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**ABSTRACT**

 Health is one of the most essential values for every human being. Important not only for the individual but also for the whole society. In the 70s of the last century, there was an increase in the number of studies determining the role of health in developing economic indicators. However, a significant change in the approach to healthcare and its impact on the global economy occurred during the SARS-COV 2 virus pandemic, which by the end of July 2021 had infected 198 million people worldwide and caused mortality of about 4.2 million people. It should be emphasized that in the health market, the usefulness of medical services is high.

 One of the most important problems in health care systems is the constantly increasing cost of medical care, which is caused by demographic changes, the implementation of innovative therapies and medical technologies, as well as improving the quality of medical services. This causes increasing financial difficulties for state budgets and insurance organizations.

 Among all healthcare expenditures in Poland, the largest amount is spent on hospital care, which per capita is very high. Financing hospital treatment is based on the coding of services according to Diagnosis Related Group (DRG), taking into account classifications of diseases or classifications of medical procedures.

 The dissertation was to analyse the systems of the countries, including macroeconomic and medical indicators, assess the outpatient care system and financing of hospital stays by comparing the size, financing of DRG groups and their characteristics.

 The above study compares the financing of 6 diseases according to the DRG system, taking into account the differences in the valuation between individual groups depending on the severity of the patient's condition, differences in the financing of elective stays, short hospitalizations and transfers between hospitals, as well as qualitative indicators modifying the valuation of groups.

 The dissertation compares the healthcare systems of the United States of America, Great Britain, France, Poland and the Federal Republic of Germany.

 The research positively verified the thesis:

Financing health care in Poland requires changes that increase economic and clinical effectiveness based on the experience of the United States of America, the Federal Republic of Germany, France and Great Britain. They should include the effective expenditure on medical care, including the change in the structure of services and the extension of the catalogue of DRG Groups, taking into account different levels of severity of the patient's condition, comorbidities and comprehensive treatment.

 The dissertation consists of four chapters.

The first chapter presents the financing of health care, definition and features of the system.

In the beginning, were discussed, the features of the medical services market, mostly the asymmetry of information, "moral hazard", and "creating demand by supply". There were presented the function of demand and supply in health care depending on the financing model. The Grossman model was discussed, and the methods of financing medical healthcare, its sources, types of expenses and payment mechanisms were presented. Then, the concept of healthcare efficiency was defined and discussed. Another issue presented was the types of models for financing healthcare systems.

 The second chapter presents the characteristics of financing the Polish healthcare system, including outpatient and hospital medical care, taking into account the amount of funds allocated to health promotion, and DRG Groups. The amount of expenditure on innovative and generic pharmaceuticals as well as on medical technologies was discussed. The problem of debts of public health care institutions was also presented. Then, the financing of the market of private medical services.

 The third chapter describes the healthcare systems in the United States of America, Great Britain, the Federal Republic of Germany, Poland and France with an analysis of the financing of these systems in relation to the situation in Poland. Macroeconomic and medical indicators were taken into account, including the number of deaths, expenditure on hospital care, financing outpatient care, and reimbursement of pharmaceuticals. The problem of employment rates, salaries, the number of consultations was also presented. A comparison of the DRG Group systems in all countries and differences in the classifications used in individual systems for coding groups was also described.

 The fourth chapter presents an analysis of the financing of 6 groups of DRG system. It includes an analysis of the coding and financing of each of the groups, differences in their size, and rates between the lowest and highest-priced groups. The additional payments related to the treatment of patients in all countries were also taken into account.

 At the end, were presented the results of the research and the conclusions of the analyzes, as well as the summary of the dissertation, specifying the possibility of implementing them in the Polish health care system.