PILLARS OF HEALTH

Stronger primary health care system

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

Summary: 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.

Yet a **series of short-term interventions at the primary care level** can significantly strengthen the primary care system, leading to an optimal health system and ultimately to the retainment of GPs and other medical personnel in the Romanian system.

What's the issue?

Life expectancy in Romania is among the lowest in Europe, with an average of 74.2, compared to the EU level of 80.4 (INSSE, 2020). Similarly, the avoidable mortality is extremely high in Romania. Romania had the highest rate of treatable mortality rate among the EU Member States in 2019, with 208.34 deaths per 100,000 population and the third highest preventable mortality rate, after Hungary and Latvia, at 295.8 deaths per 100,000 population (Eurostat, 2022). The overall health status of the Romanian population highlights the importance of strengthening **primary care, preventive services and public health**, in a health system currently heavily reliant on inpatient care. Yet the proportion of health spending devoted to primary and ambulatory care (18.6 %) remains the second lowest in the EU (after Bulgaria).

This brief situates the issue of migration in the dynamics of the primary health care system and in workforce challenges that affect the overall performance of health care systems. This factsheet

aims to alert policymakers to the urgent need **for strengthening the primary care system**, which can in turn lead to an increase in the satisfaction of the medical personnel at all levels, the retainment of the healthcare workers and, ultimately, to improving the performance of the Romanian health care system.

The justification and recommendations at the basis of this brief are extracted from a country research report conducted within the programme **"Pillars of Health – Towards solidarity for health worker balance in Europe".** More information about the research and programme can be found at the end of this brief.

Rural/Urban Divide

There is a large disparity between the provision of primary health care services for the rural and the urban patient, as there are substantial differences in allocated resources, equipment and number of GPs between the centre (cities with higher education institutions and teaching hospitals) and the periphery. Thus, 328 rural localities in Romania do not have any GPs, and 559,611 inhabitants, i.e 2.52% of the Romanian population, do not have any GPs in the commune where they live (Avocatul Poporului, 2021). On top of everything, it is expected that rural communities experience a higher prevalence of chronic conditions than their urban counterparts due to a wide range of social determinants such as: cultural and social norms surrounding health behaviours, low health literacy levels and incomplete perceptions of health, limited public transportation options, unemployment as well as lower population densities for program economies of scale coverage.

While rural health care concerns are nothing new, the recent aggravated deficit of GPs threatens to increase the rural urban health disparities, even beyond what they have been historically. These shared barriers provide context for the needs of rural communities and an understanding of the strategies that will be most effective to address rural barriers to care.

Recommendations: In order to facilitate primary care in rural areas, local authorities must be involved in introducing financial and non-financial incentives and in offering support to GPs in their relocation to rural areas. In addition, while accessing European funds could be a viable solution in order to open a practice in rural areas, the process should be simplified and should require minimum conditions. Finally, solutions must be found in order to incentivise young graduates and residents to practice in a rural area, under the supervision of a GP, at least for a short period of their career, through financial stimulus, career advancements and educational opportunities.

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Inability to promote prevention

The large number of patients per GP also led to the inability of GPs to promote prevention methods, to provide and instil health education and to create a connection with the patients. Furthermore, 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 can hardly be provided and does not allow for a doctor-patient relationship to be created due to lack of time.

In addition, 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: 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 outpatient care.

Yet, the GPs must have a leading role in instilling the preventive behaviour, behind a preventive plan for each of his/her patient. 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

GP's 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 over-burdened, disempowered and unable to deliver innovation and improvements on the ground. 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. 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*" is the testimony of one GP working in a rural area. In order to access additional funding, GPs must provide other services that have 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.

Recommendations: 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.

Deficit of General Practitioners

The primary health care system in Romania is undergoing a crisis caused by the significant shortage of GPs as well as due to the demographic characteristics of the current practicians. According to Eurostat, in October 2021, there was a total number of 11.600 general practitioners in Romania, exhibiting a reduction of 20% compared to 2011. Similarly, the Ministry of Health (2022) declared that the average age of general practitioners has reached 55 years, while dr. Coriu Daniel, President of the College of Physicians, estimates that almost half of the GP's are aged 61 years old and those under 35 represent only 2.2% of the total share, pressing that in 10 years' time Romania will no longer have GPs (News.ro, 2022). The ageing trend in the GP population is caused by the lack of interest of students in the specialization of general practice, as it is no longer considered an attractive career path. Several attempts have been made in the recent years to facilitate the number of GPs, with the Carol Davila University of Medicine and Pharmacy establishing an additional general practice course unit and increasing the number of resident coordinators for the specialisation, yet the widespread disregard on the specialisation still stands. While the GP represents the interface between patients and the national facilitating system, their role has significantly decreased in the past years. Consequently, 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 gatekeep and provide referrals.

Recommendations: A drastic increase in GPs is required to equilibrate the system, which can only be achieved through the implementation of an appropriate motivational and social recognition

system. By promoting the profession and offering support on areas the GPs are less prepared (like how to handle the practice like a business, how to handle bureaucratic tasks, how to team up with the rest of the team, counselling skills for patients etc.) the GP practice could become more appealing. In the end, making more jobs available would lead to fewer patients per professional, which would, in turn, contribute to an increase in the quality of services provided to the patient and an increase in professionals' work satisfaction.

What could policy makers do in the short term?

5 short-term interventions can provide affordable, effective and significant changes with a sustainable long-term future in **the primary care system**, which could lead to the retainment of GPs and better motivated professionals in the Romanian health system:

1. Conduct a case study analysis in an urban and a rural primary care office, of what the current bureaucratic burden means for the GPs, how it can be restructured (based on a clear schedule) to limit to the minimum the time allocated in the GP practice to such tasks. Based on it, define dedicated training programs that can help GPs learn how to manage properly the bureaucratic tasks entailed by their practice. The bureaucratic burden can also be minimized 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.
2. Conduct a case study analysis in an urban and a rural primary care office, of what the current preventive care process entails and how it can be facilitated.
3. Establishing a database of the patient's medical history, always accessible to the GP for his/her patients, which can facilitate the prevention process and the intervention time. (*For instance, the Croatian Health Insurance Fund implemented in 2014 an innovative instrument that allows systematic recording and management of data on patients with noncommunicable diseases. The initiative strengthened the role of general practitioners as the primary information holders and care coordinators and at the same time has facilitated both clinical and managerial decision-making.)*
4. Elaborating trainings for GPs on patient centred counselling techniques (how to initiate and maintain conversations about preventative methods and healthy lifestyles) and not merely information sharing. Using such technique, GPs can learn how to maximise the limited time spent with the patient and create a strong relationship based on trust.
5. Promoting the profession and offering support on areas the GPs are less prepared for (like how to handle the practice like a business, how to team up with the rest of the team, what

tasks could be delegated and how etc.) could transform the GP practice into a more appealing choice for the young graduates.

Other associated interventions could imply:

1. Establishing a telemedicine network to facilitate people's access to basic medical services in rural areas through a mobile regime for prevention and prophylaxis, screening for prevalent medical conditions, regular, general and specialist medical check-ups, and home delivery of medicines from national health programs for the chronically ill as well as for the patients with acute pathologies.
2. Elaborating trainings for community nurses based on counselling technique, on how to initiate and maintain conversations the rural population about preventative methods and healthy lifestyles. The final goal is to change traditional approach and to humanize the way to deliver information about prevention, probe for primary care hesitancy, address concerns, and establish a personal relationship with the community nurses, for a trusting relationship.
3. Performing a thorough needs analysis of the population from the local community in terms of health status and identify the households with the vulnerable population (with priority children, pregnant women, pregnant women and women of childbearing age) that need immediate attention.
4. Elaborating a compulsory school subject in the curriculum that promotes the topic of prevention and health in school, in which residents and medical students can be involved in teaching the subject.
5. Elaborating a programme in collaboration with the medicine universities, through which more health campaigns are available on campus in order to raise awareness about the role of prevention.

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About the research

The research at the base of this factsheet was carried out within the programme **“Pillars of Health – Towards solidarity for health worker balance in Europe”** (POH), a 3-year programme focusing on building evidence, strengthening civil society, and carrying out advocacy at the national and at the EU level, to improve health worker availability and accessibility for all European citizens.

The study aimed to identify the factors that influence the migration of Romanian health workers, to analyse their personal working experience as well as to outline the respondents’ solutions to retainment and returning. The research was elaborated based on **a desk research and a series of 19 in-depth interviews conducted with health care professionals that graduated in Romania and remained to work in the country, health care professionals that graduated in Romania and who now work abroad, managers from different health care facilities in Romania, representatives of professional organizations representing the College of Physicians and the Nurses Order, representatives of students’ associations and finally a representative of a HCW diaspora organization**. The in-depth interview method was chosen with the purpose to collect information about the mobility behaviour, the perceptions of the respondents related to it and the push and the pull factors as well as their attitude towards the migration phenomenon and the potential solutions they see without any limitation that would have been generated by more controlled research methods (such as a written survey). It allowed the project team gain insight into the experiences, feelings, and perspectives of the interviewees and to generate more in-depth responses regarding sensitive topics related to push or pull factors.