

MAREK KOS<sup>1</sup>, PIOTR KSIĄŻEK<sup>2</sup>, BARTŁOMIEJ DROP<sup>2</sup>, KATARZYNA DROP<sup>3</sup>

## Umowy cywilno-prawne rozwiązaniem problemu niskiej dostępności do specjalistów?

### Streszczenie

**Wstęp.** Funkcjonowanie poradni specjalistycznych jest ściśle związane z wysokością umowy na świadczenia opieki zdrowotnej w rodzaju ambulatoryjna opieka specjalistyczna zawartej z Narodowym Funduszem Zdrowia. Od tej umowy zależy pośrednio czas oczekiwania na poradę lekarza specjalisty, czyli dostępność do danej poradni specjalistycznej.

**Cel.** Celem pracy było wykazanie związku zmiany formy zatrudnienia personelu medycznego z liczbą wykonanych świadczeń medycznych w poradniach specjalistycznych w jednostkach Samodzielnego Publicznego Zakładu Opieki Zdrowotnej w Kraśniku.

**Materiał i metody.** Badaniem objęto pięć rodzajów poradni specjalistycznych: chirurgiczną, endokrynologiczną, neurologiczną, ortopedyczną oraz reumatologiczną. Porównano ze sobą wykonanie umowy z NFZ w roku 2006, 2009 i 2010, wysokość zawartej umowy na rok 2011 oraz wyniki finansowe tych poradni specjalistycznych.

**Wyniki.** Wykonane w roku 2006, czyli przy zatrudnieniu na umowę o pracę, listę świadczeń zdefiniowane w punktach rozliczeniowych z Narodowym Funduszem Zdrowia były znacząco niższe niż wartości wykonane w roku 2009 i 2010. Także zawarta umowa na rok 2011 w omawianych poradniach specjalistycznych była średnio o 85,08 % wyższa niż wykonana w roku 2006. Każda z poradni poprawiła swój wynik finansowy, w tym poradnie endokrynologiczna i ortopedyczna zmniejszyły straty, poradnia reumatologiczna zamieniła stratę na zysk, a poradnie chirurgiczna i neurologiczna zwiększyły dochód. W przypadku zapłaty przez Narodowy Fundusz Zdrowia za świadczenia ponadlimitowe wynik ten uległby dalszej poprawie, a każda z omawianych poradni zakończyłaby rok zyskiem.

**Wnioski.** Wykazano, że zmiana formy zatrudnienia z umowy o pracę na umowę cywilno-prawną w znaczący sposób zwiększa liczbę wykonanych świadczeń w poradniach specjalistycznych i tym samym poprawia dostępność do lekarzy specjalistów. Ponadto zmiana formy zatrudnienia z umowy o pracę na umowę cywilno-prawną radykalnie zmienia dodatnio wynik finansowy w analizowanych poradniach specjalistycznych.

**Słowa kluczowe:** ambulatoryjna opieka specjalistyczna, umowa cywilno-prawna, lekarz specjalista, finansowanie opieki zdrowotnej, modele systemów opieki zdrowotnej.

## Civil-law contracts as the solution to the poor accessibility to specialists?

### Abstract

**Introduction.** The functioning of specialist outpatient clinics is closely related with the value of the contract for the provision of health services, e.g. specialized outpatient care, concluded with the National Health Fund. Waiting time for advice of a specialist, i.e. the access to a specialist clinic indirectly depends on that contract.

**Aim.** The research aimed at proving the relationship between the form of employment of medical personnel and the number of performed medical services in specialist clinics in the Independent Public Health Care Unit in Kraśnik.

**Material and methods.** The study included five types of outpatient specialist clinics: surgical, endocrine, neurological, orthopedic and rheumatologic. The execution of the contract with the NHF in 2006, 2009, 2010 and the value of the contract in 2011 as well as the financial performance of these specialist outpatient clinics, were compared with each other.

**Results.** The amounts of services rendered in 2006 by the medical staff having employment contracts, defined by settlement points with the National Health Fund, were considerably lower than the values of 2009 and 2010. The agreement concluded for 2011 at discussed specialist clinics was also on average about the 85.08% higher than the completed one in 2006. Each of the clinics improved its financial result, with endocrinology and orthopedic clinics reducing the losses, the rheumatologic clinic changing the loss for the profit, and surgical and neurological clinics improving the income. In case of the reimbursement by the National Health Fund for over-the-limit services – this result would be further improved, and every of the discussed clinics would accomplish the year with the profit.

**Conclusions.** It has been showed that the change of the employment status from the employment contract to the civil-law agreement significantly increases the number of services rendered at specialist outpatient clinics and thus improves the accessibility to consultants. Moreover, the change of the employment status from the contract of employment to the civil-law agreement radically and positively changes the financial result at the analyzed specialist clinics.

**Keywords:** outpatient specialist healthcare, civil-law contract, medical specialist, financing the health care, models of the healthcare systems.

<sup>1</sup> Independent Public Health Care in Kraśnik

<sup>2</sup> II Faculty of Medicine with the English Division, Department of Public Health, Medical University of Lublin

<sup>3</sup> Institute of Journalism and Social Communication, Department of Media Workshop and Axiology, The John Paul II Catholic University of Lublin

## INTRODUCTION

Demand for specialist medical advice available within health insurance system reimbursed by the National Health Fund in Poland is much higher than the payer's financial capabilities, which control the efficiency of the health sector units dealing with delivery of this type of services [1,2]. The waiting time for specialist advice in reality of Lublin Province is most often a period of several weeks, and in the case of selected outpatient departments – even six months. Taking into account initial visit to a specialist doctor, such a waiting period may result in delaying the time in which diagnosis of the disease at an early stage gives the possibilities of curing or implementation of appropriate therapy will delay its development [3].

The number of medical services such as out-patient specialist care rendered annually in a given area depends largely on the contract value for medical services concluded with the National Health Fund [4]. The value of the contract may be increased in cases of increased demand for a specific range of services in the area and is associated with the delivery of over-the-limit services. This can be achieved by increasing the number of professionals in certain specialties, prolonging the working hours of outpatient specialist departments and by changing the forms of staff employment from employment contracts to civil-law contracts [5,6].

## AIM

In this paper the authors want to show the relationship between the change of the form of medical staff employment and a number of rendered medical services in specialist units of the Independent Public Health Care in Kraśnik, and the change of the form of employment resulting in the contract value in the analyzed periods in 2011. There were also analyzed changes in operating costs of specialist outpatient clinics in the period of employment under an employment contract, and after changing the form of employment to civil-law contracts [7,8].

## MATERIAL AND METHODS

The study involved five of specialist outpatient clinics: surgical, endocrine, neurological, orthopedic and rheumatologic. District Kraśnicki was inhabited in 2007 by 100,260 people, and about 150,000 specialist medical consultations were rendered. In 2006, doctors working in specialist outpatient clinics of the Independent Public Health Care Institution in Kraśnik worked under contracts of employment, based on the principles of the Labour Code. Since 2007, the Institution has concluded contracts on provision of medical services in specialist outpatient clinics with economic actors, according to the Regulation of Minister of Health and Social Welfare of 13 July 1998 on the award of contract for health services [9]. The referral mode and admission to the clinic remained unchanged. Working hours in a specialist outpatient clinic were not extended significantly. The number of medical personnel rendering medical services was not increased. The settlement points concluded with the National Health Fund were the basis of reimbursement for medical services.

## RESULTS

The number of accomplished medical services with employment contracts in 2006 as defined in settlement points with the National Health Fund was significantly lower than the values for 2009 and 2010. The detailed results are presented in Table 1.

Significantly better execution of the contract in 2009 compared to 2006 concerned all of specialist outpatient clinics and was higher than in 2006 from 57.38% in the endocrine clinic to 103.21% in the neurological clinic, an average of 83.08%. In 2010, this increase was maintained and referring to 2006, was from 55.63% in the endocrine outpatient clinic to 97.55 in rheumatologic clinic, an average of 83.89%. Execution of contract with the payer remained at similar levels over the years 2009 and 2010 i.e. in the implementation of services under the civil-law contracts.

Interesting results are obtained by a comparison of contract executed in the analyzed specialist clinics in 2006 with a negotiated contract with the National Health Fund for rendering of health services in 2011. The data are presented in Table 2.

The concluded contract for 2011 in these specialist clinics is on average by 85.08% higher than that made in 2006. The smallest increase was noted in the endocrine clinic – by about 53.66%, and the highest in the orthopedic clinic – by 110.19%.

The functioning of these specialized outpatient clinics in 2006 resulted in a loss of 41,159 PLN to the Public Independent Health Care Centre in Kraśnik. After changing the forms of employment to civil-legal contracts, the financial result also changed significantly. In 2010, the same specialist clinics made at a profit of 302,275 PLN. Each outpatient clinic improved its financial performance, with the orthopaedic and endocrinology outpatient clinic reducing losses, rheumatology clinic turning a loss into a profit, and surgical, and neurological clinics improving profits. In case of reimbursement by the National Health Fund for medical over-the-limit services this would result in further improvement, each of these clinics would end year with a profit and the profit from all analyzed clinics would be 407,078 PLN. The detailed results are shown in Table 3.

## CONCLUSIONS

1. Change of the form of employment from an employment contract to civil-law contract significantly increases the number of services performed in specialist clinics and thus improves the access to medical specialists.
2. By changing the form of employment in specialist outpatient clinics it is possible to increase the value of the contract with the National Health Fund to provide health care services in out-patient specialist care.
3. Change of the form of employment from the employment contract to civil-law contract radically and positively changes the financial result in the analyzed specialist clinics.

**TABLE 1. Comparison of the execution of the contract with the NHF in 2006 and in 2009/2010.**

Outpatient clinic	Execution of the contract with NHF in 2006 (settlement points)	Execution of the contract with NHF in 2009 (settlement points)	Increase in %	Execution of the contract with NHF in 2010 (settlement points)	Increase in %
Surgical	32 455	58 491	80.22	57 262	76.90
Endocrinology	7 601	11 963	57.38	11 830	55.63
Neurological	16 103	32 724	103.21	31 479	95.48
Orthopaedic	15 928	27 937	75.39	30 886	93.91
Rheumatology	12 462	24 826	99.21	24 619	97.55

**TABLE 2 Comparison of execution of the contract with the NHF in 2006 to the plan for 2011.**

Outpatient clinic	Execution of the contract with NHF in 2006 (settlement points)	Contract value with NHF in 2011 (settlement points)	Increase in %	Increase in numbers (settlement points)
Surgical	32 455	56 000	72.54	23 545
Endocrinology	7 601	11 680	53.66	4 079
Neurological	16 103	30 776	91.11	14 673
Orthopaedic	15 928	33 480	110.19	17 552
Rheumatology	12 462	24 692	97.90	12 230

**TABLE 3. Comparison of financial results in 2006 to result in 2010.**

Outpatient clinic	The financial result in 2006 (PLN)	The financial result in 2010 (PLN)	Change in PLN	The financial result in 2010 (PLN) plus over-the limit services	Increase in PLN
Surgical	+ 27 176	+ 181 706	+ 154 530	+ 189 428	+ 162 252
Endocrinology	- 34 690	- 3 966	+ 30 724	+ 16 240	+ 50 930
Neurological	+ 33 409	+71 933	+ 38 524	+ 82 652	+ 49 243
Orthopaedic	- 4 277	- 1 853	+ 2 424	+ 43 785	+ 48 062
Rheumatology	- 62 777	+ 54 455	+ 117 232	+ 74 973	+ 137 750
Total	- 41 159	+ 302 275	+ 343 434	+ 407 078	+ 448 337

**REFERENCES**

1. Ustawa z dnia 15 kwietnia 2011 r. o działalności leczniczej (Dz. U. 2011 nr 112 poz. 654 z późn. zm.).
2. Dercz M, Rek T. Podstawy prawne finansowania świadczeń zdrowotnych przez podmioty publiczne – zarys problematyki. *Zeszyty Naukowe Ochrony Zdrowia. Zdrowie Publiczne i Zarządzanie.* 2005;3(1):7.
3. Furtak M, Książek P, Warchol-Sławińska E. Proces podejmowania decyzji w sektorze ochrony zdrowia. *Zdr Publ.* 2011;121(3):228-33.
4. Morris S, Devil N, Parkin D. *Ekonomia w ochronie zdrowia.* Warszawa: JAK; 2011.
5. Adameczyk-Kloczkowska B, Wojna M. Czynniki wspierające i osłabiające konkurencję w systemie ochrony zdrowia. *Zdr Publ.* 2008;118(1):59-64.
6. Jasiński G. *Ochrona zdrowia na świecie. Wybrane aspekty organizacji i metod finansowania systemów ochrony zdrowia w państwach europejskich.* Biuletyn Narodowego Funduszu Zdrowia; 2003.
7. Kowalska I. Odpowiedzialność publiczna oraz dostępne mechanizmy realizowania polityki zdrowotnej przez jednostki samorządu terytorialnego w Polsce. *Zeszyty Naukowe Ochrony Zdrowia. Zdrowie Publiczne i Zarządzanie.* 2005;3(1):3.
8. Sowada H. Wpływ metod finansowania na zachowanie lekarzy – aspekty ekonomiczne, zdrowotne, społeczne. *Zeszyty Naukowe Ochrony Zdrowia. Zdrowie Publiczne i Zarządzanie.* 2005;3(1):8.
9. Rozporządzenie Ministra Zdrowia i Opieki Społecznej z dnia 13 lipca 1998 roku w sprawie umowy o udzielenie zamówienia na świadczenia zdrowotne (Dz. U. z dnia 23.07.1998 roku nr 93, poz. 592).

**Informacje o Autorach**

Dr n. med. MAREK KOS – z-ca Dyrektora ds. Medycznych SPZOZ w Kraśniku; prof. dr hab. n. med., dr h.c.med. PIOTR KSIĄZEK – kierownik, dr n. med. BARTŁOMIEJ DROP – asystent, Katedra i Zakład Zdrowia Publicznego, II Wydział Lekarski z Oddziałem Anglojęzycznym, Uniwersytet Medyczny w Lublinie; mgr KATARZYNA DROP – asystent, Instytut Dziennikarstwa i Komunikacji Społecznej, Katolicki Uniwersytet Lubelski.

**Adres do korespondencji**

Dr Marek Kos  
ul. Chopina 13, 23-200 Kraśnik  
tel. 695 330 700  
E-mail: marekkos@op.pl