the financial problems of the Romanian health system either because the revenue generated through patient payments is insignificant or because its use is not transparent. Discussions on co-payments reveal various problems within the health care system: inequity, low service quality, poor access, poor definition of basic services package, lack of awareness about the health care costs, as well as tensions among policy-makers, providers and users, who mistrust each other.

Key features of the Romanian public health care sector

The public health care sector in Romania is based on social health insurance implemented in 1999. There is no competition between the 42 district insurance funds. The social health insurance funds (HIF) are collected via income-related insurance contributions paid for by employees and their employers. These contributions have been recently decreased with negative consequences for the health care financing.

Citizens have a free choice of general practitioners (GPs) who are expected to act as gate-keepers to specialised care and to health care facilities. However, the gate-keeping role of GPs is hardly observed in practice since over-utilisation of hospital services has been a fact for years. GPs work in private practices and are reimbursed by the social health insurance institution on a contractual base (ca. 80% capitation and 20% per service). Specialised out-patient care is provided by medical specialists who work either in private practices or in hospital units and are paid per service provided based on contracts or/and directly by patients. The public hospitals in Romania have a low level of autonomy and function under the authority of MoH and city halls or district councils. There are also some private hospitals that contract with the social health insurance funds. Since 2005, a DRG system is in place as the main method of hospital funding.

The public expenditure on health is one of the lowest in Europe. It amounts to 363 PPP int\$ per capita, and presents about 76.90% of the total health spending (source: OECD Health Data 2009). Overall, this indicates limited resources devoted to public health care provision in Romania.

The system of patient payments for public health care services in Romania

Romanian patients are not required to make any formal payments when using regular primary, out-patient and in-patient health care services included in the social health insurance package. However, the social health insurance package is permissive according to the law, the insurance funds are limited and patients regularly meet formal co-payments or payments obligations when using services and medical devices that are not covered by the health insurance. In addition, there are formal patient payments for extraordinary health care services. Thus, patients who visit a medical specialist without a referral from a GP are required to pay the full service fee. Similar, patients who wish to have better or luxury accommodation when staying in a hospital, or require services that are considered to be non-standard, are also paying out-of-pocket to obtain these benefits.

There are also widely spread informal patient payments in the country, which present a major policy challenge (source: Health Consumer Powerhouse. Euro Health Consumer Index 2008). The existence of these payments is often attributed to the low level of physicians' salary in the public system, the shortage of medical personnel and cultural perceptions settled during the communist period.

Research objectives

As part of project ASSPRO CEE 2007, focus group discussions and in-depth interviews were carried out in Romania in June-August 2009 with the objective to study the opinion and attitudes toward patient payments and to identify criteria important for the assessment of patient payment policies.

Target groups

The following target groups were considered:

- Health care consumers; including working individuals, families with children, pensioners, students, disable and chronically sick individuals and individuals living in rural areas.
- Health care providers; including GPs, out-patient specialists, physicians and nurses in city hospitals, GPs practicing in rural areas and physicians in district hospitals.
- Health insurance representatives; including social health insurance representatives at national and regional level.
- Health policy-makers; including policy-makers at national and regional level, representative of the three-party committee on health care in the country, and representative of College of Physicians.

Research approach and process of data collection

Data among health care consumers and providers were collected via focus group discussions. Since these target groups are rather large and diverse, focus groups discussions allowed including more individuals. Nevertheless, the objective was to assure the homogeneity of each focus group in order to be able to reach a consensus during the discussion. As a result, 12 focus group discussions were organised: 6 focus groups with consumers and 6 focus groups with health care providers. On average each focus group included 8 participants. Data among policy-makers and health insurance representatives were collected via face-to-face semi-structured in-depth interviews. This choice of data-collection method was based on the fact that these target groups are relatively small and moreover, they usually feel more comfortable to express their opinion when contacted individually. In total, 5 in-depth interviews were carried out with policy-makers and 5 in-depth interviews with health insurance representatives.

The research approach to the focus group discussions and the in-depth interviews was based on methodology developed under project ASSPRO CEE 2007 and was adapted taking into account the specificity of the target groups. All participants and respondents were invited to express their opinion on the subject of patient payments considering their complex experience. The aim was to capture opinions regarding positive and negative aspects of patient payments in Romania. In addition, quantitative data were collected during all focus group discussions and the in-depth interviews using a standardised questionnaire to validate the answers obtained in the qualitative phase.

The focus group discussions among consumers and providers focused on the attitudes, perceptions and acceptability of patient payments by these target groups from social and cultural point of view, as well on their views about the implementation co-payments in Romania on a large scale. The in-depth interviews aimed to depict attitudes, opinions and recommendations of policy-makers and insurance representatives regarding the system of formal patient payments, based on their professional and management experience within the Romanian health system.

Identical focused-group discussions and in-depth interviews were carried out in other Central and Eastern European countries included in the project –Bulgaria, Hungary, Lithuania, Poland and Ukraine.

Key messages from the study

The preliminary analysis of the data indicates that:

- Patient co-payments are not seen as a solution to the financial problems of the health system either because the revenue generated through patient payments is insignificant or because its use is not transparent.
- The application of the co-payment concept in practice is difficult as people and structures involved are not real partners in the social relationship of providing, delivering and using health care services.
- Discussions on co-payments reveal various equity and quality problems within the health care system, and tensions among health care actors.

The opinion of health care consumers in Romania

Health care consumers are generally reluctant to accept co-payments for health care services. They agree that co-payments should be applied for those abusing and using excessively the health care system, as well as for those using luxury services and services without a referral. They express the frustration that even though they pay health insurance contributions, when they need health care services, they have to pay again for basic things. Consumers doubt that the revenue generated by patient payments will be used for the improvement of health care services delivery. Consumers consider that co-payments will not solve any of the system problems, i.e. these payments will not result in additional health care funding, modernisation of equipment and building, or quality improvement, and will not eliminate the under-the-table payments in the health care system. Co-payments will bring many other problems such as the tension among patients and providers, financial burden on really sick persons and potentially perverse incentives for both providers and consumers. Co-payment could be charged only after the content of basic package is clarified. Emergency and paediatric services, as well as services used by handicap and poor people should be definitively excluded from co-payments. The money gathered from co-payments should be retained locally, otherwise no effects will be noticed.

The opinion of health care providers in Romania

According to health care providers, the co-payments are partially effective in reducing unnecessary service use but they cannot fill in the gaps in health care financing, and cannot be a real support in acquiring new equipment. Health care providers believe that co-payments could make the population more responsible about their own health (using preventive services, following a healthy life-style and complying with the treatment). Generally, health care providers express the opinion that children and poor people should be exempted from co-payments, as well as those with severe health condition, but individual income should be the main exemption criterion for all other population groups. Providers consider that it is vital to retain the patient payment revenue locally in order to see any positive effects of these payments on health services delivery and service quality. However, providers do not believe that co-payments will reduce the under-the-table payments. Additionally, providers do not want to be involved in the pragmatic operational aspects of collecting formal patient charges considering that this is not their job and that this would bring enormous tension between them and the patients. They prefer that patients pay the full fee out-pocket and are afterwards reimbursed by the social health insurance institution. What could be gained by co-payments could be wasted by the operational needs of this mechanism.

The opinion of health insurance representatives in Romania

Health insurance representatives declare that patient payments are necessary in Romania but after clearly defining the basic package of health services covered by the health insurance fund and taking into consideration the purchasing power of various population groups. According to them, co-insurance (percentage of service costs/price) could be an adequate patient payment form. They expected that formal patient payments can diminish unnecessary or overuse of health care services and can generate additional funds for the health care providers. These payments can make patients aware of health services costs (fighting the mentality that “health/medical care is for free” stated during the communist period) and can increase patients’ choice, the respect for physicians and health services given that people value more what they pay for. However, it is difficult or even impossible to control total health expenditures through official fees. The attitude of health insurance representatives towards informal payments is consistently tolerant considering informal payments as a common custom and cultural issue. Even examples from other countries are given in order to excuse the existence of informal payments. However, insurance representatives agreed that physicians should not be allowed to pre-condition under-the-table payments. Health insurance representatives assume that the implementation of official fees could gradually diminish the informal payments but perhaps would not completely replace them.

The opinion of policy-makers in Romania

Health policy-makers and representatives of district public health authority consider that formal patient payments could be useful in order to limit the utilisation of health care services paid through public resources. As long as social insurance system and national programs cover services, drugs and medical devices that are absolutely necessary, patients could be asked to pay extra through co-payments and/or co-insurance.

According to health policy-makers and representatives of district public health authority, patient payments could discourage the overuse of some services and unnecessary use of medical care. These payments could also generate additional resources for the health system but not necessarily for the health providers as professionals and institutions. The evaluation criteria for the adequacy of patient payments should consider the economic and social conditions in the country. Cultural, historical and ethical criteria could induce discrimination.

The informal patient payments are commented by health officials as a very custom in Romania. The phenomenon is so described as extended and complex, and therefore, it is hard to be resolved. As long as patients are content with the medical services received, they may offer something to the medical staff after the service is provided. According to health officials, formal co-payments may decrease or eliminate informal payments in ambulatory care system, but not in hospitals.

Overall policy recommendations

- Before implementing formal patient payment, it is vitally important to take into consideration the general context and individual perceptions.
- An adequate communication among patients, providers and decision-makers on the issue of patient payments is needed.
- The aspects of health services delivery should be clarified and the transparency in the use of resources needs to be assured.

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