

*Regional hospital collaboration in
Poland: a response to privatisation
in the hospital sector.*

*Functional integration of county
hospitals – Małopolska province*



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Background info: Małopolska



http://pl.wikipedia.org/w/index.php?title=Plik:Małopolskie_%28EE,E_NN,N%29.png&filetimestamp=20050613174605

- Population served: 3.3 million
- Population growth (+ foreseen structure change)
- 3 major cities (Kraków – 750k, Tarnów – 114k, Nowy Sącz – 84k), 19 counties



Background info: Healthcare (bed) resources

- Public:
 - 13 regional units (> 4 100 beds)
 - 19 county units (> 6 400 beds)
 - 7 special units [university, army....] (>3 100 beds)
- **Private (non-public): > 3 200 beds**
- Which sums up to > 17 600 beds (2010)
- Very unevenly distributed, (almost) no cross-border care

Background info: Healthcare (bed) resources

Powiat	Liczba łóżek	W szpitalach ogólnych				W szpitalach psychiatrycznych		ZOL, ZPO, hospicja		
		Publiczne			NZOZ	Publiczne (woj.)	NZOZ	Publiczne		NZOZ
		Woj.	Pow.	Res.				Woj.	Pow.	
Kraków	7 831	1 183	956	2 730	1 045	828	83		414	592
Tarnów	1 019	624	355						40	
Nowy Sącz	556	490		55						11
Bocheński	186		186							
Brzeski	343		267						76	
Chrzanowski	622		524		17					81
Dąbrowski	305		251						37	17
Gorlicki	493		485		8					
Krakowski	405	301			54					50
Limanowski	380		301		79					
Miechowski	327		285						26	16
Myślenicki	328		277		7				44	
Nowosądecki	297		168		20					109
Nowotarski	940		423	193	186				85	53
Olkuski	716	148			352					216
Oświęcimski	776		453		32				125	166
Proszowicki	259		259							
Suski	595		383		2			150	60	
Tarnowski	91				91					
Tatrzański	666	160	318	188						
Wadowicki	513		279			234				
Wielicki	5				5					
Σ	17 653	2 906	6 170	3 111	1 953	1 062	83	150	907	1 311
	Σ		12 187		1 953	1 062	83		1 057	1 311
	Σ		14 140			1 145			2 368	
	Σ					17 653				

Background info: public hospital resources in sub-regions

Source: Departament Zdrowia i Polityki Społecznej Urząd Marszałkowski Województwa Małopolskiego, *Raport Lecznictwo stacjonarne w Małopolsce 2010*,

http://www.malopolskie.pl/Pliki/2012/Raport_Lecznictwo%20szpitalne%20w%20Ma%20C5%82opolsce_2010.pdf, pobrano 2012-06-18.

X	Regional
X	County
X	Special





Reasoning

- Demographic change of the population requires changes in the way healthcare services are delivered.
- Availability of new technologies (technologies potential & requirements).
- Over-supply of hospital resources. There are twice as many acute beds as really needed.
- Underdeveloped non-hospital care, especially primary & home care (public purchaser policy).
- National Health Fund (NHF) – purchaser – uses payment mechanisms, which **promote hospital care.** (*Cuius regio, eius religio*)

Reasoning

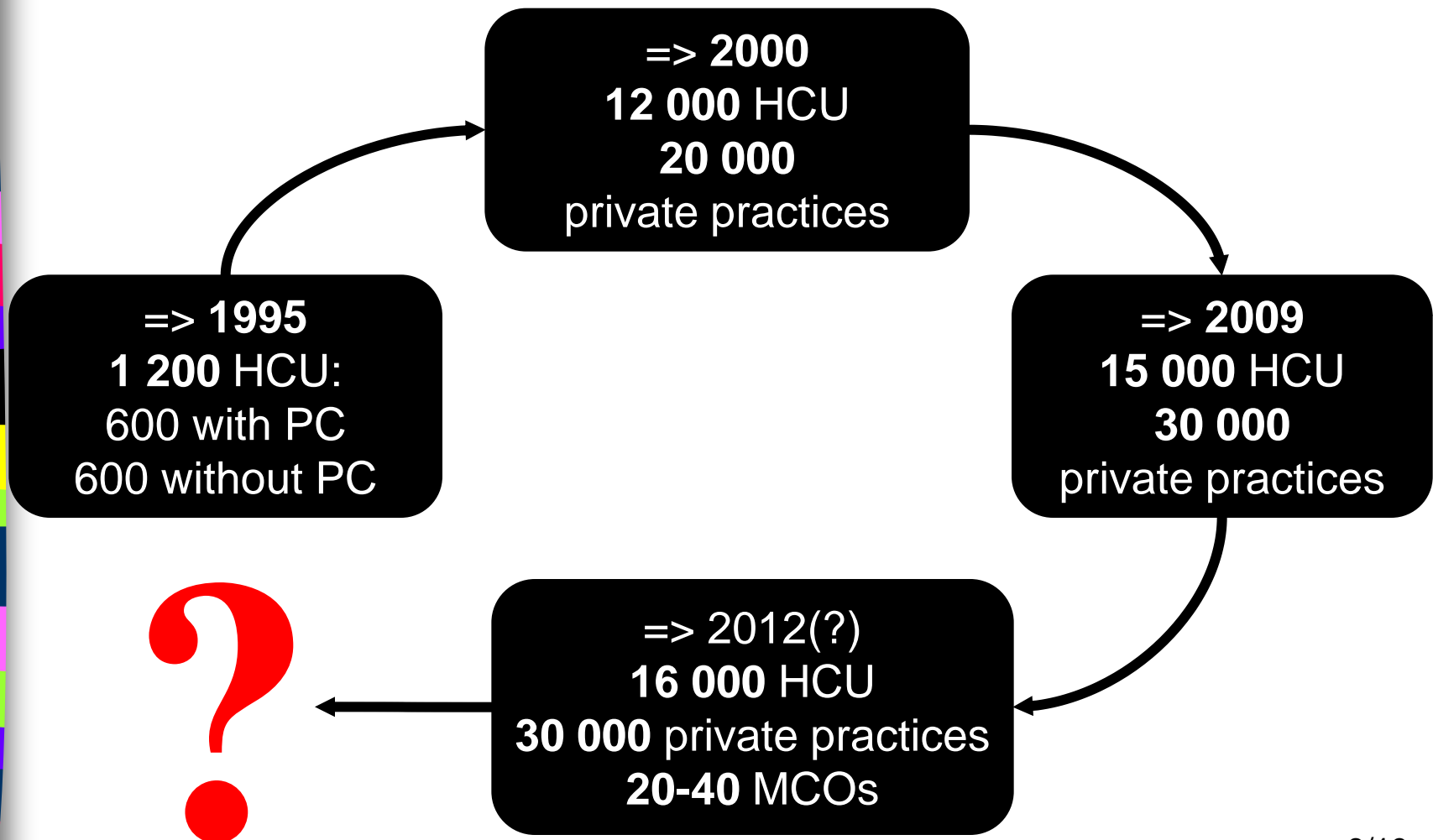
- There are about 1 400 healthcare units in Małopolska; competing unwilling to collaborate and shifting costs of services.

There is no strategy for infrastructure development (for ideological, political, conceptual and structural reasons).

So there is more and more units competing for the same (similar) sum of money => margin and profitability erosion => problems of healthcare providers.

- **Growing number of non-public risk-averse providers (all health sectors); 33 contracts for hospital care in Kraków itself.**

Number of healthcare providers in Poland (care fragmentation)



Project goal & objectives

Goal

- **Improving medical and economical effectiveness of county hospitals.**

Objectives

- **Improving treatment efficiency and effectiveness healthcare** offered for Małopolska inhabitants, focusing on quality and safety of delivered services.
- **Improving perceived accessibility and clients' satisfaction** of county hospitals.
- **Improving profitability of county hospitals**, allowing for their sustainability as a condition for services provision.
- **Implementing a co-operation model**, to be copied in other regions.

Sustainability!



How?

- **Changes of wards structure and profiles**
- **Optimizing organization of services for patients in life-threatening situations**
- **Investment optimizing**
- **Contract (NHF) optimizing**
- **Resources efficiency improvements**



Tasks

1. Developing an „accessibility” map (hospital & ambulatory services) – with 10 years forecast.
2. Cross-border care analysis (other provinces).
3. Re-engineering of internal processes (standardization).
4. Negotiating and developing investments / improvement plans for network hospitals according to task (market) division in order to improve access and effectiveness of services.
5. Starting effective information exchange between hospitals (IT platform).



Tasks

6. Investing in buildings and medical equipment according to the plan (# 3, # 4).
7. Starting adaptation and qualification improvements processes for the personnel in (care) priority areas.
8. Care pathways reconfiguration (quality, effectiveness improvements).
9. (optional) Supporting local authorities in transforming hospitals into companies.



Expected outcomes

- Cost optimization
- Quality improvement
- Access improvement
- Safety improvement



Beneficiaries

- Patients
- Payer
- Hospitals
-
- Local governments

Time-frame

3 „streams”

(external) Experts (tasks: 1, 2)

Mixed (tasks: 3, 4, 6, 7, 8, 9)

(internal) Hospitals (task 5)

3.5-4 years

Finance (million Euros)

Task	Min	Max
Project documentation	0.25	0.5
Investments	20	37.5
HR development	5	10
Project administration	1.25	2.5
TOTAL	26.5	50.5

- Foreseen (annual) income growth: **12.5**
- Foreseen (annual) cost reduction: **25**
- „Net annual value”: **37.5**

How to deliver the project?

