

A large, light gray outline of the map of Romania serves as a background for the text. The outline is slightly irregular and has a subtle drop shadow effect.

Building Stakeholder Support for Change

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Problems and Solutions

- **Historical reimbursement per type of expenditures for hospitals no longer appropriate in a social health insurance system**
- **Create a new financing mechanism**
- **Evolution through finance per hospitalization day (per type of department, type of hospital, recommended length of stay)**
- **Transition toward a case-based financing system**
- **Preparing the health system for the transition and implementation**

Objectives

- **To create a case-based reimbursement mechanism for hospitals**
- **To support projects working in this area and to be involved both with technical expertise and with political leadership**
- **To create a large cadre of local technical expertise necessary for the pilot projects, but also for country-wide implementation of new programs or policies**
- **To provide continuity over time**
- **To facilitate the communication between actors involved in the implementation and to support the development of an environment required by the transition process from a project to implementation**



Challenges Faced

- A. The tough decision on the case-based financing scheme for hospitals**
- B. Poor experience and few people with expertise in this case-based financing area**
- C. Integration of a project with the activities of local institutions involved in the implementation process**
- D. Poor communication between actors involved in the process of developing case-based financing (National Health Insurance House, Ministry of Health and Family, College of Physicians, Ministry of Finance, hospitals)**
- E. Effervescent political environment**

How Challenges Were Met (1)

- A. Have a critical number of people understanding the benefits of case-based financing and its role within the broader health care reform**
- B. Development of a local expertise and institutions capacity building (Institute of Health Services Management, National Center for Health Statistics, National Health Insurance House etc.), build on the existent and consistent support of USAID projects in this area**
- C. The involvement not just of local technical people, but also of the institutions having official partnerships was the key to insure the continuity of the actions and people involved in the transition from project to implementation**

How Challenges Were Met (2)

- D. To facilitate the communication with all partners involved in the project and future implementation it was established an Implementation Strategy Team of high-level decision-makers having weekly meetings on this topic**

- E. The strategy to cope with frequent political changes was to have a core of actors that would represent the continuity over time (for the technical side the people from the project team, the Institute for health Services and Management and the National Center for Health Statistics, at the decisional level the National Health Insurance House)**

Major Achievements (1)

- **Development of the core team of people with technical expertise in the case based financing area and the foreseen establishment of the institution that will implement and manage the new system**
- **Continuous dialogue between major actors within the health care system through the DRG Implementation Strategy Team, which cover also other topics of the health reform**

Major Achievements (2)

- In 2002 there are 23 hospitals financed using case-based system (using a neutral budget scheme). The integration of the project activities for the 23 hospitals with the implementation institutions working on a broader implementation has begun and should be fully done by the end of the project period
- The decision is taken that from 2003-2004 all acute hospitals will go on case based reimbursement, based on the defined strategy (agreed and published by Ministry of Health and National Health Insurance House)

Factors of Success

- **Continuity of people and institutions during the continuous and regular political elections and transitions**
- **Capacity building through development of local expertise rather than relying on teams of external consultants**
- **Ability to increase the communication among decision-making institutions**
- **Strong decision-makers political and technical support**



Final Message

The transition from a project to implementation needs not only strong decision-makers support,

but also a strong technical component made up of local representatives who provide continuity of actions and expertise over time