

ABSTRACTS ECHE 2010 CONFERENCE

PRESENTATIONS AND POSTERS AT THE 8TH EUROPEAN CONFERENCE ON HEALTH ECONOMICS

- CONNECTING HEALTH AND ECONOMICS -

7-10 JULY 2010

HELSINKI, FINLAND

<http://www.eche2010.fi/>

SESSION:

**FORMAL AND INFORMAL PATIENT PAYMENTS:
SUBSTITUTES OR COMPLEMENTS?**

<http://eche2010.abstractbook.org/sessions/3/>

Time: Thu 10:15 AM-11:30 AM

Room: Helsinki Hall

Chair: Wim Groot

Maastricht University

Session Organiser:

Wim Groot (Maastricht University)

Milena Pavlova (Maastricht University)

Session Description:



Informal patient payments are reported in many European countries. Evidence suggests that these payments affect the overall functioning of the health care system in a very complex and interrelated manner. On the one hand, these payments usually exist in a context of limited resources for health care where informal compensations to providers are necessary to ensure adequate treatment. On the other hand, these payments are a threat to public health since those who cannot afford to pay informally might not seek or delay seeking treatment. Moreover, informal patient payments may introduce undesirable incentives for providing less cost-effective services if patients accept to pay informally. Thus, informal payments can jeopardise efficiency, equity, and quality of health care provision.

There are various explanations for the existence of informal patient payments, including cultural perceptions, fraud, insufficient funding of the health care sector and/or lack of control and accountability in the health care system. There are also various proposals on how to deal with these payments at a policy level although it is broadly recognised that there is no single universal solution. However, the issue of informal patient payments becomes especially relevant when official patient charges are being introduced. There is an overall concern that the implementation of official patient charges does not have the ability to replace informal patient payments but they rather impose a double financial burden to consumers. However, this issue has not yet been adequately studied.

This session includes four studies on the scope and scale of informal patient payments in Europe, and their relation to official patient charges. In particular the session aims to conceptualise the term “informal patient payments” and to provide an operational definition. The session also presents a cross-country comparison between formal and informal patient payments in European health care sectors, and outlines their dependence on institutional arrangements, both within health care and beyond. Two empirical studies dealing with the phenomenon of informal patient payments in Hungary and Albania are also included in this session.

Presentations during the sessions:

- Formal and informal patient payments in Europe. Presenter: Marzena Tambor
- The scope and scale of informal patient payments in Europe. Presenter: Tetiana Stepurko
- Short-term effects of the introduction of official patient fees on the level of informal payments for health care services: The case of Hungary. Presenter: Petra Baji
- Paying informally in the Albanian health care sector: A two-tiered stochastic frontier model. Presenter: Sonila Tomini

PRESENTATION:**FORMAL AND INFORMAL PATIENT PAYMENTS IN EUROPE**

<http://eche2010.abstractbook.org/presentations/911/>

Session: Formal and informal patient payments:
Substitutes or complements?

Time: Thu 10:15-11:30
Room: Helsinki Hall

Presenter: Marzena Tambor
Jagiellonian University Collegium Medicum

**Authors:**

Marzena Tambor (Jagiellonian University Collegium Medicum)
Milena Pavlova (Maastricht University)
Christoph Sowada (Jagiellonian University Collegium Medicum)
Stanisława Golinowska (Jagiellonian University Collegium Medicum)
Wim Groot (Maastricht University)

Abstract

Informal patient payments have been reported in many European countries, most often in Eastern Europe and less frequently in Western Europe. At the same time, formal patient charges for health care services are implemented in about 60 percent of the European countries but irrespective of the geographical location. A question arises on why some countries rely on formal patient charges and others not, and why informal patient payments exist in some countries and not in others. We analyse these questions using country-level data for 36 European countries. We also study the relation between these two forms of patient payments in Europe.

The implementation of official patient charges in Europe is mainly attributed to the objective of efficiency improvement. Although efficiency improvement is an important issue in all European health care systems, not all countries rely on patient charges. Few studies have attempted to analyse the possible determinants of the existence of official patient charges by the specific organisation and funding of the health care system. However, these studies focus only on Western and some Southern European countries. Moreover, the country-specific context is not taken into account. With regard to the existence of informal patient payments, literature provides various theories on their existence, including cultural predisposition, historical heritage, poor governance as well as insufficient financial resources for health care provision. Nevertheless, these hypotheses have not been studied adequately.

Based on the review of secondary data we identify measurable indicators related to the theoretical explanations of the existence of formal and informal patient payments. We test statistically the link between these indicators and the existence of formal and informal patient payments reported in European countries. Our results indicate that some European countries introduce official patient charges along with supply-side measures aiming at efficiency improvement. However, the existence of informal patient payments combined with cultural perceptions and poor quality of country governance may restrict the implementation of formal patient charges. There is a significant reverse correlation between the existence of formal and informal patient payments in European countries. Insufficient financial resources and low providers remuneration may also predispose informal patient payments.

PRESENTATION:**THE SCOPE AND SCALE OF INFORMAL PATIENT PAYMENTS
IN EUROPE: RE-EXAMINATION OF EMPIRICAL EVIDENCE**

<http://eche2010.abstractbook.org/presentations/910>

Session: Formal and informal patient payments:
Substitutes or complements?

Time: Thu 10:15-11:30
Room: Helsinki Hall

Presenter: Tetiana Stepurko
National University of Kyiv-Mohyla Academy.
School of Public Health

**Authors:**

Tetiana Stepurko (National University of Kyiv-Mohyla Academy. School of Public Health)
Milena Pavlova (Maastricht University)
Irena Gryga (National University of Kyiv-Mohyla Academy. School of Public Health)
Wim Groot (Maastricht University)

Abstract

Empirical evidence shows that informal patient payments are an important feature of many European health care systems. However, researchers apply a variety of definitions and assign different meanings to this phenomenon. This makes it difficult to compare directly the magnitude of informal patient payments in Europe. The aim of our study is to conceptualise the term “informal patient payments” and to outline an operational definition for their measurement. We use then this definition to re-examine the existing empirical evidence on informal patient payments in Europe, and to outline their scope and scale. We systematically searched the literature to identify empirical studies on this topic.

Our results suggest that informal patient payments in Europe are a multifaceted phenomenon. Overall, these payments are not official (i.e. they are made without official receipt outside the official payment channels and thus, they are not registered and not accounted for in the official statistics). In some countries, these payments are illegal since they breach existing laws and regulations. However it is not the case for all countries where such payments are reported. It is also possible to define quasi-formal payments, which include those payments that are illegal even though formal, but for some reason tolerated by policy-makers.

In Europe, informal patient payments are mainly associated with health care provision in former-socialist countries. Nevertheless, unofficial payments for health care services are also reported in some high-income countries in Europe, which are not former-socialist countries. There is a great variety in the types of informal patient payments depending on the nature and moment of payment, the side that initiates the payment, the reason for paying informally, and the recipient of payment. Informal payments in cash requested by providers before the service provision are usually seen as corruption, while gifts after the service provision are associated with patients’ expression of gratitude. The level and incidence of informal payments are difficult to compare, but the overall findings indicate that informal patient payments are a substantial phenomenon in Europe, and cannot be neglected. Yet, little is known on why these payments exist and how they are determined by the patient-provider relations.

PRESENTATION:**SHORT-TERM EFFECTS OF THE INTRODUCTION OF OFFICIAL PATIENT FEES ON THE LEVEL OF INFORMAL PAYMENTS FOR HEALTH CARE SERVICES: THE CASE OF HUNGARY**

<http://eche2010.abstractbook.org/presentations/912/>

Session: Formal and informal patient payments:
Substitutes or complements?

Time: Thu 10:15-11:30
Room: Helsinki Hall

Presenter: Petra Baji
Budapesti Corvinus Egyetem. CPASF

Authors:

Petra Baji (Budapesti Corvinus Egyetem. CPASF)
Milena Pavlova (Maastricht University)
Laszlo Gulacsi (Budapesti Corvinus Egyetem. CPASF)
Wim Groot (Maastricht University)

**Abstract**

This study focuses on the relation between official patient fees and informal payments for health care services in Hungary. Official fees for the use of health care services were introduced in Hungary in 2007. One of their main objectives stipulated by the government was to convert the existing informal payments into formal charges. The fee amount was rather limited (ranging from about 1 to 4 euro). In 2008, these fees were abolished as the result of a referendum where 80% of the voters were against patient charges.

Our goal is to examine whether the level of informal patient payments in Hungary was affected by the introduction of official patient fees. We use a nation-wide datasets containing micro-level data on formal and informal payments for health care services. The data were collected in a survey with health care consumers shortly after the implementation of official patient fees in Hungary. The dataset provides information about two groups of services: physician out-patient services including GPs and specialists, and in-patient care. To study the effect of official fees on informal payments, we use Tobit regression analysis. Data related to payments are taken as dependent variables while data on socio-demographic features, characteristics of service utilisation (type of care and reason of hospitalisation) and date of payment (before or after the implementation of official fees) are taken as independent explanatory variables. In particular, we are interested in the effect of the implementation of official fees on the amount paid informally.

In case of physician out-patient services, our results suggest no statistically significant change in the level of informal payments after official patient charges were introduced. Thus, the total payment per visit was significantly higher after the implementation of official charges, which indicates an increased financial burden to health care consumers due to these charges. In case of in-patient care, the implementation of official charges affected the informal payments: the amount of informal payment decreased significantly although the total payment became significantly higher. Our results suggest that on short-run, official charges could not replace informal payments even though they might have diminished them.

PRESENTATION:**PAYING INFORMALLY IN THE ALBANIAN HEALTH CARE SECTOR: A TWO-TIERED STOCHASTIC FRONTIER MODEL**

<http://eche2010.abstractbook.org/presentations/913>

Session: Formal and informal patient payments:
Substitutes or complements?

Time: Thu 10:15-11:30

Room: Helsinki Hall

Presenter: Sonila Tomini
Maastricht University

**Authors:**

Sonila Tomini (Maastricht University)

Wim Groot (Maastricht University)

Milena Pavlova (Maastricht University)

Abstract

This paper looks at informal payments in the health care sector in Albania. We develop a two-tiered stochastic frontier model to estimate indicators of imperfect information that patient and medical staff have, on amounts paid informally. We measure the extent to which patients pay more than the minimal amount medical staff expect (imperfect information of patients), and the extent to which medical staff request less than the maximum patients are willing to pay (imperfect information of medical staff).

We use data from the Albania Living Standards Measurement Survey 2005. Our results show that patient's information on actual amount paid informally depends on education, difficulty to pay and hospitalisation in Tirana district, while medical staff's information depends on type of illness and hospitalisation in Tirana district. Medical staff have less information on patients' maximum amount willing to pay than patients have on doctor's minimum amount expected.

Generally, we can say that a significant reduction in informal payments would not be possible without comprehensive reforms of the health sector (introducing strong incentives for patients and providers), but their negative effects can be minimised if the influence of characteristics of payers and receivers are understood correctly, and consequently accounted for. The high amounts that patients are willing to pay indicate that people are willing to contribute money for their health. A revision of the current system towards a more inclusive coverage and ensuring the quality of health services offered throughout the country would probably make health insurance more appealing to most of the people.

PRESENTATION:**THE EFFECTS OF CHANGES IN THE FINANCING OF THE
RUSSIAN PUBLIC HEALTHCARE SECTOR**

<http://eche2010.abstractbook.org/presentations/411/>

Session: Financing
Time: Thu 11:45-13:00
Room: Helsinki Hall

Presenter: Vladimir S. Gordeev
Maastricht University

Authors:
Vladimir S. Gordeev (Maastricht University)
Wim Groot (Maastricht University)
Milena Pavlova (Maastricht University)

Abstract

The Russian public healthcare sector has undergone several stages of continuous reforms after the implementation of the compulsory social health insurance. The newly reformed structure of the Russian public healthcare sector still had to solve old problems left from the Soviet legacy, namely inter-regional inequalities in access to healthcare and financing across income groups, absence of effective mechanisms to equalise medical care across regions, and existence of informal payment. Reforms continued, changing direction with every new Minister of Healthcare, leaving the question whether all these attempts led to improvement in efficiency in the financing and provision of services open. We analysed the existing empirical evidence with the aim to outline the influence of the financial reforms in the Russian public healthcare sector on macro- and micro-efficiency, cost-containment mechanisms, equity to healthcare services and quality of care. Overall, our results suggest that the initial goal to generate additional non-budget revenues (i.e. via collection of insurance premiums) was achieved and helped to maintain the sustainability of system financing. This had a positive stabilising influence during the economic crisis in the country. Still, the full transition to a purely insurance-based model was not completed, and insurance premiums are currently collected in the form of a tax. Thus, a new model of healthcare system financing emerged: a combination of budget sources and revenues from obligatory social medical insurance supplemented by out-of-pocket and quasi-formal patient payments, voluntary insurance and other sources.

Local government spending as a percentage of GDP varies considerably across regions, which indicates a large efficiency difference among regions and difference in access to healthcare. Sometimes, redistribution of health insurance funds reflects a region's relationship with the centre. Inter-regional variations in financing, payment and reimbursement mechanisms, as well as in volumes of financing continue to be reported. Currently, the social-economic status remains one of the reasons for the unaffordability of some drugs and services. There is a need to alter the structure of spending while stimulating the enhancement of efficiency and implementation of cost-containment, and creating incentives for better allocation and distribution. Insurance companies and funds should become more active players on the compulsory social health insurance market. In conclusion: Almost two decades of experimenting did not yield the optimal model of financing. There was a lack of continuity in the reforms. The system of financing lacks transparency. Unfortunately, cost control is still not the centre of the ongoing reforms. There is a trend to bring the financing back to a single-channel model, mainly via compulsory social health insurance. The question whether one-channel financing will eliminate old and newly created problems is still unanswered.



PRESENTATION:**THE EFFECT OF USING NON-LINEAR UTILITY FUNCTION
ON THE WILLINGNESS-TO-PAY ESTIMATES IN A DCE:
AN APPLICATION TO CONSUMER PREFERENCES FOR
HEALTH INSURANCE IN THE NETHERLANDS**

<http://eche2010.abstractbook.org/presentations/477/>

Session: Willingness-To-Pay

Time: Thu 11:45-13:00

Room: Chydenius Rooms

Presenter: Milena Pavlova

Maastricht University

Authors:

Milena Pavlova (Maastricht University)

Wim Groot (Maastricht University)

**Abstract**

Discrete-choice experiments have received considerable attention in health economics. Although the development of this stated preference technique is still continuing, it has been frequently applied to the evaluation of health care programs, elicitation of patient preferences and estimation of marginal rates of substitution between non-price and price-related health care attributes. The marginal rates of substitution are further used as an indicator of patients' willingness-to-pay. However, the willingness-to-pay estimates are often discussed in the literature due to their sensitivity to the price levels included in the discrete-choice experiment. Moreover, these estimates often appear higher than the willingness-to-pay estimates in other stated preference methods, namely contingent valuation.

Our hypothesis is that the use of a linear utility function in the analysis of discrete-choice data contributes to this problem of convergent validity. There is also empirical evidence that supports this hypothesis. In particular, changes in the price attribute in a discrete-choice experiment also imply an income effect while changes in income are known to have a non-linear effect on utility. Therefore, we expect that the marginal effect of the price attribute on utility is not necessarily constant and might depend not only on the specific price levels included in the discrete-choice experiment but also on individual income. To test these assumptions, we examine how the willingness-to-pay estimates derived in a discrete-choice experiment change when the linear utility function is replaced with a non-linear one. We analyse the specific case of a quadratic relation between utility and price.

To parameterise the analytical model and to test its validity, we use a sample set of discrete-choice data that indicates the preferences and choices of health care consumers in the Netherlands regarding health insurance benefits. Our results suggest that the use of non-linear function has a considerable effect on the willingness-to-pay estimates. The willingness-to-pay estimates are about 4 times lower when using a non-linear utility function. We provide theoretical and empirical evidence that confirms the validity of our results, and our analytical model. Although the robustness of our analysis should be tested further (e.g. using alternative non-linear utility functions and alternative data sets of discrete-choice data), the results clearly indicate the importance of searching for new methods of estimating willingness-to-pay in discrete-choice experiments.

POSTER:**THE DEMAND FOR PHYSICIAN SERVICES WITH FORMAL AND INFORMAL PATIENT PAYMENTS: A DCE IN UKRAINE**

<http://eche2010.abstractbook.org/presentations/265/>

Session: Posters

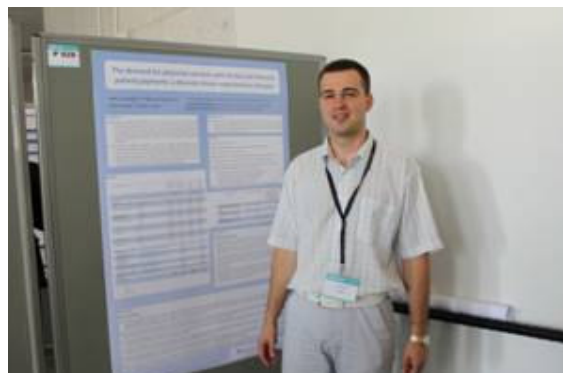
Time: Fri 13:00-14:30

Room: TBA

Presenter: Andrii Danyliv

National University "Kyiv-Mohyla Academy".

School of Public Health

**Authors:**

Andrii Danyliv (National University "Kyiv-Mohyla Academy". School of Public Health)

Milena Pavlova (Maastricht University)

Irena Gryga (National University "Kyiv-Mohyla Academy". School of Public Health)

Wim Groot (Maastricht University)

Abstract

The aim of this study is to investigate how formal and informal payments for health care services affect the preferences and choices of health care consumers, and consequently determine health care demand. We specifically focus on demand for out-patient physician services in case of formal and informal patient payments. For the analysis we use data from a discrete-choice experiment carried out in Ukraine. Ukraine presents a suitable research setting given the existence of informal patient payments and some limited official patient charges. Thus, Ukrainian consumers are familiar with paying for healthcare services that they use.

We consider the three main characteristics of physician services, namely quality, access and price. We include relevant tangible attributes to represent these characteristics. In particular, we include waiting time and travel time as access-related attributes, as well as physician's competences, physician's attitude, facility maintenance and state of equipment as quality-related attributes. With regard to price, we include the type of payment (formal or informal) and the payment magnitude. The discrete-choice data are collected in a survey using a representative sample of Ukrainian population.

We estimate two econometric models: a sequential or nested multinomial random effects logit model, and a simultaneous or conditional random effects logit model. The results of the two models are compared to identify the one with the highest internal validity. We analyse the effect of changes in each attribute as well as the effect of socio-demographic features using interactions terms. In order to check the convergent validity of our demand model, we also collect data on past consumption of health care services, as well as willingness-to-pay data based on contingent valuation questions. The demand model is used to hold policy simulations based on changes or introduction of certain levels of patient payments together with changes in other attributes of the services that can be impacted.

POSTER:**PATIENT PAYMENTS IN BULGARIA: SOURCE OF ADDITIONAL FINANCING OR BARRIER TO ACCESS**

<http://eche2010.abstractbook.org/presentations/336/>

Session: Posters

Time: Fri 13:00-14:30

Room: TBA

Presenter: Elka Atanasova
Medical University- Varna

Authors:

Elka Atanasova (Medical University - Varna)

Emanuela Moutafova (Medical University - Varna)

Milena Pavlova (Maastricht University)

Todorka Kostadinova (Medical University - Varna)

**Abstract**

In the Bulgarian health insurance system, official patient charges were introduced in 2000 and are regulated by the Law on Health Insurance. The type of patient charges implemented is co-payment (fix-rate fee) and applies to all levels of medical services, excluding emergency care. The fee per visit to general practitioner and out-patient specialist after a referral is 1% of the minimum working salary for the country. The fee for hospitalisation in amounts to 2% of the minimum working salary for the country but applies only to the first 10 days of hospital stay per year. There is a wide range of population group exempted from paying co-payment, as well as population groups paying reduced fees. This system of official patient payment exists in a context of informal payments for health care services. This creates dissatisfaction with public health care provision and provides incentives for consumers and providers to shift to the private health care sector. Focus group discussions were carried out in Bulgaria in May-June 2009. The data indicated how consumers and provider perceive patient payments in the public health care sector. Data among health insurance representatives and policy-makers were also collected.

For the young and relatively well-off consumers of health care services, patient payments are rather a source of additional financing and they support the existence of the fees. For the general practitioners from the rural areas and the physicians from the district hospitals, the fees present a barrier to the patients' access given the relative low family incomes in the country. It is a commonly shared opinion among the providers that the size of co-payment is low in Bulgaria, and they propose that it is increased to 4-5% of the minimum working salary for the country. No matter how small, patient payments present a source of additional income and they do not want to lose it.

For health insurance representatives and policy-makers, the role of patient payments should be to discourage the unnecessary consumption of health care services but these payments should not present a burden for the budget of the households. The insurers consider that patient payment should not be a source for increasing the income of the individual health care providers.

POSTER:

PATIENT COST-SHARING FOR PHYSICIANS' AND IN-PATIENT HOSPITAL SERVICES IN THE 27 MEMBER STATES

<http://eche2010.abstractbook.org/presentations/431/>

Session: Posters

Time: Fri 13:00-14:30

Room: TBA

Presenter: Marzena Tambor

Jagiellonian University Collegium Medicum

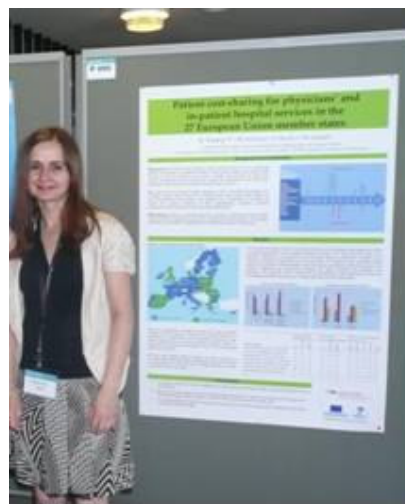
Authors:

Marzena Tambor (Jagiellonian University Collegium Medicum)

Milena Pavlova (Maastricht University)

Piotr Woch (Jagiellonian University Collegium Medicum)

Wim Groot (Maastricht University)



Abstract

During the last decades, many governments introduced patient charges in their public health care systems with the aim to improve efficiency and quality of health care services, as well as to contain overall health care expenditures. This trend in health care reforms affected the European Union (EU) member states as well. Despite the similarities in the main policy objectives, various systems of patient charges exist in the EU. In this study, we review the forms of patient charges for different types of health care services in the 27 EU member states and analyse their relation to the characteristics of the health care systems (e.g. mechanism of funding the health care system, presence of GPs acting as gate-keepers, provider payment mechanisms and existence of informal patient payments). Data are collected based on a review of international data bases, national laws and regulations, and scientific and policy reports. The analysis presents a combination of qualitative and quantitative methods.

Our findings do not suggest a significant relation between the existence of patient charges in the EU member states and the role assigned to the GPs. Thus, some EU member states use a mixed strategy to filter excess demand for health care by combining demand- and supply-side mechanisms, while other member states are less focused on these strategies. However, we find out that the presence of patient charges in the EU is service specific. Overall, services of GPs are equally affected by patient cost-sharing as other health care services. However, nearly in all EU member states, meet higher payment obligation when visiting specialist without a referral form a GP. Moreover, in many EU countries, essential health services (incl. maternity, preventive and emergency care) are provided free-of-charge, and some population groups (e.g. children, elderly, low-income, chronically sick) are exempted.

We find a significant correlation between the type of patient charges and the method of health care system funding. Co-payments are significantly more frequently observed in tax-based systems than in insurance-based systems, while co-insurance and deductibles are present only in insurance-based health care systems. With regard to informal patient payments we find that official patient charges are less common in countries where such payments exist, and the level of co-payments for GPs in these countries is lower. This suggests that informal patient payments can be seen as complementary to formal patient charges. This also suggests that in nearly all EU countries, patient pay a fee for the use of health care services either formally or informally. Only few countries in the EU provide public health care services that are truly free-of-charge at the point of consumption.

POSTER:**INFORMAL PAYMENT IN HEALTH CARE AND INTRA-HOUSEHOLD ALLOCATION OF RESOURCES IN ALBANIA**

<http://eche2010.abstractbook.org/presentations/699/>

Session: Posters

Time: Fri 13:00-14:30

Room: TBA

Presenter: Sonila Tomini

Maastricht University

Authors:

Sonila Tomini (Maastricht University)

Wim Groot (Maastricht University)

Milena Pavlova (Maastricht University)

**Abstract**

Informal health care payments are a significant part of out of pocket payments in many former communist countries. If formal arrangements fail to provide the protection and fairness in health care provision, the market for informal payments may put the burden on the household's budget. During health care events, individuals within one household may decide to strategically allocate their scarce resources by supporting certain members more than others. This decision may be influenced by the type of family, importance of the event, or the type of services required.

This paper looks at the family impact of informal payments in health care by analysing intra-household allocation of resources for such payments over their members. We use pooled data from two cross sectional surveys, Living Standard Measurement Survey 2002 and 2005, in Albania, and analyse both the probability and the amount paid in inpatient and outpatient services. We also explore different types of families in order to learn more on the behaviour of households in such situations. Seemingly unrelated estimations are used to compare coefficients of probit and OLS models. This allows us to see whether there are differences between what is paid in outpatient and inpatient for different members of the household.

Our results show that households tend to differentiate between their members when it comes to the amount paid in each service. In inpatient care, they pay much more for spouses, children, parent or siblings than for non-relatives. In outpatient care they pay more for spouses or non-relatives and less for children, parents or siblings. We do not find any significant change between different types of families. The differences between the amount paid in inpatient and outpatient suggest that the type of services and also formal arrangements influence the amount that households allocate to different members of the family as informal payment in health care. This is very important considering that the consequences of such payments are felt mostly by poor households with higher number of children and elderly.

POSTER:**INFORMAL PATIENT PAYMENTS IN UKRAINIAN MATERNITY HOSPITALS**

<http://eche2010.abstractbook.org/presentations/434/>

Session: Posters

Time: Fri 13:00-14:30

Room: TBA

Presenter: Tetiana Stepurko

National University of 'Kyiv-Mohyla Academy'

School of Public Health

**Authors:**

Tetiana Stepurko (School of Public Health, National University of 'Kyiv-Mohyla Academy')

Olena Levenets (School of Public Health, National University of 'Kyiv-Mohyla Academy')

Irena Gryga (School of Public Health, National University of 'Kyiv-Mohyla Academy')

Abstract

Informal patient payments are an important feature of the health care systems in virtually all Central and Eastern European countries. Empirical evidence from these countries demonstrates that informal payments constitute a significant part of the income of the health care providers. Nevertheless, the collection of data on informal patient payments is a challenging task given their illegal nature. Taking into account the sensitive nature of the illegal patient payments to medical staff or facility, it is difficult to estimate the real scope and magnitude of unofficial payments in the health care sector.

The aim of our study is to describe the phenomenon of informal patient payments in maternity hospitals in Kiev, Ukraine. For this purpose, qualitative research techniques were used, specifically, focus group discussions and in-depth interviews with patients and medical staff at maternity hospitals in Kiev.

The data collected in the study, indicate that informal patient payments are paid to the medical staff for the deliveries, as well as to the maternity hospitals for charitable contributions, comfort room, and access in case of registration in other district. The analysis suggests that the informal income of some physicians (i.e. obstetrician-gynaecologists) at maternity hospitals in Kiev might be substantial. The analysis also suggests that informal patient payments can not guarantee high-quality service for the patient. The social network of the patient also plays a role. These findings could be important for health policy since no evidence about informal patient payments in maternity hospitals in Ukraine could be found in the literature.

Project coordinators:	<p>Dr. Milena Pavlova (project coordinator) Tel: +31-43-3881705; E-mail: M.Pavlova@BEOZ.unimaas.nl</p> <p>Prof.Dr. Wim Groot (scientific coordinator) Tel: +31-43-3881588; E-mail: W.Groot@BEOZ.unimaas.nl</p> <p>Prof.Dr. Frits van Merode (scientific coordinator) Tel: +31-43-3885962; E-mail: F.vanMerode@FACBURFDGW.unimaas.nl</p> <p>Department of Health Organisation, Policy and Economics (BEOZ) CAPHRI; Maastricht University Medical Center Faculty of Health, Medicine and Life Sciences; Maastricht University P.O. Box 616, 6200 MD Maastricht; the Netherlands</p>
Partner in Bulgaria:	<p>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 Tel: +359-52-634279; E-mail: dep_hcm@abv.bg</p>
Partner in Hungary:	<p>Center for Public Affairs Studies Foundation; Budapesti Corvinus Egyetem Fovam Ter 8; Budapest 1093; Hungary Contact person: Dr. Laszlo Gulacsi Tel: +36-1-4825147; E-mail: laszlo.gulacsi@uni-corvinus.hu</p>
Partner in Lithuania:	<p>Public Enterprise "MTVC" (training, research and development centre); Antakalnio str. 22B, LT-10305 Vilnius, Lithuania Contact person: Dr. Liubove Murauskiene Tel: +370-5-2709250; E-mail: murauskiene@mtvc.lt</p>
Partner in Poland:	<p>Institute of Public Health; Uniwersytet Jagiellonski Collegium Medicum Grzegórzecka 20; Krakow 31-531; Poland Contact person: Prof.Dr. Golinowska Stanislaw Tel: +48-12-4241393; E-mail: stellag@onet.pl</p>
Partner in Romania:	<p>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 Tel: +40-21-2527834; E-mail: cmpintia@snsps.ro</p>
Partner in Ukraine:	<p>Shkola Ohorony Zdorovia /School of Public Health 2 Skovoroda Str.; Kyiv 04070; Ukraine Contact person: Dr. Irena Griga Tel: +38-44-4256580; E-mail: griga@ukma.kiev.ua</p>
EC Project Officer:	<p>Ms. Halina Walasek European Commission –DG RTD; SDME 7/21 Square de Meeûs 8; B-1049 Brussels Tel: +32-2-2953622; E-mail: Halina.Walasek@ec.europa.eu</p>



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European
Commission



Collaborative Focused Research
FP -SS -2007 Grant Agreement No.:
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Center for Public Affairs
Studies



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"PROF. DR. PARASKEV
STOJANOV"
VARNA



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