



“Consolidarea rețelei naționale de furnizori de îngrijiri primare de sănătate pentru îmbunătățirea stării de sănătate a populației, copii și adulți (inclusiv **populație vulnerabilă**)”

Payment models for preventive services in Europe

How preventive services are paid in Europe? The case of Romania

Elisabeth Bruma, NIPH expert

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How preventive services are paid in ROMANIA?

Elisabeth Iuliana Brumă

Carmen Angheluță

Gabriela Chițac

Iulia Stoea

Cristina Vladu

Radu Comșa

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Main features of the Romanian health system

- Health care organized as a social health insurance system
- Health expectancy: 72,9 years in 2021(Eurostat)

M: 69,2 years; F: 76,6 years

- Health spending: 5.74% of GDP in 2019

6,3% of GDP in 2020

Among the EU Member States, the largest expansions (in percentage terms) in current healthcare expenditure per inhabitant between 2012 and 2020 were recorded in Romania and the Baltic Member States.

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Planning and regulation

The **Ministry of Health** (MoH) has the overall responsibility of defining the health policies and for stewardship of the system and the regulatory framework.

The **National Health Insurance House** (NHIH) administers, regulates and funds the social health insurance system. The NHIH is the single purchaser of services in the social health insurance system, acting through 42 subordinated branches (CHIHs)+HIPONSJA.

The **National Agency for Quality Management in Healthcare** develops standards and indicators to measure the quality of care provision at the different levels of care and carries out accreditation of health care providers

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Preventive service providers

✓ Private providers - Family doctors:

- ✓ Annual contract with CHIH
- ✓ Specific (immunization and screening activities) contracts with CPHD
- ✓ Cancer screening programmes

✓ Community nurses and health mediators - Community care:

- ✓ Salaried community health personnel by the Local Authority

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Preventive service providers in primary care

- **Community nurses**
 - more than 1,850 community nurses
 - hired and paid by local governments, which receive financial support from the MoH for the wage bill.
- **Family physicians**
 - more than 10.500 family physicians
 - under contracts with CHIHs, being paid from the fund allocated to the national social health insurance fund by the state budget law

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Preventive service

Preventive service	Type of payment method	Employer	Comment
Family doctors	combined 50% for the per capita payment and 50% for the payment per service	Private provider, working under individual contract with CHIHs	There are specific payments for preventive services (family planning services; preventive consultations of children; assessment of individual risk in asymptomatic adults with age between 18 and 39 years; assessment of individual risk in asymptomatic adults aged 40+) . All preventive services are included in the 50% fee for service payment.
Family doctors	Fee for service	MoH/CPHD	Cancer screening programmes - cervical cancer screening (activities where family doctors are involved - selection and education of the targeted population, guiding the patients to prelevation of biological tests and/or prelevation of the cervical smears) - colorectal screening: (selection and education of the targeted population, distribution of the survey form and Fecal immunochemical test-FIT, referring the FIT positive patients to colonoscopy screening centers) - immunization
Community nurses	Salaried	Local Authorities (salaries paid mostly by the MoH and in some cases by the Local Authority)	Mostly preventive services provided
Roma health mediators (localities with more than 700 Roma population)	Salaried	Local Authorities (salaries paid mostly by the MoH and in some cases by the Local Authority)	Mostly health promotion and health education, interface between Roma population and health system

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How are preventive services paid?

- The fund allocated to PHC by the State Budget Law is divided into two parts, 50% for the per capita payment and 50% for the payment per service.
- Family physicians work under contracts with CHIHs and provide primary care in their own practices.
- They have lists of patients – insured and uninsured – who choose to be registered on a family physician's list.

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How are primary services paid by CHIIs?

A family medicine practice receives monthly payments under the Primary Health Care (PHC) contract:

- **Capita:** an amount representing the equivalent of points per capita, based on the list of insured persons enrolled, according to the age and gender structure.
- **Fee for service:** an amount representing the value of the points per medical service, depending on the services performed in the previous month.

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How are preventive services paid?

- **Fee for service** includes the following preventive medical services to **insured people (1)**:
 - consultations for monitoring of priority public health diseases (through case management),
 - Consultations for diseases with endemic potential requiring isolation, provided remotely,
 - Preventive consultations (active periodic consultations offered to persons aged 0-18 years),
 - Consultations to monitor the progress of pregnancy and lactation,

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How are preventive services paid?

- **Fee for service** includes the following preventive medical services to **insured people (2)**:
 - Preventive consultations for individual risk assessment in asymptomatic adults, diagnostic and therapeutic medical services.
 - preventive consultations includes the prescription of paraclinical investigations in the case of insured persons,
 - **preventive consultations includes individual risk assessment in asymptomatic adults (riskograms), risk reduction interventions for conditions with an impact on public health.**

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How are preventive services paid?

- **Fee for service** includes the same preventive medical services to **uninsured people as for insured people**, except the prescription of paraclinical investigations. In the case of uninsured people the paraclinical investigations are paid out of pocket.
- Fee for service for uninsured people is paid from the state budget to the budget of the Ministry of Health through transfers to the budget of the national social health insurance fund.

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BUT:

- Despite the **wide range** of preventive medical services **included** in the **basic** package of services, only 1% of the consultations provided by the family physicians are aimed at prevention!

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Community care

Community nurses and health mediators provides basic preventive and nursing services to the vulnerable population:

- carrying out programs and actions aimed at protecting health, promoting health and in direct connection with determinants of health status;
- providing primary and secondary prevention services to community members;
- actively monitoring the health status of the infant and young child and promoting breastfeeding and correct nutrition practices;
- active monitoring and supervision of patients regarding tuberculosis, HIV/AIDS, rare diseases, prematures, anemics, people with mental and behavioral disorders, users of psychotropic substances, other categories of people subject to risk or with diseases medical registered in registers and special records, etc.

Although necessary, coordination with family doctors is a factor of personal communication skills.

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National screening programme for noncommunicable diseases

Population - based screening programme for cervical cancer – national coverage;

Population - based screening programme for breast cancer – regional coverage: North - Est, North – West, West, South – Est;

Population - based screening programme for colorectal cancer – regional coverage: South Muntenia, South – West, South – Est, Bucharest – Ilfov;

Population - based screening programme for detection of the chronic infection with hepatitic viruses B/D, C– regional coverage – 2 project: (South Muntenia, South – West) and Est (North – Est, South – Est);

Chronic diseases screening for the newborns (hypothyroidism, deafness, PKU, ETC.) – national coverage.

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Lessons learned

- The objective of improving and expanding preventive services must be stated in the national health strategy.
- *All people, regardless of age, should be made aware and encouraged to ensure that they have the necessary preventive check-ups to assess their health, detect risk pathologies early and receive advice on lifestyle adjustments. Failure to carry out age-appropriate preventive consultations at right time leads to the costs of diseases that could have been prevented or detected early. At the individual level, late detection of diseases at advanced stages leads to lower life expectancy, poorer prognosis, lower quality of life and other material and social consequences.*

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Lessons learned

- Adequate funding of preventive services, by granting **at least double number of points compared to other types of consultations**, to allow for the extension of the duration without reducing the income of family doctors, and to increase the attractiveness of the services to family doctors, in relation to their complexity.

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Lessons learned

- The need to define preventive services for adults aged 40 and over who already have one or more chronic conditions, in the context of which modifiable risks associated with other conditions that have a significant impact on the burden of disease should be identified and intervened upon: cardiovascular and metabolic diseases, cancer, malignant melanoma, mental health problems, reproductive health, if the person is not already diagnosed with these conditions.

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Lessons learned

- The need to regulate preventive services for the elderly for the early detection of specific conditions such as senile dementia, mental illness, cerebrovascular diseases.
- The duration of the preventive consultation should be regulated to at least 30 minutes, depending on age and the need for intervention.

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Lessons learned

- For adolescents it is important that, in addition to examinations and recording of developmental parameters, counselling and screening for sexually transmitted diseases, counselling on healthy lifestyle: physical activity, nutrition, accident prevention, smoking, alcohol, drugs, violence.
- Disbursement of preventive services annually for asymptomatic patients in the age group 18-39 years, which are currently expected to be reimbursed once every 3 calendar years, leading to the risk of late detection of some conditions.

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Lessons learned

- Ensuring that people have immediate access to recommended paraclinical investigations following preventive consultations is important for completing the service with immediate intervention on modifiable risks.

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Thank you!

ela_aranghel@yahoo.com

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