

Out-of-pocket payments in Lithuania: experience and policy challenges

Final ASSPRO CEE project
conference

Vilnius, 3-4 December, 2012

Practice

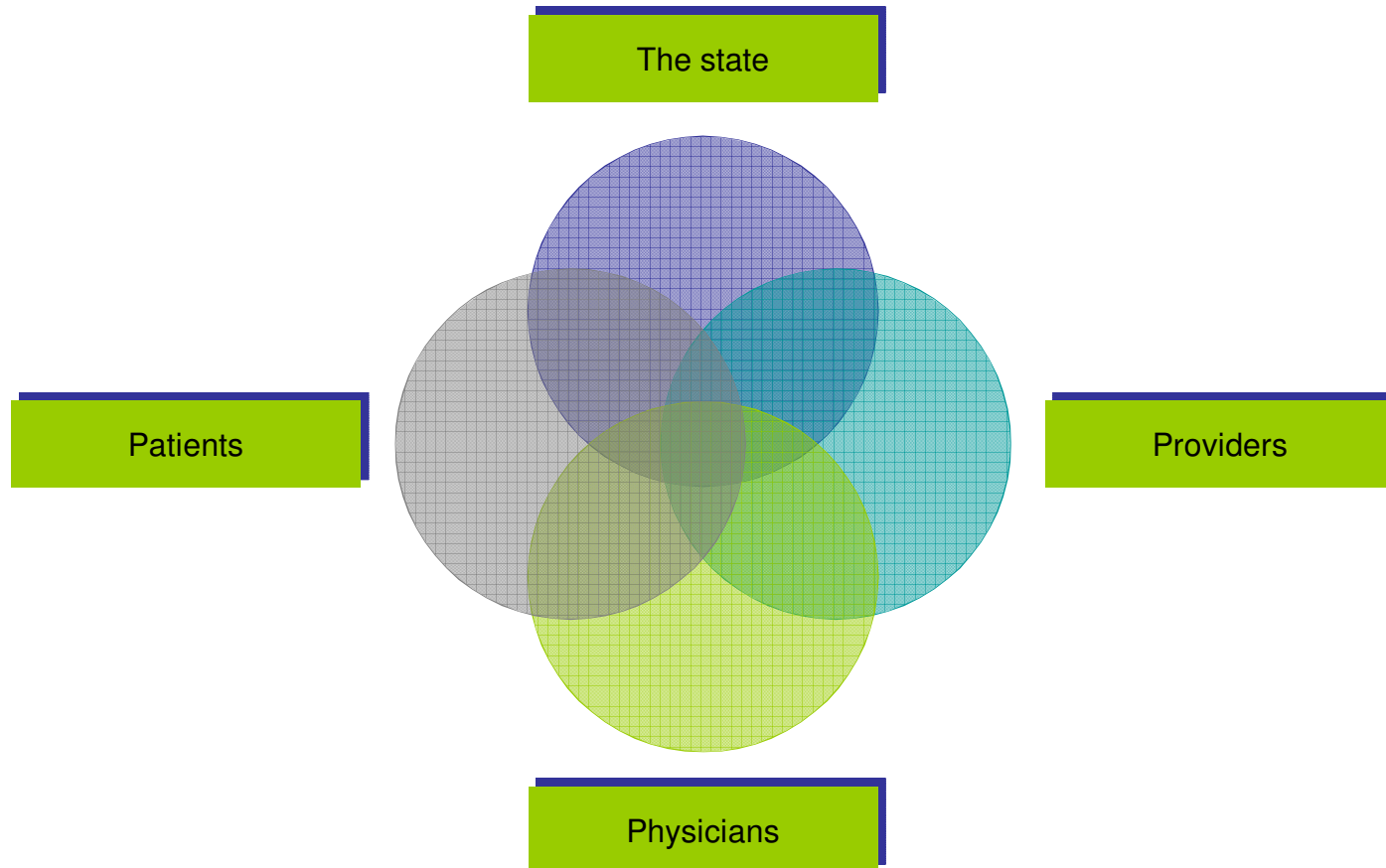
References:

- Baltic Social Audit about corruption – 2002 data
- Longitudinal SILC – unmet needs due to (financial) barriers
- NHIF 2009-2011 surveys
- Other cross-sectional surveys in 2010

Unmet needs, % of population, due to reasons (SILC)

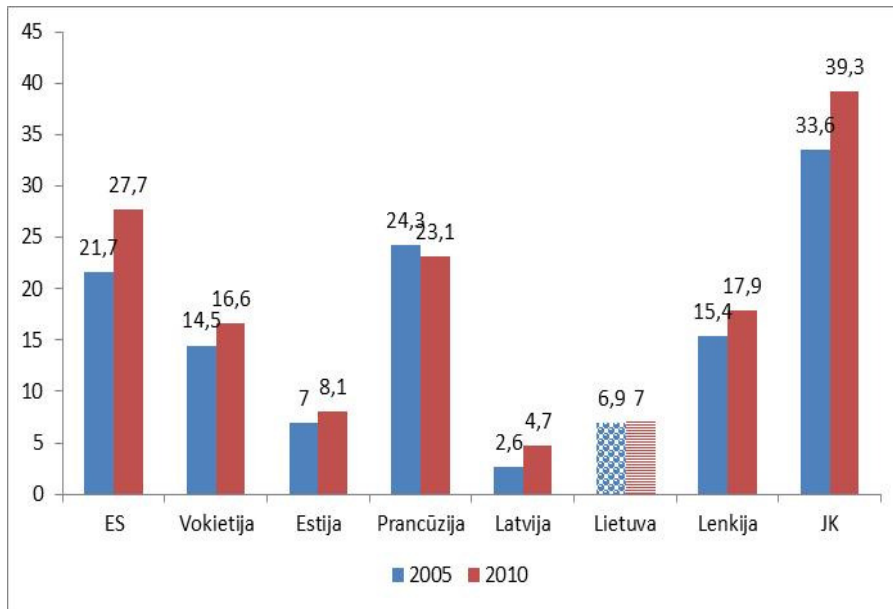
| | Too expensive | | Too far | | Too long waiting time | |
|------------------|---------------|------|---------|------|-----------------------|------|
| | 2005 | 2010 | 2005 | 2010 | 2005 | 2010 |
| EU | 7,5 | 5,2 | 0,5 | 0,5 | 1,4 | 1,9 |
| Germany | 16,4 | 3,1 | 0,5 | 0,4 | 1,3 | 0,6 |
| Estonia | 8,3 | 2,1 | 1,4 | 1,3 | 2,4 | 3,3 |
| France | 3,6 | 4,9 | 0,1 | 0,1 | 0,3 | 0,3 |
| Latvia | 29,6 | 26,8 | 1,2 | 1 | 0,5 | 0,4 |
| Lithuania | 7,9 | 1,9 | 1,7 | 0,1 | 1,2 | 0,9 |
| Poland | 12,2 | 7,1 | 0,3 | 1,2 | 1,6 | 4,8 |
| UK | 0,2 | 0 | 0 | 0,2 | 2,2 | 1,5 |

Main actors

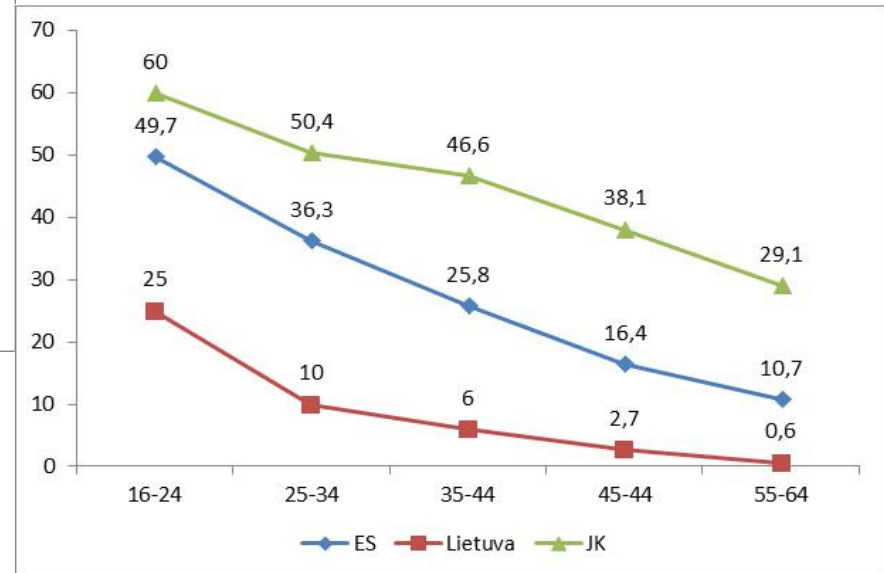


Self-perceived Health (SILC)

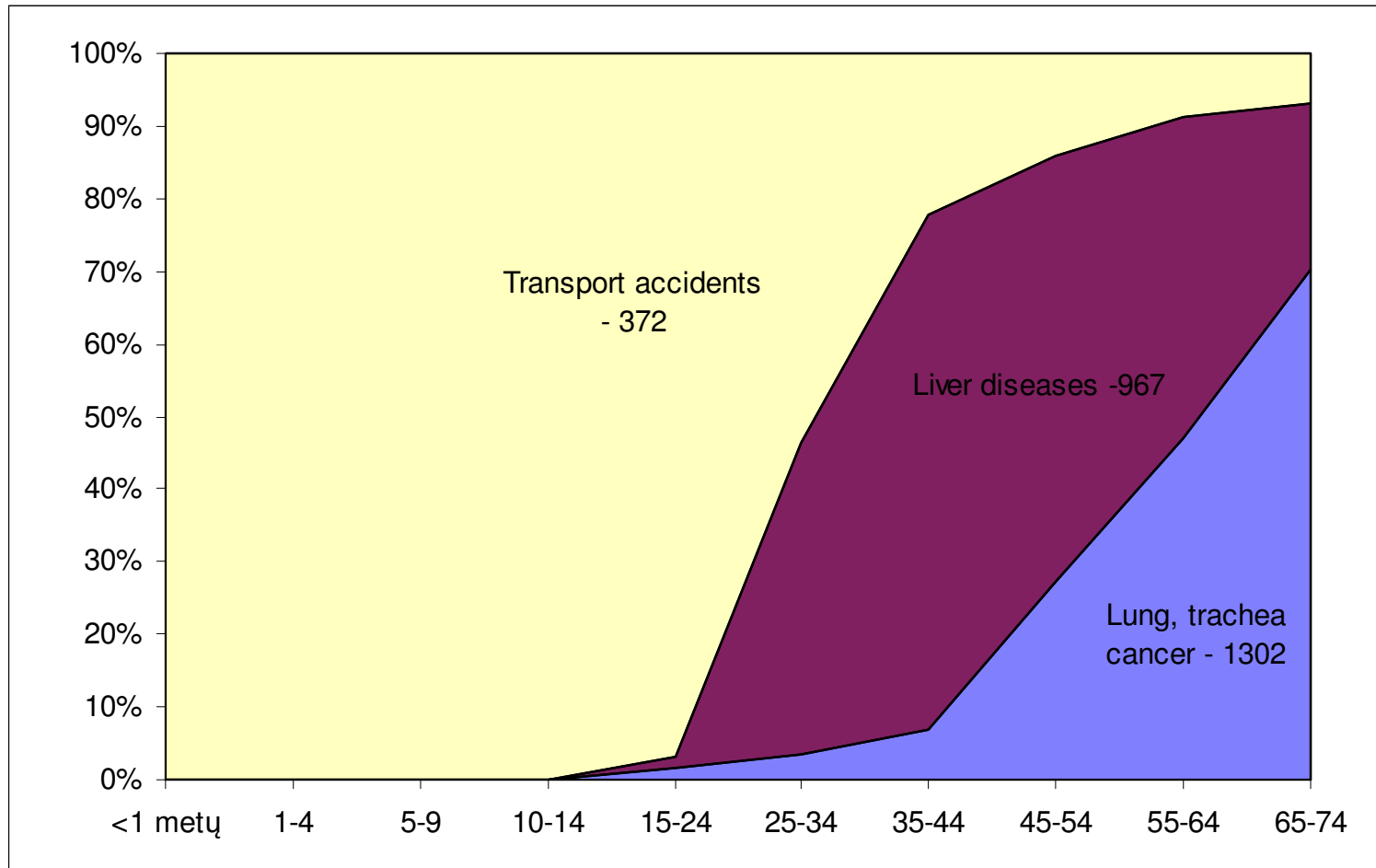
A share of population perceiving the health as “very good” (%)



A share of population perceiving the health as “very good” in age groups (%)



Preventable deaths in 2010



Population Patients

48% and 53% have ever
paid informally by cash or
have ever given a gift in-
kind in HC facilities

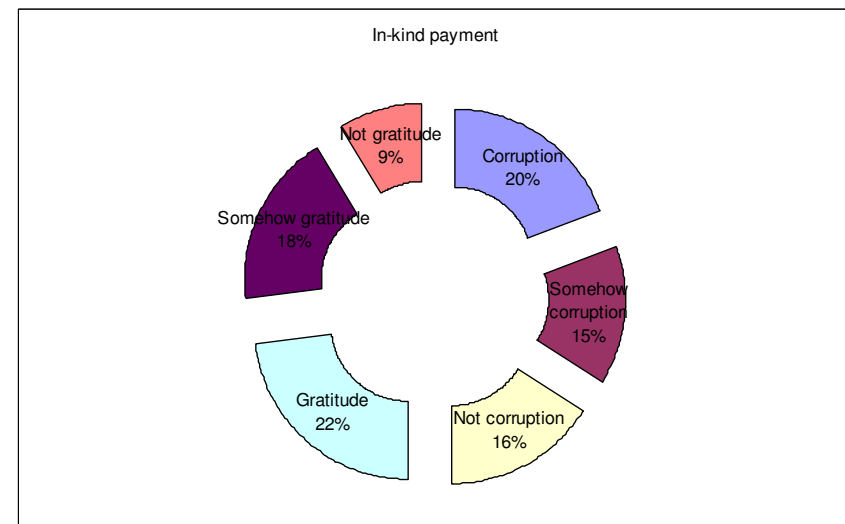
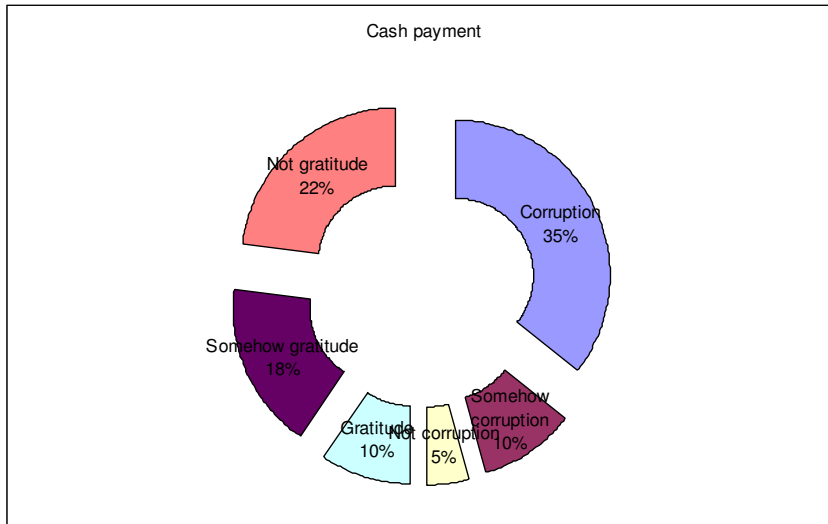
Only 12% have been ever
asked by the staff

66% could recognize the
hint for informal payment
or gift

Negative attitudes are of
minor significance



Opinion about informal payment in-kind payments are more acceptable



OOPs per year

Out-patient services

73% gained
of them 43% paid
of them 44% paid
informal or quasi-
formal payments

Hospital services

16% used
of them 60% paid
of them 70% paid
informal or quasi-
formal payments

Is the size of payments negligible?

An average € 85/
€ 80

for outpatient
services

An average €
150/ € 128

for inpatient
services

Average monthly pension and
minimum wage - about
€220

20% and 3% of those in need
and to forego out-patient
and inpatient treatment

14% of hospital patients had
to take or borrow money

Patient vs patient

Paying informally

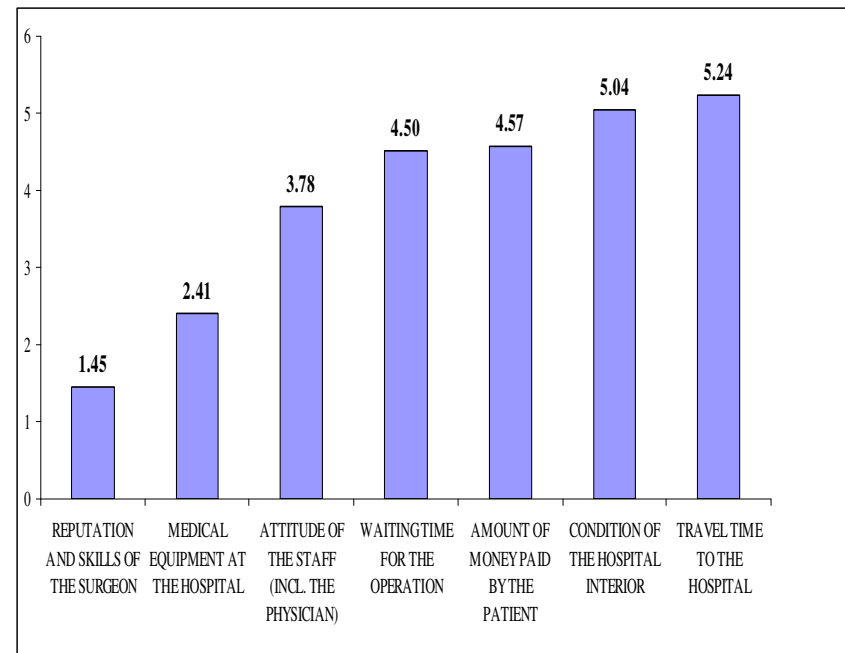
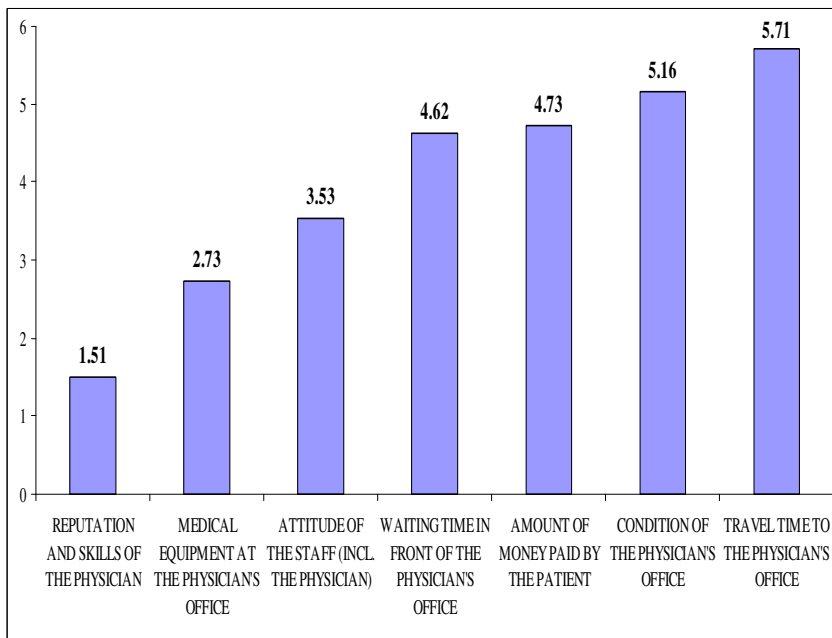
Satisfied by HC

Married college-educated
woman with fair or bad
self-perceived health
status

Old-age retired basic
educated single man with
good self-perceived
health does not visit
physician due to chronic
disease

living in 2 persons
household when at least
one member is employed

Quality on the top of preferences



Formalization?

Out-patient services

Acceptable fee € 7-9
per visit

25% both against
official fees and
unable to pay

Inpatient care

Acceptable fee € 58-87
per case

30% both against
official fees and
unable to pay

Other actors

- The state: No OOPs because they are against Constitution and are illegal; managers of HC providers are in charge.
- Physicians: No OOPs (likely do not like small payments, e.g. due to increasing patients' requirements).
- Providers: OOPs for filling the gaps?

Conclusions

- Clarification of situation: either enforcement mechanism for illegal payments or to categorize *quasi* payments
- Information for and communication with the people
- Official payments for extra quality and protective mechanisms against significant financial risks

More concerns?

The state - providers relationship?

Negative equity effects - is it a time to think about fairness?

People pay for getting individual response in the seeking unification and oriented to average system