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# PROJECT POLICY BRIEF

**Project No.: 217431** Assessment of patient payment policies and projection of their efficiency, equity and quality effects:  
The case of Central and Eastern Europe

**BRIEF NO. PB-1/2009**

**Title:** **A conceptual model for the analysis and assessment of patient payment policies**

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## A conceptual model for the analysis and assessment of patient payment policies

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### SUMMARY

Project ASSPRO CEE 2007 attempts to generate a comprehensive framework for the analysis and assessment of patient payment policy that combines evidence on potential and actual policy impacts, and provides information relevant to policy-makers to enable informed policy-decisions.

Based on theoretical and empirical evidence on patient payments reported in the literature, a conceptual model for the analysis and assessment of patient payment policies is developed. It contains three broad groups of criteria: policy context, policy content and policy effects (process and actors). Within each of these groups, several sub-groups of criteria are defined.

The policy model presented can be applied to any health care setting worldwide. It can be used to analyse the system of official patient payments that is implemented or considered for implementation in a country, as an initial step of the assessment process. It could be also used for a cross-country comparison between patient payment mechanisms implemented in different countries and the effects of these payments on health care provision (both at micro and macro level).

**Objectives and approach**

Health policy at the EU level is still in its infancy but health policy issues have gained considerable importance in the EU policy debates during the last decade. One characteristic of health care provision within the EU, which is commonly considered important but shows a great diversity among the Member States, is the level of patient payments.

The issue of patient payments is especially relevant to Central and Eastern European countries. There is an overall concern that the official patient payments in these countries impose a double financial burden to consumers because they have been implemented in a context of persistent informal payments for health care services. Therefore, the evaluation of official patient payment in this European region is urging and it needs to be done by taking into account the pattern and level of informal patient payments.

Project ASSPRO CEE 2007 attempts to generate a comprehensive framework for the analysis and assessment of patient payment policy that combines evidence on potential and actual policy impacts, and provides information relevant to policy-makers to enable informed policy-decisions. A broad range of assessment criteria (incl. economic, social, institutional, historical geographical, ethical, cultural, demographic and sector-specific criteria) are considered.

Based on theoretical and empirical evidence on patient payments reported in the literature, a conceptual model for the analysis and assessment of patient payment policies is developed within project ASSPRO CEE 2007. The model is presented in Figure 1. It contains three broad groups of criteria: policy context, policy content and policy effects (process and actors). Within each of these groups, several sub-groups of criteria are defined.

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**Assessment criteria related to policy context**

The group of criteria related to policy context is divided into three sub-groups:

- Specifics of the health care system.

This sub-group includes criteria related to the overall health policy in a country, as well as the overall financial and non-financial characteristics of the health care sector.

The financial characteristics of the health care sector refer to the funding of the health care system (e.g. tax-based and/or insurance-based, amount of health care resources, share of the public expenditure on health), the allocation of health care resources to health care providers (e.g. type of provider payment mechanisms), and patient payments for health care services other than official patient payments (i.e. informal payments).

The non-financial characteristics of the health care sector refer to the organisation of health care provision (e.g. the existence of GPs gate-keeping function) and to the specificity of the health care institutions (e.g. administrative capacity of the health care system, effectiveness of health care management and governance). Overall, health policy and health care arrangements have a direct impact on the objectives and design of patient payment policy.

- Country-specific context.

This sub-group of criteria includes economic, political and socio-demographic conditions that exist in a country. We refer to both structural (permanent) and situational (temporal) conditions, the latter divided into past and current situational conditions. Examples of such criteria include laws, regulations and overall social policy in a country (political conditions), changes in GDP and median household income (economic conditions), age structure of the population and population health status (socio-demographic conditions). We include in these sub-groups of criteria also cultural factors (such as social values and cultural perceptions). Economic, political, socio-demographic and cultural factors influence the patient payment policy in a country thorough their influence on health policy and health care provision as well as through their influence on the behaviour of health care consumers and providers.

- External (international) environment.

By including this sub-group of criteria, we recognise that any policy in a country is affected by factors which are external for the country and its political system. The membership in international organisations like EU and the policy regulations related to it can be an example of an environmental influence on the country health policy (incl. patient payment policy).

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**Assessment  
criteria related to  
policy content**

The group of criteria related to policy content consists of two sub-groups: policy objectives and policy design.

We classify the policy objectives assigned to patient payments into the following broad categories:

- Discouraging unnecessary use of health care services.
- Controlling the overall health care expenditure.
- Generating additional resources for the health care system.
- Allowing hospitals/clinics to generate additional resources.
- Increasing the income of individual health care providers.
- Dealing with informal patient payments.

We recognise that policy-makers can assign one major objective to patient payments but a combination of the above policy objective is more likely.

With regard to policy design, we refer to the basic elements of a patient payment mechanism. This includes:

- Type of patient payments (e.g. co-payments, co-insurance, deductibles).
- Scope of services that require patient payments (e.g. GPs', specialists' and/or hospital services including essential services).
- Magnitude of patient payments (e.g. fee size and various limits).
- Exemptions and reductions for specific groups of population (e.g. children, elderly, low-income and chronically sick individuals).
- Collection and use of patient payments (e.g. national versus local level, health care providers versus state/health insurer).

**Assessment criteria related to policy process and actors**

The last group of criteria, criteria related to policy effects, is divided into micro and macro level effects.

The micro level effects include criteria related to the behaviour of health care consumers and providers and the direct effect of patient payments on this behaviour. With regard to consumer behaviour possible criteria for the analysis and assessment of patient payment policy include the preferences of consumers for various attributes of health care services (e.g. quicker access, better quality), as well as the willingness and ability of the consumers to pay for this attributes either formally or informally. On the side of the health care providers, major criteria are the preferences of health care provider, the service costs that they incur and the adequacy of their income. The behaviour of health care providers is likely to influence the behaviour of consumer due to the potential existence of supplier-induced demand.

The micro-level effects of patient payments on the demand and supply, inevitably affect the macro-level characteristics of the health care sector. In particular, the implementation of patient payments have a major impact on the overall efficiency, equity and quality of health care provision, and more generally on the overall health status of the population. For the purpose of policy analysis and assessment, these broad macro-level concepts need to be modelled through tangible indicators. Various frameworks are developed for this purpose depending on the context and objectives. Overall, the impact of patient payments at a macro level is considered to be the most essential step prior to the implementation or amendment of patient payment policies.

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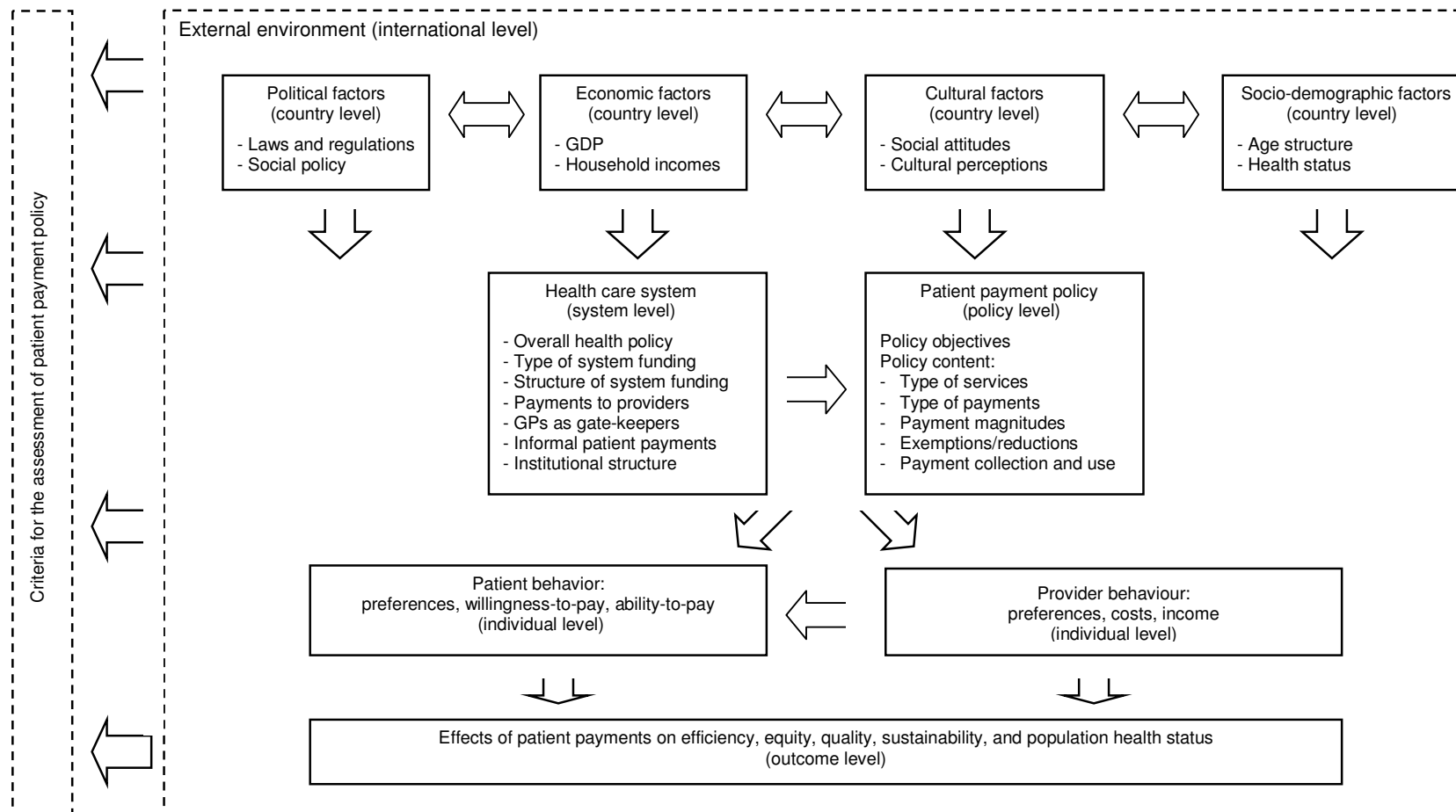
**Policy relevance and future research**

The conceptual model for the analysis and assessment of patient payment policies in Figure 1 is applied in project ASSPRO CEE 2007 to prepare a provisional set of policy assessment criteria. The comprehensiveness and relative importance of these criteria are evaluated by key decision-makers (e.g. government representatives and health insurers), health care consumers and health care providers during focused-group discussions and in-depth interviews in six Central and Eastern European countries included in the project – Bulgaria, Hungary, Lithuania, Poland, Romania and Ukraine.

Based on the results of these focused-group discussions and in-depth interviews, a comprehensive set of assessment criteria and relevant tangible indicators is being defined. A comparison between the countries will be made to identify key differences in the relative importance of different assessment criteria.

The policy model presented in Figure 1 can be applied to any health care setting worldwide. It can be used to analyse the system of official patient payments that is implemented or considered for implementation in a country, as an initial step of the assessment process. It could be also used for a cross-country comparison between patient payment mechanisms implemented in different countries and the effects of these payments on health care provision (both at micro and macro level).

Figure 1: Conceptual model for the analysis and assessment of patient payment policies



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