



Session 4 – A focus on concrete initiatives to improve healthcare sustainability in the fields of prevention, citizen empowerment and reorganisation of delivery of care

“Polish experiences based on the ‘Healthy-Active-Constructive’ project”

HIGH-LEVEL EVENT: “ACTING TOGETHER –
A ROADMAP FOR SUSTAINABLE HEALTHCARE”

Brussels, 19 March 2015



The Constructive Ones

“Healthy – Active – Constructive”

Objective: To prevent social exclusion of persons with chronic diseases, and to maintain their ability to work (as illustrated with the example of patients with immune-mediated inflammatory diseases)

Project timeframe: 2013-2015

- Based on Fit-for-Work (a project by The Work Foundation), accepting legitimacy of its findings
- Focus on ability to work (especially that of young people)
- Use of the example of IMIDs
- Employer incentives modelling
- Employee incentive plans
- Systemic recommendations



Zdolni do pracy?
Choroby układu mięśniowo-szkieletowego a rynek pracy w Polsce

Ksenia Zheleznikova
Stephen Bevan
Anna Reich





Foundation for Healthy Aging

Founded 2013



- Public health multi-sectoral and multi-stakeholder platform aimed to raise the awareness of ageing process and its consequences
- A platform for exchanging expert opinions based on credibility, trust and accuracy
- The Foundation is the base for the Healthy Ageing Coalition of 700 members, both public and private organisations & institutions
- Foundation's Scientific Council comprising high-level scientific and medical authorities
- A platform for medical practitioners, scientists, NGOs, public servants, Members of Parliament, entrepreneurs
- High profile of the Scientific Council





Project launch

1st Healthy Ageing Congress (Warsaw, 30-31 January 2014)

Discussion panel

“Is it reasonable to invest in health? A discussion based on the example of chronic IMIDs. The project Constructive Ones. Healthy – Active – Constructive”



Konstruktywni
Zdrowi Aktywni Konstruktywni



Status quo *Poland*

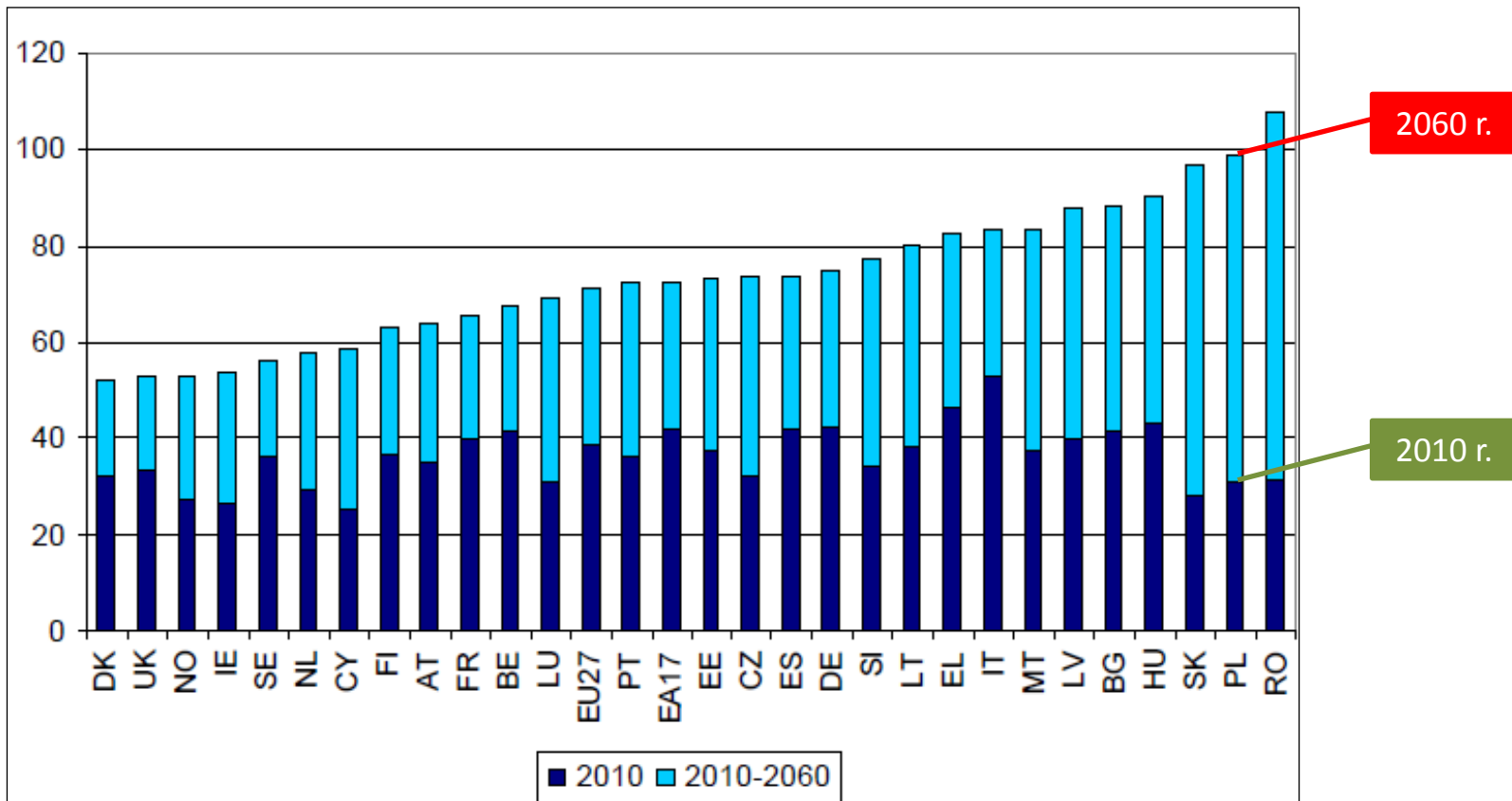
- In less than forty years, the **average age in Poland will be among the highest mean age ratios recorded in Europe.**
- Poland will have **the second highest effective age dependency ratio** in the EU (after Romania).
- On 1 January 2013, Poland commenced the gradual roll-out of a legislative reform **extending the retirement age to 67** for both men and women.

Appointment of the **Committee for the Policy on Ageing** in the Polish *Sejm* (9 May 2014) and adoption of the Premises of the Long-term Policy on Ageing in Poland for the years 2014-2020 by the Council of Ministers (24 December 2013)



Consequences of population ageing

Effective economic old-age dependency ratio* in Europe (2010 and 2060)



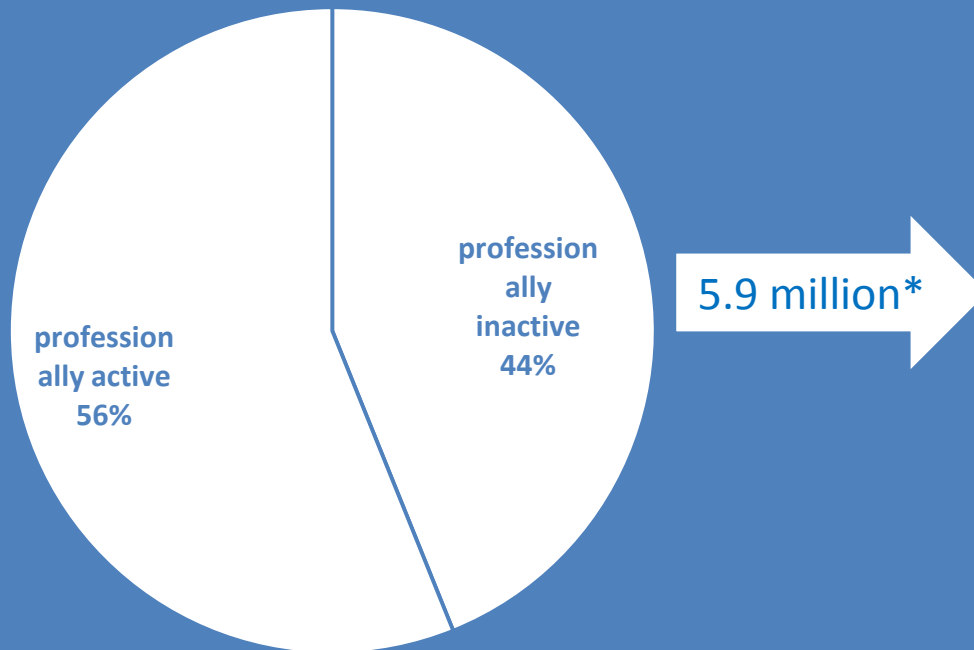
*Ratio of professionally inactive persons aged 65+ to the entire working population aged 15-64

Source: *Ageing Report 2012*, European Commission, 2012.

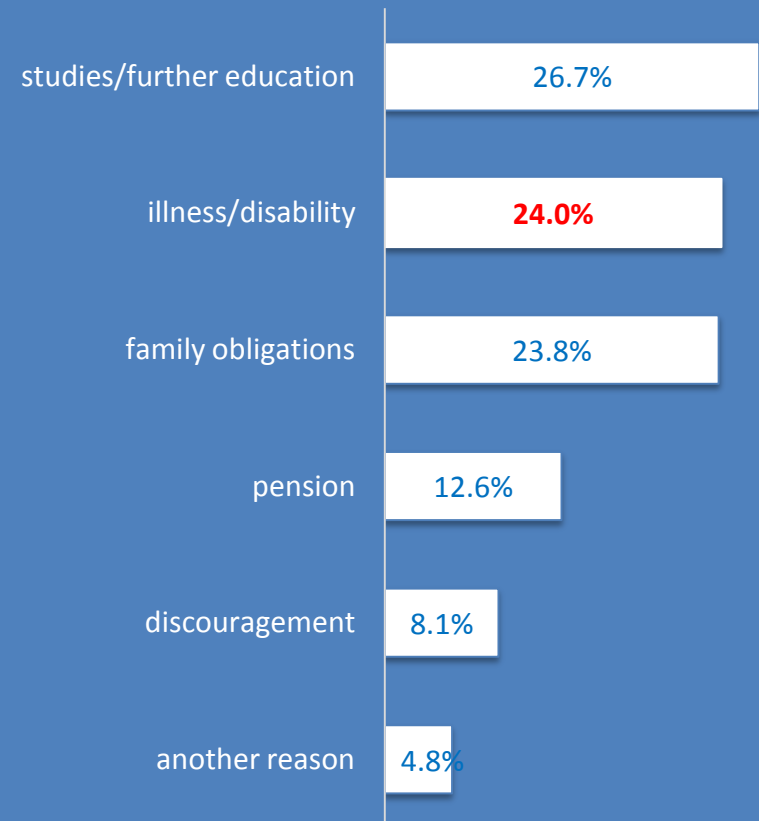


Causes of professional inactivity

SHARE OF PROFESSIONALLY ACTIVE AND INACTIVE PERSONS IN THE POPULATION AGED 15+



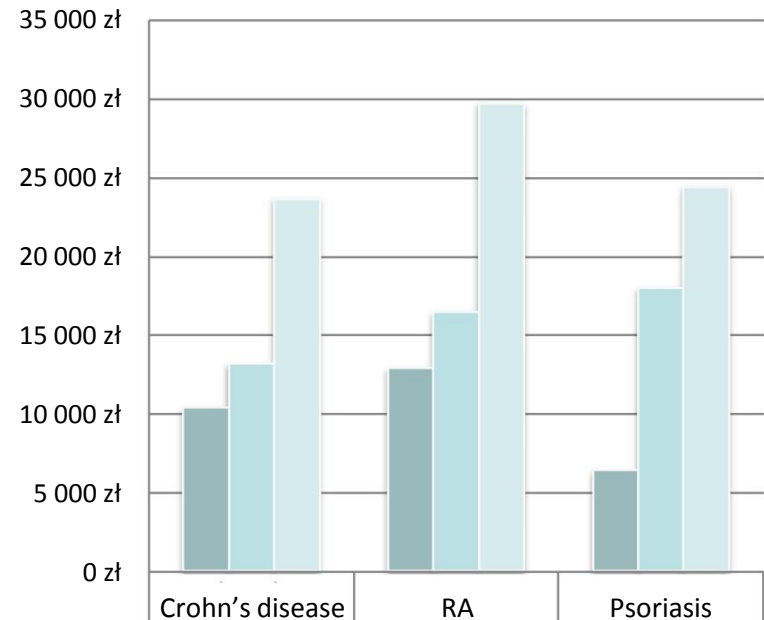
CAUSES OF PROFESSIONAL INACTIVITY OF PERSONS OF WORKING AGE



*Total number of professionally inactive persons is 13.6 million, out of which 43.5% are people of working age (5.9 mln)

Annual indirect costs of diseases (per person) connected with absenteeism and presenteeism

- The highest indirect costs per working person connected with absenteeism are generated by workers suffering from rheumatoid arthritis; the highest presenteeism-related indirect costs are caused by those with psoriasis.
- The highest annual costs per working person connected with the overall loss of work effectiveness are generated by persons with rheumatoid arthritis.



	Crohn's disease	RA	Psoriasis
Absenteeism	PLN 10,414	PLN 12,922	PLN 6,420
Presenteeism	PLN 13,187	PLN 16,498	PLN 18,000
Overall loss or work effectiveness	PLN 23,602	PLN 29,420	PLN 24,434

Cost of a unit of lost working time is calculated on the basis of the **GDP per working person.**





Actions carried out

- Creation of a knowledge base
 - Report – Direct Costs
 - Report “European Policy”
 - Report – Indirect Costs
 - Social costs of disability
 - Report on the social perception of IMIDs
- Co-operation with the Ministry of Labour and Social Policy and the Parliament
- Co-operation with the State Fund for Rehabilitation of Disabled Persons (PFRON)
- Building a partnership with and among public institutions, the Institute of Rheumatology, Institute for the Development of Social Services
- Co-operation with Philips Lighting Polska
- A project-dedicated website for employees and employers.



Constructive
Healthy Active Constructive



Project deliverables

- Drafting **practical guidelines** for IMID patients, which will improve their experience with health and social care systems, and help them to find their place on the labour market. **Sharing expertise and best practices with employers**
- Taking actions aiming to create an **efficient system of early intervention**, vocational rehabilitation and education of healthcare specialists
- Advancement of public **awareness concerning the social and economic significance of “fitness for work”**, absenteeism, presenteeism and indirect costs of diseases
- Creation of the project **knowledge base** with results of studies and research on lost productivity
- Holding a **public discussion about fitness for work**
- Developing an **expert partnership** with institutions and specialists involved in the health and social policy decision-making processes



White paper recommendations

Employers-Employees

- **Educational measures for employers and employees**, including those discussing the impact of diseases on the capacity for work as well as those promoting an active and healthy lifestyle
- **Early diagnostics** based on low-cost and widely available methods
- **General access to rehabilitation already during the first stages of the disease**, when rehabilitation is the most effective in mitigating the risk of loss of employment
- **Ergonomic** re-design of work stations, with a view to the needs of persons with impaired fitness for work
- **Effective co-operation** between doctors, patients and employers, which will reduce the impact of the disease and maintain the employees' fitness for work
- **Vocational consultancy** taking into account such factors as the employee's health and their medical prognosis



White paper recommendations

Systemic

- **Creation of a system of incentives to improve the labour market participation** of persons with disabilities; a shift from the model of offsetting a lower income from work towards that of incentives to enter the labour market
- Improving the quality of health care by taking into account the objective of **enabling persons with disabilities to return to the labour market** as one of the criteria for the selection of intervention tools
- **Process integration:** treatment, rehabilitation and active support in the return to the labour market; the purpose of the process is to restore the professional activity of persons with disabilities or a long-term sickness



2015

STRATEGY 2014

Attained objective:

Development of a comprehensive set of recommendations on the early medical intervention in IMID cases for decision makers, workers/patients and employers

Developed tools:

KNOWLEDGE
BASE

STAKEHOLDER
SUPPORT

RECOMMENDATIONS

STRATEGY 2015

OBJECTIVE:

Implementation of the recommendations on the early medical intervention: **knowledge, awareness & practice**

TOOL: METAREPORT (Q1 2015)

'ENABLERS': Public Affairs and Media Relations activities, social media



Target groups Identified & Acquired in 2014

Medical experts

Patient organisations

**Employers
organisations/Employers**

Key Opinion Leaders

Decision makers



Target groups & actions

Improved co-operation in 2015 (1)

Primary care doctors

- Healthy Ageing Foundation's SeniorGAL conferences (the senior citizen at the doctor's office)

Local authorities

- A pilot programme run with the Mazovia Province Governor (co-operation with outpatient clinics/ teaching hospitals/ ABBVIE)
- CEESTAHC conferences

Patients/workers, employers, opinion-forming media

- Launch of the Metareport
- Meetings of employers/ economic fora (Katowice, Krynica, EFNI – TBD)
- Media outlets (national, industry, social media)



Target groups

Improved co-operation in 2015 (2)

Decision makers

- Ministry of Health, Ministry of Labour and Social Policy, MEPs, the Sejm and Senate Committees on Ageing, Social Insurance Institution, Agricultural Social Insurance Fund, State Fund for Rehabilitation of Disabled Persons
- Tool: Metareport

KOLs – IMIDs

- Engagement of new opinion leaders in the area of rheumatology, such as Prof. W. Tłustochowicz, Prof. E. Kucharz, Prof. P. Wiland
- Institute of Rheumatology is currently working on guidelines on early diagnosis of rheumatic diseases. A draft framework for diagnostic services has been already sent to the NHF. The MoH supports its implementation
- Actions of rheumatology experts provide a synergy needed to achieve the objectives of the KONSTRUKTYWNI project!
- Inclusion of KOLs in the areas of gastroenterology and dermatology



Work with the media

- **Day-to-day media relations activities:** press releases, direct meetings with journalists
- **Commercial co-operation** with selected media outlets
 - **The launch of the Metareport** – presentation of the Report's recommendations in a large publication
 - Media sponsor: e.g. *Newsweek*
 - **A series of 6 debates** in different cities in Poland
 - Media sponsor: e.g. *Rzeczpospolita*



Visibility / Discussions during events

Members of the *Constructive* project will participate in the following public events (gatherings devoted to economic and social topics):

- European Economic Congress in Katowice
- Economic Forum in Krynica
- EFNI (The European Forum for New Ideas)
- Second Healthy Ageing Congress (24-25 Sept 2015)



EFNI

EUROPEJSKIE FORUM
NOWYCH IDEI





Summary

- We are looking forward to meeting you at the Second International Healthy Ageing Congress (24-25 Sept 2015) (In October 2015, parliamentary elections will take place in Poland)
- What have we achieved in the last two years?
 - The knowledge dimension
 - The awareness dimension
 - The systemic dimension
- End of 2015: a special **closure report**
 - Summaries – Conclusions - Recommendations