

MAPPING THE HEALTH NEEDS AND PRIORITIES OF REGIONAL POLICY – NEW CHALLENGES. SELECTED THEORETICAL AND PRACTICAL CONTEXTS

MAPOWANIE POTRZEB ZDROWOTNYCH I PRIORYTETY POLITYKI REGIONALNEJ – NOWE WYZWANIA. WYBRANE KONTEKSTY TEORETYCZNO-PRAKTYCZNE

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ABSTRACT

Mapping the health needs in Poland, to the extent and in such a form as described, is a new process. However, it is not the initiative to identify health needs itself which is new, but its current form. The article focuses on the presentation of the most significant information (taken from available materials) concerning mapping of health needs and defining priorities of regional policy relating to health, among others based on the current regulations. It also presents an exemplary set of diagnosed priorities of the regional health policy in a selected voivodeship.

KEYWORDS: mapping the health needs, priorities of regional policy.

STRESZCZENIE

Tworzenie map potrzeb zdrowotnych w takiej formie i zakresie jak opisywany jest w Polsce procesem nowym. Novum nie stanowi jednak sama inicjatywa identyfikacji potrzeb zdrowotnych, a jej obecna forma. W artykule skupiono się na prezentacji najistotniejszych informacji (zaczepniętych z dostępnych materiałów), dotyczących mapowania potrzeb zdrowotnych oraz określania priorytetów polityki regionalnej dotyczącej zdrowia, m.in. w oparciu o bieżące uregulowania prawne oraz prezentację przykładowego zestawu zdiagnozowanych priorytetów regionalnej polityki zdrowotnej wybranego województwa.

SŁOWA KLUCZOWE: mapowanie potrzeb zdrowotnych, priorytety polityki regionalnej.

Introduction

Maps of health needs already exist in some European countries [1]. In Poland, their development results form a statutory duty, and the main legal acts in this area are:

- The Act of 27 August 2004 on healthcare services financed from public funds (Journal of Laws of 2015, item.581, as amended) [2];
- The Act of 22 July 2014 amending the Act on healthcare services financed from public funds and some other acts (Journal of Laws of 2014, item1138) [3];
- Regulation of the Minister of Health of 26 March 2015 on the scope of content of health needs maps (Journal of Laws of 2015, item 458) [4].

According to the Act of 2014, developing the first maps of health needs covers an area of hospital treatment, and the deadline for drawing them up has been set for 1.04.2016 [1].

Regional Map of Health Needs

According to the Act (Journal of Laws of 2015, item 581 as amended), for each of the 16 provinces a Regional Health Needs Map should be prepared, which includes specifics of health needs, characteristic of the inhabitants of the particular region [2].

Maps of regional nature, owing to the fact that they are a kind of analytical and prognostic tool [5], may be a valuable instrument to support the decision-making processes in broadly defined healthcare [1, 5]. The content of Regional Health Needs Maps has been strictly defined and consists of three main parts:

1. *demographic and epidemiological analysis*, containing ordered information on the number and structure of the population based on the data from a particular district, age and gender. This section must also include data concerning population, fertility rate, number of births, deaths (according to causes), mortality rate (including perinatal), population density, hospital

incidence and morbidity, which have been included in the records;

2. *analysis of the status and use of resources*, which contains information about the number of service providers with regard to the appropriate division. It must include, among others, data on the number of medical entities such as hospital services and twenty-four hour medical services other than hospital ones, the number and types of hospital wards, the assessment of provided health services (according to ICD-10), and medical procedures (according to ICD-9), the migration of beneficiaries or the analysis of medical staff resources (doctors, nurses and midwives);
3. *forecasts of health needs* – this part must include the data which were characterised in the first part, but in a prospective way (the number and structure of population, gender, age, number of births and deaths, fertility rate), as well as the number of hospital and non-hospital beds, the rate of man-days of hospitalisation, predicted demand for medical services along with the evaluation of predicted health needs and evaluation of the sensitivity of the adopted assumptions [4, 6, 7].

Detailed preparation of the above mentioned components will be used to determine the actual demand for medical services [8].

The procedure of developing Health Needs Map

Regional Health Needs Maps are created on the basis of the above mentioned regulations. They are supposed to take into account the range of health needs identified for specific communities, covering the area of the administrative division of the country.

The first Regional Maps are supposed to concern hospital treatment services. They will be drawn up by the Minister of Health and will include 5 year-period, divided into two stages:

- map prepared to 04.01.2016 for the period 30.06.2016–31.12.2018
- map prepared to 31.05.2018 for the period 2019–2021 [6].

Each successive period of the map functioning will be 5 years long. Particular provincial governors cooperating with the Regional Council for Health Needs will prepare them. The detailed composition of the Provincial Council is established in the Article 95a.1, while the organisation of work of the Council is determined by the Article 95a.2–5 [2, 3].

The procedure of developing Health Needs Map assumes (under the Act) six basic steps:

1. Preparing by the National Institute of Public Health – National Institute of Hygiene (NIPH-NIH) (based on demographic and epidemiological data and data from the register of medical entities) the project of the Regional Map.
 - submission of the project to the provincial governor – to 15.10 of the year preceding by 1 calendar year the first year of being in force.
2. Preparation of the relevant Regional Map by the provincial governor (on the basis of the Project).
 - handing over the Map to the National Institute of Public Health – National Institute of Hygiene (NIPH-NIH) to 01.02 of the year preceding the first year of the Regional Map being in force.
3. Development of the National Health Needs Map by NIPH-NIH (based on the Regional Maps).
 - handing over the National Health Needs Map (together with the Regional Maps) to the Minister of Health (for approval) to 01.04 of the year preceding the first year of the Map being in force.
4. Approval of the National Health Needs Map by the Minister of Health (possible correction of the maps by the Minister of Health before approval)
 - time of approval: to 01.06 of the year preceding the first year of the Map being in force.
5. Publication of the approved Maps on the Public Information Bulletin (BIP) website of the Ministry of Health and provincial offices.
6. Monitoring the validity of the Maps by NIPH-NIH and handing over the results to the Minister of Health.
 - reporting the results: each year to 30.06 for the previous year [2, 3, 6].

Priorities of regional policy

Priorities of regional policy are developed by the provincial governor in cooperation with the Provincial Council for Health Needs. The main message of this process is “the state of health of citizens and achieving the health effects of the highest value.” These priorities are set for the period for which the Regional Health Needs Map is valid [3].

Below are presented the priorities of the regional policy of the Kuyavian-Pomeranian Voivodeship. The presented material is only part of the document (as a sample and informative material) published on the website of the competent provincial office, as indicated in the list of references of this article. It is the attachment No. 1 to the Regulation No. 316/2016 of the Kuyavian-Pomeranian provincial governor from July 29,

2016 PRIORITIES FOR REGIONAL HEALTH POLICY IN KUYAVIAN-POMERANIAN VOIVODESHIP. In point 2 of the Document: Strategy and implementation, the following priorities were presented:

1. Improving the availability and quality of services concerning prevention, diagnosis and
2. treatment of cardiovascular diseases.
3. Improving the availability and quality of services concerning prevention, diagnosis and treatment of cancer.
4. Improving the availability and quality of services concerning prevention, diagnosis and
5. treatment of respiratory diseases.
6. Improving the availability and quality of services concerning prevention, diagnosis and treatment of diseases of osteoarticular and muscular system.
7. Improving the availability and quality of services concerning prevention, diagnosis and treatment of people with mental and behavioural disorders.
8. Improving the availability and quality of services concerning reducing the negative effects of injuries and defects causing significant limitations in social and professional functioning.
9. Improving the availability and quality of services concerning prevention, diagnosis and treatment of other diseases.
10. Improving the quality, effectiveness and accessibility of healthcare for elderly and dependent people.
11. Improving the quality and accessibility of healthcare for mothers and the population of children and adolescents.
12. Improving the efficiency and organisation of the healthcare system by supporting scientific research, technological development, innovations and access to quality services.
13. Support for the training of medical staff in the context of adaptation of resources to the changing needs of society [9].

All the above presented priorities of regional health policy have been, in the aforementioned document, developed in a detailed way by specifying the field of medicine, time and method of implementation, presenting measures of evaluation (for all the analysed cases they have been identified in relation to 2014), and justification [9].

References

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