

## PRIMARY MEDICINE – 2015 YEAR’S RESULTS

Marian Emanuel COJOACA<sup>1</sup>

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### ABSTRACT

*THIS STUDY SHOWS NOT ONLY THE FINANCIAL EVOLUTION BY COMPARISON BETWEEN 2015 AND 2014 BUT ALSO THE FINANCING POSITIONING OF THIS AREA OF HEALTHCARE COMPARED TO THE FINANCING OF THE GENERAL DOMAIN OF HEALTHCARE AMBULATORY. IT IS NOTICED A VERY IMPORTANT WEIGHTING (AS A PERCENTAGE) OF THE PRIMARY CARE AREA.*

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**KEYWORDS:** PRIMARY CARE, PAYMENT, POINT VALUE, MEDICAL SERVICES.

### INTRODUCTION

In the actual context of an underfunding of the health care system is it necessary to try to identify the problems and more important finding solutions considering the limited resources (financial and human).

### BODY

The primary health care has the initial role in establishing the health status of the population, having in mind that this is the first actor from health care coming into contact with the patient.

The budget appropriations and the commitments approved in 2015 for this area of healthcare have amounted to RON 1,515,724 thousand, respectively amounting to RON 1,515,728 thousand.

Payments until 31th.December 2015 have amounted to RON 1,503,342 thousand, representing 99.18% of the approved provisions.

Of the total budget allocation to primary care, the amount of RON 1,455,718 thousand was allocated for the payment per capita and settlement of medical services performed by family doctors, from which payments were made for this purpose in the amount of RON 1,444,328 thousand.

In the field of the payments for ambulatory medical services, the payments for primary health have a weight of 50.58%.

This majority percentage should reflect into an improved quality of medical services provided to insured persons.

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<sup>1</sup>Doctor; University Assistant; PhD; Titu Maiorescu University; email: mariancojoaca@yahoo.com

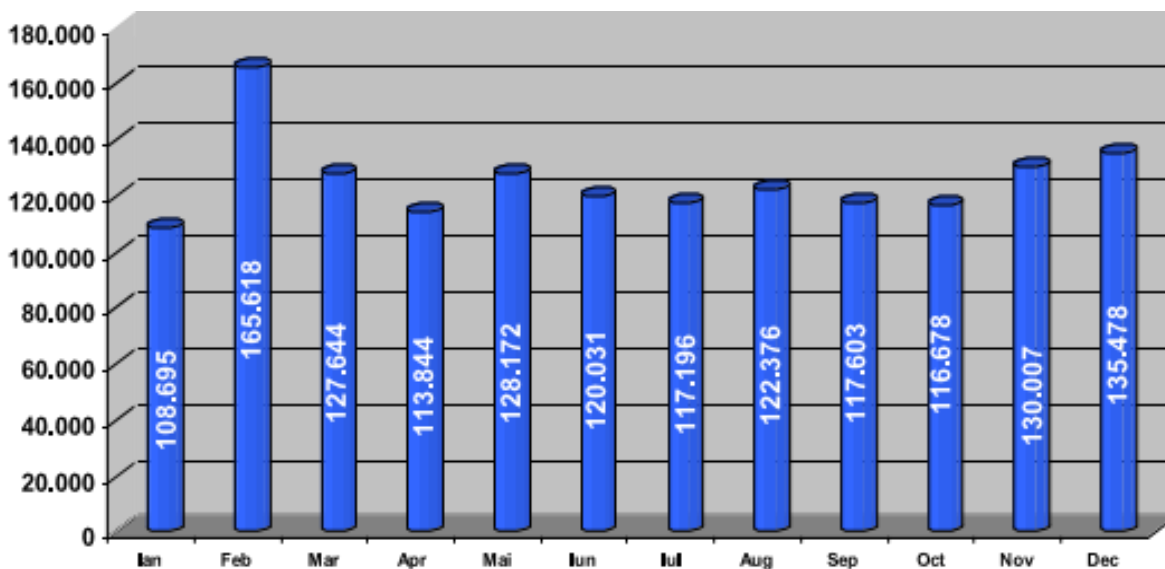
According to the current legal settlement for medical services for primary care is done by: payment "per capita" by price per person insured, according to own lists of insured persons and payment of the price on the service expressed in points for medical services, including medical services provided to patients from the countries of the EU / EEA / Swiss Confederation, card holders of European health insurance or beneficiaries of forms / documents issued under the European Regulation EC no. 883/2004 of the European Parliament and of the Council of 29<sup>th</sup> of April 2004 regarding the coordination of social security systems, as well as patients from other states where which Romania has agreements, understandings, international conventions or protocols in the field of health care.

Payment "per capita" is calculated by multiplying the number of points resulted in relation to the number and structure by age of the insured persons, listed as the family doctor, adjusted to conditions laid down by the rules to the contract framework with the established value a point.

The sum due for medical services for which payment is made by the medical service price expressed in points is calculated by multiplying the number of points adjusted by medical service professional degree with the value set for one point. The final value of a point for payment per capita and per health service is established every three months, till 25<sup>th</sup> of the month following the end of each period, the ratio of fund for the period, respectively for the payment of per capita and per service performed by family doctors and the number of points per capita and the medical service effectively complying the conditions laid down in rules and it is the final value of a point per capita and service, unique in the country for that quarter.

The final value of a point for the payment per capita and for health service cannot be lower than the guaranteed minimum value of a point for the payment per capita and for health service.

Graphics, dynamic monthly payments monthly for this area of healthcare presents the following chart:



DYNAMICS OF THE PAYMENTS FOR PRIMARY CARE (THOUSAND RON)

Compared to the same period of 2014, payments for primary care increased by 78 398 thousand respectively 5.5%.

In 2015 changes were made to the health services packages – for the minimal and the basic, such as:

**THE MINIMAL PACKAGE** "Preventive consultation" for people aged over 18, every 3 years (to prevent illness with major consequences in morbidity and mortality)  
- Added -

### THE BASIC PACKAGE

**Added** Medicines management services - intramuscular, subcutaneous, intradermal, intravenous or infusion, as appropriate, for the insured persons from the family physician list during working hours in the office; recommendation for laboratory analysis (in prevention consultations) for children aged 2 to 17 years including as well as asymptomatic individuals aged 18 years and over 18

**Raised** The maximum number of consultations at home from 21 to 42

**Other changes** Are provided consultations at home for the insured homebound by reasons of permanent or temporary disability, chronic illness or an acute episode that does not allow movement at the cabinet, children between 0-1 years old, children between 0-18 years old with infectious and contagious diseases and confined women after birth; Inclusion on the list of a family physician is based on the application for registration and the national health insurance card.

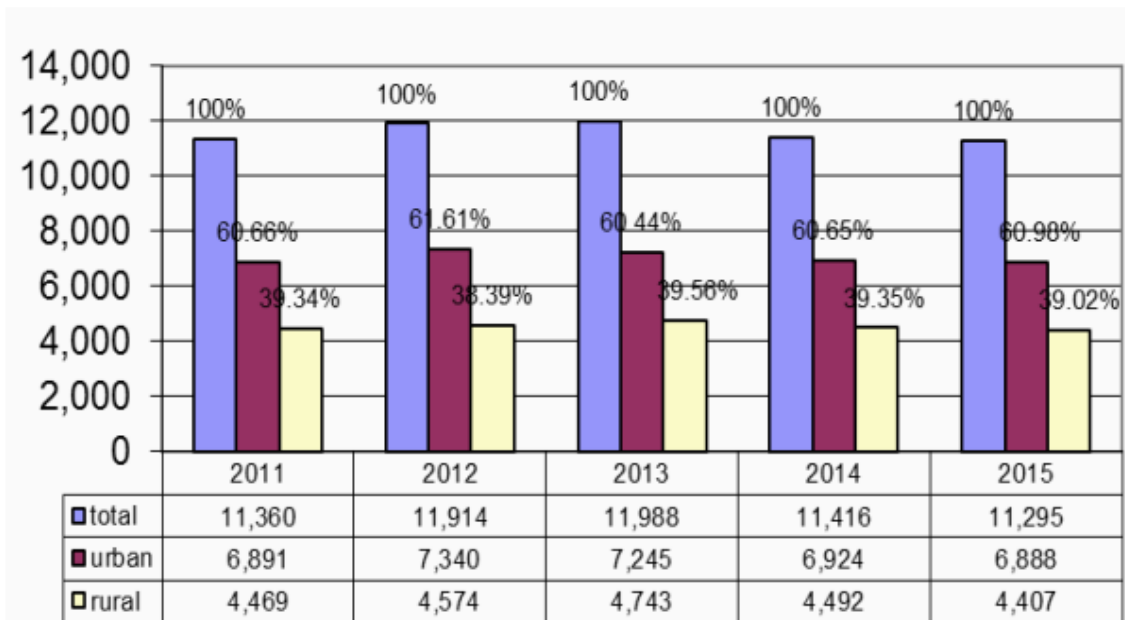
Enrollment / change of the family doctor for the people who have not been issued the national health insurance card or the people that refuse the national health insurance card because of religious or consciousness reasons or people who will have duplicate national card and for children between 0-18 years, is based on the registration application.

Guaranteed minimum value point "per capita" and guaranteed minimum value of the point service in primary care for 2015 were set at 4.00 RON and 1.90 RON.

The number of points per capita and per primary healthcare service, reported by the health insurance funds during 2015 and their final values are as follows:

Period/trimester	Point per capita		Point per service	
	The final amount -RON-	Number of points made	Final value - RON -	Number of points made
Trimester IV 2014	4,64	42.143.454,04	2,22	87.954.02114
Trimester I 2015	4,08	42.105.431,63	1,92	89.463.192,98
Trimester II 2015	4,08	41.782.555,30	1,91	88.734.397,08
Trimester III 2015	4,18	41.917.911,73	1,96	89.047.672,21

There are proposals that support higher pay for medical care services provided in family doctor offices, which do not generate referrals to other health providers, specifically for cases treated in these clinics.



Medical cabinets in which family doctors operate can and should participate more actively to increase the health of the population.

THE EVOLUTION OF THE NUMBER OF FAMILY PHYSICIANS IN CONTRACTUAL RELATION WITH CAS, DEPENDING ON RESIDENCY, BETWEEN 2011 - 2015

**CONCLUSIONS**

Requiring some questions – the significant percentage that finance primary care in the field of outpatient care is properly allocated? – are the insured persons satisfied regarding services provided by General Practitioners? - Is the other actor (General Practitioner) satisfied, on its expectations?

The difference between the number of contracts of family physicians in rural and urban areas occurs due to declining rural population, and the number of doctors in Romania.

Involvement of local authorities in improving the health status of the population is imperative to revive primary health care in rural areas.

## REFERENCES

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