Poland: Improving coordination of primary care in Poland

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AGNIESZKA SOWA-KOFTA – EUROPEAN SOCIAL POLICY NETWORK

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In 2018-2020, the government undertook a pilot project on coordination of primary care services. The project showed that care coordination brings positive results in terms of improving patients' quality of life, but results in increased use of medical services and high expenditure. The Ministry of Health announced a reform of primary care introducing elements of care coordination, particularly for patients with chronic diseases, and improving prevention.

Description

The healthcare system reform of 1999 introduced – among changes to financial and managerial structures – the decentralisation of healthcare, introducing primary care as the core of the healthcare system in Poland and the gatekeeper for specialist and hospital care. The role of primary care had diminished over the years due to the limited basket of medical services in primary care, staff shortages and high use of specialist care, resulting in long waiting times for diagnosis and treatment. Public healthcare expenditure in Poland is low (5.4% of GDP in 2020 compared to the EU-27 average (8% of GDP)), and most of the cost is related to expensive hospital treatment (3.4% of GDP). The reported unmet need for medical services due to waiting times (25.7%) is above the EU-27 average (19.4% [Eurostat, Table hlth_ehis_un1e]).

In 2017, the government began the process of improving primary care coordination by introducing multidisciplinary teams of medical professionals coordinating care provision, including rehabilitation after a hospital discharge. Between July 2018 and June 2021, the National Health Fund implemented a pilot project of coordinated care. The project was carried out in 39 primary care medical units and covered 71,000 patients. The overarching goals of the project were to offer high-quality medical services, improve diagnosis and prevent diseases as well as providing complex and timely treatment. Specifically, the project aimed at improving the cooperation between primary care physicians, nurses, community nurses, dietitians, physiotherapists and secondary care physicians, to provide comprehensive and adequate health services (World Bank Group 2021). Services provided within the project included health education, health checks and a disease management programme (DMP). The programme was targeted at adults who – after an initial check-up – were classified in various care clusters (healthy with no health risks; healthy with no symptoms, but health risks; chronically ill with no symptoms, stable; chronically ill with symptoms and requiring medical treatment). Each patient was provided with an individual health plan. Evaluation of the projects showed an improvement in the subjective well-being of patients, an increase (0.5) in the Quality-Adjusted Life-Years (QALY) of patients with chronic diseases, an increase in patients' health competencies, shortened waiting times, but a small increase in the number of medical visits per patient (4.32 in 2018 and 4.40 in 2019 compared to the Polish average of 4.07 and 4.18 respectively), higher hospitalisation rates (0.41 in 2018 and 0.46 in 2019 compared to the Polish average of 0.27 and 0.28 respectively) and higher public expenditure per patient (World Bank Group 2021). In 2018 and 2019, the monthly cost per patient of primary and specialist ambulatory care increased by 54.11 zł/ €12. During the COVID-19 pandemic in 2020, the increase was lower by 29.92 zł/€6.6. The monthly cost of hospital care for patients increased by 24.46 zł/€5.4 during the pilot project.

The project, although bringing positive results in terms of better quality of life and

patient safety, was evaluated as too expensive to be introduced across the country. However, recommendations underlined the need to introduce selected solutions (e.g. presence of care coordinators in primary care units, improved health education and IT solutions, introduction of DMP for people with chronic diseases and change to the financial management by introducing bundled budgets in place of capitation) (World Bank Group 2021).

In June 2022 the Ministry of Health announced the reform, which mainly focuses on improving diagnostics and coordination in primary care (Ministry of Health 2022). From July 2022 the list of diagnostic tests available in primary care will be broadened. The announced changes include improving coordination of care by introducing consultations between primary care physicians and specialist care providers on the treatment; improving treatment of chronic diseases in primary care; broadening the diagnosis of cardiovascular system diseases; and improving care and treatment in diabetes, pulmonology, and endocrinology. From October 2022 measures are planned to improve care coordination for patients with chronic diseases. Changes to the financing of medical services by the National Health Fund are expected, with the introduction of a fee-for-service payment mechanism for selected types of treatment instead of capitation, and premiums for medical providers for undertaking diagnostic and preventive activities. Still, capitation will remain the main form of payment for primary care services. The Ministry expects the changes made to improve care coordination and shorten the diagnostic path and waiting times.

Outlook and commentary

The coordinated care project was met with great interest by stakeholders, particularly representatives of medical professions and experts. It was valued not only by patients but also by medical professionals. The perceived advantages included increased motivation of medical staff, improved cooperation between primary and specialist care, and encouragements of innovative solutions. According to the managers representing primary care units participating in the pilot project, the organisational potential of the facilities has not increased but higher managerial competencies were required to deal with the challenge of care coordination. In other words, introducing coordinated care would be more difficult in rural and depopulated areas, with lower organisational, professional, and financial potential. Further, managers pointed to the need for improvements in IT to streamline care management.

The proposal of the Ministry of Health to strengthen primary care and improve care coordination was presented only in its general form, with no regulatory framework at this stage. Stakeholders representing associations of primary care physicians pointed to the necessity of introducing coordinated care, although they expressed concerns about the uneven development of primary care, depending on its initial financial and professional potential, particularly medical units in regions with poorer medical infrastructure that might not be able to change the way they work. They have pointed out that reforms might require a longer period of consultation and testing.

Further reading

General government expenditure on health by function (COFOG classification)

Ministry of Health (2022), Reforma POZ – korzyści dla pacjenta [Primary care reform – benefits for the patient].

World Bank Group (2021), Rozwój podstawowej opieki zdrowotnej w Polsce – ocena POZ plus [Development of primary care in Poland – POZ plus evaluation], Warsaw.

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