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Focus group discussions and in-depth interviews on patient payments in Lithuania: General observations

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SUMMARY

There is a limited list of official patient payments in Lithuania. At the same time, patient co-payments for the use of health care services, which are currently collected, are not clearly regulated. There is also some evidence on informal patient payments in the country.

Focus group discussions and in-depth interviews were performed within the framework of the ASSPRO CEE 2007 project. In total, 12 focus group discussions were performed in the capital city of Vilnius and in rural areas of the country. Beside, 10 in-depth interviews were performed with various policy experts and key stakeholders. The target groups were defined by the scientific project methodology. The focus groups were defined according to socio-economic and geographic criteria.

In general, it is observed that the opinion on patient payment policies depends more on personal experience of the individuals rather than on the individual attribution to particular social group. Overall, there is no homogeneous opinion regarding patient payments in Lithuania and there is a strong polarisation (from strong opposition to enthusiastic support) among stakeholders. However, health care providers positively support introduction of official patient payments.

Stakeholders believe that patient co-payments might not necessarily solve the problem of the quality of health care services. These official payments would not solve deeply entrenched practice of existing informal payments.

Key features of the Lithuanian public health care sector

Lithuanian health care providers are mostly public. The national health care system includes all providers working under contracts with the five Territorial Patient Funds, which are financed from the autonomous Statutory Health Insurance Fund (SHIF). Social health insurance contributions account for about 20% of the SHIF total revenue. General taxes are the main source of health care funding where a targeted share of the income tax brings about 50% of the total income of the SHIF. Access to health care is assured for vast majority of residents while working population is obliged to join the state health insurance scheme. Children, social benefits recipients, unemployed, patients suffering from certain diseases and others (constituting about 60% of the population) are insured by the state. The contribution from state budget for population insured by the state is about 20% of the total SHIF revenue.

Primary health care is provided in Lithuania by general practitioners (GPs), community mental health centres, ambulance units and nursing hospitals. Commonly, the staff is employed by health care institutions on salary base. GPs have gate-keeping role. Primary health care providers are paid per capita. The total payment depends on the number of registered population in 7 age groups with surcharge for people living in rural areas. Seeking to create incentives, the provision of certain listed services is paid additionally. The providers of out-patient specialist care receive fees for consultations. Inpatient care is paid per cases related to the treatment profiles. The payments for specialised care providers present multiplication of uniform prices and actual quantity of the services.

In 2007, the public health expenditure in Lithuania constituted 4.6% percent of GDP (relatively low compared to the European average), and the share of private expenditure was 1.7%.

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

In Lithuania, emergency health care is free for everyone in need. Insured population is eligible for all publicly financed health care services. Payments and co-payments for medicines present the major share (about 75%) of the private health care expenditures. There are general rules for patient payments set by the main legislation (Health System Law, 1992, and Health Insurance Law, 1996): (1) The services are charged (reference prices should be applied) for non-residents (in the absence of particular agreements), non-insured under obligatory health insurance arrangements, non-registered by GP, non-referred by GP; (2) The services under the negative list of services should be paid directly (according to uniform price list and adjustment rules).

An enforcement of the legal provision on possibility to charge so called additional health care services provided upon the request of the patient is unclear, though it is the main reason for charging co-payments. There is also some evidence on informal patient payments in the country.

Research objectives

As part of project ASSPRO CEE 2007, focus group discussions and in-depth interviews were carried out in Lithuania in April-July 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 could allow including more individuals. Nevertheless, the objective was to assure, to a certain extent, 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 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 –Bulgaria, Hungary, Poland, Romania and Ukraine.

The opinion of health care consumers in Lithuania

The general opinion among health care consumers, is that the introduction of official patient payments will not solve essential quality and accessibility problems within the health care system. It would rather be patching of holes within bad health care system. The opinion on patient co-payments mainly correlates to the experience with the health care system rather than depending on different social group. A competition of public and private HC sectors is noted as a need for the improvement of service quality.

Consumers, according to their experience, identify several categories of officially existing patient payments in Lithuania: odontology services, tests (most popular blood tests), deliveries, and separate ward in the hospital. The official status of payments is defined as delivery of receipt after payment and order issued by the administrator of the health care institution. There are still deeply entrenched practices when patients despite of official payment still “pay” under-the-table to the physician. Introduction of official patient payments will not contribute to the elimination of unofficial payments, since it is a socio-cultural habit of both patients and physicians. Official payments will not give more rights to patients to require higher quality of services.

A differentiation among consumers is identified: users with lower socio-economic status state that in Lithuania health care is already functioning on the “caste principle”: public out-patient institutions (polyclinics) are for poor and ill people (e.g. retired, chronically ill), while wealthy individuals use private health care clinics. Therefore, no patient payments should be introduced on the public health care level, whereas those who afford to pay for health care services privately might continue doing so.

The opinion of health care providers in Lithuania

According to health care providers, the introduction of official patient payments will empower patients to demand more from health care providers, which is considered as an undesirable side effect by providers.

Patient payments for family physicians mainly aim to “discipline” patients who visit the physicians due to social needs and these payments would not improve the quality of services. Physicians do not support the idea to be “decision-makers” deciding on services, conditions and amounts of payments. Besides, physicians identify that providers could have a financial interest in providing more services, tests if co-payments existed. Providers agree that payments for ambulance services should not be additionally introduced. However, the state covers only 60-70% of real health care costs: on a primary level patients contribute insignificantly whereas when more sophisticated interventions or technologies are used, patient payments are more frequent and amounts are higher.

Physicians in rural areas are more enthusiastic regarding the introduction of patient payments rather than those in the cities (“If rural patients due to their social vulnerability status would be exempted from payments, physicians in rural areas would also not benefit accordingly”). According to providers, the additional revenue accumulated from patient co-payments should be concentrated in health care institution.

The opinion of health insurance representatives in Lithuania

Health insurance representatives recognise that although patient co-payments exist according to the list approved by state (odontology services, rehabilitation treatment, “comfort” services in inpatient settings), their scope is very narrow. Moreover, even expended, patient payments will not infuse significant amount of additional resources into the health care system. Nevertheless, the introduction of co-payments could positively influence the “behaviour” of both patients (more rational use of services) and providers (higher quality). Socio-economic status of the patients should be considered.

There is a “myth” within the health care system, that the share of service costs covered by the state is very low and the state contribution does not cover the full costs of service provision. If it was the case, health care institutions should have already been able to function during the years of health insurance history in Lithuania. Health insurance representatives agree that official patient payments will not solve the problem of unofficial payments.

The opinion of policy-makers in Lithuania

According to policy-makers, the aim of patient co-payments might be higher flexibility of the health care system for the patients. Patients officially pay for health care services according to the list of respective services defined and approved by the state. The state cannot afford coverage of all health care services. The real extent and even juridical framework of patient co-payments in the country remains unclear.

Policy-makers express the view that the volume of co-payments should be different for different services. Nevertheless the financial burden should not be too high for the patients. Besides, children and disabled people who do not have any income should be exempted from payments while retired might have only some privileges. The main criterion for defining the level of patients’ payments should be the socio-economic status of patients. Founders of health care institutions should take the responsibility of deciding, which health care services should be co-paid by patients. Patient co-payments should remain in the disposition of health care institutions.

Key messages for policy-makers and society

There is no homogeneous opinion regarding patient payments in Lithuania and there is a strong polarisation (from strong opposition to enthusiastic support) among stakeholders. However, health care providers positively support introduction of official patient payments.

Stakeholders believe that patient co-payments might not necessarily solve the problem of the quality of health care services. These official payments would not solve deeply entrenched practice of existing informal payments.

More transparency in health care (e.g. on defining prices of services and medicines) is needed. Health care system is rather bureaucratic and lacks flexibility. Various social groups request for higher patient empowerment within health care system. Complementary insurance is seen as an additional opportunity for health care quality improvement in the society.

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