

CONFERENCE ABSTRACT

The impact of PHC location (urban vs. rural) on uptake of prophylactic health services in Primary Health Care PLUS project in Poland

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Introduction

The National Health Fund (NHF) is the sole public payer accountable for securing access to health care services throughout Poland. To change the healthcare system in future the NHF leads a pilot project titled “Primary Health Care PLUS” aiming in the implementation of the care model focused on primary health care and based on coordinated and preventive activities relevant to needs of well informed and cooperating patients. The project is financed by the European Social Fund within Priority Axis V "Support for the health area" action 5.2. 42 primary health care sites (PHC) located in rural or urban areas participate in the project, involving about 1100 medical staff. The timeframe is 1 Jul 2018 - 31 Dec 2021.

Description of policy context and objective

Present system is focused on inpatient care. Most of patients are passive and poorly informed. The aim of the project is to implement patient-focused healthcare and make primary health care pro-active and preventive, based on planning, continuous and driven by family medicine teams. Patients are expected to be active, self-monitoring and well informed. Partnership between health professionals and patients is a key goal.

Targeted population

Health check-ups are designed for patients of age 20-65, with no history of healthcare services provided for in last 12 months. 6 small (less than 5,000 beneficiaries) rural centres and 4 large (more than 10,000 beneficiaries) urban ones were chosen. Small centres had together 6745 eligible patients [range 594-2162] and were contracted to perform at least 1322 of health check-ups [64-448]. Large centres had jointly 37669 eligible patients [7870-10778] and declared 9435 health risk assessments [2025-2649].

Highlights

The actual number of health check-ups performed by all small centres after 10 months was 1830 (138%) [32-1102; 50%-246%] vs. 1745 (18.4%) performed in large centres [32-915; 1.2%-45.18%]. Check-ups could be performed as basic or in-depth ones: small

centres performed 585 [12-353] basic ones and 1245 [20-749] in-depth check-ups. Large centres performed jointly 250 [20-165] basic check-ups and 1495 [1-750] in-depth ones.

Comments on transferability

The small centres perform more prophylactic services in comparison with large centres. This might indicate that health status of rural population is influenced by difficult access to health care; this and other possible factors such as education level, distance from doctor's site etc. require further investigation within the project.

Conclusions

Health check-ups were performed more effectively small, rural centres in relation to large centres located in big cities. This confirms the preliminary hypothesis of filling the gap in access to health services by patients in rural areas, and leads to the conclusion that the changes in organisation of healthcare should be implemented in entire Poland, resulting potentially in improvement in health of population and significant reduction of system costs.