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CONFERENCE ABSTRACT

Patients' health status following health check within POZ PLUS

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Katarzyna Kułaga[1], Katarzyna Klonowska[1], Katarzyna Wiktorzak[2], Andrzej Tolarczyk[2], Dominik Żabiński[2], Karol Ciulkin[2], Rafał Kiepuszewski[3], Agata Szymczak[3], Donata Kurpas[4]

1: National Health Fund, Central Office, Department of Healthcare Services, Poland
2: National Health Fund, Central Office, Analysis and Innovation Department
3: National Health Fund, Central Office, Cabinet of the President of the Fund
4: Wroclaw Medical University, Family Medicine Department

Introduction: The POZ PLUS pilot study was carried out in the period from 1st July 2018 to 30th September 2021, by 47 GP practices. Health check-ups were one of the components of the POZ PLUS coordinated care model. It was a package of health benefits for patients aged 20 to 65. Health check-ups included a medical history and physical examination with basic or in-depth diagnostics. Depending on the result of the check-up, the patient could be referred to further interventions.

Aims, Objectives and Methods: The aim of prevention check-ups, in addition to individual benefits for patients, was to stratify the population in the general practice (GP) by determining patients health status, in order to optimize the services provided, optimize the resources and management of the facility for patients, i.e. elements strengthening the process of care coordination. The entities implementing the pilot were divided according to the size of the population they looked after: small (up to 5,000), medium-sized (from 5,000 to 10,000) and large (over 10,000). They represented both urban and rural areas. As part of the summary of the prevention check-ups, the patient were assigned to 1 of 4 health statuses: (1) healthy - without risk factors, (2) healthy (without symptoms) - with risk factors, (3) chronically ill (currently without symptoms) - stable, (4) chronically ill (currently symptomatic) - requiring stabilization.

Results: Over 50,000 patients were enrolled to health checks. The largest differences in statuses were observed in terms of the area of residence - people from urban areas are healthier; in rural areas, people with the status (1) or (2) are less than 35%, whereas in urban areas - 57%; The difference in percentage of chronically ill people in a condition requiring stabilization is also striking – there is 5 times more in rural areas compared to urban areas (24.15% vs 5.82% rural - urban areas, respectively). If we look at the size of the health care entity, the largest difference is in the status (4), i.e. 1.5% for people under the care of large facilities, 12.4% of medium-sized facilities and 11.9% of small facilities. The differences between the sexes are less pronounced: there is more healthy people without risk factors among women (15% vs 11.7%, women vs men, respectively), and men are more frequent in the group of healthy people with risk factors (41.9% vs 37.1%). For all categories the differences were statistically significant ($p < 0.0001$).

Conclusions: Prevention check-ups together with its summary in the form of health statuses is an effective tool for stratifying the population under care and a valuable source of knowledge about health inequalities in Poland.

Implications for applicability and limitations: The health check-ups should be implemented as a comprehensive preventive examination that will allow to assess the health status of patients under the care of GP practices. This will also allow the implementation of the basic tasks imposed on primary health care, in particular: coordination of care and preventive care tailored to the needs of various groups of society.