

Managing Medical Services towards Maximizing Active Healthy Life for a Competitive Economy

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Abstract

When speaking about profit, good management means everything, but in the same time, without healthy people it could also turn into nothing. And more than this, health is in fact the driving asset and the most valuable one in every domain, in any company, at all times.

In order to achieve the goal, management of health services should be a healthy management, a one which operates using the most appropriate techniques and methods in order to obtain best results. The problems themselves should be transformed in order to make a virtuous complex out of a vicious circle. This is very important since otherwise the vicious circle affects the present health status and will affect the future one also. More than this, turning problem circle into a virtuous complex resides in management's power and would help valuating a good health status and all information related for the interest of the entire economy and society according to knowledge based economy trend in order to be competitive on a very tough market and especially into the present worldwide crisis situation.

Keywords: *quality, medical services, competitive economy, management, active life*

Introduction

Health cherishing is an important service offered by society to population. The overall series of services grouped under naming "health services" have as an objective ensuring health status of population, maintaining and recovering work capacity, thus being implied into creating material conditions for people's existence in the idea of increasing the level of life quality. Health status has a complex content and interacts with overall social status, with other economic items and life quality. It is also influenced in depth by the general socio-economic development level, by the structure of consumption, by the standard of personal hygiene, by the level of culture and least but not last by the health services.

In this context, the importance of health status for the progress of the whole economy and society, its content and evolution are meaningful for the fact that social and medical assistance services are of a huge impact. Thus, a good health status ensures the followings: efficient participation of the respective person to the production process, possibility to work, integration into economic and social life, education and highlight of that person as a distinctive personality, even the possibility to be one of the ones the manage the medical services themselves and many other positive things, all of them taking part to the creation of the “most powerful engine of development”.

When speaking about profit, management means everything, but in the same time, without healthy people it could also turn into nothing. And more than this, health is in fact the driving asset and the most valuable one in every domain, in any company, at all times.

Thus, in every activity health means a lot and sometimes even everything. Companies' results and economy's results depend on people's health. Medical system should be reengineered having as objective maximization of active healthy life and as objective function the number of healthy people days with social and economic output. All policies and intervention and also the access to quality health care should be done in such a way that serves the above mentioned objective function. But is the number of healthy people days with social and economic output self-stable or receives influences from various parts?

1 Influence factors of the objective function

As any part of a complex system, this is also affected by influences. In this idea, the factors that should be taken into account in order to achieve the up-mentioned goal are followings: behavior of the individual and eventual addiction (to alcohol, cigarettes, drugs); general education; medical education (people come to medical check only when they feel bad and not preventive); eating education and behavior; working environment (pollution, toxicity, night shifts, dangerous contacts – policeman and guardian jobs); lack of physical effort and society (there are no incentives in order to reward active and healthy people as compared to the healthy but inactive ones or to the ill ones). These factors are valid for both Romanian and American system (the ever-standing dream model for success and competitiveness). In addition, for our country we can also state another factor, namely lack of best practices in Romania. The power to invest relies in merely general and sanitary education.

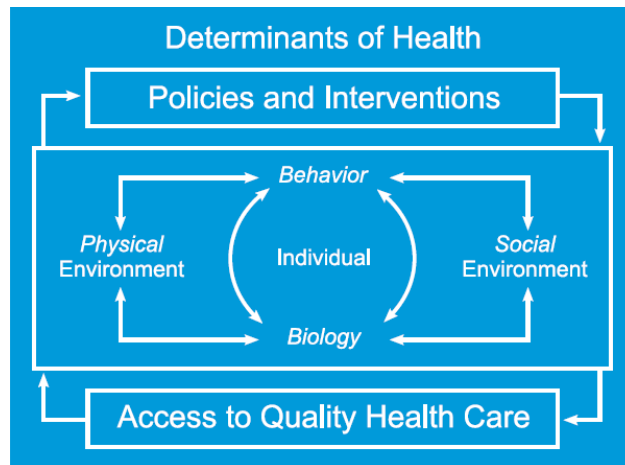


Figure 1 Influence factors of health status
 Source: www.healthypeople.gov

The relationship between the output of the objective function and the regeneration of resources is influenced by demographical rate evolution, calculated by taking into consideration the birth rate and mortality rate.

Reaching the desired result means identifying the factors that are keeping us away from the target and overcoming these major restrictions.

In order to achieve the goal, management of health services should be a healthy management, a one which operates using the most appropriate techniques and methods in order to obtain best results. The problems themselves should be transformed in order to make a virtuous complex out of a vicious circle. This is very important since otherwise the vicious circle affects the present health status and will affect the future one also. More than this, turning problem circle into a virtuous complex would help valuating a good health status and all information related for the interest of whole economy and society, according to knowledge based economy.

2 Medical services – past and present

In the early '90s, in Romania the morbidity rate was increasing. The same tendency was valid in the case of non-contagious diseases, the ones depending on the life style and living environment.

More than this, the structural misbalances from medical services were mostly for curative and of hospitalization and less for prevention and localization. Resource allocation was done inefficient and socially not fair, situation which had as effect the decline from the financing system of this sector.

Other difficulties were caused by the overspecialization of the personnel (referring to physicians especially), general practitioner being an almost inexistent term during first reform time. The management capacity of the medical system was

under-developed. Privatization and liberalization of the pharmaceutical sector has been done in an environment that was characterized by lack of formal legal stipulations and lack of control, meantime limiting the access of the population to medication.

Romanian Government established a program in order to reorganize the system. The program was based on the following key point: health services should be a common good, accessible to all citizens, regardless financial status, since access to medical services should be mostly free and at the same time balanced.

The main objective of the reform is to improve the population health status through increasing the efficiency of the medical services, having general contribution for financing the medical system in order to reach a lower frequency and severity of the diseases, equal access to the medical system and health services, offering the possibility that patient choose at desire their physician, etc.

Nowadays, the preventive aspect of Romanian medical system is only at the beginning (through ensuring vaccines against preventable diseases, the coverage at national level being 96%) and the main idea and goal is to minimize the hospitalization duration because this means substantial expenditures and beds occupied into hospitals. This thing indicates an objective function of minimizing the number of days sick person for a certain affection appeared. The approach is obviously passive and not proactive, as it should be and is preferable to be in a system having long term strategy.

The preventive vaccines are done to children for avoiding the following diseases: tuberculosis, roseola, rubella, diphtheria, tetanus, pertussis, poliomyelitis (whoop), and viral hepatitis B type. Also, preventive vaccines against viral hepatitis A type and typhoid fever have been done in order to prevent pandemic burning points into the localities affected by floods.

For our country, these items represent steps towards preventive medicine but the way is anyhow, a long one since prevention supposes continuous action regarding all aspects and cannot limit only to a series of vaccines that are done in certain moments and that's all.

In United States of America, in 1990, the Surgeon General of the United States made childhood immunization a national health objective and selected it as one of the leading indicators of child health. In 1993 only 46 percent of 2-year-olds were fully immunized. In 1994, the rates increased by 10 percent. In 1995, immunization rates measured by the National Immunization Survey were 67 percent. In 2000 the rate was 72,8 and in 2007 – 83,8 percent. The current national goal of the United States is 90 percent by the year 2010.

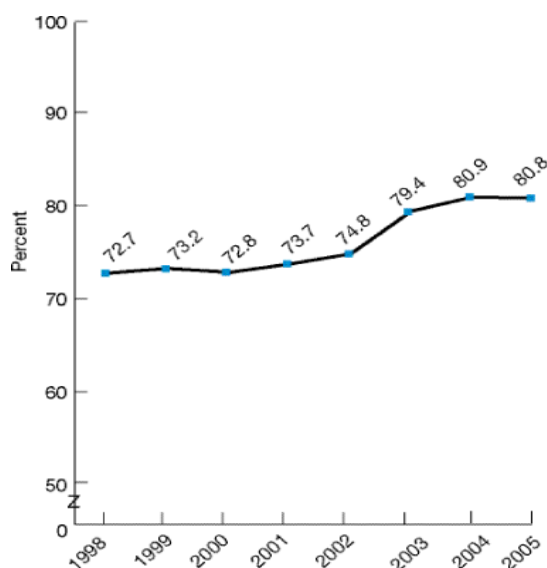


Figure 2 Number of children aged 19 - 35 months who received all recommended vaccines, between years 1998-2005

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Immunization Survey, 1998-2005

In order to have healthier children who become future adults that need to be healthy in order to work and produce, the immunization program was received with positive attitude by young mothers and the whole community. Thus, the Immunization Initiative is improving the performance in ensuring that all two-year-olds are fully immunized. Also, after this period (after 2 years), during the socialization process, children learn to adopt many health related habits and practices which will influence their adult behavior for good (as an example: teeth brushing, visiting the physician or dentist twice a year and adopting healthy nutritional practices. Even so, the habitual behavior of the child cannot be explained with certainty by applying the model to his parents. Nutritional aspects are very important nowadays when food is more and more processed, when everyone but especially children eat greasy food, fast-food, chips and all kinds of unhealthy food. Children focus is a special one since their body and immune system is in growing process and should receive only good quality nutrients and vitamins and generally food with significant nourishing supply to the body. The concern is even bigger if we think that in year 2007, in the United States of America 47,6 % of the 12-19 years old teenagers and 35% of the 6 – 11 years old children were over-weighted (obese).

Regarding the preventive factors in adults we can mention that there has been highlighted into recent studies (Schoeni, R., F., Freedman, V. A., Martin, L.G. - “Why Is Late-Life Disability Declining?” in *Milbank Quarterly* - Volume

86, Number 1/2008) that late-life disability declined since the 1980s partly due to changes in smoking behavior, the increased proportion of foreign born, increases in cataract surgery and rheumatic conditions and expansion of medications for arthritic conditions. This positive situation was also the result of more factors: increases in the use of assistive and mainstream technologies, greater educational attainment, declines in poverty, and declines in widowhood, declines in heart and circulatory conditions, vision, and musculoskeletal conditions. As correlation, the timing of the improvements in these directions matches with the expansion in medical procedures and pharmacologic treatment for cardiovascular disease, increases in knee, hip and joint replacements. The substantial reductions in old-age disability between the early 1980s and early 2000s are likely due to advances in medical care as well as changes in socioeconomic factors. More research is needed on the influence of health behaviors, the environment, and early- and midlife factors on trends in late-life disability.

Overall, health care has a limited but not negligible role as a determinant of health and moreover active healthy life. Approximately 5 of the 30 year increase in life expectancy achieved in past 100 years can be attributed to improved health services (Bunker, J.P., Frazier, H.S., Mosteller, F. – “Improving health: Measuring effects of medical care”, *Milbank Quarterly*, New York, 1994). Of these 5 years, it has been estimated that curative services contribute about 3.5 and clinical preventive services about 1.5 years. The greatest share of this gain from health care can be attributed to diagnosis and treatment of coronary heart disease, which contributes 1 to 2 of these additional years of life.

3 What can be done in future in our companies and into the medical system to better manage medical services in order to maximize active healthy life?

Due to the fact that performance failures are more often a result of failures in systems and processes rather than of individual competence or knowledge, into the medical system every change step should be started from management in a top to bottom approach based on the information well analyzed of the whole system. This is also aligned with the saying of Edward Deming: “the problems are with the system and the system belongs to management”

We should think about best ways to ensure as many active healthy people as possible in order to have a growing economy that can bring us satisfaction into the competitive “game” with partner countries.

In the actual environment healthier people should mean more prevention. Prevention offers hope by saving lives, money, and misery but requires commitment and dedication. Preventive medicine has favored reducing a risk factor for a small amount in the entire population rather than by a large amount for high-risk individuals (historically proven). Thus, we have care oriented towards the whole society and higher spread success rate. Once this strategy chosen, the use of multivariable risk prediction tools may be of a real help in having more active

healthy life for individuals. Active term is seen from social point of view and not only from economic point of view. In this view, a retired woman helping her daughter with babysitting the nephew or niece is also an active person from social point of view, being able to work and help. Grandmother's experience accumulated along lifetime and advices given are also a form of added value brought and a form of activity. In the same idea, the fact that the grandmother looks after the baby means gaining the mother of the baby as active workforce and therefore having a double positive effect. Prevention should mean vaccines for little babies, specialized prevention services for adults (such as cancer screening for breasts, uterus, prostate, etc.), periodical checks for all categories.

In the same time, primary prevention is a proven, effective strategy that can address and solve a range of health and social issues such as youth violence, high medical costs, epidemic chronic illnesses, and the disparities between rich and poor people. These widespread and complex issues demand comprehensive strategies that maximize the benefits of prevention and have a high chance for success. Because of the fact that complex problems cannot be solved with one-dimensional solutions we must move beyond the notion of prevention as just an educational message, to the implementation of a many-sided approach that includes both individual behavior and social standards. In prevention, the accent should be put on a strategy and not on a message. Prevention has a proved track record and can be even more effective, but its practice must be central, not tangential. We need a systematic approach to prevention that synthesizes and strengthens knowledge from multiple disciplines, and underlines primary prevention as key factor for dealing with major community concerns.

We have to think that health is more than healthcare or the absence of injury or disease and more than that, these (injury and disease) are not inevitable. They have root causes that can be approached and solved and this lies in God's power and people's will. The environment in which we live profoundly shapes our health and well-being. This also has to be seen from a positive angle, from a perspective that allows you to want and take every necessary step in order to improve the situation, to solve the issues by medical and political means.

Managing medical services towards improvement means to have as a result more active healthy people. Good quality is the main aspect which should be the focus in order to obtain this. Good quality is essential but still not very clear as meaning for many persons. Good quality means providing patients with appropriate services in a technically competent manner, using good communication, shared decision making, and cultural differences. Poor quality is too much care (for example: providing unnecessary tests, medications, and procedures, with associated risks and side effects), too little care (not providing an indicated diagnostic test or a vital surgical procedure), or the wrong care (prescribing medicines that have side effects if associated inappropriately and should not be given to be taken together, using poor surgical technique, making a surgical operation without having a first complete investigation or applying

perfusion as first-aid not investigated step to a person that is diabetic and to which such a thing if fatal).

To offer high quality medical services in order to assure maximization of active healthy life means that a limited number of persons (employees of medical system) should do the best for the whole community. It considers the fact that sometimes, the “best” medical care for the individual may not be the “best” for the community. As an example, a real case that happened and that can be met in more hospitals and clinics is “a physician had delegated supervision of routine prenatal visits to office nurses, and the doctor saw the patient only if the patient had specific complaints.” In one way, this may have been less than the best care for pregnant patients from their point of view. In another way, it may have been appropriate in terms of making the doctor available to the largest number of pregnant women the combined skills of a medical care team. The fact is that when resources are limited, optimal medical care for the entire community may require less than “the best” care for its individual members.

In order to establish what is proper for being categorized as quality health services the community could be divided into eight groups of persons: healthy people, infant/maternal situations, with acute illness, with stable chronic conditions, with a serious but stable disability, with advanced organ system failure, with long-term problems and with failing health near death. Each group would have its corresponding definitions of optimal health and its own priorities among services. Interpreting these population-focused priorities in the context of a quality framework present into the respective medical organization could shape planning for resources, care arrangements and service delivery, thus ensuring that each person’s health needs can be met effectively and efficiently.

An average of the findings of the preventive care studies developed by Mark Schuster, Elizabeth McGlynn and Robert Brook shows that about 50 percent of American people received recommended care. (None of the studies reported a percentage of people receiving contraindicated preventive care.) An average of 70 percent of patients received recommended acute care, and 30 percent received contraindicated acute care. For chronic conditions, 60 percent received recommended care and 20 percent received contraindicated care. These values do not indicate exact levels of quality in the United States, but they do provide a quantitative sense of how much could be done in all areas to identify and eliminate overuse and under-use of care in order to ensure the exact specific needed medical services that could guarantee maximum number of active healthy people. This situation triggers an alarm signal related to necessity of improving the coordination function of management regarding the health system. The primary care system is the key element of the system but the physicians that work into the primary field should not exceed their triangle of tasks, responsibilities and attributions. There have been done researches from which resulted the fact that the greatest number of pharmaceuticals sold is represented by antidepressants. They're dispensed by primary care physicians without a lot of understanding of how they have to be joined with behavioral services as an essential part of treatment. In such cases,

physicians from primary system should write a recommendation towards a specialist and sent the patient there without prescribing antidepressants so easy and sometimes when the real disease is another one and the effect for which the drug was prescribed was only a collateral one. In United States, another fact that has been frequently met also was the situation in which tranquilizers have been prescribed by primary care physicians to patients that would have needed antidepressants, despite the lack of evidence that tranquilizers work for depression and the risk that they will cause side effects or addiction. The idea is that organization and coordination functions of management should be respected thoroughly so that such situations do not appear or appear only a few and only as exceptions. This should be also kept in mind when planning future actions and when restructuring the health system.

As focus, the United States Public Health Service has taken the responsibility to find a solution to the growing number of cases of cardiovascular disease. The success of the program depends largely on communicating to the public of the urgent need to prevent heart disease and strokes. It also relies on the nation's public health infrastructure to collaborate in supporting the necessary actions in order to reach its goals. Prevention is believed to start from disseminating information regarding the consequences of poor diet and lack of exercise, and the truth about cardiovascular disease. The success of this mission can only be attained if there is complete involvement of all community members, policy makers and various sectors.

In the United States of America, the most developed system for prevention is organized for veterans. Due to the fact that veterans did sacrifices on behalf of the Nation, they should have dignity in their lives, provision of health care, pension programs and life insurance. The Veterans Association ensures the consistent delivery of health care by implementing standard measures based upon the provision of evidence-based care by focusing on prevention, treatment for chronic diseases, and use of clinical guidelines in order to maximize the active healthy life. The prevention index calculated by this association highlights how well the association follows nationally recognized primary prevention and early detection recommendations related to diseases with major social consequences. The diseases are: influenza and pneumococcal diseases; tobacco consumption; alcohol abuse; and cancer of breast, cervix, colon, and prostate. Effective disease and injury prevention is an effective way of maintaining and improving veterans' health status. Although underutilized by the health care industry, disease and injury prevention is an effective tool used by veterans association in order to improve veterans' health. Also, for more desperately cases they also have a special call number where they can ask for support and talk with special consultants in case they think about suicide. In other words, everything is done in order to prevent mostly all kind of health problems and to prolong the healthy status in order for that persons to be active as many years as possible.

In Romania, war veterans also have additional rights (such as: bus, subway, railway transportation free tickets, telephony fee reduction and yearly ground tax reduction) but not linked to health services. Thus, exactly the most important “personal asset” which is health is not valued appropriately. In this idea, our system could “borrow” the American Veterans Associations’ rules and practices in order to better value the most important part of veterans’ life: health.

Following the idea that veterans should be protected since they risked their life and health for country’s well being, children should also receive special attention regarding their health since they are the future of the country, adults should receive attention too since they are the sustaining force of the economy, of children and old persons. Thus, starting with veterans is only a first step in maintaining and improving community’s health status.

Healthy people mean persons having a certain general culture, persons that know what is good and what is not for them, generally speaking. And if they do not know they do not act only on supposals. A major issue in acute care in developed countries, emerging markets and thus also in Romania is the overuse of antibiotics, which has led to the development of strains of bacteria that are resistant to available antibiotics. Antibiotics are almost never an appropriate treatment for people with a common cold because almost all colds are caused by a virus, for which antibiotics are not effective. However, in an American study of Medicaid beneficiaries diagnosed with a cold in Kentucky during a one-year period from 2006 to 2007, almost 60 percent of them took antibiotic. Better managing the situation would mean the drugstores to sell antibiotics only on medical prescription. In Romania we have this “filter” but of course there still are persons that find an “open small gate” in order to trick the system but what they do not think about is that fact that in the end they trick their own health. Anyhow, a similar “filter” would be very good to be applied also in the States and maybe to be more effective than in Romania, and have less “trick” cases. This is what it happens with persons that are adults in present. But how come they became to behave like this? Where did everything started?

Managing medical services towards maximizing active healthy life should mean continuous care for this aspect. It should mean focusing on this aspect from the very beginning of every human being’s life. In this idea, more than the preventive vaccines for children another aspect that should be promoted in order to have later healthy active adults is encouraging sports (physical activity). A lot of young children and teenagers are today over- weighted and this is partly because of bad nutritional habits and partly because lack of physical activity.

These behaviors once imprinted into the minds of little ones will later stand for their life attitude and if the correct habits have been correctly imprinted it means a very good thing: it means that the adults will have a healthy life with an optimal active life period. More than that, the revenue level will also matter since the higher the revenue level the better health status exists. High level of revenue and need of physical activity are two factors that matter a lot for a good health status but it also means that the person has to be active from economic and social

point of view. There is a strong link between these factors and every person that likes to be healthy and have a long life full of good state of body and mind should be active as long as possible, since “mens sana in corpore sano” means being active through having a healthy body that can shelter a healthy mind. This is a famous [Latin](#) quotation, often translated as "A sound mind in a sound body." derived from [Satire X](#) of the [Roman](#) poet [Juvenal](#) (10.356). The phrase is part of the author's answer to the question of what people should desire in life. The satirical connotation of the phrase, that it would be nice to also have a sound mind in a sound body, is a more recent interpretation of what Juvenal may have intended to express. More traditional commentators believe that Juvenal's intention was to remind those of his fellow Roman citizen who uttered foolish prayers that all that should be prayed for were physical and spiritual health. Over time and separated from its context, the phrase has come to have a range of meanings. It can be construed to mean that only a healthy body can produce or sustain a healthy mind. Its most general usage is to express the concept of a healthy balance in one's mode of life. And this is very important. Balance can offer calmness and this means proper ground for being a healthy productive person.

From the point of view of regular persons, maximization of the active healthy life means following all preventive health measures (vaccinations, vitamins and minerals supply, correct sleep, cleanliness, quarantine if case, etc.) system education from the very beginning (kindergarten, school) regarding positive nutritional aspects, sports and healthy living, keeping and following this culture over time and a lot of balance regarding all aspects of life. All these can help persons to better drive their lives towards a longer active period that will keep their mind and body healthier.

From the point of view of the medical personnel assuring active healthy life means better managing medical services towards reaching this goal. How can they do this? First of all by counseling their patients for having healthy diets, telling them about nutritional facts and principles, preventive vaccinations for children and adults, making preventive health checks, providing free healthy lunches at school (part of which is already in place in schools from Romania and also in some schools in the United States but there is a very disputed issue since this kind of food is considered to point you out as a poor person which has unwanted social effects), promoting sports for young and also elder persons, promoting natality, introducing social inclusion policies and policies that protect mothers while working or studying, offering cash benefits or transfers, encouraging preventive care and focusing on primary care that can reduce overall costs of the medical system by playing a “gate keeper” role for the hospitalized system.

Now more than ever primary care should be the focus of medical systems all over the world. Why a renewal of primary health care and why now a priority? The immediate answer is the obvious demand for it from all states, from health system professionals as well as from the political actors. Globalization is putting the social cohesion of many countries under pressure, and health systems (key components of the architecture of present societies), are clearly not performing at

optimal power (not to mention maximum) as they could and should. People are increasingly impatient because of the incapability of health services to deliver levels of national coverage that meet stated demands and changing needs, and with their failure to provide services that match their expectations. Few would disagree with the statement that health systems need to respond better and faster to the challenges of a changing world and primary health services can do this.

Primary care system can and must be the central link between community, health system and the rest of partners which should strive to do their best in order to have a complex structure that is up and running, with as less problems as possible. Optimal would also be for the system to continuously improving taking into account remarks and feedback from all persons implied into activities (patients, physicians, assistants, medicine suppliers, training organizations, medicine universities, etc.). This holistic approach can bring a lot of advantages and can allow further development. The relations mentioned are represented into the picture below.

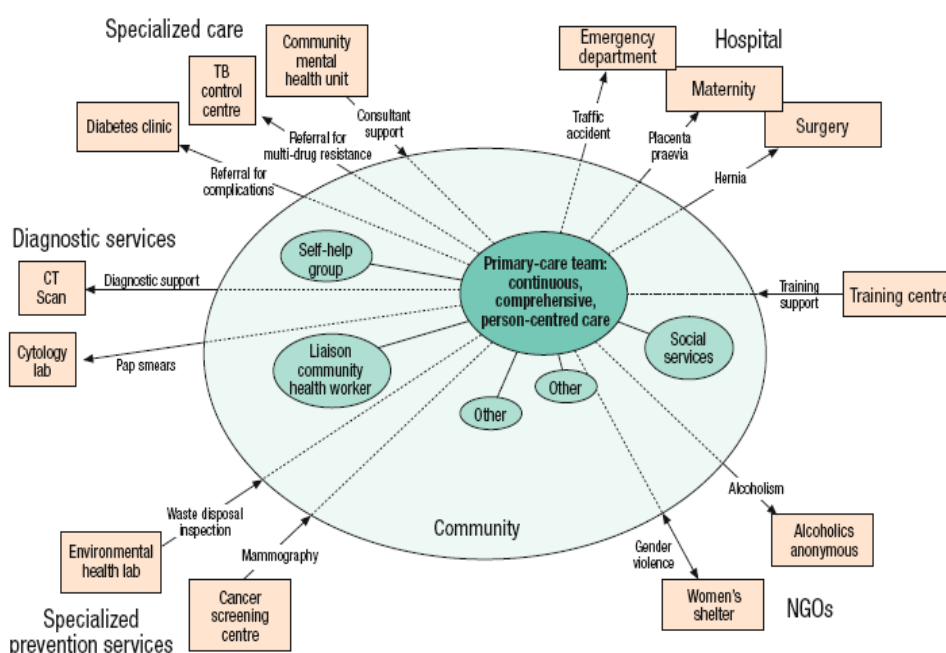


Figure 3 Primary health care system– a central hub for the entire health system coordination

Source: www.who.int

The primary health system values all requirements from patients since it puts people at the centre of health care. What people value, namely what people consider desirable ways of living as individuals and what they expect for their societies comprise important factors for managing the health sector. Primary health

system has remained the benchmark for most countries' discourse on health exactly because its movement tried to provide rational, evidence-based and anticipatory responses to health needs and to these social expectations. Achieving this requires trade-offs that must start by taking into account citizens' expectations about health and health care and ensuring that their voice and choice have "a word to say" in the way in which health services are designed and function. This perspective is one that ensures the possibility to reach the highest attainable level of health, maximizing equity and solidarity while being guided by receptiveness to people's needs. Having a health system "good for all" supposes that it responds to the challenges of a world in continuous change and higher and higher expectations for better performance. This involves considerable reorientation and reform of the ways health systems are running in nowadays society and this adaptation practically means the renewal of the system.

An efficient primary system is able to empower the potential of economic growth and a higher living standard by ensuring the two essential factors: active healthy population and by this also labor productivity. An aged population is not a very happy thing since balance (having young people as well as elder ones) would be optimal. Still, the good thing is to have at least aged population which is also healthy and thus that can be active for a longer period and that can actively contribute to the economic growth. The prognosis showed that in Europe, low fertility rates have driven to aged population and that by year 2050 the number of retired persons will be double as compared to the number of active workers. With more retired persons than active workforce the first solution is to cover the difference of workers with immigrants but there appears again the issue if those persons are healthy enough to ensure long term work for that economy. Usually, immigrants are persons that were not satisfied with the result of their work in the provenience country and also usually they have a low education level that does not emphasize the importance of prevention and healthy living. So, this is the first solution: employing healthy young immigrants. The second solving solution is increase of the retirement age level.

The problem of lower and lower fertility rates is a critical aspect since this is linked to a healthy life as well as having a blossoming future, having future workforce and active people. Actual lack of health of a certain number of women drives to this low rate of fertility and thus the problem of future workforce should be solved. In this idea, promoting active healthy live becomes even more important.

More than this, the link between managing the medical services in a more preventive way and its goal, namely in order to have more active persons is not a single directional way. The link between these two is bi-directional. In other words, prevention in medical services and active healthy people are two interdependent factors. The more prevention promoted and applied by medical system the more active healthy persons will be. Vice-versa, the more active healthy people there are, the less hospitalizations, cardiovascular diseases, diabetic and mental illness will be.

Managing as well as possible to ensure active healthy people is very important not only as a permanent action within units that offer medical services but also in companies that are aware of the fact that their employees' life and health is the most important asset of their company. Such a company proved to be the American company "Union Pacific Railroad" which currently has an internal program oriented towards health for its own employees. Some 130 years ago, the Union Pacific Railroad played a very important role when it helped to complete the first transcontinental rail line accomplished through the effort of 20,000 workers. Today, the company stands out again due to its dedication to promoting the health of its 50,000 employees. The management of the company understood that without healthy employees the business projects couldn't have been done or could have been done but with delay caused by illness of the people. Ten years ago, the company's medical director and assistant vice president for health services initiated a health promotion program, since Union Pacific was able to document a reduction in lifestyle-related health care costs of 1 percent per year. It was determined that smoking, lack of physical activity, poor nutrition, and alcoholism would add \$100 million over 10 years to the railroad's health care costs (Union Pacific spent \$382 million on health care in 1998). But if those 1-percent annual reductions could be maintained, they estimate that \$77 million in expenditures could be prevented for future years.

For Union Pacific, health promotion is part of its business strategy, developing targeted programs to determine employees' risks for illnesses and other factors related to employee well-being. "In a 24-hour operation like a railroad, there are significant issues such as fatigue and depression, for instance," says the company's medical director. His staff is working on a risk-assessment tool to determine markers for these conditions and illnesses, as well as employees' readiness to accept help for behaviors that can induce them. That kind of comprehensive approach to prevention necessitates clinical and behavioral interventions. The challenge for the plans is to get their vast physician networks: geographically diverse, independent contractors in order to do the same thing overall. The good part is that managed care plans have had a better impact to promote prevention than the impact of fee-for-service medicine and this is due to the fact that most prevention results in long-term improvements, but in a society that seems to value short-term benefits, it's difficult to convince people, at individual level to be interested in promoting wellness and expect to see results in ten, twenty of thirty years.

Still, people should change their way of thinking since the new economy will require a different kind of worker than what we knew until now. The blue-collar worker who just did what he was told is not what we'll need to be successful. They need to adapt to the new knowledge economy and are going to have to become knowledge workers. Linked to this new way of seeing things and styles, people need a different level of health. We have to think about health not only as care, but a real peak function. Physicians have an opportunity to improve patients'

performance by integrating physical and emotional well-being and improved quality of life.

Concluding remarks

Managing medical services towards maximizing active healthy life means to take into consideration the features of the new health economy – new medicines, health informatics, globalization, the internet, e-Health – are all characteristic of a knowledge-based economy. Above all the new health economy will require new and transformational leadership. First, the whole issue of health and its longer term perspective must be maintained as a priority across the whole of the government and the home country health departments' programs. Giving health a priority and a wider focus beyond present one would bring only good things. Second is how to give consideration to managing the system in such a way that supports the active healthy people and helps sick ones to improve their status and become also healthy active persons. In general, people expect efficient health services, provided in clean buildings, where they are treated respectfully and looked after well. These are the expectations everywhere, be it Romania or United States. The difference is that the higher quality standard you have, the higher the expectations will be but this should be seen only as development and not as something difficult to reach. In Romania we should “borrow” the useful characteristics from the American system if they prove to be right and to match the context and environment. We should take only what's best and what's good for us and fitted to our whole economy.

Nowadays, the context makes it necessary for patients to be helped and kept well informed regarding all sectors and medical especially so that they follow the treatment efficiently. Effective installation of the best information technology is essential. Also, there should be developed indicators which allow accurate assessment in order to set where we are now so that benchmarks can be set on where we want to be in the future. For this we also need to have best practices, something that is missing right now in our system, but something that American health system has. In order to function correctly, the new economy needs new aspects but also good parts of the old economy. In health services this means investment in staff – doctors, nurses and other health professionals, modern equipment, clean and appropriate buildings which are well-managed and nourishing patients. The technological changes have not only come with enormous speed and impact but also with concurrent cultural and social changes that challenge our ability to meet our promises related to health.

In order to have a well running economy, be competitive and obtain best results we need to pay attention to the way we manage the sectors, companies and especially the medical one since it is the first and strongest force to determine having active healthy people. Management should do its best to have a good organization and coordination, to encourage human resource by motivating them to promote healthy way of living, giving up to addictions and making sports as much as possible. We need to empower primary care and to nourish the special link

primary care – patient with best elements from management and system side in order to be able for them to return optimal results. All actions should be oriented according to the planning done by management (be it in the medical system or regular companies); a planning that has prevention addressed to children and adults and good quality in aperture and always puts on first place the most valuable resource: health of active people from the whole system that can bring added value and ensure competitiveness. Every action taken by management should be hatched around this central theme and meantime having a systemic view.

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