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National Health Fund in the Health Care System

Abstract: This article focuses on the analysis of the legal and financial framework in which the National Health Fund functions in Poland. It has been confirmed that the Polish health care system is a structurally and relationally complicated entity and that the public authorities are responsible for the health security of citizens. Public tasks in this area are implemented through the use of strategic documents. The National Health Fund plays a key role in this field. However, it does not exercise a coordinating role, and still, it has an actual impact on the state of health security in Poland. Consideration should be given to the changes of contracting procedures proposed by scientists and practitioners, bearing in mind that simply increasing the amount of funding will not automatically improve the current situation without the drive towards more efficient spending of public funds. The main objective of this article is to analyse the existing contradiction in the Polish health care system, which comes down to the dilemma: how to reconcile patient's welfare with the economic efficiency of public health care providers. The undertaken research problem has been reflected in the selection of research methods. For the purposes of this article, the following research methods have been used: critical analysis, the examination of documents, and observation. The undertaking of considerations was preceded by a preliminary survey of publications related to security and health sciences as well as management and social policy. A lot of articles, binding legal acts, internal legal acts, judicial decisions, official documents that are significant for the reasoning process presented in the article have been insightfully analyzed. In this area, a comparative analysis has proved to be particularly helpful.

Keywords: National Health Fund, health security, health, contracting.

Narodowy Fundusz Zdrowia w systemie ochrony zdrowia

Abstrakt: W niniejszym opracowaniu dokonano analizy ram prawnych i finansowych funkcjonowania Narodowego Funduszu Zdrowia. Potwierdzono, że system ochrony zdrowiaw Polsce jest strukturalnie i relacyjnie tworem skomplikowanym, zaś władze publiczne odpowiadają za zapewnienie bezpieczeństwa zdrowotnego swoich obywateli. Zadania publiczne w tym obszarze wdrażane są przez realizację dokumentów strategicznych. Kluczową rolę w tym zakresie odgrywa Narodowy Fundusz Zdrowia. Nie pełni on funkcji koordynujących, ale realnie wpływa

na stan bezpieczeństwa zdrowotnego w Polsce. Należy rozważyć postulowane przez naukowców i praktyków zmiany procedury kontraktowania, uwzględniając fakt, że proste zwiększenie strumienia finansowania, bez działań zwiększających efektywność wydatkowania środków publicznych, automatycznie nie poprawi aktualnego stanu rzeczy. Głównym celem artykułu jest analiza sprzeczności występującej w polskim systemie opieki zdrowotnej, która sprowadza się do następującego dylematu: jak pogodzić dobro pacjenta z ekonomiczną efektywnością publicznych placówek ochrony zdrowia. Na potrzeby niniejszego artykułu wykorzystano następujące metody badawcze: analiza krytyczna, badanie dokumentów oraz obserwacja. Podjęcie rozważań zostało poprzedzone kwerendą publikacji z zakresu nauk o bezpieczeństwie, nauk o zdrowiu, jak również zarządzania oraz polityki społecznej. Gruntownie przeanalizowano liczne artykuły naukowe, obowiązujące akty prawne, orzeczenia sądowe oraz inne oficjalne dokumenty, które miały znaczenie dla toku rozumowania zaprezentowanego w publikacji. W odniesieniu do zagadnień poruszanych w artykule szczególnie użyteczna okazała się analiza porównawcza.

Słowa kluczowe: Narodowy Fundusz Zdrowia, bezpieczeństwo zdrowotne, zdrowie, kontraktowanie.

Introduction

The continuity of the COVID-19 pandemic outbreak has put its strain on all the most important elements of the national security system. One of its most fundamental objective – public security, and specifically, public health safety has been under strain since the first quarter of 2020. This impacts the national security system on the most fundamental levels, particularly where the human factor is of importance. At any time, if the system of national security is to stay strategically sound and operational, its most vulnerable segments have to be primarily shielded. Considering the current global threat assessment, it is obvious that States failing health protection of its citizens will weaken or endanger the system on multiple levels. As the current world health predicaments have shown, the logistical and practical issues of directly managing the manifold problems generated by the virus infections have become of the most significant importance.

The burden of protection and running the operations aiming at securing the general public health safety is managed within the national health systems, and those differ in various countries. In Poland, the legal responsibility for citizens' health safety is vested in public authorities and national institutions. As in accordance to the Constitution of the Republic of Poland – article 5 in reference to the Polish Republic's responsibility for citizens' safety, and article 68 in reference to its general obligation of universal health protection for the citizens, and art. 68.4. specifically mentioning pandemic protection (Dz. U. 1997, nr 78, poz. 483 ze zm.). This article is a broad presentation of the general agenda covering the

Polish National Health System's key role, its administrative and legal structure, and tasks generated by its objective on the national level.

Covid-19 has its slow-down impact on the world and national economies, and while negatively affecting the national GNP of every country, it is the internal difference in the approach of a given country to guard the public security in general and citizen's health safety in particular, that makes the difference in proper pandemic protection. In most countries, as is also in Poland, the major State constitutional institutions are responsible for security in general and health safety in particular. This falls within the category of public security, as guarded by the public authorities and its legal obligations. Since the pandemic impact is of prolonged nature, the attentive focus on the health institutions' ability to withstand the pandemic through proper management and financing, in the long run, is of critical current necessity. The adequate knowledge and description of the essential and most important components of a national health system lead to systematically accurate health protection. And it is paramount for any national security system.

One of the crucial factors serving in completing current health safety goals in times of pandemic is proper funds allocation specifically to deal with a prolonged pandemic problem. Focusing on the financing of the National Health Fund, as one of the pillars of the national security system protection against the pandemic, specifically attaining parts of public security goals, edges the focus on the institutional character of proper settings. The Covid-19 pandemic affecting public security is considered here in terms of cause and effect, weakening the fundament of public security, and weakening the entire system. Therefore, a proper evaluation of such a system's fundaments is at issue and consequently analyzed, as presented here in this descriptive article elucidating the values of a bureaucratic scheme in determining Poland's public security condition.

The National Health Fund has the legal dispositions and obligations of the State organizational unit. It is regulated by and managed on the basis of the *Act of 27 August 2004 on health care services financed from public funds* (Dz. U. 2010, nr 210, poz. 2135 ze zm.), and its practical directives given by the *Regulation of the Minister of Health of 11 December 2014 on granting the statute to the National Health Fund* (Dz. U. 2014, poz. 1840). Its organizational bureaucracy is composed of one executive headquarters and sixteen provincial branches – analogical to the territorial division of the country.

The basic administrative set up of the Fund is arranged based on the following

units: The Fund Council; The President of the Fund; Councils of the Provincial Branches of the Fund; Directors of the Provincial Branches of the Fund (Bromber, 2014, p. 3). The role of the President of the Fund is central to the bureaucratic decision-making process and centralized management. The President of the Fund answers before the Fund Council, and he is solely responsible, together with his deputies, for running the Fund and exercising in practice the financial aspects of running the Fund.

Within the scope of the Fund's operation, pursuant to *Art. 97 of the Act of 27 August 2004 on health care services financed from public funds* (Dz. U. 2010, nr 210, poz. 2135 ze zm.), particular consideration refers to financing of healthcare services provided to persons entitled under the law; making settlements in the scope specified in the *Act of 12 May 2011* (Dz. U. 2011, nr 122, poz. 696 ze zm.) on the reimbursement of the prices of drugs, foodstuffs for particular nutritional uses and medical devices; determining the quality, availability and cost analysis of healthcare services to the extent necessary for the proper conclusion of contracts; conducting competitions for offers, negotiations and concluding contracts for the provision of healthcare services, as well as monitoring their implementation and accounting; financing of medical rescue operations; performing commissioned tasks, including those financed by the Ministry of Health; financing the implementation of health programs; monitoring medical prescriptions; health promotion; keeping the Central List of the Insured; conducting promotional and informational publishing activities in the field of health protection.

Supervision over the activities of the Fund is exercised by the Minister of Health, applying the criteria of legality, reliability, and purposefulness (Urbaniak, 2016, p. 47). The Ministry oversees the Fund's goals by comparing the actual state with the expected state and has legal and administrative competence to substantively correct the activity through its supervision (Kalina-Prasznic, 2004, p. 385). The Polish legislator here entrusted significant powers to the Minister of Finance. Those would be the supervisory functions in the area of the Fund's financial management. The legality, reliability, purposefulness, and economy (Bromber, 2014, p. 3) are the basic criteria of such control.

Public financing of the health care system

In Poland, the financing of the health care system is of an insurance and budgetary nature. The majority of financing comes mainly from the health

insurance premiums. Its value depends on the percentage of the contributions, the calculation basis, and the number of the insured paying the contributions, i.e., the number of working people (Golinowska, 2008, pp. 13–24). The use of such a mechanism gives a specific guarantee of funds accumulation for health care and excludes it from the annual political debate during the parliamentary approval of the budget act. The amount of the contribution equals 9% of the calculation basis. For many years now, there has been a lively discussion about increasing it. The health contributions are paid and recorded in the Social Insurance Institution (ZUS), and in the case of farmers, in the Agricultural Social Insurance Fund (KRUS). Then, on the basis of a transfer between units of the public finance sector, they are transferred directly to the Fund, which distributes it between the voivodeship branches.

Some authors postulate the need for deliberate ZUS and KRUS exclusion from collecting the health insurance contribution in order to direct it straight to the Fund (Bromber, 2014, p. 4). In their opinion, this would imply savings, and at the same time, simplify the enrollment process (Jakubczak, 2011). Although valuable as a voice in the discussion, such proposed changes seem unlikely to be implemented because of important weak points, however. In particular, these include the need to build an IT system, the need to hire new officials, and difficulties in the enforcement of public-law benefits from payers. This would also imply some duplication of the existing arrangements.

When dealing with public protection of the basic health safety, the public authorities take into account the consequences, and complexity of the decision-making process, which may include, among the others, the following elements: awareness of the problem to be solved, general and specific substantive decision, substantive teleological decision and implementation of the decision made (Chmaj & Sokół, 1999, p. 301 and next). The mechanism for distributing the premiums in Poland is itself very problematic and far from perfect. It is systematically criticized and has been changed already several times (Nawrolska, 2011, p. 366; Strzelecka & Smołkowska, 2009, p. 130). The problem is even more significant as there are no optimal solutions in this respect, and those need to be universally recognized by all sides of the discourse (Wojteczek, 2010, pp. 18–22). Furthermore, comparing and using the algorithms applied in other countries is also out of the question since those are based on different procedures and take into account different health risk factors (Czerska & Jasiak-Kaczmarek, 2012, p. 571 and next).

In a reviewed literature, there are postulates that the simplest solution would be to divide the accumulated public funds by the total number of insured persons and then multiply the calculated value by the number of the insured living in a given voivodeship. Such a solution, however, would paradoxically mean unequal access of the insured to health care services, due to the existing differences in the level of income of the insured, and different health risks that may not be common in other areas.

Healthcare financing by the National Health Fund

In this context, the *Regulation of the Minister of Health of 17 November 2009* on the detailed procedures, and criteria for the allocation of funds between the headquarters and provincial branches of the National Health Fund (Dz. U. 2009, poz. 1945), designed for the financing of healthcare services of the insured persons, is of fundamental importance in terms of redistribution of public funds allocated to health care (Krajewski-Siuda & Romaniuk, 1995, p. 65–71).

The allotment takes into account various elements for its algorithms, and the main are the following:

- The current number of insured persons registered in the Fund's provincial branch.
- The groups of insured persons, divided according to age and sex, together with separate groups of healthcare services, including highly specialized services.
- The estimated health risk corresponding to a given group of insured persons, in the scope of a given group of healthcare services, compared with the reference group.

In practice, the National Healthcare Provider Fund oversees that the amount of funds planned to cover healthcare services costs by a specific voivodeship branch should is not lower than the amount of financing costs of healthcare services for that branch as planned in the financial plan in the previous year. Such an increase in public expenditure over time was already observed and generalized by the German economist Adolf Wagner. In the theory of public finance, it has been called Wagner's law (Lubimow-Burzyńska, 2014, pp. 69–70; Kańduła, 2010, p. 142).

Interesting conclusions on the method of allocating funds by the National Health Fund were formulated by W. Misiąg and M. Tomalak, who argue that one of the best validation of the current algorithm to be used is to calculate the limits

of health care expenditure for all provinces with the same nationwide indicators (Misiąg & Tomalak, 2010 p. 29 and next). The proposed method of distributing public funds, without taking into account the degree of urbanization, significantly affects the costs of primary healthcare and considers the differences between provinces, including the health condition of the insured. The aforementioned researchers from the Institute for Market Economics also claim that the adopted division mechanism does not reward the Fund's branches for savings in spending, not to mention encouraging efficiency, which is becoming an increasingly important factor in assessing the activities of public entities (Lizakowski, 2019, p. 183–184). However, this is an issue that requires a separate study of the adequate indicators specifications for public funds transfers in the activities of healthcare entities, as has been mentioned in the *Act of 27 August 2004 on health care services financed from public funds* (Dz. U. 2010, poz. 2135 ze zm.).

Act on the National Health Fund

The reasons for the adoption of the *Act of 27 August 2004 on health care services financed from public funds* (Dz. U. 2010, nr 210, poz. 2135) were problems and difficulties related to the functioning of "sickness funds" in Poland (Balicki, 20011, p. 103). The tasks specified in relation to the "sickness funds" met with strong criticism. One of the arguments raised in the debate was the unfair and unjustified spatial differentiation of patients in terms of access to health services. Problems with the specific directive of contracting with different health insurance funds were also raised when patients obtain the so-called "promise" in the case of the need for specialist treatment outside their own voivodeship. Among other things, attention was also drawn to other flaws in the functioning of "sickness funds", such as the limitation of benefits, penalties imposed by funds on service providers, poor coordination, and problems with managing a complex public structure.

In this context, the allotment of health safety by public institutions in Poland for every citizen is of the utmost importance. The significance of this matter is noticed by the International Health Organization (WHO). In line with its Constitution, the WHO adopted the Health for All program as early as 1977. It is stated there that there is a minimum level of healthcare below which no person can go without, no matter what country he or she lives in (Hołyst, 2014, p. 123).

The aforementioned health minimum is related to the possibility of every

human being to perform their work and enables active participation in the life of the community it creates (Barańska, 2013, p. 175).

Similar strategic documents referring to health protection were adopted and implemented in Europe (Górczyński & Wojtyniak, 2005, pp. 2–3). The EU documents repeatedly emphasize that a high level of health protection will be achieved through the implementation of many actions and priorities of the European Union, which, by definition, will play a complementary role in relation to national health and social policies. Such an approach of the European Union seems to be valuable because it allows to notice and counteract the complex etiology of health threats, and gives the governments of the Member States a chance to create their own health policy, which by its nature is a result of the needs and financial and organizational possibilities of a given country.

National Health Fund is an important institution that implements health policies in Poland. Through this centralized and government-controlled institution, the funds can be generated in the amounts allowing common operations and coping with new predicaments like COVID-19. One of the Fund's main goals is to provide beneficiaries with equal access to healthcare services, regardless of their place of residence. This priority is implemented through a procedure and contracting with service providers. After all, contracts with the National Health Fund constitute the basic source of financing the health policy of the state (Paszkowska, 2010, p. 79–80). The situation is similar in the case of the funding, broadly understood, rehabilitation from budgetary funds (Kosycarz, 2018, p. 166 and next). The entire procedure for concluding a contract is defined as the concept of contracting healthcare services. In accordance with generally applicable law, the National Health Fund, as a public institution, is obliged to ensure equal treatment of all service providers who make efforts to conclude an agreement with the Fund and to conduct proceedings in such a way as to ensure that the principles of fairness and competition are respected (Malarewicz-Jakubow, 2013, p. 276–278). In practice, this means that even documents related to the proceedings must be made available to service providers based on the same, transparent criteria.

It is often emphasized that contracting is a very formalized and complicated process. It has to take into account legal predispositions, among the others, outlined in the Minister of Health's regulations, the President of the Fund's orders, and the internal acts, including the internal procedures of the Fund (Pietraszewska-

Macheta, 2012, p. 183). The contracting process described above also uses IT tools. Supportive of the Fund IT system helps to implement virtually all contracting stages, including the ranking of submitted offers. It is the use of IT tools, taking into account the complexity of the contracting process itself, which reduces the official's influence on the procedure's final result. Modern technologies are also conducive to improving the quality of work in public administration (Bugdol, 2008, p. 162 and next).

The literature on the subject (Bromber, 2014, p. 8) distinguishes three stages of the contracting process:

- preparation of a benefit purchase plan,
- conducting proceedings for the conclusion of contracts for the provision of healthcare services,
- concluding contracts for the provision of healthcare services.

K. Iłowiecka, in her "SWOT analysis of the service contracting process", lists four areas related to contracting. These are sources of financing benefits, planning the purchase of benefits, valuation of benefits, and purchase of benefits (Iłowiecka, 2016, p. 190–194). According to Polish law, an absolute condition for obtaining financing in full or co-financing health care services from public funds is the conclusion of a contract. It is completed between the authorized and competent directors of the Fund's provincial branch and the service provider. In its content, it defines the specific amount of the Fund's liability to the service provider, the type and scope of healthcare services provided, as well as the conditions for providing healthcare services. While studying the literature, it can be noticed that the problem of established there limits is very often underlined (Zozula, 2010, p. 266–230; Leśniewski, 2010, p. 16–20). This is a complex issue. From the payer's perspective, limits are an effective way of managing financial liquidity. For patients, however, this generally implies longer waiting times for needed medical services. And for the service providers, it is associated with financial difficulties and even debt. It is not surprising then that the issue of limits appears in the public debate and is sometimes even a source of conflicts and protests.

Conclusions

As it has been mentioned, the principles of accounting for the benefits by the National Health Fund are set out within the Act and other legal documents. The National Health Fund is established to finance benefits provided in the settlement

period up to the amount of the liability to the service provider specified in the contract. In a contract signed for more than one benefit class for a given type of benefit, the obligation amount is the sum of the obligation values for each benefit. There are, of course, the so-called correction factors also taken into account.

The President of the National Health Fund evaluates individual healthcare services. When making adjustments, the President of the National Health Fund must also take into account the mutual cost relations of the services provided, considering the costs of their provision by service providers, and in selected areas of services also the costs of ensuring their readiness to provide them. However, such activities are difficult because the President of the National Health Fund does not have the appropriate tools for obtaining the necessary data (IX Forum, 2013). Nonetheless, a similar mechanism for evaluating medical services is also used in other European countries (Kludacz, 2013, pp. 261–273).

The health care system in Poland is a structurally and relatively complex bureaucracy. In modern countries, public authorities are committed to ensuring the health security of their citizens. These tasks are carried out through the implementation of strategic documents in the field of health. Health security in Poland is determined by the proper adjustments to the problems arising. The National Health Fund plays a key role in the health care system outlined above. Although it does not have a coordinating function, it has a real impact on the state of health security in Poland. This is due, among others, to the broadly understood process of contracting health services. Changes to the contracting procedure postulated by scientists and practitioners should be considered, bearing in mind that a simple increase in the funding stream without measures increasing the efficiency of spending public funds will not automatically improve the current state of affairs.

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