PREDICTION OVER THE EVOLUTION OF THE HEALTH SYSTEM

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The predictive analysis included in the present work begins with identifying the main areas of interest for the future situation of the public health system in Romania, or in any other European state for that matter; these areas of interest relate to the most arduously debated issues, either on a national level or in the proficient institutions of the European Union. However, as previously argued, we consider such an approach to be insufficient for an appropriate description of the potentialities existing at the level of the health systems; accordingly, we consider more relevant the approach of the prediction of future changes by using four variables that have to do, on the one hand, with all the problems of the national systems of public health, and on the other hand, with offering useful information to all states, irrespective of issues such as differences in giving funds, and/or inconsistencies related to the most prominent subjects.

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The European Public Health System is divided between different programs and public policies, the alternating degree of importance given to certain issues, the inconsistent funding of the same areas of interest – in accordance with national priorities. The health system depends upon the other areas of a state's institutional system; it is influenced at the same time by tradition, national culture, economic development, by the characteristics of the political system, but also by the typologies of the individuals that constitute the state's vast majority.

If we take the differences between the EU countries – differences first of all regarding political approaches and their applicable institutional frames – to be a-priori, the European health systems are facing similar problems, generated by the current changes at the population level – such as issues related to the aging of population – by patterns that have governed the idea of family during the last decades, by technological development and the opportunities it created, not to mention the problems related to financing the health system.

The health system covers not only people who offer health services, but also the financers – either public, or private. Moreover, it comprises the segment of patients that benefit, to a certain extent, from the measures taken within the health system. This assertion leads us towards one of the main ideas of the analyses conducted upon health policies and the public health system: the current prominence of economic and administrative areas implies the transition of health systems to a more complex approach than before. Using concepts such as public health administrative system becomes a need, because they insure the emphasis both on inferences regarding the health area and on the significant debates at the turn of the 21st century: the rise of health care costs, as well as the rise of expectations concerning the results of the health system

Owing to the ideas expressed above, we will avoid giving further shape to our predictions related to the public health system, pursuing the problem-areas of the health system, may they be specific to a single state, to more or to all the EU countries. Neither will we advance an approach centred solely on the progress made by the Romanian medical system, as it would lead to making two major errors:

1. the univocal account of a situation that cannot be analyzed unless information about the other sides of the current orientation of Romania are taken into consideration, a fact which will surely lead to the analysis of the political, economical and/or social European system and will thus impede the focus on an exclusively Romanian problem;
2. it will direct towards the study of certain issues, without making possible the establishment of causal relation, for which data is found in the traditions and evolution processes specific to Europe – regarded as an integrated system, composed by all the countries, together with their particular elements.

The present work first puts forward, through its structure, a succinct presentation of the variables, and then goes on to giving details about the correlations between them and about the deficiencies of the current health systems, as well as about the way in which the variables may offer viable alternatives to the problems that appear due to the changes implied at a demographical, economical, and social level. The predictive analysis will close with the construction of a series of general conclusions regarding the comparison of variables according to their efficiency – both from a theoretical point of view (functioning as explanatory models of the changes foreseen at a social level), as well as from a practical point of view (whether they are capable or not of inducing, at an individual or a social level, certain changes that would further generate other modifications in the areas that need improvement or restructuring because of their new characteristics).

Variables used in the analysis:

1. The administrative health system must be reconfigured in such a way as to have as a basis the community involvement in producing, legislating, and implementing public policies, or at a lower level, in creating and coordinating health programs. Raising the awareness of the community about the necessity of their getting involved in the coordination and the establishment of programs, at a local level, leads to a tighter connection between community needs, human resources and material resources, and the projects that may be developed in order to make up for the deficit.
2. The quality growth of the health system will have to stress the role of nongovernmental partakers (NGOs, mass-media), who will have an important word to say about the community involvement in the development of the public health system, will also lead the way towards producing programs that would be difficult to develop without the input of these partakers (for instance, as will be shown in the part where variables are analyzed in detail, programs the likes of which imply building social networks that would make up for the institutionalized care of the elderly - "home-based services programmes").
3. The use of an interdisciplinary approach of the way the administrative health system works, which implies an analysis of the latter by pursuing the other sectors of society with which it is in a relation of interdependence. Four main areas may be distinguished:
    a. that of administration – by tracking the inferences one may notice the necessity of a shift to an administrative health system, as explained in the beginning of the present work
    b. that of communication - the positive changes that communication may bring along to the way the administrative health system functions, refer to the growth of the degree of informing the population, concerning both the means of prevention, as well as the publicity for the health programs
    c. that of economy – the development of the health system involves at the same time government actions, and maximum active participation of hospital managers, in accordance with the current provisions
    d. that of education – the contribution of a simultaneous approach of the educational as well as health systems has implications mainly over the programs concerning issues with the highest degree of risk (for instance, diminishing infant mortality, HIV, SIDA)
4. The process of transferring health policies from the EU level to the member states or to any other state in the European perimeter, or the transfer completed by states with different health systems among themselves (states which believe that adopting a resolution produced and implemented in another state may lead to desirable outcomes) is an instrument that can be used for issues like transferring health policies that a state completely lacks, or solving problems covered only partially by the existing health policies, except not owing to the transfer of policies, but to the transfer of instruments necessary for their implementation.

Detailed analysis of the variables created and the inferences formulated between these variables and the problems identified as having a future negative influence over the evolution of society:

By structuring the methods of public health systems adopted by the European Union member states, the European Commission has distinguished two specific types of systems:

a) those in which providing health services is free: the Northern states, Great Britain and Ireland.
b) those in which the national health system is based upon the citizens' paying insurance, a fact that controls the mechanism of supplying medical services: the other EU member states.

Whichever of the two health system applies to a certain European state, we may assert, based on the evidence obtained in other chapters of this work, that the most important issues that require consistent changes of public policies are access, diversity and quality of the medical services

provided by the public health system; last, but not least, a greater concern about the patients' degree of satisfaction.

The four variables that, in our vision, reflect the evolution of the health system, will be described in the following lines, as will be the processes that induce modifications on the four main problems that the health system will have to face.

Variable 1. The community involvement in building administrative health systems is both a concept and a process that was first spoken about – in relation to health – in 1978 at the Alma-Ata Conference, when it constituted the main subject of the debates concerning the development of public policies, „Health for all"[1] under the aegis of the World Health Organization an the United Nations Children's Fund.

The concept of community involvement has two meanings, one used in certain public health problems and associated with a group of individuals that share the same risk factor, irrespective of the identity dimension of the individuals, whereas the other is used in the socio-human environment in which the community refers to groups of individuals that share the same values, traditions, customs, legal provisions that are assimilated in the socializing process – having in common also the geographical and political context. On the basis of these characteristics, these communities develop social networks, structures of roles and statuses, thus building relations of cooperation between community members, and creating the fundament of social trust.

As may be observed, the present work uses the second sense of the term, as of the two it is connected to the catalyzing function that it fulfils now and will fulfil in a much larger proportion in the future, in the development of the health systems.

Community involvement is defined in the "Health Bulletin"[2] as the process that makes possible a growth of the community's ability to identify and solve problems; moreover, the same definition asserts that community involvement leads to the equitability and stability if the improvements made within the health system.

Returning to the correlations possible between this variable and the public health services (access, diversity, and quality), and knowing already that the community involvement refers to defining, implementing, monitoring and evaluating the health programs and policies – in this case, oriented towards solving specific community problems – we may conclude that the effects of this variable upon the medical services are extremely important.

In order to exemplify the statements given above, let us imagine we were to implement the program concerning the construction of a social network that can bring along the possibility of offering medical services to the elderly in their own homes, not only in hospitals (home-based services versus institutionalized care)[3]. Taking into consideration at the same time the account of the authors of the study regarding the costs of medical care, as well as the analysis of the phenomenon of community involvement in making the health system more efficient, one may notice the degree of interdependence between the community's characteristics – in the sense we mentioned – and the need of such a program, thus leading to the validation of the predictions formulated earlier.

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[1] World Health Organization and United Nations Children's Fund: *Primary Health Care. International Conference on Primary Health Care Alma-Ata*, USSR, 6-12 September 1978. Geneva & New York.

[2] Grzbasky, K. Et al, *Working with the community for improved health*, Health Bulletin 3, Washington, DC: Population Reference Bureau; 2006.

[3] Comas-Herrera, A., Wittenberg, R. et al, *European Study of Long-Term Care Expenditure: Investigating the sensitivity of projections of future long-term care expenditure in Germany, Spain, Italy and the United Kingdom to changes in assumptions about demography, dependency, informal care, formal care and unit costs*, Report to the European Commission, Directorate-General for Employment and Social Affairs, 2003, available at: http://www.pssru.ac.uk/pdf/B14/B14Comas-Herrera1.pdf

What is more, the growth in patients' satisfaction concerning the public health system may be achieved through the involvement of the patients – who are members of the community in question – in the medical decision-making, which means involving them in programs initiated by the community.

Variable 2. The highlighting of the nongovernmental organizations' role implies a full understanding of the role played by the infrastructure of the administrative public health system in solving or continuously improving the situations it will confront; the present analysis proposes two factors which, overlapping the health system infrastructure, will lead to more serious improvement of the condition that awaits the health system. By studying the main lacks obstructing the system's infrastructure, four general items have resulted:

a. obsolete medical technology
b. unspecialized medical staff
c. inefficient communication networks
d. insufficient individual preparation concerning the ability to react properly when it comes to solving emergency cases occurred either in the family, or in the work environment

Mass-media has enormous potential of solving significant parts of the problems presented earlier, because these problems connect with two of the well-known functions of mass-media in today's society: the first has to do with the socialization of an individual, and the second with supplying significant amounts of information, essential to the citizens for interacting with each other, or with the institutional environment, on the basis of current realities (mass-media is an important instrument of continuous informal learning).

Therefore, the role of mass-media in diminishing some of the problems of the administrative health system may be materialized in supporting a healthy way of life (publishing scientific material regarding behaviours in relation to food, the side effects of smoking, the benefits of recreational activities upon the human organism), as well as in its involvement as a partner of NGOs in programs that aim to actively involve the citizens, in order to build interest groups that would support the community interests in obtaining material and informational resources, so as to try a punctual solving of the problems it faces and avoid reaching a general conclusion, that would not have substantial results in relation to the health system.

In the study „The Future of the Public's Health in the 21st Century"[4] there is an analysis of the relationship that the institutions involved in the health system transformation process should have with the mass media, in such a way as to solve or at least to mend the existing problems. The authors distinguish between three types of connections that are to be taken into consideration in this sort of situations:

1. The public health officials must show greater interest for the quality and quantity of the debates held through different means made available by mass-media; the debates are considered important forms of making people aware of the role they might play in resolving the malfunctions of the health system
2. The public health officials must raise their level of communication with both national and local mass-media, in what concerns conveying information about the medical and/or health problems of the day
3. The Public Health and Communication researchers must develop together projects concerning, first of all, the influences of mass-media on the amount of knowledge and on people's behaviour

[4] Committee on Assuring the Health of the Public in the 21st Century, *The future of the public's health in the 21st century*, Washington: The National Academies Press, 2002. Available at: http://www.nap.edu/catalog/10548.html#description

regarding their health, and secondly, the way in which the mass-media induces changes by promoting healthy public policies.

The inclusion of the three types of connections aims at setting the basis, through an example accepted by the community of European specialists as a valid prediction, for one of the sides of our variable, regarding the role that the nongovernmental partakers will play in the change of the administrative health system.

Variable 3. The interdisciplinary or inter/ trans-departmental approach is assisted by the need to offer intelligible explanations about the health department, and to produce programs or government resolutions that could minimize their effects.

In 2002 the European Parliament adopted the „Community Action Programme for Public Health"[5] having as a purpose an integrated approach of preventing illness and improving health, used innovating instruments such as treating the resolutions and programs of the European Union as a whole, each sector determining and being determined by the others. It is important that we briefly stress upon the objectives pursued by this program, due to the connections between them and the variable of the trans or inter-departmental approach: the development of competent structures that may offer information about the health area; immediate feedback to the changes with a negative potential on the evolution of the public health system; improvement of the level of promoting health by establishing certain general factors that influence health.

The „Community Action Programme for Public Health" will be put into practice by the year 2008, yet we believe that this type of programs defines the inter-departmental approach, being the only ones able to solve the multidimensional problems that the administrative health system faces. The third objective of the program has generated the elaboration of some determinants whose utility is limited by the program's working period; they represent the indicators used in the present or future analysis of health systems of the entire Europe.

The 'health determinants'[6] are the general coordinates within which we can place any problem that will need to be analyzed in the future, whether or not it refers to matters related to the access or the diversity of health services:

1. Individual behaviour and life style
2. Influences within the communities which can preserve or deteriorate the health of citizens
3. The living and working conditions, as well as the access to health services
4. The socio–economic, cultural and environment conditions or context

As we may see from the description of the objectives of the program elaborated by the European Union about the actions of the community in support of public health, but even more importantly as we may see from the conclusions of the analysis of the established health determinants, the interferences between the latter and the fields connected to the third variable give the foundation of the achievement of multiple typologies of programs that would deal with the problems of public health systems.

One example of a program which follows the previous established pattern is the e-Health Program project, which is at the crossroads of fields like technologies of communication and informational systems. This is anticipated to be an evolving determinant in the fields of informational health networks, electronic records of information with medical content, services offered by telemedicine, portals from health fields, and a lot more other instruments of assisting prevention, diagnosis or management of life styles[7].

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[5] http://europa.eu.int/smartapi/cgi/sga_doc?smartapi!celexapi!prod!CELEXnumdoc&lg=EN&numdoc=32002D1786&model=guichett

[6] http://europa.eu.int/comm/health/ph_determinants/healthdeterminats_en.htm

[7] European Commission, *e-Health – making healthcare better for European citizens: An action plan for a European e-Health Area*, COM (2004) 356 final, Brussels, 2004a, available at: http://europa.eu.int/information_society/doc/qualif/health/COM_2004_0356_F_EN_ACTE.pdf

Variable 4. The transfer of public policies represents a theoretical approach which has been and is still being used in describing the expansion of public policies from one political space to another. The transfer of health policies regards simultaneously their transfer from the European Union, as well as between its member states.

Health and neighbouring services regarding the general field of health are determined by the public policy system of each country. However, in the European Union's report about the status of health, the European Commission argues that, although public health systems are not included in the standardization responsibilities of the Union, these systems tend to merge even without there being explicit provisions – because of the other socio-economic and/or political regulations produced.

In the article 152 of Treaty of Amsterdam, it is determined that "a high level of protection of the individuals' health must be insured, both in theory, as well as in practice"[8]. From this point on the European Commission gets involved in the national health systems' problems, and also in formulating certain standard indicators which reflect the state of the systems; the development of the infrastructure for smoothing the progress of data exchange; the advertising of the use of valid and viable measurement thresholds, and the support in favour of the development of a network for a better coordination between national and international groups.

The comparative analysis of health policies transfer may lead to the improvement of the administrative health systems, and may also determine the requirements that must be fulfilled - a fact which inevitably sends us back to the 3 variables previously discussed, either simultaneously, or to each of them independently. We deem it very important that it be understood that the analysis of health policies – by identifying the weaknesses of a health system and the discovery of an impossibility of implementing health policies – implies a reconsideration of the community involvement or the nongovernmental partakers' involvement in order to succeed in changing the issues that need to be replaced, so as to insure the achievement of the transfer.

Conclusions. The three variables actually build a pyramid system of actions that anticipate the need of strengthening the relationships within communities, in order to attain their involvement in creating, legislating and implementing health policies relevant for their needs, and to reach the top of the pyramid, wherein lies the transfer of health policies. Such as transfer cumulates all the other variables, as demands the infusion of informational capital from other communities/states/ the European Union, and this can be achieved only once, first of all, the citizens are actively involved in the development of the administrative health system, and secondly, once the nongovernmental actors support both the communities' need to be involved, as well as the inter and trans-departmental approach of the development of the health system.

The second motivation for constituting a pyramid system out of the four predictive variables is represented by the need to divide the activities in steps in order to achieve real and long lasting progress of the administrative health system. One cannot try to solve (or they may try, but will have insignificant results) the problem of infant mortality by transferring health policies concerning the health system infrastructure, as long as the population has not been confronted with programs developed together with the educational field and the mass-media; or by descending at the bottom of the pyramid, until the community shows interest towards understanding, getting involved in the design and the actual implementation of policies that will concern the community directly.

An example of a health policy that has been transferred to more states is the one mentioned at the beginning of this work ,that is „Health for all"- a public policy dating from 1978, adopted, at

[8] European Commission, *The health status of the European Union – Narrowing the health gap*, Luxembourg, Office for Official Publications of the European Communities, 2003a, available at: http://europa.eu.int/comm/health/ph_information/documents/health_status_en.pdf

least at a formal level, by 150 states. The analysis of the transfer, completed by a casuistic study, was created by Leena Tervonen-Goncalves and Juhani Lehto in the study „Transfer of health for all policy – what, how and in which direction? A two-case study”[9], and succeeds in persuading us of the relevance of using patterns such as the pyramid system we designed out of the predictive variables of the evolution of the health systems.

According to this particular study – which can also be applied generally, in accordance with the analysis of the public policies transfer – we may infer that the transfer achieved between the resolution „Health for all” and the factual implementations in Finland and Portugal (the two case studies chosen by the authors) transposed those items that presumed or were in agreement with the already existing programs, or the state's culture, or, in the second case – in which the national context had lead the administrative health system towards making adjustments in the existent policies, and so the transfer did nothing but continue at the same level.

The given instances lead – to the extent allowed by combining concrete data and processes of theoretical analysis – to the validation of the variables we identified as being those towards which the administrative health systems will be oriented in the future.

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