Public responsibility for stomatognathic physiotherapy. Where do we go?

(Odpowiedzialność publiczna za fizjoterapię stomatognatyczną? Dokąd zmierzamy ?)

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Abstract – Introduction. Studies on the availability of health care services financed from public sources on the basis of a regulatory analysis are characteristic of the legal world. Meanwhile, doctors, nurses, physiotherapists and other healthcare professionals consume these regulations on a daily basis, often in an attempt to understand their impact on their daily work.
Aim of the study. The main aim of the study is to analyze legal system regulations such as the Constitution of the Republic of Poland, the Act on health services financed from public funds, Minister of Health basket regulations in the scope of services dedicated to therapeutic rehabilitation, with particular emphasis on stomatognathic physiotherapy.
Material and methods. The main method used is the historical regulatory analysis, which will allow to identify the legal status and potential omissions, gaps in the financing of services in the field of stomatognathic physiotherapy, taking into account its specificity. The undertaken analysis, which has a systemic and legal nature, require a review of professional literature dedicated to health policy and systemic solutions in the area of rationing access to health services as well as the literature dedicated to stomatognathic physiotherapy.
Results. The process of withdrawal of public responsibility from reimbursement of rehabilitation services in the field of stomatognathic physiotherapy with the simultaneous growing social problem of functional disorders of the stomatognathic system has been observed. It is characteristic that despite constitutional guidelines in this respect, even sensitive groups, i.e. children, the disabled elderly people and even cancer patients after head and neck surgery) are excluded from the possibility of obtaining reimbursed benefits in this respect. At the same time, the social problem of functional disorders of the stomatognathic system is growing.
Conclusion. Expert, scientific and interdisciplinary activities should be undertaken: medical, dental, physiotherapeutic, but also legal and systemic in order to draw the attention of the most important sectoral decision-makers such as: Ministry of Health, Agency for Health Technology Assessment and Tariffs, National Health Fund, local authorities to take into account the subject of stomatognathic rehabilitation as an important problem of exclusion in access to services.

Key words **-** therapeutic rehabilitation - basket rules, rationing of access to services, stomatognathic physiotherapy - access to services financed from public funds, health policy.

Streszczenie – Wstęp. Badania dostępności do świadczeń zdrowotnych finansowanych ze środków publicznych na podstawie analizy regulacyjnej są charakterystyczne dla świata prawniczego. Tymczasem to lekarze, pielęgniarki, fizjoterapeuci oraz inni profesjonaliści pracujący w systemie opieki zdrowotnej na co dzień konsumują te przepisy, często podejmując próbę zrozumienia ich oddziaływania na ich codzienną pracę.
Cel: Głównym celem pracy jest analiza prawnych regulacji systemowych takich jak Konstytucja RP, ustawa o świadczeniach zdrowotnych finansowanych ze środków publicznych, rozporządzeń koszykowych Ministra Zdrowia w zakresie świadczeń dedykowanych rehabilitacji leczniczej, ze szczególnym uwzględnieniem fizjoterapii stomatognatycznej.
Materiał i metody. Główną stosowaną metodą jest historyczna analiza regulacyjna, która pozwoli na zidentyfikowanie stanu prawnego, oraz potencjalnych zaniechań, luk w finansowaniu świadczeń z zakresu fizjoterapii stomatognatycznej, z uwzględnieniem jej specyfiki. Na potrzeby analizy, która ma charakter systemowo-prawny został także przeprowadzony przegląd literatury fachowej dedykowanej polityce zdrowotnej i rozwiązaniom systemowym w zakresie racjonowania dostępności do świadczeń zdrowotnych oraz specyfiki fizjoterapii stomatognatycznej.
Wyniki. Zauważa się postępujący proces wycofywania się odpowiedzialności publicznej z refundacji świadczeń rehabilitacyjnych w obrębie twarzo-czaszki (nawet dla grup wrażliwych czyli dzieci, niepełnosprawnych osób starszych a nawet pacjentów onkologicznych po zabiegach w obrębie głowy i szyi) z równoczesnym narastającym społecznie problemem zaburzeń czynnościowego układu stomatognatycznego.
Wnioski. Należy podejmować działania eksperckie, naukowe o charakterze interdyscyplinarnym: medyczne: lekarskie, stomato-

logiczne, fizjoterapeutyczne ale także prawnicze i systemowe w celu zwrócenia uwagi najważniejszych sektorowych podmiotów decyzyjnych takich jak: Ministerstwo Zdrowia, Agencja Oceny Technologii Medycznych i Taryfikacji, Narodowy Fundusz Zdrowia, władz samorządowych do uwzględnienia tematyki rehabilitacji w obrębie twarzo-czaszki za ważny problem wykluczenia w dostępie do świadczeń.

Słowa kluczowe **-** rehabilitacja lecznicza- zasady koszykowe, racjonowanie dostępności do świadczeń, fizjoterapia stomatognatyczna – dostęp do usług finansowanych ze środków publicznych, polityka zdrowotna.

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I. INTRODUCTION

Public guarantees in terms of access to services financed from public funds were broadly defined in the Beveridge Report [1] on the basis of which the United Kingdom, after the end of World War II, built a civic (supply) model of the health system. In this model, health services are financed from the state budget, and all citizens residing in the country are entitled to use them. For the UK system, as for most health systems in Europe, both the increasing systemic costs and the efforts made by the authorities to reduce them rationally are a serious problem. The average spending on health care in the European Union countries is currently 9. 6% of GDP [2] Poland has adopted legal guarantees to increase sectoral spending to 6% of GDP by 2024 [3].

The outstanding British economist Alan Maynard said in his work that: *there are only two things that we can be absolutely sure of in life. It is a fact that resources are limited and that we will die. That is why it is not a problem in health care whether we will formulate priorities, but only how we will do it.* [4] However, no health system in the world is able to develop such financial, organisational, regulatory and social solutions to secure the health needs of the society within the available financial resources. [5]

It is worth recalling that the health policy has its own variables. It may be prosecuted as a defined *health policy* with a rational, planned, adjusted to individual needs and resources character. Often though it is an activity focused on reaching goals connected to holding onto or reaching power, which can be called *health politics* [6]. In the second case all actions in this area, including those connected to health care, are being subjugated to governing and satisfying potential electors. Hence the subject of long lines to specialists and promises to reduce them appear shortly before elections.

Polish health care system as many others has problems with deficiency of resources for medical services of not only financial character. In 2004 under the regulations about health benefits funded from public [7] resources an Agency for Health Technology was founded, moreover there was an affixture of a basket of negative benefits. In 2008 the works on the mentioned basket were reopened, which effect was an amendment of the regulations about health benefits funded from public resources and a set of instructions concerning the basket of benefits containing executive acts about kinds of benefits, rules of getting them, requirements for equipment and qualifications for various level of health care, including basic, outpatient and hospital care, life saving, health rehabilitation and highly specialised care, also dental and nursing homes[1] [8].

The main goal of this work is to analyse the legal regulations such as the Constitution of Rzeczpospolita Polska, the regulations about health benefits funded from public resources and the basket regulations from Health Minister in matter of benefits dedicated to health rehabilitation, mainly in stomatognathic physiotherapy.

[1] Regulation of the so-called basket from the Minister of Health in 2009, concerning the following levels of health care: POZ, AOS, Hospital treatment, Medical rehabilitation, Psychiatric care and addiction treatment, Care and caring services as part of long-term care, Dental treatment, Spa treatment, Medical supplies, Rescue medical, palliative and hospice care, highly specialized services, health programs, medicines and drug programs.

II. LAW GUARANTEE IN MATTERS OF HEALTH BENEFITS AVAILABILITY

Constitution and sector regulations

The right to health care is of common character, it is for everyone and it is one of the basic human rights. However, the realisation of this law is very diversified, dependent on many variables inside the country, for example life's quality conditioned by socioeconomics, the development of medicine, defined rules about access to health benefits or the level of public spenditude for health care.

The right to health care is regulated by the constitution of RP in its part about freedom, economic, social and cultural laws, especially in article No. 68. Those are regulations for the values of highest priority protected by law – the human life and health. Therefore, guarantees in those matters are to be assured by the government. Article 68 contains the most important normative regulations for protecting our health [9]. Beside determining the public character of health care, this article carries the guarantee of equal access to health benefits financed from public resources (Regulation No. 2), the article pledges the authorities to:

a) provide special health care for children, pregnant women, handicaped and elderly persons (par.3),
b) for fighting epidemic diseases and preventing negative effects of environmental degradation (paragraph 4)
c) and to support the development of physical culture, especially among children and adolescents (par.5) [10].

It should be stressed that the content of the provision 68. paragraph 1 does not warrant the material presentation of the definition of the term “health protection”. It is not possible to precisely specify the types and categories of provisions falling within the scope of the right guaranteed by this regulation. In this situation, it is extremely important for the legislator to properly identify the organizational sphere, which remains related to the construction of a functional healthcare system [11]. Therefore, it should be recognized that the legislator is obliged to create such a system and he is responsible for its complementarity. The right to healthcare is a component of the right to health protection and is associated with the right to use the healthcare system proposed by the state. Terms and conditions of providing healthcare services financed from public funds are regulated by the Act on healthcare services financed from public funds [12]. The Act refers also to the rules and procedure for financing benefits as well as the rules and procedure for qualifying healthcare benefits as guaranteed services. It identifies the tasks of public authorities on ensuring equal access to benefits and the principle of universal - mandatory and voluntary health insurance. It indicates the institutional and procedural basis for coordinating social security systems in the European Union and for cross-border care.2 The Act also refers to the principles of functioning, organization and tasks of the National Health Fund and the Agency for the Evaluation of Medical Technology and Tariffs. It also presents the principles of exercising supervision and control over the financing and provision of services.

The Rehabilitation Basket

Medical rehabilitation is presented as a holistic procedure, the aim of which is to restore full or achievable physical and psychological as well as social ability, ability to work and earn money [12].

Access to medical rehabilitation services is regulated by the Regulation of the Minister of Health of 13 December 2018 on guaranteed services in the field of medical rehabilitation [13]. Within the framework of public guarantees in the scope of rehabilitation, patients are provided with: rehabilitation medical advice, physiotherapeutic visit, physiotherapeutic procedures, diagnostic tests, medicines and medical devices as well as auxiliaries. From 1 July 2018, persons with a significant degree of disability are entitled to the use of medical rehabilitation services out of turn, unlimited in accordance with medical indications. In order to benefit from the guaranteed rights, a document confirming the entitlement must be submitted. In this case, it is a certificate of severe disability. According to the regulation, rehabilitation may be carried out in an outpatient, home, center or day hospital or in a stationary setting. Outpatient care in this area includes rehabilitation in surgeries, rehabilitation centers or physiotherapy, and is dedicated to self-moving patients requiring rehabilitation or physiotherapy. At home, rehabilitation is planned for patients who do not move alone. Day centers or departments deal with patients whose health does not allow for rehabilitation in outpatient settings, and does not require a 24-hour medical and nursing supervision. Rehabilitation departments or spa hospitals are dedicated to patients who, due to the continuation of treatment, require comprehensive rehabilitation services and 24-hour medical and nursing supervision.

The regulation on the rehabilitation basket presents the types of rehabilitation, the method of its providing, availability principles and in some cases special groups, in relation to which the rules of access to benefits are regulated separately.

III. STOMATOGNATHIC PHYSIOTHERAPY – CHANGES TO FURTHER EXCLUSIONS

Basket regulations in the field of medical rehabilitation were first adopted in 2009. Then it was repeatedly amended. The last amendment took place in December 2018. Before accepting the so-called basket regulations to the legislation on health benefits financed from the public funds in 2009, access to rehabilitation benefits was implemented on the basis of orders of the chairman of the National Health Care (NFZ) [2]

After the amendment of the legislation on health benefits funded from the public funds in 2009 and the isolation of a medical rehabilitation basket dedicated to the medical rehabilitation by way of the regulation of the Minister of Health, specialized rehabilitation not classified separately was replaced by four isolated types of rehabilitation: a. Systemic, including rehabilitation for a specific group of patients, in particular after mastectomy, with disseminated sclerosis, hand dysfunction, b. rehabilitation of children with developmental disorders, c. rehabilitation of hearing and speech d. vision rehabilitation. Therefore, the rehabilitation of the face and skull disappears from the regulatory records. [14]

Currently, on the basis of the Proclamation of the Minister of Health of 30 January 2018 regarding the announcement of a single text of regulation of the Minister of Health on guaranteed benefits in the field of medical rehabilitation, reference is made to rehabilitation implemented within a centre or a daily centre, including rehabilitation: a) systemic, including rehabilitation for specific groups of patients, b) children with developmental disorders, c) people with hearing and speech dysfunction, d) people with sight dysfunction, e) cardiac or cardiac, hybrid telerehabilitation, f) pulmonary with the use of subterraneo-therapy methods, g) cardiac or cardiac, hybrid telerehabilitation as a part of compassionate care after myocardial infarction [15]. The regulation also defines the requirements for the personnel providing benefits, office equipment and other conditions.

In searching for areas characteristic for stomatognathic physiotherapy, those parts of the legal provisions that concern the rehabilitation of children with developmental, hearing and visual disorders, should first be analysed.

The following persons are entitled to provide rehabilitation services for children of developmental age: physicians, specialists in the field of rehabilitation[3], physician specialised in pediatric neurology and master of physiotherapy as well as a master in psychology or psychologist with the title of specialist in clinical psychology, speech therapist, graduates of special education, occupational therapist, a vision therapist or spatial orientation instructor or other therapist.

A referral to rehabilitation for children suffering from mental disorders is given them by the doctor from hospital departmentsor spacialists' clinics concerning:

1. Neonantology
2. Rahabilitation
3. Orthopedia and Traumatology of the Motion organ
4. Neurology
5. rheumatology
6. Pediatric Surgery
7. Pediatric Endocrinology
8. Pediatric diabetology
9. Pediatry

The duration of stay at the rehabilitation centrefor mentally dsordered children is of maximum 120 surgery days per one calendar year. If needed, for medical reasons, the patient may stay for a longer period of time at the rehabilitation centre. The centres offer rehabilitation sessions for disordered children of age:

1. up to 7 y.o
2. between 8 and 18 y.o

After the patient gives the proper statement for alternative education process which is more correlated with the child's development process
(for children of age up to 25 who suffer from harsh mental disorders).

Rehabilitation process for patients with hearing and speaking disorders

These patients get help from speech therapists, psychologists or special educational needs teachers like: laryngologists, otolaryngologists, otolaryngologists, physiotherapists. The duration of hearing and speaking rehabilitation

[2] The subject of the contract concerned on the conclusion of the contract for the provision of benefits and the contract was determined in accordance with the name and the code specified in the Common Procurement Vocabulary specified in Regulation No. 2195/2002 of November 5, 2002 on the common vocabulary dictionary of public procurement. Office. EC L 340 of December 16, 2002 and art. 141 par. 4 of the Act of 27 August 2004 on health care services financed from public funds (Journal of Laws of 2005, item 2135, as amended)

[3] general, medical or physical medicine and balneoclimatology, or physiotherapy and balneoclimatology, or balneoclimatology and physical medicine, or balneology, or balneology and physical medicine, or physicians with 1st degree specialization in the field of rehabilitation in diseases of the musculoskeletal system or general rehabilitation, or rehabilitation, or medical rehabilitation, or physicians who have completed a minimum of the second year of specialization during the specialization in the field of medical rehabilitation - provides benefits in the amount of at least 1/2 conversion time (equivalent to 1/2 conversion rate)

is 120 surgery days, or, in special medical cases, longer. In this case the patients needs an agreement stated in writing given by the Director of the National Health Fund.

Rehabilitation with sight disfunction

Various types of pedagogues[4] may be concerned with this kind of rehabilitation, like psychologists, vision therapists or spatial orientation instructor. Access to medical specialists in ophthalmology or neurology is required. For the implementation of provisions the physiotherapists are responsible. The duration of rehabilitation is for one beneficiary up to 120 treatment days in a calendar year. The MZ Regulation (Ministry of Health) with regard to guaranteed services in medical rehabilitation included a list of medical procedures according to the ICD-9 classification and a list of disease entities according to the ICD-10 classification describing guaranteed services in cardiac rehabilitation in stationary conditions and neurological rehabilitation in stationary conditions.

Under ICD-9 procedures, none of the scope of face and skull surgery was found, i.e. comprehensive oral, throat and larynx treatments, major oral, throat and laryngeal procedures, medium oral, throat and larynx treatments for people under 18 years, small oral, throat and laryngeal procedures with a residence time of less than 5 days, as well as complex maxillofacial procedures for people over 65 years old, large maxillofacial procedures, extensive correction procedures for congenital facial skins, mouth and throat for children up to 18 years, comprehensive corrective surgery of facial, oral and throat congenital defects in children up to 18 years old, large, medium and small corrective procedures of congenital facial, oral and throat defects up to 18 years.

In the ICD 10 list are already appearing categories connected with craniofacial diseases. As a part of the list of ICD disease entities, only Q87 is repeating, a procedure related to a set of congenital malformations mainly related to facial appearance. However, it should be remembered that the list of medical procedures attached to the Regulation according to the ICD-9 classification and the list of disease entities according to the ICD-10 classification concerns guaranteed services in the field of cardiac rehabilitation in stationary conditions and neurological rehabilitation in stationary conditions.

[4] with completed post-graduate studies in the field of typhlo-pedagogy or rehabilitation of blind and visually impaired persons or an educator with three years of work with children with dysfunction

IV. DISCUSSION

Epidemiological data were verified and it was found that dysfunctions of UCNZ occur in the population depending on the civilization development from 16 to 80% [16,17]. They cover all age groups, although people in the 20-40 age group are particularly vulnerable and more frequently affect women [19]. Etiopathogenic factors of UCNŻ dysfunction may be general, local or mixed - complex. The causes of UCNŻ dysfunction include: stress, disturbances of hormonal system functions, cardiovascular system, abnormal body posture [18, 19].

The stomatognathic system (US) can be defined as a morphological and functional unit consisting of tissues and organs in the oral cavity, temporomandibular joints, respiratory system, craniofacial system, craniocerebral system and in relation to the posture [18]. Linking the dental system to the emotional sphere is extremely important and may adversely affect its proper functioning. Increasing levels of stress lead to increased tension in the muscles of the masticatory system, which disrupts the proper biomechanics of the temporomandibular joints.

Stomatognathic rehabilitation deals with the treatment of dysfunctions within the dental system: in the mouth and facial skeleton, skull base, cervical spine contribute to restore the natural function: chewing, swallowing singing, speech, sound articulation, breathing, expressing of feelings. Disability of muscle tension within the US may cause such symptoms as: headache of dental origin, facial pain, tinnitus, involuntary muscle movements.

V. CONCLUSIONS

In order to develop rationally adjusted model to the latest epidemiological and social trends of covering of population in medical and physiotherapeutic provisions concerning facial disorders, decision-makers need to be interested in the need to fund them with public funds, resulting, on the one hand, from the constitutional and statutory need to look after vulnerable groups (for example, children, the elderly or the disabled) and on the other hand with the increasing of infection rate of mental illnesses resulting from stress, burnout and other factors.

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