



HEALTHCARE & QUALITY OF LIFE
PROGRAM

PROGRAM WHITE PAPER 2025

Insights from the
Aspen Healthcare & Quality of Life
Program 2025

Aspen Healthcare & Quality of Life Program Program White Paper 2025

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1. About the Aspen Healthcare & Quality of Life Program and the 2025 Program White Paper

Aspen Institute Romania's **Healthcare & Quality of Life Program** was created to broaden the scope of the debate on health policy and support sustainable reforms in the health sector. It has developed a Program community involving all relevant stakeholders (public officials and decision-makers, private stakeholders and representatives of the non-governmental and academic sectors and patients' associations). It provides a neutral and balanced venue, not just for discussing, but also for acting on critical issues affecting the Romanian and regional healthcare systems.

Through a combination of working meetings, public conferences, expert roundtables, and leadership seminars conducted under the Aspen Method, the Program aims to support sustainable healthcare reforms, strengthen institutional capacity, build communities of experts and contribute to policy coherence at national and European levels. Over the years, the Aspen Healthcare & Quality of Life Program has consolidated a strong community of stakeholders and has contributed to shaping a shared agenda aligned with Romania's health system priorities and European Union policy developments.

The 2025 Program White Paper builds on this tradition and reflects the key debates, insights, and strategic messages emerging from the 2025 edition of the Program. Rather than serving as a report of individual events, the White Paper synthesizes cross-cutting policy themes discussed throughout the year, highlighting structural challenges, emerging opportunities, and potential directions for reform in the Romanian healthcare system, in close connection with European developments.

The 2025 edition of the Aspen Healthcare & Quality of Life Program was structured around four complementary events, each contributing a distinct perspective to the overall policy dialogue:

- **Working Breakfast with the Minister of Health** (*7 March 2025, Bucharest*)

The year opened with an informal working breakfast bringing together senior representatives of the Aspen Healthcare & Quality of Life Program community and the Minister of Health at the moment, **Prof. Alexandru Rafila**. The discussion focused on the strategic priorities of the Government Programme in the field of health, current reform efforts, and areas where structured dialogue and expertise from the Aspen community could support policy implementation. The format encouraged open exchange on governance, predictability, and long-term strategic planning in healthcare, setting the tone for the Program's activities throughout the year.

- **Aspen Healthcare & Quality of Life Seminar titled "Reimagining Healthcare: Structural and Paradigm Shifts for a Resilient Future"** (*10–12 April 2025, Casa Comana*)

The international seminar represented the in-depth, expert-driven component of the Program. Conducted over three days, it convened policymakers, healthcare professionals, researchers, and industry representatives for structured discussions on systemic transformation in healthcare. The seminar explored paradigm shifts in health financing, hospital management and patient-centered models, the role of clinical research as an institutional asset, and the regulatory, ethical, and governance challenges associated with artificial intelligence and the European Health Data Space. Using the Aspen Method, the seminar enabled participants to engage in reflective dialogue, experience-sharing, and collaborative analysis of complex policy issues.

- **Aspen Healthcare Summit 2025: Advancing Health Through Innovation, Values, and Partnership** *(17–18 June 2025, Bucharest)*

The Aspen Healthcare Summit 2025 marked the fourteenth edition of the Program’s flagship public event. Bringing together national and European decision-makers, healthcare leaders, experts, and industry representatives, the Summit served as a high-level platform for strategic dialogue on the future of healthcare systems. The discussions addressed sustainable health financing, prevention as a cornerstone of system sustainability, digital health and artificial intelligence in practice, as well as the broader social and political determinants of health. The Summit also emphasized the role of shared values, trust, and partnerships in building resilient and equitable healthcare systems, while reinforcing alignment with European policy frameworks and priorities.

- **Roundtable on the Modernization of Health Insurance IT Systems and Alignment with the European Health Data Space** *(10 December 2025, Bucharest)*

The final event of the year was a closed, invitation-only roundtable organized in partnership with the National Health Insurance House, dedicated to the digital transformation of Romania’s health insurance infrastructure. Discussions focused on the modernization of the Platform of Health Insurance (PIAS), the expansion of the Electronic Health Record, interoperability challenges, and the alignment of national digital health systems with the European Health Data Space. Particular attention was given to governance, data security, user needs, and the practical implications of EHDS implementation for patients, healthcare providers, and public institutions. This technically focused dialogue anchored the Program’s broader discussions on innovation and digital transformation in concrete policy and implementation realities.

This White Paper draws on the insights generated across these four events to articulate a coherent set of strategic themes and policy-relevant messages for 2025, while also outlining directions for continued dialogue and action in the years ahead.

The 2025 Program edition benefited from the **valuable support of our Program Partners: Roche, Alliance Healthcare, Merck Sharp & Dohme, Astra Zeneca, Sanofi, Bristol Myers Squibb, Novartis**

2. Strategic Context for 2025 – Challenges in the Romanian Health System

The strategic context of the Aspen Healthcare & Quality of Life Program in 2025 is shaped by persistent structural challenges in the Romanian health system, compounded by demographic pressures, fiscal constraints, and the accelerating pace of European-level policy and regulatory developments. These challenges have been extensively documented in the **State of Health in the EU: Romania – Country Health Profile 2025**, launched by the OECD and the European Observatory on Health Systems and Policies, which provides a concise and policy-relevant assessment of Romania's health system performance in a comparative European perspective and highlights the challenges which the 2025 program addressed.

Despite recent improvements following the COVID-19 pandemic, Romania continues to record some of the weakest health outcomes in the European Union. Life expectancy, although rebounding to 76.6 years in 2024, remains more than five years below the EU average, with significant gender disparities. Cardiovascular diseases and cancer continue to account for the majority of premature and avoidable mortality, reflecting both long-standing gaps in prevention and limitations in early diagnosis and continuity of care.

From a system performance perspective, the Country Health Profile highlights three interrelated areas of concern: effectiveness, accessibility, and resilience. Romania registers one of the highest rates of avoidable mortality in the EU, while unmet medical needs due to cost, distance, or waiting times remain among the highest in Europe, disproportionately affecting vulnerable and low-income populations. High out-of-pocket payments—particularly for pharmaceuticals and dental care—continue to undermine financial protection and equity in access to services.

Financing constraints represent a central structural challenge. Romania's health expenditure per capita remains the lowest in the EU, at less than half the EU average, and public spending on health as a share of GDP continues to lag significantly behind European peers. At the same time, spending patterns remain heavily skewed toward inpatient care and pharmaceuticals, while investment in prevention, primary care, and long-term care remains comparatively limited. This hospital-centric and reactive allocation of resources constrains system efficiency and long-term sustainability, reinforcing the need for strategic rethinking of financing models and investment priorities.

Human resources for health constitute another critical pressure point. Although the number of physicians and nurses has increased in recent years, Romania continues to face challenges related to workforce distribution, retention, and skill mix. Geographic disparities between urban and rural areas persist, while the relatively weak role of primary care limits the system's capacity to manage chronic conditions and reduce avoidable hospital admissions.

Against this backdrop, digital transformation and data governance have emerged as strategic imperatives. The modernization of national health information systems, the expansion of the

Electronic Health Record, and alignment with the European Health Data Space (EHDS) are no longer optional reforms, but prerequisites for improving efficiency, transparency, and evidence-based decision-making. At the same time, these transformations raise complex questions related to governance, interoperability, data protection, and the practical integration of digital tools into everyday clinical and administrative workflows.

Framing the 2025 Program Priorities

The thematic focus of the 2025 edition of the Aspen Healthcare & Quality of Life Program was defined through an internal consultation process. In January 2025, a dedicated taskforce meeting was convened with Program partners and key stakeholders to review recent developments in the health system, reflect on the main insights and outcomes of previous program editions, and identify priority areas where the Aspen platform could add strategic value.

Building on the experience of the 2024 edition—where healthcare financing represented a central and cross-cutting theme—the taskforce acknowledged the continued relevance of financing debates, particularly in light of fiscal pressures and reform efforts. At the same time, participants emphasized the need to broaden the analytical lens beyond financing alone, situating it within a wider discussion on governance, system resilience, innovation, and structural reform. This approach was also informed by ongoing Aspen-supported analytical work on the macroeconomic impact of investments in prevention and health infrastructure, initiated under the 2024 program and carried forward into 2025 discussions.

As a result, the 2025 Program was designed to address financing not as an isolated issue, but as an integral component of a broader transformation agenda. The selected themes reflect the interconnected nature of Romania’s health system challenges: the need for predictable and strategic governance, the reimagining of system architecture and care models, the role of innovation and digitalization, and the alignment of national reforms with European policy frameworks, including EHDS.

The four events organized under the 2025 Program provided complementary perspectives on these priorities, combining high-level political dialogue, in-depth expert reflection, and technically focused discussions. Together, they offered the basis for a structured synthesis of policy-relevant insights, which are developed in the thematic chapters of this White Paper.

3. Main Policy Themes – Insights from the 2025 Program

3.1. Financing a Sustainable and Predictable Health System: From Budgetary Strain to Strategic Investment

Events anchoring this theme:

- *Working Breakfast with the Minister of Health (7 March 2025)*
- *Aspen Healthcare Summit 2025 – Panel: From Budget Strain to Strategic Investment*
- *Aspen Healthcare & Quality of Life Seminar (April 2025) – financing & clinical research modules*

→ **Financing pressures and the need for predictability**

Discussions throughout the 2025 Program consistently highlighted that Romania’s healthcare financing challenge is no longer defined solely by low expenditure levels, but by **structural unpredictability and misalignment between needs, contributions, and spending patterns**. At the Working Breakfast with the Minister of Health the debate focused on the sustainability of the current financing model in the context of persistent demographic pressures, workforce dynamics, and rising expectations regarding access to innovative therapies and services.

Recent national analyses confirm that the **gap between available resources and system needs continues to widen**, despite incremental increases in health budgets in recent years. The macroeconomic study conducted under the auspices of Aspen Institute Romania demonstrates that, under current assumptions, health spending growth driven primarily by salary increases and ad-hoc budgetary adjustments risks crowding out investments with higher long-term value, including prevention, ambulatory care, and system modernization.

A central concern repeatedly raised by participants was the **limited predictability of financing**, which constrains strategic planning at all levels of the system—from central authorities to hospitals and service providers—and reinforces short-term decision-making.

→ **Contribution base, equity, and financial sustainability**

A recurring theme across both the Working Breakfast and the Summit was the **narrow contribution base of the compulsory health insurance system**. While coverage is formally universal, a significant proportion of insured individuals are exempted from contributions, placing a disproportionate burden on a limited segment of the working population. This imbalance undermines both financial sustainability and perceived fairness, with implications for public trust in the system.

Participants acknowledged recent legislative steps aimed at reintroducing contributions for selected exempt categories as a positive signal, but emphasized that **equity in contributions must be accompanied by visible improvements in efficiency and service delivery**. Without such parallel

measures, expanded contributions risk being perceived as additional taxation rather than as investments in better health outcomes.

The Summit discussions also underscored the importance of **transparent communication** regarding how contributions are used, echoing findings from national analyses on the transparency of health financing flows, which point to fragmentation and limited public visibility of spending decisions. Strengthening transparency was framed not only as a technical necessity, but as a prerequisite for rebuilding trust between citizens and institutions.

→ **Out-of-pocket payments: risk and opportunity**

Romania's persistently high share of out-of-pocket payments emerged as one of the most critical and politically sensitive financing issues discussed in 2025. High OOP levels were consistently framed as a **dual phenomenon**:

- on the one hand, a **dangerous social burden**, exposing households to catastrophic health expenditures and deterring timely access to care;
- on the other hand, a **signal of unmet demand** that could be addressed through more structured and predictable financing mechanisms.

Several participants argued that the current reliance on informal or direct payments reflects gaps in benefit design and coverage, rather than patient preference alone. In this context, **the development of complementary and supplementary private health insurance** was discussed as a potential avenue for mobilizing additional resources, provided that such schemes are well regulated, transparent, and aligned with public system objectives.

Importantly, it was emphasized that private insurance should not be seen as a substitute for public responsibility, but as a **mechanism to bring new, predictable funding into the system**, reduce informal payments, and support innovation, particularly in areas such as diagnostics, ambulatory care, and post-acute services.

→ **New financing sources and the role of clinical research**

Beyond traditional public and private insurance mechanisms, the 2025 Program placed renewed emphasis on **clinical research as a complementary source of health system financing and capacity building**. Discussions during both the Seminar and the Summit highlighted Romania's growing attractiveness for clinical trials, driven by skilled professionals, patient availability, and competitive costs.

Participants stressed that clinical research brings **multiple layers of value**: direct financial inflows, access to innovative therapies for patients, professional development for clinicians, and institutional strengthening for hospitals. However, unlocking this potential requires clearer regulatory pathways, institutional support structures within hospitals, and alignment between health authorities, academia, and industry.

In this sense, clinical research was framed not as an isolated activity, but as part of a broader **financing diversification strategy**, capable of reducing pressure on public budgets while contributing to system modernization.

→ Spending patterns, efficiency, and value for money

A key message emerging from the Summit Panel on financing was that **sustainability cannot be achieved through increased funding alone**. Participants pointed to structural inefficiencies in spending patterns, particularly the heavy concentration of resources on inpatient care and salaries, often at the expense of services with higher value potential.

Several concrete issues were raised:

- the growing share of National Health Insurance expenditures allocated to **personnel costs rather than reimbursed services**;
- misalignment between tariffs and real costs of care delivery;
- limited use of performance indicators and management tools in hospital settings.

One proposal discussed was the **recalibration of service tariffs** to better reflect the full cost of care, including human resources, and to incentivize efficiency and quality. Similarly, in the pharmaceutical area, participants suggested exploring **hybrid reimbursement mechanisms**, combining elements of cost–volume and cost–volume–outcome agreements, in order to better align spending with clinical value.

→ Financing, trust, and long-term system legitimacy

Across discussions, a broader insight consistently emerged: **financing is not only a technical issue, but a determinant of trust and system legitimacy**. Unpredictable funding, high out-of-pocket payments, and opaque spending decisions contribute to public dissatisfaction and erode confidence in institutions.

In line with the transversal reflections introduced during the Summit keynote on health, democracy, and trust, participants acknowledged that **perceived inequities in access and financing can amplify social tensions and disengagement**. Conversely, predictable, transparent, and value-oriented financing mechanisms were seen as essential foundations for both health system resilience and social cohesion.

3.2. Prevention, Population Health and Long-Term Value Creation

Events anchoring this theme:

- *Aspen Healthcare Summit 2025 – Panel: Prevention First – The Key to a Sustainable Health*
- *Aspen Healthcare & Quality of Life Seminar (April 2025)*

- *Aspen macroeconomic study on prevention and health infrastructure investments*

→ Reframing prevention: from expenditure to strategic investment

Across the 2025 Program, prevention emerged as one of the most widely supported yet structurally underdeveloped pillars of Romania's health system. While prevention is frequently acknowledged as cost-effective, discussions consistently highlighted a **misalignment between political expectations and the actual economic timeline of preventive interventions**.

Participants emphasized that prevention does not generate immediate fiscal savings. On the contrary, in the short term, expanded prevention and screening **increase demand for diagnostic, secondary, and tertiary services**, as previously undetected conditions are identified. This dynamic often creates political and budgetary resistance, despite the strong evidence that prevention delivers substantial **health, social, and economic returns over the medium and long term**.

The Aspen Institute Romania macroeconomic analysis directly addressed this tension, demonstrating that investments in prevention and health infrastructure can generate **significant cumulative GDP gains over a 10–15 year horizon**, primarily through reduced premature mortality, increased labour productivity, and lower long-term healthcare and social costs. These findings reinforced a core message of the 2025 discussions: **prevention must be assessed through a long-term value lens, not annual budget cycles**.

→ Prevention, early detection, and the need for clear patient pathways

A central insight from the Summit Panel on prevention was that **screening and preventive services cannot function in isolation**. Participants stressed that Romania lacks sufficiently clear and standardized **post-prevention and post-screening patient pathways**, which undermines both clinical outcomes and public trust.

Without well-defined follow-up mechanisms—covering confirmation diagnostics, referral, treatment initiation, and long-term monitoring—prevention risks becoming an incomplete intervention. This gap was repeatedly identified as a barrier to scaling population-based screening programmes and to maintaining public confidence in preventive initiatives.

The discussions converged on the need for prevention to be embedded within **integrated care pathways**, supported by interoperable data systems and clear institutional responsibilities. Such pathways were framed as essential not only for clinical effectiveness, but also for system efficiency and legitimacy.

→ Vaccination across the life course and proximity-based delivery

Another major theme was the need for a **paradigm shift from childhood-only vaccination to vaccination across the life course**. While Romania has adopted several important vaccination policies

in recent years, participants acknowledged that **uptake and impact remain below expectations**, largely due to communication gaps, inconsistent implementation, and declining trust.

The role of **community-based and proximity services**, particularly pharmacies, was highlighted as a largely underused resource. Pharmacists were repeatedly described as among the most accessible health professionals, especially for working-age adults and populations less connected to primary care services.

Discussions emphasized that expanding vaccination services in pharmacies—supported by appropriate regulatory frameworks, infrastructure requirements, and professional training—could significantly improve coverage. However, participants cautioned that this must be accompanied by **clear public communication, professional alignment, and legislative clarity**, to avoid confusion and resistance.

→ Health education, behaviour change, and societal co-ownership

A recurring message across events was that prevention cannot succeed without **behaviour change**, and behaviour change cannot be achieved through health system interventions alone. Participants stressed that **over 80% of health outcomes are influenced by determinants outside the healthcare system demonstrated across global evidence**, including lifestyle, environment, education, and socioeconomic conditions.

In this context, prevention was framed as a **societal project**, requiring sustained collaboration across sectors. Concrete recommendations included: introducing structured **health education curricula in schools**, adapted to age and local context; strengthening communication and engagement with parents and communities; aligning health policies with urban planning, environmental protection, and sports infrastructure.

Importantly, participants emphasized that prevention policies must be **co-created with the population**, not imposed upon it. This perspective aligned closely with the transversal reflections on trust and democracy introduced during the Summit keynote: when citizens perceive health policies as opaque, paternalistic, or disconnected from daily realities, adherence declines and social resistance increases.

→ Prevention, trust, and democratic resilience

Building on the insights articulated by the keynote speaker, **Dr. Josep Figueras**, discussions acknowledged that **health inequalities and poor population health outcomes have broader societal consequences**, including reduced trust in institutions, political disengagement, and increased susceptibility to populism and extremism.

From this perspective, prevention was reframed not only as a health or economic priority, but as a

pillar of social cohesion and democratic resilience. Transparent communication, evidence-based policymaking, and meaningful engagement with civil society were identified as essential conditions for sustaining preventive strategies over time.

3.3. Hospitals at the Core of System Transformation

Events anchoring this theme:

- *Aspen Healthcare & Quality of Life Seminar – Reimagining Healthcare (April 2025)*
- *Aspen Healthcare Summit 2025 – high-level opening and dedicated panels*
- *Working Breakfast with the Minister of Health (March 2025)*

→ **Hospitals as institutional anchors of the health system**

Discussions across the 2025 Program converged on a shared assessment: **hospitals remain the central operational, financial, and symbolic pillars of Romania’s health system.** They absorb the largest share of public health expenditure, employ a substantial proportion of the healthcare workforce, and represent the primary point of contact for patients seeking diagnosis and treatment—often bypassing primary and outpatient care.

While this centrality is partly structural and historically embedded, participants emphasized that hospitals must evolve **from cost centers to value-generating institutions**, capable of integrating care delivery, workforce development, innovation, and research. The need to reposition hospitals within a broader continuum of care—rather than as isolated service providers—was repeatedly highlighted as a prerequisite for improving efficiency, quality, and trust.

→ **Governance, management, and accountability**

A recurrent theme at the Seminar and the Summit was the **uneven quality of hospital governance and management capacity.** Participants noted that many hospitals continue to operate with limited managerial autonomy, weak performance incentives, and insufficient use of data-driven management tools.

The predominance of input-based financing and the absence of consistent performance indicators were identified as barriers to accountability. Discussions pointed to the need for: clearer roles and responsibilities for hospital managers and boards; performance frameworks that link funding to outcomes and quality; strengthened administrative and financial management competencies.

Importantly, governance reform was framed not as a technocratic exercise, but as a **trust-building mechanism.** Transparent decision-making, predictable rules, and accountability for results were seen

as essential to restoring confidence among professionals, patients, and public authorities.

→ Workforce Retention and the Role of Local Authorities

Human resources for health were consistently identified across the 2025 Program as a **structural bottleneck** for system performance, particularly outside major university centres. Despite Romania's capacity to train a large number of physicians and nurses, hospitals and primary care services continue to face **persistent retention challenges**, internal migration, and pronounced territorial disparities.

Discussions at the Summit and the Seminar aligned closely with the analytical framework presented in the *Ghid de acțiuni locale – Soluții pentru resursa umană în sănătate*, developed by the Ministry of Health with WHO support. The guide highlights that access to healthcare services depends not only on national policies or infrastructure investments, but critically on the **ability of communities to attract, integrate, and retain medical professionals**.

A key insight reinforced during the 2025 Program was the **strategic role of local authorities** in addressing workforce shortages, particularly in rural and non-university urban areas. Local governments manage or co-manage a large proportion of public hospitals and community health services and are uniquely positioned to implement **place-based retention measures**, including:

- financial and non-financial incentives (housing, transport, local bonuses);
- investments in working conditions and equipment;
- support for professional development, mentoring, and integration into local communities;
- facilitating access to education and employment opportunities for family members.

The discussions emphasized that retention is rarely driven by salary alone. Instead, **quality of life, professional recognition, career development opportunities, and community integration** were repeatedly cited as decisive factors. In this sense, workforce retention was framed as a **whole-of-community responsibility**, requiring coordinated action between hospitals, local authorities, educational institutions, and central government.

→ Dual Practice as a Governance Reform, Not an Individual Exception: From Physician-Centred to Patient-Centred Hospital Care

The 2025 Program addressed **dual practice**—the simultaneous engagement of physicians in public and private sectors—as one of the most sensitive and misunderstood issues affecting hospital performance. Based on the dedicated Seminar module, dual practice was explicitly framed **not as an individual ethical failure**, but as a **systemic governance issue** deeply embedded in Romania's hospital model.

The current Romanian paradigm was described as **physician-centred hospital care**, characterised by:

- informal patient–doctor relationships replacing institutional accountability;
- absence of transparent hospital- or department-level waiting lists;
- excessive reliance on unpaid overtime and informal arrangements;
- blurred boundaries between public services and private choices;
- tolerance of informal payments.

Within this context, dual practice already exists *de facto*, but in an unregulated. The 2025 discussions therefore converged on the need for a **controlled, transparent, and institutionally managed dual practice model**, implemented *within* public hospitals.

Key principles articulated included:

- patients should be patients of the **hospital**, not of individual physicians;
- hospitals must manage patient allocation, scheduling, and waiting lists;
- dual practice should take place **outside regular working hours**, under hospital governance;
- access to dual practice should be conditional on **performance indicators** met in the public setting;
- informal payments must be fully eliminated and replaced by transparent co-payment mechanisms.

Participants emphasized that properly regulated dual practice can generate **multiple system-level benefits**: additional revenue for hospitals, improved retention of high-performing physicians in the public sector, reduced incentives for informal payments, and new space for complementary private insurance.

However, it was also acknowledged that implementing such a model requires a **profound paradigm shift** toward patient-centred hospital care, strengthened management authority, robust digital scheduling systems, and clear legislative support. Communication with the public and ethical safeguards for vulnerable populations were identified as essential to maintain trust and legitimacy during the potential transition.

→ Hospitals as platforms for clinical research and innovation

A distinctive contribution of the 2025 Program was the strong emphasis on **clinical research as an integral hospital function**, rather than an optional or peripheral activity. Participants highlighted Romania’s growing role in international clinical trials and the untapped potential of hospitals to act as **research and innovation hubs**.

Clinical research was discussed as a multi-dimensional value generator:

- providing patients with early access to innovative therapies;
- supporting professional development and retention of clinicians;
- generating additional financial resources for institutions;

- strengthening data collection and clinical governance.

However, participants also identified persistent barriers, including fragmented institutional support, administrative burden, and uneven collaboration between hospitals, academia, and industry. Strengthening hospital-based research infrastructure—through dedicated units, standardized procedures, and professional management—was seen as essential to fully leverage this opportunity.

→ Hospitals, trust, and system legitimacy

Beyond operational considerations, hospitals were repeatedly described as **symbols of the health system’s credibility**. Patient experiences within hospitals strongly shape perceptions of fairness, quality, and institutional competence.

In this respect, discussions echoed the transversal insights on trust and democracy: opaque governance, informal practices, and perceived inequities in hospital access can erode public confidence and fuel broader social dissatisfaction. Conversely, well-governed hospitals—capable of delivering high-quality care, engaging professionals, and transparently managing resources—can act as **anchors of social trust**.

Participants stressed that hospital reform must therefore balance efficiency goals with **ethical standards, professional integrity, and patient-centered values**, reinforcing the legitimacy of the health system as a whole.

3.4. Digital Transformation, Data Governance and Trust

Events anchoring this theme:

- *Aspen Healthcare Summit 2025 – Panel: Digital Health and AI in Practice*
- *Roundtable on the Modernization of Health Insurance IT Systems and Alignment with the European Health Data Space (December 2025)*

→ Digital transformation as a governance challenge

Across the 2025 Program, digital health was consistently framed not primarily as a technological challenge, but as a **governance and implementation challenge**. Participants emphasized that fragmented legacy systems, unclear institutional responsibilities, and insufficient user engagement have historically limited the impact of digital investments in Romania.

The adoption of the European framework for the European Health Data Space (EHDS) in 2025 marked a **structural shift** in this context. Romania now has clear obligations regarding data standardization, interoperability, and cross-border data sharing, with defined timelines extending toward 2029. These requirements were widely seen as a catalyst for accelerating national reforms,

but also as a significant implementation challenge requiring sustained political commitment and institutional coordination.

→ PIAS modernization as a strategic national project

Discussions at both the Summit and the dedicated Roundtable highlighted the **modernization of the national health insurance IT infrastructure (PIAS)** as one of Romania's most important ongoing digital health projects. Led by the National Health Insurance House, PIAS modernization was described as a potential **game changer**, capable of transforming interactions between patients, providers, and institutions.

Participants emphasized that the new platform should evolve beyond an administrative tool into a **comprehensive digital health ecosystem**, enabling:

- integrated electronic health records;
- digital scheduling and document management;
- secure data storage and controlled access;
- aggregation of high-quality data for policy-making, epidemiology, and research.

The alignment of PIAS development with EHDS standards from the outset was repeatedly identified as a strategic opportunity to avoid costly future adaptations and ensure long-term interoperability.

→ Open architectures, procurement, and system resilience

A key insight from international experience shared during the Summit was the importance of **open, modular, and non-captive digital architectures**. Participants warned against vendor lock-in and rigid proprietary solutions, particularly in a system characterized by administrative complexity and constrained procurement processes.

Open-source and interoperable solutions were presented as a means to: reduce long-term costs; increase transparency and auditability; facilitate incremental upgrades and innovation; strengthen system resilience.

In this context, reforming public procurement practices and strengthening in-house digital capacity were identified as critical enablers of sustainable digital transformation.

→ Digital literacy, user adoption, and patient empowerment

Participants consistently underlined that **technology alone does not deliver transformation**. Successful implementation of digital health tools depends on widespread digital literacy and user trust, among both healthcare professionals and patients.

The discussions emphasized the need for: structured training for healthcare professionals; targeted communication and support for patients; co-design approaches that involve end users from early stages.

Digital tools such as electronic health records, e-prescriptions, and patient portals were framed as instruments of **patient empowerment**, enabling individuals to better understand and manage their own health, provided that systems are intuitive, secure, and trustworthy.

→ Artificial intelligence, ethics, and the future care team

Artificial intelligence featured prominently as an emerging component of digital health transformation. Participants described AI not as a replacement for healthcare professionals, but as a **new member of the care team**, with the potential to support clinical decision-making, research, and personalized medicine.

At the same time, discussions stressed the need for **clear ethical frameworks, transparency, and accountability** in AI deployment. Aligning innovation with patient safety, professional responsibility, and societal values was seen as essential to maintaining trust and legitimacy.

→ Health data, transparency, and public trust

Across the 2025 Program, health data governance was explicitly linked to **trust in institutions and democratic resilience**. Transparent rules on data access, clear safeguards for privacy and security, and meaningful engagement with civil society were identified as prerequisites for public acceptance of large-scale data initiatives such as EHDS.

Participants emphasized that **data must ultimately serve patients and public interest**, whether through improved care, better policies, or accelerated research. Failure to address concerns related to misuse, exclusion, or opacity risks undermining both digital reforms and broader health system legitimacy.

4. Key Policy Take-aways & Strategic Messages

Theme 1: Financing a Sustainable and Predictable Health System: From Budgetary Strain to Strategic Investment

- Financial sustainability requires **broadening and rebalancing the contribution base**, combined with visible gains in efficiency and transparency.
- High out-of-pocket payments represent both a **social risk** and an opportunity to design **regulated, predictable complementary financing mechanisms**.

- Diversifying funding sources, particularly through **clinical research**, can strengthen system capacity while benefiting patients and professionals.
- Efficiency gains must address **spending patterns**, not only expenditure levels, with a focus on value for money and management accountability.
- Predictable and transparent financing is a **precondition for trust**, long-term planning, and meaningful reform.

Theme 2: Prevention, Population Health and Long-Term Value Creation

- Prevention should be treated as a **long-term investment**, with evaluation frameworks extending beyond annual budget cycles.
- Scaling prevention requires **clear patient pathways** linking screening to diagnosis, treatment, and follow-up.
- Vaccination strategies must evolve toward a **life-course approach**, leveraging proximity-based services such as pharmacies.
- Health education and behaviour change demand **cross-sectoral collaboration** and sustained societal engagement.
- Effective prevention strengthens not only health outcomes, but also **public trust, social cohesion, and democratic stability**.

Theme 3: Hospitals at the Core of System Transformation

- Hospitals should be repositioned from cost centres to **value-generating institutions**, integrating care delivery, workforce development, innovation, and research within a broader continuum of care.
- Strengthening **hospital governance and management capacity**—through clearer roles, performance-based frameworks, and data-driven decision-making—is essential for accountability, efficiency, and quality.
- **Transparent and predictable governance** in hospitals is a key condition for rebuilding trust among professionals, patients, and public authorities.
- **Workforce retention requires place-based solutions**, with local authorities playing a strategic role alongside hospitals and central government, particularly in underserved areas.
- Effective retention strategies must go beyond salary incentives, addressing **quality of life, professional development, working conditions, and community integration**.
- **Dual practice should be treated as a governance reform**, moving toward transparent, institutionally managed models that prioritize patient-centred care.
- When properly regulated, dual practice can support **workforce retention, institutional revenues, and the reduction of informal payments**.
- Hospitals should recognize **clinical research as a core function**, contributing to patient access to innovation, professional development, and financial sustainability.
- Well-governed hospitals act as **anchors of public trust**, reinforcing the legitimacy and resilience of the health system.

Theme 4: Digital Transformation, Data Governance and Trust

- Digital health transformation should be approached as a **governance and implementation challenge**, not merely a technological upgrade.
- Aligning national systems with **EHDS requirements** offers a unique opportunity to accelerate interoperability and standardization.
- The modernization of **PIAS** is a strategic national investment with the potential to reshape patient–system interactions.
- **Open, interoperable digital architectures** can reduce costs, avoid vendor lock-in, and enhance system resilience.
- **Digital literacy and user engagement** are essential for adoption, patient empowerment, and trust.
- The integration of **AI in healthcare** must be guided by ethical principles, transparency, and accountability.
- Robust health data governance is a **foundation for public trust**, innovation, and democratic resilience.

5. Looking Ahead

The insights generated through the 2025 Aspen Healthcare & Quality of Life Program highlight both the **urgency and the opportunity** for advancing health system reform in Romania. Across financing, prevention, hospital governance, workforce dynamics, and digital transformation, a consistent message emerged: meaningful progress depends less on isolated policy measures and more on **coherent, well-governed implementation sustained over time**.

Looking ahead, the challenge is to translate strategic consensus into **predictable actions**, supported by continuous engagement among stakeholders in the Aspen spirit. The discussions throughout 2025 also underscored that **trust is a critical enabler of reform**. Policies related to financing, prevention, hospital organization, and data use will only achieve their intended impact if they are accompanied by effective communication, public engagement, and visible improvements in patient experience. Strengthening trust, between institutions and citizens, professionals and managers, national and local authorities, remains essential for long-term sustainability.

In this context, the Aspen Healthcare & Quality of Life Program will continue to serve as a **neutral platform for structured dialogue**, supporting evidence-based policymaking, cross-sector collaboration, and leadership development. Building on the priorities explored in 2025, future editions of the Program will focus on new themes but also on deepening implementation-oriented discussions, monitoring reform progress, and fostering partnerships that can help move from policy intent to measurable impact on population health and quality of life.

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