Health system performance assessment – Integrated Care Assessment (20157303 HSPA)

Health system fiche | Poland

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Poland

Population size (thousands): 37,986 (State of Health in the EU, Poland, 2017)[1]

Population density: 124.1 inhabitants / km^2 (Eurostat, 2015)[2]

Life expectancy: 77.5 years (State of Health in the EU, Poland, 2017)

Fertility rate: 1.3 births / woman (State of Health in the EU, Poland, 2017)

Mortality rate: 10.4 deaths / 1,000 people (Central Intelligence Agency, 2017)[3]

Total health expenditure: 6.3% (State of Health in the EU, Poland, 2017)

Health financing: government schemes (9.2%), compulsory contributory health insurance schemes and compulsory medical saving accounts (61.8%), voluntary health insurance schemes (4.5%), financing schemes of non-profit institutions serving households (1%), enterprise financing schemes (0.6%), household out-of-pocket payments (22.9%) (Eurostat, 2015)[4]

Top causes of death: circulatory diseases, malignant neoplasms, ischaemic heart diseases (State of Health in the EU, Poland, 2017)

The Polish healthcare system

The Polish healthcare system is a de-centralised system based on mandatory social health insurance and complemented with financing from territorial self-government budgets and the state budget, covering 91% of the population. In Poland, there is an evident separation of healthcare provision and financing: the National Health Fund (NFZ) (i.e. the sole payer in the system) is responsible for healthcare financing and contracting with public and private providers (European Commission, 2017j). In terms of structural organisation, the Ministry of Health is both the regulator and policy-maker in the healthcare system, and is further supported by several advisory bodies. Finally, health insurance contributions are collected by intermediary bodies and subsequently pooled and distributed by the NFZ to the 16 regional branches (European Commission, 2017j).

In Poland, the entry point to healthcare services is usually through a primary care physician, with access to specialist care requiring a referral. Thus, primary care physicians act as gatekeepers in the system, directing patients to more complex care (European Commission, 2017j). Primary healthcare in Poland comprises both diagnostic and preventive healthcare services, as well as therapeutic and rehabilitative care. Additionally, ambulatory care services are provided by clinics, specialist dispensaries or specialist medical practices (European Commission, 2017j).The majority of hospitals provide healthcare across different specialties, with single-specialty hospitals being rare in Poland. Long-term and rehabilitative care services are provided within both the social and healthcare sector (European Commission, 2017j).

Integrated care policies

The majority of integrated care strategies and policies in Eastern European Member States, including Poland, are at national level. Indeed, the only integrated care strategy and policy retrieved at local level in Poland is Healthy Krakow 2013–2015. In Poland, integration of social and healthcare services is not mentioned in the integrated care policies and

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[1] https://ec.europa.eu/health/sites/health/files/state/docs/chp_poland_english.pdf

[2] Population data, Eurostat http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tps00003&plugin=1

[3] https://www.cia.gov/library/publications/the-world-factbook/fields/2066.html

[4] http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_sha11_hf&lang=en

strategies retrieved by the Study Team. Instead, the main focus of these strategies and policies is on clinical integration (including preventive medicine), chronic care and mental health. Some of the most notable integrated care policies in Poland are listed below:

- *The national project of integrated care in Poland,*[5] which sets out objectives and processes to develop integrated care in Poland;
- *'Ustawa o podstawowej opiece zdrowotnej' (*i.e. Act on primary healthcare),[6] which aims at integrating primary care, especially in the context of chronic diseases;
- *National Mental Health Programme,*[7] which sets a strategic direction for the provision and organisation of mental health services, including an overview on how to develop a coordinated approach in mental care.

Implementation of integrated care in Poland: initiatives in East Mazovia

- A pilot study was started in 2011 to evaluate the impact of an integrated, multidisciplinary diabetic care programme on clinical outcomes (Szafraniec-Burylo et al., 2016).
- The Medical Diagnostics Centre has implemented a functional integration initiative to integrate primary care and specialist ambulatory care.[8]

Assessment of the maturity of the health system

Maturity Model – Poland (East Mazovia)	
Readiness to Change to enable more Integrated Care	
Self-assessment	3 – Vision or plan embedded in policy; leaders and champions emerging
Justification	There are no major developments at the regional level. However, several organisations in the region are mobilised and involved in the implementation of integrated care. The stakeholder's organisation (i.e. Centrum Medyczno – Diagnostyczne) is a good example of this, while delivering healthcare to 10% of the population of East Mazovia.
Structure & Governance	
Self-assessment	2 – Formation of task forces, alliances and other informal ways of collaborating
Justification	The process of establishing a structure and governance platform to enable integrated care is still in its early days in Poland. There are informal organisations, such as cooperation between institutions and the national health service, which have resulted in several informal programmes (i.e. in the form of pilot projects) at national and regional level. Integrated care policy is being approached from a top-down perspective as well, directly from the Ministry of Health.
Information & eHealth Services	
Self-assessment	0 – ICT systems are not designed to support integrated care

[5] A detailed description of this integrated care policy is available at http://akademia.nfz.gov.pl/wp-content/uploads/2016/04/OOK-NFZ_Intro_KWiktorzak.pdf

[6] Available at http://www.dziennikustaw.gov.pl/DU/2017/2217

[7] Available at http://www.mz.gov.pl/wp-content/uploads/2015/01/npoz_zdrpub_03112011.pdf

[8] A detailed description of this integrated care strategy is available at http://akademia.nfz.gov.pl/wp-content/uploads/2016/04/CMD_APrusaczyk.pdf

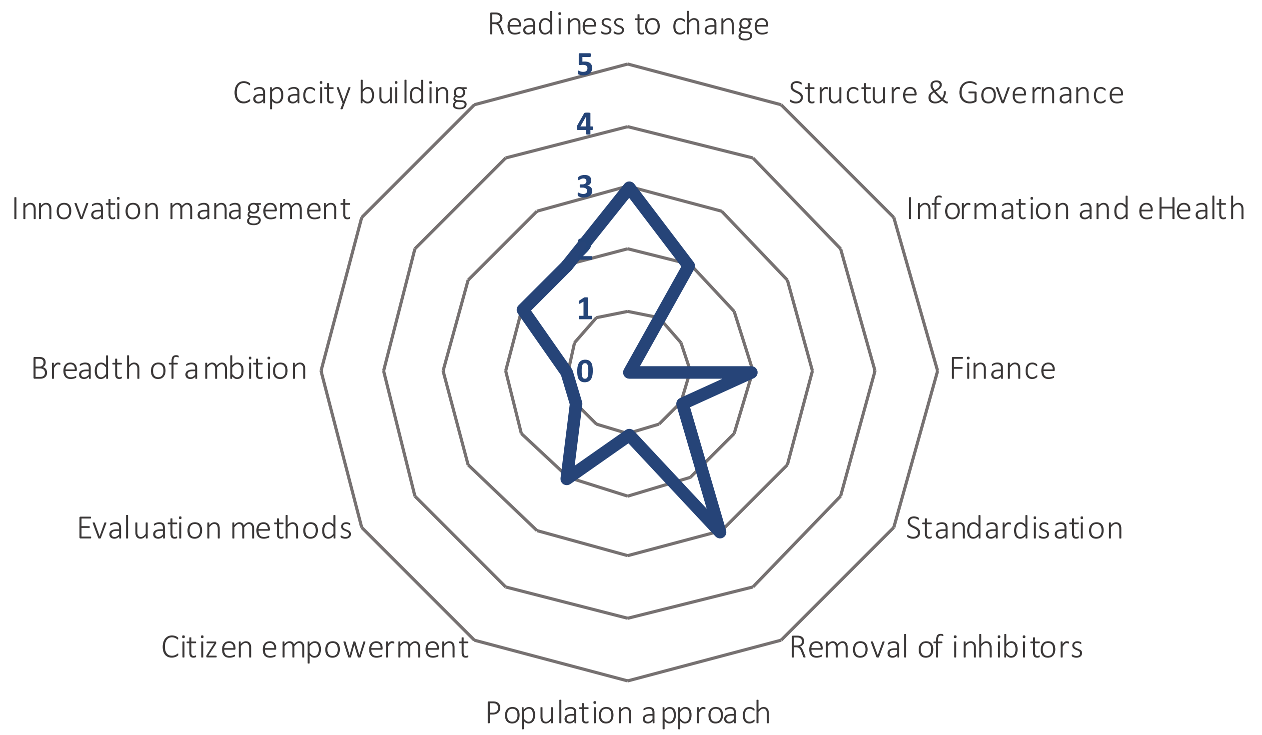
Justification	IT systems have been the same since the early 2000s. Currently, there are regional programmes funded by the EU and the national government to transform old IT systems to more modern ones, in the context of enabling integrated care delivery. These initiatives, however, are still in the early stage of development.
Finance & Funding	
Self-assessment	2 – Consolidated innovation funding available through competitions/grants for individual care providers and small-scale implementation
Justification	At the regional level, funding was made available for the implementation of three integrated care models, i.e. all-round support of pregnant women, support for patients with myocardial infarction, and diagnostics and disease management for oncological patients. In the stakeholder's organisation, there are two co-existing integrated care models: (i) 'health check-ups for adults (i.e. focused on onco-diagnostics and chronicity)', and (ii) 'whole support pathway for chronically ill patients'.
Standardisation & Simplification	
Self-assessment	1 – Discussion of the necessity for ICT to support integrated care and of any standards associated with that ICT
Justification	IT systems and standards have been the same since the early 2000s. Currently, there are regional programmes funded by the EU and the national government to transform old IT systems to more modern ones (and agree on standards at regional and national level), in the context of enabling integrated care delivery. These initiatives, however, still in the early stage of development.
Removal of Inhibitors	
Self-assessment	3 – Implementation plan and process for removing inhibitors have started being implemented locally
Justification	From a regional point of view, there are programmes and grants for educational projects relating to the concept of patient-centred care; these programmes are usually targeted at practitioners. It is the stakeholder's opinion that these programmes are effective in reducing the burden of inhibitors. Currently, the main inhibitor is staff rigidity. Indeed, in the stakeholder's organisation, a considerable amount of resources are spent in educational programmes and financial incentives for staff. This approach is part of a wider philosophy of 'more focus on performance and less on competition'.
Population Approach	
Self-assessment	1 – A population risk approach is applied to integrated care services but not yet systematically or to the full population
Justification	At the state and public sector levels there is not a risk stratification approach to the patient population. Instead, there are programmes that are targeted directly at diabetics and oncological patients. Moreover, there is not a systematic approach to population risk stratification in the region. In the stakeholder's organisation, however, there has been a small-scale implementation project related to the stratification of primary care in order to contain costs of delivering care to chronically ill patients; this was targeted at patients with a genetic predisposition to specific conditions, such as diabetes.
Citizen Empowerment	
Self-assessment	2 – Citizen empowerment is recognised as an important part of integrated care provision; effective policies to support citizen empowerment are in place but citizens do not have access to health information and health data
Justification	At national level, citizens can track their medical services and procedures history through a portal hosted by the National Health Fund. However, this portal is not extensively used by citizens. At regional level, there are several initiatives directed at promoting the adoption of a healthy lifestyle. Generally, there is not a good framework for data sharing and cooperation in Polish law.

Evaluation Methods	
Self-assessment	1 – Evaluation of integrated care services takes place, but not as a part of a systematic approach
Justification	Integrated care is still in an early stage of development in Poland. Evaluations are only focused on patient satisfaction and not on performance indicators. The vast majority of primary care organisations in Poland and East Mazovia do not have or produce any information about true medical performance.
Breadth of Ambition	
Self-assessment	1 – The citizen or their family may need to act as the integrator of service in an unpredictable way
Justification	Clinical pathways are heavily fragmented at national level, e.g. GPs often find it difficult to refer patients to secondary care providers and the process takes a long time. In the stakeholder's organisation in East Mazovia, however, patients flow through the system in an efficient manner.
Innovation Management	
Self-assessment	2 – Innovations are captured and there are some mechanisms in place to encourage knowledge transfer
Justification	Innovation is focal and only focused in small regions, with different programmes being funded by the EU and the state, but in a fragmented way. In the stakeholder's organisation, there is a platform for organisation of medical innovation, e.g. grants are available for innovative eHealth and telemedicine applications.
Capacity Building	
Self-assessment	2 – Cooperation on capacity building for integrated care is growing across the region
Justification	Grants are made available by the government and the National Health Fund for capacity building purposes, in the context of integrated care. In the stakeholder's opinion, there has been an increase in understanding of the benefits of integrated care over the past years, which has resulted in considerable mobilisation to implement it.

The status of integrated care implementation in the East Mazovia region is generally less advanced than in specific private organisations, e.g. Centrum Medyczno – Diagnostyczne. From a regional (and national) point of view, there are no clear policies specifically aimed at setting guidelines for integrated care implementation, which is considered to hinder its progression in the region. This was reflected in the Maturity Model Assessment, whereby the majority of assessment domains were ranked between 0 (the lowest possible score) and 2.

Moreover, there are other inhibitors to the implementation of integrated care in the East Mazovia region, namely the issue of 'staff rigidity' (i.e. lack of skill base to effectively deliver integrated care), and outdated IT systems that prevent an integrated flow of information (e.g. health records) between providers.

Poland | East Mazovia



Estonia

Readiness to change
Structure & Governance
Information and eHealth
Finance
Standardisation
Removal of inhibitors
Population approach
Citizen empowerment
Evaluation methods
Breadth of ambition
Innovation management
Capacity building
5
4
3
2
1

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