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POLISH JOURNAL OF PHYSIOTHERAPY

OFICJALNE PISMO POLSKIEGO TOWARZYSTWA FIZJOTERAPII

THE OFFICIAL JOURNAL OF THE POLISH SOCIETY OF PHYSIOTHERAPY

NR 5/2023 (23) KWARTALNIK ISSN 1642-0136



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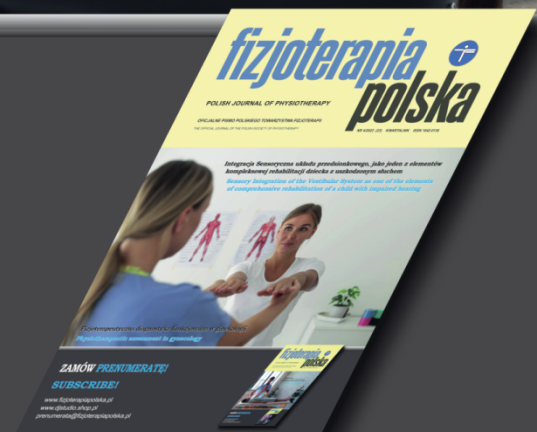
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Within the National Health Fund (NFZ) or privately? Advantages and disadvantages of the physiotherapy services system

W ramach Narodowego Funduszu Zdrowia (NFZ) czy prywatnie? Wady i zalety systemu świadczeń z zakresu fizjoterapii

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Abstract

Introduction. With the entry into force of the Act on the Physiotherapist Profession, the profession of physiotherapist became an independent medical profession. The amendment to the Act in 2019 significantly expanded the scope of competences of contractors of the mentioned profession and strengthened its position in the health care system. The aim of the study was to analyze the use of the physiotherapy services system within public and private health care.

Material and methods. A total of 606 people (100%) were included in the study. The vast majority were women (506; 83.5%). The average age of the respondents was 28 years. The research tool was an original survey questionnaire created and made available via a Google form.

Results. The most frequently used physiotherapy treatments within public health care included physical therapy (129; 34%) and kinesiotherapy (109; 28.8%), and the most frequently indicated reason for using the mentioned form was an injury or accident (83; 38.4%) and lifestyle-related pain (60; 27.8%). Most respondents considered the advantage of physiotherapy services provided as part of public health care to be the lack of fees for the visit (153; 63%) and the possibility of using the services of qualified specialists (42; 17.3%), while the greatest disadvantage was the long waiting time for the visit (138; 35.9%) and insufficient equipment of facilities (67; 17.4%). The most frequently used physiotherapy services in the private sector included: massage (179; 27.8%) and manual therapy (136; 21.1%), and the most common reasons for using these services were lifestyle-related pain (133; 36, 3%) and injury or accident (112; 30.6%). Most people considered short waiting times for services (218; 22.2%) and the involvement of a physiotherapist (211; 21.5%) as the greatest advantages of commercial services, and high prices of services (196; 61.1%) – a disadvantage.

Conclusions

1. More than half of the people included in the study used physiotherapy services, including the vast majority – commercial services.
2. Differences were observed regarding the reasons for using physiotherapy services and the type of therapies used in public and private health care: public services were most often used by the respondents due to an injury or accident, while private services were used due to lifestyle-related pain, and the respondents most often used public physiotherapy services included physical therapy and kinesiotherapy, while in the private sector: massage and manual therapy.
3. Most respondents considered the advantage of physiotherapy services provided within public health care the lack of fees for a visit and the possibility of using the services of qualified specialists, while in the private sector – short waiting times for services and greater involvement of the physiotherapist.
4. According to the respondents, the disadvantages of physiotherapy services within public health care were long waiting times for therapy and insufficient equipment of the facility, and in the private sector – high prices of services.

Key words:

physiotherapy, public sector, private sector

Streszczenie

Wstęp. Wraz z wejściem w życie Ustawy o zawodzie fizjoterapeuty zawód fizjoterapeuty stał się samodzielnym zawodem medycznym. Nowelizacja ustawy w 2019 roku znacznie poszerzyła zakres kompetencji wykonawców wymienionego zawodu i umocniła jego pozycję w systemie ochrony zdrowia.

Celem pracy była analiza korzystania z systemu świadczeń fizjoterapeutycznych w ramach publicznej i prywatnej opieki zdrowotnej.

Materiał i metody. Badaniem objęto ogółem 606 osób (100%). Zdecydowaną większość stanowiły kobiety (506; 83,5%). Średnia wieku badanych wynosiła 28 lat. Narzędzie badawcze stanowił autorski kwestionariusz ankiety utworzony i udostępniony za pomocą formularza Google.

Wyniki. Do najczęściej stosowanych zabiegów fizjoterapeutycznych w zakresie fizjoterapii w ramach publicznej opieki zdrowotnej należała fizykoterapia (129; 34%) i kinezyterapia (109; 28,8%), a najczęściej wskazywaną przyczyną korzystania z wymienionej formy był uraz lub wypadek (83; 38,4%) i ból związany z trybem życia (60; 27,8%). Za zaletę usług fizjoterapeutycznych świadczonych w ramach publicznej opieki zdrowotnej najwięcej respondentów uznawało brak opłaty za wizytę (153; 63%) oraz możliwość korzystania z usług wykwalifikowanych specjalistów (42; 17,3%), natomiast za największą wadę – długi czas oczekiwania na wizytę (138; 35,9%) i niewystarczające wyposażenie placówek (67; 17,4%). Do najczęściej stosowanych usług fizjoterapeutycznych w sektorze prywatnym należał: masaż (179; 27,8%) i terapia manualna (136; 21,1%), a do najczęstszych przyczyn korzystania ze wymienionych świadczeń – ból związany z trybem życia (133; 36,3%) oraz uraz lub wypadek (112; 30,6%). Najwięcej osób uznało krótkie terminy oczekiwania na usługi (218; 22,2%) oraz zaangażowanie fizjoterapeuty (211; 21,5%) za największe zalety świadczeń komercyjnych, a wysokie ceny usług (196; 61,1%) – za wadę.

Wnioski

1. Ponad połowa objętych badaniem osób korzystała z usług fizjoterapeutycznych, w tym zdecydowana większość – z usług komercyjnych.
2. Zaobserwowano różnice dotyczące przyczyn korzystania z usług fizjoterapeutycznych i rodzaju stosowanych terapii w ramach publicznej i prywatnej opieki zdrowotnej: ze świadczeń publicznych badani najczęściej korzystali z powodu urazu lub wypadku, natomiast ze świadczeń prywatnych z powodu dolegliwości bólowych związanych z trybem życia, a do najczęściej stosowanych w ramach świadczeń publicznych zabiegów fizjoterapeutycznych należała fizykoterapia i kinezyterapia, zaś w sektorze prywatnym: masaż i terapia manualna.
3. Za zaletę usług fizjoterapeutycznych świadczonych w ramach publicznej opieki zdrowotnej najwięcej respondentów uznało brak opłaty za wizytę oraz możliwość korzystania z usług wykwalifikowanych specjalistów, a w sektorze prywatnym – krótkie terminy oczekiwania na usługi i większe zaangażowanie fizjoterapeuty.
4. W opinii badanych wadą świadczeń fizjoterapeutycznych w ramach publicznej opieki zdrowotnej był długi czas oczekiwania na terapię i niewystarczające wyposażenie placówki, a w sektorze prywatnym – wysokie ceny usług.

Słowa kluczowe:

fizjoterapia, sektor publiczny, sektor prywatny

Introduction

With the entry into force of the Act on the Physiotherapist Profession, the profession of physiotherapist became an independent medical profession. The amendment to the Act in 2019 significantly expanded the scope of competences of performers of the mentioned profession and strengthened its position in the health care system [1]. The professional title "physiotherapist" can only be used by a person who meets the conditions specified in the cited act and has the right to practice the profession [1, 2].

In the national healthcare system, physiotherapists, after nurses and doctors, constitute the third largest group of medical workers. According to the Statistical Yearbook of the Republic of Poland in 2021, there were 33,451 physiotherapists in the group of medical workers, and the ratio of the number of physiotherapists per 10,000 was population was 8.8 [3]. The number of physiotherapists registered in the National Chamber of Physiotherapists (KIF) was more than twice as high and as of July 11, 2023, it amounted to 75,699 [4].

A study commissioned by the National Chamber of Physiotherapists (KIF) on November 10-15, 2022 on a nationwide sample of 1,000 people over 16 years of age showed that the profession of a physiotherapist is becoming more and more known and recognized by society. It also enjoys considerable public trust. In the cited study, as many as 79% of respondents declared trust in physiotherapists. In terms of trust, the profession of physiotherapist came in second place, right after paramedics and just before laboratory diagnosticians [5].

The area of professional competence of a physiotherapist in the field of developing, maintaining or restoring maximum motor and functional abilities, as well as carrying out physio-prophylactic activities, directly translates into the quality of life of people using physiotherapy services.

It is worth quoting the statement of the former President of the National Council of Physiotherapists (KRF), Maciej Krawczyk, during the meeting of the Health Committee on February 7, 2022: *"physiotherapy is an impact that lasts from a person's birth to the last days of his life. We say that a physiotherapist takes care of the patient from the first inhalation to the last exhalation, to put it brutally. Physiotherapists currently take care of children in neonatal wards, they exercise with newborns, with premature babies in the twenty-second week of life, in incubators, they deal with children at puberty, they diagnose children, they diagnose newborns in terms of motor delays and asymmetry, they conduct physiotherapy in adolescence* [6]. In the opinion of the President of KIF, physiotherapy is "the third, very important therapeutic measure, after pharmacological treatment and surgical treatment [6]." It also plays an extremely important role in preventing many diseases, including lifestyle diseases.

The foundation of modern medicine, including physiotherapy, and the philosophical basis of a physiotherapist's activities is a holistic philosophy, oriented towards the bio - psycho - social and spiritual model of health. Adopting the assumption that the human body is more than just the sum of its individual parts requires, on the one hand, an approach to the patient as a physical, intellectual, emotional, social and spiritual be-

ing, and on the other, it requires the patient to actively engage in therapy and give up attitude of being a passive recipient of medical services [7]. VE Frankl assumed that the patient is a "puzzle to be read" and one should try to find the values that are important to him and then take them into account in therapeutic decisions [9]. The task only seems simple. The convergence of goals manifests itself in the form of good cooperation, which determines the effects of each therapy. The problem begins when the behavior of one of the parties disturbs this harmony. For example, the patient disregards the recommendations, proposes his own concept of therapy, or does not trust the therapist. Accurate diagnosis of the patient's health problems enables the selection of appropriate therapeutic methods, and thus guarantees the effectiveness of the therapy. The physiotherapist's contact with the patient involves not only the use of therapeutic methods appropriate to the diagnosis, but also motivating the patient to actively participate in the therapy, advising and supporting [9].

The data available in the "Professions Barometer 2023" report, forecasting demand in the labor market, shows that physiotherapists, along with doctors, carers of the elderly or disabled people, nurses and midwives, paramedics, psychologists and psychotherapists, are among the most in short supply professions [10].

In Poland, the profession of physiotherapist is still at the stage of strengthening its position, both in the group of medical professions and in social awareness [11]. Therefore, it is useless to look for physiotherapists in competition rankings. The study conducted as part of the social campaign "Physiotherapy moves" showed that only 41.1% of respondents correctly named the profession mentioned, using the term "physiotherapist" [12]. Even though only half of the respondents used physiotherapy services, both the level of satisfaction and recommendation of the mentioned services was very high [13]. The importance of the physiotherapist's profession and social awareness of the role of a physiotherapist in the treatment process is systematically increasing. One example is the fact that in 2021, in the ranking of the 100 most influential people in the health care system, a physiotherapist was ranked 22nd [14].

physiotherapy services has been introduced in most countries in the world where physiotherapists are educated. From research by the International Organization of physiotherapists from around the world (World Confederation for Physical Therapy, WCPT), direct access to physiotherapy services has been introduced in 40 countries, including 17 countries in Europe, 6 in Asia, 9 in Africa, 4 in North America and 4 in South America. Direct access to physiotherapy in an increasing number of countries is also recognized by the systems financing treatment, including private services [15].

Physio-prophylactic activities directly translates into reduced treatment costs. Europe is the largest physiotherapy region in the world (44 associations), followed by Asia-Pacific (31 countries/territories), Africa (25 countries/territories), the Caribbean region of North America (15 countries/territories) and South America (10 countries /territories) [16].

According to the World Health Organization (WHO), insuf-

ficient physical activity is the fourth leading risk factor for premature death in the world, and as many as 63% of all diseases are related to lack or insufficient physical activity [17].

"Exercise will replace almost every medicine, while all medicines taken together will never replace exercise" - these are the words of Wojciech Oczko (1537-1599), court physician of the Polish kings: Stefan Batory and Sigismund III Vasa, syphilidologist and one of the founders of Polish medicine, who he strongly promoted practicing physical culture.

The experiences of Polish society related to the use of physiotherapy services vary depending on the organizational unit - within the National Health Fund (NFZ) or commercial services.

The main problem of public health care is the inappropriate management of funds allocated both for rehabilitation and for the remuneration of physiotherapists. Despite scientific evidence confirming the effectiveness of physiotherapy interventions, not every hospital ward employs physiotherapists. Attention was drawn to the tragic situation of physiotherapy in Poland during the Meeting of the Health Committee (No. 77) on February 7, 2022. During his statement, the previously quoted M. Krawczyk, recalled a story that took place in a hospital in Konin, where *"anesthesiologists – sorry for the expression, colloquialism – chipped in for a physiotherapist because the director did not want to pay [6]."*

The low valuation of medical services by the Ministry of Health means that there is a lack of physiotherapy in public facilities or there is no possibility of its development. It is worth noting that these valuations have not increased for 15 years, which results in "taking physiotherapy out of the reimbursed health care system" [18]. In many European countries, most rehabilitation services are reimbursed. In Germany and France, patients only pay for about 10% of all rehabilitation services [19]. The tragic condition of Polish physiotherapy was highlighted by the report of the Supreme Audit Office (NIK) published in December 2021. Lack of equal access to services, long waiting lines, a decrease in the number of medical entities providing rehabilitation, uncoordinated operation of medical rehabilitation are just some of the problems identified. This is most eloquently illustrated by the words of the comment: *The amount of planned costs of services was not determined on the basis of health needs, but the other way around: health needs were determined based on the planned amounts of costs of services [20].*

To obtain a referral for rehabilitation, you must go to a health insurance doctor, but some services can only be prescribed by a specialist. Depending on where you live, you have to wait from 59 to 149 days for an appointment under the National Health Fund, and rehabilitation takes place depending on the patient's health condition – in an outpatient, stationary, home or day center setting. The duration of physiotherapy services varies depending on the unit in which it is carried out. Rehabilitation in a day center usually lasts from 15 to 30 days (an average of 5 treatments/day), in an outpatient setting – 10 days (max. 5 treatments/day), home services can be provided for up to 80 days in a calendar year, and treatments for children with developmental disorders – up to 120 days in

a calendar year. Cardiac rehabilitation in a day center lasts no more than 24 treatment days in 3 months, and pulmonary rehabilitation – from 14 to 24 treatment days. However, in-patient general rehabilitation lasts up to 6 weeks, neurological rehabilitation lasts 6–16 weeks, cardiac rehabilitation lasts 2–5 weeks, and pulmonological rehabilitation lasts up to 3 weeks [21]. The National Health Fund reimburses treatments in the field of kinesiotherapy and massage, physical therapy, i.e. treatments using electricity, electromagnetic field, phototherapy and thermotherapy, hydrotherapy, cryotherapy and balneotherapy. Many people, especially those who have the financial means to maintain or restore fitness and good health, choose commercial services. A private facility guarantees, among others: trained staff, expensive rehabilitation equipment, adequate time for individual therapy tailored to the patient's needs, short waiting times and flexible visiting hours. In addition to treatments reimbursed under the National Health Fund, physiotherapists in commercial facilities also offer special methods, e.g. dry needling, kinesiotaping. However, this form involves significant costs, which often do not end with a single visit, hence, despite many advantages, patients are often forced to undergo physiotherapy under the National Health Fund.

Aim

The aim of the study was to analyze the use of the physiotherapy services system, within public and private healthcare.

Material and method

Method

The study used the survey method and survey research technique. The research tool was an original survey questionnaire created and made available via a Google form. The survey consisted of 35 questions, including 5 questions regarding certain socio-demographic characteristics. The study was conducted between March and June 2022.

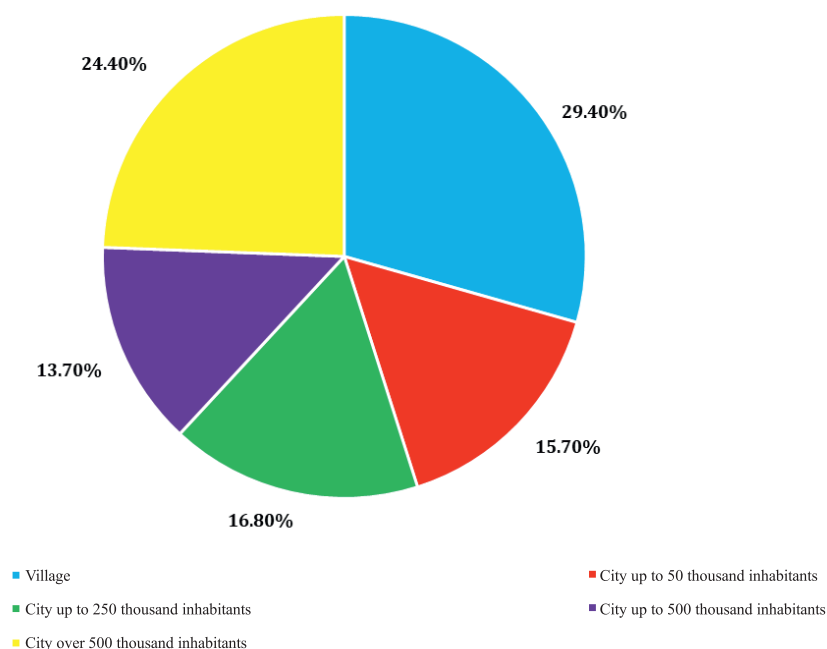


Fig. 1. Characteristics of the respondents, including place of residence

Material

A total of 606 people (100%) were included in the study. The vast majority were women (506; 83.5%). The average age of the respondents was 28 years. The largest group were people aged up to 25 (351; 57.9%), the next group was those aged 26–50 (224; 37%), and the least numerous were those aged over 50 (31; 5.1%). The study group was diverse in terms of place of residence.

Most of the respondents were students (322; 53.1%), followed by: working people (218; 36%), pensioners (21; 3.5%) and the unemployed (18; 3%). More than 60% were people whose (net) income per family member was above PLN 1,501.

Results

Of the total number of people surveyed (606; 100%), over half (330; 54.5%) indicated that they had used physiotherapy services. Almost half of the physiotherapists' services (157; 47.6%) used the above-mentioned services under the National Health Fund, and a quarter of the respondents (84; 25.5%) simultaneously used physiotherapy services offered under public and private health care.

Using the physiotherapy services system within public health care

The vast majority of respondents (143; 91.1%) used physiotherapy services in health care facilities, and only a few (4; 2.5%) used home physiotherapy.

The characteristics of the respondents, including the types of physiotherapy treatments used within public health care, are presented in Fig. 2.

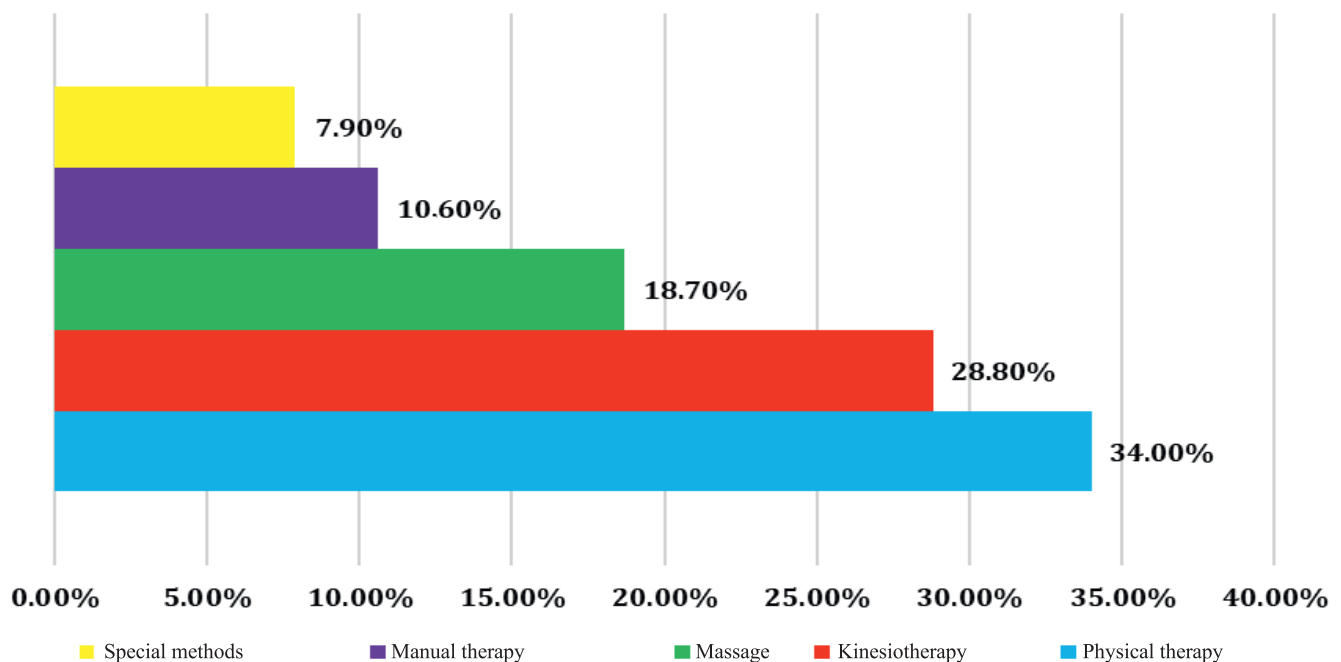


Fig. 2. Characteristics of the subjects, taking into account the types of treatments physiotherapy used in public health care

The most frequently used physiotherapy treatments included physical therapy (129; 34%) and kinesiotherapy (109; 28.8%). Characteristics of the examined persons, including the causes using physiotherapy services within public health care is presented in Fig. 3.

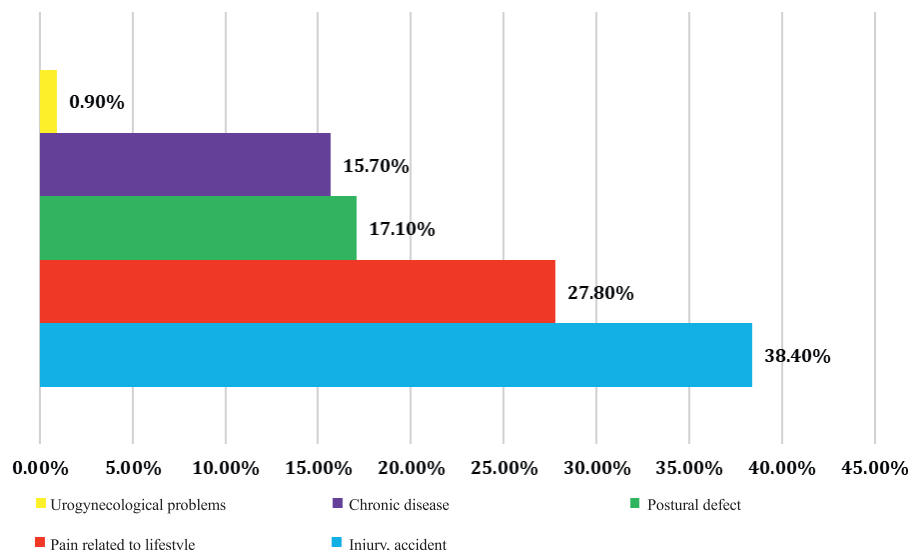


Fig. 3. Characteristics of the respondents, including the reasons for using physiotherapy services within public health care

The most frequently indicated reason for using physiotherapy services within public health care was injury or accident (83; 38.4%) and lifestyle-related pain (60; 27.8%).

More than half of the respondents (79; 50.3%) did not use physiotherapy services provided by more than one facility or more than one physiotherapist.

The characteristics of the respondents, including the advantages of physiotherapy services received under public health care, are presented in Fig. 4.

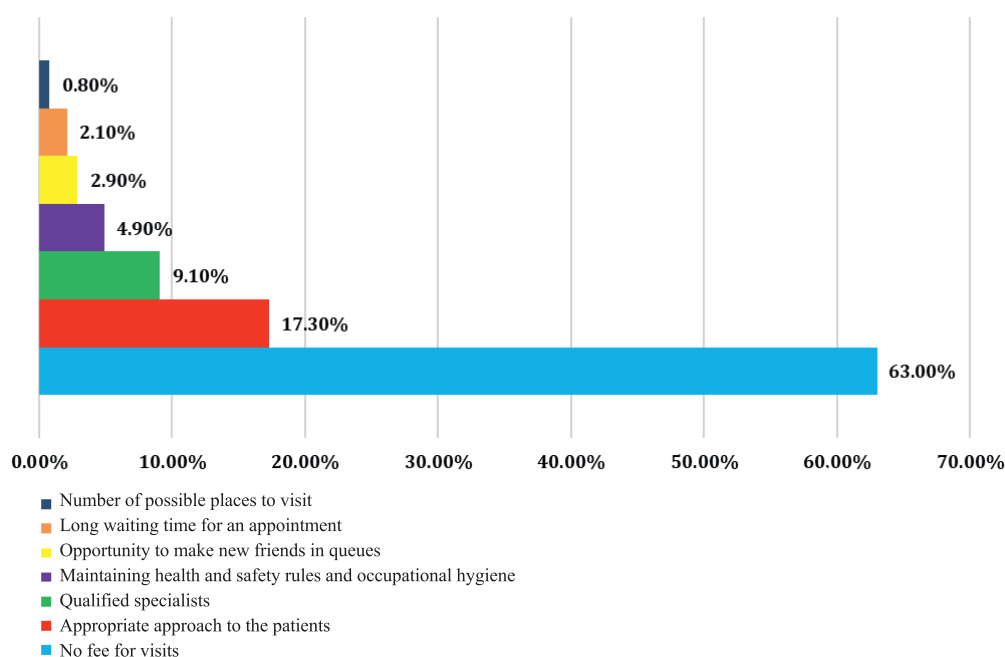


Fig. 4. Characteristics of the respondents, taking into account the advantages of the services physiotherapy within public health care

Most respondents considered the advantage of physiotherapeutic services provided within public health care to be the lack of fees for a visit (153; 63%) and the possibility of using the services of qualified specialists (42; 17.3%).

The characteristics of the respondents, including the disadvantages of physiotherapy services received under public health care, are presented in Fig. 5.

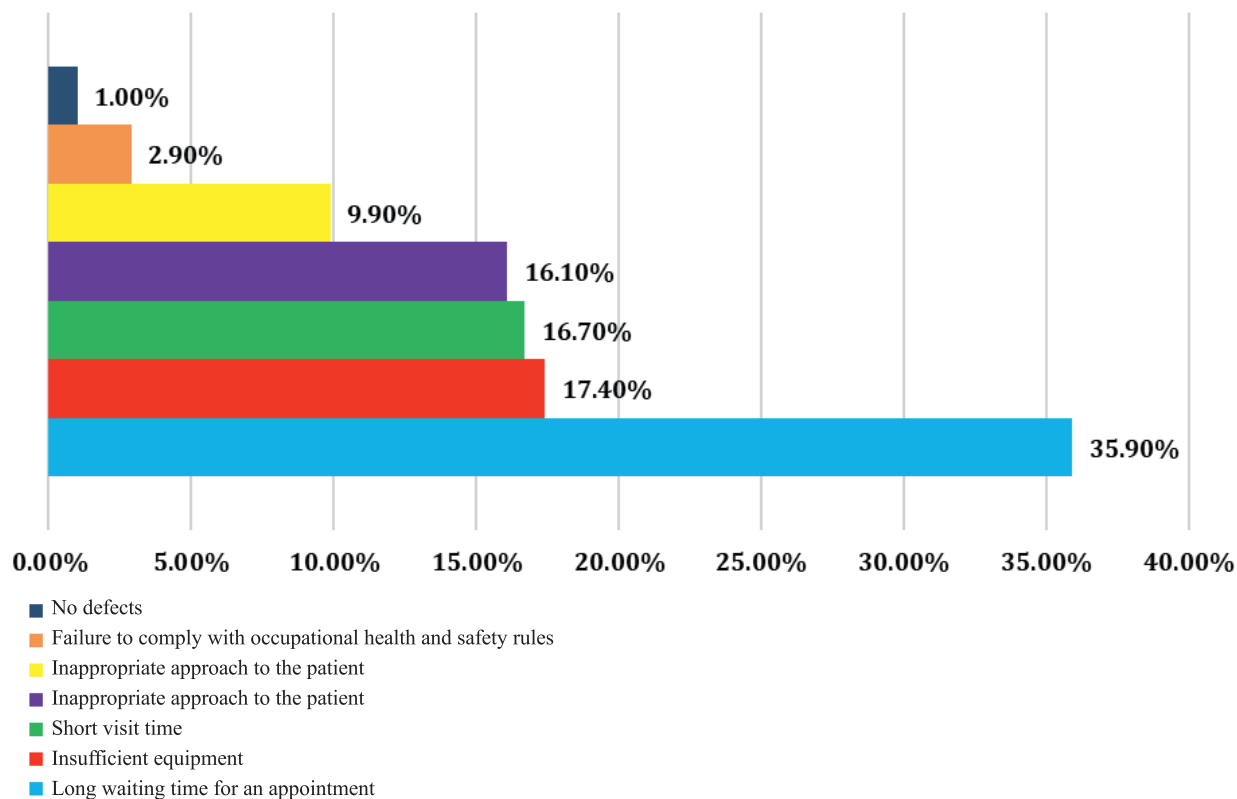


Fig. 5. Characteristics of the respondents, taking into account the disadvantages of physiotherapy services within public health care

The respondents considered the long waiting time for an appointment (138; 35.9%) and insufficient equipment of the facilities (67; 17.4%) to be the greatest disadvantages of physiotherapy services received under public health care.

Using the physiotherapy benefits system as part of commercial services

Almost 80% of respondents (258; 78.2%) used physiotherapy services in the private sector.

The vast majority of respondents using commercial services decided to undergo physiotherapy in a private office (209; 81%), and only 10% opted for home physiotherapy (26; 10.1%).

The characteristics of the respondents, including the types of physiotherapy treatments offered in the private sector, are presented in Fig. 6.

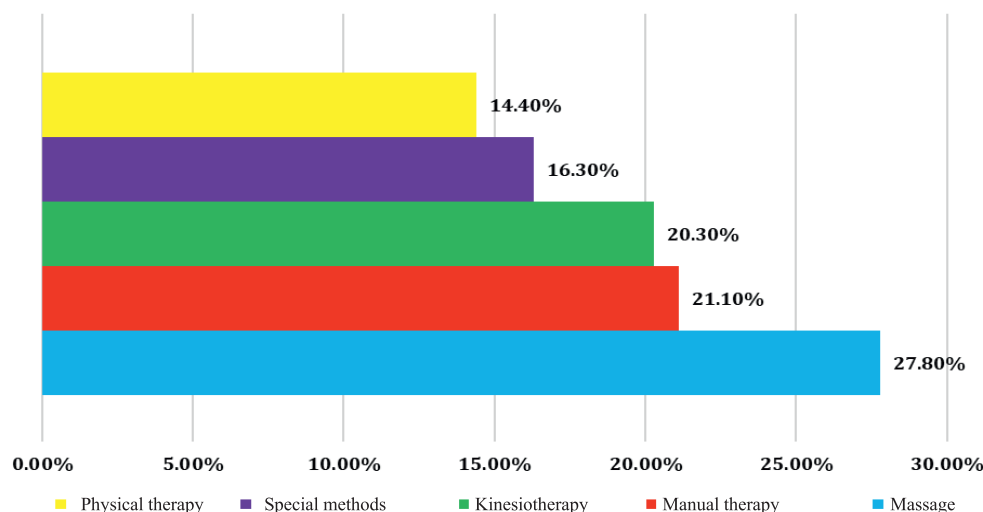


Fig. 6. Characteristics of the subjects, including types of treatments used as part of physiotherapy services in the sector private

The most frequently used physiotherapy services in the private sector include: massage (179; 27.8%) and manual therapy (136; 21.1%).

The characteristics of the surveyed people, including the reasons for using physiotherapy services within private health care, are presented in Fig. 7.

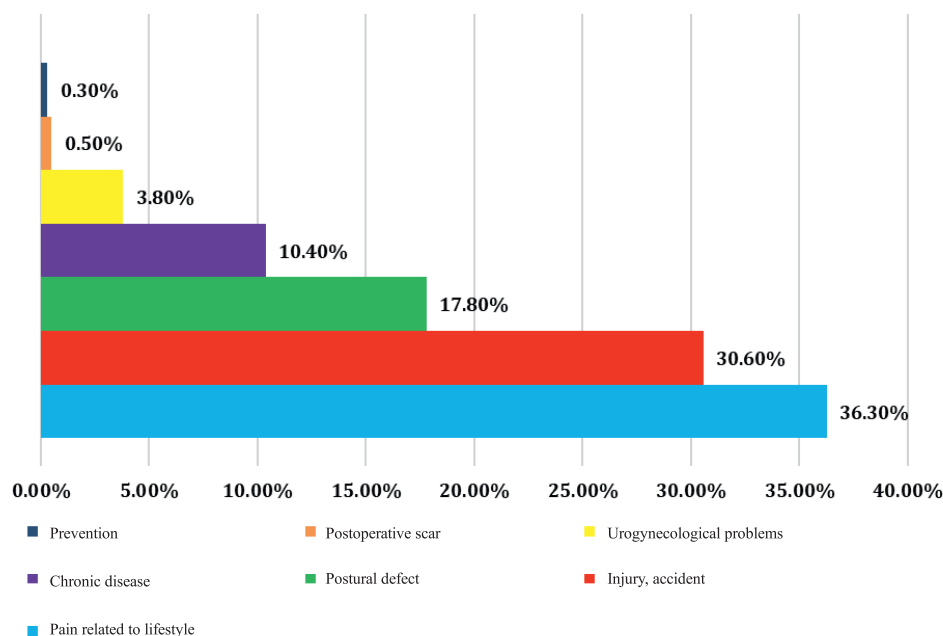


Fig. 7. Characteristics of the respondents, including the reasons for using physiotherapy services in the private sector

The most common reasons for using physiotherapy services in the private sector were lifestyle-related pain (133; 36.3%) and injury or accident (112; 30.6%).

More than half of the respondents (139; 53.9%) did not use physiotherapy services provided by more than one facility or more than one physiotherapist.

The characteristics of the respondents, including the advantages of physiotherapy services received as part of private healthcare, are presented in Fig. 8.

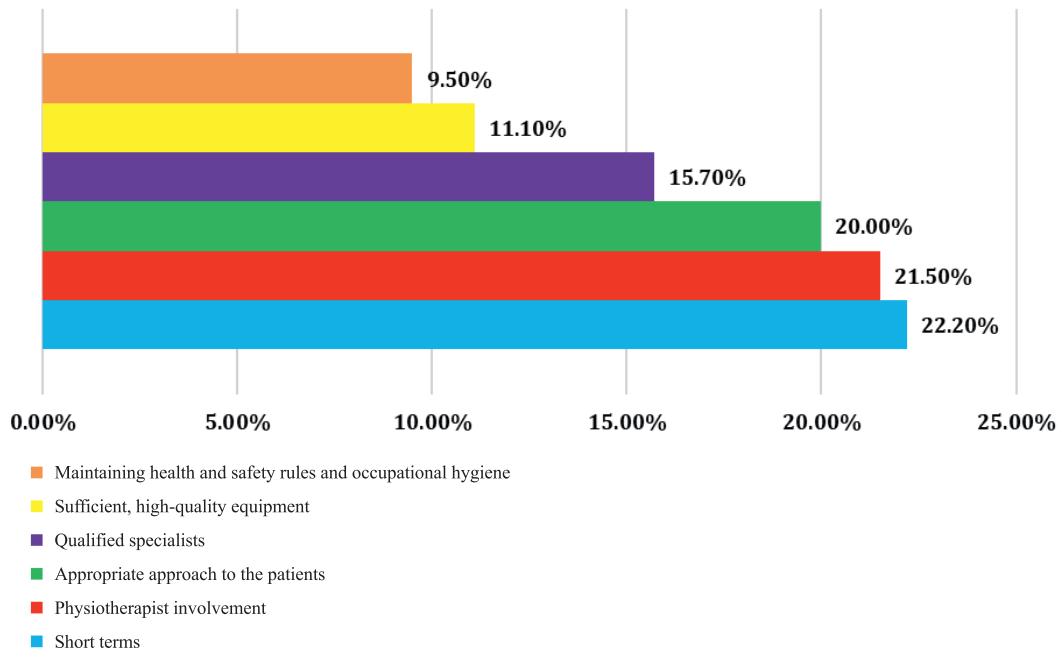


Fig. 8. Characteristics of the respondents, taking into account the advantages of the services physiotherapy in a private facility

Most people considered short waiting times for services (218; 22.2%) and the involvement of a physiotherapist (211; 21.5%) as the greatest advantages of commercial services.

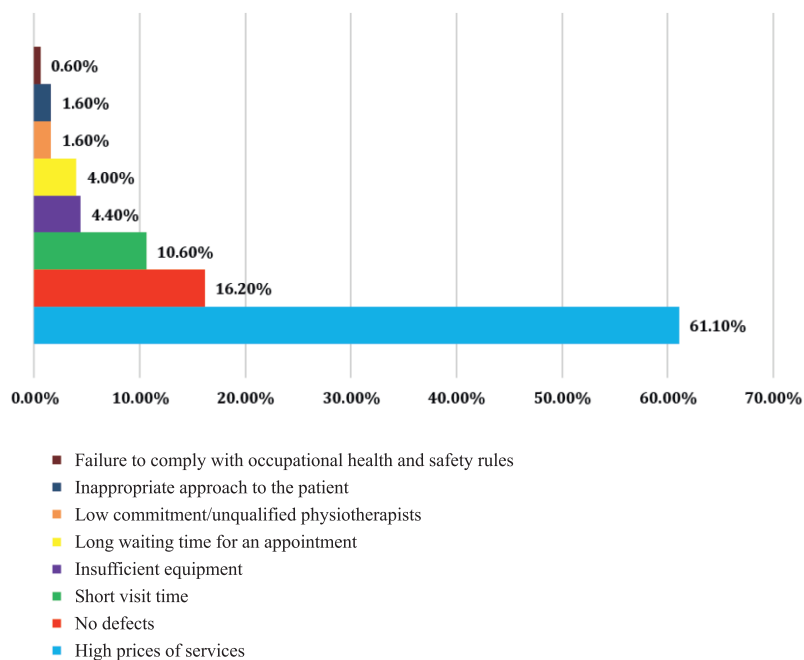


Fig. 9. Characteristics of the respondents, taking into account the disadvantages of commercial services

The characteristics of the respondents, taking into account the disadvantages of physiotherapy services offered in the private sector, are presented in Fig. 9.

The most frequently indicated disadvantage of the commercial system was high prices of services (196; 61.1%).

Discussion

Emphasizing the importance of the equality of the public system and the private physiotherapy sector, it is worth quoting once again the words of the former President of the National Council of Physiotherapists, M. Krawczyk: *Strong physiotherapy is one that stands on two legs: reimbursed within the public system and private. None of these areas can develop separately or competitively, because their task is to properly complement each other (...) The weakening of public physiotherapy also means a real "cooling" of private physiotherapy* [22].

Of all the people included in the study, just over half used physiotherapy services, including the vast majority (258; 78.2%) used commercial services. According to research conducted in 2021 by the Public Opinion Research Center (hereinafter referred to as CBOS), almost every second Pole in the last six months used at least once some commercial benefits for which he paid out of his own pocket, or used them as part of additional health insurance. [23].

According to patients, in places where services are provided under the National Health Fund, the system is inefficient, which encourages people to choose care in the private sector more often. Analyzing the distribution of the number of patients admitted per week on average, it can be noticed that the number of patients per one physiotherapist (working from 36 to 45 hours a week) in the case of care under the National Health Fund (approx. 50 patients) than in a private facility (approx. 32 patients)). The above data indicate that physiotherapists working in private facilities devote much more time to one patient, thanks to which patients may feel that the care provided is of a higher standard. Additionally, there is an increase in the number of facilities providing partially or exclusively private treatment (approximately 6,000 newly opened places were recorded in 2014-2016), thanks to which access to care provided partially or completely without a contract under the National Health Fund becomes much easier [24]. According to M. Krawczyk's statement for Gazeta AMG, 25% (10 million) people use the services of physiotherapists [25]. The results of our own study do not show any significant differences between the number of physiotherapy units providing commercial services and those reimbursed by the National Health Fund used by the respondents. Within the National Health Fund, less than half of the respondents (73; 46.5%) used the services of more than one physiotherapist/physiotherapy facility, similarly in the private sector (117; 45.3%).

Following art. 15 section 2 point 5 of the Act of August 27, 2004 on health care services financed from public funds, medical rehabilitation services provided, among others, came into force. in outpatient and home conditions [1,26]. The study presented in this paper showed that the vast majority of respondents (143; 91.1%) using physiotherapy services under the National Health Fund used them in a health care facility or

a private office. Data from the Agency for Health Technology Assessment and Tariff System (AOTMiT) show that in 2016-2017 the number of beneficiaries using outpatient physiotherapy differed significantly from the number using home physiotherapy - by as much as approx. 2.6 million [27].

Available data show that the duration of rehabilitation at home is up to 80 treatment days in a calendar year [1]. In turn, the duration of outpatient physiotherapy in over 87% of patients is up to 20 treatment days. It is also worth paying attention to available dates and the number of people waiting for a physiotherapy visit. As of June 30, 2018, the average waiting time for outpatient physiotherapy services in an "urgent" condition was 43 days (104,465 people), and in a "stable" case as much as 120 days (less than a million people). Data regarding waiting time for a home visit were slightly more optimistic - 29 days in the "urgent" mode (1,087 people) and 67 days in the "stable" mode (5,924 patients) [28].

It is worth noting that home physiotherapy, despite the above-mentioned advantages, is no longer profitable. In a letter to the Undersecretary of State of the Ministry of Health, M. Krawczyk emphasized the importance of home physiotherapy: *"Without regular home rehabilitation (patients) will be condemned to vegetation, suffering and a quicker death (...) As a further consequence, these patients will be admitted to hospitals more often, which will significantly increase the costs of treating these patients, including the costs of treating complications of permanent immobilization, such as very expensive treatments, e.g., strokes or pressure sores"* [29]. J. Ojczyk, in the article "Rehabilitation will soon only be fully paid", presented a draft regulation of the President of the National Health Fund on determining the conditions for concluding and implementing contracts for therapeutic rehabilitation. The point value of physiotherapy in outpatient settings increased by 76 percent, and in home conditions by as much as 96 percent [30]. The KIF data quoted during the meeting of the Senate Health Committee shows that for the first 30 minutes of a home visit, the National Health Fund will cost approximately PLN 55 and approximately PLN 30 for the remaining 30 minutes - less than before. In times of inflation, this has resulted in associated costs increasing by an average of 30 percent. A significant number of physiotherapists are not willing to provide home services. Often the reason is the lack of readiness to work one-on-one with patients who are chronically bedridden, in a serious condition, paralyzed, and often uncooperative. It can be assumed that the reduction in the prices of home physiotherapy will contribute to the significant resignation of healthcare providers from this type of assistance [31].

Home physiotherapy under the National Health Fund, despite its many advantages, is intended mainly for patients with limited mobility and for whom reaching the facility is difficult [1].

According to the regulation on guaranteed services in the field of therapeutic rehabilitation, a physiotherapist has the right to independently, without a referral or consultation with a doctor, select therapeutic treatments adequate to the patient's identified condition [32]. In the field of physiotherapy, several activities can be distinguished, which are most frequently used among patients using physiotherapy services. The most important ones include: kinesitherapy,

physical therapy, manual therapy and massage [33]. The authors of the study "Polak u physiotherapist" conducted in 2019 drew attention to the assessment of the effectiveness of physiotherapeutic treatments used by patients. The vast majority of respondents agreed that the physiotherapeutic methods suggested to them had a beneficial effect. During their last visit to a physiotherapist, over half of the respondents used manual massages, over $\frac{1}{3}$ used kinesiotherapy, and every eighth person was offered manual therapy techniques. The least frequently proposed methods included types of physical therapy, such as diathermy, hydrotherapy and heat therapy [34]. The presented own study shows that in the private sector, respondents most often used massage (179; 27.8%), manual therapy (136; 21.2%) and kinesiotherapy (131; 20.3%). However, respondents using physiotherapy as part of commercial services were much less likely to have encountered the offer of physical therapy (93; 14.4%).

In our own study, a significant difference was observed in the distribution of answers regarding the types of treatments offered under the National Health Fund compared to services provided in the private sector. Respondents most often underwent physical therapy (129; 34%), kinesiotherapy (109; 28.8%) and massage (71; 18.7%). Similar data were presented by the authors of the article "The most common diseases treated on an outpatient basis and the types of physiotherapy used", which showed that as many as 99% of patients received physical therapy treatments, 36% - kinesiotherapy, and 34% - massage [35]. Different observations are described by the authors of the study "Determinants of the use of physiotherapist services in private and public health services", according to which the means most frequently used by public health service patients were individual exercises and massage. In turn, physical therapy was declared almost twice as often among patients using private physiotherapy care. A significant difference was noticed in the number of treatments provided in the field of alternative methods, i.e. dry needling, taping, hooking - within the National Health Fund it was only 3%, and privately - 25% [9]. This is also confirmed by our own study, according to which special methods were used in public care in every 30th patient (30; 7.9%), while in commercial services - in every 6th patient (105; 16.3%). According to AOT-MiT data, in 2017, physical therapy accounted for 60.8% of rehabilitation services, kinesiotherapy 26.6%, and massage 8.6%. The largest part of the outpatient physiotherapy budget is allocated to physical therapy - almost PLN 448 million, kinesiotherapy almost PLN 351 million, and massage PLN 106.3 million [36].

The study presented in this paper showed that the most common reason for a private visit to a physiotherapist was lifestyle-related pain (133; 36.3%), injuries, accidents (112; 30.6%) and postural defects (65; 17.8%). Lifestyle-related pain is most often associated with ailments in the spine and peripheral joints, which constitute a significant social and health problem. According to the article "Review of the most frequently used methods of physiotherapy in pain syndromes spine among patients of NZOZ ŚROD-MED in Police, the main cause of spine pain were overload and degenerative changes caused by a sedentary lifestyle, the nature of work performed, abnormal movements and overloads [37]. K. Korzuch et al. They drew attention to the fact that less than $\frac{3}{4}$ of the respondents did not practice sports at all, and almost every

seventh person did not have even 5 minutes of walking during the day [38].

Physiotherapeutic services under the National Health Fund were dominated by patients following injuries, accidents (83; 38.4%), lifestyle-related pain (60; 27.8%), posture defects (37; 17.1%) and chronic diseases (34; 15.7%). Based on the "Pole at a physiotherapist" study, it can be concluded that the most common reasons for respondents visiting a physiotherapist were: spine pain and orthopedic injuries [39].

The least frequently indicated answer among all people surveyed were urogynecological problems – in the National Health Fund there were only 2 answers (0.9%), and in the private sector – 14 (3.8%). Urogynecological physiotherapy plays an important role in the treatment of many diseases. The authors of the article "Urogynecological diseases – a serious social problem" drew attention to the role of physiotherapy in the treatment of diseases such as urinary incontinence, lowering of the pelvic organs, or conditions after gynecological surgeries [40]. It is surprising that such a small number of surveyed people indicated urogynecological problems as the reason for a physiotherapeutic visit, because according to reports from the Ministry of Health and the National Health Fund, approximately 25–45% of women suffer from urinary incontinence, and according to the study by Majkusiak and Barcz, the frequency the incidence of lowering of the pelvic organs is also estimated at approximately 25–40% [41, 42].

From data from the World Confederation for Physical Therapy (WCPT) showed that patients who independently decided to visit a physiotherapist were satisfied with the health care, took better care of themselves and recovered faster [15]. The presented own study showed that the greatest advantage of physiotherapy services under the National Health Fund is the lack of fees for the visit (153; 63%), while among commercial services financed from the own budget these are short terms (218; 22.2%). The data published by the authors of the article "Determinants of the use of physiotherapist services in private and public health services" showed that almost 40% of patients using physiotherapy indicated free care as an advantage of public services. According to the respondents, the greatest advantage of private physiotherapy was the short waiting time for an appointment [9]. Respondents of the described own study valued: qualified specialists (42; 17.3%), appropriate approach to the patient (22; 9.1%), compliance with occupational health and safety rules (12; 4.9%), and the involvement of a physiotherapist and high-quality equipment (211; 21.5%). In the article by Olesiejuk et al. The opinion makers also recognized that the benefits of physiotherapy services under the National Health Fund include, among others: number of available visits and variety of treatments. In turn, commercial services financed from their own budget were characterized by, among others, quick therapy limited to a few visits, flexible opening hours, individual approach to the patient and guaranteed privacy [9]. The respondents of our own study responded similarly, indicating: qualified specialists (154; 15.7%), appropriate approach to the patient (196; 20%), compliance with occupational health and safety rules (93; 9.5%), and the involvement of a physiotherapist and high-quality equipment (109; 11.1%). After physiotherapy in a private practice, the therapeutic effect is better and lasts

longer than after a visit under the National Health Fund. This fact may indicate that in a private practice the physiotherapist devotes more time to the patient.

The most frequently mentioned disadvantage of physiotherapy services offered under the National Health Fund in our own research was a long waiting period for an appointment (138; 35.9%). Research conducted by WCPT indicates that an important factor that reduces the waiting time for a physiotherapy visit is the possibility of direct access and work with a physiotherapist, without an additional doctor's visit to obtain a referral [15]. A similar position was also presented by M. Krawczyk, who was quoted earlier, according to whom an important change for the protection system is the desire to make a physiotherapist available to people who need help, as a first-contact specialist. This process could enable patients to benefit from physiotherapy without having to visit a doctor first, avoid the costs associated with surgical and pharmacological procedures, and achieve a faster recovery. The system presented above has already been introduced in several European cities, including: in Great Britain, France or the Netherlands, where the physiotherapy procedure is carried out as soon as possible [22]. In turn, private services discouraged respondents from the described own research due to the too high price of therapy (196; 61.1%). This is confirmed by the words of M. Krawczyk, which he presented during the debate of the Senate Health Committee: *"Because in Poland over 50 percent society uses our help and year by year they spend more on our services: last year they spent 20%, more than in 2020. Poles pay with their own money for as much as 75% of all physiotherapy services – only 25%. it is physiotherapy reimbursed by the National Health Fund and ZUS [31].* The presented study revealed that the disadvantages of physiotherapy services under the National Health Fund were also: short visit time (62; 16.1%), uninvolved and insufficiently qualified physiotherapists (64; 16.7%) and poor approach to the patient (38; 9, 9%), as well as the lack of appropriate equipment (67; 17.3%). In turn, the disadvantages of services financed from their own budget included: long waiting time for an appointment (13; 4%), insufficiently available resources/equipment (14; 4.4%) and short visit time (34; 10.6%). Both groups included respondents who did not see any disadvantages in the services provided, both within the National Health Fund (4; 1%) and in the private sector (52; 16.2%).

According to the results of research conducted by CBOS in 2012, the most frequently mentioned associations of respondents regarding private treatment were: shorter waiting times, modern equipment, kindness and commitment of specialists, and convenient visiting hours. Prevailing in benefits under the National Health Fund some people only appreciated the convenient location and the competence of the staff. What also seems to be decisive when choosing the type of services is the fact that, in the opinion of the respondents, specialists make greater efforts during private visits, a wider range of services is offered, and patients have the opportunity to arrange everything at one time – "right away" [43].

Conclusions

Based on the study, the following conclusions were formulated:

1. More than half of the people included in the study used physiotherapy services, including the vast majority – commercial services.
2. Differences were observed regarding the reasons for using physiotherapy services and the type of therapies used in public and private health care: public services were most often used by the respondents due to an injury or accident, while private services were used due to lifestyle-related pain, and the respondents most often used public physiotherapy services included physical therapy and kinesiotherapy, while in the private sector: massage and manual therapy.
3. Most respondents considered the advantage of physiotherapy services provided within public health care the lack of fees for a visit and the possibility of using the services of qualified specialists, while in the private sector – short waiting times for services and greater involvement of the physiotherapist.
4. According to the respondents, the disadvantages of physiotherapy services within public health care were long waiting times for therapy and insufficient equipment of the facility, and in the private sector – high prices of services.

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