
CONFERENCE ABSTRACT

Impact of IPCHS on health care costs in rural Romania – a qualitative assessment

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Introduction

Integrated people centred health services (IPCHS) in rural Romanian communities have shown to improve health and social conditions for vulnerable and deprived populations. Community medico-social centres in seven Romanian communities covering a population of 17'000 persons provide home care services for elderly people with multimorbidity conditions, patient activation sessions, health education and health promotion, encourage physical activities, organised group sessions for elderly people, day care for young children, thus extending health and social services to otherwise marginalised population groups.

Goal

The present study seeks to estimate potential quality of life gains and savings in health care costs generated by close-to-home integrated health services in rural Romanian communities.

Methods

Mixed methods studies were conducted prior and one year into the intervention, consisting of focus groups with beneficiaries, household visits, key stakeholder interviews including local authorities and service providers. Financial data were collected on service cost and estimates of cost savings by avoiding unnecessary service use during the intervention year.

Results

Service users of community medico-social centres highly appreciated the complementary services to existing family medicine practices in several ways: the joint needs assessment by a mixed team improved significantly communication between beneficiaries, caretakers and service providers facilitating the development of more complex care plans. Perceptions on quality of live increased significantly within the year of intervention, as did the satisfaction with available services. Access to care improved and the perception of service quality was significantly higher than prior to the intervention. This is also confirmed by an increased number of previously not registered people with the national health insurance system.

A variety of community stakeholders engaged in the development of integrated health services at community level. Collectively engaging in improving service access to marginalised people improved the satisfaction of direct actors like community nurses and social workers by increasing personal recognition and reputation in the communities, for the public administration by increased reputation to take care of community needs and for the community as a whole by increasing social coherence.

Cost benefit

The intervention used mainly existing resources and improved their coordination and planning. Running costs are considered low but still need to be hosted within the small community budgets, which is difficult for some. However, service use particularly of emergency and hospital services has reduced, which impacts on health care costs.

Conclusions

Using an integrated approach to health services at the community level can be an important extension of family medicine services in covering the “last mile”. Closer to home care reduces the need for emergency intervention and improves self-care abilities, which may reduce costs. Different budget categories however, prevent potential savings to be accounted against costs accrued so that saving costs is not necessarily an incentive to establish IPCHS in Romania. Incentive structures need to be developed to motivate key actors. The small number of participating communities limits the generalisability of the conclusions drawn.

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