



Informații privind proba de admitere la programul de masterat *Health Economics (în limba engleză)*

Proba de admitere la masteratul Health Economics (în limba engleză) constă în soluționarea unui studiu de caz intitulat "**Provocări actuale în domeniul sănătății: studiu de caz în Economia Sănătății**" ce prezintă problematici și soluții sau recomandări pentru abordarea provocărilor identificate în domeniul sănătății și, respectiv, pentru îmbunătățirea accesului, eficienței și echității în furnizarea serviciilor medicale, în contextul provocarilor actuale din acest domeniu.

Comisia de admitere la masteratul Health Economics (în limba engleză) propune 1 studiu de caz și câteva exemple de teme/topicuri de abordat. Candidații vor elabora un răspuns la cerințele acestuia în funcție de tema/topicul ales.

Răspunsurile candidaților la cerințele studiului de caz ales vor fi redactate folosind documentul template aferent probei (pe pagina de Admitere Masterat: Format și instrucțiuni studiu de caz admitere master - limba engleză). Documentul elaborat va fi încărcat la momentul înscrierii online.

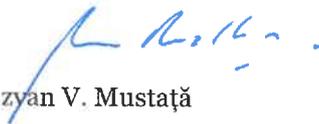
Studiu de caz propus de comisia de admitere la masteratul Health Economics (în limba engleză)

În contextul îngrijorărilor tot mai mari legate de inegalitățile sociale în sistemul de sănătate și necesitatea unor politici și intervenții eficiente pentru a le aborda, atât organizațiile guvernamentale, cât și cele neguvernamentale, împreună cu cercetătorii, sunt din ce în ce mai interesați de examinarea relației dintre statutul socio-economic și rezultatele în sănătate. În acest cadru, diversele părți interesate menționate mai sus pot solicita astfel de studii pentru a combate disparitățile în sănătate și pentru a oferi perspective pentru dezvoltarea politicilor, campanii de advocacy și intervenții inovatoare menite să reducă inegalitățile și să îmbunătățească rezultatele în sănătate pentru populațiile vulnerabile. În răspuns la aceste solicitări, un studiu de caz solid și bine fundamentat poate oferi date și analize esențiale pentru a ghida politicile și practicile în domeniul sănătății, promovând astfel o societate mai sănătoasă și mai echitabilă pentru toți membrii săi.

Prin acest studiu de caz puteți contribui la avansarea domeniului și puteți oferi concluzii bine întemeiate cu implicații politice valoroase pentru părțile interesate să ia decizii informate.

Cerințe:

1. Definirea problemei: Evaluarea capacității solicitantului de a defini și de a contextualiza problema legată de îngrijirea sănătății abordată în studiul de caz. (3p)
2. Analiză: Evaluarea profunzimii și rigurozității analizei solicitantului asupra problemei, inclusiv identificarea factorilor relevanți și luarea în considerare a diferitelor perspective. (3p)
3. Soluții: Evaluarea soluțiilor propuse de solicitant, inclusiv fezabilitatea, eficacitatea și alinierea lor cu principiile economiei sănătății. (3p)


Conf.univ.dr. Răzvan V. Mustață
Decan



Admission Exam Information for the *Health Economics (in English)* Master's Program

The admission exam for the Health Economics master's program consists of solving a case study titled "Current Challenges in the Health Sector: A Case Study in Health Economics", which presents issues and solutions or recommendations for addressing the identified challenges in the health sector. Additionally, it aims to improve access, efficiency, and equity in the provision of medical services, within the current challenges in this field.

The admission committee for the Health Economics master's program proposes one case study and several examples of topics to be addressed. Candidates will elaborate their response to its requirements based on the chosen topic.

Candidates' responses to the requirements of the chosen case study will be drafted using the provided template document for the exam (on the Master's Admission page: Case Study Admission Master Format & Instructions - English). The elaborated document will be uploaded at the time of online registration.

Case Study proposed by the admission committee for the Health Economics (in English) master's program

In the context of growing concerns regarding social inequalities in the healthcare system and the necessity for effective policies and interventions to address them, both governmental and non-governmental organizations, along with researchers, are increasingly interested in examining the relationship between socioeconomic status and health outcomes. Within this framework, the various stakeholders mentioned above may request such studies to tackle health disparities and provide insights for policy development, advocacy campaigns, and innovative interventions aimed at reducing inequalities and enhancing health outcomes for vulnerable populations. In response to these requests, a solid and well-founded case study can offer essential data and analyses to guide health policies and practices, thereby promoting a healthier and more equitable society for all its members.

Through this case study, you can contribute to the advancement of the field and offer well-grounded conclusions with valuable policy implications for stakeholders to make informed decisions.

Requirements:

1p ex officio

1. **Problem Definition:** Evaluation of the applicant's ability to define and contextualize the healthcare-related problem addressed in the case study. (3p)
2. **Analysis:** Evaluation of the depth and rigor of the applicant's analysis of the problem, including identification of relevant factors and consideration of different perspectives. (3p)
3. **Solutions:** Evaluation of the proposed solutions put forth by the applicant, including their feasibility, effectiveness, and alignment with health economics principles. (3p)

PhD.Prof. Claudia-Paula Curt
Head of the departament



Facultatea de Științe Economice și Gestiunea Afacerilor

DECAN

Nr. 3047

Cluj Napoca, la 21 Noiembrie 2024

TOPIC for the admission exam for the Health Economics Master's Program (in English)

These topics cover a range of issues relevant to health economics and provide candidates the opportunities to demonstrate their analytical skills and understanding of key concepts in the field. Some of the topics can contribute to the improvement of the healthcare system in Romania.

These topics are indicative and serve as examples of the types of problems that applicants can explore for their case study in the admission process for the Health Economics Master's Program (in English).

1. **Healthcare Access and Equity:** Analyze the barriers to accessing healthcare services in underserved populations and propose strategies to improve equity in healthcare delivery.
2. **Cost-Effectiveness Analysis:** Conduct a cost-effectiveness analysis of a specific healthcare intervention or policy, considering both financial costs and health outcomes.
3. **Health Policy Evaluation:** Evaluate the impact of a recent health policy change on healthcare outcomes and access, and suggest potential improvements based on economic principles.
4. **Healthcare Financing:** Examine different models of healthcare financing (e.g., public vs. private insurance) and assess their implications for healthcare affordability and accessibility.
5. **Healthcare Quality Improvement:** Identify opportunities for quality improvement in healthcare delivery, using economic evaluation methods to prioritize interventions and measure outcomes.
6. **Healthcare Innovation and Technology:** Assess the economic implications of emerging healthcare technologies (e.g., telemedicine, wearable devices) and their potential to improve healthcare outcomes and efficiency.
7. **Global Health Economics:** Investigate the economic determinants of health disparities between countries and propose policies to address global health challenges, such as infectious diseases or access to essential medicines.
8. **Behavioral Economics in Healthcare:** Explore how behavioral economics principles can be applied to healthcare decision-making, such as encouraging healthy behaviors or improving medication adherence.
9. **Healthcare Workforce Planning:** Analyze the supply and demand of healthcare professionals in a specific region or specialty area, and recommend strategies to address workforce shortages or misdistribution.
10. **Healthcare Market Competition:** Evaluate the role of competition in healthcare markets and its impact on costs, quality, and innovation, drawing on economic theory and empirical evidence.
11. **Healthcare Access in Rural Areas:** Analyze the challenges faced by rural communities in accessing healthcare services in Romania and propose strategies to improve accessibility, such as mobile clinics, telemedicine, or incentives for healthcare professionals to work in rural areas.

12. **Primary Care Strengthening:** Evaluate the role of primary care in the Romanian healthcare system and suggest measures to strengthen primary care services, including workforce development, infrastructure investment, and enhanced coordination with specialty care providers.
13. **Healthcare Financing Reform:** Examine the current financing mechanisms in Romania's healthcare system and recommend reforms to ensure sustainable and equitable financing, such as expanding insurance coverage, enhancing resource allocation mechanisms, and promoting cost-effective interventions.
14. **Health Information Technology Adoption:** Assess the potential benefits of adopting health information technology (HIT) systems, such as electronic health records (EHRs) and telehealth platforms, in improving healthcare delivery, patient outcomes, and efficiency within the Romanian healthcare system.
15. **Healthcare Quality Improvement Initiatives:** Identify areas for quality improvement in healthcare delivery, including patient safety, clinical effectiveness, and patient-centered care, and propose strategies to implement quality improvement initiatives and measure their impact.
16. **Health Workforce Planning:** Analyze the current healthcare workforce landscape in Romania, including shortages and maldistribution of healthcare professionals, and develop strategies to address workforce challenges, such as recruitment and retention incentives, training programs, and workforce distribution policies.
17. **Chronic Disease Management Programs:** Develop and evaluate chronic disease management programs targeting prevalent conditions in Romania, such as cardiovascular diseases, diabetes, and respiratory illnesses, with a focus on prevention, early detection, and integrated care delivery.
18. **Public Health Infrastructure Enhancement:** Assess the state of public health infrastructure in Romania, including surveillance systems, vaccination programs, and disease prevention initiatives, and propose investments and reforms to strengthen public health capacity and resilience.
19. **Health Policy Evaluation:** Evaluate the effectiveness of recent health policies and reforms in Romania, such as decentralization efforts, privatization of healthcare services, and pharmaceutical pricing regulations, and provide recommendations for policy refinement and implementation.
20. **Community Engagement and Empowerment:** Explore strategies to engage and empower communities in Romania to take an active role in improving their health and well-being, including health education programs, community-based interventions, and participatory decision-making processes.

Selective Bibliography for the admission process for a Master Program in Health Economics

1. Ayanian, J.Z., Williams, R.A. (2007). Principles for Eliminating Racial and Ethnic Disparities in Healthcare. In: Williams, R.A. (eds) *Eliminating Healthcare Disparities in America*. Humana Press. https://doi.org/10.1007/978-1-59745-485-8_18
2. Fiscella K, Franks P, Gold MR, Clancy CM. Inequality in Quality: Addressing Socioeconomic, Racial, and Ethnic Disparities in Health Care. *JAMA*, 01 May 2000, 283(19):2579-2584, <https://doi.org/10.1001/jama.283.19.2579>
3. Neumann PJ, Cohen JT, Weinstein MC. Updating cost-effectiveness--the curious resilience of the \$50,000-per-QALY threshold. *N Engl J Med*. 2014 Aug 28;371(9):796-7. doi: 10.1056/NEJMp1405158. PMID: 25162885.
4. Gold MR, Siegel JE, Russell LB, Weinstein MC. *Cost-Effectiveness in Health and Medicine*. Oxford University Press; 2016. <https://global.oup.com/academic/product/cost-effectiveness-in-health-and-medicine-9780190492939?lang=en&cc=fr>

5. Baicker K, Chandra A. Medicare spending, the physician workforce, and beneficiaries' quality of care. *Health Aff (Millwood)*. 2004 Jan-Jun;Suppl Web Exclusives:W4-184-97. doi: 10.1377/hlthaff.w4.184. PMID: 15451981.
6. Buse K, Mays N, Walt G. *Making Health Policy*. McGraw-Hill Education; 2012.
https://books.google.ro/books/about/Making_Health_Policy.html?id=LL1M4lOzXtwC&redir_esc=y
7. Schoen C, Osborn R, Squires D, Doty MM, Pierson R, Applebaum S. How health insurance design affects access to care and costs, by income, in eleven countries. *Health Aff (Millwood)*. 2010 Dec;29(12):2323-34. doi: 10.1377/hlthaff.2010.0862. Epub 2010 Nov 18. PMID: 21088012.
8. Newhouse JP. *Free for All?: Lessons from the RAND Health Insurance Experiment*. Harvard University Press; 1993.
https://books.google.ro/books/about/Free_for_All.html?id=SVUJ4W9Lk5IC&redir_esc=y
9. Leatherman S, Sutherland K. Quality of care in the NHS of England. *BMJ*. 2004 Apr 17;328(7445):E288-90. doi: 10.1136/bmj.328.7445.E288. PMID: 15087367.
10. Woods D. *Escape Fire: Designs for the Future of Health Care*. *BMJ*. 2004 May 8;328(7448):1139. PMID: PMC406339.
11. Mehrotra A, Hussey PS, Milstein A, Hibbard JH. Consumers' and providers' responses to public cost reports, and how to raise the likelihood of achieving desired results. *Health Aff (Millwood)*. 2012 Apr;31(4):843-51. doi: 10.1377/hlthaff.2011.1181. Epub 2012 Mar 28. PMID: 22459922; PMID: PMC3726186.
12. Christensen CM, Grossman JH, Hwang J. *The Innovator's Prescription: A Disruptive Solution for Health Care*. McGraw-Hill Education; 2008.
https://books.google.ro/books/about/The_Innovator_s_Prescription_A_Disruptiv.html?id=x8KFZD_pnH4C&redir_esc=y
13. Koplan JP, Bond TC, Merson MH, Reddy KS, Rodriguez MH, Sewankambo NK, Wasserheit JN; Consortium of Universities for Global Health Executive Board. Towards a common definition of global health. *Lancet*. 2009 Jun 6;373(9679):1993-5. doi: 10.1016/S0140-6736(09)60332-9. Epub 2009 Jun 1. PMID: 19493564; PMID: PMC9905260.
14. Frenk J, Moon S. Governance challenges in global health. *N Engl J Med*. 2013 Mar 7;368(10):936-42. doi: 10.1056/NEJMra1109339. PMID: 23465103.
15. Thaler RH, Sunstein CR. *Nudge: Improving Decisions about Health, Wealth, and Happiness*. Yale University Press; 2008.
https://books.google.ro/books/about/Nudge.html?id=dSJQn8egXvUC&redir_esc=y
16. Loewenstein G, Brennan T, Volpp KG. Asymmetric paternalism to improve health behaviors. *JAMA*. 2007 Nov 28;298(20):2415-7. doi: 10.1001/jama.298.20.2415. PMID: 18042920.
17. Basu S, Berkowitz SA, Phillips RL, Bitton A, Landon BE, Phillips RS. Association of Primary Care Physician Supply With Population Mortality in the United States, 2005-2015. *JAMA Intern Med*. 2019 Apr 1;179(4):506-514. doi: 10.1001/jamainternmed.2018.7624. PMID: 30776056; PMID: PMC6450307.
18. Buchan J, Aiken L. Solving nursing shortages: a common priority. *J Clin Nurs*. 2008 Dec;17(24):3262-8. doi: 10.1111/j.1365-2702.2008.02636.x. PMID: 19146584; PMID: PMC2858425.
19. Gaynor M, Mostashari F, Ginsburg PB. *Making Health Care Markets Work: Competition Policy for Health Care*. *JAMA*. 2017 Apr 4;317(13):1313-1314. doi: 10.1001/jama.2017.1173. PMID: 28253376.
20. Cutler DM. *Your Money or Your Life: Strong Medicine for America's Health Care System*. Oxford University Press; 2005.
21. Chivu R.G. *The Healthcare Services System in Romania: A Case Study*. "Ovidius" University Annals, Economic Sciences Series Volume XIX, Issue 2 /2019.

22. Dumitrache L, Nae M, Simion G, Taloş AM. Modelling Potential Geographical Access of the Population to Public Hospitals and Quality Health Care in Romania. *Int J Environ Res Public Health*. 2020 Nov 16;17(22):8487. doi: 10.3390/ijerph17228487. PMID: 33207761; PMCID: PMC7696721.
23. Vladescu C, Scintee SG, Olsavszky V, Hernandez-Quevedo C, Sagan A. Romania: Health System Review. *Health Syst Transit*. 2016 Aug;18(4):1-170. PMID: 27603897.
24. Petre I, Barna F, Gurgus D, Tomescu LC, Apostol A, Petre I, Furau C, Năchescu ML, Bordianu A. Analysis of the Healthcare System in Romania: A Brief Review. *Healthcare*. 2023; 11(14):2069. <https://doi.org/10.3390/healthcare11142069>.
25. Radu CP, Pana BC, Pele DT, Costea RV. Evolution of Public Health Expenditure Financed by the Romanian Social Health Insurance Scheme From 1999 to 2019. *Front Public Health*. 2021 Dec 1;9:795869. doi: 10.3389/fpubh.2021.795869. Erratum in: *Front Public Health*. 2022 Feb 15;10:857426. PMID: 34926399; PMCID: PMC8673551.
26. Tudor AIM, Nichifor E, Litră AV, Chiţu IB, Brătucu TO, Brătucu G. Challenges in the Adoption of eHealth and mHealth for Adult Mental Health Management-Evidence from Romania. *Int J Environ Res Public Health*. 2022 Jul 27;19(15):9172. doi: 10.3390/ijerph19159172. PMID: 35954526; PMCID: PMC9368613.
27. Mihai M, Toma C.A, Manea D.I. Analysis of the Impact of Telemedicine on the Health System in a European Context. "Ovidius" University Annals, Economic Sciences Series Volume XX, Issue 2 /2020.
28. Dulău D, Craiut L, Tit DM, Buhas C, Tarce AG, Uivarosan D. Effects of Hospital Decentralization Processes on Patients' Satisfaction: Evidence from Two Public Romanian Hospitals across Two Decades. *Sustainability*. 2022; 14(8):4818. <https://doi.org/10.3390/su14084818>.
29. Purcărea VL, Coculescu BI, Coculescu EC. Improving the quality of Health Care in the Romanian public health system--a priority in the reform process. *J Med Life*. 2015 Apr-Jun;8(2):166-70. PMID: 25866573; PMCID: PMC4392101.
30. Ungureanu M.I, Paina L. Health workforce management in Romania. Correspondence. Volume 386, ISSUE 10009, P2139-2140, November 28, 2015. [https://doi.org/10.1016/S0140-6736\(15\)00972-1](https://doi.org/10.1016/S0140-6736(15)00972-1)
31. Rafila A, Blidaru T, Garofil D, Strilciuc S, Muresanu DF. Addressing the Healthcare Crisis - The Bucharest High-level Regional Meeting on Health and Care Workforce in Europe: TIME TO ACT. *J Med Life*. 2023 Jul;16(7):963-966. doi: 10.25122/jml-2023-1024. PMID: 37900078; PMCID: PMC10600671.
32. Mayston R, Ebhohimen K, Jacob K. Measuring what matters – information systems for management of chronic disease in primary healthcare settings in low and middle-income countries: challenges and opportunities. *Epidemiology and Psychiatric Sciences*. 2020;29:e127. doi:10.1017/S204579602000030X.
33. Argesanu RD, Armean P, Georgescu D, Mogos IC, Brinduse LA, Bratu EC, Cucu AM. Challenges in Utilization of Osteoporosis Healthcare Services during COVID-19 Pandemic in Romania - a Nationwide Population Study. *Maedica (Bucur)*. 2022 Jun;17(2):253-258. doi: 10.26574/maedica.2022.17.2.253. PMID: 36032612; PMCID: PMC9375887.
34. Dascalu S, Geambasu O, Covaciu O, Chereches RM, Diaconu G, Dumitra GG, Gheorghita V and Popovici ED (2021) Prospects of COVID-19 Vaccination in Romania: Challenges and Potential Solutions. *Front. Public Health* 9:644538. doi: 10.3389/fpubh.2021.644538.
35. Heller, P. S., & Hsiao, W. C. (2007). "CHAPTER 4: Health Policy Challenges and Issues Confronting Nations". In *What Macroeconomists Should Know about Health Care Policy*. USA: International Monetary Fund. Retrieved Mar 5, 2024, from <https://doi.org/10.5089/9781589066182.058.ch004>.

36. Mosca I, Radu C, Strilciuc Ș, Ungureanu MI. A five-year (2017-2021) time series evaluation of patient-reported informal healthcare payments in Romania. *J Med Life*. 2023 Mar;16(3):387-393. doi: 10.25122/jml-2023-0080. PMID: 37168305; PMCID: PMC10165521.
37. Radu C-P, Pana BC, Pele DT and Costea RV (2021) Evolution of Public Health Expenditure Financed by the Romanian Social Health Insurance Scheme From 1999 to 2019. *Front. Public Health* 9:795869. doi: 10.3389/fpubh.2021.795869
38. Haldane V, Chuah FLH, Srivastava A, Singh SR, Koh GCH, Seng CK, Legido-Quigley H. Community participation in health services development, implementation, and evaluation: A systematic review of empowerment, health, community, and process outcomes. *PLoS One*. 2019 May 10;14(5):e0216112. doi: 10.1371/journal.pone.0216112. PMID: 31075120; PMCID: PMC6510456.
39. Rotaru F, Matei A, Bolboacă SD, Cordoș AA, Bulboacă AE, Muntean C. Age-Inclusive Healthcare Sustainability: Romania's Regulatory and Initiatives Landscape in the European Union Context. *Sustainability*. 2024; 16(5):1827. <https://doi.org/10.3390/su16051827>
40. Crawford, K., Walker, J., & Granescu, M. Perspectives on Social Care Practice in Romania: Supporting the Development of Professional Learning and Practice. *The British Journal of Social Work*, 36(3), 2006, 485–498. <http://www.jstor.org/stable/23720938>.



Răzvan V. Mustață
Associate Professor, PhD | Dean