

Chapter 2

Indicating Fields of Inequalities Regarding the Access to Health Benefits: Summary of Watch Health Care Foundation's Three-Year Activity

Krzysztof Landa

Watch Health Care Foundation, Poland

Karolina Skora

Watch Health Care Foundation, Poland

Iwona Zaczek

Watch Health Care Foundation, Poland

ABSTRACT

Restrictions to health services in Poland inspired the establishment of the Watch Health Care Foundation (WHC). The fundamental disease of the system is the disproportion between the amount of the funds and the contents of the package. It causes the same “symptoms” and leads to the same pathological phenomena everywhere: queues and other forms of rationing (“guaranteed”) health benefits, corruption, and making use of privileges. The foundation uses the potential of the information society and available infrastructure (Web portal, www.watchhealthcare.eu), and all activities are presented on the Website with the aim of influencing the health care system. On the basis of reports of limited access to health services, a registry of patient problems was created in the WHC Web portal, which aims to show what the biggest gaps in access to health services are – this is a way of showing the patient and health care system the needs and also one possible approach to continuous education of the health care service consumers targeted at health care system improvement.

DOI: 10.4018/978-1-4666-4619-3.ch002

INTRODUCTION

The word empowerment has been broadly defined as an enabling process through which individuals or communities take control of their lives and their environment (Berger, Anderson-Hatper & Kavookjian, 2002). Empowerment could be also described as a “social process of recognizing, promoting, and enhancing people’s abilities to meet their own needs, solve their own problems, and mobilize necessary resources to take control of their own lives.” (Jones & Meleis, 1993). The key elements of empowerment are knowledge, behavioural skills, and self-responsibility. It is assumed that the access to information and appropriate ongoing education is a basic mechanism for patients empowerment (Monteagudo & Moreno, 2007). This access to information and the ability to interpret correctly the information available increase the control that patients can experience in their healthcare. The challenge is not only to improve patient access to information about their health but also to provide them with information about restrictions in health care services. In Poland the Watch Health Care Foundation (WHC) has undertaken the challenge. The mission of the Watch Health Care Foundation is to provide trustworthy information regarding those benefits and medical procedures to which patients can expect limited access.

This paper presents the idea to establish Watch Health Care Foundation (restrictions to health services in Poland) and describes its activities. Foundation uses the potential of the Internet and all activities are presented on website www.watchhealthcare.eu. The website of the Watch Health Care Foundation collects and provides reliable data on health services and medical procedures to which access is restricted. The patients, the society, the health care providers, the policy makers and the regulatory authorities thus receive free access to aggregated information about queues in almost all areas of medicine.

The Watch Health Care Foundation wants to show the patient and whole health care system needs. The aim of these activities are to improve healthcare system performance and to enhance patients’ awareness.

THE INSPIRATION FOR ESTABLISHING THE FOUNDATION: FUNDAMENTAL DISEASE OF THE HEALTHCARE SYSTEM IN POLAND

The need of ‘*introducing a guaranteed benefits package*’ has been postulated repeatedly until 2009 in Poland, on the occasion of all subsequent parliamentary and presidential elections. Creating the package *de novo* was to be the panacea that would heal the health system of all woes. What was misunderstood, was the concept that Poland has long had a functioning package, ever since the introduction of a universal health security system - the question was what that package was like. Any country that introduces a health insurance system or a health security system must almost automatically determine what the insured are entitled to or possibly what they are not entitled to, in order to collect funds for this purpose (Władysław-Blicharz, Łanda, Nadziejka, Gąsiorowski, & Dziadyk, 2006).²

Thanks to the so-called Benefit Package Act³, discussions about the need to create a guaranteed services package in Poland⁴ were once and for all terminated. This allows the social dialogue to finally move forward. There will be no more futile discussions about the need to create a package and a constructive debate about the form of the guaranteed services package, improving the functionality and rules of creating its individual parts will begin, as well as the package’s role for the development of additional insurances in Poland.

In accordance with the Benefits Package Act in Poland, the content of particular parts of the guaranteed benefits package is determined by the

13 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:

www.igi-global.com/chapter/indicating-fields-of-inequalities-regarding-the-access-to-health-benefits/97404

Related Content

GAN-Based Medical Images Synthesis: A Review

Huan Yang and Pengjiang Qian (2021). *International Journal of Health Systems and Translational Medicine* (pp. 1-9).

www.irma-international.org/article/gan-based-medical-images-synthesis/277366

Research on multi-view clustering algorithm on epileptic EEG signal

(2022). *International Journal of Health Systems and Translational Medicine* (pp. 0-0).

www.irma-international.org/article//282705

Bridging the Gap: Investigating the Barriers to African American Inclusion in the Cybersecurity Workforce

Miranda Stanfield (2024). *Multisector Insights in Healthcare, Social Sciences, Society, and Technology* (pp. 75-91).

www.irma-international.org/chapter/bridging-the-gap/340568

Embedded Sensor Systems for Health in Home Healthcare: Enablers and Challenges

Maria Lindén, Mats Björkman and Miguel Ángel Valero Duboy (2016). *Encyclopedia of E-Health and Telemedicine* (pp. 563-573).

www.irma-international.org/chapter/embedded-sensor-systems-for-health-in-home-healthcare/151986

Extra-Pulmonary TB: Changing Paradigm in Diagnosis

Sarita Rani, Ankur Kaul, Anil Kumar Mishra and Umesh Gupta (2021). *Strategies to Overcome Superbug Invasions: Emerging Research and Opportunities* (pp. 91-116).

www.irma-international.org/chapter/extra-pulmonary-tb/284599