

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-6/2009

Title: **Focus group discussions and in-depth interviews with health system's stakeholders on patient payments in Hungary**

Authors: Petra Baji and Laszlo Gulacsi

Organisation: Center for Public Affairs Studies Foundation
Budapesti Corvinus Egyetem
Fovam Ter 8; Budapest 1093; Hungary
Tel: +36-1-4825147; E-mail: laszlo.gulacsi@uni-corvinus.hu

Date: November 2009

Focus group discussions and in-depth interviews with health system's stakeholders on patient payments in Hungary

Petra Baji and Laszlo Gulacsi

SUMMARY

The introduction of patient payments for public health care services in Hungary was first communicated to the public in 2006. As a result, co-payments (flat-rate fees) for public health care services were introduced in February 2007. However, the system of formal patient payments worked only for one year. In April 2008, the formal payments were abolished as the result of a referendum initiated by the opposition. Nevertheless, there is 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 Hungary in July-September 2009. Their objective was to study the opinion and attitudes toward patient payments in Hungary.

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 there is a gap between the opinion of policy-makers and health insurance representatives on the one hand, and health care consumers and providers on the other hands, with regard to patient payments. While the first group emphasise the necessity of formal patient payment in Hungary, the second group doubt the need of these payments.

Key features of the Hungarian public health care sector

Hungary has an insurance-based public health care sector funded by income-related social health insurance contributions paid for by employees and their employers. Self-employed individuals pay the full contributions.

There is a well-established system of general practitioners in the country. General practitioners work in private practices and play only partially a role of gate-keepers to specialised care. Their services are reimbursed on a capitation base combined with fee-for-service reimbursement. Medical specialists work either in private practices or in hospital units. They are paid via fix salaries when providing out-patient services. Hospital in-patient care is provided mainly by state hospitals although private clinics also exist. The hospital funding is based on diagnose-related groups reflecting the type and quantity of hospital care provided.

In Hungary, the public expenditure on health is a bit lower than the European average but higher than many Eastern European countries. The total health expenditure accounted for 7.4% of GDP in 2007. The OECD Health Data 2009 suggest public expenditure on health of about 1058 PPP int\$ per capita, which represents about 70.90% of the total health expenditure.

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

The introduction of patient payments for public health care services in Hungary was first communicated to the public in 2006 when the government published "The Green Book of Health Care" summarising forthcoming reforms in the health care sector.

As a result, co-payments (flat-rate fees) for public health care services were introduced in February 2007. The amount of patient payment was 300 HUF (1 euro) for each visit to general practitioner and medical specialist (with a referral). In in-patient care, the same amount of 300 HUF per day hospitalisation was introduced. A higher fee of 1000 HUF (4 euro) was applied for a free choice of general practitioner, unnecessary use of emergency care or using out-patient specialised care without a referral. There were certain overall limits and exemptions from patient payments.

However, the system of formal patient payments worked only for one year. In April 2008, the payments were abolished as the result of a referendum initiated by the opposition. More than 80% of the voters supported the abolishment of official patient payment. Nevertheless, there is evidence on widely spread informal patient payments in the country before, during and after the application of formal charges (source: Health Consumer Powerhouse. Euro Health Consumer Index 2008).

Research objectives

As part of project ASSPRO CEE 2007, focus group discussions and in-depth interviews were carried out in Hungary in July-September 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, and individuals living in rural areas.
- Health care providers; including GPs, out-patient specialists and physicians in city 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 and financial policy-maker at national level.

Research approach and process of data collection

Data among health care consumers and providers were collected via focus group discussions. This allowed reaching more individuals from different groups of consumers and providers, who could share their opinion and experiences with formal and informal patient payments.

In total, 8 focus group discussions were organised: 5 focus groups with health-care consumers and 3 focus groups with health care providers. On average, each focus group included 5 participants. The objective was to assure the homogeneity of each focus group in order to foster consensus during the discussion.

In order to collect data among policy-makers and health insurance representatives, face-to-face semi-structured in-depth interviews were carried out: 3 in-depth interviews with policy-makers and 4 in-depth interviews with health insurance representatives. The face-to-face interviews allowed revealing both the personal and professional attitude toward patient payment of the target groups. Moreover, respondents felt comfortable to express their opinion when contacted individually.

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 –Bulgaria, Lithuania, Poland, Romania and Ukraine.

Key messages from the study

The study results indicate a gap between the opinion of policy-makers and health insurance representatives on the one hand, and health care consumers and providers on the other hands, with regard to patient payments. While the first group emphasise the necessity of formal patient payment in Hungary, the second group doubt the need of these payments.

While policy-makers see formal patient payments as an adequate instrument for increasing the efficiency of health care utilisation, consumers mostly consider these payments a resource for health care provision. Even those consumers, who in general support the formal patient payments, recall negative experience related to their introduction in 2007 or fear that the theory cannot be realised in practice. Scepticism and disappointment is often observed in the discussions on patient payments.

The opinion of health care consumers in Hungary

There is no consensus among health care consumers about the necessity of formal patient payments in Hungary. A major group of consumers are against these payments. Even the “supporters” of patient payments recall negative experience with the implementation of patient payments in 2007, mostly concerning the complex collection process and the negative attitude of health care providers.

Most health care consumers do not believe in the policy goals that were assigned to formal patient payments in the past, namely improving health care efficiency and dealing with informal payments. In particular, consumers do not consider patient payments as a useful instrument to decrease unnecessary use of health care services or to replace informal payments. They rather feel that the situation of the Hungarian health care system is getting worse and insupportable. They see patient payments as a life-belt, which could provide some additional resource for the system to improve the services quality.

Consumers often state: “I have been paying social security contributions for ages, than why do I have to pay any additional fees?” but in case I have to pay “... then I would expect quality care”.

The opinion of health care providers in Hungary

The opinion of health care providers on patient payments is quite divided. The group of general practitioners is most supportive of these payments, and sees them as an effective instrument in generating additional resource for their practice, as well as in reducing unnecessary use of health care services. They even suggest a higher amount of official patient charges than those implemented in 2007, equal to about 4-5 euro per visit.

Medical specialists and physicians working in hospitals complain about having only additional work and high administrative burden of the collection of formal patient payments during their short existence in Hungary. They do not see benefit from these payments. Those physicians who have totally dismissive attitude toward patient payments refer to equity problems and the very low family incomes in the country.

Health care providers disagree about the ability of patient charges to reduce unnecessary use of health care services. On the one hand, some of them state that the idea of reducing utilisation is inadequate but on the other hand, physicians affirm the phenomenon of unnecessary use of services. The latter group agrees that the patients should pay the cost of these unnecessary services but most physicians disapprove of the introduction of patient payments when the patients are in need of health care. They would rather enhance the gate-keeping role of general practitioners and the referral system that supports it. All health care providers agree that informal payments will not disappear until physicians are underpaid.

The opinion of health insurance representatives and policy-makers in Hungary

The opinion of health insurance representative and health policy makers on patient payments is quite the same. They all firmly support the idea of formal patient payments and consider their introduction as necessary in Hungary. All agree that the main objective of official patient charges should be to reduce unnecessary use of health care services and most of them refer to its educative effect on population. They highlight the role of patient payments in changing the population's perception about their eligibility for receiving free-of-charge health care services or in providing incentives for healthier and more "health-conscious" life-style. Policy-makers rarely associate patient payments with the generation of additional resource for the health care systems. Policy-makers mostly query this policy objective.

Concerning the level and type of patient payments, two concepts prevail:

- the application of "the simplest model" of very low payment which everybody could afford, applied to all kinds of health care services without any exemptions of population groups;
- the application of a low flat-rate payments with some exemptions for vulnerable population groups.

Policy-makers complain about the Hungarian moral and refer to successful examples of patient payment mechanisms in neighbouring or Western European countries. However, most of them agree that the poor economic situation in the country must be considered before the re-introduction of formal patient payment.

Overall policy recommendations

The preliminary analysis of the results indicated the following recommendations:

- Close communication with the public and health care providers is needed to clarify the objectives and content of a future patient payment model in Hungary.
- Health care consumers and providers should be involved in the decision-making process. Social consensus on this issue is necessary before re-introducing formal patient payments.
- The attitude and perceptions of the Hungarian population need to be taken into account since consumers are quite sceptic about politics and "health care reforms".

Coordinator

MAASTRICHT UNIVERSITY; The Netherlands
Department of Health Organisation, Policy and Economics (BEOZ)
CAPHRI; Maastricht University Medical Center
Faculty of Health, Medicine and Life Sciences; Maastricht University
Postal address: P.O. Box 616, 6200 MD Maastricht; The Netherlands
Visiting address: Universiteitssingel 40; 6229 ER Maastricht; The Netherlands

Project coordinator:

Dr. Milena Pavlova (assistant professor)
Tel: +31-43-3881705; E-mail: M.Pavlova@BEOZ.unimaas.nl

Scientific coordinators:

Prof.Dr. Wim Groot (professor of health economics)
Tel: +31-43-3881588; E-mail: W.Groot@BEOZ.unimaas.nl

Prof.Dr. Frits van Merode (vice-dean; professor of operations management)
Tel: +31-43-3885962; E-mail: F.vanMerode@FACBURFDGW.unimaas.nl

Consortium

Partner in Bulgaria: MEDICAL UNIVERSITY OF VARNA
Department of Economics and Healthcare Management; Faculty of Public Health
Medical University of Varna; Marin Drinov Str. 55; Varna 9002; Bulgaria
Contact person: Dr. Emanuela Moutafova (head of department; associated professor)
Tel: +359-52-634279; E-mail: dep_hcm@abv.bg

Partner in Hungary: CENTER FOR PUBLIC AFFAIRS STUDIES FOUNDATION
Center for Public Affairs Studies Foundation; Budapesti Corvinus Egyetem
Fovam Ter 8; Budapest 1093; Hungary
Contact person: Dr. Laszlo Gulacsi (research professor, associated professor)
Tel: +36-1-4825147; E-mail: laszlo.gulacsi@uni-corvinus.hu

Partner in Lithuania: PUBLIC ENTERPRISE "MTVC"
MTVC (training, research and development centre);
Antakalnio str. 22B, LT-10305 Vilnius, Lithuania
Contact person: Dr. Liubove Murauskiene (director)
Tel: +370-5-2709250; E-mail: murauskiene@mtvc.lt

Partner in Poland: UNIWERSYTET JAGIELLONSKI COLLEGIUM MEDICUM
Institute of Public Health; Uniwersytet Jagiellonski Collegium Medicum
Grzegórzecka 20; Krakow 31-531; Poland
Contact person: Prof.Dr. Golinowska Stanisława (head of department; professor)
Tel: +48-12-4241393; E-mail: stellag@onet.pl

Partner in Romania: SCOALA NATIONALA DE SANATATE PUBLICA SI MANAGEMENT SANITAR
Health Services Management Centre
Scoala Nationala de Sanatate Publica si Management Sanitar
Vaselor 31, sector 2; Bucharest 021253; Romania
Contact person: Ms. Constanta Mihaescu Pintia (head of department)
Tel: +40-21-2527834; E-mail: cmpintia@snspsms.ro

Partners in Ukraine: SHKOLA OHORONY ZDOROVIA
School of Public Health; 2 Skovoroda Str.; Kyiv 04070; Ukraine
Contact person: Dr. Irena Griga (director)
Tel: +38-44-4256580; E-mail: griga@ukma.kiev.ua

Project title	Assessment of patient payment policies and projection of their efficiency, equity and quality effects: The case of Central and Eastern Europe
Grant agreement	No.: 217431
European commission	Marie-Christine Brichard (DG Research - Directorate L)
Project duration	From 1-03-2008 to 28-02-2013 (60 months)
Funding scheme	Collaborative Project
Project budget	EC contribution up to 1,446,496 Euro
Website	www.assprocee2007.com
Project e-mail	assprocee2007@BEOZ.unimaas.nl
Contact details	Dr. Milena Pavlova (project coordinator) Department of Health Organisation, Policy and Economics (BEOZ) CAPHRI; Maastricht University Medical Center Faculty of Health, Medicine and Life Sciences; Maastricht University Postal address: P.O. Box 616, 6200 MD Maastricht; The Netherlands Telephone: +31-43-3881705; Fax: +31-43-3670960 E-mail: M.Pavlova@BEOZ.unimaas.nl

