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## Lista oczekujących jako instrument racjonalizujący dostęp do świadczeń opieki zdrowotnej

## The waiting list as an instrument, rationalizing access to health care benefits

### Streszczenie

**Wstęp.** W systemie powszechnego ubezpieczenia zdrowotnego pacjent nie może liczyć na nieograniczony dostęp do opieki medycznej, dlatego też kluczowe stało się prawo do korzystania z rzetelnej, opartej na kryteriach medycznych procedury ustalającej kolejność dostępu do świadczeń zdrowotnych. To rozwiązanie określane jest jako lista oczekujących na świadczenia zdrowotne.

**Cel.** Celem pracy było poznanie opinii na temat roli listy oczekujących jako instrumentu racjonalizującego dostęp do świadczeń w systemie powszechnego ubezpieczenia zdrowotnego.

**Materiał i metody.** W badaniach uczestniczyło 300 osób korzystających ze świadczeń opieki zdrowotnej w podmiotach leczniczych na terenie miasta Jarosławia. Do realizacji celu badania wykorzystano kwestionariusz ankiety własnego autorstwa.

**Wyniki.** Wykazano, iż 68% ankietowanych nie znalazło lepszego rozwiązania niż prowadzenie listy oczekujących, jeżeli chodzi o dostęp do świadczeń finansowanych ze środków publicznych. Natomiast 32% respondentów uważała, że prowadzenie listy oczekujących jest bezcelowe, ponieważ Świadczeniodawcy nie przestrzegają zasad przy jej prowadzeniu.

**Wnioski.** Stwierdzono, że należałoby ujednoczyć formę przekazywania informacji o wyznaczonym terminie świadczenia zdrowotnego poprzez stworzenie jednakowego druku, który każdy pacjent (pierwszorazowy) otrzymywałby w momencie wpisywania na listę oczekujących na świadczenia zdrowotne. Istnieje duże zapotrzebowanie na wiedzę pacjentów w zakresie korzystania ze źródeł informacji na temat czasu oczekiwania na dane świadczenie zdrowotne.

### Abstract

**Introduction.** In the system of universal health insurance, a patient cannot expect unlimited access to health care, therefore, the right to use a reliable procedure, being based on medical criteria and determining order of access to health care benefits, has become a key issue. This solution is described as a waiting list for health care benefits.

**Aim.** Becoming acquainted with opinions on the role of waiting list as an instrument rationalizing access to benefits in the system of universal health insurance.

**Material and methods.** The study involved 300 people, making use of health care benefits in therapeutic entities, in the area of Jaroslaw. The goal of this study was achieved by means of the author's questionnaire.

**Results.** It was shown that 68% of the respondents were not able to find a better solution than keeping waiting list, regarding the access to services funded from the public means. And 32% of them believed that keeping waiting list was pointless, as service providers did not follow the rules of doing it.

**Conclusions.** It was stated that a form of giving information about appointed date of health care benefit provision should be standardized by creating one kind of form that would be given to every patient (on their first visit) at the moment of being signed in waiting list for health care benefits. Patient's knowledge of using sources of information about waiting time for particular health care service is highly demanded.

**Słowa kluczowe:** lista oczekujących, czas oczekiwania, świadczeniodawca, pacjent, świadczenie zdrowotne.

**Keywords:** waiting list, waiting time, healthcare service provider, patient, health care service.

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## INTRODUCTION

The right to health protection is one of the most important human rights.

In Poland, each citizen has the right to health protection, which is guaranteed, most of all, by Article 68 of the Constitution of the Republic of Poland, of 2 April 1997 [1]. The article also states that citizens, irrespective of their material situation, shall be provided with equal access to health care services, funded from the public means, by public authorities. Conditions and range of health care benefits provision are determined by the act [1]. On the basis of the above mentioned Article, the right to health care benefits should be based on equal access, irrespective of material situation of the citizen.

Conditions and range of health care benefits provision are determined by the Act, which should be understood as the Act of 27 August 2004 on health care benefits provision, funded from the public means [2]. By virtue of necessity to provide equal access to health care services by the legislator, in the Articles 20-23 of the above mentioned Act the amendment was made, concerning establishing the right to proper procedure, determining the order of access to health care benefits. This solution is described as a waiting list for health care benefits.

In the applicable legal acts, a concept of waiting list was not defined. A definition of waiting list was determined only in the appendix to the Resolution of the President of the National Health Fund No. 19/2008/DSS of 17 March 2008. It changed the disposition on accepting detailed information materials about subject matter of proceedings, related to contracts conclusion on health care services provision, as well as execution and funding contracts on health care services provision, such as hospitalization. In the Act 3, item 1 of the appendix to the above mentioned Resolution, there was determined that "waiting list is a list of people, who are not covered by treatment plan, and who report to service provider with particular health problem, but are not provided with it on a day of reporting [3]".

Article 20 of the Act of 27 August 2004 on health care services funded from the public funds determines that health care services in hospitals and specialist services in ambulatory health care are provided in chronological order, on days and within hours of their provision by service provider, who concluded a contract on health care services provision [2]. The legislator also determined the duties of service provider related to keeping waiting list, which include:

- establishing the order of health care services provision on the basis of beneficiaries' notifications,
- informing a patient about date of health care service provision in writing, and justification of choosing that date,
- enrolling beneficiary or his legal representative in waiting list, with their consent, as well as
- writing down a date and reason of removing beneficiary from one's waiting list for health care service provision.

It has to be remembered that in the whole process of enrolling a beneficiary in waiting list, he plays major role and has his obligations. The most important obligation is to appear at health care service facility within a specified period,

informing service provider about resignation from particular health care benefit and, most of all, being enrolled in only one waiting list for particular health care service.

## AIM

The aim of this work was getting acquainted with opinions about the role of waiting list as an instrument rationalizing the access to health care benefits, in the system of general health insurance.

## MATERIAL AND METHODS

The study involved 300 people, making use health care benefits in therapeutic entities in the area of Jarosław. Altogether, there were 300 questionnaires distributed, 260 of which were returned. Two-hundred-and-forty questionnaires were qualified for further analysis. The goal of the research was achieved by means of the author's questionnaire. Fifty-eight percent of the respondents were women, and 42% – men. The examined group involved 55% of people over the age of 50; the smallest group consisted of the respondents at the age of 20-30 (12%), whereas 33% of the respondents were at the age of 31-50.

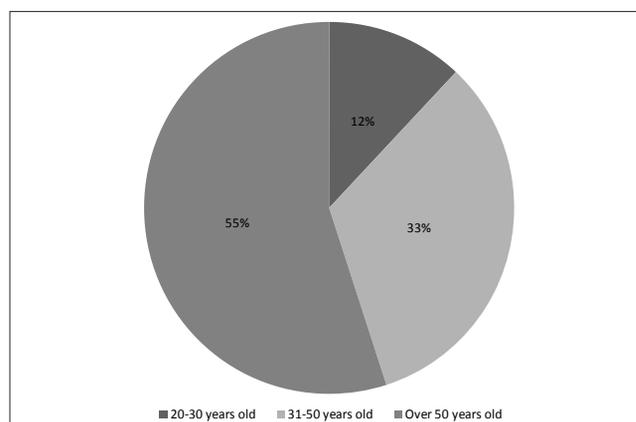


FIGURE 1. The examined group structure according to age.

Thirty-eight percent of the respondents had secondary education, 25% – vocational education, 19% – primary education, and 18% – higher education.

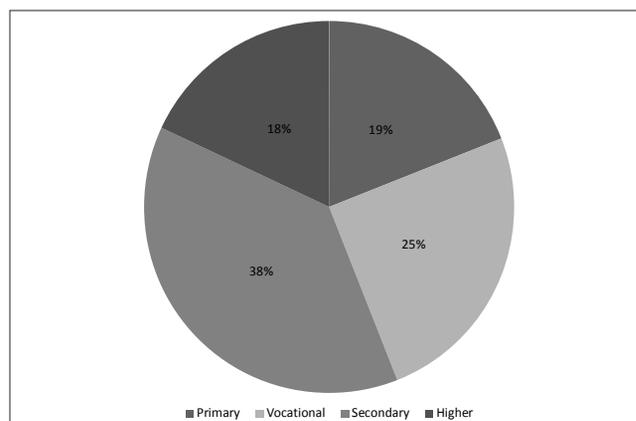


FIGURE 2. The examined group structure according to education.

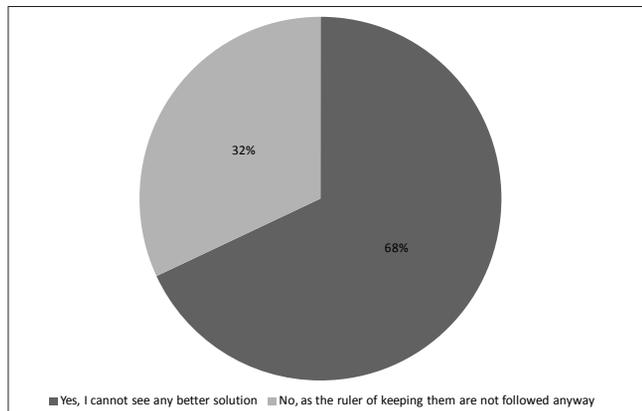
## RESULTS

The results showed that 54% of the respondents declared that they made use of health care benefits at least once a month. Over 25% of them said that they used them more often, and 20% – every few years.

**TABLE 1. Factors contributing to the increase in the number of waiting for health care benefits in Poland.**

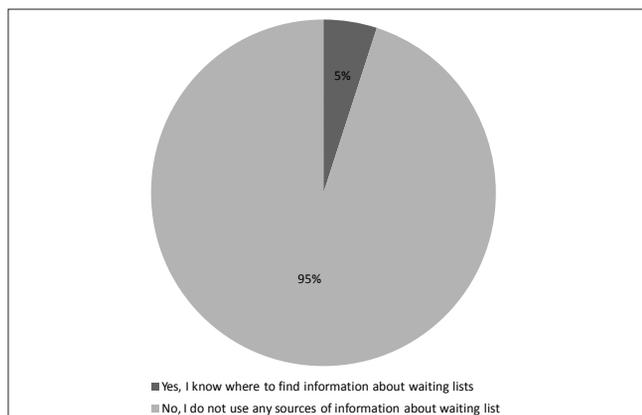
Factors contributing to the increase in the number of waiting subjects	Respondents' answers
An increasing number of sick patients	31%
Development of medicine	23.5%
Lengthening the average life expectancy in Poland	21%
Wrong health care policy of the state	24.5%

Patients were also asked, if the National Health Fund should refund all health care benefits. Thirty percent of them said 'no', and 70% said that NHF should refund all health care benefits. Sixty-eight percent of the respondents did not find any better solution than keeping waiting lists, in case of access to health care services funded from the public means, and 32% of them disapproved of keeping waiting lists, as Service Providers did not follow the rules of doing it.



**FIGURE 3. Necessity for keeping waiting lists in order to receive health care benefits funded from the public means.**

Only 5% of the respondents declared that they know and use sources of information about waiting time for particular health care benefits, and as many as 95% of the respondents said that they neither used nor knew any sources of information about waiting lists for health care benefits.



**FIGURE 4. The respondents' knowledge of information sources about waiting lists for health care benefits.**

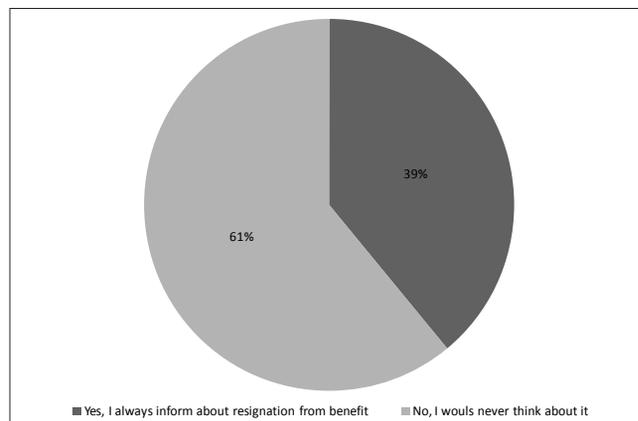
Eighty-three percent of the respondents said that the way, in which they received the information about date of health care benefit provision in therapeutic entities, was completely clear. Seventeen percent of them stated that the way of conveying the information was unclear to them and 47.5% of the respondents received the information about assigned date of health care benefit provision on a special form. It included e.g. date, position on waiting list, Service Provider data, etc., whereas 45% of them received the information written on an ordinary piece of paper, and 7.5% of them were informed orally, only.

**TABLE 2. Ways of giving information about assigned date of health care benefit provision by registering staff, in the opinion of the respondents.**

Way of giving information	Respondents' answers
Orally by registering staff	7.5 %
Orally and in writing (data written down on a piece of paper)	45%
On a special form (including e.g. name and surname of doctor, date of visit, place, etc.)	47.5%

The respondents were also asked about compliance with an obligation to appear on assigned date of health care benefit provision. Never missing the assigned date was confirmed by 51.5% of them, whereas 49% admitted that such situation took place more than once. The analysis of the relationship between sex and compliance with that obligation showed that women were more negligent than men.

Thirty-nine percent of the respondents answered that they always informed about resignation from using health care benefit, and 61% of them claimed that they never thought, it was necessary.



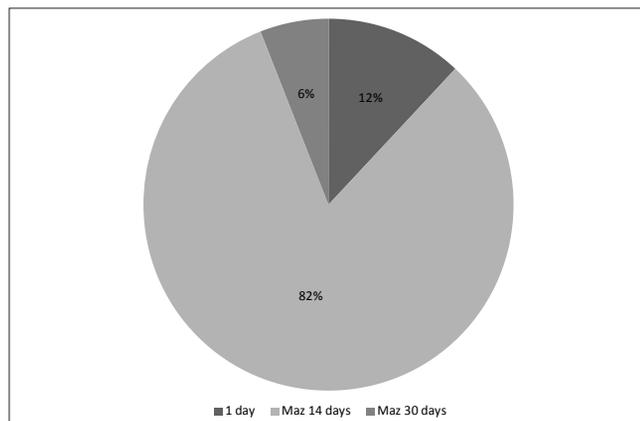
**FIGURE 5. The respondent's knowledge of obligation to inform service provider about not appearing on assigned date of health care service provision.**

The analysis of the relationship between sex and compliance with obligation to inform about not appearing on assigned date of health care benefit provision showed that women were more conscientious than men as far as informing service provider about resignation from receiving health care benefit is concerned.

The respondents were also asked to indicate sanctions for people, who did not comply with obligation to inform service provider about not appearing on assigned date of health care benefit provision. The respondents suggested imposing

a fine, i.e. financial penalty equal to price of particular benefit provision, as well as refusal of providing service in that particular entity, and moving visit to the most distant date.

Eighty-two percent of the respondents answered that the most optimum waiting time (excluding emergencies) for health care service provision was 14 days. However, 12% of them claimed that it was 1 day, and 6% that it was 30 days.



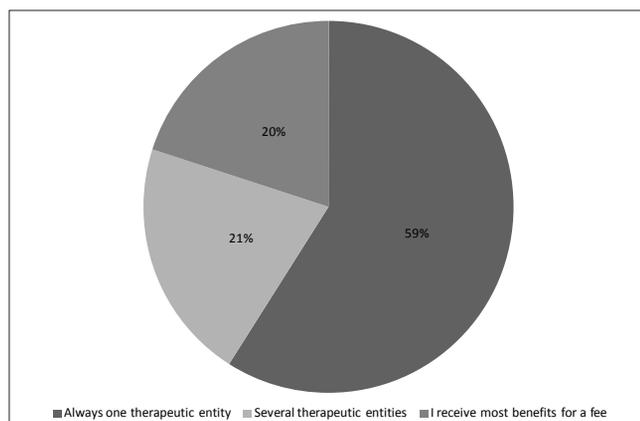
**FIGURE 6.** The optimum waiting time for health care benefits provision (excluding emergencies) in the opinion of the respondents.

The respondents were also asked, what was the longest time of their waiting for health care service provision. Eighty percent of them said that it was over 2 months, and 9.5% that it was month, whereas 7% said that it was 1 week.

**TABLE 3.** The longest waiting time for health care service provision in the respondents' opinion.

Way of giving information	Respondents' answers
1 week	7%
1 month	9.5%
over 2 months	80%
over 1 year	3.5%

Twenty-one percent of the respondents admitted that they enrolled in a few waiting lists for the same health care benefits in a few therapeutic entities, 59% said that they always enrolled in one waiting list in one therapeutic entity. The other 20% declared that they used health care benefits for a fee.



**FIGURE 7.** Way of enrolling in waiting list for health care service provision.

Forty-three percent of the respondents answered that introduction of additional health insurance would reduce waiting lists for health care service provision, whereas 57% claimed that it would not change anything. Only 8% of the respondents thought about using health care benefit in the area of another EU country, in case if waiting time for the same benefit in Poland was too long. However, 92% of the respondents never thought about such possibility. Only 19% of the respondents declared their readiness for going to another EU country, if the waiting time was shorter than in Poland.

## CONCLUSIONS

1. Unification of a form of conveying information about assigned date of health care service provision by creating one kind of form that would be given to every patient (on their first visit) at the moment of being enrolled in waiting list for health care benefit.
2. There is a necessity of training registering staff on rules of functioning and keeping waiting lists for health care services provision.
3. Patient's knowledge of using sources of information about waiting time for particular health care service is highly demanded.
4. Implementation of law included in the Act of 28 April 2011 on the system of information for health protection [4], enabling the insured to e.g. register for health care benefits by means of internet and monitoring one's status in waiting queue on-line.

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