MEDICAL SERVICES IN RURAL AREA IN ARAD COUNTRY

SERVICIILE MEDICALE ÎN SPAȚIUL RURAL ÎN JUDEȚUL ARAD

S. HAVASI[1], IULIANA IOANA MERCE[1], IOANA ANDA MILIN[1], S. MILIN[1], DANA SÂMBOTIN[1]

[1]Banat's University of Agricultural Sciences and Veterinary Medicine Timisoara, Faculty of Agricultural Management, Timisoara, Romania; sergiu_ineu@yahoo.com

Abstract: *The health of the population is determined by access to health, on one hand, and access to health services, on the other side. Access to health care is almost entirely influenced by the health system organization. In most communes provide only primary health services.*
For specialized services, rural residents should call, usually at health facilities in cities and towns.
The degree of assurance of medical services by qualified personnel is generally low, the number of physicians is relatively small compared with the number of inhabitants.
They came in average 1417 population to a physician, compared with an average of 378 inhabitants in urban areas.

Key words*: health, medical services, quality of life*

The state of health of a nation correlates with the multiple dimensions of quality of life: income, employment, housing and utilities, equity and quality of health services and education and beyond.

According to World Health Organization definitions adopted during the past 30 years, the health of a man should not be confined only to a lack of disease, but the prosperity both physical and mental and social.

By this modern definition, individual health is closely linked to the concept of quality of life, more than ever.

The health of the population is determined by access to health, on the one hand, and access to health services, on the other side.

Access to health care depends to a large extent by external factors of the health system: genetic factors, environmental factors, factors of economic development, socio-cultural factors.Access to health care is almost entirely influenced by the health system organization.

Accessibility to medical care is determined by the convergence of supply and demand for such services or, in other words, the actual availability of care facilities as compared with the demand based on the real need for health.

Disparities in access to health care occur for at least four reasons:

- ethnic or racial;
- economic, including the direct costs incurred by the population (co-payments, treatment and hospitalization costs) and indirect (transport cost, waiting times);
- inadequate geographical location of the care facilities;
- unequal quality of the services of the same type.

Determining facts that influence the degree of accessibility of public health services are generally represented by: poverty, unemployment, occupation, place of residence, medical insurance in social health insurance system, coverage by medical personnel.

The need to know the situation regarding the health of the population, the overall health sector and health reform is a natural as a mandatory action in these times of change.

Today, more than ever it is essential that the health service system to be more flexible to adapt and cope with changes in the environment both internal and external environment change.

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Back at the average of 1417 population to a physician, compared with an average of 378 inhabitants in urban areas.

In most communes provide only primary health services.

For specialized services, rural residents should call, usually at health facilities in cities and towns.

There are only 322 communes (12% of total) where the presence of doctors is satisfactory in relation to the number of people returning a doctor to 600 people (especially in areas near cities).

But there are 148 common (6%) which is neither a doctor, and in 378 communes (14%) a doctor is in a position to provide services to more than 3,500 inhabitants.

Table no. 1

The situation of family doctors are under contract with the CAS Arad from 2009

Medium	**Family doctors are under contract relation CAS ARAD at 31.12.2009**			**Total general**
	Mayor	**Specialiş**	**Medici**	
Urban	79	51	11	141
Rural	44	61	21	126
Total	**123**	**111**	**32**	**267**

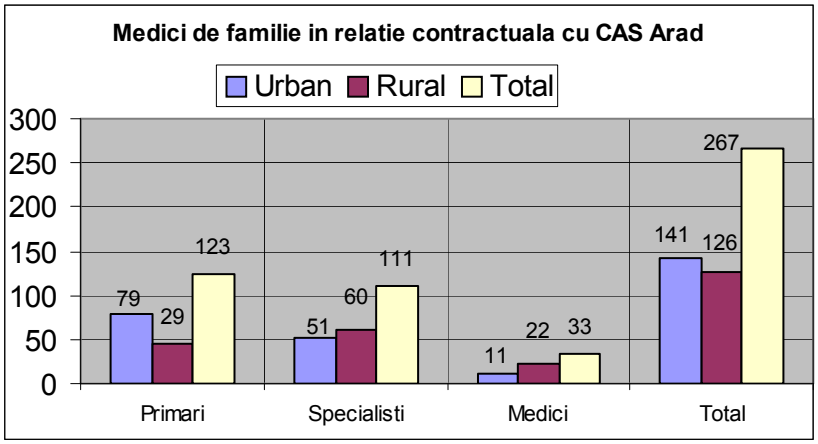
SOURCE : Ministerul Sanatatii – Directia de Sanatate Publica a Judetului Arad

At the end of 2009 were in agreement with CAS 261 Arad a number of suppliers who have worked 267 family physicians and family physicians lists of patients and 35 family employees.

The total number of contracts, 215 are organized as established under CMI's GO 124/1998, 45 sites are organized as a company and a medical office organized as Associate Medical Cabinet.

Figure 1

Family doctors under contract with the CAS

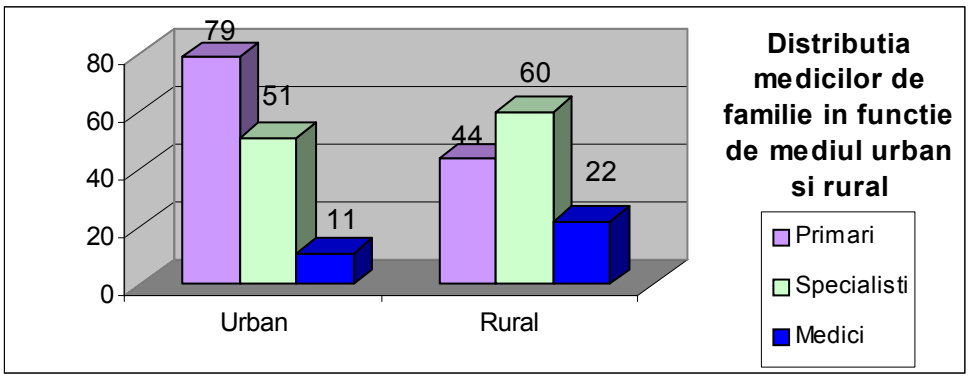


Source : Ministerul Sanatatii – Directia de Sanatate Publica a Judetului Arad

In urban areas have worked with 141 doctors list patients and 126 doctors in rural areas.

Figure **2**

Based distribution of family physicians in urban or rural



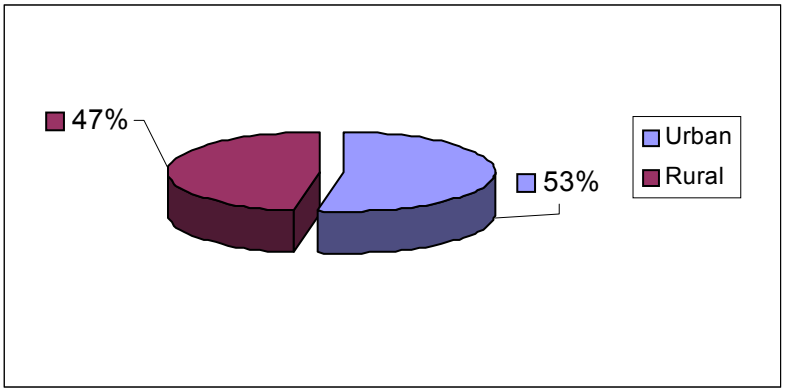
Source: Ministerul Sanatatii – Directia de Sanatate Publica a Judetului Arad

Of the 267 GPs who report medical work in primary care, 33 are medical doctors, 111 are specialists, and 123 are primary-care physicians.

Share coverage with family doctors is 47% in rural areas and 53% in urban areas.

Figure **3**

Share coverage with family doctors, on average, in Arad County



Source**:** Anuarul Statistic al României, 2008

During 2009 the number of insured persons registered at the Arad family doctors has decreased due to loss of assured quality.

Also there is an increasing number of people benefiting from the minimum package of services.

Thus, at the end of 2009, lists of family doctors were enrolled a total of 424,627 policyholders and a total of 25,699 persons benefiting from the minimum package of health services.

To ensure emergency medical services outside of work are organized six times in rural centers: a yard, Nadlac, Siria, Pâncota, Pecica and Vinga.

These centers are always a number of 38 family physicians serving approximately 54,300 patients.

This provides permanent access to insured healthcare services and while there is the possibility of performing primary parenteral treatment at night, Saturdays, Sundays and public holidays.

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