This abstract presents assumptions of the project "Preparation, testing and implementation of coordinated care in the healthcare system. Stage I Development of integrated / coordinated healthcare models for Poland and Stage II. Pilot phase – Primary Care PLUS model" co-financed from the European Social Fund under the Operational Program Knowledge Education Development financed under the European Commission Priority Axis 4 and 5.

**Introduction:** The National Health Fund (Narodowy Fundusz Zdrowia – NFZ) is the sole public payer accountable for securing access to health care services throughout Poland for all eligible persons. Its 16 voivodship branches are responsible for contracting services with all types of healthcare providers. Entitlement to out- and in-patients services for adults is dependent on payment of monthly contribution (healthcare insurance).

**Description of policy context and objective:** Present system is focused on specialized and inpatient care, which are reactive and remedial, mostly on ad-hoc basis. Patients are passive, poorly informed, dependent on the system. Their medical care is driven by and dependent on individual efforts of physicians, which are regarded as only partners. The aim of the project is to implement a pilot study introducing the model of care focused on patients’ needs and primary health care to be pro-active and preventive, based on planning, continuous, driven by family medicine teams, delivered to active, self-monitoring, well informed patient. All health professionals should be regarded as patients’ partners. The level of technology support should be adequate to the system goals.

**Targeted population:** About 300 000 patients in 45 primary care practices out of which 45 000 will participate in the project.

**Highlights:** Project implementation was divided into 3 phases: I. Creation of concept - developing 3 models; II. Implementation of the model chosen as a pilot; III. Implementation of chosen measures. Neutral (no link with politics) partner (The World Bank) is involved.
**Transferability:** Most countries experience accelerated progress towards Universal Health Coverage resulting in an economical challenges. Longevity gains lead to chronic health conditions and increased health and long-term care needs, and related spending is outpacing economic growth even in most developed countries. There is a pressure to improve health outcomes and patient experiences, without further increase of health care costs. Therefore countries look for more effective ways of delivering high-quality health care services in more coordinated manner.

**Conclusions:** Future reform targets the entire population of Poland with around 38 million people (6th in Europe). By year 2060 the number of seniors in Poland is expected to double from 5.5 to 11 million.

**Key stages of the project implementation:**

Implementation of chosen model as a pilot

**Stage 1:** Selection of representative (urban vs. rural areas etc.) project participants (PHC practices) carried out by all voivodships. Enrolment of each site preceded by an ex-ante audit.

**Stage 2:** Adjustment of PHCs (organizational structure and IT systems) to the conditions of the model; ex-ante audit recommendations’ implementation.

**Stage 3:** Creation of IT platform for NFZ and PHCs cooperation; to be used for processing data and enabling introduction of recommendations derived from coordination indicators, allowing knowledge exchange between participants of the study, containing health education information to be made available to patients. Data collected will serve also to Minister of Health as a basis for development or amendment of legal acts necessary for future effective implementation of coordinated healthcare in Poland.

**Stage 4:** Providing health services and monitoring the quality of care.

**Keywords:** poland; primary health care plus project; national health fund