

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

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Introduction

- Patient payments (co-payments):
 - Reducing waste
 - Additional funds
 - Regulation and superseding informal charges
- In Central and Eastern European Countries:
 - Formal service charges are relatively new
 - Informal payments are wide-spread
 - No scientific evidence for potential effects of formal charges
- Potential of formal service charges <= consumer willingness and ability to pay (WATP)

Aim

 Provide evidence on the potential impact of the formal patient charges on the of the consumption of specialized physician services in six CEE countries:

Bulgaria, Hungary, Lithuania, Poland, Romania, and Ukraine

based on stated willingness to pay

Background

Country	Official charges	Informal payments
Bulgaria	Co-payments (flat-rate): 1% of minimum wage in country; many exemptions	Low
Hungary	No official charges Attempt to introduce co-payment (flat- rate 1 EURO) in February 2007 -> it existed 1 year and was abolished by referendum	Medium
Lithuania	For uninsured	Medium
Poland	For uninsured	Low
Romania	For uninsured (small package is covered)	High
Ukraine	None (publicly financed)	High

Data

• **Data collection**: representative household surveys

- Bulgaria 1003 respondents
- Hungary 1037 respondents
- Lithuania 1012 respondents
- Poland 1000 respondents
- Romania 1000 respondents
- Ukraine 1000 respondents

TOTAL 6052

Questionnaire: structure

- Past use and payments
- Attitude towards informal payments
- Preferences towards health care services
- Discrete choice experiment
- Willingness to pay questions
- Socio-demographic characteristics

Data

Questionnaire: WATP question

If you had a major health problem (unfamiliar symptoms that worry you), would you be willing to pay official fee for a visit to a MEDICAL SPECIALIST in order to obtain consultation of HIGH QUALITY and QUICK ACCESS?

□ YES □ NO

If yes -> how much exactly? If No – what is the reason?

HIGH QUALITY

Modern medical equipment Well maintained premises Polite attitude of the staff

QUICK ACCESS

Max 30 min of travel Max 10 min of waiting in front of the office

Analysis

WTP levels

Mean, median -> Actual cost

Demand pools

- Survival analysis:
 - WTP: time to event

$$h_j \bigotimes = 1 - \exp\left[-\exp \bigotimes X \sum_{j=1}^j \theta_0 \bigotimes du\right]$$

- Event: drop out from the demand pool
- Semi-parametric: intervals -> (0-2.5+] [2.6-5+] [6-7.5+] [7.6-10+] [11-12.5+] [12.7-25] (25 and more] EUR
- Two-stage: 0 vs postive -> level of WTP

Semi-Elasticity

- Price
- Age, income

$$\frac{\partial \log \left[S\left[a_{j}, X \right] \right]}{\partial t} \Big|_{a_{1}}^{a_{2}} = -\exp \left[\beta X \right] \left[\sum_{a_{1}}^{a_{2}} \exp \left[\gamma_{j} \right] \right]$$
$$\frac{\partial \log \left[\varphi_{j}, X \right]}{\partial x} = -\beta_{x} \exp \left[\beta X \sum_{0}^{a_{j}} \exp \left[\varphi_{j} \right] \right]$$





WTP levels

Demand pools

Elasticity

WTP vs Service cost/tariffs

Country		Cost of service range			
Country		Min	Max		
Bulgaria	8.79	5.32*	9.20		
Hungary	13.91	6.84	-		
Lithuania	11.95	10.30	12.63		
Poland	15.11	12.25	17.15		
Romania	11.16	7.2	-		
Ukraine	6.77	n/a	n/a		

- WTP is substantial:
 - Cost < WTP: Bul*, Hun, Rom</p>
 - Cost approaches WTP: Lith, Pol
 - Ukraine: no available data => WTP can cover personnel cost

	WTP levels		Demand po	ools		E	lasticity			
1 h	1 st stage modeling: hazard of drop out if any fee is introduced									
		Bulgaria	Hungary	Lithuania	a Po	oland	Romania	Ukraine		
A	Age			+		+	+	+		
I	ncome	_	-	-		-	-			
ŀ	lousehold size									
S	ex: female			-			-			
F	Residence									
	rural									
	big city	+	+	+		+				
E	ducation	_				-		-		
	Ill family members					+				

	WTP levels		Demand	pools		Elasticity				
1 h	1st stage modeling: hazard of drop out if any fee is introduced									
		Bulgaria	Hungary	Lithuania	Poland	Romania	Ukraine			
Chr	ronic states									
(diabetes						+			
(CVD						+			
k	idney, liver, lung									
(other		+							
Pas	t use									
exp	erience									
v	isited				-					
F	baid officially		-		-	-	-			
l f	paid informally	-	-	+	-		-			

	WTP levels		Demand po	ools		E	lasticity			
2 h	2nd stage modeling: hazard of drop out at certain fee levels									
		Bulgaria	Hungary	Lithua	nia F	Poland	Romania	Ukraine		
4	Age									
I	ncome	-	-	-		-	-			
ŀ	lousehold size									
S	Sex: female	+	+							
F	Residence									
	rural	+	+							
	big city	+	+	+		-				
E	Education	-	-			+				
	Ill family members			-			+			

	WTP levels		Demand	pools		Elasticity				
2 h	2nd stage modeling: hazard of drop out at certain fee levels									
		Bulgaria	Hungary	Lithuania	Poland	Romania	Ukraine			
Chr	onic states									
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(CVD					-				
k	idney, liver, lung						-			
C	other			+						
Pas	t use									
exp	erience									
v	isited	-				+				
۲ ۲	baid officially	+		-	-					
F	baid informally				-		+			





	WTP levels		Demand pools		Elasticity	
•	Ukrainian con price increas	nsum e (int	ners are the m troduction) a	iost su t all le	usceptible to vels	

- Other 5 countries are relatively inelastic at the lowest level of copayments (0-2.5 EUR).
- Poland: inelastic at the level of 2.6-5 EUR.
- After 7.5 EUR of co-payments in Ukraine and Bulgaria, and after 10 EUR in other countries demand reacts rather fast.



- Poland: the lowest elasticity at all levels
- Ukraine and Bulgaria: the most elastic



- Overall age has rather moderate effect on demand
- The highest age effect is observed in Ukraine

Conclusions

- User charges (co-payments) have a good potential in all 6 countries :
 - up to 2.5 EUR : Hungary, Lithuania, Romania, Bulgaria
 - up to 5.0 EUR : Poland
 - Ukraine : <2.5 EUR -> need country specific scale
- Exemption criteria:
 - Age: Ukraine
 - Income: Romania, Hungary, Lithuania, Romania (not Poland, Ukraine)
- Will they substitute informal payments?



Thank you for your attention!





Focusing on Chronic Care and Ageing