BLANKA MITERA, KAROLINA HARASIMOWICZ, MARCIN DONOVAN

Post-pandemic legal and political strategies for telemedicine in Poland

Abstract

This article assessment was conducted on the databanks correlated to implementing telemedicine and AI techniques on SARS-CoV-2. The study focuses on the most recent studies that use e-health and AI technology to help scientists with multiple approaches. One of the fastest-growing technologies is telemedicine. It is worth emphasizing that it is related, unlike, e.g., teleconsultation, to clinical services, and thanks to the use of modern technologies, it allows for the exchange of specialized information in real-time. This allows, among other things, to make a diagnosis remotely. On the one hand, it requires purely technical skills, but there are also aspects related to legal and formal requirements and data security. In this article, we will also present a set of analyses and recommendations related to the platform's operation, which may be the basis for subsequent expansion

Keywords: IT, teleconsultation, telemedicine, teleradiology, policy.

DOI: 10.12923/2083-4829/2024-0001

INTRODUCTION

Telemedicine or telehealth administrations have recently encountered a remarkable surge [1]. Amid the worldwide emergency brought about by the coronavirus, this type of clinical consideration became a fundamental and indispensable asset in forestalling transmission between medical care suppliers and people looking for therapy. Accordingly, it incorporates many specific clinical fields [2], further featuring its importance during these extraordinary times. Electronic techniques for giving medical care administrations and data – telemedicine – have become crucial in handling the hindrances introduced by the coronavirus emergency [3].

Telemedicine can expand openness to clinical benefits, diminish costs, improve guidelines of care, and thwart infection by working with virtual meetings, observing patients in a good way, diagnosing illnesses from a distance, directing treatment basically, and giving instructive assets [4]. Telemedicine additionally presents unpredictable legitimate and political issues that should be handled to ensure it is solid and getting through coordination with our general public post-pandemic [5]. The current complexities incorporate the administration of telehealth experts, compensation for their administrations, protecting patient data and secrecy, worldwide execution of telemedicine rehearses and evaluating its viability [6]. This study investigates rising advancements in Poland's interest in modernizing general well-being. It will look at methodologies and their effect on telemedicine usage inside the country amid post-pandemic recovery - revealing insight into a perplexing topic.

Telemedicine in Poland: Public Health Modernization and Trends

The expanding development towards modernizing general well-being (healthcare) in Poland has increased telemedicine administrations, using progressed data and correspondence advancements to control distant/remote medical services [7]. Telemedicine envelops plenty of different functionalities, including, however not restricted to, virtual meetings, far-off observation, teleradiology administrations, tele-neurotic evaluations and judgments, far-off mental assessments, and medicines through innovation interceded implies [8]. Moreover, enveloped are rehabilitative mediations conveyed through innovative channels and instructive arrangements. Besides, the electronic administration of solutions is included [9].

Telemedicine distant medical services or virtual medication is a thriving field that can upgrade clinical benefits' openness, type, and viability [10]. This is especially worthwhile for people living in segregated locales, senior residents, and those wrestling with steady ailments. Besides, telemedicine has been displayed to abridge costs related to treatment systems while relieving extensive stand-by times and medical clinic inductions [11]. It can likewise support patients' happiness levels by enabling them through dynamic cooperation in their consideration process. In 2020, a far-reaching study uncovered that citizens, who use online services for healthcare, recognized profiting themselves from telemedicine conveniences amid the Coronavirus emergency. This figure is from a simple 7% decrease in 2016 [12].

© 2024 Author(s) This is an open access article distributed under the Creative Commons Attribution -NonComercial-No Derivs licence (http://creativecommons.org/licenses/by-nc-nd/3.0/

Legal Strategic Trends of the Post-Pandemic Period

Definition and scope of telemedicine services

One of the predominant legal issues about telemedicine is delineating and delimiting its services [13]. Before the onset of the pandemic, Poland lacked a definitive and all-encompassing regulatory framework for this mode of healthcare delivery. This shortage gave rise to ambivalence and perplexity among all concerned parties. Following the devastating global health crisis caused by COVID-19, the Polish administration implemented numerous provisional strategies to streamline access to telemedical services. The esteemed e-recept.pl service, renowned for its provision of cutting-edge medical consultations, and state-of-the-art e-prescriptions catering to a diverse range of ailments and remedies, stands poised as an indispensable resource for those seeking remote healthcare solutions [14]. This pioneering platform extends its benefits exclusively to patients with both a PESEL number in good standing and a presently active Patient's Internet Account. Moreover, it steadfastly adheres to all guidelines outlined within Poland's prescriptive Act on Patient Rights alongside the requisite provisions furnished by none other than the reputable Patient Ombudsman - these directives govern every aspect of telemedicine-related health care services from start-to-finish. These measures need to be more adequate and attainable in the extended duration. Consequently, Poland must embrace an enduring legislative action on telemedicine that delineates its essence, encompasses a wide range of services, enforces stringent quality and safety standards, outlines patients' and providers' respective entitlements and responsibilities, and prescribes penalties for infringements ensuring accountability across the board.

Liability and accountability of telemedicine providers

In its undeniable efficacy for dispensing healthcare amidst and after the COVID-19 outbreak, telemedicine has also presented novel legal complexities requiring prompt attention. A crucial conundrum arises concerning the liability and accountability of telemedicine purveyors, bearing reference to their lawful obligation towards the consequences arising from telehealth provisions and enforcing adherence to moral and expert norms [15]. As such, it is incumbent upon Poland to formulate explicit protocols catering to harmonious resolutions about it while safeguarding all stakeholders' interests [16].

Political Strategic Trends of the Post-Pandemic Period

Financing and reimbursement of telemedicine services

Telemedicine has surfaced as a promising remedy for alleviating the accessibility, caliber, and efficacy of healthcare in Poland, particularly following the unprecedented COVID-19 outbreak. Nonetheless, one prevalent hindrance impeding its widespread implementation is the dearth of definitive and unchanging remuneration protocols for these virtual medical services [17]. At present, the incorporation of telemedicine services within the confines of public health insurance is non-existent, save for select test programs or exceptional scenarios. This results in a fiscal obstruction for those involved with providing and utilizing telemedicine options; furthermore, it discourages advancement and financial backing toward its growth.

As indicated by a study conducted by the European Commission, Poland lags behind other member states when it comes to achieving proficiency in implementing remote medical care techniques [18]. One prominent hurdle that hinders this progress is an ambiguous and inconsistent system of reimbursement policies about such services highlighting yet another challenge faced by healthcare providers attempting to offer these cutting-edge solutions on their own accord. The report posits that Poland boasts a fragmented and intricate healthcare paradigm characterized by an array of payers and providers, consequently rendering the coordination and integration of telemedicine initiatives arduous. Moreover, it suggests that enhancing legal parameters and regulatory measures about telemedicine and bolstering digital infrastructure and interoperability standards is crucial for Poland's progress in this realm fostering perplexity regarding its current state.

Disregarding past obstacles, Poland has figured out how to take considerable steps in progressing telemedicine inside its nation. This win is particularly outstanding following the phenomenal disturbance brought about by the coronavirus episode. Poland's proactive reaction to this well-being crisis incorporates carrying out virtual medical services practices, for example, e-solutions, e-references, electronic wiped-out leave declarations, and distant counsels [19]. Carrying out these methodologies has expanded the feasibility and practicality of clinical offices for patients and experts; also, it has checked the hazardous spread of contaminations. Moreover, Poland has apportioned significant assets from the European Union's Recovery and Resilience Facility to cultivate progressions in advanced well-being cures, such as telemedicine.

The projected utilization of these funds is anticipated to bolster Poland's resilience against potential crises while enhancing its healthcare infrastructure to higher standards of effectiveness and excellence – a crucially imperative to elevating its overall efficacy quotient. Consequently, it is essential that Poland endeavors to construct an equitable and lucid remuneration framework for telemedical practices that aptly recognizes the worth and excellence of such services. Additionally, Poland should apportion sufficient resources towards bolstering the evolution and execution of telehealth undertakings, thus ensuring their successful fruition.

Integration and coordination of telemedicine with other health care services

The blend and synchronization of telemedicine with beneficial medical care administrations present significant political trouble influencing the progression and acknowledgment of such innovation in Poland. According to the WHO's discoveries, Poland falls behind other EU countries in incorporating and organizing telemedicine contributions, primarily because of a lack of interoperability and normalization among different frameworks and stages [20]. Poland is described by a significant fracture and complexity inside its medical care framework, holding onto various levels and spaces for conveying clinical benefits. This renders it laborious to ensure a continuous stream and intelligent long-term treatment [21]. Thus, Poland should raise its administration structure, apply predominant authority in embracing telemedicine and enhancing partner commitment capability while supporting change in the executives' procedures [22]. In any case, amid the difficulties confronting its medical services framework, Poland has exhibited extensive progressions in acclimatizing and blending telemedicine arrangements with other significant clinical benefits - an undeniable accomplishment during the continuous coronavirus emergency. To show this turn of events, Poland sent off a trial drive named "POZ Plus", it endeavors to improve care viability and synchronization while widening its reach through preventive well-being evaluations, mediations for ongoing sicknesses, and essential consideration teams [23].

The program is expected to upgrade patient fulfillment and results, while reducing uses and deficiencies [24]. In addition to this, Poland has initiated a nationwide telemedicine platform (eHealth), proffering an array of telemedical amenities, such as electronic prescriptions, referrals, sick leave certifications, remote consultations, and even remote monitoring services [19]. The imminent implementation of this platform is anticipated to enhance the availability and ease of medical services for both patients and healthcare practitioners; concurrently, it aims to augment the compatibility and uniformity among telehealth infrastructures. Moreover, through its integration with existing systems enabled by cutting-edge technologies, the platform has the potential to revolutionize access to remote care provision while promoting consistency in digital healthcare solutions.

CONCLUSION

Telemedicine has emerged as an essential and promising facet of healthcare dissemination in Poland, particularly after the COVID-19 crisis. Nevertheless, this novel approach also presents myriad legal and political difficulties alongside opportunities for all pertinent parties. As such, it is imperative that Poland proactively devises and enacts reasonable legislative measures to navigate these issues concerning delimitation, blame, responsibility, safeguarding, confidentiality, financing, reimbursement, integration, coordination, and involvement, guided by empowerment across its telemedical initiatives. Implementing optimal tactics in Poland must be rooted in evidence-based studies, best practices, and thorough stakeholder consultations. This will ultimately foster a favorable and accommodating atmosphere for the progression and integration of telemedicine within its borders. Such efforts have the potential to fully leverage telemedicine's capabilities towards enhancing overall health outcomes and promoting wellness among the nation's populace making it an imperative endeavor for Poland to undertake.

REFERENCES

- Khoshrounejad F, Hamednia M, Mehrjerd A, et al. Telehealth-based services during the COVID-19 pandemic: a systematic review of features and challenges. Front Public Health. 2021;9:711762.
- Jain S, Pranav P, Patel A. Machine learning in healthcare and security: advances, obstacles, and solutions. CRC Press; 2024.
- Gajarawala SN, Pelkowski JN. Telehealth benefits and barriers. J Nurse Pract. 2021;17(2):218-21.
- Kichloo A, Albosta M, Dettloff K, et al. Telemedicine, the current COV-ID-19 pandemic and the future: a narrative review and perspectives moving forward in the USA. Fam Med Community Health. 2020;8(3):e000530
- Solimini R, Busardò FP, Gibelli F, et al. Ethical and legal challenges of telemedicine in the era of the COVID-19 pandemic. Medicina. 2021;57(12):1314.
- Mędrzycki R. Standards of public administration services for the elderly: A lesson in pandemic time. In: R. Mędrzycki. Instruments of Public Law. Londin: Routledge; 2022. p. 172-86.
- Harasimowicz K. Poland Emerging Telemedicine. [https://www.dpublication.com/wp-content/uploads/2021/11/003-921.pdf]
- Kludacz-Alessandri M, Walczak R, Hawrysz L, et al. The quality of medical care in the conditions of the COVID-19 pandemic, with particular emphasis on the access to primary healthcare and the effectiveness of treatment in Poland. J Clin Med. 2021;10(16):3502.
- Bokolo AJ. Application of telemedicine and eHealth technology for clinical services in response to COVID 19 pandemic. Health Tech. 2021;11(2):359-66.

- Imlach F, McKinlay E, Kennedy J, et al. E-prescribing and access to prescription medicines during lockdown: experience of patients in Aotearoa/ New Zealand. BMC Fam Pract. 2021;22:1-12.
- Furlepa K, Tenderenda A, Kozłowski R, et al. Recommendations for the development of telemedicine in Poland based on the analysis of barriers and selected telemedicine solutions. Int J Environ Res Public Health. 2022;19(3):1221.
- Binder-Olibrowska KW, Wrzesińska MA, Godycki-Ćwirko M. Is telemedicine in primary care a good option for Polish patients with visual impairments outside of a pandemic? Int J Environ Res Public Health,. 2022;19(11):6357.
- Haleem A, Javaid M, Singh RP, Suman R. Telemedicine for healthcare: Capabilities, features, barriers, and applications. Sens Int. 2021;2100117.
- World Health Organization; 2022. Roadmap towards better health in small countries in the WHO European Region, 2022-2025(No. WHO/EURO: 2022-5484-45249-64713). World Health Organization. Regional Office for Europe. [https://apps.who.int/iris/handle/10665/354487]
- Kozieł A, Gorgens M, Chawla M, Król-Jankowska A, et al. Measuring integrated care-methodological reflections from monitoring and evaluation process of the PHC Plus Pilot Program in Poland. IJIC. 2023;23(2):1-9.
- 16. Trueman J. Mediation in the world of commercial dispute litigation: An inside look at the challenges for counsel, mediators, and insurance claims professionals. Wash UJL & Pol'y. 2020;63:207.
- Karasiewicz M, Chawłowska EM, Lipiak A, Staszewski R. A polish pilot programme of coordinated care: A herald of change or a missed opportunity? A critical debate. Front Public Health. 2020;8:566176.
- Bhaskar S, Bradley S, Chattu VK, et al. 2020. Telemedicine across the globe-position paper from the COVID-19 pandemic health system resilience PROGRAM (REPROGRAM) international consortium (Part 1). Front Public Health. 2020;8:556720.
- Bartosiewicz A, Burzyńska J, Januszewicz P. Polish nurses' attitude to e-health solutions and self-assessment of their IT competence. J Clin Med .2021;10(20):4799.
- Sommer K. Digital empowerment: Ghana's role in cyber resilience in West-Africa. Boston College: Department of Cybersecurity Policy and Governance; 2023.
- Kowalska-Bobko I, Gałazka-Sobotka M, Zabdyr-Jamróz M, et al. Sustainability and resilience in the Polish health system. The Partnership for Health System Sustainability and Resilience; 2023.
- Nittari G, Khuman R, Baldoni S, et al. Telemedicine practice: review of the current ethical and legal challenges. Telemedicine and e-Health. 2020;26(12):1427-37.
- 23. Kaplan B. Ethics, guidelines, standards, and policy: telemedicine, COV-ID-19, and broadening the ethical scope. Camb Q Healthcare Ethics. 2022;31(1):105-18.
- Wiktorzak K, Szafraniec-Buryło S, Klonowska K, et al. Primary Health Care PLUS project in Poland: disease management programs. IJIC. 2019;13(3):22-8.

Corresponding author

Blanka Mitera

The School of Medical Law, University of Warsaw Krakowskie Przedmieście 26/28 St., 00-927 Warsaw e-mail: blanka.mitera@gmail.com