

# The Future of the National Hospital Network: A Survey of Hospital Directors in Poland

Jaroslav J Fedorowski<sup>1</sup>, Urszula Szybowicz<sup>2</sup> and Ligia Kornowska<sup>2\*</sup>

<sup>1</sup>Polish Hospital Federation, Maria Skłodowska-Curie Medical University of Warsaw, Collegium Humanum Warsaw Management University, University of Vermont Health Network and College of Medicine, Poland

<sup>2</sup>Polish Hospital Federation, Poland

\*Corresponding author: Ligia Kornowska, Polish Hospital Federation, Poland



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## ABSTRACT

**Abbreviations:** POZ: Primary Care; AOS: Ambulatory Specialty Care; PFSz: Polish Hospital Federation; NFZ: National Health Fund; NPL: Night and Holiday Ambulatory Urgent Care

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## Introduction

The healthcare system in Poland is based on compulsory health insurance and follows the Bismarck model. The funds from the health insurance are transferred mainly to the National Health Fund, governmental organization, which acts as the national payor. Healthcare services are generally divided into three branches. The first is the Primary care (POZ) [1], in which the General Practitioner should, in principle, coordinate patient's treatment and encourage prevention, and also act as a gate-keeper. POZ is financed in annual per capita lump sum model. The second area is Outpatient Specialist Care (AOS) [2], which covers all specialist services that take place on an outpatient basis. Such services are financed in fee-for-service model. Finally, we have hospital care the financing of which is the most complicated. Until 2017, each hospital willing to provide health services financed from public funds was obliged to meet some entry criteria and to take part in a competition organized by the regional branch of the National Health Fund. In case of winning the tender, hospital had to provide a number of services at a specified price.

Healthcare services' funding was based on the standard fee for service model. NFZ competitions were organized every year or every several years. Agreements with the National Health Fund have been occasionally extended without announcing a new competition. In March 2017, a new law entered into force creating the System of Basic Hospital Healthcare Services, commonly known as a network of hospitals [3]. The network of hospitals was created to ensure continuity and comprehensiveness of the services provided. Under one contract, the hospital has to provide not only hospital services, but also to some extent outpatient care or rehabilitation. An entity qualified to the network of hospitals has a guaranteed stability of financing, because qualification for the network, and in practice also the contract with the national payor, signed for a period of 4 years. The hospital network classifies general hospitals into 3 basic levels, depending on the profile of the medical entity and scope of services provided [4].

On top of that there are also oncology, pulmonology and pediatric hospitals. The highest nationwide level includes research

institutes and university hospitals. Entry into the national hospital network is based mainly on the history of previous contracts with the National Health Fund and the assurance of the appropriate type of services depending on the level of the hospital (so called “profiles”). Financing is carried out in the lump sum model, as opposed to fee-for-service model prior to 2017. The amount of the lump sum is determined annually depending on many factors, including type, price, quality parameters and number of services provided year to year. In 2020, especially after the nomination of the new Minister of Health, evaluations of the previous three years of the hospital network and discussions on the desired changes have intensified. Negotiations regarding the hospital network tackle, among others, time of the next qualification to the hospital network, change of the eligibility criteria, method of determining the amount of the lump sum or the formation of coordinated care consortia as an example of a hospital network model. The Polish Hospital Federation conducted a survey among 80 hospital directors asking for their opinion on the current and proposed shape of the hospital network.

Polish Hospital Federation (PFSz) [5] is a nongovernmental organization of hospitals founded in 2011 on the initiative of Jarosław J. Fedorowski - physician, healthcare manager and university professor. PFSz legal status is the organization of employers. Hospitals are regular members, companies and private persons are supporting members. PFSz has cooperation agreements with local and sectorial hospital associations in Poland acting as an umbrella federation covering around 500 hospitals nationwide. PFSz is a voting member of the tri-party social dialogue committee for healthcare on the national level. PFSz is a full member of the large cross-sectorial organization Employers of Poland. PFSz is also a full member of the European Hospital and Healthcare Federation HOPE [6]. PFSz takes active role in consultations with the decision

makers, trade unions, patient associations, medical professional organizations and other stakeholders of the healthcare system as the voice of hospitals and their managers. Other areas of activity include promotion of innovation, research, coordination of charity for hospitals, education and organization of conferences, support of young healthcare managers, cooperation with media, quality improvement of medical care and special projects related to healthcare market. PFSz is now a full member of the International Hospital Federation [7-9].

## Materials and Methods

Almost three years have passed since the hospital network came into force and the “revolution” in the Poland’s hospital system, and so far in 2017, the time of the new network entry indicator is getting closer. PFSz asked hospital directors for their opinion on the hospital network. Opinion survey on 1-15/10/2020. It was attended by 80 hospital directors from all over Poland, representing all levels of PSZ, as well as non-network hospitals. The survey was prepared with the use of Google Forms applications. Thanks to the use of CAWI (Computer-Assisted Web Interview), the respondents could electronically complete the survey questionnaire at any time. The link to the questionnaire was sent to the Directors of PFSz hospitals through a special, closed mailing group. PFSz associates hospitals of all levels distinguished in the hospital network, which gives us the opportunity to learn the opinions of the Directors of each level of the hospital. The questions we asked the respondents concern, among others: how in their opinion the financing of services should look like, what procedures should be paid as a lump sum and what “for the service”, whether hospitals should be nationalized and, if so, how they assess the hospital’s finances in the coming year. The Directors replied to each of the questions.

## Results

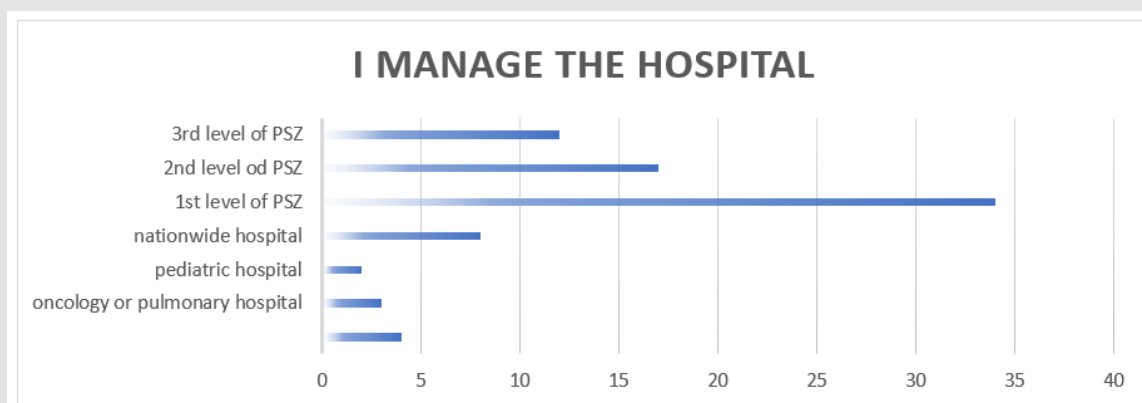


Figure 1.

According to almost 87% of respondents, the network should be maintained, but changes are necessary. 7 Directors believe it should be liquidated, and only 4 out of 80 respondents believe it

should remain as it is today (Figure1). What about online lump sum financing? The results are as follows, in this question the Directors could have given more than one answer (Figure 2). The

directors also expressed their opinion on the financing of hospitals for the service, i.e. fee-for-service (Figure 3): How did the directors comment on the calculation of the lump sum for the following years? According to 47 out of 80, the lump sum should be calculated on

the basis of the performance of the last 4 years, 23 Directors find it advantageous to calculate the lump sum based on the performance of the past 2 years, and 10 Directors calculate the lump sum based on the last year's performance.

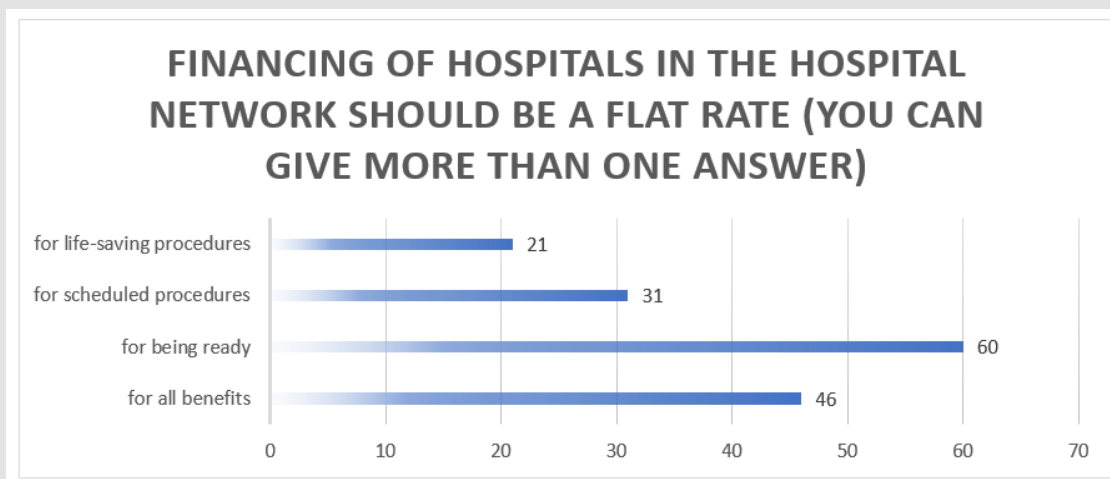


Figure 2.

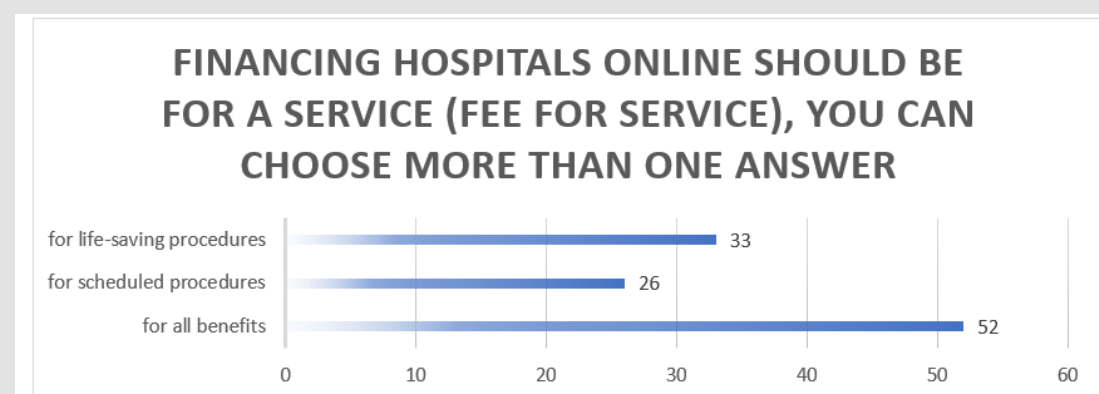


Figure 3.

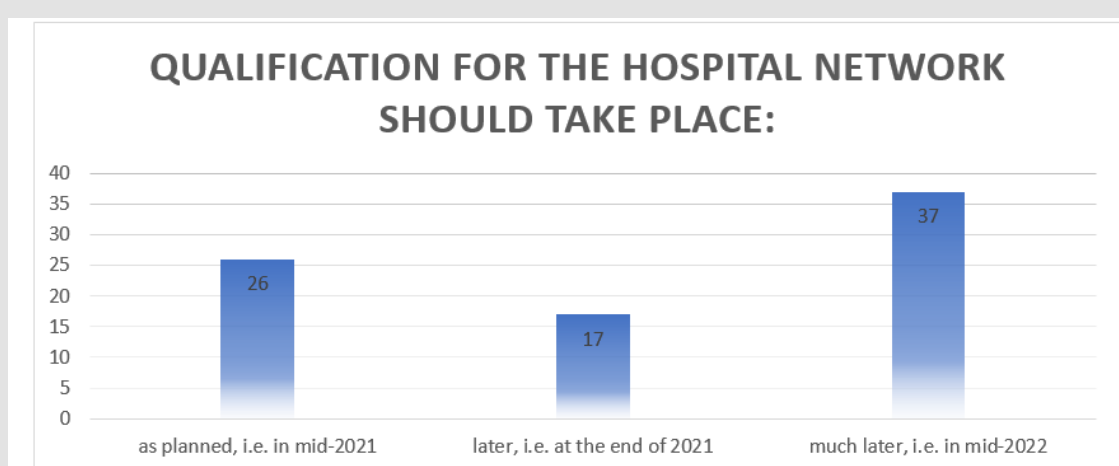


Figure 4.

Another question concerned the date of qualification to the hospital network: 46% of respondents answered that much later, i.e., in mid-2022. Slightly over 20% believe that it should take place as planned, i.e., in mid-2021. Others recognized the end of 2021. too good time to qualify for the network (Figure 4). According to 72.5% of Directors participating in the survey, the basic criterion in qualifying for the network should be the performance of certain types of services. The second criterion, in the opinion of less than 19% of respondents, should be the possession of specific departments, and only 7 Directors considered a specific hospital ownership model as the basic qualification criterion. As many as 90% of respondents stated that the network should introduce degrees of referentiality and principles of cooperation between hospitals of various degrees, the remaining 10% indicated that the current levels of security should be maintained. The scope of operation of hospitals of a certain level (reference level) should be based on an agreed catalog of procedures with their minimum number - this is what 57 (71%) of the surveyed directors believe.

Others indicated that it should be based on the existing branches.

The subject of hospital consolidation raises a lot of controversy in the media, which is why we asked the Directors of PFSz hospitals about this issue, here are the answers (Figure 5): We also asked about the nationalization of hospitals and who it should concern (Figure 6) : 65% of Directors believe that the NPL should be delegated to POZ responsibilities, 25% indicate that NPLs should be transferred to the competition procedure of various entities, Only 10% believe that it should remain exclusively in hospitals (Figure 7). In view of the current epidemic situation, we also decided to ask about the financing of RT PCR tests for the presence of SARS CoV-2, which are performed in hospitals. 87.5% of the respondents stated that they should be financed entirely by the National Health Fund. 10 Directors indicated that in their opinion it was financed by the National Health Fund only for symptomatic COVID-19 patients and staff. What is the financial situation of individuals in connection with the coronavirus pandemic? (Figure 8).

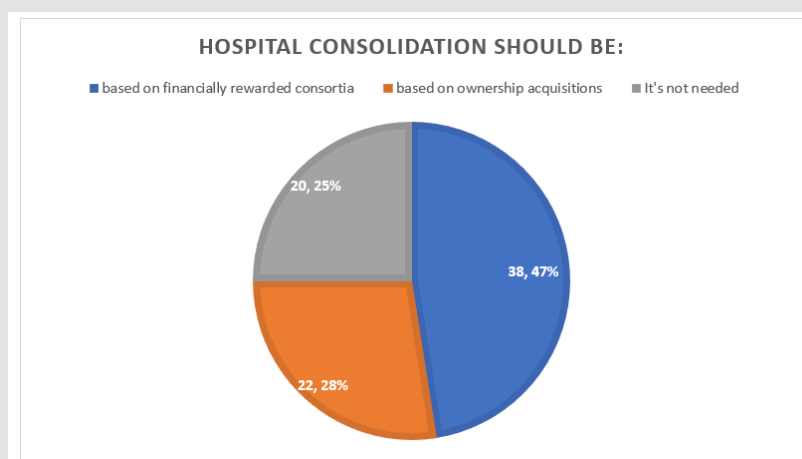


Figure 5.

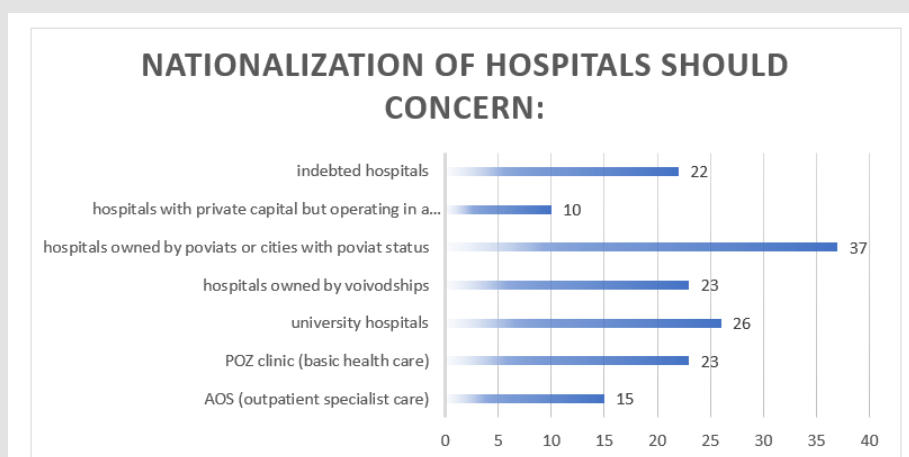


Figure 6.

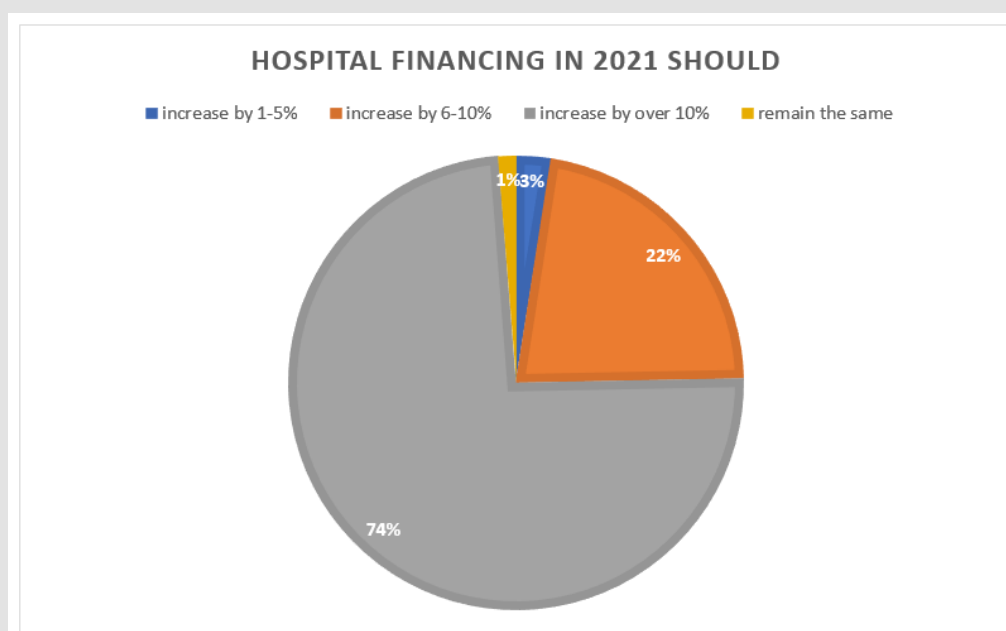


Figure 7.

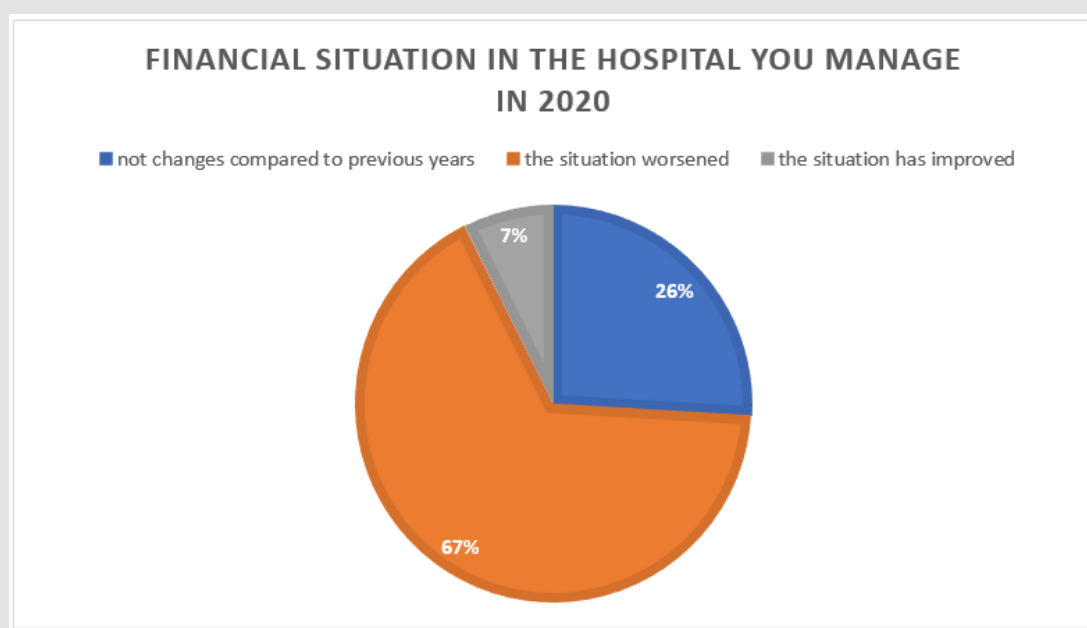


Figure 8.

## Conclusion

The survey covered hospitals of all levels and specializations of the hospital network, as well as non-network hospitals, and thus provides a complete picture of hospital care in Poland. Vast majority of directors support the hospital network but believe that it is necessary to introduce changes to improve it. Directors are of the opinion that the lump sum paid to hospitals within the network should finance their readiness to provide services, rather

than specific services. The lump sum, even in the fee-for-service model, should be paid for entirety. According to directors, the next qualification to the hospital network should be postponed to 2022, which is probably related to the current epidemiological situation. COVID-19 pandemic has worsened the financial situation of over 67% of hospitals, and PCR tests for SARS-CoV-2 should, in the opinion of directors, be financed from the National Health Fund. Directors also believe that the system of the specialist referral, the

value of contract and price of services in 2021 should increase by over 10% compared to 2020, and the lump sum of hospitals should be calculated on the basis of the services provided in the last 4 years (not only on the basis of the previous year).

Hospital consolidation based on consortia providing integrated care should also be supported according to almost 48% of hospital directors. According to many directors different referral hospitals should be established within the hospital network, depending on their capacity, and rules of hospital cooperation between these hospitals should be introduced. The scope of operation of hospitals of a specific reference level should be defined on the basis of a catalogue of procedures agreed with the key participants of the system. The qualification criterion should be the scope of services provided and expertise, not a formally registered specialized one-profile ward - this approach would enable the creation of multi-profile wards. According to the majority of respondents, night and holiday medical care should be delegated to Primary Healthcare area (POZ).

The PFSz delegation handed over these postulates to Adam Niedzielski, the Minister of Health, in October this year. Being the largest organization of hospitals in Poland, PFSz is one of the most representative health care organizations, which remains in close cooperation with the public side in order to hammer-out much needed systemic changes.

The directors who took part in the survey also had the opportunity to say what they thought about the hospital network. These are the Directors' Conclusions

- Nationalization of hospitals will be a big mistake. Proper valuation of services is important - especially treatment services and substantive (without the political factor and particular interests) developing maps of health needs!
- Change the funding rules for drug programs that are highly fragmented and introduce a common product for active substances in chemotherapy and drug programs
- Deficit of personnel = increase in wages (especially medical wages). A relatively large number of medical entities in relation to the patient's hospitalization needs. Small medical entities are not able to meet the quality standards in terms of e.g. the number of deliveries, the number of cataracts performed, etc.
- Too many hospitals in the network, the quality of health services provided, the safety of the patient's stay in the unit, and accreditation should be taken into account.
- Finally, the valuation of services in the ICU should be improved on the basis of payment for readiness according to the structure held + actual costs of patient treatment.
- The labor market for doctors and nurses has to be regulated. This constant fight for more people to buy someone's staff, pensions, and illness breaks up teams and divisions.
- It is urgently necessary to introduce coordinated health care for children, from contact with primary care, health care, hospital and rehabilitation, especially in the case of respiratory diseases.
- The network should include "main" hospitals - covering a given region with their care (apart from the issue of serving patients from outside the region, which should remain unchanged) into "satellite hospitals" cooperating with them, small, with basic ranges, in which the existence of a given range should be developed and indicated by the "main" hospital - elaboration on the basis of maps of health needs in consultation with the relevant services at the voivode.
- Evidently, NPL should be operated by POZ (and not as an additional obligation for hospital doctors at the moment), and it does not matter whether it is at the hospital or not, although in the COVID-19 era it is better for the NPL to be away from the hospital as each visit of an additional number of patients, over whom there is no possibility of inpatient care, poses an additional threat to hospital staff. In addition, a detailed verification / control of cases referred by POZ and NPL to the hospital should be carried out.
- Possibility to flexibly dispose of the lump sum, when, for example, the lump sum is not performed, and in the scope of the non-lump sum overspend. The hospital should be able to request a transfer of funds - this applies, for example, to cardiology, orthopedic and neurological clinics separated from the lump-sum cardiology clinics, where, by allocating nfm, they granted some funds to the clinics, and at present there is a problem with the payment of over-performance in these areas - when they were in the lump sum, this problem was not.
- All clinics and departments should enter the lump sum, regardless of the date of their establishment. Owning, apart from the lump sum covering most departments and most clinics, is at least burdensome and completely inflexible, which was the basis of the lump sum concept.
- Necessary to implement: increasing the valuation of medical procedures, making a decision to continue the operation of some departments (e.g. obstetrics, pediatric, etc.) depending on the number of procedures performed / number of patients in a calendar year and having appropriate technical infrastructure and human resources - consolidation of some hospital departments in the poviats or supra-poviat area, especially in the case of a lack of staff and low occupancy of

hospital beds. It is necessary to actually base the health policy in a given area (in the area of contracting by the provincial branch of the National Health Fund) on maps of hospital needs, which should have a decisive impact on the creation or liquidation of hospital beds.

- Establishing a consortium in each voivodeship / region, covering from a few to several hospitals, should be considered.

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Ligia Kornowska. Biomed J Sci & Tech Res



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