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ACCESS TO THE HEALTH SERVICES IN THE CONTEXT OF ECONOMIC RESTRUCTURING. CASE STUDY BRASOV, CAMPULUNG AND RAMNICU SARAT

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Access to the health services in the context of economic restructuring. Case study Brasov, Campulung and Ramnicu Sarat

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Accesso ai servizi sanitari nel contesto della ristrutturazione economica nei municipi Râmnicu Sarat, Campulung e Brasov. Questo studio affronta una serie di questioni riguardanti l'accesso ai servizi sanitari delle persone nei municipi Ramnicu Sarat, Campulung, Brasov nel periodo post-comunista. I cambiamenti economici, politici e sociali dopo il 1990 hanno portato alla configurazione nella forma attuale del sistema sanitario, con effetti importanti sulla popolazione. L' approccio comparativo delle situazioni nei tre municipi con caratteristiche diverse come numero di abitanti, posizione e livello di sviluppo economico, ha permesso l'identificazione di elementi comuni, come per esempio: il regresso del sistema sanitario pubblico a favore di quello privato, bassa qualità delle cure e diminuzione del personale medicale. L'accento è stato messo sull'analisi degli indicatori che rivela il grado di sviluppo del sistema sanitario riportato a 10000 persone.

Parole chiave: sistema sanitario, atto medicale, personale medicale, tenore di vita.

Accesul populaţiei la serviciile de sănătate în contextul restructurării economice. Studii de caz: Braşov, Câmpulung şi Râmnicu Sărat. Prezentul studiu abordează o serie de aspecte privind accesul la serviciile de sănătate ale locuitorilor din municipiile Râmnicu Sărat, Câmpulung şi Braşov din perioada post-comunistă. Modificările economice, politice şi sociale de după 1990 au dus la configurarea în forma actuală a sistemului de sănătate, cu efecte majore asupra populaţiei. Abordarea comparativă a situaţiilor din cele trei municipii cu caracteristici diferite de număr de locuitori, aşezare şi grad de dezvoltare economică, a permis identificarea unor elemente comune, ca de exemplu: regresul sistemului medical public în favoarea celui privat; scăderea calităţii actului medical şi scăderea numărului de cadre medicale. Accentul a fost pus pe analiza indicatorilor ce relevă gradul de dezvoltare a sistemului de sănătate raportaţi la 10.000 locuitori.

Cuvinte cheie: sistem sanitar, act medical, cadre medicale, nivel de trai.

1. INTRODUCTION

The Romanian healthcare system has suffered radical changes during the transition period, followed by the deep economical and social changes that affected Romania. The lower quality of the medical educational system, ageing, the mismanagement of financial and human resources are some of the main causes that contributed to the decreasing of public confidence in the healthcare system [1]. Statistical data analysis shows a decrease in the number of patients to a doctor Campulung and Brasov city, which is not reflected in the quality of medical act. In Ramnicu Sarat the number of patients to a doctor was growing because of shortage of doctors. Also, it was highlighted the development of the private health system, but it has relatively slow pace. The major consequence is on one hand, the inadequacy of the healthcare system to population requirements, on the other hand a growth of the morbidity and mortality rate, which ultimately led to lower the quality of life in Romania [2].

2. STUDY METHODS

For this study bibliographic materials were corroborated with statistical data on which the graphic was drawn. Through analysis, synthesis and comparison of the dynamic of health system and the access of population to the health services in post-communist period in Ramnicu Sarat, Campulung and Braşov is intended to be provided.

3. STUDY OF AREA

Brasov is one of the largest and most developed cities in Romania, with a population over 264.000 inhabitants, located in the valley of the Carpathians Curvature. Climatic conditions and the degree of ageing of the population have favored a high rate of disease. Ramnicu Sarat belongs to the third largest county in size, the Southeast Region of Romania, Buzau and geographically belongs to the Ramnic Plain, a subunit of the Romanian Plain. With a population of 39.324 inhabitants (2010), is the second largest town of the county. Fair River terraces created by the typical Carpathian basin, Câmpulung developed the city called after, the second largest in the county of Arges, with a population of 36.539 inhabitants (2010).

4. RESULTS

Many political, social and economic changes have influenced the structure and evolution of demographic indicators. Declining birthrates, a direct consequence of decreasing in the young population and the elder population growth, caused a phenomenon

of demographic ageing. The mortality and infant mortality rates indicate the health of the population and development of the healthcare system [3].

The standard of living, working conditions, the quality and accessibility to the health services, low healthcare system resources are reflected in the current state of health of the population, with direct implications for social development [4].

In Romania, the economic decline caused the degradation of the health system, which remained low until 1999-2000. After 2000, due to the enlargement process of privatization of the healthcare system, the public healthcare system monopoly has lost ground to the private system. So, there was an increase in private health institutions and a decline to extinct the public institutions. It is observed a development of individual medical offices, and the trend of increase of the number of the private hospitals. The development of the private health system is determined by the economic development of the cities and the population served by them [5]. For example, in Brasov three private hospitals were built, while in other cities they do not even exist. The biggest changes have occurred in dental offices where the transition from a dominant public system to a dominant private system has been made. Currently, the ratio is clearly favorable to private system, such as in Brasov there are 59 public dental offices and 159 private dental offices, in Campulung the ratio is 5-31 for private dental offices, while in Ramnicu Sarat the same ratio is the 7-12. This is because the legislation does not include medical insurance for dental treatments. Where centralized insurance covers medical services, the private sector was unable to develop. Therefore, in small towns, like Ramnicu Sarat and Campulung there are very few private health institutions. Changing health insurance legislation would allow the development of the private system. Infrastructure in the health system belongs, therefore,to the largely public system. So, as required, in the three cities mentioned a number of health units were developed proportionally to the population served. Analyzing the evolution of the number of hospitals, major changes are observed in some of them, while in others the situation remained the same since the fall of the communist regim. Most affected by the changes were dental offices, medical offices specialists, pharmacies, where the ratio of public/private has changed in favor of the private [6].

In Brasov city (Figure 1), there is obviously an increase in the private sector: family medicine offices, dental offices and pharmacy and a decrease in public sector. A spectacular growth is registered in the number of pharmacies. The number of pharmacies and dental offices in the private sector has exceeded the public sector. Comparatively, concerning the number of hospitals it remained the same in the public sector, respectively 11, for the entire

period. Private hospitals have strongly appeared to maintain the system. Only in 2010, a number of 3 hospitals were built.

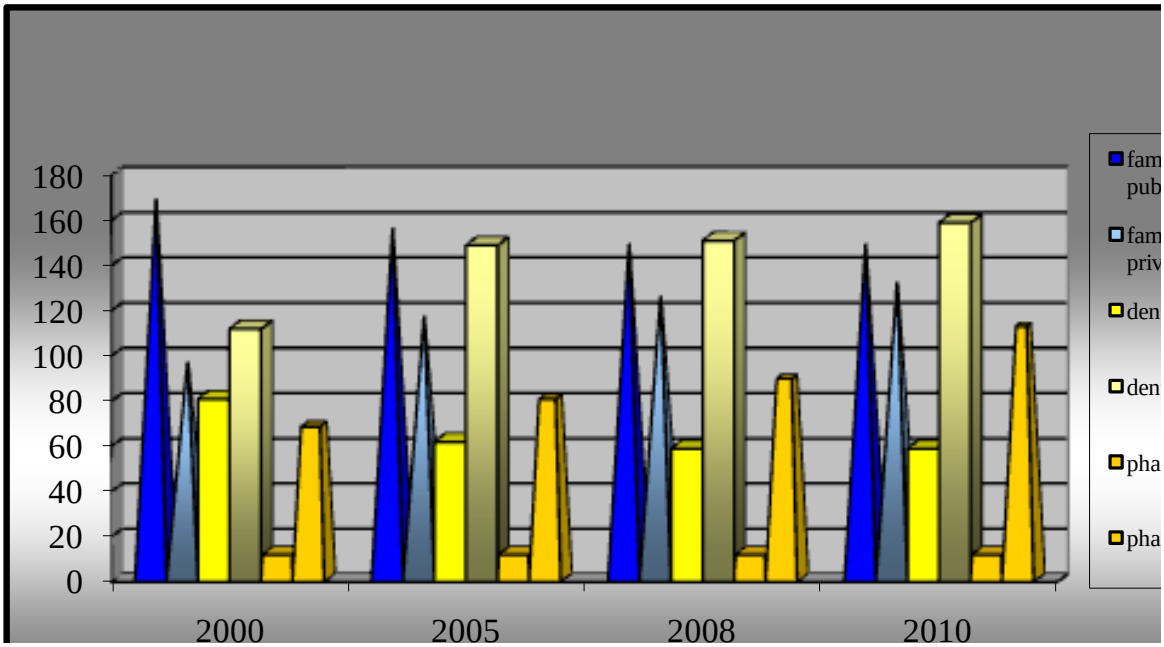

Figure 1. The evolution of ratio public/private - Brasov

Source: INS - County Statics Brasov [9]

In Ramnicu Sarat (Figure 2), the situation is similar but to different proportions. Private healthcare facilities are higher in number, detrimental to the public healthcare facilities. What is specific for this town is the lowering in the number of private medical institutions after the year 2008, caused by the economic crisis installed at national and European level. As the number of hospitals does not register any change, there is a single state-owned hospital left for serving the population of the town and the surrounding areas. It has a little capacity to provide advanced services due to a lack of adequate medical facilities in some sections (e.g. ambulance service is very poorly developed with only two ambulances available). A negative effect of restructuring local public health system is the significantly reduced number of hospital beds by 39% between 1990-2010. In the first 10 years of the post-communist period the number of beds was 16%, and in the last 10 years the number of hospital beds was reduced by 28%. In 2010, according to statistics, the number of beds in local hospitals was 405, insufficient for population in the town (39.324 inhabitants) and the surrounding areas. Reporting the number of beds per the 10.000 inhabitants a weak feature in this regard (10.000 inhabitants in 2010 to number of beds was 102) is clearly shown.

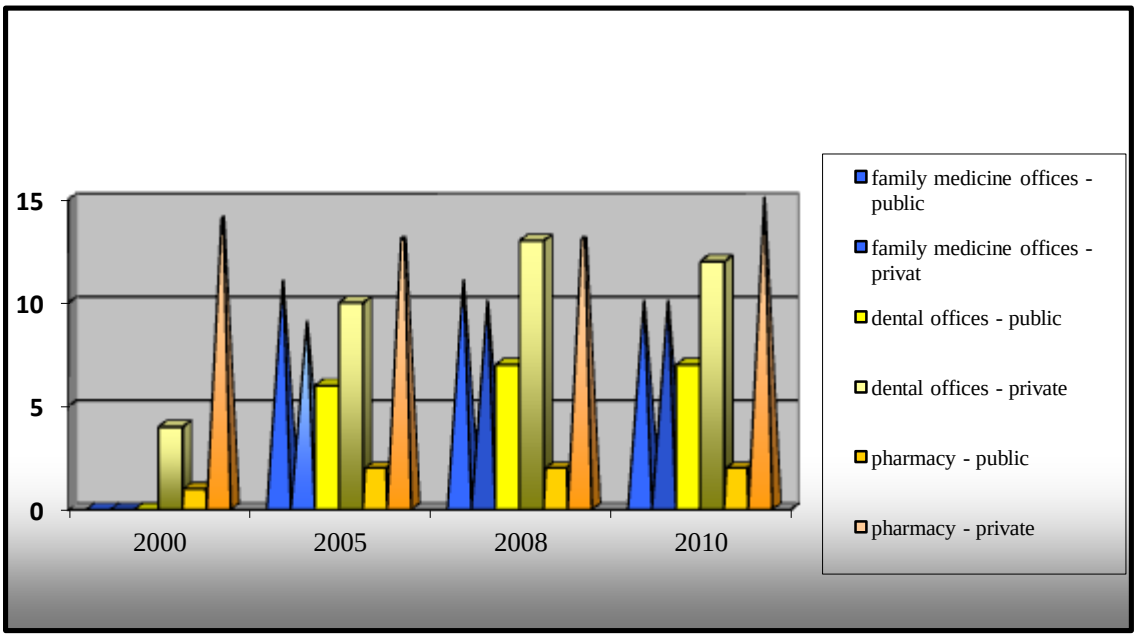

Figure 2. The evolution of ratio public/private – Ramnicu Sarat
Source: INS – County statistics Buzau [9]

In Câmpulung (Figure 3) the same changes in public/private ratio can be observed. The medical offices specialists, family medicine offices, dental offices and pharmacies belonging to private sector are growing numerically, while the state-owned medical offices number stays the same or in some cases even disappears. After several rounds of restructuring, in 2010, in Campulung only two hospitals operated, one of them specialized in lung diseases, with 90 beds. The Municipal Hospital, the second largest in the county of Arges, offers medical assistance to various specializations in its 8 sections and 11 chapters, an operating theater and 3 laboratories. Both hospitals provide outpatient services. Primary assistance is provided by the four medical clinics, 22 specialty offices and 24 family medicine offices. Ambulance Service serving emergency offering assistance by 3 doctors and 18 nurses is equipped with three ambulances and a SMURD machine. According to statistics obtained from IJS Arges [9], in 1997 in the private sector were active 7 and 15 dental surgeries in 2000, the ratio was 7-16 in 2005 , 23-30 in 2008 and in 2010, 26 -31. Dental technical laboratories operated exclusively in the private sector, the number of 5 in 1997, reaching to 8 in 2010. A different situation stands out among family medicine offices where the share is held by the public sector. According to I.J.S. Arges, in 2004, in the private sector, 22 surgeries worked and 7 surgeries in public sector, in 2005 the ratio was 4-23, in 2008 it was 2-23 and it reached to 2-22 in 2010.

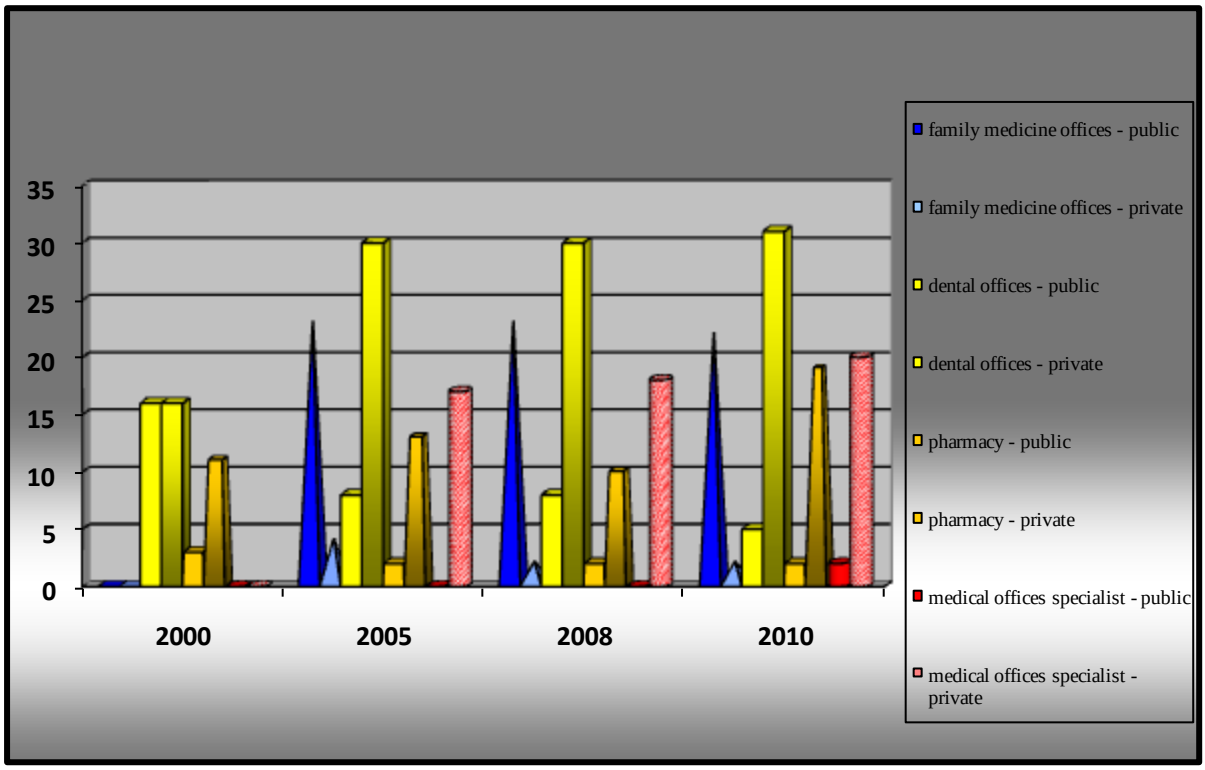

Figure 3. The evolution of ratio public/private – Campulung
Source: INS – County statistics Arges [9]

In conclusion, it appears that the number of public hospitals has very little decreased and the changes are insignificant. Also, there is an increase in private establishments, especially those that require major investments. Only big cities, like Brasov, succeeded in developing private hospitals.

Regarding the number of physicians per 10.000 inhabitants is an indicator that shows the level of health system development, and studying the time evolution of this indicator shows its trend. The chart no 4 shows an increase in physicians per 10.000 inhabitants for cities like Câmpulung and Brasov and a dropping for Ramnicu Sarat. The largest increase is seen in the city of Brasov, which shows a concern for health system development in particular by private appearance. It should be noted that from the cities analyzed, Brasov underwent the most severe decline in number of population after the fall of communism, which was reflected in the increasing number of doctors per 10.000 inhabitants. For the city of Campulung, there is also an increase of this indicator, actually generating the same situation: fewer people [7]. In Ramnicu Sarat the situation is different, generated by the reduction of 33% in the number of doctors and the fell by 5% of the number of inhabitants.

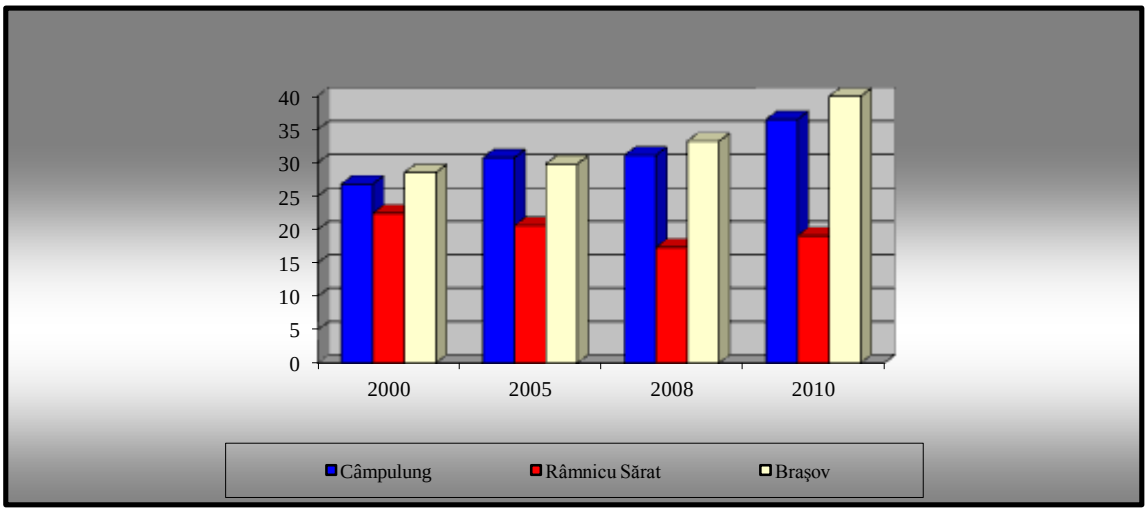

Figure 4. Number of physicians per 10.000 inhabitants
Source: INS – County statistics Brasov, Campulung, Ramnicu Sarat [9]

In Ramnicu Sarat, starting with 1965 until 1990, the medical staff numbers increased by ≈ 74%, as a consequence of the actions of the communist state policy for improving the health system by increasing the number of health facilities nationwide. According to statistics, the number of doctors in the public sector was 85 people in 1990, 87 in 2000 and 58 in 2010 (a decrease of 31.7% on the entire interval). The number of physicians in the public sector serving 10.000 inhabitants decreased between 2000 to 2010 (from 20,7 to 14,74) unlike the private sector where the growth was 2,37 doctors per 10.000 inhabitants in 2000 and 4,32 in 2010. The ward staff in public sector decreased by 13% and the ward staff in the private sector amazingly increased by 310% (from 20 to 82 people). The number of physicians in the private sector is small (in absolute 17 physicians), which shows poor development of this sector. All these figures indicate a shortage of medical personnel in the city. The number of physicians in the private sector is small (in absolute 17 physicians), which shows poor development of this sector. Statistical analysis indicates an increase in the average number of persons / physician from 475 (1992) to 675 (2010) due to the decreasing of the population and the doctors. The number of persons / hospital bed is in the same situation recording an increasing from 65 to 97.

In Brasov, in the communist period, the medical staff increased by approximately 91%, due to the increasing number of city population and its economic development. After 1990, many failed reforms of the system decreased the quality of care and led to fewer medical staff. The emergence of university medical education, in Brasov, had as an effect a significant development of the health system. The number of doctors slightly increased from 924 in 2000 to 1033 in 2010. The number of inhabitants per doctor fell from 350

people to a doctor in 2000 to 250 people to a doctor in 2010. This is mainly due to a shrinking of population of the city with about 100.000 inhabitants in the last 20 years.

The total number of doctors in Campulung slightly increased in 2005 and in 2008 returned to the 2000 year levels. The private sector has been steadily increasing, while in the public sector, the total number of physicians has gradually decreased between 2000 to 2008, then increased. The number of family doctors has been declining both in public sector and in private sector. The number of doctors per 10,000 inhabitants increased by 36.06%, during 2000-2010, reaching 36,45% in 2010. The report of inhabitants / physician has evolved, from 373,23 in 2000 to 274,38 in 2010.

Analyzing the number of dentists (Figure 5), there is a growing number of dentists per 10.000 inhabitants for each of the studied cities. The largest increase is observed in Campulung, while the lowest is observed in Brasov. In Brasov, the number of dentists per 10,000 inhabitants decreased, even in the range 2000 to 2005, after which there is a slight increase. However, their number no longer reaches the level of the year 2000. Moving to private practice, a number of dentists was eliminated, most of them migrating in search of employment. If we think that the city population has declined, we reach to the conclusion that the number of dentists has dramatically decreased in the last 10 years [8]. In 2010, there were in Brasov, a total of 106 dentists in the private sector and 6 dentists in public sector.

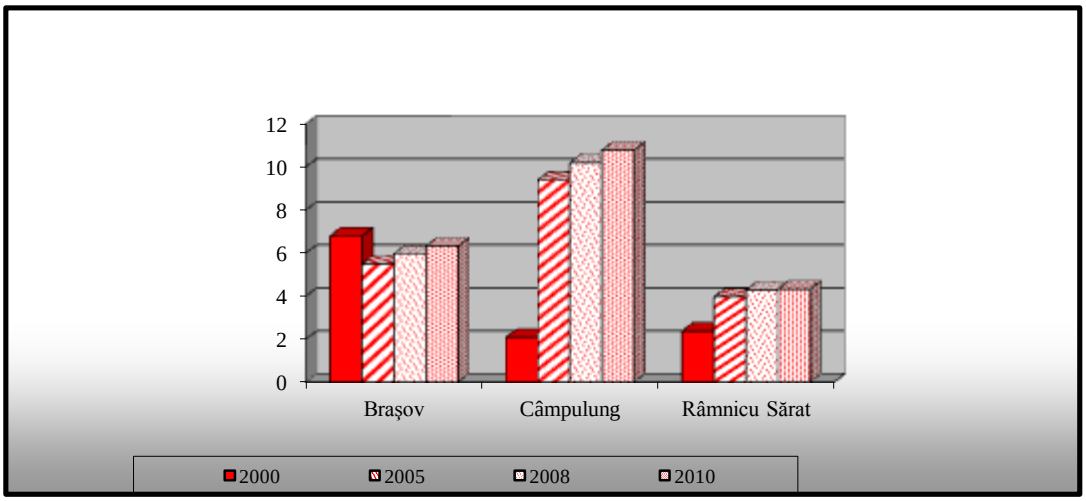

Figure 5. Number of dentists per 10.000 inhabitants
Source: INS – County statistics Brasov, Campulung, Ramnicu Sarat [9]

In Ramnicu Sarat during 2000-2010 the number of dentists working in private sector, per 10.000 inhabitants was superior to the dentists in public sector. The Framing of the health system is poor: many specialists are moving towards the larger urban centers or

abroad. In Campulung, the increasing of the total number of dentists was 333,33%. The private sector has been steadily increasing while the number of public sector registered fluctuations. This decreased the number of inhabitants per one dentist, from 4810,56 to the starting period, up to 928,67 at the end.

The most dynamic sector in large cities is the number of pharmacies and pharmacists (Figure 6). We could notice this in the case of Brasov, where the number of pharmacists per 10.000 inhabitants incumbent has doubled in the studied period. This demonstrates an explosive evolution of drug sales amid state subsidies. In small towns like Ramnicu Sarat and Campulung, the development was either slow or erratic, possibly due to the reduced staff, but also to the lower power to invest.

In Ramnicu Sarat all pharmacies belong to the private sector, their number ranging from 13 in 1998 to 15 in 2010.The number of pharmacies per 10.000 inhabitants registered a slight increase (from 3,10 in 1998 to 3,81 in 2010) because of a shrinking population and of the low growth in the number of pharmacies. The number of pharmacists per 10.000 inhabitants increased. In Campulung , in the private sector, 5 pharmacies (1997) operated. In 2000 their number reached to 11 in 2005, and there were 13 in 2008, as the economic crisis the number of pharmacies dropped to 10 (effect among registered pharmacists), and by 2010 increased to 20 units. Although overall there was an increase of 91,67% of the total number of pharmacists, it increased until 2008, then began to decrease, and then increased again by 2010. Similarly, the number of pharmacists has evolved from the private sector, while in the public was slightly decreasing. The report inhabitants / pharmacy increased from 3607,92 in 2000 to 1574,70 in 2010. At the same time, the ratio of pharmacists per 10.000 population increased by 129,24%, being 6,35 in 2010.

In the health system there is a shortage of medical staff. In the city of Brasov a decrease of ward staff can be observed, especially after 2008 when workplaces were blocked in all areas of the budget system. A part of the medical staff has emigrated or changed their jobs. Most of them are working in the private sector, part time. Being not full time employed, they do not appear in statistics. So it was when the statistics indicate a very small number of health professionals working in private enterprises. Concerning the ward staff in the public sector, in Ramnicu Sarat it decreased by 13% while in the private sector it increased by 310% (from 20 to 82 people). An upward trend recorded the number of people / nurses, which increases in the period under study from 126,43 to 146,73. In the studied period, the city of Campulung ward staff number decreased to 5,62%.

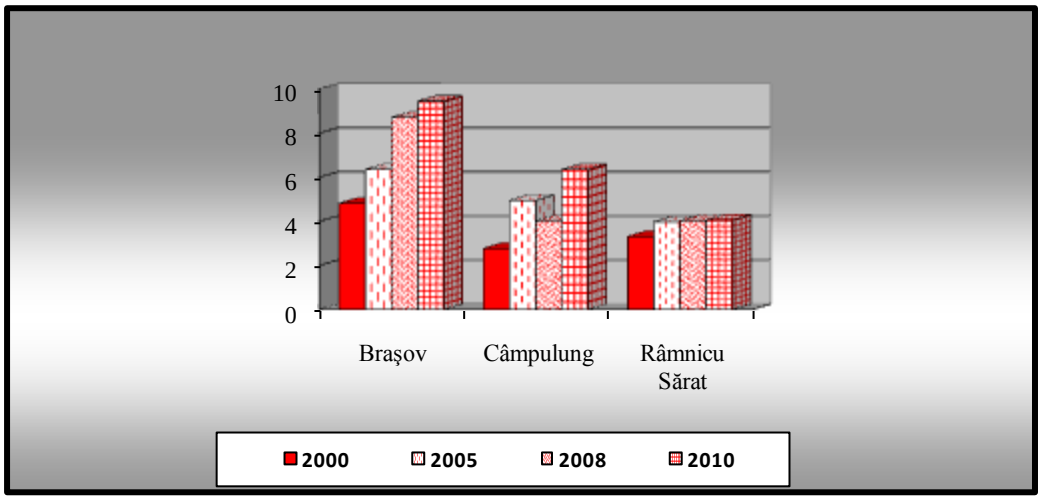

Figure 6. Number of pharmacists per 10.000 inhabitants
Source: INS – County statistics Brasov, Campulung, Ramnicu Sarat [9]

While the private sector grew steadily, the public one has been seriously shaken. But the weakening of the total population, residents report / environmental health framework went from 97,29 in 2000 to 86,23 in 2010 and the average staff per 10.000 inhabitants increased from 12,82% to 115,96 in end of this range. After fluctuating, the staff development environment to a doctor decreased overall with 17,19%, reaching 3,18% (Figure. 7).

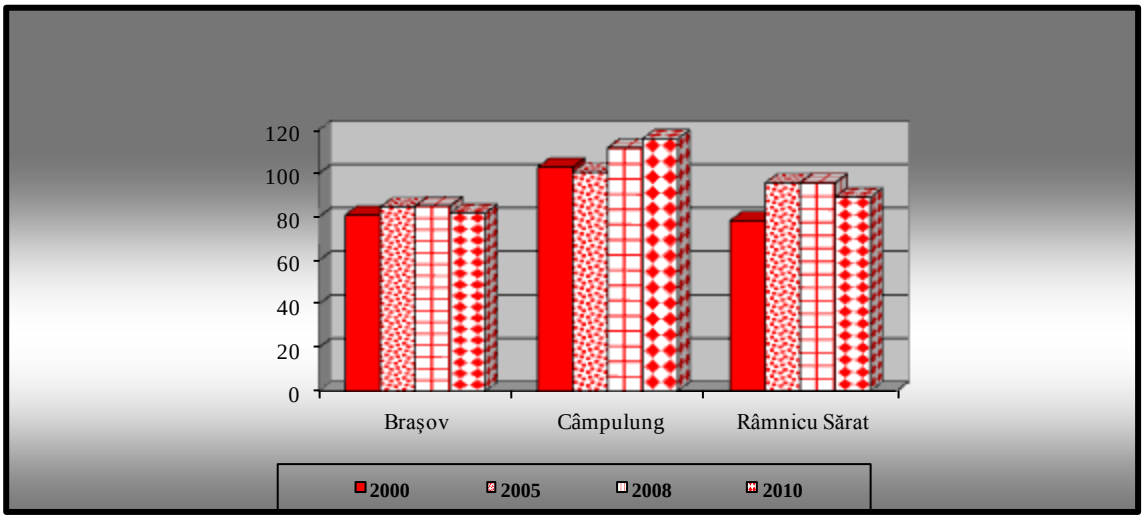

Figure 7. Number of ward staff per 10,000 inhabitants
Source: INS – County statistics Brasov, Campulung, Ramnicu Sarat [9]

5. CONCLUSIONS

The carried-out study came to the conclusion that there is a general tendency to privatize hospitals, especially in big cities like Brasov. Privatization takes place especially in the clinics or offices than in hospitals, requiring fewer financial resources and lower maintenance costs. The most important medical services are performed in public hospital system. The health staff, reported to 10.000 inhabitants, is increasing, this being due mainly to a shrinking of the population and less to the reform of the system. The urban has an average of 30 doctors per 10.000 inhabitants. The national average is well below this value (19 doctors) [10], but European standards are more than 35 doctors per 10.000 inhabitants. Labor migration from the medical field affects more cities than small towns, the result being a decrease in quality of healthcare. In areas where there is no health insurance coverage, as it is the case with dental care, the private sector grew more.

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