

Short-term effects of official patient fees on informal payments for health care in Hungary

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Short story of “visit fee”

- Introduced in February, 2007 in curative care
- Part of reform package, summarized in “Green Book of Hungarian Health Care”
- Policy objectives:
 - Decrease unnecessary utilization
 - Deal with informal payments
 - Part of the Convergence Program of Hungary among other implementation



Campaign: You choose, which is better...

ÖN DÖNT, MI A JOBB!



VAGY



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Type

- Magnitude and scope of services:
 - 300 HUF – 1.2 Euros per visit in GP and outpatient care
 - 600 HUF – 2.4 Euros per visit without a referral
 - 1000 HUF – 4 Euros in case of unnecessary use of urgency services
 - 300 HUF – 1.2 Euros per day in inpatient care
- Exemptions: children, some chronic care



February, 2007 – April, 2008

- Abolished as a result of a referendum initiated by the opposition
- More than 80% of the voters supported the abolishment of official patient payments

Results of visit fee in one year

Utilization

- 15-20% decrease in number of visits
- We have no information whether the unnecessary utilization decreased

Generating resource

- 22 Billion HUF (3% of public health expenditure)
- Estimated saving: 42 Billion HUF

Effect on informal payments – household surveys

- TÁRKI: Decreased from 2003 to 2007 in hospital care (effect of visit fee?)
- MEDIÁN: Decreased after 1 year but not disappeared

Research question:

Whether the probability of paying informal payments decreased after the introduction?

Data

- Household survey including 2500 respondents
- Collected 2 months after the implementation
- Data about informal payments
 - For the last visit to 4 types of out-patient specialist
 - For the last stay in hospitalization
 - Date of the last visit
- Informal payments - What was the estimated value of cash and gifts in kind at last visit or hospitalization?

The spread of informal payments

Out-patient care

- 13% of the respondents paid informally payments during their last visit.
- The average amount: 7 388 HUF per visit (~28 EUR).

In-patient care

- 46% of the respondents paid informally during their last hospitalizations.
- The average amount: 15 645 HUF per hospitalization (~60 EUR).

We examined the effect of the following variables on the probability of paying informally...

Method: regression analysis (probit model)

Variables:

- **Socio-demographic characteristics:** age, gender, health status, income, education level, number of persons in the household, inhabitation
- **Attitude variables :** respondents' satisfaction with care
- **Characteristics of the health care service:** Type of specialist, reason for hospitalization, duration of hospital stay
- **Date of visit/hospitalization**
- **Interactions:** age and date, perceived health status and date

Results of regression analysis

	INPATIENT CARE		OUTPATIENT CARE		
	Regression coefficient	Std. error	Regression coefficient	Std. error	
age2	0.016	0.175	age2	0.008	0.166
gender*	0.378	0.151	gender	0.000	0.130
health2	-0.029	0.158	health2*	0.421	0.158
household*	-0.170	0.063	household	0.000	0.055
income*	0.000	0.000	income*	0.000	0.000
educ	0.022	0.095	educ*	0.209	0.080
village	-0.215	0.144	village	-0.099	0.128
sathosp	-0.046	0.060	satsp	-0.024	0.054
reason1*	0.447	0.171	date	0.199	0.151
reason2	0.156	0.187	intern	0.115	0.139
reason3*	0.805	0.342	gyn*	0.611	0.154
dayhosp	0.003	0.006	rheum	0.006	0.168
datehosp	-0.020	0.288	int_age	-0.107	0.234
int_age*	-0.825	0.338	int_health	-0.346	0.240
int_health	0.083	0.342	_cons*	-2.387	0.362
_cons	-0.332	0.426			

* Significant on 5% significant level

Results – inpatient care

Significant effect

- Gender (+ female)
- Number of persons in the household (-)
- Household income (+)
- Reason of care: operation (+)
- Reason of care: delivery(+)
- Interaction of age and date -

Patients over 60 visited after the implementation paid less often

No significant effect

- Age category
- Health Status
- Education level
- Inhabitation
- Satisfaction with hospital care
- Reason of care: examination
- Duration of hospital stay
- **Date of hospitalization (before/after)**
- Interaction of perceived health status and date

Results – out-patient care

Significant effect

- Perceived Health Status
(respondents in bad HS paid more often)
- Household income (+)
- Education level (+)
- Visit at gynecologist (+)

No significant effect

- Age category
- Gender
- Number of persons in the household
- Inhabitation
- Satisfaction with out-patient care
- **Date of visit (before/after)**
- Visit at rheumatologist
- Visit at internist
- Interaction of age and date
- Interaction of perceived health status and date

Instead of discussion

- Doctors may have earned between 60 and 236% of their net official income from informal payments in 2001 (Gál et. al 2006)
- But 5% of the physicians get 60% of the informal payments. (Committee on informal payments)
- Autumn, 2002: 50% increase of the income of public servants → no effect on informal payments

Instead of discussion

GPs

- The praxis got the revenue
- 180 ths HUF (~600 EUR) for a GP praxis per month (+25%)
- “It was a remarkable amount with that I could count... I could invest and then re-invest to patients’ provision.”

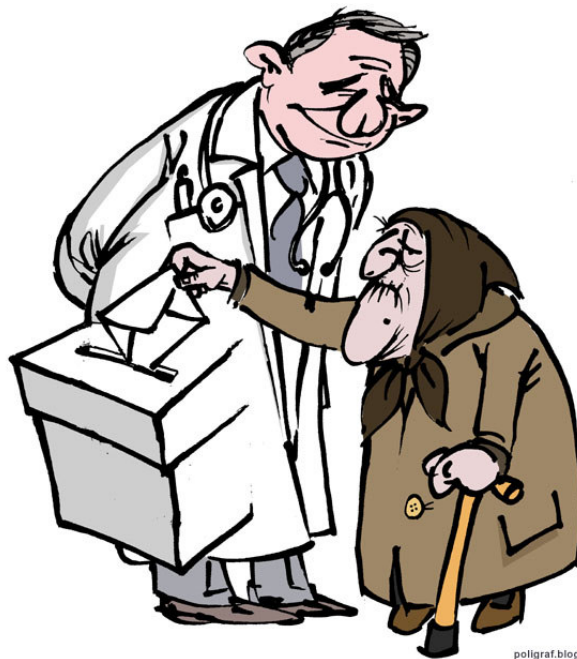
Outpatient, in-patient care

- The provider institution was the beneficiary
- The revenue was negligible concerning their budget
- “We have no exact idea about where that incoming amount, that 300 Forints, has gone... And we have not got anything from this money...”

“It would be important in motivating physicians to stay at home to let them receive an honourable salary...”



Thank you for your attention!



Referendum about the abolishment of
patient payments in 2008