



Addressing the challenges of the healthcare system in Poland

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The Polish government has taken initiatives aimed at increasing public healthcare expenditure by 2024, guaranteeing minimum wages in the healthcare sector by 2021 and improving hospital care financing. Further changes, requested by physicians' trade unions, will lead to an increase in wages and improvement of working conditions.

Description

Healthcare expenditure and resource indicators are low in Poland compared to other European Union (EU) countries. Public healthcare expenditure accounted for only 4.4% of Gross Domestic Product in 2015 and total healthcare expenditures for only 6.3%. The main challenges facing the healthcare system include long waiting times for medical services, poor working conditions and low pay for medical professionals. In 2015, there were only 2.3 practising physicians (which is the lowest ratio in the EU) and 5.2 practising nurses per one thousand population. The low number of practising physicians and nurses is caused by quotas limiting access to university medical education and the emigration of medical professionals - especially since EU accession. Low healthcare funding, insufficient and ageing manpower and often poor infrastructure are calling into question the long-term sustainability of the healthcare system at a time of population ageing and technological improvements which will inevitably lead to increasing costs and expenditure. Over the past two years these tensions have repeatedly led to protests by healthcare professionals. (Source for figures: Eurostat)

In response to the above challenges, the government has taken several initiatives, including a regulation on

minimum wages in medical professions, a regulation on increasing healthcare spending and the introduction of the "hospital network".

The law on minimum remuneration of employees in medical units introduced in June 2017 aims at guaranteeing minimal wages for medical professionals (doctors, nurses, physiotherapists, pharmacists and others). It specifies minimal wages in the different medical professions as a ratio of the workload indicator, based on the level of qualifications and the average wage in the economy for the previous year. According to the law, minimum wages will increase gradually, on an annual basis, to reach the expected minimum guaranteed level by the end of 2021. The total cost of the wage increase is set at a maximum of PLN 5 billion (€1.2 billion) by 2027.

A regulation on increasing overall healthcare spending was adopted in December 2017. It ensures a gradual, annual increase in healthcare spending from public resources, from 4.7% of GDP in 2018 to 6% in 2025. The increase is to be financed from central government resources, without any rise in healthcare insurance contributions. As these changes were perceived as insufficient, and as the doctors' protests which began in October 2017 continued, the Ministry of Health declared in February 2018 that the foreseen level of healthcare expenditure would be

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reached by 2024, and that measures would be introduced aimed at increasing the quality of employment in the healthcare sector. These include supporting employment of physicians by one single employer (in place of dual employment in public and private units, which is common) and an increase in the wages of physicians with specialist medical training.

The government has also been working on efficiency and accessibility measures, the core of which is a regulation, from October 2017, introducing the so called "hospital network". The network aims at strengthening the stability of hospital financing and improving the management and accessibility of hospital care. It covers 549 hospitals, including 78 private hospital units, all divided into three reference levels depending on the scope of treatment provided. Hospitals were allowed to join the network depending on their treatment profile and previous contract history. Hospitals included in the network receive guaranteed funding for a period of 4 years. Lump-sum annual hospital budgets are established based on providers' previous activity: costs as well as type and number of services provided. Hospitals which are not included in the network have to compete for resources on an annual basis – similarly to the former contracting procedures. Overall, 93% of resources allocated to hospital treatment are guaranteed for hospitals included in the network.

Outlook & commentary

The increase in the overall funding and wages of medical professionals, although necessary, was perceived as insufficient and

raised many tensions. The main group of protesters were medical professionals, especially young physicians who went on hunger strike in October 2017. When their demands were not met, over 3,500 physicians (out of almost 90,000 employed) decided to opt out of overtime (more than 48 hours per week) between November 2017 and January 2018. The protests were supported by the National Chamber of Physicians (Naczelna Izba Lekarska) and the National Trade Union of Physicians (Ogólnopolski Związek Zawodowy Lekarzy – OZZL). The tensions led to a change of the Minister of Health. The new Minister signed an agreement with the protesters putting an end to the strike. The decision was taken to reach a level of healthcare public funding of 6% of GDP by 2024, increase the wages of physicians, strengthen medical administration and promote employment of physicians with a single employer. The parties agreed to evaluate in 2020 whether the agreement is implemented.

The introduction of the hospital network was preceded by insecurity related to accessibility of care, inclusion of specific hospitals in the network, problems ensuring adequate medical services to meet the healthcare needs of the population covered by the network and issues with the sufficiency of the guaranteed lump-sum budgets. However, no serious problems with accessibility of care or its financing were reported in the first months after the introduction of the regulation.

Further reading

Eurostat Data: [hlth_sha11_hf], [hlth_rs_prs1], [hlth_rs_prs]

The law of 8 June 2017 on the establishment of a minimum basic wage for employees in medical professions in medical treatment units [Ustawa z dn. 8 czerwca 2017 r. o sposobie ustalania najniższego wynagrodzenia zasadniczego pracowników wykonujących zawody medyczne zatrudnionych w podmiotach leczniczych], Dz.U. 1 sierpnia 2017, poz. 1473:

<http://dziennikustaw.gov.pl/du/2017/1473/1>

The law of 27 December 2017 on changes in the regulation governing the funding of medical services from public resources [Ustawa z dn. 27 grudnia 2017 r. o zmianie ustawy o świadczeniach opieki zdrowotnej finansowanych ze środków publicznych], Dz.U. 27 grudnia 2017, poz. 2434:

<http://dziennikustaw.gov.pl/du/2017/2434/D2017000243401.pdf>

An agreement between the Minister of Health and the Representation of Members of the National Trade Union of Physicians <http://www.mz.gov.pl/wp-content/uploads/2018/02/porozumienie-z-rezydentami.pdf>

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