

Patterns of informal patient payments in CEE countries:

Evidence on informal patient payments in Bulgaria, Hungary and Ukraine

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Structural factors

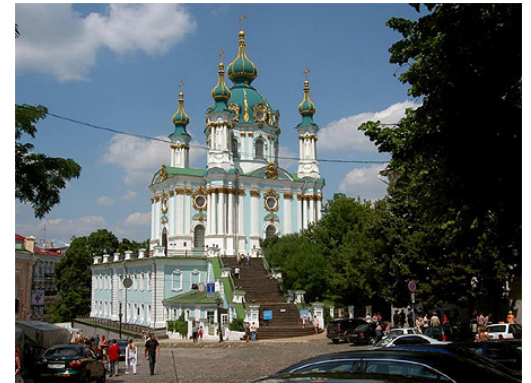
Health care sector features

- Government expenditure on health
- Formal fee policies
- Public sector development

General environment

(politics, governance, economics, culture)

- Policy-making
- Corruption vs transparency and accountability
- Governance and management



Research question

What are the scale, scope and patterns of informal patient payments in CEE countries – Bulgaria, Hungary and Ukraine – with regard to country specific environment?





Methods. Data collection mode

- Face-to-face interviews with individuals age 18+ conducted in July-August 2011
- Questions on informal payments were pre-tested in Kiev, Ukraine
- Representative national surveys
- About 800 effective interviews per country



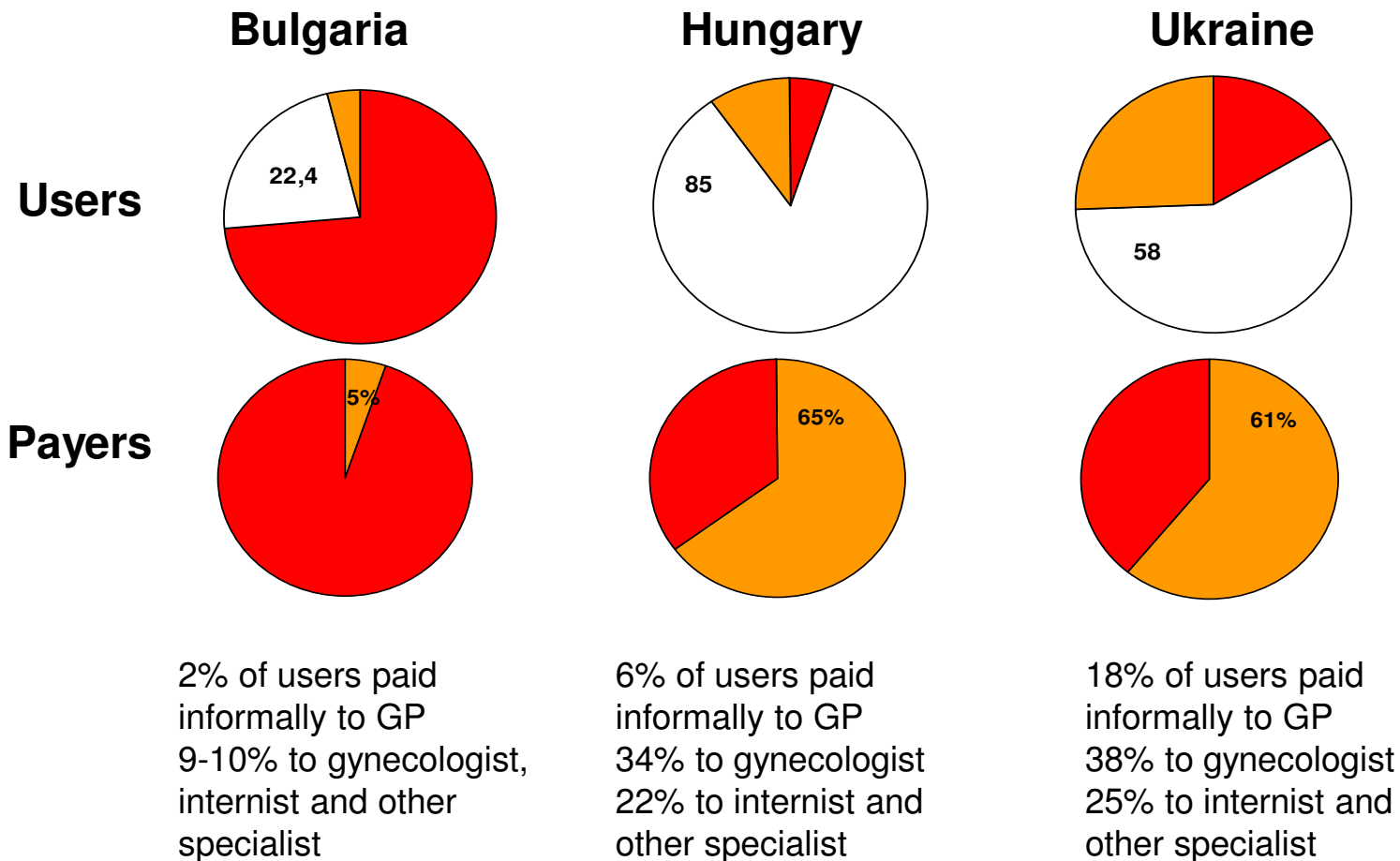


Methods. Questionnaire

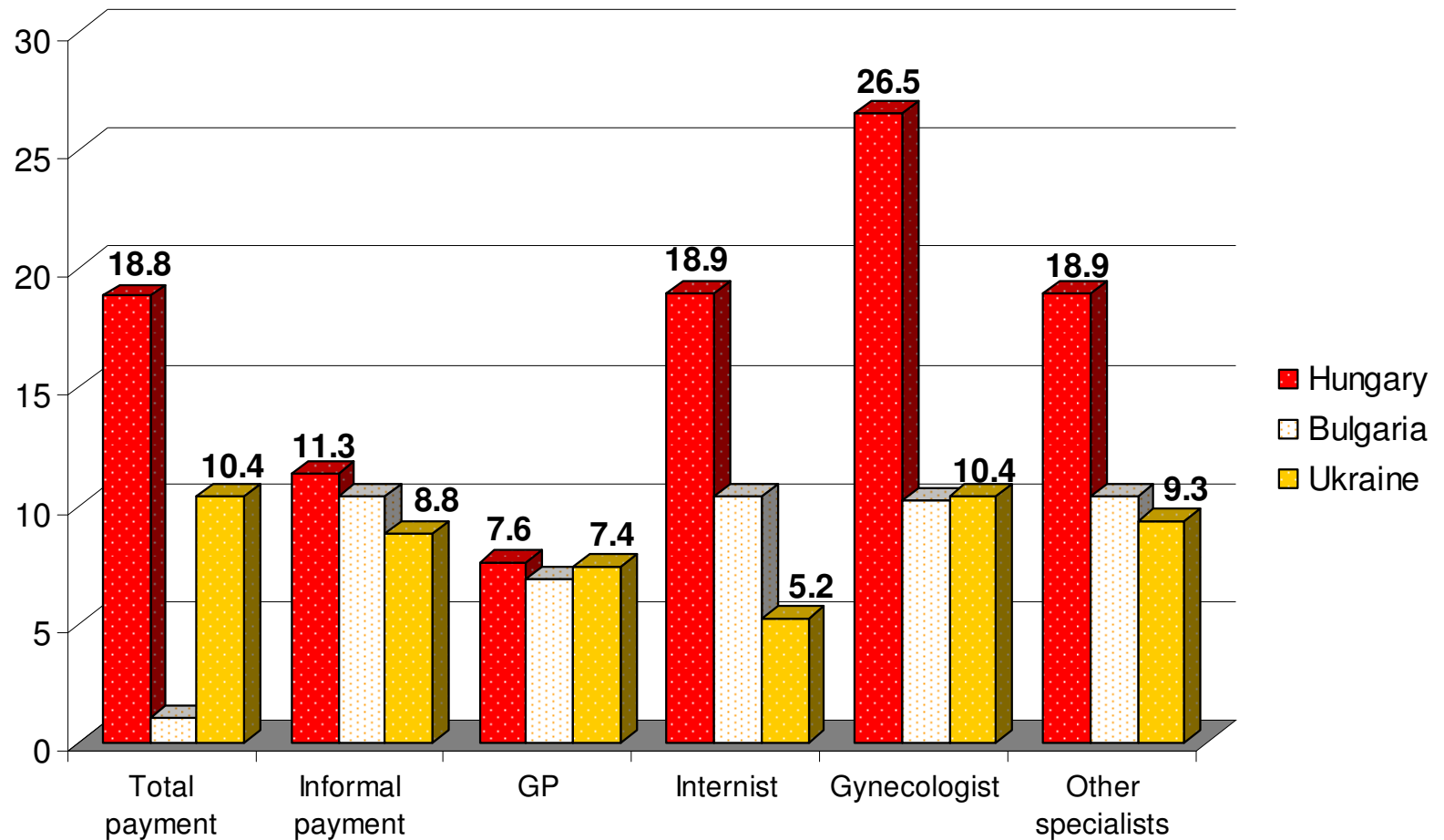
- *Considering all types of official and informal cash payments, and in-kind gifts, how much IN TOTAL did you spend (out-of-pocket) on the last visit/hospitalization EXCLUDING payments for travelling, transportation by ambulance and pharmaceuticals?*
- *How much of this amount approximately was for INFORMAL cash payments and in-kind gifts?*
- *LAST YEAR and LAST VISIT/HOSPITALIZATION*

Payments for the last visit to physician - last 30 months

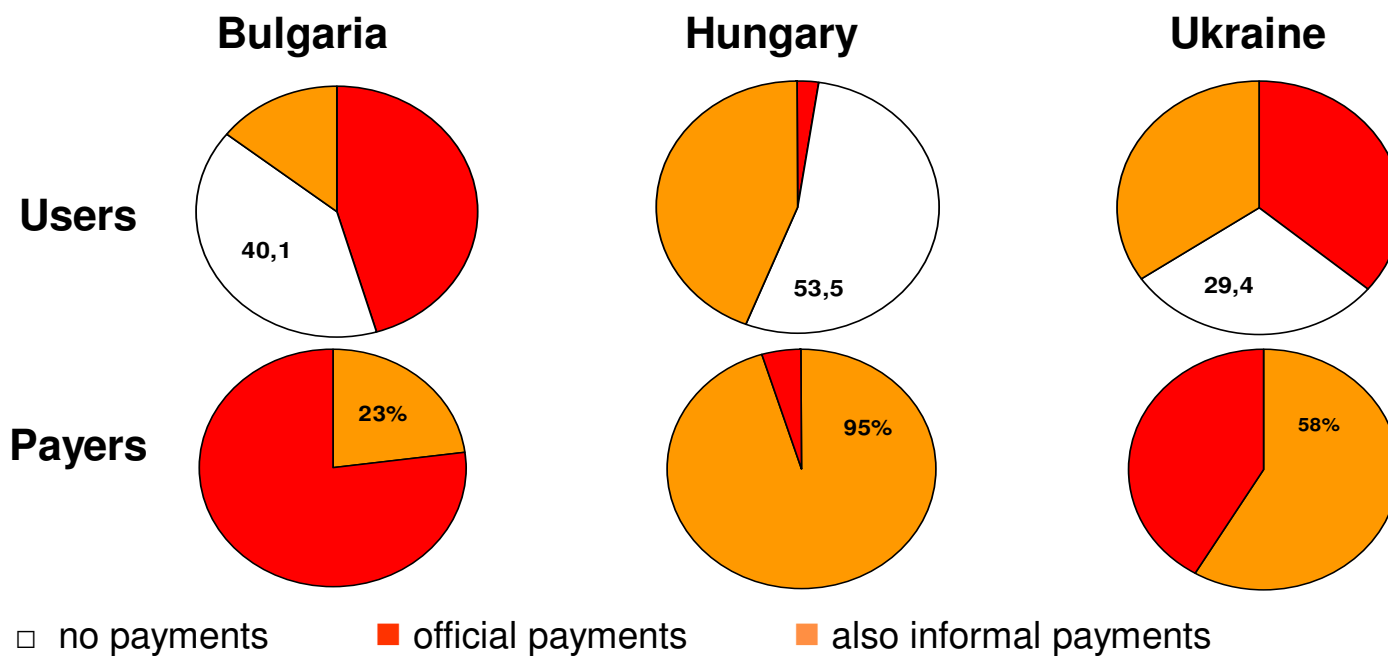
- no payments
- official payments
- also informal payments



Amount paid to physician by informal payer (median, euro)

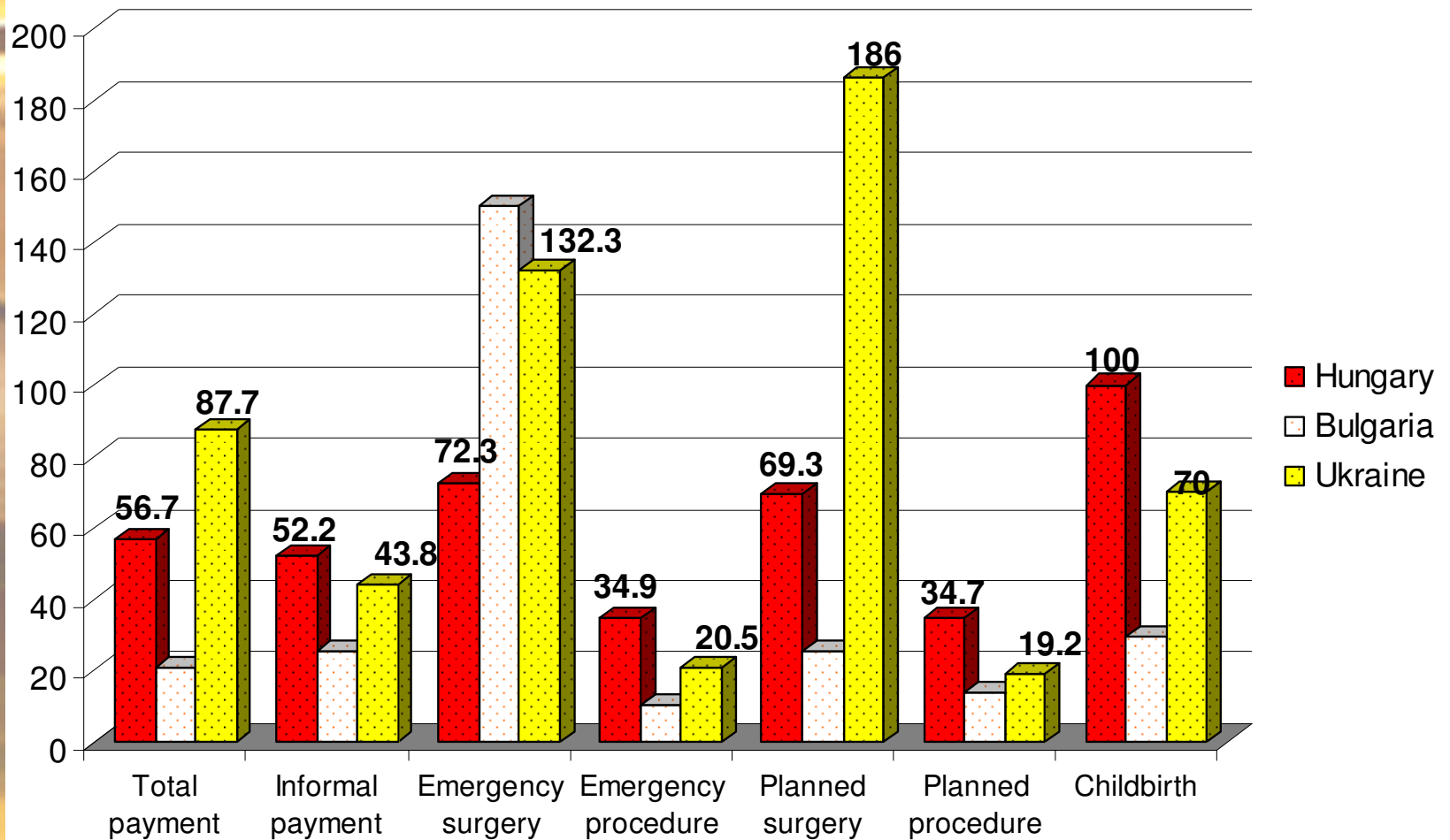


Payments for the last hospitalization – last 30 months



Share of users who paid informally for:	Bulgaria	Hungary	Ukraine
emergency surgery	13%	56%	52%
emergency procedure	11%	28%	32%
planned surgery	22%	61%	17%
planned procedure	10%	35%	22%
childbirth	22%	52%	57%

Amount paid for the last hospitalization by informal payer (median, euro)



Nature of informal payment

- ★ Hungary: informal payment is mostly initiated by patients; main purpose – better attention and quality
- ★ Bulgaria: 50/50 initiated by out-patients and 3/4 by in-patients; main purpose - better service (OP), better attention (IP), other purposes
- ★ Ukraine: both patients and providers initiated; main purpose – better attention (45%), better service





Regression analysis

	User made informal payment	Amount paid informally
Regression analysis	Binary regression	Linear regression
Dependent variable	Whether the user paid informally (YES/NO)	The amount that users pay informally (Int.\$)
Independent variables	Country, year, country-year interactions Type of the service , length of hospitalisation Fee awareness Purpose and initiator of the payment Socio-demographic characteristics: age, gender, residence, education level, health status, income, number of persons in the household	

Results – regression analysis

Physician visit

Users made informal payments

Bulgaria – less inf.payers
than in Hungary
Ukraine + more inf.payers
Fee awareness +
Internist + compared to GP
Gynecologist +
Other specialist +
Gender +
Residence +

Amount (Int.\$ PPP)

Ukraine –
Year –
Ukraine*year +
Fee awareness –
Other specialists +
Health problems +

Hospitalisation

Users made informal payments

Bulgaria – less inf.payers than in Hungary
Ukraine + more inf.payers
Fee awareness +
Surgery +
Childbirth +
Childbirth*surgery +
Health problems +
N of persons in HH –
HH income +

Amount (Int.\$ PPP)

Bulgaria +
Surgery +
Childbirth +
Paid for better service+
Solicit payment +
Health problems +
HH income +



Key findings

- More spread informal payments in Ukraine and less spread in Bulgaria compared to Hungary
- More informal payments for specialist services, surgery and childbirth than for other services
- Knowledge about user fee is associated with informal payment behavior
- Purpose and initiator of informal payments do not show significant correlations with informal payments made except for the size of informal payment made by in-patient





Concluding remarks

- Governed vs 'do-it-yourself' patient payments politics
- Need of country-specific measures related to:
 - ✓ well-sequenced reform rationalizing of health spending
 - ✓ comprehensive insurance schemes
 - ✓ increasing the salaries and improving attitude of the staff
 - ✓ monitoring/control and evaluation mechanism
 - ✓ focus on ethical problems
 - ✓ patients' rights and simple procedures for complaints
 - ✓ sufficient information about the changes in the provision of the health care system