

National Health Fund control activities over the provision of dental services

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Abstract

The aim of this article is to demonstrate control activities performed by the National Health Fund by means of analysis and assessment of complaints about the provision of dental services. The analyses will regard the availability and quality of provided services over the period 2015-2017, as well as the first quarter of 2018. The analysis of available data (secondary sources) shows that the inspections and audits conducted by the NHF were prompted by the following: control plans made by the Lublin NHF Branch, NHF Director's orders to conduct ad hoc inspections, plans of coordinated controls, events receiving media coverage (e.g. press), complaints filed mainly by beneficiaries, but also by Lublin Association of Doctors-Employers, health care providers, Ministry of Health and

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other persons and institutions. Complaints issued by patients concerning the provision of dental services ought to be seen as a problem which must be resolved in such a manner so as to limit any further similar irregularities. However, the analysis of the report issued by SAO leads to the consideration of another potential cause. According to the report, the NHF conducted several procedures with respect to contracting medical services, which resulted in the occurrence of a large number of irregularities during tender assessment as well as negotiations. In effect, this could have led to the conclusion of agreements with entities which had difficulties with ensuring proper provision of medical services.

Introduction

The realisation of public tasks in the field of health care is a responsibility of many institutions, including the National Health Fund (NHF). This obligation is stated in the Constitution of the Republic of Poland (art. 68), which stipulates that public authorities shall be responsible for granting access to publicly funded health care services. Regulations pertaining to this issue are set out in national laws and international agreements ratified by Poland. The NHF realises several health care provisions. This institution acts not only as a paymaster, but also as a control body monitoring the correctness of contract settlements, the access to services and the quality of provided services, including dentistry. Another duty of the NHF is to handle requests and complaints filed by patients in order to meet their expectations and ensure satisfaction [1].

The aim of this article is to demonstrate control activities performed by the National Health Fund by means of analysis and assessment of complaints about the provision of dental services. The analyses will regard the availability and quality of provided services over the period 2015-2017, as well as the first quarter of 2018.

Materials and methods

The research is based on materials – secondary sources – made available by the Lublin Branch of the National Health Fund. The study includes reports containing the subject matter of complaints and petitions

filed to the NHF Lublin Regional Branch for 2015, 2016, 2017 and the first quarter of 2018. The presented control activities of the NHF were defined after performing a thorough review of the literature in the field, analysis of legal acts and regulations issued by the President of the National Health Fund. Figures pertaining to the percentage of complaints filed by patients and institutions were calculated, inclusive of the share of complaints regarding dental treatment in relation to complaints about other types of services.

Lublin Regional Branch of the National Health Fund's activities regarding dental treatment

Activity of the National Health Fund is regulated by the Act of 27 August 2004 on health care services financed from public funds [2]. The institution is a national organisational unit which has the status of a legal person. The Fund comprises the headquarters together with sixteen regional branches in accordance with the country's division into voivodeships. The director of the Fund and the Fund's Council are the organs of the NHF Regional Branch. The scope of the Branch's activity covers financing of health care services provided for entitled beneficiaries under the national law, carrying out financial settlements as specified in the Act of 12 May 2011 on reimbursement of medicines, special purpose food agents and medical products [3] as amended, determining quality, availability, as well as performing cost analyses of health care services to the extent necessary to ensure valid conclusion of agreements, organisation of tenders, negotiations, concluding health care provision agreements, followed by their monitoring, financial

settlements and financing of medical rescue activities. The remaining activities are stipulated in the act regarding benefits. Therefore, the National Health Fund not only finances the provision of health care services and defines the rules concerning the distribution of funds among health care providers, but simultaneously acts as an institution which pursues the objectives of health policy on a regional and local level [4].

Depiction of the NHF as an institution aimed at realising health care objectives, however, comes under criticism [5, 6]. Debates concerning the role of the NHF are taken up in the context of the lack of clearly defined responsibility of health care organs which, in turn, contributes to the imbalance and financial inefficiency of the health care system [5]. The NHF is regarded as the cause behind the efficiency lacks in the health care system. The report published by the Polish NIK, or the Supreme Audit Office (SAO), proves this view. It demonstrated that [7] despite an increase of over 3.2 milliard PLN (in 2016 as compared to 2015) in the value of deals concluded with health care providers, the health care system is still underfunded, which in effect renders the patients' access to medical care limited. Although this institution manages its finances sustainably (as confirmed by expert auditors), there still remains a certain disproportion in the access to services between particular NHF branches, which furthers the migration of patients to other voivodeships, also known as medical tourism [8]. Nevertheless, it appears that the issue of financial instability ought to be assessed in a wider context, not only that of the NHF as a paymaster. As Bromber claims in his work, the perception of the fund's role is mainly determined by the existence of an imbalance between entities operating in the health care system [9], thus indicating a broader context.

A relevant task of the NHF is to ensure proper health care services and financial settlements in the field of dentistry. Thanks to the initiative and cooperation of the Lublin Branch of the National Health Fund with Lublin City Office several measures were introduced to tackle the health and social problem of dental caries. The area of the Lublin Branch activity had the highest number of dental clinics which provided dental treatment to children and teenagers

[10]. According to data collected by the Supreme Auditing Office, Lubelskie Voivodeship noted a high rate of availability of general dental treatment services. In 2016 approximately 52 percent of children and teenagers benefited from the services financed from public funds. The Lublin NHF Branch allocated ca. 18 million PLN for such provisions, further supporting the activities by 12 million PLN as additional funds. Supervision over in-school dental care facilities fell within the NHF's and SAO's competence. Control activities showed that the dental surgeries complied with the conditions set out by the NHF concerning the qualification of the staff and required equipment. The irregularities which were found at health care providers mainly concerned errors in medical records, as well as records of maintenance and inspection of the equipment used. In the final report SAO auditors gave a positive assessment of the Lublin NHF Branch activities, also with reference to its cooperation with Lublin City Office regarding dental care programmes.

Scope of control activities undertaken by the NHF, including dentistry

Control activities performed by the National Health Fund are related to the financial mechanism of health care provisions in Poland. Issues having influence on the range of the Fund's control function have been regulated by the Act on Health Care Services and the Reimbursement Act. Furthermore, several procedural and methodological issues have been stipulated in the Ordinance of the Minister of Health and in Orders of the President of the NHF.

The executive regulation issued by the President of the NHF [11] sets out, among others, the manner, planning mode, preparation and procedure of conducting control activities over health care providers and persons authorised to issue prescriptions for reimbursed medicines, special purpose food agents and medical products [12], as amended, as well as pharmacies. The regulation also stipulates the scope of activities performed by NHF facilities with regards to undertaken control of the services provided for beneficiaries. The issues subject to scrutiny include the organisation and delivery of health care and

medical care as well as their availability; compliance with requirements set out in the concluded agreements on the provision of health care services; review of medical records checking the accuracy and veracity of financial settlements. Audits and inspections conducted by the NHF are preceded by the drawing up of an inspection plan determined after the examination of events occurring in the NHF environment and based on the outcomes of a risk analysis. Development of the plan requires a series of activities, for instance determining thematic areas of the control, identifying the main objectives, deadlines for realisation, or the number of inspections provided for in particular thematic areas. Despite supervision over health care providers, the Regional NHF Branch still receives several requests and complaints, which are further being examined by the Fund and reviewed by the Fund's Council. The undertaken control activities are aimed at preventing irregularities. The types of such activities broken down according to criteria are presented in Table 1. The Act on Health Care Services specifies particular kinds of control activities. Among these one may enumerate ad hoc audits pertaining to the handling of complaints and requests (complaint control) as well as the monitoring activities with regards to whether the comments and recommendations found in monitoring reports were adhered to, thus entailing follow up inspections.

Results

Control activities undertaken by the Lublin Regional Branch of the NHF on the grounds of Article 64 of the Act of 27 August 2004 on health care services financed from public funds were conducted in the context of:

- realisation of predefined procedures,
- verification of whether the agreements for provision of health care services were duly realised (including checks for compliance with applicable provisions),
- identification of causes of activity-and-finance plan overrun (in part or during the whole period for which the agreements were concluded),

- inspection whether medical services were provided in places designated by the concluded agreements and whether appropriate equipment specified in the contract was used,
- checking the correctness of medical records
- verification of medical staff qualifications and review of their working hours,
- reliability of the provided health care services in terms of compliance with the requirements set out in the ordinance of the Minister of Health.

The analysis of available data (secondary sources) shows that the inspections and audits conducted by the NHF were prompted by the following:

- control plans made by the Lublin NHF Branch,
- NHF Director's orders to conduct ad hoc inspections,
- plans of coordinated controls,
- events receiving media coverage (e.g. press),
- complaints filed mainly by beneficiaries, but also by Lublin Association of Doctors-Employers, health care providers, Ministry of Health and other persons and institutions

Despite the conducted control activities over institutions, including dental care, in 2015 the Lublin Branch of the National Health Fund registered 132 complaints, which accounted for 97.7% of the total number of complaints submitted in 2014 (135). 137 complaints were filed in 2016, in 2017 the number rose to 162, followed by 45 complaints registered in the first quarter of 2018. Therefore, a rising trend in the number of complaints filed to the Regional NHF Branch may be observed. Complaints (together with requests and other motions) are handled by employees working in a special NHF department of Complaints and Requests, while the Head of the Beneficiary Department supervises the process of handling the complaints and grievances.

The specification of complaints submitted to the Regional NHF Branch over the period 2015-2017 and the first quarter of 2018 grouped according to medical services are presented in Table 2. Among these, complaints about dental care take the shameful leading place in all surveyed periods apart from 2016, when complaints concerning dental treatment accounted for 19.4% of all submitted grievances.

Table 1.

Types of control activities undertaken by the NHF

| Range | Type |
|------------------------------------|--|
| According to the period of control | Concerning the current year only |
| | Concerning the current year and the previous years |
| | Concerning the previous years only |
| Control of medicine management | Concerning the control of medicine management |
| | Not concerning the control of medicine management |
| According to schedule | Scheduled |
| | Out-of-schedule |
| According to supervision | Coordinated |
| | Uncoordinated |
| According to the source of control | Ad hoc evaluative control |
| | Ad hoc check control |
| | Ad hoc complaint-driven inspection |
| | Ad hoc problem inspection |
| | Other ad hoc inspections |
| | Non-ad hoc controls |

Source: Own elaboration based on: [19]

Table 2.

Specification of complaints submitted to the Regional NHF Branch over the period 2015-2017 and the first quarter of 2018 (in %)

| Complaints about medical services regarding: | 2015 | 2016 | 2017 | I quarter of 2018 |
|---|------|------|------|-------------------|
| Dental treatment | 38.3 | 19.4 | 35.2 | 37.5 |
| Primary health care | 15.9 | 0.0 | 16.7 | 12.55 |
| Specialised ambulatory (outpatient) care | 20.2 | 29.7 | 15.7 | 12.55 |
| Inpatient care | 8.5 | 12.0 | 13.0 | 16.75 |
| Therapeutic rehabilitation | 5.3 | 8.3 | 10.2 | 8.3 |
| Health resort treatment | 0.0 | 3.8 | 3.7 | 4.2 |
| Psychiatric care and addiction treatment | 0.0 | 0.0 | 0.9 | 0.0 |
| Nursing and caring services | 3.2 | 0.9 | 0.9 | 0.0 |
| Medical products | 2.1 | 0.0 | 0.9 | 0.0 |
| Services provided by the Lublin NHF Branch | 0.0 | 6.5 | 2.8 | 8.35 |
| Palliative and hospice care | 1.1 | 0.0 | 0.0 | 0.0 |
| Medicine management | 1.1 | 0.9 | 0.0 | 0.0 |
| Issues unrelated to the provision of medical services | 4.3 | 0.05 | 0.05 | 0.0 |
| Other contracted services | 0.0 | 0.9 | 0.0 | 0.0 |
| Emergency medical services | 0.0 | 1.8 | 0.0 | 0.0 |
| Total | 100 | 100 | 100 | 100 |

Source: Own elaboration based on data from the Regional NHF Branch

Throughout all of the remaining analysed periods the percent of the aforementioned complaints exceeded 35% of the overall number of motions filed.

Table 3. presents activities undertaken by the Regional Branch of the NHF related to tackling the problem of complaints about dental care services. In all of the analysed periods the Branch took necessary measures to examine the complaints on the merits. These efforts resulted in subsequent provision of medical services to the disadvantaged patients as well as in refunds of unduly levied charges.

Complaints received in 2015 by the Regional NHF Branch pertained to:

- inadequate service provision: reservations on the quality of denture prosthesis, fees charged for root canal treatment,
- unavailability of services: problems with access to dental treatment and denied treatment despite pain, denials to provide dental care due to lack of equipment,
- other issues: unfounded claims of the health care provider concerning realisation of denture prosthesis, fees charged for dental services and requests of charge for dental treatment.

In 2016 control activities regarding the provision of health care services due to patient complaints were undertaken. The complaints dealt with:

- unavailability of services: fees charged for using light-cured material from patients with recognised disability and problems with obtaining orthodontic treatment for children,
- insufficient quality of services and other issues including: fees charged for fillings and unfounded financial claims concerning prosthetic restoration,
- other issues: in two cases fees for dental filling were charged, moreover there was an unfounded claim in financial settlements concerning prosthetic restoration.

In the following year 2017, the complaints were filed due to:

- unavailability – multiple appointment cancellations,
- inadequate quality – quality of denture prostheses,
- other issues – fees charged for denture prosthesis, unfounded claims in financial settlements regarding dental prostheses, in one case patient was denied treatment.

Table 3.

The handling of complaints –undertaken activities (dental services)

| Analysed period | | | |
|---|---|---|---|
| 2015 | 2016 | 2017 | I quarter of 2018 |
| Activities undertaken by the Regional NHF Branch | | | |
| Manufacture of new dental prostheses | Refunds | Activities enabling patients to receive treatment | Activities enabling patients to receive treatment |
| Subsequent denture repairs | Granting a right to new dental prostheses | Enabling patients to receive dental prosthesis from the health insurance fund | Detecting unfounded claims concerning medical service provision |
| Facilitating full reimbursement of charges and enabling patients to obtain medical advice | Manufacture of new dental prostheses | | Other |
| Obtaining a declaration of cost reimbursement | Detecting unfounded claims concerning the manufacture of prostheses | | |

Source: Own elaboration based on data from the Regional NHF Branch

There were also inaccuracies observed between the working hour schedule of the health care provider and the data from the Regional NHF Branch. As a result, several fines were imposed, whose amounts during the period considered are shown in Table 4. Reasons for the imposed penalties varied.

The manner of handling complaints was stipulated in the order issued by the President of the NHF [13], as amended, regarding the consolidated text of the order of the President of the NHF on the handling of complaints and motions in the National Health Fund. The Regional NHF Branch conducted wide-range information campaigns aimed at eliminating the root causes of complaints. Health care providers and beneficiaries were provided with information about applicable regulations concerning the provision of medical services under sickness insurance scheme. Furthermore, brochures with reference to this issue were distributed, accompanied by relevant information published on the Internet.

Discussion

Complaints issued by patients concerning the provision of dental services ought to be seen as a problem which must be resolved in such a manner so as to limit any further similar irregularities. However, the analysis of the report issued by SAO [14] leads to the consideration of another potential cause. According to the report, the NHF conducted several procedures with respect to contracting medical services, which resulted in the occurrence of a large number of irregularities during tender assessment as well as negotiations. In effect, this could have led to the conclusion of agreements with entities which had difficulties with ensuring proper provision of medical services.

The dental care market in Poland has been dominated by private entities [15]. The report published by the Supreme Audit Office states that nearly 80% of the insured patients did not use the medical services provided by the NHF. This trend of market dominance of private entities over public ones continues to prevail in Poland.

Table 4.

Financial penalties and their values (in PLN) over the period 2015-2017 and the first quarter of 2018

| 2015 | 2016 | 2017 | I quarter of 2018 |
|---|--|---|---|
| Fees charged for dental photography (X-rays) and tooth extraction – 772,05 PLN fine | Unfounded claims in financial settlements for dental prostheses (2 complaints) 230 PLN fine x 2 | Denial of dental treatment under general anaesthesia – 936 PLN fine | Fee charged from a patient admitted with toothache – 230 PLN fine |
| | Inadequate quality of dental prosthesis and additional charge for the prosthesis – 338 PLN fine | Additional charge for dental prosthesis – 456 PLN fine (cancellation of the receipt and record), charging a fee – 230 PLN fine Unfounded claims in financial settlements for dental prostheses – 100 PLN fine – (cancellation of the receipt and record) | Unfounded financial claims for general dental treatment services for children and minors despite not having parent consent to treatment – 6900 PLN fine |

Source: Own elaboration based on data from the Regional NHF Branch

It is certain that an increase in the number of controls and inspections conducted by the NHF and other institutions may contribute to limiting the occurrence of irregularities. Attaching greater importance to drafting documents and records might be beneficial as well. Another significant aspect limiting further patient complaints might concern the review of medical procedures and greater supervision over the following of operating instructions for handling of equipment, and over following disinfection and sterilisation procedures [16]. The study of the submitted complaints and their types points to an upward trend, not only with respect to complaints about improper dental care, but concerning other medical services as well. The trend may be related to an increased level of patient awareness and expectations regarding high quality of medical services. According to A. Łaska-Formejster, measures taken by beneficiaries, which frequently lead to the filing of complaints, are influenced by a number of reasons: system organisation, operating principles, legal provisions, operational procedures. Patients' actions also depend on their health condition, health literacy, their approach to health or illness, adopted patient perspective, awareness of rights, awareness of own expectations, sources of knowledge about health or illness, knowledge about authorities defending patient rights, information on complaint filing procedures [17]. At a time of widespread commercialisation of medical services, patients provided with dental treatment, according to B. Kmiecik, have the right to file a complaint. This right results from the general consumer protection policy, hence the author advocates that any complaints shall be settled by the President of the Office of Competition and Customer Protection who is obliged to react to instances of violation of the so-called collective consumers interests [18]. Nevertheless, as this article proves, complaints are directed primarily to the National Health Fund as it is an institution of public trust.

Numerous promotional campaigns organised by the Regional Branches of the NHF, including the Lublin Branch, contribute to raising patient awareness and are aimed at improving patient health. The control activities undertaken by the Branch ought to be

viewed in a positive light, as evidenced by the diligent handling of complaints submitted by patients, properly addressed issues as well as the financial penalties imposed on health care providers [19].

References

1. Kister A, & Vovk V. Quality monitoring model based on analysis of medical errors. Center for Quality, Serbia 2014, pp. 439-450.
2. Act of 27 August 2004 on health care services financed from public funds, Journal of Laws of 2004 (2018, item 1510 as amended).
3. Act of 12 May 2011 on reimbursement of medicines, special purpose food agents and medical products (Journal of Laws of 2017, item 1844).
4. Kowalska I. Odpowiedzialność samorządu lokalnego za zdrowie – podstawowa opieka zdrowotna. Oczekiwania a rzeczywistość, „Polityka Społeczna” 2009, no 11–12, pp. 47.
5. Golinowska S, Sowada Ch, Tanbor M, Dubas K, Jurkiewicz-Świątek I, Kocot E, Seweryn M, Ewetovits'a T. Równowaga finansowa oraz efektywność w polskim systemie ochrony zdrowia. Problemy i wyzwania, Uniwersyteckie Wydawnictwo Medyczne VESALIUS, Kraków 2012, p. 9.
6. Klepacki K. Wykonywanie zadań publicznych z zakresu ochrony zdrowia na przykładzie relacji Narodowego Funduszu Zdrowia z ministrem właściwym do spraw zdrowia, Administracja publiczna, Studia krajowe i międzynarodowe, no 2(20). Wyższa Szkoła Administracji Publicznej im. Stanisława Staszica w Białymstoku 2012.
7. SAO on realisation. NIK o realizacji zadań Narodowego Funduszu Zdrowia w 2016 roku.
8. Kister A, Bojar I, Tarkowski K. Migracje pacjentów z Lubelskiego OW NFZ w zakresie leczenia szpitalnego – oddziały szpitalne/Migration of patients from the Lubelski Branch of National Health Fund in terms of hospital treatment - hospital wards, Przedsiębiorczość i Zarządzanie, Organizacja i zarządzanie w ochronie zdrowia, ed. J. Krakowiak, Vol. IXI, zeszyt 12, part 1, 2018.
9. Bromber P. Rola i funkcjonowanie NFZ w systemie ochrony zdrowia. Zeszyty Naukowe Uniwersytetu Szczecińskiego, 802. Finanse, Rynki Finansowe, Ubezpieczenia 2014, no 65.

10. SAO Report on child. NIK o opiece stomatologicznej dla dzieci i młodzieży na Lubelszczyźnie, 21 września 2017.
11. 128/2017/DK of the President of the NHF dated 21 Dec. 2017 regarding control activities carried out by the NHF.
12. Ustawa z dnia 12 maja 2011 roku o refundacji cen leków, środków spożywczych specjalnego przeznaczenia żywieniowego oraz wyrobów medycznych (2017 item 1844 as amended).
13. Zarządzenie Nr 33/2015/BP Prezesa Narodowego Funduszu Zdrowia z dnia 29 czerwca 2015 r. w sprawie ogłoszenia jednolitego tekstu zarządzenia Prezesa Narodowego Funduszu Zdrowia w sprawie rozpatrywania skarg i wniosków w Narodowym Funduszu Zdrowia, z późn. zm.
14. SAO on contracts. NIK o kontraktach NFZ 2014.
15. SAO on dental health. NIK o opiece stomatologicznej w Polsce 03 września 2013.
16. Ławniczek-Wałczyk A, Gołofit-Szymczak, M, Cyprowski, M., & Górny R. Szkodliwe czynniki biologiczne w gabinetach stomatologicznych. *Bezpieczeństwo Pracy: nauka i praktyka*, 2012, pp. 20-23.
17. Łaska-Formejster A. Pacjent w sieci zależności. *Społeczny kontekst praw i autonomii pacjenta*. Wydawnictwo Uniwersytetu Łódzkiego, Łódź 2015.
18. Kmiecik B. Prawa pacjenta z perspektywy funkcjonalnej refleksji. *Filozofia Publiczna i Edukacja Demokratyczna*, 2014, 3(1), pp. 169-191.
19. Kister A. Koszty niezgodności w doskonaleniu jakości zarządzania szpitalem publicznym, Wydawnictwo UMCS, Lublin 2018.