



Primary Care Nurses in Coordinated Care and the Adult Health Check (2022–2025): Tools, Roles, and Early Outcomes

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Background

Since 2022, Poland has been progressively implementing a model of coordinated primary care, which introduces structured complex visits, individualized care plans and entrusted budgets dedicated to patients with chronic conditions. The aim is to move from episodic, doctor-centred encounters towards continuous, team-based management of health needs in the community. In 2025, this reform was complemented by the nationwide programme “My Health – Adult Health Check”, offered to all adults ≥ 20 years of age. The programme combines an online health questionnaire, a tailored package of diagnostic tests and the development of an Individual Health Plan, delivered within primary care as a starting point for systematic prevention and early detection of disease. Both initiatives are aligned with WHO and OECD recommendations promoting integrated, people-centred primary care and the expansion of nursing roles in managing chronic diseases and coordinating care. However, in the Polish context the scope, responsibilities and potential contribution of primary care nurses within these new models remain insufficiently defined and are fragmented across legal regulations, policy documents and grey literature, making them difficult to operationalise and evaluate in practice.

Methods

Study design

A narrative literature review was conducted.

Sources

The review drew on three main sources of evidence:

- **Scientific literature:** articles indexed in databases such as PubMed (2020–2025), focusing on integrated care, primary care nursing and advanced practice nursing in Europe.
- **National policy documents:** legal acts, guidelines and reports issued by the Polish Ministry of Health and the National Health Fund concerning coordinated primary care and the “My Health – Adult Health Check” programme.
- **International reports:** documents from the World Health Organization (WHO) and the Organisation for Economic Co-operation and Development (OECD) on people-centred integrated health services and expanded/advanced nursing roles.

Analysis

The material was analysed qualitatively and synthesised in three steps:

1. Description of the organisational model of coordinated care in Polish primary care.
2. Description of the structure, components and implementation pathway of the Adult Health Check.
3. Mapping of the roles and responsibilities of primary care nurses in these programmes against European models and international recommendations for integrated, people-centred care.

Aim:

To describe the **role of primary care nurses** in coordinated care and in the “My Health – Adult Health Check” programme in Poland (2022–2025), in the context of European evidence on integrated, people-centred care



Results

1. Coordinated care in primary care

The implemented model of coordinated primary care is characterised by several core components: a **complex visit**, an **individual care plan**, an **entrusted budget** for patients with chronic conditions and the systematic involvement of a **multidisciplinary primary care team**. Within this framework, the primary care nurse participates in patient qualification, conducts follow-up visits and delivers structured education. Routine tasks include monitoring vital signs and relevant clinical parameters, as well as ongoing communication with the care coordinator and general practitioner. Overall, the nurse’s role extends beyond isolated, task-oriented activities towards **longitudinal monitoring and coordination** of patients with chronic diseases across the care continuum.

2. “My Health – Adult Health Check”

The “My Health – Adult Health Check” programme targets **all adults aged ≥ 20 years**, with enrolment primarily via the Internet Patient Account and the “My IKP” mobile application, or directly through primary care providers. The programme follows a standardised pathway comprising: (i) an **online health questionnaire**, (ii) **age- and risk-stratified diagnostic tests**, and (iii) a visit during which an **Individual Health Plan** is developed, followed by an **educational encounter**. In this pathway, the primary care nurse supports digital registration, performs the in-office clinical assessment (including measurements and verification of medical history), co-develops the Individual Health Plan and delivers structured, tailored health education.

3. Alignment with European evidence

The identified tasks and responsibilities of primary care nurses in coordinated care and in the Adult Health Check are consistent with **expanded and advanced nursing roles** described in primary care systems of other European countries. International evidence indicates that such roles are associated with improved access to services, better continuity and coordination of care, higher patient satisfaction and enhanced control of chronic conditions, as well as a potential reduction in **avoidable hospitalisations**.

4. Challenges

Despite the favourable alignment with international trends, several challenges were identified. These include **workforce shortages** and a growing workload in primary care, which may constrain the full implementation of expanded nursing roles. Additionally, there is **heterogeneity in organisational readiness** among practices, particularly in terms of effective teamwork, care coordination processes and the use of digital tools. Finally, **digital inequalities** among patients – related to access to and proficiency with e-health solutions – increase the burden on nurses, who are frequently required to act as intermediaries and “translators” of digital health technologies in routine practice.

Conclusions

- Primary care nurses are **central actors** in both coordinated care and the Adult Health Check programme, especially in risk assessment, education and long-term follow-up.
- The new programmes in Poland are **consistent with WHO and OECD directions**, but their success depends on fully utilising nursing competences.
- There is a clear shift from a narrow, procedural role towards a **partner, educator and coordinator role** for the primary care nurse.
- System-level support (clear competency frameworks, financing, training) is necessary to sustain and scale these changes.

Practical Recommendations

- **Clarify and formalise** the scope of practice and responsibilities of primary care nurses within coordinated care and the Adult Health Check.
- **Invest in training** for nurses in chronic disease management, motivational interviewing, digital health and care coordination.
- Ensure **adequate staffing and financing** so that expanded nursing roles are feasible in everyday practice.
- Develop **user-friendly digital tools** and workflows that reduce administrative burden and support nurse-led education and monitoring.
- Use international **examples of advanced practice nursing** to guide further reforms of primary care in Poland.
- **Introduce an Advanced Practice Nurse role in primary care (APN/FNP-type)**. Develop a master’s-level Advanced Practice Nurse role in primary care, modelled on the Family Nurse Practitioner, with a broad, regulated scope (independent patient assessment, ordering and interpreting tests, managing common acute and chronic conditions, prescribing, leading prevention and health promotion). Evidence from countries with FNP / nurse practitioner models shows that such roles maintain clinical quality and safety while improving access, continuity of care and support for coordinated care programmes.

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