

Introducing Health Technology Assessment for medical devices in the Romanian County Hospitals' ER

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Context

- The development of new medical technologies (equipments, drugs, new therapies etc.) contributes to improving the health of the population, yet generates pressure on the health system by the high costs involved.
- The implementation without a prior study of local conditions may increase inequity and further reduce addressability and access to medical services.

Internal context

- County Hospitals' ERs – were endowed in 2006 – 2007 by MoH with WB with the same instruments for cardiac markers and BAG analyzers
- This process was done regardless of the type of hospital (part of an University of Medicine, number of patients, number of physicians in ER, presence of functional cardiology departments or other diagnostic and treatment capacities etc.).
- ERs are founded from a special budget of the MoH which allows them a certain financial independence

Aim of the study

- Economic evaluation of health technologies for the diagnosis of cardiac patients in Romanian County Hospitals' ERs in relation to the results achieved, the degree of patient satisfaction and perception of quality medical services.

Objectives

- Identification of the cardiac patients' circuit and diagnostic procedures.
- Assessing the costs covered by ERs with the diagnosis of patients presenting with cardiac symptoms .
- Analysis of the evolution of patient health and quality of services received in the ERs within 30 days of presentation to hospital by administering a questionnaire.

Objectives (II)

- Assessment of the doctors perception on quality of services and working conditions in ERs.
- Assessing the relationship between the health of patients within 30 days of presentation to the ERs, quality of services received (from patients and from physicians perspective) and costs with their diagnosis and treatment .
- Comparative analysis between several ERs in terms of outcomes, patient satisfaction and costs involved in diagnosis.

Hypotheses

- ERs have similar equipments and about the same cost with the diagnosis of cardiac patients.
- The difference between the results, in terms of the health of patients, can be explained by different facilities in the other wards after leaving hospitals' ERs (staff employed in cardiology departments, access to PTCA and cardiovascular surgery , etc.)
- Physicians that are working in ERs that are part of hospitals without “strong” cardiology departments (ex: those that can't perform PTCA) tend to assess their quality of care as being less good

Methodology

- Analytical prospective study, with data collected from 3 hospitals
- Selected population : 100 patients per unit + 5 physicians
- Tools used:
 - self-assessment questionnaire of the provided services (physicians)
 - patient satisfaction assessment questionnaire applied after 30 days from the presentation time at the ERs

Methodology (II)

- The financial data will be collected directly from the hospital, from financial reports and SEAP
 - Special attention will receive confounding factors that will have to be eliminated (expenses that are not made from the hospital budget but from grants, sponsorships etc.)
- Data will centralize and analyze both individually and compared

Expected results

- Identifying the cardiac patients' circuit in ERs and the costs generated with the diagnosis
- Analysis of patient outcomes at 30 days after the onset of symptoms and their satisfaction
- Analysis of the self-perceived quality of care provided by physicians

Expected results (II)

- Establishing the relationship between outcomes, patients' satisfaction, physicians' perceptions and costs
- Making recommendations to improve the health and satisfaction of patients and physicians .

Questions ?



Thank You !

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