

## WAITING TIMES HEALTH POLICY IN POLAND

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### ABSTRACT

In Poland, a provisions of the Act of 27 August 2004 on health care services financed from public funds<sup>1</sup> defines the principles of the waiting list. Waiting list is one of the way to ensure equal access to health care services. Running waiting lists for health care services is the statutory duty of all providers and considers only first-time patients. The Act of 27 August specifies the responsibilities of the provider in relation to the patient, and to managing the waiting lists. Provider is obliged to give the patient information on the scope of health care services, the waiting time for health services, and information regarding the confirmation of the right to health care benefits at the first visit of the patient. In addition, a patient at the point of registration should receive comprehensive information on clinics.

Minister of Health in regulation of 26 September 2005 on medical criteria, described what criteria should be guided by the provider entering a beneficiary on waiting lists for health care services. In case of deterioration of patients' health, which may indicate the need to provide earlier health care service, the patient is obliged to inform the provider. Then, for medical reasons, the time of providing the health care service should be adjusted. Health care provider has no right to refuse to register patient on the waiting list to obtain health care service.

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<sup>1</sup> Uniform text, Journal of Laws of 2016, item 1793 as amended.

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National Health Fund web sites provide information on waiting lists maintained by individual providers, the number of people, by urgent cases and cases of a stable, and the average waiting time for providing medical services and information about other healthcare providers who offer benefits in within a shorter period of time.

**Key words:** waiting lists, health care, Poland, law

## 1. INTRODUCTION

Waiting times are a major health policy concern in many countries, as a result of inefficiencies in health care delivery, prolonged patient suffering and dissatisfaction among patients and general public. Policies are not only aimed at reducing long waiting times by introducing some form of national waiting times guarantees, but also especially in Europe to inform patients to be able to make an informed choice, as patients have the right to seek care in other countries if there is undue delay<sup>2,3</sup>.

## 2. WAITING TIMES HEALTH POLICY

In Poland, an access to health services in the public health insurance system is based, among others, on the basis of providing an equal access to health care, indicated by current medical knowledge, regardless of the financial situation of the insured. Waiting list is one of the way to ensure equal access to health care services. Running waiting lists for health care services is the statutory duty of all providers and considers only first-time

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<sup>2</sup> Iwona Kowalska, Anna Sagan, Anna Mokrzycka, Michał Zabdyr-Jamróz, "The first attempt to create a national strategy for reducing waiting times in Poland: Will it succeed?", *Health Policy* 119 (2015): 258–263.

<sup>3</sup> NinaViberg, Birger C.Forsberg, Michael Borowitz, Roger Molin, "International comparisons of waiting times in health care –Limitations and prospects ", *Health Policy* 112 (2013): 53– 61.

patients. Inpatients treatment continuation is not placed on the waiting lists. The waiting list is an integral part of the medical records, conducted by the provider with the obligation of its storage for a period of 20 years<sup>4</sup>. This list is performed with respect to fair, equal, not discriminating and transparent access to health care services and with accordance to the medical criteria. From 1 January, 2015, all the waiting list for health care services are conducted in an electronic version, with the use of the programs of service providers / AP -KOLCE program<sup>5</sup>.

Waiting times is the basic tool for determining the order of providing health care services. Definition of a waiting list has been defined in the Order of the President of the National Health Fund (NFZ) No. 14/2009 / DSOZ of 5 March 2009. By waiting list is meant the list of people under treatment plan, reporting to the health care provider with a health problem, however to whom health care services have not been provided on the day of registering to the health care provider<sup>6</sup>. The provisions of the Act of 27 August 2004 on health care services financed from public funds<sup>7</sup> defines the principles of the waiting list.

Health care provider sets the order of admission and ensures the proper running of the waiting lists, as well as appoints person responsible for carrying out these tasks. It should be added that running the waiting lists for health care services frequently is handled by medical staff at registration point.

According to the article 20 of the Act of 27 August 2004 on health care services financed from public funds it is a principle that health care services are provided in hospitals and in ambulatory health care, in the order of reporting on the days and hours to the health care provider having a contract with the National Health Fund for providing health care services<sup>8</sup>.

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<sup>4</sup> [https://www.nfz-rzeszow.pl/files/kolejki/kolejki\\_zasady.pdf](https://www.nfz-rzeszow.pl/files/kolejki/kolejki_zasady.pdf), [date of access 02.06.2017].

<sup>5</sup> Iwona Jasionowicz-Klepacka, „Prawo do świadczeń zdrowotnych”, Czerwiec 2, 2017 <http://www.prawoimedycyna.pl>.

<sup>6</sup> See Anna Jacek, „Prawo pacjenta do świadczeń zdrowotnych w ramach powszechnego ubezpieczenia zdrowotnego”, *Prawo i Medycyna* 3(2011): 33-46.

<sup>7</sup> Uniform text, *Journal of Laws of 2016*, item 1793 as amended.

<sup>8</sup> Uniform text, *Journal of Laws of 2016*, item 1793 as amended.

Article 21 mentioned above also specifies the responsibilities of the provider in relation to the patient, and specifically to managing the waiting lists. Those in turn include determining the order of admission, written information on the date of the providing the health care service, putting on the waiting list with the consent of the patient or her/his legal representative, as well as putting the date and reasons for the deleting from the waiting list<sup>9</sup>.

Medical staff working at the registration is obliged to give the patient information on the scope of health care services, the waiting time for health services, as well as information regarding the confirmation of the right to health care benefits at the first visit of the patient. In addition, a patient at the point of registration should receive comprehensive information on clinics.

To make an appointment with the health care provider, the patient should report to the registration point in health care entity. The entry on the waiting list for medical services can be made in person by coming to the point of registration or through a third party or by telephone, at a time determined by the provider. According to the interpretation of the Ministry of Health the health care providers should provide an e - registration services.

When determining the time of patient's appointment it should be noted that: health care services should be provided in possibly the shortest time and health care provider is obliged to accept the patient to admission at the time determined by itself.

If the time of appointment to the specialist consultation determined by health care provider is significantly too long, patient should obtain information about the possibility to seek advice from a specialist in other clinic having a contract with National Health Fund (NFZ)<sup>10</sup>.

In case when a patient cannot appoint at the determined time or if he/she resigned, then is obliged immediately notify the health care provider. In case of deterioration of patients' health, which may indicate the need to provide earlier health care service, the patient is obliged to inform the provider. Then, for medical reasons, the time of providing the health care

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<sup>9</sup> Uniform text, Journal of Laws of 2016, item 1793 as amended.

<sup>10</sup> [https://www.nfz-rzeszow.pl/files/kolejki/kolejki\\_zasady.pdf](https://www.nfz-rzeszow.pl/files/kolejki/kolejki_zasady.pdf), [date of access 02.6.2017].

service should be adjusted. The basis of shifting the patient on the list is a medical certificate, annotation of referring physician, or personal qualification by the provider (when in person). In this situation the health care provider, if this is due to medical criteria, adjusts the timing of providing the services, and immediately informs a beneficiary of the new time of appointment.

In case when unexpected circumstances occur, not possible to be foreseen at the time of setting the time of the appointment, and at the same time, they make unable to keep an already set time regarding to the waiting list, the health care provider shall inform a beneficiary in any possible way about the change of the date and the cause, due to the change of the order of provided health care services<sup>11</sup>.

This situation also applies when the time of appointment would change for the earlier. In order to obtain a single health care service based on a referral, beneficiary can register only on waiting list with one health care provider<sup>12</sup>.

When a patient is covered by a permanent specialist treatment, a control appointment should be established during the current visit to the doctor, thereby to maintain continuity of care. In the absence of a doctor, the patient should be informed about how to organize the continuity of health services in the absence of a doctor. Such information should be available at the place of providing health care service and the headquarters of provider<sup>13</sup>.

Running the entries on the waiting list should be done on a regular basis, thus placing the patient on the waiting list should be done on the date of its notification to the health care service provider. Determining by the health care provider the selected days in order to establish the time of appointment of health care service to patients is against the law.

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<sup>11</sup> The Act of 27 August 2004 on health care services financed from public funds (Uniform text, Journal of Laws of 2016, item 1793 as amended).

<sup>12</sup> The Act of 27 August 2004 on health care services financed from public funds (Uniform text, Journal of Laws of 2016, item 1793 as amended).

<sup>13</sup> [https://www.nfz-rzeszow.pl/files/kolejki/kolejki\\_zasady.pdf](https://www.nfz-rzeszow.pl/files/kolejki/kolejki_zasady.pdf), [date of access 02.06.2017].

Health care provider has no right to refuse to register patient on the waiting list to obtain health care service. However, there are cases when providers refuse to enter a patient on the waiting list, explaining the refusal to the lack of financial resources or the so-called 'exhaustion limits' of health care services with accordance to the contracts with the National Health Fund. Based on Article 193 paragraph 5 of the Act of 27 August 2004 on health care services financed from public funds, this behavior may be considered an offense and may result in the imposition of a penalty on the provider<sup>14</sup>.

In the system of health care services financed from public funds are listed entities that are entitled to benefits beyond the waiting list, and those include:

- entitled soldiers or employees in the treatment of injuries and illnesses incurred while performing duties outside the country, out of turn;
- Veterans in: treating injuries and illnesses incurred while performing duties outside the country;
- out of sequence with fixed and hours-a day healthcare services for the treatment of injuries and illnesses incurred while performing duties outside the country<sup>15</sup>.

Data on the number of pending and waiting time for individual services can be obtained directly or by phone in the healthcare facility where they are provided or through free telephone line and on the web site of provincial branches of the National Health Fund, under the section on waiting lists. There should be available information on: all medical entities, both public and non-public, but having a contract with the National Health Fund (NFZ), with division for the various types of health services having a NHF.

National Health Fund web sites also provide information on waiting lists maintained by individual providers, the number of people, by urgent cases and cases of a stable, and the average waiting time for providing med-

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<sup>14</sup> See Anna Jacek, „Prawo pacjenta do świadczeń zdrowotnych w ramach powszechnego ubezpieczenia zdrowotnego”, *Prawo i Medycyna* 3 (2011): 33-46.

<sup>15</sup> The Act of 27 August 2004 on health care services financed from public funds (Uniform text, *Journal of Laws* of 2016, item 1793 as amended).

ical services and information about other healthcare providers who offer benefits in within a shorter period of time.

According to article 21 of the Act of 27 August 2004 on health care services financed from the public funds waiting list for particular services performed by a health care provider, having a contract with the National Health Fund are the subject to periodic inspection at least once a month, and those can be made by:

- admissions assessment team appointed by the provider, in the case of hospitals; it consists of: a physician specialist in surgical, medical specialist in not surgical, chief nurse or another nurse or midwife,
- manager of the health care service provider, in the case of specialist services at outpatient health care;
- provider - in the case other than those referred to in point. 1 and 215<sup>16</sup>.

The tasks of those entities also includes the assessment of the waiting lists for in terms of:

- correctness of the documentation kept;
- waiting time for providing medical care;
- legitimacy of and reasons for changes of time of appointment to the health care service<sup>17</sup>.

The exception constitutes providing the medical services regarding transplantation with accordance to the national waiting list, conducted by the Center for Organizational Affairs Coordinating Transplantation 'Poltransplant'. Article 38 sec. 3 of the Act of July 1, 2005 on collecting, storing and transplantation of cells, tissues and organs<sup>18</sup>. Entering to the national waiting list is made by the physician of the patient eligible for transplantation. Inclusion on this list is one of the conditions for receiving the transplantation by recipient.

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<sup>16</sup> The Act of 27 August 2004 on health care services financed from public funds (Uniform text, Journal of Laws of 2016, item 1793 as amended).

<sup>17</sup> See Marcin Śliwka, Aneta Gałęska-Śliwka, „Kolejność udzielania świadczeń zdrowotnych w prawie polskim i europejskim”, *Prawo i Medycyna* 3 (2008): 91-108.

<sup>18</sup> The Act of 27 August 2004 on health care services financed from public funds (Uniform text, Journal of Laws of 2016, item 1793 as amended).

In the case of oncological diseases from 1 January 2015 in force is an ‘oncology package’ which entitles beneficiaries to be diagnose without a referral, and based on an Cancer Diagnosis and Treatment Card (the DiLO Card). Health care service provider is obliged to keep separate waiting list<sup>19</sup>. Queue leads not to a unit, or benefits but at a particular stage of diagnostic or therapeutic. In addition, the waiting list collects information related to the identification of oncology card for each person entered on the list<sup>20</sup>. In England to compare, the maximum waiting time for suspected cancer is two weeks from the day the patient appointment is booked through the NHS e-Referral Service, or when the hospital or service receives patient’s referral letter<sup>21</sup>. Therefore, patients in Poland have better access to oncology treatment than patients in England.

### 3. CRITERIA TO CHOOSE PATIENTS FROM WAITING LISTS

Minister of Health in regulation of 26 September 2005 on medical criteria, described what criteria should be guided by the provider entering a beneficiary on waiting lists for health care services.

According to art. 1 of the mentioned regulation provider puts a beneficiary, with the exception of beneficiary in the state of emergency on the waiting list for providing health care services on the basis of the following medical criteria based on current medical knowledge:

- health status of the beneficiary;
- prognosis as to the further course of the disease;
- comorbidities affecting the disease, because of which is to be given to the service;
- the risks of appearance, consolidation or deepen disability<sup>22</sup>.

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<sup>19</sup> The Act of 27 August 2004 on health care services financed from public funds (Uniform text, Journal of Laws of 2016, item 1793 as amended).

<sup>20</sup> [https://www.nfz-rzeszow.pl/files/kolejki/kolejki\\_zasady.pdf](https://www.nfz-rzeszow.pl/files/kolejki/kolejki_zasady.pdf), [date of access 09.06.2017].

<sup>21</sup> <http://www.nhs.uk/NHSEngland/appointment-booking/Pages/nhs-waiting-times.aspx>, [date of access 09.06.2017].

<sup>22</sup> Journal of Laws of 2005 no 200, item 1661.



Based on Article 2 paragraphs 1 regulation of 26 September 2005 on medical criteria, which should be guided by the provider, entering a beneficiary on waiting lists for providing health care services, the below specified medical criteria are used:

- beneficiary qualifies for the medical category, ie.:
- 'Urgent case' - if there is an urgent need to provide benefits due to the dynamics of the disease process and the possibility of a rapid deterioration of health or significantly reduced the chances of recovery,
- 'Stable case' - in the case other than the state of sudden and urgent.

In accordance with article 3 of mentioned regulation a beneficiary qualified for category of medical 'urgent case' is placed on a waiting list ahead those qualified to the category of medical 'stable case'. The provider enters a beneficiary on a waiting list after checking the required referral to a particular type of benefit, or of beneficiary is entitled to receive benefits without referral<sup>23</sup>. In, Ireland, patients are qualified into three group, as following: Active - Waiting for a scheduled date for admission in the future (no TCI date assigned), TCI - Scheduled for a date To Come In, Suspend-ed - temporarily unavailable or clinically unsuitable for their procedure<sup>24</sup>.

In Poland, patients are qualified as urgent cases out of turn and without undue delay. It should be noticed that in Great Britain, in turn the maximum waiting time for non-urgent consultant-led treatments is 18 weeks from the day your appointment is booked through the NHS e-Referral Service, or when the hospital or service receives your referral letter<sup>25</sup>.

The benefits provided to beneficiaries on the basis of oncological cards are not, as the only one, defined by categories of medical cases: urgent or stable case<sup>26</sup>. With the exception of beneficiaries in the state of emergency, the service provider puts a beneficiary, on the waiting list based on the card

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<sup>23</sup> Journal of Laws of 2005 no 200, item 1661.

<sup>24</sup> <http://www.ntpf.ie/home/pdf/National%20Waiting%20List%20Management%20Protocol.pdf>, [date of access 09.06.2017].

<sup>25</sup> <http://www.nhs.uk/NHSEngland/appointment-booking/Pages/nhs-waiting-times.aspx>, [date of access 09.06.2017].

<sup>26</sup> [https://www.nfz-rzeszow.pl/files/kolejki/kolejki\\_zasady.pdf](https://www.nfz-rzeszow.pl/files/kolejki/kolejki_zasady.pdf), [date of access 09.06.2017].

diagnosis and treatment of oncological, and the following medical criteria based on current medical knowledge:

- health status of the beneficiary;
- prognosis for the further course of the tumor;
- comorbidities affecting the tumor, having an impact on the tumor, because of which would be given the provision;
- the risks of, consolidate or deepen disability.

The right to oncology treatment based on the oncology card of diagnosis and oncology treatment, without a referral, in the case of outpatient specialist services and hospital services does not apply to skin cancer, excluding skin melanoma<sup>27</sup>. In the case of health care services provided in hospitals, doctor in the hospital confirms the medical category, indicated on referral by a doctor in charge, or a beneficiary qualifies to the appropriate medical category.

Beneficiaries who require periodic, at the fixed dates, performing successive stages of the provision are appointed in order to provide the benefits under the treatment plan<sup>28</sup>. In accordance with article 20 paragraph 7 of the Act of 27 August 2004 on health care services financed from public funds, in the case of changes in the health status of the patient, indicating the earlier need to provide health services, the service provider, if it results from medical criteria, adjusts the timing of the medical service and shall immediately inform the patient about the time of appointment<sup>29</sup>.

Providing health care services is also possible in the case of prior notice to the patient by a healthcare provider about this fact. It should be added that, in accordance with the Regulation of the Minister of Health of 9 November 2015 on the method and criteria for determining an acceptable waiting time at selected health care services, allowable waiting time for providing health care services is determined individually in relation to the insured on the basis of the following criteria:

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<sup>27</sup> The Act of 27 August 2004 on health care services financed from public funds (Uniform text, Journal of Laws of 2016, item 1793 as amended).

<sup>28</sup> Regulation of the Ministry of Health from 26 September 2005 in a case of medical criteria for healthcare providers regarding waiting lists] (Journal of Laws of 2005 No 200, item 1661).

<sup>29</sup> Uniform text: Journal of Laws of 2016, item 1793 as amended.

- health;
- the current course of the disease;
- prognosis as to the further course of the disease;
- the degree of disorder;
- the type and degree of disability or the threat of it to arise, establishment or deepen<sup>30</sup>.

A physician, most particular a specialist is setting a time limit of waiting of the insured for providing health care services, takes into account in particular the fact whether as a result of failure to provide this benefit at a particular time there is a threat of: (1) life; (2) inability to live independently; (3) total or permanent incapacity to work<sup>31</sup>.

#### 4. OBLIGATIONS OF PROVIDERS AND BENEFICIARIES RELATED TO THE WAITING LIST FOR HEALTH BENEFITS

Waiting times cannot be seen simply as an isolated phenomenon, but must be examined from the perspective of the entire healthcare system. OECD healthcare systems may be broken down into national (Beveridge type), social insurance (Bismarck type) and private<sup>32</sup>.

Provider enters a beneficiary on a waiting list for providing health care services at a convenient time visiting agreed with patient<sup>33</sup>. Beneficiary in order to receive health care services on the basis of a referral can enter on only one waiting list with one service provider. Beneficiary is obliged to immediately notify the provider that cannot appear in a timely manner and when resigning from the health care benefit.

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<sup>30</sup> Journal of Laws of 2015, item 1948.

<sup>31</sup> Regulation of the Ministry of Health from 27 December 2007 in a case of form and criteria to establish permitted waiting time for the selected healthcare services (Journal of Laws of 2007 No250, item 1884).

<sup>32</sup> See Javier Elola, "Health care system reforms in western European countries: the relevance of health care organization, *Int J Health Serv*, 1996. 26 (2): 239 -51.

<sup>33</sup> Zasady prowadzenia listy oczekujących na świadczenia, <http://www.spzoz.krotoszyn.pl/index.php?id=36>, [date of access 09.06.2017].

If there is a need to change the time of appointment due to provider's reasons, which could not be foreseen at the time of the appointment, and which make it impossible to keep the term resulting from the waiting list, the provider is obliged to inform the beneficiaries providing new date and reason for the change. This also applies to postpone the time for the earlier.

Provider deletes the beneficiary from the waiting list, noting on the list the date and reason for deletion when: patient fails to show up at the determined time without noticing the provider; there was a change to an earlier appointment, the patient is deleted with later one; the patient was transferred from one waiting list and entered to another waiting list with the same provider; the patient entered the waiting list died; beneficiary submitted an application for removal from the waiting list at the start of providing the benefits.

In the case of oncology diseases provider and beneficiary are obliged to: prepare and deliver free of charge to the beneficiary who holds an oncology card copies of medical records related to diagnosis of cancer or cancer treatment; leave through a beneficiary the oncology card when the performed diagnosis had proved no malignancy; leave through a beneficiary the oncology card when the oncology ended and join the medical records to the oncology card<sup>34</sup>.

#### 4. CONCLUSIONS

There is no single reason why waiting times and waiting lists exist in health care. They are a multifaceted problem and are the result of a complicated interplay between demand and supply. The management of waiting times and waiting lists can be considered from a medical, organizational and financial point of view. Many ethical and legal aspects are also involved. By definition there is a conflict of interests.

In Poland, the provisions of the Act of 27 August 2004 on health care services financed from public funds defines the principles of the waiting list and specifies the responsibilities of the provider in relation to the

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<sup>34</sup> [https://www.nfz-rzeszow.pl/files/kolejki/kolejki\\_zasady.pdf](https://www.nfz-rzeszow.pl/files/kolejki/kolejki_zasady.pdf), [date of access 09.06.2017].

patient, and specifically to managing the waiting lists<sup>35</sup>. Waiting times is the basic tool for determining the order of providing guaranteed health care services. The establishment of such a guarantee suggests that health-care availability is an issue of a major concern. According to the Eurostat Report 2014 Poland is one of the highest waiting list among EU member states, and it has been increasing over the years<sup>36</sup>. There still are many challenges regarding waiting times health policy in Poland.

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<sup>35</sup> Uniform text, Journal of Laws of 2016, item 1793 as amended.

<sup>36</sup> Eurostat. Self-reported unmet needs for medical examination by sex, age, detailed reason and income quintile; 2014. Available at:[http://epp.eurostat.ec.europa.eu/portal/page/portal/employmentsocialpolicy/equality/social protection social inclusion/indicators/health long term care](http://epp.eurostat.ec.europa.eu/portal/page/portal/employmentsocialpolicy/equality/social%20protection%20social%20inclusion/indicators/health%20long%20term%20care), [date of access 09.06.2017].

