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Good Practices in Social Security

Good practice in operation since: 2017

Implementation of only-electronic medical certificates of incapacity for work

Certificate of Merit with Special Mention, ISSA Good Practice Award – Europe competition 2019

Social Insurance Institution
Poland

Summary

Since 1 December 2018, the Polish legal system has made it a statutory obligation to issue medical certificates of incapacity for work only in electronic form (e-ZLA). One week after the regulation came into force, more than 99 per cent of medical certificates of incapacity for work were issued electronically.

The achieved result is a huge success, considering that only 6.4 per cent of certificates were issued electronically in the previous year.

Such an outcome is an effect of all the activities undertaken by the Social Security Institution (Zakład Ubezpieczeń Społecznych – ZUS) to prepare all stakeholders (doctors, medical facilities, medical applications manufacturers, employers, patients, ZUS employees) for the changes. In addition, ZUS disseminated the e-ZLAs in advance of the statutory date when doctors are obliged to use the form. ZUS activities are often unique and innovative, and consist of quick responses to the needs of project stakeholders. The project enabled ZUS to actively engage with customers and to undertake for the first time many operations outside its own facilities.

The issue or challenge

What was the issue or challenge addressed by your good practice? Please provide a short description.

In the Polish legal system, the medical certificate of incapacity for work is the basis for establishing the right to the sickness allowance and a justification for an employee's absence from work. The allowance may be paid by ZUS or by the employer.

ZUS authorizes doctors to issue medical certificates which, from January 2016 could be issued free of charge through the institution's ICT system. Until end-2015, medical certificates of incapacity for work were issued only in paper form. Since January 2016, the Electronic Services Platform of ZUS (PUE ZUS) introduced *inter alia* new functionalities which allowed doctors to issue medical certificates of incapacity for work in electronic form (e-ZLA). From September 2016, it was also possible to transfer to ZUS electronic medical certificates of incapacity for work through medical applications (apps) created by commercial companies.

The PUE ZUS portal also makes available to contribution payers (employers) services related to the e-ZLA. The e-ZLAs issued by the payer are also visible to the insured persons through the portal.

The e-ZLAs were not popular among doctors. In November 2017, only 6.4 per cent of all medical certificates of incapacity for work were issued in electronic form, with the medical community pointing to a number of barriers which prevented its use to transfer information about incapacity for work.

Another challenge was to persuade employers to set up PUE ZUS profiles that would allow them to receive by e-mail the medical certificates of incapacity for work of employees, and without doctors having to print certificates from the system.

Since the deadline to issue only e-ZLAs was set for 1 December 2018, ZUS had to take several activities aimed at preparing all stakeholders (doctors, medical facilities, medical application manufacturers, employers, patients, ZUS employees) for the changes.

Addressing the challenge

What were the main objectives of the plan or strategy to resolve the issue or challenge? List and briefly describe the main elements of the plan or strategy, focusing especially on their innovative feature(s) and expected or intended effects.

Activities planned and implemented by ZUS at its headquarters and at the local levels included:

- introducing the third electronic signature method for e-ZLA;
- enabling persons authorized by the doctor to issue electronic medical certificates;
- facilitating preparation by medical application manufacturers of applications to issue electronic medical certificates (construction of a test environment simulator);
- dissemination of e-ZLAs in advance of its statutory date of implementation with ZUS.

In April–May 2018, a test environment was made available to allow commercial companies to develop e-ZLA applications in communication with ZUS system.

In May 2018, e-ZLA counsellors in customer service halls of all ZUS units helped to:

- clarify questions of doctors, the insured, the payers on the e-ZLA rules;
- inform all customer groups about advantages associated with e-ZLAs;
- clarify information on setting up e-ZLA profiles in the PUE ZUS portal.

More than 387,200 customers took advantage of the e-ZLA counsellor services from May to December 2018. There were information and promotional materials (leaflets, step-by-step guides on the e-ZLA, posters) and an instruction video for doctors on the new e-ZLA authorization method.

In August–September 2018, new functions to optimize e-ZLA support for employers (based on consultations) were available on the PUE ZUS portal.

Beginning in October 2018, medical assistants authorized by doctors can already issue e-ZLAs.

Since November 2018, e-ZLA coordinators (change leaders) in all ZUS branches disseminated information on the e-ZLA to support all customers and project stakeholders in the digitization of medical certificates of incapacity for work. By the end of the month:

- over 22,300 medical facilities and medical schools were contacted;
- almost 1,600 agreements on the issuance of e-ZLAs were concluded with medical facilities;
- more than 42,000 trainings for doctors and medical facilities, and 1,500 trainings for medical assistants were conducted;
- more than 2,500 meetings were held with employers.

In November 2018, an intensive nationwide media campaign was carried out (radio, television, cinemas, transport system, press).

A customer's "e-ZLA travel map" was finalized in December 2017, based on doctors' opinions and experiences in the use of this method. The knowledge gained in developing the map optimized the process of issuing e-ZLAs and increased the efficiency of the information and promotional campaign.

Since 1 December 2018, doctors are able to issue electronic medical certificates free of charge through the PUE ZUS portal. The new method of issuance was preceded by consultations with the medical community and tests carried out jointly with the doctors.

ZUS still conducts training activities for doctors and medical assistants.

Targets to be achieved

What were the quantitative and/or qualitative targets or key performance indicators that were set for the plan or strategy? Please describe briefly.

The aim of all this work was to:

- provide knowledge on electronic medical certificates of incapacity for work;
- provide knowledge on the e-services for medical certificates of incapacity for work that are available on the PUE ZUS portal;
- increase the number of payers with PUE ZUS profiles;
- increase the number of insured with PUE ZUS profiles;
- increase the number of doctors who issue e-ZLAs;
- increase the number of medical certificates of incapacity for work issued in electronic form;
- reduce the number of paper-based medical certificates of incapacity for work.

Evaluating the results

Has there been an evaluation of the good practice? Please provide data on the impact and outcomes of the good practice by comparing targets vs actual performance, before-and-after indicators, and/or other types of statistics or measurements.

In November 2017:

- 143,000 doctors were authorized to issue medical certificates of incapacity for work;
- 34,000 doctors had their information profile on the PUE ZUS portal;
- 6,900 doctors issued e-ZLAs through the PUE ZUS portal;
- 6.4 per cent of medical certificates of incapacity for work were in electronic form;
- 26,000 e-ZLAs were issued via medical apps (from September 2016);
- no possibility to sign e-ZLAs with a ZUS certificate;
- no e-ZLA function for a medical assistant.

In November 2018:

- 146,600 doctors were authorized to issue medical certificates of incapacity for work (96,600 thousand actually issue such certificates);
- 109,700 doctors have their information profile on the PUE ZUS portal;
- 62,600 doctors issued e-ZLAs through the PUE ZUS portal;
- 56.3 per cent of medical certificates of incapacity for work were in electronic form;
- 1.46 million e-ZLAs were issued via medical apps (from September 2016)
- 93,700 downloaded e-ZLA certificates for signature, and 4.6 million e-ZLAs signed certificates (from December 2017)
- 2,000 medical assistants were authorized to use the PUE ZUS function.

In the first week of December 2018:

- 146,600 doctors were authorized to issue medical certificates of incapacity for work (96,600 actually issue such certificates);
- 112,000 doctors have their information profile on the PUE ZUS portal;
- 74,900 doctors issued e-ZLAs through the PUE ZUS portal;
- 99 per cent of medical certificates of incapacity for work were in electronic form (440,000 e-ZLAs from 1 to 6 December 2018);
- 103,900 downloaded e-ZLA certificates for signature, and 5.1 million e-ZLAs signed certificates (from December 2017);
- 2,800 medical assistants were authorized to use the PUE ZUS function.

For the employers:

- 82.5 per cent of large payers and 42.9 per cent of small payers had the PUE profile in July 2017.
- 89.2 per cent of large payers and 47.3 per cent of small payers had the PUE profile in July 2018.

Lessons learned

Based on the organization's experience, name up to three factors which you consider as indispensable to replicate this good practice. Name up to three risks that arose/could arise in implementing this good practice. Please explain these factors and/or risks briefly.

The ZUS experience shows the extreme importance of identifying stakeholder groups – their attitudes, needs, adaptability to change – and to involve them in the design and testing of IT solutions in order to take account of the diversity of organizational solutions among process participants.

Moreover, dedicated counsellors/mentors and tailored communication at every stage are very important to support project stakeholders and to achieve the expected effects.

Close cooperation between institutions involved with the project is also important (in this case the ZUS, the Ministry of Family, Labour and Social Policy, the Ministry of Health, and the National Health Fund) to develop comprehensive solutions that satisfy legal and functional requirements.

The unfavourable attitude to change among opinion-forming medical organizations was a threat to the issuance in electronic form only of medical certificates. They wanted it to be an option instead of being obligatory, and cited the insufficient preparation of doctors for such a change (old age, lack of equipment, lack of access to the Internet, bureaucratic burden).

Such attitudes were remedied by the openness of and the support provided by ZUS, by solutions implemented at the level of the Ministry of Health, and by a firm attitude of the government regarding the non-changeability of the date when the regulations will come into force. In the end, even those doctors opposed to the regulations started to issue e-ZLAs.