

XXX years of medical rehabilitation by the Agricultural Social Insurance Fund

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Abstract

Over the past 30 years, the rehabilitation activity at the Agricultural Insurance Fund (KRUS) has evolved. The first success was the establishment of the Farmers' Rehabilitation Center in Iwonicz-Zdrój. In the same centre, patients were admitted in the second year of the Fund's existence, and in the next four years the modernization and adaptation of another six treatment facilities was completed. In the first years of the Fund's operation, a systemic nature of directing farmers to rehabilitation camps was created.

For many years, the Fund has contributed to improving the quality of services in the Centres, providing farmers with high standards of rehabilitation based on recognized therapeutic methods and the achievements of modern medicine.

The aim of this article is to discuss the shaping of therapeutic rehabilitation and its institutional development since the establishment of the Agricultural Social Insurance Fund.

Keywords: farmers' rehabilitation centres, KRUS, medical rehabilitation, farmers.

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Introduction

The Agricultural Social Insurance Fund (Kasa Rolniczego Ubezpieczenia Społecznego – KRUS), in accordance with its statutory obligation, ensures that farmers entitled to the Fund's benefits can benefit from medical rehabilitation.

Currently, activities in the field of medical rehabilitation undertaken by KRUS are regulated by Art. 64 of the Act of 20 December 1990 on the social insurance of farmers, which obliges the Fund to provide assistance to the insured and persons entitled to benefits under insurance, who show total incapacity to work on a farm, but are likely to recover as a result of treatment and rehabilitation, or are at risk of being completely incapable of working on a farm, including:

- referral for medical rehabilitation to medical rehabilitation centres,
- running medical rehabilitation centres¹.

Detailed rules for referral to therapeutic rehabilitation are set out in the Regulation of the Minister of Agriculture and Rural Development of 19 July 2013 on the conditions and procedures regarding referral by the Agricultural Social Insurance Fund to therapeutic rehabilitation and on awarding contracts for rehabilitation benefits and services².

Shaping medical rehabilitation in KRUS

From the beginning of the Fund's existence, a framework programme of own tasks and gradual building and implementation of the rehabilitation system has been defined, taking into account the specificity and needs of the rural environment. The tasks imposed on KRUS in the field of therapeutic rehabilitation were specified in the Act of 20 December 1990 on the social insurance of farmers, and the assumptions of rehabilitation were approved by the Farmers' Council in September 1991. The statutory provisions at that time obliged the Fund to launch prevention activities and cover the persons entitled to the insurance with rehabilitation.

It was an unusual task that had not been imposed on any institution of this kind in the history of social security. Rehabilitation took the form of a health benefit in kind, which could be granted to farmers and their family members in

1. Act of 20 December 1990 on the social insurance of farmers, Journal of Laws 2021, item 266 as amended.
2. Ordinance of the Minister of Agriculture and Rural Development of 19 July 2013 on the conditions and procedures regarding referral by the Agricultural Social Insurance Fund to medical rehabilitation and on awarding contracts for rehabilitation benefits and services, Journal of Laws of 2013, item 860.

health-threatening groups, meeting certain conditions resulting from the provisions of the Act. At the beginning, the main goal of rehabilitation carried out by KRUS was to prevent disability or reduce it to the level enabling the insured person to continue working on a farm or to retrain or train for another profession. Therefore, the patients were people at risk of long-term incapacity to work on a farm or those who lost this ability, but had a chance to regain it as a result of further treatment and rehabilitation. At the outset, the commencement of rehabilitation activities in KRUS required the establishment of a medical base, equipped with appropriate medical equipment, and the recruitment of professionals guaranteeing, *inter alia*, 24/7 medical and nursing care³.

Over the last 30 years, the rehabilitation activity has evolved. The first success was the establishment of the Farmers' Rehabilitation Centre in Iwonicz-Zdrój. In this centre, patients were admitted already in the second year of the Fund's existence, and in the next four years the modernization and adaptation of another six treatment facilities was completed. In the first years of the Fund's operation, a system of directing farmers to rehabilitation stays was created. Rehabilitation in own Centres in Horyniec-Zdrój, Iwonicz-Zdrój, Jedlec, Kołobrzeg and Szklarska Poręba, in Recreation and Rehabilitation Centre in Świnoujście, and Training and Rehabilitation Centre in Teresin, and in foreign sanatoriums was provided to: in 1992 – 1022 insured farmers, in 1993 – 3,948, in 1994 – 7,096, in 1995 – 9,523, in 1996 – 11,578 farmers. From 1997 to the present day, the number of farmers benefiting from rehabilitation has remained constant at around 14,000. Moreover, since 1993, during the summer holidays, the Fund also organises rehabilitation stays for farmers' children aged 7–15. So far, almost 34 thousand people have benefited from this form of aid.

In the years 1992–2011, therapeutic rehabilitation started in the centres of the Agricultural Social Insurance Fund could be continued in the vicinity of the farmers' place of residence on an outpatient basis, thanks to the extensive cooperation of the Fund with the Communal Healthcare Centres, which were provided with therapy equipment on loan. Local rehabilitation offices as well as rural and communal health centres were equipped with the necessary medical devices.

A milestone in the activities of the Agricultural Social Insurance Fund and the organisation of medical rehabilitation was the establishment, as of 1 January 1997, of a two-stage system of medical certification, separate from the ZUS internal evidence procedure, which was undertaken in connection with the determination of the insured farmer's right to benefits. Organizing the system required great effort

3. W. Kobielski, *Zakłady rehabilitacji leczniczej KRUS*, "Ubezpieczenia w Rolnictwie. Materiały i Studia" 2004, nr 3/4, p. 55–78.

to recruit doctors with appropriate qualifications, creating new legal solutions, carrying out training and organizational tasks. However, it was a worthwhile endeavour, as KRUS medical commissions significantly shortened the way for the insured to obtain a pension, a certificate of incapacity for work and the right to receive certain benefits⁴.

Realisation of therapeutic rehabilitation – current state

Pursuant to the statutory provision, the purpose of the medical rehabilitation carried out by KRUS is to restore the ability to work on a farm to persons entitled to benefits from the social insurance of farmers, showing total incapacity to work on a farm, but promising to recover it as a result of treatment and rehabilitation, or to persons at risk of total incapacity to work on a farm. This goal is complemented by the European approach to medical rehabilitation, which requires a special emphasis on the assessment and improvement of the patient's functional state based on the International Classification of Functioning, Disability and Health (ICF)⁵.

The financial basis of the Fund's activity in the field of medical rehabilitation is the Prevention and Rehabilitation Fund, which is created from a deduction from the Contribution Fund in the amount of up to 6.5% of the planned expenditure of this fund and a subsidy from the state budget.

It is worth mentioning that the financial outlays have increased over the years. For comparison, in 1991 the fund was created from a write-off from the Contribution Fund and the Pension Fund in the amount of 1%.

The Agricultural Social Insurance Fund is obliged to run its own medical rehabilitation centres, which results directly from Art. 64 sec. 1 of the Act of 20 December 1990 on farmers' social insurance. Currently, medical rehabilitation is carried out in the form of 21-day stationary stays at the Farmers' Rehabilitation Centres of KRUS: in Horyniec-Zdrój, Iwonicz-Zdrój, Jedlec, Kołobrzeg, Szklarska Poręba and Świnoujście. Medical care in the Centres is provided by qualified medical staff: doctors, physiotherapists and nurses. According to the data of the Rehabilitation Office, at the end of 2019, the medical staff in all KRUS Farmers' Rehabilitation Centres included: 42 doctors, 105 physiotherapists and massage therapists, 60 nurses, 2 psychologists, 5 nutritionists and 9 support staff⁶.

4. M. Hołubicki, *10 lat Kasy Rolniczego Ubezpieczenia Społecznego*, "Ubezpieczenia w Rolnictwie. Materiały i Studia" 2000, nr 4(8), p. 5–23.

5. WHO, *International classification of functioning, disability and health*, 2001, Polish translation: 2009.

6. KRUS, *Informacja kwartalna za IV kwartał 2019 r.*, Biuro Rehabilitacji, 2019.

The centres are equipped with modern rehabilitation devices and offer a wide range of treatments, dominated by treatments in the field of kinesiotherapy, therapeutic massage, electrotherapy, phototherapy and hydrotherapy. In these centres, which are located in sanatorium towns, balneological treatments are also available, e.g. brine baths, sulphide-hydrogen sulphide baths, peloid treatments and inhalations. Each patient undergoing medical rehabilitation is provided with: accommodation and full board, 24-hour medical care, necessary diagnostic tests and advice, and an individually selected treatment and rehabilitation programme.

Currently, KRUS medical rehabilitation facilities have their own human, equipment and executive potential, thanks to which medical rehabilitation can be successfully implemented in the form of stationary and 24-hour rehabilitation camps.

Own human resources allow the centres to autonomously ensure the provision of health services, and to optimally use the potential of the treatment base. Patients of the KRUS Farmers' Rehabilitation Centre in Horyniec-Zdrój take advantage of balneological treatments at the nearby Natural Medicine Institute, which for patients is a perfect complement to the stimulus therapy with the use of natural medicinal raw materials, which is what the Horyniec-Zdrój Sanatorium is famous for (peloid treatments and sulphide and hydrogen sulphide baths).

Due to the fact that the towns where the Centres are located, apart from Jedlec and Szklarska Poręba, have the status of a health resort, the medical rehabilitation carried out is supplemented with specific climatic stimuli characteristic for each sanatorium town. The location, landscape and peculiarities of the microclimate of each of the centres complement the recovery process, thus contributing to the regeneration and return of the farmer to work on the farm.

Farmers are a professional group whose health problems, due to the specificity of work in agriculture, focus primarily on diseases of the musculoskeletal system. Currently, medical rehabilitation carried out by KRUS covers two disease groups: diseases of the musculoskeletal system and the circulatory system. This is confirmed by the analysis of the structure of judgments issued in the first-time disability pension cases of the Fund, which indicates that diseases of the musculoskeletal system and cardiovascular system are the basic health problem of people applying for agricultural pensions due to incapacity to work on a farm (according to the International Statistics on Classification of Diseases and Health Problems of the ICD-10 classification). Therefore, the mentioned groups of diseases constitute the main reason for sending farmers to medical rehabilitation.

The KRUS medical rehabilitation units are independent public health care units and run their own financial management. However, the Agricultural Social Insurance Fund also receives financial resources each year which contribute to the

Prevention and Rehabilitation Fund for the purpose of co-financing the activities of KRUS Farmers' Rehabilitation Centres related to:

- implementation of tasks in the field of health policy programmes, health programmes and health promotion, including the purchase of medical apparatus and equipment, as well as the execution of other investments necessary for the implementation of these tasks;
- renovations;
- covering the costs of education and improving the qualifications of medical professionals.

Thus, the Fund grants funds in the form of subsidies for the implementation of the above-mentioned goals. Before submitting an application for subsidy, the centres conduct a comprehensive and thorough analysis of their purchasing needs in modern rehabilitation equipment, as well as adapting construction facilities to the requirements of disabled people, rehabilitation and leisure through the medical market research. Thanks to financial support, the centres have modern equipment at their disposal, which translates into high quality of health services provided.

For years, KRUS Farmers' Rehabilitation Centres have adapted their resources to the requirements and needs of farmers, as a specific and demanding category of patients. Thanks to the efforts of the Fund, over 14 thousand farmers and about 1,200 farmers' children benefit from medical rehabilitation each year. Benefiting from rehabilitation provided by KRUS does not deprive farmers of the right to use health care services, including sanatorium treatment financed by the National Health Fund. It is worth noting that every farmer referred to medical rehabilitation is entitled to reimbursement of the cost of travel to each of the centres by the Fund.

The constantly growing demand for medical and sanatorium rehabilitation services means that sending farmers for medical rehabilitation to own, well-organized establishments is justified. In order to meet pandemic health priorities, and taking into account numerous complications in people with COVID-19 disease, KRUS has launched a new rehabilitation profile for this group of patients. The aim of the programme is, inter alia, disease remission in the case of convalescents, improvement of their exercise capacity, circulation and respiratory efficiency, strengthening their psychophysical condition and mental health. Centres in Szklarska Poręba and Jedlec have started this rehabilitation activity since the spring of 2021. Post-covid rehabilitation takes place in a stationary mode, as part of 21-day rehabilitation stays⁷. It is worth adding that during the COVID-19 epidemic in the country, the activity of the

7. KRUS, *Rehabilitacja osób po przebytej chorobie COVID-19 w CRR KRUS – założenia*, Biuro Rehabilitacji, March 2021.

centres was temporarily suspended. It was resumed in June 2020 and lasted until November 2020. At that time, the Fund referred nearly 2,300 patients to its 6 centres for rehabilitation⁸.

A modern approach

Various fields of medicine, including rehabilitation and physiotherapy, should carry out their tasks in accordance with the latest medical knowledge. The implementation of this idea is supported by expert groups, developed guidelines, medical standards and procedure algorithms. All these sources and recommendations affect the safety of patients and play an important role as an instrument to reduce the risk of operating in healthcare entities. Medical standards not only affect the safety of patients, but also allow for the equalization of standard of services provided.

The Fund ensures that the level of health services and the rehabilitation offer addressed to insured persons reflects modern rehabilitation criteria and meets patient requirements.

Since 2006, a document developed by the Office of Prevention, Rehabilitation and Medical Certification was in force at the Fund under the name “Standards of therapeutic rehabilitation carried out by the Agricultural Social Insurance Fund”. Due to a number of changes that have been introduced in recent years to the catalogue of medical indications and contraindications in the field of therapeutic rehabilitation, this document was reviewed and updated in 2019. For the complementarity of creating changes, a special team was set up, which included representatives of the Agricultural Social Insurance Fund and representatives of KRUS Farmers’ Rehabilitation Centres. The result of several months of work of the team was the development of “Guidelines for the medical rehabilitation of farmers at the working age, implemented by the Agricultural Social Insurance Fund”, which were approved by the President of KRUS on 24 October 2019. The current document is a concise compendium containing the aim and principles of medical rehabilitation at the Fund, it defines the framework for the operation of KRUS medical rehabilitation facilities as well as indications and contraindications for referral to medical rehabilitation.

The aforementioned guidelines emphasize that therapeutic rehabilitation, according to the definition of the World Health Organization (WHO), is a comprehensive procedure in relation to people with physical and mental disabilities, aimed

8. I. Sobiś, *Rehabilitacja lecznicza KRUS w czasie epidemii COVID-19*, “Ubezpieczenia w Rolnictwie. Materiały i Studia” 2020 (73), p. 235–240.

at restoring full or achievable physical and mental fitness, earning capacity and to take an active part in social life. However, with regard to a specific group of insured persons, the main objective of the medical rehabilitation carried out by KRUS is to maintain or restore the ability to work on a farm for persons entitled to benefits from the social insurance of farmers⁹.

Currently, in order to improve the functioning of the health care system, it is necessary to strive for the full implementation of digitization (e-health). Following the enormous progress in information technology, KRUS medical rehabilitation centres, as medical entities, adapt their ICT systems, including introducing the electronic circulation of medical records (EDM), which ensures the creation, processing, exchange and archiving of medical data. This is an important aspect of modern support for medical rehabilitation in KRUS Farmers' Rehabilitation Centres, consistent with the state's public policy in the field of e-health.

It should also be kept in mind that the organization of rehabilitation in Europe and around the world is constantly evolving. Definitions in the field of rehabilitation and physiotherapy are changing, and the competences of the medical professions are expanded. According to the contemporary approach to rehabilitation included in the White Book of Physical Medicine and Rehabilitation in Europe, medical rehabilitation is "an active process during which persons with disabilities, as a result of an injury or disease, regain their full functional capabilities or, if their full recovery is not possible, realize their full functional capabilities physical, mental and social potential at an optimal level and in conditions of integration with the most appropriate community for them"¹⁰.

International cooperation

The Agricultural Social Insurance Fund (KRUS) has been a member of the International Social Security Association (ISSA) based in Geneva since 1992. The aim of this association is to promote and present various system solutions in the field of social insurance for various professional groups, including farmers. In 2008, the International ISSA Section for the Prevention of Workplace Accidents and Occupational

9. R. Liana, I. Sobiś, I. Czartoryska-Plutecka, *Wytuczne rehabilitacji leczniczej rolników w wieku aktywności zawodowej realizowanej przez Kasę Rolniczego Ubezpieczenia Społecznego – geneza powstania dokumentu*, "Ubezpieczenia w Rolnictwie. Materiały i Studia" 2019, nr 69, p. 139–150.

10. *White Book on Physical and Rehabilitation Medicine in Europe*, original published [in:] "Journal of Rehabilitation Medicine" 2007, Vol. 39, p. 1–48, Supplement No. 45 and [in:] "Europa Medicophysica" 2007, Vol. 42(4), p. 287–332, (nowadays "European Journal of PRM").

Diseases in Healthcare and the International ISSA Section for Occupational Safety and Diseases in Agriculture concluded a mutual cooperation agreement. As part of cooperation and implementation of specific tasks, including health and safety at work, sections may establish joint working groups and invite experts and external specialists to cooperate.

In recent years, the Fund, together with the German social security institution (ISSA Health Section), has made a successful attempt to transfer the assumptions and experiences of the German Back School to the environment of people working in agriculture. In 2016, the KRUS Farmers' Rehabilitation Centre in Jedlec introduced an interdisciplinary rehabilitation programme based on identifiable threats resulting from burdens in the farmer's working environment. The main assumption of the programme is the prevention of spine diseases by restoring the muscle-joint balance and practical learning of the ergonomics of your own spine. The participants of the Back School learn when and how pain arises, how to avoid it and how to behave during the basic activities of the day (related to agricultural work). The programme also aims to shape the patient's appropriate psychophysical approach to their diseases, such as learning correct behaviour patterns, e.g. after surgery. The modern approach of the Back School programme takes into account a holistic and general approach to rehabilitation, covering the entirety of activities towards the patient, from prevention through therapy, education and cyclical assessment of his general condition¹¹. By 2020, 375 farmers had benefited from the comprehensive programme in the framework of the Back School. Finally, it should be added that for many years, under the agreement between the CRR in Szklarska Poręba and DGUV (German Deutsche Gesetzliche Unfallversicherung) Reha International in Berlin, post-accident rehabilitation has been carried out in KRUS centres in Szklarska Poręba and in Kołobrzeg. So far, about 900 Polish citizens have benefited from it¹².

11. E. Wojtyła, W. Dziecioł, *Ból dolnego odcinka kręgosłupa. Czy istnieje alternatywa dla terapii konwencjonalnej?*, "Ubezpieczenia w Rolnictwie. Materiały i Studia" 2018, nr 67, p. 123–153; E. Wojtyła, W. Dziecioł, *Kompleksowa terapia bólu dolnego odcinka kręgosłupa pod nazwą Szkoła Pleców w Centrum Rehabilitacji Rolników KRUS w Jedlcu jako odpowiedź na niską skuteczność terapii konwencjonalnych*, "Ubezpieczenia w Rolnictwie. Materiały i Studia" 2018, nr 68, p. 105–134.

12. *Porozumienie pomiędzy CRR w Szklarskiej Porębie a DGUV Reha International w Berlinie*, CRR KRUS Szklarska Poręba, 2013.

Conclusions

For many years, the Fund has contributed to improving the quality of services in the centres, providing farmers with high standards of rehabilitation based on recognized therapeutic methods and the achievements of modern medicine. The specificity of the “patient-farmer” resulted in the fact that the medical and organizational procedures developed over the years in their own medical rehabilitation centres were appreciated by farmers who benefited from the medical rehabilitation provided by KRUS. In order to ensure further development of medical rehabilitation in KRUS, it is worth continuing KRUS’ institutional efforts in this direction.

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