



Informal payments in health care The Polish perspective and experience

Fighting fraud in healthcare and social security –

How to maximize results?

8th EHFCN Annual Conference

Krakow 6.X.2011

Stanisława Golinowska

Outline of the presentation

- Assumptions
- Theoretical hypothesis
- Research in CEE countries
- Debate and research in Poland
- Type of informal payments
- Anti-corruption policy and measures
- Anticorruption strategy in health care
- Response of doctors
- Source of evidence
- Some statistics
- Conclusions

Assumptions

- Informal payments in health care is treated as an element of the broad range of corrupt practices that are defined as *an abuse of functions by a public official for the purpose of obtaining undue advantage for him or herself*
- Occurrence of informal payments in health care within CEE countries (post-communistic and being in transition) more often than in other developed countries
- Informal payments in health care are more tolerated than in other public sector
- Informal payments in health care can be analysed from the institutional and political economy point of view

Theoretical hypothesis on causes of informal payments

- Insufficient funds for financing the process of creating a medical service - limitation in the public founding - *fee-for-service theory*
- Socio-cultural factors related to the value system of the particular society. In countries with a high level of regard for family values, health, and maintaining family ties, an informal payment is both an expression of gratitude and proof of care for the family member
- An ethical and legal grasp – poor morale of medical professionals
- Poor governance > state failure

Research on informal payments in CEE countries

- Hungarian studies – Peter Gaal > inexit theory explanations
- WB studies > corrupt behaviours
- New studies of the researchers from CEE countries > transitions to the market – specific period of the country development (Włodarczyk, Shiskin)

Debate and research in Poland

- World Bank report 1999 and creation of the independent Working Group experts and authorities
- Publishing of the Transparency International reports
- Stephan Batory Foundation > first Polish research (Anna Kubiak), public debate development and social monitoring of the phenomenon
- Impact of EU accession > legal considerations and statements
- Sociological studies > increase of awareness fostered by mass media

Type of informal payments

- Gratitude for care (accepted by doctors -86%- if the initiative is from patient side)
- Financial support for the benefit of a hospital (brick payment)
- **Giving bribes** to doctors in order to gain certain special benefits
- **Paying the medical staff under-the-table** (‘envelop payment’) for a specific and expensive service.

Anti-corruption policy

- Clear political willeness to combat corruption generally – from 2005
- Defining anti-corruptions state programmes in economy
- Defining anti-corruption strategy in health care
- Establishing CBA office and specific anti-corruption policy

Anti-corruption methods

- **better supervision and more severe penalties;**
- higher salaries (smaller temptation);
- improvement in efficiency and organization of work (less discretion);
- better protection of citizens' rights;
- more openness, transparency, and social control



Anti-corruption strategy in healthcare

- Establishing 2006 The Working Group for counteracting fraud and corruption in health care at the Ministry of Health
- Education of doctors – special guide book on fair, legal and morale behaviour
- Patient Rights Bureau establishing with on-line contact and preparing ‘A Guide for Patients’
- Cooperation within the European Healthcare Fraud and Corruption Network (EHFCN)

Response of doctors

- The Doctors' Working Group establishing in 2006 – supported by the Chamber of Physicians
- Esculap portal in Internet development to evidence and debate of the corruption problem
- Open request to increase salaries
- Presentations of health care reforms with strong privatisation and formal payment option

Sources of evidence

- HBS on family/individual expenditures
- Social Diagnosis – research panel of independent experts (Czapinski, Panek)
- CBOS – public opinion poll
- Special research within doctors milieu

The patient payments paid in stationary care by the HBS module of GUS (CSO)

	1998	2003	2006	2010
Structure by types of expenditures %				
Proof of gratitude	55.7	43,8	28,2	17,2
Voluntary contribution on benefit of a hospital	6.6	2,9	4,6	4,3
Expenditures for medicine and equipment, emergency duties	3.4	24,2	24,0	17,2
Average individual expenditure per person in PLN		10,5	15,41 (55,14)	11,6 (48,8)
Proof of gratitude		4.60	4.35	2,0
Voluntary contribution on benefit of a hospital		0.31	0.71	0,5
Out of pocket payments for medicine and equipment, emergency duties		2.54	3.70	2,0

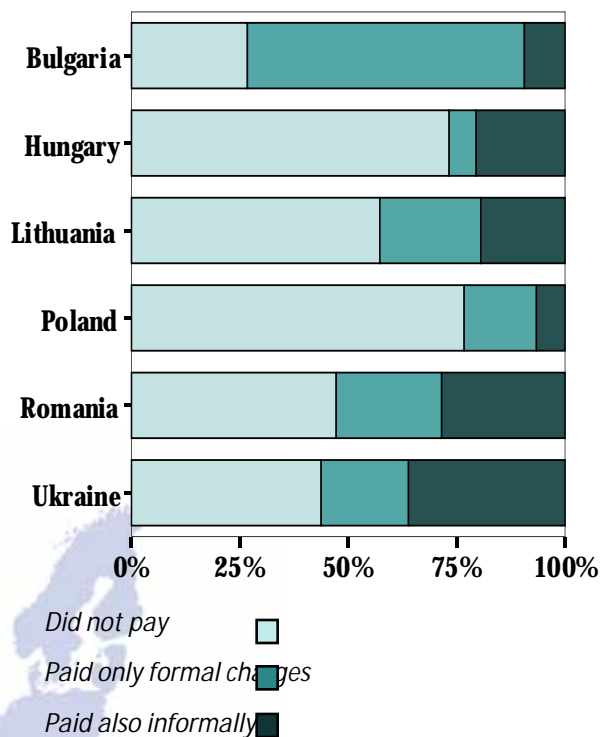
Some statistical evidence – Social diagnosis

(Diagnoza społeczna)

	2005	2007	2009
Voluntary payments paid in public hospital as % of questioned households using hospital services	7.2	4.2	3.3
Proof of gratitude as % of questioned households using medical services	5.6	4.2	2.5

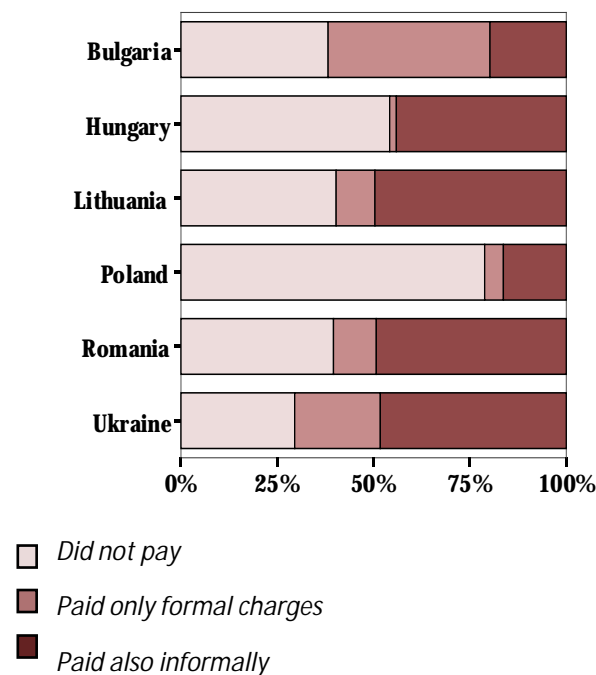
Patient payments (ASSPRO 2010 results)

Payments for physician visits



Payments for hospitalizations

Bars show % of those hospitalized during the last 12 months



Conclusions

- Informal patient payments are much less tolerated today (after introducing anti-corruption masseurs) than in the 90s. and on the beginning of the new decade.
- Anti-corruption measures based on ethical education of doctors, penalizing them for taking payments, and strengthening the rights of patients – all without changing the access and effectiveness of governance in the health care sector. As theoretical analyses show this brings about a shifting of the field for corrupt behaviours and heightened pressure to subject the health care sector to market rules.
- A lot of doctors are no more loyal officers of the public sector. They would like to be better freelancers in facilities organised on a private basis