

**Potential effects of the user chargers on the consumption of physician services in six Central and Eastern European countries:  
Application of the stated preference techniques**

**Andriy, Danyliv**

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**email:** danyliv@gmail.com

Patient charges for health care services are implemented in developed countries to reduce unnecessary service use. Although service use in Central and Eastern Europe (CEE) is high, patient charges for services are not common. Moreover, there is no evidence on their potential effects in these countries.

In this paper, we provide evidence on the potential impact of patient charges on the consumption of specialized physician services in six CEE countries: Bulgaria, Hungary, Lithuania, Poland, Romania, and Ukraine. We apply a semi-parametric survival analysis to the stated willingness and ability to pay (WATP) in order to identify potential demand pools, and calculate price, income and age semi-elasticities. Data are collected through a survey held in 2010 among representative samples of about 1000 respondents in each country.

Our results suggest that median WATP in the studied countries ranges from 5.15 EUR to 12.2 EUR and the country ranking by WATP follows exactly the ranking by income level. Low service charges, up to 2.5 EUR in Bulgaria, Hungary, Lithuania and Romania, and up to 5 EUR in Poland should not cause many people to drop out of the demand pool. The lower payment interval should be studied in more detail for Ukraine, however. Official service charges together with exemption/reduction criteria are argued to be beneficial as an alternative to informal payments. Conducting demand analysis based on stated preference data might be a useful tool for designing patient payment policies, especially if new calibrating techniques are incorporated.

**Key words:** willingness to pay; contingent valuation; demand; physician services; survival analysis