Grundlagen des polnischen Gesundheitssystems

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Short history of health reforms

Background
Health care delivery
Health care financing
Key issues
**CEE health care systems in 1990**

- **Central government**
  - General taxation
  - *Hierarchical subordination & limited resource allocation*
- **Population**
  - *Limited choice*
- **Public providers**
  - (hospital bed numbers high, provider incentives low)

**CEE health care systems in 2005**

- **Health insurance fund**
  - *Insurance contributions*
  - *Ressource allocation based on contracts*
- **Insured population**
  - *Increased choice*
- **Providers:**
  - public-private mix
Short history of health reforms 1

- 1989 Round Table Discussion - change of political and economic system including adoption of „Directions in organization and financing of health care” to improve population health

- 1991 Decentralisation of management and ownership of health care units
  - Equal status of private and public sectors in contracting for public finances
  - Introduction of primary health care (family medicine)

Short history of health reforms 2

- 1997 Act to introduce social health insurance (2 years of vacatio legis)

- 1999 Introduction of 17 Sickness funds: contribution rate of 7.5% in time of economic crisis and high unemployment

- 2002 National Health Fund (NHF) created

- 2003 NHF Act ruled unconstitutional

- 2004 Revised NHF Act:
  - Strengthened role of MoH
  - Consumer and provider involvement
  - Official waiting lists established
  - Contribution rate now at 8.0%
Short history of health reforms

Macro-economic indicators

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<tbody>
<tr>
<td>GDP growth rate (%change)</td>
<td>-7.0</td>
<td>2.6</td>
<td>7.0</td>
<td>6.0</td>
<td>4.8</td>
<td>4.1</td>
<td>4</td>
<td>2</td>
<td>1.3</td>
<td>-</td>
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<tr>
<td>Annual inflation rate</td>
<td>70.3</td>
<td>43.0</td>
<td>27.8</td>
<td>19.9</td>
<td>11.8</td>
<td>7.3</td>
<td>10.1</td>
<td>5.5</td>
<td>1.7</td>
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<tr>
<td>Real GDP per capita PPP US$</td>
<td>4500</td>
<td>4994</td>
<td>7003</td>
<td>7383</td>
<td>8472</td>
<td>8989</td>
<td>9529</td>
<td>9450</td>
<td>10800</td>
<td>11350</td>
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<tr>
<td>Annual index of real wages (1989 base=100)</td>
<td>75.4</td>
<td>73.3</td>
<td>73.7</td>
<td>77.9</td>
<td>85.2</td>
<td>109.3</td>
<td>110.8</td>
<td>114.3</td>
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<td>Registered unemployment</td>
<td>11.8</td>
<td>13.6</td>
<td>15.2</td>
<td>13.2</td>
<td>10.4</td>
<td>13.0</td>
<td>15.1</td>
<td>17.4</td>
<td>18.1</td>
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Source: UNICEF TransMONEE database; WHO Regional Office for Europe health for all database 2005.
Short history of health reforms

Background

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Key issues
Changes in health care delivery

• Number of hospital beds decreased by 25%
• Staff decreased from ~800,000 to ~650,000
• Increase of number of hospitalizations
• Increased consumption of innovative drugs (reimbursement growth 11.5 to 19%) – but lack of control mechanisms
• Introduction of contracting procedures replacing budgets

Decentralisation and market mechanisms

• 1991 Service providers – change of legal status from central governmental to local government
• 1996 Introduction of contracting mechanism for health services
• 1997 Contracting with private entities allowed
• 1999 Contracts with Sickness Funds

In parallel:
• 1995-1997 Development of electronic programme for Medical Services Registration, interrupted in 1998

National Health Fund: horse or carriage?
Number hospitalizations per 10 000 population
1980-2001

Source: CIOS, 2003

Drug consumption per one citizen in 1999

Source: AMIS 2002
Number of Physicians per 100000 population

Source: WHO EURO HFA DB 2003

Short history of health reforms

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Expenditures on health per one citizen (PPPs) in European countries

Source: WHO EURO HFA DB

Total health expenditure as % of gross domestic product (GDP)

Source: WHO EURO HFA DB 2004
Expenditures on health care (PPP$) on one citizen and life expectancy in European Union member states and in Poland - 1999 r., Belgium - 1996 r., Sweden - 1998 r.

Source: B. Woźniak, PZH 2000

Changes in health care costs

Source: P. Goryński, B. Woźniak, PZH 2004
An often quoted problem: pharmaceutical expenditure

- expenditure is high - and often rising – in Poland 2.4% of GDP
- main problem: many drugs are imported and OECD-priced
- delisting & co-payments not without dangers – in Poland less than 1/3 of drug costs reimbursed by NHF

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Key question: Why were 17 Sickness Funds merged in one National Health Fund in 2002?

- Public dissatisfaction after introducing sickness funds
- Political agenda
- Centralization of health system
- “Strengthening” control functions of Minister of Health on health politics and financing
- Opportunity to introduce new people to the Health Fund management

Key issues

- Levels of public funding for health care have not kept pace with GDP growth, falling slightly as a proportion of GDP since 1995
- Private expenditures account for 30 - 40% of total expenditures on health care
- Majority of private spending goes on drugs and medical devices, which are only partially covered by the NHF benefits package
- Informal payments are widespread
Current developments

Parliamentary elections in October 2005

• The two coalition parties have very different ideas about health reforms:
  
  • Majority party (PiS) wants to return to tax-based financing, budgetary resource allocation and a strong MoH
  
  • Coalition partner (PO) favours privatization....

Weiterführende Literatur


demnächst auch als pdf auf:

www.observatory.dk oder http://mig.tu-berlin.de