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# PRODUCT AND PROCESS INNOVATIONS IN THE AREA OF HEALTH INSURANCE IN POLAND ON THE EXAMPLE OF THE INSURANCE OFFER WITH TELEMEDICINE SERVICES

## Innowacje produktowe i procesowe w obszarze ubezpieczeń zdrowotnych w Polsce - na przykładzie oferty ubezpieczeniowej ze świadczeniami z zakresu telemedycyny

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### STRESZCZENIE

W Polsce obserwowane jest rosnące zainteresowanie ofertą ubezpieczeń zdrowotnych, ze względu na problemy, z którymi boryka się system ochrony zdrowia, skutkujące utrudnionym dostępem do świadczeń medycznych dla pacjentów i długimi kolejkami. Jest to efektem między innymi niskich nakładów finansowych na opiekę zdrowotną w naszym kraju – niższych, niż średnie wydatki na ten sam cel w innych krajach europejskich, a co za tym idzie rosnącego niezadowalania kadry medycznej z otrzymywanych wynagrodzeń i migracji do krajów wysoko rozwiniętych o wysokich nakładach na ochronę zdrowia. Dodatkowo w Polsce jest też niekorzystna struktura demograficzna osób wykonujących zawody medyczne. Opisana sytuacja w połączeniu z postępowaniem technologicznym i rosnącymi oczekiwaniami klientów oraz chęcią ich zaspokojenia przez Ubezpieczycieli stała się w Polsce czynnikiem determinującym rozwój innowacji produktowych i procesowych w obszarze ubezpieczeń zdrowotnych. Wprowadzane przez zakłady ubezpieczeń innowacje mają na celu zapewnienie oczekiwanej przez klientów jakości usług i czasu oczekiwania na usługę medyczną oraz są kluczowe do osiągnięcia przez nich przewagi konkurencyjnej.

Niniejsze opracowanie ma na celu identyfikację i opisanie innowacji produktowych i procesowych w obszarze ubezpieczeń zdrowotnych w Polsce na przykładzie oferty ubezpieczeń ze świadczeniami z zakresu telemedycyny, które pozwalają na ułatwienie dostępu do opieki zdrowotnej, skrócenie oczekiwania na usługę a także na dostosowanie oferty ubezpieczeniowej do sytuacji na rynku dostawców usług medycznych.

### ABSTRACT

In Poland, there is a growing interest in the health insurance offer, due to the problems faced by the health care system, resulting in hindered access to medical services for patients and long waiting time. This is the effect, among others, of low financial outlays on health care in our country – lower than average expenditure in the same field in other European countries, causing growing dissatisfaction of medical staff from received remuneration and their migration to highly developed countries with high expenditure for health protection. In addition, the demographic structure of medical professionals is also unfavorable in Poland. The situation described in connection with the techno-

logical progress and growing expectations of customers and the desire to satisfy them by the Insurers has become a factor determining the development of product and process innovations in the area of health insurance in Poland. The innovations introduced by Insurance Companies are aimed at ensuring the high quality of services expected by customers, the short time of waiting for a medical service and are crucial to achieving their competitive advantage.

This study aims to identify and describe product and process innovations in the area of health insurance in Poland on the example of insurance offer with telemedicine services, which allow to facilitate access to health care, shorten the waiting time for the service and to adjust the insurance offer to the situation on the market of medical services suppliers.

**Słowa kluczowe:** ubezpieczenia zdrowotne, zakłady ubezpieczeń, innowacje

**Keywords:** health insurances, Insurance Companies, innovation

## INTRODUCTION

The innovation means introducing something new, newly introduced or reform. The word is derived from the Latin words *Innovatio*: renewal, *Innovare*: renew, refresh. In the literature of the subject we can find different definitions and many different approaches to the term innovation. The notion innovation has been introduced to the world of economy by J.A. Schumpeter<sup>1</sup> in 1912 year. He understood innovations as:

- 1) creating a new product or introducing new products to the market with a new feature,
- 2) introducing a new production method,
- 3) opening of a new market,
- 4) getting new sources of raw materials,
- 5) conducting a new organization of economic processes.

According to Schumpeter, the process of innovation consists of three phases, the first of which is an idea for an invention (a product of knowledge) then, the stage of popularizing in-

novation takes place and the last stage is the dissemination of the solution through other organizations, imitation. The researcher considered that innovation is a one-time change, whereas imitations are a continuous and repeatable process. Approach proposed by Schumpeter is focusing primarily on innovations as market experiments and wide-ranging alterations which bring fundamental changes to the market. The broader approach to the substance of innovation has been presented by other researchers, such as, Ph. Kotler<sup>2</sup> and P. Drucker<sup>3</sup>. They believed that every invention which is new for the entity implementing it, is an innovation. It is irrelevant, whether the idea is used by its creator or imitator. The concept of innovation has also been defined in the Oslo manual<sup>4</sup> which contains the rules for collecting and interpreting innovation data in Organisation for Economic Cooperation and Development (OECD) and European Union countries: innovation is the implementation of a new or significantly improved product (product or service) or process, a new marketing method or a new organizational method in business practice, work-

<sup>1</sup> Schumpeter J. A. 1960. *Theory of Economic Development*. Warsaw: PWE Publisher, 131.

<sup>2</sup> Kotler Ph. 1994. *Marketing. Analysis, planning, implementation and control*. Warsaw: Gebethner & Ska Publishers, 322.

<sup>3</sup> Drucker F. 1962. *Innovation and Entrepreneurship. Practice and principles*. Warsaw: PWE Publisher, 14.

<sup>4</sup> Oslo Handbook. 2008. *The measurement of scientific and technological activities proposed guidelines for collecting and interpreting technological innovation data*. Third Edition. Warsaw, 48.

place organization or relations with the environment. This is a definition that covers a wide range of possible innovations. According to the cited book, innovations may also be categorized in a narrower sense as: implementing one or more types of innovation, for example product and process innovation. However, it is important that an innovation could take place, a product, process, marketing method or organizational method must be new (or significantly improved) for the company. This includes products, processes and methods that the company has developed first, and those that have been adopted from other companies or entities. According to the manual<sup>5</sup>: if the innovation concerns significant improvements both, in the features of the service offered and in the methods, devices and / or skills used to provide the service, it is an innovation, both, within the product and the process. Companies are called innovative, both, when they develop innovations themselves or in cooperation with other companies or public research organizations, and when they innovate by absorbing innovations (eg. new equipment) created by other companies<sup>6</sup>.

## DATA AND METHOD

This study aims to identify and describe product and process innovations in the area of health insurance in Poland on the example of insurance offer with telemedicine services. The descriptive quality research method of the col-

lected material is used in the study. The sources of information used in the study are Financial Supervision Commission, Polish Insurance Chamber, Insurance Companies, publication of the OECD and National Institute of Public Health – National Institute of Hygiene.

## PRIVATE HEALTH INSURANCE

Private health insurance in Poland is offered by Insurance Companies that carry out insurance activities<sup>7</sup> based on the provisions of the Act on Insurance and Reinsurance<sup>8</sup>. In the literature of the subject as well as in legislation in Poland, there is no explicitly defined term: private health insurance, as well as the scope of insurance classified for this type of services. In insurance practice two main approaches to this classification are met:

- 1) a broad approach in the sense that all sickness insurance offered by Life Insurance Companies and Non-life Insurance companies<sup>9</sup> are considered to be health insurance. The following forms of benefits are provided in this approach to health insurance:
  - a) cash benefits consisting of:
    - payment to the person entitled to the benefits of the sum of insurance, fixed in the contract (e.g. insurance of serious illnesses, insurance of operations)
    - the return of real medical expenses (reimbursement)

<sup>5</sup> Ibid., p. 56

<sup>6</sup> Ibid., p. 22.

<sup>7</sup> The insurance undertaking may perform insurance activities in the form of a joint stock company, mutual Insurance Company or an European company defined in the Council Regulation (EC) No. 2157/2001 of 8 October 2001 on the Statute for a European company (SE) (Official Journal EC L 294, 10.11.2001, p.1.

Journal of the EU, Polish Special Edition, Chapter 6, vol. 4, 251) [https://www.knf.gov.pl/dla\\_rynku/procesy\\_licencyjne/ubezpieczeniowy/krajowy\\_zaklad\\_ubezpieczen\\_reasekuracji/forma\\_prawna](https://www.knf.gov.pl/dla_rynku/procesy_licencyjne/ubezpieczeniowy/krajowy_zaklad_ubezpieczen_reasekuracji/forma_prawna), Access:25.04.2018.

<sup>8</sup> Act of 11 September 2015 on Insurance and Reinsurance Activities, Dz.U. [Journal of Acts] 2015, position: 1844, as amended.

<sup>9</sup> Premium registered in Life Insurance Companies - Section I: in Group 5 as sickness insurance, if supplementary to insurance listed in Groups 1 - 4 and premium registered in Non-life Insurance Companies - Section II: Group 2 insurance - sickness insurance. The division into Section and Groups is specified in Act of 11 September 2015 on Insurance and Reinsurance Activities, Dz.U. [Journal of Acts] 2015, position: 1844, as amended. In this approach, travel insurance is also classified as health insurance.

b) benefits consisting of providing organization of medical services in the medical facilities indicated by the Insurer and covering the incurred costs of treatment on the account of the institutions providing the benefit.

The value of the health insurance market in this approach is presented in Figure 1.

2) a narrow approach represented by the Polish Insurance Chamber, in the meaning of which health insurance is recognized as insurances mentioned above, but only ensuring coverage by the Insurer of the costs of health care services in Poland. In the approach represented by the Polish Insurance Chamber, health insurance will not include cash payment of a predetermined sum insured (e.g. insurance of serious illnesses, insurance of operations). The value of the health insurance market in the approach of the Polish Insurance Chamber is presented in Figure 2.

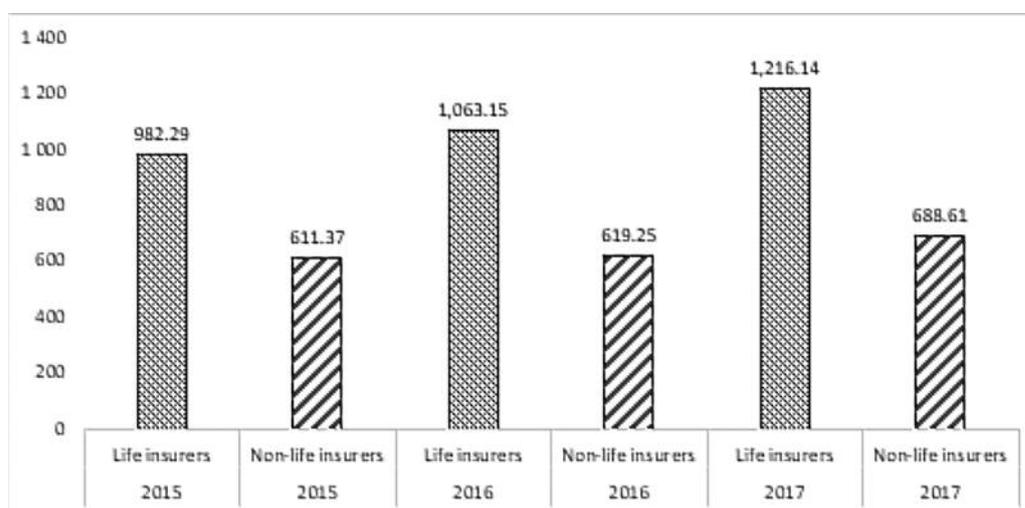
The private health insurance market in Poland is small. In 2017, the gross written premium collected from health insurance accounted for 3% of the entire insurance market (Life

and Non-life). Poles are entitled to a wide range of services within the public healthcare system. The scope of services includes among others: outpatient care, inpatient care, rehabilitation, nursing and care services as part of long-term care as well as palliative and hospice care, medical emergency services and reimbursement of medicines. These are benefits entirely covered or co-financed from public funds. But additionally, people pay privately for medical treatment, including private health insurance, to ensure faster access, greater choice or a higher standard of necessary medical services.

### PRODUCT INNOVATIONS IN THE HEALTH INSURANCE AREA ON THE EXAMPLE OF BENEFITS OF E-MEDICAL CONSULTATIONS

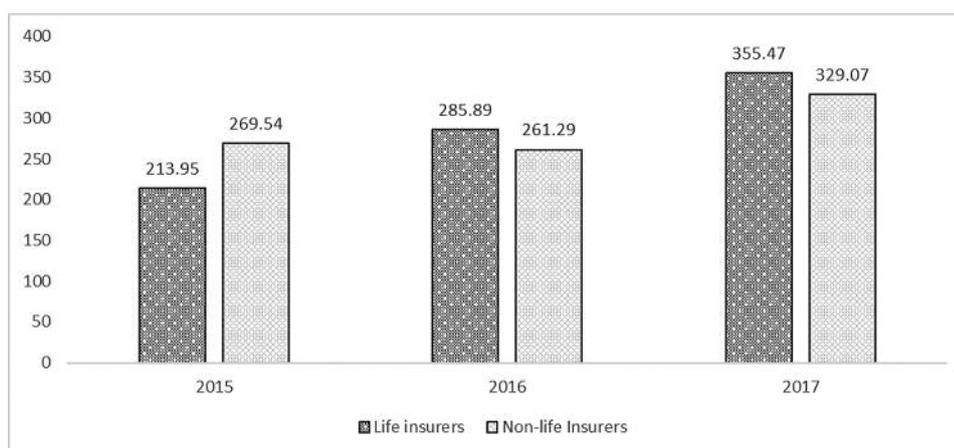
In 2017 in the Polish market the health insurance offer with telemedicine services: e-medical consultations has been launched. The term telemedicine has been created from the combination of two words: Latin word medicina, which defines the art of recognizing and

**Figure 1.** Value of the health insurance market, sickness insurance (gross written premium in PLN million)



Source: own elaboration on the basis of data of the Financial Supervision Commission

**Figure 2.** The value of the health insurance market: approach represented by the Polish Insurance Chamber (PLN million)



Source: own elaboration on the basis of data of the Polish Insurance Chamber (PLN million)

treating diseases, and the Greek prefix tele meaning at a distance. This is not a new term, it was created in the seventies of the 20<sup>th</sup> century. In the literature of the subject, new definitions of the term telemedicine are created when the

technology generated a new possibility for medicine. The definitions of the term telemedicine as understood by the European Commission and the World Health Organization are presented in Table 1.

**Table 1.** Definitions of the term telemedicine

<i>Autor</i>	<i>Definition</i>
European Communities (EC) (redirected from Commission of the European Communities)	Telemedicine is the provision of healthcare services, through use of ICT [Information and communication technologies], in situations where the health professional and the patient (or two health professionals) are not in the same location. It involves secure transmission of medical data and information, through text, sound, images or other forms needed for the prevention, diagnosis, treatment and follow-up of patients <sup>10</sup> .
World Health Organization (WHO)	The delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities <sup>11</sup> .

Source: own elaboration on the basis of European Communities (EC) (redirected from Commission of the European Communities) and World Health Organization (WHO)

<sup>10</sup> European Communities (EC). 2008. (redirected from Commission of The European Communities), Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the regions on telemedicine for the benefit of patients, healthcare systems and society KOM, 689.

<sup>11</sup> WHO. 2010. Telemedicine Opportunities and developments in Member States, Report on the second global survey on eHealth, 9.

InterRisk TU Vienna Insurance Group (InterRisk) was the first Insurer, which introduced in April 2017 a product with medical e-consultation services. Next, the other offers appeared on the market. Information about health insurance offers in Poland with medical e-consultation services are presented in the Table 2. Insurers treat e-consultations as:

- 1) new services and changed the current products - InterRisk approach,
- 2) a new way of realizing the benefits available under the standard offer – the approach

represented by SALTUS Towarzystwo Ubezpieczeń Wzajemnych (SALTUS), Towarzystwo Ubezpieczeń INTER Polska S.A. (INTER) and PZU Zdrowie SA<sup>12</sup>.

Both SALTUS, INTER and PZU Życie did not introduce changes to existing products but only informed customers about the new formula of realizing the benefits, which are covered by the existing insurance contracts.

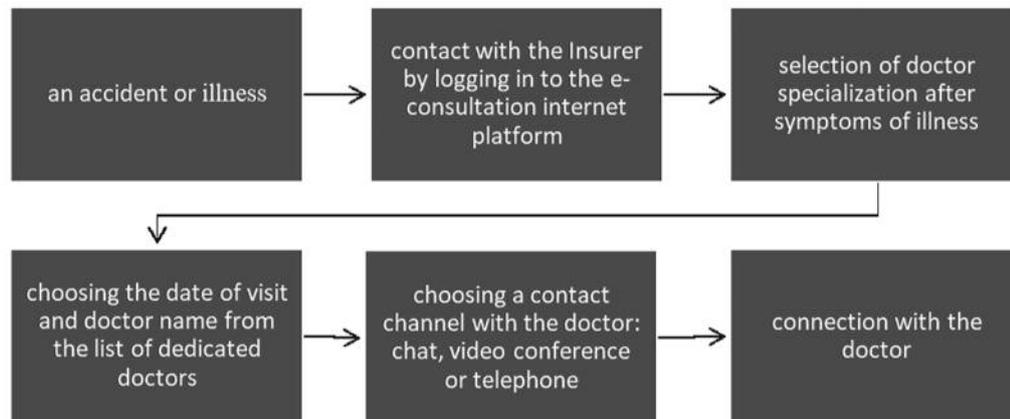
**Table 2.** Information on health insurance offers in Poland, which contain medical e-consultation services

Insurance Companies	INTER Polska	SALTUS	InterRisk	PZU Zdrowie
Doctor specializations available as e-consultations	general practitioner, pediatrician, allergist, diabetologist, endocrinologist	general practitioner, pediatrician, allergologist, dermatologist, diabetologist, endocrinologist, gynecologist, cardiologist, pulmonologist, oncologist, orthopedist	general practitioner, pediatrician, dietitian <sup>12</sup> e-consultations during the insurance period	general practitioner, pediatrician, endocrinologist, diabetologist, cardiologist, nurse, midwife
Insurance product with e-consultations	Inter Vision	Saltus Zdrowie	Edu Plus <sup>13</sup>	health insurance products of PZU Życie
Date of service introduced	01.05.2018	4.06.2018	25.04.2017	26.07.2017

Source: own elaboration based on information published by Insurance Companies

<sup>12</sup> The service of e-consultations was also introduced by PZU Zdrowie SA, which is responsible for providing of medical services to the clients of the Insurer: Powszechny Zakład Ubezpieczeń na Życie Spółka Akcyjna (PZU Życie SA), but also sells own medical subscription. This company does not carry out insurance activities.

<sup>13</sup> Accident insurance of children and students.

**Figure 3.** Diagram of providing e-medical consultations

Source: own elaboration based on information published by Insurance Companies

Although the range of available consultations varies depending on the offer, the services are provided by all Insurance Companies in a similar manner<sup>14</sup>. Diagram of providing medical e-consultation in the health insurance offer in Poland is presented in Figure 3.

The Insured via the internet platform may report the need to use e-medical consultation. E-consultation lasts 10-15 minutes and within this time the Insured may:

- 1) consult a doctor and, for example, discuss the results of the tests,
- 2) receive a referral for selected tests,
- 3) receive a non-refunded recipe sent by courier,
- 4) browse your e-consultations and download recommendations.

During the e-consultation, there is no possibility of obtaining a sick leave.

### **PROCESS INNOVATIONS IN HEALTH INSURANCE AREA ON THE BASIS OF THE OFFER WITH BENEFITS OF E-MEDICAL CONSULTATIONS**

In accordance with the provisions of the Civil Code<sup>15</sup>, the process of fulfilling the Insu-

rer's obligation to provide the benefits in the personal insurance contract, called claims handling in insurance terminology, includes in particular payment of an agreed sum of money, pension or other benefit. The Insurer is obliged to fulfill the benefit within 30 days from the date of receipt of the notification. In addition the Act on insurance and reinsurance activity sets out in detail the stages of the claims handling process and provides for a process to determine the liability of the Insurer or the amount of the benefit. It should be noted that the legislator treated Insurers offering health insurance and assistance services in a special way. The adopted regulation (in para. 3 Art 29 of the Act on Insurance and Reinsurance Activities) allows to shorten the claims handling process from health insurance, which is used by Insurers. The wording of Articles 28 and 29 of the Act on Insurance and Reinsurance Activities is included in Table 3.

At present, only claims handling proces of the befefts in cash form, referred in para. 2 of this paper, is taking into account the stage of determining the liability of the Insurance Company and assume payment in accordance with the provisions of the Act within 30 days. In the

<sup>14</sup> Insurance Companies to provide these benefits cooperate with the same start-up telemedicine company.

<sup>15</sup> § 2 pkt.2 Art. 805 Civil Code Act of 23 April 1964 Civil Code Dz. U 1964 No. 16 item 93 with later amendments.

case of the others benefits, the stage of determining the liability of the Insurance Company has been shortened to verify the Insured's entitlement to benefits by the helpline or relevant applications to make appointments. However, it is still necessary to contact the Insured personally with the medical staff in order to receive the medical service. In connection with the implementation of medical e-consultation services, a new short-term claims handling method has been created by the Insurers, where the delivery

of a medical service takes place at a distance. This is a different process from other solutions used so far: the traditional claims handling process requiring written notification and 30-day waiting for payment and the claims handling process consisting in organizing the delivery of medical services in which there is no need to submit a claim in written form and 30 days waiting for payment, however, requiring the client's personal presence during the performance of the service.

#### Article 28 of the Act on Insurance and Reinsurance

The Insurance Company pays compensation or benefit based on the claim of the person entitled under the insurance contract as a result of the arrangements made in the proceedings carried out by him, referred to in art. 29, a settlement with him or a final court decision.

#### Article 29 of the Act on Insurance and Reinsurance Activities

1. After receiving notification of the occurrence of an unforeseen event covered by insurance, within 7 days from the date of receipt of this notification, the Insurance Company informs the policy holder or the Insured if they are not persons appearing with this notification and undertakes proceedings regarding the facts of the event, the legitimacy of the claims and amounts claimed, and also inform the claimant, in writing or otherwise, to which the person agreed, what documents are needed to determine the liability of the Insurance Company or the amount, if it is necessary to continue the proceedings.

2. In the case of an insurance contract concluded on someone else's account, in particular group insurance, notification of the occurrence of an unforeseen event may also be reported by the Insured or his heirs. In this case, the heir is treated as the beneficiary of the insurance contract.

3. The provisions of § 1 and 2 shall not apply to events covered by insurance under insurance contracts referred to in Section II in groups 2 and 18 of the Annex to the Act, and sickness insurance contract referred to in Section I in Group 5 of the Annex to the Act, if it is fulfilled immediately after reporting an unforeseen event covered by the insurance or without carrying out any proceedings regarding the factual determination of a fortuitous event, the validity of the claims submitted and the amount of the claim.

4. If, within the time limits specified in the Act or in the contract, the Insurance Company fails to pay compensation or benefit, it shall notify in writing:

1) the person making the claim, and

2) the Insured, in the case of an insurance contract concluded for someone else's account, in particular group insurance, if he/she is not the person making the claim - about the reasons for the inability to satisfy their claims in whole or in part, and also pays an indisputable part of the benefit.

5. If the compensation or benefit is not due or is due in a different amount specified in the claim, the Insurance Company shall inform in writing:

- 1) the person making the claim and
- 2) the Insured, in the case of an insurance contract concluded on someone else's account, in particular group insurance, if he/she is not the person making the claim – indicating the circumstances and the legal basis justifying the total or partial refusal of payment of the benefit. This information includes an instruction on the possibility of pursuing legal claims.

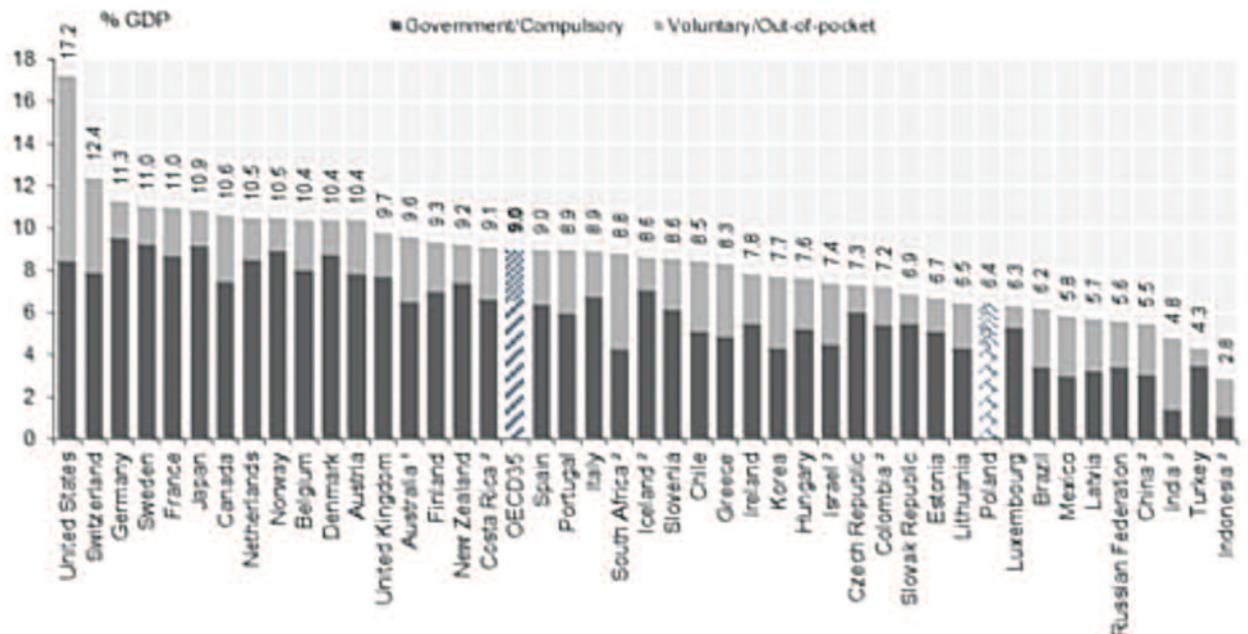
Source: Act on insurance and reinsurance activities

### FACTORS THAT DETERMINE THE DEVELOPMENT OF PRODUCT AND PROCESS INNOVATIONS IN THE AREA OF HEALTH INSURANCE

In Poland, there is a growing interest in the health insurance offer, due to the problems faced by the health care system, resulting in hindered access to medical services for patients and long

waiting time. This is the effect i.a. of low financial outlays on health care in our country – lower than average spending on the same goal in other countries. According to the Health at a Glance: Europe 2017 report, in 2016 OECD countries spent 9% of GDP on health on average. Poland in 2016, spent 6.4% of GDP for this purpose.

**Figure 4.** The share of expenditure on health in GDP in 2016 (or the nearest year), in the OECD countries



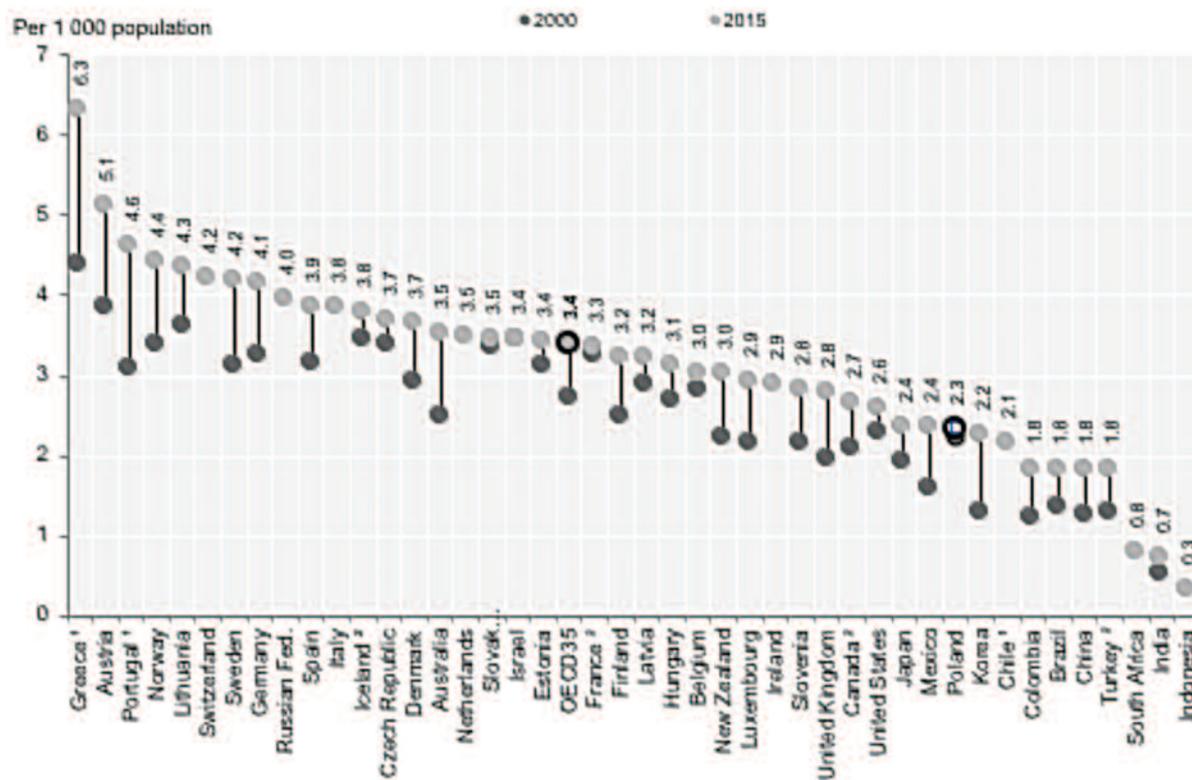
Note: Expenditure excludes investments, unless otherwise stated.

1. Australian expenditure estimates exclude all expenditure for residential aged care facilities in welfare (social) services.

2. Includes investments.

Source: Health at a Glance 2017; OECD indicators.

Figure 5. Practitioners at 1000 residents, 2000 and 2015 (or next year)



Note:

1. Data refer to all doctors licensed to practice, resulting in a large over-estimation of the number of practising doctors (e.g. of around 30% in Portugal).
2. Data include not only doctors providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc. (adding another 5-10% of doctors).

Source: Health at a glance 2017; OECD indicators.

This situation causes an increase of dissatisfaction of medical staff from the received remuneration and migration to highly developed countries with high expenditure on health care. Data from the Report Health at a Glance 2017 indicate that Poland has the lowest number of doctors per 1000 people in the OECD countries – 2.3 doctors. The average for the OECD countries was 3.4 doctors.

In Poland, there is also an unfavorable demographic structure of people performing medical professions: according to the Report of the National Institute of Public Health - National Institute of Hygiene, a significant proportion of doctors is between 45 and 64 years old and the balance of the number of doctors over 65 is the negative for the youngest group of doctors under 35 years of age.

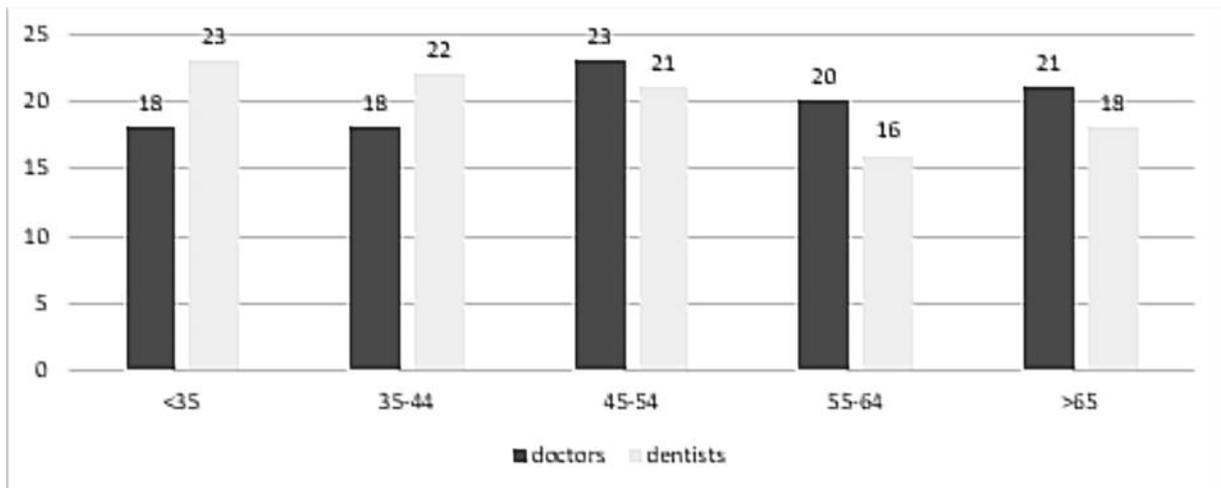
The situation described in connection with the technological progress, growing expectations of customers and the desire to satisfy them by the Insurers has become a factor determining the development of product and process innovations in the area of health insurance in Poland.

## CONCLUSIONS

The conducted research has shown that the private insurance market creates:

- 1) product innovations consisting a new services in the field of telemedicine: e-medical consultations,

Figure 6. Age structure of physicians and dentists (in %)



Source: Own study based on the basis of a report of the National Institute of Public Health - National Institute of Hygiene The health situation of the Polish population and its conditions. 2016. Warsaw, p. 412.

- 2) process innovations involving changes in the process of providing benefits: based on new information and communication technologies and allowing for the provision of medical services included in insurance contracts for a distance.

The solutions implemented by the Insurers are a consequence of the problems faced by the health care system in Poland resulting from, among others, low financial outlays for health care. This situation affects the deficit of the medical staff and is disadvantageous for both patients and Insurers which have problems with ensuring standards for the performance of benefits specified in insurance contracts. Insurers responds to the existing difficulties and introduce new technological solutions: e-medical consultations, ensuring high and timely quality of services provided. The private health insurance market currently accounts for only 3% of the entire insurance market in Poland, but it is growing rapidly. The gross written premium in 2017 increased by 13% compared to 2016, and in 2016 increased 6% in comparison to 2015. Only companies that will be able to meet clients expectations and ensure timely delivery of medical services in a difficult market of medical suppliers will be able to secure a compe-

titive advantage in this line of business.

It should be noted, that while the novelties described in this paper are innovations in the insurance industry, these are mimic actions in relation to the medical market and solutions proposed by large medical networks such as LUX-MED, MEDICOVER, ENEL-MED or POLMED, who have implemented telemedicine services earlier than the Insurers. However, according to the approach represented by Ph. Kotler, P. Drucker, and also in the Oslo Manual: any invention that is new to the implementer is an innovation. This category also includes products, processes and methods that have been adopted from other companies.

The material opens the ground for discussion on the directions of changes in the existing forms of claims handling in health insurance, in the scope of dissemination of the form of remote implementation also other benefits covered by private health insurance, not only medical consultations. The new form shortens the time from the moment the claim is submitted to the moment of providing the service and increases the standard of services provided by the Insurers. The potential clients of Insurance Companies also expect changes in the manner of providing medical services. The research

published in the E-health report through the eyes of Poles<sup>16</sup> shows that patients want to introduce telemedicine services in the medical services sector. As many as 74% of respondents would like to receive a prescription and sick leave from the internet. It can therefore be concluded that the innovations described in this study are the beginning of changes that will become standard in the private health insurance service in the future.

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