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Shortening waiting times in oncology treatment

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### Theme(s):
*Healthcare*

### Title:
*Shortening waiting times in oncology treatment*

### Category:
*Recent reforms. Policy debate*

### Abstract:
Responding to the problem of long waiting times and high mortality rates due to cancers, the Polish government introduced a “waiting time and oncology treatment package” in January 2015. The package aims at improving early diagnosis of cancers and shortening waiting times for specialised treatment.

### Description:
Poland is among countries with the highest waiting times for medical treatment in Europe. The problem of poor access has been reported in various types of treatment: hip replacement, cataract and oncology. Cancer is the second (after cardiovascular diseases) cause of mortality in the country, with high mortality rates (standardised death rate of 296.5 as compared to 268.5 in the EU-28 in 2011) and poor survival indicators (in the period of 2003-2008 5 year survival rate for breast cancer was 73.6%, cervical cancer 52.7% and colorectal cancer 47.7%).

In January 2015, the “waiting time and oncology package” (*pakiet kolejkowy i onkologiczny*) regulating access to oncology treatment was introduced with the aim of improving early detection of cancer and shortening waiting time for oncology treatment. The package includes:

- Strengthening primary care in early diagnosis of cancer by training, a right to issue an oncology treatment card and extending the list of diagnostic procedures for which primary care physicians could issue a referral.

- Introducing oncology diagnosis and treatment cards (*karta diagnostyki i leczenia onkologicznego*) enabling quick diagnosis, confirmation of cancer and preferential access to treatment for each patient with suspected or diagnosed cancer. The card should contain all the information on the progress of treatment.

- Introducing a waiting time limit of 9 weeks from the diagnosis to treatment (shortened to 8 weeks in 2016 and 7 in 2017). Lists of patients waiting for treatment should be electronically recorded and updated every week.

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1 Standardised death rate is a rate describing the number of deaths by a given cause per 1000 population adjusted to the age structure of the population.
2 Eurostat data for 2011 - standardised death rate by residence [hlth_cd_asdr2].
Abolition of health insurance quotas in contracts for cancer treatment in secondary (specialist) and tertiary (hospital) care.

There is no specific budget for implementing these changes. Funds will come from redistribution of available resources. In primary care, health insurance payments for patients with cancer were increased. The full rate of payment for cancer patients in primary care depends on the type of diagnosis (the so called “oncology package” with various diagnostic tests and examinations adjusted to different types of cancer) and is paid only if the waiting time limit has been met. At the same time, preferential rates for treatment of some chronic diseases (cardiovascular diseases, diabetes) were decreased to a standard capitation rate.

To control for the effectiveness of diagnostic procedure, an indicator of 1 diagnosed cancer per 15 cards issued was introduced. Physicians who fail to meet this indicator (repeated misdiagnosis) will temporarily lose the right to issue oncology diagnosis and treatment cards.

Outlook & Commentary:
The new regulations came into force on 1st January 2015. According to the Ministry of Health, by mid-January 11000 oncology treatment cards were issued, but only 1400 in primary care. Most cards were issued for patients who have already been under care. Oncology specialists explained in the media that so far (by early February 2015) only few new patients registered in hospitals with the oncology treatment card. Primary care doctors have been reluctant to issuing this type of treatment.

Whilst all stakeholders (oncologists, primary care physicians and patients) agree that changes in oncology treatment were necessary, the package itself was criticised.

Thus, an association of primary care doctors (Porozumienie Zielonogórskie) protested against the new regulations. Members of this association opened their practices and signed contracts with the National Health Fund only when the Ministry of Health agreed to raise the payment rate for oncology patients. On the other hand, some primary and ambulatory care units who signed contracts for oncology care (about 2% of them), decided to stop providing it due to staff and equipment shortages as well as insufficient payment rates in oncology treatment.

Many have stated that access to treatment should be further improved by simplifying the oncology treatment card, improving coordination of care and supporting it with an adequate information system.

Concerns were also raised that financial resources might not be sufficient to fund hospital treatment without quotas. However, reallocation of resources in primary care might result in poorer access to care for patients with cardiovascular diseases and diabetes.
The National Chamber of Physicians opposes the new regulations, claiming it will ask the Constitutional Tribunal if the reform is in line with the Constitution of Poland.

**Further reading:**

Statistics:


Governmental web-site presenting policy changes: [http://pakietonkologiczny.gov.pl](http://pakietonkologiczny.gov.pl)


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