

# **Determinants of Regional Management of Public Health Care Sector**

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*Regional development policy focuses in particular on satisfying the needs of a local community concerned with housing, friendly environment and land development, as well as access to education and work, which makes a foundation for integrated and comprehensive activities within health care, next to effective organization and availability of care. An important element of taking the steps aimed at creating an optimal health care policy and efficiency of the system of regional health care management is the possibility to utilize modern tools which support the process of making decisions concerned in particular with the IT system, and leading to creation of such a system, i.e. to practical application of the ICT.*

## **1. Introduction**

It is self-evident to claim that the sphere of health care is subject to certain economic mechanisms, though not within its entire scope and in a specific way. Moreover, since marketing principles are in use in that sphere to a limited extent, it is very well-founded to seek and constantly adjust the economic and management mechanisms which form the exchange between the qualitative and quantitative aspect of the demand for health services to the present realities. There is the ongoing risk that a too powerful market mechanism may lead to excessively diversified access to the services, thus debilitating the sense of health safety, if not the actual protection of population's health. On the other hand, undue interventionism of the state may add to wastefulness of the resources. Investing in health and its protection equals investing in the development of the civilization and in human capital, the latter being one of the major determinants of the economic and social development of regions and countries.

The area of interest to this study is the portion of management disciplines concerned with the organizations which belong to the health care sector, and in particular the problems of making rational decisions and the resources of knowledge and information. To put it in textbook fashion (Anheirer 2005), the deliberations are concerned the non-profit organizations though defined by the structure of incomes. The field of interest will include in particular the formal organizations provided with non-market resources, controlled beyond the marketing mechanisms, and financed from the stream of public funds.

It must be pointed out that considerable role in the formation and fulfilment of the health care policy is the economic doctrine and the communicated and complied with hierarchy of importance of the problems related with social development. In that doctrine, adopted by the state, the protection of health increasingly often becomes the domain of other than state entities. The role and significance of the self-government authority in fulfilling social demands of their populations, including those concerned with health. Despite the increasing role of these entities, there are numerous problems both in the sphere of legal regulations, as well as in terms of the system control instruments which hinder effective fulfilment of the objectives of the health protection policy, compliant with the expectations of the society. This article presents the idea behind the Regional Health Care Network (RHCN) as the instrument of effective management of the health care sector in the region<sup>1</sup> and its possible implementation into the structures of the regional (voivodeship) self-government in Poland. The latter problem was verified empirically during the research carried out in the Silesian Voivodeship at the end of 2004 and the beginning of 2005.

## 2. Territorial perspective in health care sector management

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<sup>1</sup>As evidenced in the discussion on the problems of effectiveness (see also Shortell, S., A. Kałużny. 2001. *Podstawy zarządzania opieką zdrowotną. Fundacja Zdrowia Publicznego*. Krakow: Uniwersyteckie Wydawnictwo Vesalius, pp. 21-48; Anheier, H.K. 2005. *Nonprofit Organizations. Theory, management, policy*. London and New York: Routledge. Taylor and Francis Group; Flejerski, S., A. Panasiuk, J. Perenc, G. Rosa (eds.). 2005. *Współczesna ekonomia usług*. Warszawa: Wydawnictwo Naukowe PWN, pp. 413-450; Stiglitz, J. 2004. *Ekonomia sektora publicznego*. Warszawa: Wydawnictwo Naukowe PWN), different types of organizations should be organized differently (the internal structure), which implies the need to adjust effectiveness indicators to the specificity of given organization, including the mission fulfilled by that organization when it undertakes action on the market. First of all, we should distinguish between for-profit and non-profit organizations. The institutions operating in the health care sector are often classified as belonging to the non-profit sector, especially in the countries where their sources of financing are taxes or obligatory and general health insurance. The non-profit sector has been discussed widely in the management literature. The researchers and practitioners have been applying different approaches to define and segment the non-profit sector. Their discussion can begin with the tax-based classification, though it is insufficient for the researchers studying these organizations. Instead, the researchers involved in the areas of social science, economics or public administration have developed a range of definitions emphasizing the determinants of the dissimilarity of non-profit organizations and several attempts have been made to segment the sector, though none of the approaches worked out so far came into wider use. The most popular segmentation is based on given branch or area of service. Usually the distinguished areas in the sector are the following: arts, education, environment, health and services for the people. Regardless of the assumed criterion, each classification distinguishes the non-profit organizations engaged in the health care sector. Despite the continuous debate on the role of the non-profit sector or the matter of its segmentation, the majority of researchers and practitioners agree that the difference between the non-profit organizations and the for-profit ones is that the first are not customer-financed; additionally, the non-profit organizations render profitless services. Therefore these organizations have their unique requirements, in which they differ from the business sphere. Hence the belief held today that the management of health care institutions, such as clinics, hospitals or health care organizations is a separate field of management.

The Lisbon Strategy, the dominant way of development in the European Union, considers it among the major tasks to be fulfilled to improve competitiveness and develop innovative knowledge-based economy (Sztultka, Mackiewicz, Tamowicz, Wojnicka 2004: 7-14). The main advantage of that approach is the emphasis on the fact that the idea should be materialized not on the national level, but also on the regional one<sup>2</sup>. The grounds for the formation of the Regional Innovation Strategy are provided for in the EU documents, reading in particular that ‘...Real wealth – in terms of economic performance, industrial competitiveness and employment – comes not from the production of material goods alone, but from the production, transformation and exploitation of knowledge. Especially in the context of the increasing role played by the service sector in economic activity, knowledge is of fundamental and strategic importance for innovation’<sup>3</sup>. Innovation of economy can be understood as ‘...entrepreneurs’ capacity and motivation to continuously acquire and utilize in practice the results of the research and development works, new concepts, ideas and inventions. Innovation also means improving and developing the existing production and operating technologies in the service sector, introducing new solutions in organization and management, improving and developing infrastructure, especially in terms of gathering, processing and making available information, in accordance with the concept of information society...’ (Olesiński 2005: 235-236). The possessed knowledge and the actions undertaken as a consequence of possessing that knowledge are decisive for the level of social and economic development and the satisfaction of the citizens with their authorities.

The region as an economic and spatial system covers a specific portion of the economic space distinguished from the surrounding environment, permanently inhabited, managed and controlled by a specific community. The purpose of the decisions made by regional authorities is to achieve constant social and economic development compliant with the rules of sustainable development<sup>4</sup>. The role of managing the development of the

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<sup>2</sup> Essential elements of the innovation processes in the regions are provided for in the National Development Plan 2007-2013.

<sup>3</sup> *Komunikat Komisji Europejskiej dla Rady Europy, Parlamentu Europejskiego i Europejskiego Komitetu Społeczno-Ekonomicznego w sprawie polityki innowacyjnej.* (Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions: Innovation policy: updating the Union’s approach in the context of the Lisbon strategy.) Brussels, 11.03.2003 quoted in the Polish version of the article from: Olesiński, Z. 2005. *Zarządzanie w regionie. Polska-Europa-Świat.* D Warszawa: Difin, p. 235; the quote in the English version comes from the English version of the original document.

<sup>4</sup> The idea of sustainable development is based on the rules of democracy and the law-governed state, as well as respecting the fundamental rights, including freedom and equal opportunities for everyone. It ensures solidarity within and between the particular generations. It adds to supporting dynamic economy, complete employment, and achieving high level of education, health care and social and territorial cohesion, as well as the protection of

society by supporting the particular domains, currently approached as particularly important for the development of human capital, health care included, was pointed out several years ago by K. Secomski (Secomski 1970).

The modern theory of organization and management inspires the direction of evolution of the strategic thinking about the leading determinant of regional development from the management of material resources towards the management of knowledge-based economy, the level of which determines the depth of the synergy effect, while its productive use enables gaining competitive advantage. It is therefore necessary to base regional management on the production, transfer and absorption of knowledge as the determinants of generating added value (Hughes 2003: 1-16). This approach means introducing the idea of public management in the social reality, since 'as understood dynamically, public management is about the realization of public programs which fulfill the essential social needs. ... Therefore when we speak of public management, we face the problem of social innovation. ... What we call innovation is the intentional change introduced within the social system, being new to the system, resulting from the decision-making process targeted at solving the problem which originated in the course of functioning of that system, and leading to changing the existing structure of the system' (Górniak 2001: 33).

As provided for in the Lisbon Strategy, in order to satisfy the demands of the modern economies of Member States, it is necessary to introduce the special social innovation based on remodelling social behaviour so as to enable the development of knowledge-based economic model. This idea does not mean the sole application of IT methods to solve telecommunication problems, although it is the Internet itself, the vast net, that plays an enormous role in its popularization and shows evidently the considerable changes under way in a given sphere of life when ICT is applied in that sphere to a large scale. Information society is the society where the expansion and use of its resources becomes popular and is supported with widely applied information technologies in all the spheres of social life.

The mode of perception of the region as the instrument of action which is of importance to this publication is reflected in the organizational classifications applied in exercising the power and becoming engaged in the social and economic pursuits. When perceived as such, the region becomes the area of public management. It is considered the topmost unit in the organization of the territory of the state having large area and numerous population. The fundamental value acquired thanks to effective management in the region is

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natural environment in the safe and peaceful world, with respect for cultural diversity; taken from: the Council of the European Union – Brussels, June 18th, 2005. Presidency conclusions no. 10255/05, CONCL 2, Annex I.

harmonized social and economic development characterized as change, quantitative rise, diffusion of innovation, creating new values (such as new types of social or administrative activities, new jobs, new goods and services, new location offers, living environment, accessibility), which means wide application of the idea of enterprising in reality. An important value of that approach is the fact that enterprising need not be yielding profit in economic terms. Priority is given to the process itself, which adds to releasing the potential and energy in the system. That energy, triggered by the enterprising processes, has effect on all the elements of the system and its surroundings, while its outcome is the wave effect it has on the remaining elements. By means of the existing relations, enterprising is transmitted between the elements which create their own enterprise processes; hence the occurrence of certain feedback (Bratnicki 2002: 179-180). The process is not infinite, while the multiple obstacles and hampering factors may even tone it down.

Enterprising means establishing one's own principles and introducing widely understood innovation, which is not only about inventing new things, but also, if not in particular about utilizing the existing solutions in the new applications. This ability becomes an inevitable functional element of the reality, where innovations from scratch are highly time-consuming and require considerable workload and financial outlays (Bieniok 1997: 103-105). The new strategic thinking about the development was targeted in particular at creating human capital and taking to enhance the role of partnerships between all the actors in the economic processes (the business, the science and public authorities) for the regional development, mainly in terms of selecting the directions and priorities for public policy, as well as defining its needs and expectations (cf. Sztultka, Mackiewicz, Tamowicz, Wojnicka 2004). The authors of the study called *Regionalne strategie i systemy innowacji – najlepsze praktyki, rekomendacje dla Polski* (Regional innovation strategies and processes – best practices, recommendations for Poland), a publication by the Polish Lisbon Strategy Forum, point to the need to concentrate efforts on two priorities: improving access for enterprises to different types of the sources of information and increasing their level of human capital. In their opinion, this is a consequence of the requirement imposed on the regions to adjust to the character of the present processes shaping competitiveness and innovation, where social capital and access to the information market instead of to the market of material resources only is the key to success.

One of the areas of key role to the successful development of Poland specified in the National Development Plan is the reform of the health care system. Fulfilling the health demands of citizens which are within the scope of public health is one of the crucial areas of

development from the perspective of both the state and the region. This matter is extremely difficult for the self-government authority, since defining the best ways to allocate the modest resources at hand so as to meet the requirements assumed to be fulfilled in the sphere of public health is a complex issue. The major problem is in the multiplicity of health conditions and types of diseases, as well as in the wide scope of social factors related to the current economic and social policy, especially now, in the face of the collapse of the socio-democratic model of welfare state both in Poland and in other EU Member States (WHO 1985).

## **2. Principles of the Regional Health Care Network**

From its origins, the creation of information society was one of the main objectives behind the Lisbon Strategy, at the same time being the key element supporting the development of knowledge-based economy. Among the range of measures undertaken on the Community level, the Information Society Initiative covers a variety of issues, from the development of infrastructure, network services and e-services, through supporting implementation of ICT, stimulating the development of enterprises to improve their competitiveness, the social aspects of reducing the digital divide, the support for digital literacy, to supporting the development of e-Government. An ambitious objective laid down in the Lisbon Strategy is reaching the level of skill and knowledge at which everyone is provided with the basic competences to learn, work and become self-fulfilled in the society and knowledge-based economy (Murray 2004: 1-4).

During the Community summit in Helsinki in December of 1999, R. Prodi, the President of the European Commission, formulated the terms of the initiative called *e-Europe – Information Society for All*, the document which formally triggered the measures in terms of the legal and financial realization of the idea of Information Society in the accession countries (e-Europe+) and in the Community (e-Europe 2002). The aim of the programme was to accelerate economic and social modernization of the Member States and the candidate countries, as well as to level the discrepancies in access to information. Hence the initiation of the measures intended to improve infrastructural environment and, successively, develop broadband connections and Trans-European Networks (eTENs in the context of the European Growth Initiative)<sup>5</sup>. The Member States declared to fulfill the three main strategic goals,

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<sup>5</sup> The European Growth Initiative was adopted formally during the European Council summit in 2003; it refers to the trans-European infrastructural projects and the projects of investments in the leading technologies.

within which ten areas of activity were distinguished. The strategic objectives are: popularizing information civilization among the European citizens, schools, enterprises and public administration; supporting the development of new ICT; and enhancing social cohesion.

The fulfillment of these objectives compliant with the guidelines of the European Commission implies the development of the ten areas to be supported by the EU during the several years to come by means of the community schemes<sup>6</sup> through establishing legal bases and allotting considerable funds for the completion of these schemes<sup>7</sup>. These areas are as follows:

- introducing the Internet and means of using multimedia in schools and adapting them to educational purposes (e-Learning),
- cheaper access to the Internet,
- fast Internet connections for researchers and students,
- e-cards to ensure secure access to information (e-Security),
- eCommerce,
- taking into account the needs of the disabled,
- e-Government,
- e-Health,
- intelligent transportation,
- financing innovative projects in the area of ICT.

In the original e-Europe scheme, undertaking the measures aimed at enhancing the possibilities to use the Internet by all groups in the society was the fundamental condition for the development of the four major horizontal initiatives having effect on the shape of the European Information Society, i.e. e-Business, e-Government, e-Education and e-Health, as well as on the possibility to fully meet the assumptions of the Lisbon Strategy. The prospect of the information society implies radical reorientation in the spatial relations and structures, while globalization leads to making management international and making not only countries, but also regions involved in the general development trends and global competition. It also enables the transfer of biotechnology and innovation, acquiring new experiences and skills, as

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<sup>6</sup> An example is the 6th Framework Programme 2002-2006, which had among its objectives the development of the information society technologies. The Programme financed the initiatives for the systems of protecting and monitoring natural environment, e-Commerce, secure electronic transactions and citizens' access to information. PROMISE supports the creation of the European Information Society, IDA – fast exchange of information between the public administrations of the Member States, while ECOM-IS – the use of e-Commerce by enterprises.

<sup>7</sup> e-Europe initiatives are also financed from structural funds.

well as the formation of new quality human and social capital. The region acting through the units of territorial self-government as an authoritative entity becomes the sphere where the skills of knowledge creation concentrate and the specific mechanism of knowledge aggregation and storage and building new ideas is initiated (Szaban 2005: 71-84).

An important current obstruction to the development of regions is the level of accessibility of information resources to enterprises, as well as the awareness and skills of potential users<sup>8</sup>. Therefore one of the priorities to be assumed is undertaking the measures aimed at expanding the possibilities of using regional, national, European and global information markets by Polish economic entities engaged in the spheres of shaping both social and economic development. The aim of these measures should be to ensure access to the most complete and latest possible information required to develop modern management methods. This aim is to be fulfilled on the one hand by gathering information (developing databases), and on the other by ensuring access to different sources of the already existing information (also within the networks supported by the EU) and stimulating effective use of this information. The development of databases should be concerned mainly with regional enterprises (technology offers, demand for new technology solutions), research institutions (readymade technology solutions, key competences of research teams), as well as the regional intermediary institutions, i.e. those providing counselling or training services (information on the offered services and competences of these entities), as well as more advanced on-line provision of public services.

The development of a rational system of managing the health care sector presents a number of challenges the decision-makers and executors of the idea, among which the major one is to introduce the passable system of receiving medical services. This requires introducing uniform instruments which would confirm access to the services and their scope within all the countries in the Community, as well as developing the electronically integrated database with the information on the patients' medical statuses (Garrido 2005)<sup>9</sup>. Having realized the weight of the problem of rational management of the health care sector in the

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<sup>8</sup> See BISER – *Benchmarking the Information Society: eEurope Indicators for European regions*. Final draft June 2004. Project funded by the European Community under the Information Society Technology Programme (1998-2002) and *Elektroniczna gospodarka w Polsce. Raport 2004* (e-Commerce in Poland – a report 2004) M. Kraska (ed.). Logistics and Warehousing Institute, Poznań 2005.

<sup>9</sup> Obviously the basic formal requirement is to make the procedures uniform enough to enable their comparison regardless of the current and previous place of residence of the person willing to receive medical service, as well as to render the information accessible 24/7. To meet these requirements, since 2003 the European Commission has been working on the development of the European Health Insurance Card. Introducing the card would be tantamount to actually implementing the idea of free movement of people and establishing the system without borders, which is the primary goal behind developing the Information Society.

global approach, the studies carried out by BISER included an analysis of the issues of the development of the health care sector in the context of using e-Health. The basic conclusion drawn from the research process was emphasizing the need to further enhance the measures targeted at the development of the e-Health platform as an instrument necessary for a number of entities, including government bodies, self-government authorities, transnational, national and local health care authorities, insurance institutions, pharmaceutical companies, hospitals, health care institutions, laboratories, individual doctors in health care centres and hospitals, managers in the sector, other medical professionals, experts in alternative medicine and patients. When developing the rationally managed system of health care, based on using modern communication technologies and involving the health care system administration as its component, we must take into account the different demands of particular users and consumers, as well as the diverse scales of their activity (Oates, Jensen 2000).

In the approach preferred by the EU and the WHO the key role in the health care policy is attached to the regional level. Considering this approach applicable, it must be assumed that in Polish administration the basic level on which suitably structured information is found useful in making management decisions in the health care sector is the voivodeship level. Hence the attempt at finding the system and institution capable of aggregating information for the purposes of different users on this particular level, while the process of market facilitation of the health care system observed currently in Poland provides for the strong base for the development of regional databases concerned with that sphere in order to utilize them as the instruments to develop rational health care policy on the one hand, and the source of management information on the other.

Modern management of health care means that the sector must be transformed to meet the basic criteria of rational action, i.e. be effective and offer the desired quality and level of access to health services. This requires, among others, establishing a suitable information instrument to be used to distribute aggregated data using state-of-the-art communication methods. At present information is aggregated in different institutions, and the scope of that information and its usability for the entities operating in the sector and the individual citizens is diversified. The major data-aggregating institutions include the Public Health Centres on the part of the public administration, transformed from the Voivodeship Methodological Health Care Groups, and the branches of the National Health Fund on the part of the payers. A separate group of data are those compiled by the institutions rendering widely understood medical services, since they are forwarded partially to the two groups of entities referred to above, but also retained for individual purposes to improve the management processes in the

aggregating institutions. Despite the extensive range of data aggregation, the missing element is a uniform system which would accumulate all the existing information on health care on the regional level and establish the grounds for formulating and realizing the rational health care policy.

Innovations in such economies as the Polish one are based to a large extent on imitation, i.e. introducing and adapting the already 'invented' and 'devised' solutions, improving enterprises by way of minor though cyclical updates (the processual, technological ones). The innovation strategy should mean openness to modernity, understood as establishing strongholds for the development and transfer of advanced technologies to the region, as well as supporting the already existing entities. Therefore the solution which can be suggested as adequate after analyzing the Public Health Centres and the National Health Fund branches is to implement the instrument which has already been in use in many EU countries, namely the Regional Health Care Network. In general, these are the databases which make active use of the Internet as the carrier of information, enable much more effective transmission of general information and reach more recipients. This solution has been implemented successfully in many European countries under the general name of the Regional Health Care Network. It is emphasized in the definition of the concept that the Regional Health Care Network connects different medical establishments in the region, enables access to and exchange of electronic information between hospitals, general practitioners, patients, health centres, laboratories and other health institutions in the region. Therefore RHCN is an excellent instrument of managing the health care sector in the region, since it establishes common ground between all the actors engaged in the system.

The Regional Health Care Network provides for the possibility to securely share and transfer information between the medical institutions and the patients using telecommunication systems for the purposes of coordinating the system. The communication can be either structural or non-structural, textual or in multimedia version, integrated or individual, depending on the current demands and organizational, financial or technical capacities of the state. From the point of view of the flows of information needed to formulate and realize the regional health care policy, the following four basic groups of data required to efficiently manage the system can be distinguished within the RHCN: the everyday, routine information, the partial information, the health information and the administrative information (Frączkiewicz-Wronka 2005).

### **3. The possibility to implement the idea of the Regional Health Care Network (based on an empirical study)**

The problems with finding new ways of mezzo-scale management of the public sector of health care were the subject of the multidimensional analyses carried out during the research project called *Regionalna polityka ochrony zdrowia* (regional health care policy)<sup>10</sup>. The empirical study undertaken as one of the stages of the research project was divided into two stages: categorized open-ended interviews with the individuals who met the selection criteria and questionnaire survey carried out by the auxiliary enterprise at the Silesian Public Health Care Centre. The interviews were carried out between 17<sup>th</sup> and 18<sup>th</sup> June 2004 in Nowogród during the training conference on health care in the policy of self-governments. The interviewees were experts in the field of health care policy realized by self-government bodies. The survey was carried out between December of 2004 and April of 2005 among the managers of the county self-government units in the Silesian Voivodeship, where there are 36 counties and independent cities (the ‘county’ here is meant as ‘powiat’, i.e. second-level unit of administrative division of Poland; the ‘independent city’ is a city forming the individual administrative unit having the rights equivalent to the county). Therefore the 72 prepared questionnaires featuring 45 questions, mostly the closed-ended ones, were sent to all the units in the Silesian Voivodeship whose scope of the tasks concerned with the area of health care are assigned statutorily to the county-level administration (i.e. the counties and independent cities). Two focus groups were marked out as respondents:

- the first group were county starosts (heads of counties) or the mayors of independent cities; the total of 36 respondents were surveyed,
- the second group were the persons directly responsible for the fulfillment of the tasks concerned with health demands and supervising the county-level units, the total of 36 respondents were surveyed as well.

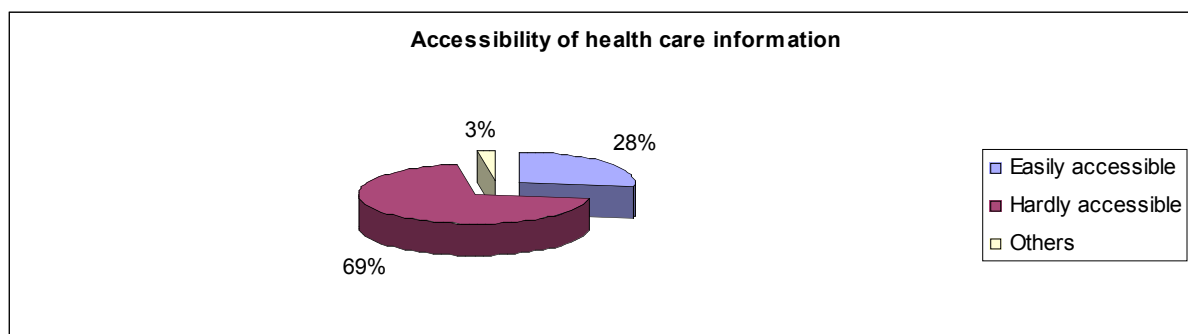
The questionnaires were mailed along with the introductory letters addressed to the particular named respondents. The total of 41 correctly filled in questionnaires were returned, including 34 from the second group of respondents, i.e. the persons directly in charge of fulfilling the tasks concerned with health care in their respective councils or independent cities (two units refused in writing to provide answers to the questions asked in the survey) and 6 from the first group of respondents. Starosts and mayors provided the answers individually on very rare occasions; in the majority of cases they would forward the questionnaire to the departments, offices or other units in the self-government structure which

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<sup>10</sup> Regionalna polityka ochrony zdrowia (regional health care policy). No. 2 HO2E05924, grant supervisor: Professor Aldona Frączkiewicz-Wronka, PhD, Katowice University of Economics.

are responsible for health. Next, the questionnaires were encoded and the data were aggregated using the SPSS package. The decision was made to individually analyze all the 41 correctly filled in questionnaires to study simple distributions of answers to particular questions and, subsequently, analyze the selected dependencies within the second group of respondents (34 questionnaires).

For the purposes of this study, only simple distributions of answers concerned with the possibility to introduce the RHCN as a management instrument were characterized. The decision-makers engaged in the formation and realization of the health policy on the level of the council were asked to assess accessibility of the data which may be used as effective management instruments. The majority of the respondents emphasized that in the Silesian Voivodeship the information regarding health care is available from a number of sources. All the credit for that goes to a chief voivodeship medic and later the Director of the Silesian Health Fund, doctor Andrzej Sośnierz, whose passion to create a cohesive and comprehensive information system and, consequently, to thoroughly computerize the health care institutions was decisive for the highly favourable situation of the Silesian region in the discussed aspect.



*Chart 1. Accessibility of health care information. From: A report on the completion of the project: Regional health care policy. No. 2 HO2E05924. Katowice 2006.*

Unfortunately, the situation was not assessed in equally favourable tone when it came to the question about the coherence of information acquired from different sources. The majority of respondents would point to incoherence of information, a commonly observed flaw of the system, pointed out in the previous works on the subject as well.

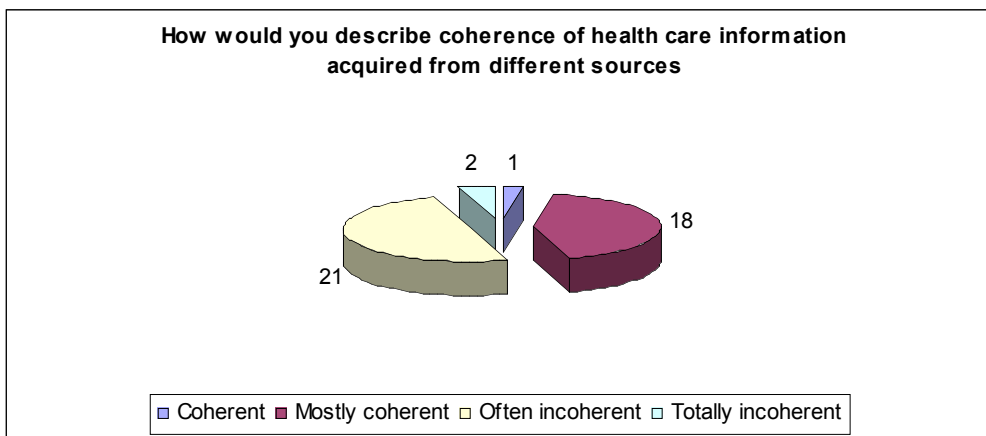


Chart 2. Assessment of coherence of health care information. From: *A report on the completion of the project: Regional health care policy. No. 2 HO2E05924. Katowice 2006.*

A way to fix the flaw referred to above could be establishing new institutions or expanding the scope of competences of the existing institutions engaged in collecting information; hence the question about establishing ‘voivodeship databanks’. The majority of the respondents considered it urgent to develop such an instrument to support the options of making rational decisions in the health care sector.

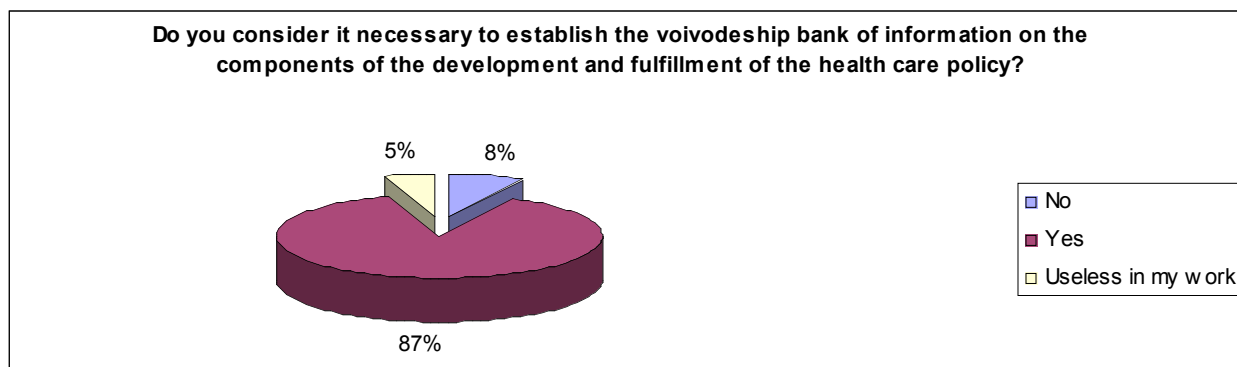
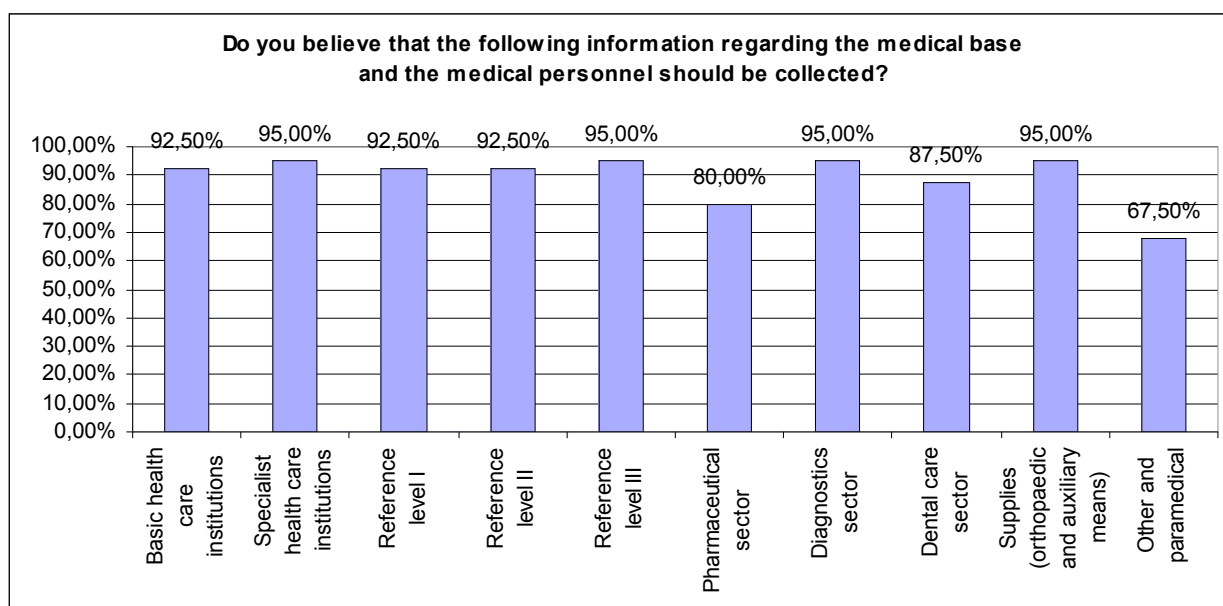


Chart 3. Assessment of the need to establish the voivodeship bank of information. From: *A report on the completion of the project: Regional health care policy. No. 2 HO2E05924. Katowice 2006.*

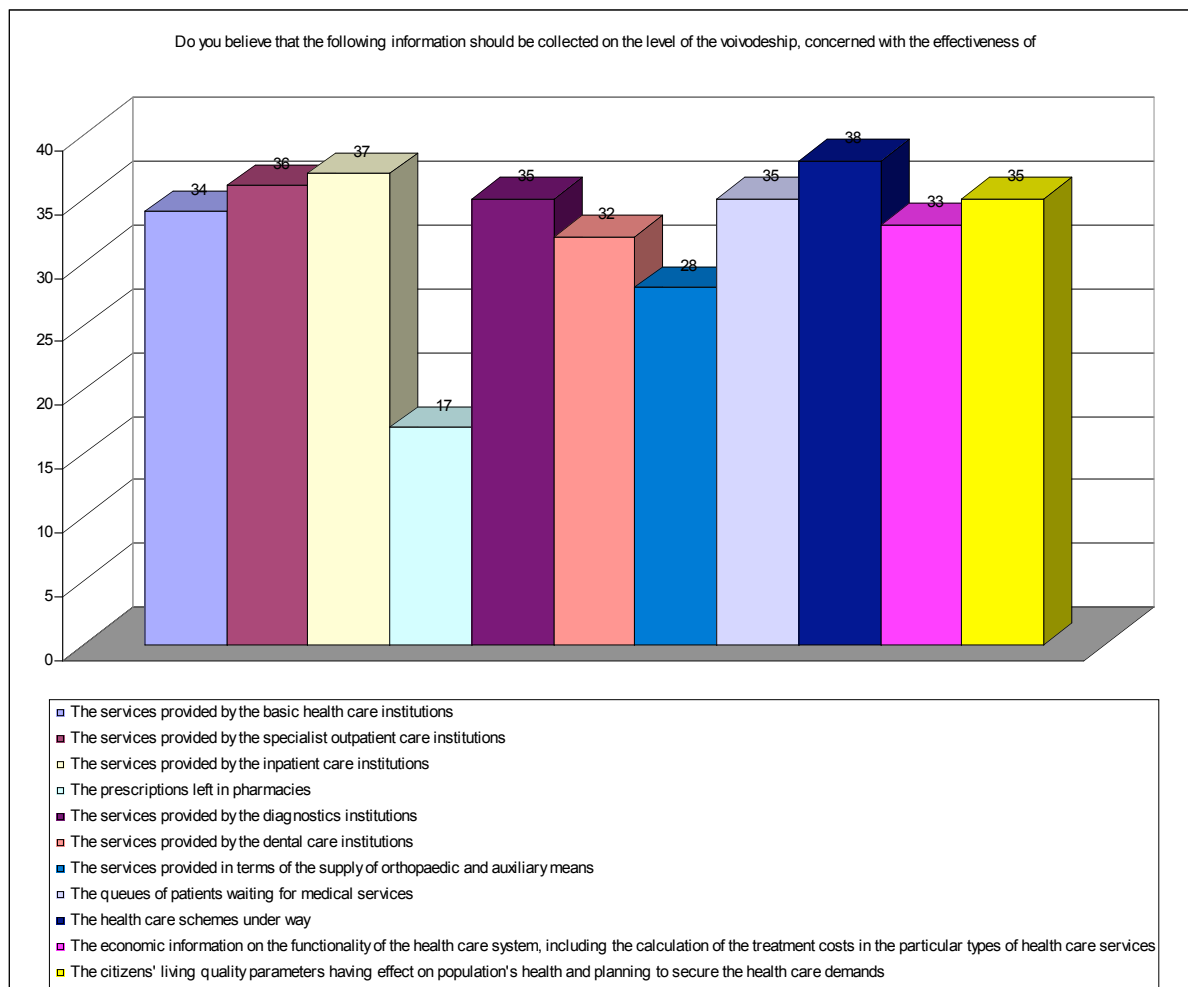
More in-depth deliberations on the hypothetical content of the voivodeship database were proposed in the following question, where the respondents pointed to the health care institutions which would be obliged to submit any and all information whatsoever to such a database.



*Chart 4. Assessment of the need to collect the data on the medical base and personnel to be available from the system. From: A report on the completion of the project: Regional health care policy. No. 2 HO2E05924. Katowice 2006.*

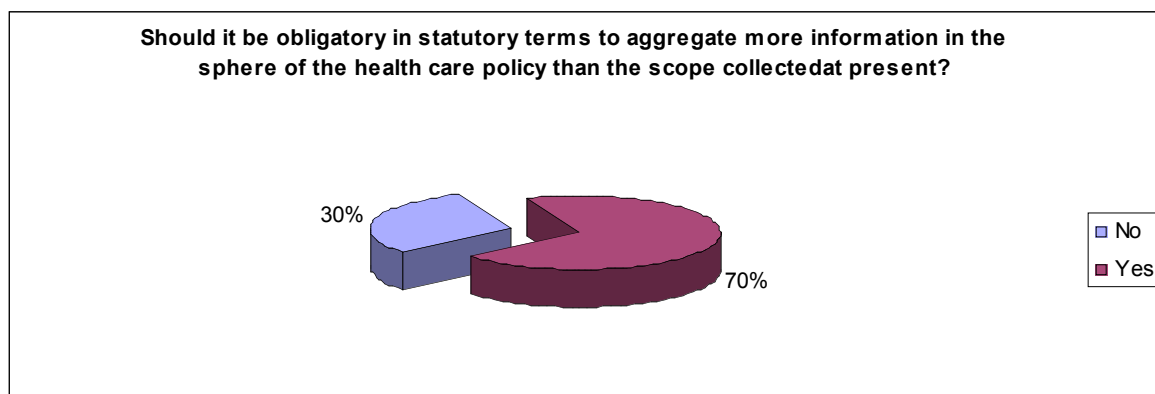
The problem of effectiveness is the key issue for the formulated and realized health policy in the national and spatial arrangement; hence the question to the respondents to point to the problems concerned with the health care system the knowledge of which has considerable effect on shaping effectiveness of a health care institution. From the point of view of the decision-makers in charge of the health care system on the level of the county, practically all information categories except for those concerned with the pharmaceutical market are considered important for the formation and realization of the local and regional health care policy. It is therefore necessary to gather information on the services provided by the basic health care institutions, the services rendered by the specialist outpatient care centres, the inpatient care services, the diagnostics institution services, the dental care institution services, the supply of orthopaedic and auxiliary means, the queues of patients waiting for services, the health care schemes under way, the economic information on the functionality of the health care system, including calculations of the treatment costs in the particular types of medical services, the parameters of living quality of the citizens which have influence on population's health and planning the provision of health services. Considering all these types of information as significant for the quality of the local and regional health care policy is extremely valuable and symptomatic, since it points to the

growing interest in the economics of health care as a practical discipline which becomes increasingly ‘popular’ in territorial self-government units.



*Chart 4. Assessment of the demands for collecting information regarding effectiveness.  
From: A report on the completion of the project: Regional health care policy. No. 2  
HO2E05924. Katowice 2006.*

The respondents strongly emphasized the need to increase the volume of available data and pointed to the requirement to extend statutorily the scope of aggregated information which, when used in a rational way, could become an instrument for optimizing the management of the resources of the health care sector within the range of the actions undertaken by public entities, as well as add to effective management of the independent public health care institutions and the non-public health care institutions. Obviously this would be an evident example of improving the quality of medical services and making them more accessible.



*Chart 5. Assessment of the demand to collect more information than the volume aggregated at present. From: A report on the completion of the project: Regional health care policy. No. 2 HO2E05924. Katowice 2006.*

Should it be necessary to acquire information on the effects of the actions undertaken by the establishments and institutions in the system, the decision-makers on the level of the county must also be asked about their current knowledge regarding the health care sector. As pointed out above in this section, the Silesian Voivodeship is among the areas in Poland where diverse methods of acquiring, aggregating and utilizing information for the purposes of managing the health care sector have been implemented practically since the beginning of the 1990s. Despite the potential richness of the sources of information, many respondents evidenced certain shortages in this sphere and, interestingly enough, the majority of them would point to uselessness of particular sources of knowledge in their professional work.

The need to find a new way to collect data and develop other ways of their utilization than the existing ones, was reflected in the distribution of answers to the question about extending the rights of the Silesian Public Health Centre, the institution prepared statutorily for such processes.

The respondents would emphasize the need to expand the rights of this institution, though at the same time they were rather sceptical about the proposal to establish the Regional Public Health Institute as the voivodeship institution engaged in the formation and control of the regional health care. However, systemic solutions must be developed, based on the solutions applied in a number of countries in the European Union, making use of the modern communication technologies as the basic carrier for the transmitted information. The vast majority of respondents emphasized the need to build a regional portal which would be used to gather all information being potentially useful in the sphere of rational health management and made available to the decision-makers, the service providers, the medical professionals and the patients.

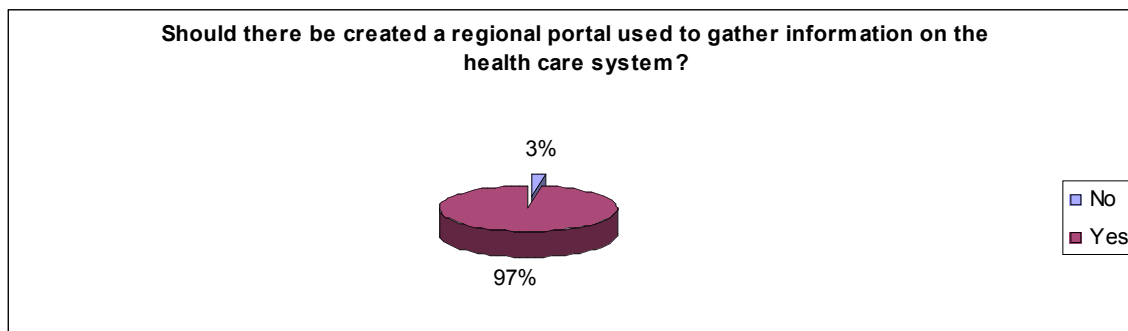


Chart 6. Opinions concerning the need to create a regional portal. From: A report on the completion of the project: Regional health care policy. No. 2 HO2E05924. Katowice 2006.

A typical solution in this aspect for many countries in the EU is the Regional Health Care Network, an extremely efficient and effective system management instrument. Unfortunately, neither the notion nor the principles governing the solution are not familiar to those who are professionally engaged in the organization of the regional and territorial health care.

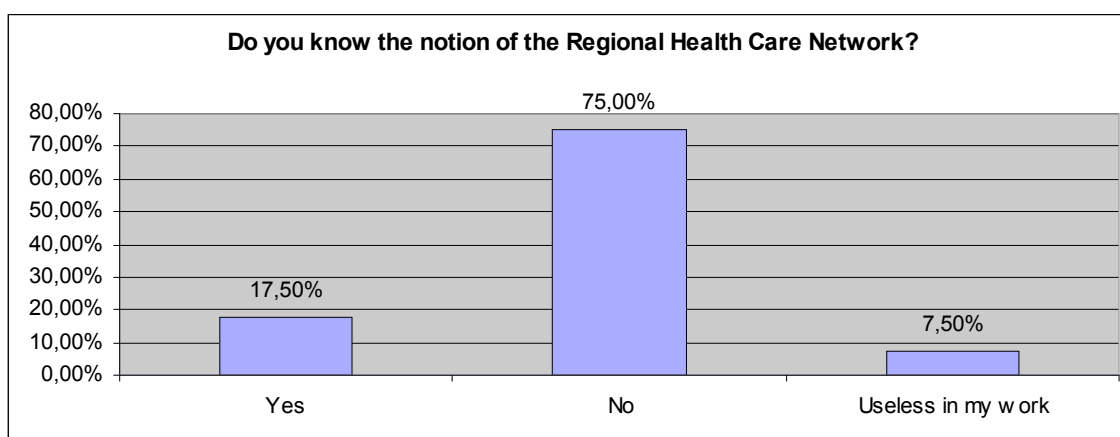


Chart 7. Knowledge of the notion of RHCN. From: A report on the completion of the project: Regional health care policy. No. 2 HO2E05924. Katowice 2006.

The respondents pointed to a number of obstacles for launching the Regional Health Care Sector as an instrument for effective management of health care in the region. They emphasized financial shortages and the lack of the reference concept on both central and voivodeship levels.

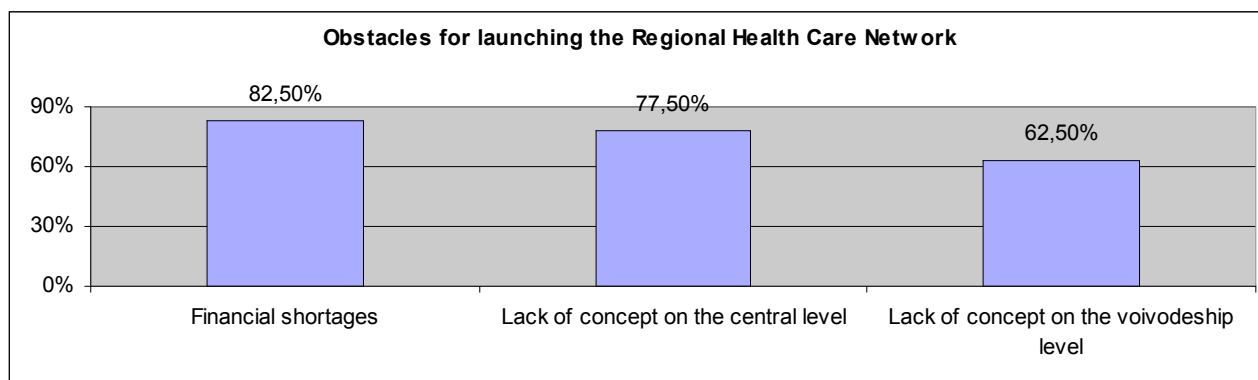


Chart 8. Potential obstacles for the launch of the RHCN. From: *A report on the completion of the project: Regional health care policy. No. 2 HO2E05924. Katowice 2006.*

#### 4. Conclusions

The transformation which took place in the 1990s resulted in the emergence of the spheres of management which ceased to function by the rule that the state was obliged to fulfil the demands reported by the society, since the liberal economic doctrine adopted in Poland is highly restrictive in terms of state interventionism. Some areas of social life, such as the previously mainly administered health care system, are now becoming the managed sectors, which means that the options for meeting social demands are sought not only through the system of simple redistribution, but also by introducing instruments stimulating enterprising and innovative actions. It also means the search for the tools and instruments for shaping and realizing the rational health care policy on the level of the state and the unit of territorial division.

It is particularly important for proper understanding of the essence of shifting from administration to management in the public sphere, and hence also for a different perception of the problem of effectiveness, to understand the role of today's public sector and its importance for the global development of societies. The purpose of health care is to satisfy and provide for the health care demands of the society. In order for the health care system to be effective and socially acceptable, it should take into account economic capacity of the state, the socio-economic doctrine complied with, as well as the environmental and medical hazards for the population, while the role of the state is to maintain consensus between the expectations of its citizens and the capacities of that state and to look for such methods of resource management that would ensure effective use of these resources. An important element in undertaking the actions targeted at creating the best health care policy and maintaining effectiveness of the health care management system in the region is the

possibility to use modern decision-making support tools, such as the information system and the IT system based on it.

Modern management of health care means that the sector must be transformed to meet the basic criteria of rational operating, i.e. be effective and offer the desired quality and level of availability of health services, which requires in particular the development of a suitable information tool through which the aggregated data will be distributed using state-of-the-art communication methods, i.e. a database making active use of the Internet as the carrier of information, thus enabling the transfer of general information in a much more effective way and to a much wider group of recipients. Such a solution has successfully been implemented in a number of European countries under the general name of the Regional Health Care Network. It connects different medical entities in the region, enables access to and exchange of electronic information between hospitals, general practitioners, health centres, laboratories and other health institutions in the region. It is therefore an excellent bridge to forward information between service providers, customers, the payer and the recipients of the product, i.e. the members of the society.

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