Analyzing the Romanian Healthcare Bureaucracy Using a Tree Diagram

Ruxandra Dinulescu
Faculty of Management
Ruxandra.dinulescu@gmail.com

Abstract

Romanian healthcare confronts with several issues remained still unsolved. One of the main issues is bureaucracy. In our country bureaucracy finds a place in almost every public sector, especially in healthcare. Doctors have to complete daily papers over papers, to hand them to the National Insurance House and then, in the rest of the time, to practice their job. Unfortunately, the time for medicine is limited because of the several situations that must be completed monthly.

Our paper tries to analyze the main problem, along with its root causes, in order to propose viable solutions that could be adopted so our healthcare system could be among the other European healthcare systems.

Key words: bureaucracy, public healthcare system, tree diagram
J.E.L. classification: I11; I15, H115

Introduction

Romanian health care system is touched by many issues and problems that affect not only the patients but also the medical staff.

One of the main problems from Romanian healthcare system is bureaucracy. Unfortunately, bureaucracy touches almost every medical process slowing down the rhythm of a medical act.

The bureaucracy's existence made our healthcare system a difficult one, a system that does not work for the patient's benefit, and instead posing issues that block, on the one hand, the patient from obtaining the needed treatment, and on the other hand, the doctors' activity (with papers, completions, files etc).

The problem of bureaucracy appears mainly because the Romanian Government never acted for the people's benefit (good).

Constantly, some new papers appear, some new directives must be respected, some new institutes open their gates, in order to obstruct an action, that could be very simple.

What is 'Bureaucracy' in a health care system?

Bureaucracy represents an administrative or social system that relies on a set of rules and procedures, separation of functions and a hierarchical structure in implementing controls over an organization, government or social system (Geyman, 2015).

In Romania, bureaucracy can be find in almost every public sector, especially in healthcare.

In our healthcare system bureaucracy can dress many forms, but the main one implies mainly, papers; doctors have to complete different papers for the National Insurance House, patients must complete papers for doctors, clinics give patients papers to sign, patients have to take the signed documents from one part to another, healthcare suppliers must copy information from one part to another and so on.

In general, the generalists' activity would have been much useful and efficient if there wouldn't have been so many papers waiting to be completed.

Even if in our paper we present the bureaucracy from the doctors' point of view, this "disease" affects, without any doubts, the patients as well (for example, if a patient is insured and he tries to benefit from a discount of buying certain treatment for cancer or some other hard disease, this

option is possible, but the procedure of touching that discount takes months – forming a file, taking different approvals from one part to another, moving from one institution to another in order to obtain the signatures - and that is the moment when the patient gives up and pays the treatment from his own money

Why using a Tree Diagram in our case?

"Tree diagram", also known as "systematic diagram", "tree analyses", or "analytical tree" is a Six Sigma tool used for splitting categories into smaller and smaller level of details until the root cause.

In our case, we wanted to use the tree diagram especially because we can form a step by step thinking and representation of our main issue stated (Bauer J, Duffy G, Westcott R, 2006, p.110).

Therefore, we have started by defining the main problem that need to be analyzed, which is the problem of bureaucracy and the constant generalists' fight with it. After that, we have asked, for every branch of the tree, multiples "why's" arriving then at the root causes of the issue and in the end, proposing a set of possible solutions.

The diagram's root causes were collected by organizing a brainstorming with several generalists.

Though, our tree diagram is a simple one, mentioning only the main causes of the problem.

Basically, the main goal of creating this diagram was to find the main points why bureaucracy still persists and to present some applicable solutions that might reduce it (Graban, 2008).

Main limits for Romanian generalists presented as a Tree Diagram

Studying the Romanian health care system for more than 10 years, we had the opportunity to communicate with them and to observe their activity.

Therefore, we have seen how a "normal" day is for them.

During the observation time, we asked them what are the advantages and disadvantages of their profession and also what measures could be taken in order to improve their activity, and let them to exercise their true occupation: medicine.

Thereby, we asked them what are the major existing impediments that "block" their activity, and therefore we made a list of 5 principal barriers as listed below (based on their answers):
1. corruption
2. bureaucracy
3. insufficient funds
4. lack of a well done informatics system
5. lack of modern buildings and equipment

In our next pages, we will not talk about each one of them, instead we will talk about only one, which affects more than three quarters of the time a generalist spends in his cabinet, more precisely about bureaucracy (that includes also some cases of corruption).

Certain aspects of bureaucracy have already been described at the beginning of this presentation, but now we'll present the bureaucracy with the help of a Tree Diagram, that points the main problem, causes, root causes and also some solutions.

Figure no. 1: Tree Diagram of "Healthcare generalists' constant fight with bureaucracy from public hospitals"
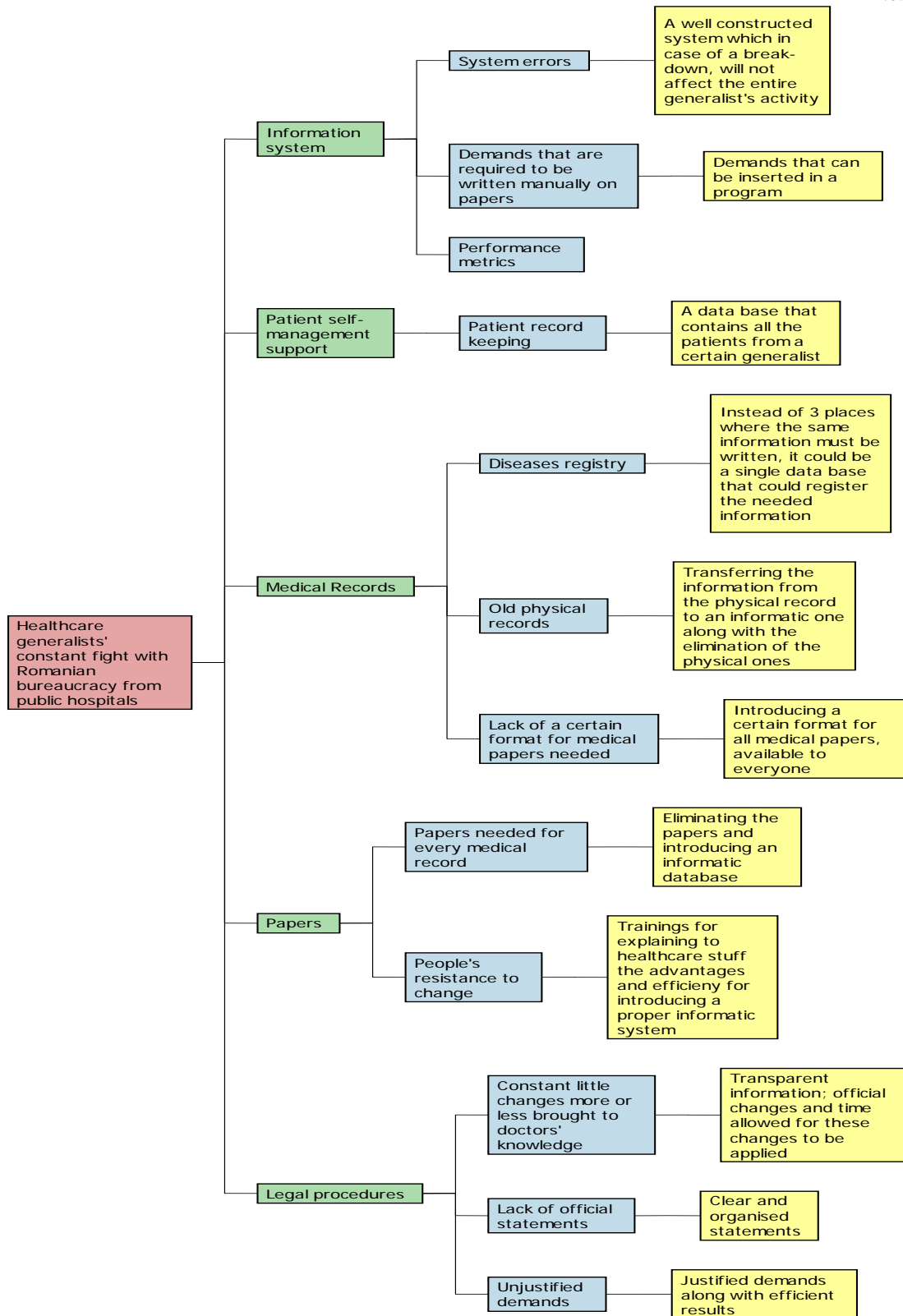
Source: Own representation

This diagram was developed starting from the main problem: bureaucracy for generalists. This diagram shows where the main points affected by the bureaucracy are situated.

Then, we listed the main causes, along with their root causes, as following:

➢ *Information system (IT system)* – Romanian generalists have already an information system called SIUI (Unique Integrated Informatics System) generated by CNAS (National Health Insurance Home). In this system, doctors find all the insured persons, no matter the age. Basically, they work with this program by searching a certain patient, introducing the latest medical records and supervising vaccines for children.

Unfortunately, this system is not enough. Besides the fact that is constantly blocking (and in this case, doctors cannot directly communicate with CNAS and therefore cannot elaborate free medical recipes), they write the same information on the physical papers (they write in the system, then the identical information is written on the physical patients' registry and then in the consultation registry). So, the same information is written in 3 sides, just because nobody controls that information system and every committee that comes from CNAS looks in the physical papers.

Conclusion: generalists benefit from a no purpose informatics system (because no one takes it into account) and spend time (instead of consulting) with writing the same thing in 3 different places.

➢ *Patient self-management support* – in Romania this support exists, on papers, for patients with chronic illness.

Normally, generalists (family doctors) have to engage in the treatment and well going of patients' illness, counseling and supporting them.

But, in Romania, this kind of support, as we already mentioned, is only on papers. For every patient, doctors (generalists only) must complete a document based on the patient's history, antecedents and ways of helping him/her with the illness and then, maintain a permanent contact with that patient and also guiding him/her to certain clinics for receiving a well treatment. Unfortunately, in our case, on the one side, patients with chronic illness don't go so often to the family doctor, and on the other side, family doctors don't complete the specified papers because, in the end, those papers won't arrive anywhere, they remain only written papers without no one to keep any accountancy of them. Once again, the bureaucracy part is completed, but without the part where results are visible both for patients and for doctors.

➢ *Medical records* – As it was already mentioned at the informatics system, generalists must keep 3 medical records in the same time for each patient. For example, if a generalists has 20 patients per day, and each time he writes (in the informatics system, then in the patient's registry and then in the clinical registry) he spend an average of about 2 minutes per operation, than instead of creating a value adding activity for the patient, the doctor creates a non-value activity, spending (from a total of 7 or 8 hours of working schedule), an average of about 100 minutes only for writing. So, instead of consulting other patients, the doctor must waste 100 minutes for writing 3 times the same information.

➢ *Papers* – For example, from 3 to 3 months, every insured person must bring a certificate from his work place in order to demonstrate that he is still an employee. This certificate is valid for only 3 months. If that patient don't have the certificate in the moment of the appointment (or in the case that the old certificate is already expired), the generalist is not allowed to give him a free medical receipt (this action is imposed by the law). That wouldn't be such a huge problem, only if it was a specified format for that certificate. In the worst case scenario, the patient goes to work, takes the certificate and brought it to the generalist. If that certificate doesn't have a certain aspect (with certain numbers, formulations and laws written) the certificate is rejected and the patient must go once again at the human resource department to ask for a new updated certificate.

This thing happens because there isn't a specified format, a blank model, for all the medical papers needed in order to ease the process.

➢ *Legal procedures* – almost every month the CNAS introduces a little change or a little derogative or simply and update at the informatics system. These changes affect the generalists, on the one hand, because their work is not easier, and on the other hand, because they have to inform the patients about the new rules and papers that must be brought.

For example, last year was introduced a new mandatory action: every child that goes to the kindergarten must bring from the generalist a detailed summary about his/her activity until a certain age (diseases, treatment, medical activity etc). The generalist must complete 5 pages with writings and then he must draw a diagram to forecast the medical future and the possible diseases that could appear for the child. On the first place, this action is time consuming, and on the second place, unfortunately, no one takes into consideration those writings – it's just another way of presenting an elaborate model of Romanian bureaucracy.

Conclusions

Although a magical movement cannot be done in several minutes, still we propose some solutions that might help the healthcare system and especially, the generalists:

- First of all, the whole healthcare system would need a well-organized and complete *informatics system*. Even if at a first view, this system wouldn't have been taken serious, still it could create wonders for doctors. This system could include all the patients' medical record, eliminating in this way, the old medical files. Second of all, this system should be constantly supervised and verified (for avoiding technical issues and medical fraud).
- General *format papers* for everyone. At the beginning of each year, for example, the National Insurance House should post on their website a typical format for every certificate that the human resource department should give to the employees for their family doctor. In this way, patients would go to their generalist directly with the specific format without worrying that the format might not be correct.
- The informatics program should be connected to the National Insurance House's website and alert the generalist every time a change (either in their operation system or in some derogation) is produced.
- *Trainings* should be organized in order to accustom the medical staff with the benefits of a complete informatics system. In present, there are still doctors that prefer to wright the information on a paper, rather than introducing it in an informatics system.

References

1. Bauer J, Duffy G, Westcott R., 2006, *Improvement tools. The quality improvement handbook. 2nd ed.*, Milwaukee, WI: ASQ Quality Press
2. Geyman J., 2015, Huffpost Politics, *Growing Bureaucracy and Fraud in US Health Care* [online], Available at http://www.huffingtonpost.com/john-geyman/growing-bureaucracy-and-f_b_8750740.html [Accessed 1 May 2016]
3. Graban M. (2008) Lean Hospitals. *Improving quality, patient safety and employee satisfaction*, US, Ed. Productivity Press