INTERVIEW

Interview with Mr. Cristian BUȘOI, President of the National Social Health Insurance Fund (NSHIF)

Personal Information:
Date and place of birth:
01 March 1978, Drobeta Turnu Severin, Romania

Education:
• 2010 - Ph.D. in Public Health and Health Management, University of Medicine and Pharmacy Timisoara, diploma
• 2008 - Romanian Diplomatic Institute, diploma
• 2007 - Titu Maiorescu University – Faculty of Law, Bucharest, diploma
• 2003 - Faculty of Medicine of the UMF "Carol Davila" Bucharest, diploma
• 1997 - "Traian " College of Drobeta Turnu Severin, diploma

Professional experience:
June 17, 2013 - present: President of the NHIH, Romania
August 2009 - June 2013 : Member of the European Parliament: The Committee on Internal Market and Consumer Protection and The Delegation to the EU- Moldova
Substitute member of:
• The Committee on the Environment, Public Health and Food Safety (ENV1)
• The Committee on Legal Affairs.
Substitute member of:
• The Committee on Foreign Affairs

December 2004 - April 2007: Member of the Romanian Parliament (Timis region)
• Member of the Committee on Health and Family
• Member of the Romanian Parliament Delegation for The Assembly of Western European Union - Committee of Defense.
• Advisor to the Vice-President of Liberal National Party (LNP)
• General Counsel in the General Council of Bucharest

Political activity:
• June 2009 - present: Vice -President of the LNP (Timis region)
• January 2007 - March 2009: Member of the Central Political Bureau of the National Liberal Party
• February 2009 - June 2009 : President of the LNP Timis
• June 2007 - February 2009 : Vice President of the LNP Timis
• October 2005 - January 2007 : Vice President of the LNP Mehedinti
• April 2005 - January 2007 Executive Secretary, responsible for coordinating external relations on behalf of the LNP
• March 2005 - March 2007 : Member of the National Bureau LNP (youth organization),
• July 2003 - November 2004 : Secretary of the Committee of educational (LNP)
• May 2002 - February 2005 : President of the National Liberal Student Club (students organization)
• May 2001 - May 2002 : President of the LNP Timisoara (youth organization)
• 2000 - 2002: Coordinator of the LNP for the West region (Timis, Arad, Caras-Severin, Hunedoara)
• 1998-2000 : Member of the Permanent County Bureau of LNP Mehedinti (organization group)
• 1996-1998 : Vice- founder of the National Liberal Youth Organization (YLP) Mehedinti
• 1996 : Member of the National Liberal Party.

Involvement in NGO sector
• Member of the Board of the Institute for Liberal Studies (2007)
• Founding President of the Association "Youth XXI Century" - Dr.Tr. Severin (November 1999 -May 2002).

Publications:
• Health Policy in the European Union, Polirom (coauthor Prof. Dr. Cristian Vlădescu), 2011
• Liberal reform of the education services in Romania, 2000.

Languages:
• French
• English
**INTERVIEW**

_Reporter:_ Mr. President, since the accession of Romania to the EU, in 2007, you have been a member of the Romanian delegation to Brussels, as a Euro-parliamentary.

- Which are the main projects you have been involved in, as a Euro-parliamentary?

_Cristian BUȘOI:_ The main projects I have been involved in are related to the fields of the Environment and Health Commission, and the Internal Market Commission.

I had an active role in the approval of the Directive concerning cross-border medical services, I worked as a rapporteur on behalf of the Internal Market Commission for the Directive concerning the patient information regarding the prescription drugs.

I have also been a rapporteur on behalf of the Internal Market Commission for the Directive concerning the transparency of measures regulating the medicine pricing for patients. I have also been rapporteur on behalf of the Health Commission for the EU health research program, Horizon 2020. I have also been a rapporteur of the European Parliament for the SOLVIT network, an important project helping the European citizens to solve their problems related to the internal market functioning.

I have definitely contributed with hundreds of amendments to the most of the important directives and regulations debated on the areas of internal market and health services.

- How is it viewed the gap between the health status and health system in Romania, towards the rest of the EU state members?

_CB:_ Romania has made important steps in recent years to reduce this gap. The most important difference is the financing one. Medicines, health materials, high technology equipment have the same costs as in the other EU countries, only medical personnel salaries are much lower. The significant difference in terms of financing marks out the quality of health services. We are still under the EU average in many of the hospitals, as well as for the medical services delivery. However, there are certain health system sectors in Romania comparable with the best hospitals from the affluent EU countries.

**ON THE OTHER HAND,** I acquired knowledge about the way certain decisions and regulations should be built in such a way that they get the widest support and especially the best implementation.

Not least, the relationships I grew with important decision makers at European level or from other EU countries, could be extremely useful when we need to get information, to compare experiences, to get a prompt expertise at no cost.

_Reporter:_ Mr. President, you just chaired as a President that you immediately burst working, and the results and public reactions started to arise.

- Which were the main problems faced as the President of the NSHIF?

_CB:_ Although in this moment, health care has the biggest budget allocated since 1990, the medical system is still underfinanced. More funds should exist to functioning within normal parameters. Money is spent only on medical services, and the annually increasing in funds has not been reflected by the quality of the medical act.

The personnel at NSHIF level is insufficient, the database is underused, while the external payments are delayed due to long and cumbersome correspondence with similar institutions/bodies from other countries.

NSHIF has not always showed openness to a good communication, nor transparency towards insurers, public opinion, institutions of the central or local public administration.

- What priorities of action at the level of NSHIF do you consider? Within this context, what premises should exist in order to apply those priorities of action?

_CB:_ One of the main objectives is the achievement, in a relatively short time, of a computerization degree reached by the similar institutions in EU. In this sector, computerization means quality of medical act, fairness, transparency, promptitude.

Implementation of the health card, representing the patient ID element in the healthcare system, has been started. At the end of the year, 7.5 millions of cards are to be printed and their production is to be finalized during the next year. In this moment, we assess solutions for distributing the health card to the population. Health services providers should purchase a card reader, costing around 50 Euro.

The next stage of the computerization process for the public system of health insurance is the electronic patient file. This file will include the medical history and will be connected with the health card. In fact, a medical doctor from any part of the country or the world will immediately have a professional image about the person treated by looking into the medical patient file, and therefore, could diagnose with better accuracy making connections which, otherwise, would break through just after medical tests and investigations, and thus they would be able to recommend the most appropriate medication etc.

---

**Management in health**

XVII/3/2013; pp. 1-3
Setting-up of a Control and Anti-fraud Board for the public system of health insurance is also an ongoing project. This will be a more efficient and extended structure, of a large autonomy within the National Social Health Insurance Fund. Its control bodies at district levels will depend on the National Board, not on the local Health Insurance Fund, who might have certain sensitivity towards several providers. We intend to bring in this Board, by detachment or position contest, persons having professional experience within the Ministry of Internal Affairs, National Agency for Fiscal Administration (ANAF), prosecution.

Another short-term objective is to end the transfer process of the database holding the debtors to the social health insurance fund, to ANAF. The aim is to recover full amounts due and to augment the social health insurance fund. Among the problems needing an urgent solving is to dissolve the waiting list for oncologic treatment approval, by redistribution of certain amounts from the current budget for the patients on the current waiting lists. We also have to review the therapeutic protocols so that to be able to establish to what extent the approvals of NHIF commission for very expensive drugs, are justified.

Closure of the outstanding payments is another concern of the NHIF. We need to follow the Directive of fighting late payments, especially the Romanian law making the provision that invoices have to be paid within 60 plus 30 days. Since August we started to apply ad literam those legal provisions. According to European Directive no. 24/2011, medical assistance provision in the EU states will be applied by taking into account the budgetary impact. Thus, we will elaborate and document the necessary legislation and will create the legal framework for functioning and organizing the national contact point.

Reporter: Mr. President, during the conference "Mediafax Talks about Health Reform" you have asserted for two clear objectives in this mandate of yours: a) improving the public communication with the insured people but also with the political actors, and b) increasing efficiency of money spending and eliminate the fraud methods.

- How do you plan to achieve those objectives? What are your proposals?

CB: a) Communication with the general public, with insured people, and political actors, is compulsory and necessary for the NHIF. Decisions made at NHIF will be transparent. Hereby the public opinion will judge the decisions made by the NHIF board, in an informed manner. There are many positive things happening at the NHIF and they should be communicated and explained. We wish to change the image of our institution, hoping that the NHIF will not be perceived as a “gray area” full of interests. We would like people to have in their consciousness the fact that this institution actually serves them.

A continuous communication about the NHIF activity is to be done through our website. The new structure of the website will allow more easily and quickly the access of all those interested to the information.

b) Another important factor for reducing the waste and fraud in the health care system is the computerization and MIS. Both health card and electronic patient file make possible the on-line follow-up of the insured person. In this way, we will no longer discuss about fake hospital admissions, false medical prescriptions or referrals, patients who are no longer in the health insurance system as deceased, or out for another reason.

Setting-up of a Control and Anti-fraud Board within the public system of insurance will aim to achieve an efficient control at the level of medical services provider. Therefore we will assure the prevention and detection of those situations involving inefficient fund allocation or unfair utilization of the public funds.

The NHIF, together with the Ministry of Health, will propose the revision and change of the health law and supplementation of the Framework Contract with amendments in order to establish certain methods for a more efficient spending of the scarce funds we have in comparison with the needs of the health care system.

Reporter: Health system computerization and MIS is a milestone for the health reform, and in the same time, one of the key elements able to give great advantages and benefits at individual health system and societal level. First steps were already made, while the implementation of the electronic patient file and health card, are now expected by all the stakeholders.

- Which are the advantages of implementing those tools at national levels? and

- How those tools will contribute to increasing the system efficiency?

CB: By computerization and MIS of the health system, the inefficient or unfair expenditures will be minimized.

Health card will be a very important tool for transparency and efficiency. Thus we will have a clearer inventory of the medical acts and patient pathway. The activity of pharmacies and medical laboratories will be more easily to monitor in the system. Most important advantages are for the patient, as their important information will be registered on the health card. In case of accident or extreme situations, health cards may assist the medical personnel with the essential information – blood group, RH, major morbidity and core information.

The electronic patient file would be of a great help in diagnostic and could also be consulted online. Many insured Romanians receive notifications about their debts, although they have paid all their taxes, because their data hold by the Health Insurance Fund are not always synchronized with the data hold by the other institutions. The electronic patient file will end this kind of situations.