

Aspects of digitisation of healthcare activities in Romania

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ABSTRACT

In the current Romanian Government's programme there are projects for the digitisation of some economic, financial and administrative activities and their integration at national level, in order to assist legal and natural persons in their relations with the authorities in this field as listed and detailed in the NATIONAL RECOVERY AND RESILIENCE PLAN (Resizing, standardisation and optimisation of the Health Insurance Information Platform (PIAS) , Digitisation of health institutions under the Ministry of Health, Investment in information systems and digital infrastructure of public health units, Telemedicine and mobile patient monitoring systems)

There are projects being developed at governmental and parliamentary level, under discussion, funded by the EU through the NATIONAL RECOVERY AND RESILIENCE PLAN (PNRR) programme, so as to achieve integration both at national level and within the EU for some areas. The government has prioritised digitisation programmes of interest to the national budget, but also to local budgets, with the aim of increasing the level of investment funds, through drastic measures to reduce expenditure at budget and local level, in particular by reorganising overburdened organisation charts and outsourcing. Of course, it is also envisaged to speed up bureaucratic relations between individuals and legal entities in their interest and to eliminate "queues" at various counters. The situation and the objectives of digitisation in the case of healthcare institutions in relation to the individuals concerned and the specific authorities are different. Digitisation can also be an effective tool for companies and non-governmental organisations to control and monitor production and service activities.

The Romanian medical system consists of various types of hospital units, polyclinics, treatment centers, state or private medical offices under the Ministry of Health or local authorities. It is obvious that there must be a two-way relationship between all these, so that the citizen, as the sole beneficiary, is as satisfied as possible.

The National Institute of Statistics (NIS) has registered and categorised all types of state or private institutions and organisations, which are obliged, according to the legislation in force, to report periodically various data necessary for carrying out complex activities in the health system, in the interest of the ministries and institutions concerned. The NSI develops and interprets the data received to help decision-makers make decisions, especially in the event of force majeure (pandemics, war, or other possible crises).

The great diversity of medical establishments that have emerged since 1989, whether state or private, has led the Ministry of Health to become objectively involved in their activities by drafting laws and regulations, regularly monitoring their activities and regularly updating them in line with economic and social developments and the requirements laid down by the EU.

The experience of the Covid-19 pandemic highlighted the major shortcomings of the Romanian medical system, so that regulations and procedures had to be drawn up, with some adverse consequences for the economy and the population of the country (closure of schools, import of various health materials, restructuring of medical staff, emergency interventions, technical unemployment, home work, etc.) and more detailed regulations should be drawn up for cases of force majeure, taking into account the current situation at the northern and eastern border of Romania.

KEYWORDS: *digitisation of the Romanian medical system, legislation, investment, specialist education, collaboration, control.*

Introduction

The National Recovery and Resilience Plan (NRRP) details the actions that the relevant authorities in the field should consider to achieve the digitisation of direct and indirect healthcare activities at local and national level. Thus are presented measures and objectives in separate chapters, regarding „¹*Resizing, Standardization, Digitization of institutions, investments amounting to about 400 million euros to be completed by 2026, including everything that involves Telemedicine*”.

The ultimate goal is to achieve efficient and competent services for the population, but also to develop government management tools in the field of health and social insurance at the level of European standards.

The NRRP also includes an analysis of the current state of the field, from which the directions of action of government management, the collaboration between various institutions for the implementation of European standards, the priorities and steps to achieve the final goal and through the use of funds made available.

Particular attention is paid to the training and specialisation of staff, in line with the upgrading of IT platforms. According to UNICEF studies, it has been concluded that potential patients prefer to have face-to-face contact with medical staff rather than via telemedicine.

Content

The modern medical system is based on the family doctor, for a first contact to establish the diagnosis, but also for emergency care in emergency medical units. Hence, the need for anamnesis data both in the family doctor's records to which any emergency unit has unrestricted but confidential access.

Confidentiality also extends to the pharmaceutical system when operating and dispensing prescribed medication.

¹ Ministry of European Investments and Projects, *National recovery and resilience plan (PNRR)*, available online at <https://mfe.gov.ro/pnrr/> (accessed on 14.11.2022).

I appreciate that, for the implementation of the NRRP programme, both a lead coordinator and a specialised control body must be in place institutionally and on time. At the same time, there needs to be pre-established reporting on the achievement of objectives, so as not to lose the funds from the resilience programme and those allocated from the national budget.

Existing analyses show that Romania has a major shortage of regional medical units, senior medical staff and specialist doctors, especially in the rural sector and small towns, for which measures must be adopted at government and parliamentary level to stem the migration of medical staff to developed countries.

In view of the obvious drop in the birth rate, the role of the Ministry of Family and Equal Opportunities must be increased, in parallel with providing living conditions for young people and educating young people.

The two years of the Covid-19 pandemic have shown that the measures adopted, at EU and national level, were taken in haste, with negative economic consequences and without a beneficial, effective effect in the health field.

It has not yet been possible to establish effective methods to prevent and combat other possible pandemics, at national or international level, even if restrictions such as "green certificates" have been developed.

The goal of achieving digitisation of the health system as outlined in the National Recovery and Resilience Plan should determine for the well-being of citizens² :

- providing a user-friendly and accessible environment for users, including those with disabilities;
- improving the interconnection and interoperability of these systems;
- access to new functionalities (e.g. digitisation of documents related to the medical act);
- optimising data flows, electronic monitoring of general and specific objectives, activities and performance indicators assumed at the level of the CNAS/CASAS/health service providers.

In the process of digitisation of healthcare activities, the principles developed in the „ Theory of promoting interests" must also be taken into account, i.e. the service must be seen through the prism of the citizen as its main beneficiary, with quality being assessed according to the degree of satisfaction expressed by citizens. "The degree of civilisation and well-being of a community depends on the diversity and quality of services. Local public authorities are faced with new responsibilities which they are obliged to meet, and central and local government must respond to the demands of their citizens in order to ensure their social well-being.³

To indicate the balance of power in favour of the population, the governors identified five key factors that provide structural support for promoting the interests of health care beneficiaries. The principles that form part of the theory of promoting the interests of beneficiaries are: access, choice, information, adaptation and representation. ⁴.

² Ministry of European Investments and Projects, *National recovery and resilience plan (PNRR)*, available online at <https://mfe.gov.ro/pnrr/> (accessed on 14.11.2022).

³ Dincă, D., 2018, *Public Services*, Bucharest: Economica Publishing.

⁴ Matei, L., 2006, *Public Management*, Bucharest: Economica Publishing, p. 310-318 and Matei, L., 2001, *Public Management*, Bucharest: Economica Publishing, p. 304-314.



And in the process of digitization of medical activities, the principles developed in „Theory of promoting interests”, respectively, must also be taken into account:

- *the image of the public authority* in terms of performance, fairness, friendliness, speed of response, flexibility, adaptability in solving specific problems, openness to change and appreciation of citizens: performance, fairness, friendliness, speed of response, flexibility and adaptability in solving specific problems, openness to change, appreciation of citizens;
- *the degree of involvement of the authorities in involving citizens* in making the necessary proposals for decision-making;
- *the degree of accessibility to available services.*

Consequently, not only the interests and objectives of political partners, but also regional, zonal interests that have a specificity, different from other areas, due to differences in historical, economic and cultural development „yet administrators and researchers tend to treat responsiveness as, at best, a necessary evil that seems to compromise professional effectiveness and, at worst, an indication of political expediency, if not corruption”⁵

The political factor can have positive or negative effects, so that "*The pragmatic perspective for resolving the many complaints expressed by citizens highlights the need to rebuild trust in the key democratic institutions existing at national and European level. Responding to this turbulence involves formulating a new vision of the role and importance of officials in the governmental process, which implies new paradigms of thinking and behaviour. This new vision consists in taking strategic approaches focused on increasing efforts to move away from traditional corruption-generating hierarchies towards innovative structures in a strategic response space, where citizens play an active role.*"⁶

At the same time, *in this new context the quality approach in the public sector is not only a technical issue of measurement and implementation. It is also a political issue where changes in quality are linked to the functioning of government and ultimately society*".⁷

Thus, quality implies a profound and even total change in the mind and behaviour of people and in the nature of a given organisation".⁸

Services involve central and local bodies that must serve the beneficiaries (citizens), establishing collaboration and cooperation to achieve objectives.

Conclusions

The provisions of the National Recovery and Resilience Plan are addressed to the political management of Romania (Institutions, Ministries, Government, Parliament) as short and medium term objectives, but with continuity in budgetary insertions, for the strategic assurance of the well-

⁵ Popescu, L.-G., 2014, „Public Governance And Strategic Responsiveness”, *Journal of Public Administration, Finance and Law*, Iași, p. 145.

⁶ Popescu, L.-G., 2014, „Public Governance And Strategic Responsiveness”, *Journal of Public Administration, Finance and Law*, Iași, p. 145.

⁷ Popescu, L.-G., 2020, *Quality Management, in the Public Sector - Course Support*, Faculty of Public Administration, SNSPA., p.74

⁸ Moldoveanu, G., Dobrin, C., *Quality Management, in the Public Sector - Course Support*. p. 9.

being and health of the population, regardless of which parties or qualifications would take over the country, by:

Building and equipping with modern equipment and specialists, using PNRR and budgetary funds;

1. Rehabilitation and development of existing medical units and their appropriate equipment;

2. Increasing the number of places in medical universities and schools for health professionals;

3. Organise regular training courses for health professionals on the proper use of medical equipment;

4. Establishment of a department with specialists for the implementation and control of digitisation within the Ministry of Health, in accordance with EU regulations;

5. Organise regular population surveys to quantify performance;

6. Establishment of a legislative framework in this area, including sanctions.

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