REFLECTION IN THE ROMANIAN LAWS, OF CONTINUITY AS A DIMENSION OF MEDICAL SERVICE QUALITY

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Abstract: Continuity, one dimension of quality health services, represents the connectedness between different stages along the illness evolution patient pathway. Its importance to the patient is given by two components: care over time and focus on individual patient. In health care there are three types of continuity: informational, case’s management and relational. In the Romanian current laws, continuity of care is regulated in part, only to insured persons and only in regard to health care providers enters into contractual relationships with health insurance houses. In the context of decentralisation, it is necessary to develop the regulatory framework to provide local governments tools to ensure continuity of care for all people.

INTRODUCTION

Quality of care is the degree to which the treatment provided dispensed increases the patient’s chances of achieving the desired results and diminishes the chances of undesirable results, having regard to the current state of knowledge. (Council of Europe 1998)

Continuity, one dimension of health care quality, represents the connectedness connection between stages along the patient pathway. In the literature are outlined three types of continuity that is found in all medical specialties. They are: informational continuity, continuity of case’s management and relational continuity. Its importance to the patient is given by two components: care over time and focus on individual patient.

One of the fundamental objectives assumed and promoted by the Romanian Government is decentralization, including the financial, of the public administration through clear separation of competences, based on European principles, in order to increase the administrative autonomy respecting the principle of subsidiarity.

Because ensuring the quality is a continual and dynamic process, and health care demands continuity, it is important for the local authorities to benefit by the legal regulations after having taken over the management of health units so as the patients not be affected population would not suffer.

RESULTS AND DISCUSSIONS

SWOT analyze of laws highlight:

Strengths

The normative acts have provisions regarding the medical act’s continuity, as follows:

a. Informational continuity

• The obligation to utilize the “medical letter”, which has the role to inform the family doctor about the diagnosis established, investigations, controls, applied and recommended treatments performed by other providers of medical services;

• The existence of electronic medical documents;

MATERIAL AND METHODOLOGY

SWOT analyze of norms which regulate the organisation and functioning of the health units, relations between health providers and payers, as well as those which regulate the decentralisation process. This analyze identify the provisions which cover the three types of continuity: informational, relational and management continuity.

Were analyzed following laws: Law No. 95/2006 on healthcare reform, Law no. 46/21.01.2003 patient rights law, Law no. 263/16.06.2004 governing the continuity of local health care s, the framework contract and its implementing rules concerning the conditions of granting of medical assistance in the health insurance system in 2008 and 2009, Law no. 195/2006 Decentralization framework law, Government Decision no. 562/2009 for approval of the strategy of decentralization in the health system.

PURPOSE OF THE STUDY

Analysis of laws’ particularities concerning continuity as a dimension of health service quality in the context of decentralization.

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ACTA MEDICA TRANSILVANICA March 2010; 2(1)136-138

AMT, vol II, nr. 1, 2010, pag. 136
Provide family physicians with an electronic data recorder;
• Electronic transmission of data;
• The existence of guidelines.

b. Continuity of case’s management
• Right of patients to receive medical treatment continue to improve her health or to cure;
• Organization of integrated hospital ambulatory;
• Organizing “permanent care centres” for family doctors.

c. Relational continuity
• Right of patients to receive care based on collaboration and partnership between various public and private health units;
• The right of patients to receive community services available after discharge;
• the duty of the family doctor to establish a direct doctor-patient communication.

Weaknesses
• No penalties for doctors or patients who do not send or do not deliver „medical letter” to the family doctor;
• The absence of an integrated informational system that would provide health communication at all levels of patient care;
• The existence of a small number of practice guidelines;
• Inoperative “permanent care centres” allow the patient without referrals to use emergency services;
• The absence of integrated „patient route”;
• Lack of criteria for quality of care;
• Lack of capacity to monitor the implementation of legal provisions on continuity.

Opportunities
• Developing minimum standards of quality and cost decentralized public services;
• Organization of medical services by the county councils / local authorities according to the needs and preferences of the communities they serve;
• implementation of the health insurance card;
• The introduction of standards for all levels of the Romanian healthcare system and a system of quality health services;
• Integration of health services in complex networks of care, from primary care to the hospital level;
• Enhancing information of patients and their expectations regarding the continuity and quality of health care;
• Increased patient’s interest in maintaining or improving health, which induces growth of their demands for medical care.

Threats
• Development of private medical insurance;
• Accessing health services from other Member States of the European Community;
• Development of the strategy of decentralization in the health system;
• Lack of long-term strategies of health services aiming the continuity of the health care;
• Free choice of care provider at all levels of health services.

CONCLUSIONS
In health systems around the world, quality is a major criterion for health service evaluation. For this, coherent evaluation and monitoring mechanisms and instruments must be developed. These instruments become efficient when accompanied by clear usage rules. The continuity of health care, as a fundamental dimension of health service quality, is subject to the same rigors. Knowing that in Romania the continuity of health care is partially regulated, especially as an insurer’s control mechanism over the behaviour of the health service suppliers, normative laws must be developed through regulations which offer the local administration instruments to ensure the continuity of health care for the entire population.

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