

REORGANISATION OF HOSPITAL SYSTEM – A KEY FACTOR IN REFORMATION OF THE REPUBLIC OF MOLDOVA’S HEALTH SYSTEM

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Topicality. Starting with the middle of the '90s of the previous century, the Republic of Moldova started to implement a series of important reforms, aimed at improving the access and quality of the services for increasing the efficiency and the performances of the health system. The aim of the research is the analysis of the Regionalization Plan of the Hospital Services and the assessment of medical workers opinion from district and republican hospitals regarding the envisaged transformations, in order to elaborate conclusions and recommendations that will be considered at the stage of reform's implementation. The object of the research is the physicians of different profile (therapeutic, surgical, diagnostic), which work in republican and district hospitals. Methods: questioners, statistic data analyze, comparative method. Results. The logic of the regionalization suggests a reality, and namely, the need to transfer the physicians from the republican institutions to regional hospitals will be little. As a result, it will be applied only for the provision of the highly specialized services, for the solution of the associated cases or for the use of certain sophisticated methods of diagnosis and treatment (cardiac catheterization with subsequent plasty, etc). Therefore, it can be appreciated positively the fact that only 1/5 of physicians that work in the republican hospitals accept to commute or the transfer. It is more regrettable another reality, which shows that almost 1/2 of the specialists from the republican medical institutions generally do not want the regionalization and boycott the reform, just when they should promote the change. It results that mainly these physicians plead for the continuous maintenance of poor quality of hospital medical assistance, for the access limitation of the rural population at quality health service and, as consequence, and the financial burden to be left on patients shoulders – a fact mentioned in all the reports of foreign experts. Therefore we made the conclusion that as our society cannot get rid of the principles of health Semasko system for 25 years, so our physicians, especially the elderly and the most qualified – continue to guide themselves of stereotypes deeply rooted in the past.

Key words: *hospital system, reform, Healthcare System, opinion survey, medical workers, regional and republican hospitals.*

Actualitate. Începând cu mijlocul anilor '90 ai secolului trecut, Republica Moldova a demarat implementarea unui șir de reforme importante, îndreptate spre îmbunătățirea accesului și calității serviciilor pentru a spori eficacitatea și performanțele sistemului de sănătate. Scopul cercetării constă în analiza Planului de Regionalizare a Serviciilor Spitalicești și evaluarea opiniilor lucrătorilor medicali din spitalele raionale și republicane cu privire la transformările desfășurate, în vederea elaborării concluziilor și recomandărilor, care vor fi luate în considerare la etapa implementării reformei. Obiectul cercetării îl constituie medicii de profiluri diferite (terapeutic, chirurgical, diagnostic), care activează în spitalele republicane și raionale. Metodele de cercetare: chestionarea, analiza datelor statistice, metoda comparativă. Rezultate. Logica regionalizării ne sugerează o realitate, și anume, că nevoia de transfer a medicilor din instituțiile republicane în spitalele regionale va fi mai mică. Drept urmare, se va recurge la aceasta doar pentru prestarea serviciilor înalt specializate, a soluționării cazurilor asociate sau a utilizării unor metode sofisticate de diagnostic și tratament (cateterismul cardiac cu ulterioara plastie etc.). De aceea, chiar și faptul, că doar 1/5 dintre medicii, care își desfășoară activitatea în spitalele republicane, acceptă naveta sau transferul poate fi apreciat pozitiv. Mai regretabilă este o altă realitate, care vădește, că aproape 1/2 din specialiștii din instituțiile medicale de nivel republican nu acceptă regionalizarea și boicotează reforma, pe când tocmai ei ar trebui să promoveze schimbarea. Rezultă, că tocmai acești medici pledează în continuare pentru menținerea calității joase a asistenței medicale spitalicești, pentru îngrădirea accesului populației rurale la serviciile medicale de calitate și, drept urmare, pentru ca povara financiară să rămână pe umerii pacienților – fapt menționat în toate rapoartele

experților străini. Concluzia care se impune este că, timp de 25 de ani societatea noastră nu se poate debarasa de principiile sistemului de sănătate Semașko, iar medicii noștri – în special cei mai în vârstă și cei calificați – continuă să se conducă de niște stereotipuri adânc înrădăcinate în trecut.

Cuvinte-cheie: sistem spitalicesc, reformă, Sistem de Sănătate, sondaj de opinie, medici, spitale raionale și republicane.

Актуальность. Начиная с середины '90 годов прошлого столетия в Республике Молдова началось внедрение ряда важных реформ, направленных на улучшение доступа и качества медицинских услуг. Целью исследования является анализ Плана Регионализации Медицинских Услуг и выявление мнений медицинских работников районных и республиканских больниц по отношению к осуществленным изменениям, в целях разработки рекомендаций, которые будут учтены на этапе внедрения реформ. Объектом исследования являются разно-профильные врачи (терапевты, хирурги), работающие в республиканских и районных больницах. Методы исследования: анкетирование, анализ статистических данных, сравнение. Результаты: Логика регионализации подсказывает, что необходимость перехода врачей из республиканских больниц в региональные, будет низкой. К этому будут прибегать только в случае необходимости предоставления узкоспециализированных услуг, связанных с ними случаев или использования сложных методов диагностики и лечения (катетеризация сердца с последующей пластикой, и т.д.). Таким образом, даже тот факт, что только 1\5 врачей, работающих в республиканских больницах, регулярно ездят или переходят в районных, можно рассматривать позитивно. К сожалению, есть и другая реальность, которая показывает, что почти 1\2 специалистов медицинских учреждений республиканского уровня не поддерживают регионализацию и бойкотируют реформы, а ведь именно они должны продвигать реформы. Отсюда следует, что именно эти врачи выступают и в дальнейшем за низкое качество медицинских услуг, за отсутствие доступа сельского населения к качественным медицинским услугам и, как следствие, за то, чтобы вся тяжесть медицинских затрат оставалась на плечах пациентов. Этот факт отмечается во всех отчётах иностранных экспертов. Вывод, который был сделан, состоит в том, что на протяжении более 25 лет с тех пор, как начались социальные преобразования, наше общество не может избавиться от принципов системы здравоохранения Семашко, таким образом, врачи, особенно самые старшие и квалифицированные, продолжают руководствоваться стереотипами, глубоко укорененными в прошлом.

Ключевые слова: больничная система, реформа, Система Здравоохранения, опрос, врачи, районные и республиканские больницы.

JEL Classification: J13, J15, I18, I19, H51.

Introduction. Starting with the middle of the '90s of the previous century, the Republic of Moldova started to implement a series of important reforms, aimed at improving the access and the quality of the services for increasing the efficiency and the performances of the health system. These changes were made primarily for prioritizing the primary health care (PHC) by the foundation of the Centers of Family Physicians, the implementation of the diseases control programs (immunizations, MHC, TB, HIV) and they were supported by the reforms of the financing system through the introduction of the mechanism of compulsory health insurance (CHI). The efficiency of the mentioned measures was proved by multiples results, appreciated by the international partners.

Meanwhile, the Government of the Republic of Moldova and the Ministry of Health confirmed the need to continue the reformation of the health system in order to improve the quality of the services and satisfaction degree of the population regarding the health services. This aim refers to different levels of inpatient services (hospitals), which have an important place in the health system due to the considerable quantity of human, financial and infrastructural resources and due to the contribution in maintaining the population's health and social values.

There are 84 public and private hospitals in the Republic of Moldova with a number of 22 021 beds, 73 of which are public hospitals with a number of 21 817 beds. In 2010, there were allowed 50,7% from financing for the payment of current health services (basic fund) that covered 553,487 treated cases. The technical situation of the hospitals buildings is unsatisfactory and most of the medical equipment is old and worn integrally.

We can mention the fact that not all the persons benefit from quality health services because of a limited range of profiles and old technologies that do not reflect the population's needs.

There is an overcapacity and duplication of the health services in Chisinau municipality (almost 53% of beds capacity, or 42 beds from 84 are in Chisinau), fact that limited the access of the population from the rural sector. The republican specialized institutions are concentrated in the capital, including the mono-profiled institutions (for example: infectious diseases, traumatology and orthopedics, oncology, cardiology, neurology and neurosurgery, tuberculosis, dermatovenerology, etc.). It is a situation that does not allow the provision of the health services in a multidisciplinary way and doubles the utilization of the resources and highly concentrates the specialized services in capital. In the same time, 34 district hospitals (apparently general hospitals according to the types of services) provide health services for different districts on the population's number and its health needs.

Due to the fact that the hospitalization rate in the Republic of Moldova is almost equal with the average rate of the European Union, there is evidence proving that a significant number of hospitalizations is not justified according to the EU standards. Another concern is the low quality of surgical, perinatal services and of specialized health services in district hospitals, due to a reduced number of surgeries, births and complicated medical cases that cannot be solved locally.

The Government established as priority in the Program of activities for 2011-2014 – “The restructuration of public hospitals network based on the principle of economic efficiency, security and quality health services according to the General National Plan of the Hospitals”. This activity corresponds to the best practices of organizing the health care in hospitals and according to it, the reformation of the hospitals will have the following objectives: 1) Adequate access (geographic, financial) to the services; 2) High quality of provided services; 3) Efficient collaboration and coordination between all levels of medical and hospital assistance and with other medical services (primary health care and emergency health care); 4) Encouraging the efficient use of the resources (financial, institutional and human); and 5) The satisfaction of the patients and the community participation.

The National Master Plan of Hospitals was elaborated by the TOP Konsult with the support of the World Bank and includes the proposal to organize the network of hospitals in 9 districts networks. These district networks will include the medical services of 1st and 2nd level with a referral system to territorial institutions/national centers of excellence for specialized health services.

In 2013, the Ministry of Health has the intention to hasten the implementation of the reform on hospital field. Plus, there is an active interest from the part of potential partners PPP to invest in the rehabilitation of the selected district hospitals.

This action aimed at supporting the Ministry of Health in the development of operating mechanisms of the health reforms and the elaboration of a more specific implementation strategy for the health services regionalization, activity included initially in the Master Plan.

The major objective of this mission was to elaborate a detailed Framework Plan for the reorganization of the specialized and highly specialized health institutions that will allow the implementation of the realization map of policies in Moldova, the establishment of a common hospital system of health management, the decentralization of the primary health care and the implementation of the quality management system in all health institutions.

However, there was not paid attention, during the elaboration of the regionalization plan, to the opinion of the medical staff, fact that would have a significant influence at the stage of the implementation.

We had the intention to highlight more deeply the aspects of the medical staff opinion from hospitals in realizing thus study, considering the abovementioned facts: the contradiction between the population's expectations on access to high performance health services closer to the place of residence and the resistance of the medical staff toward the reformation of the hospital field.

The aim of the research is the analysis of the Regionalization Plan of the Hospital Services and the assessment of medical workers opinion from district and republican hospitals regarding the envisaged transformations, in order to elaborate conclusions and recommendations that will be considered at the stage of reform's implementation. The object of the research is the physicians of different profile (therapeutic, surgical, diagnostic), which work in republican and district hospitals.

There were elaborated as objectives of the research the following points:

1. Analysis of the Regionalization Plan.
2. Determination of the information level of the physicians regarding the Regionalization Plan.

3. Assessment of the medical staff opinion from district and republican hospitals regarding the main components of the regionalization project of hospital services.
4. Determination of the key reason on which relies the opinion of the respondents and the physicians flexibility in case of implementing nationally the project.
5. Elaboration of some recommendations that should be considered at the stage of reform's implementation.
6. The realized researches, the fundamental of this work, were drawn up according to an analytical plan, i.e. there were presented descriptive hypotheses.

The achieved results confirm the initial work hypothesis, and namely, the passing from the old health system (the so-called Semashko system) to the decentralization of the hospital field is, in the physicians perception, conditioned by the economic crisis from the country and the low possibilities of the state to fund the health system, and the rooted stereotypes, formed over the years.

The hypothesis, according to which the physicians that work in republican hospitals are more informed about the objectives of the Regionalization Plan of the Hospital Services being the consequent adepts and promoters of this reform, confirmed partially. On the contrary, the results of the research showed that there is an inverse relationship: the higher is the level of information on the regionalization project of hospital services, the lower is the support of the reform.

This result can be explained by the fact that the decision bodies from the health system paid an insufficient attention to the questions on education and, especially, the popularization of the new reformation initiatives of the hospital system.

It is regrettable the fact that the majority of those who are called to implement the Regionalization Plan, actually do not support it. Thus, 15% of those who are against the regionalization reform reasoned their position by the fear of losing the job; every tenth would refuse to work in another hospital or in another district, and the overwhelming majority of the interviewed (76%) consider generally that the idea of regionalization will not be successful.

The sociological study indicates the fact that the majority of the respondents (51,2%) overreached the age of 50, of which more than a quarter are of 60 years old, and more than a third (36,8%) work in the medical field for more than 30 years. Analyzing these figures it is shown that the issue of the medical staff rejuvenation remains actual for the future of the health system from the Republic of Moldova.

The study shows that there is a direct relationship between the qualification degree of the physicians and the information level on the regionalization of the hospital services.

Thus, over three-fourths of physicians, which confirmed that they are acquainted with the regionalization project, are part of the group with superior category and 73% of those acquainted have the qualification degree of 1st category, and 65% – of 2nd category.

The result of the study proves once again that the most informed physicians, from the republican hospitals in proportion of 86% and the less informed physicians, from the district hospitals, in proportion of 40% pronounce themselves against the reform.

Analyzing the results of the research in the light of socio-demographical criteria, we observe that the most convinced supporters of the reform are the young physicians. Thus, the respondents with the age of 30-39 years support the reform of the regionalization in proportion of 45%, in comparison with 23,8% of those with the age of 60-69 years. As a conclusion for this chapter, we can say that the reform is supported by the young people who, mostly, work in district hospital.

A specific subject is the potential beneficiaries of the regionalization reform. Here, 28% of the respondents consider that nobody will benefit of the reform, while almost every fifth (21,2%) interviewed upholds that the majority of all health system participants will benefit from it. Almost a quarter of physicians consider that the main beneficiary of the reform will be the Ministry of Health, 13% – the patients of rural areas, 11% – the physicians of the republican hospitals and only 3% – the physicians from district hospitals.

The analysis of these answers is extremely interesting, especially from the prospect of socio-demographical factors. As, four of ten physicians that work in republican hospitals uphold that nobody will benefit from the reform, whilst only 15% of physicians from districts share this point of view. 36% of physicians that work in district hospitals and only 8% of physicians employed in republican hospitals believe that the implementation of the reform will be benefic for all the participants of the medical system. The most optimistic respondents aged of 40-49, with an experience of 10-19 and those less qualified

(2nd category). The most pessimistic respondents are aged of 60-69, with a professional experience of over 40 years and those who have a higher qualification.

It is regrettable the fact that less than a quarter of physicians (27%) consider that the beneficiaries of the reform will be the patients and the physicians, while the majority of the interviewed (52%) were convinced that there will not be any beneficiary, or the Ministry of Health will be the only beneficiary. And only 20% answered that all benefit from it.

Those are figures, which say that the physicians, generally, do not understand clearly the advantages of the reform and the current situation suits them, without changes. Relying on these figures, we can conclude that the decisions are made without being discussed publicly and without explaining the strong and the weak points of the reform.

The fact that three-fourths of the interviewed physicians consider that the regionalization reform of hospital field will not be successful, and that almost a quarter consider that only the Ministry of Health will benefit from it, shows a generalized decrease of the efforts for realizing the reforms. Therewith, this situation shows the need to intensify the activities of explaining the benefits after the implementation of the reform.

This state of affairs shows that the promoters of the hospital reform and those that elaborate the health policies in Moldova neglected a very important thing, and namely, they did not provide the support of the system professionals – the physicians who, at their turn, have to support, promote and realize this reform, and to convince the patient of its need and efficiency. In this context, we recommend the elaboration of a separate strategy of communication in order to attract on reform's side loyal partners, which will be successful only when it will be supported by the professionals from the system, e population and political factory.

The research ascertained that 58,4% of physicians do not believe that the regionalization will relieve the republican hospitals of the cases burden that can be treated in district hospitals. The majority of the respondents do not understand or do not want to accept the fact that in the republican health institutions, in the centers of excellence where the services are more expensive, the most complicated cases have to be concentrated.

The majority of the physicians prefer preponderantly to solve simple cases. In this situation the patients will have to access the simple medical services at a long distance from their residence.

It is not understood also the fact that through the organization of the district hospitals, located at an average distance of 30 km from the patient, the people from the regions will not have to go to Chisinau and will access easier to the highly specialized, quality and efficient diagnosis services and methods. Almost 60% of physicians do not believe that this intention will be possible to realize and only 40% support it.

Only 46% of interviewed physicians consider that the new district hospitals will provide services of MRC, TC, Angiography, Neonatology of 2nd level and other specialized services, but the majority (54%) doubt about it. The most optimistic at this chapter are the physicians that work in district hospitals, who are younger, with little experience and with a low professional qualification.

This skepticism can be explained by the poor financial situation from the medical system, because every physician understands that to provide regionally such kind of services is very expensive – especially the medical equipment and supplies, and the training of the medical staff in the country and abroad. That is why, in this case, it would be ideal to be implemented the recommendations of the foreign experts: the construction of a regional hospital at Edinet, for the North region (250.000 inhabitants from districts of Edinet, Ocnita, Briceni and Donduseni) with a number of 250 beds. This district hospital – its estimative cost is about 31 million Euros – will serve as a successful example, which will be subsequently repeated in other areas of the country.

The physicians were asked if they would be willing to commute daily to the new regional hospital, which would be possibly located in the neighbor district. Only a third of the respondents that live in a certain district of the Republic of Moldova are willing to commute daily 20-30 km to work, if they are provided with a place of work in the new regional hospital, and 69% refuse to do it. We have to mention that the majority of the physicians from the district hospitals (54%) refuse to commute daily, the same position shared by the older respondents and with a higher professional qualification.

Considering the achieved results, we propose to pay a particular attention to the social package proposed to the physicians that will migrate from their native district. An obvious advantage will be the

inter-district transport offered to the regional hospital or the compensation of the fuel/public transport costs. It should not be neglected nor the idea of offering to physicians good accommodation conditions.

The options of the respondents in case the hospital, they are employed actually, transforms in the Center of Chronic Diseases (CCD) and in a daily inpatient unit, and the specialized services will be concentrated in the new regional hospital, divided as it follows: 18,4% said that they will re-profile and will remain in their district, within a CCD; almost a third (32,2%) admitted that, if they are provided with a place of work in the regional hospital, they will accept it and will commute; and almost a half (49,9%) said that they do not want regionalization and prefer no changes.

It worth mentioning that almost a half (48,7%) of the physicians from district hospitals accept to commute in case they are provided with a place of work at the regional hospital and only every fifth physician from the republican hospitals is willing to do the same.

At this chapter, we observe that almost 2/3 of the respondents from the republican hospitals do not want changes, in comparison with 30% of the employees of district hospitals that do not want the regionalization. However, if we start from the idea that this question has tangent predominantly with the physicians from the district, the fact that 48,7% of them accept to commute is explainable and understandable, but also a great thing.

The logic of the regionalization suggests a reality, and namely, the need to transfer the physicians from the republican institutions to regional hospitals will be little. As a result, it will be applied only for the provision of the highly specialized services, for the solution of the associated cases or for the use of certain sophisticated methods of diagnosis and treatment (cardiac catheterization with subsequent plasty, etc.). Therefore, it can be appreciated positively the fact that only 1/5 of physicians that work in the republican hospitals accept to commute or the transfer.

It is more regrettable another reality, which shows that almost 1/2 of the specialists from the republican medical institutions generally do not want the regionalization and boycott the reform, just when they should promote the change. It results that mainly these physicians plead for the continuous maintenance of poor quality of hospital medical assistance, for the access limitation of the rural population at quality health service and, as consequence, and the financial burden to be left on patients shoulders – a fact mentioned in all the reports of foreign experts.

Within research, we proposed to find out the opinion of the physicians that work in republican hospitals about their transfer, keeping the same position, in another new and modern regional hospital, in case of the implementation of regionalization reform.

We ascertained the fact that, unfortunately, the majority of the physicians (51,4%) from the republican hospitals do not want this fact; fewer – four of ten – would accept the transfer with the condition of being provided with good social conditions; and only 7% would accept unconditionally the transfer from a medical institution of republican level to a district one.

There is a direct relationship between the experience of the physicians, their degree of qualification and the willing to transfer to a regional hospital. Thus, as bigger is the experience and the degree of physicians qualification, as smaller becomes the willing to accept the offer to work in a regional hospital.

Therefore we made the conclusion that as our society cannot get rid of the principles of health Semasko system for 25 years, so our physicians, especially the elderly and the most qualified – continue to guide themselves of stereotypes deeply rooted in the past.

Luckily, de facto, the regionalization Plan does not provide the transfer of a big number of physicians from republican institutions to the regional ones. As consequence, share of 42% of those who would accept the transfer with the condition to be provided with a satisfactory social package, is promising.

One of the objectives of the regionalization Plan is to concentrate, in the new regional hospitals, the cases with a moderate difficulty, in order to relieve the republican hospitals of this burden. In conjunction with this intention, the majority of the interviewed physicians (62,3%) said that they do not believe that due to the regionalization reforms, the complicated cases will be concentrated only in the republican hospitals, cases characteristic for the third level hospitals. The most skeptic were the physicians from the republican hospitals – 78,3% toward 44,5% from district hospitals.

It is a situation that makes us think. How can you plead for the perpetuation of the current situation, when there can be admitted, without any problem, in republican institutions patients with simple appendicitis, with uncomplicated hernia, etc.? These patients should stay in regional hospitals, and not to consume the resources of the republican institutions, which are in financial difficulty. It is a reality that

proves once again that our physicians either do not realize the obvious benefits of the regionalization, or simply are against any change.

Forwards, the respondents were asked to give their opinion about the percentage of residents, willing to work in a regional hospital. Their opinions were divided as it follows: almost a half of interviewed physicians (45,7%) consider that this share consists up to 10%; almost 1/3 have the opinion that this share oscillate between 10 and 30%; 18% of physicians believe that the residents willing to work in a regional hospital are between 30 and 50%; and only 3% chose a share between 50-100%.

The most pessimistic about this prospect are the physicians that work in the republican hospitals, aged of 40-49 and with an experience of 20 and 39 years.

However, as the residents are not so numerous – 722 at the date of 1st of September 2015, such answer can be thankful for the future regional hospitals, especially that these will not be organized in the same period, but gradually, depending on their real possibilities. So, the most probable, it will be open a hospital-model, and after the physicians and the citizens will convince themselves about its benefits, this model will be replied and in other regions of the country. Plus, the attraction of the residents will depend equally on social and financial reasons.

Regarding the provision of the hospitals with physicians, the majority of the respondents (62%) believe that currently there are is a deficit of medical staff at the hospitals they work, toward 38% that have a different opinion. The opinion about the deficit of staff is shared equally by physicians of the republican hospitals (61,9%) and those from district hospitals (62,3%) and by the elderly specialists.

In this case, the answer of the interviewed persons coincides with the real situation from the country. If, several years ago, all the European experts were proving that in the Republic of Moldova there is too many medical staff, actually we are at the same level with the European countries, or even lower. There is ascertained a deficit of physicians and nurses in more important fields, as a consequence of the great exodus of specialists. Plus, those who practice the medicine are not distributed legally and equitably: they predominate in the urban area, in Chisinau municipality and manifest preponderantly in the field of surgical, obstetrical-gynecological, neurological profile. Meanwhile, there is a sharp lack of specialists in the rural area and in primary health care.

It is necessary for the rectification of this situation of a clear and realist strategy of planning, preparation and distribution of human resources, which will cope with the real needs of the field. It is not less important the motivation of the medical staff in order to attract them so they return from abroad in the local sanitary system.

The results of the study allow us to come with a series of recommendations referring to different implied actors, aiming at impelling the reform of hospital system:

1. Bringing the high specialized services closer to the patients from the rural area, by the organization of the Regional Hospitals (a regional hospital for the population served actually by three, four district hospitals). Within these regional hospitals (between three and six at national level) specialized services will be provided, services that can be accessed only in institutions from Chisinau.
2. The development of services for long term and recovery care of chronic diseases based on the current district hospitals, by their reorganization in Centers of Chronic Diseases and Daily Inpatient Units.
3. The conviction and active implication of the local public administration authorities for the change of hospital district paradigm. The support and contribution of LPA in solving the social issues of the medical staff, and of other important situations, will speed up the transformation process.
4. It recommends, for a correct distribution of medical services, the review of the provision level of provided health services (locally, district, regionally, republican) form the point of view of volume and their complexity.
5. The elaboration of certain rules, standards, strict guides for the cases of patients referral from a level of medical assistance to another, fact that will make the republican institutions to solve the cases that are really complicated and complex, not the simple ones, which have to remain at the district or regional stage.
6. The gradual introduction, in the hospital field, of activities that produce quick benefits, without big investments of capital as: mobile unities for cardiac catheterization, MRI, other mini-invasive interventions; programmed unities of investigation based on the model of daily assistance; the improvement of the coordination in the health system. All these will contribute to a provision of more quality and efficient services to the patients.

7. The identification of an area-pilot, where will be organized the first Regional Hospital, which will serve as model and example for other medical institutions. This regional hospital will prove to all actors from the system the benefits and barriers of the regionalization, and the way to act so this concept functions as better as possible. Taking into consideration the made studies, it is recommended to start with the creation of the Regional Hospital from Edinet, for the population of districts Briceni, Edinet, Ocnita and Donduseni.
8. It is necessary the elaboration of a clear and realist strategy of planning, preparation and distribution of human resources, which will cope with the real needs of the field. It is not less important the motivation of the medical staff in order to attract them so they return from abroad in the local sanitary system.
9. The legitimation of developing the residency practice in the regional hospitals.
10. The elaboration of a separate and ambitious communication strategy, through the mass information means, which will allow us to win loyal partners in promoting the reforms. The regionalization reform will be successful only when it will be supported equally by the professionals from the system, population and political factor.
11. The organization of some trainings for the journalists and communicators in order to improve the professional level of those implied in publicizing the process of hospital field reformation, particularly the sanitary system in general. The lack of information leads to ignorance, social apathy and political nihilism – phenomena that can be prevented through intensive, consequent, correct and coherent information about the change process, by the implication in it more and diverse medias – print and broadcast media, internet, multimedia, mobile phone and street advertising. Plus, it is necessary the surveillance of the information content put in the circulation through the mass-media.
12. The introduction, in the curriculum of continuous post-university training, of hours dedicated to the reformation of the health system, implicitly of the inpatient field.
13. All the directives, programs, long-term strategies that refer to the reformation of the health system to be presented to the public opinion for discussions and proposals. In this way we will avoid the situations when the physicians from the high-leveled institutions do not support the changes, so necessary to the system.

REFERENCES

1. World Health Statistics 2012. Global Health Indicators. 2012, part 3 [accesat 11 ianuarie 2016]. Disponibil: http://www.who.int/healthinfo/EN_WHS2012_Part3.pdf
2. Barriers and facilitating factors in access to health services in the Republic of Moldova. 2012 [accesat 21 februarie 2016]. Disponibil: http://www.euro.who.int/__data/assets/pdf_file/0018/183510/e96775-final.pdf
3. Evaluation of the structure and provision of primary care in the Republic of Moldova: a survey-based project. Republic of Moldova Health Policy Paper Series no. 5. 2012 [accesat 16 ianuarie 2016]. Disponibil: <http://www.nivel.nl/sites/default/files/bestanden/Rapport-WHO-Moldavie.pdf>
4. BIROUL NAȚIONAL DE STATISTICĂ. Accesul populației la serviciile de sănătate: rezultatele studiului în gospodării, august-octombrie 2010. Chișinău, 2011 [accesat 11 ianuarie 2016]. Disponibil: http://www.statistica.md/public/files/publicatii_electronice/acces_servicii_sanatate/Accesul_servicii_sanatate_2011.pdf
5. SHISHKIN, S., KACEVICIUS, G., CIOCANU, M. Evaluation of Moldova's 2004 Health Financing Reform: report to the World Health Organization European. 2008 [accesat 11 ianuarie 2016]. Disponibil: http://www.euro.who.int/__data/assets/pdf_file/0010/121132/E94266.pdf
6. TURCANU, G, DOMENTE, S, BUGA, M, RICHARDSON, E. Republic of Moldova: health system review. In: Health Systems in Transition. 2012, vol. 14, no. 7, pp. 1-151. ISSN 1817-6127.
7. CASABONNE, U., KENNY, Ch. The Best Things in Life are (Nearly) Free: Technology, Knowledge and Global Health. Centre for Global Development. Working Paper 252. 2011, may [accesat 21 ianuarie 2016]. Disponibil: http://www.cgdev.org/sites/default/files/1425144_file_Kenny_Casabonne_paper_FINAL.pdf
8. Consulting Services for the development of the regionalization plan for the Republic of Moldova: inception report. Sanigest International. 2012, october [accesat 16 ianuarie 2016]. Disponibil: http://old.ms.gov.md/_files/13223-Regionatlizatlon_Plan_-_Inception_report.pdf

9. Consulting Services for the development of the regionalization plan for the Republic of Moldova: intermediary report. Sanigest International. 2013, april [accesat 16 ianuarie 2016]. Disponibil: http://old.ms.md/_files/14279-%25D0%2594%25D0%25BE%25D0%25BA%25D1%2583%25D0%25BC%25D0%25B5%25D0%25BD%25D1%2582.pdf
10. Consulting Services for the development of the regionalization plan for the Republic of Moldova: final report. Sanigest International. 2013, june [accesat 21 ianuarie 2016]. Disponibil: http://old.ms.gov.md/_files/14389-Regionalization%2520plan%2520-%2520Final%2520Report.pdf
11. FORNA, N.C. Estimate medical services in the Netherlands. In: Economie și Sociologie = Economy and Sociology. 2015, nr. 4, pp. 32-38.

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