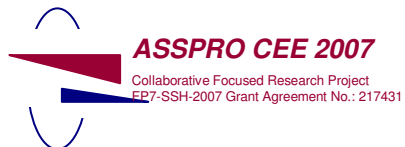


Patient payment policy in Lithuania

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Context

- Lack of evidences/public discussion on patient payment policies in the country
- Absence of consistent document (approach, principles, aims, evidence based reasoning);
- Various practices and arrangements among different health care providers
- Diverse interpretation of existing policy

Importance of the issue (1)

- According to the National Health Account data direct household health expenditure constitute vast major part of private health expenditure. In 2005-2007 its share steadily decreased from 31.8 to 26.7 percent (388.4 to 469.7 million Euros per respective year).
- In 2007 private household expenditure for health was about 139 Euro per capita per year (4.9 % of the total household expenditure; the same about 5% since 2003).
- By taking into account that the latter figures cover the payments for services rendered by both private and public health providers 14 Euro per capita per year seems to be a small amount.

Importance of the issue (2)

- Certain social groups meet significantly greater burden of the out-of-pocket payments:
 - Up to 11% of TE for 60+ and low educated;
 - Among 7 % of adults in need who did not receive medical treatment every fourth could not afford to pay for the service.
 - The same could be said about almost every second persons among 9 percent of those getting lowest income.
- Private out-of pocket payments constitute stable source of financing for public healthcare providers.

Recent steps

ASSPROCEE – one of the first attempts to investigate the topic

Methods

- Focus Group discussions (12)
- In-depth interviews (10)
- Statistical analysis of FG survey

Understanding of “official out-of-pocket” payments in public sector

- Definition of public health care provider (Legal status? Sources of financing?)
- Legality of payments:
 - Health care regulation & internal rules (negative list, a few co-payments, flexible extra billing) – who decides upon being not “obligatory/necessary for being properly treated? Physicians, but mostly the heads of facilities
- Governance/management issue

Rationale for introduction of patient payments in Lithuania

I. Changing behaviour of patients:

- Cutting excess consumption
- Punishing risky behaviour
- Inducement for increasing awareness

being more rationale?

II. Changing behaviour of physicians:

- Increasing quality of care by making physicians more sensitive to patients
- Combating with unofficial payments

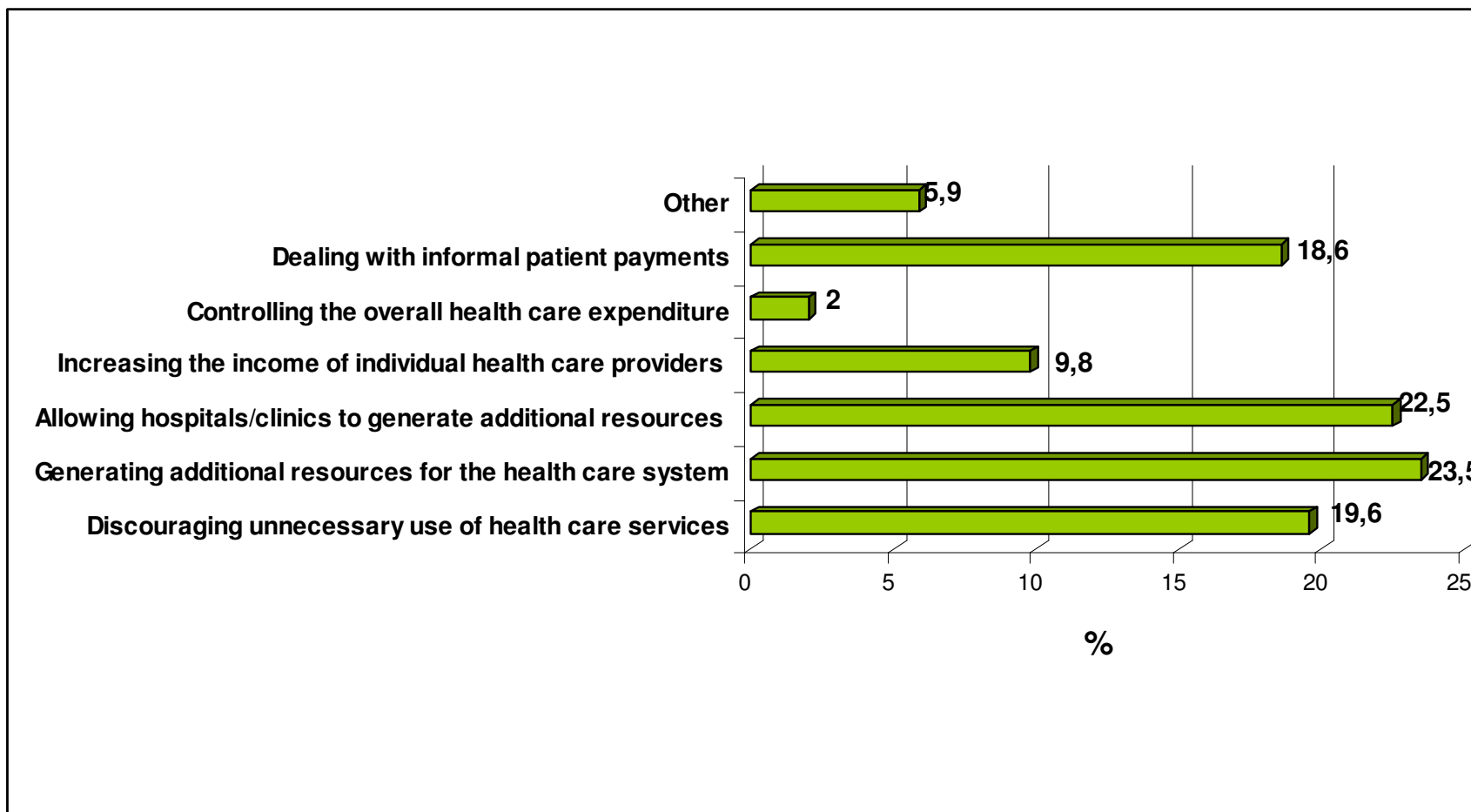
being more professional?:

III. Sharing the expenditure due to the scarcity of the public funds.

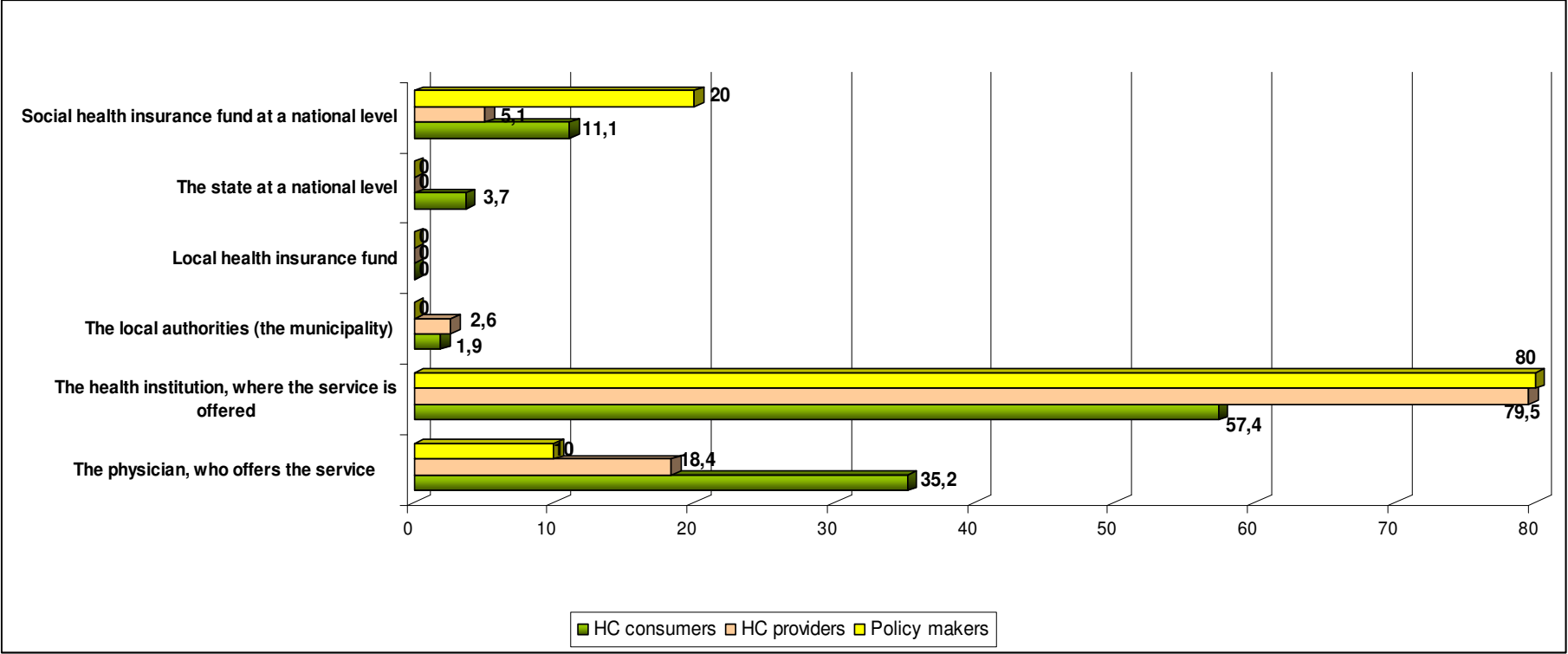
Social justice regarding overall system (2 classes medicine & focus on severely ill)

Aims of patient payment policies

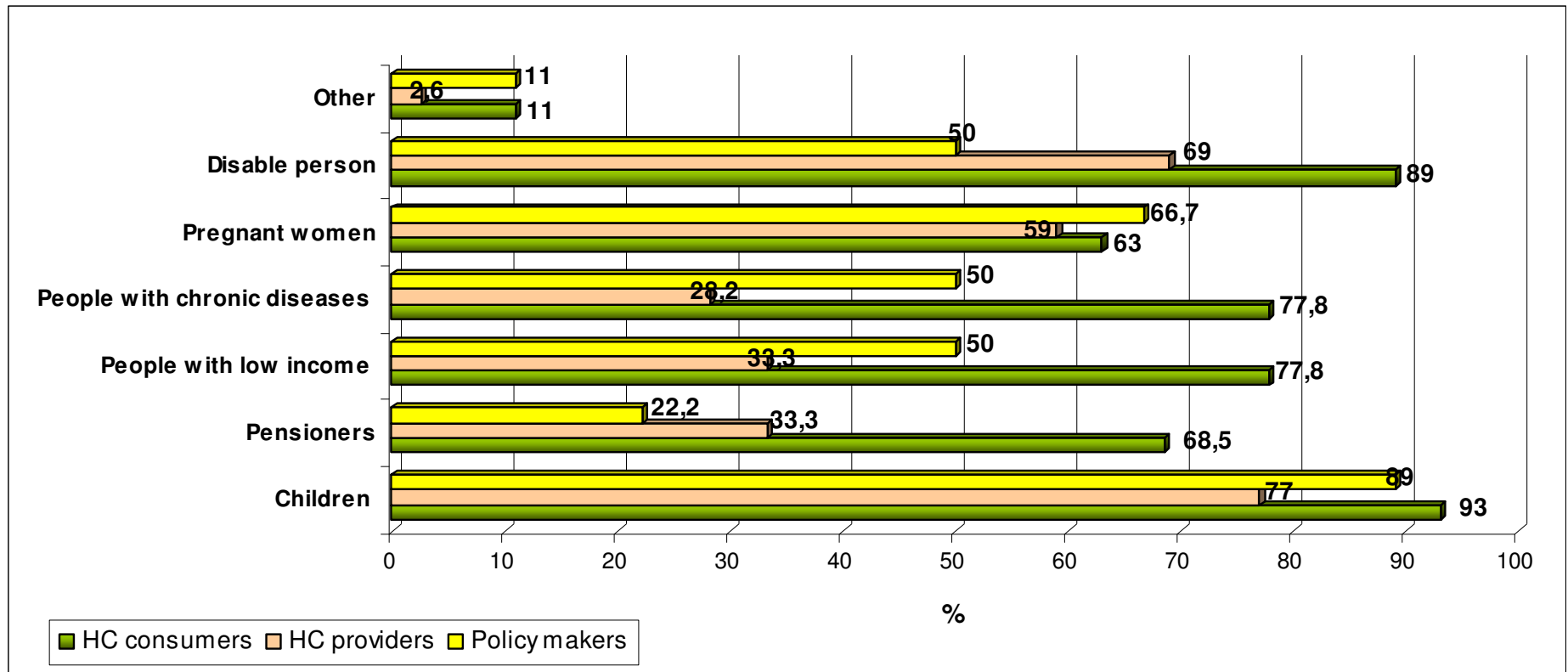
(survey data)



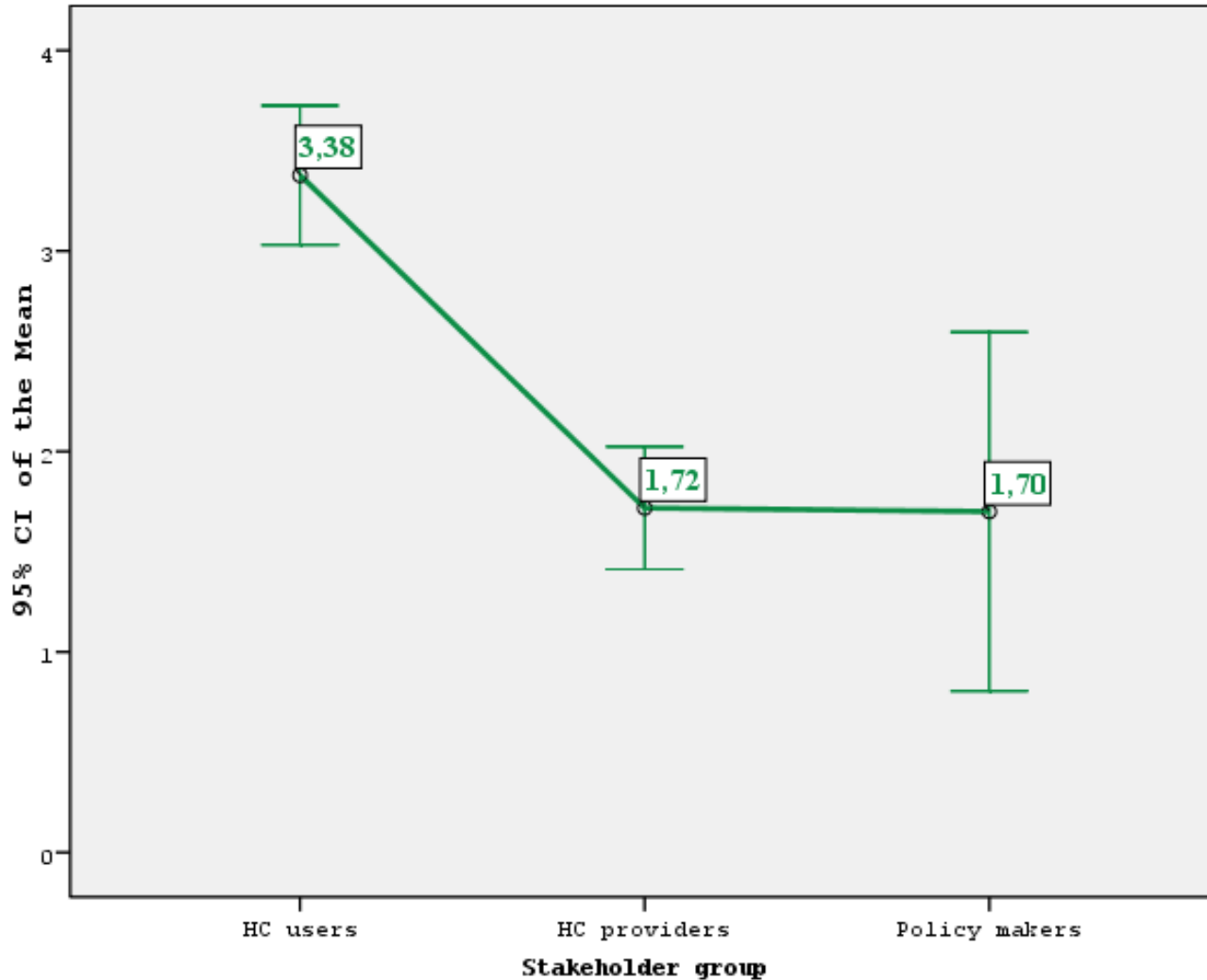
Beneficiaries of patient payments



Society groups, who should be exempted or pay reduced fee for health care services



Attitudes of key stakeholder groups towards official patient payments



Instead of conclusions

- More research/evidence is needed
- Wider discussion would be useful for consumers, providers and policy makers