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Informal payments for health care in Bulgaria - their significance after 10 years of co-payments

E. Atanasova ^{a,b}, M. Pavlova ^b, E. Moutafova ^a, W. Groot ^b

^a Medical University – Varna, Bulgaria

^b Maastricht University, the Netherlands



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Empirical research in Bulgaria

- ❖ Beginning in 1994. The authors discussed two options for dealing with informal payments.
- ❖ 1997 – The study estimated the scale and determinants of informal payments, the reasons for paying informally as well as timing of these payments.
- ❖ 2006 – A national representative survey explored the mechanisms, volume and forms of informal payments as well as related consumer attitudes.

Aim

- ❖ To study the scale and type of informal payments, as well as public attitudes and perceptions to these payments.

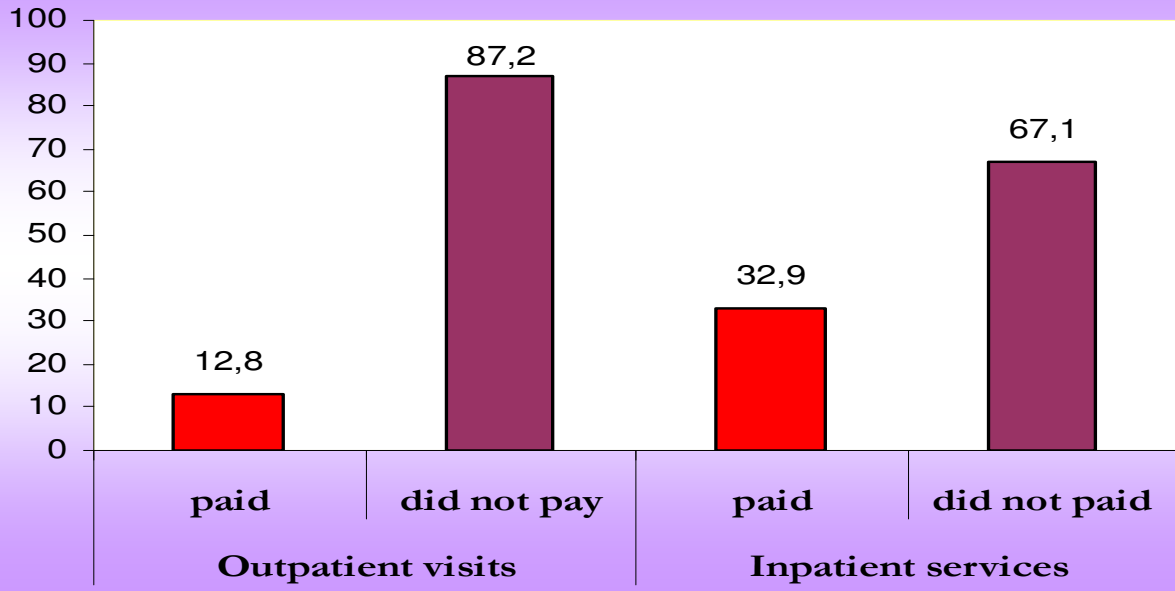
Data and data analysis

- ❖ The data come from a nationally representative survey conducted in Bulgaria in 2010 (1003 respondents).
 - ❖ Interviews based on a standardized questionnaire.
 - ❖ We distinguish between:
 - two types of services (outpatient visits and inpatient services);
 - respondents' attitudes towards informal cash payments and gifts in-kind;
- Five statements related to informal payment behavior.

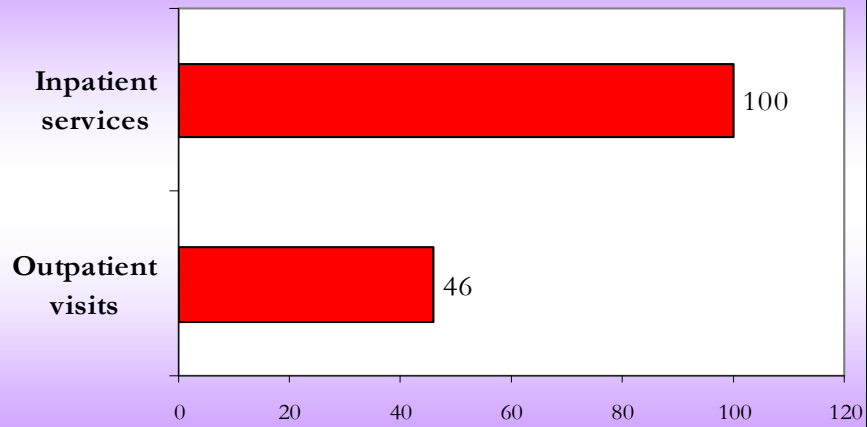
Data and data analysis

- ❖ Propensity and magnitude of informal payments among users.
- ❖ Attitudes and perceived behavior towards informal payments among the sample.
- ❖ Extent to which a set of explanatory variables is associated with actually making informal payments.
- ❖ Extent to which the same set of explanatory variables is associated with the respondents' attitudes regarding informal cash payments and gifts in-kind.
- ❖ Ordinal regression analysis: examine the association between the five perception statements.

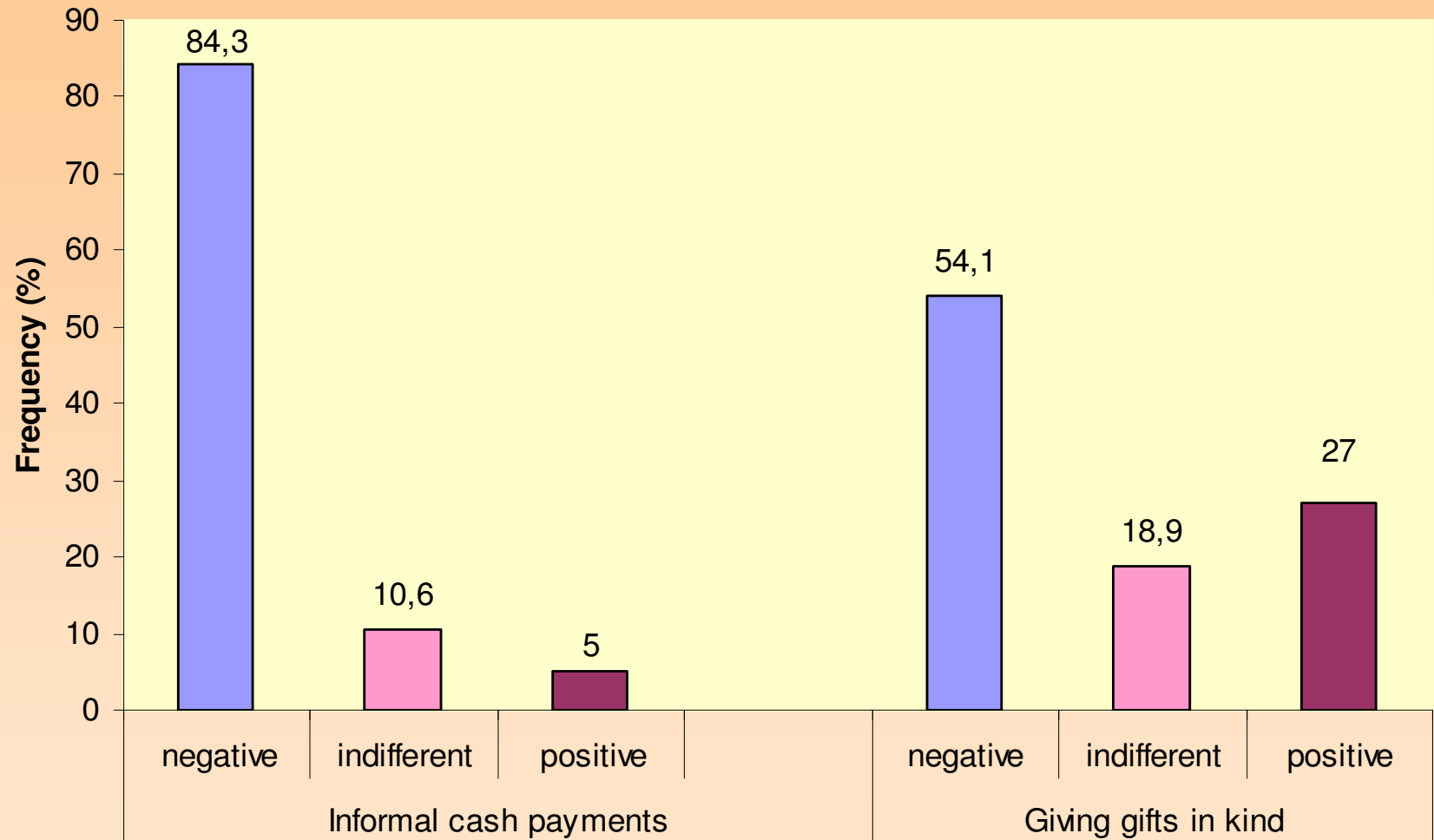
Frequency (%) of users who paid informally



Average amount paid informally per year (Euro)



Attitudes towards informal payments



Not feel uncomfortable
78 %

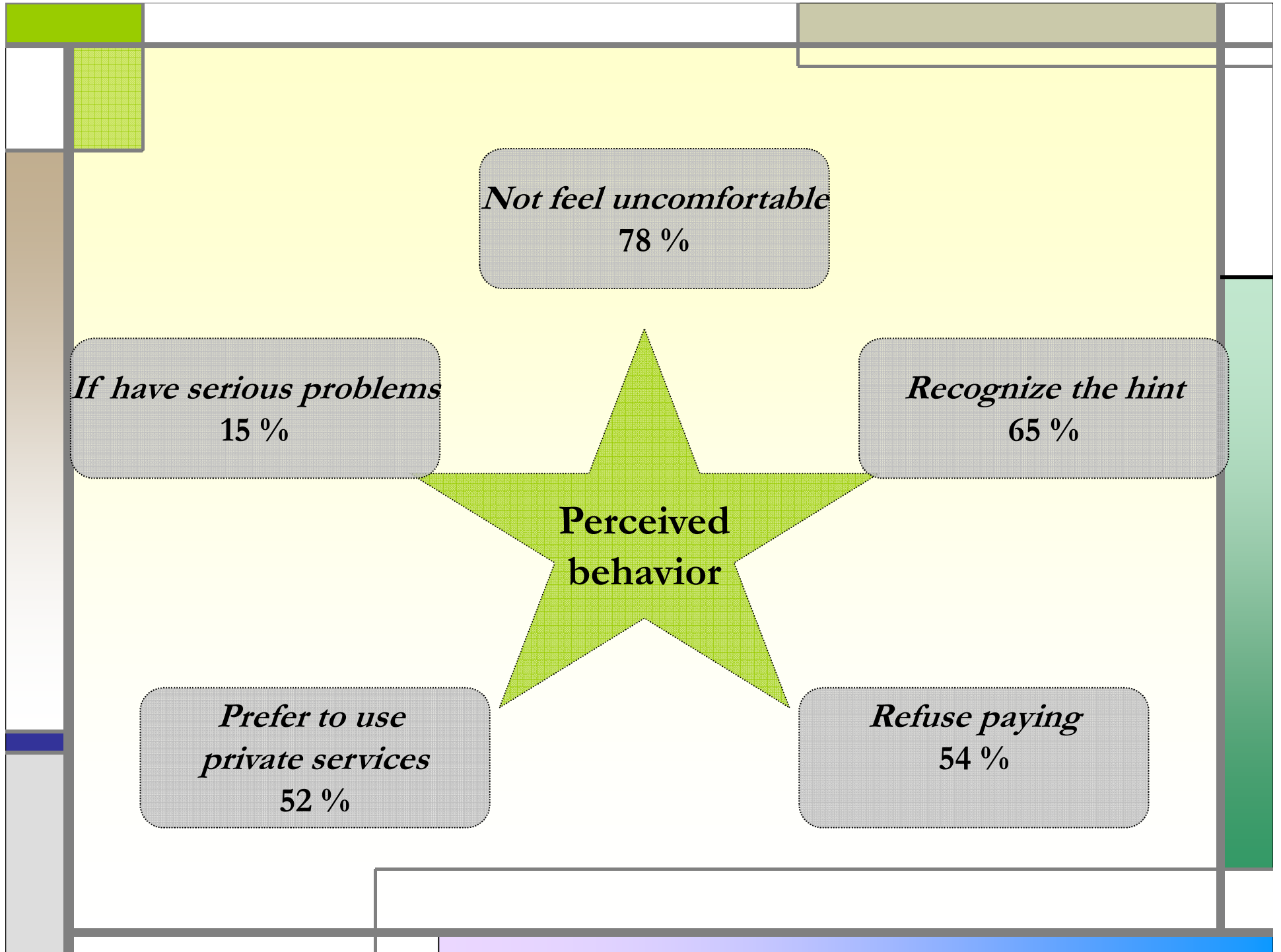
If have serious problems
15 %

Recognize the hint
65 %

**Perceived
behavior**

*Prefer to use
private services*
52 %

Refuse paying
54 %



Binary and linear regression for actually making informal payments

| | Informal payments for outpatient visits (users) | | Informal payments for hospitalization (users) | |
|--|---|------------------------------|---|------------------------------|
| | 0= did not pay 1= paid | LN (informal payment amount) | 0= did not pay 1= paid | LN (informal payment amount) |
| | N=664 | N=69 | N=157 | N=32 |
| | B (S.E.) | B (S.E.) | B (S.E.) | B (S.E.) |
| Age | -.017 (.012) | .010 (.012) | .028 (.023) | -.031 (.033) |
| Gender | .497** (.299) | -.747** (.444) | .654 (.513) | -.695 (.708) |
| Residence place | -.264 (.211) | .252 (.273) | -.551 (.387) | .196 (.462) |
| Education | -.249 (.236) | -.214 (.282) | .211 (.428) | -1.216** (.604) |
| Perceived health | -.116 (.248) | .038 (.306) | -.004 (.392) | .029 (.440) |
| Cronically sick | .873 * (.381) | .038 (.437) | -.167 (.726) | .847 (.776) |
| Family size | -.094 (.125) | .180 (.163) | .009 (.245) | -.396 (.289) |
| Family income | .014 (.023) | -.014 (.039) | .091 (.066) | -.034 (.072) |
| Feel uncomfortable | .593* (.204) | -.288 (.236) | .499 (.365) | .656 (.464) |
| Recognize the hint | -.233 (.275) | .464 (.374) | .165 (.501) | -.430 (.586) |
| Refuse to pay | -.764* (.204) | .340 (.254) | -.977* (.375) | -.455 (.534) |
| Prefer to use private services | .641* (.233) | -.565** (.328) | -.417 (.362) | -.140 (.402) |
| Pay in case of serious health problems | -.042 (.232) | .279 (.271) | .043 (.402) | -.272 (.567) |

* $p < 0.05$; ** $p < 0.10$; Bulgarian leva (BGL), 1 BGL \approx 0.5 Euro, LN-transformation

Regression results on the association of socio-demographic variables and stated behavior with respondents' attitudes

| | Attitude towards informal cash payment to physicians, medical staff or other personnel in health care facilities | | Attitude towards giving gifts in kind to physicians, medical staff or other personnel in health care facilities | |
|--|--|------|---|------|
| | Negative =0; Indifferent =1; Positive =2 | | Negative =0; Indifferent =1; Positive =2 | |
| | Estimate / B | S.E. | Estimate / B | S.E. |
| Age | -.007 | .008 | -.004 | .005 |
| Gender | -.199 | .207 | -.167 | .140 |
| Residence place | .191 | .159 | .188** | .104 |
| Education | -.398* | .177 | -.071 | .120 |
| Perceived health | .032 | .200 | .076 | .136 |
| Cronically sick | .233 | .281 | .277 | .191 |
| Family size | .031 | .082 | -.013 | .058 |
| Family income | .012 | .019 | .018 | .015 |
| Feel uncomfortable | .860* | .144 | .748* | .120 |
| Recognize the hint | -.321** | .166 | -.119 | .120 |
| Refuse to pay | -.559* | .149 | -.195** | .107 |
| Prefer to use private services | -.261** | .150 | -.188** | .104 |
| Pay in case of serious health problems | .302** | .169 | .475* | .112 |

* $p < 0.05$; ** $p < 0.10$;

Conclusions

- ❖ The evidence of existence of informal payments underline their significance after 10 years of co-payments.
- ❖ A policy of co-payment to replace rather than supplement the informal payments has not been fully efficiency.
- ❖ Dynamics of informal payments obviously shows that in the transition period (in the 1990s) cash payments become more frequent and magnitude of both gratitude cash payments and value of gifts increased.

Conclusions

- ❖ Although the consumers are in general negative towards informal cash payments, informal gifts in kind are still accepted.
- ❖ There is no essential changes in terms of some perceived behavior statements.

Policy recommendations

- ❖ Increase awareness related with the pitfalls in the legislation.
- ❖ Information about official user fees and free-of-charge services has to be available and easily accessible to patients.
- ❖ More effective punitive measures against medical staff who abuse with patients' trust.