Perspectives of management in public health care in Poland

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ABSTRACT

In the article presents a synthetic analysis of the current health care system, as well as reforms in this organizational and economic area, which are planned in the near future. The study is focused on public hospitals in Poland, which are faced with various problems arising from the turbulent and comprehensive environment and underfunding.

Keywords: Management, reforms in the public health care, health care system in Poland

1. INTRODUCTION

The perception of public health care units in Poland, including their effectiveness and quality of patient care, is not unambiguous. On the one hand, the remarkable progress that has been made since 1989 both in diagnostic methods and techniques, as well as in the investment area, including the area of modern equipment’s production, cannot remain unnoticed.

On the other hand, public health care requires, among others, the need to increase the involvement of the medical staff and its occupational groups in terms of managerial participation, initiating and supporting intentional changes at the level of hospitals and other health care units, as well as creation of positive relations with patients. The problem of underfunding of the health care system in Poland is also very important. Currently, expenses
oscillate between 4.4% - 4.6% of GDP, with the average of OECD countries at the level of 6.7% of GDP.

In 2016, the amount of public funds for health care in Poland reached the level of 76.9 billion PLN. In comparison to the calculated amount (on the basis of the OECD average of 6% of GDP), it should amount to 102.1 billion PLN. On the other hand, attitudes of employees of public entities can measurably affect the economic situation of the entities (excluding an extremely important issue of reputation), but on the contrary – the financial situation of these entities may also have a considerable impact on human behaviors. These relations (visible in organizational behaviors) are very difficult to quantify [1-13].

2. CURRENT HEALTH CARE IN POLAND

In the modern health care, one of the most widespread concepts in the world seems to be the concept of the so-called triangle of system participants: beneficiaries (patients as entities, who take advantage of services), doctors along with other producers of health services, as well as a payer, who manages the public funds, also known as a third party payer [Mechanic 2016]. In the Polish health care system, we can distinguish: beneficiaries (patients), payer (institution of health insurance – National Health Protection Fund (hereinafter referred to as NFZ)) and service providers (medical entities that can conduct activity as: entrepreneurs – non-public health care institutions (NZOZs), independent public health care units, which are not entrepreneurs, budgetary units, research institutes, foundations, associations and churches, as well as medical practices, medical and dental practices, nursing practices, maternity practices, pharmacies, and other providers). Sometimes, another element of the system is implemented – so-called control and supervisory authorities.

Service providers in the field of health care are public health care institutions (ZOZs): public – independent public health care institutions and private – non-public health care institutions. They constitute teams of people and financial assets, which are created and maintained in order to provide health services, but also, among others, to promote health or conduct educational and research activity. Medical services provided by these entities include: stationary and 24-hour medical services (hospital services and non-hospital services such as: care and rehabilitation of patients, who do not require hospitalization, care of patients in a terminal state, stationary and 24-hour medical services other than hospital services in care and medical centers, medical rehabilitation centers and hospices) and ambulatory care services (primary health care, ambulatory specialist care, etc.)¹.

Currently, the National Health Protection Fund (NFZ) is an organization responsible for covering costs of treatments in the health care system. It is a state central unit, which disposes the whole financial resources collected from citizens’ incomes in the form of compulsory health insurance premiums. The system of compulsory health insurances covered nearly 1005 of the population. In theory, it guarantees a formal access to a wide range of health care services, but because of the limited resources available to the National Health Protection Fund, legally guaranteed services are not always available in reality, especially in a short period of time. Therefore, health care financing is, objectively speaking, proportional.

On the one hand, the financing from health insurance premiums is proportional, and the budget financing of the system is progressive, but on the other hand, high direct expenditures, including expenditures on medicines, are highly regressive.

3. REFORMS IN THE HEALTH CARE IN POLAND

According to the assumptions of the „Strategy of changes in the Polish health care system for years 2016-2018”, health care will be ensured by the National Health Service funded by the state. This strategy includes the liquidation of the National Health Protection Fund. All tasks of the NFZ will be taken over by the Ministry of Health. The strategy also presents changes in the method of health care financing. Funds will be protected on the account of the State Purpose Fund “Zdrowie”, which will be a component of the state budget. A keeper of this Fund will be the Minister of Health.

Furthermore, the reform predicts a gradual increase in public expenditure on health, which will reach in 2015 the value of 6% of GDP. Nowadays, Poland occupies one of the last places in the European Union in this respect, and the amount of expenditures of health differs from amounts observed in economically similar countries, such as the Czech Republic or Slovakia.

The new method of financing will apply to, among others, hospitals that will be partially “budgeted”. Instead of current financing of individual hospitalizations and procedures, they will receive a lump sum for the treatment of patients in specified ranges. In order to ensure the effectiveness of clinics, the reporting system, which illustrates the results of their activities, will be maintained. The strategy also remains the possibility of buying services in the form of a competition. This also allows the performance of business activity for one-profile hospitals. All hospitals will be divided into three degrees of protection and they will create a network of institutions with different levels of provided services.

First degree hospital will correspond in general to the previous multi-ward district hospital, while the third degree will be mainly created by clinical hospitals and large specialized and multidisciplinary hospitals. The reform of hospital treatment also ensures the coordinated and effective treatment of patients after staying in the hospital by providing them continuation of treatment and rehabilitation in a hospital outpatient clinic.

Moreover, the changes will occur in primary health care. Patients will be treated by teams of the primary care. They will operate on the basis of cooperation between doctor, nurse, midwife, school nurse and dietician – of course while maintaining professional and financial independence. Furthermore, primary care teams will coordinate the movement of patients in the health care systems and collect information about the medical history of patients, who have obtained help in hospitals or specialist care offices.

All changes will be implemented gradually, in a manner ensuring the health safety of patients and smooth functioning of medical institutions. The first part of the reform, concerning the financing of hospitals and primary care, will be introduced in July 2017. Since January 2018, the National Health Protection Fund (NFZ) will be completely liquidated, and the health care will be funded directly from the state budget. This fund will be replaced by the Office of Public Health (UZP). The tasks of this Office will be the integration of entities responsible for the promotion, health prevention and coordination of tasks related to the National Health Program.
Currently, expenditures on health care in Poland oscillate around 4.4% - 4.6% of GDP, with the average of OECD countries at the level of 6.7% of GDP. “The strategy of changes in the health care system in Poland for the years 2016-2018” assumes a gradual increase in expenditures on health care; ultimately it is assumed that in 2015 it will be 6% of GDP (annual growth of outlays by 0.18% - 0.21%). Table 1 presents the path of increasing the state expenditures on health care in individual years.

Table 1. Planned increase of expenditures on health care in Poland in the years 2016-2025

<table>
<thead>
<tr>
<th>Year</th>
<th>The planned amount of expenditures on health care</th>
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<tbody>
<tr>
<td>2016</td>
<td>4.38% of GDP</td>
</tr>
<tr>
<td>2017</td>
<td>4.38% of GDP</td>
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<tr>
<td>2018</td>
<td>4.58% of GDP</td>
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<tr>
<td>2019</td>
<td>4.79% of GDP</td>
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<tr>
<td>2020</td>
<td>4.99% of GDP</td>
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<tr>
<td>2021</td>
<td>5.19% of GDP</td>
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<tr>
<td>2022</td>
<td>5.39% of GDP</td>
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<tr>
<td>2023</td>
<td>5.60% of GDP</td>
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<tr>
<td>2024</td>
<td>5.80% of GDP</td>
</tr>
<tr>
<td>2025</td>
<td>6.00% of GDP</td>
</tr>
</tbody>
</table>

Source: Strategy of changes in the health care system in Poland for the years 2016-2018, the Ministry of Health, http://www.mz.gov.pl

Successive increase of public funds on health care to the level of 6% of GDP is to be followed along with the improvement of the effectiveness and efficiency of spending public funds (verification of the basket and valuations of guaranteed benefits, change in the principles of health services financing and complex care, verification of tariffs, pro-quality system activities). The establishment of the level of public spending on health care at the level of 6% of GDP results both from the calculation of the current system’s underfunding and comparison with the health care budgets of European Union countries and countries from the Visegrad Group and Baltic countries – Table 2.

Another planned solution within the framework of the implemented reforms is the creation of a network of hospitals through the separation of three existing basic levels of health protection on the basis of existing entities: local, regional and voivodeship level, as well as three specialized areas: pediatric, oncological and institutes. Currently, the network of the prepared proposal includes all public hospitals in Poland. The network of hospitals will be verified every four years; specific qualification criteria of service providers to individual
The reform, which introduces a new network of hospitals, assumes the introduction of an annual lump sum that would be passed to a given hospital as a form of remuneration. The financing of individual procedures and hospitalizations will be liquidated in this system. There are also plans to abolish the maximum limits, which could be achieved by a medical facility. It was assumed that the more important will be to monitor the implementation of minimum values. The exceedance of these values would guarantee the receipt of funds in the following year, and a failure to carry out the plan would result in their lack. This is justified by the fact that limits determined by the National Health Fund (NFZ) are a significant problem in the Polish health care for many years, because after reaching the maximum level, the Health Fund does not often finance surplus services what in turn leads to financial losses of entities, individual wards or clinics.
4. CONCLUSIONS

An increase of the level of funding is a very important aspect for the improvement of efficiency in the functioning of entities, including public hospitals. However, in this issue, it is necessary to pay attention to the important (maybe the most important) aspect. From the point of view of a particular hospital, omitting issues of a method or the amount of funding within the framework of actual health care system in a given country, its reputation does not depend only on the performed medical procedures, modern devices, equipment, size, availability, forms of ownership or assets, but mainly on people, i.e. doctors, nurses, and midwives, other medical employees and so-called employees of auxiliary activities.

Even the best equipment and the most comfortable interiors do not have any value without the proper knowledge and skills of the personnel, its reasonable attitudes, motivation, commitment, empathy toward the patient, approach to the patient in client-service provider relation and finally without the rational management of financial resources, which are always limited. Therefore, a very important issue seems to be a widespread implementation of solutions drawn from business organizations, which are focused on a subjective approach to the client, more effective management of financial resources, increased importance of a managerial approach at the level of individual hospitals, and above all - hospital wards.

References


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