

## Summary

The objective of this study is to learn how patients in Romania judge the health care reforms that have occurred during the last decade. So far, such information is lacking. This is not only the case for Romania, but also applies to other Central and East European countries. This study answers the following research questions.

### *Research questions*

1. What are the patients opinions about the recent changes in their health care system?
2. How satisfied are patients with the health care system in general and with health care professionals?
3. What do people expect from the health care system?
4. How many people do not get what they consider as most important for them regarding health care providers services?
5. What are the psychometric qualities of the QUOTE and the MOS-20?

This study was conducted in the Dolj region in Romania in 2000. The sample was taken from the registers of randomly selected general practitioners (GP), with a quota of six GPs from urban areas and four GPs from rural areas. A sample of 1,000 patients was taken. They were invited to participate in an interview at home. The interviews were conducted by trained students from the University of Craiova. The response rate was 68%. After verifying the questionnaires, the total number of respondents was 619. The characteristics of the region as well as the final sample are considered as representative for regions in Romania and are compared with some general parameters for Romania.

Before answering the five research questions, a description of the main health care reforms of the past 10 years is presented.

### *Transitions in health care in Romania*

Before the Second World War, Romania had a health care system based on social security insurance, with costs covered by premiums paid by employers and employees supplemented by some state financing. It was based on the Bismarck model. After the Second World War, the Semashko model was introduced. In this model, health care services were covered by central (state) tax money, access to services was free of charge, health care providers were state officers, and planning and distribution of services were centrally controlled. After the revolution in 1989, health care reforms started

very slowly. The health care system in Romania was in a very disadvantaged situation and starting reforms was not easy because of the decrease in economic development.

Thus, the reforms had to be realized in the rather difficult context of scarcity of financial and human resources. The Gross Domestic Product spent on health care in 2000 was 4% and, in 1999, the number of physicians was 42,975 for a population of 22 million. But it should be noted that expenditure on health care started to grow after 1997 while the Gross Domestic Product decreased.

The main changes were introduced through legislative reforms that started in 1995. The most important laws apply to:

- the decentralization of the execution of health care policy to districts
- the establishment of a structure for the medical profession (the College of Physicians), including recognition of specialisms and quality assurance
- the foundation of a health insurance system
- the organization and tasks of public health
- the organization, functioning and financing of hospitals.

The legislation resulted in a social health insurance system, the implementation of which was problematic, in a strengthening of the position of GPs and in a lowering of the influence of hospitals.

Negative effects of the reforms include the decrease in health care accessibility due to lower coverage of the population by the insurance scheme and, therefore, an increase in inequity in health care utilization. In fact, there are three categories at high risk of being uninsured: people who have been unemployed for more than 27 months, those working in rural areas and without a steady income, and people working in the unofficial economy. There are also underserved regions that impact on inequity in health care utilization. Health care users still pay physicians under-the-table and have more out-of-pocket health care expenses due to the increase in the price of medications, limitation of reimbursements for drugs, and conflicts between GPs and the third-part payer.

### *Opinions*

After 10 years of changes, the Romanian people have been asked their opinions concerning the changes in the health care system. This is the first time they have been asked extensively about their opinions on these changes. As maybe expected, there is a variety of positive and negative answers. Overall, the people prefer the present situation to the past.

Concerning the quality of care, 56% of the respondents state that doctors now provide more information than they did 10 years ago and 50% state that the quality of care has improved as compared to 10 years ago.

The majority of the respondents (62%) say that health care gets less attention from politicians than 10 years ago. Respondents also state that people are better informed nowadays (47%) and feel more responsible for their own health as compared to 10 years ago (49%).

When it comes to accessibility of care, the opinions are less positive. Forty-one percent agree that health care is easier to get than it was 10 years ago, but 51% say that drugs and treatment are more difficult to get than 10 years ago and as many as 78% state that you have to pay more for medical treatment nowadays. Forty-one percent disagree (strongly) with the statement that medical treatment is more accessible now for everybody as compared to 10 years ago.

Negative opinions about the changes are strongly related with the statement that most people were happier 10 years ago. Older people and people with chronic diseases have less positive opinions, while people with a higher education have more positive opinions.

### *Satisfaction*

Satisfaction surveys are valuable instruments to evaluate the appreciation patients have of the outcome of medical treatment or regarding the availability and accessibility of services. Such surveys provide feedback for health care professionals and policymakers concerning their performances. Such data may be used to work on the quality of care.

The Romanians are rather satisfied (75%) with their health care system in general, but only a few are extremely satisfied (3%). The satisfaction score is highest for GPs (36% extremely satisfied) followed by dentists and hospital specialists. Pharmacists also receive a high satisfaction score. Thirty-six percent of Romanians are dissatisfied with hospital services, and health care in general is negatively evaluated by 21%. There is a significant correlation between several satisfaction scores.

Women are more satisfied than men and people with a higher education are more dissatisfied than those with a lower education. People who believe that the quality and accessibility of the health care system have improved are more satisfied than those who do not believe so.

Patients who report under-the-table payment are less satisfied than those who do not offer that payment.

### *Expectations*

Expectations are measured with the QUOTE with 16 items. Overall, Romanians expect a lot from their health care providers. In nine items, 90% or more of the respondents choose "important" and "very important".

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The most important aspects in quality of care are work efficiently, good understanding of patients problems, arrangements on what to do in an emergency, information about risks and taking patients seriously.

The aspects of quality of care may be ordered in three dimensions.

#### *Expectations and discrepancies with experiences*

What people expect most from health care professionals is related to their professional skills, that they work efficiently and have a good understanding of patients problems. The next priority deals with aspects of communication and accessibility.

Various groups of people may have different expectations of the physicians role. Generally speaking, groups of people who are better off in terms of social status, personal resources, capital stocks and environmental factors consider some quality aspects of health care more important than their counterparts do. Among the groups of people with various expectations, the priorities of the most frequent users and those dissatisfied with past experiences with physicians should get special attention from policymakers and health care providers.

With respect to the discrepancy between expectations and experiences, the most striking result is that the majority (i.e. over 50%) of the patients had negative experiences regarding the information delivered by physicians in the medical encounter.

In brief, in Romania, the patient-doctor relationship is an unequal one due to the submissive position of the lay people in medical encounters.

#### *Psychometric qualities*

The Medical Outcome Study Short Form-20 (MOS-20) questionnaire has been developed to measure the health status of patients with special attention being paid to functional status and wellbeing. It is an instrument intended to measure the impact of health care on patient health status. In later and wider applications, the MOS-20 has also been used to measure the health status of populations.

The MOS-20 is now being used more frequently in Central and East European countries, but its reliability and validity are scarcely studied. In this study, the MOS-20 is validated for the first time in Romania.

Replicating methods used in the United States in the past (preliminary tests, convergent and discriminant validity and reliability), using new methods of validation (confirmatory principal component analysis) and comparing outcomes with those of West European countries, the analyzes show the utility of the MOS-20 for Romanian research. The six aspects of health status used in other research, i.e. physical functioning, role functioning, social functioning,

mental health, health perception and pain, are reliable and valid in this study.

The QUOTE (Quality Of care Through the patients Eyes) is an instrument designed to measure the expectations people have about health care providers and their experience with the actual provision of care. This instrument was designed in 1996-1997 and has recently been used in several European countries but not previously in Romania. The question is whether this instrument is reliable in the Romanian context. The QUOTE has a long and a short version. For practical reasons, the short version (16 items) was used and tested in this study. Three dimensions were found within the 16 items: communication-accessibility, organizational quality and professional skills. The reliability of the three dimensions is good.

This study is the first to systematically analyse the opinions, experiences and expectations of the citizens of Romania concerning health care reforms. It recommends that policymakers take the opinions of the citizens seriously for two reasons: it is the right of the citizens to judge the reforms and the public support of these citizens is needed for implementation of future innovations. The study outcomes lead to recommendations that health care professionals develop a more client-oriented approach and receive training in communication skills. Patient groups are advised to organize themselves to put pressure on the direction of the reforms. Analysis of the situation in the health care sector in 2003 shows that the outcomes of this study are still very relevant and useful today for improving health care reforms in Romania.