

CURRENT STATUS OF THE HEALTH SERVICES REFORM FROM THE PERSPECTIVE OF PATIENTS

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Keywords: current health system, health reform, weak links, patient, health of the population

Abstract: This study highlights the main problems faced by patients in the current health care reform. It has been proved that there is a close correlation between the degree of addressability and access to health services and population. The findings highlight the fact that most numerous consumers of medical services, namely retirement, encounters several difficulties, especially in offset or free medications. In this situation, some patients are forced to buy them partly by choosing a single drug, usually the most important of the prescription, while others completely renounce the recommended treatment for lack of money.

Cuvinte cheie: sistemul actual de sănătate, reforma sanitară, verigi slabe, pacientul, starea de sănătate a populației

Rezumat: Studiul de față evidențiază principalele probleme cu care se confruntă pacienții în cadrul actualei reforme a îngrijirilor de sănătate. S-a demonstrat faptul, că există o strânsă corelație între gradul de adresabilitate și accesibilitate la servicii și starea de sănătate a populației. Rezultatele studiului evidențiază faptul, că cei mai numeroși consumatori de servicii medicale și anume pensionarii, întâmpină o serie de dificultăți, mai ales în procurarea medicamentelor compensate sau gratuite. În această situație, unii pacienți sunt nevoiți să le procure parțial, alegând un singur medicament, în general cel mai important din cele prescrise de medic, în timp ce alții renunță complet la tratamentul recomandat, din lipsă de bani.

INTRODUCTION

Health is one of the fundamental human rights guaranteed by the constitution, is a universal value of the company. The term has a complex health and includes the main aspects of physical and social ones, which were shown to have implications for the health status of the population. In addition to the economic level of a country, which determines the level of living standards and indirectly, among other factors, its health, has an important role and the organization and the development of the health system.

THE AIM OF THE STUDY

This study is designed to assess patients' opinion, on the current state of health care reform, looking in particular with the degree of addressability and accessibility of patients to medical issues and the doctor-patient relationship. The costs of medical services and not least, we have examined how all these interfere with the health and satisfaction of patients studied.

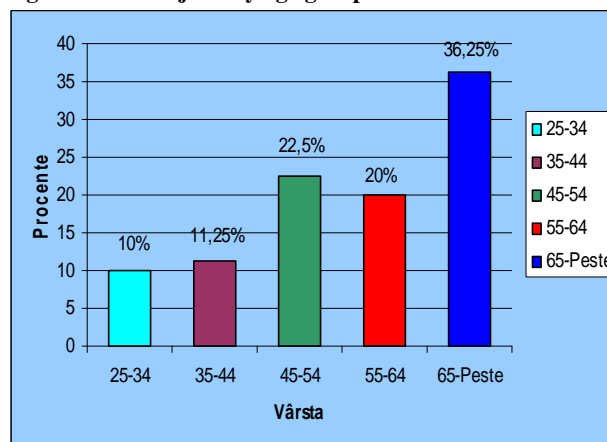
MATERIAL AND METHOD

This study was designed as a survey of opinion conducted in the county of Sibiu, in the first quarter of 2011, a group composed of 80 randomly selected individuals. Work technique used was anonymous questionnaire assisted with pre-formulated answers and an open question.

RESULTS AND DISCUSSION

After processing and analysis of the data we obtained the following results: distribution of persons by sex and area studied is similar. The age distribution of patients is as follows (Fig.1):

Figure no. 1. Subjects by age group distribution



Most patients are over age 65, and between 45-64 years, the least represented as subjects between 25-44 years. Among those surveyed, nearly half made more than 8 classes (45%), followed by those who have completed high school (33.75%) are those with less education (12.5%). It notes a generally low level of education in the studied group.

In terms of occupational level, hold the largest share of pensioners (58%), followed by workers with secondary education and other professions (22%), a small portion of intellectuals (10%), unemployment (5%), domestic (4%) and farmers (2%). As seen from the results presented above, the living standards of people in most cases studied is low.

Therefore, the question of how it affects your monthly

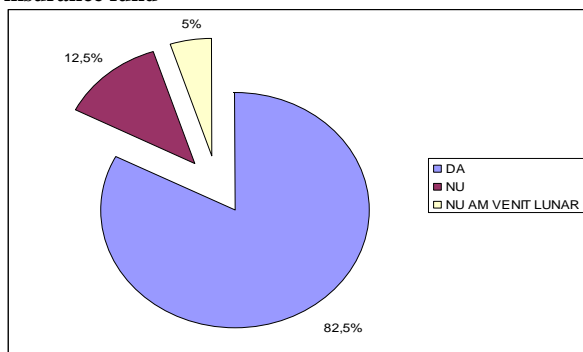
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income deductions for health, 83% answered that very much and can not pay 5% contribution to health insurance fund, because they have no income (Fig.2).

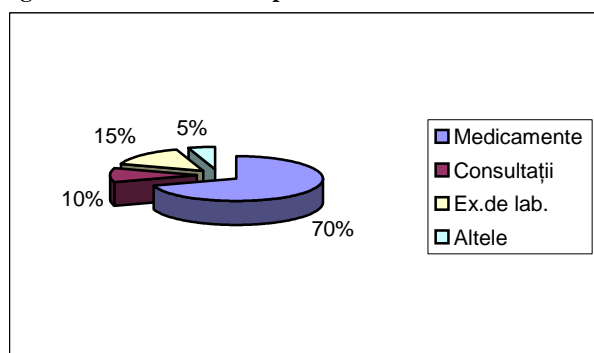
Figure no. 2. Patients opinion on contributions to health insurance fund



The analysis of patient level of addressing the doctor there is an easier address to the family doctor (64%) and hospital doctor (48%), but the addressing of a doctor working in the private system is hampered by the material factor, only 38% of patients studied using the services of private health care. Regarding the effectiveness of patient access to doctors, patients face major difficulties in rural areas (68%) being the main barriers related to distance, transport costs, Medicare and other costs related to treatment. In urban areas, most patients (88%) feel easy access to a doctor.

Regarding the additional health costs, almost all patients responded that they are very large and are large enough and in particular for drugs (70%), laboratory tests (15%), consulting (8%) and other services (4%) (Fig. 3).

Figure no. 3. Additional expenses for health

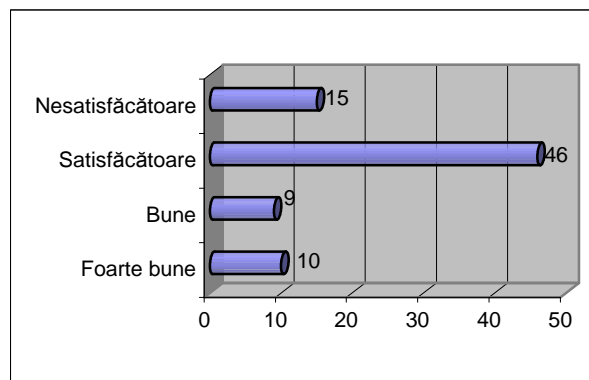


Spending on drugs are high for most patients studied, the fact that more than half of them (62.50%) depend on at least one product monthly. However, 27.50% of patients receiving drugs not compensated, and compensation of those who receive drugs, more than half (60%) believe that this helps. The explanation is that the expensive drugs are compensated at a rate of only 50%, payment is considered big difference for these patients, who can not afford to pay. Another explanation is that the study period was a time when pharmacies have ceased to supply drugs, both compensated and free.

Another aspect studied is the opinion of patients regarding health care organization, comparative analysis between the public and private sectors. Regarding this aspect, 72% of subjects considered better organized than the private sector than the public system, although rarely uses the services of the system they prefer, for reasons of cost. In the public system, secondary health conditions are satisfactory hotel for more than half of patients, considering them insufficient rest

(18.75%) or good (12.5%) and good (11.25%) (Fig 4).

Figure no. 4. Conditions in the hospital



From the perspective of the doctor-patient relationship, there are no major complaints, 87.50% of patients were very satisfied or satisfied with their relationship with the treating physicians. Disquiet patients are mainly related to excessive waiting times higher in hospitals compared with their physicians and the degree of solving health problems, unsatisfactory to the family doctor in the opinion of 48.75% of patients surveyed.

In this respect, more than half of patients (56.25%) say they visit their family doctor is frequently followed by a specialist consultation (Fig. 5).

Figure no. 5. Frequency of the consultation to specialist in hospital after the visit to the family doctor

Those surveyed were asked to rate (on a scale of 1-5) on the quality of services offered by GPs, secondary care physicians and doctors in the private sector (generally the same in both systems, public and private). After analyzing the data obtained, we found that grades were good and very good for all doctors, no notice has been given between 1-2 doctors in the private sector, several notes were given between 3-4 hospitals (66.25%) and 5 notes (27.5%) family physicians were ranked very well, with notes of 5, from the majority of subjects (80%).

CONCLUSIONS

1. Most low-income people surveyed, more than half were retired and the rest are workers, unemployed, housewives and very few intellectuals.
2. Almost all subjects considered high wage deductions for health insurance funds.
3. Addressability is very difficult for doctors, family doctors easier, but the doctor is more difficult accessibility of objective factors (distance, transportation, Medicare, etc..)

For patients in rural areas.

4. Additional health costs in particular are great medicines, but also with laboratory tests, with less consultation and other services.
5. The drugs do not help offset most of the patients, and compensated for, drugs remain too expensive relative to their monthly income. Thus, more than half of the study can not consistently get all the drugs they need every month.
6. In connection with the organization of the public versus the private sector, patients consider that the private sector is better organized, although many of them have not benefited from its services, on cost grounds.
7. Regarding the quality of medical care, patients are generally satisfied with the doctor, being the main complaints about excessive waiting time for doctors, particularly in professional degree in hospital and health problem solving, in small measure to the doctor family.
8. From the perspective of the doctor-patient relationship, there are no major complaints, complaints are mostly related to waiting time, sometimes too long and cost problems with drugs and services, especially those in the private system.

BIBLIOGRAPHY

1. Cichon M.- Reformes du secteur de la sante en Europe Centrale et Orientale, Revue Internationale, vol.30, 2004;
2. Doorslaev E., Wagstoff A., Rutten F. – The Delivery of Health Care, an International Perspective, Oxford, University Press, 2005;
3. Bocsan I., I. Rădulescu, Radulescu A., - Basic knowledge for managers in Public Health, Vol I and II, Ed Alma Mater, Cluj Napoca 2002;
4. Busoi G., Diagnosis and therapeutic health-in "general medicine" Medical Publishing House, Bucharest, 2006;
5. Jucan Carmen N. Jucan - Treaty of Medical Management, vol III, Policies of health reform in the new EU countries., Ed Alma Mater, Sibiu, 2007.