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Distribution of public funds on physiotherapy in the Podkarpacie province

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ABSTRACT

Introduction. The Constitution of 1997 of the Republic of Poland guarantees all citizens the equal right to healthcare benefits financed from public funds. The National Health Fund (NFZ), being the main payer in the system, is responsible for contracts with both public and private healthcare providers. Patients with healthcare insurance are entitled to guaranteed healthcare benefits in accordance with the current medical knowledge within the limits of NFZ funds available.

The aim of the thesis is to analyze the availability of the guaranteed healthcare benefits in medical rehabilitation in the Podkarpacie province.

Materials and methods. The research includes information and data on amounts of money for healthcare contracts related to medical rehabilitation in the Podkarpacie province from July 1, 2014 to June 30, 2017. The information is posted on the website of the Rzeszow Podkarpacie Branch of The National Health Fund.

Results. The analysis conducted indicates that in the Podkarpacie province there are significant statistical differences in the distribution of funds for ambulatory physiotherapy and medical rehabilitation care in individual districts.

Conclusions. It is necessary to increase investment funds and a change in the distribution, increasing access to rehabilitation to those in need

Keywords. availability, funding, rehabilitation

Introduction

Therapeutic rehabilitation has become an important component of the economic development of every country and plays an increasingly important role in the healthcare system. Rehabilitation is a set of measures aimed at restoring or achieving the lost optimal biological, family and social functions in a disabled person. Professor Wiktor Dega and Professor Marian Weiss were the authors of the Polish model of rehabilitation. It was accepted and

recommended by the World Health Organization in the session of the Regional Office for Europe in 1970, and it has the following objectives and features:^{1,2,3,4}

- early introduction,
- universality,
- continuity,
- comprehensiveness.

In accordance with the Constitution of the Republic of Poland of 1997, all citizens are entitled to equal

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access to healthcare services financed from public funds. The central health insurance fund – the National Health Fund (NFZ) is the main payer in the system, responsible for concluding contracts for the provision of health services with public and non-public providers.⁵

Within the scope of health insurance every insured patient is entitled to guaranteed services which are in accordance with current medical knowledge and within the financial resources held by the National Health Fund. In accordance with the statutory list, everyone is entitled to therapeutic rehabilitation. The general right of an insured individual to healthcare services is governed by the Act on healthcare services financed from public funds, and in particular by the Regulation of the Minister of Health of 16 December 2016, amending the regulation on guaranteed services in the field of therapeutic rehabilitation. Pursuant to section 4 of the aforementioned regulations, the guaranteed services are provided in the following conditions:^{6,7}

1. outpatient, including:
 - a. outpatient medical rehabilitation services in the form of medical advice
 - b. outpatient physiotherapy in the form of:
 - physiotherapy visit
 - physiotherapy treatment
2. domiciliary, including:
 - a. medical advice
 - b. home-based physiotherapy in the form of:
 - physiotherapy visit
 - physiotherapy treatment
3. day care center or ward, including:
 - a. systemic rehabilitation, including one for specific groups of patients
 - b. rehabilitation of children with developmental disorders
 - c. people with hearing and speech impairment
 - d. people with visual impairment
 - e. cardiac or hybrid cardiac telerehabilitation
 - f. pulmonary using a subterraneanotherapy
 - g. cardiac or hybrid cardiac telerehabilitation as part of comprehensive care after myocardial infarction
4. stationary, including:
 - a. systemic rehabilitation
 - b. neurological
 - c. pulmonary
 - d. cardiac or hybrid cardiac telerehabilitation
 - e. cardiac or hybrid cardiac telerehabilitation as part of comprehensive care after myocardial infarction.⁸

The aim of the study is to analyze the division of public funds for physiotherapy in the Podkarpackie Voivodeship.

Sources and methods

Source material consists of information and data on the values of contracts for therapeutic rehabilitation services in the Podkarpackie Voivodeship between 1.07.2014 - 30.06.2017, published on the website of the Podkarpackie Branch of the NFZ (National Health Fund) in Rzeszów.⁹

Also statistical data by GUS (Central Statistical Office of Poland) was used on the number of inhabitants in particular poviats in 2013.¹⁰

A one-sample Student's t-test was used for statistical analysis.

Analysis concerned guaranteed services provided in the following conditions:

1. outpatient
 - outpatient physiotherapy
 - medical rehabilitation services
2. domiciliary
 - home-based rehabilitation
3. day care centre or ward
 - systemic rehabilitation in a day care center or ward
 - rehabilitation of children in a day care center or ward
4. stationary
 - systemic rehabilitation in stationary conditions
 - neurological rehabilitation in stationary conditions

Results

The contracting of services between 2014-2017 in the field of rehabilitation in the context of outpatient physiotherapy and medical rehabilitation services was done in particular poviats. Domiciliary rehabilitation, systemic rehabilitation in a day care center or ward, rehabilitation in a day care center or ward for children and rehabilitation in stationary conditions were contracted in groups of poviats.

Outpatient physiotherapy

Table 1 summarises information on particular poviats and cities in terms of the number of inhabitants, total amount allocated to given regional units for outpatient rehabilitation, amount per person and the percentage this amount represents of the total sum of money provided for outpatient physiotherapy.

Taking into account the total amount of money allocated to outpatient physiotherapy and the total number of inhabitants of the above-mentioned poviats and cities, the average amount which should fall per one inhabitant was supposed to be about PLN 15.55. The average values per person in subsequent cities and counties (PLN/ person) were compared against the calculated average of PLN 15.55. These average val-

ues ranged in individual regional units from the lowest value of about PLN 13.28/ person to the highest value of about PLN 30.41/ person. The average values were statistically analysed using the one-sample Student's t-test.

It has been showed that there are 11 poviats in which the amount allocated to physiotherapy per one inhabitant was statistically significantly ($p < 0.05$) different from the established average as it was lower (successively from the smallest amount: the Lubaczowski powiat, Bieszczady powiat, Tarnobrzski powiat, Leski powiat, Leżajski powiat, the Jarosławski powiat, Jasielski powiat, Niński powiat, Strzyżowski powiat, Kolbuszowski powiat, Przeworski powiat). On the other hand, they differed significantly from the average amount – the amounts allocated per person in powiat cities (Rzeszów, Krosno, Tarnobrzeg, Przemyśl). These amounts were statistically significantly higher than PLN 15.55/ person ($p < 0.001^{***}$). The remaining poviats were within the established average, however, a significant number of them was close to the threshold of statistical signifi-

cance (e.g., the Łańcucki powiat $p = 0.0534$). The nearest to the accepted average was the Brzozowski powiat, with the amount of PLN 13.74 per person.

Outpatient medical rehabilitation services

Table 2 summarizes the characteristics of poviats and cities in terms of the number of inhabitants, total amount allocated to a given regional unit for medical rehabilitation services, amount per person and the percentage this amount constitutes of the total sum of money allocated to medical rehabilitation services.

Taking into account the total amount of money allocated to medical rehabilitation and the total number of inhabitants of the mentioned poviats and cities, the average amount which should fall per one inhabitant was supposed to be about PLN 0.45. The average amounts per person in particular cities and poviats (PLN/ person) were compared against the calculated average of PLN 0.45. The average amounts ranged in individual regional units from the smallest value of about PLN 0.04/ person to the highest value of about PLN 1.75/ person.

Table 1. Division of funds for outpatient physiotherapy

Powiat	Number of inhabitants [N]	Amount [PLN]	Amount per person [PLN]	Percentage of the total [%]	Student's t-test	
					t	p
Przeworski	79,355	1,061,402	13.38	3.21	2.07	0.0497*
Jarosławski	122,677	1,637,533	13.35	4.95	2.10	0.0463*
Kolbuszowski	62,846	840,397	13.37	2.54	2.08	0.0486*
Leżajski	70,230	937,020	13.34	2.83	2.11	0.0452*
Krośniewski	111,874	1,498,682	13.40	4.53	2.04	0.0521
Dębicki	135,090	1,811,821	13.41	5.47	2.03	0.0534
Strzyżowski	62,318	833,108	13.37	2.52	2.08	0.0486*
Sanocki	96,174	1,313,210	13.65	3.97	1.76	0.0920
Stalowowolski	109,502	1,501,039	13.71	4.54	1.69	0.1047
Ropczycko-Sędziszowski	73,166	983,884	13.45	2.97	1.99	0.0586
Mieleski	136,179	1,824,763	13.40	5.51	2.04	0.0521
Łańcucki	79,623	1,067,927	13.41	3.23	2.03	0.0534
Przemyski	73,778	992,592	13.45	3.00	1.99	0.0586
Rzeszowski	163,859	2,212,915	13.50	6.69	1.93	0.0657
Jasielski	115,789	1,547,354	13.36	4.68	2.09	0.0474*
Lubaczowski	57,635	765,211	13.28	2.31	2.18	0.0391*
Leski	26,950	359,025	13.32	1.08	2.14	0.0431*
Tarnobrzski	54,280	722,593	13.31	2.18	2.15	0.0421*
Brzozowski	66,502	913,885	13.74	2.76	1.65	0.1116
Bieszczadzki	22,396	297,383	13.28	0.90	2.18	0.0391*
Niżański	67,721	905,187	13.37	2.74	2.08	0.0486*
Przemyśl	64,728	1,439,775	22.24	4.35	-8.15	0.0000***
Krosno	47,348	1,062,405	22.44	3.21	-8.38	0.0000***
Tarnobrzeg	48,636	1,087,942	22.37	3.29	-8.30	0.0000***
Rzeszów	180,031	5,475,600	30.41	16.55	-17.56	0.0000***
Total	2,128,687	33,092,644	15.55	100.00		

(Statistical significance level * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$)

The average values were statistically analysed using the one-sample Student's t-test.

It has been showed that in 8 poviats the amounts allocated to medical rehabilitation per person were statistically significantly lower than the average (from the smallest amount respectively: the Przemyski powiat ($p < 0.01^{***}$), the Krośnieński powiat ($p < 0.001^{***}$), the Rzeszowski powiat ($p < 0.001^{***}$), the Kolbuszowski powiat ($p < 0.01^{**}$), the Bieszczadzki, Leski poviats ($p < 0.01^{**}$), the Tarnobrzeski powiat ($p < 0.01^{**}$), the Ropczycko-Sędziszowski, Dębicki poviats ($p < 0.05^*$) and the Jaroslawski/ Przeworski poviats ($p < 0.05^*$). The amounts allocated to medical rehabilitation of one inhabitant were statistically significantly higher than the average in Rzeszów ($p < 0.001^{***}$), in the Jasielski powiat ($p < 0.001^{***}$), Krosno ($p < 0.001^{***}$), Mielec ($p < 0.001^{***}$), Przemyśl ($p < 0.01^{**}$), and in the Łańcucki powiat ($p < 0.01^{**}$). The remaining poviats – the Leżajski, Tarnobrzeski, Lubaczowski, Strzyżowski, Stalowowolski/ Nizański, Sanocki and Brzozowski poviats – were within the limits of the established average.

Domiciliary rehabilitation

Table 3 presents the division of funds for home-based rehabilitation by groups of poviats. Both medical advice

given in a non-institutional setting and home-based physiotherapy were analyzed.

The average amount allocated to home rehabilitation was supposed to be about PLN 0.41/ person. It was compared against the average amounts allocated to the poviats of the four groups. All of the amounts obtained amounted to approximately PLN 0.41/ person. Hence, they were in line with the established average.

Systemic rehabilitation in a day care center or ward

Table 4 shows the division of funds for systemic rehabilitation in a day care center or ward by groups of poviats.

The average amount that was allocated to systemic rehabilitation in a day ward was supposed to be about PLN 2.55/ person. Average amounts allocated to the poviats of the four groups were compared against it. The lowest amount per person was recorded in the Bieszczadzki, Brzozowski poviats (...) PLN -1.36/ person, while the highest in the Dębicki, Kolbuszowski poviats (...) PLN- 4.29/ person. These average values were not significantly different at the level of $p < 0.05$ from the established amount of PLN 2.55/ person, but they were very different. The highest amount

Table 2. Division of funds for outpatient medical care

Powiat	Number of inhabitants [N]	Amount [PLN]	Amount per person [PLN]	Percentage of the total [%]	Student's t-test	
					t	p
Jaroslawski, Przeworski	202,032	53,573.04	0.27	5.58	2.29	0.0332*
Kolbuszowski	62,846	9,623.7	0.15	1.00	3.65	0.0016**
Lubaczowski	57,635	22,131.18	0.38	2.30	10.4	0.3118
Leżajski	70,230	36,889.74	0.53	3.84	-0.67	0.5126
Krośnieński	111,874	5,541.12	0.05	0.58	4.79	0.0001***
Strzyżowski	62,318	22,217.76	0.36	2.31	1.26	0.2205
Sanocki	96,174	30,622.68	0.32	3.19	1.72	0.1010
Stalowowolski, Nizański	177,223	57,009.6	0.32	5.94	1.72	0.1010
Ropczycko-Sędziszowski, Dębicki	208,256	48,211.74	0.23	5.02	2.74	0.0126*
Mielecki	136,179	117,928.62	0.87	12.28	-4.53	0.0002***
Łańcucki	79,623	60,659.28	0.76	6.32	-3.28	0.0037**
Przemyski	73,778	3,050.28	0.04	0.32	4.90	0.0001***
Rzeszowski	163,859	22,094.55	0.13	2.30	3.88	0.0009***
Jasielski	115,789	104,928.3	0.91	10.92	-4.98	0.0001***
Tarnobrzeski	54,280	10,323	0.19	1.07	3.20	0.0045**
Brzozowski	66,502	20,239.74	0.30	2.11	1.95	0.0658
Bieszczadzki, Leski	49,346	9,197.46	0.19	0.96	3.20	0.0045**
Przemyśl	64,728	50,576.04	0.78	5.27	-3.51	0.0022**
Krosno	47,348	41,112.18	0.87	4.28	-4.53	0.0002***
Tarnobrzeg	48,636	24,415.56	0.50	2.54	-0.33	0.7480
Rzeszów	180,031	315,033.54	1.75	32.80	-14.53	0.0000***
Total	2,128,687	960,555.73	0.45	100.00		

(Statistical significance level * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$)

Table 3. Division of funds for home rehabilitation

Powiat	Number of inhabitants [N]	Amount [PLN]	Amount per person [PLN]	Percentage of the total [%]	Student's t-test	
					t	p
Mielecki, Niżański, Stalowowolski, Tarnobrzeki, Tarnobrzeg	416,318	169,199	0.41	19.49	0.92	0.410
Bieszczadzki, Brzozowski, Jasielski, Krośnieński, Sanocki, Leski, Krosno	487,033	198,245	0.41	22.84	0.94	0.406
Jarosławski, Lubaczowski, Przemyski, Przeworski, Przemyśl	398,173	161,736	0.41	18.63	0.90	0.407-
Dębicki, Kolbuszowski, Leżajski, Łańcucki, Ropczycko-Sędziszowski, Rzeszowski, Strzyżowski, Rzeszów	827,163	338,820	0.41	39.03	1.09	0.406
Total	2,128,687	868,000	0.41	100.00		

(Statistical significance level * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$)

Table 4. Division of funds for systemic rehabilitation in a day care center or ward

Powiat	Number of inhabitants [N]	Amount [PLN]	Amount per person [PLN]	Percentage of the total [%]	Student's t-test	
					t	p
Mielecki, Niżański, Stalowowolski, Tarnobrzeki, Tarnobrzeg	416,318	626,061.09	1,50	11.52	0.94	0.4176
Bieszczadzki, Brzozowski, Jasielski, Krośnieński, Sanocki, Leski, Krosno	487,033	662,783.22	1,36	12.19	1.14	0.3388
Jarosławski, Lubaczowski, Przemyski, Przeworski, Przemyśl	398,173	599,294.55	1,51	11.02	0.92	0.4238
Dębicki, Kolbuszowski, Leżajski, Łańcucki, Ropczycko-Sędziszowski, Rzeszowski, Strzyżowski, Rzeszów	827,163	3,547,925.19	4,29	65.27	-3.00	0.0578
Total	2,128,687	5,436,064.05	2,55	100.00		

(Statistical significance level * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$)

Table 5. Division of funds for rehabilitation of children in a day care center or ward

Powiat	Number of inhabitants [N]	Amount [PLN]	Amount per person [PLN]	Percentage of the total [%]	Student's t-test	
					t	p
Mielecki, Niżański, Stalowowolski, Tarnobrzeki, Tarnobrzeg	416,318	2,309,547.03	5.55	26.19	-2.92	0.0616
Bieszczadzki, Brzozowski, Jasielski, Krośnieński, Sanocki, Leski, Krosno	487,033	1,864,508.07	3.83	21.14	1.05	0.3722
Jarosławski, Lubaczowski, Przemyski, Przeworski powiaty, Przemyśl	398,173	1,646,076.72	4.13	18.66	0.36	0.7460
Dębicki, Kolbuszowski, Leżajski, Łańcucki, Ropczycko-Sędziszowski, Rzeszowski, Strzyżowski, Rzeszów	827,163	2,999,660.67	3.63	34.01	1.51	0.2288
Total	2,128,687	8,819,792.49	4.14	100.00		

(Statistical significance level * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$)

(PLN 4.29/ person) was near the statistical significance threshold of $p = 0.0578$.

Rehabilitation of children in a day care center or ward

Table 5 shows the division of funds allocated for rehabilitation of children in a day care centre or ward by groups of poviats.

The average amount allocated to rehabilitation of children was supposed to be about PLN 4.14/ person. Average amounts allocated to the poviats of the four groups were compared against it. The lowest amount per person was recorded in the Dębicki, Kolbuszowski and Leżajski poviats (...) PLN - 3.63/ person, while the highest in the Mielecki, Niżański, Stalowowolski poviats (...) PLN - 5.55/ person. These average values were not sig-

Table 6. Division of funds for systemic rehabilitation under stationary conditions

Powiat	Number of inhabitants [N]	Amount [PLN]	Amount per person [PLN]	Percentage of the total [%]	Student's t-test	
					t	p
Mielecki, Niżański, Stalowowolski, Tarnobrzegi, Tarnobrzeg	416,318	1,973,957.4	4.74	25.60	-2.81	0.0675
Bieszczadzki, Brzozowski, Jasielski, Krośnieński, Sanocki, Leski, Krosno	487,033	1,822,184.88	3.74	23.63	-0.03	0.9765
Jarosławski, Lubaczowski, Przemyski, Przeworski, Przemyśl	398,173	1,303,814.88	3.27	16.91	1.27	0.2931
Dębicki, Kolbuszowski, Leżajski, Łańcucki, Ropczycko-Sędziszowski, Rzeszowski, Strzyżowski, Rzeszów	827,163	2,611,039.68	3.16	33.86	1.58	0.2129
Total	2,128,687	7,710,996.84	3.62	100.00		

(Statistical significance level * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$)

Table 7. Division of funds for neurological rehabilitation

Powiat	Number of inhabitants [N]	Amount [PLN]	Amount per person [PLN]	Percentage of the total [%]	Student's t-test	
					t	p
Mielecki, Niżański, Stalowowolski, Tarnobrzegi, Tarnobrzeg	416,318	804,095.1	1.93	10.48	2.29	0.0838
Bieszczadzki, Brzozowski, Jasielski, Krośnieński, Sanocki, Leski, Krosno	487,033	1,101,000.12	2.26	14.35	1.74	0.1566
Jarosławski, Lubaczowski, Przemyski, Przeworski, Przemyśl	398,173	1,350,901.08	3.39	17.61	-0.14	0.8947
Dębicki, Kolbuszowski, Leżajski, Łańcucki, Ropczycko-Sędziszowski, Rzeszowski, Strzyżowski, Rzeszów	827,163	4,415,608.86	5.34	57.56	-3.4	0.0273*
Total	2,128,687	7,671,605.16	3.60	100.00		

(Statistical significance level * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$)

nificantly different at the level of $p < 0.05$ from the established amount of PLN 4.14/ person.

Systemic rehabilitation in stationary conditions

Table 6 shows the division of funds for systemic rehabilitation by groups of poviats.

The average amount allocated to systemic rehabilitation in stationary conditions was supposed to be about PLN 3.62/ person. It was compared against average amounts allocated to the poviats of the four groups. The lowest amount per person was recorded in the Dębicki, Kolbuszowski, Leżajski poviats (...) - 3.16 PLN/ person, while the highest in the Mielecki, Niżański, Stalowowolski poviats (...) PLN - 4.74/ person. These average amounts were not statistically significantly different at the level of $p < 0.05$ from the established amount of PLN 3.62/ person.

Neurological rehabilitation in stationary conditions

Table 7 shows the division of funds for neurological rehabilitation in stationary conditions by groups of poviats.

The average amount allocated to neurological rehabilitation was supposed to be about PLN 3.60/ person. It was compared against the average amounts allocated to the poviats of the four groups. The lowest amount per person was recorded in the Mielecki, Niżański poviats (...) PLN - 1.93/ person, while the highest in the Dębicki, Kolbuszowski poviats (...) PLN - 5.34/ person. This amount was significantly different from the average level of $p < 0.05^*$; it was substantially higher. The remaining values were close to the average, although the lowest value was close to the significance threshold of $p = 0.0838$.

Discussion

With an aging population the demand for rehabilitation services is increasing significantly. Between 1990 and 2005 the share of the population aged 65 years and more increased from 10.1% to 13.2% in the overall social structure. In 2001 there were 5.6 million people at the post-working age in Poland. According to GUS demographic forecasts, the number of people at retirement age will increase to 9.6 million in 2030. These people are affected by various types of health problems result-

ing from progressing degenerative diseases that increase morbidity. Age-related illnesses and impairment of functional ability and motor function limitations contribute to a large extent to the decline in physical activity and force the sick to live sedentary lifestyles.¹¹ Medical rehabilitation programs on ageing populations should have two main streams of action. The first should be addressed to the elderly. By providing patients with better access to rehabilitation services, they are able to participate in social life longer, which also reduces the need for other health services, e.g., hospital treatment or long-term care services. The second should be addressed to those who are not yet in older age, and is mainly preventive. The prophylactic nature of rehabilitation is an important element of healthy aging programs and should be noted in increasing outlays on health.

In spite of an increase in financial outlays on therapeutic rehabilitation between 2010 – 2013, the availability of services decreased by about 15%. The report of Najwyższa Izba Kontroli [the Supreme Audit Office of Poland] critically assesses the complex and complicated by the NFZ model of financing medical rehabilitation. One of the conditions for effective medical rehabilitation is its early initiation. The findings of the audit show that in Poland this assumption is not fulfilled. In 11 voivodeships, despite an increase in outlays in 2012, the number of people expecting to receive service within the scope of therapeutic rehabilitation increased, and the actual waiting time for the service lengthened, compared to 2011. There were also significant regional differences in availability of the services.^{12,13,14}

In the budget of the Podkarpackie Branch of the National Health Fund, the amounts allocated for therapeutic rehabilitation are as follows: 2014 – PLN 138,560; 2015 – PLN 148,074; 2016 – PLN 145,897. For 2017 the financial plan of 28 July 2016 assumes outlays for therapeutic rehabilitation in the amount of PLN 140,212.

From research on availability of particular types of guaranteed services in the field of medical rehabilitation in the Podkarpackie Region with respect to outpatient physiotherapy there is an observed differentiation in the division of funds between particular poviats. Amounts allocated for one inhabitant in poviat towns in connection with the contracting of services for outpatient physiotherapy for 2014–2017 (Rzeszów PLN 30.41/ person, Krosno PLN 22.44/ person, Tarnobrzeg PLN 22.37/ person, Przemyśl PLN 22.24/ person), were statistically significantly higher than PLN 15.55/ person ($p < 0.001^{***}$). As far as the amount per person in outpatient care is concerned, the differences ranged from PLN 0.04 to about PLN 1.75. In 8 poviats, the amounts allocated to medical rehabilitation per one inhabitant was shown to be statistically significantly lower than the average, while in 5 poviats the amounts were higher than the average.

In the other types of home-based rehabilitation, systemic rehabilitation in a day care center, stationary and neurological rehabilitation, the amounts per one inhabitant were comparable to the average, and there were no statistically significant differences. However, competitions for these services were announced in certain, connected regionally, groups of poviats, which made difficult a more detailed analysis which would take into account individual poviats.

In the NIK report on the availability and financing of therapeutic rehabilitation services, regional differences were also noted, e.g., the ratio of settled units per one inhabitant in the case of medical outpatient rehabilitation services in the Mazowieckie Voivodeship amounted to 2.3 in 2011, while in the Wielkopolskie and Lubuskie Voivodeships it was 0.3, i.e., 87% lower. Outpatient physiotherapy was highest in Mazowieckie Voivodeship and amounted to 27.2, the lowest in the Zachodniopomorskie Voivodeship – 12.6, i.e., 53.7% lower.¹⁵ As of 31 May 2013, in Poland there were 1,547 professionally active consultants in therapeutic rehabilitation. There are large disparities in the number of specialists in particular voivodeships. The Ministry of Health did not specify any indicators for the number of professionally qualified doctors in relation to the number of residents.

Conclusions

1. In the Podkarpackie Voivodeship there are statistically significant differences in the division of funds for outpatient physiotherapy and therapeutic rehabilitation services between particular poviats.
2. Services contracted between 2014–2017 for systemic rehabilitation in a day care center, rehabilitation in a day care center or ward for children, rehabilitation in stationary conditions, home-based rehabilitation and neurological rehabilitation are done in groups of poviats, which makes it difficult to accurately analyse the availability of services for patients in individual poviats.

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