

# Integrated flexible models for pneumology services in Romania

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# Integrated services

- Refers to the actions of healthcare providers aimed at ensuring the continuity and coordination of care between health institutions and between different levels of care
- Continuity should be ensured between practitioners and institutions depending on individual need for services during acute or chronic diseases
- It is ensured if there is continuity in the flow of patient information, skills, uniformity of training and collaboration between practitioners, case management plan implemented

# Who need integration the most?

- Necessary especially for elderly people with high volume needs of different types of care
- Children and young people need services integration between pediatric and adult medicine
- Health aspects that represent health problems (high frequency, high probability of spreading, high cost of treatment)

# Institutions to be integrated in pneumology

- Hospitals (acute and chronic)
- Outpatient (respiratory medicine offices)
- TB dispensaries
- GP
- It requires probably other types of institutions (long-term care, home care)

# Particular aspects of pneumology services

- The prevalence of respiratory diseases
- Tuberculosis - a public health issue
- Inseparability pneumology - phtisiology
- Specificity of activity:
  - Preventive and curative services
  - Acute and chronic
  - The existence of a network of pneumology

# Developing models of integrated care in pneumology

- Evaluation at regional level of:
  - Collaboration between pneumology hospitals and local authorities
  - The involvement of local authorities in organizing and financing of pneumology hospitals
- In-depth evaluation at hospital level of:
  - Positive and negative aspects of decentralization
  - Types of services and financing
  - The impact of hospital classification
- Developing of flexible models of integrated care in pneumology

# Analysing collaboration between pneumology hospitals and local authorities

- 7 meetings at regional level (75 participants: hospital managers, medical directors, local authority representatives, other representatives)
- Hospitals from: Iași, Botoșani, Bisericani, Roman, Craiova, Roșiori, Tg. Jiu, Drajna, Leordeni, Bucharest, Florești, Constanța, Agigea, Eforie, Focșani, Cluj, Arad, Deva, Satu Mare, Sighet, Brașov, Oradea, Hunedoara,
- Local authorities from Bucharest, Prahova, Giurgiu și Brașov.

# In-depth evaluation at hospital level

- 12 virtual meetings with hospital managers
- 3 meetings in Bucharest, Cluj and Timisoara:
  - Analyzing European context of decentralization
  - Analyzing Romanian context of decentralization - pros and cons
  - Analyzing types of services and patient flow
  - Proposing models of integrated health care



# Analyzing decentralization in European Union

- There is no set pattern, a perfect solution or permanent, that all countries should adopt.
- Rather, there are multiple models of decentralization, each developed to fit in the context and circumstances of a particular state.
- Decentralization is not, in practice, neither uniform nor consistent in any country's health sector.
- Typically, health systems are decentralized in certain sectors will have other sectors that have been or may be controlled centrally recentralized.
- Thus, the practical problem is the mix of strategies for decision makers on decentralization and recentralization in a given system and the balance of these strategies.

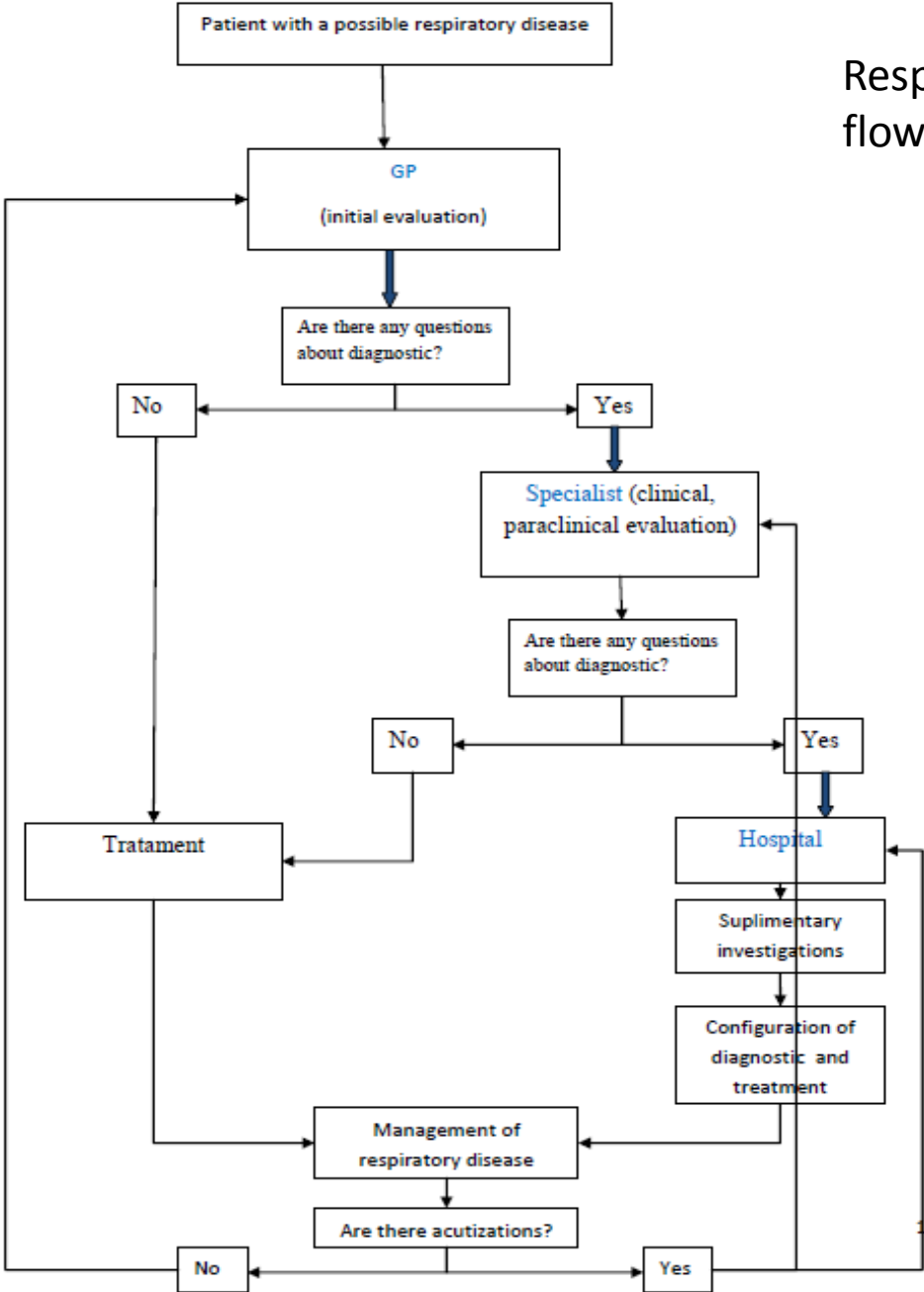
# Analyzing decentralization in Romania

- Gradual process started in 2002 with transfer of hospital buildings to local authorities
- In 2008 transfer of hospital management in a pilot project (few hospitals) to local authorities
- In 2011 transfer of hospital management to local authorities for around 350 hospitals and liquidation of 50 hospitals

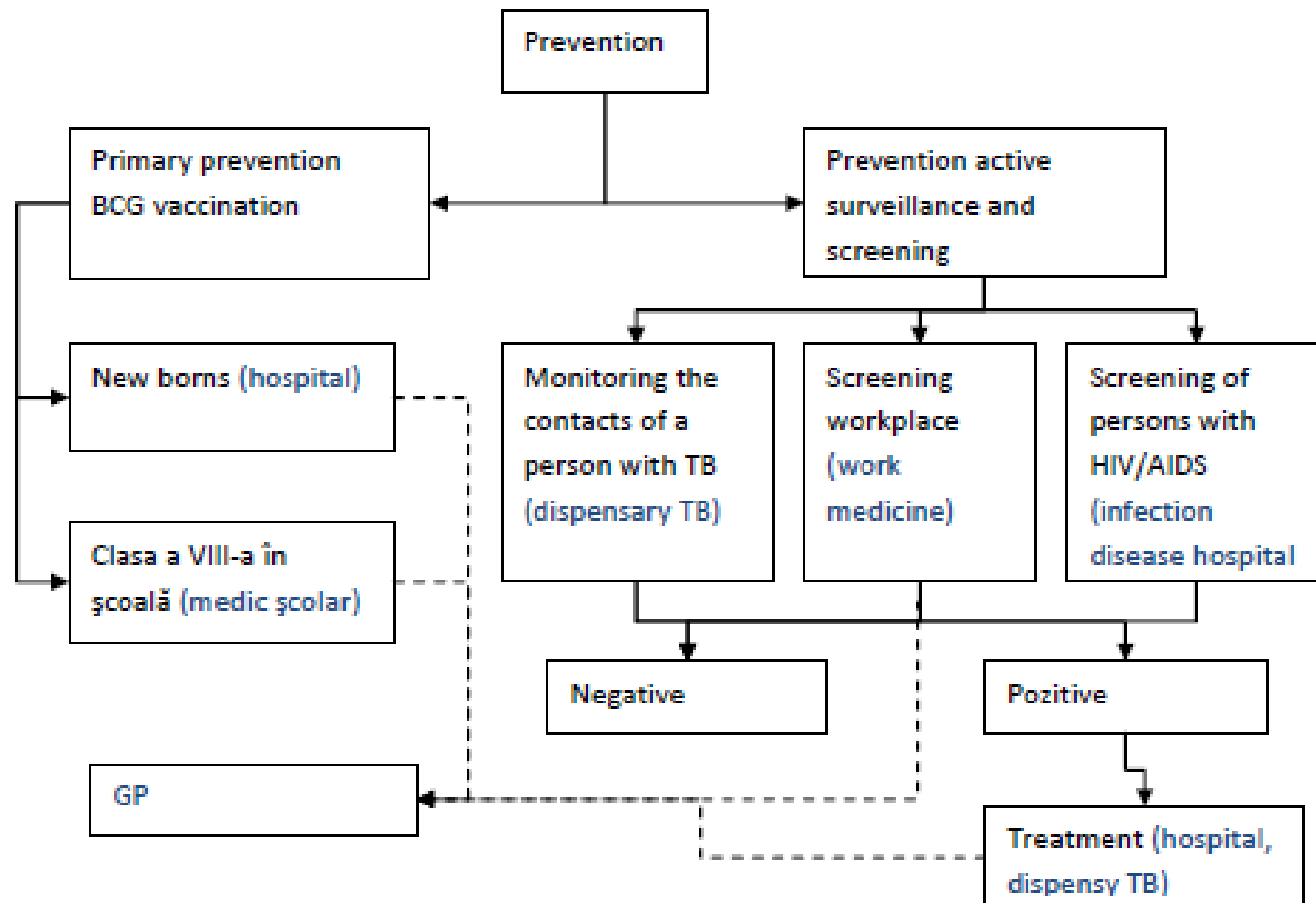
# Decentralization in pneumology care

- From 41 health units in lung disease network (1 institute, 30 hospitals, six nursing homes and four preventoria) 40 units have been decentralized, leaving only the National Institute of Pneumology "Marius Nasta" Bucharest to Ministry of Health.
- Thus, for 23 hospitals management was transferred to the county councils, other local councils and 16 to 1 by the General Council of Bucharest

# Respiratory disease flow

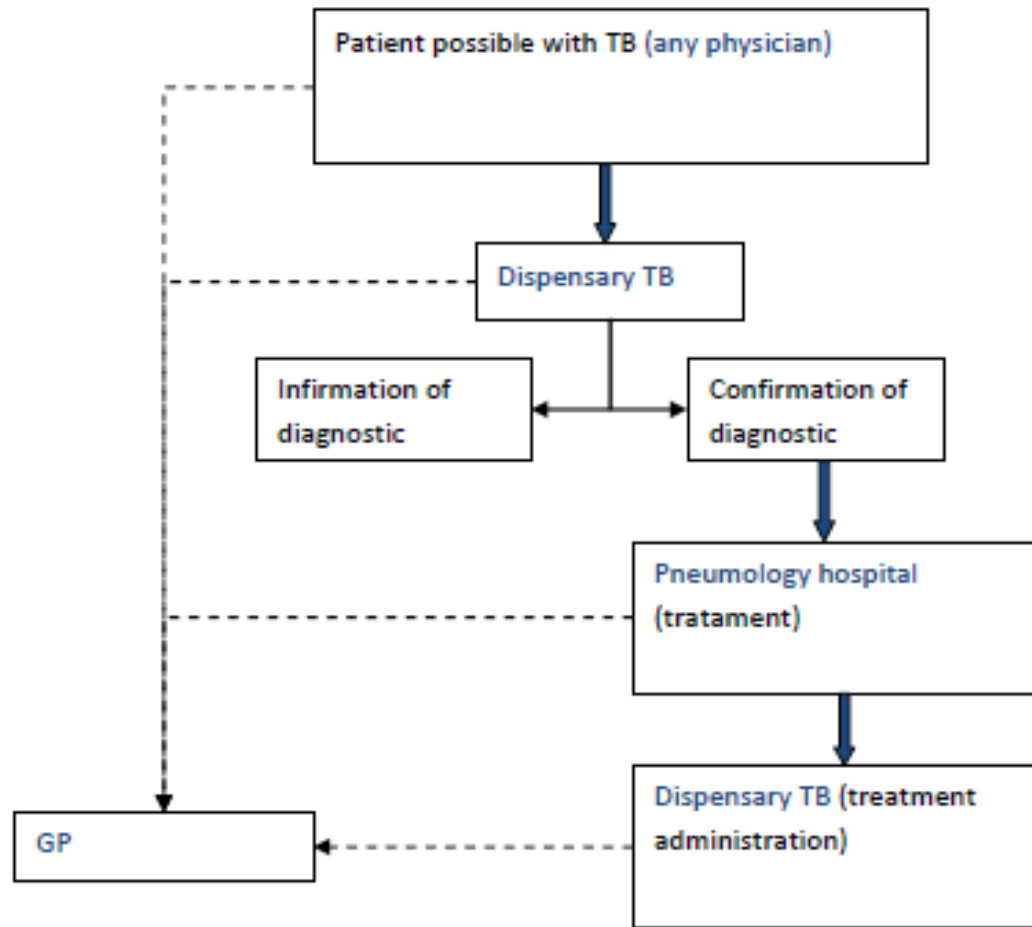


# Prevention flow



-- informare

# TB patient flow



-- informare

# Conclusions

- The patient flow is integrated also vertical and horizontal
- In practice patient flow is not always fluent
- Flexibility could be used giving different attributions at different levels (integrated model, dispensary model, ambulatory model)