

MECHANISMS OF STEWARDSHIP IN THE ROMANIAN HEALTH SYSTEM IN THE DECENTRALIZATION CONTEXT

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Abstract: In 2010, on the background of the economical crisis, the Romanian health policy focused on decentralizing hospitals. The present study is based on a literature review and has as aim to present the term of "stewardship" and to the possible influences of the decentralization process on this vital function of the health systems. The stewardship mechanisms are shown by specific field and some considerations are done in relation to the Romanian health system. The decentralization of the hospitals management could have a favorable impact on reaching the consensus and on self-regulating mechanisms, but it raise questions related to the capacity to implement or enforce the regulation, the local planning capacity and the "intelligent" use of information. The monitoring of the inputs, processes and outputs at hospitals' level is necessary in order to insure the equity, the access and the quality of the health services for all the citizens.

Cuvinte cheie:
stewardship,
descentralizare

Rezumat: În anul 2010, pe fondul crizei economice, politica de sănătate a avut ca temă predominantă descentralizarea unităților spitalicești. Studiul de față se bazează pe o revizie de literatură și are ca scop prezentarea sintetică a principalelor mecanisme de stewardship, urmată de analiza critică a posibilelor influențe ale procesului de descentralizare asupra acestei funcții esențiale a sistemelor de sănătate. Descentralizarea managementului unităților spitalicești în România poate avea un impact favorabil în ceea ce privește utilizarea mecanismelor de consens și respectiv de autoreglare, dar ridică probleme privind capacitatea de implementare a reglementărilor, capacitatea de planificare la nivel local și capacitatea de utilizare inteligentă a informațiilor. Este recomandabilă cel puțin monitorizarea indicatorilor de structură, proces și rezultat la nivelul spitalelor, pentru a asigura echitatea, accesul și calitatea actului medical în plan național.

INTRODUCTION

The health system in Romania has dealt in the past months with crisis situation that are more and more frequent and sometimes dramatic and unprecedented. These crises are followed by protest movements against the medical staff - both nurses and doctors. Thus, the staff are often on the verge of losing their inner motivation or of choosing a decent working place abroad.

In 2010, on the background of the economical crisis, the health policy focused on decentralizing hospitals. In this context, we consider it appropriate to introduce the reader to the term of "stewardship" and to the possible influences of the decentralization process on this vital function of the health systems.

MATERIAL AND METHOD

The present study is based on a literature review. It synthetically presents the main mechanisms of stewardship and a critical appraisal of the possible challenges of the decentralization process related to these mechanisms.

RESULTS AND DISCUSSIONS

The notion of stewardship was associated with the health systems in The World Health Organization Report from 2000, which conceptually concretized the functional approach of these systems. According to this approach, four essential functions of the health systems are described. These are:

delivering health services, creating resources (investing in buildings, equipment and qualified human resources), financing health systems (collecting, pooling and strategic purchasing of health services) and the stewardship, which means running the health system effectively (1). These four universal functions, which must be fulfilled by all health systems, serve to the accomplishment of their goals, of maintaining health, responsiveness to people's (not always medical) expectations and of fair financial contribution.

The same WHO report emphasizes that health is always a national priority. The greatest responsibility in what concerns the effectiveness of the health systems belongs to the government and this should be permanent.

A classical definition of stewardship is that of "function of the governments responsible of the welfare of the population and aiming at the trust and legitimacy with which their actions are received by the citizens." (2). The function of stewardship consists in establishing and respecting the rules of the system and in providing coherent strategies for all the actors in the system, thus being essential for the accomplishment of the other three functions of the health system and for reaching its main goals. The term includes multiple mechanisms, divided by WHO in three main domains (Table 1).

Each of these mechanisms of stewardship can be developed and detailed for each one of the other specific functions of the health system (providing services, resources generation and financing). Table 2 provides examples from the

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PUBLIC HEALTH AND MANAGEMENT

Romanian health system.

Table no. 1. Domains and general mechanisms of stewardship

Domain	General Mechanisms
1. Formulation the health policy	1.1. The existence of a vision about the future, concretized in a national health policy
	1.2. Priorisation based on adequate criteria (e.g. the burden of diseases, the financial effectiveness of the interventions)
	1.3. The existence of measurable short- and medium-term development standards
	1.4. Public consultation and reaching consensus
2. Setting the rules and exerting compliance	2.1. Appropriate regulation in relation to the purposes of the health policy
	2.2. Assuring compliance with the regulations
	2.3. Using self-regulation mechanisms
	2.4. Communication and advocacy
3. Collecting information and sharing knowledge	3.1. An informational system that is adequate to the purpose of understanding inputs, processes and outputs of the health system and of the needs derived from these
	3.2. "Intelligent" use of information for strategic, tactical and operational planning

The stewardship mechanisms are multiple and hard to identify for each level of the health system. Table no 2 is far to be exhaustive. Also the governments usually fail in various degrees in exerting the stewardship of the health systems. We will try to specifically present below the challenges indices by the hospitals decentralization to some stewardship mechanisms.

a. Having a vision about the future and a national health policy

The current Governance Program contains a chapter specific for health, but there is no a sectoral strategy in the field. The Governance Program mentions the following strategic documents (4):

- A national strategy for health services development for at least eight years;
- A national plan for investments in infrastructure;
- A national plan for hospital bed purchasing;
- A national plan for human resources.

All these documents are very necessary for a coherent and sustainable functioning of the health system. They would have been necessary even before the hospitals decentralization in order to make regulations for the public administrations in line with the Government plans. The Ministry of Health has kept the responsibility of regulating the health services through the approval of the hospitals structure (number of beds per specialty). The ministry has kept also the attribution of controlling all hospitals. However, for drawing up and implementing the plans above, the ministry needs information from the local level concerning the health status, the health determinants and the health services provision and results. The ministry has regulated the information flow and the compulsory reporting from the medical providers. Also the

responsible institutions from the central level have been recently reorganized in a unique national institute of public health. But the capacity of the local administration to implement the regulations remains the major challenge of the hospitals decentralization, together with the ministry's capacity to enforce the local government to fulfill the laws.

b. Using consensus-reaching mechanisms

The general law-frame imposes to the central authorities to insure the intersectoral consultation and the transparency of the decisional process during the elaboration of primary and secondary legislation. Those mechanisms are usually implemented and the decentralization is not a threat for this goal. However some local stakeholders may be easier convinced to support some points of view that are more in favor of some interests groups or goals instead of supporting those goals that are in line with the mission or vision of their organization.

The fragility of the civil society mobilization still remains the main problem in reaching the consensus. The civil society representatives are sometimes not very well informed or they support legitimate but not essential goals for public health (e.g. The mobilization for getting a specific treatment in a rare disease could be more powerful than fight against smoking that kills 33000 people per year) (7).

c. Setting regulations that are appropriate for the goals of the health policy and ensuring the compliance with them

The capacity of setting regulations was quite developed in the health field and at least three "waves" of radical changes occurred in the last twenty years of transition. Setting rules is quite a non-expensive process but the capacity to implement and to reinforce the established rules is very important. This capacity is influenced by at least two determinants:

- The rules are too complex or they have shortage in implementation;
- The capacity of applying the rules (given at the end of the day by the number of existing staff that is qualifies and able to identify the deviations in the field) is decreasing. This progressive fall of the control capacity is induces by the lack of specialists' interest for this career, but also by the lack of strategy in the area from the government or ministry side.

d. Self-regulating mechanisms

Table no. 2 (point 2.3) provides some examples of self-regulating mechanisms that are functioning currently within the health system. The decentralization process can induce a better implementation of these mechanisms at the hospital, community or county level. But the central health administration must guarantee the equity, the access and the quality of the health care at national level.

e. a health information system able to provide an understanding of the inputs, processes and outputs of the health system

The health integrated information system was an almost constant objective in each governance program after the '90ies. However the health information flow is still unclear in present. The health services providers report distinctly both to the national insurance house and to the public health directorate, essential information related to the most common risk factors prevalence or to post-diagnose or post-therapy life expectancy is missing for all noncommunicable diseases. A national health accounts system is not put in place even some international projects with this goal were implemented in Romania. The national health programs' monitoring capacity is limited and no routine for health technology assessment is seen (there is still some political commitment for the future).

PUBLIC HEALTH AND MANAGEMENT

Table no. 2. Stewardship mechanisms from the Romanian health system on each specific function

No. (acc. table 1)	Providing services	Resources generation	Financing
1.1.	- an existing strategy for health services development	- a national health workforce plan (for physicians and nurses)	- strategic purchasing of health services or medical equipments
1.2.	- establishing an appropriate package of medical services that could be provided within the social health insurance system	- appropriateness criteria for high technology purchasing	- health technology assessment mechanisms in place
1.3.	- norms for authorization / accreditation	- minimum standards of human resources – number and training - or minimal standards in terms of equipments or facilities per number of population	- plans for purchasing of health services
1.4.	- public consultation related to the basic package of services or to the drugs list - practical guidelines	- involving the communities or the other economic sectors in strategic planning related to health	- public or interministerial consultation related to financing issues like national health programs
2.1.	- the framework contract for medical assistance within the health insurance system - regulations for placing on the market for medical devices or drugs	- licensing the medical staff - norms concerning the minimum number of staff/facilities for 1000 inhabitants	- payment mechanisms - incentives for providing the most important services in a more efficient manner (e.g. Payment per service of the family doctors for immunization)
2.2.	- monitoring the providers' behavior - market surveillance for drugs or medical devices	- contracting services exclusively from accredited providers - assuring sufficient number of qualified staff for control	- a good capacity of collecting funds
2.3.	- surveillance of medical practice by the professional organizations	- free competition - public information regarding the possible access to medical services	- transparency of public spending for health services within a hospital, within a county and among counties
3.1.	- a registry of medical providers - registering the capacity of health services provision	- a national registry for physicians and nurses	- a national health accounts system - measuring the expectations of the population - measuring the risk factors distribution
3.2.	- plans of health services development at county level	- establishing the necessary number of physicians by specialty	- budgeting the national health programs

Probably some lesson were learnt from the past (not to focus on IT purchasing, but on making the information system operational, to maintain the trained staff, to insure the continuity of the strategies between the governments from different political sides). For the further development of the health information system at least some changes are necessary:

- To collect useful information and from all of the counties;
- To minimize the resources – time and human resources – spent by the health providers for the compulsory reporting.

The decentralization raise the problem of local capacity to collect and analyze the information flow, but also the problem of receiving the necessary information from all the counties at national level.

f. Using the information flow for strategic and tactic planning

The “intelligent” use of the information flow still remains a challenge for the health system both at local and national level. It involves the collection of reliable information, but also appropriate analysis of it and strategic planning based on evidence. The “intelligent” information use is of course much limited at local level, but its development needs to be foreseen also at the central level.

CONCLUSIONS

The stewardship function is essential for achieving the goals of the health system and the way of exerting the stewardship is also influencing the health services provision, the resources generation and the financing of the health system. The

stewardship mechanisms are multiples and it is very difficult to make an inventory of all of them. The decentralization of the hospitals management could have a favorable impact on reaching the consensus and on self-regulating mechanisms. But this process raise questions related to the capacity to implement or enforce the regulation, the local planning capacity and the “intelligent” use of information. According to the literature there is difficult to measure the decentralization process, but we recommend the monitoring of the inputs, processes and outputs at hospitals' level, in order to insure the equity, the access and the quality of the health services for all the citizens.

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