



## **First-year follow-up costs of myocardial infarction management in Poland from the payer's perspective**

**Authors:** Andrzej Ciszewski

**Article type:** Letter to the Editor

**Received:** April 16, 2024

**Accepted:** April 19, 2024

**Early publication date:** April 22, 2024

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## **First-year follow-up costs of myocardial infarction management in Poland from the payer's perspective**

Andrzej Ciszewski

Department of Cardiology and Invasive Angiology, National Institute of Cardiology, Warszawa, Poland

### **Correspondence to:**

Andrzej Ciszewski, MD,  
Department of Cardiology and Invasive Angiology,  
National Institute of Cardiology,  
Alpejska 42, 04–628 Warszawa, Poland,  
phone: +48 22 34 34 013,  
e-mail: [aciszewski@ikard.pl](mailto:aciszewski@ikard.pl)

I have read with great interest the article “First-year follow-up costs of myocardial infarction management in Poland from the payer's perspective” by Skowrońska et al. [1]. I would like to congratulate the authors the accomplishment of developing the first, pioneering study determining and evaluating the costs of treating patients during the first year after myocardial infarction (MI). How complicated and difficult it was to create an accurate methodology can be imagined by reading the list of authors, representing 16 (!) different institutions. Since MI remains one of the leading causes of death and disability in developed countries, the social and economic impact of the paper by Skowrońska et al. can't be overestimated [2]. Progress in modern medicine is strongly associated with cost control, reduction of unnecessary expenses, shortening of hospital stay, and development of outpatient care which is to be less expensive and more convenient for patients. However, I was surprised and slightly disappointed that in the section “Limitations” the authors declared “we could not analyse the cost of drugs utilized in the post-discharge period”. I'm afraid that the National Health Fund's reimbursement of drugs used by patients during one year after MI is an important amount of money and cannot be ignored. Most of the prescribed drugs are reimbursed and many are now completely free of charge to patients over 65 years of age. These include: antiplatelets, statins, beta-blockers, calcium blockers, diuretics, angiotensin-converting enzyme inhibitors, sartans, and antidiabetics including sodium-glucose co-transporter 2 inhibitors etc. I would like to hear from

the authors on this topic. Do they have any plans or ideas on how to supplement these missing but important data? I can imagine that this might be difficult as I have been involved for several years in a programme to reduce hospital costs of coronary interventions [3]. I would also like to congratulate the editors of the Polish Heart Journal, as I see this paper in a wider context: a small contribution of our society to the discussion on the transparency in the management of taxpayers' money in Poland.

### **Article information**

**Conflict of interest:** None declared.

**Funding:** None.

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