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Title: **Focus group discussions and in-depth interviews on patient payments in Bulgaria: Initial results**

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Focus group discussions and in-depth interviews on patient payments in Bulgaria: Initial results

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SUMMARY

Bulgarian patients are required to pay co-payments (flat-rate fees) for each visit to general practitioner and medical specialist, and for the first 10 days hospitalisation per year. There is a wide range of exemptions and fee reductions for certain population groups. There is also evidence on widely spread informal patient payments in the country.

As part of project ASSPRO CEE 2007, focus group discussions and in-depth interviews were carried out in Bulgaria in May-June 2009. Their objective was to study the opinion and attitudes toward patient payments in Bulgaria.

Four target groups were considered: health care consumers, health care providers, health insurance representatives and policy-makers. Consumers and providers were approached via focus-group discussions because of the diverse individual characteristics in these groups and potentially diverse opinion. Insurance representatives and policy-makers were approached via in-depth interviews.

The results indicate that formal patient payments are seen by all groups as an additional source of health care financing though of no decisive significance. According to health care providers, official patient charges restrict health care demand but the direct collection of these payments by physicians is inappropriate and is insulting to their profession. Consumers are divided in their attitudes toward formal patient payments depending on their age, social activity and economic status. The opinions of policy-makers and insurers vary considerably. One common point, even though expressed only by few, is the suggestion for deductibles instead of co-payments.

Key features of the Bulgarian public health care sector

The Bulgarian public health care sector is funded by income-related social health insurance contributions paid for by employees and their employers. Self-employed individuals pay the full contributions while the State pays for pensioners and unemployed.

There is a well-established system of general practitioners in the country. General practitioners work in private (individual or group) practices and/or in out-patient hospital units. They play a role of gate-keepers to specialised care. The remuneration of general practitioners is based mostly on capitation combined with additional bonuses.

Individual and group practices for specialised ambulatory care are registered under the Trade Law as trade companies. They are paid on a fee-for-service base when providing out-patient services. Hospital in-patient care is provided by public and private hospitals. The hospital funding is based on clinical pathways.

The public expenditure on health and health care is rather low in Bulgaria compared to other European countries. The OECD Health Data 2009 suggest public expenditure on health of about 421 PPP int\$ per capita, which presents only about 56.70% of the total health expenditure.

The system of patient payments for public health care services in Bulgaria

Bulgarian patients are required to pay co-payments (flat-rate fees) for each visit to general practitioner and medical specialist. The fee is equal to 1% of the minimum wage for the country set up by the government. In case patients decide to visit a medical specialist without a referral from a general practitioner, they pay out-of-pocket the full service fee.

The use of hospital in-patient services also requires patient co-payments for a day hospitalisation but up to 10 days per year. The co-payments for in-patient services are equal to 2% of the minimum wage for the country. The level of co-payments for both out-patient and in-patient care increases with the rise of the minimum wage without any further policy decisions.

There is a wide range of exemptions and fee reductions for certain population groups. This includes for example, a full exemption of children up to 18 years old and selected patient/professional groups, as well as partial exemption and/or fee reduction for elderly and low-income individuals. The use of maternity and emergency services is also free-of-charge, i.e. does not require formal patient payments.

There is evidence on widely spread informal patient payments, which amount to about 3.6% of the total public health care expenditures (OSI survey 2006) and present a major challenge to policy-makers in Bulgaria.

Research objectives

As part of project ASSPRO CEE 2007, focus group discussions and in-depth interviews were carried out in Bulgaria in May-June 2009. Their objective was to study the opinion and attitudes toward patient payments and to identify criteria important for the assessment of patient payment policies.

Target groups

The following target groups were considered:

- Health care consumers; including working individuals, families with children, pensioners, students, disable and chronically sick individuals and individuals living in rural areas.
- Health care providers; including GPs, out-patient specialists, physicians and nurses in city hospitals, GPs practicing in rural areas and physicians in district hospitals.
- Health insurance representatives; including social health insurance representatives at national and regional level.
- Health policy-makers; including health policy-makers at national and regional level, financial policy-maker at national level and the chair of the three-party committee on health care in the country.

Research approach and process of data collection

Data among health care consumers and providers were collected via focus group discussions. Since these target groups are rather large and diverse, focus groups discussions allowed including more individuals. Nevertheless, the objective was to assure the homogeneity of each focus group in order to reach easily a consensus during the discussion. As a result, 12 focus group discussions were organised: 6 focus groups with consumers and 6 focus groups with health care providers. On average each focus group included 8 participants. The groups were defined based on the description of these two target groups presented above.

The data among policy-makers and health insurance representatives were collected via face-to-face semi-structured in-depth interviews. This choice of data-collection method was based on the fact that these target groups are relatively small and moreover, they might feel more comfortable to express their opinion if contacted individually. In total, 5 in-depth interviews were carried out with policy-makers and 5 in-depth interviews with health insurance representatives.

For the purpose of the focus group discussions and in-depth interviews, a list with key questions was developed based on a preliminary literature review. The same key questions were used for all target groups with slight modifications to reflect the specificity of a given target group. The key questions were used to develop guides for focus group discussions and in-depth interviews, as well as a standardised questionnaire to collect additional quantitative data on the topic.

The following issues were discussed during the focus group discussions and in-depth interviews:

- perceptions and attitudes toward formal patient payments;
- opinions about the objectives and design of patient payments;
- criteria for the assessment of patient payment policies;
- perceptions and attitudes toward informal patient payments;
- relation between formal and informal patient payments.

Identical focused-group discussions and in-depth interviews were carried out in other Central and Eastern European countries included in the project –Hungary, Lithuania, Poland, Romania and Ukraine.

Key messages from the study

The study suggest that:

- Formal patient payments are seen by all groups as an additional source of health care financing though of no decisive significance.
- According to health care providers official patient charges restrict health care demand but the direct collection of these payments by physicians is inappropriate and is insulting to their profession.
- Consumers are divided in their attitudes toward formal patient payments depending on their age, social activity and economic status.
- The opinions of policy-makers and insurers vary considerably. One common point, even though expressed only by few, is the suggestion for deductibles instead of co-payments.

The opinion of health care consumers in Bulgaria

The attitudes of consumers toward formal patient payments are divided. Pensioners, working individuals, disable and chronically sick people are overall against official patient payments. On contrary, students and families with children support the existence of patient charges. However, this second group is against patient payments for emergency care. The first group shares the opinion that the social and economic status should be the main criterion for the exemption of patient from payment obligations, whereas the second group accepts age and health status as a base for such exemptions, e.g. children, pregnant women, people with chronic diseases.

With regard to policy goals of formal patient payments, a consensus exists among consumers that these payments generate additional financial resources for the health care system and discourage the unnecessary use of medical care, thus, contributing to the system improvement. A consensus also exists that it is impossible to reduce the existing informal patient payments by the introduction of official charges.

The opinion of health care providers in Bulgaria

The opinion of health care providers on formal patient payments is unanimous. Providers indicate that these payments restrict health care demand, and have educational and financing function. According to health care providers, the current direct collection of formal patient payments by the physicians is insulting and has to be changed toward a formal administrative collection. Some providers point out that the magnitude of patient payments should reflect the type and quality of services provided.

Providers commonly suggest that the current co-payments in Bulgaria are low and need to be increased up to 2 to 4-5% of the minimum wage for the country for out-patient and in-patient care respectively. Health care providers working in the city think that formal patient payments should apply to all types of health care, while providers in rural areas and district hospitals do not accept patient payments for emergency care and services of general practitioners respectively. Health care providers are unanimous that the existence of informal patient payments is not affected by the introduction of formal ones. They point out a number of additional problems in the Bulgarian health care system, including problems with uninsured patients and the absence of an adequate system of costing the medical services.

The opinion of health insurance representatives in Bulgaria

Health insurance representatives support the existence of official patient charges although there are occasional views against these payments. They find the magnitude of current co-payments appropriate because according to them it is affordable for patients. Some insurance representatives express the opinion that patient payments should be related to the services type and to whether the patients' route is determined by a physician or by the patient's personal choice.

The view prevails that co-payments are currently the most appropriate form of patient payments in Bulgaria but there are opinions in favour of deductibles (payments of the actual service cost/price up to a given limit) and co-insurance (fees equal to a given percentage of the actual service cost/price). Health insurance representatives suggest exemptions from patient payments related to health status and demographics (children, pregnant women and chronically sick), as well as socio-economic status (e.g. pensioners and low-income people). Exemptions for health care providers are also proposed. Health insurance representatives agree that the policy objective of official patient charges should be the restriction of health care demand but these charges do not present a mechanism capable of reducing informal payments in Bulgaria.

The opinion of policy-makers in Bulgaria

Policy-makers indicate that formal patient payments are in accordance with the health insurance philosophy and therefore, they should exist. However, there are concerns that the way these payments are applied in Bulgaria causes dissatisfaction for both consumers and providers. The predominant view is that the magnitude of current patient charges is overall adequate but it is necessary to make a differentiation based on the patients' socio-economic status. Some policy-makers propose the application of deductibles that are updated annually, as a more suitable option than the current co-payments determined by the minimum wage for the country.

There is no unanimity with regard to what health care services should be provided under patient payments. The opinions vary from the existence of official patient charges at all levels of health care to their total rejection. Patient payments for emergency and hospital care are especially controversial. However, the opinion prevails that children, pregnant women and disabled people should be exempted from patient payments. The reduction of unnecessary health care use, generation of additional resources and increase in providers' income are proposed as key policy objectives of patient payments. Policy-makers admit the fact that official patients are not capable of reducing informal payments.

Overall policy recommendations

- The legislation on patient payments in Bulgaria need to be carefully revised and the application of these payments should be specified.
- The collection and use of patient payments should be administratively regulated by creating a pool for that purpose.
- Patient payments need to differentiate based on patients' health status, demographics, socio-economic status, service type and patients' route.
- A strategy should be worked out against the informal payments.

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