

# 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-9/2009**

**Title:** **Focus group discussions and in-depth interviews on patient payments in Ukraine: The opinion of health care actors**

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**Date:** November 2009

## Focus group discussions and in-depth interviews on patient payments in Ukraine: The opinion of health care actors

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### SUMMARY

The Ukrainian health care system is characterised in general by lack of funding. There is an oversupply of narrowly specialised medical staff, high number of hospitals and beds, and shortage of nursing personnel and broad specialists. The wide network of health care facilities in the cities contrasts with problems of access in the villages. The poor state of rural facilities is attributed the small budgets of villages and towns.

The right to free-of-charge medical aid is guaranteed for every Ukrainian citizen by the Clause 49 of the Constitution of Ukraine. However, in a very limited number of cases official patient payments exist. There is some evidence on the existence of informal patient payments in the country.

As part of project ASSPRO CEE 2007, focus group discussions and in-depth interviews were carried out in Ukraine in April-June 2009. The aim of this qualitative study is to examine the opinion and attitudes toward patient payments in Ukraine and to identify criteria important for the assessment of patient payment policies. Four groups were indentified as target groups for the research: (1) health care consumers and (2) providers, (3) policy makers and (4) health insurance experts. In total, 10 focus group discussions and 4 interviews were carried out with consumers and providers, and 10 in-depth interviews were conducted with policy-makers and health insurance experts.

The preliminary results indicate that the health care actors in Ukraine (incl. consumers, providers, policy-makers and insurance experts) support the introduction of official patient charges for health care services. According to them, the introduction of official patient payments could be an appropriate response to the needs of the health care system. It could also enable legalisation of doctor-patient relationships, control of the overall health care expenditure, and generation of additional resources for the entire health care system or particular health care institutions.

**Key features of the Ukrainian public health care sector**

The Ukrainian public health care sector is financed by public funds collected through the general taxation system and is distributed to health care providers on an input basis (e.g. hospital beds, specialists, laboratories, departments) with strict line-item budgets. Social Security Funds cover special cases of occupational trauma and reimburse salary for sick leaves.

The primary health care system represents a system of polyclinics, ambulatories and pheldsher-obstetrician posts in rural areas. There is a possibility for patients to visit directly a medical specialist avoiding the gate-keeping by primary care providers. Both primary care providers and medical specialist are public employees receiving salaries from the facilities where they are employed.

Hospital in-patient care is provided by public hospitals: regional, city and specialised. There are also hospitals belonging and being funded by the Government, Parliament Departments or Ministries.

The healthcare system in general is characterised by lack of funding. The public expenditure on health is extremely low. It amounts to 240 PPP int\$ per capita, and presents about 55.4% of the total health spending (source: OECD Health Data 2009).

There is an oversupply of narrowly specialised medical staff, high number of hospitals and beds, and shortage of nursing personnel and broad specialists. The wide network of health care facilities in the cities contrasts with problems of access in the villages. The poor state of rural facilities is mostly explained by small budgets of villages and towns.

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**The system of patient payments for public health care services in Ukraine**

The right to free-of-charge medical aid is in principle guaranteed for every Ukrainian citizen by the Clause 49 of the Constitution of Ukraine. Therefore, the legislative field itself expels the existence of official patient payments. However, in a very limited number of cases, formal patient payments exist. They are the main source of income of the “self-financing” public facilities that are known to be mostly dentist clinics but general “self-financing” clinics also exist.

Despite the constitutional guarantee, there is much non-academic evidence about informal patient payments. Academic literature does not offer a reliable data on the volume of the informal sector in the Ukrainian health care system. Preliminary studies show that patients have to purchase practically all pharmaceuticals themselves or to buy them from the physicians. The practice of “thanking” doctors by money, or sometimes in kind, is very common. The same is true for the hospital services.

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**Research objectives**

As part of project ASSPRO CEE 2007, focus group discussions and in-depth interviews were carried out in Ukraine in April-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 primary care providers, out-patient specialists, physicians and nurses in city hospitals, primary care providers practicing in rural areas and physicians in district hospitals.
- Health insurance experts; including experts from government and independent organisations.
- 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 was 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 certain level of homogeneity of each focus group in order to reach easily a consensus during the discussion. In total, 10 focus group discussions were carried out: 6 focus groups with consumers and 4 focus groups with health care providers. On average each focus group included 8 participants. It was not possible to organise focus group discussions with primary care providers practicing in rural areas and with physicians in district hospitals, because of distances and busy time-schedules of these health care providers. Therefore, these focus group discussions were replaced with in-depth interviews including totally 6 respondents.

Data among policy-makers and health insurance experts 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:

- 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, Lithuania, Poland and Romania.

**Key messages from the study**

The preliminary study results indicate that health care consumers and providers, policy-makers and health insurance experts support the introduction of social health insurance and official patient charges in Ukraine. According to them, official patient charges could reduce the excess consumption of health care services and could allow controlling the overall expenditures on health care. They could also allow generating additional funds for the whole health care system or for individual institutions. These additional resources could help to increase physicians' salaries and to assure a better technical provision. However, new legalisation on patient payments is required to bring the patient-doctor relationships into a legal realm, providing a place for physicians and patients to defend their rights.

**The opinion of health care consumers in Ukraine**

The opinions of health care consumers on the introduction of official payments are ambiguous. On one hand, the existence of specific prices will make it easier for them to decide what amount of money need to be spent. Moreover, these payments will also increase the official income of the medical personnel. After all, it is because of the crummy salaries that the medical professionals do not care for providing customers with high quality services. On the other hand, consumers are afraid of the perspectives of having to pay twice: officially and unofficially. For poor people, medical services may become a luxury good.

Nevertheless, the majority of consumers believe that official payments should exist. The goals of the official patient payment policy have to pursue the following objectives: to control the total expenditures on healthcare, to provide hospitals with a right to raise additional funds, to deal with unofficial payments. There should be official patient charges for services of dentists, as well for out-patient and in-patient services, even for primary health care services. However, there should be special provisions for disabled, poor, chronically ill and pregnant women.

**The opinion of health care providers in Ukraine**

The majority of health care providers support the idea of introducing official payments because this will give an opportunity to provide better equipment at the health care institutions, and will help to increase the salaries of the staff. The service providers also refer to the implementation of the social health insurance in Ukraine.

A major group of health care providers express the opinion that the official patient payments should be retained either by the institution that provides the service or by the physician. Nearly all health care providers state that the disabled citizens, children, senior citizens, pregnant women and economically disadvantaged individuals should pay less or should not pay at all for health care services. At the same time, physicians complain about the excessive use of medical services by the senior citizens and young mothers. Thus, official payments might be a tool to stop excessive health care use. Health care providers suggest that the use of dental services, as well as the primary health care, in-patient and out-patient services, should require contributions by the patients. The policy goals of implementing official payments into the health care system would be to raise additional health care, to increase the incomes of health care providers, and to entitle medical facilities to generate additional funds and resources.

**The opinion of health insurance experts in Ukraine**

According to health insurance experts, unofficial out-of-pocket payments do not contribute to health care equity. Some physicians invest into their professional development but if official payments are introduced, the state will not be able to guarantee the usual income of the doctors. Active actions by physician associations and an effective ethical code of conduct are important preconditions.

Health insurance experts advise the implementation of official patient payments and suggest that the health care institutions should be allowed to retain these payments. The policy goals of official patient charges should be to raise additional funds for the health care system and to control the overall expenditures. If official payments exist, children, senior citizens and financially disadvantaged individuals should be exempted from payments or should pay less. It is also necessary to restrict the accumulated payments by an individual patient on a monthly/annual basis. Dental, in-patient and out-patient services, and primary health care should be provided under a patient payment scheme. The criteria to assess the adequacy of official payments system should be based on indicators that account for equity, efficiency and quality in health care, population's health needs, the income of households and the general economic conditions, as well as for the impact of these patients on the health care financing.

**The opinion of policy-makers in Ukraine**

According to policy-makers, official out-of-pocket payments can be regarded as a positive phenomenon, since it regulates the payments to medical specialists and service quality. The implementation of official payments can lead to a double load on the patients. If the out-of-pocket payments are taken into a legal framework, it will be possible to formalise the doctor-patient relationships, thus, providing for recognition and acknowledgement of patients' rights.

Policy-makers suggest that official patient payments should be introduced and institutions have to receive these payments. Disabled people, children and pregnant women should be exempted from payments or should have to pay less. There should be a limit (per month/year) on the accumulated payments for health by an individual patient. The implementation of official payments could reduce the excessive consumption of health care services and can help to generate additional health care funds. The criteria for the assessment of an official payment system need to be based on indicators that account for patients' ability to pay and the population health needs.

**Overall policy recommendations**

- Information campaigns should be carried out because neither providers nor the consumers have credible information about the possibilities of introducing social health insurance and about the obstacles of implementing official patient payments.
- Health care actors believe that the introduction of a system of official patient payments could be a rational step to provide for sustainability and further development of the health care system.
- Official patient payments are also seen as an adequate reaction to the State's inability to offer health care services with adequate quality to all population groups.

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<b>Project title</b>	Assessment of patient payment policies and projection of their efficiency, equity and quality effects: The case of Central and Eastern Europe
<b>Grant agreement</b>	No.: 217431
<b>European commission</b>	Marie-Christine Brichard (DG Research - Directorate L)
<b>Project duration</b>	From 1-03-2008 to 28-02-2013 (60 months)
<b>Funding scheme</b>	Collaborative Project
<b>Project budget</b>	EC contribution up to 1,446,496 Euro
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Project funded under the  
Socio-economic Sciences  
and Humanities theme



Center for Public Affairs Studies  
Foundation



Uniwersytet Jagiellonski  
Collegium Medicum