

DECENTRALIZATION OF THE HOSPITAL MEDICAL SERVICES AT THE ORADEA MUNICIPALITY LEVEL

Dulau Dorel, Daina Lucia, Balasco Ioana Anca, Restea Monica Elena

*University of Medicine and Pharmacy Oradea, University of Oradea, "Piata 1 Decembrie"
Street, No.10, Oradea, Bihor

e-mail address: doreldulau77@gmail.com

Abstract

The entire world dynamic regarding decentralized medical services is continuous and depends on geopolitical, environmental and organizational changes in the context of local governments and public service provision. Health restructuring is usually done to make services fairer and more efficient. Most of the times, responsibility transfer from governmental level to local authority level, regional or other non-national structures did not foresee many of the problems that may arise. For Oradea, respectively Romania, did decentralization represented a real solution for the efficiency and development of hospital health services? National authority (Romanian government through Health Ministry) did it always transmitted the related budget, the know-how and the related specialists to the local authorities to help the implementation of the effective and real decentralization of the hospital medical services?

Key words: centralization, decentralization, efficient health services;

INTRODUCTION

The reform of hospitals in European countries started 30 years ago, with the aim of reducing the pressure on local budgets and increasing the adaptability of hospital services to local needs.

Decentralization, per se, is a gathering of local authority closer to the people and to their immediate needs (Smith 1985, Work 2002). Thus, the local community can participate and influence the decision making, becoming directly involved in the political decisions that influence the health services at the local level.

Decentralization is in fact a long-term process, in a continuous change on different levels. It represents a social and political process through which the

authority and responsibilities are redistributed at national and local level. Thus, a “negotiation” takes place between the authorities in whom the governmental institutions consider that the local authorities are the best suited to an assumption of local interests and needs.

The reasons for decentralization were different in countries around the world, for example:

- In the former socialist countries (Czech Republic, Baltic Countries, Poland) decentralization represented a way of collapsing and inhibiting the leadership style in a centralized system;
- In Russia and Bosnia decentralization had the role of removing states of ethnic conflict;
- In Latin America decentralization was seen as a process of democratization and appeared with the democratic elections.

In many countries of the world, decentralization acted as a public service provider in order to create a system of good governance, aiming to develop local institutional capacity, eliminating corruption and as well as reducing inequities and poverty.

Currently, medical hospital services at worldwide, european and national level are facing real challenges that are in a continuous dynamic.

Some health systems that were decentralized represented a rapid failure as a result of the non-compliance with the operating principles of the decentralized system. Not always, the principles of universality, equity, opportunity and responsibility in the health field and well-being of the population could be respected in the provision of hospital medical services.

MATERIAL SI METHOD

In carrying out this study, the main working method is the “analysis method”, but also “comparison method”. The data’s are obtained from official documents released by local public administration authorities of Oradea (provisions and decisions of the local Council of Oradea Municipality), of the Ministry of Health-Order of the Minister.

RESULTS AND DEBATES

The reform of the public hospitals, in Romania, started in 2002 when they were transferred into the patrimony of the territorial administrative units and in the

administration of the local authorities, the buildings of 48 hospitals and polyclinics and of more than 150 hospitals in the rest of the country. The transfer allowed (optional) financing from local budgets for repairs, investments and operating expenses, but it was not accompanied by attributions regarding the management of the health units. This transfer was not accompanied by the supplementation of the revenues of the local budgets, so this first attempt of decentralization did not lead to positive results at the system level (Ministry of Health, National Rationalization Strategy for Hospitals).

In 2008, the management of 18 hospitals in Bucharest and 4 in Oradea was transferred to the city halls of the two municipalities, which gave the right of the local authorities to approve the organizational charts, function states and budgets of the respective hospitals.

In the period between January 2010 and July 2010, Romanian Government established a program to monitor the negative and positive effects of the decentralisation of hospital medical services in Romania. The political-administrative context at Romania's level, at that time, was favorable. Romania had a young ministry, with vision, whose mandate was extended from November 2009 – August 2011. Thus decentralization was done at a favorable political moment, with people open politically and administratively towards new systems of coordination and governance, much closer to the citizen.

A conclusion emerging at the end of the pilot phase of decentralization in Oradea was referring to the fact that the local hospital health services are of poor quality and do not respond to the immediate needs of the citizens. It was imposed like this, in 2009, a correct assessment of population health. In order to be able to provide medical services corresponding to a local community, from a well-individualized geographical area in space and correctly identified numerically, you must take into account the health needs of the population, and the medical services must be adapted to these needs, and the evaluation needs to be made by specialists who have specific working tools. Thus, an assessment the state of health and well-being at the level of a properly designed and interpreted local community, definitely leads to the possibility of adaption the offer of hospital medical services to the real needs of the population. The evaluation was made according to certain factors, such as: age, communicable and non-communicable diseases, environmental factors, wage incomes, number of family members to which they belong, workplace, etc. Subsequent to this assessment of the health of the local population, prepared at the level of the Bihor Public Health Directorate and transmitted The Ministry of Health, the

City Hall of Oradea Municipality, through the specialized structure of the Hospital Management Department, was able to develop a public health policy, at the level of two public state sanitary units from the own Medical Network of Oradea Municipality.

For example, following this evaluation, as well as the finding of the existence of widespread diseases in the area of Oradea, but also in Bihor County, the City Hall of Oradea initiated and finalized the construction of a Regional Oncological Center within the Municipal Clinical Hospital dr. Gabriel Curteanu Oradea (with oncology, radiotherapy, hematology and specialized medical departments).

Collins (1996) saw decentralization as a mechanism or an approach that would reform the institutional paradigms.

I believe that this definition of “decentralization” is valid for Romania as well. The vision of health at national level regarding hospital medical services had to be adapted to the needs of each local community.

In addition to the transfer of responsibility, from the Governmental level to the local level, decentralization involves three options: political, administrative, fiscal.

Decentralization in the "political" form is a smart move, especially in countries where there are multiple entities, which thus become involved in making decisions that influence their "daily" lives. In a centralized system, these minorities do not participate in any form in making political decisions, which, in most cases, are in the hands of a majority. Regarding the medical services in Oradea, this” political option” is manifested by the fact that the Mayor of Oradea Municipality, elected directly by the citizens by vote, is the head of the hospitals in Oradea’s Municipal Medical network. In case of the citizens of the city are dissatisfied with the organization and functioning of the hospitals in Oradea, they can politically sanction the “head of hospitals by direct vote.

Decentralization, as an "administrative" option, can be referred to as Delegation or Deconcentration.

Deconcentration, as the "administrative" form of decentralization, represents a dispersion of its responsibilities, from the level of national institutions to the level of local specialized institutions. In Romania, a deconcentration of the medical services, would have supposed a transfer of the attributions from the level of the Ministry of Health to the level of the County Public Health Departments. Delegation as a form of decentralization represents the transfer of powers from the level of governmental institutions to the level of local

institutions, or of semi-autonomous institutions, which can make public services more efficient.

Decentralization, as a "fiscal" option, represents the assumption of the transfer of financial resources absolutely necessary for the exercise of the powers transferred from national to local level.

In this regard, although in Oradea were subordinated to the City Hall of Oradea, all hospitals, which are currently being reorganized into two major state public hospitals, the predominant funding is from the National House of Public Health. Hospitals financing has not been decentralized, but on the contrary, resident doctors from Oradea's hospitals remain funded by the Ministry of Health. The resident doctors, with and by job, are established following a national exam and the positions are established at the level of the Ministry of Health. The positions of resident physicians should be submitted according to the demands of each local community.

Hospital decentralization in Oradea, represented a complex process, which involved three important factors:

- Negotiation between the parties (the Romanian Government and the City Hall of Oradea);
- Knowledge transfer;
- The ability to adapt of the City Hall of Oradea, as well as the determination with which it will exercise its attribution.

At the level of Oradea's Municipality, a political and administrative decentralization took place, thus the Romanian Ministry of Health has ceded part of its own attributions to the Oradea City Hall. The political attributions were transferred to the Local Council Oradea. Local councilors are emanations of political parties, so any use of the local council is political in nature.

However, the Local Council is an administrative institution so all the decisions have administrative character. As regards to fiscal decentralization, it has not been implemented in Romania. The taxation in the health field remains centralized.

Conclusion:

The positive results of the decentralization of the hospitals from the pilot phase in Romania, the phase in which the hospitals from Oradea were included, led to the transfer of authority and responsibility from national to local level. The analysis carried out in the pilot phase allowed to identify the health needs of the population of Oradea and to adapt the hospital services.

The decentralization process brought the local administration closer to the people and adapted the provision and quality of hospital medical services to the needs and needs of the community.

The decentralization also increased the capacity of the citizen of Oradea to support / sanction a performing / non-performing local administration.

References:

1. Smith B.C., Decentralization, The Territorial Dimension of the State, George Allen & Unwin, London, 1985
2. Bennett R, Decentralisation, Local Government And Markets, Clarendon Press,Oxford, 1990.
3. Strategia națională de raționalizare a spitalelor, Ministerul Sanații, Bucuresti, 2010
4. MS, Raport – Reforma spitalelor publice, 2012
5. H.G. nr.303/23.03.2011 Strategia nationala de rationalizare a spitalelor
6. Collins (1996)
7. Regmi Krishna (editor), Decentralizing Health Services-A Global Perspectives, Springer, 2014