Brain Plan for Poland For Healthy Brain

Consortium





IZVOZ | INSTYTUT ZARZĄDZANIA W OCHRONIE ZDROWIA





REPORT BRAIN PLAN

KEY PARTICIPANTS

The document has been prepared by legal and economy experts, as well as representatives of patient organizations. Work on the report was also attended by representatives of the world of science

THE REPORT CONTAINS

- Analysis of the current state of prevention of brain diseases,
- Proposed directions of changes and ways of their implementation,
- Systemic legal and financial solutions..

PURPOSE

IMPROVING QoL PATIENTS SUFFERING OF BRAIN DISEASES AND THEIR FAMILIES

ANALIZED ILLNESSES

- MS
- Depression
- Parkinson's disease Schizophrenia

REPORT BRAIN PLAN

Brain Plan report contains preliminary assumptions and is intended as a basis for the development of a comprehensive program as a result of a wide-range public discourse Brain Plan for Poland.

BRAIN PLAN PRIORITIES

- Brain diseases will become one of the priorities of the Polish health care, while the definition of brain diseases will be introduced to the health care system.
- Care of patients affected by brain diseases will be carried out in an integrative and coordinated manner, in collaboration with different sectors.
- Prevention, early diagnosis and treatment of brain diseases will become one of the key elements of effective brain health protection.

WHY POLAND NEEDS BRAIN PLAN?



One in three Europeans experiences brain diseases at least once in a lifetime.

This means that there are at least 15 mln people affected in Poland

Increasing incidence of brain diseases is not the only result of the ageing of society.

Civilization changes appear mental and neurological disorders in younger and younger patients.



The result – increased social costs, especially such as medical expenses and unemployment.

Today brain diseases cost more than cardiac diseases, oncological diseases and diabetes together.

1. Wg szac. Europejskiej Rady Mózgu w 2005 r. w Europie było ok. 127 milionów pacjentów z chorobami mózgu. W 2010 r. liczba ta wynosiła już 179 milionów

2. Zgodnie z szacunkami Europejskiej Rady Mózgu całkowity koszt leczenia chorób mózgu w 30 krajach europejskich wzrósł z 386 mld euro w 2004 r. do 798 mld euro5 grudnia 2018, 13:11 w 2010 r.

THE HIGH INDIRECT COSTS -SHORT SUMMARY

- According to National Health Found, public funds covered health care of 1,473,000 patients with only 4 brain diseases, which cost PLN 1 431 000 PLN.
- Social insurance in the same 4 diseases was 13 473 mln PLN, 9 times more than direct health care costs
- The indirect costs related to the loss of productivity exceed even the costs incurred by social insurance. In the case of people with Parkinson's Disease, it is about 113 million PLN per year, multiple sclerosis from 179.69 to 454.62 million PLN annually depending on the approach adopted (the human capital method). Schizophrenia is from as much as PLN 767 to PLN 1,937 million in 2017, and depression is from about PLN 1.0 billion to about PLN 2.6 billion annually.
- In two disease entities (MS, schizophrenia) as a result of the implementation of modern therapies, in 2016, there was a decrease in indirect costs resulting from the loss of productivity compared to 2013.

Note: data come from own studies and include 4 disease entities: multiple sclerosis, depression, Parkinson's disease and schizophrenia.

DIAGNOSIS -MAIN CAUSES OD THE PROBLEMS

FRAGMENTARY CARE

- No system of cooperation between neurologists and psychiatrists, as well as between neurologists/psychiatrists and specialists from other fields;
- Failure to take account of the problem of brain diseases in the network of hospitals, health care reform, and health priorities;
- The lack of proven therapeutic and diagnostic paths focused on the patients;

UNDERFUNDED SYSTEM

- Long waiting time for health care services;Low access to modern pharmacotherapy;
- Growing deficit of medical personnel specialized in brain diseases;

REFORMS NOT FAST ENOUGH WHEN COMPARED TO THE GROWING PROBLEM

- Long time of implementation of coordinated health care projects;
- Lack of awareness of decision-makers in prioritizing the issue of brain diseases;

DIAGNOSIS -MAIN CAUSES OD THE PROBLEMS

THE SYSTEM IS NOT ADAPTED TO THE PATIENTS' NEEDS

AND THE CURRENT TECHNOLOGICAL AND MEDICAL DEVELOPMENT

- No patient-oriented system;
- Too low level of systemic innovations;
- Rudimentary innovative solutions to strengthen the role of the patient, such as telemedicine;
- Underfunding of community care and the lack of emphasis on trying to maintain patients suffering from brain diseases as active in society;

INSIGNIFICANT ROLE OF BRAIN DISEASE PREVENTION

- Insufficient effectiveness of national prevention programs (NPZ and NPOZP);
- The small role of GPs in the prevention of brain diseases resulting from the lack of knowledge on brain diseases;
- No educational system aimed at patients or their relatives;

RELATIVELY LOW LEVEL OF MEDICAL KNOWLEDGE OF BRAIN DISEASES AND CARE SYSTEM

- The deficit of social campaigns on the importance of brain diseases;
- No comprehensive quality management system in health care;
- No knowledge base due to fragmentary medical records;
- Unused potential of the mechanism of health needs maps.

PRIORITY RECOMMENDATIONS

BRAIN DISEASES BECOME ONE OF THE PRIORITIES OF THE POLISH HEALTH CASE, WHILE THE DEFINITION OF BRAIN DISEASES IS INTRODUCED TO THE HEALTH CARE SYSTEM

METHOD OF IMPLEMENTATION

- Introduction of the definition of brain diseases;
- Introducing brain diseases prevention to the directory of health priorities;
- Increased funding both at the level of expenditures on existing medical procedures, access to pharmacotherapy, as well as funding elements of the system management. Result: increased availability of medical procedures and pharmacotherapy, effective functioning of medical care;
- Increased public awareness, in particular concerning social, fiscal, and personal consequences posed by brain diseases;
- Increased importance of scientific research (clinical trials and other), including in the field of investments and the use of the Agency for Medical Research.

PRIORITY RECOMMENDATIONS

CARE FOR PATIENTS AFFECTED WITH BRAIN DISEASES WILL BE CARRIED OUR IN AN INTEGRATIVE AND COORDINATED MANNER, IN COOPERATION WITH DIFFERENT SECTORS.

METHOD OF IMPLEMENTATION

- Creating dedicated programs of coordinated care for patients affected by brain diseases (such as multiple sclerosis, depression, migraine, schizophrenia, Parkinson's disease, strokes, Alzheimer's disease). Individual treatment plans.
- Creating a system to measure the quality of care for patients affected by brain diseases, based on medical records;
- Creating platforms for dialogue and exchange of knowledge;
- Creating a list of reference centres;
- Starting measuring all the costs, including indirect costs (social) when assessing expenditure on the care for patients affected by brain diseases;
- Broader involvement of other ministries in the problem of organization of the system of care for patients affected by brain diseases (in particular the Ministry of Labour, the Ministry of Finance, and the Ministry of Development and Investments);
- Creating pro-patient solutions aimed at increasing community care and keeping patients in the best possible health.

PRIORITY RECOMMENDATIONS

PREVENTION, EARLY DIAGNOSIS AND TREATMENT WILL BECOMEONE OF KEY ELEMENTS OF EFFECTIVE BRAIN HEALTH.

METHOD OF IMPLEMENTATION

- Modification of NPZ and NPOZP in order to increase their effectiveness and focus on brain diseases;
- Creating prevention programs resulting in the introduction of elements of prevention and combating brain diseases to the social awareness;
- Increasing and strengthening the role of the GP, especially in the field of general prevention;
- Education of doctors with emphasis on wider involvement of the patient in prevention and treatment of brain diseases;
- Showing that general prevention is important for brain diseases (in particular due to the fact that the causes of many brain diseases are still unknown).

Partners





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