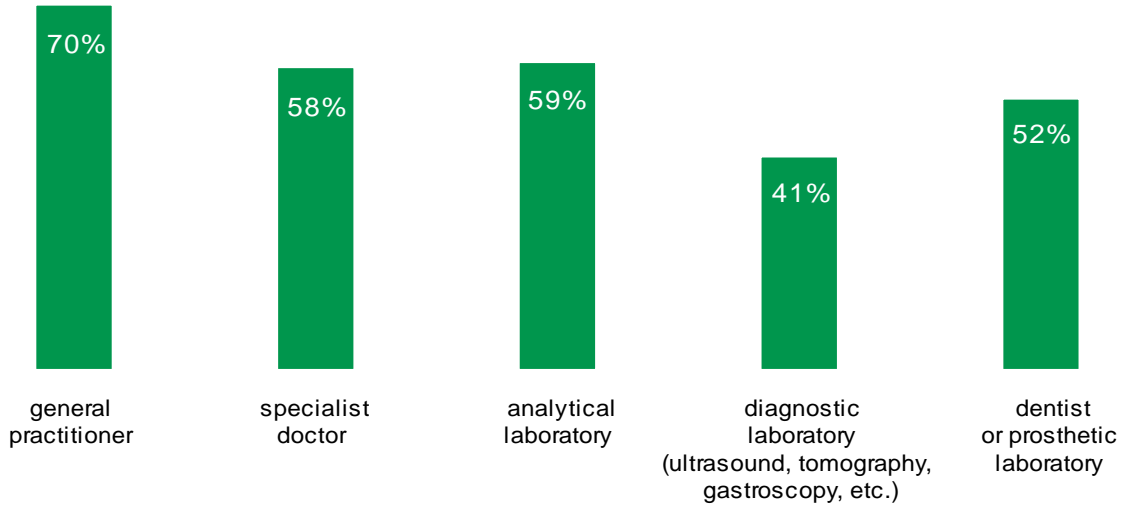


## **Use of health services**

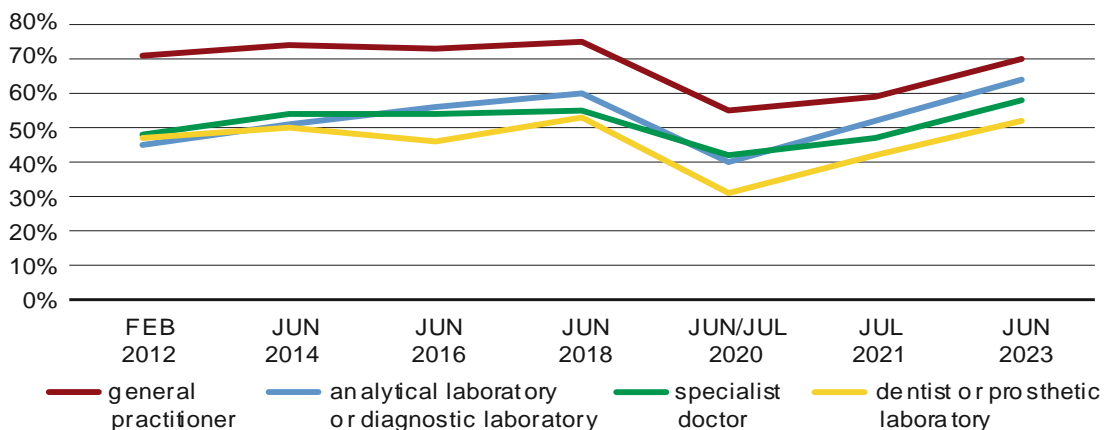
In the six months preceding the survey conducted in June, 86% of Poles used medical services due to their own or their child's health condition, e.g. sought medical advice, visited a dentist or prosthodontist, had tests carried out by an analytical laboratory or a diagnostic laboratory. This was 8 percentage points more than two years ago. Seven out of ten respondents (70%) visited a general practitioner during this period, and almost six out of ten (58%) visited a specialist doctor. Almost two-thirds of respondents (64%) had tests, including three fifths (59%) using the services of an analytical laboratory and two fifths (41%) using a diagnostic laboratory. More than half of Poles (52%) visited a dentist or prosthodontist in the six months preceding the survey.

**Proportion of respondents who, in the six months preceding the survey, used the services of:**



Compared to the previous two measurements performed during the epidemic regime in 2020–2021, the number of users of both general practitioners' and specialists' services increased, and in the latter case the rate reached a level higher than before the epidemic and at the same time the highest since we started monitoring this matter. The percentage of people using analytical laboratories or diagnostic laboratories for tests has also increased to a record level. Compared to 2020–2021, the number of people who visited a dentist or prosthodontist has increased.

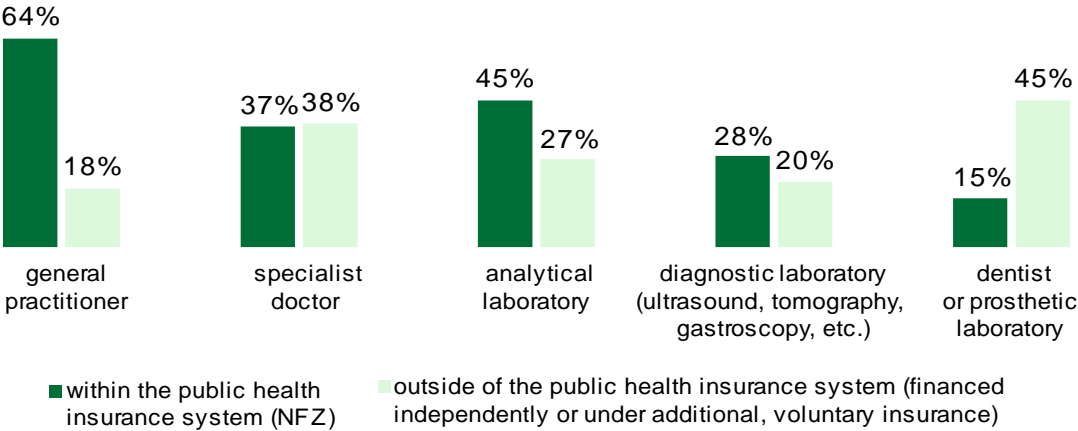
**Proportion of respondents who, in the six months preceding the survey, used the services of:**



Nearly two-thirds of Poles (64%) consulted a general practitioner under general health insurance, while less than one-fifth (18%) consulted a general practitioner outside the system financed by the National Health Fund. In the six months preceding the study, visits

to a specialist under the National Health Fund were essentially as frequent as those paid for independently or available under additional health insurance (37% vs. 38%). Tests in an analytical laboratory were obtained by 45% of respondents under general insurance, and over a quarter (27%) had tests outside it. When using the services of diagnostic laboratories, more patients chose those offered in the National Health Fund financing system than outside it (28% vs. 20%). Dental visits were three times more likely to be made outside the general health insurance system than within it (45% vs. 15%).

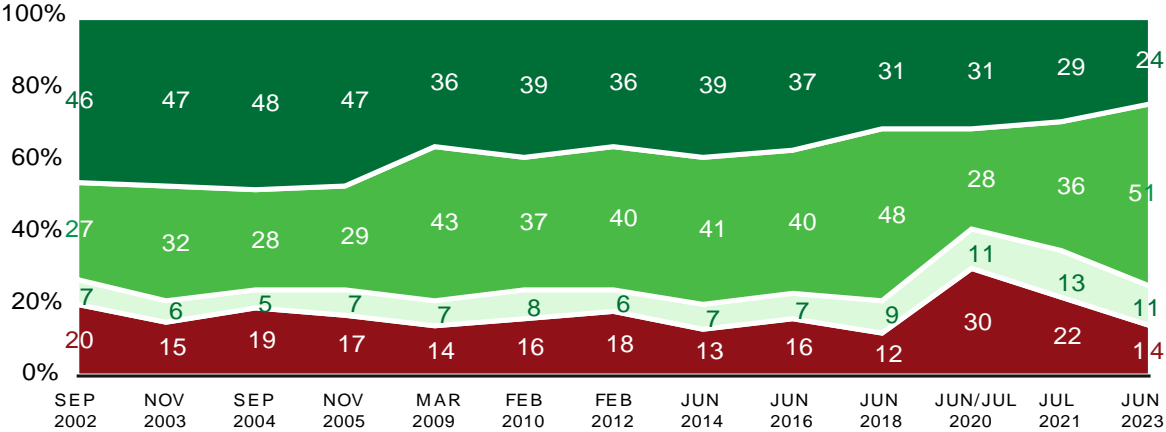
**Percentage of users, in the six months preceding the survey, of services of:**



The use of medical services depending on the method of financing them can be presented using a synthetic indicator. Respondents who used medical services only under general health insurance in the six months before the survey constituted one fourth (24%), and only one-tenth (11%) used solely services financed independently or available as part of a subscription or policy. The largest group, i.e. half of Poles (51%), used both. The remaining respondents (14%) did not use any health services or benefits in the six months preceding the survey. Compared to the previous measurement from 2021, there have been very significant changes in this respect. They result primarily from the abolition of epidemic restrictions that hindered access to health care, regardless of the service financing system. Looking from a longer perspective, the current changes are a continuation of the trends we have observed over the last twenty years. Over the past two years, there has been a significant increase (by 15 percentage points, to a previously unregistered level) in the number of people using medical services in a "mixed" way, i.e. both those financed under general health insurance and those paid for independently or available under an additional

health insurance policy. It should be noted, however, that compared to the last measurement carried out before the epidemic in 2018, this is only a 3-point increase. The long-term trend is to reduce the percentage of people using only services guaranteed in the National Health Fund system. Compared to the previous survey from two years ago, this is a decrease of 5 points. This group is currently the smallest since we started monitoring this issue. The scale of the exclusive use of services paid for independently or provided as part of an additional policy has remained relatively stable in recent years. Compared to 2020–2021, for obvious reasons, the number of people using some medical services increased in the first half of 2023, reaching a level similar to that observed before the epidemic.

**Use of health services in the six months preceding the survey**



- Users of medical services only under public health insurance
- Users of services both under public health insurance and services provided outside this system - entirely self-financed or available as part of additional health insurance
- Users of health services only paid for by themselves or available under additional health insurance
- Non-users of medical services

More information about this topic can be found in CBOS report in Polish: “Using Health Benefits and Insurance”, August 2023. Fieldwork for national sample: June 2023, N=1054, mixed-mode interviews. The random sample is representative for adult population of Poland.