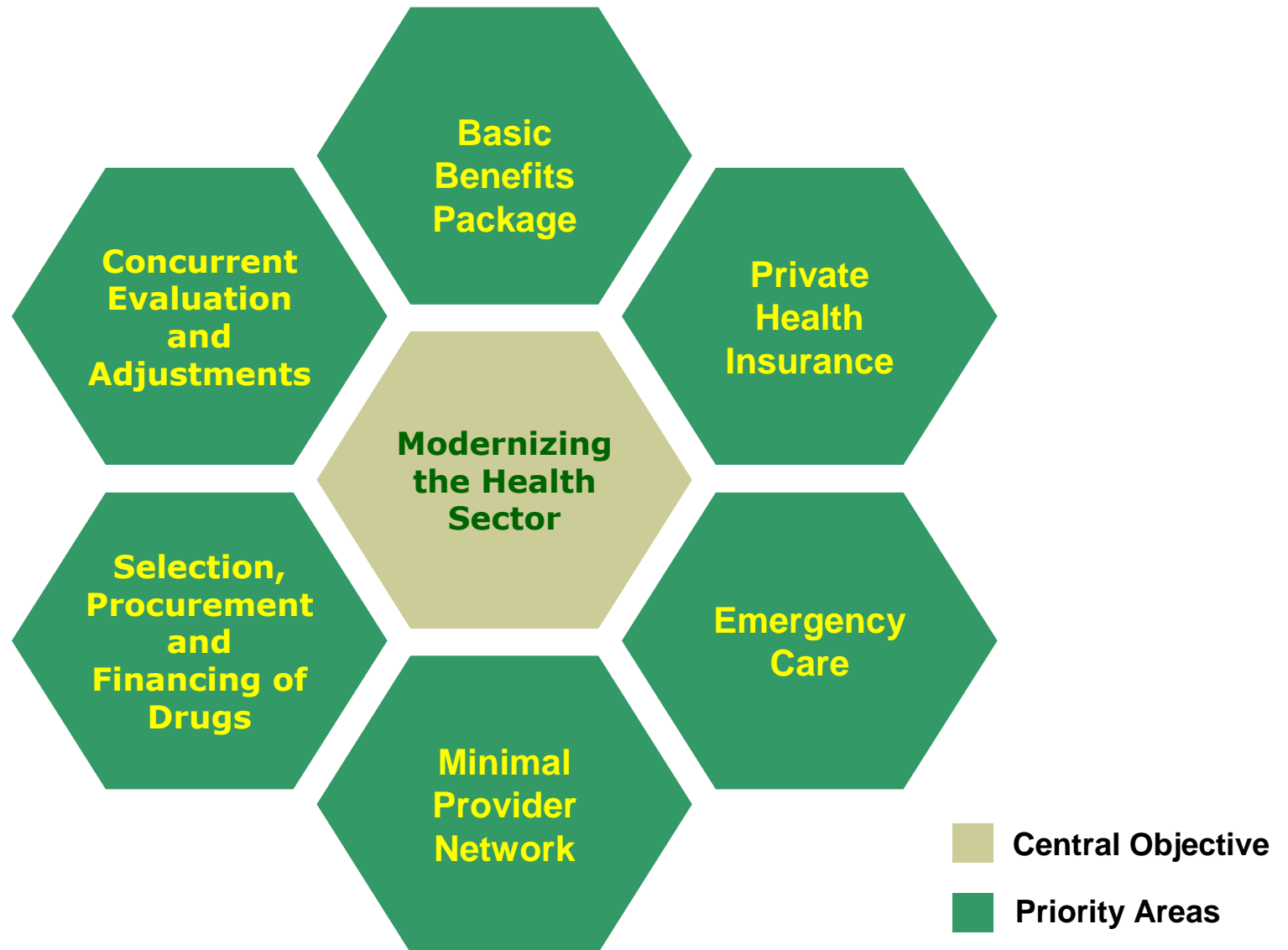


Poland

Health Sector Modernization Program

Jaroslaw Pinkas
Undersecretary of State
Ministry of Health

Reforming the Health Sector



Basic Benefits Package



Situation

Background: Article 68 of the Constitution states that “**everyone shall have the right to have his health protected.**” The Constitution also states that equal access to health services financed from public funds shall be ensured to citizens irrespective of their material situation.

The entitlements are not matched by sufficient resources, leading to reduced access and informal payments.

The effectiveness of many of the applied health technologies is not known or sub-optimal.

Objectives

- **Creating a basic benefits package (BBP), consisting of cost/effective services, addressing objective medical needs of the population, for which they cannot pay themselves.**
- **Expenditures for the BBP are adequately funded**
- **Equal access to the covered services in case of need**

Resolution

From...

- A mismatch between resources and entitlements
- An in part ineffective and inefficient services package
- A mismatch between supply and need

To...

- An affordable BBP
- Better access to cost effective quality health services
- Explicit and transparent decision making

Without compromising...

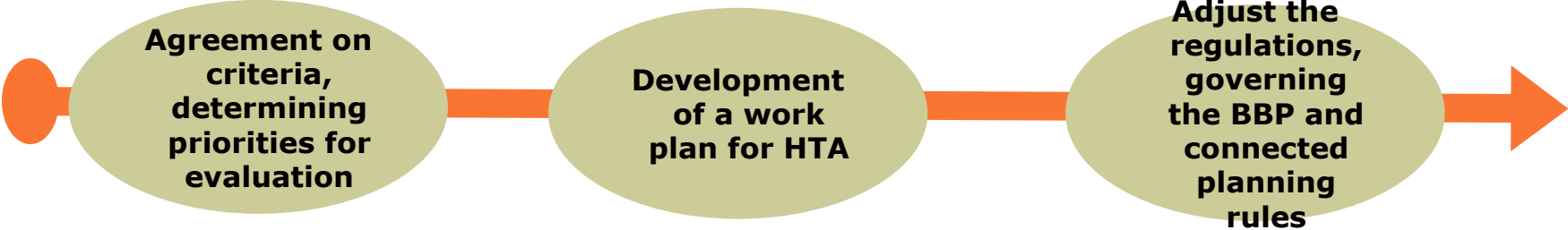
- Patient needs and choice
- Equity and access criteria

- establish capacity for **health technology assessment (HTA)**

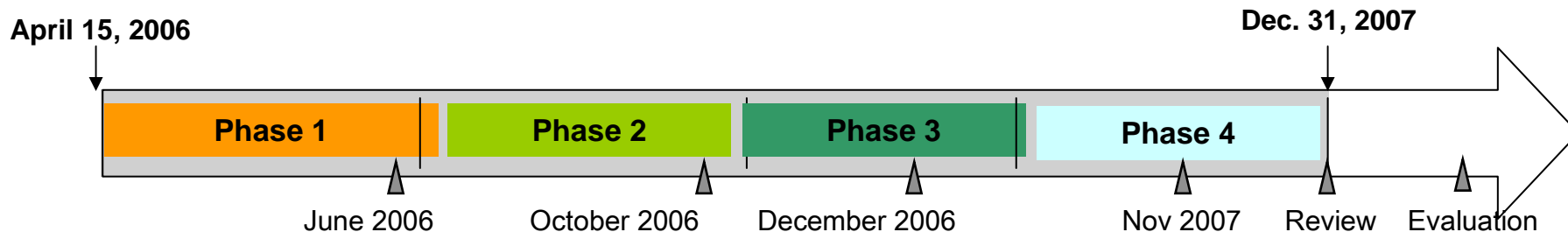
- evaluate the relative cost effectiveness

- Assess each emerging health technology

Critical Path



Time Line



Description

Develop work plan and training plan for staff of HTA Agency

**Implementation of training & work plans
Review & adjustment of regulations**

**BBP adjusted
Update work plan
Develop ICT
Communicate/disseminate first HTA based decisions**

**First major review of BBP and regulations accomplished
ICT plan implemented**

Activities

- Decide on criteria and priorities for review of existing BBP
- List the technologies and estimate the time for review/advice, based on availability of HTA results from elsewhere
- Create inventory of relevant regulations and plan for review
- Review existing and additional reports: TNO etc.

- First batch of health technologies reviewed and send to MOH for decision.
- Staff participate in international workshops, conferences (like HTAi in Adelaide) and specific training
- All relevant legislation reviewed and proposals for adjustment prepared
- Communication and dissemination plan development

- Evaluate implementation of work and training plan MOH takes decisions on BBP and draft amendments
- and update plans accordingly
- **Revise and implement communication and dissemination plans**
- Define ICT needs and prepare a procurement, training and implementation plan

- Continued HTA & advice
- BBP adjustments
- Legal amendments into effect
- **Communication & dissemination of results**
- Implementation of ICT plan
- HTA results used for development & adjustment of CPGs
- Procurement and installation of ICT and training in use

Deliverables

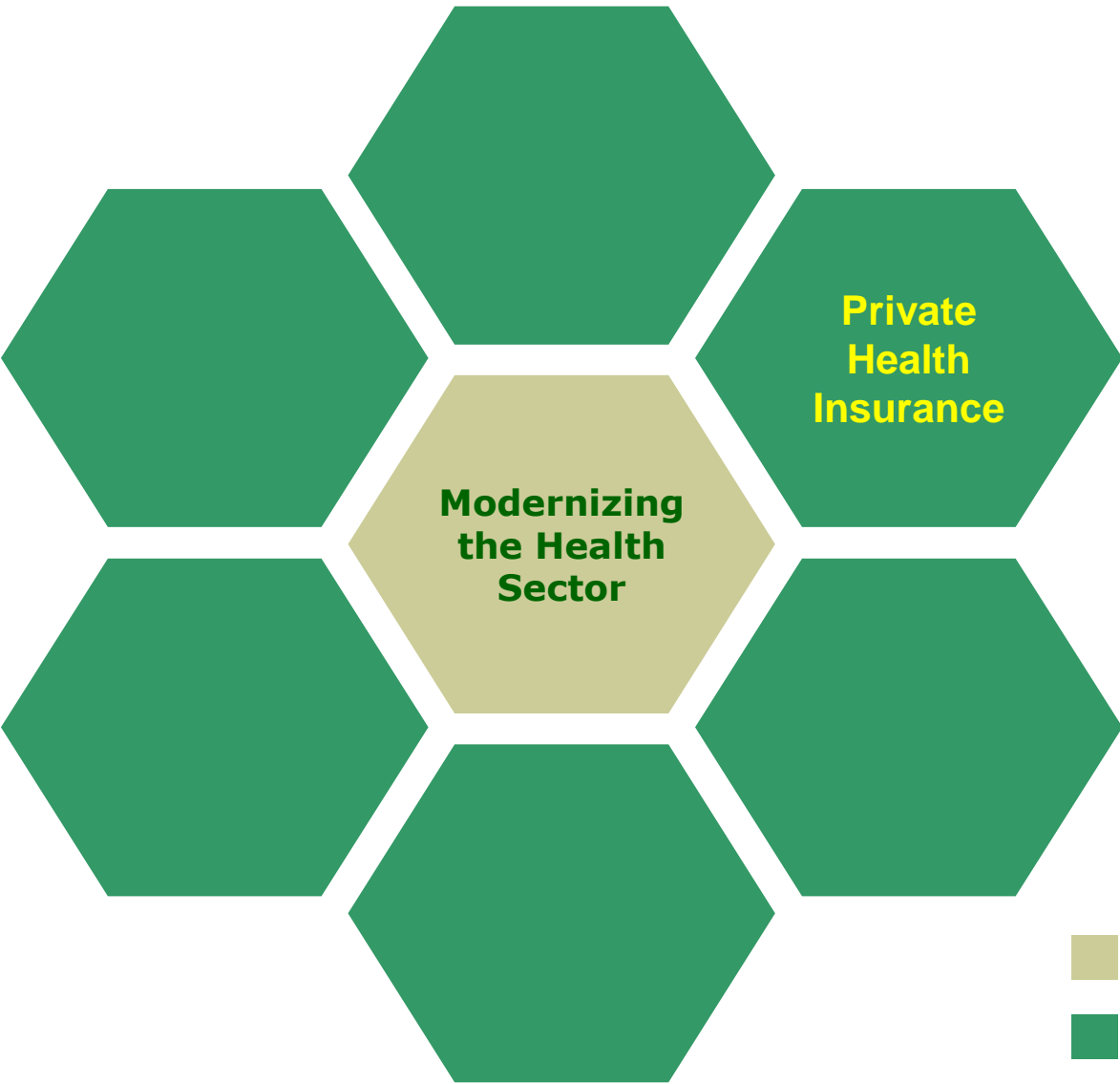
- Criteria for priorities on HTA
- Work and training plan for HTA (including TORs)
- Work plan for review of regulations

- Advice on planned number of health technologies
- Draft amendments to regulations
- **Communication & dissemination plans**

- Amended BBP
- Draft legal doc's
- Adjusted work & training plans
- Same for Communication & dissemination plans
- ICT plan

- Amended BBP
- Legal amendments into effect
- Clinical practice guidelines

Development of Private Health Insurance



- Central Objective
- Priority Areas

Situation

Background

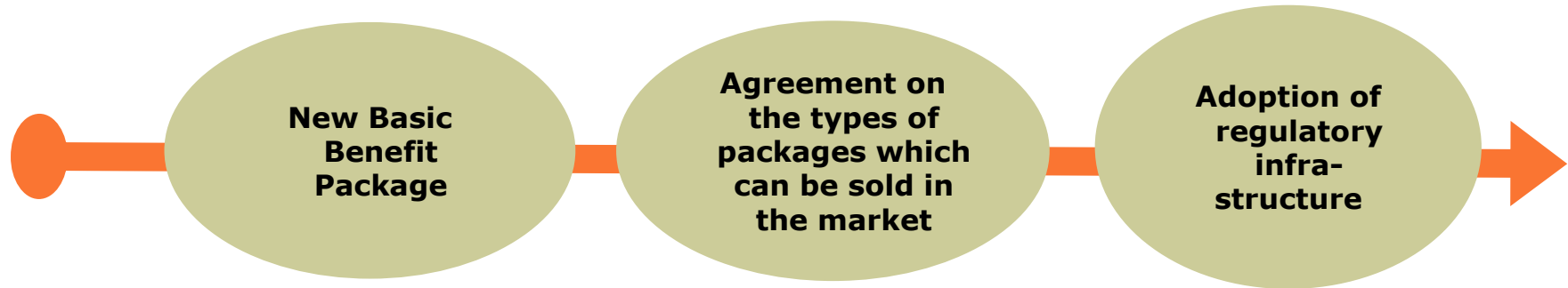
- **Significant** amounts of out-of-pocket payments (37%)
- **Inequity of payments** with lower income groups paying more as a percentage of income
- **Concentration of out-of-pocket payments on drugs** – 60%
- **Some private insurance does exist**

Objectives

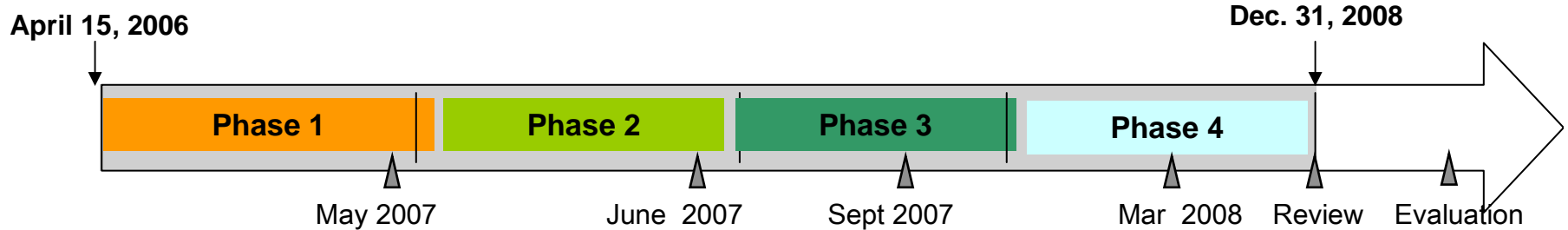
- Improve **equity of access**
- **Increase flow of funds** into the health sector
- **Reduce** reliance on **informal payments**

Critical Path

What are the most essential and critical activities that need to be completed in order to have a functioning private insurance market??



Time Line



Description	Develop a new benefits package	Conduct and complete initial research and analysis	Identify needed legislation and regulatory infrastructure	Complete implementation of regulatory infrastructure
				Public Outreach

Activities	<ul style="list-style-type: none"> • Review international best practices • Decide on whether non-Polish firms can enter market • Decide on types of private insurance to be sold in market <ul style="list-style-type: none"> • Review EU Guidelines • Create Expert Groups 	<ul style="list-style-type: none"> • Update out-of-pocket data • Marketing review of consumer and employer demands, including current levels of trust in insurers • Review incentives and disincentives, including tax policy • Review legislation and regulation 	<ul style="list-style-type: none"> • Financial and Non-financial Standards for Market Entry and Operation • Rules for Reporting and Exit • Employer/Consumer Protections and Mechanisms to Improve Fairness • Develop Communication and Public Outreach Plan 	<ul style="list-style-type: none"> • Train staff • Agree and Develop Final Standards • Implement any new tax incentives • Public Information Campaign Implemented
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Deliverables	<ul style="list-style-type: none"> • TORs and contracts for baseline studies • Series of policy decisions on market structure 	<ul style="list-style-type: none"> • Blueprint for next steps • Refined estimates of costs of Guarantee Fund 	<ul style="list-style-type: none"> • New Supervisory Board created • Create Guaranty Fund • Design Training Program 	<ul style="list-style-type: none"> • Creation of functioning private insurance market
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Emergency Care



Situation

Background:

Emergency Services have improved over last 15 years.

Still, there is need to improve outcomes in

- **Ischemic Heart Disease**
- **Cerebrovascular Disease**
- **Road, Occupational and Home Accidents**

Objectives

- **A well functioning emergency medical services system in the country,**
- **Providing timely, well coordinated and appropriate services for emergencies**
- **the patient the highest chances of survival and recovery with the least possible lasting effects or handicaps, while using the “golden hour”.**

3 Critical Paths! ...Once the new legislation is effective

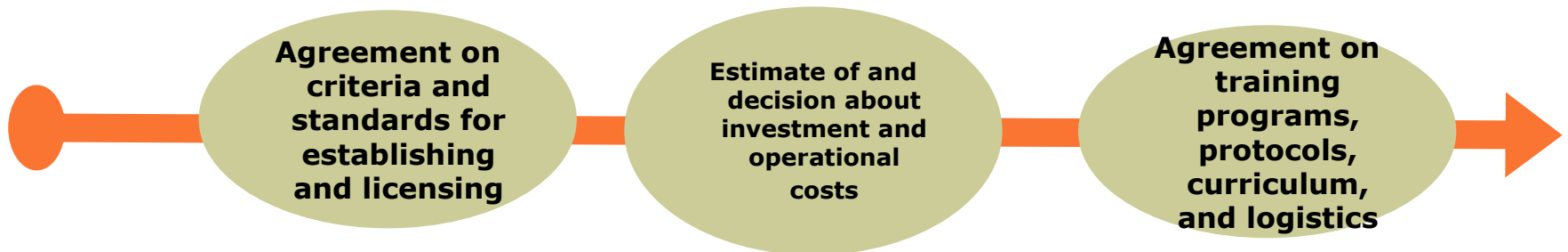
Procuring the equipment often takes the least amount of time.



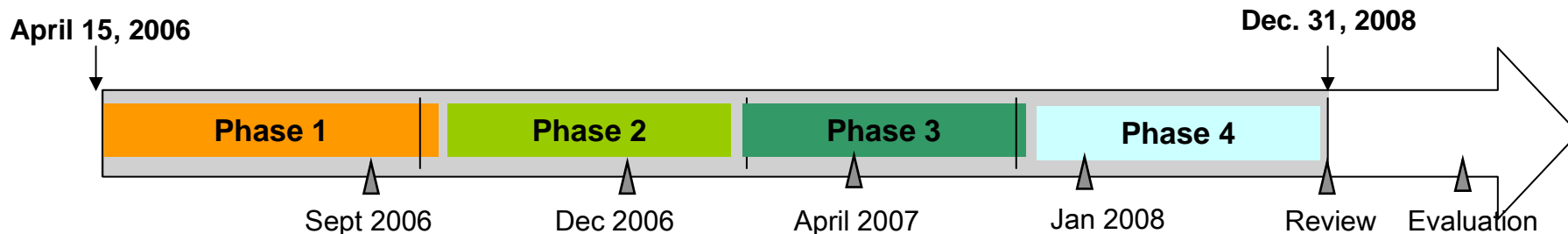
Coordination and Response Centers



Emergency Wards, Trauma Centers, Stroke Centers, Intervention Cardiology



Time Line ambulance



Description

Redraft Legislation
Consensus on
Training Programs

Design of training programs
and manuals & work plans

Initiate design of
necessary infrastructure
Design incentive system
Initiate training program

Operational changes at voivod
and national level
Emergency Care plan
implemented

Review & adjustment of
regulations

Activities

- Review current drafts
- Synthesize comments
- Redraft legislation
- Consensus conference on legislation
- Review training with stakeholders
- Develop consensus on training programs.

- Review legislation and develop regulatory language for phase-in and implementation. Develop review and consensus process
- Legislative adjustments prepared
- Develop manuals for training and have reviewed by experts and stakeholders
- Communication and dissemination plan development

- Design and procurement of needed facilities, vehicles, equipment and communications
- MOH takes decisions on incentive system, with needed changes in MIS and claims data systems
- Training programs implemented
- Community Education Campaign finalized

- New protocols introduced
- Changes in institutional arrangements at MOH
- Voivod adjustments
- Integration at facility level
- Communication to local population
- Dissemination of early results

Deliverables

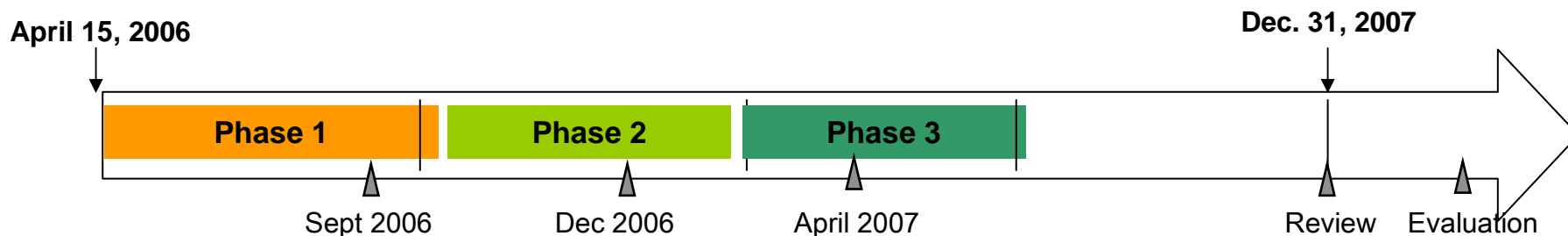
- Redrafted Legislative Package
- Agreed Training programs
- Strategy for implementation of training programs

- Regulations
- Adjusted legislation
- Manuals drafted and reviewed
- Training program designed

- Infrastructure procured and delivered
- Trained Staff
- Incentive system designed
- MIS systems adjusted for new payment systems

- New clinical practice guidelines
- New relationship between voivods and national level

Time Line response and coordination centers



Description

Redraft Legislation
Consensus on standards and requirements

Design of training programs and manuals & work plans
Review & adjustment of regulations and standards

Initiate design of necessary infrastructure
Initiate training program

Activities

- Review current drafts
- Synthesize comments
- Redraft legislation
- Consensus conference on legislation
- Development of standards and requirements, including finance (investment & running)
- Review training with stakeholders
- Develop consensus on training programs.

- Review legislation and develop regulatory language for phase-in and implementation.
- Develop review and consensus process
- Legislative adjustments, standards (staff ICT etc.) and budgets prepared
- Develop manuals for training and have reviewed by experts and stakeholders
- Communication and dissemination plan development

- Design and procurement of needed facilities,, equipment and communications
- MOH, regional and district authorities decide about the establishment of the centers
- Training programs implemented

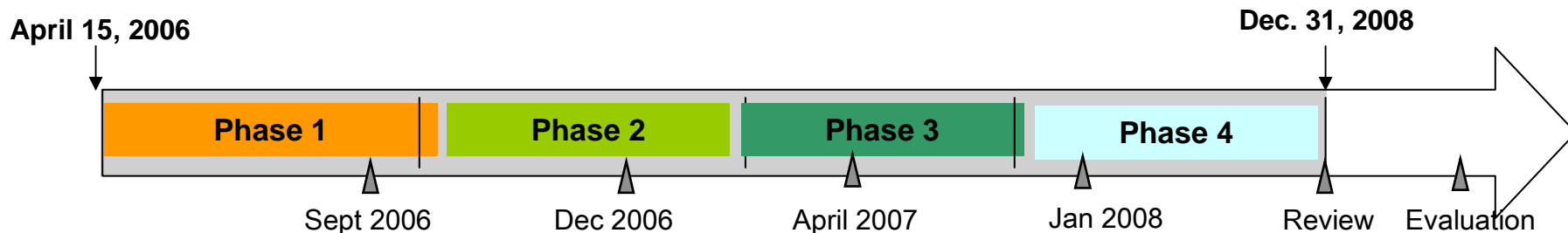
Deliverables

- Redrafted Legislative Package
- Agreed Training programs
- Strategy for implementation of training programs

- Regulations
- Adjusted legislation and standards
- Manuals drafted and reviewed
- Training program designed

- Infrastructure and ICT procured and delivered
- Trained Staff
- Incentive system designed

Time Line Emergency wards, stroke, trauma & intervention cardiology centers



	Phase 1	Phase 2	Phase 3	Phase 4
Description	Redraft Legislation Drafting of requirements for centers	Estimation of investment & running costs and preparation of decision by relevant authorities Review & adjustment of regulations	Initiate design of necessary infrastructure And detailed costing Initiate training program	Establishment of centers Training of staff
Activities	<ul style="list-style-type: none"> Review current legal drafts Synthesize comments Redraft legislation and standards Consensus conference on legislation, standards and criteria for distribution and licensing Review training with 	<ul style="list-style-type: none"> Review legislation, standards and licensing criteria and develop regulatory language for phase-in and implementation. Develop review and consensus process Legislative adjustments prepared Develop manuals for training of staff and have reviewed by experts and stakeholders Implementation plan development 	<ul style="list-style-type: none"> Design and procurement of needed facilities and/or refurbishment, equipment and ICT Designated authorities take decisions about establishment/licensing and funding Training programs implemented 	<ul style="list-style-type: none"> Implementation of infrastructure and equipment plans Organizational/management changes implemented Training of staff
Deliverables	<ul style="list-style-type: none"> Redrafted Legislative Package, standards and licensing criteria 	<ul style="list-style-type: none"> Regulations, standards and licensing criteria Adjusted legislation Manuals drafted and reviewed Training program designed 	<ul style="list-style-type: none"> Infrastructure and staff plans Staff training started and ongoing Incentive system designed 	<ul style="list-style-type: none"> Operating centers

Minimal Provider Network



Situation

Background

- **Large** number of public hospitals and beds
- **Uneven distribution** of facilities and beds across the country
- **Huge operational losses** year after year in about 70 percent of all hospitals

Objectives

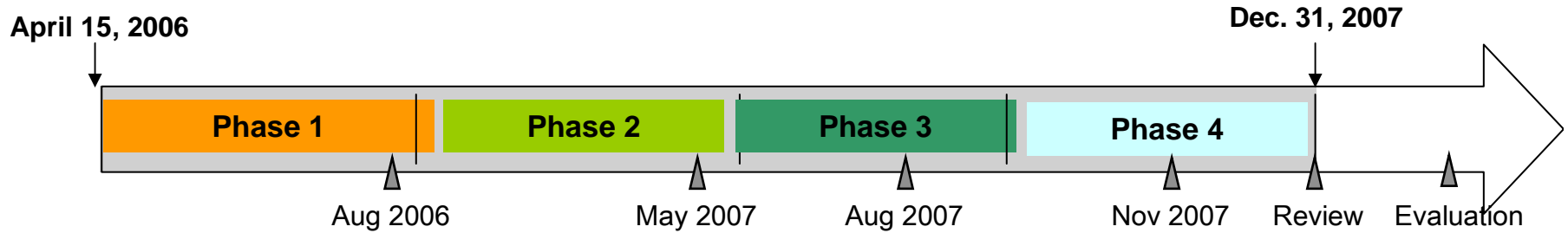
- Improve **access** to quality clinical care
- Improve medium-term fiscal sustainability of the health sector
- Development of **bed-use master-plans** including possibility of hospital consolidation or closure
- Development a **minimal network of public hospitals** funded under the public health insurance system
- Development of **human resource planning** to address the impacts on staff

Critical Path

What are the most essential and critical activities that need to be completed in order to have a functioning minimal hospital network??



Time Line

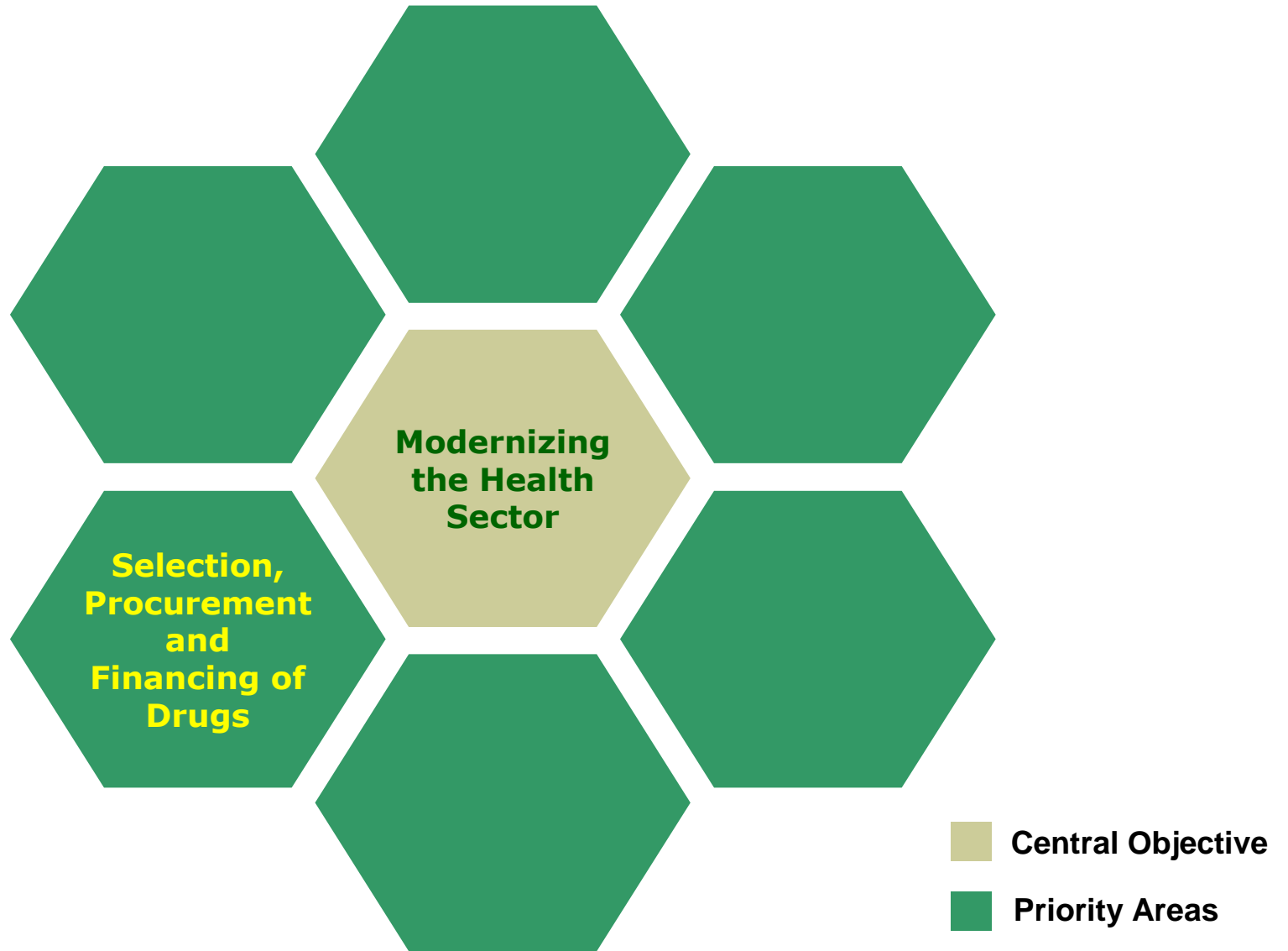


Description	Conduct initial research and analysis	Update hospital master plan and suggest minimal network	Identify hospital management improvement opportunities	Complete restructuring on the basis of minimal network
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Activities	<ul style="list-style-type: none"> • Carry out hospital network review using EU Guidelines • Review existing and additional reports: TNO etc. • Develop guidelines for hospital network in Poland 	<ul style="list-style-type: none"> • Complete mapping of all hospitals • Identify alternative minimal networks based on different criteria, including travel time, case-mix, etc. • Analyze potential costs associated with restructuring according to the different alternatives 	<ul style="list-style-type: none"> • Develop a Certificate of Need process • Finalize recommendations for restructuring • Conduct facility-specific infrastructure assessment • Prepare facility strategic plans 	<ul style="list-style-type: none"> • Finalize facility strategy plans • Establish financial management tools • Train staff in strategic planning and financial management • Operationalize minimal network of hospitals • Public Outreach Campaign
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Deliverables	<ul style="list-style-type: none"> • Hospital network review • Criteria for hospital network 	<ul style="list-style-type: none"> • Hospital master plan • Estimates of costs of restructuring 	<ul style="list-style-type: none"> • Facility assessment • Certificate of Need process • Communications Plan 	<ul style="list-style-type: none"> • Facility business plans • Training manuals
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Pharmaceutical Policy



Situation

Background

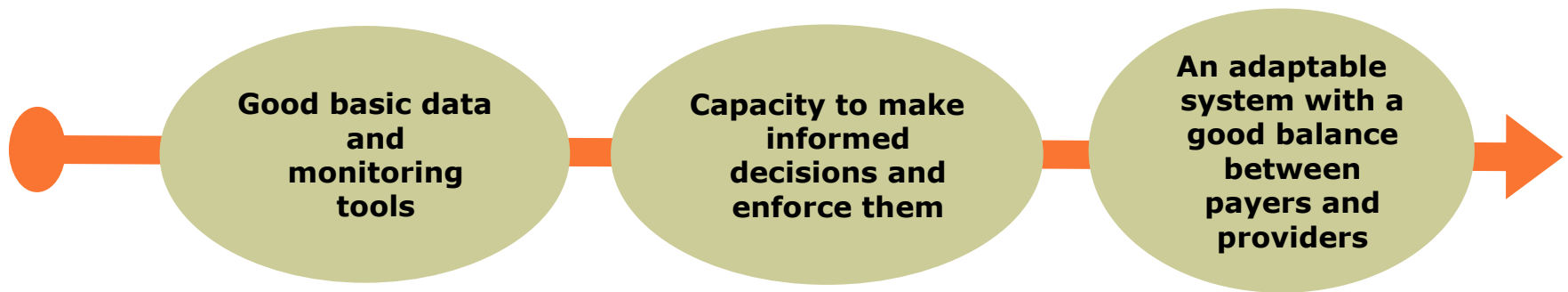
- Rules for access to reimbursement list **not EU compliant**
- **No effective HTA** for drugs
- Pressure to **add new drugs** to reimbursement list

Objectives

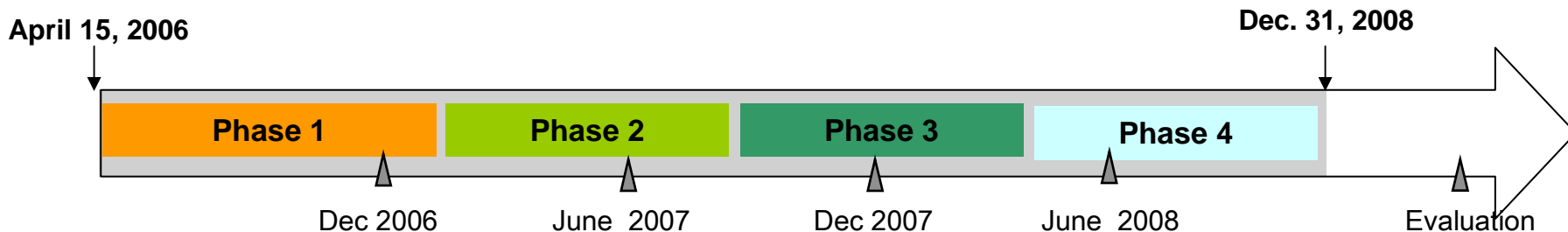
- **Transparent HTA criteria** for new drugs
- Mobilize **efficiency reserves in drug pricing**
- Review **health policy separately from industrial policy objectives**
- Measure and influence provider behavior through adequate **monitoring, training and incentive system**
- **Build alliance with patients** for rational drug use and against over-prescribing

Critical Path

What are the most essential and critical activities that need to be completed in order to establish a modern and efficient pharmaceutical policy framework??



Time Line



Description	Phase 1	Phase 2	Phase 3	Phase 4
	Establish baseline and continue on current path	Begin implementation of major initiatives	Scale-up of major initiatives	Complete implementation of regulatory infrastructure

Activities	Phase 1	Phase 2	Phase 3	Phase 4
	<ul style="list-style-type: none"> Analytical studies Stakeholder dialogue Ongoing legislative work on reimbursement HTA Twinning project Develop concepts for improved market mechanisms 	<ul style="list-style-type: none"> Modify purchasing framework, review incentives and disincentives Evaluate regional pilot for monitoring and design scale-up plan Implement HTA process Develop educational tools 	<ul style="list-style-type: none"> Start roll-out of monitoring system Implement modified purchasing framework Build up educational capacity, hire and train people 	<ul style="list-style-type: none"> Complete training of staff in new functions Roll out monitoring system ongoing Complete implementation of all new elements

Deliverables	Phase 1	Phase 2	Phase 3	Phase 4
	<ul style="list-style-type: none"> Study results and recommendations Draft reimbursement law 	<ul style="list-style-type: none"> Detailed plans for next steps HTA office hiring and training ongoing 	<ul style="list-style-type: none"> Procurement of hard and software Functioning HTA process Education program hiring and training 	<ul style="list-style-type: none"> All elements functional Monitoring system effective in 70% of districts

Thank you very much for your attention