



**ESTIMATING BOUNDARIES BETWEEN
PUBLIC HEALTH,
PERSONAL HEALTH
AND HEALTH RELATED FUNCTIONS**

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PILOT IMPLEMENTATION OF THE SYSTEM OF HEALTH ACCOUNTS IN POLAND

- On November 21, 2000 the Office for Foreign Aid at the Ministry of Health signed a contract with the German BASYS Institute to develop and implement Health Accounts in Poland in line with the recommendations of EUROSTAT/OECD. Project was completed in March 2002
- People involved in project:
 - Project coordinator (Markus Schneider)
 - Co-ordination committee (6 persons representing government institutions: MOH, MOF, Main Statistical Office (GUS), Office for Health Insurance Supervision (UNUZ), Center of Health Information)
 - Local experts and supporting staff (8 persons)
 - Foreign experts (6 persons representing international organizations: OECD, EUROSTAT and countries NHA teams: Hungary, Denmark, Germany)
- Type of activities: team works, trainings, workshops, conferences, study tours

PILOT IMPLEMENTATION OF THE SYSTEM OF HEALTH ACCOUNTS IN POLAND

- Final results of studies and activities within the framework of the project have been documented in project technical report and in the manual “**The System of Health Accounts in Poland**”
- *An English version of technical report and manual “**The System of Health Accounts in Poland**” is available under: www.bpz.gov.pl*

SOURCES OF FUNDING HEALTH CARE (ICHA-HF)

Before SHA project

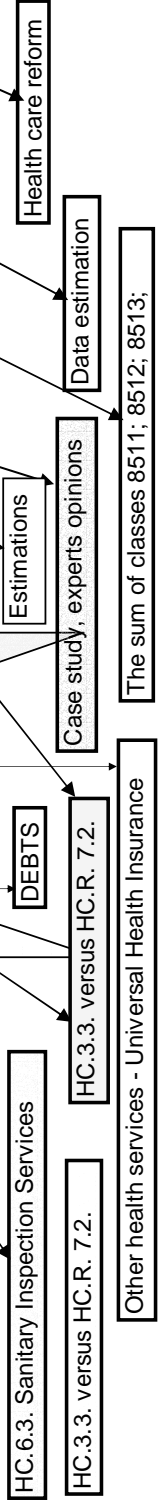
- **HF. 1 General government**
- HF.1.1 General government (excluding social security funds)
- HF.1.2. Social security funds
- **HF.2. Private sector**
- -
- -
- HF.2.3. Households out-of-pocket expenditure
- -
- HF.2.5. Corporations

Within SHA project

- **HF.1 General government**
- HF.1.1 General government (excluding social security funds)
- **HF.1.2. Social security funds**
- **HF.2. Private sector**
- HF.2.1. Private social insurance
- HF.2.2. Other private insurance
- HF.2.3. Households out-of-pocket expenditure
- HF.2.4. Non-profit institutions
- HF.2.5. Corporations
- **HF.3 Rest of the world**

ESTIMATING BOUNDARIES BETWEEN PUBLIC HEALTH, PERSONAL HEALTH AND HEALTH RELATED FUNCTIONS

Health care services and goods by function	Total expenditure	HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + HF.2.2			HF.2.3	HF.2.4	HF.2.5	HF.3
		General gov.	General gov (ex. Soc.sec.)	Social security funds	Private sector	Private insur.	Private social insur.	Other private insur.	Private househ. out of-pock.	Non-profit institut.	Corporat.	Rest of the world
Services of curative and rehabilitative care	21 198	17 297	854	16 442	3 902	173	142	31	3 729	-	-	-
Services of long-term nursing care	2 465	2 446	1 269	1 177	19	-	-	-	19	-	-	-
Ancillary services to health care	1 251	892	48	844	59	6	-	6	353	-	-	-
Medical goods dispensed to out-patients	10 797	3 708	7	3 700	700	-	-	-	6 921	168	-	-
non classified services	913	564	56	508	343	-	-	-	-	149	200	-
Personal medical services and goods	36 624	24 907	2 235	22 672	11 717	179	142	37	11 021	317	200	-
Prevention and public health services	1 487	1 290	1 270	20	205	-	-	-	-	-	205	1
Health administration and health insurance	1 711	1 707	593	1 115	4	4	4	-	-	-	-	0,04
Total current expenditure on health	39 832	27 904	4 097	23 807	11 926	183	142	41	11 021	317	405	1
Gross capital formation	1 534	1 523	1 523	-	-	-	-	-	-	-	-	11
Total expenditure on health	41 366	29 427	5 620	23 807	11 926	183	142	41	11 021	317	405	13
<i>Memorandum items: Further health related functions</i>												
Education and training of health personnel	1	-	-	-	-	-	-	-	-	-	-	1
Research and development in health	489	365	365	-	119	-	-	-	-	1,8	177	5
Food, hygiene and drinking water control	0,01	-	-	-	-	-	-	-	-	-	-	0,01
Environmental health	0,02	-	-	-	-	-	-	-	-	-	-	0,02
Administr. & prov.of social services in kind	-	-	-	-	-	-	-	-	-	-	-	-
Administr. & prov.of health-related cash-b.	33 014	33 014	778	32 237	-	-	-	-	-	-	-	-
HC.6.3. Sanitary Inspection Services												
HC.3.3. versus HC.R. 7.2.												
HC.3.3. versus HC.R. 7.2.												
Other health services - Universal Health Insurance												



**ESTIMATING BOUNDARIES BETWEEN PUBLIC HEALTH, PERSONAL
HEALTH AND HEALTH RELATED FUNCTIONS**

- General government excluding social security fund -

<i>Health care services and goods by function</i>		HF.1.1 General gov.(ex. Soc.sec.)
Services of curative and rehabilitative	HC.1-2	854
Services of long-term nursing care	HC.3	1 269
Ancillary services to health care	HC.4	48
Medical goods dispensed to out-patients	HC.5	7
<i>non classified services</i>		56
Personal medical services and goods	HC.1-5	2 235
Prevention and public health services	HC.6	1 270
Health administration and health insur.	HC.7	593
Total current expenditure on health		4 097
Gross capital formation	HC.R.1	1 523
Total expenditure on health		5 620
Education and training of health person.	HC.R.2	-
Research and development in health	HC.R.3	365
Food, hygiene and drinking water contr.	HC.R.4	-
Environmental health	HC.R.5	-
Administr. & prov. of soc.servic.in kind	HC.R.6	-
Administr.& prov.of health-relat.cash-b.	HC.R.7	778

HC. 3.3. and HC.R. 7.2
 HC.3.3. Specialist care services, permanent allowance, nursing allowance
 HC.R. 7. Compensatory permanent allowance (child care benefit), temporary benefit (long lasting sickness)

Financial obligations and debts resulted from services and goods purchase .

HC. 6.3. and HC.R. 7.4.
 Sanitary Inspection services

ESTIMATING BOUNDARIES BETWEEN PUBLIC HEALTH, PERSONAL HEALTH AND HEALTH RELATED FUNCTIONS

- Social security funds -

<i>Health care services and goods by function</i>	HF.1.2 Social security funds
Services of curative and rehabilitative	16 442
Services of long-term nursing care	1 177
Ancillary services to health care	844
Medical goods dispensed to out-patient.	3 700
<i>non classified services</i>	508
Personal medical services and goods	22 672
Prevention and public health services	20
Health administration and health insur.	1 115
Total current expenditure on health	23 807
Gross capital formation	-
Total expenditure on health	23 807
Education and training of health person.	-
Research and development in health	-
Food, hygiene and drinking water contr.	-
Environmental health	-
Administr. & prov. of soc.servic.in kind	-
Administr. & prov.of health-relat.cash-b.	32 237

HC.3.3. and HC.R.7.2
 HC.3.3. Care allowance and nursing supplement
 HC.R. 7. Sickness benefit, child care benefit, newborns benefit, rehabilitation benefit, invalidity permanent benefit

Universal Health Insurance
Other health services -
 Nursing care facilities, specialty facilities for tuberculosis, physiotherapy, mammography, substance abuse centers, nursing and midwifery centers, etc.

ESTIMATING BOUNDARIES BETWEEN PUBLIC HEALTH, PERSONAL HEALTH AND HEALTH RELATED FUNCTIONS

- Private social insurance -

<i>Health care services and goods by function</i>	HF.2.1 Private social insur.
Services of curative and rehabilitative	142
Services of long-term nursing care	-
Ancillary services to health care	-
Medical goods dispensed to out-patients	-
<i>non classified services</i>	-
Personal medical services and goods	142
Prevention and public health services	-
Health administration and health insur.	-
Total current expenditure on health	142
Gross capital formation	-
Total expenditure on health	142
Education and training of health person.	-
Research and development in health	-
Food, hygiene and drinking water contr.	-
Environmental health	-
Administr. & prov. of soc.servic.in kind	-
Administr. & prov.of health-relat.cash-b.	-

Data estimations

HF.2.1.1.a - covers sickness risk, the so called in-patient benefits – as well as the risk of serious illness, where persons insured are paid “from hand to hand” cash benefit (lump-sum payment for every day of hospital stay – in the first case or amount agreed upon in the contract in relation to sum insured) = **inpatient care**

Case study, expert assessments

HF.2.1.1.b – subscription payments – almost solely **out-patient** care is funded, although offers of mentioned companies include both in-patient care and rehabilitation

ESTIMATING BOUNDARIES BETWEEN PUBLIC HEALTH, PERSONAL HEALTH AND HEALTH RELATED FUNCTIONS

- Other private insurance -

<i>Health care services and goods by function</i>	HF.2.2 Other private insur.
Services of curative and rehabilitative	31
Services of long-term nursing care	-
Ancillary services to health care	6
Medical goods dispensed to out-patients	-
<i>non classified services</i>	-
Personal medical services and goods	37
Prevention and public health services	-
Health administration and health insur.	4
Total current expenditure on health	41
Gross capital formation	-
Total expenditure on health	41
Education and training of health person.	-
Research and development in health	-
Food, hygiene and drinking water contr.	-
Environmental health	-
Administr. & prov. of soc.servic.in kind	-
Administr.& prov.of health-relat.cash-b.	-

Assumptions:

- Under HF.2.2 it was assumed that total expenditures were connected with funding costs of curative care abroad:
- out-patient care accounts for 50% of costs (including costs of pharmaceuticals),
- in-patient care accounts for 25% (including curative care and costs of pharmaceuticals),
- patient's transport home accounts for 15% and
- other costs financed by insurance companies – 10% (including insurance operation, e.g. assistance).



ESTIMATING BOUNDARIES BETWEEN PUBLIC HEALTH, PERSONAL HEALTH AND HEALTH RELATED FUNCTIONS

- Private households out-of-pocket expenditure -

		HF.2.3
<i>Health care services and goods by function</i>		Private househ. out-of-pock.
Services of curative and rehabilitative	HC.1-2	3 729
Services of long-term nursing care	HC.3	19
Ancillary services to health care	HC.4	353
Medical goods dispensed to out-patients	HC.5	6 921
<i>non classified services</i>		-
Personal medical services and goods	HC.1-5	11 021
Prevention and public health services	HC.6	-
Health administration and health insur.	HC.7	-
Total current expenditure on health		11 021
Gross capital formation	HC.R.1	-
Total expenditure on health		11 021
Education and training of health person.	HC.R.2	-
Research and development in health	HC.R.3	-
Food, hygiene and drinking water contr.	HC.R.4	-
Environmental health	HC.R.5	-
Administr. & prov. of soc.servic.in kind	HC.R.6	-
Administr.& prov.of health-relat.cash-b.	HC.R.7	-

- All household expenditure were included under personal health care
- Estimation of the part of expenditure within personal health

ESTIMATING BOUNDARIES BETWEEN PUBLIC HEALTH, PERSONAL HEALTH AND HEALTH RELATED FUNCTIONS

- Non-profit institutions serving households -

		HF.2.4
<i>Health care services and goods by function</i>		Non-profit institut.
Services of curative and rehabilitative	HC.1-2	-
Services of long-term nursing care	HC.3	-
Ancillary services to health care	HC.4	-
Medical goods dispensed to out-patients	HC.5	168
<i>non classified services</i>		149
Personal medical services and goods	HC.1-5	317
Prevention and public health services	HC.6	-
Health administration and health insur.	HC.7	-
Total curent expenditure on health		317
Gross capital formation	HC.R.1	-
Total expenditure on health		317
Education and training of health person.	HC.R.2	-
Research and development in health	HC.R.3	1,8
Food, hygiene and drinking water contr.	HC.R.4	-
Environmental health	HC.R.5	-
Administr. & prov. of soc.servic.in kind	HC.R.6	-
Administr.& prov.of health-relat.cash-b.	HC.R.7	-

All the human health activities, according to the Polish version of NACE, (classes 8511; 8512; 8513; 8514) have been considered jointly under HC.1.- HC.2 and HC.4 thus presented as non classified services

Retail sale of pharmaceutical goods (52.31) and (52.32) Retail sale of medical and orthopedic goods (52.32) have been classified under HC.5.

ESTIMATING BOUNDARIES BETWEEN PUBLIC HEALTH, PERSONAL HEALTH AND HEALTH RELATED FUNCTIONS

- Corporations -

Financial obligations and debts resulted from services and goods purchase made by independent public health care facilities

An estimated value – cost of preventive services provided by occupational medicine services units

		HF.2.5
<i>Health care services and goods by function</i>		Corporations
Services of curative and rehabilitative	HC.1-2	-
Services of long-term nursing care	HC.3	-
Ancillary services to health care	HC.4	-
Medical goods dispensed to out-patients	HC.5	-
<i>non classified services</i>		200
Personal medical services and goods	HC.1-5	200
Prevention and public health services	HC.6	205
Health administration and health insur.	HC.7	-
Total current expenditure on health		405
Gross capital formation	HC.R.1	-
Total expenditure on health		405
Education and training of health person.	HC.R.2	-
Research and development in health	HC.R.3	117
Food, hygiene and drinking water contr.	HC.R.4	-
Environmental health	HC.R.5	-
Administr. & prov. of soc.servic.in kind	HC.R.6	-
Administr.& prov.of health-relat.cash-b.	HC.R.7	-

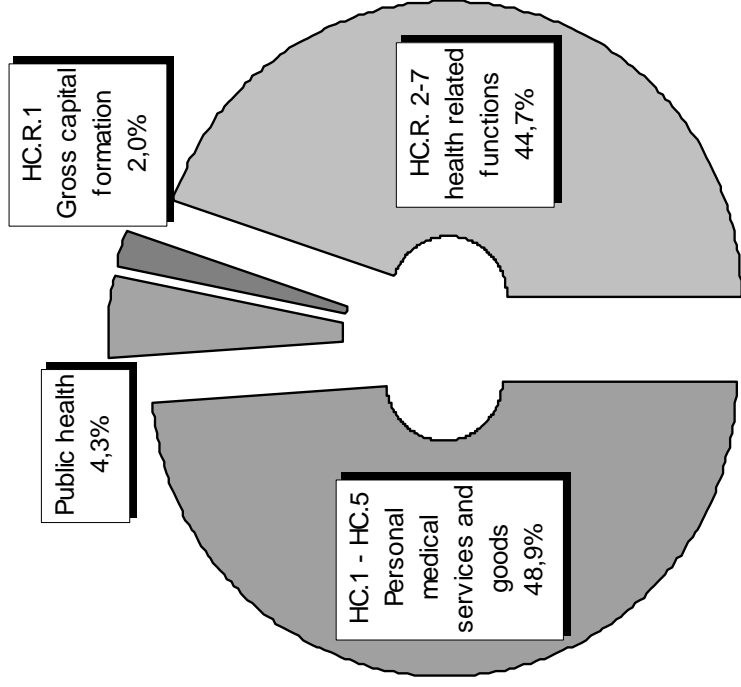
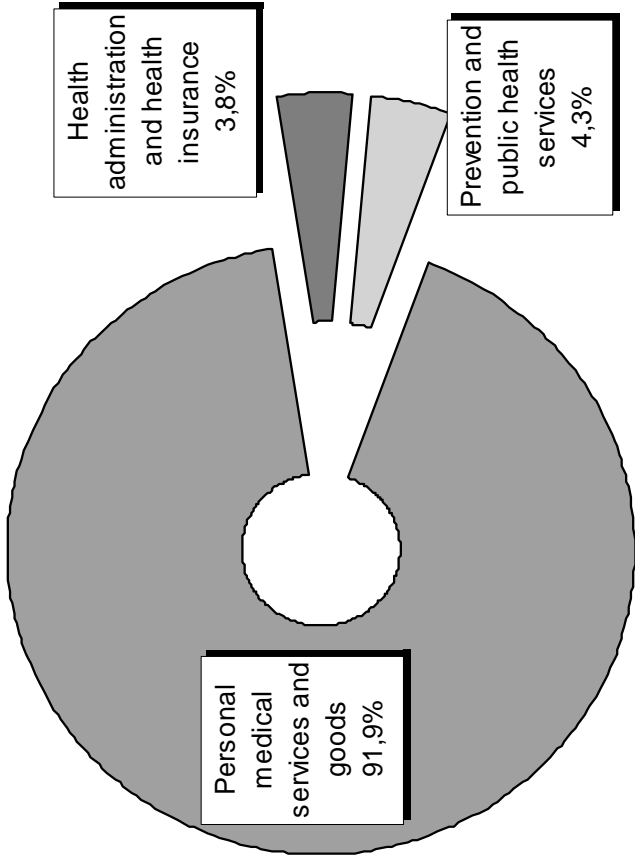
ESTIMATING BOUNDARIES BETWEEN PUBLIC HEALTH, PERSONAL HEALTH AND HEALTH RELATED FUNCTIONS

- Rest of the world -

		HF.3
<i>Health care services and goods by function</i>		Rest of the world
Services of curative and rehabilitative	HC.1-2	-
Services of long-term nursing care	HC.3	-
Ancillary services to health care	HC.4	-
Medical goods dispensed to out-patients	HC.5	-
<i>non classified services</i>		-
Personal medical services and goods	HC.1-5	-
Prevention and public health services	HC.6	1
Health administration and health insur.	HC.7	0,04
Total current expenditure on health		1
Gross capital formation		11
Total expenditure on health		13
Education and training of health person.	HC.R.2	1
Research and development in health	HC.R.3	5
Food, hygiene and drinking water contr.	HC.R.4	0,01
Environmental health	HC.R.5	0,02
Administr. & prov. of soc.servic.in kind	HC.R.6	-
Administr.& prov.of health-relat.cash-b.	HC.R.7	-

WHO expenditure connected with development of programmes of reforms supporting governmental institutions in implementation of health policy of the state

EXPENDITURE ACCORDING TO PERSONAL HEALTH, PUBLIC HEALTH AND HEALTH-RELATED FUNCTIONS (IN %)



ESTIMATING BOUNDARIES BETWEEN PUBLIC HEALTH, PERSONAL HEALTH AND HEALTH RELATED FUNCTIONS

Using these estimations one should take into consideration both assumptions and some remarks related to amount of expenditure being adjusted to particular categories of ICHA in consequence reflected by relations between the main groups of functional classification (personal, public and health related expenditure)

- Underestimation due to lack of existing data
- Inaccurate estimations due to lack of complete information
- Inappropriate classification of expenditure according to SHA scheme due to lack of experience