

The features of the marketing of the Health services in Romania

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Abstract: *The public health service delivered to population is a particularly important area that is covered by services, whose beneficiaries are not only the patients but the whole society, which is more likely to progress with a healthier human capital. Public health is one of the cores, fundamental and defining values for human existence, leading to improved life quality with direct repercussions on the conditions of macro-socioeconomic development and harmonization of individual interests with the general ones of the current and future society.*

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Introduction

As other categories of services, the health ones are also characterized by **intangibility**, **inseparability**, **variability**, and **perishability**.

Intangibility is a feature that creates problems to both providers and buyers, meaning that they can not be touched, seen, heard or felt prior to the purchase, as in the case of material goods.

The provider must have much more personal skills, talent, patience and basic knowledge to be able to convince the customer of the quality of the offered medical services, the consumer also having difficulties in evaluating services provided relative to the competition, with the possibility of differentiating them only in terms of price and not quality.

Inseparability - the production and consumption are simultaneously performed so that adverse effects can be minimized by a good relationship with customers, direct communication as a means of gathering information about customers, and by providing elaborate information or by fast liability for customer's real problems.

For example, when it comes to medical services **active listening** from a physician is particularly important because the patient, by his descriptions, provides valuable information necessary in order to establish the final diagnosis. On the other hand, patient's confidence regarding the training of medical staff (doctors and nurses) can be earned through appropriate behavior, clear, detailed and understandable to the patient explanation of medical services to be provided (investigations, various medical interventions) to clearly establish the diagnosis and the subsequent therapeutic conduct.

Variability is often regarded as a positive aspect of the performance of services, such as in the case of medical services, it is estimated that the surgeries performed by surgeons can't be identical for all patients, even

if the reasons and types of interventions are the same, so that with a single surgery there can be solved various other problems discovered during the course of the intervention, which, unresolved may adversely affect the final result of the service and, consequently, can still affect the health of the patient.

Perishability is that services can not be stored or inventoried, therefore, in the case of medical services it is used the appointment system for patients to avoid cluttering doctors and unpleasant situations for patients to wait for hours at the doctor's door, except the emergency structures, where it can happen to come more emergencies at once, in which case it shall supplement the medical staff.

The health care market

Medical services may be granted free of charge being supported by the health insurance budget and state budget or privately.

Reform of the health services, started in 1990 and analyzed from the perspective of structural changes in the system required the adoption of a set of measures targeted primarily towards withdrawing or reducing state intervention from the quality that it has as the owner of the medical infrastructure and finance of health care services.

There have been a number of changes particularly important, such as:

- initiating a new funding system by introducing mandatory health insurance since 1997, both for individuals who derive income for salary and for legal persons, to create the Unique National Fund of Social Health Insurance (FNUASS);
- privatizing pharmacies (except the closed circuit ones within hospital units) of all manufacturers and distributors of medicines and the establishment of the National Drug Agency(NAM);
- *improving and diversifying sources of financing of the health system;*
- *development and support of independent practice in private establishments: individual, group offices or hospitals;*
- transition from the state-owned local real estate communities in which the sanitary units operate, with some exceptions, in order to improve their maintenance and repairs, etc..

Health care, both the preventive one and the curative one is ensured through offices of family physicians or primary care, through public or private hospitals - secondary health care, and individual medical specialty practices, ambulatory specialty practices or diagnostic and treatment centers - tertiary medicine

Family doctors, called general practitioners in Europe are the only specialists who are trained to provide primary care for patients of all ages, with the lowest costs. Therefore, family medicine is the best solution for reducing costs related to hospital services.

Public hospitals are medical units with beds, providing population emergency health care, full or for one day hospitalization.

For alignment with the European quality standards in 2006 there have been drawn up rules regarding the conditions that hospitals must meet for obtaining the sanitary operation authorization, a document that is issued annually and without which they can not function. Thus, an adult lounge can not have more than 6 beds with its on bathroom, 7 sqm per bed, 0.70 m distance between two beds, 0.80 m distance between the bed and the outer

wall and the distance between the bed and the parallel wall on which there is the washbasins must be of at least 1.30 m.

In this context, hospitals were subjected to a detailed study carried out by the Accreditation Commission established at MSP, to inventory the current status and to find the solutions. The first and the easiest solution was to reduce the number of beds or even the closure of some wards in hospitals that did not match the standards at least close to the European ones

So, the hospital is the core around which the components of a whole system of medical, clinical and laboratory services revolve with the mission to restore the health of patients, insured or uninsured, most of whom were taken from the primary medical care network (family doctor).

Specialized medical practices may be independent, private, paid or under collaboration with CNASS, in which the insured patient pays part of the medical services received, the rest being settled by the insurance company.

Diagnosis and treatment centers can also be private, funded by CNASS or by MSP budget.

Specialized ambulatory attached to public hospitals were transformed into integrated ambulatory, under the Minister of Health decree no. 34/2008, as amended and supplemented, thus becoming unincorporated medical units, medical staff being assimilated by the hospital, and the program of each specialized cabinet ensuring by rotation by doctors and the middle staff of sections.

Funding integrated ambulatory activity is achieved through the development of annual supply of health care contracts with CNASS, apart from the one concluded for hospital services.

The role of this form of organization is, on one hand, to reduce the costs of treatment by taking over patients after discharge, prescribing treatment and tracking their progress, and on the other hand to reduce personnel costs.

Mix marketing in health care

According to specialized literature, the marketing mix is the set of marketing tools that the company uses to achieve its objectives, being also the result of combining four basic elements - product, price, placement / distribution and promotion.

Today in service, mainly in public service, it is unanimously considered almost that there operates a mix made up of seven parts (the "7P"):

- Product policy
- Price policy
- Placement/ distribution policy
- Promotion policy
- Staff policy
- Political power
- Public opinion

Applying health marketing mix is done differently than other areas of activity due to its special features, such as¹⁾:

- in this field we can not talk about a real market in terms of socio-economy, because, on the one hand changing supply and demand does not influence price change, and on the other hand, some organizations which have a monopoly for a certain service limits consumers in choosing medical staff or provided services;
- offering medical services is directly influenced by government policy, and demand is determined by the insurance, availability of resources (financial and human) and the work of family doctors, and less by the disease among the population;
- consumers who are not insured pay directly for the services they receive, but for ethical reasons emergencies and patients with serious problems are treated even if they have no insurance and no ability to pay, these services being reimbursed either by FNUASS or by MSP budget, as appropriate;
- Health organizations have a dual hierarchy of power: medical specialists (doctors, nurses) and financial and administrative management, each with different purposes;
- the characteristic of intangibility of services manifests itself strongly in this area, especially from the consumer perspective, due to lack of information on how to provide services and their price, how to make decisions, behavior on how to purchase and consume, and the limited capacity of assessing the quality of service and of the final result etc .;
- within health care, the outcome of heavily depends on consumer's involvement, for example, active participation of the patient in getting treatment, changing diet or other habits that contribute directly to achieving the expected service..

Product policy within health care

- the package of basic services - is provided to those insured persons who are optionally insured - includes health care services, health care, medicines, medical equipment, medical devices and other services the insured ones are entitled to and which are supported by FNUASS, under framework contract;
- the minimum package of services - is granted to persons who do not prove to be insured and include medical services only if surgical emergencies and illnesses potentially edemo-epidemic, including those under the National Vaccination Program, monitoring pregnancy and the child wife , family planning, set by the framework contract.

Even though health services can be considered as being based on the performance of health care professionals, it can be said that benefit support plays an important role in achieving the service by its quality and how it is perceived by the consumer.

¹⁾ *Managementul spitalului*, National School of Public Health and Health Management, Bucharest 2012.

Price policy within health care

According to the framework contract regarding the conditions for granting medical assistance within the health insurance system, produced annually by the National Social Health Insurance, health care providers payment can be done in several ways:

- a) through charge per insured person, charge per medical service - primary care and outpatient specialty;
- b) through charge per resolved case, charge per day of hospitalization, the medical service charge - in health care in hospitals and other health units, public or private, outside the outpatient ones;
- c) through settlement price for medicines, medical equipment, medical devices and other alike, which provides within national health programs in the list approved by the minister of public health;
- d) through reference price for certain medical services;
- e) through overall budget for public ambulance services.

From the perspective of a consumer of health care, the main forms of payment are: compulsory social insurance, private health insurance, direct payments and co-payments.

Social insurance - compulsory for both employees and employers - paid monthly even if they currently do not benefit from health services;

Private health insurance is optional and may be signed either through an insurance company or directly with the service unit.

Some clinics and private health organizations also use other form of contributing such as the purchase of an annual subscription that provides free recipient for a basic package of services. The subscription can be purchased both by individuals and by legal entities that can offer its employees the opportunity to take care of their health.

Direct payment is required if the beneficiary of medical services does not have health insurance or if those services are not listed in the list of those that may be settled by CNASS.

Co-payment is practiced frequently, both in public and in private sanitary units as a form of payment that the beneficiary of the service or of a certain type of medical investigations (tomography, echography, etc.) has to bear to cover the price difference that can not be settled by CNASS.

Placement/ distribution policy within health care

In health there is a wide range of services, which often are provided grouped as: preventive and curative health services; emergency services; preventive services etc., and are distributed as follows:

- **Preventive and curative health care**, which is provided through:
 - a) outpatient medical offices of family physicians and other specialties, diagnostic and treatment centers, medical centers, health centers, laboratories and other public and private health units;
 - b) public and private health units with beds;
 - c) medical recovery activity is ensured by public or private, specialty medical units with legal personality, sections, departments and recovery laboratories, outpatient recovery units, as well as spa tourism and recovery companies legally constituted.

- **Emergency medical assistance** is ensured by specialized emergency units and public or private medical transport, as well as by the emergency reception facilities organized for this purpose.
- **Preventive care** in collectives of preschoolers, pupils and students is ensured through medical practices organized by law in public or private preschools, schools or universities or through individual family doctors offices, as appropriate.

Promotion policy within health care

According to Law no. 95/2006 on health reform there have been set out ways in which mass media to be used in the interest of public health, as follows:

- Information, education and communication campaigns on issues concerning public health must be approved by the Ministry of Public Health;
- The Romanian Radio Broadcasting Corporation and the Romanian Television Company are obliged under the program schedules to reserve free airtime needed to promote information, education and communication campaigns on issues concerning public health.

Over time, both the promotional activity and the communication one, carried out by health organizations haven't targeted the ultimate consumer, but focused on the work of doctors in primary care, which through the system of recommendations and references contributed to increasing demand for specialized services.

Staff policy within health care

Staff policy is considered a component of the marketing mix, given that, on the one hand, the most effective means of communication is the staff, and, on the other hand, the character of inseparability of services involves increased attention directed towards human resources management, in order to make recruitment and selection of the most prepared people, as professionalism, courtesy, skills and how to interact with the consumer, are the most relevant issues that put their mark on service quality and shape the overall image of the organization

Political power and public opinion within health care

Political power and public opinion are considered components of the marketing mix, taking into account that, over time, both the extent and form of state involvement in the economy, have undergone significant changes and acquired features within each country due to dependence on the political factor on the one hand and on imperfection and market characteristics, on the other hand. But it is undeniable that over the years, the state's responsibilities have increased both in importance and in scope.

Conclusion

Based on the motto "it is easier and cheaper to prevent than to cure", we can say that a modern system of health firstly involves targeting and intensifying efforts to activities related to prevention, with the aim of protecting health and preventing sickness.

Risk of disease may, however, have multiple causes, such as those related to individual behavior (alcohol, tobacco, drugs, excessive and unhealthy diet, physical inactivity, excessive use of drugs, etc.), social risk (stress accumulated due an overloaded work schedule, loss of job, etc.) or risk caused by environmental factors (pollution, water quality etc.).

It is therefore highlighted the crucial role of the communities of the Romanian state in terms of ensuring the socio-economic and administrative framework to allow reducing health risks for the population, increasing the birth rate and providing the necessary support for health care. The right to health care is a constitutional right, which means that every citizen, regardless of social, material status or of its importance in economic and social life, must have unconditional access to health services.

Unfortunately, structural reforms initiated by agencies of the state in health were primarily targeted towards the development of private health facilities and less towards supporting those in the public system, thus creating an unfair competitive market both in terms of offered services and human resources.

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