

Oral Health Care Reforms in Bulgaria during the Period of Transition

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Summary:

Oral health care reforms in Bulgaria during the period of transition (1991-2001) resulted in the separation of the oral health service from the medical care structure and the autonomous professional leadership.

Purpose: This study aims to investigate the transition of the model of oral health care delivery from totally public into totally private. The main task was to analyze the leading trends through describing the fundamental aspects of the reforms.

Methods: Analysis of documents was applied. Data were issued from official and research publications. Main topics discussed are: infra-structural transformations, socio-professional transformations and the new contractual model in Public Health.

Results: Oral health Service is organized as individual practices, group practices and medical centres, for general dental care or specialized dental care. Dentists work as private practitioners: owners, associates or salaried. They contract (62-100%) with the National Health Insurance Fund (NHIF) on package of pre-paid services and co-payment amount. Main concerns arise from over supply of dentists and their irregular distribution over the country. The lower consumer power threatens both the access and the full employment.

Conclusions: Oral Health Care Reforms follow up the market model of social organization and liberal professional regulations and impact the reforms in Dental Education.

Key words: oral health service, health reforms, infra-structural transformations, professional careers of dentists, health insurance model.

Introduction

In 1993, the Copenhagen European Council made the historic promise that “the countries of Central and Eastern Europe that so desire shall become members of the Union. Accession will take place as soon as a country is able to assume the obligations of membership by satisfying the economic and political conditions”. The radical political and economic changes in the countries-in-transition including Bulgaria became constituent part of the integral process of enlarg-

ing Europe and adjusting the European establishments to the new order during the last decade of the 20th century [6]

The health as a human right and a public good has a particular place among the objects of the reforming social systems in the countries-in-transition. As the centers of power and influence changed fast both at the national and the global scale, the consequent problem of identification and prioritization have been emerging. Before the collapse of communism, health was defined as a collective right rather than as an individual human

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right. The production and distribution of health care services were considered public goods within a planned centralized economy. The provision of health services had suffered from the lack of marketing strategy and low interest in quality assurance, totally ignoring the patients and professionals' autonomy [6].

Along the social processes of re-stratification of the society in transition Bulgaria is now building its new Health Services based on the pluralism of models of delivery, and consideration of both the individual and community health issues. On the other hand the transition from collective to human rights priorities in the national legislation challenged the preparedness of the population and the institutions to assume their new social roles. As a result the state has been gradually losing its role as universal regulator while the other agents in Public Health were still defining their fields of competence [3].

This study aims to investigate the process of transformation of the model of oral health delivery from totally public into totally private system. The main task was to analyze the leading trends through describing the fundamental aspects of the reforms, viewed as democratisation and market economy implementation in the field of Public Health following the principles of liberalization, privatization and stabilization characterizing the overall process of transition.

Methods and Materials

Data were collected from official and research publications and document analysis was carried out. Main topics discussed are: infra-structural transformations, social and professional transformations and new contractual model. The dental health policy and dental care services were also assessed by an extensive analysis of external and internal documents. The following internal organizations were used as a source of data: National Health Insurance Fund (NHIF); Bulgarian Dental Association (BDA), Official publica-

tions of the National Statistical Institute. The World Bank and the World Health Organization were also examined.

Results and Discussion

1. Transformations within the Health Care Service infrastructure

The Local Self-Governance and Local Authorities Act from 1991 transferred the ownership and financing of health care facilities from the government to the municipalities (Bulgarian State Newspaper, 1991).

In the same year, thanks to an amendment of Public Health Law was legalized the private practice. By 1997 about 70% of the dentists were in private practice (Fig.1). The remainder practiced in polyclinics which were owned and operated by the municipalities. Now Oral Health Service is organized as a number of solo-practices, group-practices and medical centers. All of these entities are run privately. A few Nationwide Hospital Centers in the three Schools of Dental Medicine and some State Medical Institutes serving the Defense and Police are still state owned.

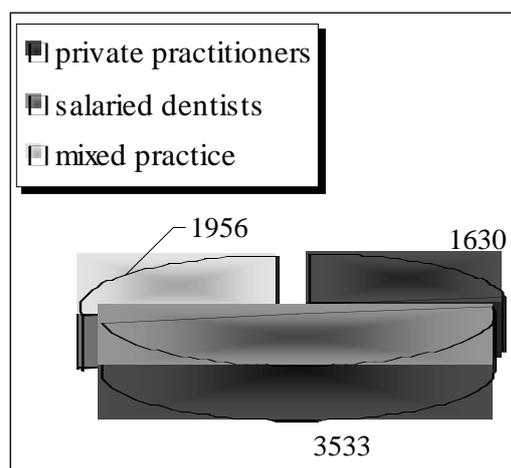


Fig. 1. Oral Health Service Structure as on 31.12.1996

After a decade of parallel existence of public and private sectors providing the population with primary health care services in

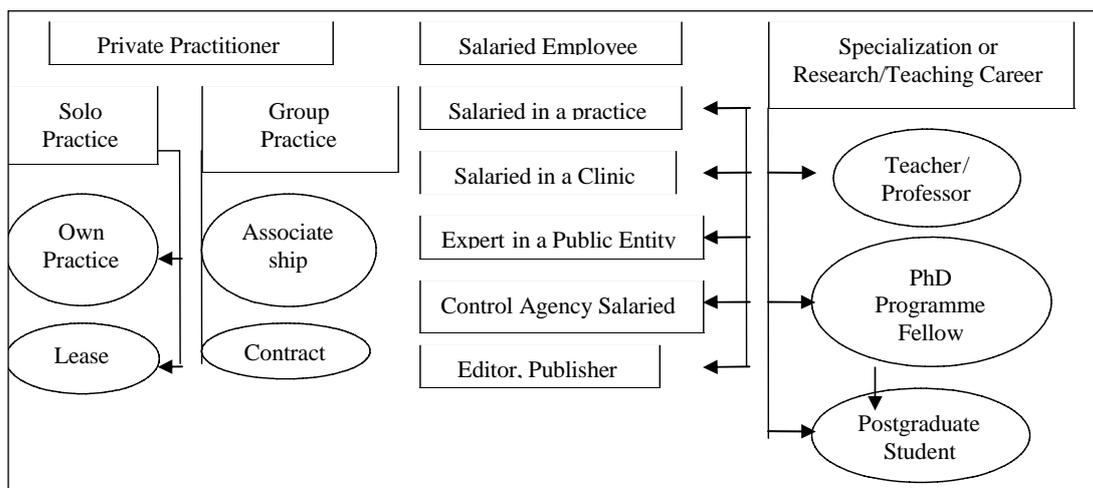


Fig. 2. Career Choices for the New Graduate

July 2000 with the establishment of the Social Security Funds the entire primary health care sector became private. The privatization of Community Health Service was the final step in transforming the health system in Bulgaria.

2. Change of the social status of dentists and career opportunity for a dentist

Dentists in Bulgaria since April 1991 work as private practitioners: owners, partners or salaried (Fig.5). The Physicians and Dentists' Professional Associations Act (PDPA) voted in 1998 (Bulgarian State Newspaper, 1998) established the regulations for the Bulgarian Dental Association (BDA) and the Bulgarian Medical Association (BMA). Both organizations are obliged to exercise ethical and professional control on the performed professional activities through professional regulations, stated in the Constitution, Code of Ethics and National Framework Contract (NFC) (Bulgarian State Newspaper, 2001).

BDA is a mandatory professional organization established to protect the interests of both dentists and patients. It ensures autonomy of the practitioner and also participates in negotiating the NFC, thereby protecting the rights of the dentists in front of the NHIF. It is instrumental in establishing the fees for

dental services and the number of hours that dentists are paid by the NHIF.

BDA also has its own guidelines regarding quality assurance and professional ethics. The BDA has three independent committees to perform its main functions. The ethics committee protects the rights of patients; the quality assurance committee works to improve the quality of care and the professional committee protects the rights of dentists (Bulgarian State Newspaper, 1998). According to the constitution of the BDA the committees make sure dentists follow the professional, ethical values connected to practicing dentistry, discuss complaints and impose sanctions.

Under the radically changing social conditions the dentists in Bulgaria followed a transformation from the position of employees to that of private practitioners [1]. Results from sociological investigation of the dental profession in Bulgaria showed that the dentists in Bulgaria with no significant gender or age difference tend to identify themselves as liberal practitioners since the beginning of the Health Reforms [4]. The trends of independence, professional excellence and technological sophistication are constant in the observed periods and groups. Thus the dental profession in Bulgaria is established as social and professional group

as it demonstrates having the basic sociological traits: professional autonomy, authority, social mission, and professional expertise. However the pattern of practice had not changed very much—dentistry is usually practiced as solo, less as group practice, and least as community service. Most dentists work as general practitioners [4]. (Fig. 2)

The political and economic factors in the national, European, and global context, influencing the health systems reforms in Bulgaria generate a range of legal, ethical and professional issues of medical and dental practice which had to be reflected in dental education. Major reforms in dental education, including basic principles and contents of curricula focused on the social role of the dentists as team leaders, health promoters and high technology users. According to the philosophy of free movement for the workforce in the European Union (EU) and the European Economic Area (EEA), as a new member-state Bulgaria underwent steps to harmonize and converge dental education in order to assure mutual recognition of primary and specialist training completed in the EU and EEA. (Fig. 3)

3. The new social contract in Public Health

At the beginning, contrary to the social reality, the expectations of the populations of

the countries in transition were still high for social benefits. This predisposed a passive public behavior and paternalistic model of relationship [9]. Along with the establishment of the market of health services, the utilization pattern of the population consequently changed. Progress was evident of a move from a paternalistic model of doctor-patient relationship towards a partner model. The contractual relationship based on informed consent is the most important point of this evolution and comprises legal, professional and ethical value in the new conditions. With the implementation of the Sick Funds Financing the Rules of Good Practice comprise the formal informed consent for any procedure. This principle is also included in the Charter of Patients' Rights [5].

The dental professional, as a direct provider, faces a complicated set of contracts (between the individual dentist and his/her organization, with the National Sick Fund, with the patient and with the auxiliary staff). Third party payment mechanisms were accompanied by some measures of professional regulations such as control on the standard of assets and health services delivery, price fixation, and patient rights protection. Gradually, similar to the situation with professional limitations in industrialized countries, health professions in Bulgaria

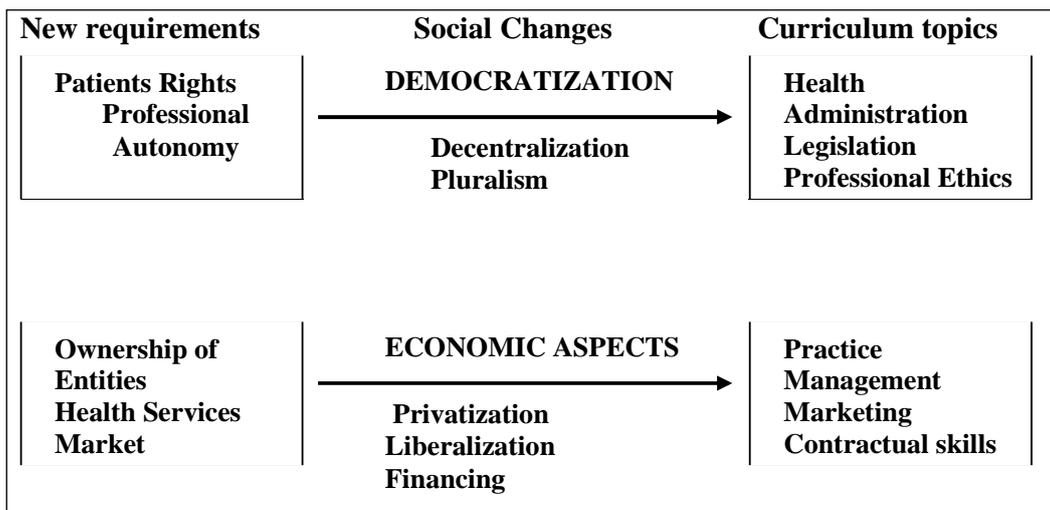


Fig. No:3 Social and Health and Dental Education

increased the regulatory frames of their occupational and social activities [10, 11].

The passage of the Health Insurance Act (HIA) introduced a radical change in the model of financing of health care (Bulgarian State Newspaper, 1998, Issue 70). Health care financing was changed from state to insurance-based financing. The model is similar to the German Bismarck model of financing of health care whereby there is a single insurance body and the whole population contributes monthly insurance payments based on annual income (European Observatory on Health Care Systems, 2000) [12].

The NHIF was established as the main insurance body to collect, manage and distribute the funds for healthcare. The insurance premiums collected (6% of the annual income) are among the lowest in the world. The coverage is far from being satisfactory as volume and variety of services. Most of the dentists sign a contract (62-100%) with the (NIHF) for package of prepaid services and co-payment amount due to patients [8].

Privatization-oriented policies, promoted by the international institutions enhanced the processes of re-professionalization in post-communist countries including Bulgaria, but raised some questions about the responsibility of the professions under growing social inequity. Some of programs of fast privatization do not agree with the European traditions of social protection and community risk-sharing which are followed by the countries-in transition. The principles of universality and equity in these societies are conflicting with the evolving notion of consumer sovereignty influenced by the liberal model of health care. These trends challenge the capacity of the societies as a whole and their key players in particular, in meeting the sometimes controversial requirements, related to the European integration and the globalization [2]. Main concerns arise from over supply of dentists and their irregular distribution over the country. The lower consumer power threatens both the access and the full employment [7][13] (Fig. No 4, 5, 6).

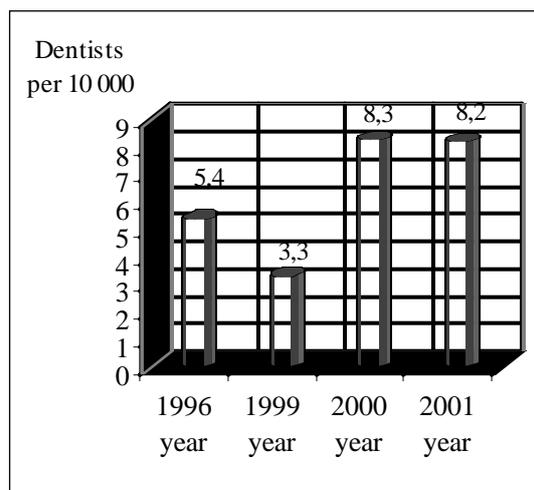


Fig. 4. Dentists/Patients Ratio between 1996-2001

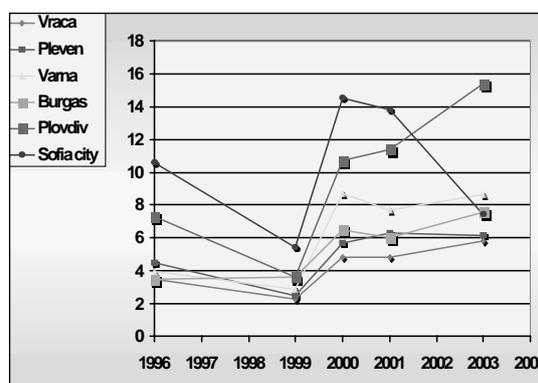


Fig. No5 Dentists/Patients ratio Dynamics

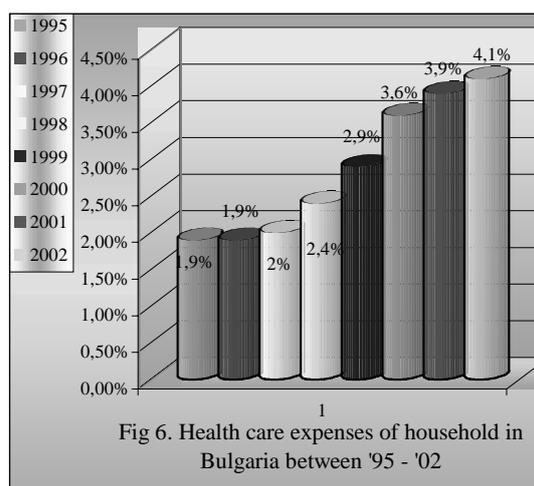


Fig 6. Health care expenses of household in Bulgaria between '95 - '02

Conclusions

During the period 1991-2001 the Health Care System in Bulgaria changed from a

monopolistic state-organized and state-regulated model to a pluralistic decentralized model, based on the coexistence of market and community-oriented programs, financed by comprehensive national insurance plans.

The health reforms viewed as sustainable change in regulations, financing and resource allocation, similar to the processes in national economy passed through the stages of liberalization, privatization, and stabilization. The perception of the health

system as a public resources consumer had to give place to the perception of an ongoing sector of the national and global economies.

Oral Health Care follows up the market model of social organization and liberal professional regulations. Dental education faced the challenge to catch up with the European standards and to meet the expectations for national adequacy through reshaping the dental curricula.

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