

# Patient payments in Poland

*Results of focus group discussions  
and in-depth interviews  
with health system's stakeholders*

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SEVENTH FRAMEWORK  
PROGRAMME



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# Health care system in Poland

- **Sources of funding:** social health insurance contribution paid for by employees (58.6%), State budget (8.3%), territorial self-governments (4.0%) , out of pocket (24.3%), employers (3.4%), private health insurance (0.5%), non-commercial private institution (0.9%)
- **Pooling of resources:** National Health Fund with 16 regional branches
- **Purchasing of health care services:** GPs (capitation based payment), outpatients specialist (fee for visit), hospital care (case based payment)
- **Provision of health care services:** private practices of GPs (limited gate keeping function), public/private outpatient specialists; mostly public hospitals

## Formal patient payments in Poland

- No patient payments for primary care services, out-patient specialists' services and hospital services
- Patient payment for dental care services

# Informal and quasi- informal patient payments in Poland

- Cash payments demanded/non -demanded by providers
- Gifts in kind as a token of gratitude
- Mis-referral of patients to private practice
- In- kind medical supplies/medicines

## Health care consumers

(n=47)

- working individuals
- families with children
- pensioners
- students
- disable and chronically sick
- individuals living in rural areas

## Health care providers

(n=36)

- GPs in a city and in rural areas
- out-patient specialist
- physicians and nurses in city hospitals
- physicians in district hospitals

## Health policy makers

(n=5)

- Central: Ministry of Health, Monetary Policy Council
- Regional: Małopolskie Voivodeship, Municipality of Krakow

## Health insurance representatives

(n=4)

- Public: NFZ (central and regional: Kraków, Opole)
- Private insurer

**Focus group discussions**

**In-depth interviews**

## Results of FGDs: Health care consumers

- Formal patient payments should not be introduced (due to high health insurance contribution and poor management at the level of social insurance institutions).
- There is willingness to accept voluntary payments in exchange for higher quality/standard of health care services.
- Such payments should be retained and used by the providers (as an incentive for better performances and competitions).
- Payments for dental services are generally accepted (though they should be lower).

## Results of FGDs: Health care providers

- Formal patient payments are an adequate measure to discourage patients from using unnecessarily the health care services and to improve the financial status of the health care units.
- Patient payments should be applied to all type of services since all health care providers face the problem of insufficient financial resources (opinion of physicians)
- Exemption mechanism for the vulnerable groups of population should be limited as they create an undesirable motivation for the patients (opinion of physicians)
- Introduction of formal patient payments will not eliminate the informal payments existing in the system.

## Results of IDIs: Health policy makers

- There are two main reasons for the introduction of formal patient payments: improving the efficiency and generating additional revenues for the health care system.
- Patient payments should be applied only as a supporting measure for efficiency improving supply-side tools.
- Simplicity and feasibility of the implementation should be the guiding objective when designing patient payments system.
- Protection of vulnerable groups of population against adverse effects of payments should be ensured by social system.
- The introduction of official patient payments is politically impossible at the moment.



## Results of IDIs: Health insurance representatives

- Patient payments should be introduced primarily as a measure to improve efficiency within the health care system.
- Unnecessary use of health care services is a result of both supply-induced demand as well as patients' behaviours who are not aware of the actual health care costs.
- Implementation of patient payments should be accompanied by adequate equity protection mechanisms for vulnerable groups and exclusion of the essential services.
- Implementation of formal patient payments is an opportunity to develop complementary private health insurance.

# Conclusions

- There is an opposition among patients toward introduction of obligatory formal patient payments in Poland.
- Health care providers are advocates of formal patient payments though physicians are more radical in their opinions than nurses.
- Policy makers are aware that their implementation cannot be treated as a remedy for sustainability problems in the Polish health system.
- The elimination of informal patient payments is a long process that requires not only health reforms but also changes in people's mentality.
- There is a lack of trust in social insurance institutions among consumers and a lack of knowledge on how the health insurance system works.



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