

PWMA
Polish
Wound Management
Association



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Wound Management in Poland

– facing challenges of XXI century

Poland – a country with population of 38 million people and estimated number of 500 000 patients with chronic wounds annually has been trying for last three years to build system of advanced wound care.

As sometimes happens with such major undertakings, the further we go with building a unified approach to wound care we find that the new boundaries and issues emerge and try to push us away from the route we have chosen. The goal of Polish Wound Management Association is to change practice in care for people with wounds in Poland.

As the problem of modern wound management – or actually – lack of knowledge amongst physicians in the majority of the Central and Eastern European countries is common, our struggle might be an interesting experience to all of EWMA members who still hesitate if they should claim more support for developing wound care from local authorities and scientific societies.

The Polish Wound Management Association was established with aim to educate health professionals on modern wound care and to change current practice in order to utilise the systems and methods commonly used in countries as the United Kingdom and Sweden.

We have had a plan in place, with the basic objectives to: educate different specialist groups, organize conferences and workshops, influence education of doctors and nurses to place the wound healing blocks in their study courses and post-graduate education. Finally we also wanted to build an organisational system to endorse wound care progress and outcomes and to allow more patients receiving clinically and cost effective proven treatment.

We have recognized the need for constant dialogue with local authorities and payers to establish consensus on understanding the basic benefits for all parties involved in wound management i.e. payers, physicians, nurses, and the patients. The latter of course should always be in the centre of our focus and we have tried to maintain that as a key element of our activities.

Very quickly we realized that it is very difficult to provide effective wound care in a coun-

try where elderly people – as we all know they happen to be main victim of chronic ulceration – are poor and the Health Care system is not offering them access to clinically effective wound treatment. In simple words we have a reimbursement system where drugs and medical devices can be collected by patients either after co-paying some small fee or covering 30-50% of the retail price of the products – it depends upon what type of reimbursement list a particular product enters. The decision on that is made by Ministry of Health, which places the products on different reimbursement lists. Hence reimbursement exists but the co-payment rate varies depending on to which list the particular product is allocated.

In the case of dressings it is usually the 50% co-payment, but the situation is more complicated because of price limitation – the price is not even based on the price of the cheapest products but often on the price of the cheapest 1 cm² of any dressing!!! Not even looking deeper into the system solutions in Poland we can state that the reimbursement often covers not more than 30-40% of retail price and thus the burden patients have to shoulder is vast. We have started the discussion with the Ministry of Health to work out the better and more cost effective solutions but it has not produced any results so far.

Education is one of key elements of our constitutional targets. In this area we have really done a great deal. We are very proud of the great interest in wound care that has risen amongst doctors and nurses in Poland.

In October 2004 we organized the Second Conference of the Polish Wound Management Association. This was the first conference organized solely by us without sharing the organizational burden with the Polish Phlebological Association as we did in March 2004. During that conference we had an extremely successful session with great participation of Peter Vowden, Christine Moffat and Finn Gottrup. We must admit that although it was planned that our second conference be a regional educational event, the interest amongst physicians and nurses exceeded our expectations. It was great to learn that after just three years of PWMA's presence there was already

significant change in the understanding of wound care amongst a growing number of practitioners. Medical professionals in Poland have started to recognize the issue of chronic wounds, see the need for improvement in these areas and understand that patients' misery related to chronic ulceration can be effectively diminished.

Certainly, the participation of President Elect of EWMA Peter Franks had great impact on the attractiveness of the meeting. It was also extremely important for our association that Peter participated in the meeting that took place on the conference eve related to reimbursement issues in Poland. At that meeting we managed to gather several national consultants in key medical specialties related to wound management and also few KOL – Professors in different surgical areas. We also expected the participation of the Ministry of Health but despite confirmation of participation, the representative of the MoH failed to appear. Peter Franks made a presentation at that meeting and, after his talk, there was a common understanding and approval for the superiority of modern management in relation to cost and Quality of Life. All the Professors who had participated in the meeting signed the letter addressed to Ministry of Health in Poland claiming better reimbursement for wound dressings.

After the success of these conferences we were much braver in undertaking preparations for the next educational event, but this time organized on a national or maybe even international level.

As result on 24-27 November 2005 there will be held in Poznan, Poland the *1st Scientific-Educational Congress of the Polish Wound Management Association – Wound Healing a Challenge of the XXI Century*.

We plan to gather around 700 participants from Poland and we have started wondering if during the Congress – a

significant part of which will be held in English – we could organize a central European meeting of wound healing societies to start discussion on future of wound care in our part of Europe and the reimbursement issues across our countries.

We would be happy for any interested societies from central and Eastern Europe to approach us to discuss it further.

In the last part of this review, we wish to show our approach to the organization of wound care services in Poland. One of the initial plans we had was to organize and then facilitate an organization of Wound Healing Centers (WHC) in several regions of Poland.

However, we came to the conclusion that with such a huge number of ulcers in our country and the geographical spread of patients with wounds we cannot hope for a system of wound specialists to match the needs of all the patients. At least, we were sure we couldn't bring to market the relevant number of such specialists in a short time. Our decision then was to establish a system of WHC, which would work through collaboration between many regional general practitioners surgeries.

The whole system would work as follows: Our association in collaboration with the General Practitioners Association organizes a series of course for GPs in the whole country on the basics of wound management.

In each region a Wound Healing Centre is built – that would be formed of a group of specialists working in outpatients' clinics who would have a deeper knowledge and practice in wound management. In WHC the experience would be much more significant as they would be looking after tens of patients in each such unit whereas an average GP has 3-6 patients with wounds. This way we would have covered the basic needs of wound management in the majority of populations and we also would have a system in place

where the more complicated cases would be referred and managed properly. The WHC would also provide continuous education in wound care in areas of their geographical location.

We still believe that the approach is a good one but after several attempts to develop it we came to the conclusion that, without significant external financing, we cannot bring this system to life and build it in the majority of the country.

In conclusion, we have had certain successes in changing the environment in Poland and building awareness amongst all parties involved in wound care. As a result we are starting to have a system that allows hospitals and out-patients' clinics to manage wounds and collect the payment for procedures related specifically to wound management. These procedures are listed on the procedure list issued by our National Health Care Fund – there is just one health insurer in Poland.

That was one of the major changes towards building the system of care for wounds, which included the specifics of this clinical entity.

We understand that there are still so many things to do in Poland to make wound management match the best standards and that we have plenty of work for next ten years.

We must find some more convincing arguments that would convince our Ministry of Health that it is worth reimbursing modern wound management items because it allows for savings in the health care system.

We have definitely had some successes but also some failures. We hope that in the future we will have more support from EWMA and also that we will have a chance to establish collaboration with other central European societies to put bigger pressure on our health authorities to change the system towards better wound care for patients.

Poland

The Republic of Poland is situated in north-eastern Europe, bordering Germany, the Czech Republic and Slovakia to the West and South with Russia to the north and Lithuania, Belarus and the Ukraine to the East.

Poland is a country of varied topography including the shores of the Baltic Sea to the north, the Sudeten and Carpathian Mountains along the southern borders and the Tatra Range of mountains in the central regions. These mountains are the only range of Polish mountains with an alpine character. The Tatra Range is home to Poland's highest peak – Mount Rysy at 2,499 meters above sea level. In addition to high mountains, there are hundreds of lakes hidden away in the Pomeranian and Mazurian Lakelands where beautiful lakes are found amidst picturesque hills and beautiful forests. The largest is Lake Sniardwy, which occupies a surface area of 109,700 hectares.

The Polish climate is balanced between the marine mild climate of Western Europe (mild summers and winters, lot of rain, clouds) and the continental climate of Eastern Europe (with warm dry summers and cold winters). The coldest area is in the north-east and the warmest is the southwest. During the summer, the average temperature in July is 76°F (24°C) and the coldest winter months are January and February with the average January temperature dropping to 30 °F (-5°C). A benefit of this is that the huge winter snowfalls offer good conditions for winter sports enthusiasts.

During the past couple of centuries Poland has been a battleground for several wars. As a nation, Poland gained independence in 1918 following WWI, only to be overrun by German and Russian forces in September 1939 and, after WWII, to become a soviet satellite state. In 1956 the leaders of the eastern block signed the Warsaw Pact, the soviet counter piece to NATO, in Warsaw. During the 1980s labour turmoil in the large shipyards of Gdansk, on the Baltic Sea, resulted in the formation of "Solidarity". A trade union that, over the next 10 years, became a strong political force in Poland and which by 1989 achieved success in the parliamentary elections with an elected president. The leader of Solidarity, Lech Walesa, was the first elected president.

After the end of the cold war, Poland joined NATO in 1999 and the EU in 2004.



Official name:

Republic of Poland (in Polish: Rzeczpospolita Polska)

Area:

312,685 sq km

Population:

38.62 million (2003 estimate)

Government type:

Republic

Head of State

President Aleksander Kwasniewski

Head of Government:

Prime Minister Marek Belka

Well-known Poles:

Pope John Paul II, Former President Lech Walesa

Language

Polish

Religion

95% Roman Catholics

Capital

Warsaw (population 1.75 million)

Important cities:

Gdansk, Krakow

Currency

Zloty (zl), 1 zl ~ 0.25 € (January 2005)

GDP per capita

9,700 US\$, estimated growth 3.7% (2003)

Labour force

16.92 million (2003)

Unemployment

20% (2003)

Additional information:

www.pl-info.net, www.polandtour.org, www.poland.pl

Sources:

CIA World Fact book, Lonely Planet, National Polish Tourist Office