

**PRE-SEMINAR POLICY DEBATE****“IS THERE A PLACE FOR AN INCREASED RELIANCE ON PATIENT CHARGES IN CENTRAL AND EASTERN EUROPEAN COUNTRIES?”**

Chaired by:

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**ABSTRACT:**

Charges for public health care services are being extended all over Europe as a means to shift health care costs to consumers and to reduce the need of government funds. Such reforms are expected to restrict the deficit in the state budget but also to provide incentives to consumers for an efficient health care use and a healthier life-style. The issue of patient charges occupies policy debates in Central and Eastern European countries even though it remains controversial in most of these countries. Above all, patients in this European region are already paying a variety of charges (both formal and informal), which impose a considerable burden on their household budgets. Would they be able to cope with new or increased formal charges?

Taking this question as a perspective, the research by project ASSPRO CEE 2007 shows that an increased reliance on formal patient charges is indeed a rational policy choice. However, in Central and Eastern Europe, there are major health care system problems that should be resolved before such reforms can be successful.

The preliminary findings of project ASSPRO CEE 2007 provide evidence for various concerns if formal patient changes in Central and Eastern European countries are going to be extended:

- Patients are already paying various formal charges when using public health care services, for example, for pharmaceutical, diagnostic services and medical devices. Additional formal charges might discourage the use of necessary health care services.
- Some patients also pay informally due to requests or hints by the staff and/or the patients' expectations to receive better care. The accumulated value of such payments is considerable.
- Formal and informal patient charges are already imposing a considerable financial burden on household budgets especially for low-income groups. Exemption of poor and frequent health care users should be in place.

A large proportion of health care consumers support the introduction of formal fees for physician visits and hospitalizations in case these services are provided with an adequate quality and access. Quality and access improvements in the public health care sectors of Central and Eastern European countries might be crucial for the acceptance of formal fees and the elimination of the informal ones. Health care consumers need to be assured that they can receive an adequate return for their payments. Otherwise, informal payments for better services might continue to exist along with the formal fees.

## MAIN POLICY RECOMMENDATIONS:

- Introduce official/formal patient charges with an adequate exemption and fee reduction mechanism for those who cannot pay or who use health care frequently.
- Reinvest the revenue of formal charges to improve access and quality, and to increase the funding of the health care institutions.
- Establish close communication with the public to clarify the objectives and content of a future patient payment mechanism or its amendment.
- Strengthen control and accountability in the health care sector and create a system of penalties for those who receive/request informal payments.
- Implement additional strategies for dealing with informal patient payments (incl. an adequate payment to health care professionals and an adequate level of health system funding).
- Create a transparent system of official patient charges and assure that information about official charges and free-of-charge services is available and easily accessible to patients prior to service use.
- Launch information campaigns targeting health care consumers, providers and policy-makers in order to mobilize opposition against informal patient payments.
- Provide incentives for the development of a private sector that leads to direct competition between public and private providers, but prohibit dual-practice by physicians.
- Create a simple and easily accessible system for filing complains by patients who are asked to pay informally for health care services.
- Deal with the prevalence of corruption at all social levels.



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