

## Case Study Summary Poland

### Summary

Polish healthcare systems, together with other European Union (EU) countries, must face the problem of rapid ageing of our societies. The increase in population of those aged 65+ will affect the average number of medications taken by patients due to their multimorbidities, longer lifespan and progress in pharmaceutical research. Due to this fact, polypharmacy in next few decades will be one of the major challenges for Polish healthcare. Although several countries in the EU have addressed this issue, there are still many Member States in which no policies regarding polypharmacy have been approved, one of which is Poland.

Our case study was a thorough analysis of the current state of the art. Beginning with a systematic desk review, which returned no existing policies or guidelines on polypharmacy in Poland, it was confirmed that Poland lacks regulations in this matter. Key informant interviews and focus group studies revealed several major barriers to effective implementation of polypharmacy and adherence management policies. One of them was the lack of effective communication between healthcare professionals. At the moment in Poland, there is no nationwide electronic patient record which could help transfer information about patients, their health history, results and more between physicians, pharmacists, nurses and the other specialists. This summary presents a brief description of the findings of this study, and particularly, of the barriers that need to be overcome should effective policies against improper polypharmacy in the elderly be adopted in Poland.

### Characteristics of the case study

#### Name of the programme

View on polypharmacy in Poland.

#### Locality/Region and country

This case study was provided for Poland as a whole with a special interest in polypharmacy management in the elderly in Lodzkie province (with Lodz city, region capital) and Malopolskie province (with Krakow city, region capital).

#### Health care system overview

Poland has a stable and growing economy. During the global recession of 2008, Polish gross domestic product (GDP) increased by 1.6%, while at the same time GDP of the EU as a whole decreased by 4.5%. Due to this fact, Polish economy has risen to Purchasing Power Parity \$26,135.3 GDP per capita in 2015. Although the Polish economy is stable, the country needs many reforms in order to improve its global potential. One of the fields which needs constant improvement is healthcare.

The Polish health care system is publicly funded. It is free for all Polish citizens who have insurance in the National Health Fund (in Polish 'Narodowy Fundusz Zdrowia', NFZ). Approximately 92% of the population is covered by the system of compulsory health insurance. The rest has no insurance due to various reasons amongst which the most common are: patient did not apply for insurance, his parents did not do it (in case of children) or his employer did not do it, mistakes in application for

insurance or lack of paid contributions by self-employed entrepreneurs. Management and financing functions in the Polish health care system are divided between the Ministry of Health, the NFZ, and territorial self-governments. The Ministry of Health has the overall responsibility for governance of the health sector and its organization. It is responsible for national health policy (including medication prescribing and prescription regulations), implementation and coordination of health policy programmes, development of guidelines for health promotion and disease prevention programmes, elaboration of solutions to health problems, caused by environmental and social factors, and, jointly with the provinces (voivodeships), evaluation of access to health care. It is also in charge of financing of a few public health institutions (e.g. Institute of Mother and Child, Institute of Cardiology). The NFZ is responsible for financing health care services provided to the insured population. It is done by negotiating and signing contracts for service provision with health care providers (setting their value, volume and structure), monitoring the fulfilment of contractual terms and being in charge of contract accounting. It manages the process of contracting health services with public and non-public service providers. Territorial self-governments are responsible for maintaining capital investments in healthcare infrastructure and for health promotion and prevention.

In Poland physicians, dentists, veterinary doctors and physician assistants (feldshers) have authority to prescribe medications. The Minister of Health's act allowing nurses and midwives to prescribe has been recently approved. The Act is being implemented with nurses and midwives required to pass a certificated course in order to prove competence and gain authority to prescribe. To date, approximately 100 nurses have passed the certification course.

#### Programme aims and objectives

At the moment in Poland there is no legislation that supports directly or indirectly the polypharmacy programme. Polish acts omit management of medications, thus legislation neither supports nor hinders implementation of a polypharmacy programme. For that reason, the Polish case study focused on identification of barriers and limitations to implementation of a polypharmacy management programme.

Nonetheless, the first step in designing a polypharmacy management programme has been taken with the creation of a working group appointed by the Ministry of Health tasked with developing a pharmaceutical care programme. Its main objective is to prepare a plan of publicly financed pharmaceutical care in Poland. In 2004, the FONTiC (Polish: Farmaceutyczna Opieka w Nadciśnieniu Tętnicznym i Cukrzycy; English translation: Pharmaceutical Care in Hypertension and Diabetes) project was started in Lubuskie province as a first step of pharmaceutical care development in Poland. It resulted in the development of an Internet based application to help pharmacists deliver pharmaceutical care. The software enables pharmacists to prepare, analyse and correct pharmaceutical care plans and patient education.

#### Institutions included in case study

- Ministry of Health – responsible for national regulations in health care.
- National Health Fund (Polish Narodowy Fundusz Zdrowia) - responsible for financing health care services provided to the insured population.

## **Managerial and policy highlights of the programme**

### Moving from importance to urgency

Rapid ageing of societies is one of the main demographic problems in European Union member states, including Poland. Between the years of 1989 and 2014, the number of elderly Polish people increased by over 2.9 million. Rising numbers of people in those aged older than 65 contributes to a higher risk of polypharmacy due to the increased prevalence of multimorbidity in this population. This problem has become more urgent these last few years, however, no specific actions have been taken by policymakers. Furthermore, participants did not express any concern at the lack of polypharmacy management policies which were not viewed as a major problem for Polish healthcare. There may be several reasons for this, including more urgent problems in healthcare, a lack of polypharmacy knowledge among policymakers and a strong pharmaceutical lobby to name a few. One of the case study interviewees stated that for polypharmacy to gain the attention of policymakers, a proposal from a group of experts would help significantly.

### Creating teams and strategic vision

Participants were eagerly expressing the strategic vision of development of polypharmacy guidelines in Poland. The basic team to support patient medication care should be the pharmacist working in partnership with the physician. Information exchange between healthcare professionals should preferably be based on information technology systems which would provide linked systems with web based applications. The full team may include a physician, pharmacist, nurse, dietician and a physiotherapist. Many other professionals may contribute to the final polypharmacy management programme including healthcare professionals, healthcare providers, patient societies, specialists, specialist societies, and healthcare foundations. There is an urgent need for a special European Union body to set standards for polypharmacy management which harmonize treatment across member states based on global regulations. A separate working group at national level would be responsible for developing solutions regarding polypharmacy management and presenting it to policymakers.

### Creating practice models

Lack of communication between physicians and pharmacists was identified as a major problem in current practices. Enabling change of medication formulation and reimbursement of prescribed drugs by pharmacists are long awaited features. At the moment more and more medications are being registered as over the counter treatment, which leads to loss of professional oversight of patient's medications by physicians but provides an increased opportunity for pharmacists to offer counselling and advice. Patients would also benefit from healthcare cards (electronic or paper) gathering up-to-date data on prescribed medications enabling physician and pharmacist revision of medications. When patients believe in medications prescribed by medical professionals physician they may not be willing to withdraw medications prescribed by them.

### Building sustainability

According to conducted case studies the polypharmacy management programme should initially be targeted at older patients and later incorporate other age groups. Implementation should start in small groups of patients as a trial, instead of the whole country at once. Electronic patient data when available should be used for analysis in order to improve implementation of the polypharmacy management programme in Poland.

Implementation of such a programme should be preceded by a media campaign promoting the programme with experts, the general public and patients. Specific regulations should be developed. A system of incentives for family physicians was mentioned by one of the interviewees. A pilot study of polypharmacy management programmes was proposed, which may be conducted in family physician's practices in cooperation with geriatric out-patient clinics or geriatric wards. If the concept of multidisciplinary teams is preferred, such teams should be formed in small regions (e.g. province) in order to conduct a pilot study. Trainings about the programme and the ways of searching polypharmacy related knowledge on the Internet would be beneficial for healthcare professionals. The first patients to be covered by a polypharmacy management programme are elderlies – if the resources are limited - this is the group of patients on which the programme should be focused.

Polish healthcare systems are lack an electronic database which could include data on the number of consumed medications by patient, divided into those which are necessary or not for the patient, hence a system for appropriate polypharmacy plus adherence.

## **Conclusions**

The case study revealed many barriers to the way to implement polypharmacy management in Poland. The main conclusions were that:

- There is an urgent need to create awareness among policymakers and stakeholders about effective polypharmacy management.
- A coalition of institutions/governmental bodies responsible for the implementation of any polypharmacy management programme should be formed.
- A well-planned strategic vision of polypharmacy management should be proposed.
- A number of stakeholders should be enlisted to support implementation of polypharmacy management in Poland.
- The barriers for polypharmacy management programmes should be removed e.g. healthcare e-cards prepared for every patient, enabling revision of medications by physicians and pharmacists with e-card access.
- A pilot study should be designed to test implementation of the programme.
- This acceleration should be sustained by expanding the programme to the whole country, beginning with the elderly should ultimately be the next step toward embracing all patient groups.
- The change should be applied by dissemination of polypharmacy management programme to all stakeholders including healthcare professionals, healthcare providers, patients' societies, specialists, specialist societies and foundations.