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Articles

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Health care system and health services reform as a challenge for public authorities in Poland

Abstract

The health care system in Poland is an important element of the activities of state authorities. Public opinion polls confirm the need for reforms in this area. The health sector comprises healthcare, public health and health-related social welfare activities and as a whole requires operational improvement. Well-planned activities should improve health security in general. One of the ways to improve the effectiveness of healthcare entities is commercialization of independent public healthcare institutions. It is in line with the generally observed tendency to more and more frequently outsource tasks to external entities by public administration. In this way, the traditional tasks of public administration, so far performed mainly by the public finance sector, are entrusted to private entities. However, this does not change the scope of public authorities' responsibility for the functioning of healthcare security.

Keywords: health care, administration, health security, commercialization

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Introduction

The functioning of the Polish health care system is the subject of interest and examination of many scientific disciplines in various areas of knowledge. By its very nature, human health and responsibility of public authorities to ensure health security of residents require an interdisciplinary approach, and in this case limiting ourselves to a static analytical approach is not sufficient. The mere multiplication of issues to be solved or even individual problems does not explain the situation.[1] There is also a need for real activity of public entities responsible for health in Poland, expressed, inter alia, in proposing systemic changes.[2] The awareness of the need for changes in the Polish health care system was confirmed, among others, by The Supreme Audit Office, which in the *Information on the results of control of ownership transformations in selected hospitals in 2006–2010*[3] indicated the complexity of the commercialization process in the healthcare sector.[4]

The main objective of this article is to analyse the existing contradiction in the Polish health care system which boils down to the dilemma: How to reconcile patients' welfare with economic efficiency of public health care providers.

The most often mentioned reasons for the decision to transform healthcare entities into commercial units by the founding bodies included: improving availability of healthcare services for patients, increasing economic efficiency of entities after their transformation, better asset management and

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1 Beverindge (1963): 21; Zaczyński (1968): 23–25.

2 Kolwitz (2010): 131–143.

3 URL = https://www.nik.gov.pl/plik/id,3393,vp,4298.pdf.

4 The concept of health protection is used here interchangeably with the term health care.

strengthening corporate governance.[5] However, a question arises whether it is not also about transferring responsibility for the activities of an entity directly from the public sector (broadly understood government and local government administration) to commercial law entities, i.e. most often limited liability companies? The discussed issue of specific withdrawal of public authorities from independent performance of public tasks is of great importance for both the security studies and management sciences;[6] however, its in-depth elaboration exceeds the scope of this publication.

The issue of health services reform in Poland falls not only within the scope of the security sciences, but the health and management sciences as well. Therefore, the problem discussed demands an interdisciplinary approach with constant reference to the latest scientific research findings and up-to-date source materials.

Materials and methods

The undertaken research problem has reflected on the selection of research methods. For the purposes of this article the following research methods have been used: critical analysis, examination of documents, and observation. The undertaking of considerations was preceded by a preliminary survey of publications related to security and health sciences as well as management and social policy.[7] A lot of articles, binding legal acts, internal legal acts, judicial decisions, official documents that are significant for the process of reasoning

[5] Świerczek (2013): 201–209.

[6] See also Leszczyński (2013): 71–83 and quoted literature.

[7] Earn, Satku (2016); Lübcke (2016); Busse, Klazinga, Panteli, Quentin (2019); Hervey, McHale (2015).

presented in the article have been thoroughly analyzed. In this area a comparative analysis has proved to be particularly helpful.

The needs and contexts of changes

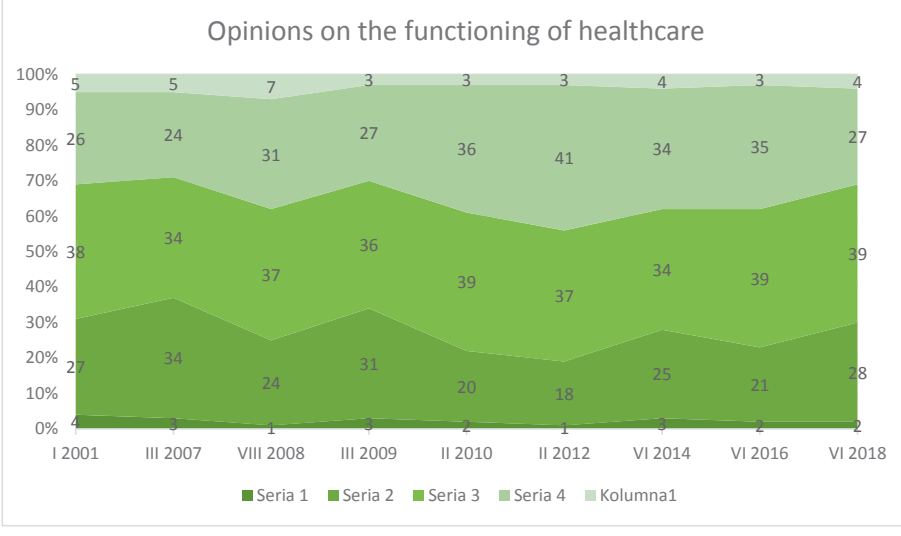
As numerous public opinion polls show, changes in the health care system are among the most desired by society. Moreover, the situation in the broadly understood health service is more and more often described not only in scientific publications, but also in non-fiction literature.[8]

In a 2018 study carried out by the Public Opinion Research Centre (hereinafter: CBOS) entitled *Opinions on the functioning of the healthcare system*,[9] only three out of ten respondents (30%) positively assessed the operation of health services in Poland, while as many as two thirds expressed a negative opinion (66%), of whom 27% formulated their assessment as definitely negative. It is worth adding here that in the last two years there were more people satisfied with the functioning of healthcare (by 7 p.p.), and fewer those who are dissatisfied (by 8 p.p.). However, the authors of the report from the survey emphasize that two years earlier there was a deterioration in ratings (28% were satisfied, 68% were dissatisfied), and this year's results are similar to those recorded four years ago. The respondents' opinions from 2007–2018 are presented below.

[8] Reszka, (2017); Reszka (2018).

[9] URL = https://cbos.pl/SPISKOM.POL/2018/K_089_18.PDF.

Fig. 1. Are you, in general, satisfied or dissatisfied with the way healthcare is currently functioning in our country?



1. Definitely satisfied 2. Rather satisfied 3. Rather unsatisfied 4. Definitely unsatisfied. 5. Hard to say

Source: URL = https://cbos.pl/SPISKOM.POL/2018/K_089_18.PDF.

In the study, dissatisfaction with the functioning of healthcare is articulated by people aged 25–34 (76% dissatisfied), with higher education (74%), with per capita income exceeding PLN 2,500, and residents of cities of 20,000 to 500,000 inhabitants. Taking into account affiliation to social and professional groups, the most dissatisfied are the self-employed (as many as 80%), management staff and specialists with higher education (76%) and administrative employees (77%). In turn, the most satisfied with the quality of health services provided are people aged 65 and older (45% satisfied), inhabitants of rural areas (35%), and taking into account the socio-professional status - farmers (44%) and pensioners (43%). It seems that the Gini coefficient and the Lorenz

curve[10] known from social sciences could be used to assess the size of inequalities in access to health care.

Equally interesting is the analysis of the results of CBOS research on the strengths and weaknesses of the health care system. Identification of strengths and weaknesses is extremely important with a view to proper management of the organization, including the entities of the healthcare system, and allows for a better use of the resources at the disposal of the organization.[11] The weaknesses and strengths of the health care system, as assessed CBOS respondents, are presented in the figure below.

Fig. 2. Weaknesses and strengths of the healthcare system in Poland

URL = https://cbos.pl/SPISKOM.POL/2018/K_089_18.PDF.

[10] Domański, Karpiński, Pokropek, Przybysz, Sawiński, Słomczyński (2012): 115 et al.

[11] Danielak, Frankowska, Kułakowska (2017): 35–39; Aserczyk-Wroniecka (2016): 311–314.

The selection of the main areas (dimensions) of the health care system activity in our country allows them to be assessed by respondents. As a result of the analysis of the arithmetic mean of the variables in specific areas, it appears that the perception of the research group was positively assessed by: availability of GPs, use of modern solutions, availability of night and holiday care, quality of treatment, approach to patients and efficiency of service. On the other hand, location, the facilities for users of healthcare, no additional fees, poor access to specialists and diagnostic tests were assessed negatively. The number of medical personnel in hospitals was given the lowest rating.

Another extremely interesting issue arising from the CBOS Research Report is the opinion of the respondents on the causes of poor access to health services financed by the National Health Fund. The answers in this regard are presented in the figure below.

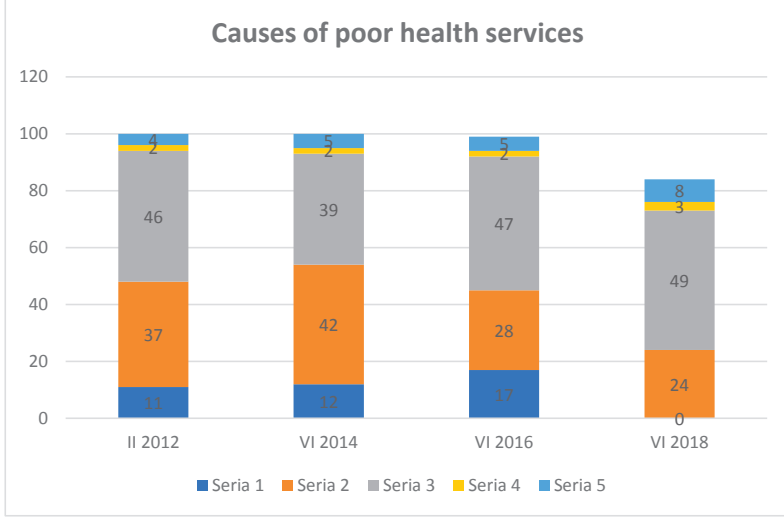
Almost half of the respondents (49%) stated that the problems with the availability and quality of services obtained under general health insurance result both from the insufficient level of funds allocated from the state budget for health care, but also from their incorrect use. In turn, 24% of the respondents believe that the main problem is the misuse of public funds for this purpose. One in six respondents says that too little public money is spent on health-related expenditures. Public expenditure, by its nature, is directly related to the collection of public levies as part of the functioning of the public finance sector.[12]

It is worth adding here that the revenues of the National Health Fund in 2018 increased and amounted to over

[12] Pogonowski (2016): 155.

PLN 84.6 billion.[13] It seems justified to deepen and extend the research in this area, using meta-analysis as a statistical method of determining the common denominator for many studies and obtaining a summary statistical conclusion for them.[14] A lively polemic about the reform of the healthcare system in Poland has been going on for years, arousing many emotions and disputes. It arouses interest among politicians, medical professionals, and citizens who are patients.[15]

Fig. 3. The causes of problems concerning availability and quality of services provided under general health insurance.



1. Insufficient funding of healthcare. 2. Ill-spent healthcare funding. 3. Problems arising from both, insufficient funding and ill-spent money. 4. No problems observed. 5. Hard to say.

URL = https://cbos.pl/SPISKOM.POL/2018/K_089_18.PDF.

[13] See: URL = http://www.nfz.gov.pl/gfx/nfz/userfiles/_public/bip/finanse_nfz/sprawozdania_finansowe/laczne_sprawozdanie_finansowe_nfz_2018-sig-sig.pdf.

[14] Kleka (2011): 99–103.

[15] rzemień (2018): 377 et al.

In the opinion of both patients and experts the assessment of the condition of the Polish health care system is low. This situation is confirmed by the results of the research conducted by the Health Consumer Powerhouse, thanks to which the so-called European Health Consumer Index (EHCI) has been elaborated. In 2016, Poland was placed 31st in this ranking out of the 35 surveyed countries, scoring 564 points out of 1000 possible.[16] Another important aspect of health care in Poland is the liquidation of public hospitals and their replacement by commercialized facilities (usually in the form of limited liability companies) or by non-public entities. It usually happens in such a way that the access to health services for patients is continuously ensured by non-public health care establishments established by companies that have been established in place of liquidated hospitals. These activities are supported, among others, by the Minister of Health and thanks to this, local government units receive assistance in the transformation process.[17]

Curative activities

The health sector includes healthcare, public health and health-related welfare activities. All these areas have a direct impact on health security.[18] Moreover, non-governmental organizations play an increasingly important role in the care and treatment activities. As part of healthcare, services are provided for people suffering from diseases. Another element of the health sector is public health. Public health directs

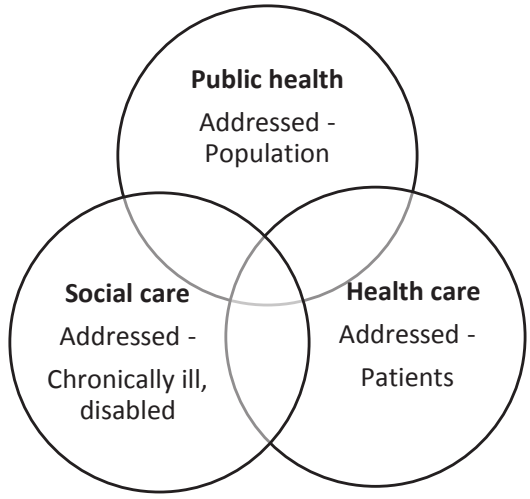
16 Ibidem.

17 Świerczek (2013): 201.

18 Lizakowski, Maliszewski, Skalski, Czarnecki, Kowalski (2018): 167–177.

its activities to representatives of the entire population and is aimed at preventing diseases; it also covers health promotion and prevention. In turn, the activity of social welfare entities is addressed to people who permanently require both social benefits and health services (the disabled, chronically ill, elderly).

Fig. 4. Health sector in Poland, *Report. Financing protection for health in Poland*, Green Book II: 10.



The above-mentioned activities may be carried out by medical entities specified in Art. 4 of the Act of 15 April 2011 on medical activities, i.e. entrepreneurs, budgetary units, research institutes, foundations and associations, as well as churches, church legal entities or religious associations to the extent to which they perform medical activities.[19] Pursuant to Polish law, medical activity may also be conducted

[19] Nogalski, Waśniewski, Wojnarowska, (2012): 12.

by independent public health care institutions (SP ZOZ). An independent public health care facility may be established by: a minister or a central government administration body, a voivode, a local government unit, a public medical university or public universities conducting teaching and research activities in the field of medical sciences, or the Medical Centre for Postgraduate Education. All these entities may also establish and run medical entities in the form of a joint-stock company.[20]

In the group of independent public health care institutions, an important role is played by clinical hospitals established by public medical universities or public universities conducting teaching and research activities in the field of medical sciences. These entities are stationary health care facilities which provide 24/7 health services. Their structure includes hospital departments, a diagnostic, treatment and rehabilitation and rehabilitation department, as well as technical and economic facilities. In addition to carrying out typical medical activities, they are also obliged by law to perform tasks in the area of training in medical professions, which they combine with providing health services and promoting health. This situation additionally hinders the already complicated organizational and financial situation of such units.

Independent public health establishments, including clinical hospitals, should be considered quasi-enterprises. Such an approach is justified because these entities, on the one hand, provide services that are more public than private services; moreover, they pursue "higher" social goals, and their activities are subject to constant ethical evaluation and evaluation by politicians, various interest groups and

[20] Imidem.

the media. An important feature of SP Healthcare Centres is that the main source of their revenues are contracts with the National Health Fund, which, as a public payer, has a real possibility of imposing financial and substantive conditions of these contracts. In the area of medical services, the price of services is not determined basing on general principles and market regulations. There is also the other side of the coin. Independent public health care units are enterprises operating and must, apart from the good of the patient, ensure appropriate economic efficiency of their activities. [21] This paradoxical situation causes a situation in which the antagonistic goods are the costs of treatment and the health of the patient.

Legal framework and sources of financing health care in Poland

Article 68 of the Constitution of the Republic of Poland guarantees all citizens the right to equal access to health care services financed from public funds, regardless of their financial situation.[22] The terms and scope of the provision of services are specified in the acts, which include, inter alia:

- Act of 15 April 2011 on medical activity (Journal of Laws of 2011, No. 112, item 654, as amended),
- Act of 27 August 2004 on health care services financed from public funds (Journal of Laws of 2004, No. 210, item 2135, as amended),
- Act of 6 November 2008 on the rights of patients and the Patient's Rights Ombudsman (Journal of Laws of 2009, No. 52, item 417, as amended),

[21] Ibidem..
[22] Skrzydło (2007): 66–67.

- Act of 28 July 2005 on spa treatment, health resorts and health resort protection areas, and health resort municipalities (Journal of Laws of 2005, No. 167, item 1399, as amended),
- Act of 5 December 1996 on the professions of physician and dentist (Journal of Laws of 1997, No. 28, item 152, as amended),
- Act of 15 July 2011 on the professions of nurse and midwife (Journal of Laws of 2011, No. 174, item 1039, as amended),
- The Pharmaceutical Law of 6 September 2001 (Journal of Laws of 2001, No. 126, item 138, as amended).

The health care system in Poland is based on the insurance model. However, it contains elements of the Beveridge model in its design.[23] In 2014, nearly 62% of expenditure is financed by contributions to general health insurance. The public institution responsible for collecting funds in the form of contributions paid by the insured and at the disposal of the accumulated funds is the National Health Fund (NFZ). Health insurance can be of two types. In general, however, it appears as compulsory insurance (dominant form) or voluntary (a form that allows all persons not covered by compulsory insurance to enter the system).[24]

Health insurance is based on the principles of equal treatment and social solidarity.[25] The constitutional principle of equal treatment is the basis for equal access to health care services financed from public funds for all persons covered by the Act. The principle of social solidarity is associated

[23] Paszkowska (2017): 27–31.
[24] Borkowska (2018): 34.
[25] Prokop (2016): 11–20.

with the accumulation of funds in the form of insurance premiums from all insured persons on a permanent basis, defined by generally applicable law, and using the funds thus collected to finance the costs of healthcare services. These benefits are provided to people with specific health needs, also on fixed, defined terms.[26]

Table 1. Health financing in Poland after 1999.

Financing sources	Financing area
Universal health insurance	Within the scope covered by contracts with the National Health Fund or contracts within the hospital network: basic health care, specialist services, outpatient and inpatient services
State budget	Specialist medical procedures, health policy programs, emergency medical services, public blood service, sanitary inspection, part of non-income health insurance premiums
Local government units	Organization of health care at local and regional level, including financing of investments and further financing of independent public health care facilities generating a loss
Private expenses	Direct purchases of drugs and health services, purchase of commercial health insurance, financing of the company health service, purchase of subscriptions for employees in private health care facilities

The table presented above confirms the complexity of the health care financing system in Poland, which includes

[26] Piątkiewicz (2006).

funds allocated from the health insurance system, the state budget, budgets of local government units, and private funds.

Conclusions

The health care system in Poland is an extremely important element of the activities of state authorities. Public opinion polls confirm the need to reform the health care system. The health sector comprises healthcare, public health and health-related social welfare activities and as a whole requires operational improvement. Such actions should contribute to improvement of health security. One of the ways to improve the effectiveness of healthcare entities is commercialization of independent public healthcare institutions. It is in line with the generally observed tendency to more and more frequently outsource tasks to external entities by public administration. In this way, traditional tasks of public administration, so far performed mainly by the public finance sector, are entrusted to private entities. This also applies to the health sector.

The mere transformation of health care and all medical services into commercial law entities will not automatically improve the effectiveness of the health care system. Even such a key change must also be followed by further, systematic activities relating to, among others, improvement of the management process, optimization of operating costs, implementation of services on the commercial market and meeting the requirements of competition on the local and regional market.

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Tables

Figures

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