INTERSECTORIAL APPROACHES REGARDING THE INTEGRATION OF HEALTHCARE SERVICES

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Abstract: *Integrating healthcare services is one of the preliminary conditions, indispensable for the elaboration of a system which should respond to the real needs of the population and correct the mistakes of the industrialized countries. Healthcare services should contribute to the defence of public health in order to put an end to misery or to other social handicaps and to collaborate with the administrative services from other sectors. The collaboration with the different services and the support given to individuals or to certain groups of people could not be profitable if the research and the elimination of the causes of the evil are not also taken into consideration, besides treating the symptoms.*

Keywords: *integrated healthcare services, population, care network, National Plan for the Development of Health Services, intersectorial.*

Rezumat: *Integrarea serviciilor de îngrijiri de sănătate este una din condiţiile prealabile, indispensabile elaborării unui sistem ce va putea să răspundă nevoilor efective ale populaţiei şi să corecteze greşelile ţărilor industrializate. Serviciile de îngrijiri de sănătate trebuie să contribuie la apărarea sănătăţii publice pentru a pune capăt mizeriei şi altor handicapuri sociale şi să colaboreze cu serviciile administrative din alte sectoare. Colaborarea între diversele servicii şi ajutorul acordat persoanelor particulare sau anumitor grupuri de persoane nu poate să fie fructuoasă decât dacă se are în vedere, în egală măsură, nu numai tratarea simptomelor, ci şi cercetarea şi eliminarea cauzelor răului.*

Cuvinte cheie: *Servicii integrate de îngrijiri de sănătate, populaţie, reţea de îngrijiri, Planul Naţional de Dezvoltare a Serviciilor de Sănătate, intersectorial.*

Although, there is a real need for integrated community services, there is no real start in this regard, in Romania. The lack of viable initiative in this field is due to the lack of a clear delimitation of the duties of each structure within the network of the medical healthcare services; the partners do not recognize the part and the utility of the others. The solution for the integrated healthcare services to function would be "the therapy by rules" and the implementation of a national strategy, which should be observed irrespective of the political changes. The networks of the medical healthcare services should have a well-defined structure, with very clear limits of competence, with consultative management, drawing as many specialists as possible in the decision making process as, until now, there have been many specialists but they are ignored.

All these, as well as the existence of certain "symptoms" relative to the organization of the activities within the sanitary system, such as the insufficient *control* (regulation) and the continuous tendency marked by *differentiation* (specialization) on the background of a lacking *coordination* (cooperation), led to the formulation of a crisis *"diagnosis"* regarding the system efficiency.

Because of the traditional concept of the medical practice which puts on the first place the relation between the patient and the physician and the autonomy of decision of the latter, the cooperation and the coordination are rather moderate in the field of health. Besides this, the increase of the differentiation brings about certain dysfunctionalities regarding the correspondence between offer and demand, patients' tracking within the system, healthcare continuity, delays, papers duplication, communication errors etc.

Therefore, the insufficient control makes the producers of the sanitary system not to really pay attention to the importance of the resources used, encouraging their waste. At the same time, the disequilibrium between the differentiation and the coordination of the sanitary activity makes the resources and the competences to be used in a quite relative manner. These two phenomena limit the system's efficiency.

In order to emphasize the specificity of the care networks, as a form of organization that tries to answer the needs of the system's efficiency crisis, two coordination social forms should be taken into consideration: *the market and the hierarchy.*

There are three types of care networks: integrated, labile and cooperating.

The integrated care networks are closer to the hierarchy model, the authority belongs to a decision centre that may be one of the component units (supplier, financer, manager) or a coalition; it is based on arrangements and contractual engagements and the cooperation is asymmetrical.

The labile care networks are closer to the market model, a buyer addresses punctually to the producers of

services, according to the particular needs of each case, the existence of an engagement or of the continuity is no longer necessary, the buyer's experience relative to the care services offered by the supplier is very important and the cooperation is asymmetrical.

The cooperating care networks are closer to the canonical form of the network, the component units collaborate from more equilibrated positions and the asymmetry is less pronounced.

The possible alternatives for integrating the care services:

a) Providing an inter-institutional information system for all health professionals. Although the law provides the introduction of the insured card, until now this has not been accomplished. The legislative programme for the period 2005-2008 provides a draft bill regarding this subject. The introduction of the insured card would facilitate the communication between the professionals and would allow that, once identified the patients' needs, to precisely guide or scheduled them towards the institutions they need.

b) Hospital field congestion relieve

-the increase of the number of beds for the chronic patients;

-the multifunctional health centres represent an innovating concept inserted in the GVG project, which tries to answer the needs of health services of the rural population.

These centres address to the small communities and suppose flexible structures, capable to supply categories of different services, adapted from case to cases even at the level of a county. They should be oriented especially on the ambulatory basic services, and may include from a few beds for the acute cases or for the monitoring of the discharged patients from acute diseases hospitals, to medico-social beds for palliative care or home care teams. There, where the full time presence of these teams is not required or where they are not full time available, doctors of different specialities, of the nearest town may come a day or half a day for specialized consultations, according to the morbidity of the population of that particular centre, on the basis of a contract.

The access of the rural population to medicines may be solved by creating pharmaceutical points, taking into account the same above-mentioned principle. Ideally speaking, the multifunctional rural centres should integrate (first of all functionally and afterwards as a structure) different health services supplying structures (others than the family doctors), who are existing in that community (health centres, permanence centres, sub-stations of the emergency service, medico-social units), in order to provide on one hand, integrated services for the population, contributing to the efficacy of the county sanitary services, and on the other hand the costs control.

The planning and organization of these centres may be made only at county level, after knowing accurately the services needs of the different rural communities. The proposals of the counties should be approved by the Ministry of Public Health after a judicious analysis of the local realities, in order to avoid over-sizing these new units.

At national level, 160 new multifunctional health centres were proposed for being set up, according to table no. 1.

Table no. 1 – Distribution on regions of the proposals for setting up multifunctional health centres. Source: National Plan for the Development of Health Services.

	South - West	Centre	South - East	North - East	North - West	West	South	Romania
No. of centres	17	84	12	10	13	5	19	160

- setting up the home care services is based on the Government Emergency Ordinance no. 150/2002 and they were set up through the health insurance system, starting with the year 2003. The National Plan for the Development of Health Services contains a calendar for extending the home care services regarding each of the two periods of five years. Extending the home care services should focus on certain counties, chosen according to the populations' characteristics, morbidity and mortality and to the estimated needs of medical and social services.

The implementation of the home care services will have as a consequence the reduction of the hospital services demand, which makes more efficient the use of the Unique Fund of Social Health Insurances, in the conditions in which, today, the percentage afferent to the hospital care services raises to 65-70%.

- the development of the social services;

- the development of the residential-type institutions for socially unprivileged persons and those without a family;

- supporting the families in need who wish to take care of sick persons at their home;

c) the initial and continuous training of the medical staff and that of the social protection organizations regarding the communication process with the patient, the inter-institutional and inter-professional communication;

d) the development of the cooperation with the non-governmental organizations that have as their mission the social support and the improvement of the life of the sick persons;

e) providing the coherence of the regulatory framework and the intersectorial collaboration for the accomplishment of the complementarity of the social support strategies with those of improving the health condition and life quality. The development of the cultural and psychological accessibility to the medical or social services;

f) public awareness of the entire population through education in the education establishments at all levels, information campaigns at national level etc. on the human fundamental rights (out of which, the right to

health, food, work, self-determination), their importance of being observed and the community's liability regarding the creation of the economic and social framework, where any human being should live in dignity until the end of his life;

g) the elaboration of the national strategy regarding the health services and of the National Plan for the Development of Health Services represents a very important stage in the reform of the health system of Romania and has a certain value in the establishment of the main stages of activity for the next 10 years.

Given the complexity of the filed of activity, it is necessary to monitor with responsibility the implementation of the strategy and its readjustment according to the evolution of the need for the medical and social services of the population, within the social and economic transition context, specific to Romania, which considerably influence the health condition of the population.

CONCLUSIONS

The priorities for the development of the healthcare services may be accomplished at the same time with the elaboration of plans for the improvement of the health services, according to the population's health needs. Consequently, Romania will benefit from an adequate access, at community level to a wider range of quality primary care assistance (primary care, home care services within the community assistance, ambulatory medicines assistance, public health programmes, prevention programmes), both in the urban environment and in the rural one. The population will trust the doctors' abilities and the medical practice, based on the recordings of the family doctors, relying on them for the largest part of healthcare needs, or being sent to other medical services suppliers within the sanitary system, as the case may be.

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