



Primary Health Care System

Retaining health care workers through the improvement of the primary health care in Romania

November 2022

CALL FOR ACTIONS

Strong primary care is the cornerstone of a functioning healthcare system and correlates to increased lifespans, lower healthcare costs, and better population health overall. However, the primary care system in Romania is both under-resourced and underused and the long-standing over-reliance on patient care rather than on keeping people healthy contributes to an inefficient health system.

The lack of prioritisation of primary care in the Romanian health system can be reflected in the drastic rural-urban divide, the absence of cultivating prevention within the population, the overburdening bureaucracy and lack of organisation, and the deficit of general practitioners at the national level. These inefficiencies are among the influencing factors in the decision of medical personnel to migrate, both at the primary care level as well as in other specialisations.

This booklet aims to alert policymakers to the urgent need for strengthening the primary care system as we believe that through a series of discussions on the affordable, effective and sustainable changes, we can lead the way to strengthening the primary care system, the retainment of general-practitioners (GPs) and other medical personnel and ultimately to improving the performance of the Romanian health care system.

The minimised role of the general-practitioner

“We are professionally confined, this is not possible, I am deeply indignant.”

While the general-practitioner (GP) represents the main interface between patients and the health system, their role has significantly decreased in the past years.

“The role of the GPs is very important because they are the professionals who can ensure continuity of care in medicine.” (Doctor in Romania, woman)

Their actions have been greatly limited, most often being forced to direct patients towards specialised doctors even for basic procedures, their role ultimately remaining to provide referrals. While other national health systems have increasingly appointed the GP to be the custodian of, and conduit for, key patient clinical information, in Romania, their role throughout the years has worsened, no longer being able to perform at their full potential.

“As a GP, you are seen as a “Cinderella” of the health system, where every other doctor doesn’t write you prescriptions, ‘go to that GP of yours to write you a prescription’, even though he has the obligation to prescribe you. All the things, when they don’t feel like solving them, are solved at the GP office”. (Doctor, woman)

Routine actions, such as the evaluation of the patient and prescribing a treatment have now become outside the responsibility of the GP, which comes as a large professional dissatisfaction, as GPs feel that their high-level diagnostic and therapeutic skills are underused and going down the drain.

“Us, in turn, train family doctors, we adapt all our knowledge and still, we have a whole series of restrictions that are translated into the list of drugs with asterisks, appendices and so on, through protocols, through which we cannot initiate a treatment. And my question is the following: how come that 10 years ago, I could write a medication for which now I have to make expenses in the system to prescribe it? Maybe very often during consultations, I lose my temper when I see that I fail to give a medication that I would give under other conditions”. (Doctor in Romania, woman)

In addition, the recent decisions regarding the COVID-19 pandemic made at central level as well as the media portrayal have deeply affected their image and credibility in front of the wider society and has caused lack of trust even with their current patients.

“The culprit is always the family doctor. The culprit of services in the vaccination campaign is the family doctor. But no one questioned how this vaccination campaign started. They included us in the system much later, when this fear of the vaccine and the hesitation caused by the false information found on the Internet was already installed. And they included us when they saw that people were no longer coming to get vaccinated. But all the blame fell on us”. (Doctor in Romania, woman)



Recommendations from the research

More formal respect is required for the profession of GPs, starting from the level of the national authorities. Central authorities must recognise the potential of GPs and should implement initiatives that put the GP at the centre of the healthcare system.

*” Primary health care to get back its place as now it does not exist in fact in Romania”
(Doctor in Romania, man)*

Within a culture of respect, the medical professionals perform better, display greater resilience and are more motivated to conduct their work at the highest levels.

Case study: Carmen

is one of the many experienced General Practitioners of Romania, practicing for more than 30 years. She finds that her activity comes with great professional satisfactions, pointing out that what keeps her going in this field is the strong connections she creates with the patients and the fact that she manages to have such holistic overall view of her patients over a long period of time.

„The adults on my list are the former children of their parents, whom I took care of and continue to supervise. It is also about the family that you supervise over a longer period of time, in which you get to know them better and establish completely different relationships. So, it is no longer a consultation relationship, but a much deeper correlation based on feelings of great trust.”

She also speaks with great pride of the adaptability of General Practitioners over the years, who have been pioneers in the health reforms throughout time, and who have managed it with flying colours.

„From employees we became, in a few months, the managers of our own business. Any change in the health system was made through the primary care. The electronic prescription, for the first time, was made with primary care specialists. Absolutely all the computer systems were done at GPs level.”

However, she has been very disappointed by the system, as the role of the General Practitioner has been gravely minimised throughout the years. She is deeply saddened and feels like her professional independence has been taken away from her, reducing her role to a prescription transcriber. She can no longer evaluate her patients, she can no longer recommend a treatment, which she feels is affecting the relationship with her patients as well.

“Where is my independence as a professional? And this has gotten worse in recent years. And then the disappointment is even greater.”

At the beginning of her career, never considered to exit the Romanian healthcare system, but once she witnessed constraints being implemented in her profession, she started taking into consideration the idea to leave, and even pursued another specialisation. Now she reached an age where she would not leave, but she strongly believes this lack of professional independence of GPs is the central reason why GPs exit the Romanian system and why young students are reluctant to pursue this specialisation.

Inability to promote prevention

“If we want a good healthcare system in the country, and we want it like this, we want a good prevention system, to prevent people from getting sick.”

GPs feel that they are unable to promote prevention methods within the wider society, to provide and instil health education and to create a connection with the patients. This is due to the fact that a GP is compelled to hold approximately 2,500 patients in order to have a decent living and be paid fairly, number at which appropriate qualitative services cannot be provided and does not allow for a doctor-patient relationship to be created due to lack of time.

“We (n.b Romania) are very bad in the area of prevention; our patients seek for our assistance late and with serious stages of disease. It’s a little unsatisfactory if the first time the patient comes, he has cancer in the terminal phase, and you have nothing left to do. Others focus a lot on prevention and thus work on simpler cases.” (Doctor in Romania, woman)

The overcrowding with patients has led to the difficulty of GPs to keep track of all the medical history of their patients, affecting the

relationship between the GP and the patients, as most often patients merely seek assistance when problems arise.

“The family doctor has become an office doctor; we can barely make home visits to examine and monitor our patients”. (Doctor in Romania, woman)

There is also reticence in prescribing prevention procedures, due to the rigorous system in place that punishes the GP, almost as if the health system does not encourage prevention practice. If the patient to whom the doctor recommended medical tests does not return to the GP's office with the results, the GP will not be able to reimburse this service. This system impedes General Practitioners, as they are not encouraged to practice prevention and the process is extremely difficult, only some patients can afford to browse the system to do so.

Recommendations from the research

Prevention should occur more widely in the community, often with greater effectiveness, to support the population in adopting healthier lifestyles and reduce harmful exposures that lead to diseases and injuries. School policies, information technology and other resources for self-care at home, media and advertising messages, legislation, and short, effective counselling services in the community, that aim to modify health behaviours can have a significant impact on the health status of the population, reducing the overcrowding in inpatient care. Such initiatives can support the GPs in their leading role of instilling the preventive behaviour, behind a preventive plan for each of his/her patient.

"Let's promote health, do a lot of health education, then a fair health system with inputs and outputs and well organized in all areas, then the system can expand." (Nurse in Romania, woman)

Additionally, there is a need for an analysis of what the current preventive care process entails and how it can be facilitated, so that it is not a burden for either the rural doctor (and his patient) or for the urban one.

Bureaucracy and lack of organisation

"There are forms and papers that need to be done, it's understandable, but everyone's work needs to be made easier not more difficult."

GPs deal with a massive volume of bureaucracy that has to be carried out, which does not allow them to focus on their patients, but rather on documentation. Bureaucracy has left General Practitioners feeling overburdened, disempowered, and unable to deliver innovation and improvements on the ground.

"It seems to me that the administrative part takes up more of our time than it should and leaves us less time for working with the patient, and in terms of research, documentation, everyone does it on their own, at home, as much as they can, taking from their personal time." (Doctor in Romania, woman)

While the recent initiatives of the Ministry of Health aimed to reduce the number of documents required seemed viable and

beneficial on paper, in practice they actually did not have any positive impact and only further burdened the GPs, as documentation has tripled in other areas.

"You get rid of one document, 6 additional ones appear." (Doctor in Romania, woman)

Furthermore, in April 2022, The Ministry of Health stated that the financing of GPs increased by 22%. However, when taking inflation into account, funding has actually decreased

"After I paid for the medical assistant, the gas and all the other utilities, the medical assistant made more money than me." (Doctor in Romania, woman)

In order to access additional funding, GPs must provide other unreasonable services that have



PILLARS OF HEALTH

been introduced but which are not feasible and requested, such as, for instance, home birth assistance.

The excessive bureaucracy is also generated by onerous clearance processes, duplicative information requests, unclear accountability structures, highlighting the lack of a clear and effective information system. Healthcare organisations typically generate patient-related data for internal purposes. However, there are no standardized data collection forms, measurement tools, or reporting systems, thus

resulting in fragmentation of information within the system. This leads to a general lack of communication between different specialisations and the GP, unnecessary interventions, additional work employed and secondary complications in patients.

" In practice, we are working under much more stress than we should. We don't have technical support, that would be much needed, on this bureaucratic side, someone else should take care of the informational side." (Doctor in Romania, woman)

Recommendations from the research

The bureaucratic burden can be analysed formally and restructured (based on a clear schedule) to limit to the minimum the time allocated in the GP practice to such tasks. Dedicated training programs can help GPs learn how to manage properly the bureaucratic tasks. It can also be minimised through improving support, either through employing a person who can take up administrative responsibilities for several GP practices or by using technology, including IT infrastructure, remote monitoring, and digital skills.

