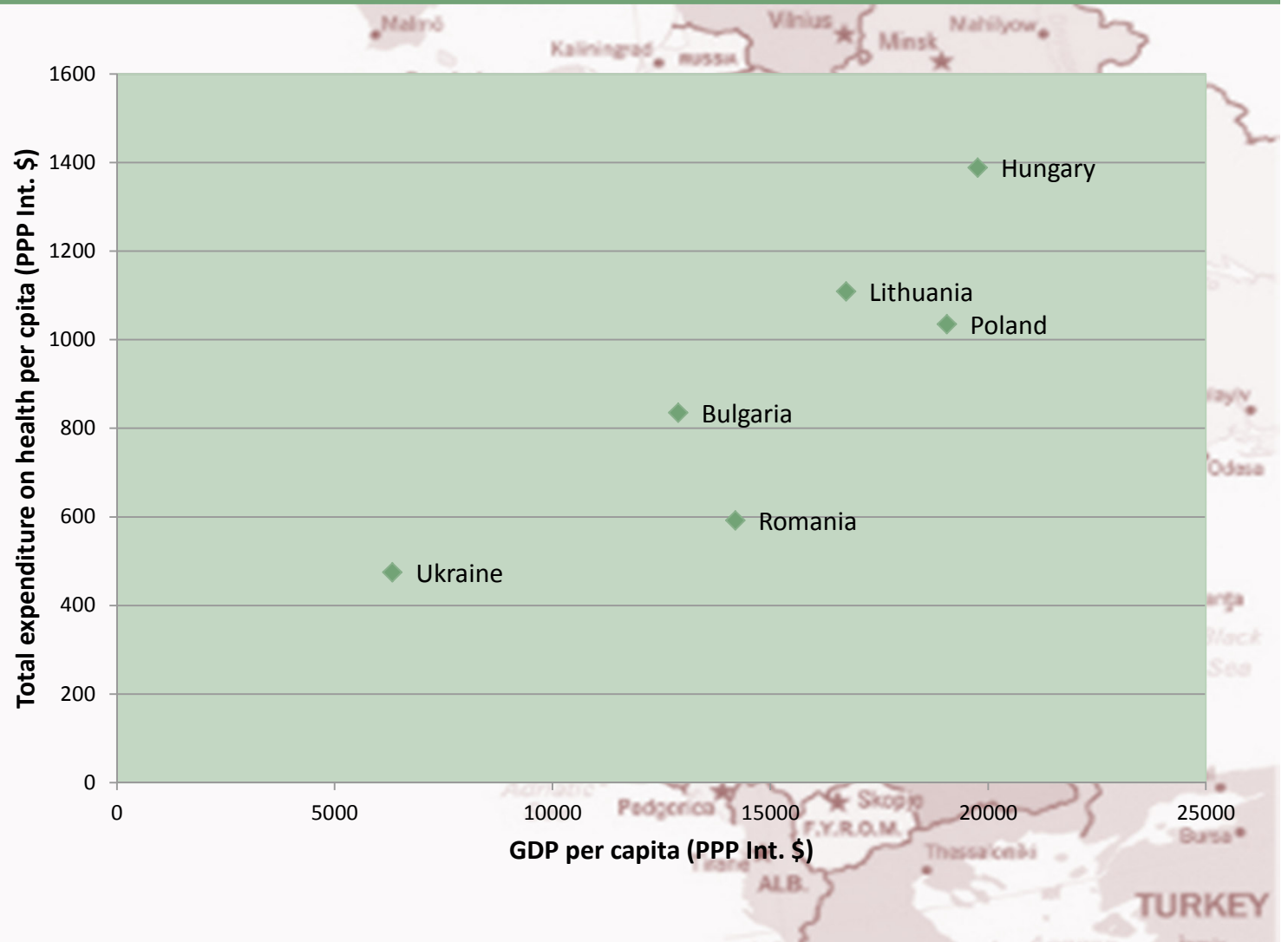
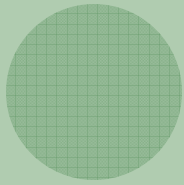


INABILITY TO PAY FOR HEALTH CARE SERVICES IN SIX CEE COUNTRIES: BULGARIA, HUNGARY, LITHUANIA, POLAND, ROMANIA, UKRAINE

M. Tambor, M. Pavlova,
S. Golinowska, C. Sowada, W. Groot

COUNTRY BACKGROUND

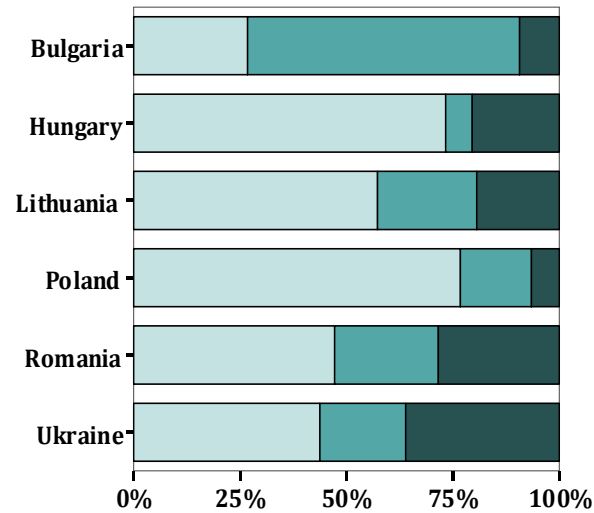




PATIENT PAYMENTS

Payments for physician visits

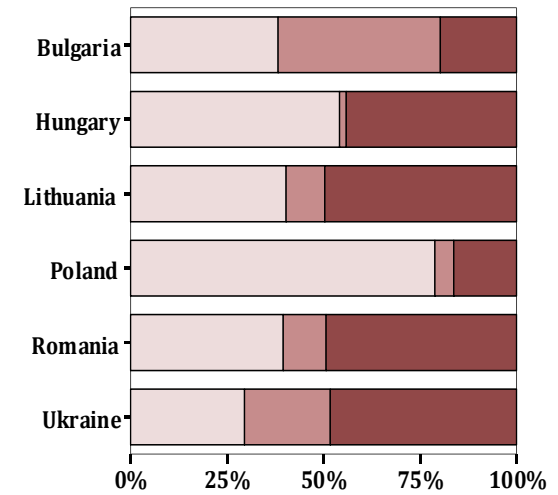
Bars show % of those who visited a physician during the last 12 months



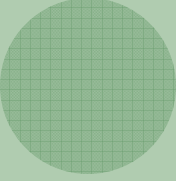
- Did not pay
- Paid only formal charges
- Paid also informally

Payments for hospitalizations

Bars show % of those hospitalized during the last 12 months



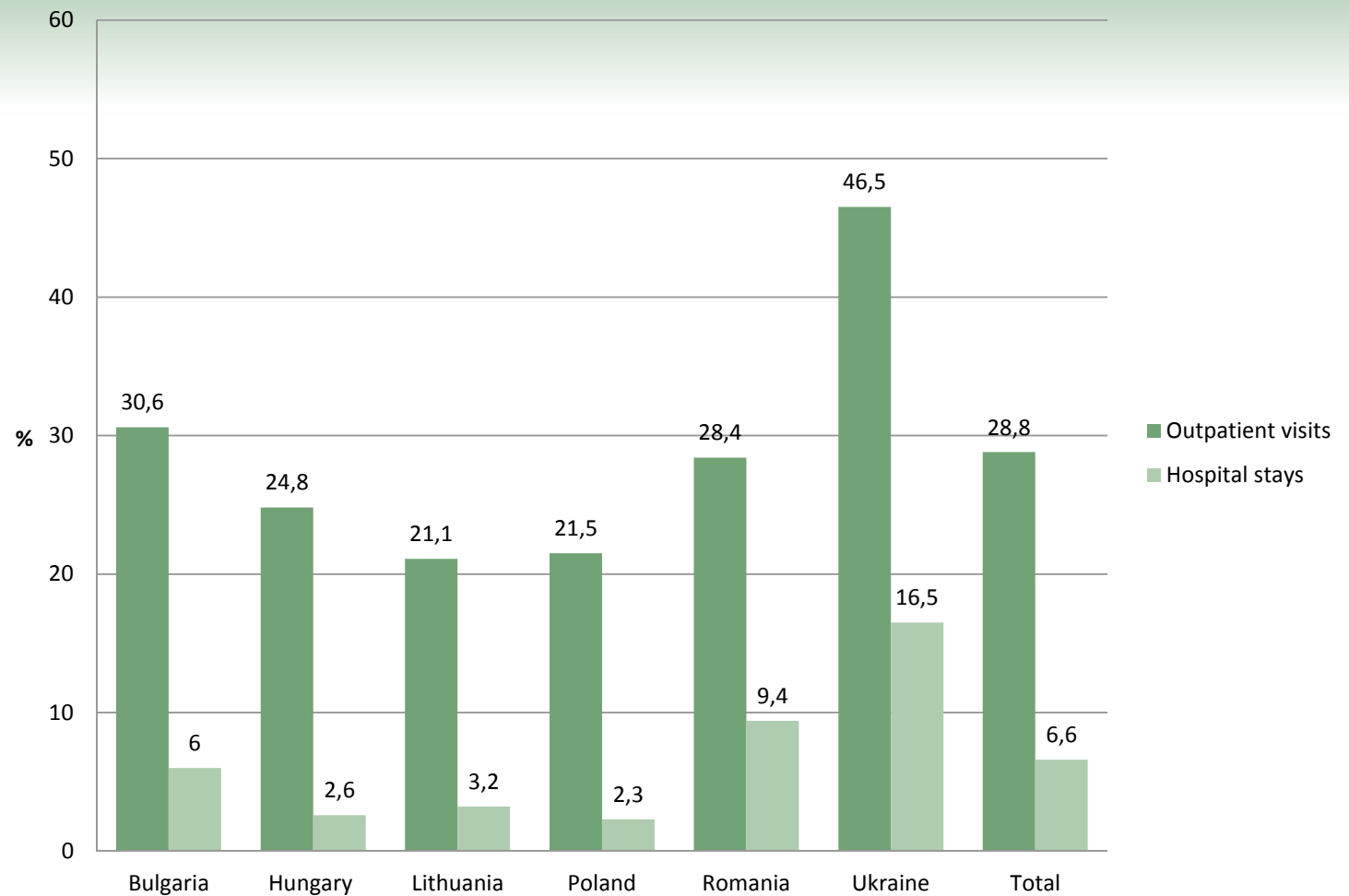
- Did not pay
- Paid only formal charges
- Paid also informally



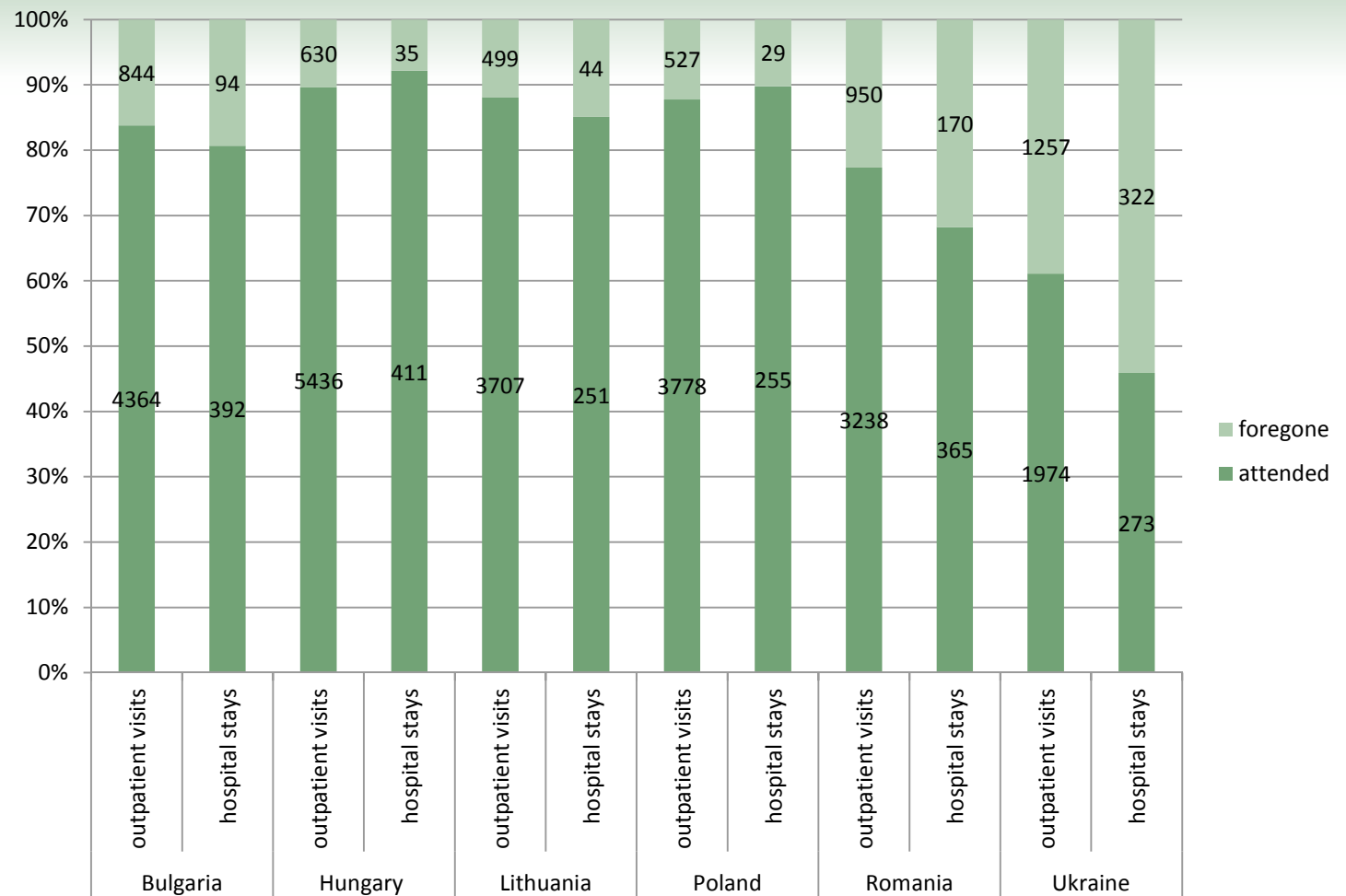
INABILITY TO PAY FOR HEALTH SERVICES SURVEY QUESTIONS

- ⊙ Foregoing using health care services due to inability to pay
- ⊙ Borrowing money/selling assets in order to pay for health care services

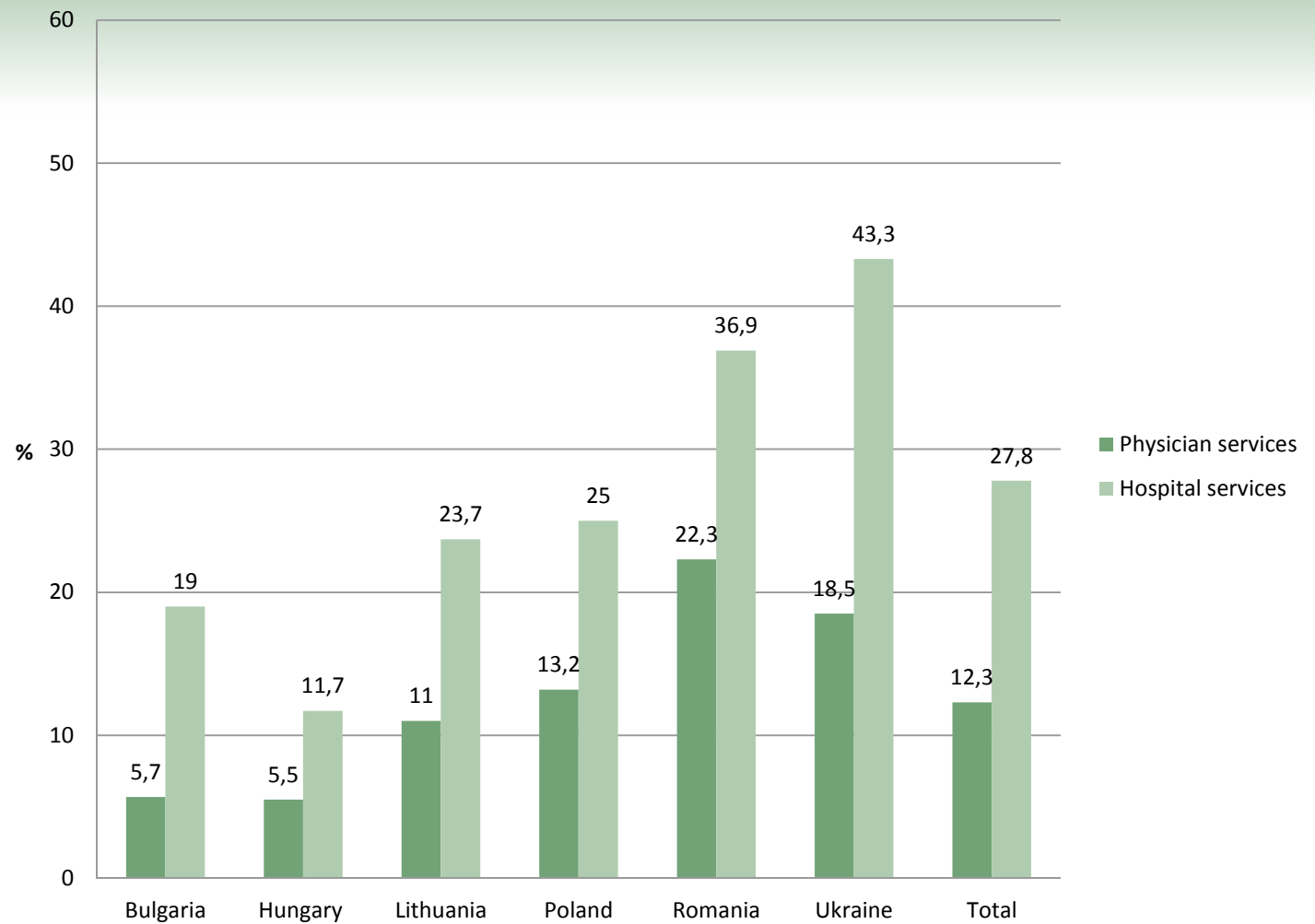
FOREGOING HEALTH CARE SERVICES DUE TO INABILITY TO PAY (% OF RESPONDENTS)

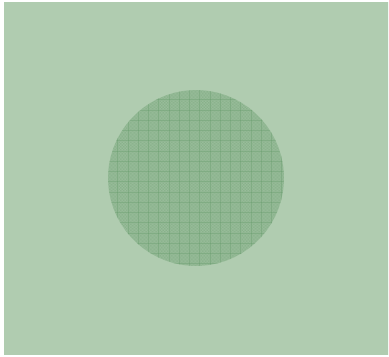


FOREGOING HEALTH CARE SERVICES DUE TO INABILITY TO PAY (NUMBER OF SERVICES)

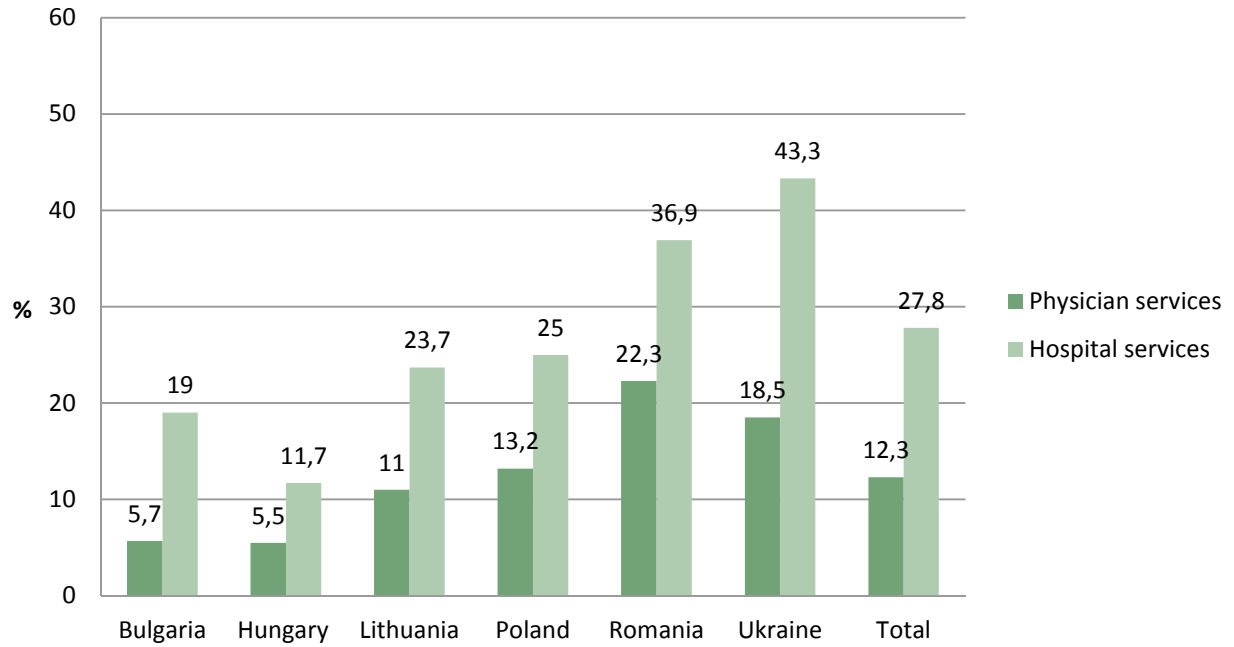


BORROWING MONEY/SELLING ASSETS TO COVER PAYMENTS (% OF USERS)

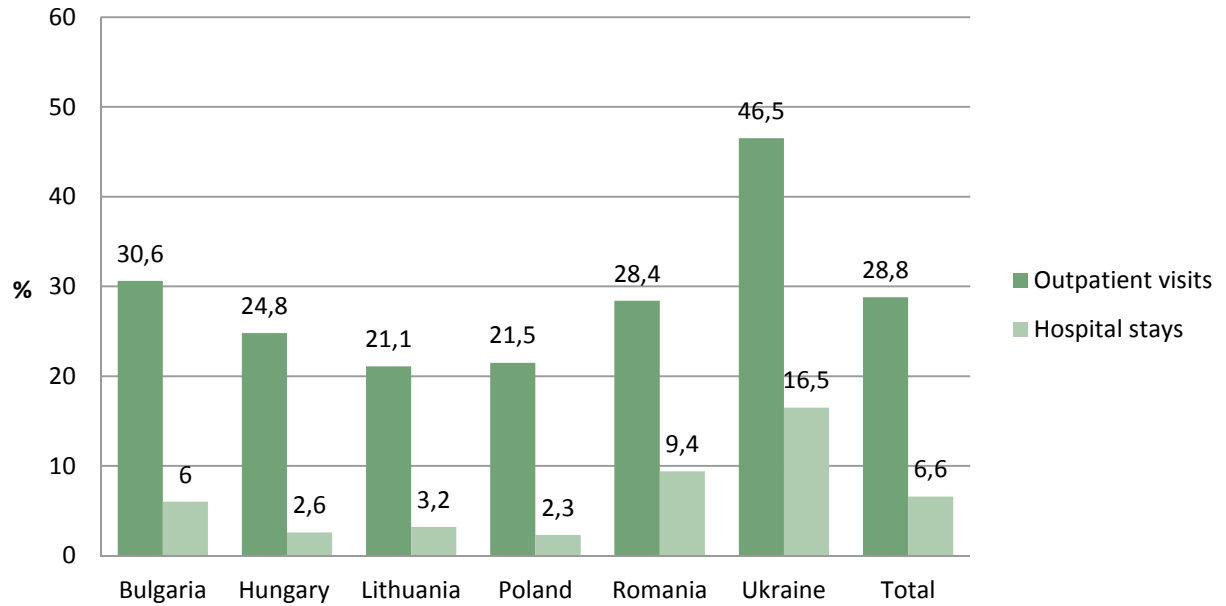


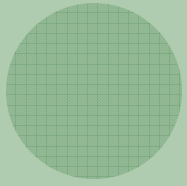


Borrowing money/
selling assets



Forgoing using
services

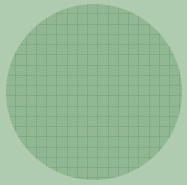




REGRESSION ANALYSIS

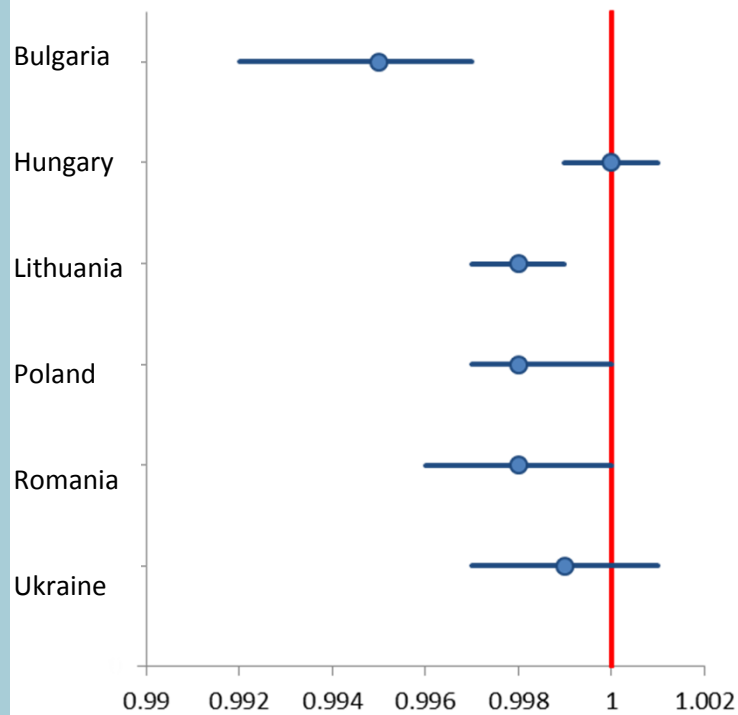
Factors considered in the analysis:

- ⊙ Economic situation (income per household member)
- ⊙ Health status (perceived and confirmed by physicians)
- ⊙ Demographic characteristics (age, gender, residence place)

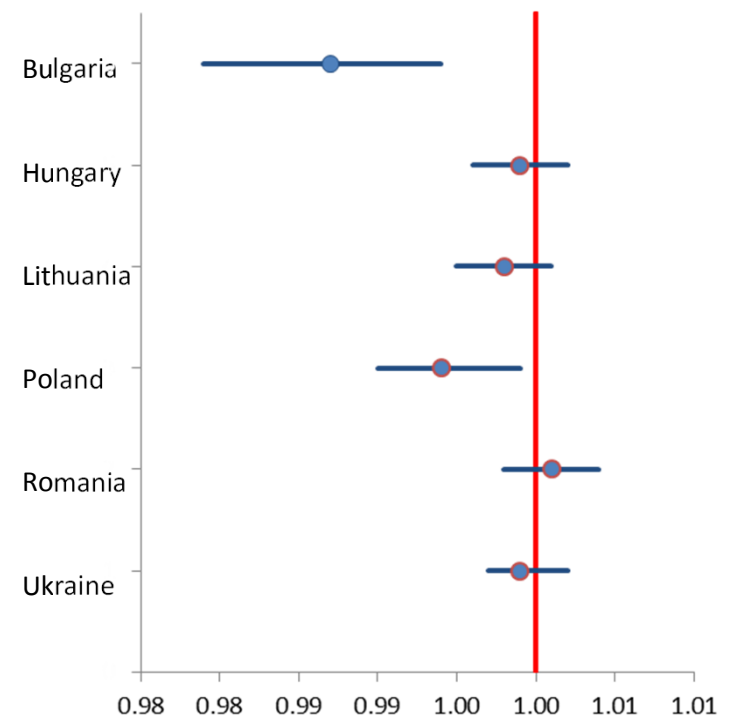


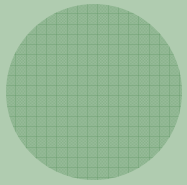
HOUSEHOLD INCOME (PER MEMBER)

Outpatient care



Hospital care

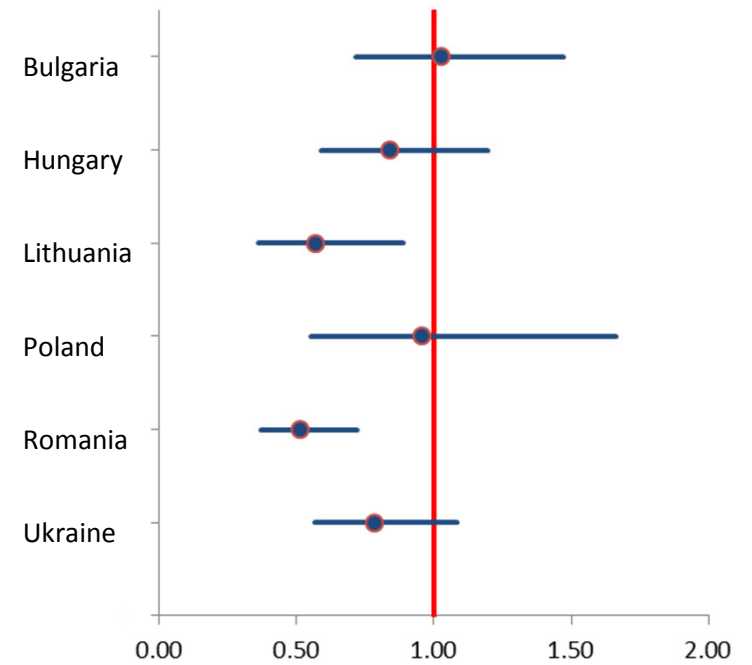
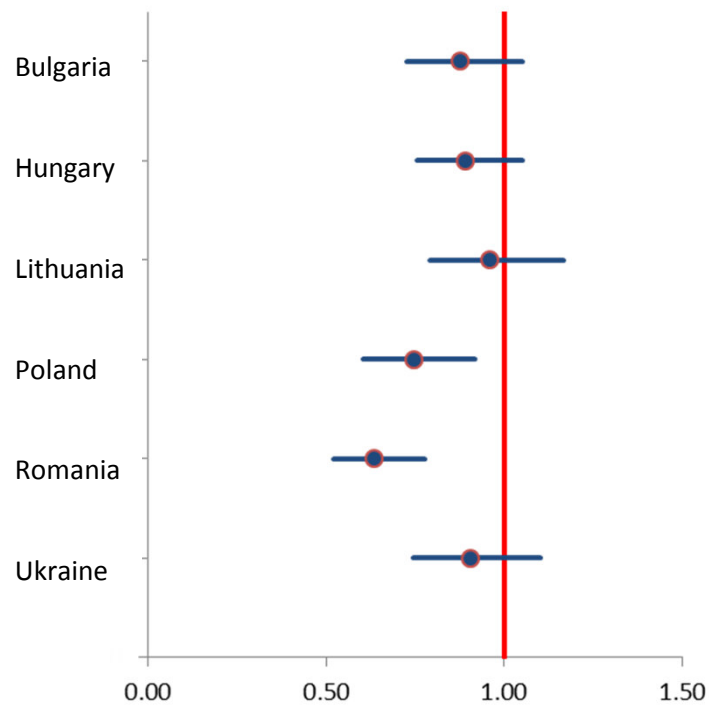


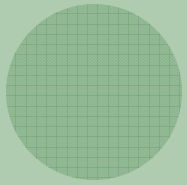


HEALTH STATUS (PERCEIVED)

Outpatient care

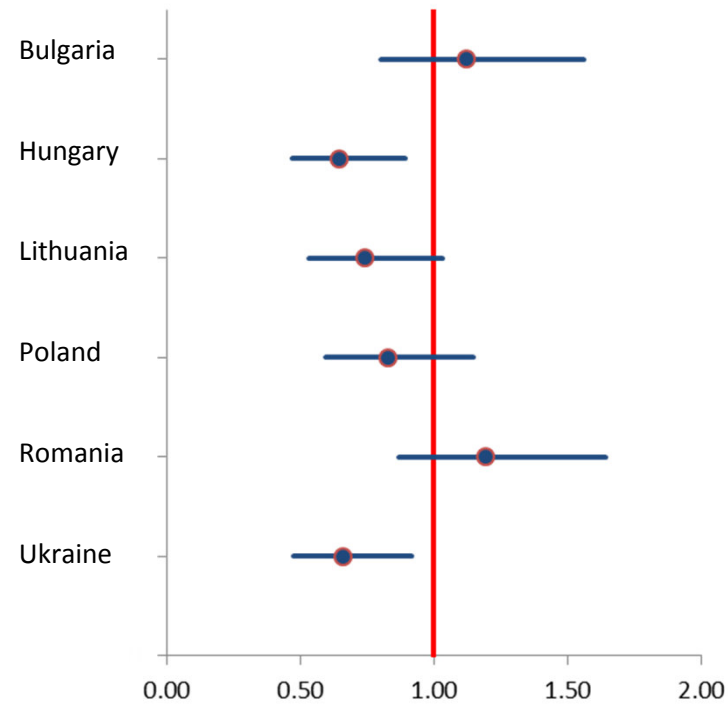
Hospital care



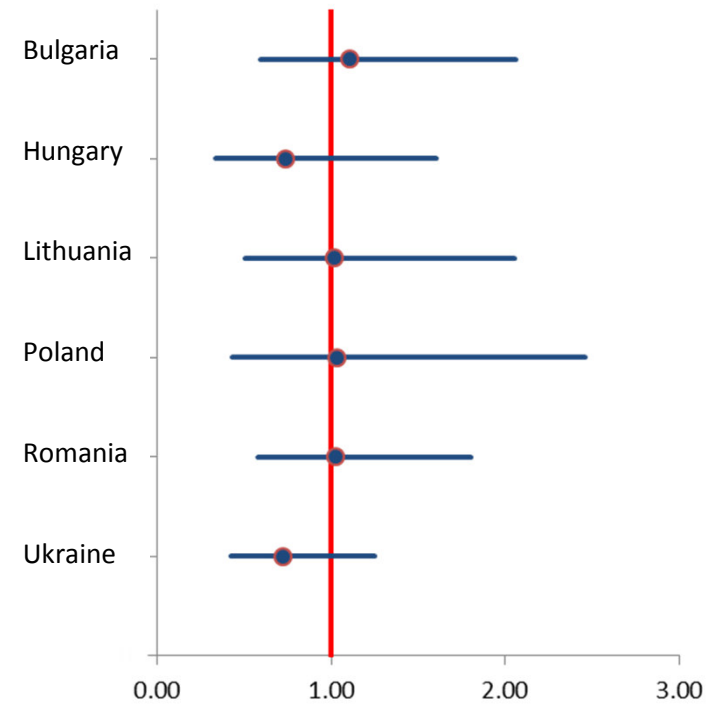


RESIDENCE PLACE (RURAR VS URBAN)

Outpatient care



Hospital care

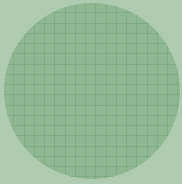




CONCLUSIONS AND RECOMMENDATIONS

Patients most often face difficulties in paying for health care services in countries

- ⊙ which spend less resources on health care → **increase funding;**
- ⊙ where patients pay often for health care services (especially informally) → **eliminate informal/quasi formal patient payments;**
- ⊙ where exemption/reduction policy fails → **implement adequate exemption policy.**



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