

REHABILITATION SERVICES IN ROMANIA – ARE WE ON THE RIGHT TRACK?

Alma PENTESCU¹, Iuliana CETINĂ², Alina Elena OPRESCU³

^{1, 2, 3} “Lucian Blaga” University of Sibiu, The Bucharest University of Economic Studies

Abstract

This paper aims to examine the existing interest for rehabilitation services in Romania and the infrastructure, in the context of global healthcare trends.

Preliminary results: *Although there’s a lack of reliable data and official statistics, data obtained from Google Trends shows interest in such services. In today’s digital world, online plays a significant role in the research process and decision-making. However, poor accessibility, transport barriers, high out-of-pocket expenses and long waiting times contribute to the unmet need for such services. Thus, it is important to enhance data collection regarding rehabilitation services in order to gain a better understanding of the elements which need improvement.*

Keywords: healthcare services, rehabilitation services, healthcare trends, secondary data

JEL classification: M31, I11

1. Introduction

Rehabilitation comprises “a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment” (WHO, 2017a). It plays an important role especially among the elderly and those with chronic conditions, because it reduces hospital admissions and it keeps them independent for longer.

¹ Teaching Assistant Ph.D., Faculty of Economic Sciences, “Lucian Blaga” University of Sibiu, alma.pentescu@ulbsibiu.ro

² Professor Ph.D., Faculty of Marketing, The Bucharest University of Economic Studies, cetina.iuliana@gmail.com

³ Ph.D. Student, Faculty of Marketing, The Bucharest University of Economic Studies, oprescualina@gmail.com

As regards its benefits, rehabilitation can reduce healthcare costs as well as accelerate the ability to return to education or employment. It is particularly important for children, who may need early interventions in order to optimize developmental outcomes.

At the same time, although the demand for such services is growing, in many parts of the world, the financial or human resources needed in order to meet such demands are insufficient. For example, in southern Africa, just 26% of people receive the rehabilitation they need (WHO, 2017a). Even more concerning is the fact that this figure might be relevant also for other low- and middle-income countries, although such studies are lacking.

2. Trends within the global healthcare sector in 2017

Worldwide, the *challenges* of providing and funding healthcare haven't changed much over the last years. The aging population (Pwc), the growing prevalence of chronic diseases, as well as increasing patient knowledge and expectations are among the most important ones.

According to Deloitte (2017), *global healthcare expenditures* will reach \$8.7 trillion by 2020 (from \$7 trillion in 2015). Also, government healthcare expenditures are expected to rise more quickly in low-income countries.

Furthermore, *infrastructure issues* within the public healthcare sector determine countries to adopt different cost-containment measures (for example: moving care to less expensive settings, such as retail clinics, home-based care or even virtual environments; offering standardized clinical processes, in order to use resources more efficiently; using generics).

At the same time, *lack of access to basic healthcare* services as well as *variations in their quality* are persistent problems in many countries. The main reasons for this are the outdated or inadequate infrastructures (facilities, equipment, treatments) as well as the lack of clinicians (Deloitte, 2017).

3. Romania – facts and figures

The above mentioned issues are faced by Romania as well, with access to healthcare being biased towards the wealthier patients from urban areas; a greater physicians' migration rate than the number of graduates; underfunding of the public health sector and an old infrastructure. Still,

Romania has natural resources, mineral water springs and thermal baths which it could benefit from.

In terms of the *existing infrastructure* (both public and private/for-profit), at the end of 2015⁴ in Romania, there were 554 hospitals, 8 spa sanatoriums, 458 hospital outpatients departments and specialty clinics, 143 polyclinics, 11,397 family physician offices, 10,332 medical specialist offices, and 14,763 dental offices, etc. in Romania (Institutul Național de Statistică, 2016, p.9). The majority of them are located in urban areas, with most hospitals in the Bucharest-Ilfov region and the least in south-vest Oltenia.

In terms of *county distribution*, most hospitals are located in Bucharest (92 of them), Cluj (40) and Iași (36), while Bistrița-Năsăud, Botoșani, Dâmbovița, Ialomița, Mehedinți, Tulcea and Giurgiu only have 3-4 hospitals in each county.

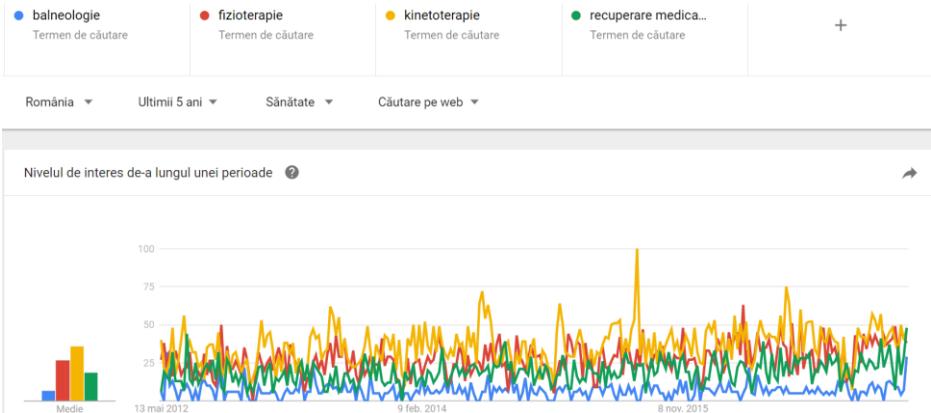
As regards the rehabilitation services, these are provided in 8 spa sanatoriums and (at least) 41 county hospitals as well as in the private/for-profit facilities (most of them located in Bucharest, with just a few in other major cities).

In terms of the *allocation of hospital beds* to different medical specialties, in 2015⁵, just 5.8% of the existing beds were allocated for rehabilitation, physical medicine and balneology (compared with 11.8% in the previous year). As for *demand*, in 2015⁶, 18,134 people have benefited from rehabilitation services, with an average duration of 14.3 days/patient.

In order to examine the *existing interest for rehabilitation services* in Romania, we have analysed data from Google Trends from the past 5 years (fig. 1), respectively from the past one (fig. 2). Results show that when searching for such services, customers use different *search terms* such as “balneology” (Romanian “balneologie”), “physiotherapy” (Romanian “fizioterapie”), “kinetotherapy” (Romanian “kinetoterapie”) or “rehabilitation” (Romanian “recuperare medicală”), “**kinetotherapy**” and “**physiotherapy**” being *the most popular ones*.

^{4, 5, 6} most recent available data

Figure 1: Search term volume for “*balneology*”, “*physiotherapy*”, “*kinetotherapy*”, “*rehabilitation*” from the past 5 years, in Romania



Source: <https://trends.google.ro/trends>

Figure 2: Search term volume for “*balneology*”, “*physiotherapy*”, “*kinetotherapy*”, “*rehabilitation*” from the past year, in Romania



Source: <https://trends.google.ro/trends>

In terms of *counties with most searches*, there is interest in such services in Bucharest, as well as in Alba, Arad, Argeş, Bacău, Bihor, Braşov, Brăila, Botoşani, Buzău, Călăraşi, Cluj, Constanţa, Dâmboviţa, Dolj, Galaţi, Giurgiu, Gorj, Hunedoara, Iaşi, Maramureş, Mehedinţi, Mureş, Neamţ, Olt, Prahova, Sălaj, Sibiu, Suceava, Teleorman, Timiş, Tulcea, Vaslui, Vâlcea,

Vrancea. Some of the previous mentioned counties having a reduced number of healthcare facilities. However, the **keywords used vary among different regions**. Thus, **“balneology”** (Romanian **“balneologie”**) is used in Cluj, Iași and Bucharest. **“Physiotherapy”** (Romanian **“fizioterapie”**) is more popular, being used in Bucharest, Vâlcea, Dolj, Buzău, Prahova, Brăila, Botoșani, Constanța, Gorj, Iași, Bihor and others. **“Kinetotherapy”** (Romanian **“kinetoterapie”**) is also widely used in Bacău, Teleorman, Călărași, Botoșani, Olt, Bucharest, Vaslui, Gorj, Alba, Iași, Maramureș and others. On the other hand, **“rehabilitation”** (Romanian **“recuperare medicală”**) is only used in Bucharest.

Since patients use information available online in their research process, providers of these services might also be interested in **related search terms**. Along these lines, prospective patients used following terms in their queries: **“spondylosis”** (Romanian **“spondiloză”**), **“ultrasound”** (Romanian **“ultrasunet”**), **“laser”** (Romanian **“laser”**), **“electrotherapy”** (Romanian **“electroterapie”**), **“rheumatology”** (Romanian **“reumatologie”**), **“massage”** (Romanian **“masaj”**), **“gymnastics”** (Romanian **“gimnastică”**), **“ionization”** (Romanian **“ionizare”**), **“balneotherapy”** (Romanian **“balneoterapie”**), **“fracture”** (Romanian **“fractură”**), **“scoliosis”** (Romanian **“scolioză”**).

Selecting relevant keywords for the website content or for the advertising campaign is crucial when striving to reach the targeted customers. In order to do so, the chosen keywords need to match the words or phrases people search for. Thus, the related search terms available in Google Trends are a good starting point. Also, a significant trend nowadays is to provide reliable, interesting, share-worthy content.

4. Conclusions

According to WHO’s *Rehabilitation 2030: a call for action* (2017b), **“rehabilitation needs to be integrated into national health plans and budgets, moving towards the goal of universal health coverage”**. In order to do that, countries need to assess the existing situation, plan, implement and evaluate an effective rehabilitation system. Thus, **it is essential to enhance data collection regarding rehabilitation services** in order to gain a better understanding of the elements which need improvement.

Today’s patients do thorough research before visiting a doctor. They search for provider selection criteria, treatment options, as well as other

relevant health-related information. Thus, in order to make themselves more appealing, healthcare providers need to create relevant and interesting content in accordance to their patients' online behaviour.

Patients want convenient and prompt appointment times, but in Romania, the existing infrastructure favours patients from large cities, with good purchasing power. Other patients (especially those from rural areas) have poor access to these services. Although the infrastructure expanded in the last years (with new private/for-profit facilities), some counties still need new facilities or the expansion/restyling of existing ones, in order to avoid transport barriers and/or long waiting times.

Similar to global trends, there is interest for such services in Romania and demand is expected to grow, due to the increasing prevalence of chronic diseases, sedentary lifestyles and changing diets. But the brain drain of healthcare professionals is concerning, leading to workforce shortages. Globally, some health systems try to bridge this gap with the help of *“technology-enabled, virtual care - online, telehealth, mobile health, wearable and implantable patient monitoring devices”* (Deloitte, 2017). This technology-driven healthcare might be a solution for widely dispersed populations, but usually in those areas, in Romania, access to internet is debatable (either it is unavailable, or the elderly might not know how to use it, nor have the necessary devices). Still, innovation in this field is necessary, robotic surgery, 3D printing and implantable devices being just some of the already available options at a global scale.

To conclude, in order to provide access to affordable rehabilitation services, the Romanian government and the healthcare providers will have to increase investments in infrastructure and workforce. However, the issue of rehabilitation is a global concern. The World Health Organization, member states, international and professional organizations, nongovernmental organizations and rehabilitation experts have committed (on 6-7 February 2017) to a series of actions meant to strengthen rehabilitation services in member states. Among them is research, focusing on cost-benefits of rehabilitation, facilitators and barriers to accessing rehabilitation, as well as a standardized measure of its impact. Thus, in addition to increased investment, efforts need to focus on data collection and on strengthening the international collaborations.

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