



Access to healthcare in the EU the Polish example

CONSENSUS MEETING ON ACCESS AND EQUITY FOR PATIENTS

Warsaw – 3 December 2013

*Health and
Consumers*

DG SANCO
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Structure of the presentation

1. *Access to healthcare*
2. *European Commission analysis*
3. *A more in-depth analysis*
4. *Reflection*

**Poland
as
example**

Equitable access to high quality healthcare

- *Consensus on a principle – Council Conclusions 2006*
- *But missing elements:*
 - **equal development of quality strategies across EU**
 - **clear and transparent information on quality of healthcare**
confidence of EU citizens on good quality healthcare in EU
- *How to address them?*
- *How to measure access?*



The European Semester - Health in the Staff Working Document for Poland

Pressing issues to be addressed in the Polish healthcare system relate to limitations in access to care and cost inefficiencies.⁵ This is of particular importance, as healthcare spending is expected to grow considerably in the medium to long term, increasing the burden on public finances. Poland has limitations in access to care, especially for specialised treatment. The country has an above EU average number of acute hospital beds per 1000 inhabitants (4.4 in Poland versus 3.6 in the EU), but relatively few general practitioners. This implies cost-saving potential by shifting relatively costly hospital care towards primary and ambulatory care and strengthening the role of general practitioners as gate-keepers to further levels of care. In recent years, the Polish health sector has been undergoing a restructuring, with incentives to commercialise hospitals, some privatisation of healthcare institutions and recent attempts to improve the indebtedness of medical entities. However, more efforts are needed to enhance the efficiency and quality of public spending. In particular, cost efficiency within hospitals could be improved, for example, by linking remuneration to performance and improving management skills. Enhanced computerisation, leading to better information, communication and monitoring systems could further foster cost efficiency gains in the sector.

Evidence on access in Poland

1. Health Systems in Transition 2011

European Observatory on Health Systems and Policies

Main issues:

- *Specialist and dental care*
- *Urban vs. Rural*

2. OECD* - 2013

Main issues:

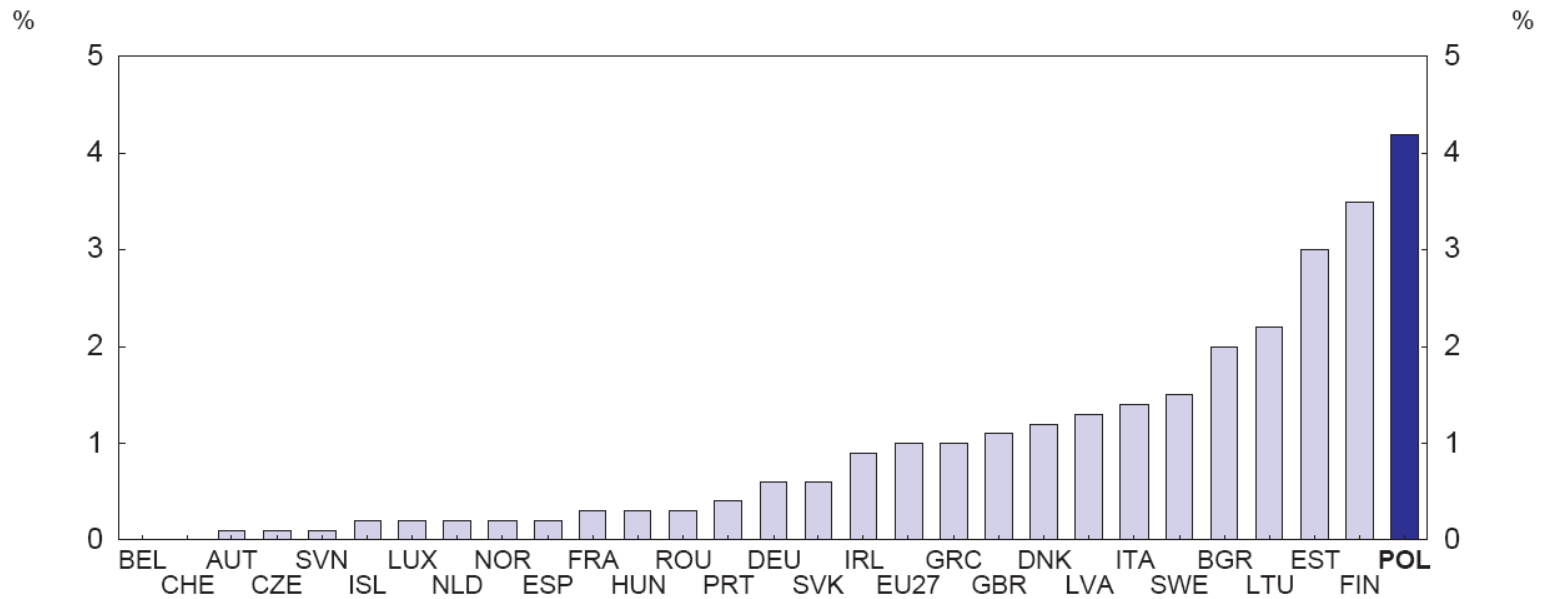
- *Substantial limitations in access to care;*
- *Reducing persistent inequalities;*
- *Strengthening the gate-keeping function played by generalists;*

** Boulhol, H. et al. (2012), "Improving the Health-Care System in Poland", OECD Economics Department Working Papers, No. 957, OECD Publishing.*

<http://dx.doi.org/10.1787/5k9b7bn5qzvd-en>

Impact of waiting times on access

Figure 13. **Waiting times restrict access to medical care in Poland¹**



1. Unmet needs in medical care due to excess waiting, as a percentage of population aged 16 and over.

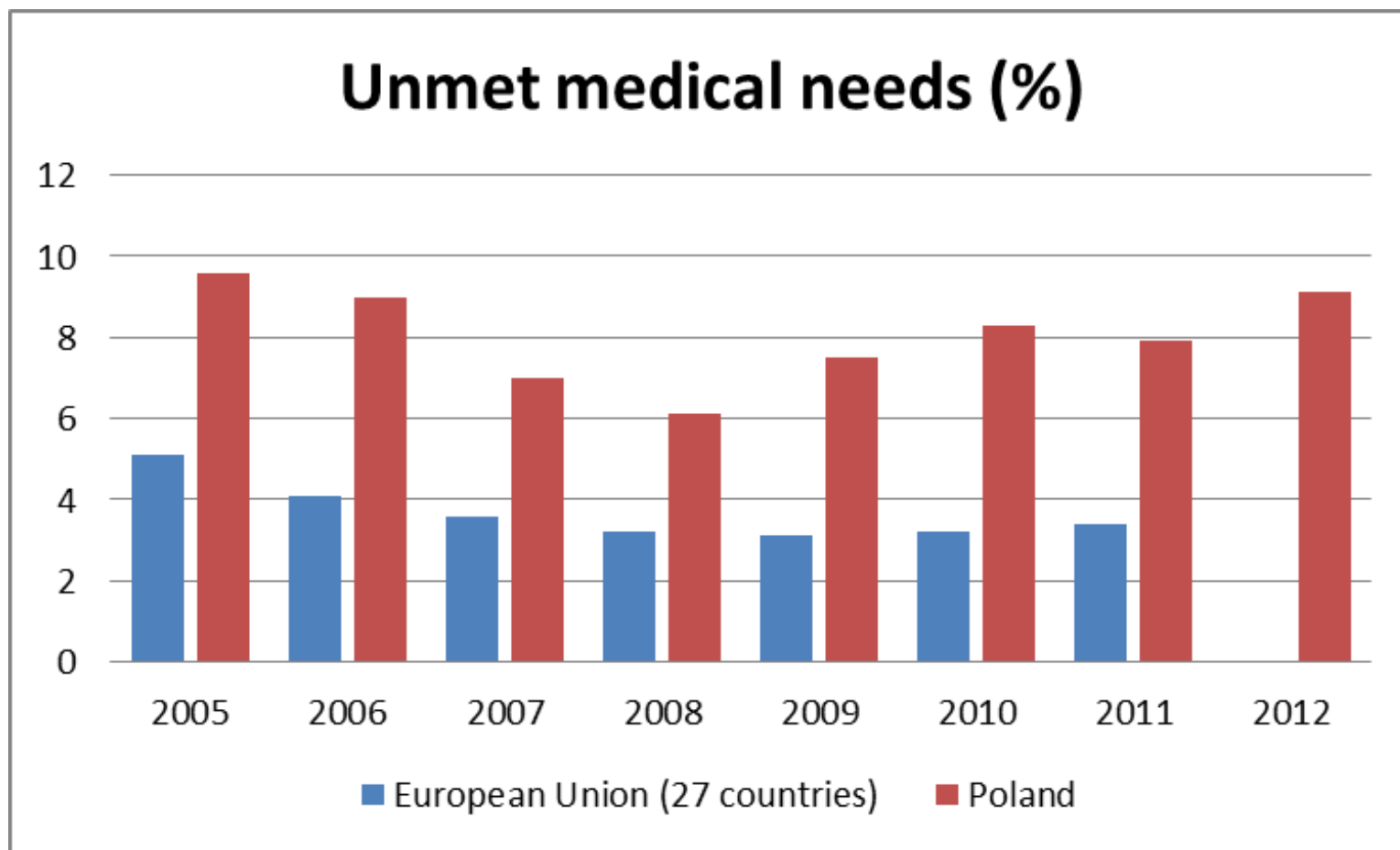
Source: Eurostat, SILC database.

3. European Commission - Joint Report on Health Systems

Main issues:

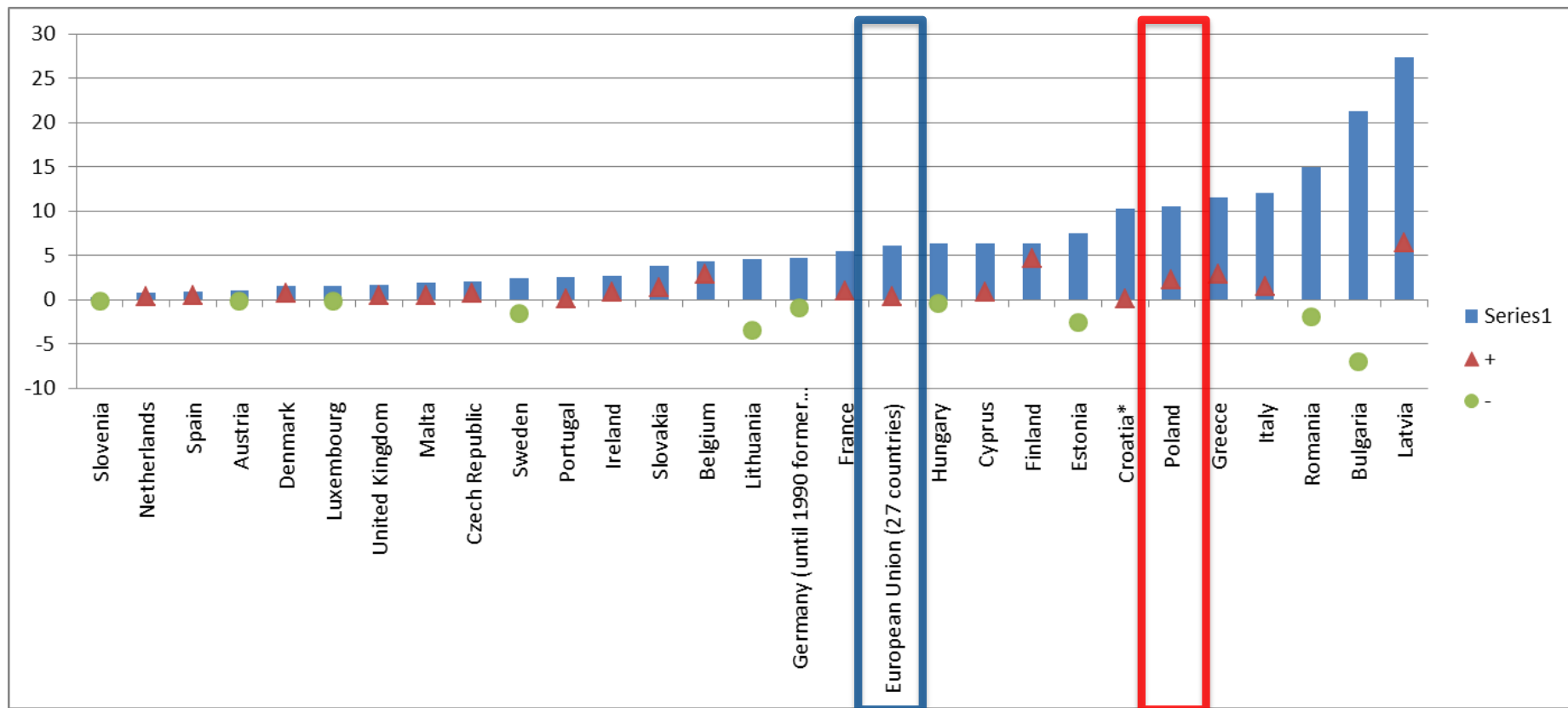
- *Financing of health care*
 - **improve access and quality of care**
 - **improve distribution between population groups and regional areas**
- *Human resources strategy that tackles spatial/regional disparities*
 - **ensures sufficient numbers of staff**
 - **staff and population ageing**
 - **retains staff to the sector and to the country.**

Access to healthcare



Source: Eurostat - SILC

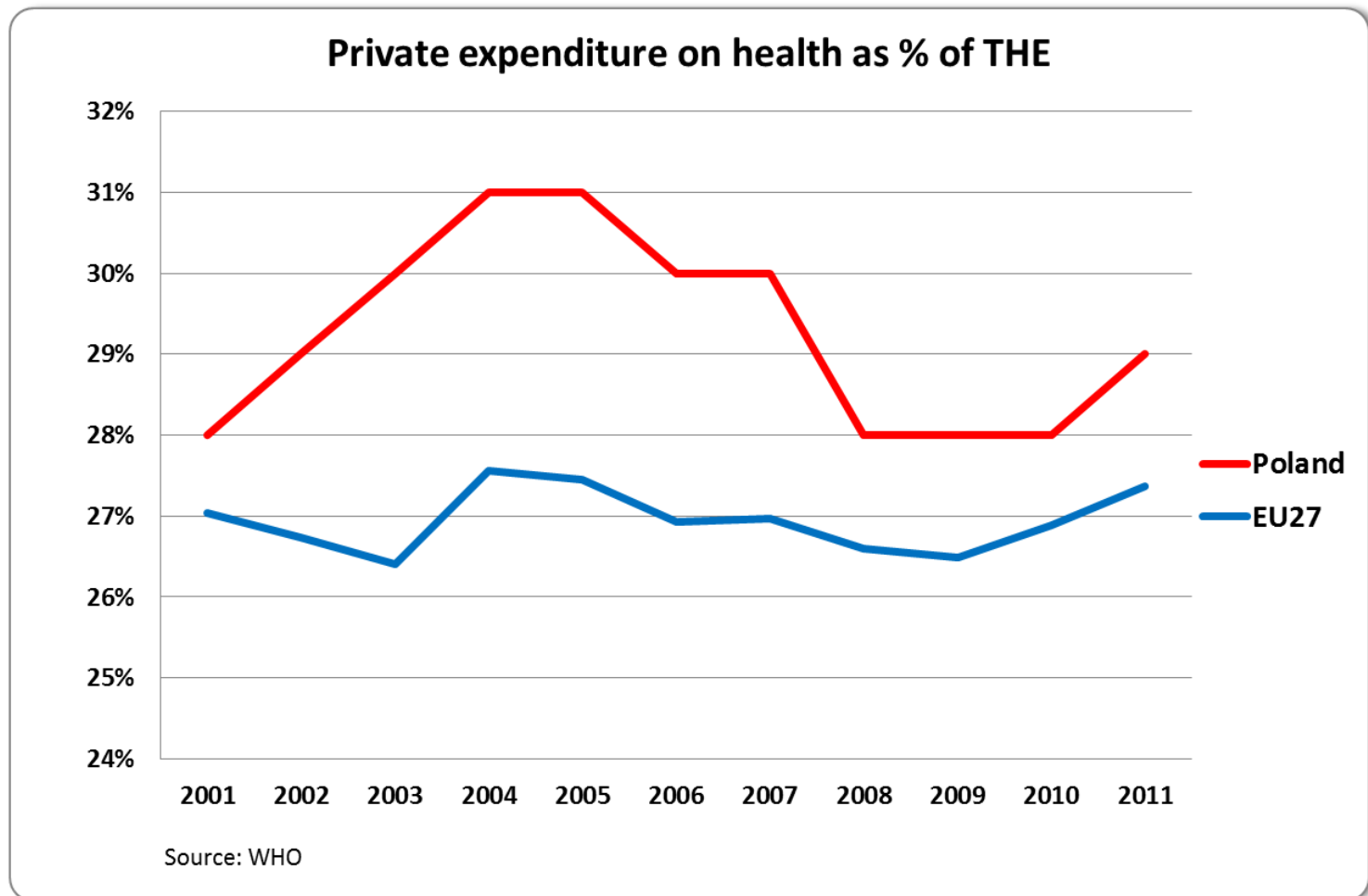
Unmet needs for medical examination in the EU



Source: Eurostat - SILC

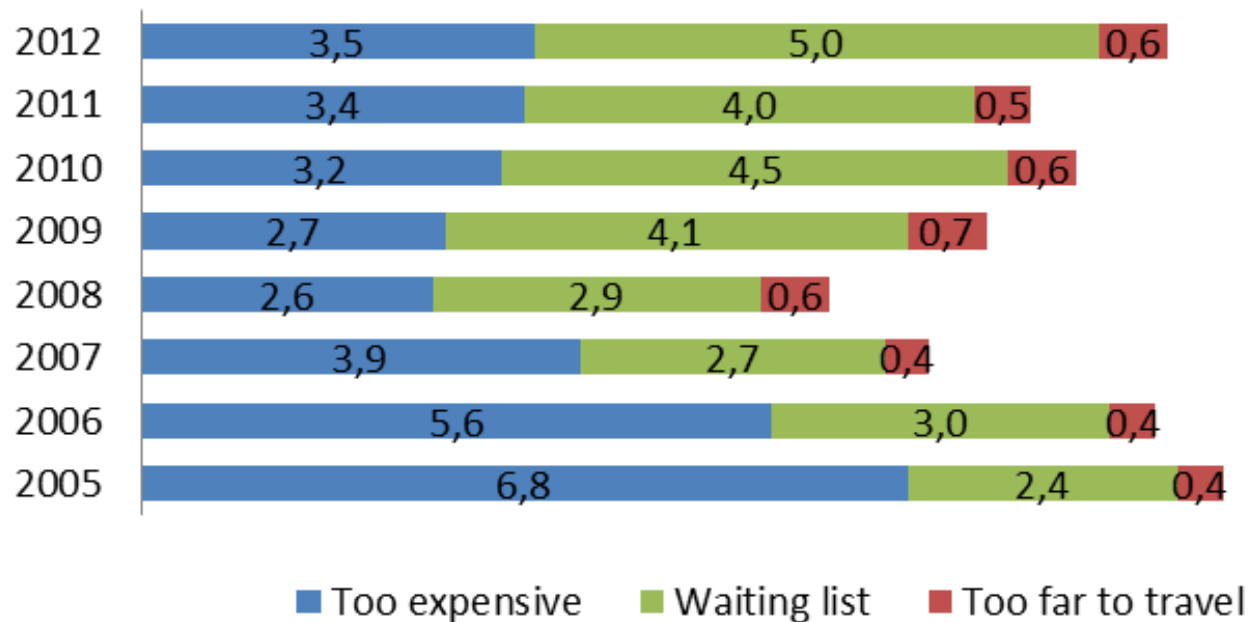
Access to healthcare

Level of put-of-pocket payments can contribute to restricting access



Access to healthcare

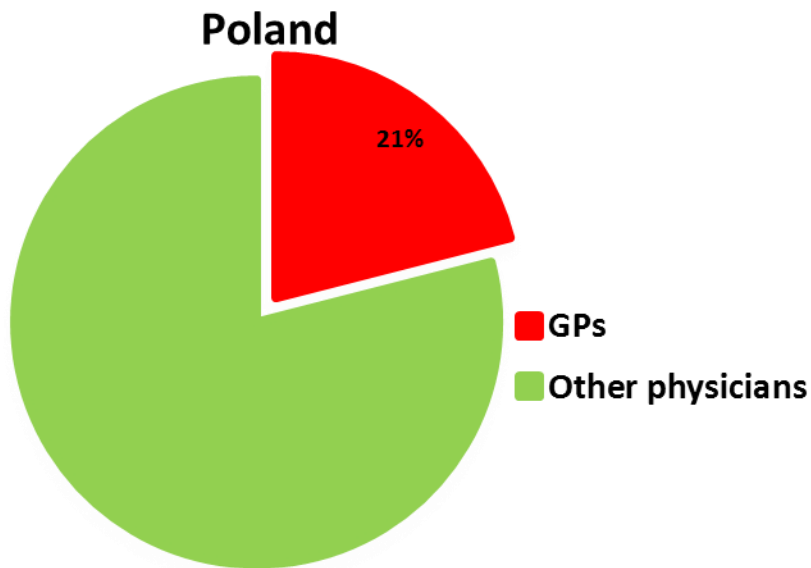
Unmet medical needs Poland by reason (%)



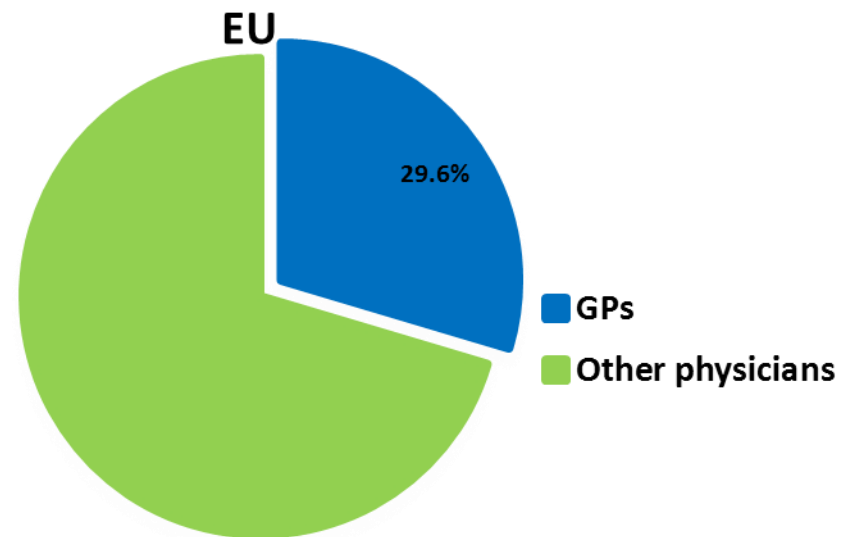
Source: Eurostat - SILC

Resources – possible impact on access

Percentage of GPs in total physicians



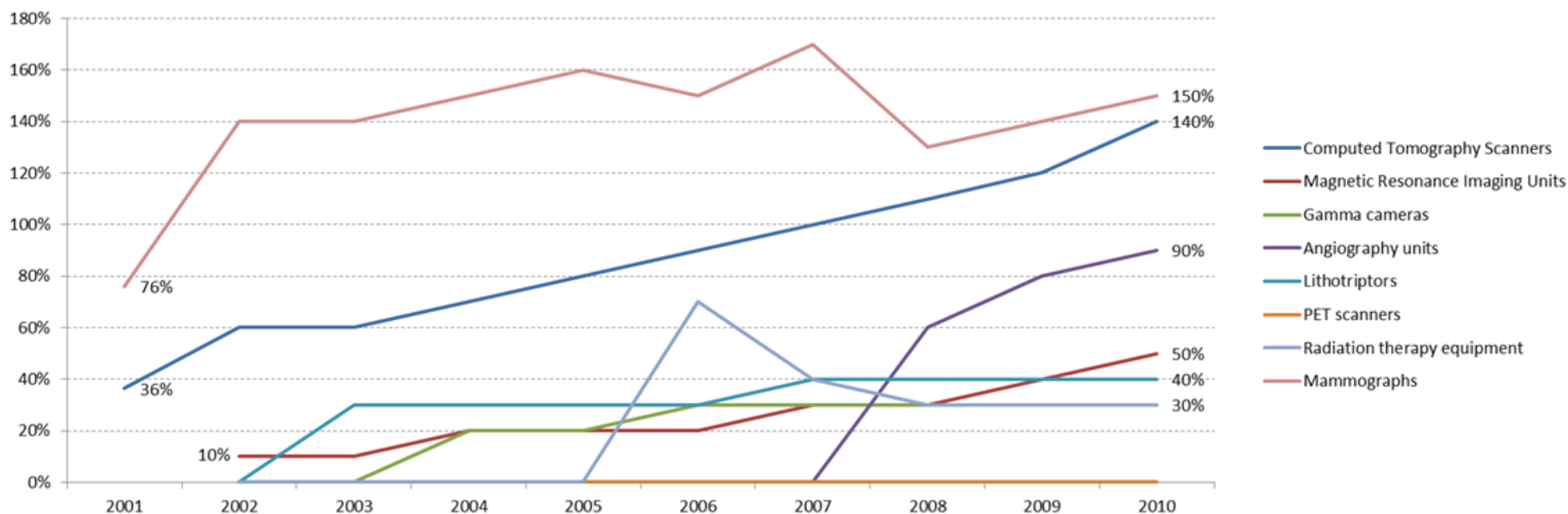
Percentage of GPs in total physicians



Source: OECD Health Data 2012; Eurostat Statistics Database; WHO European Health

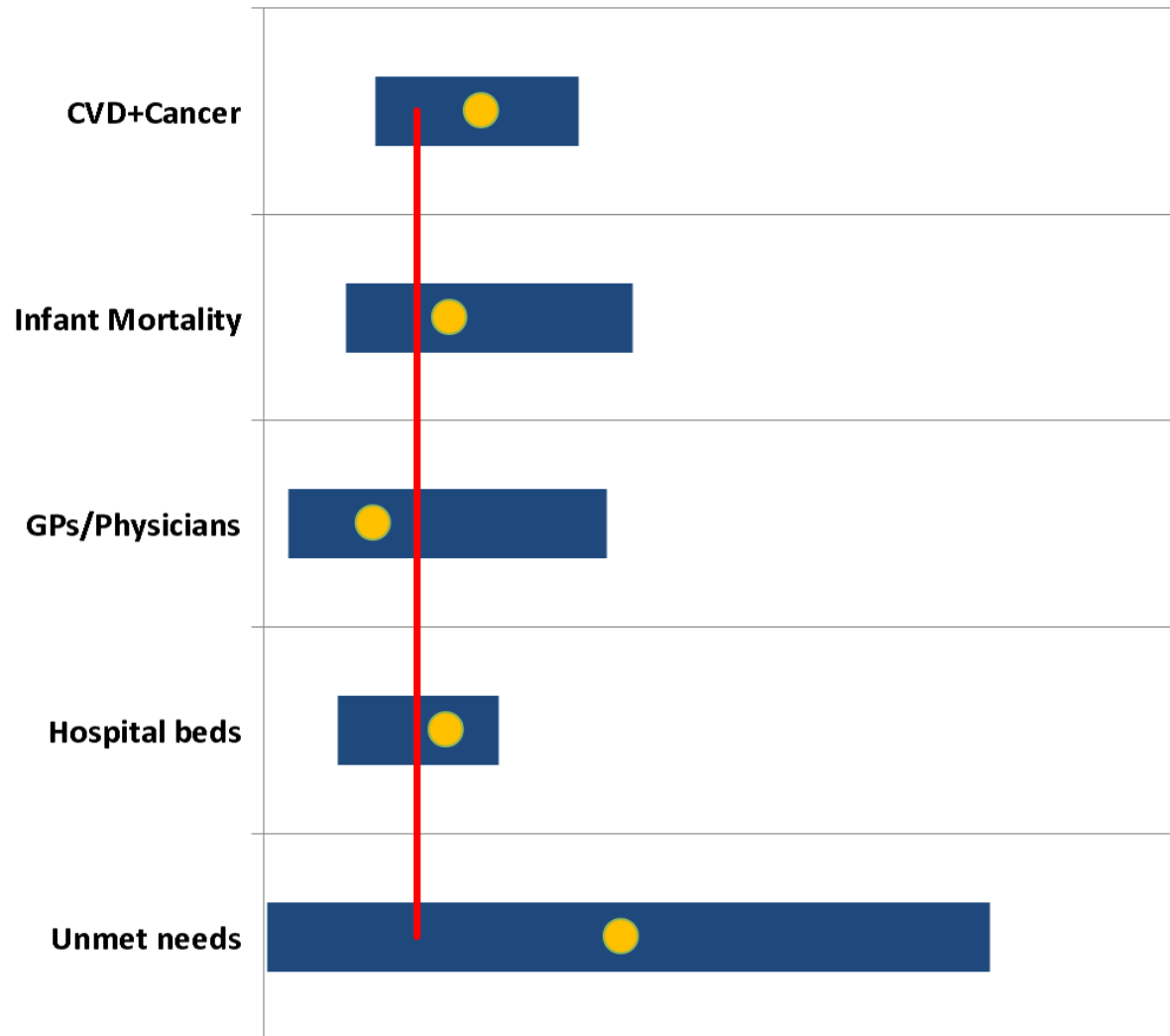
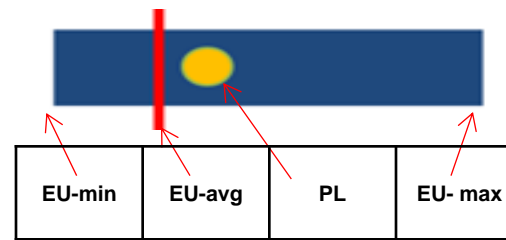
Resources – possible impact on access

Medical technology, per 100,000 capita rates: PL as a % of EU MS average (average excl. PL)



Source: Eurostat, data as last updated on 23/08/12, data availability across technology types: 33% of EU MS reporting in 2001, 66% in 2010

Overview – Poland



Main challenges:

- **Health promotion and disease prevention**
- **Human resources strategy**
- **Hospital beds**
- **Access – groups, geographic areas, waiting time**

Internal analyses

Need for:

- **More in-depth analysis**
- **Comparable data**
- **Establishment of priorities for action**

Health outcomes

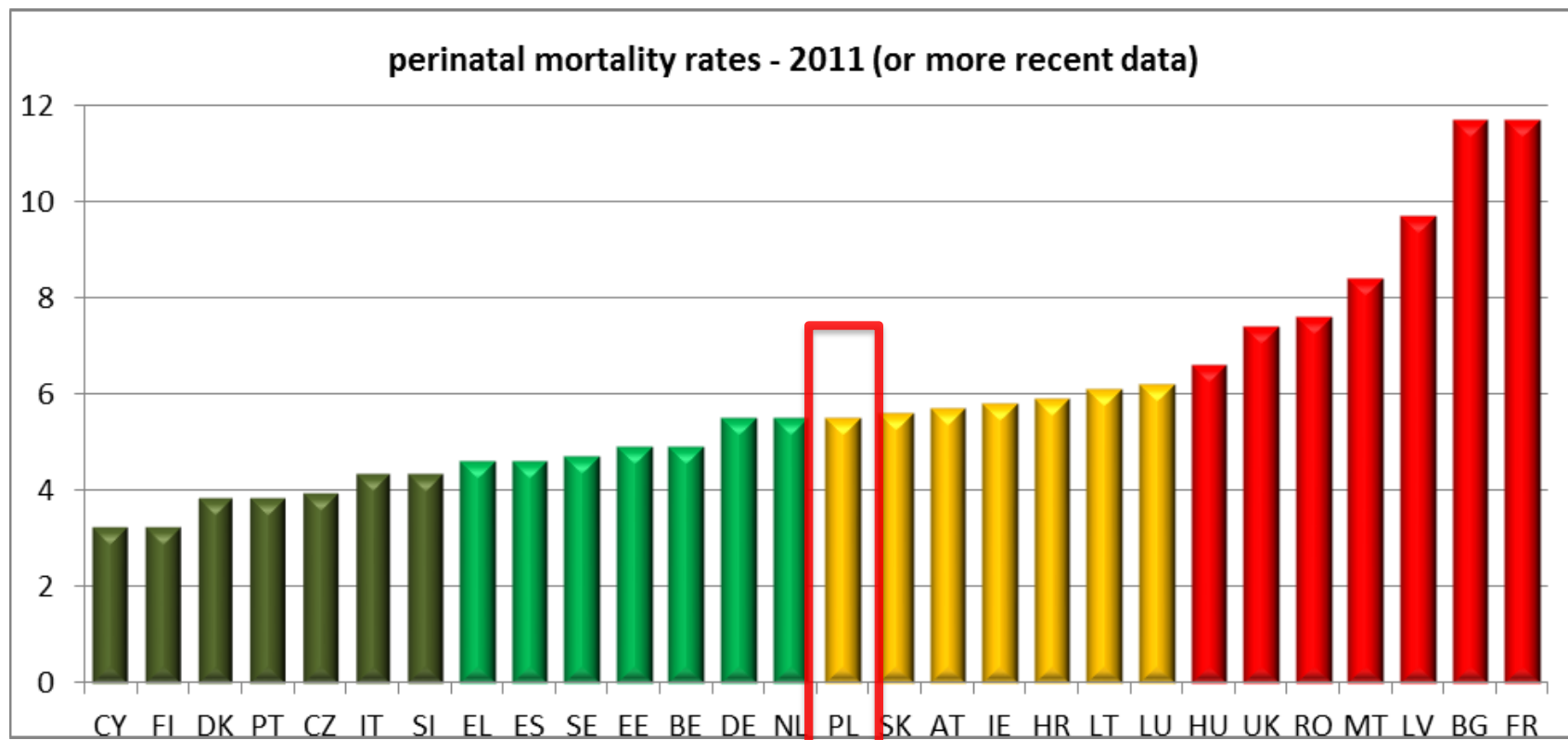
Table 2: summary of health outcome indicators

	perinatal mortality	breast cancer screening	avoidable mortality	communicable diseases
BE	-0,38	-0,70	-0,59	-0,38
BG	2,23	1,40	1,62	1,45
CZ	-1,06	0,53	0,43	1,20
DK	-1,14	-0,77	-0,33	0,24
DE	-0,03	0,33	-0,83	-1,16
EE	-0,38	-0,04	0,49	1,28
IE	0,13	-0,62	-0,85	1,92
EL	-0,57	0,53	-0,41	-1,20
ES	-0,57	-0,74	-0,51	-0,26
FR	2,23	0,32	-1,02	-0,58
HR	0,18	0,49	0,77	0,35
IT	-0,77	0,11	-0,90	-0,96
CY	-1,66	0,10	-0,85	-1,69
LV	1,67	0,82	1,84	0,23
LT	0,28	1,50	1,56	0,24
LU	0,33	0,25	-0,58	0,21
HU	0,51	0,55	1,85	-1,39
MT	1,24	1,15	-0,56	-0,36
NL	-0,03	-1,54	-0,52	1,24
AT	0,08	-1,34	-0,98	-0,14
PL	-0,03	0,21	0,78	-0,98
PT	-1,14	-0,76	-0,11	-0,82
RO	0,94	1,73	1,83	-1,29
SI	-0,77	-1,90	-0,18	-0,31
SK	0,02	1,55	1,10	0,32
FI	-1,66	-1,96	-1,09	-0,04
SE	-0,50	-0,44	-1,10	0,98
UK	0,86	-0,75	-0,84	1,90

Source: Eurostat, OECD, ECDC, Commission services' elaboration

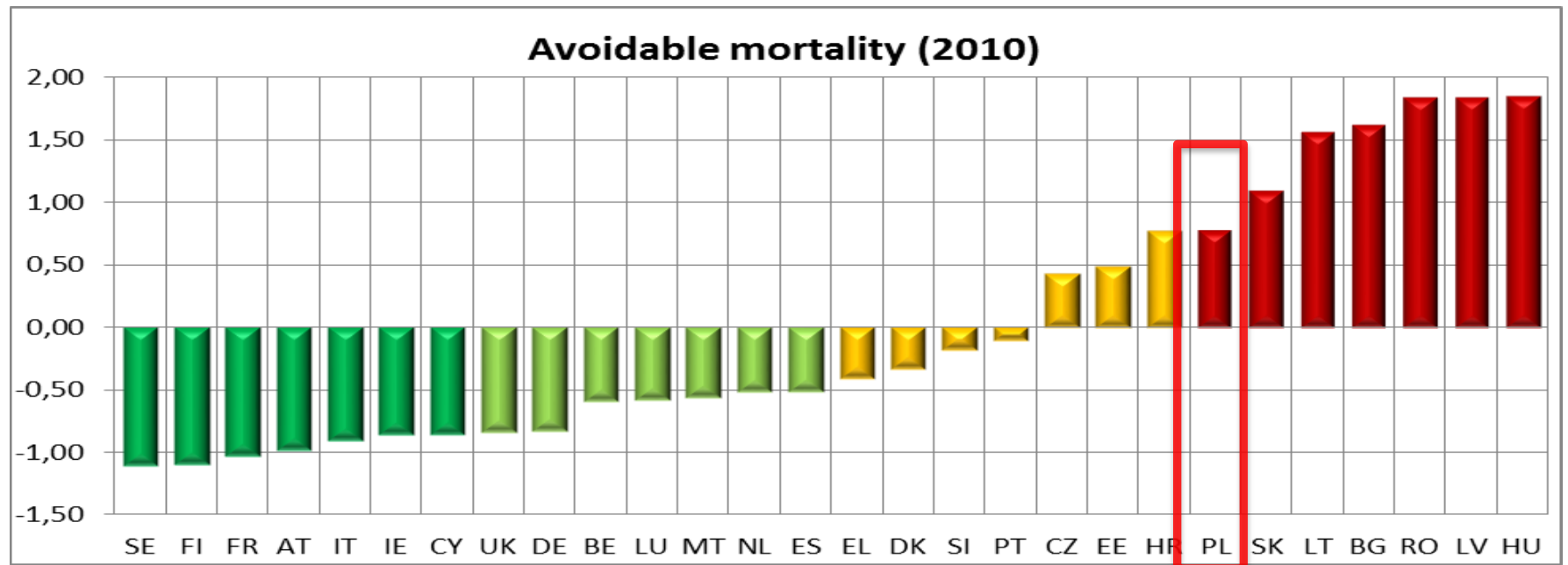
Outcomes

Figure 1: perinatal mortality rates (2011)



Data source: Eurostat database, Europeristat project

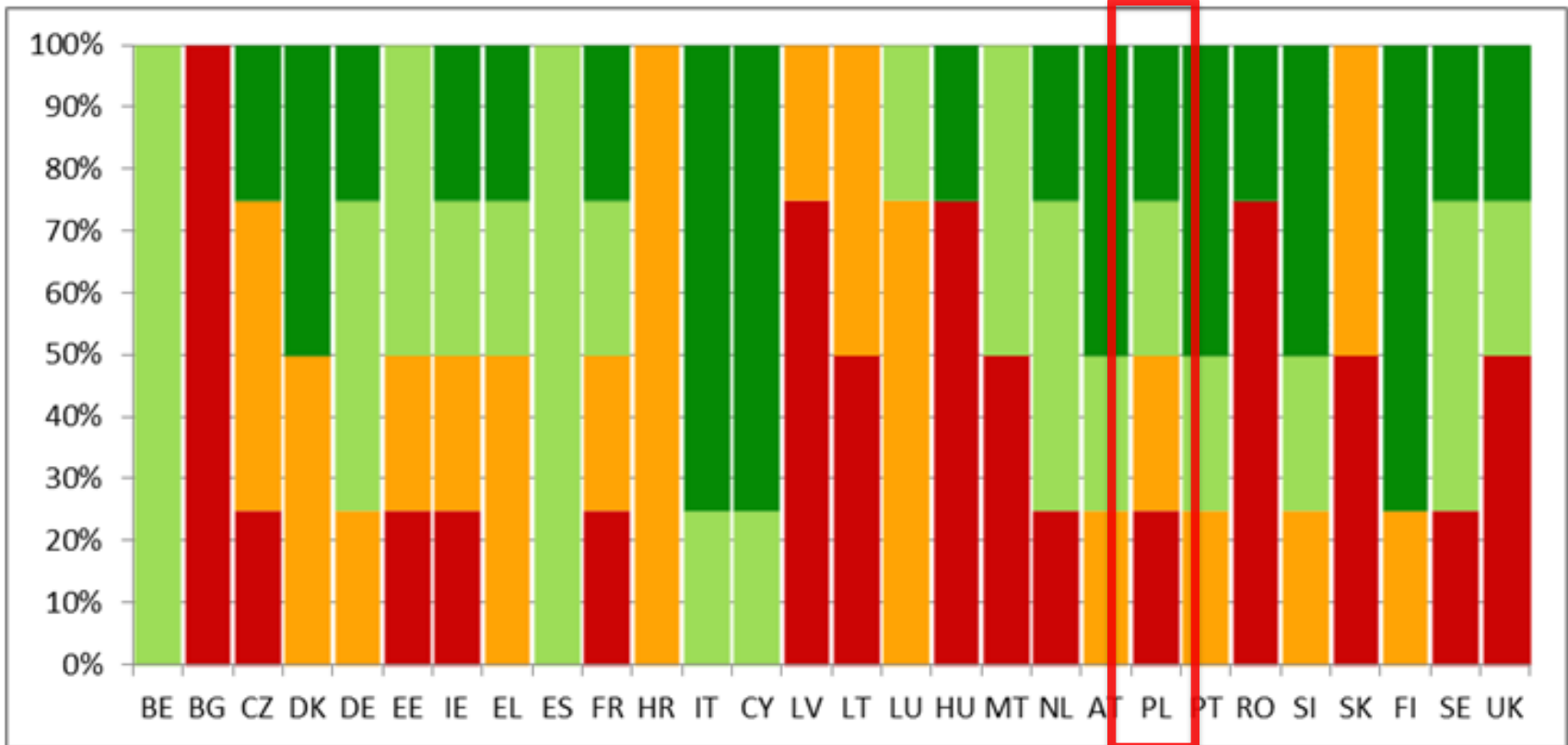
Figure 1: avoidable mortality (2010)



Data source: Eurostat database, Commission services' elaboration

Summary conclusions

Figure 13: summary of health outcomes indicators



Source: Eurostat, OECD, ECDC, Commission services' elaboration

Access to healthcare

Indicators

- **Private health expenditure**
- **Unmet medical care**
- **Unmet dental care**

Methodology

- **Standardization – comparable data**
- **Composite indicator**
- **Sensitivity analysis**

Universal coverage

Table 6: Public Healthcare Coverage Rates for Member States not reporting 100%

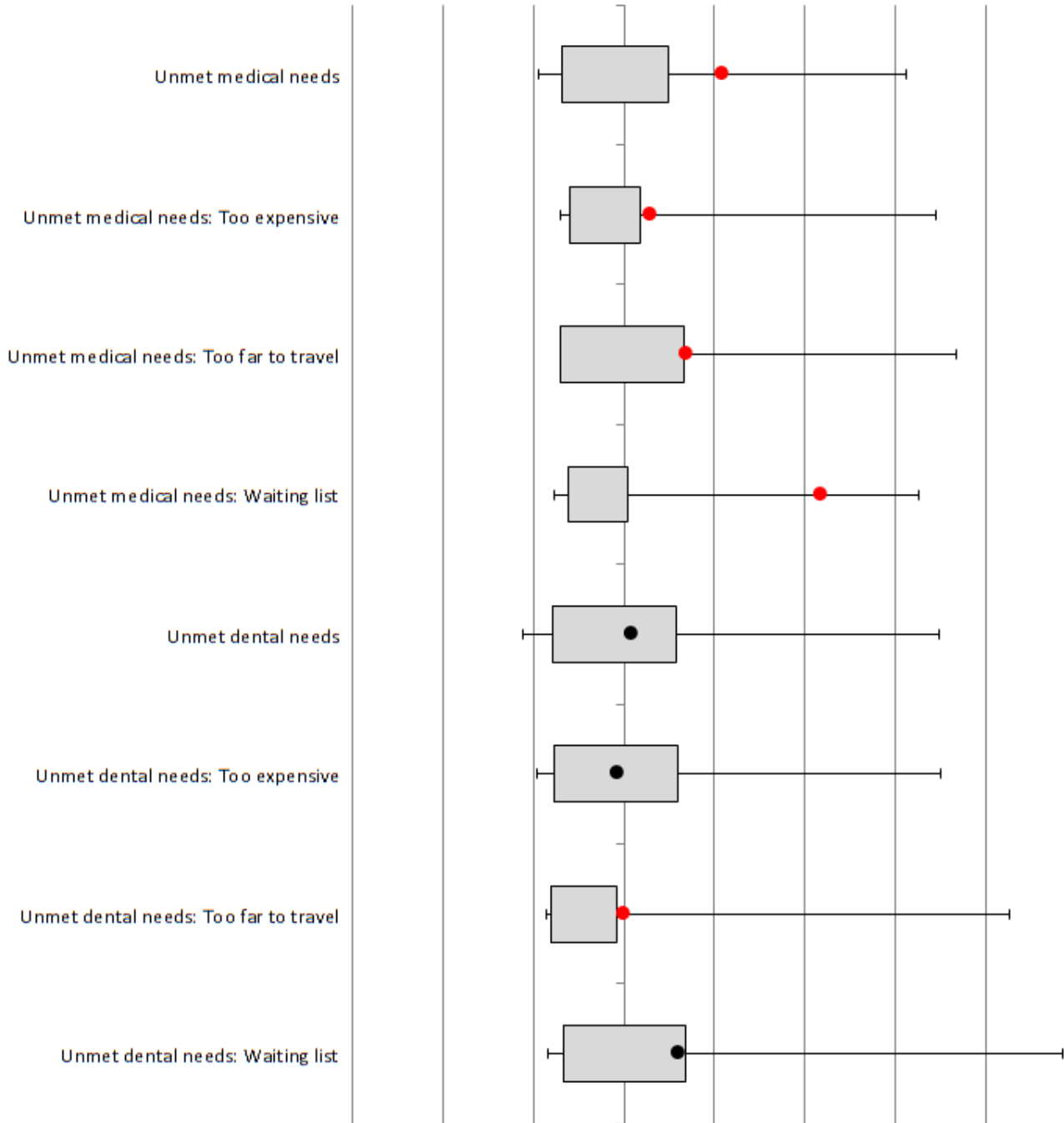


MS	OECD 2012 coverage rate for 2010	European Observatory on Health Systems and Policies, Health Systems in Transition (HiT) series, relevant excerpt	Year of HiT report
PL	97,5%	<p>Sagan et al 2011: "The remaining 2.4% of the population without health insurance coverage through the NFZ is nevertheless entitled to receive free health care services at the point of delivery. This group comprises resident citizens who meet the income criteria to receive benefits from social assistance (<i>pomoc społeczna</i>); all uninsured children under the age of 18; all uninsured women during pregnancy, childbirth and the postpartum period; alcoholics undergoing addiction treatment; persons with drug addictions; persons with mental illnesses who are receiving psychiatric treatment; persons affected by certain infectious diseases; and prisoners. Also covered are some groups whose sources of income do not qualify them for payment of compulsory NFZ health insurance contributions, for example <i>rentiers</i> (with incomes from owning financial assets) or the homeless. Uninsured non-residents or non-citizens who experience a life-threatening medical emergency must reimburse service providers at a later date for any care received"</p>	2011

Source: based on OECD 2012 and HiT Report as downloaded (on 21 August 2013) via <http://www.euro.who.int/en/who-we-are/partners/observatory/health-systems-in-transition-hit-series>

Poland

Access



Source: Eurostat – SILC, Commission calculations

Preliminary conclusions on enhancing access in Poland

- *Strategy to reduce of waiting times including better management of waiting lists (v.g., transparency in dual practice)*
- *Strengthening ambulatory care*
- *Improving outpatient facilities and services*



European
Commission

Thank you.