Interview with Dr. Vasile Cepoi, Executive Director of Iași District PH Authority

Personal information:
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Professional Experience
- April 2009 – until now: Iași District PHA; Executive Director;
- October 2008 – April 2009: Clinical Hospital „C.I. Parhon” Iași; Director for development and healthcare quality assurance;
- Februarie 2008-októmbrie 2008: Deputy Chamber; Counselor, General Secretariat of Deputies Chamber;
- Iunie 2005-februarie 2008: National House of Health Insurance; General Director of NHII;
- iulie 2003 – februarie 2004: Ministry of Health; Secretary of state;
- 1999 – 2001: Clinical Hospital „C.I. Parhon” Iași; Senior specialist internal medicine; Iași No 2 Hospital;
- 1994 – 1999: Clinical Hospital „C.I. Parhon” Iași; Specialist in internal medicine;
- 1990 – 1994: Pașcani City Hospital; Resident physician in internal medicine;
- 1984 – 1990: Hărău City Hospital; General Physician, Deleni Medical unit, Iași district;

Studies:
- 2006 – until now: PhDrs in nephrology; University of Medicine and Pharmacy „Gr. T. Popa” – Iași;
- 2008: Diploma, Project manager and Auditor for quality assurance; INFOED Romanian Association;
- 2007: Diploma, Trainer; INFOED Romanian Association;
- 2008: Diploma, Hospital Management: health care contracting, public acquisitions, quality management, hospital performance evaluation; National School of Public Health and Management;
- 2004 – 2005: Diploma, Master in Health services management, project management, communication management, Health systems, Health system performance evaluation; University „Al. I. Cuza” - Iași;
- 2004: Diploma, Health Insurance System Management; National Institute for Administration Romania;
- 2001 – 2002: Specialist in nephrology; University of Medicine and Pharmacy „Gr. T. Popa” – Iași;
- 1999: Senior specialist in Internal Medicine; University of Medicine and Pharmacy „Gr. T. Popa” – Iași;
- 1990-1994: Specialist in Internal Medicine; University of Medicine and Pharmacy „Gr. T. Popa” – Iași;

Scientific activity:
- Books:
  - Coordinator of the volume: Management of information and health system informatization – Publisher: A&S’S, Iași, 2004;
  - Collaborator to writing of the volume: Urology – Publisher: Tehnopolis, 2005.
- Grants won:
  - 2009 – “Improving of quality and Romanian health system performance”, POSDRU, PRIORITY AXIS 3 „Increasing adaptability of workers and enterprises”;
- Key Area of Intervention 3.2 „Training and support for enterprises and employees to promote adaptability”

Q1. You have recently declared for a local newspaper that health management is a passion of yours and in a long-range you have proved genuine management skills for the institutions you have coordinated. Given your current executive position at the level of a district public health authority, we could assume that you face new managerial challenges.
- What kind of challenges exists while coordinating a district public health authority (PHA)?
- Please describe these challenges in comparison with your managerial experience gained within the other institutions at central level (the Ministry of Health, the National Health Insurance Fund) or local level (Iași Health Insurance Fund etc).

Vasile Cepoi: Responsibilities of a public health authority are centered on applying the health policies of the Ministry of Health (MoH) and consist in backward afferentation for allowing the modification of decisions at central level according to the quality of response recorded at effectors level. Assessing the health status of population from the assigned areal, in order to identify their needs for medical services, planning the development of medical care network in response to health needs, as well as the concern for increasing the accessibility to medical services, represent main challenges of the position as executive director of the public health authority. While the main concern for the health insurance system at both local and central level was to assure a financial balance and an increasing efficiency of fund use, currently the dominant concern is to achieve a balanced functioning of the health system and healthcare quality assurance. Quality side of medical assistance should be the objective of all the actions undertaken at system level. Lack of an organizational culture concerning quality is the main inconvenience. The personnel involved in medical services provision have no training on QUALITY concept. Quality is approached on primary perception level. Quality concept is not clearly defined neither at health system level and we do not have an exhaustive infrastructure for quality assurance. It is true that the National Commission for Hospital Accreditation has started-ups its activity, but there are many other steps to be done. A paradigm change is needed for all the persons working within our health system.

A quality system – able to assess how equity principle is respected, patient satisfaction, efficiency of health fund spending – would involve a national strategy developed for health services quality assurance and the structures necessary for actions of quality improvement. Recommendation of presidential health report to found the National Agency for Quality and Information in Health and to develop a national program for training in quality assurance, should be an objective of the MoH policy.

Q2. Iași district could be considered as a reference center regarding the medical care provision for its entire region of affiliation, while Iași PHA has an important role as coordinator of medical activities at local level in the district.
- Which are the main activities of Iași PHA?, and
- What specific health problems did you face at the level of this district?
- What do you think about the European concept of “regional development of medical assistance” and what role could Iași PHA and the other districts have for turning this process into the benefit of our population?

VCI: Being in a university centre where technical and professional level of health care exceeds the district averages from North-East region, obviously there is an influx of patients having more complex health problems to Iași city hospitals, conducting to over 35% of hospital cases solved from outside the district. Therefore, one concern is to collaborate with PHAs and hospitals from the neighbor districts in order to improve the pattern of undertaking these patients and to avoid delaying their medical interventions. Iași Public Health Authority has signed a protocol of undertaking procedures, while Iași University of Medicine and Pharmacy signed a protocol of guidance methodology for all the medical specialties, aiming to improve the terms of...
undertaking the patients from these districts. One problem of undertaking these cases is the lack of communication between doctors involved in solving the cases, more often motivated by technical inconvenience to make a phone connection. We developed a mobile phone "network" for fast communication and provided all the hospitals from North-East Region with phone numbers of emergency rooms and wards from all the hospitals in Iași. In this way, any doctor can directly connect with the specialist available in the hospital preferred to refer a patient, hereby avoiding to refer seven cases without noticing and checking out if the doctor is prepared to admit and treat them.

Another specific activity is to achieve a structure for conducting and supervising the quality of medical services at district level. Now we collect data necessary for assessment and elaborate methods for data processing and interpretation in a unitary manner. Until now we developed norms for the assessment of hospital compliance to authorization requirements, prevention and fight against nosocomial infections, as well as norms for assessing the family doctor practices. We do not intend to administratively impose upon health providers the participation to the quality assessment process. We consider that creating a medical behavior regarding continuous quality improvement is needed. It is promising that the response from family doctors was good, we might say, as 56% of them replied to our first call for participation in the quality assessment. The main problem of medical care in Iași area is the lack of a general hospital including all the medical specialties in its structure, necessary to avoid referring a patient with complex health problems to many hospitals. I mention that usually this is the case of critical patients, most frequently with polytrauma. For solving on short term this difficult issue, we have tried to improve the guidance of patients from pre-hospital level to that medical facility having the most capabilities and resources for solving each case, by implementing a protocol for pre-hospital emergency services, we started a municipal neurosurgery emergency line allowing the assessment of polytrauma patients within the first hospital that admitted them, hereby avoiding their transportation to other hospitals etc. We expect these palliative solutions to remain on a very short term and to succeed developing a hospital competent to completely solve these complex cases.

Undertaking the cases in accordance with the hospital level of competency is a regional problem. Without a hospital classification on clinical competency levels, patients are frequently undertaken by medical facilities with no technical or professional capacity as required, thus exposing the patients to additional risks. Setting up the clinical competency levels, patients are frequently undertaken by medical facilities that do not work anymore. Besides continuous care, hospitals currently staff non-medical staffed positions.

Q3. Decentralization process of health system is in progress now and one of its components regard to the PHA duties and responsibilities. Within this context, the Ministry of Health has established a new organizational chart for district PHAs, by reducing a part of the PHA duties and defining other new responsibilities.

- What is the impact of decentralization on the activities of Iași District PHA?
- To what degree decentralization process will improve the activity of Iași PHA and will finally conduct to a PHA that better responds to public health needs of Iași district?
- What would you recommend for designers of decentralization process in health?

VC: Until now, no specific impact of decentralization on Iași PHA is perceived. As a positive effect I would mention the fact that local authorities began to become aware of a certain responsibility towards the health problems affecting our population. They did not find the best ways yet by continuing to search for solutions at central level, but we need to be optimistic.

On the other hand, there are some undesired effects on the activity of community nurses, sanitary mediators and even on school health care, as some mayors assign them different tasks than the legal ones under the excuse that MoH orders are not applicable anymore as long as they are employed by local town halls. In these situations, PHA means to intervene are limited to discussions. We have no more legal tools to impose the conformation to the health policy of the Ministry of Health. The volume of our activity has increased, including on the bureaucratic side. For example, we needed to advance two payment orders to the two hospitals paying the salaries for community nurses and sanitary mediators, now we advance 42 payment orders to 42 town halls paying these personnel.

Regarding the hospital decentralization, we commit to the role as methodology unit for local public administration and we generally have a good collaboration. Legislation does not support enough the coordinating role that PHA should have in applying health policies at local level. The authority of PHA in the field is currently still recognized by the administrative authorities due to their inaction and lack of expertise, but this behavior could change as it happened in case of the community nursing. The intention to decentralize the health policy by transferring PHA to district councils could make impossible the application of a national health policy.

I consider that a stage analysis, looking to what degree the steps statutory by decentralization framework law no.95/2006 and MoH strategy was enforced, and what outcomes have been achieved, would allow us a relevant intervention for correcting possible failures.

Q4. One important component of decentralization is coordination and collaboration between the institutions involved in medical care provision at local level.

- What would be the role of Iași PHA for medical care provision at district level?
- How do you appraise the level of collaboration between Iași District PHA and the other local institutions (municipality, district health insurance fund, health care providers etc.)?
- In your opinion, how could be improved the collaboration between the institutions involved in healthcare at local level?

VC: The role of PHA should be as professional body able to evaluate and plan the development of healthcare infrastructure, to balance between the different types of medical services and population health needs, and to monitor the health law enforcement by all the institutions involved in health at local level. Since performance of medical care depends on the effective collaboration between these institutions, this is also an attribute of public health authority.

For improving the collaboration, a legislative framework clearly assigning the competencies of each institution involved is needed, in order to provide PHA with the necessary tools for achieving its duties.

Q5. Within the context of hospital decentralization, the Ministry of Health has established new staffing norms. According to its rules published in the Official Gazette, hospitals from Iași district had to cut 90 non-medical staffed positions.

- What was the role of Iași PHA and how the process of planning and implementing this restructuring has evolved?
- To what degree would you consider that these norms will conduct to increasing efficiency as well as improving quality of medical care?

VC: It is the hospital management duty to apply the new staffing norms. Role of PHA is to monitor the right law enforcement. Contribution of the new staffing norms to improve the hospital management resides in allowing a larger flexibility for medical personnel hiring (staffing), according to the volume and complexity of health care provided. Relating the hospital activities strictly to the number of beds is not workable anymore. Besides continuous care, hospitals currently provide day care and outpatient care at a much larger scale than their inpatient capacity. Managerial liberties to set the personnel chart and staffing according to the hospital needs represent a measure aimed to increase the efficiency and quality.