STUDY REGARDING THE FINANCING OF MEDICAL SERVICES IN ROMANIA

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Abstract:
The financing of public institutions from public funds requires a certain transparency concerning the origin, destination and efficient use of these financial resources, regardless of whether they are obtained from the state budget, local budget or consisting of received donations. The performance of public institutions in general and of those from the health field in particular is based on the legal implementation of a system of specific performance indicators which could quantify the efficiency of financial resources starting from certain specific features of medical services. Ultimately, these indicators are aggregated to obtain a unitary view over the financing of the medical system in Romania. One could observe favorable developments for the selected case study of the relationship between the receivables and liabilities of public institutions from the health sector, of the cost implied by the average duration of hospitalization, and the evolution of stocks for this category of public institutions.

Keywords: performance indicators, public administration, financial autonomy, medical services, state budget.

1.Introduction and review of literature

The Constitution of the World Health Organization states that "benefiting from the highest possible health standard represents one of the fundamental rights of each human being, regardless of the race, religion, political belief, economic or social condition". However, some may consider health a consumer good, where the individual bears the entire responsibility, while the state does not have a specific responsibility apart from financing the quality standards as for other goods. The public health system authorities defined by Article 17 of Law no. 95/2006 are public institutions with legal personality which implement the policy and the public health national programs. By health authorities one means: the Ministry of Health as a specialized body of public administration at national level, the county public health authorities, institutes or national/ regional centers under the Ministry of Health, Social Health Insurance Houses, Hospitals – health units with beds.

From 1999 the Ministry of Health has become a body with a leading role of planning and coordinating the policies, while the financing of health services fell under the responsibility of the National Health Insurance House. The name of this Ministry was changed in 2001 with The Ministry of Health and Family, then returned to the name of Ministry of Health in 2005, and by Law no. 95/2006 it passes to the name of Ministry of Public Health. The Ministry of Health as the central authority in the field of public healthcare represents the state authority, it has the status of main credit release authority and it mainly has the following duties and responsibilities: establishes the national public health priorities, develops and implements the national health programs,

periodically evaluates the population's health indicators, the health program indicators and also the performance indicators of public hospital management, ensures public health control activities, coordinates, implements and monitors the projects financed under the community funds and bilateral agreements, approves by order of the minister, the medical practice guidelines and protocols developed by the specialized committees of the Ministry of Health, distributes funds referred to as budget credits to their subordinate units, with precise destinations.

In order to achieve these objectives, the county public health authorities have the following main functions: control and evaluate how to ensure curative and prophylactic healthcare, control the implementation of rules of the medical and pharmaceutical establishments, seeking to apply the criteria of quality control of medical services, coordinate human resources at the level of healthcare according to the identified community needs through specific actions, organize actions to prevent illness and to promote health, identify potential public health problems or threats to the community, coordinate studies regarding health problems of the population in a certain territory.

The institutes or national/ regional centers are subordinated to and/or in coordination with the Ministry of Health and they have the function of tertiary credit release authority, mainly fulfilling the following responsibilities: provide technical and methodological guidance for the public health network, develops strategies and policies in their field of competence, monitor the population's state of health, the transmissible and non transmissible diseases in order to identify the community health issues, participate to the process of medical education, specialization and training in specific areas of public health, conduct research – development activities in the field of public health and sanitary management, collect, analyze and disseminate statistical data regarding public heath .

The National Health Insurance House is an autonomous public institution of national interest, with legal personality which administrates and manages the social health insurance system in order to implement Government policies and programs in health care. The National Health Insurance House's main activity is to ensure a consistent and coordinated functioning of the social health insurance system in Romania and it has under subordination the County Health Insurance Houses and also the Insurance House of Bucharest. The National Health Insurance House functions on its own statute, approved by the Board of Directors and endorsed by Government decisions.

The responsibilities of Health Insurance Houses are the following: they manage the national health fund through the president of the National Health Insurance House, establish, implement and manage uniform procedures and forms for the administration of the social health insurance system, elaborate and update the Unique Registry of Insured, develop and publish the annual report and the activity plan for the following year, elaborate the draft framework contract, which is presented by the Ministry of Health to the Government for approval, negotiate and contract in partnership with the institutions accredited by the law the collection and processing of data regarding certain medical services provided to the insured by the insurance houses, present an annual report to the Government concerning the state of the social health insurance system, organize the records of paying legal persons in order to finance certain expenses for the healthcare system and follow the declaration, assessment, control and settlement of complaints.

The National Health Insurances House's (NHIH) main activity is to ensure the consistent and coordinate functioning of the social health insurance system in Romania and it controls the county health insurance houses and the Insurance House of Bucharest, of the Ministry of National Defense, of the Ministry of Transportation, Construction and Tourism.

The responsibilities of the health insurance houses are the following: manage the fund of the NHIH president, elaborate, implement and manage uniform procedures and forms for the administration of the social health insurance system, elaborate and update the Unique Registry of

Insured, elaborate and publish the annual report and the activity plan for the following year, elaborate the draft framework contract, which is presented by the Ministry of Health to the Government for approval, negotiate and contract in partnership with the institutions accredited by the law the collection and processing of data regarding certain medical services provided to the insured by the insurance houses, submit an annual report to the Government concerning the state of the social health insurance system, organize the record of paying legal persons in order to finance certain expenses for the healthcare system and follow the declaration, assessment, control and settlement of complaints.

Objective reduction, rationalization and management improvement are the main targets of reforms. Actually, hospital executives must solve two major problems: the first is the impact of different configurations of hospitals concerning equity, access, quality and efficiency and the second is to achieve the best results with the allocated resources.

Since 1992, period prior to which the hospitals were directly subordinated to the Ministry of Health, respectively under the county public healthcare authorities, the hospitals have passed under the subordination of local authorities except the high performance or over specialized medical institutes and the institutes and centers for continuous education of physicians.

Within hospitals one can develop educational activities, and also activities of medical scientific research under the guidance of the didactic staff integrated into the hospital. Educational and research activities shall be organized so as they could enhance the quality of the medical act, by respecting patients' rights, medical ethics and deontology.

Hospital organization can be characterized relying on five elements which define the status of a hospital by mixing the budgetary public and private organizations presented in Table1. The five elements are: autonomy in management, financial risk, financial responsibility, organizational responsibility and social functions.

One can observe that, at extremes, a budgetary organization has limited autonomy and low financial risk, with a direct hierarchical control over organizational accountability, while a private organization has total decision rights, and also financial risks according to performances.

The sanitary authorization is issued according to certain conditions established by norms approved by Order of the Ministry of Health which can entitle a hospital the right to operate. After obtaining the authorization, hospitals fall the accreditation process at demand, which grants functioning at established standards concerning the approval of medical services and adjacent to medical care, certifying the quality of health services in accordance with the classification of hospitals, by categories of accreditation. The accreditation is granted by the National Commission on Hospital Accreditation, which is an institution with legal personality operating under the coordination of the prime minister financed from own revenues and subventions from the state budget. Public hospitals are run by a manager, individual or legal person, subject to the conditions provided by the Hospital Law no.95/2006. The hospital manager concludes a management contract with the Ministry of Health for a period of 3 years; he is entitled to make decisions, suggest the organizational structure, appoint the directory committee members, elaborate its own budget and negotiate the contracts for service supplying with the financers according to the established indicators. Within public hospitals there is steering committee consisting of the hospital's manager, the medical director, the financial-accounting director, and for the hospitals with more than 400 beds, a maintenance director. Within public hospitals, there is a board of directors consisting of 5-8 members and 2 representatives of the Ministry of Health, an ethics committee established by order of the minister, a medical board consisting of the heads of departments, a laboratory chief and a chief pharmacist. The revenues of public hospitals come from amounts received from medical

services, other than those based on contract, and also from other sources, in accordance with the previsions of hospital legislation.

The financial autonomy is achieved by meeting the following conditions:

- organizing the hospital's activity relying on own revenues and expenses budget, approved by the unit's board with the approval of the superior credit release authority;
- elaborating the revenues and expenses budget relying on the assessment of own revenues of the budgetary year and on the repartition of expenses based on grounded proposals of the departments and sections from the hospital's structure.

The budgeting process represents an important condition for the efficient development of an economic entity's activity and also of the responsibility centers within it. The statement that an entity has obtained profit throughout a period of time is not enough to highlight its efficiency (Răchişan, Groşanu and Berinde, 2010).

The contract of medical services supplying concluded between the public hospital and the Health Insurance House is negotiated by the manager along with the board of the Health Insurance House, in accordance with the conditions settled within the framework agreement concerning the conditions on medical assistance within the social health insurances system. Public hospitals can conclude medical services contracts with private health insurance houses and also with the county public health directions and the public health departments of Bucharest in order to develop the health national program and certain specific activities in accordance with their organizational structure.

The revenues obtained by the public health units according to the medical services contracts concluded with the health insurance houses cannot be used for investments in infrastructure, medical equipments, to cover staff expenses over the maximum limit (maximum 70% of the amounts settled by the health insurance houses from the Unique National Fund of Social Health Insurances for the provided medical services, and also from the amounts insured from the budget of the Ministry of Health with the same destination).

The public hospitals from the Ministry of Health network and the ministries and institutions with own health network, except the hospitals from the network of the local public administration authorities, receive in addition amounts from the state or local budgets, which will be used only for the destinations for which they were allocated, as it follows: from the state budget for the clinical hospitals with academic sections, from the county budget for county hospitals, from local budgets for hospitals of county or local interest .

Public hospitals can obtain additional revenues from donations and sponsorships, joint investment in medical fields or medical and pharmaceutical research fields, premises and equipment rentals to other health care providers, medical services contracts concluded with private insurance houses or other economic operators, publication and distribution of certain medical publications, medical or lodging services, or services of other nature, providing other services at the request of third parties, research contracts.

Public hospitals can receive amounts from the state or local budgets for financing certain objectives such as finalizing the objectives of new investments, investments still nominated on the lists of investment programs, endowment with medical equipment, major repairs, financing the objectives of modernization, transformation and expansion of existent facilities, and also the examination, projection and consolidation of buildings.

Since 2008, when the Order 1490/2008 appeared, it is compulsory to perform the appraisal of individual professional performances of the public hospital's managers both for health units subordinated to the Ministry of Health and those from the network of ministries and institutions with own sanitary network. The normative documents that regulate the activity evaluation of the

public hospital's management are: the Order of the public health minister no. 112/2007 concerning the performance criteria according to which the management contract can be extended or can be terminated before term, with ulterior modifications and completions and the Order of public health minister no. 1490/2008 concerning the approval of the methodology used to calculate the performance indicators of the hospital's management, normative documents which highlight the fact that the activity appraisal of the public hospital's manager for the previous calendar year is to be done by April the 30th of the following year. The assessment has to be done for the hospital managers that have a management contract within the validity period and have run the public hospital for at least 6 months of the assessed year. Regarding the management performances assessment it is necessary to evaluate them relying on accounting information, whose objectivity must be independently appreciated from eventual creative accounting techniques (Berinde, Răchişan and Groşanu, 2010).

2.Methodology research

The performance indicators of human resources from the health sector usually combine in a single statistic two aspects of institutions, such as: the number of patients taken care of a physician. This provides information on a feature and it represents a measure of the effectiveness of efficiency or quality. Used alone or in groups they highlight the differences from the standard of the activity and it identifies the areas where adjustment is required.

These differences can be proved by comparing the values of the same indicator for similar health units, by comparing the values of the same indicator over time, within the same unit or by comparing the indicator's values with a national standard, with an average or any other value (average number of patients per physician, average number of consultations per physician, the percentage of physicians in the staff, the percentage of medical staff – physicians, pharmacists, other superior sanitary staff – in the total of hospital staff).

Performance criteria illustrates the degree to whichmanagement indicators have been met. To be useful, they mst meet several conditions: they must be easy to use, realiable, and easy to qualtify

The performance criteria underlying the annual activity appraisal of the public hospital manager, according to which the management contract can be extended or can be terminated before term, are analyzed for the previous calendar year for the managers that have run the activity of the public hospital for at least six months in the assessed year.

The annual assessment based on the performance criteria is made in comparison with the performance indicators agreed through the management contract by scoring from 0 to 5 points for each above mentioned performance criterion, in accordance with the methodological norms elaborated by the National School of Public Health and Sanitary Management.

The results of the assessment are assessed as it follows:

a) "Very good" – if the following conditions are simultaneously met:
   - for the indicators C1-C7, he obtained 5 points for each;
   - for at least 80% of the indicators and performance criteria, the manager obtained 5 points for each;
   - for the rest of the indicators he obtained at least 4 points for each.

b) "Good" – if the following conditions are simultaneously met:
   - for the indicators C1-C7 he obtained at least 4 points for each;
   - for at least 70% of the indicators an performance criteria, the manager obtained at least 4 points;
   - for the rest of the indicators he obtained at least 3 points for each.

c) "Satisfying" – if the following criteria are simultaneously met:
   - for the indicators C1-C7 he obtained at least 3 points for each;
   - for at least 70% of the indicators and performance criteria, the manager obtained at least 3 points;
   - for the rest of the indicators he obtained at least 2 points for each.

d) "Unsatisfying" – if the minimum necessary conditions for obtaining at least the qualifier Satisfying are not met.

The management contract is maintained in its validity period, for the managers of public hospitals that obtained the qualifiers "Very Good", "Good" and "Satisfying".

The method for calculating the points for the performance indicators is the following:

A. Indicators for human resources management

- The average number of consultations/physician in ambulatory

Degree of achievement in comparison with the indicators assumed by contract	Granted points
Over 100%	5 points
91-100%	5 points
81-90%	4 points
71-80%	3 points
61-70%	2 points
41-60%	1 point
under 40%	0 points

B. Indicators of services usage

1. Average hospitalization period by hospital and by each section

Degree of achievement in comparison with the indicators assumed by contract	Granted points
Over 100%	0 points
81-100%	5 points
71-80%	4 points
65-70%	3 points
55-64%	2 points
under 50%	0 points

2. Rate of bed usage by hospital and by each section

Degree of achievement in comparison with the indicators assumed by contract	Granted points
Over 100%	0 points
91-100%	5 points
81-90%	4 points
71-80%	3 puncte
61-70%	2 points
51-60%	1 point
under 50%	0 points

3. The complexity index of cases by hospital and by each section

Degree of achievement in comparison with the indicators assumed by contract	Granted points
Over 110%	5 points
101-110%	4 points
100%	3 points
91-99%	2 points
80-90%	1 points
under 80%	0 points

4. The percentage of patients with surgeries from the total of patients released from surgery departments

Degree of achievement in comparison with the indicators assumed by contract	Granted points
Over 100%	5 points
91-100%	5 points
81-90%	4 points
71-80%	3 points
61-70%	2 points
41-60%	1 point
under 40%	0 points

C. Economic and financial indicators

1. Budgetary execution in comparison with the approved expense budget

Degree of achievement in comparison with the indicators by contract	Granted points
Over 100% without coverage in services	0 points
91-100%	5 points
81-90%	4 points
71-80%	3 points
61-70%	2 points
41-60%	1 point
under 40%	0 points

2. Structure of expenses by type of services and according to the revenue sources

Degree of achievement in comparison with the indicators by contract	Granted points
Over 100%	0 points
91-100%	5 points
81-90%	4 points
71-80%	3 points
61-70%	2 points
41-60%	1 point
under 40%	0 points

3. Percentage of own revenues from the hospital's total revenues (The term of own revenues means for this indicator all own revenues of the public hospital, except the amounts obtained according to the contracts concluded with the health insurance house)

Degree of achievement in comparison with the indicators assumed by contract	Granted points
Over 100%	5 points
91-100%	4 points
81-90%	3 points
61-80%	2 points
51-60%	1 point
under 50%	0 points

4. Percentage of expenses with staff from the hospital's total expenses

Degree of achievement in comparison with the indicators assumed by contract	Granted points
Over 100%	0 points
71-100%	5 points
61-70%	4 points
51-60%	3 points
41-50%	2 points
30-40%	1 point
under 30%	0 points

5. Percentage of expenses with medicines from the hospital's total expenses

Degree of achievement in comparison with the indicators assumed by contract	Granted points
Over 110%	0 points
81-110%	5 points
71-80%	4 points
61-70%	3 points
51-60%	2 points
41-50%	1 point
under 40%	0 points

D. Quality indicators

1. Mortality rate within hospitals by hospital and by section (due to complications which appeared during hospitalization)

Degree of achievement in comparison with the indicators assumed by contract	Granted points
Over 100%	0 points
91-100%	1 point
81-90%	2 points
71-80%	3 points
61-70%	4 points
41-60%	5 points
under 40%	6 points

2. The nosocomial infections rate by hospital and by section

Degree of achievement in comparison with the indicators assumed by contract	Granted points
Over 130%	0 points
121-130%	1 points
111-120%	2 points
91-110%	3 points
70-90%	4 points
under 70%	5 points

The study analyzes the performance indicators at the level of the Institute of Oncology "Prof.Dr.Ion Chiricuţă" from Cluj Napoca, Romania. At the beginning of 2002, when the Law no. 500 of public finances has been approved, the Institute of Oncology "Prof.Dr.Ion Chiricuţă" Cluj-Napoca faced a series of major issues: debts exceeding receivables, the impossibility to introduce budgetary commitments in the approved revenues and expenses budget, insufficient stocks. The decisional factors from that period decided to establish their own performance indicators which could help the Institute of Oncology "Prof.Dr.Ion Chiricuţă" Cluj-Napoca to surmount those difficult moments. The main objectives were: to increase the number of medical services in continuous hospitalization and day hospitalization in order to obtain a better financing, to identify new types of services in day hospitalization, to follow the budgetary commitments in order to introduce them in the approved budget of revenues and expenses by making the heads of departments more accountable, by periodically analyzing the indicators and implementing an adequate software program.

The Institute of Oncology "Prof.Dr.Ion Chiricuţă" Cluj-Napoca was founded in 1929 by professor Dr. Iuliu Moldovan under the name of "The Institute of Prophylaxis and Cancer Treatment", being one of the first medical units from this field in Europe, and at the same time, the first research center which focused on the "study of cancer prophylaxis".

In 1958, professor Dr. Ion Chiricuţă takes the hospital's lead and begins to build the new institute on Republicii Street no. 34-36, institute which in 1900, as a tribute, will be named after him. The hospital's type and profile can be observed in table 2.

3.Results and discussions

The performance indicators analyzed for the institution that makes the object of this study between 2002-2010 present a temporal evolution according to table 3.

The rapport receivables/debts has become during the ten years positive in favor of receivables, taking into account that the level of receivables has gradually exceeded the level of debts. The evolution can signify an increase of the value of provided services in correlation with the expenses with impact on diminishing the acquisitions and consequently the debts, according to figure 1.

The hospitalization cost per day for a patient increased not because of waste but, in 2010, entered into force the contract with the Social Health Insurance House concerning the national programs of oncology which before that date were carried out by pharmacies with open circuit according to figure 2. Stocks reached a value comparable with the consumption turnover for approximately a month as shown in the figure 3.

The average period of hospitalization decreased, which offers the hospital the possibility to treat more patients with the same amount of money. The effect of this evolution is the increase of the number of cases treated taking into account the space is constantly affected according to figure 4. The patrimonial result registers a deficit for the year 2010 because of the large number of releases

outside the contract with the Social Health Insurance House (year 2004 – patrimonial reevaluation) according to figure 5.

Later on, in 2007, by the Order no. 112 regarding the performance criteria according to which the management contracts can be extended or terminated before term, one established the legal basis which underlies the annual activity assessment of the public hospital manager.

For the Institute of Oncology "Prof.Dr.Ion Chirucuță" Cluj-Napoca, one can observe in the table below the evolution of financial indicators, considered eliminatory in the assessment process, according to table 4.

The objectives of implementing this order concerning the performance criteria are to assess the managerial activity namely to compare the performance indicators at the end of a period with the performance indicators agreed by management at the beginning of that period.

4.Conclusions

After performing the assessment for the five years, the managerial activity received the qualifier "Very Good". The disadvantages highlighted after evaluating the managerial activity emphasized by the above mentioned national legislation, are based on the fact that the main credit release authority, namely the Ministry of Health is more focused on respecting the agreed performance indicators than on the performances/ failures of a health unit. For example, a health unit, at the end of a period, can obtain after the assessment process the qualifier "Very Good" if it foresaw at the beginning of the year smaller revenues in comparison with those registered the previous year, in contrast with other sanitary unit which foresaw greater revenues but it did not obtain them although they were greater in comparison with those registered the previous year.

At this moment in Romania, the funds allocated to the health system are totally insufficient, which generates losses for many hospitals. These losses are identified at several levels. In this sense we can enumerate: treating several patients with the same amount of money which can be contracted from the National Health Insurance House, excluding from the financial result the medical services performed outside the contract, the legislation in continuous change raise various difficulties for the decision factors, the allocation of the so-called "arrears" which lead to inequities between hospitals, to differences compared to the initial contracting process.

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Table 1: The elements which characterize a hospital's status

Name of the element	Budgetary public	Private organizations
Autonomy in management	Few decision rights	Total autonomy
Financial risk	Inexistent	Total risk according to performances
Financial responsibility	Public administration	Administration at organization level
Social functions	There is no explicit financing	Explicit financed mandate

Source: McKee, M. & Healy, J. (2002)

Table 2: The elements which characterize a hospital's status

From legal perspective	Public health unit, with legal personality, can perform educational activities, etc.
From territorial perspective	National Institute
From pathological perspective	Specialized hospital (mono-specialization)
From financing perspective	The hospital integrally financed from own revenues

Source: Processing performed by the author

Table 3: Specific indicators for the period of time 2002-2010

Name of indicator	2002	2003	2004	2005	2006	2007	2008	2009	2010
Number o beds	531	531	531	531	531	597	597	597	597
Number of contracted discharges	18.578	18.008	18.093	18.043	17.136	18.798	22.067	21.604	15.554
Number of performed discharges	18.395	19.001	20.861	19.479	18.393	19.179	21.149	22.093	21.018
No. med. serv. in day hospitalization	35.342	24.737	3.749	8.221	13.738	50.422	91.852	95.228	93.058
Types	2	3	5	6	9	8	12	12	12
Cost per day/ patient (lei)	179	224	411,09	316,88	411,09	375	362	384	749
Stocks (thousands lei)	3.182	2.764	1.593	413	477	5.766	7.927	10.309	8.280
Receivables (thousands lei)	487	59	118	50	423	4.256	4.844	11.584	13.940
Debts (thoudands lei)	2.433	634	487	31	184	2.521	4.657	11.345	13.305
Money in accounts (tousands lei)	154	102	118	85	78	785	3.738	2.273	1.099
Patrimonial result (thousand lei)	-16.699	8.712	-62.300	108	41	681	2.323	12.115	-6.548
Average period of hospitalization (days)	10,89	8,15	7,26	7,87	8,74	8,2	7,4	6,7	6,80

Source: Processing performed by the author

Table 4: The evolution of financial indicators, considered eliminatory in the assessment process

Financial indicators	2007	2008	2009	2010	2011
Budgetary execution in comparison with the approved revenues and expenses budget	89.42%	77.00%	91.00%	92.00%	94.00%
The percentage of own revenues from the hospital's total revenues	14.64%	13.03%	12.79%	14.09%	5.00%
The percentage of expenses with staff from the hospital's total revenues	34.39%	38.00%	33.00%	28.00%	26.76%
The percentage of expenses with medicines from the hospital's total revenues	28.71%	29.00%	31.00%	53.00%	54.00%
The percentage of capital expenses from the hospital's total revenues	8%	195	21%	8%	9%
Average cost / day of hospitalization (lei)	375	362	384	749	750

Source: Statistical processing performed by the author

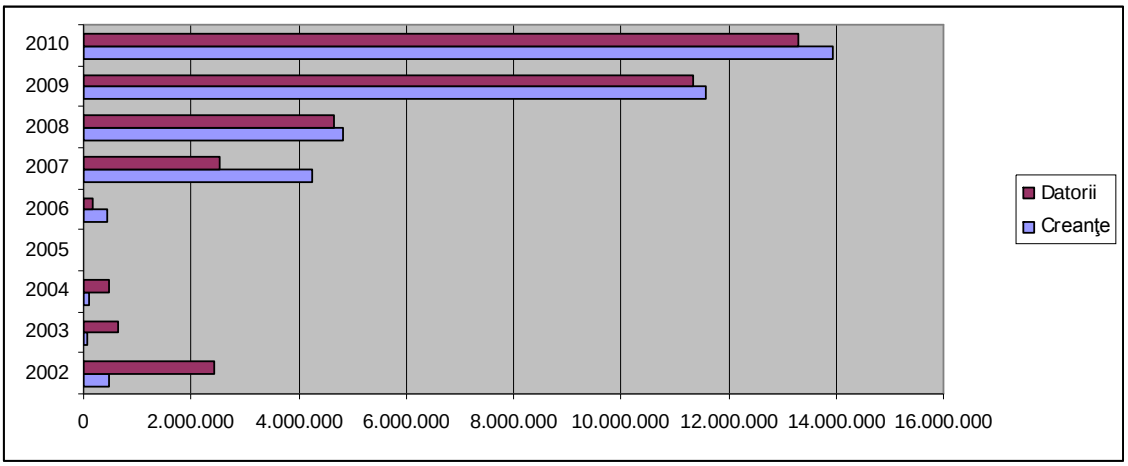

Figure 1: Rapport receivables/debts for the period 2002-2010 (-lei-)

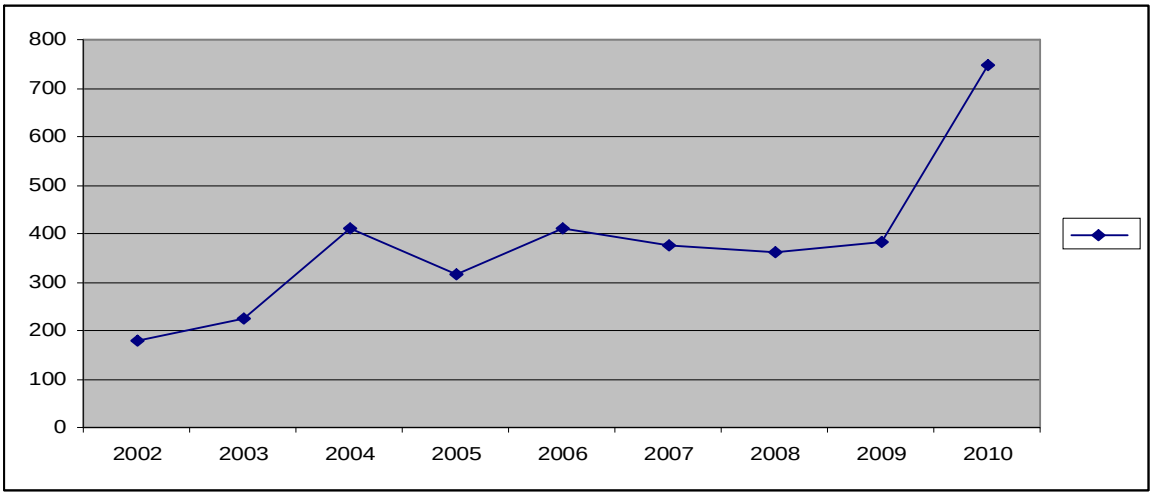

Figure 2: Evolution of hospitalization cost per day for a patient in the period 2002-2010 (lei / patient/ day of hospitalization)

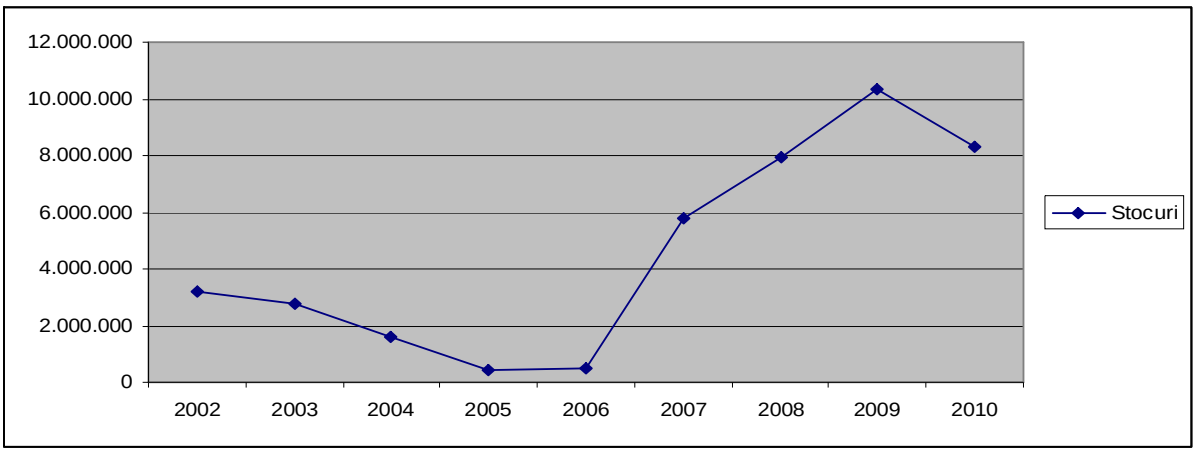

Figure 3: Evolution of stocks in the period 2002-2010 (-lei-)

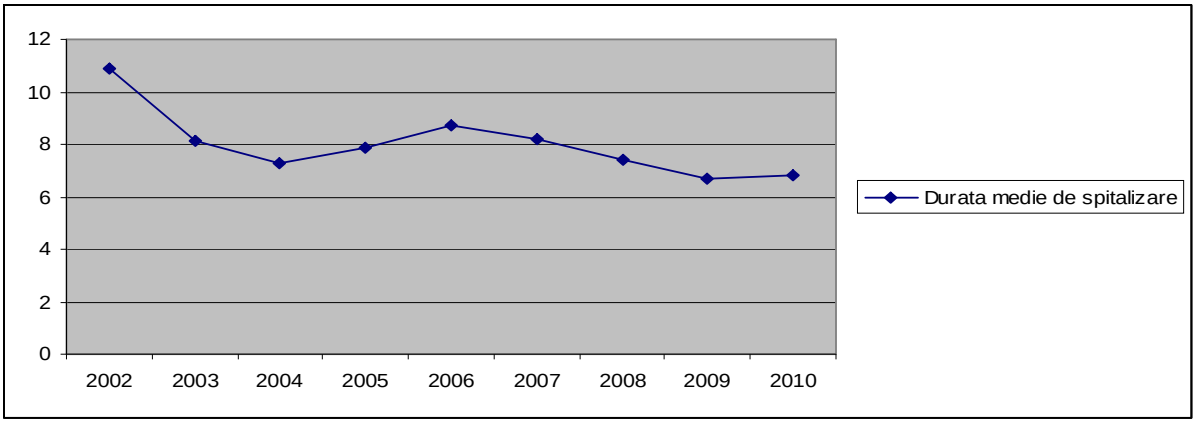

Figure 4: The evolution of the average hospitalization period between 2002-2010 (no. days of hospitalization)

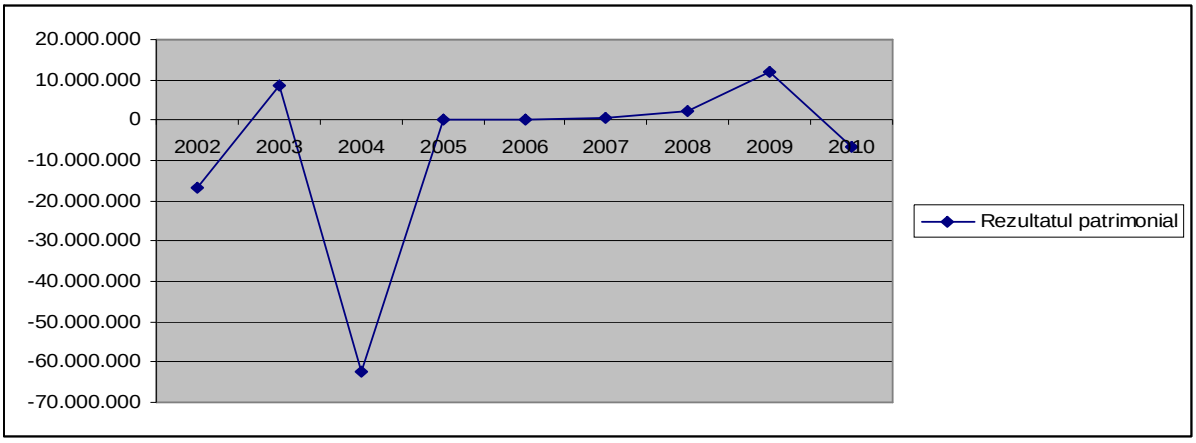

Figure 5: Evolution of the patrimonial result in the period 2002-2010