

SPECIALITY CLINICS AMBULATORY IN 2015

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ABSTRACT

IT SHOWS FINANCIAL PERFORMANCE IN 2015 COMPARED TO 2014 AND THE POSITIONING OF THIS AREA OF HEALTHCARE TO THE FIELD OF AMBULATORY IN GENERAL AND TO THE FIELD OF HOSPITAL CARE, CONTINUES HOSPITALIZATION AND DAY CARE. THE FUNDING IS AT A LOW PERCENTAGE WHICH LEAVES TO THE HEALTH SYSTEM ANALYST THE POSSIBILITY OF FINDING VARIOUS SOLUTIONS WHICH MUST BE IMPLEMENTED IN THE CLOSE FUTURE.

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

INTRODUCTION: identification of problems regarding the financial data that determines the quality of health services in the current reality.

BODY:

Health care in ambulatory specialty clinics also with the primary care is the field that should significantly improve the health status of the population.

The efficiency of this area of healthcare increases significantly the satisfaction of policyholders and also of the medical staff.

The budget appropriations and the commitments credits approved in 2015 for this area are amounted to RON 2,984,873 thousand, respectively amounted to RON 3,006,524 thousand.

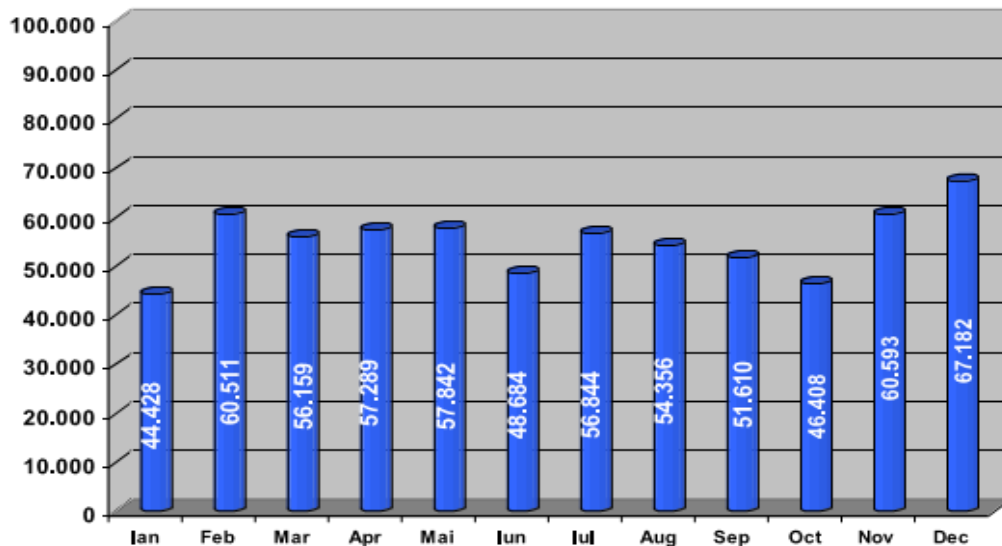
Payments until 31 December 2015 were in the amount of RON 2,972,254 thousand, representing 99.58% of the approved provisions.

Of total payments made during this period for materials and medical ambulatory services healthcare-related field rests with a share of 13.64%.

Graphically, the dynamic evolution of monthly payments in 2015 ambulatory medical services is as follows:

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DYNAMICS OF THE PAYMENTS FOR CLINICAL SPECIALTIES (THOUSAND RON)



The services payment in health care ambulatory for clinical specialties and acupuncture is done by the medical service price measured in points or RON.

The health insurance houses reimburse to the clinical specialized physicians the value of health services reimbursed by price expressed in points, if such services are performed in medical offices where they work and interpreted by physicians, taking into account the number of points related to each medical service and value set for a point.

Monthly amount due physicians specialized in clinical specialties is calculated by multiplying the total number of points achieved according to the normative acts in the month following the medical services provided, with the minimum guaranteed for a medical service point.

The final amount of a point to the medical service is determined quarterly, by the 25th of the month following the end of each quarter, the ratio of fund for the quarter, respectively intended to pay doctors specialized in clinical specialties for which payment is made by charge per service medical expressed in points and the number of points achieved in the quarter final and represents the value of a medical service point, unique in country for that quarter. The fund for the specialized ambulatory care for clinical specialties is divided by quarters.

The budget appropriations and the commitments credits approved in 2015, for this area of healthcare amounted to RON 662 021 thousand, respectively amounted to RON 681 243 thousand.

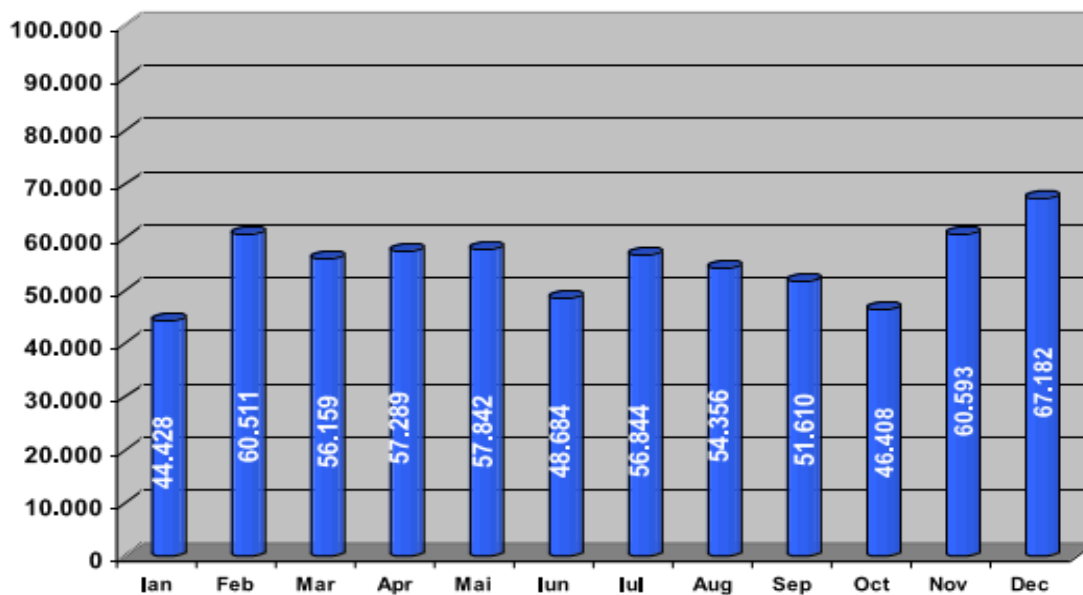
From these funds were made payments amounted to RON 661 906 thousand, representing 99.98% of the approved provisions.

From the total payments made during this period for materials and medical services, the field of healthcare clinical specialties has a share of 3.04%.

Under payments for medical services in ambulatory care, the payments related to clinical specialties have a share of 22.27%.

Graphically, the dynamic evolution of monthly payments for this area of healthcare is:

DYNAMICS OF THE PAYMENTS FOR CLINICAL SPECIALTIES (THOUSAND RON)



Compared to the same period of 2014, payments for healthcare, for clinical specialties, where increased with 38 567 thousand, respectively with 6.19%.

I. The minimal package Were inserted

consultations for monitoring the development of pregnancy and puerperium, and was established the periodicity granting for this type of services (*one consultation for each trimester and a consultation in the first quarter of birth*)

II. The basic package Added

- consultations for monitoring the development of pregnancy and puerperium, and was established the periodicity granting for this type of services (*one consultation for each trimester and consultation in the first quarter of birth*)
- evaluating and monitoring the status and treatment of genital and breast cancer complications (*within family planning consultations*)
- new procedures / treatments / therapies:
 - ✓ harvesting the biopsy probe
 - ✓ postoperative treatment for abdominal wounds, for surgery after cesarean, hysterectomy, endometriosis, and operated ectopic pregnancy
 - ✓ therapies for genetic medicine - genetic counseling
- new related services:
 - ✓ for the neurology specialty and pediatric neurology:
 - psychotherapy for children / adult
 - ✓ for the pediatric psychiatry specialty:

- services provided by kinetotherapist for children diagnosed with autism spectrum disorders (individual kinesiology / group kinesiology / physical therapy on special devices)

Raised

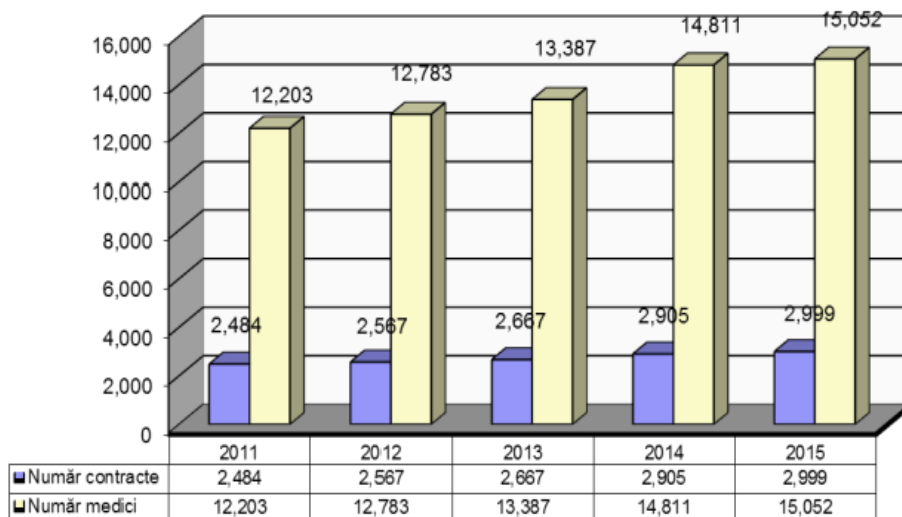
- the number of family planning consultations per year / insured from two to four consultations
- **the maximum number of consultations** for chronic conditions (for one or more chronic diseases monitored by the same specialties), from one consultation per month or per quarter / insured, as applicable, to 4 consultations / quarter / insured (but not more than 2 consultations per month)
- the score corresponding to health services related to medical care that can be reported by doctors specialized in **pediatric psychiatry** from 90 points on average per day **to 150 points on average per day**.

The minimum value guaranteed of the point in outpatient care for medical service specialties for 2015 was 1.80 RON.

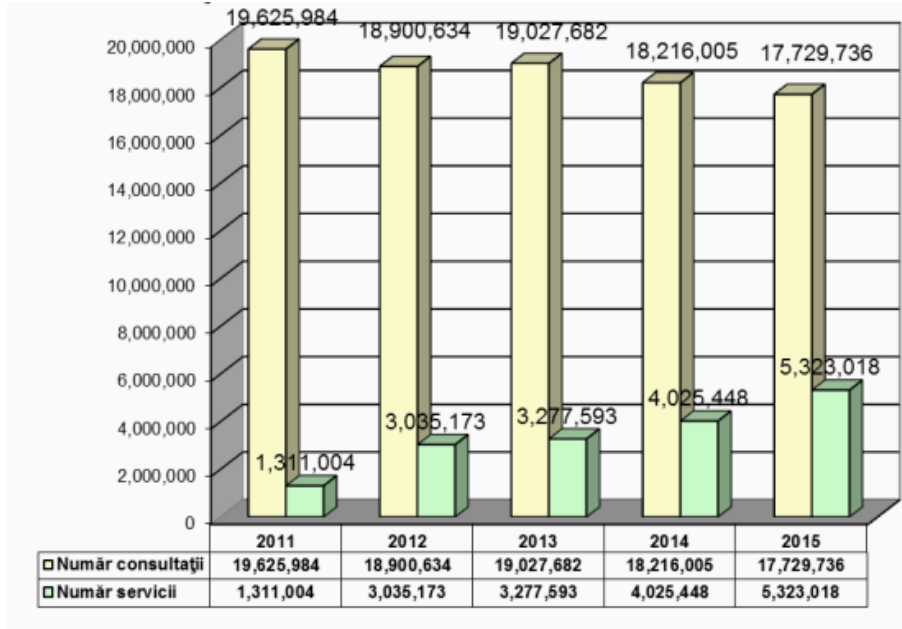
The points made in outpatient care for clinical specialties, reported to the health insurance funds during 2015 and the final amount thereof is as follows:

Period/trimester	Point for outpatient care for clinical specialties	
	Final value - RON	Number of points made
Trimester IV 2014	1,89	88259.999,15
Trimester I 2015	1,71	95.550.379,03
Trimester II 2015	1,80	90.351.916,53
Trimester III 2015	1,94	86.672.874,52

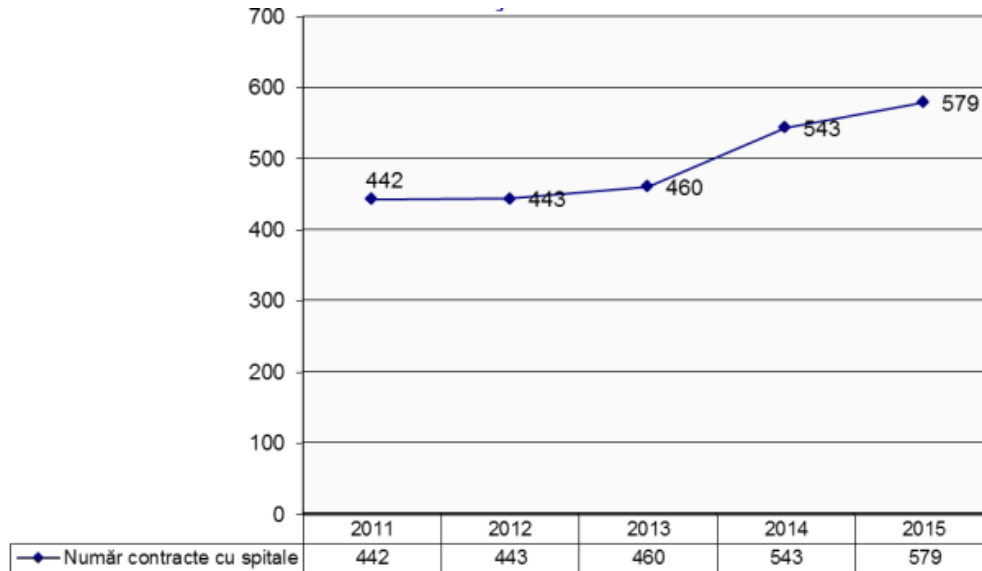
THE EVOLUTION OF THE NUMBER OF AGREEMENTS AND THE NUMBER OF SPECIALIZED DOCTORS FROM AMBULATORY IN CONTRACTUAL RELATIONSHIP WITH CAS IN THE YEARS 2011-2015



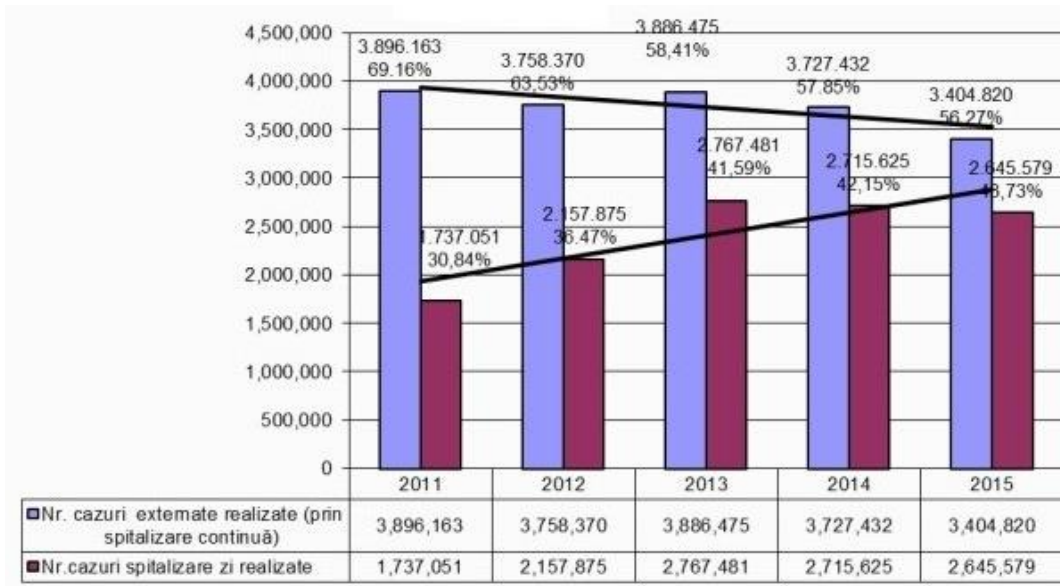
THE EVOLUTION OF THE NUMBER OF CONSULTATIONS AND HEALTH SERVICES IN AMBULATORY AND CLINICAL HEALTH CARE DURING 2011-2015



THE EVOLUTION OF THE SUPPLY CONTRACTS FOR HOSPITAL SERVICES DURING 2011-2015



THE EVOLUTION OF THE NUMBER OF CASES RESOLVED BY CONTINUOUS HOSPITALIZATION AND OF THE NUMBER OF CASES RESOLVED BY A DAY HOSPITALIZATION IN THE HOSPITALS WITH CONTRACTUAL RELATIONSHIPS WITH CAS DURING 2011-2015



Analyzing these graphs we find increasing the services of hospital day care and decrease the number of cases discharged after hospitalization continues.

The arising question is: if the number of contracts in ambulatory clinical specialty is growing, is funding in some growth, addressing the primary care and ambulatory clinical and paraclinically specialist is increasing, why are growing and the number of contracts and the number of hospital medical services?

Shall we find the answer in the quality of medical services provided in ambulatory medical practices in clinical ambulatory and / or other complex and delicate response?

If you would increase fees for medical services that are treated in medical ambulatory offices, in clinical specialty would increase quality of care which patients in the medical cabinet?

Considering the low percentage of funding, in the range of ambulatory clinical specialist health care, are the results satisfactory?

Increasing the proportion of funding in this health care area, increase the number of insured treated in ambulatory medical practices in clinical specialty and decrease the number of cases discharged after continuous hospitalization.

CONCLUSIONS: In case of impossibility to increase funding of the health system, percentage reallocation, in the meaning of increasing funding in this area of health care result lead to decreasing the hospitalization costs and increasing the satisfaction of policyholders and also of the medical staff.

REFERENCES

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