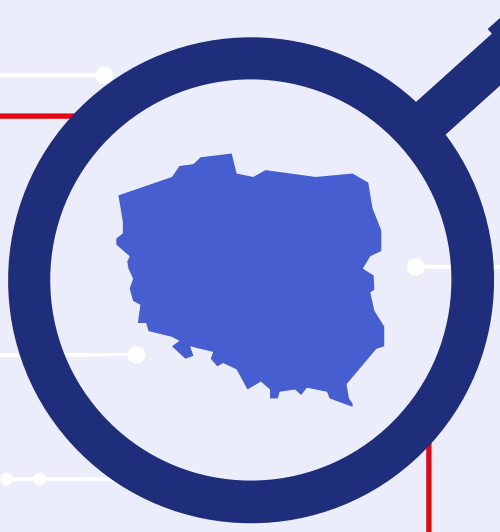
ECONOMIST IMPACT

Country profile: Poland



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Key takeaways

- **National clinical guidelines for chronic disease in Poland should include chronic kidney disease (CKD).** There are signs that the College of Family Physicians (CFPiP) are interested in how evidence-based recommendations are implemented in practice. And there is also an opportunity to develop CKD-specific guidance on early detection as part of a drive towards national standards, quality improvement and other initiatives that could be linked to national clinical guidelines development.
- **National policy that prioritises CKD.** There have been a number of chronic disease initiatives over the years, yet all have omitted CKD as a focus area. The absence of national CKD policies is a missed opportunity to boost early detection and improve referral pathways.
- **CKD registries with a broader scope.** Poland has three renal registries that capture data on patients with stage 4 and 5 CKD, but no large national system captures patient data at earlier stages.
- **Initiatives to improve digital health infrastructure are promising.** There are several digital health services and data sharing initiatives. Structured data collection to support early detection and monitoring would support CKD management.
- **CKD awareness is low.** Research indicates that CKD knowledge is low among some Polish general practitioners (GPs) and awareness is low among parts of the population. Targeted clinical education programmes and public awareness campaigns could go a long way to improve testing and preventative care for CKD.

Clinical guidelines

We did not identify any Polish guidelines on CKD. Clinical guidelines for other chronic diseases exist in Poland, with some published by professional societies such as the CFPiP.[1]

National standards or a legal basis for clinical guidelines development are not in place in Poland and there are no incentives for quality.[2] The majority of GPs in one Polish study identified the availability of training and education as key determinants of the successful implementation of evidence based recommendations, highlighting the importance of such outreach activities.[3]

A National Pharmaceutical Policy (2004–2008), published in 2003 identified a need for the development of ambulatory health care formularies *(receptariusz lecznictwa ambulatoryjnego)*.[2] The aim was that these would provide guidance on medicines and set standards for medical treatment while considering costs. In 2012 progress on this initiative was reported as slow.[2]

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National policies

Despite several disease management programmes and care pathways that provide good models, we identified no specific policy initiatives for detecting CKD early in Poland. The country may have missed opportunities to integrate early CKD detection into other chronic disease initiatives, such as diabetes and heart failure.For example, a 14-month pilot project on co-ordinating primary care services (POZ+) introduced disease management programmes for selected chronic diseases, such as cardiovascular diseases and diabetes, for nearly 11,000 patients aged 20-65—but CKD was not targeted.[4-6]

The "40-plus prevention programme" (*Program Profilaktyka 40 plus*)—launched in 2021—provides voluntary and free medical check-ups for people aged over 40 to identify potential health risks and diagnose diseases at early stages.[7] The programme includes unlimited access to specialists.

In June 2022 the Ministry of Health announced that a reform would take place that focuses on improving diagnostics and primary care co-ordination.[8] The changes will include improving care co-ordination by introducing consultations between primary and specialist care providers; improving the treatment of chronic disease by managing these patients in primary care; broadening the diagnosis of cardiovascular system diseases; and improving care and treatment in diabetes, pulmonology and endocrinology.[8]

Renal registries

There are three kidney registries in Poland to support CKD management and patient care, mainly for patients in stages 4 and 5 (see the tables below). However, there is no single registry that includes all the medical and epidemiological information needed to monitor the population with kidney diseases.[9]

The Polish government is currently reviewing a regulation aimed at improving the quality of healthcare services, which includes a clause on improving the process of creating medical registries. It also touches on requirements to analyse the data captured in registries and says that the conclusions of the analysis should be made public in the form of an annual report.[10]

Table 1: National Organ Transplant Registry[11]

Registry	National Organ Transplant Registry
Year established	-
Stages included	Stage 5
Outcome data	Records of all transplants performed
Data collected	National waiting list, living donor register, register of serious adverse events and reactions, personal data of the patient and details related to transplants

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Table 2: Polish Registry of Renal Biopsies[9]

Registry	Polish Registry of Renal Biopsies
Year established	2009
Stages included	Normal kidney morphology, end-stage renal disease (stage 5)
Outcome data	To establish the number of renal biopsies/per million people in each of the individual regions and in the country as a whole; to study the epidemiology of renal disease based on renal-biopsy findings; and to analyse clinicopathologic correlations of kidney diseases
Data collected	Biopsy-based data on the incidence of various types of nephropathies

Table 3: Polish Renal Replacement Therapy Registry[12,13]

Registry	Polish Renal Replacement Therapy Registry
Year established	N/A
Stages included	Stage 4 and 5
Outcome data	Increase in the rate of transplants and use of peritoneal dialysis
Data collected	Incidence and prevalence of treated KF (kidney failure) hemodialysis, peritoneal dialysis and transplant

Digital health and integrated health information

In 2011 the Polish government adopted a plan to introduce a national EHR system.[14] The resulting Medical Information System (*System Informacji Medycznej)* began its implementation in 2014 and is continually being developed and improved.[14,15] Soon, service providers and hospitals will be able to (and required to) transfer medical event data to the Medical Information System.[16]

While the analytical use of e-health records and integrated health systems on CKD in Poland to date is unclear, the structured collection and processing of standardised medical data, such as lab results, provides opportunities to implement meaningful functionalities that flag patients at risk of CKD and alert physicians.[17]

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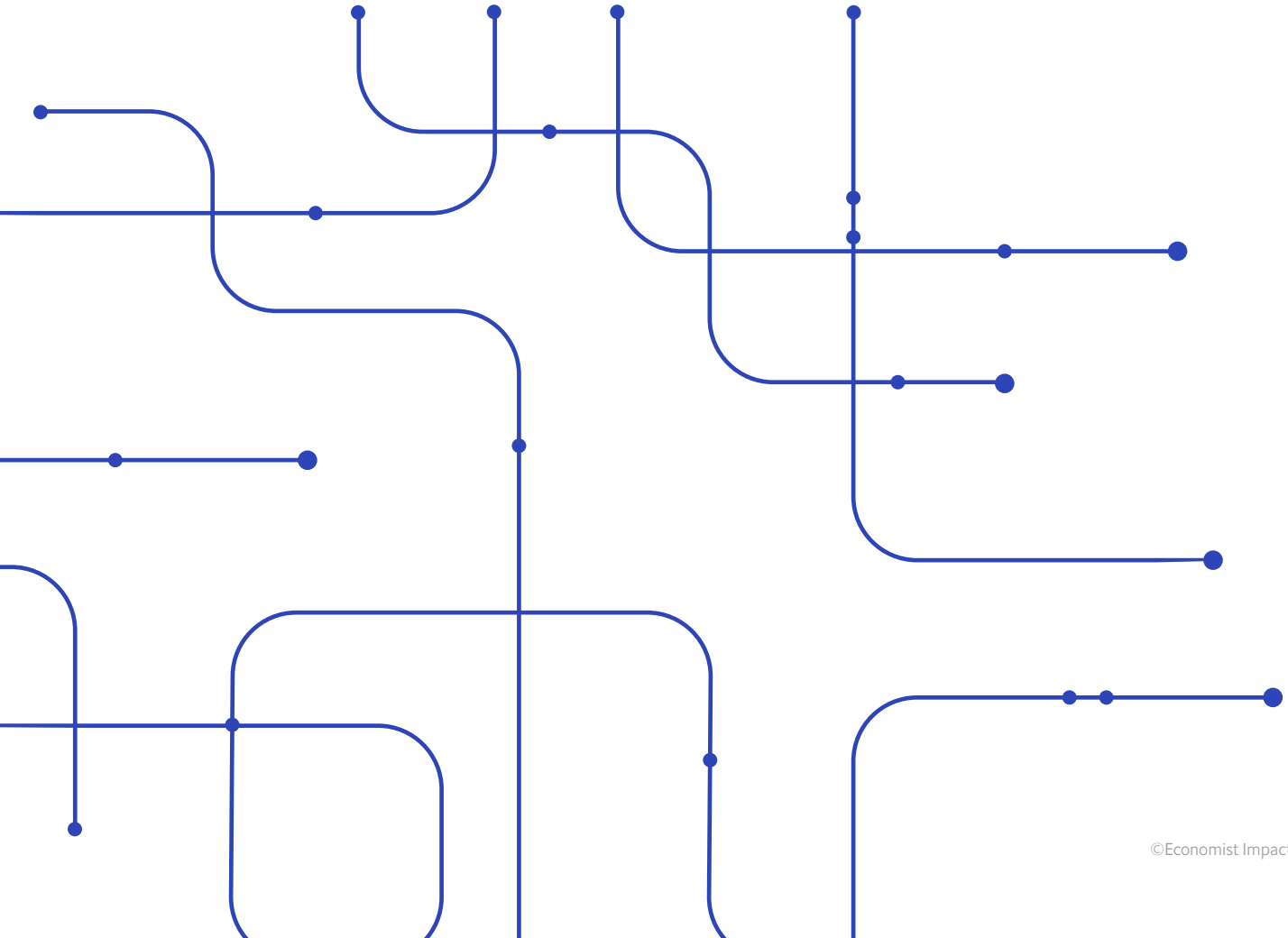
Awareness

The risk of CKD increases with age, yet Poland's elderly population has low awareness of the disease.[18,19] Poland's primary physicians also lack adequate awareness of CKD. According to a 2022 study in which a questionnaire about CKD was given to Polish GPs, the average score was 6.5 out of 9. The responses were weakest when it came to the correct criteria for a CKD diagnosis. Only 2.4% answered all questions correctly.[20]

In 2022 the Polish Society of Family Medicine launched the 'Coalition for Chronic Kidney Disease' with the aim of building awareness and promoting knowledge about CKD, its prevention and early diagnosis.[21] These clinical education programmes can increase GPs' understanding of the disease and also testing and confidence in managing CKD patients.

Primary care physicians play an important role in the diagnosis and management of CKD and in the referral of patients to specialist services, making continuous education and efforts to increase their awareness of CKD potentially impactful for patients.[22]

Awareness initiatives could help the public too. Public awareness campaigns, particularly among high-risk groups, are associated with adherence to preventative measures and early testing.



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