

Public Healthcare Services - Component of Tertiary Economy

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Abstract

The field of public health care is a major social objective in all countries of the world. The public health care assistance reflects an effort organised to protect and promote the health of population, being achievable through political-legislative measures, programs and strategies addressed to the forums in the field of public health, as well as by establishing an organisational framework that would favour the provision of medical services requested by the population.

The implementation of the objectives of health policy and strategy is done by the Ministry of Public Health as central authority in the field of public health, and local actions of public health are developed and implemented by the county authorities of public health. Public health authorities in the ascribed territory operate under the subordination of the public health authorities. Also, the county public health authorities coordinate locally the implementation of the activities arising from obligations assumed under the Treaty of Accession of Romania to the European Union and the plans for implementing the Community instruments relating to health.

Keywords: public healthcare institutions, public sanitary organisation, management of public healthcare institutions

JEL classification: I12, I19

1 ACTIVITY OF PUBLIC HEALTHCARE INSTITUTIONS - SPECIFIC AND PARTICULAR TERTIARY ACTIVITY

The *public health organisation* is in fact the hospital, meaning the health unit with beds, of public utility, with legal personality, established to provide medical services.

Hospitals are organised and operate territorially, in regional hospitals, county hospitals and local hospitals (meaning municipal, city or township hospitals). The county hospital is established in the county seat, with a complex structure of medical-surgical specialties, with emergency room that provides medical-surgical emergencies and specialised medical assistance including for serious cases in the county that cannot be solved in local hospitals. The local hospital is a public health organisation that provides specialised medical assistance in the territory where it operates (respectively city, town, township).

The organisational structure of a hospital may include: wards, laboratories, diagnosis and treatment services, departments, services or technical, economical and administrative offices, emergency facilities and other structures approved by the order of the minister of public health.

The management of the public health organisation, meaning that of the public hospital, is ensured by a manager who must meet the following condition, in terms of professional training: to have graduated an institution of higher education and training courses in management or health care management approved by the Ministry of Health, established by order of the Minister of Public Health. The manager concludes a management contract with the Ministry of Public Health for a period of maximum 3 years. Upon the termination of the mandate (on term or as a result of annual assessment), the management contract may be extended for a period of 3 months, two times at the most, a period when a contest to occupy the vacant job is organised. The management contract provides the activity performance indicators, and the level of these indicators is established annually by the Ministry of Health.

A managing committee is organised and operates within the public health organisation (public hospital), which consists of the hospital manager, medical manager, manager for the research and development for clinical hospitals, the financial-accounting manager and, if appropriate, the manager for care, as well as other managers, according to internal rules of organisation of hospitals. The members of the managing committee who have occupied the vacant position by contest conclude a management contract with the public hospital manager for a

period of maximum 3 years, wherein the specific performance indicators are provided, as well as the legal rules governing the rights and obligations of parties. The management contract can be terminated before the deadline in case of failing to meet the obligations set out in its contents.

In public health organisations, the positions of head of the department, head of the laboratory, pharmacy chief, chief medical nurse are management positions and can be occupied only by doctors, pharmacists, biologists, chemists, biochemists or nurses with at least 5 years of service in that specialty. A three year’s management contract is also concluded in this case, wherein the specific performance indicators are specified.

In terms of funding, public health organisations are fully funded from own incomes and operate based on the principle of financial autonomy. The main source of incomes in the budget of revenues and expenditures is the contract for the supply of medical services concluded with the health social insurance fund and is negotiated by the manager with management of the health insurance fund according to the indicators established in the framework contract for the supply of medical services.

Public hospitals receive additional amounts from the state budget or local budgets, which can be used only for the following purposes: to perform the activities included in the national health programs; to provide medical equipment according to the law; investments related to building new hospitals or to completing those under execution; to expertise, transform and reinforce the buildings seriously affected by earthquakes; to modernise and extend the existing buildings and carry out overhauls; specific didactical and research activities.

The number of public health organisations existing in Romania in the past 7 years has recorded insignificant oscillations, as shown in Table no. 1.

Table 1. Dynamics of public health organisations

| Year | Number of hospitals with mainly state capital | Number of hospitals with private capital |
|-------------|--|---|
| 2009 | 424 | 7 |
| 2010 | 418 | 9 |
| 2011 | 424 | 12 |
| 2012 | 420 | 18 |
| 2013 | 427 | 23 |
| 2014 | 430 | 31 |
| 2015 | 430 | 34 |

Between 2009-2015, only 6 hospitals were built in Romania with funds allocated from the state budget, while the number of hospitals built with funds from the private sector was of 27, meaning more than 4 times higher, a situation that enables the formulation of the following conclusions: The Romanian state does not have sufficient funds in its own budget to be allocated in order to increase the number of public hospitals, while the private sector proves a growing increase of the investments for building hospitals, a sign of efficiency and hence of growth in the population's needs.

In the activity of public hospitals, there is also a number of deficiencies specific thereof. The efficient or "healthy" operation of hospitals depends on: the formal structures governing the relations, authority, activities and responsibilities; the team of employees (the medical personnel) interacting in the process of providing medical services; the professional cooperation in achieving the explicitly formulated common goals. In the dynamics of a system, such as the public health organisation, there may appear a period of crisis characterised by the increased accumulation of difficulties, conflict outbreak of tensions, which makes its normal operation difficult, triggering some strong pressures for change.

In Romania, one may observe a number of difficulties public health organisations face, which can be grouped according to the following criteria: *organisationally* (a division of the structures, poor standardisation of the processes specific to the field, the existence of excessive levels of freedom in some departments or laboratories, increase in the degree of complexity of the medical action); *economically* (waste of resources, lack of concern for efficiency, lack of rationality in some managerial decisions of economic feature); *strategically* (there is a lack of medium and long term vision, the changes on the market of health services at European level); *in terms of human resources* (losses among the qualified and over-qualified personnel, insufficient exploitation of professionals, justified complaints expressed by the majority of employees); *in terms of management* (there is a lack of authentic managerial reform by which some competent management would be provided and not determined politically, there is a lack of managerial instruments that would determine actual changes in the performances of the medical personnel); *socially* (the inability to cover the disadvantaged population with services, the lack of a procedural system that would enable penalising the poor performances in terms of caring the inpatients).

For example, the efficiency of hospitals may be favoured or affected also by factors outside the organisation: government policies regarding the general health

strategies, regulations regarding the responsibility and management, competition for new medical technologies, the recognised autonomy degree of the hospital.

The context wherein the management of workplace conflicts is the very environment where the actual activity is performed by the medical personnel: the hospital, ambulatory care (outpatient clinic), the school medical office. In this context, the phrase “organisation” means a social entity consisting of a team of individuals employed under an individual labour contract, designed to achieve a set objective.

According to some opinions in the case of public organisations, the basic components are as follows: the purpose of establishment and *raison d'être*; people, meaning the active staff; the degree of restructure and organisation; the technology appropriate for the field; the work environment with external determinations (market, ministry, government, etc.); own value system (quality, priorities, management style, etc.).

The main strategic resource of a public health institution is the people, and the key for preventing the workplace conflicts is the management of people. There is usually a nominally appointed leader (e.g., the manager, the general manager, etc.) but it may happen that that individual is not one and the same as the actual leader in the practical reality.

That is why we understand by managing people to be a dynamic process by which an individual manages to determine through influence the other members of the group (team, formation, organisation) to willingly engage in achieving the tasks or group goals in a determined organisational context. People management is done in the case of a particular set of circumstances that form the organisational context. Recent researches have highlighted the importance of circumstantially addressing the management in the sense of preventing workplace conflicts, as based on this circumstantial variant an optimal productive balance is ensured between people's needs, task requirements, type of the organisational climate and pressures exercised by the context particularly created within the organisation. Therefore, the circumstantial approach involves the manager's capacity to adapt their behaviour to the actual situation, to the given context.

The first theorist to adopt a circumstantial approach was Fiedler (1967), arguing that the performance of the work group depends on the manager adopting a flexible style, corresponding to the character of the given situation, a context defined by three variable keys: the relations between the manager and the members of the group; the degree of structuring and clarifying the tasks; the power and authority of the leader to decide in the created context.

The conflict state becomes inevitable in the organisational context where: the leader is not approved of by the team they manage; the task is poorly structured and bears stimulating deficiencies; the leader lacks authority in the matter of the actual nature of the conflict.

The context or the circumstance is of particular importance when people's demands are impossible to solve.

In this sense, the following conclusion has been formulated: "No managing style or process, no motivation principle can work in an impossible situation." For example, we would add that the Romanian labour legislation forbids triggering a collective workplace conflict if the claim in question aims at changing or adopting a legal rule that is profitable for potential strikers.

Medicine is one of the most complex activities of any society and is also an activity of strict necessity where interventions imply promptness and necessarily competence.

Health professionals have a dual responsibility: a strictly medical one in the relation with the beneficiaries of the services and a managerial one in the relation with the health organisation as a whole.

In recent decades, the Romanian health system has undergone extensive changing processes as a result of political, economic and social transformations. Thus, legislative amendments have been designed, new structures emerged in the public and private system, family medicine have appeared and opportunities to work abroad have been identified, the introduction of a new financing system for hospitals has been operated and the accession of Romania to the EU already leads to unprecedented changes.

The medical personnel gained new perceptions and attitudes in relation to the system where they work, and the changes in the health system have entrained new mechanisms to balance the relation between family life and professional life, between the effort made and benefit or quality of life. The employer's devotion, the performance levels at work must be directly related to the quality of life at work.

Patients can no longer be interpreted as subjects, but as beneficiaries of medical and health care services that must be competitive under the conditions of competition.

In this context, identifying the concerns for management, seeking ways to efficiently improve the medical facilities, enhance the quality of the services must become a constant of the responsible individuals in the Romanian health care system. We must admit that under the impact of a management "transfer", concerns have been triggered for the health care system management, for the management of health

care organisations and particularly for the management of health care human resources.

It has been realised that a true health care reform cannot be achieved without implications for the economic, organisational and human resources management and especially that the objectives of the system can only be achieved in agreement with the managerial practices required by international standards.

One such approach requires the demarcation between the management of the health care system and the management of health care structures: the management of the health care system is concerned with designing and smoothly performing the distribution of responsibilities, of coordination mechanisms, the distribution of decision-making power, the management of resources between the deciding institutions in the healthcare system. In contrast, the management of health care structures is concerned with the activities and operations of management of the medical practice and administration of medical staff in each health care unit.

Correlating the two types of management implies on the one hand the assessment the system capacity, anticipating the effects of the policy or decisions and, on the other hand, the assessment of the conditions of structures (resources, casuistry, employees, etc.).

At the same time, the managers in the health care system must differentiate between the administration activity - which mainly refers to the mechanisms for the management of economic / material resources - and the management activity, which focuses mainly on everyday work in hospitals and on issues related to the human factor. More specifically, the management in healthcare organisations includes all the actions of planning, organisation, staffing, coordination, control and evaluation in order to design and adopt the best decisions regarding the health care services and employees. In terms of preventing the workplace conflicts, the management in the healthcare organisations includes strategies and practices to optimise the climate in the workplace, reduce occupational stress, develop skills for work and forming relationships, time management, organisational communication and especially motivating the staff in the context of quality of life at work.

Undoubtedly, the activity of all medical services is influenced by the factors of political and socio-economic context, but the use of internal managerial factors cannot be ignored. The social and economic transition apparently shall not arrive too soon at the endpoint, the reforms shall continue, so that the managers in the healthcare organisations would only have to prove a real competence in finding the solutions and internal mechanisms in order to overcome the problems that can lead to the personnel's decision to trigger workplace conflicts.

To have some healthcare personnel that would work intensively and benefit from professional satisfactions, we propose the following variant through the conclusions of this paper: management development in healthcare organisations.

The activity of public health is closely related to the activity of the National Health Insurance Fund, which is complex and primarily refers to the medical and economic aspects characterising the health social insurance system and which imply the administration of the funds collected as well as funding the health services needed by policyholders.

The National Health Insurance Fund is a public, autonomous institution of national interest, having legal personality and operates based on its own Statute, administering and managing the system of health social insurances, in order to implement the Government's policies and programs in the healthcare system. The National Health Insurance Fund has under its subordination the county health insurance funds, the Health Insurance Fund of Bucharest, the Health Insurance Fund of the Ministry of Transport, Construction and Tourism, the Health Insurance Fund of Defence, Public Order, National Security and Judicial Authority.

The relations between the medical service providers and the health insurance funds are carried out based on the framework contract that provides the quantitative and qualitative criteria for performing medical activities, depending on which the payment thereof for the services provided is made.

The National Health Insurance Fund has the role of observing the legal framework and its implementation in a unitary manner throughout the country. However, based on the principle of decentralisation, the health insurance funds enjoy autonomy in solving and controlling the specific issues found locally.

The National Health Insurance Fund and the Ministry of Health, Ministry of Public Finance and other public authorities, through activities combined with the healthcare providers, professional associations of practitioners in the medical field and non-governmental organisations act and relate within the health social insurance system in order to achieve a modern and efficient health insurance system, compatible with the health insurance systems in the European Union, at the service of the policyholder.

According to Law no. 95/2006 regarding the reform in the healthcare field, with the amendments and subsequent additions, the main object of activity of the National Health Insurance Fund is to provide the unitary and coordinated operation of the Romanian health social insurance system.

The Health Insurance Fund provides: the unitary and coordinated operation of the Romanian health social insurance system; the management of the unique

national social health insurances Trust; the use of appropriate means of media to represent, inform and support the interests of the policyholders it represents; the coverage of the population's needs for healthcare services, within the limits of the available funds. The National Health Insurance Fund operates in accordance with the standards established by the European Union.

The current crisis has highlighted even more the need to improve the cost-effectiveness ratio of the healthcare systems. Romania, as well as all Member States of the European Union must find an appropriate balance between providing the universal access to high quality healthcare services, while meeting the budgetary constraints. In this context, supporting the efforts of the Member States to improve the sustainability of their healthcare systems is crucial to ensure their ability to provide high quality healthcare assistance to all their citizens now and in the future.

The European Commission was emphasising that "promoting good health is an integral part of the smart and inclusive growth objectives of Europe Strategy 2020. Keeping people healthy and active for longer has a positive impact on productivity and competitiveness. Innovation in healthcare helps to successfully take up the challenge of sustainability in the sector in the context of demographic change", and the action to reduce inequalities in health is important to achieve "inclusive growth".

The main objectives set out in "Europe 2020 - A European strategy for smart, sustainable and inclusive growth", all rely on increasing the innovation in healthcare as reflected in the emblematic initiatives such as Innovation Union and Digital Agenda. However, innovation does not only refer to technology and new products. It also refers to innovation in how the healthcare is organised and structured, how the resources are used and systems are funded.

In this context, the Romanian Government has set its overall goal in healthcare, through the Government Programme, which has been translated into a number of specific targets on: promoting the health policies based on evidence and implicitly repositioning the weight of the healthcare system components (public health services, community health services, preventive services, ambulatory healthcare); diversifying the skills, duties and responsibilities of family physicians, aiming to increase the role of primary healthcare in continuously improving the performance of the healthcare system; implementing and monitoring of instruments that would ensure the quality of the healthcare services/ safety of patients; redefining the information system to exclude the redundancies and ensure the data validation and quality; ensuring an advanced information system horizontally and vertically that would integrate all the components of the healthcare system; developing an Integrated Public Health Information System (SISSP - *Sistem Informatic Integrat în*

Sistemul de Sănătate Publică) as support for the information system that would enable the interoperability of the existing and future software applications based on an integrating architecture, which would enable the efficient use of information in elaborating the health policies and system management; reviewing the funding system and implementing a rigorous control of public expenditure; financing public policies in the healthcare field by a better management of European funds; developing health policies in partnership with the patient organisations/ population, professional organisations.

Taking into account the general objective and the specific objectives set by the Government of Romania in health, the National Health Insurance Fund has established its main directions of action, namely: the improvement of the health social insurance system management; the increase in the efficiency to create and use the National Unique Social Insurance Trust Fund (F.N.U.A.S.S.); the improvement of policyholders' access to medical services and medicines; the increase in the level of coverage with services and improvement of the quality of the medical action; the optimisation of the functionalities of the Integrated Unique Information System (S.I.U.I.); informing the policyholders; the harmonisation of national legislation in the field of health social insurances with the EU directives, in order to increase the compatibility with the health insurance systems of the other member states of the European Union; the development of non-refundable external financing projects; the development of the internal/ managerial control system at the level of the health insurance system.

Thus, the management of the National Health Insurance Fund and specialised staff in the departments perform specific activities established for their competence by laws, regulations of normative feature and internal rules to achieve set objectives, in accordance with the guidelines of action specified by the Government of Romania.

In this regard, special attention shall be given to improving the management of the social health insurance system, taking into account the provisions in the Order of the Minister of Health and of the President of the National Health Insurance Fund, no. 681/249 of 29th June 2012, for amending the Order of the Minister of Health and President of the National Health Insurance Fund, no. 868/542/2011 and the Instructions on using and manner of filling-out the referrals for paraclinical investigations used in the social health insurance system and of the Order of the Minister of Health and President of the National Health Insurance Fund, no. 673/250 of 29th June 2012, for amending the Order of the Minister of Health and President of the National Health Insurance Fund, no. 867/541/2011 for approving

the unique model of the referral for clinical health services/ admission sheet used in the health social insurance system.

Other regulations also add thereto, such as: The Order of the President of the National Health Insurance Fund, no. 24 of 30th January 2012 for the approval of justifying documents on reporting the activity carried out by healthcare service providers – unique forms by country, without special regime; Order of the Minister of Health and of the President of the National Health Insurance Fund, no. 622/214 of 14th June 2012 on amending and completing the Order of the Minister of Health and President of the National Health Insurance Fund, no. 1723/950 of 2011 for approving the methodological Norms for 2012 to apply the frame-contract regarding the conditions for assigning medical assistance within the health social insurance system for 2011-2012, approved of by the Government Decision no. 1389/2010; the Order of the Minister of Health and of the President of the National Health Insurance Fund, no. 763/307 of 31st July 2012 on amending and completing the Order of the Minister of Health and of the President of the National Health Insurance Fund, no. 1723/950 of 2011 for approving the methodological Norms for 2012 to apply the frame-contract regarding the conditions for assigning medical assistance within the health social insurance system, approved of by the Government Decision no. 1389/2010; the Order of the Minister of Health and of the President of the National Health Insurance Fund, no. 1156/746 of 9th November 2012 on amending and completing the Order of the Minister of Health and of the President of the National Health Insurance Fund, no. 1723/950 of 2011 for approving the methodological Norms to apply the frame-contract regarding the conditions for assigning medical assistance within the health social insurance system, approved of by the Government Decision no. 1389/2010; the Order of the Minister of Health and of the President of the National Health Insurance Fund, no. 1130/880 of 20th December 2012 on amending and completing the Order of the Minister of Health and of the President of the National Health Insurance Fund, no. 1723/950 of 2011 for approving the methodological Norms for 2012 to apply the frame-contract regarding the conditions for assigning medical assistance within the health social insurance system, approved of by the Government Decision no. 1389/2010.

Improving the activity of the National Health Insurance Fund shall increase the efficiency in creating and using the unique national health social insurance trust fund.

In this respect, the specialised structures of the National Health Insurance Fund have developed rules and regulations on the healthcare fields, such as: the order of the president of the National Health Insurance Fund, no. 25 of 30th January 2012

regarding the approval of the rules for the validation of hospitalised cases in a continuous hospitalisation regime and the methodology to evaluate the invalidated cases which revalidation is requested for, by which two new validation rules from group B have been introduced – rules for which the data reported by hospitals can be subject to evaluation by the analysis commission; order of the President of the National Health Insurance Fund, no. 24 of 30th January 2012 for the approval of justifying documents on reporting the activity carried out by healthcare service providers – unique forms by country, without special regime; Order of the President of the National Health Insurance Fund, no. 340 of 25th July 2012 on amending and completing the Order of the President of the National Health Insurance Fund, no. 24/2012 for the approval of justifying documents on reporting the activity carried out by healthcare service providers – unique forms by country, without special regime; order no. 681/249 of 29th June 2012, for amending the Order of the Minister of Health and President of the National Health Insurance Fund, no. 868/542/2011 on the approval of the unique model of the referral for paraclinical investigations used in the social health insurance system and the Instructions on using and the manner of filling-out the referrals for paraclinical investigations used in the social health insurance system; the order no. 673/250 of 29th June 2012, for amending the Order of the Minister of Health and President of the National Health Insurance Fund, no. 867/541/2011 on the approval of the unique model of the referral for clinical medical services/ the admission sheet used in the social health insurance system and the Instructions on using and the manner of filling-out the referral for clinical medical services/ admission sheet used in the social health insurance system - the order no. 680/251 of 29th June 2012, for amending the Order of the Minister of Public Health and President of the National Health Insurance Fund, no. 832/302/2008 on the approval of the medical prescription forms of special regime for medicines with and without personal contribution and the Methodological norms on using and the manner of filling-out the medical prescription sheets of special regime for medicines with or without personal contribution.

Also, the methodological rules of implementation of the framework-contract in 2012 regarding the conditions for assigning medical assistance within the health social insurance system for 2011-2012, approved of by the Order of the Minister of Health and President of the National Health Insurance Fund, no. 1723/950/2011 took into account the obligation of using the electronic prescription by the suppliers of medical services and medicines having contractual relations with the health insurance funds.

By these normative rules, it was aimed at improving the mechanisms for forming and using the Fund in the fields of (primary, specialised ambulatory for dental medicine and paraclinical, hospital specialties) healthcare, as well providing the medicines with and without personal contribution in ambulatory treatment.

2 NEED FOR PUBLIC HEALTHCARE ACTIVITY IMPROVEMENT

The development of management in public health organisations is imperative with triple determination: the objectives prepared internationally by the World Health Organisation; the rules of accession to the European Union; the justified needs and requests manifested in the national health system.

Achievement of a reform in the management of public health institutions requires:

- the compliance with the world requirements for developing the management in health structures. At the first major conference of the World Health Organisation (WHO, Alma-Ata, 1978) the need to consider building a strategy for changing the factors of managerial factors has been emphasised, starting from the recognition of deficiencies like: the medical personnel's exaggerated volume of daily work, insufficient coverage with qualified personnel and implicitly with specialised services, the insufficiency of stimulation elements and justified emergence of conflicts, etc.

In an effort to combat the obstacles that stand in the way of health and to optimise the managerial activity at global level, WHO states that the health management, grafted on national social contexts, should take into account certain requirements: the improvement of the distribution of services; a better correlation between the health sectors and the society; assessment of the population's health needs; the study of production and distribution of (human and financial) resources for health among a population; study of organisational structures in the health sector (hierarchical system, financing, interrelations); the study of how different sectors complete their role; the study of planning, administration, regulations, evaluation; the analysis of the economic support given to health; the determination of the results of health programs; community participation and involvement in relation to the qualities, habits and way of life of the community members, etc.

Therefore, the intensification of concerns for the management development in health systems in all countries was ordered, expressing the hope that in every state the managers shall prove the ability to give sense to ambiguous messages, shall know how to read and interpret the signals, shall cope with conflicts and strive for

achieving the tasks by consolidating networks of optimum interpersonal relations and connections;

- *the compliance with the European requirements regarding the priorities of the management in health organisations.* Three models of health systems (SIS) operate in Europe: Beveridge-type model of the national health service; the Bismarck-type model of the health social insurance system (SAS); the Samařko-type model of the state centralised system (SCS). It has been proven that every system has advantages and disadvantages, and the decision is to ensure the optimal balance.

The alignment to a set of common, European standards, the study and control of the effects of European integration on health in the member states are objectives of the World Health Organisation.

The objectives or priorities of the health systems in Europe have been defined for this forum: the maximisation of the quality of services to improve the health, increase of beneficiaries' satisfaction; the reorientation of health systems towards the measurable objectives regarding the quality of cares and workplace satisfaction; the collaboration between homes cares, community cares and hospital services; the prevention of easily preventable diseases and emphasis on preventive cares; the development of personnel policies in agreement with the national needs and European requirements; improved quality of employees' life in health organisations, to prevent workplace conflicts.

Some studies have revealed that European health systems also face various problems. Thus, it has been observed that in all European countries, there are dissatisfactions related to the methods of funding and providing medical services, specifically: there is not a full equity and equality of access to health services yet, no strict control of expenditures or of the quality of services or any consistent concern for stimulating the healthcare personnel as a form of personnel policy.

The main cause of most of the workplace conflicts, as well as of the decline of some health organisations is the poor management imprinted by insufficient knowledge in the field of human resource management;

- *management modernisation in domestic healthcare organisations.* In accordance with the new conditions for accession to the European Union, in our country reform guidelines have been established for the reform, among which: the introduction of mechanisms for the autonomous administration of hospitals, the development of independent medical practice; the development of the mechanism for accreditation and quality assurance; the development of personnel policies in line with the national needs and European requirements; the reassessment of the labour force in large hospitals; the judicious correlation of the number of doctors with the

number of beds; the dynamics of the activity of hospitals in terms of the turnover of patients and personnel's activity; the adaptation of the post-graduate education legislation and the implementation of a system that is identical to the European one, etc. Forms of training have been organised, with aim to inform on the European health policies and know the European institutions, their role in developing health policies that have an impact on the member countries.

The problem of continental medical competition is analysed, because the EU alignment shall probably enable the free professional movement of doctors, pharmacists, dentists, nurses and midwives.

Efforts are made to reposition the reference centres under competitive conditions. The competition already exists between the diagnosis and treatment centres, between various offices: Special focus is on co-working with the partners in the system to ensure the performance of the activity in best conditions, the intra-sectoral coordination being a criterion for the validity of the accession capacity.

Specialists in other areas of management placed in other areas of social life also have concerns for European integration. From the perspective of the human resource management, it is shown that the efforts our country makes to integrate in a competitive European society also means, among other things, the development of some managerial strategies of maximum efficiency.

Among these, changing the concept on the human resource management is a priority.

Both those called to implement a system of human resource management in an organisation and those representing the human resource department are targeted. To materialise these actions, multiple possibilities are forecasted: vocational training courses, employment of specialists in human resource management issues, contacting consulting companies. The human resource management has become nowadays an important link in the intelligent management of organisations. The main cause of most of the workplace conflicts, as well as of the decline of some organisations is the poor management imprinted by insufficient knowledge in the field of human resource management;

Social research has proven that the human factor is an important source for the growth of an organisation's profitability. The manner of conducting the activity in the organisation is directly influenced by the state of the social system, the flexibility and creativity of members, the ability to adapt to environmental changes. Besides such concerns, there appears the risk of bottlenecks. "Bottlenecks" are explained by the fact that a significant number of managers are little interested by the implementation of new management, by the design and redesign of the management

systems, by knowing the potential of the organisation's human resources, in order to efficiently use them"... "unfortunately, the particularities of this complex field and dynamic field are not taken into account... the technical solutions are often preferred over some organisational, managerial solutions, in general, even if their efficiency is reduced or missing".

The orientation to obtaining immediate effects often related to the technical, technological changes leaves gaps in terms of taking into account the organisation's perspective.

Therefore, here it is that the trend of management modernisation is general in our country, and the health system, just like other systems, have begun the performance of the development process.

After years of attempts to optimise the state of the health system, it has been acknowledged increasingly more that it is difficult to solve the problems in the healthcare system.

The way of managing all resources, not only financial, material, informational ones, but also the human ones has become the object of analysis and controversies. The endless discussions and controversies have characterised the medical life in our country, perhaps more than ever. It has been tried to search and find solutions by collaboration and partnership, decisions in which the practitioners were consulted, but more decisions in which they were not consulted have been issued. The mass-media has provided a permanent feedback regarding the system status and implicitly regarding the results of the reform processes, emphasising more or less objectively both the successes and the failures registered and forming a factor for adjusting the management of the health system. In the Romanian medical press, the weak points of the health system, as well as the steps taken to improve the situation and even more, to modernise the system and make it more efficient have been analysed permanently.

It has been spoken of "the catastrophic situation of Romanian medicine", by the "earthquakes" in our health system.

According to the opinions of certain experts, some moments of crisis were normal, natural, objective, others artificially created, either by not knowing the management of crises, or intentionally by interest groups. The idea of reform has constantly circulated in the mind and actions of the officials in the system. Some said that the reform is an absolute necessity, others seemed to be intrigued by this necessity, wondering: "What do we need a reform, if it brings so many worries?". Although there were disagreements about the perspectives of the reform, there have been however some great ways to implement the changes the reform strategies

implied and which everyone understood: the introduction of the insurance system, possibly of several health insurance systems; the control of financial resources, evaluation of the activity and funding of hospitals by following new methodologies; the computerization of the system; the reorganisation in some subsystems; the increase of quality; human resource management.

These guidelines have been operationalised in the main objectives of the reform strategy: the development of a unitary, coherent legal framework, by modifying some already existing texts, the development of new laws as basis for the achievement of the changes proposed in the whole system; the modification and diversification of mechanisms generating financial resources by formulating rules that would allow attracting additional funds, the improvement of decision transparency in the allocation of funds at inter-sectoral and intra-sectoral level, the stimulation of the private sector; the development of the managerial capacities of decision-makers in healthcare organisations (Grozea, 2010).

It has been openly accepted that the efficiency of the reform actions is based on pertinent analyses of all conditions, on the collaboration with all the partners in the system, on the analysis of the past experience and anticipation of the results.

Those responsible admit that the development and implementation of efficient reform programs must involve individuals with expertise in health management, who would perform adaptations of the activity, funding and structure depending on the *actual situation* of every medical unit. Creating a clear image on completing the reform interventions, taking into account the development favourable and restricting factors, maximal use of the human side in healthcare units are essential chapters of any health reform. This is the international, European and national context in which the manager in healthcare organisations must exercise their role of providing an optimal psychosocial climate where the personnel would be preoccupied with achieving the organisation's objectives and not troubled by the impulse to claims and workplace conflicts.

Special attention was given to the improvement of the policyholders' access to medical services and medicines.

Developing the methodological rules of implementation of the framework-contract in 2012 regarding the conditions for assigning medical assistance within the health social insurance system for 2011-2012, approved of by the Order of the Minister of Health and President of the National Health Insurance Fund, no. 1723/950/2011, has allowed: the introduction of regulations on reporting and settlement of emergency consultations for the beneficiaries of minimal package recorded on the list of another family physician, who has a contractual relation with a

health insurance fund (Dumitru, Budică & Motoi, 2016). Thus, a single consultation per individual is reported for each emergency observed which first aid was provided for or which was solved in the medical office. This is included in the payment per service; the increase in the number of consultations/ policyholder for the same episode of acute/ subacute disease from 3 to 4 consultations and for the cases where during the episode of acute disease other acute/ subacute diseases also occur. The number of consultations has been increased to a maximum of 6; the introduction of regulations on establishing a maximum number of consultations/ day (during the office hours) of not more than 40 consultations/ day and the calculation of the average of 20 consultations/ day (calculated during a quarter). Previously, it used to be calculated per month; the foetal ultrasound also performed by doctors specialised in obstetric gynaecology with skills/ super-specialisations/ certificates of corresponding complementary studies of ultrasound, besides those of medical genetics: determining the duration of the work schedule of paraclinical medical service providers - laboratories for medical tests requested to be contracted by the health insurance fund, which may not be less than 8 hours per day; determining the duration of the work schedule of the paraclinical medical service providers of medical radiology-imaging, requested to be contracted with the health insurance fund, which may not be less than 6 hours per day for each medical radiology-imaging laboratory/ workstation in the structure; it has been determined that for the package of basic health services for dental medicine, the amount settled by the CAS for the beneficiaries of special laws that can be settled is of 60% or 100% of the rates for dental services - in conjunction with the specific regulations.

3 CONCLUSIONS

The improvement of the public health activity aims to increase the level of coverage with health services and to improve the quality of the medical action.

The documentations on the approval of the lists of paraclinical medical services in the package of basic medical services have been drafted, which there are no providers for within the territorial administrative range of a county, respectively in Bucharest, in order to conclude the contracts with providers in other counties, respectively in Bucharest. Documentations have also been drafted for the paraclinical medical services in the package of basic medical services.

In developing the methodological rules of implementation of the framework-contract regarding the conditions for assigning medical assistance within the health social insurance system, approved of by the Order of the Minister of Health and President of the National Health Insurance Fund, no. 1723/950/2011, the following

aspects have been taken into account: the number of consultations/ policyholder for the same episode of acute/ subacute disease has been increased from 3 to 4 consultations, and for the situations where during the episode of acute disease there also occur other acute/subacute diseases, the number of consultations has been increased to a maximum of 6 consultations; within the activities of support, there has also been introduced the issuance of medical documents for children, requested when coming into collectiveness; regulations have been introduced on establishing a maximum number of consultations/ day (during office hours) of maximum 40 consultations/ day and the calculation of the average of 20 consultations/ day (calculated during a quarter – previously, it used to be calculated per month); for the situations of replacing a doctor having their own list with another doctor having their own list, it has been specified what it means to appropriately extend the schedule of the replacing doctor (at least ½ of the replaced doctor's working schedule).

It has also been drafted the Order of the health minister and President of the Romanian Health Insurance Fund, no. 622/214 of 14th June 2012 on amending and completing the Order of the Minister of Health and President of the National Health Insurance Fund, no. 1723/950 of 2011 for approving the methodological Norms to apply the frame-contract regarding the conditions for assigning medical assistance within the health social insurance system, approved of by the Government Decision no. 1389/2010.

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