

**FM's relationship with health insurance**  
**The system of relationships in family medicine**  
**Patients' rights and obligations**

**The conclusion of the contract with the Health Insurance House**

1. the request for entering into a contractual relationship with the health insurance house
2. Evidence of supplier evaluation as well as of work points, as the case may be
3. account opened at the State Treasury or account opened at the bank
4. unique fiscal registration code, personal numeric code (copy BI / CI as the case may be) of the legal representative, the doctors and the medical staff
5. the proof of the civil liability insurance in the medical field for the provider, except for the individual medical offices and the limited liability companies, with only one doctor employed.
6. a proving document by which the medical-sanitary personnel exercise their profession at the provider
7. copy of the document attesting the professional degree for the doctors
8. member certificate of the Romanian College of Physicians for each doctor
9. certificate of member of OAMGMAMR (Nurses Association) for the average sanitary personnel
10. the activity program of the medical office, work place, secondary office, doctors and no hours / day for the health personnel (annex to Ord. 397/836/2018) - according to the annexes
11. list, in electronic format with the persons registered for the newcomers
12. the list in electronic format including the persons registered on the list at the date of submission of the contract request, for the doctors who were in contractual relationship with CNAS (National Health Insurance Company) in the previous year

**Activity program**

The activity program of each family doctor, organized according to the specific conditions in the area, must provide on average daily, from Monday to Friday, a minimum of **5 hours at the medical office and 2 hours at the home of the insured** , according to the schedule of home visits. .

The providers of primary health care services provide medical services within the program established by them. For the provision of **medical services 24 hours a day** , including Saturdays, Sundays and legal holidays, in addition to the work program, the Ministry of Health organizes, through the public health departments, **the permanent centers**.

For the periods of absence of the family doctors, the **taking of medical activity by another family doctor** is organized . The replacement conditions are established by norms.

## **The medical services settled by the Health Insurance Company**

A . The minimum package of medical services in primary health care comprises the following types of medical services:

**Medical services for emergency medical-surgical situations** are provided within the limits of the competence and technical endowment of the medical office in which the family doctor operates

**Surveillance and detection of diseases with potential endemo-epidemic** assessment of environmental factors, advice on food hygiene and detection of diseases with potential endemo-epidemic - clinical examination, presumptive diagnosis, referral to specialized structures for investigations, confirmation, appropriate treatment and hygienic measures. specific toilets, as the case may be.

### **Consultations to monitor the evolution of pregnancy and delusion**

highlighting in the first quarter;

the supervision, monthly, from the third month to the 7th month.

supervision, twice a month, from the 7th to the 9th months inclusive;

monitoring of the leprosy at the maternity discharge - at home;

follow-up of the leprosy at 4 weeks after birth;

### **Family planning consultations**

counseling the person on family planning;

indication of a contraceptive method.

**Prevention services - preventive** consultation for persons over 18 years of age for the prevention of diseases with major consequences in morbidity and mortality is given every 3 years and includes:

- consultation (history, objective examination, diagnosis);
- recommendation for paraclinical examinations for inclusion in a risk group;
- medical advice, dietary hygiene recommendations.

### **Support activities**

examination to ascertain the death with or without the issue of medical documents issuing the medical certificate confirming the death, except for suspicious situations that require forensic expertise, according to the Order of the Minister of Justice and the Minister of Health no. 1134 / C-255/2000 for the approval of the Procedural Norms regarding the carrying out of expertise, findings and other medico-legal works.

## **B. Basic services package in primary health care**

### **Healing medical services**

Medical services for emergency medical-surgical situations:

emergency medical care - medical history, clinical examination and treatment - is granted within the limits of the competence and technical endowment of the medical office in which the family doctor operates.

The services are provided both for the insured persons registered on their own list and for the insured persons registered on the list of another family doctor who is in contractual relationship with a health insurance company.

**Consultation in case of disease for acute, subacute and acute conditions of some chronic diseases, which includes the following activities:**

anamnesis, general clinical examination;  
some specific maneuvers that the doctor considers necessary;  
recommendation for paraclinical investigations to establish the diagnosis and for monitoring;  
maneuvers of small surgery, as the case may be;  
establishing the therapeutic conduct and / or prescribing the medical and hygienic-dietary treatment, as well as training the insured in relation to the therapeutic and prophylactic measures;

**Prevention and prophylaxis medical services**

**Preventive consultations - are periodic active consultations offered to people aged 0-18 years regarding:**

growth and development;  
nutrition status and nutritional practices;  
the detection and intervention accordingly for the risks specific to the age / sex group; preventive services for children by age and sex groups, according to annex no. 2 B the order.

**The frequency of consultations will be as follows:**

at maternity and 1 month discharge - at the child's home;  
at 2, 4, 6, 9, 12, 15, 18, 24, 36 months;  
once a year from 4 to 18 years.

**Consultations in order to monitor the evolution of pregnancy and leisure, according to the legal provisions in force:**

- highlighting in the first quarter; a consultation is settled;
- The supervision, monthly, from the 3rd to the 7th month, sets up a consultation / month.
- supervision, twice a month, from the 7th to the 9th months inclusive; two consultations / month are settled;
- monitoring of the leprosy at the maternity discharge - at home; a consultation is settled;
- follow-up of the leprosy at 4 weeks after birth; a consultation is settled.

Pregnancy supervision promotes exclusive breast feeding of the child up to the age of 6 months and its continuation up to a minimum of 12 months, HIV testing recommendation, viral hepatitis with virus B and C, pregnant woman's lues, as well as other necessary paraclinical investigations, among those provided in the basic package

Preventive consultations for the assessment of the individual risk for the asymptomatic adult that is given at the office of the family doctor actively to the adults of the general population - without signs of illness - will be carried out as follows:

**All asymptomatic persons between the ages of 18 and 39 - once every 3 calendar years,**  
**All asymptomatic persons aged > 40 years, annually**

Surveillance (assessment of environmental factors, food hygiene counseling) and detection of diseases with potential endemo-epidemic (clinical examination, presumptive diagnosis, referral to specialized structures for investigations, confirmation, appropriate treatment and hygienic-sanitary measures)

**Consultations for granting family planning services:**

counseling the woman on family planning;  
indicating a contraceptive method in people without risk.

**Support activities**

**The support activities are represented by the issuing of the following medical documents, as a result of their own medical act:**

- sick leave
- sending tickets;
- medical prescriptions;
- medical records for children in case of illness;
- medical documents necessary for children for whom a special protection measure has been established, according to the law;
- medical certificates for enrollment in the community - issued at the annual exams of preschoolers and students and only at enrollment in each cycle of education and epidemiological notices for (re) entry into the community, according to the Order of the Minister of Education, Research, Youth and Sport and of Minister of Health no. 5298/1668/2011 for the approval of the Methodology regarding the examination of the health status of the preschoolers and the students from the state and private / authorized educational units, regarding the granting of the free medical assistance and for the promotion of a healthy lifestyle, with the subsequent modifications and completions;
- medical certificate confirming the death, as a result of the examination for finding the death, except for suspicious situations that require forensic expertise, according to the Order of the Minister of Justice and the Minister of Health no. 1134 / C-255/2000 for the approval of the Procedural Norms regarding the carrying out of the expertise, findings and other medico-legal works;
- The synthetic medical record required for children with disabilities for the classification and reassessment of disability, according to the Order of the Minister of Labor, Family, Social Protection and the Elderly, the Minister of Health and the Minister of National Education no. 1985/1305/5805/2016 regarding the approval of the methodology for the evaluation and the integrated intervention for the classification of children with disabilities with a degree of disability, of the school and professional orientation of children with special educational requirements, as well as for the ability and rehabilitation of children with disabilities and / or special educational requirements;
- employment certificates for the unemployed beneficiaries of the basic package.

### **Drug administration services:**

- administration of medicines - intramuscular, subcutaneous, intradermal, intravenous or infusible, as the case may be, for medicines recommended by family doctors as a result of their own medical act, is granted to the insured persons on the family doctor's own list, during the work program in cabinet.
- administration of the directly observed treatment scheme (DOT) for the confirmed TB patient, is granted to the insured persons on the family doctor's own list, during the work program in the cabinet, in compliance with the provisions of the Order of the Minister of Health no. 6/2018 regarding the modification and completion of the Order of the Minister of Health 1171/2015 for the approval of the Methodological Guide for the implementation of the National Program for the prevention, surveillance and control of tuberculosis.

### **Medical Cabinet revenues**

The settlement of the medical services in the primary care is done by:

Payment by tariff per insured person: the amount due to establish in relation to the number of points calculated according to the number of insured persons registered in their own list, according to the structure by age groups, adjusted according to the conditions in which the activity is carried out, by the professional degree and with the value of a point, established by norms. The definitive value of the point is unique in the country and is calculated by the National Health Insurance House through the quarterly regularization;

Payment for services for the services supported by the House and established by the framework contract.

The revenues obtained represent the revenues of the medical service providers from which the following categories of expenses are borne:

Personnel expenses for medical office staff: doctors, medical staff and other personnel categories;

Expenses for administration and operation of the medical office, including capital expenditures;

Expenditure on medicines and sanitary supplies for the emergency kit.

The medicines and sanitary supplies for the emergency kit are established by order of the Minister of Health.

### **The rights of the healthcare provider**

In the contractual relations with the Health Insurance Houses, the providers of medical services from the primary health care have the following rights:

**to receive the value of the medical services actually performed, according to the contracts concluded with the Health Insurance Company;**

**be informed permanently and in advance of the conditions of the provision of medical services;**

**to know the conditions for contracting the medical services supported by the fund allocated to the primary health care and settled by the health insurance houses;**

**to collect the value of the medical services that are not included in the basic services package.**

## **Obligations of the Health Insurance Company**

In the contractual relations with the medical services providers from the primary health care, the Health Insurance Houses have the following obligations:

**To enter into contracts only with authorized and accredited primary health care providers;**

**To control the activity of the medical service providers in the primary health care, according to the clauses in the contracts concluded with them;**

**To verify the prescription of medicines and the recommendation of the paraclinical investigations by the medical service providers in the primary healthcare;**

To report to the National Health Insurance House the requested data regarding the activity performed by the medical service providers;

To settle the medical services providers, within the terms stipulated in the contract, the value of the services contracted and provided on the basis of the invoice accompanied by the employees regarding the performed activity;

To ensure a permanent system of informing the insured about the means of maintaining health, in order to reduce and avoid the causes of illness;

To use a unitary and confidential information system corresponding to providing at least one primary record of the diagnosis and therapy applied to each insured person;

To communicate to the family doctors, in order to update their lists, the persons who have lost the quality of insured person;

To permanently inform the medical service providers of the primary health care about the contracting conditions and to make public the definitive values of the points resulting from the quarterly regularization;

To provide, at the request of the Ministry of Health, through the public health directions, the identification data of the persons, registered with them, for the diseases with mandatory nominal declaration;

To monitor the number of medical services provided by the providers with whom it is in a contractual relationship;

To keep the distinct records of the insured from the lists of family doctors with whom he has concluded contracts for the provision of medical services.

## **The system of relationships in family medicine**

**The relationships in the health system are established with:**

- **The work team**
- **Other family medicine units**
- **Secondary health care network, such as specialized outpatient clinics and hospitals**
- **The tertiary network, such as recovery sanatoriums**
- **Preventive medicine centers**
- **Other health networks**
- **pharmacies**
- **Traditional medicine**
- **National and international medical scientific associations and societies**
- **Relationships outside the health system are established with:**

- Patients and their families
- Educational units participating in population training
- The social assistance network
- Representatives of local and central power (mayors, prefectures)
- Governments of institutions and enterprises in the territory
- The Red Cross Society
- Professional associations

## **Relationships in the healthcare system**

### **1. Relationship with the work team**

**In the relationship with the working team with which he collaborates, the family doctor must know that the efficiency of the medical care depends on:**

- competence of team members (decisive factor)
- diagnostic possibilities
- the existence of functional circuits
- organizational facilities
- team humanism (vocation, dedication)
- health status of the team

**In relation to other family medicine offices there must be good cooperation, understanding and effective information exchange.**

### **2. Relationship with the secondary network**

In the relation with the secondary network (with the other specialties), it is assumed that they treat the patients assisted by the family doctor, which requires the delimitation of the specific competences and of the common actions, based on communication and mutual unconditional help.

**In this relationship the family doctor is the nodal point of the collaboration because he is the one who does:**

- (1) the synthesis, integration and final assessment of the quality and efficiency of the different medical documents, using the essential information about the disease**
- (2) he is the safe doctor who provides continuous medical care to the patient.**

**The family doctor will cooperate interdisciplinary, develop his medical relations, because the high diversity of morbidity will raise multiple problems in the territory.**

**Will be aware of the developmental disorders, organic or mental disorders of his patients**

**It will decide when to target or transfer the patient to a specific service, thus making a bridge to different specialized services.**

**In his medical and curative activity the family doctor will take into account:**

- of the new elements provided by specialized investigations and interdisciplinary consultations, which will be analyzed, reconsidered and evaluated whenever necessary
- of therapeutic behavior, specific to the case
- of the limits of his medical competence
- of the benefits to the patient through his activity and through the collaboration with the secondary healthcare.

**3. Relations with the hospital**

In the relations with hospitals, the underestimation of the family medicine specialty determines the overcrowding of hospitals with patients, which do not require hospitalization and which can be resolved at home.

**The hospitalization is performed under certain conditions related to:**

- (1) the diseases presented by the patient, which require special investigations to establish the diagnosis,**
- (2) specialized therapy,**
- (3) the risk of the disease for the community,**
- (4) by the negative influence of the environment on the patient,**
- (5) by the patient's refusal to cooperate (non-compliance)**
- (6) the inability of the patient to solve the problems related to his care.**

**In the relationship with the hospital**

will follow the patient during hospitalization,  
will take the patient on discharge  
home care will continue

In this system of relationships, the hospitals have for the family doctor apart from the curative role and the role of administrative, organizational, educational and research center.

**The system of relations between family medicine and the other specialties must start from the principle of recognition, understanding and acceptance of the specialty of family medicine, knowledge and compliance with the health legislation.**

**4. The relationship with pharmacies**

The family doctor also maintains relationships with pharmacies, which not only deliver medicines, but also give the population advice about prescriptions.

**5. Relationship with traditional medicine**

The relationship of FM with traditional medicine (considered a collection of concepts, traditional practices, transmitted and perfected over generations), must recognize and,

when appropriate, lend, develop and recommend traditional therapeutic knowledge with scientific substrate (apiterapy, phytotherapy, acupuncture, pre-puncture, etc.).

## **Relationships outside the health system**

### **1. The doctor-patient relationship**

It is the most important relationship of the family doctor.

This is subordinated to more or less visible elements and conditioned by the personality of the doctor who offers his services and the personality of the patient who requests and/or receives these services.

There is the appearance of the phenomenon known as the effect of the doctor, which accompanies the development of the medical act in all its stages, influencing positively or negatively its completion and acting on the patient.

The physician is often referred to the physician for fear of illness, not just to assess his or her health, sometimes and as a result of random analysis of his or her health problems.

**The decision to go to the family doctor can have the following effects:**

- (1) positive through autonomy and responsibility in the face of benign disorders, family pathology or long-term illnesses**
- (2) negative effects through non-addressing or late addressing.**

**The negative effect, not addressing the family doctor for health problems appears:**

- (1) more frequently in the elderly,**
- (2) when the patient is unable to talk about his health problems,**
- (3) when he thinks that he will be subjected to an unpleasant examination**
- (4) when the insured has a low level of culture.**

**In the doctor-patient relationship the fidelity / infidelity ratio can have a double meaning.**

About 80% of patients do not change their family doctor, the percentage of 20% of infidelity forcing the doctor to analyze the causes of the lack of cooperation with the patient and the reasons that determine him to contact another family doctor.

Fidelity is the natural consequence of the relationships established over the years between the two, with beneficial effect on the medical measures.

In general, the choice of the family doctor is determined by chance, sometimes based on the recommendation of the family, the entourage or another doctor.

Usually the doctor's acceptance is done after the first consultation.

Failure to accept may occur immediately or later, depending on the personality of the physician, whether or not it corresponds to the patient's personality.

Over time it can sometimes be seen that the doctor-patient relationship is altered, which can even lead to an irreversible rupture.

**Permanentization of the doctor-patient relationship is based on**

- the patient's confidence in his doctor,
- in the interest of the doctor regarding his health problems,
- on its competence and professionalism,
- on the patient's knowledge and understanding of his problems,
- on accessibility and promptness,
- for continuity in the care provided
- on the success rate regarding the healing or improvement of the patient's suffering.

**The principles of FM in relation to patients, family and community are:**

- Satisfying the interests of the patient, family, community, collaboration with medical and extra-medical factors
- Promoting an optimal doctor-patient relationship with the involvement and identification of the patient's suffering, leaving him / her freedom of action
- Preserving the dignity of the patient by performing the stimulative-formative function
- Promote an attitude of understanding of the assistant
- Providing permanent medical care
- Chronological investigation of the manifestations of the disease (longitudinal knowledge of the natural history of the disease)
- The application of therapeutic healing techniques and economic recovery

**Social health insurance is the main financing system for the protection of the health of the population that provides access to a package of basic services for the insured.**