



# EX POST EVALUATION OF OP KED PROJECTS CONCERNING THE ESTABLISHMENT AND MANAGEMENT OF DAY HEALTH CARE CENTRES

The study constituted an ex post evaluation and was conducted from October to December 2019. The study's objective was to conduct an ex post evaluation of the effectiveness, usefulness and durability of projects executed as part of Measure 5.2 OP KED, concerning the de-institutionalisation of health care services and evaluation of their long-term results.

Day Health Care Centres constitute one of the forms of de-institutionalisation of care over persons requiring support in every-day life. They provide medical care in conditions similar to those at home, which is used especially by persons above the age of 65, the health condition of whom does not allow for remaining under basic health care and out-patient specialist care, and simultaneously who do not require day-and-night doctor and nurse in-patient supervision. This elaboration presents the results of an evaluation conducted in relation to projects executed as part of the Operational Programme Knowledge Education Development, concerning the establishment and management of such institutions.

This evaluation study was conducted using both quantitative and qualitative methods as well as an analysis of the existing data. Furthermore, the evaluation of the net effects was conducted using the counterfactual method – study on a group of patients who did not use the DHCC offer, but is able to use it.

**At the end of 2018, 53 established DHCCs created 682 care spots used by a total of 3,101 patients.**

As result of the announced competition, subsidies were granted to 53 projects for a total amount of PLN 53,265,821.39 (including subsidies from the ESF and domestic funds, i.e. PLN 50,995,374.64).

The maximum time of stay at a DHCC was 120 days, while the minimum – 30 days. The study results demonstrated that the patients spent an average of 60 days at an DHCC. The time was deemed as sufficient to achieve the planned health effects.

In principle, the DHCC patients assess their health condition as good – a total of 48% of positive answers. Slightly over 90% of the respondents feel that their participation in the project contributed to the improvement in their health condition. The project participants assess the support they received at the DHCC very highly. Among the services offered at the DHCCs, the nursing care was assessed the highest – average of 4.8. Motor function betterment (rehabilitation, physiotherapy, etc.) was assessed nearly as high – average of 4.7. Memory strengthening classes were also assessed above the score of 4 – average of 4.4.

One of the more important conclusions derived from this study is that the situation of the persons who used the DHCCs' support is slightly better than patients who did not use such support. Both the DHCCs patients and their caretakers highly assess the support received in the centres. It is possible to see a substantial difference in experiencing the health condition between the surveyed groups; the difference between positive answers amounts to 14 percentage points, while the difference between negative answers is even greater and amounts to 27 percentage points to the benefit of the DHCCs patients.

The demand for the DHCC offer is high both in the opinion of experts and of most patients. The life expectancy will be gradually extended, thereby favouring the increase in the number and share of elderly people in the general population of Poland. Unfortunately, for the vast majority of the group, this will not be a healthy life. It is also necessary to emphasise that among elderly (age of 80 and more), over 2/3 are widowed persons. These especially include women (85% of widowed person at the given age), usually living alone and requiring support. Therefore, it is necessary to expect a substantial escalation of the problem of lonely existence due to the increasing group of elderly people requiring support – care, treatment and rehabilitation. 95% of the surveyed project coordinators deems the demand for the DHCCs offer as high or very high, which is confirmed by the quality study participants, DHCC managers and medical employees.



The qualitative study participants emphasised that the patients themselves had a substantial role in promoting the DHCCs offer. The first patients that used the centre's services informed other people, which is also confirmed by the results of the quantitative studies.

The evaluation of the sustainability of effects of the executed projects is very high – in this context, it is necessary to emphasise the improvement in the health condition of the persons using the services and the quality of their mental and physical fitness. Taking into consideration the patients' and project coordinators' opinions, the effectiveness of the provided support is also assessed positively. This is confirmed in the observations of many cases in which the beneficiaries achieved higher index values than planned in the applications.

At the end of November 2019, 52 of 53 DHCCs established in the OP KED are still conducting their activity, including 43 that are only ready to admit patients and 9 of them are currently taking care of patients (a total of 157 patients are under the care of the DHCCs).

The need to subsidise the Day Health Care Centres from NFZ resources was greatly emphasised during the conducted studies. During the required period of activity, the centres are ready to admit patients, unfortunately most has no other ideas for ensuring funding other than at the cost of the patients themselves. When planning the DHCCs' coverage with NFZ subsidisation in the future, it is necessary to ensure funding for centres possessing experience and clients, thereby enabling the utilisation of the effects achieved by the projects.

With the assumption that a maximum of 25 people can be admitted to a DHCC in a single cycle, the man-day cost amounted to PLN 64. It is necessary to note that the costs also included transport and sustenance. The average man-day cost in the executed projects is lower than the assumption of the Agency for Health Technology Assessment and Tariff System, assuming calculations for 20 persons, the project cost amounted to PLN 80, compared to PLN 94 (AHTATS calculations). It is obvious that methodology applied in this study deviates from the assumptions of the mentioned document. Nevertheless, thanks to this comparison, it is necessary to assess the effectiveness of the executed projects as positive. Assuming the above estimates in relation to a man-day and the assumptions of the DHCC Standard, the estimated average annual cost of maintaining 1 DHCC amounts to PLN 404 thousand. Assuming future maintenance of the centres established in the project – i.e. 52 (1 applicant declared bankruptcy), the cost of maintaining only those entities will amount to approx. PLN 21 million per annum.



The unplanned effects include high medical benefits emerging from the patients' social activation. As stated by patients and coordinators, the project participants often provided to each other. Establishment of relations, exchanging experiences and organisation of mutual support has a positive impact on the sustainability of the achieved effects (including health effects). The DHCC personnel especially emphasised the role of "healthy competition" between the patients, mutual motivation when seeing another person with similar diseases not giving up and working out, achieving positive effects. This elements cannot be achieved by applying individual rehabilitation. In group work, motivation is generated by the entire group, which has a positive effect on each of the patients.

The patient themselves pointed to the following "non-medical" effects:

- better health condition;
- establishment of friendships, acquaintanceships, relations with other persons;
- opportunity to spend free time with company, contact with people;
- exchanging experiences with other patients;
- opportunity to "get out of the house".

## Key conclusions:

- The study results confirm the great medical benefits of the support provided in the DHCCs. Only 9 of the 52 functioning centres is takes care of patients, while other institutions are only ready to admit patients due to lack of funds.
- At the time of the study, the time elapsed from the projects' conclusion fluctuates from 11 to 21 months. In most cases, the DHCCs are not providing their services anymore, which means that the established potential is unused.
- The surveyed patients spent an average of approx. 60 days in a centre. The assumed time of a patient's stay was sufficient to execute the support plan developed for the patient and a similar time of stay at the DHCC should be maintained in the future.
- The level and scope of incorporation of the recommendations by the patients and caretakers after using the DHCC's offer was relatively low.
- The health education was assessed relatively low (when compared to other services).

## Recommendations:

- Incorporation of the DHCCs offer to the guaranteed benefits package.
- Awarding additional score for experience in managing a DHCC and possession of ready-to-use infrastructure of the DHCCs that took part in the projects executed as part of Measure 5.2 OP KED.
- Maintenance in the planned benefit of the maximum and minimum number of days of support specified in the Standard.
- It is necessary to maintain the ordinance entries concerning the "follow-up" solution, i.e. centre's personnel contact concerning the quality of incorporating the recommendations.
- Strengthening the patients in terms of health education, preparing the personnel to provide such advice as part of the provided service.