

Reform efforts in Poland

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Step I

Siemaszko model

– known well in all post-communistic countries

- Publicly funded with hospital historical budgets and 100% public providers.
- Patients restricted to outpatient clinic and hospital according to permanent address.
- No incentive to compete.
- Survived till 1999

Result: long waiting lists, bribes, growing debt of the system, bad customer service

Reform 1999

- Patient choice of
 - primary care doctor (full choice)
 - specialist and hospital (on basis on available contract)
- Competition – some among outpatient clinics, very limited among hospitals
- Improvement of availability of services suppressed by growing expectations.
- Beginning of outsourcing of some services from hospitals
- Sickness Fund – role not clearly defined, representing rather government than patients and subsidizing badly managed hospitals.

Reform 1999

- Drugs – no control over doctors prescriptions resulting in growing each year share of drug cost in Sickness Funds budget (now 23%)
- Hospitals (still public) have no strong incentive to manage their cost – wait for debt repayment by government.

Result: advent of private outpatient clinics, improvement of customer service in outpatient clinics, first efforts to manage hospitals, growing debt of hospitals

Minister Łapiński reform

- centralization of Sickness Funds into one National Health System
- contracting mistakes resulting in strikes of hospitals and primary care doctors
- no improvement of the system
- step back of the reform
- growing debt of hospitals (close to their yearly budget)
- 4 ministers of health changed in the last 2 years

Result: administrative chaos, growing demand of better service and clear rules from patients.

Current situation – wait for the next government

Reform initiatives

1. Cosmetic change of the health care legislation

Problems

- declaration of real changes next year but no direction given

Probable result

- wait at least for the next government

Current situation c.d.

2. Private health insurance project

- Project ready to implement
- Growing agreement to start the process

Problems

- No political wish to start the process due to weakness of the government
- Need for public discussion

Probable result

- Private insurance companies start their products – for now on outpatient basis
- Will wait at least a year, in the meantime insurance companies select patients

Current situation c.d.

3. Changing hospitals into legal entities

- Need for management
- Need for clear contracting rules

Problems

- No clear goal what is going to be achieved

Probable result

- Will wait at least to the next government if no cashflow crisis or strike of creditors

Current situation c.d.

4. Repayment of hospital debt

- Overdue payables soon reach yearly hospital budget
- Threat of treatment interruptions due to legal actions of creditors

Problems

- Can not increase national debt – looking for solutions

Probable result

- Can wait till creditors are patiently waiting then if nothing prepared government will repay debt

Current situation c.d.

5. Small co-payments for outpatient visits to regulate demand

Problems

- Agreement among experts and journalists (sic!), opposition from parliament

Probable result

- Will wait for indefinite time

CONCLUSIONS

- most initiatives will wait since there is no necessity to change status quo and changes require knowledge and determination to take responsibility for changes
- but even politicians will feel comfortable making no decisions market will be moving into privatization and advent of private health care insurance
- the negative consequence is lack of planning and process driven by market forces only without regulations what can create two tier system