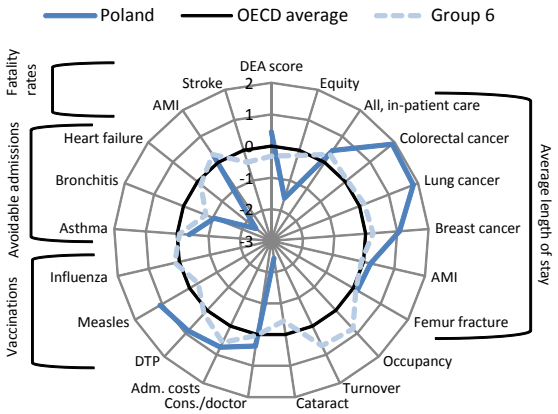
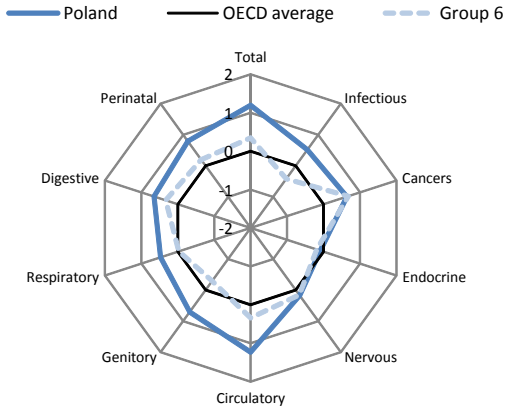
Poland: health care indicators

Group 6: Hungary, Ireland, Italy, New Zealand, Norway, Poland, United Kingdom

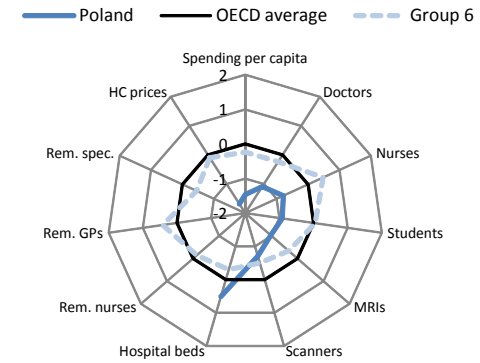
A. Efficiency and quality



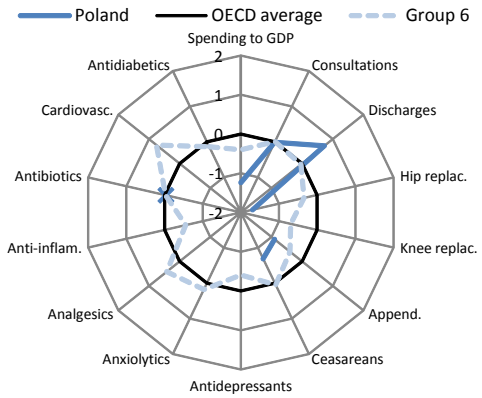
B. Amenable mortality by group of causes



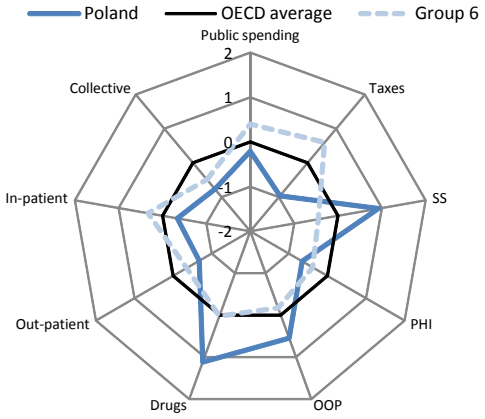
C. Prices and physical resources



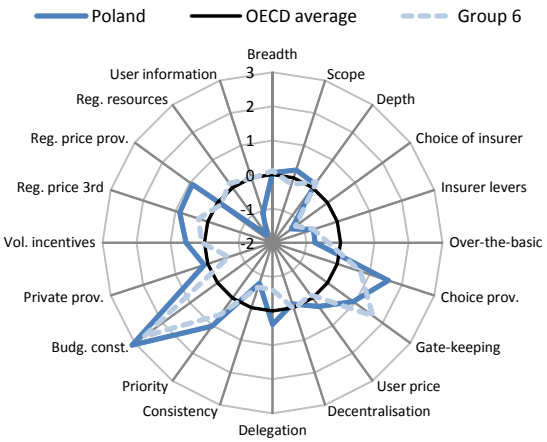
D. Activity and consumption



E. Financing and spending mix



F. Policy and institutions



Note: Country groups have been determined by a cluster analysis performed on policy and institutional indicators. In all panels except Panel A, data points outside the average circle indicate that the level of the variable for the group or the country under scrutiny is higher than for the average OECD country (e.g. Australia has more scanners than the OECD average country).
In Panel A, data points outside the average circle indicate that the group or the country under scrutiny performs better than the OECD average (e.g. administrative costs as a share of total health care spending are lower in Australia than on average in the OECD area).
In all panels except Panel F, data represent the deviation from the OECD average and are expressed in number of standard deviations.
In Panel F, data shown are simple deviations from the OECD average.

Source : OECD Health Data 2009; OECD Survey on Health Systems Characteristics 2008-2009; OECD estimates based on Nolte and Mc Kee (2008).

POLAND

GROUP 6: Mostly public insurance. Health care is mainly provided by a heavily regulated public system, with strict gate-keeping, little decentralisation and a tight spending limit imposed *via* the budget process.

Efficiency and quality	Prices and physical resources	Activity and consumption	Financing and spending mix	Policies and institutions	Weaknesses and policy inconsistencies emerging from the set of indicators
Above average DEA score but higher amenable mortality rate and inequalities in health status	Low health care spending *per capita* and as a share of GDP		Low publicly-financed share	Large scope and depth of basic insurance coverage. Very limited market mechanisms in the insurance market	The Polish system relies on both more market mechanisms and more regulations to steer the supply of health care services. The reasons behind the high inequalities in health status should be examined
Lower length of stay in the acute care sector	More acute care beds *per capita*	More hospital discharges *per capita*	High out-of-pocket payments	More private provision and volume incentives but also more regulation on provider prices and less information on the quality and prices of services	
Low quality of out-patient care as measured by the number of avoidable in-patient admissions	Less doctors, nurses and medical students		High drug share	More choice of providers and less gate-keeping	Devise strategies to improve the quality of out-patient care. Combining the existing capitation system for GPs with some elements of fee-for-services could be an option
Low administrative costs	Low prices			Less regulation on medical staffing and equipment	Efforts to increase consistency in the allocation of resources across government levels could contribute to raise spending efficiency