

PATIENT PAYMENTS IN CENTRAL AND EASTERN EUROPEAN COUNTRIES
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Policy paper Romania: Romanian consumers and providers perspective on co-payments

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Abstract:

The Romanian health system is currently struggling to survive in the middle of a chronic lack of resources and negative image largely exposed by local media. 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, largely tolerated even sometimes seriously affecting the access to health care, which present a major policy challenge.

The preliminary analysis of the focus group discussions and in-depth interviews' results indicates that patient co-payments are not perceived as a solution to the financial problems of the Romanian health system either because the revenue generated through patient payments would be insignificant or because its use would not follow objective allocation criteria. However, these fees could filter unnecessary overuse of health services and generate savings accordingly. 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.

Overall policy recommendations: (1) before implementing formal patient payments, it is vitally important to take into consideration the general context, economic situation and individual perceptions, analyse the presumed social acceptability and identify the reasons for divergent and convergent opinions (2) an adequate communication among patients, providers and decision-makers on the issue of patient payments is needed; (3) the aspects of health services delivery should be clarified and the transparency in the use of resources needs to be assured. (4) health care providers should be motivated (given incentives) to charge official fees in order to successfully implement such a system, along with other reform specific measures.

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