

Health policies – paying off the debt

Genesis
Unde venimus?

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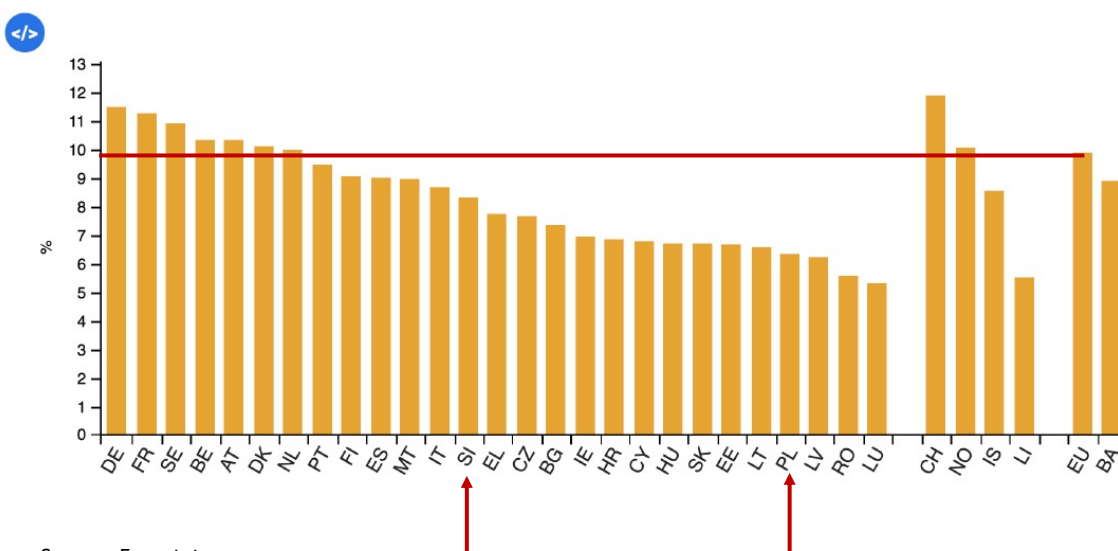
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The health debt was always
here

Debt is anything owed by one person to another. Debt can involve real property, money, services, or other consideration.
Debt is also caused by any delay in delivering.

2

Current healthcare expenditure relative to GDP, 2018



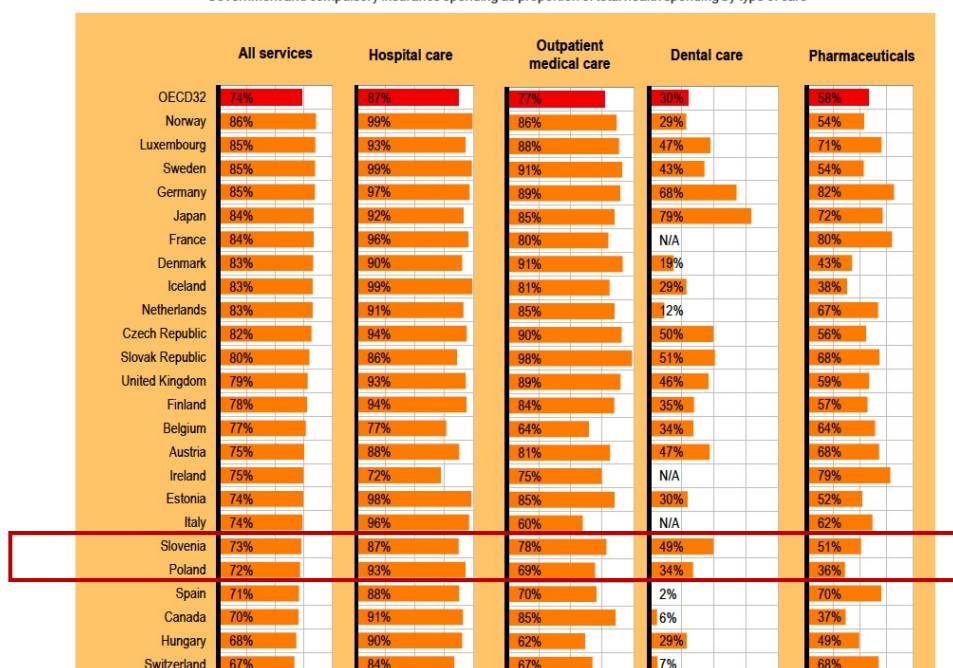
Source: Eurostat,

https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare_expenditure_statistics, Visited 06.12.2021

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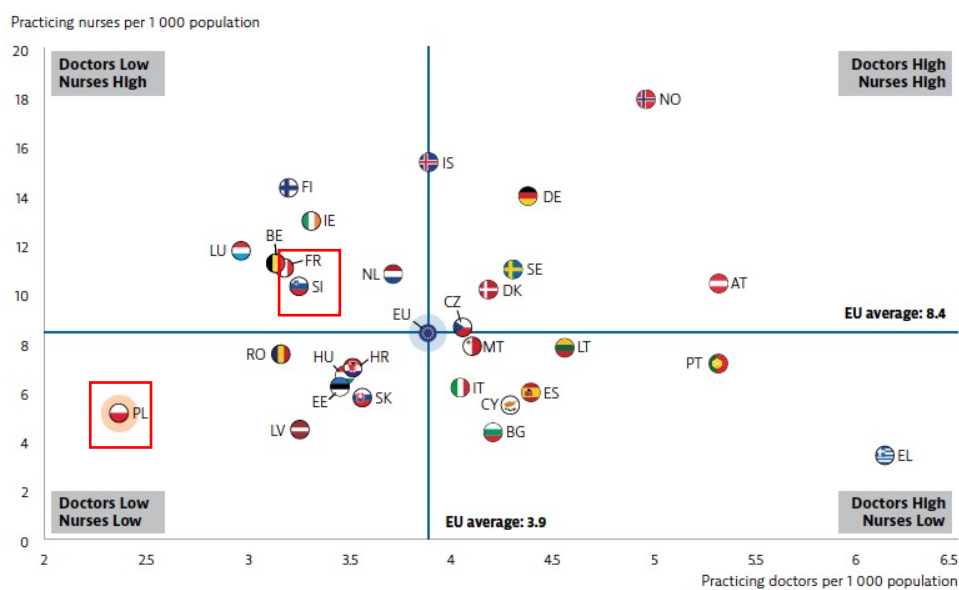
Figure 5.7. Extent of coverage in OECD countries, 2019 (or nearest year)

Government and compulsory insurance spending as proportion of total health spending by type of care



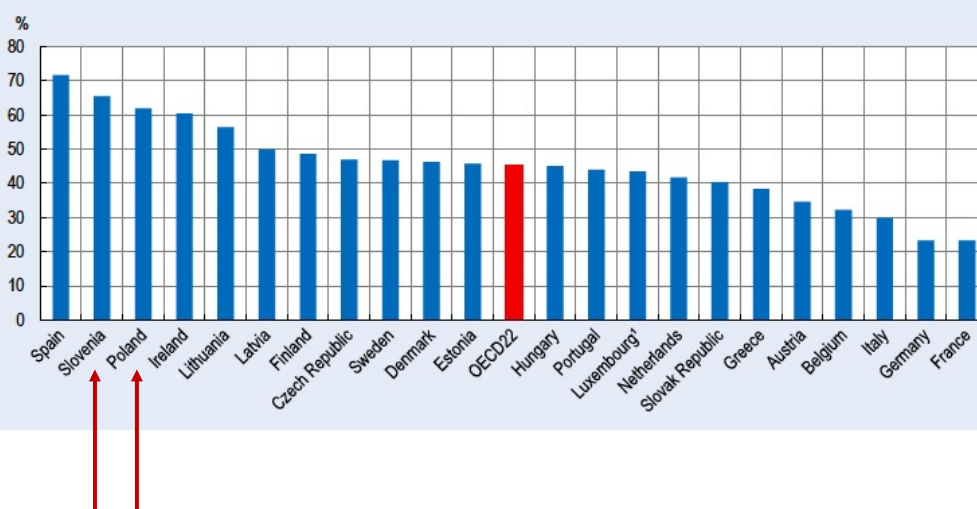
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Human resources in health care before COVID-19



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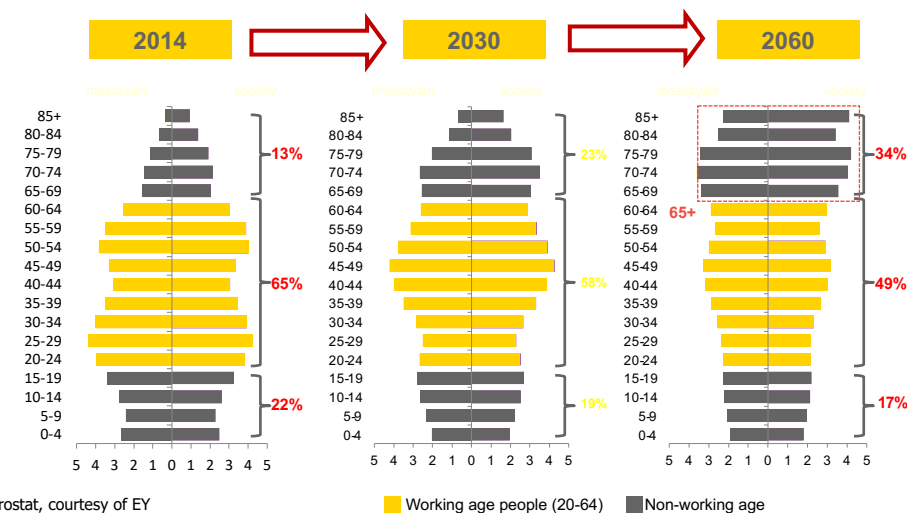
Figure 2.15. Nearly half of adults across 22 OECD EU countries reported having an online or telephone consultation during the pandemic



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Demographic effect (Poland)

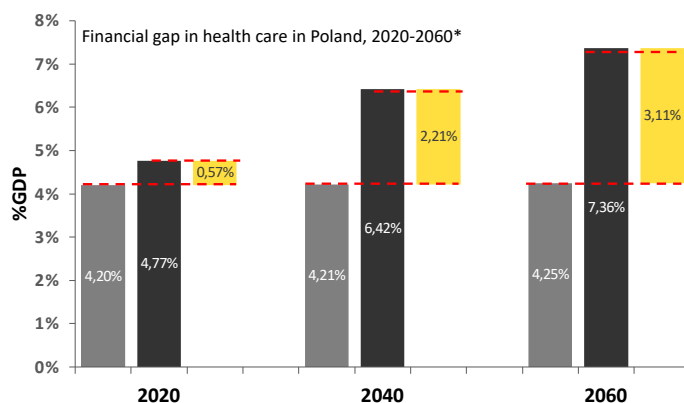
- Number of people 65+ will increase from 5,1 mln in 2010 (13% of population) to 11,3 mln in 2060 roku (over 34%).
- Percentage of working age people will decrease from 65% to 49%**



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Financial effect (Poland)

- Maintaining the present financing mechanism - the financial gap in public health care may reach in Poland 3% GDP



Courtesy of EY.
Source: Ministry of Finances ; European Commission, The 2015 Ageing Report .

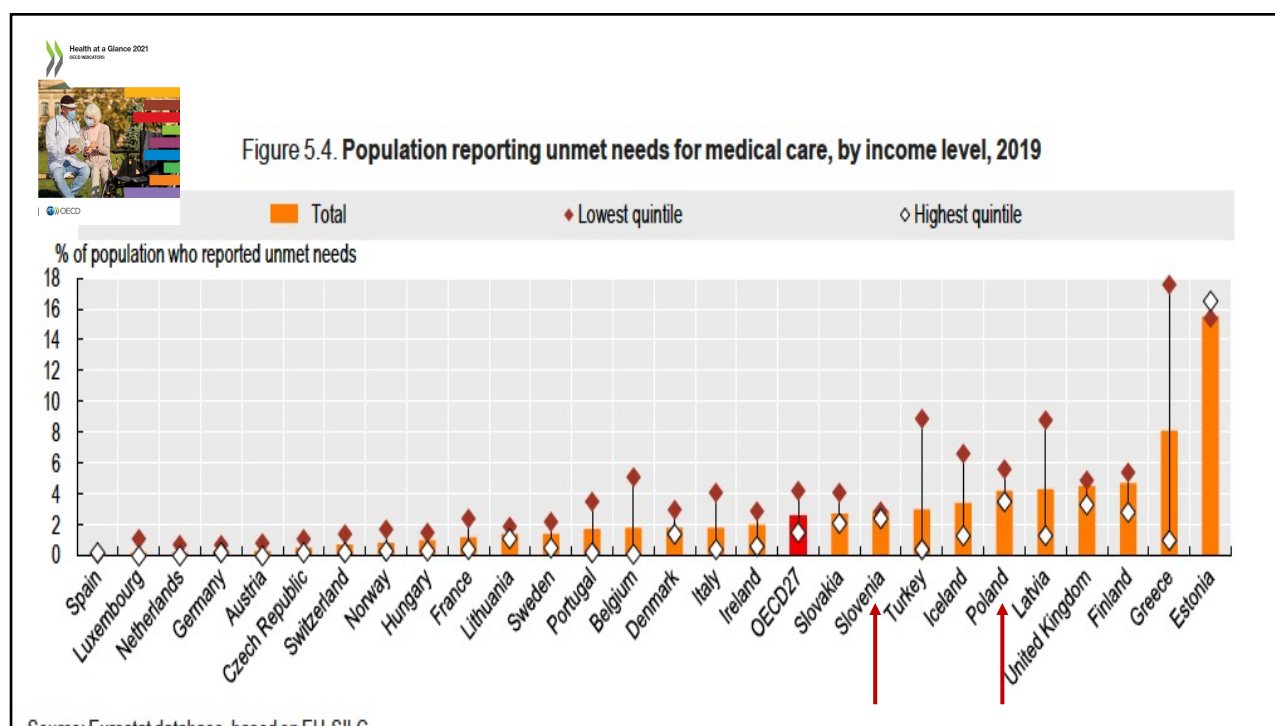
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Present Ubi sumus?

“Health debt”

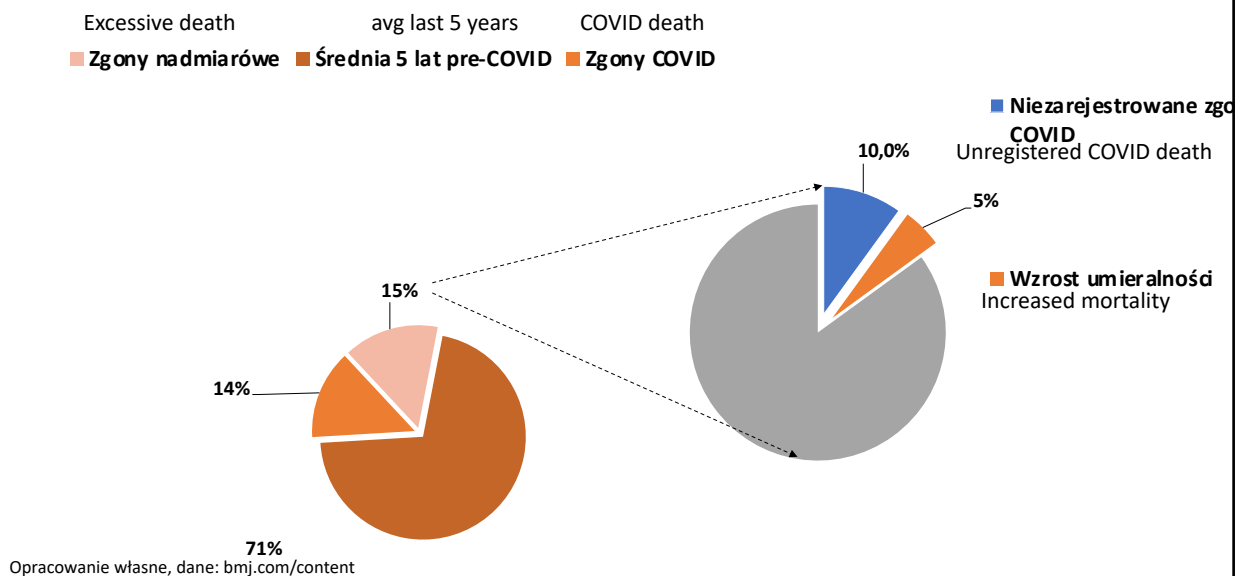
... defined as the sum of medical procedures not financed, postponed or reduced for any reason.

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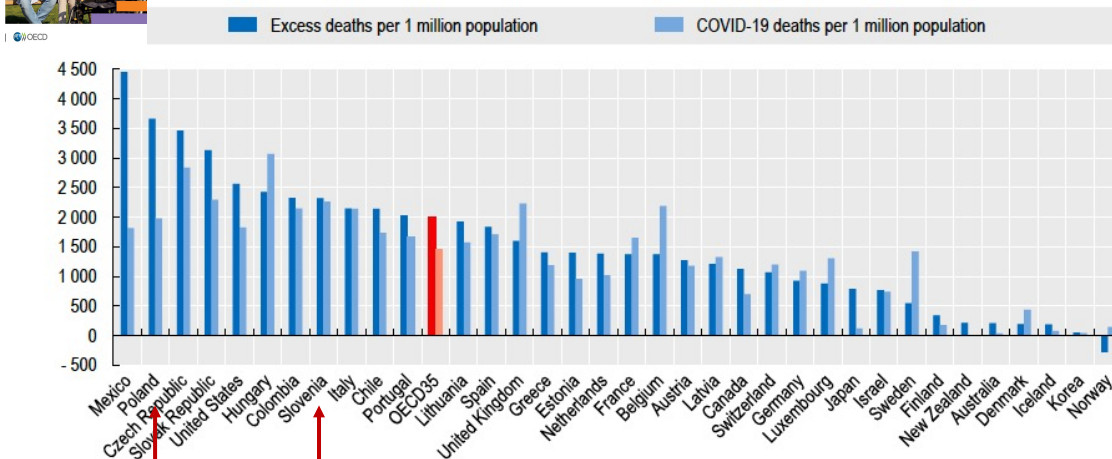
Death statistics in 2021



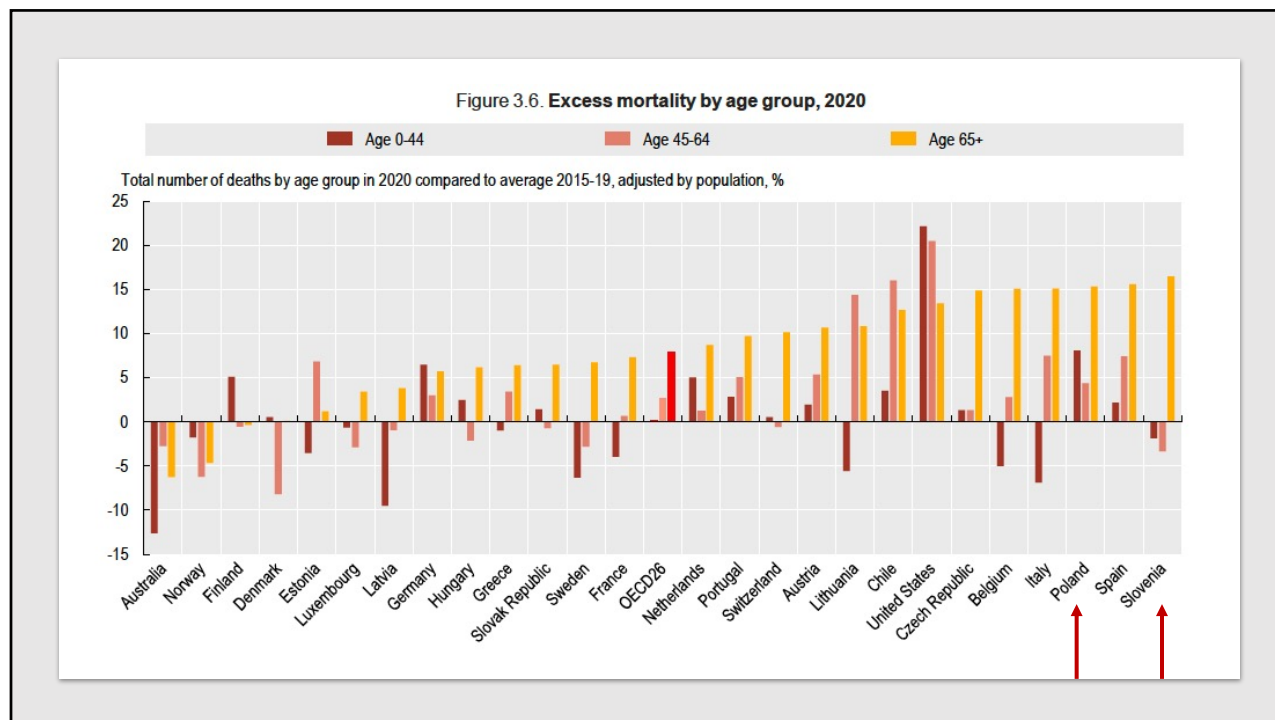
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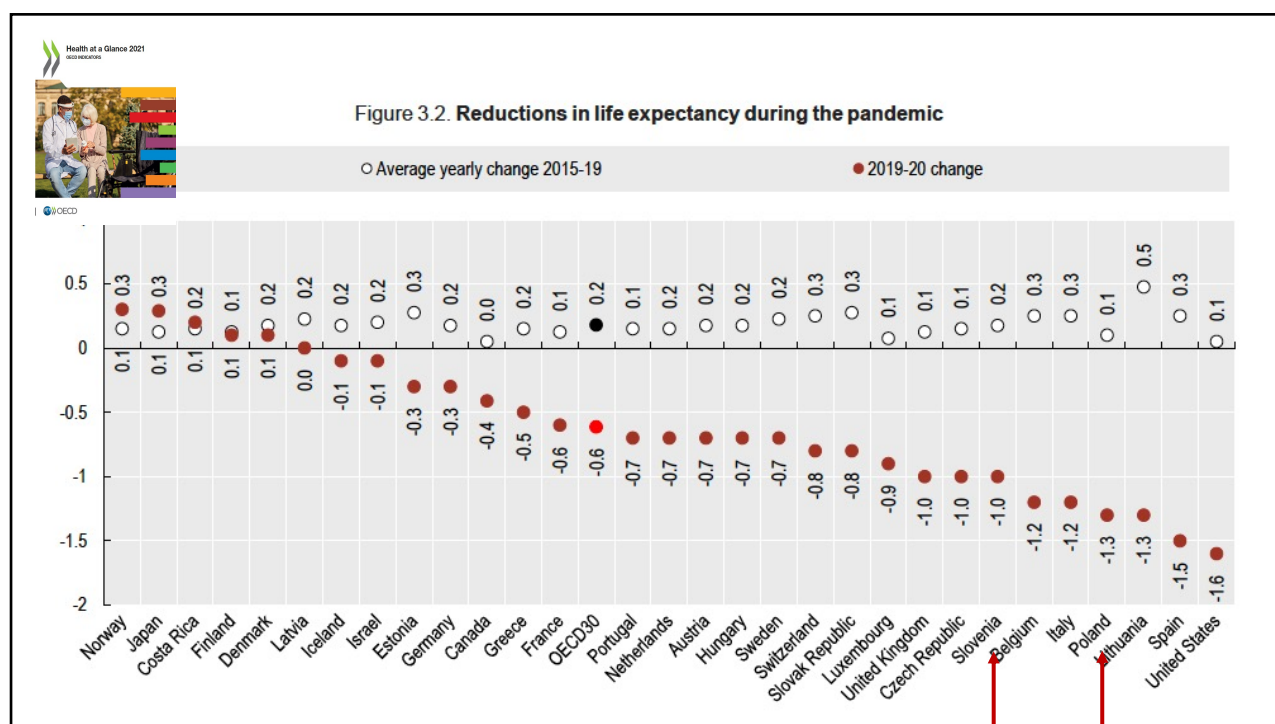
Cumulative excess mortality compared to reported COVID-19 deaths per million population, January 2020 to end of June 2021



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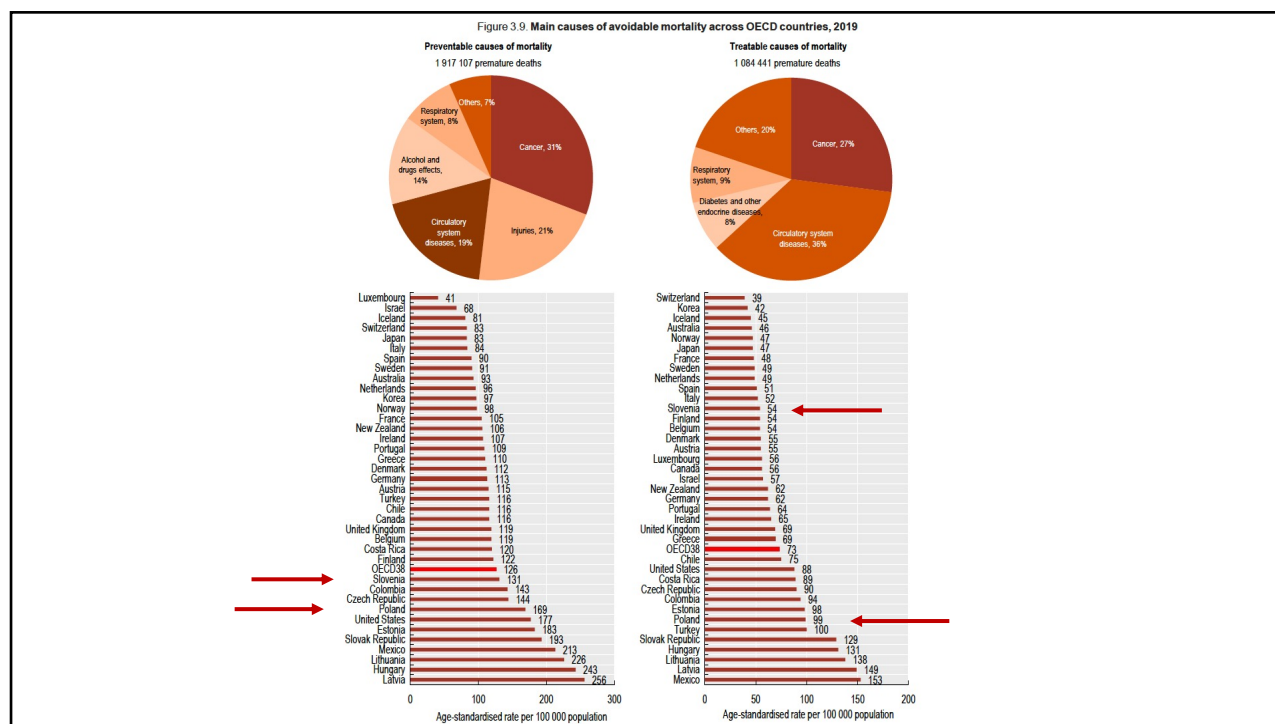
Future Quo vadimus?

World after COVID-19

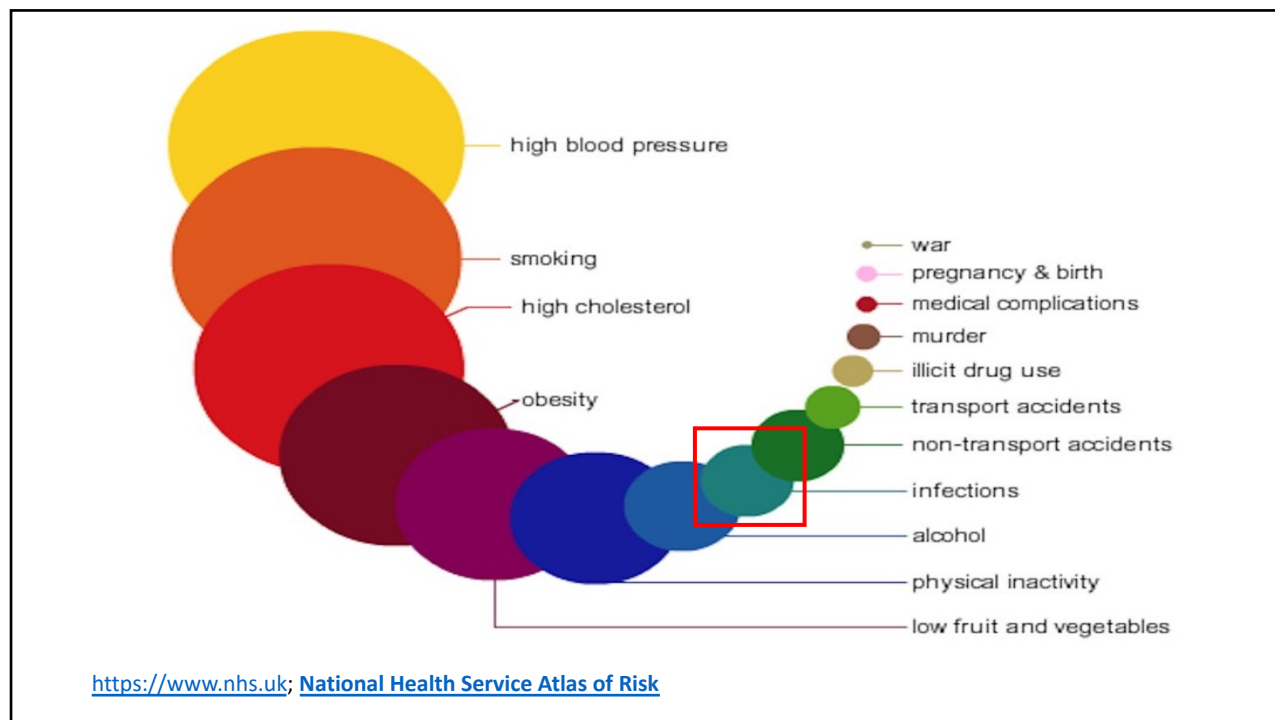
During the past 25 months of COVID19 pandemic at least **6,3 mln** people died due to the **SARS-CoV-2** infection.

During the same time - **approx. 82 mln** people died prematurely due to **NCDs**.

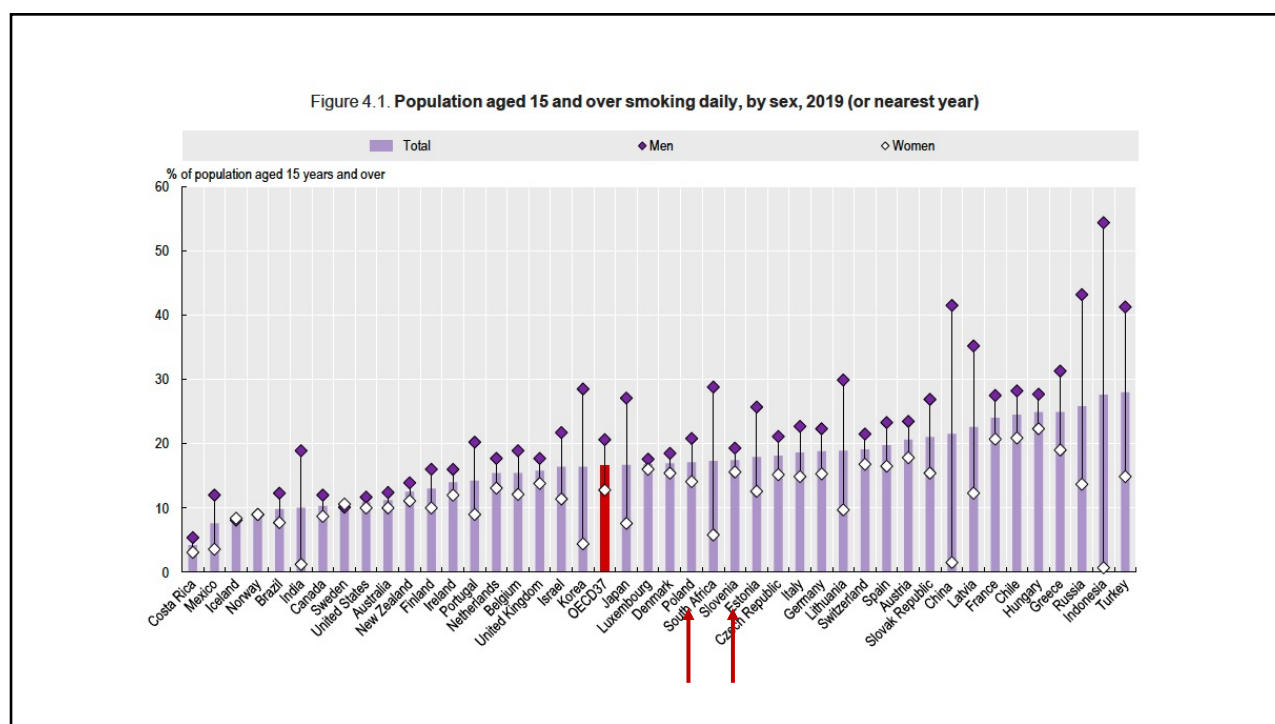
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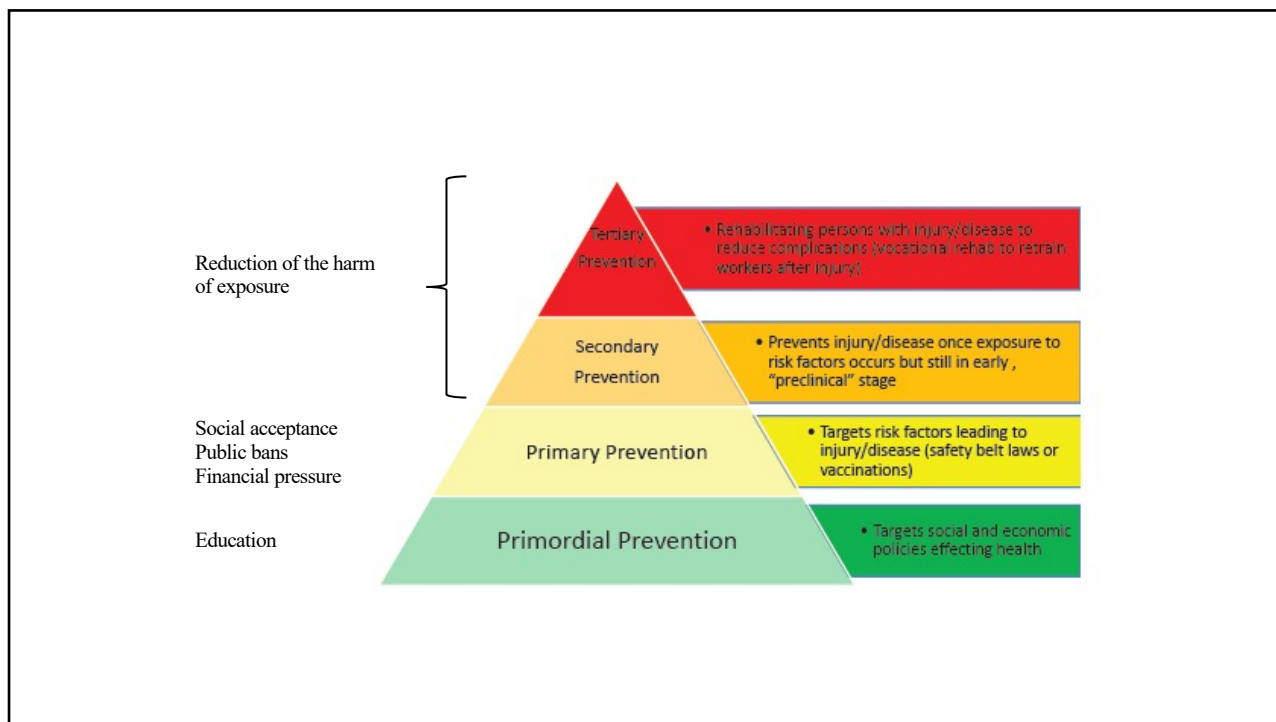
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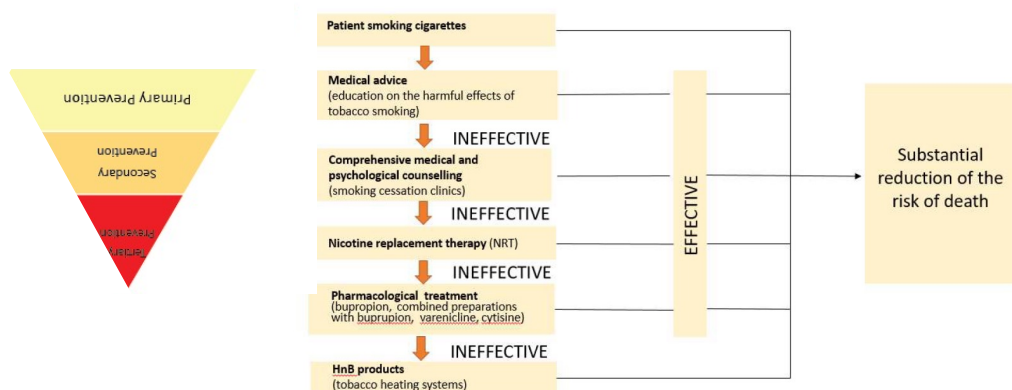


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Polish Experts Group Opinion on Heat-not-Burn tobacco products

Tertiary prevention

Choroby Serca i Naczyni 2019, tom 16, nr 2, 135–142, DOI: 10.5603/ChSiN.2019.0021



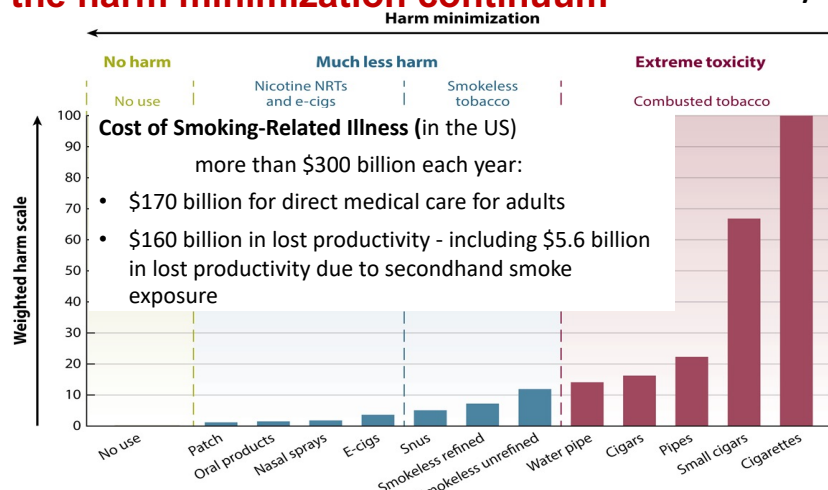
Proposed diagram of intervention with the aim to quit smoking;
HnB (heat-not-burn) — tobacco products based on heating tobacco

Source: https://journals.viamedica.pl/choroby_serca_i_naczyni/article/view/ChSiN.2019.0021

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Tobacco products along the harm minimization continuum

Tertiary prevention



The figure depicts 4 panels representing classes of products ranging from exceptionally low harm to exceptionally high harm.

Panel 1 (left) depicts no use and thus no exposure.

Panel 2 (left middle) depicts the class of nicotine delivery products without any tobacco (e-cigs/e-vapor products and nicotine replacement therapies - NRTs).

Panel 3 (right middle) - products containing noncombusted or smokeless tobacco.

Panel 4 (right) - combusted or smoked tobacco.

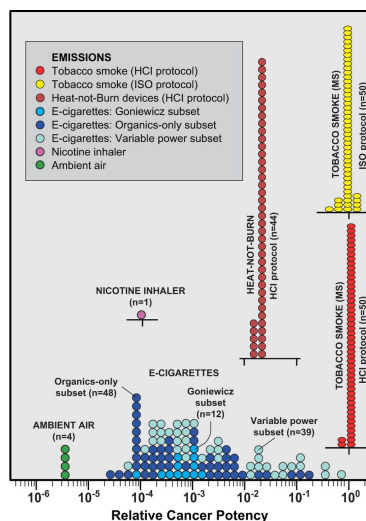
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Relative cancer potency modelled for common forms of nicotine delivery

Data represent analysis of 14 publications

The cancer potency from the mixture of carcinogens in tobacco smoke may be estimated using an aggregate model that weights each inhalation unit risk by its concentration in undiluted smoke

$$P_{k,i}^{tot} = \sum_{j=1}^m E_{k,i,j} U_j$$



William E Stephens Tob Control 2018;27:10-17

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1. Being focused on the pandemic right now we should prepare **new public health attitudes and new mechanisms of financing** of health care in EU after the pandemic.
2. Excessive death during COVID19 proved that the **overall health status in many EU countries is far from satisfactory**. It also proved many inequalities between EU Member States.
3. The real long-term threat to public health in EU are noncommunicable diseases. **They're responsible for over 90% of premature death. For NCDs prevention is much more cost-effective** than curative medicine.
4. Society ageing results in rising healthcare costs but it also forces **major changes in hospital structure** (long term beds, physiotherapy).

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- Aiming to universal access and coverage of health care in EU in the future we need to:
 - Create a roadmap of health priorities.
 - Build a common EU health care systems based on the same standards for all citizens.
- **To improve financing:**
 - Increase excise taxes on all harmful-to-health products and transfer these amounts to the health care.
 - Incline all employers to finance periodic health checkups for their employees
 - Stimulate "silver economy" development to decrease old-age-dependency ratio.
- **To improve health status**
 - Implement the HiAP attitude in all Member States
 - Focus on NCDs, preventive measures including harm reduction attitude to decrease the impact of behavioral factors (smoking, binge drinking, sugar) on the health status of citizens.

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