INEQUALITIES IN HEALTH CARE SERVICES UTILISATION IN OECD COUNTRIES

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BETTER POLICIES FOR BETTER LIVES

Background (1/2)

- Policy objectives: reduction of inequalities in health status and equal access to health care based on need

- Equality and equity in health care use:
  - Inequity: inequalities remaining after adjusting for needs for health care

Background (2/2)

- Evidence for inequity in health care use, especially for specialist and dentist visits, but less clear-cut for GP visits.
  - Internatinal studies around the years 2000 (van Doorslaer & Masseria, 2004; Or *et al.*, 2008; Bago d'Uva *et al.*, 2008), but no recent update.
- Evidence for inequality in preventive care
  - Two studies aimed at gauging inequalities (Cervical cancer screening: McKinnon et al., 2011; European countries: Carrieri & Wubker, 2012)

Objective of the study

1. To update earlier results on inequity in health care use (van Doorslaer and Masseria, 2004) to extend the analysis to new preventive care services and to new OECD countries.

2. To examine inequalities in conjunction with health systems characteristics (with focus on financial barriers)

Methods

- Measuring inequities by income level in doctor visits by adjusting for differences in people's need for health care.

  →Horizontal equity principle

- Measuring income-related inequalities in dentist visits and breast and cervical cancer screening.

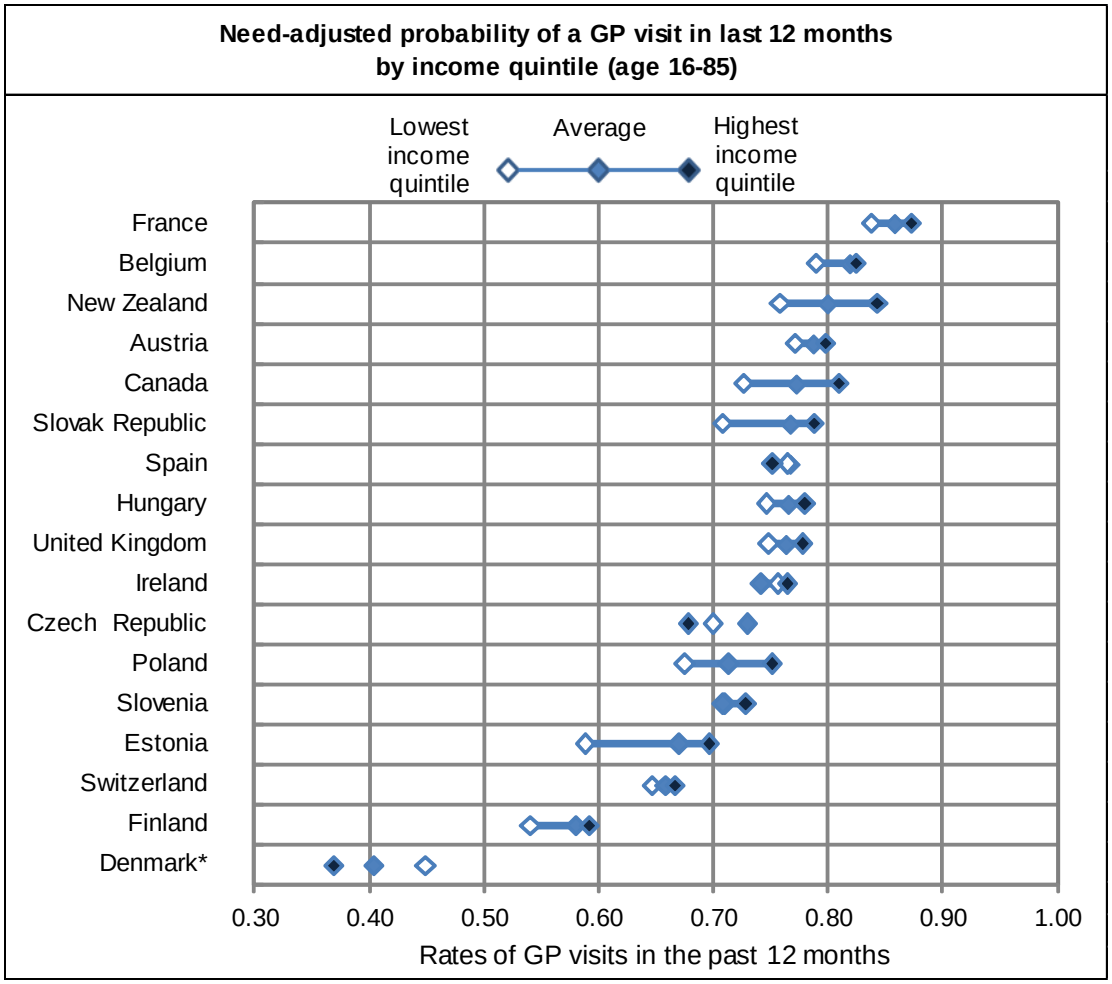
- Concentration index to measure the degree of inequality/inequity.

Data

- Latest national health survey data for 19 OECD countries
- Doctor visits in the past 12 months
- Dentist visits
- Breast & cervical cancer screening
- Needs for health care
- Individual characteristics
- Income level of the household.

19 OECD countries
Austria (EHIS 2006/7)
Belgium (EHIS 2008)
Canada 2007/08
Czech republic (EHIS 2008)
Denmark 2005
Estonia (EHIS 2006/7)
Finland 2009
France 2008
Germany 2009
Hungary(EHIS 2009)
Ireland 2007
New Zealand 2006-07
Poland (EHIS 2009)
Slovak republic (EHIS 2009)
Slovenia (EHIS 2007)
Spain 2009
Switzerland 2007
United Kingdom 2009
United States 2008

GP visits in the past 12 months

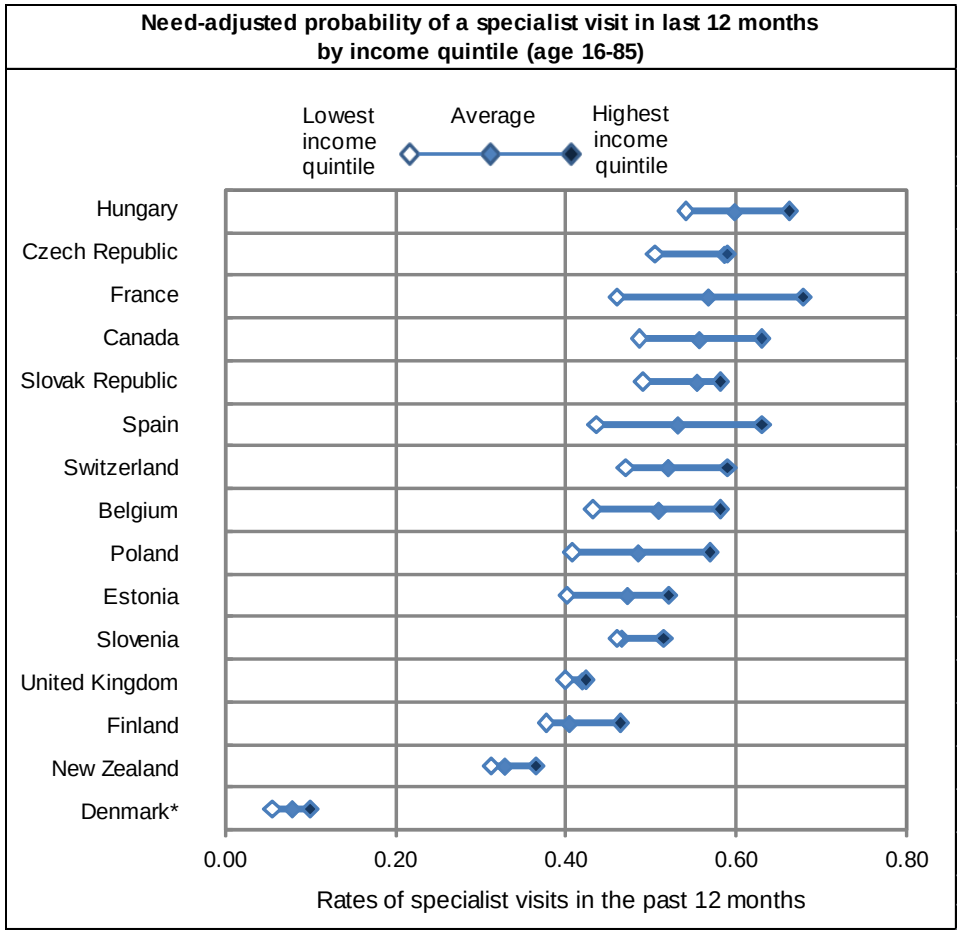


- Small variations across income groups.
- Before need-adjustment, low-income people are more likely to see a GP in 13 of 17 countries.
- After need-adjustment, low-income people are as likely as high-income people to see a GP (in 8 of 17 countries).
- Once they go to visit a GP, low-income people are more likely to consult more often.

(*) in past 3 months in Denmark Source: OECD Health Working Paper No 58. Devaux and de Looper, 2012.

Specialist visits in the past 12 months

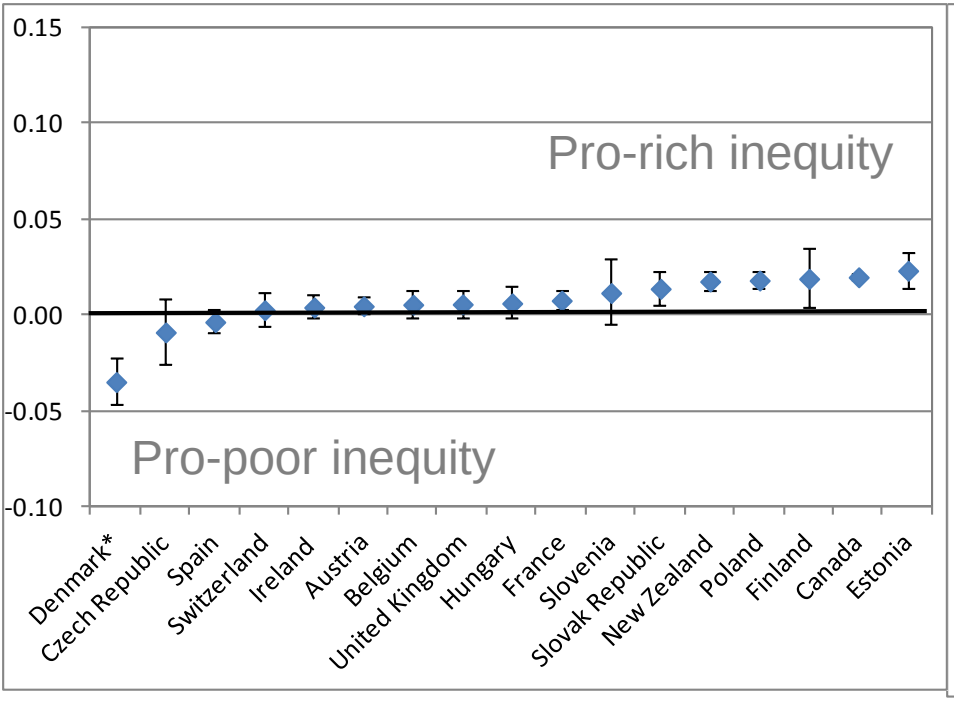
- Large variations across income groups, low-income people being less likely to see a specialist in all countries.



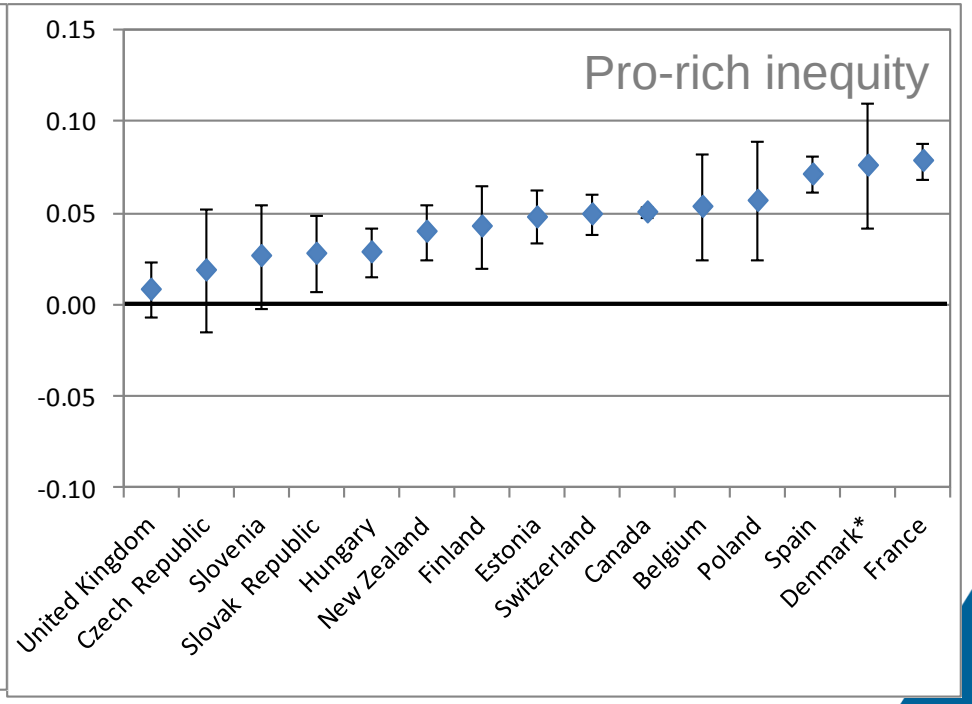
(*) in past 3 months in Denmark Source: OECD Health Working Paper No 58. Devaux and de Looper, 2012.

Inequity Index in GP and Specialist visits

Inequity in GP visits



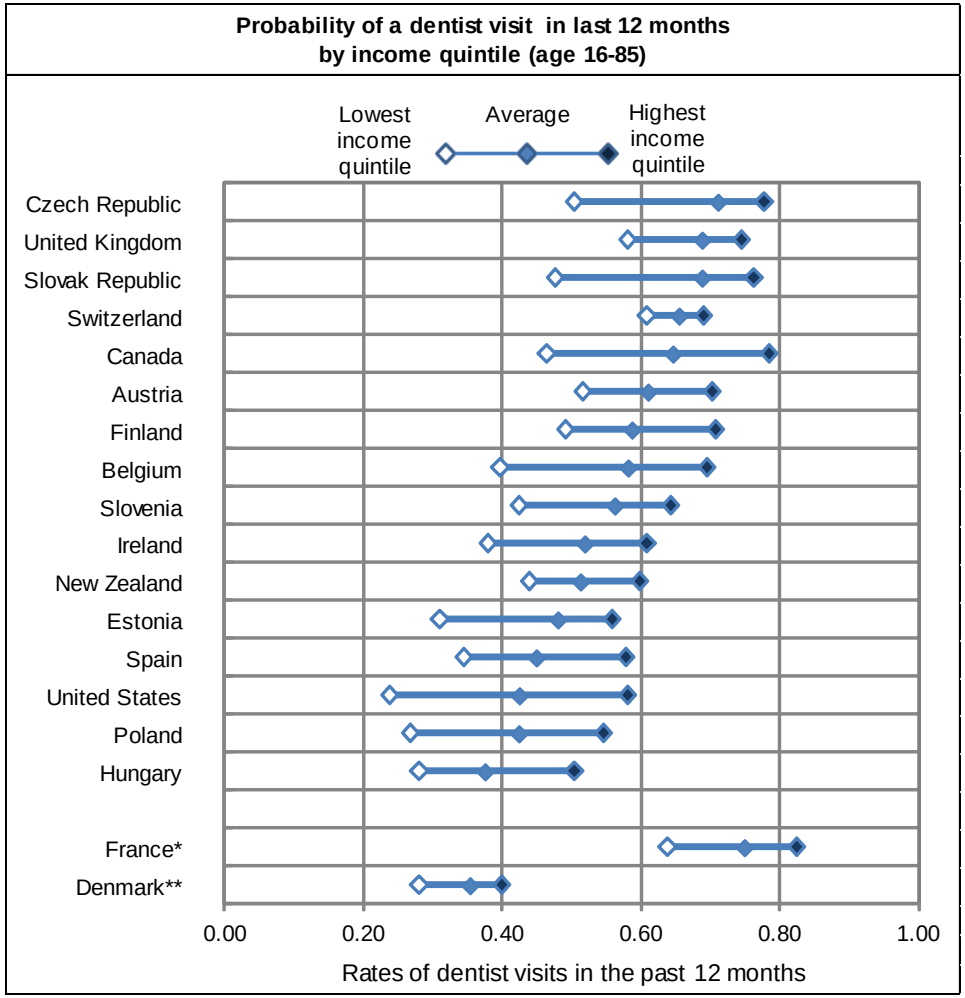
Inequity in Specialist visits



(*) in past 3 months in Denmark

Source: OECD Health Working Paper No 58. Devaux and de Looper, 2012.

Dentist visits in the past 12 months

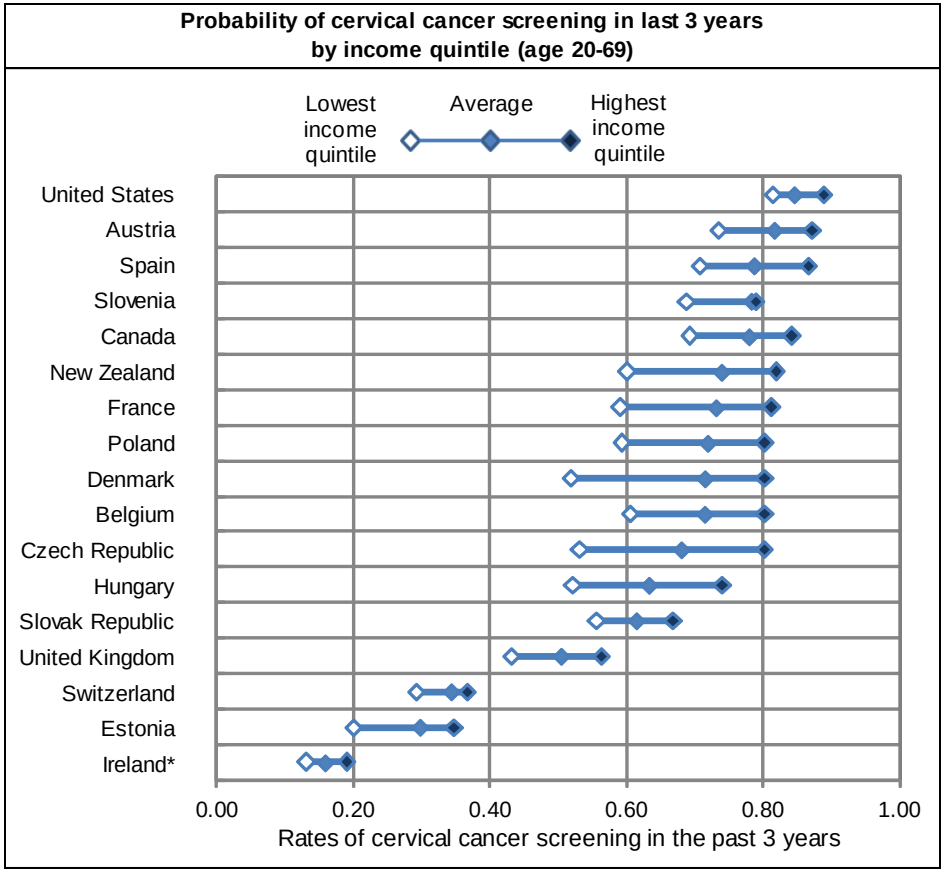


- People with higher incomes are also more likely to visit a dentist
- Main reasons = Financial barriers
- Dental care not -or only partly- reimbursed under health insurance plans

(*) France past 24 months; (**)Denmark past 3 months.

Source: OECD Health Working Paper No 58. Devaux and de Looper, 2012.

Pro-rich inequality in cancer screening



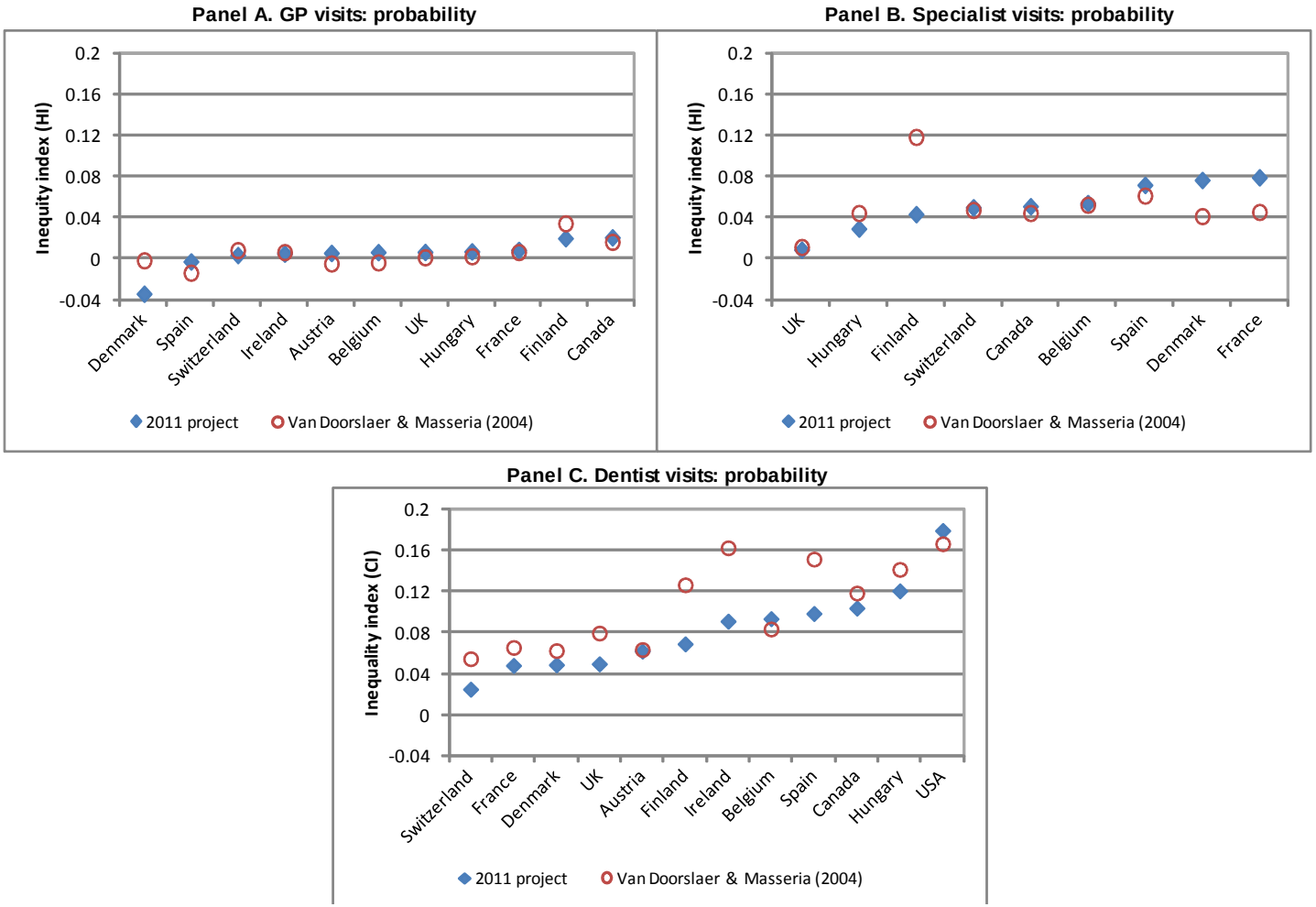
(*) Ireland: in past 12 months
Source: OECD Health Working Paper No 58.

- In countries with cancer screening programmes, services are made available to all at little or no cost
- Despite this, uptake varies among socioeconomic groups
- Often, geographic reasons such travelling distance or availability of screening facilities create many barriers
- Lower levels of awareness of programmes, symptoms or risks, especially among women with low incomes or from minority groups

Comparison with earlier findings

- Country ranking remained rather stable
- Size of inequality remained very stable for doctor and GP visits.
- Some discrepancies found for specialist (Finland) and dentist visits (Finland and Spain) mainly due to differences in survey methodology and wording of questions.

Comparison with earlier findings



Which *health system features* characterise countries with lower levels of inequity?

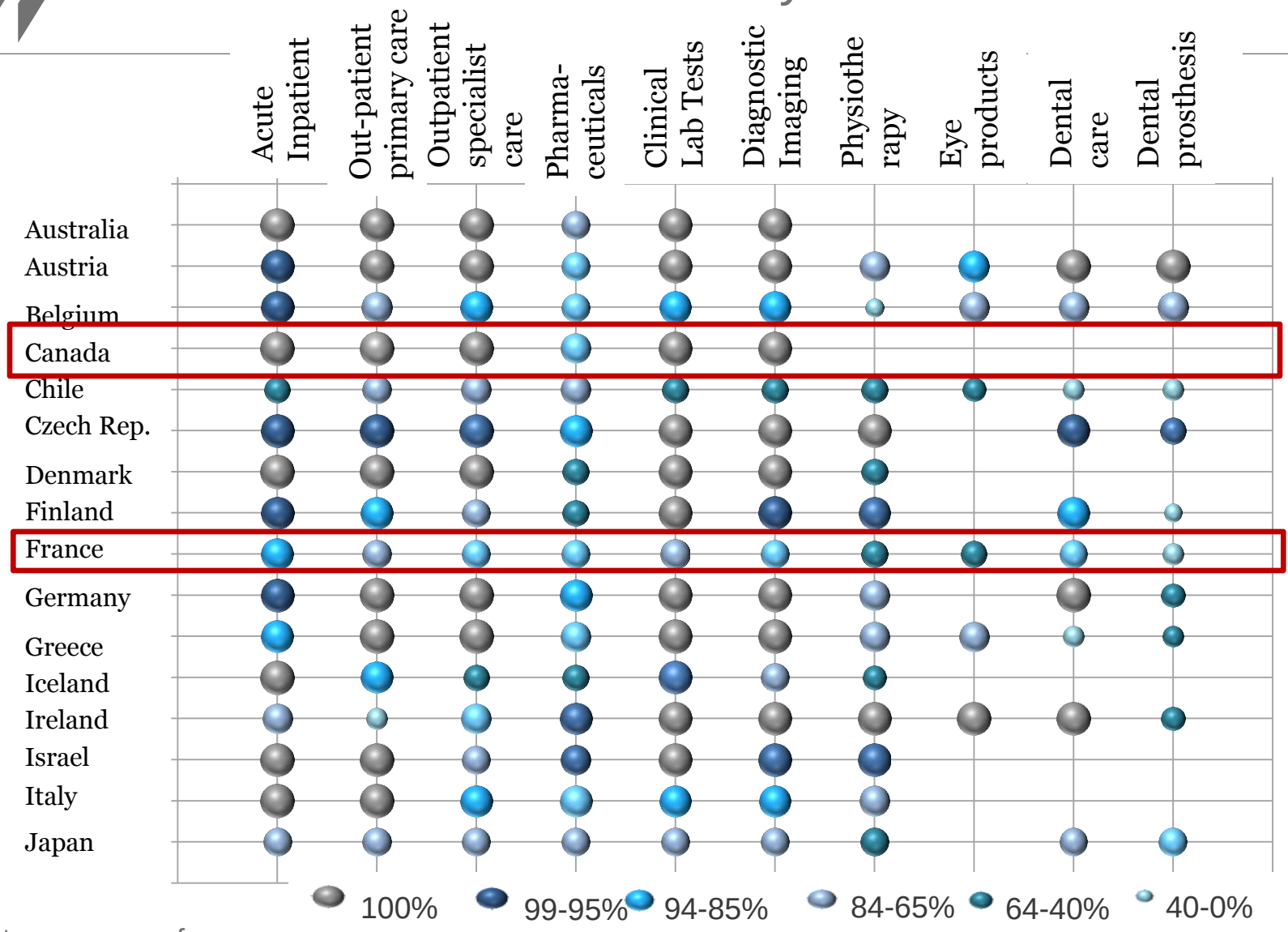
- Organisation of health systems
- Financing of health care services
- Cultural and information barriers

Gatekeeping system --Preliminary data-

		Primary care physicians referral to access secondary care		
		Required	**Incentives**	**No requirement, no incentive**
Register with a primary care physician	**Required**	Denmark, Finland, Ireland, Italy, Netherlands, Portugal, Slovenia, Spain		Czech Republic,
	Incentives	Australia, New Zealand, Norway, Poland,	Belgium, France, Switzerland	
	No requirement, no incentive	Canada, Chile, United Kingdom	Mexico	Austria, Germany, Greece, Iceland, Israel, Japan, Korea

Source: OECD Health System Characteristics Survey 2012 and Secretariat's estimates.

Level of coverage for different types of care
--Preliminary data--



Note: coverage for an adult not subject to any exceptions

Source: OECD Health System Characteristics Survey 2012 and Secretariat's estimates

Cost-sharing arrangements --Preliminary data-

Country	Cost-sharing arragements, 2012
Austria	Mostly free at the point of use for contracted physicians
Belgium	Per-visit co-payments for outpatient care
Canada	Free at the point of care
Czech Republic	Per-visit co-payments for outpatient care
Estonia	*n.a.*
Finland	Per-visit co-payments for outpatient care
France	Per-visit co-payments for outpatient care
Germany	Free at the point of care
Hungary	Per-visit co-payments for outpatient care
Ireland	Free for medical card holders (40% of pop) and full cost for non-medical card holders.
New Zealand	Cost-sharing for outpatient primary care, no cost-sharing for specialist care
Poland	Free at the point of care
Slovak Republic	*n.a.*
Slovenia	Cost-sharing
Spain	Free at the point of care
Switzerland	Cost-sharing after general deductible
United Kingdom	Free at the point of care
USA	*n.a.*

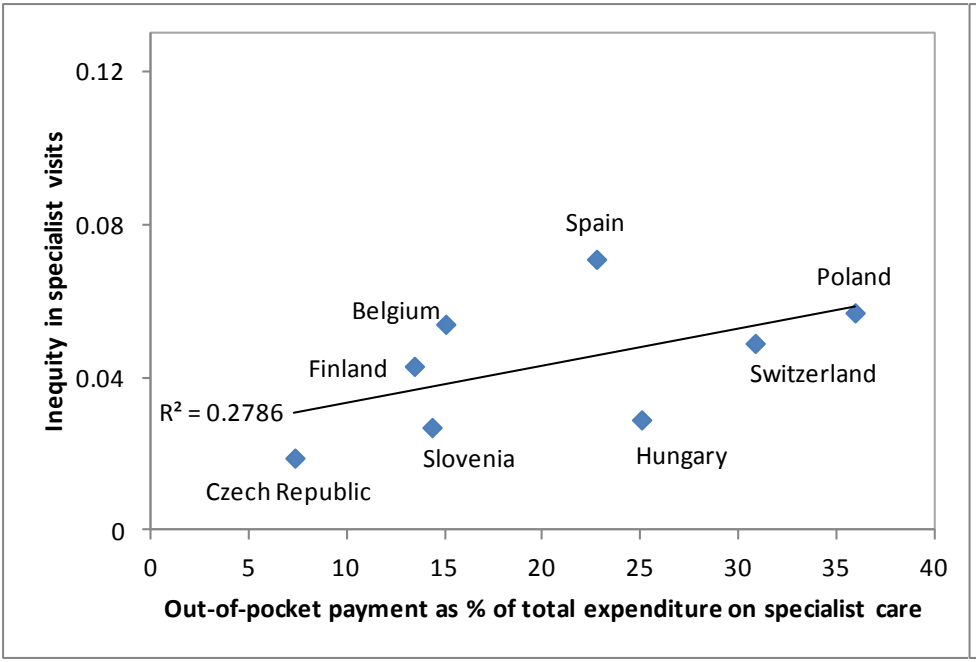
Source: OECD Health System Characteristics Survey 2012 and Secretariat's estimates

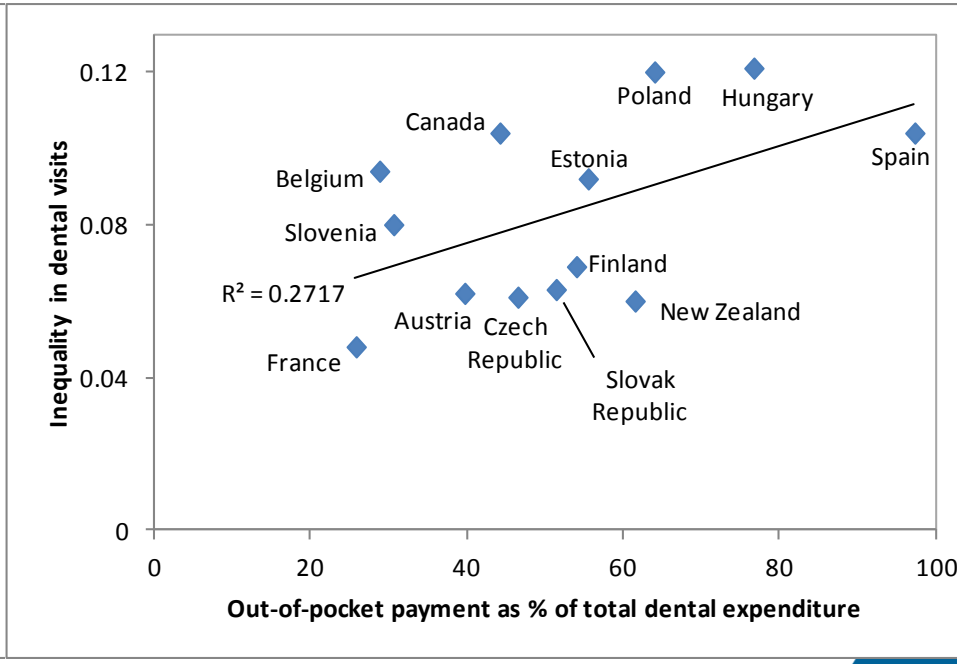
Health system features likely associated with larger inequalities

- Universal health coverage not achieved
- Large share of private financing and out-of-pocket payments
- Care not free at the point of delivery
- No gatekeeping system
- Mostly private provision of health care
- Non-existence of public screening programmes

Out-of-pocket payments (OOP)

- A greater share of OOP is associated with greater inequity in specialist and dental care.
- Weak correlation possibly because countries with high OOP have introduced measures to offset the negative effects on access





Source: OECD Health Working Paper No 58.

Concluding remarks

- Update of previous work
  - Inequities in health care utilisation persist across OECD countries
  - For the same level of needs, the better-off are more likely to visit doctors - especially specialists and dentists - than those with lower incomes.

- Need for strengthening equity

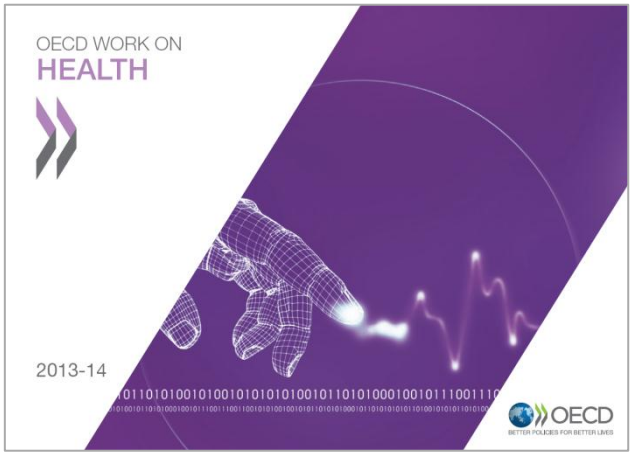
Possible policy actions to strengthen equal access to care

- Reducing financial barriers
  - Targeting population the most at risk (exemptions)
  - Increasing coverage (e.g. dental and eye care)
  - Trade-off with budgetary constraints
- Reducing non-financial barriers
  - Geographic distribution of services
  - Social dimension (education level, ethnic and language)

Thank you

Contact: marion.devaux@oecd.org

Read more about our work



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