



UNIWERSYTET  
JAGIELLOŃSKI  
COLLEGIUM  
MEDICUM

# POLISH HEALTHCARE SYSTEM: EXPERIENCE IN REFORMS

---

MICHAŁ ZABDYR-JAMRÓZ

HEALTH POLICY AND MANAGEMENT DEPARTMENT • INSTITUTE OF PUBLIC HEALTH  
INSTITUTE OF POLITICAL STUDIES AND INTERNATIONAL RELATIONS  
MICHAL.ZABDYR.JAMROZ@GMAIL.COM



JAGIELLONIAN UNIVERSITY  
IN KRAKOW

MICHAŁ ZABDYR-JAMRÓZ



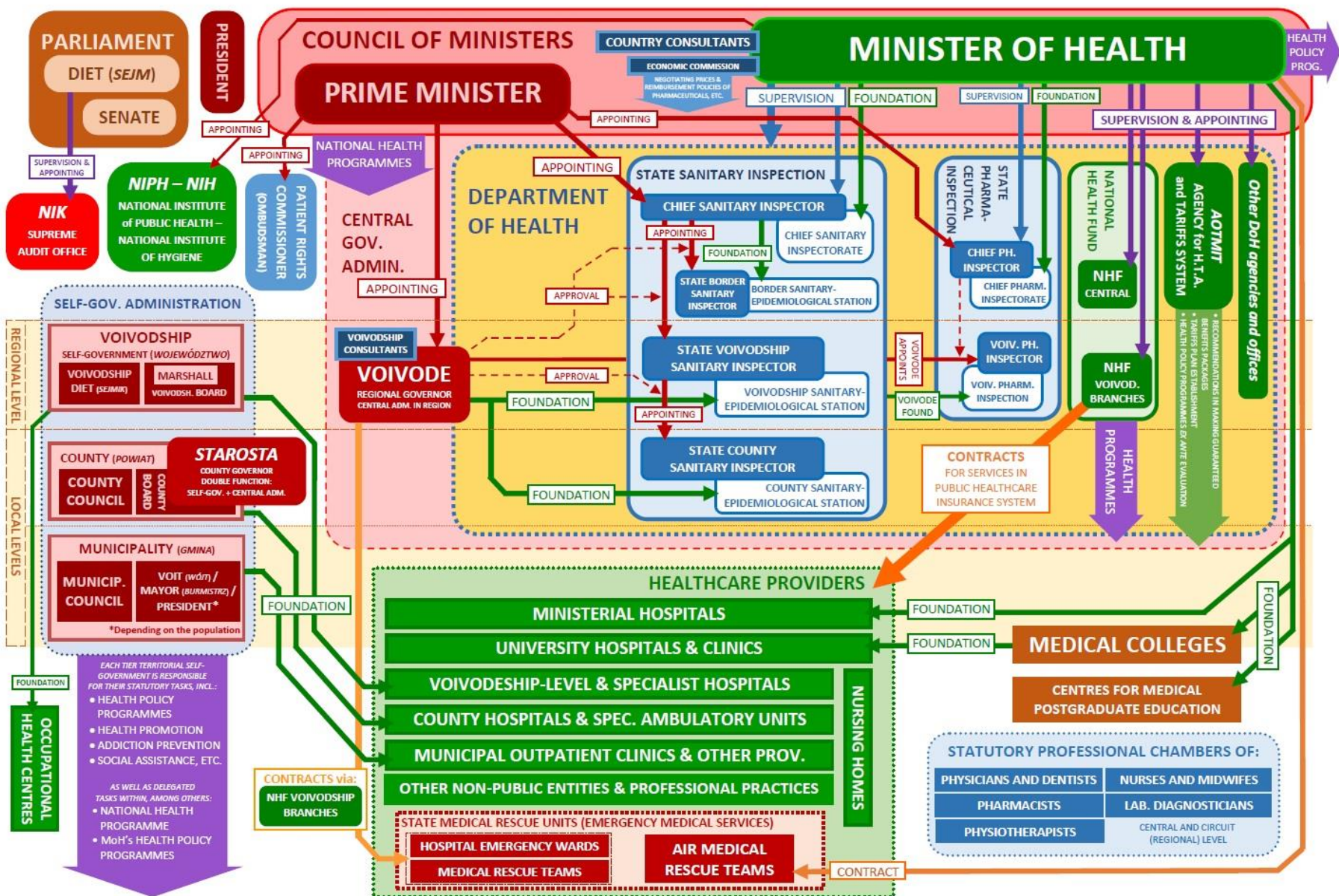
# REPUBLIC OF POLAND

Population:  
~ 38 mln

Area:  
312,679 km<sup>2</sup>

Currency:  
1 PLN = 0,23 EUR





# BISMARCK MODEL

A go-to model in the history of  
Polish healthcare system



# GENERAL TYPOLOGY of HEALTHCARE SYSTEMS

- Bismarck (Germany, Netherlands, etc.);
- Beveridge (UK, Scandinavian countries);
- Market model (USA);
- Currently, all systems evolved and copied from one-another (CONVERGENCE);



*HEALTHCARE SYSTEMS DO NOT HAVE ESSENCE;  
THEY HAVE HISTORY*





# BEFORE 1989 SIEMASZKO MODEL





# National Institute of Public Health – National Institute of Hygiene (NIPH–NIH)

Narodowy Instytut Zdrowia Publicznego – Państwowy Zakład Higieny or NIZP–PZH



State  
Research  
institute  
under the  
Minister of  
Health

# State Sanitary Inspection



- Public health „police” under the Minister of Health
- Derived from NIH (1928/23)
- Currently based on the Act of 1985 (with amendments)

# 1989 – The fall of the Polish People's Republic





GRAD  
POL

AL. REWOLUCJI PAŹDZIERNIKOWEJ 81A PAW 2  
01 242 WARSZAWA TEL. 32-22-83

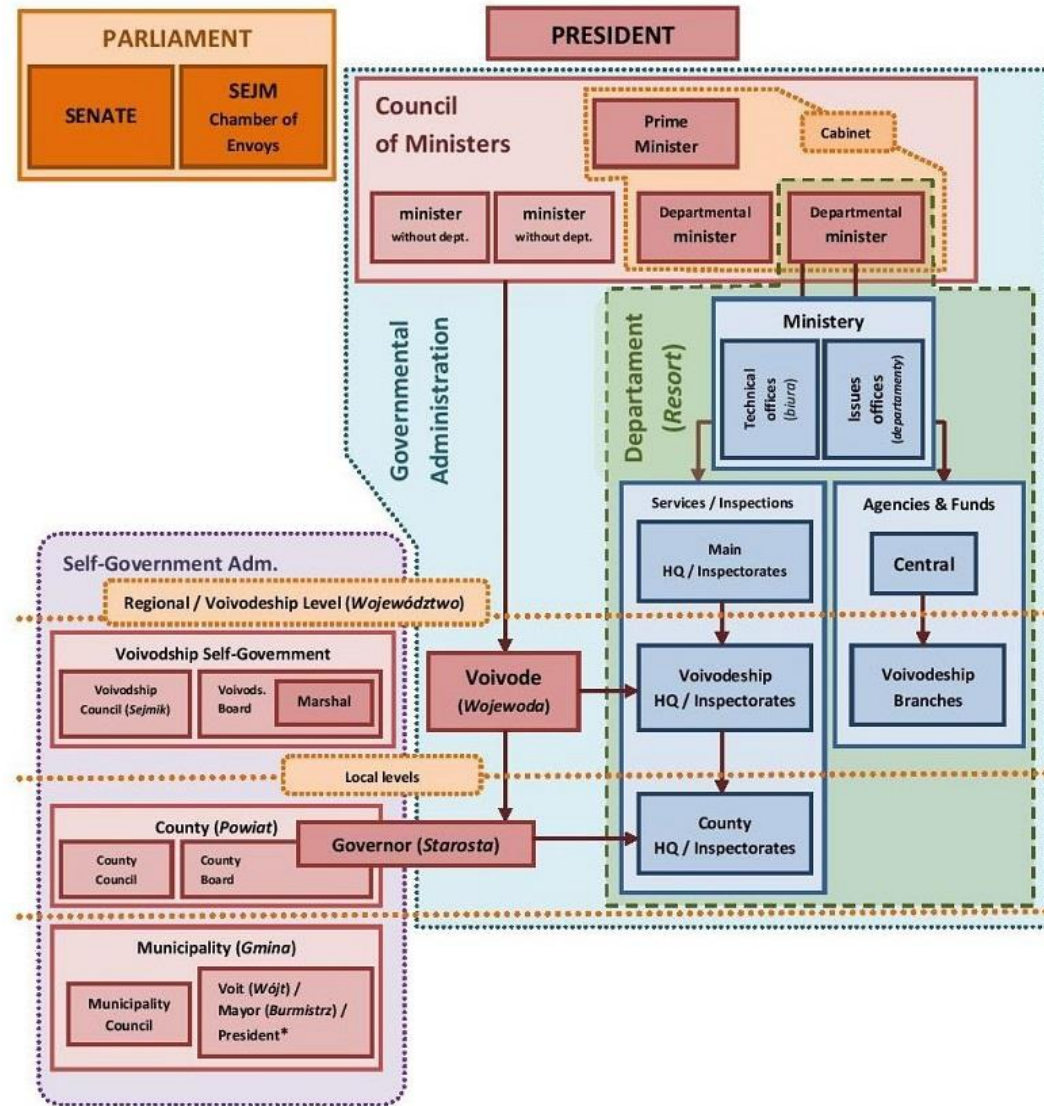
- 1990 – Municipality Introduced
- 1991 – Act on Healthcare Units
- 1990s – pilot programme for Counties

## • 1999 – 4 GRAND REFORMS

- EDUCATION
- RETIREMENT PENSIONS
- PUBLIC ADMINISTRATION
- HEALTHCARE



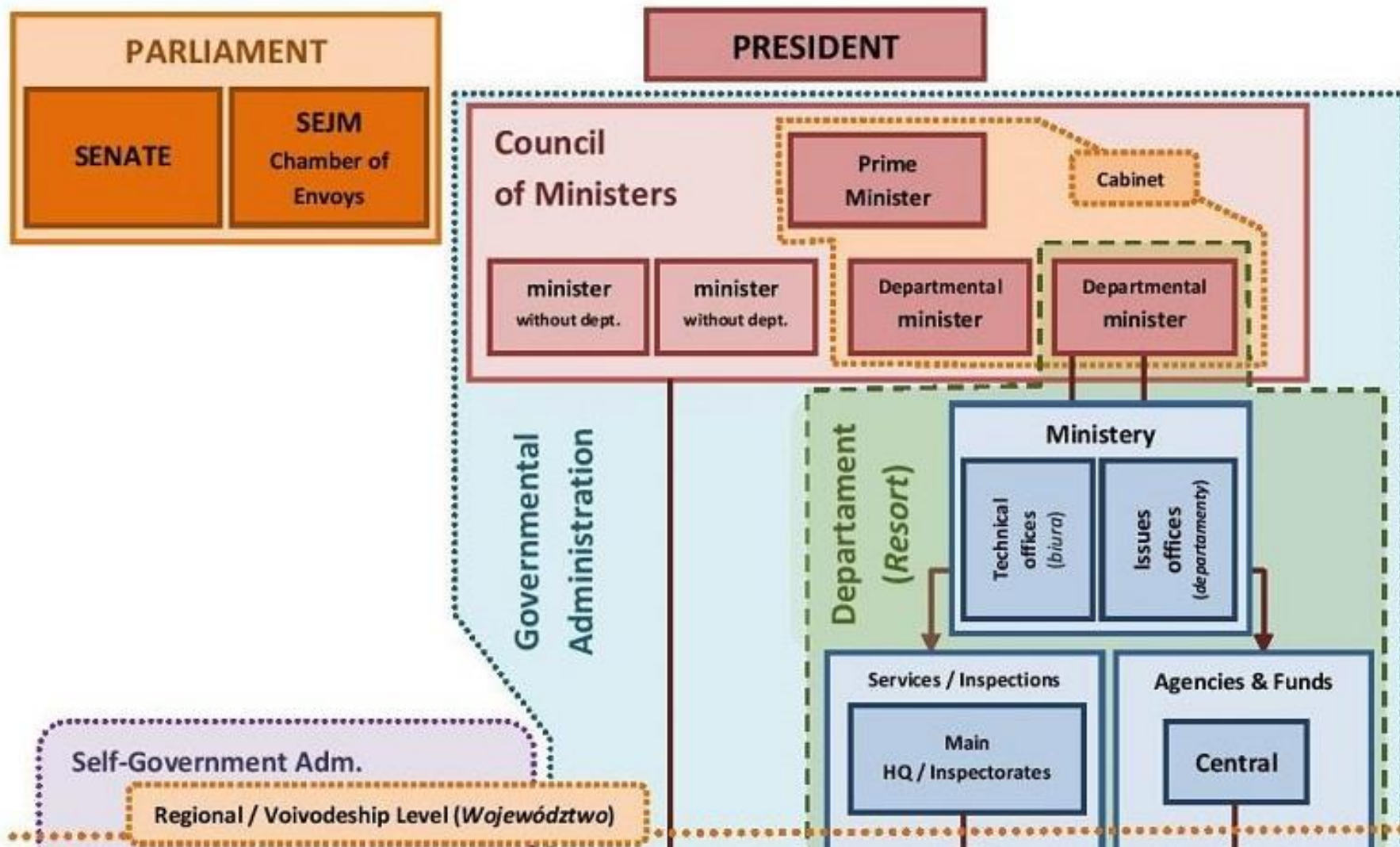
Fig.01. Public administration system in Poland since 1999

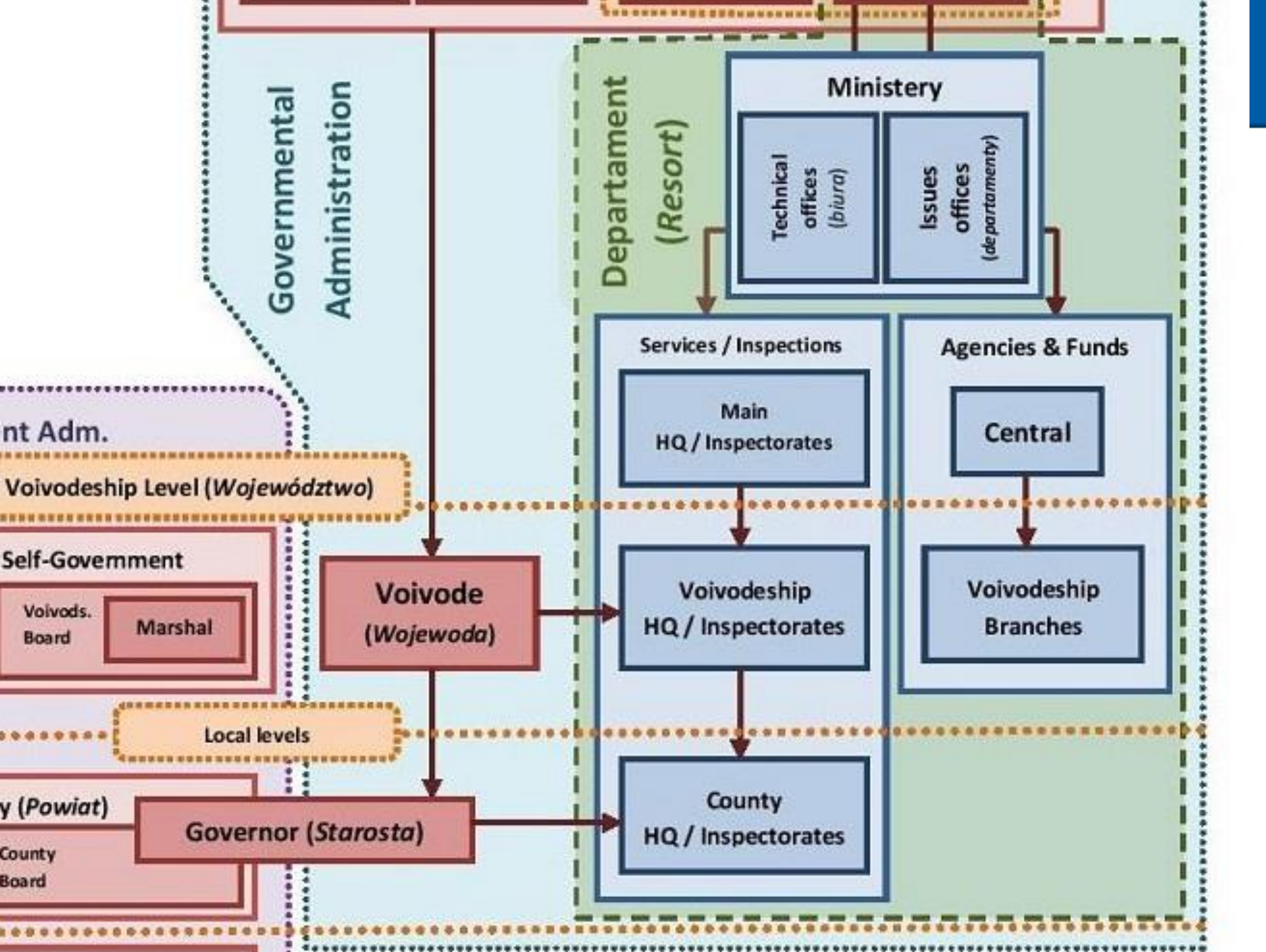


\* Since 2002. Depending on the population of the Municipality

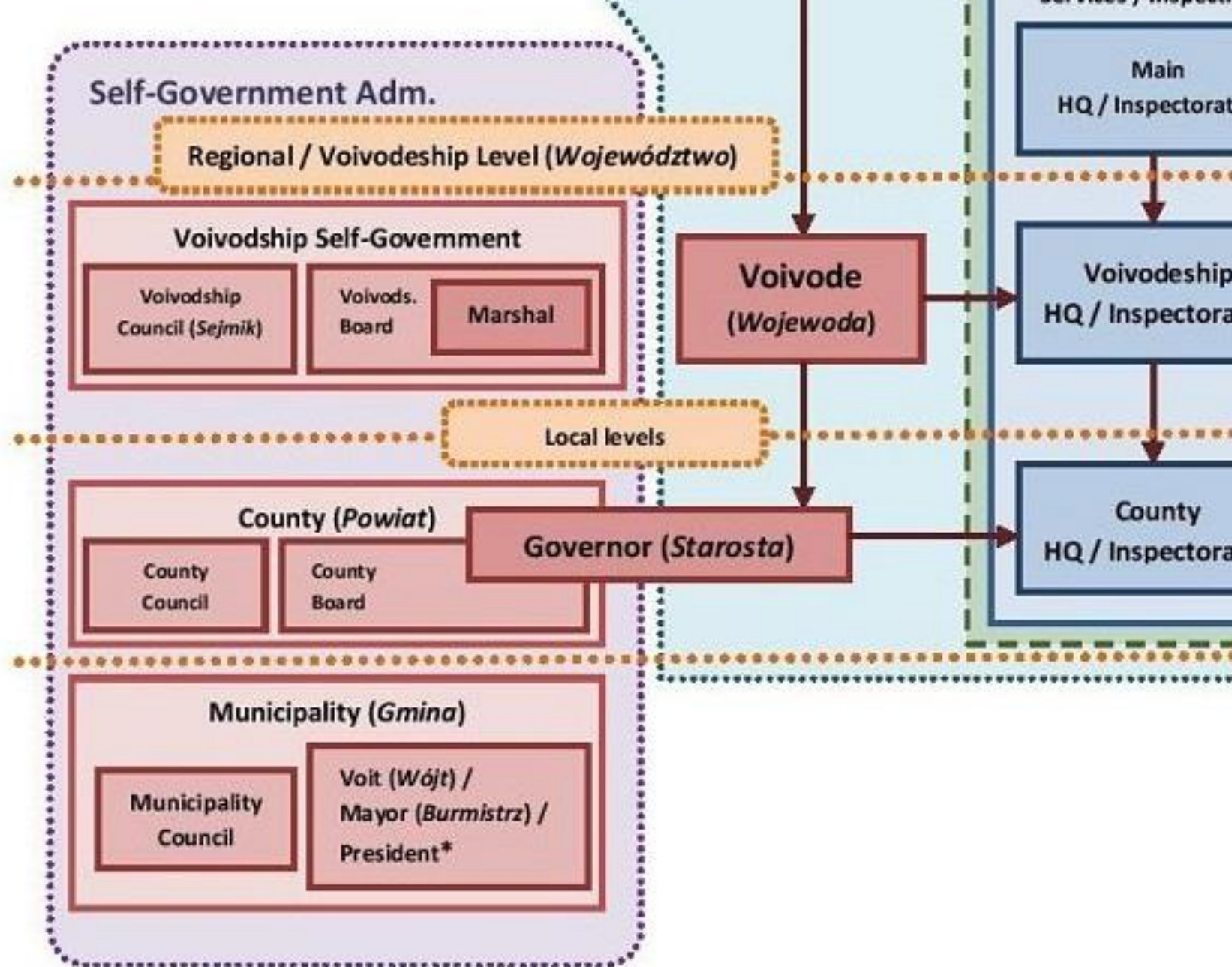
Source: Authors of the graphic project of the presented scheme – Team of Health Policy and Management Department, Institute of Public Health, Jagiellonian University Collegium Medicum, Cracow 2012 – Zabdry-Jamróż M., Badora K., Kwoka A.

Fig.01. Public administration system in Poland since 1999







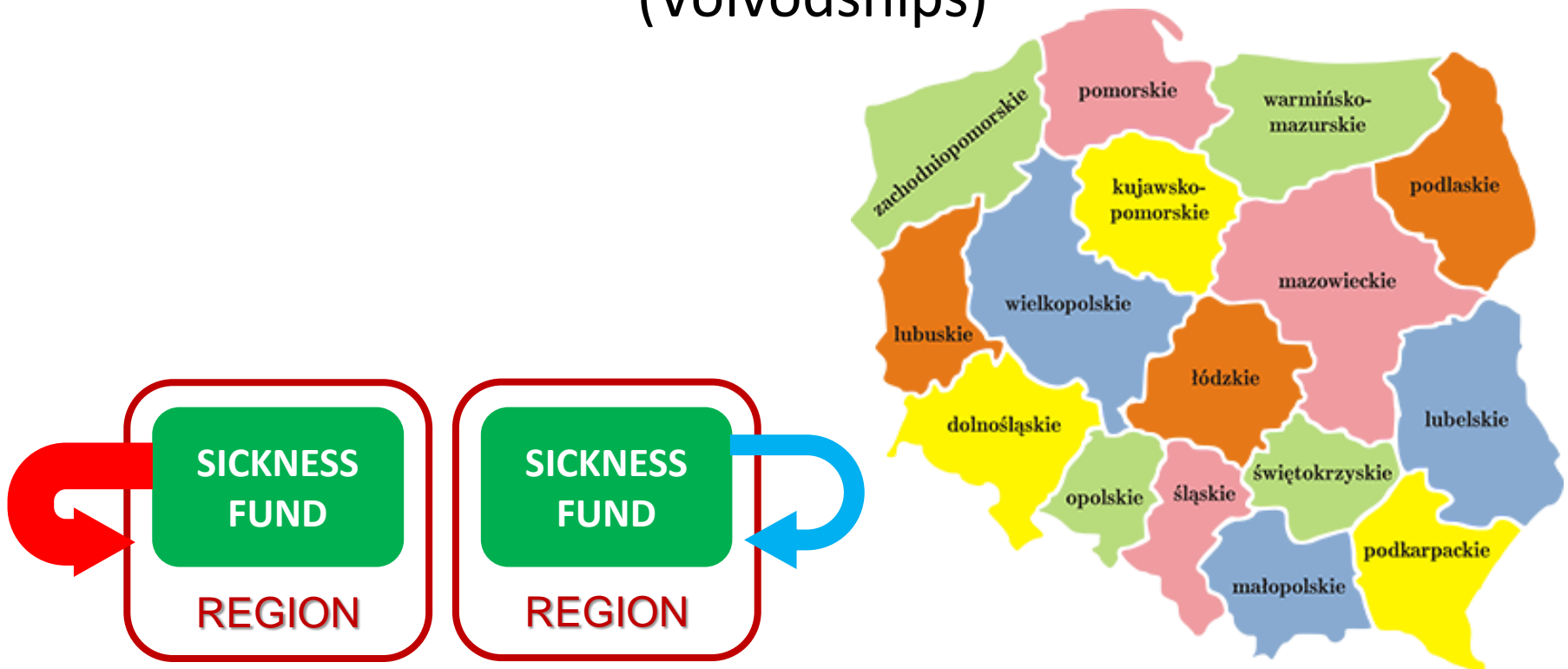


\* Since 2002. Depending on the population of the Municipality

# 1999 Quasi-Bismarck Model adopted

~ ~ ~

16 Sickness Funds owned by regional self-governments  
(Voivodships)



# REFORM IMPULS:

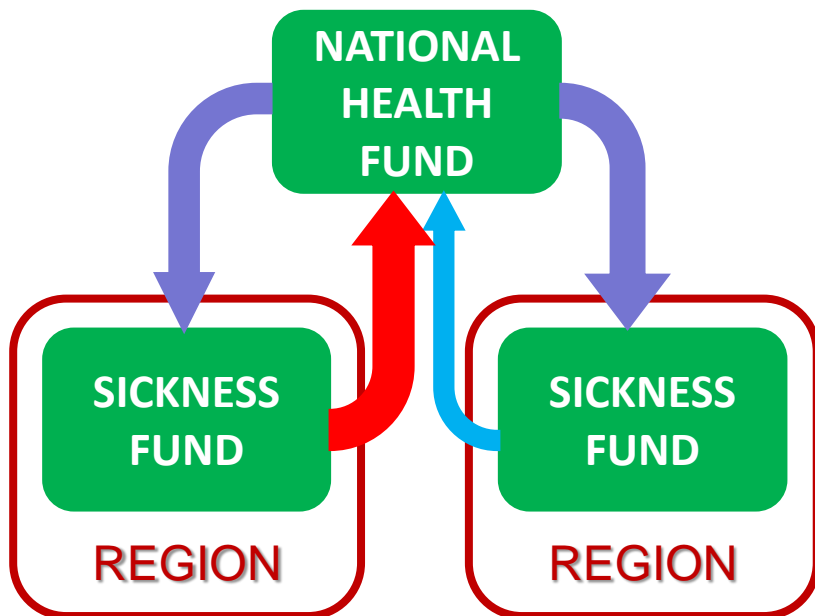
INEQUITY IN RESOURCE REDISTRIBUTION FOR  
HEALTHCARE SERVICES BETWEEN REGIONS DUE TO  
DECENTRALIZATION OF THE PAYER FUNCTION

# 2003/2004 Mixed Model adopted

~ ~ ~

## Central NHF introduced

Sickness Funds turned into Regional (Voivodships) Branches

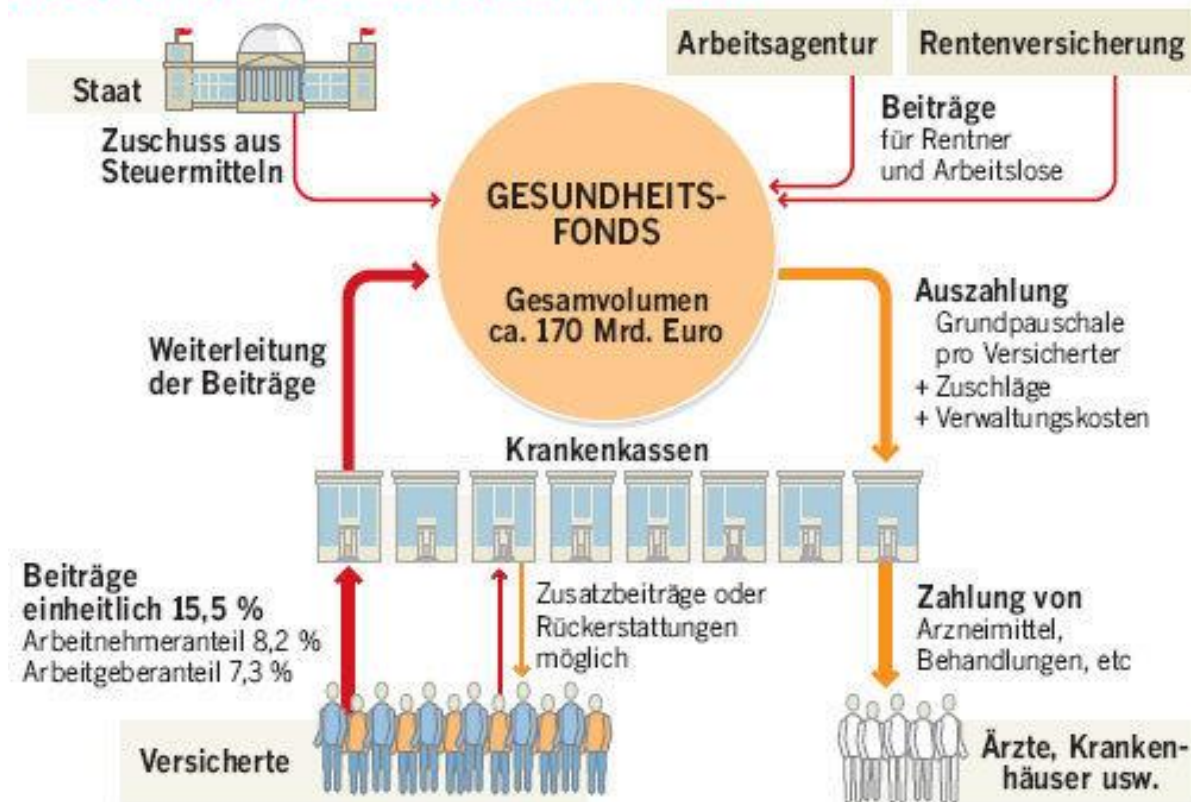


# Similar goal as 2009 healthcare reform in Germany:

Decoupling of 2 functions within the payer function:

- **REDISTRIBUTION**  
– centralization!
- **ALLOCATION** –  
retaining of  
decentralisation

## SO FUNKTIONIERT DER GESUNDHEITSFONDS



Since 2004

**NRFZ**

**National Health Fund**

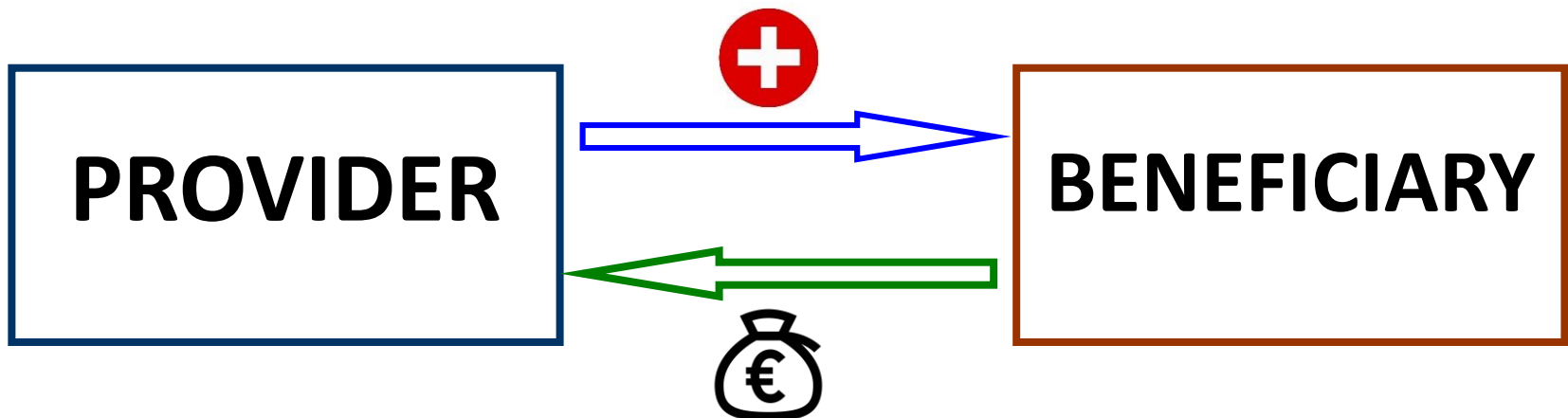
# MODELS by OECD: 3 BASIC ELEMENTS

1. PROVIDER
2. BENEFICIARY
3. PAYER (INSURER)



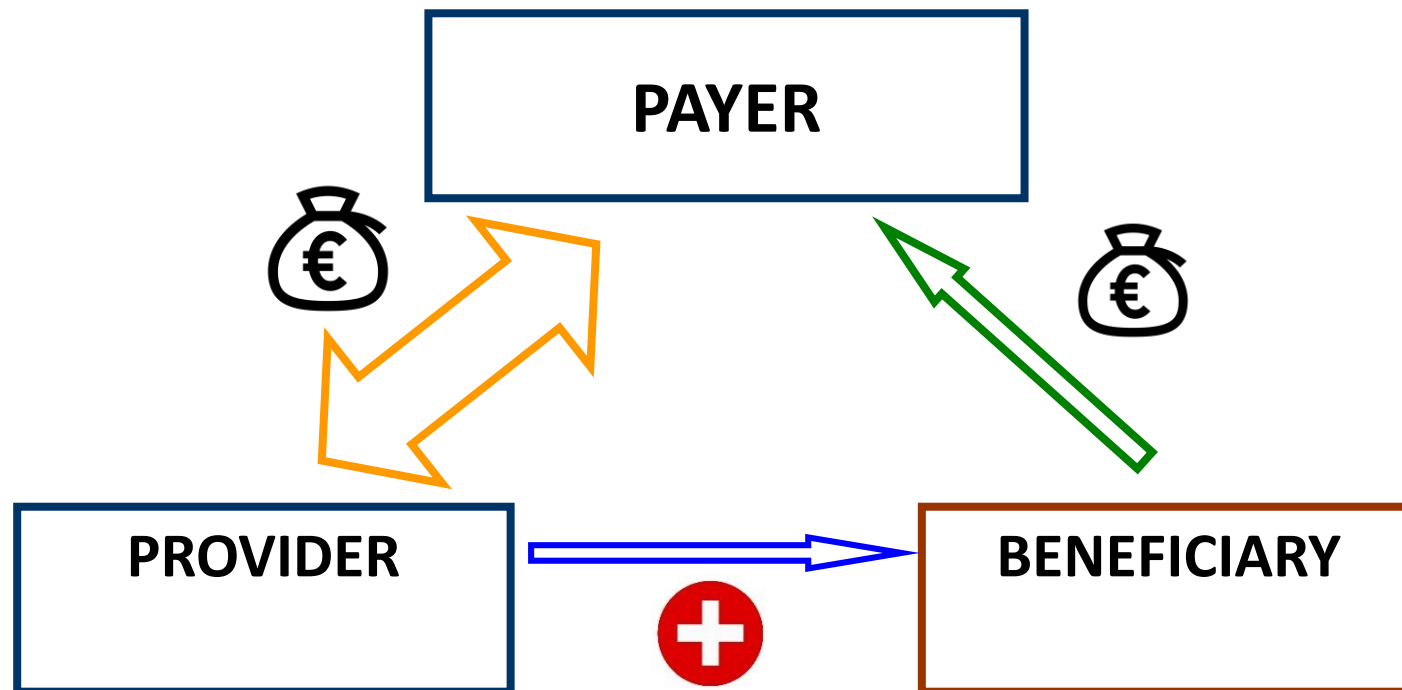
*OECD, The Reform of Health Care: A Comparative Analysis of Seven OECD Countries, Health Policy Studies No 2, Paris 1992*

Simplest model: direct  
payment by patients  
(without  
reimbursement) –  
voluntary exchange

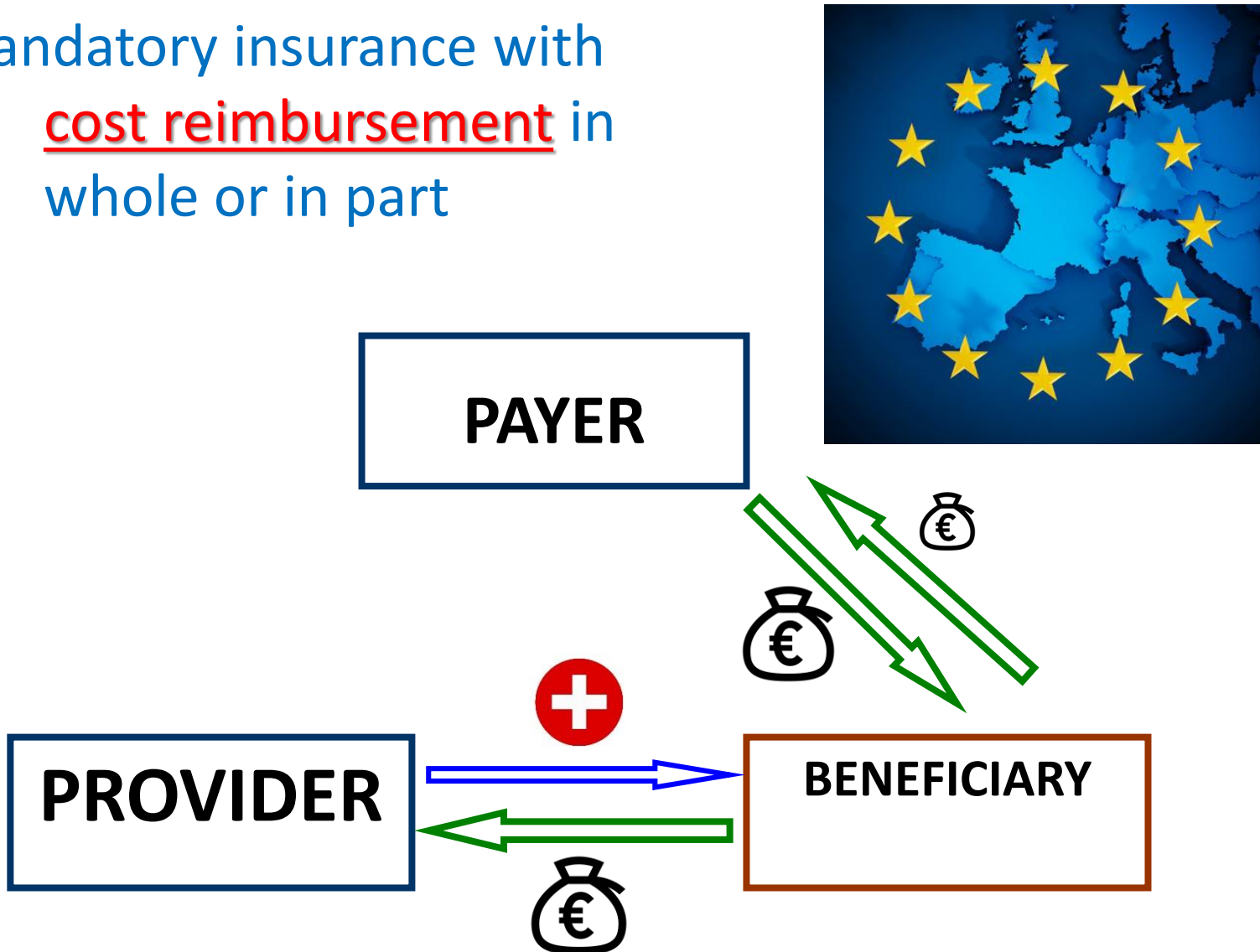




## Mandatory insurance with contracts between payer and provider



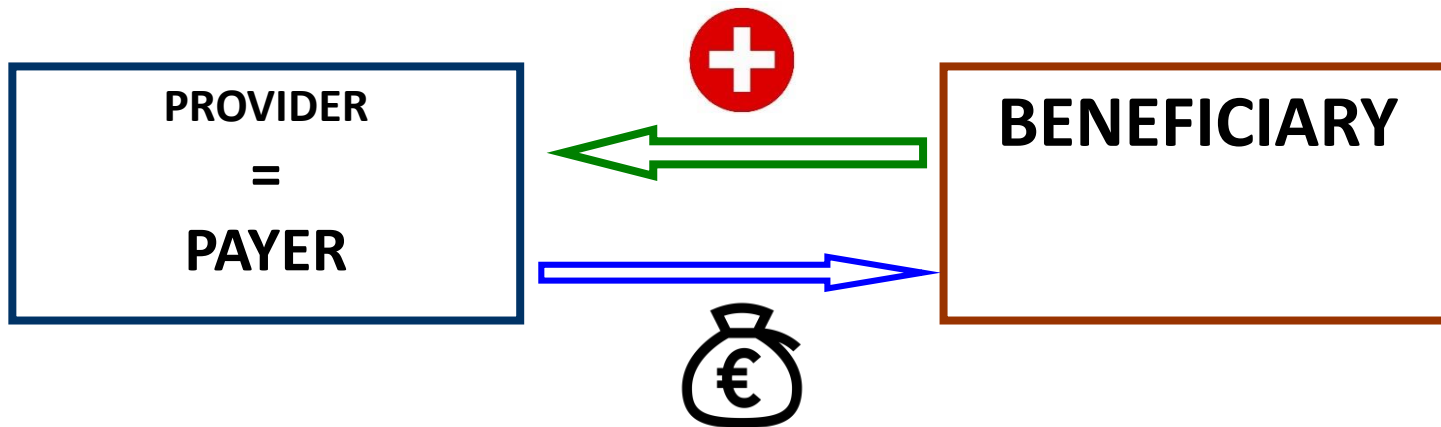
## Mandatory insurance with cost reimbursement in whole or in part

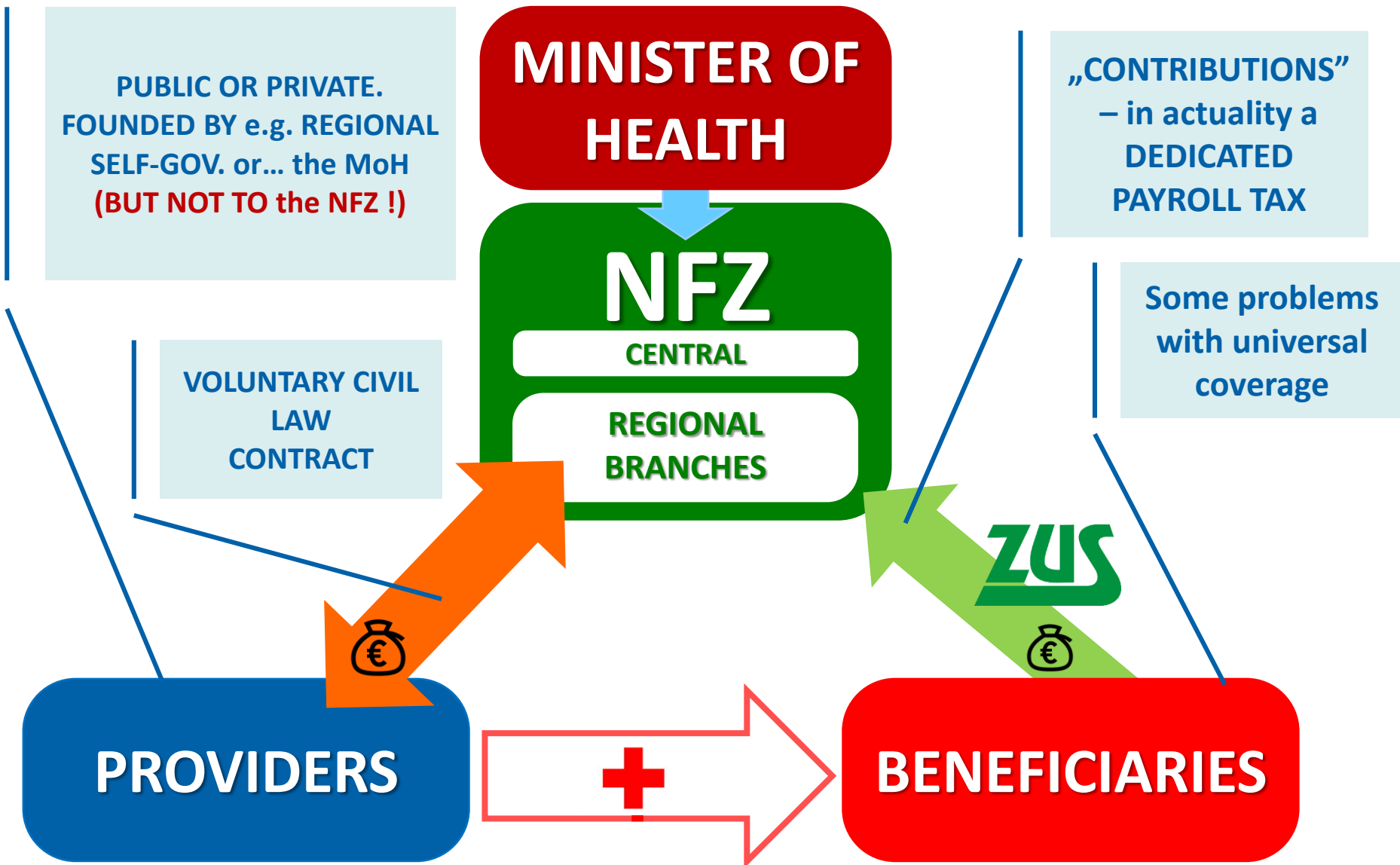


Voluntary insurance  
within integration of  
payer and provider  
(via employer, eg. corporation)

For instance:

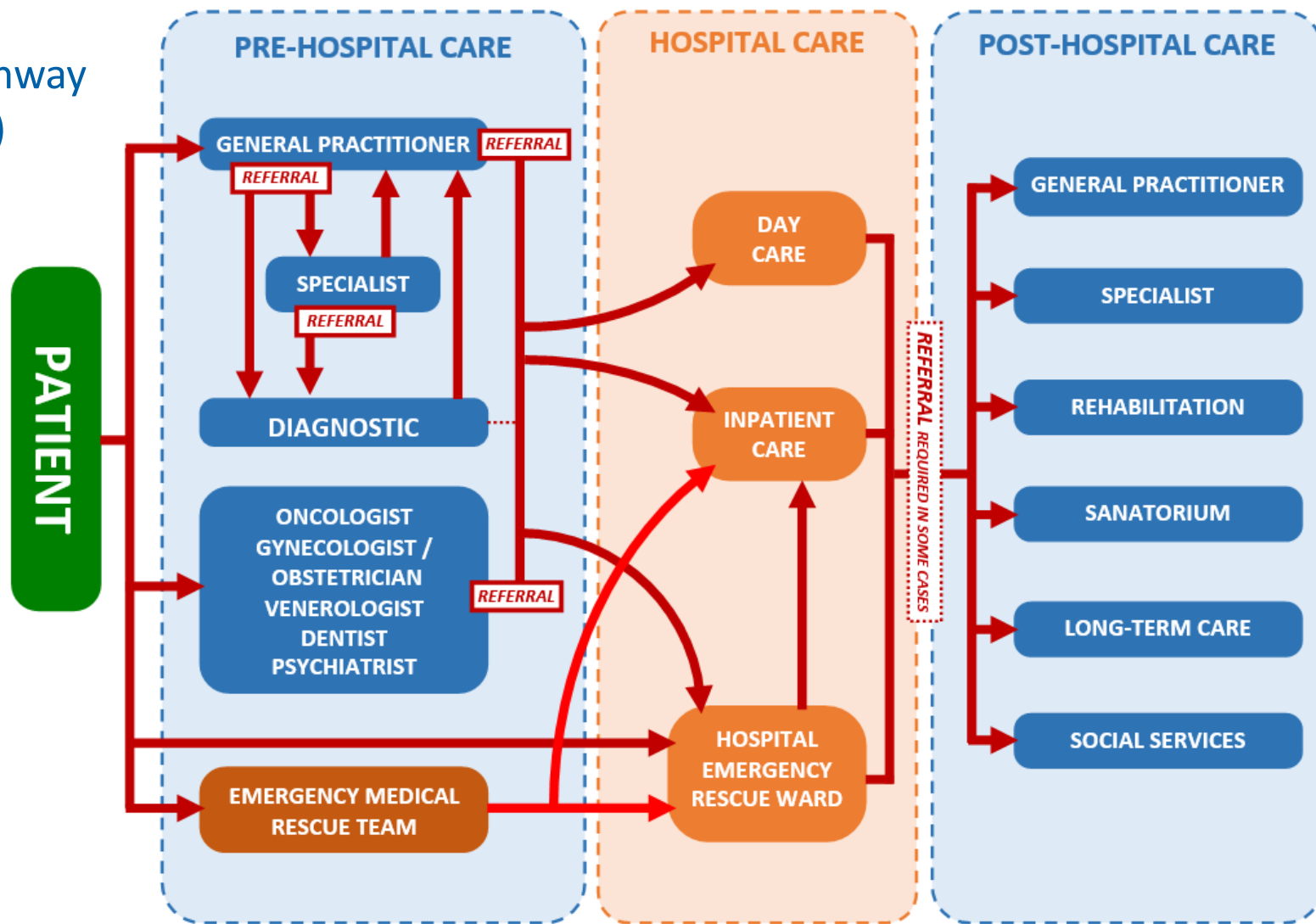
**GRUPA  
LUXMED** 





# GATEKEEPER SYSTEM – key role of the Primary Healthcare (PHC)

Patient pathway  
(as of 2018)



- koncentratory tlenu
- ssaki
- nebulizatory
- materace przeciwoodleżeniowe

# NFZ

Narodowy Fundusz Zagłady



ul. Jagiellońska 36 (Szpital Powi  
44 695 15 2

# REFORM IMPULS:

THE NFZ (NATIONAL HEALTH FUND) HAS  
MONOPSONIC POWER TO IMPOSE UNFAVOURABLE  
CONTRACT CONDITIONS ON HEALTHCARE PROVIDERS

## 2003/2004 – creation of the Healthcare Providers Association



**POROZUMIENIE  
ZIELONOGÓRSKIE**

- Private providers (employers), mainly on the PHC level associated to counteract the monopsonic power of the NFZ in contracting
- Organisation of „strikes” – refusal to sign contracts



# REFORM IMPULS:

GUARANTEED BENEFIT BASKERS ARE LACKING:

- ARE NOT EVIDENCE-BASED
- ARE NOT MERELY INTERNAL NFZ ORDINANCES –  
AND NOT A SOURCE OF LEGAL ENTITLEMENT TO  
PATIENTS

# Agency for Health Technology Assessment and Tariffs System



- Established in 2006 (originally as AOTM)
- Statutory rank in 2009 – with process for establishing GUARANTEED BENEFITS BASKETS
- Since 2016: PRICING of services



# REFORM IMPULS:

ISSUES WITH PUBLIC HEALTHCARE PROVIDERS DEBT

Since 2011 – a new legal systematization of healthcare providers

## ENTITIES PERFORMING THERAPEUTIC ACTIVITY

### THERAPEUTIC ENTITIES

### PROFESSIONAL PRACTICES PHYSICIANS / NURSES

#### NON-BUSINESS ENTITIES

#### BUSINESS ENTITIES

#### INDIVIDUAL

#### GROUP

##### BUDGETARY UNIT

(jednostka budżetowa)

Founder: Minister (State Treasury) or territorial self-gov.

##### PUBLIC INDEPENDENT HEALTHCARE INSTITUTIONS

(Samodzielny Publiczny Zakład Opieki Zdrowotnej, SP ZOZ)  
Remnant of the 1991 Act on Health Care Institutions:  
-budgetary independence  
Founder: Minister (State Treasury) or territorial self-gov.

##### MILITARY FACILITIES

performing therapeutic activity

#### OTHER NON-PROFITS

##### RESEARCH INSTITUTE

-legal person  
-created by Prime Minister's executive ordinance

##### FOUNDATION

-legal person  
-founded by assets dedicated for non-profit purpose

##### ASSOCIATION

-legal person  
-group of people organised for non-profit purpose

##### CHURCHES OR RELIGIOUS ORGANIZATIONS

in performing therapeutic activity

##### JOINT-STOCK PARTNERSHIP

(spółka akcyjna, S.A.) - legal person  
-minimum initial capital: 100 000 PLN

##### LIMITED LIABILITY COMPANY

(sp. z ograniczoną odpowiedzialnością, sp. z o.o.)  
- legal person  
- minimum initial capital: 5 000 PLN

##### LTD. JOINT-STOCK PARTNERSHIP

(spółka komandytowo-akcyjna, S.K.A.)  
- „defective legal person”  
-represented by general partner(s) (komplementariusz) –  
-proprietarily responsible  
-minimum initial capital: 50 000 PLN

##### LIMITED PARTNERSHIP

(spółka komandytowa, sp. k.)  
- „defective legal person”  
-represented by general partner(s)  
(komplementariusz) – proprietarily responsible

ORGANISATIONAL ENTITIES, NOT LEGAL PERSONS BUT HAVING LEGAL CAPACITY

#### INDIVIDUAL

One-person business

#### GROUP

##### CIVIL PARTNERSHIP

(spółka cywilna, s.c.)  
civil law contract – not a legal person

##### GENERAL PARTNERSHIP

(spółka jawna, sp. j.)  
- „defective legal person”  
- solidary proprietary liability of partners  
- may be represent by each partner

##### PROFESSIONAL PARTNERSHIP

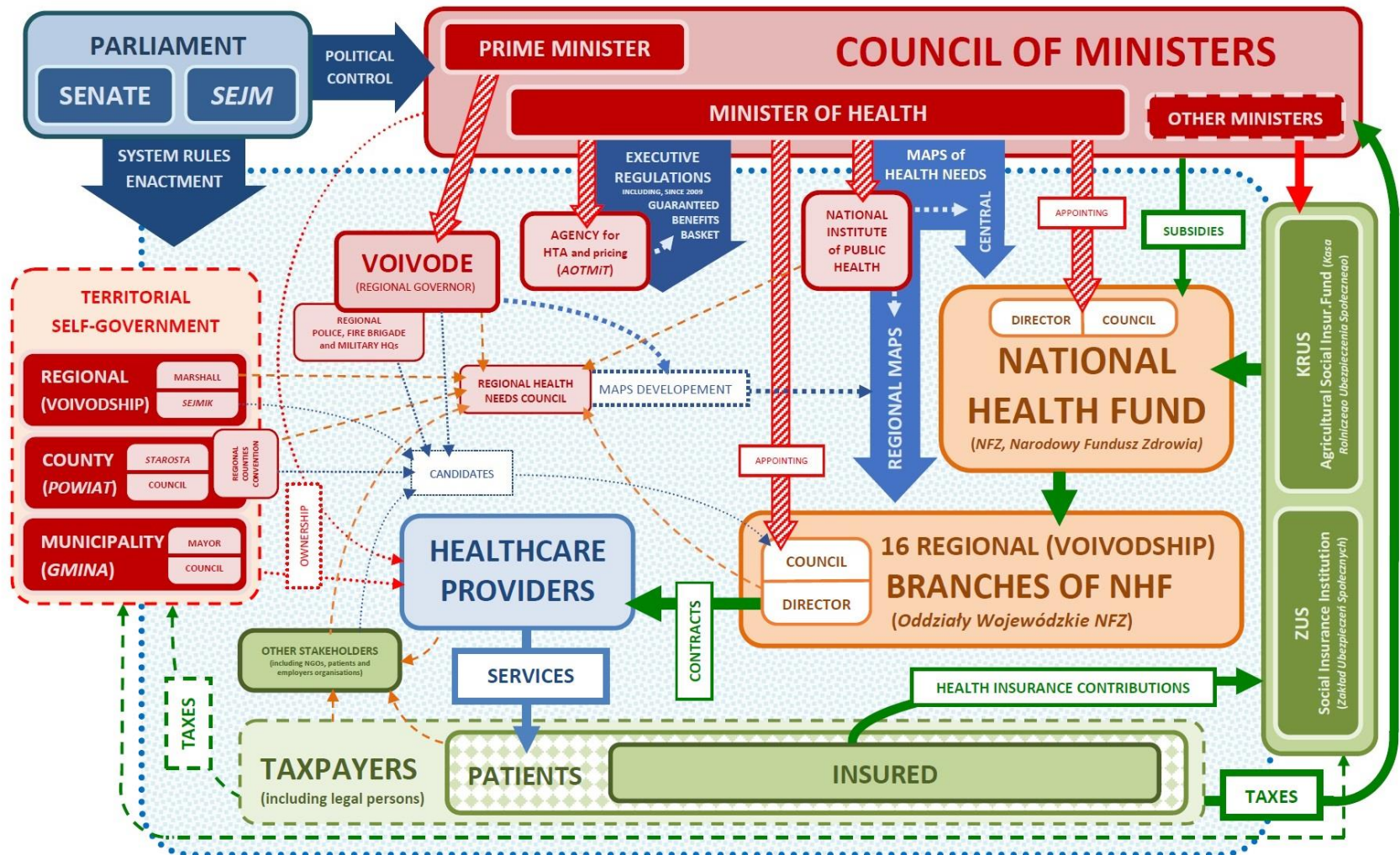
(spółka partnerska, sp. p.)  
- „defective legal person”  
-only by licensed professionals

# REFORM IMPULS:

CONTRACTING OF SERVICES IS NOT BASED ON NEEDS  
BUT ON AVAILABLE RESOURCES (INFRASTRUCTURE,  
HOSPITALS, ETC)

# Health needs maps since 2015

Polish Healthcare System since 2004 (including changes of 2015)



# IOWISZ

- *Instrument Oceny Wniosków Inwestycyjnych w Sektorze Zdrowia (IOWISZ)*
- Evaluation Instrument of Investment Motions in Health Care, (EIIM)
- Electronic tool for coordinating investments in local healthcare providers

# SUMMARY



Public Administration System



NATIONAL HEALTH PROGRAMMES

HOSPITALS OWNERSHIP

MEDICAL COLLEGES

SECURING ACCESS to HC: PROVIDERS OWNERSHIP

H. PROMOTION + SOCIAL ASSISTANCE

OCCUPATIONAL HEALTH CENTERS (ownership)

REGIONAL HEALTH PROGRAMMES

H. PROMOTION FOR SENIORS

Council of Ministers

Prime Minister

Cabinet

minister without de

HOSPITALS OWNERSHIP

Departmental minister

Departmental minister

Governmental supervision

MEDICAL RESCUE + HEALTH NEEDS PLANNING + SUPERVISION

Department (Resort)

Ministry

Technical offices (biura)

Issues offices (departamenty)

Self-Government Adm.

Regional / Voivodeship Level (Województwo)

Voivodeship Self-Government

Voivodship Council (Sejmik)

Voivods. Board

Marshal

Voivode (Wojewoda)

Services / Inspections

Main HQ / Inspectorates

Agencies & Funds

Central

HTA + pricing

Voivodeship HQ / Inspectorates

Voivodeship Branches

Local levels

County (Powiat)

County Council

County Board

Governor (Starosta)

County HQ / Inspectorates

Municipality (Gmina)

Municipality Council

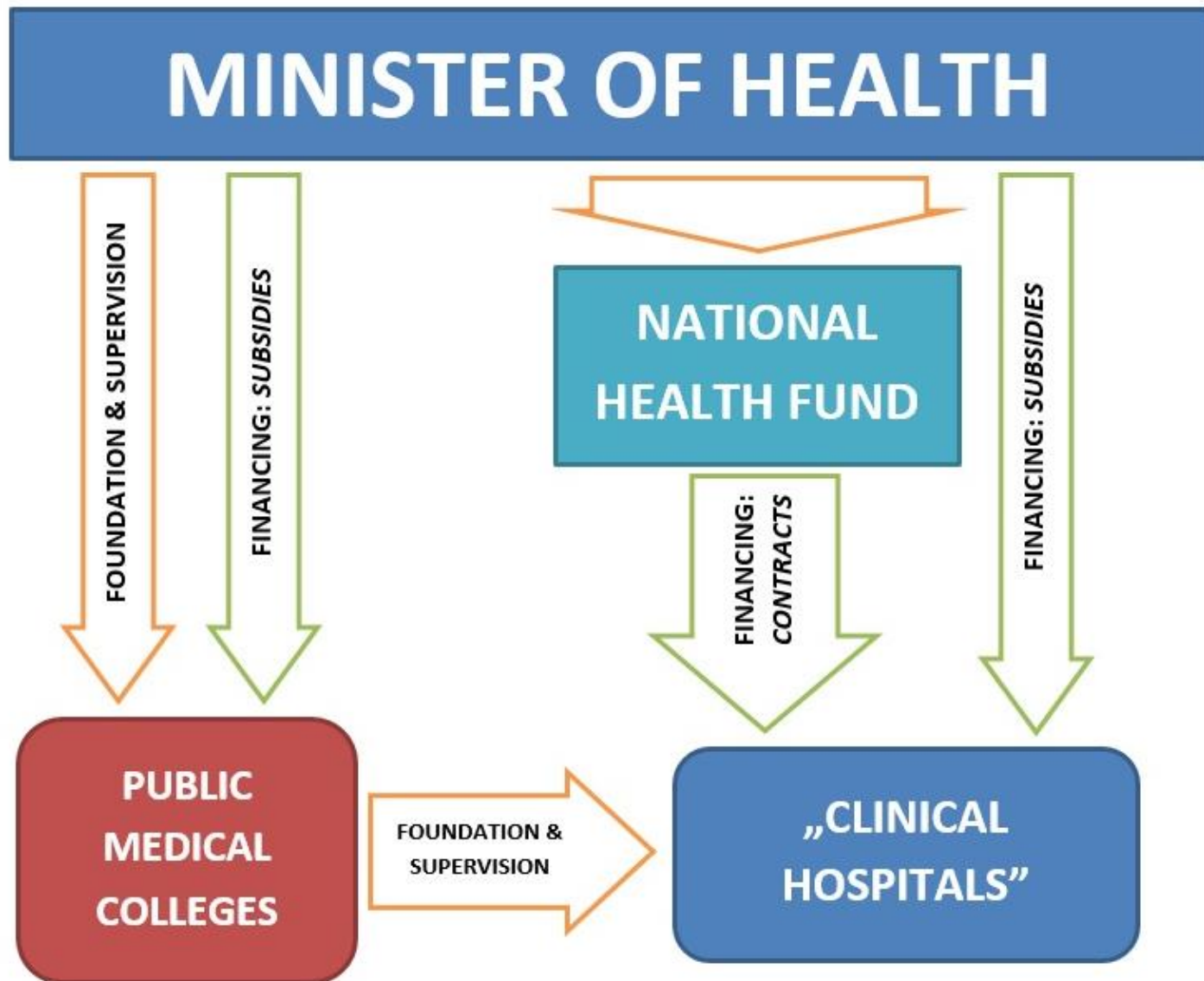
Voit (Wójt) / Mayor (Burmistrz) / President\*

PHARMACEUTICAL INSPECTION

STATE SAN-EPID INSPECTION

FINANCING: NHF + actual pricing

\* Since 2002. Depending on the population of the Municipality





# OTHER URGENT REFORMS IMPULSES:

- CHRONIC UNDERFINDING
- EXCESS OF „LEAN MANAGEMENT”
- MEDICAL PERSONNEL SHORTAGES
- „SILO POLICYMAKING”
- STRUCTURAL EGOISM
- ETC.

