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# The healthcare in Poland





# The Health Care system in Poland

A group of people and institutions established to provide the healthcare for the population. Polish health care system is based on an insurance model. The right to health is guaranteed by the Constitution of the Republic of Poland from 2 April 1997r. In accordance with article 68 of the Constitution everyone has the right to health care.



# Structure

System participants (stakeholders) can be divided into the following categories:

- **beneficiaries (patients)**
- **institution of Health Insurance**, acting as a payer (National Health Fund)
- **providers:**
  - treatment agents that may operate as an entrepreneur, independent public health care (SPZOZ), budget units, research institutes, foundations and associations and churches. Treatment agents includes also medical clinics, dental clinics and nurse-midwives clinical practices.
  - Pharmacies
  - other providers
- **control and supervision authorities:**
  - State Sanitary Inspection (Sanepid)
  - State Pharmaceutical Inspection
  - The Patient Ombudsman
  - province governors, regional public health centers and regional consultants in various medical specialties
- **Ministry of Health**, which sets national health policies and has control rights, as well as working with the national consultants in various medical specialties



## Financing Health Systems

### **The National Health Fund (NFZ)**

The main source of funding for the health insurance system is the NFZ. Citizens are burdened with compulsory insurance contribution which represents 9% of personal income (7.75% is deducted from the income tax, and 1.25% insured covers), which is fed to the health insurance institution (NFZ).

### **The State Budget**

Some highly specialized services are financed directly from the budget of the Ministry of Health, and not by the NFZ. From 1 January 2007r., the state budget finance whole prehospital emergency medical services (ambulance).

### **Individual insurance in commercial institutions**

Payment for medical expenses is covered by the insurer. Amount of the refund is determined by the value of voluntary insurance and may cover 100% or less of the actual cost of treatment.



# Contracting of health services

The National Health Fund periodically gives grants for health services providers. Health care providers who offered the most favorable conditions conclude a contract with NFZ for providing health care services financed from public funds.



## Providing health care services

The fundamental element of the system is GP – a General Practice doctor, which usually is a family medicine specialist. GP is responsible for treatment and prevention of health it's patients. If the patient's condition requires specialized treatment, GP doctor will referral to specialist clinic or hospital.

### **Referrals are not required to visit fallowing clinics:**

- gynaecologist and obstetric
- ophthalmic
- oncology
- psychiatric
- skin-venereal clinic
- dentist



# Providing health care services

**Referrals are not required from people:**

TB patients,

HIV-infected,

war veterans and victims of repressions,

addicted to alcohol, narcotics and psychotropic substances - in terms of treatment centers.

**The condition to get health care services is the presentation of a health insurance document, such as:**

insurance card,

insurance card for family members,

retiree-pensioner card.

From 1 January 2013 r. the was implemented an electronic verification of eligibility of beneficiaries – eWUŚ.



## The role of local medical profession

The impact on the health care system have also established by relevant laws professional associations of:

- ✓ doctors and dentists (Supreme Medical Chamber),
- ✓ nurses and midwives (Supreme Chamber of Nurses and Midwives),
- ✓ pharmacists (Polish Pharmaceutical Chamber),
- ✓ laboratory diagnosticians (National Chamber of Laboratory Diagnosticians)





# Ministerial health care systems

Four institutions have their own **branch health care facilities. These are:**

- ❖ Ministry of Defence,
- ❖ The Ministry of Internal Affairs and Administration,
- ❖ Ministry of Justice,
- ❖ National Security Agency.



# The health care system in Poland from 2003 r.

The level of the universal health insurance in selected countries ( Walters Kluwer Business, Warszawa 2010 r.)

Country	Health insurance contribution	Those paying premiums
Czech Republic	13,5 %	Employee (4,5 %) Employer (9 %)
Lithuania	3 % gross wage (1997r.) 30 % PIT	Employee (30 % PIT) Employer 3 % Farmers (3,5 % płacy minimalnej)
Poland	7,5 % (1990r.) PIT 9 % (2008 r.) 7,75 % PIT	Employee - taxpayer
Russia	3,4 %	Employer
Slovakia	14 %	Employer (10 %) Employee (4 %)
Hungary	22 % 14 % (2002 r.)	Employer (11 %) Employee (3 %)



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## Health care expenditures in total in OE CD countries in 2009 and 2010

Country	w % PKB		The share of public expenditure in total expenditure on health	
	2009	2010	2009	2010
Belgium	10,7	10,5	76,1	75,6
Denmark	11,5	11,1	85,0	85,1
France	11,7	11,6	76,9	77,0
Iceland	9,6	9,3	82,0	80,4
Germany	11,7	11,6	76,9	76,8
Norway	9,8	9,4	84,6	85,5
<b>Poland</b>	<b>7,2</b>	<b>7,0</b>	<b>71,6</b>	<b>71,7</b>
Portugal	10,8	10,7	66,5	65,8
Czech Republic	8,0	7,5	84,0	83,8



# The number of doctors in Poland

Year	Total number of doctors	Number of patients for one doctor
1990	81 641	466
1997	91 121	420
1998	90 086	-
1999	87 524	437
2000	85 031	-

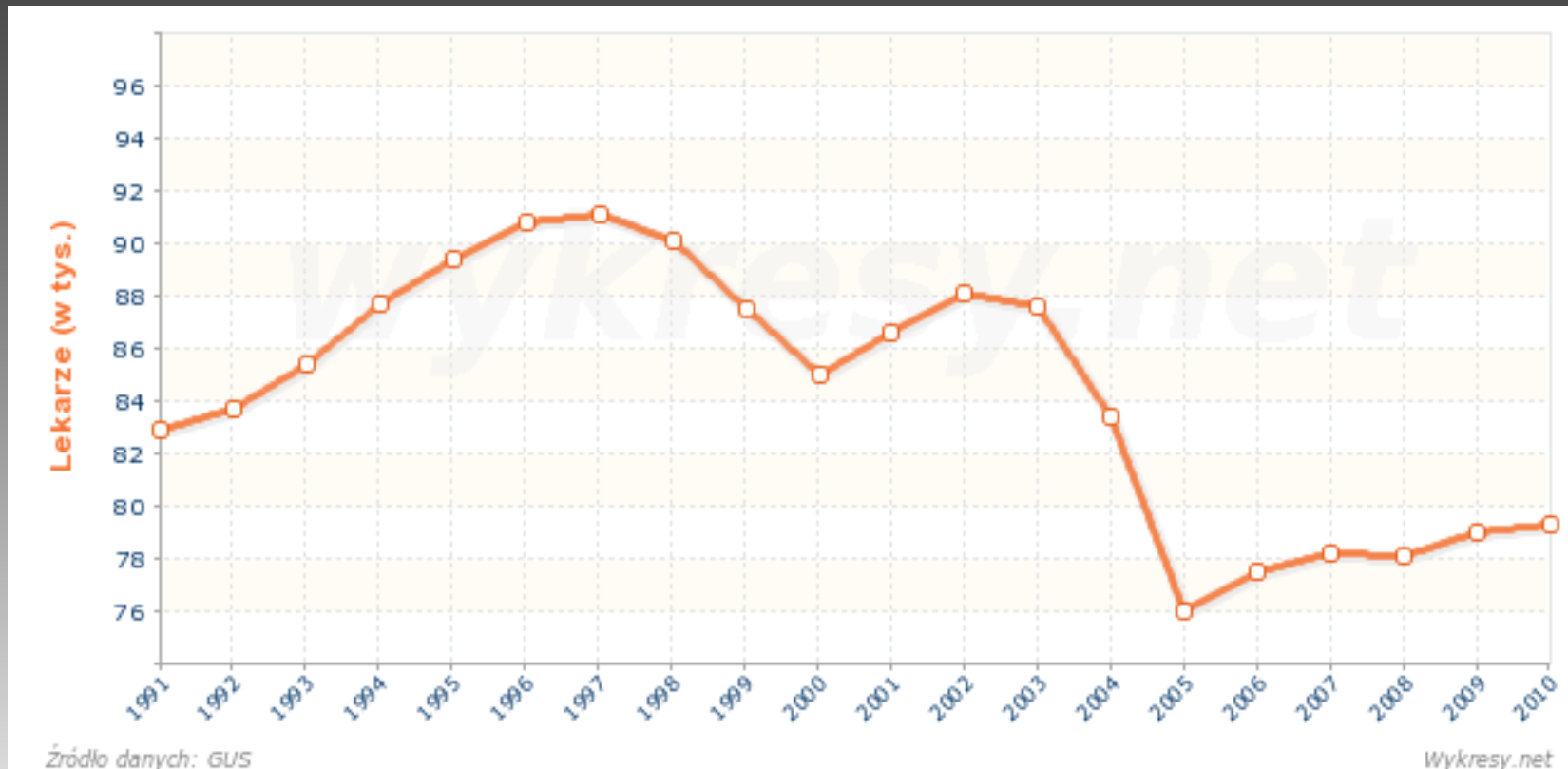


# Number of nurses and midwives on 31.12.2011 r.

Specification		Nurses	Midwives
Poland	2010	25 031	5 057
	2011	24 529	4 936



## The number of doctors in Poland- in 20 years period





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# Expenditure on prevention

In Poland, expenditure on prevention is about **2%** of health care, expenditures in the Czech Republic - more than **2,5%**, and for example in Sweden and Germany - more than **3,5%** of total expenditure on health.

Per head of a citizen (per capita) in the prevention we are spending approx **\$30**, which is five times less than in Germany.

Structure of expenditure on prevention - close to **35 percent** are the non-public expenses, most of which are the costs paid by the companies for preliminary and periodic employee tests. However, from the public funds are paid only about **65 percent** of expences classified as preventative health care, which is about **\$20** per capita per year.





## Problems on the line provider - NFZ

- too low, according to the bidders, the level of funding benefits
- to exceed the limits of providers laid down in the contracts due to an increased demand for health services,
- NFZ does not pay for the implementation of life-saving procedures



# SWOT ANALYSIS OF THE HEALTH SYSTEM

- STRENGTHS:
  - ❖ the existence of public health insurance;
  - ❖ well-qualified medical staff
  - ❖ the existence of centers using modern medical technology;
  - ❖ increasing number of companies implemented accredited and certified quality;
  - ❖ implementation of projects in the area of health care financed by the Community;
  - ❖ good database in the field of science and technology





# WEAKNESSES

- ❖ mismatch between functioning the healthcare and the structure of HR and material systems to the changing socio-demographic, epidemiological and economic factors;
- ❖ inadequate allocation of health care resources to the health needs;
- ❖ lack of complete and reliable information necessary for decision-making;
- ❖ lack of effective mechanisms for management and corporate governance;
- ❖ high costs of the health care system, generated by the lack of supervision over the ordination of medicines;
- ❖ systematic indebtedness to the health care facilities;
- ❖ recapitalization of a large part of the materialbase ;
- ❖ low salaries of medical personnel;
- ❖ the existence of corruption and the "gray area";
- ❖ weakness of political mechanisms



# Weaknesses – patients problems

- ❖ Limited access to specialists
- ❖ Long terms of waiting for treatment (2-3 years)
- ❖ High cost for the patient
- ❖ The need for use the private medical services in situations of worsening health of the patient
- ❖ No funding procedures in rare diseases
- ❖ Lack of care for the elderly and long-term sick
- ❖ The low level of long-term services



# CHANCES

- ❖ opening of the market of medical services;
- ❖ not fully exploited the potential of human resources;
- ❖ preparing to perform medical services of a high standard, also financed by non public funds;
- ❖ possibility to optimize the cost of the health care system;
- ❖ creasing the level of the health care system;



# THREATS

- ❖ deterioration of citizens' health security;
- ❖ excess male mortality in middle age group, resulting in a shorter life of the population, compared to other EU countries;
- ❖ low level of funding for health care;
- ❖ inpatient mismatch of stationary health care regarding to the phenomena of socialityaging;
- ❖ low awareness of public health;
- ❖ attractive financial offer for health professionals abroad.



## Level of satisfaction of Europeans and Americans with health care

- Results of Health Barometer 2012 research conducted by the Europ Assistance and Cercle

Country	Amount of scale punkt 1-10
Austria	6,5
Poland	2,6
Italy	3,7
Czech Republic	4,0
Sweden	4,7
France	powyżej 5,0
Spain	powyżej 5,0
Great Britain	powyżej 5,0
Germany	powyżej 5,0
United States	5,0



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