

PROJECT POLICY BRIEF

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The case of Central and Eastern Europe

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Title: **Patient payments in Poland: Preliminary results of focus group discussions and in-depth interviews with health system's stakeholders**

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Patient payments in Poland: Preliminary results of focus group discussions and in-depth interviews with health system's stakeholders

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SUMMARY

Polish patients do not meet formal payment obligations when they use primary care services, out-patient specialists' services and hospital services that are provided within the publicly financed health care sector (except for dental services). However, there are prolonged policy discussions about the introduction of official charges for these services.

As part of project ASSPRO CEE 2007, focus group discussions and in-depth interviews were carried out in Poland in June-October 2009. Their objective was to study the opinion and attitudes toward patient payments in Poland.

Four target groups were considered: health care consumers, health care providers, health insurance representatives and policy-makers. Consumers and providers were approached via focus-group discussions because of the diverse individual characteristics in these groups and potentially diverse opinion. Insurance representatives and policy-makers were approached via in-depth interviews.

The results indicate that formal patient payments are seen in Poland as a tool that could improve health care efficiency and generate additional health care resources. If formal patient payments are voluntary and applied in exchange for higher quality/standard of health care services provided, they could be acceptable to health care consumers. However, the elimination of informal patient payments in Poland by the introduction of official patient charges is doubtful because this requires not only health care reforms but also changes in peoples' mentality.

Key features of the Polish public health care sector

The Polish public health care sector is funded mainly through income-related social health insurance contributions paid for by employees. For some groups of citizens (e.g. farmers, some low-income groups), the insurance contributions are fully or partly financed by the State budget or territorial self-governments budgets. The State and territorial self-governments also finance some health care services and tasks (e.g. emergency care, prevention programmes, mental health protection, investments and medical schooling).

General practitioners in Poland work in private practices and play partially a role of gate-keepers to specialised care (excl. services of gynaecologists, dermatologists, ophthalmologists, psychiatrists, oncologists and dentists). They are reimbursed on a capitation base depending on the age and health status (diabetes and cardio-vascular diseases) of their patients. Night and weekend care provided by general practitioners is paid additionally.

Medical out-patient specialists in Poland are paid on a fee-for-visit base. In case of costly diagnostic services, an additional fee-for-service reimbursement is applied. Hospital in-patient care is provided mainly by public hospitals. However, private for-profit and non-profit hospitals also exist. The hospital funding is based on a DRG system (*Jednorodne Grupy Pacjentów*) which was introduced in 2008 and it is still under a process of improvement.

The public expenditure on health in 2007 was 733 PPP US\$ per capita which accounts for 4.6% of GDP (thus, lower than the European average) and 70.8% of the total health expenditure in Poland (OECD Health Data 2009).

The system of patient payments for public health care services in Poland

Polish patients do not meet formal payment obligations when they use primary care services, out-patient specialists' services and hospital services that are provided within the publicly financed health care sector. However, the costs of dental care to a large extent are covered by the patients. Children and pregnant women are partly exempted from these payments.

There is also evidence on the existence of different forms of informal patient payments: starting from informal payments demanded by providers, through tokens of gratitude, to payments made to a doctor in a private practice for services provided by the same doctor in a public health care unit (e.g. paying for the admission to a public hospital).

There are prolonged policy discussions about the introduction of official patient charges for publicly financed health care services (in addition to charges for dental services), but so far, there is no official document that provides a legislative base for such patient payments.

Research objectives

As part of project ASSPRO CEE 2007, focus group discussions and in-depth interviews were carried out in Poland in June-October 2009. The objective was to study the opinion and attitudes toward patient payments and to identify criteria important for the assessment of patient payment policies.

Target groups

The following target groups were included in the study:

- Health care consumers, incl. working individuals, families with children, pensioners, students, disable and chronically sick individuals and individuals living in rural areas.
- Health care providers, incl. GPs, out-patient specialists, physicians and nurses in city hospitals, GPs practicing in rural areas and physicians in district hospitals.
- Health insurance representatives, incl. social health insurance representatives at national and regional level as well as private insurance representative.
- Policy-makers, incl. health policy-makers at national and regional level, and financial policy-maker at national level.

Research approach and process of data collection

Data among health care consumers and providers were collected via focus group discussions. Since these target groups are rather large and diverse, focus groups discussions could allow including more individuals. In order to assure certain homogeneity of each focus group, 6 focus groups were organised with representatives of different clusters of consumers (7-9 participants per focus group), as well as 6 focus groups with representatives of different health care providers (5-7 participants per focus group). The groups were defined based on the description of these two target groups presented above.

Face-to-face semi-structured in-depth interviews were carried out in order to collect data among policy-makers and health insurance representatives. The choice of the data-collection method was made considering relatively small size of these target groups, difficulties in approaching them, as well as the comfort of the participants during a face-to-face interview. As a result, 5 in-depth interviews were carried out with policy-makers and 5 in-depth interviews with health insurance representatives.

For the purpose of the focus group discussions and in-depth interviews, a list with key questions was developed based on a preliminary literature review. The key questions differed slightly between the target groups to reflect the specificity of a given target group. The key questions were used to develop guides for focus group discussions and in-depth interviews, as well as a standardised questionnaire to collect additional quantitative data on the topic.

The following issues were discussed:

- perceptions and attitudes toward formal patient payments;
- opinions about the objectives and design of patient payments;
- criteria for the assessment of patient payment policies;
- perceptions and attitudes toward informal patient payments;
- relation between formal and informal patient payments.

Identical focused-group discussions and in-depth interviews were carried out in other Central and Eastern European countries included in the project –Bulgaria, Hungary, Lithuania, Romania and Ukraine.

Key messages from the study

The study results suggest that:

- Health care consumers are generally against formal patient payments. However, they would accept some voluntary payments for better access and quality of the health care services, which they use.
- Health care providers advocate formal patient payments. In their opinion, these payments would discourage unnecessary service use and would improve the financial status of the health care units.
- Health insurance representatives see formal patient payments as an opportunity to develop supplementary private health insurance.
- Policy-makers perceive patients payment as an efficiency improving tool. However, they recognise that the main focus with regard to efficiency improvement should be on supply-side measures.

The opinion of health care consumers in Poland

Majority of health care consumers are against the implementation of formal patient payments in the Polish public health care system. As a justification of their opposition, consumers mention the high health insurance contribution which they pay even when they do not use health care services, as well as the poor management at the level of social insurance institutions. Health care consumers would accept formal patient charges if they are voluntary and in exchange for higher quality/standard of health care services provided to them. Majority of consumers accept the payments for dental services, which exist in Poland: "We know what we pay for".

According to consumers, if formal patient payments exist in Poland, the revenue generated from these payments should be retained and used by the provider (e.g. hospitals and clinics) because this could create incentives for better performances and competitions. Consumers do not trust the governance of the Polish public health care system, especially the National Health Funds and the Social Insurance Institution, which collects the health insurance contributions.

The opinion of health care providers in Poland

Health care providers advocate the implementation of formal patient payments. Their experience shows that patients are often demanding unnecessary services, mostly in case of visit to emergency hospital units, hospitalisation of elderly and specialist tests. They perceive formal patient payments as an adequate measure to discourage patients from using unnecessarily the health care services, as well as to improve the financial status of the health care units.

According to health care providers, formal patient payments should be applied to all type of services since all health care providers face the problem of insufficient financial resources. They are against a broad exemption policy (or even against any exemptions) because the assessment of eligibility for exemptions is difficult and exemptions could create an undesirable motivation for the patients. Providers doubt whether formal patient payments could replace the informal payments existing in the system. According to them, the elimination of informal patient payments is a long term process that requires not only health care reforms but also changes in peoples' mentality.

The opinion of health insurance representatives in Poland

According to health insurance representatives, formal patient payments should be introduced in Poland primarily as a measure to improve efficiency within the health care system. They observe unnecessary demand for health care services, which in their opinion results from the behaviour of patients who are not aware of the actual health care costs but also due to providers who induce such demand.

Health insurance representatives express diverse opinions about the scope of services to which patient payment should be applied, as well as about the type of patient payments. However, they agree that in case of primary care services, the patients' access should be assured. Thus, official patient charges for these services (if any) should be very low. Health insurance representatives express the opinion that the implementation of formal patient payments should be accompanied by adequate equity protection mechanism for vulnerable groups (e.g. low-income people and children). Health insurance representatives see the implementation of formal patient payments as an opportunity to develop supplementary private health insurance, which would cover the costs of patient payments.

The opinion of policy-makers in Poland

Policy makers indicate two main reasons for the introduction of formal patient payments in Poland: first of all, improving the efficiency in health service use, and secondly, generating additional revenues for the health care system. However, some of them admit that patient payments should be only a supporting measure to increase health care efficiency, and the main focus with regard to efficiency improvement should be on supply-side measures.

In terms of the design of formal patient payments, some policy makers think that the payments of vulnerable groups for the use of health care services should be reimbursed by the social system. The exclusion of some type of services (primary care and/or emergency services) from patient payments should be considered. According to policy makers, co-payments are the most preferable type of patient payments mainly due to their simplicity. However, to set up an adequate level of patient payments, a broad range of analyses would be required. Policy makers admit that the introduction of official patient payments is politically impossible at the moment.

Overall policy recommendations

- Formal patient payments in Poland are seen as a policy tool that could play a role in the improvement of health care efficiency and for the generation of additional resources for health care provision.
- However, the implementation of formal patient payments cannot be treated as a remedy for the efficiency and sustainability problems in the Polish health system. Supply-side measures should be considered.
- If formal patient payments are voluntary and in exchange for higher quality/standard of health care services provided, they would be acceptable to health care consumers.
- The elimination of informal patient payments is a long process that requires not only health reforms but also changes in peoples' mentality.

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