Toward Market oriented health care system

Experience from Netherlands & Singapore
Health Care Systems

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Two questions:

• Should health care services be publicly or
  privately funded?
• Should these services be publicly or privately
  provided?

The answers to these questions largely depend on whether one considers health care a public or a private good?
Private & Public good

National security - public good & responsibility of public sector

Cars and annual holidays - private goods & individual responsibility, provided by private sector
What about health sector?

• Consulting a doctor is a very personal matter;

• Access to the health care because of his or her inability to pay, stirs deep emotions;

• Historically, these is a subject of debates between the state and the private sector.
Public-private combinations
finance & provision of health care

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<th>Finance</th>
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Key questions about health financing systems

- How to collect revenues to pay for health care? (revenue collection)
- How to pool risks and resources? (pooling of funds)
- How to organize and deliver health care in the most efficient and cost-effective manner? (purchasing of services)

Public sources - taxes and social insurance

Private sources - Private insurance and out-of-pocket payment,
All the Organization for Economic Cooperation and Development (OECD) countries (including Japan and South Korea) have opted for publicly financed health care systems that provide universal coverage.

Reason:
Equity; Fairness; Solidarity

Exception
Bismarck Model
Beverage Model

The United States relies heavily on the private sector to finance health care
Problems in Publicly financed health care systems

- Insufficient government resources
- Rising health care costs
- Poor performance, waiting lists, rationing, restrictions on physician choice, lack of access to modern medical technology
- State-run institutions are notoriously bureaucratic
Publicly financed health care systems towards market-oriented system

“The presumption of public primacy is being reassessed.”

Richard Saltman and Josep Figueras, World Health Organization

“We should start to explore the power of the market as a way of achieving much better value for money”.

Pat Cox
Former president of the European Parliament
Publicly financed health care systems towards market-oriented system

Growing trend to move away from centralized government control and introduce more market-oriented features:

- Private sector involvement in health care provision and financing to improve systems efficiency;
- Incorporate market mechanisms such as:
  - competition among insurers and providers,
  - cost sharing,
  - market prices of goods and services,
  - consumer choice
Most market-oriented, competitive health care systems

- USA (Tax, Insurance)
- Switzerland, (Insurance)
- Netherlands (Insurance)
- Singapore (Mixed model - Tax, Insurance and Savings)

Other countries:
Australia, Belgium, Chile, Colombia, Czech Republic, Germany, Ireland, Israel, Netherlands, Slovakia, South Africa
Thus, even as Americans debate adopting a government-run system, countries with those systems are debating how to make their systems look more like that of the United States.
Managed competition leaves the provision of health care in private hands but within an artificial marketplace run under strict government control and regulation.

Key elements:

- Mandate for everyone purchase private insurance from a private insurer;
- Individuals have a choice of insurers & providers;
- Government sets a standard benefits package;
- Insurers may compete on price, cost sharing, and additional benefits.

- Netherlands & Switzerland
- Georgia (some similarities before 2010)
Why competitive market?

- **Consumer Choice**
  - Consumer choice - any providers, insurers and benefits

- **Insurers Choice**
  - Insurers Choice – any providers, selectively contracts

- **Providers Choice**
  - Providers Choice – Insurers, agreement contracts
Multiple VS Single-Payer System

Choose

Multiple Payer System

Consumer

Insurer

Insurer

Insurer

Providers

Consumer choice - any providers, insurers and benefits
Insurers Choice – any providers, selectively contracts
Providers Choice – Insurers, agreement contracts

Multiple VS Single-Payer System
Consumer choice - any providers, insurers and benefits
Insurers Choice – any providers, selectively contracts
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Multiple VS Single-Payer System
Private health care providers VS State health care providers
Competition in health care market – Price, Quality

Consumer choice - any providers, insurers and benefits
Insurers Choice – any providers, selectively contracts
Providers Choice – Insurers, agreement contracts
Multiple VS Single-Payer System
Private health care providers VS State health care providers
Competition in health care market – price, quality, Additional package
Choose | Multiple Payer System | Private Health Care Providers | Price, Quality, Additional package | Information, Transparency

Choose

Multiple Payer System

Private Health Care Providers

Price, Quality, Additional package

Information, Transparency

Consumer

Insurer

Insurer

Multiple VS Single Payer System

Private Health care providers VS State health care providers

Competition in health care market – price, quality, Additional package

Information, Transparency (price, quality...)

Consumer choice - any providers, insurers and benefits
Insurers Choice – any providers, selectively contracts
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Multiple VS Single Payer System

Private health care providers VS State health care providers

Competition in health care market – price, quality, Additional package

Information, Transparency (price, quality...)
Competitive health care markets

Health care providers

Increase quality, Decrease costs, lower rates of adverse health outcomes

Insurers selectively contract hospitals
Negotiations between insurers and hospital

Insurers
Price, quality, Additional package competition

Consumers choose between competing insurers

patient

1000 $
1050 $
1100 $
1005 $
Competitive market

A competitive market in which the allocation and price-setting are determined in principle by the market
Managed competition –
Netherlands health care reforms (2006)

A competitive market in which the allocation and prices-setting are determined in principle by the market, but where government implements a regulatory framework to achieve affordable health insurance and an efficient functioning of the market.
Managed competition –
Netherlands health care reforms (2006)

Why government?
Managed competition

Why competitive market?

Do markets require regulation?

Key questions in Health Care Market
A perfect market
A perfect market
A perfect market

Complete market
A perfect market

Complete market

There are many sellers and many buyers
A perfect market

Complete market

There are many sellers and many buyers

All sellers and buyers are well informed
A perfect market

Complete market

There are many sellers and many buyers

All sellers and buyers are well informed

The goods sold only benefit the individual consumer
Is Health Care perfect Market?

Complete market

There are many sellers and many buyers

All sellers and buyers are well informed

The good sold only benefits the individual consumer
Is Health Care perfect Market?

**Complete market**

- There are many sellers and many buyers.
- All sellers and buyers are well informed.
- The good sold only benefits the individual consumer.

An incomplete market is one which does not exist locally.

No availability Ultrasound exam in remote rural areas.
Is Health Care perfect Market?

**Complete market**

- There are many sellers and many buyers
- All sellers and buyers are well informed
- The good sold only benefits the individual consumer

An incomplete market is one which does not exist locally

No availability Ultrasound exam in remote rural areas

- Failure of competition or monopoly: there is only one seller or only a few
- Market of specialists: few num. in rayon (Cardiologists, Neurologists...)

Is Health Care perfect Market?

**Complete market**
- There are many sellers and many buyers.
- All sellers and buyers are well informed.
- The good sold only benefits the individual consumer.

**An incomplete market**
- An incomplete market is one which does not exist locally.
- Failure of competition or monopoly: there is only one seller or only a few.
- Consumers are not fully aware of product characteristics or the consequences of consumption.

**No availability**
- No availability Ultrasound exam in remote rural areas.
- Market of specialists: few num. in rayon (Cardiologists, Neurologists...).
- Individuals tend to know little about their health. Most patients cannot make appropriate medical decisions. They must rely on their doctor’s advice.
### Is Health Care a Perfect Market?

#### Complete Market
- There are many sellers and many buyers.
- All sellers and buyers are well informed.
- The good sold only benefits the individual consumer.

#### An Incomplete Market
- An incomplete market is one which does not exist locally.
- Failure of competition or monopoly: there is only one seller or only a few.
- Consumers are not fully aware of product characteristics or the consequences of consumption.

#### Examples of Incomplete Markets
- No availability of ultrasound exam in remote rural areas.
- Market of specialists: few numbers in rayon (Cardiologists, Neurologists...).
- Individuals know little about their health. Most patients cannot make appropriate medical decisions. They must rely on their doctor’s advice.

#### Externalities and Public Goods
- Individual consumption benefits others in society: externalities, public goods.
- Prevention and treatment of Tuberculosis and other infectious diseases.
Health Care is Imperfect Market or market with “failures”

Complete market
- There are many sellers and many buyers
- All sellers and buyers are well informed
- The good sold only benefits the individual consumer

An incomplete market is one which does not exist locally
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No availability Ultrasound exam in remote rural areas
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- Individuals know little about their health. Most patients cannot make appropriate medical decisions. They must rely on their doctor’s advice
- Prevention and treatment of Tuberculosis and other infectious diseases
Market “failures” in healthcare

Consumer

Insurance market

Providing care

Healthcare contracting

Insurance companies

Health Care providers
Moral hazard consumer

- Moral hazard patient

I have insurance, I want everything

Moral hazard consumer: – when services for free too much being consumed
Moral hazard Provider - Supply Induced Demand

Don’t worry, I am your agent (Many Procedures many fees)

Moral hazard provider: In health care, supply tends to create its own demand - Over treatment, oversupply, unnecessary demand - thus raising health care expenditure.
**Adverse selection**

*Insurer – Where are the healthy people?*

*We are younger and healthy, we don’t want insurance!*

**Adverse selection** – premium levels based on averages with low risks individuals not joining insurance and “bad” risks leading too high costs
Cream-skimming

They are not younger and healthy, they must don’t follow us!

Cream-skimming – against less profitable users
Risk and uncertainty and the demand for insurance; health needs are heterogeneous; the demand for health services is difficult to plan on individual basis
Market failures in healthcare

- Adverse selection
- Moral hazard

Insurance market

- Moral hazard
  - patient
  - doctor (supply induced demand)

Healthcare contracting

- Market power
- Information asymmetry
## Market Failures in Health Care and the Measures to Correct Them

<table>
<thead>
<tr>
<th>Market failure</th>
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<th>Empirical outcomes</th>
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<tr>
<td>Adverse Selection</td>
<td>Little risk-pooling, No Insurance market, Only some people insured</td>
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Market Failures in Health Care and the Measures to Correct Them

Compulsory Universal coverage

Effective

Why Compulsory Universal Coverage Effective Way?
Market Failures in Health Care and the Measures to Correct Them

Compulsory Universal Coverage

Effective

Compulsory Universal Coverage is more insurance principle than ethical philosophy
Compulsory Universal Coverage is more insurance principle than ethical philosophy

Risk Pooling from healthy to people with medical condition

Risk Pooling From rich to poor

Risk Pooling from young to elder

Health Risk

Income

Age

Healthy

Illness

Poor

Rich

Young

Elder
Compulsory Universal Coverage is more insurance principle than ethical philosophy

More Risk in Pool
Less Premium
Less Cost
## Market Failures in Health Care and the Measures to Correct Them

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<tr>
<td>Risk Selection</td>
<td>No insurance for disabled, sick, poor and elderly people</td>
<td>Open enrolment</td>
<td>Moderately Effective</td>
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<tr>
<td></td>
<td></td>
<td>Community Rating premium</td>
<td>Moderately Effective</td>
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<td>Risk Adjusted premiums</td>
<td>Technically difficult</td>
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<td>Monopoly of Insurance Cartel</td>
<td>Excess profit, Poor quality products, underproduction</td>
<td>Multi-payer Financing System Anti-trust Laws</td>
<td>Effective</td>
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<tr>
<td>Moral hazard</td>
<td>Overuse of services by patients</td>
<td>Benefit package</td>
<td>Moderate Effective</td>
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<tr>
<td></td>
<td></td>
<td>Deductibles, Co-insurance, Co-payments, Gatekeepers</td>
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</table>
Goal of the Dutch Health Care Authority, the consumer

Mission NZa:
Guard consumers interest

Method

When possible:
Room for choice by guarding the values:
  Transparency
  Freedom of choice
  Solid legal protection

When necessary:
  Market regulation

Goal

Pursued market outcomes:
Upholding the public interests: health care that is accessible, affordable and of good quality.
Managed competition – Netherlands health care reforms (2006)

To sum up: only bark or also bite?

- Monitors as basis for forming an opinion
- Advocacy role

and

- Legal instruments for regulating markets
- Legal instruments for taking action if needed for good implementation of laws by insurance companies and health care suppliers

So: bark and bite
Managed competition – Netherlands health care reforms (2006)

Key elements:

- Mandate for everyone purchase private insurance from a private insurer;
- Individuals have a choice of insurers (annually) & providers;
- Government sets a standard benefits package;
- Insurers may compete on price, cost sharing, and additional benefits (90% of population);
- The Health Ministry sets fixed nominal premiums appr. (€ 1147) covers 50%
- Employer contribution 7.2% or 5.1% (income related premium) covers 50%
- Premium rebate of up to €225 if a policyholder uses no health services in a given year beyond seeing a primary care physician.
- Voluntary higher deductible: at most €650 per person (18+) per year;
- Open enrollment & community rating per insurer. Obligation for insurers to accept insured without risk selection;
- Risk equalization;
- State compensation for low income people (5 million Dutch citizens qualify for some level of subsidy on a sliding scale based on income).
Risk Equalization Fund (REF)

Government contribution (18-) (5%)

REF

REF-payment based on risk adjusters

Income-related contribution (50%)

Insured

Insurer

premium (18+)

Two thirds of all households receive an income-related care allowance (at most € 1,464 per household per year, in 2008)
Managed competition – Netherlands health care reforms

cost growing annual rate

Before reforms – 4.5 %

Since the new system - 3 %

Some evidence suggests that some improvement has come in waiting lists
There is a reality of Insurance system

Population

Insurance contributions

Insurance company

Health care provider
Why Third-Party Payment?

- Population
  - Insurance contributions
  - Insurance company
  - Health care provider
Why Third-Party Payment?

No third party is involved when we shop at a supermarket. We pay the supermarket clerk directly.
Why Third-Party Payment?

Population

Insurance contributions

We don’t want mediator

Insurance company

Health care provider
Why Third-Party Payment?

In USA 31 cents of every health care dollar goes to administrative costs, $350 billion annually – most bureaucratic system in the world.

Insurance company
"Most changes made in the final decade of the twentieth century were in the wrong direction."

Milton Friedman
"most payments to physicians or hospitals or other caregivers for medical care are made not by the patient but by a third party—an insurance company or employer or governmental body.

Milton Friedman
Reduce the role of third parties;
Increase the autonomy of individuals;
Get the government and vast, bureaucratic insurance companies out of the way;
Permitting the free market to work its effects in health care, just as it does in virtually every other sector of the economy.
Is there market-based alternative ways to reform healthcare?
There is - Milton Friedman has found it
Managed Competition
Switzerland, Netherlands

Insurance

Medical Savings Account
Singapore

Medical Savings System

Market Oriented Health Care System

Europe

Asia
Let's go to the Asia
Independence in 1965 (former British colony)
Total land area 240 sq. miles;
Population – 4.8 million.
The language is English, 96% literacy
GDP – $181 Billion
Per Capita GDP US$37,597 in 2008 (5th wealthiest country in the world)
12th largest export market
Easy, U.S. Style of Doing Business;
Corruption Free
Free Trade Agreement
Small country, global hub
Stable, developed economy
Regional Gateway
low inflation (1.7 percent annually)
low unemployment (3.1 percent in 2000)
SINGAPORE

Health care spending 3 % of GDP.
Public spending - 1%; private spending 2%

National healthcare expenditure is below 4% of GDP, which is low among developed countries
SINGAPORE
Public & private expenditures

Year:
- 1965
- 1970
- 1975
- 1980
- 1985
- 1990
- 1995
- 2000

Percentage:
- 0%
- 20%
- 40%
- 60%
- 80%
- 100%

Legend:
- Government expenditure
- Private expenditure
Average life expectancy increased by 15 years from 1960 (63 years) to 2009 (82) and is now one of the world’s longest.
Health Outcomes

- Infant mortality rate is the world’s lowest, at 2.2 per 1,000 live births and far lower than rates in the United Kingdom (5.9) and the United States (7.6).

- Patient satisfaction is reportedly high (85%);

- average waiting time for elective surgery is apparently a mere 2 weeks; and the average length of stay in a public hospital is 5 days.

Leading international destination for healthcare. In 2006, more than 400,000 patients traveled to Singapore specifically for healthcare.
Singapore has "one of the most successful healthcare systems in the world, in terms of both efficiency in financing and the results achieved in community health outcomes"

World Health Organization
### WHO Health Care Rankings

<table>
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<tr>
<th>Country</th>
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<td>France</td>
<td>1</td>
<td>Switzerland</td>
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<td>Italy</td>
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<td>Belgium</td>
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<td>San Marino</td>
<td>3</td>
<td>Colombia</td>
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<td>Andorra</td>
<td>4</td>
<td>Sweden</td>
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<td>Malta</td>
<td>5</td>
<td>Cyprus</td>
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<td>Singapore</td>
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<td>Germany</td>
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<td>Spain</td>
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<td>Saudi Arabia</td>
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<td>Oman</td>
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<td>United Arab Emirates</td>
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<td>Austria</td>
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<td>Canada</td>
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<td>Finland</td>
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<td>Monaco</td>
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<td>Australia</td>
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<td>Netherlands</td>
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<td>Costa Rica</td>
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<tr>
<td>United Kingdom</td>
<td>18</td>
<td>United States</td>
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<tr>
<td>Ireland</td>
<td>19</td>
<td>Slovenia</td>
<td>38</td>
</tr>
</tbody>
</table>

SINGAPORE

Wow!
What’s the reason for Singapore’s success?
SINGAPORE

- Good government,
- economic success,
- anticorruption,
- strong incumbency advantages

- Singapore has a democratic parliamentary republican government, but the same party has held power since 1965
Healthcare in Singapore

- Combination of personal and government responsibility, individual responsibility and affordable healthcare for all

- The economic principle that health care services should not be supplied freely on demand without reference to price.

- Healthcare should encourage individual responsibility and community support BUT government should also make healthcare affordable
Medisave (1984): compulsory savings scheme for the working population to help individuals save and pay for their health care expenses.

As at Dec 2008, the average Singaporean had S$14,900 (approximately US$10,000) in his/her Medisave account. This is sufficient to pay for about 10-12 subsidised acute hospitalization episodes.
Medical Savings Accounts System

Advantages

- To encourage savings for the expected high costs of medical care in the future (lifetime savings feature);
- Consumers have an incentive to control costs;
- To mobilize additional funds for health systems
Pooling Over Time VS Risk Pooling

Society Risk Pooling

VS

Personal Life-Cycle Time Pooling

Solidarity

VS

Personal responsibility
Personal Life-Cycle Time Pooling VS Society Risk Pooling

More Risk in Pool, Less Premium, Less Cost

VS

More healthy lifestyle, More Savings, Less Cost

Social Solidarity
Society Risk Pooling

Personal responsibility
Personal Life-Cycle Time Pooling
Pooling over time, person's life-cycle saving capacity and health spending pattern

Average income and capability to save are high in working years and is low in retirement years.

Health spending is higher in retirement years and is low in working years.
Pooling over time, person's life-cycle saving capacity and health spending pattern

Accumulation Resources in good times

Spending in bad times

Encouraging individual savings during economically active years for later health spending is an attractive way to assure sufficient funds for health care in the future
Central Provident Fund Contribution and Allocation Rates for Public and Private Employees

Medisave is a component of a mandatory pension program.
Central Provident Fund  Contribution and Allocation Rates for Public and Private Employees

There is a maximum Medisave contribution ceiling for each age group.

<table>
<thead>
<tr>
<th>Employee Age (years)</th>
<th>Contribution By Employer (% of wage)</th>
<th>Contribution By Employee (% of wage)</th>
<th>Total Contribution (% of wage)</th>
<th>Credited into (%)</th>
<th>Ordinary Account</th>
<th>Special Account</th>
<th>Medisave Account</th>
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<tbody>
<tr>
<td>35 &amp; below</td>
<td>16</td>
<td>20</td>
<td>36</td>
<td>26</td>
<td>4</td>
<td>6</td>
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<td>35 - 45</td>
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<td>23</td>
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<td>55 - 60</td>
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<td>10.5</td>
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<td>60 - 65</td>
<td>3.5</td>
<td>7.5</td>
<td>11</td>
<td>2.5</td>
<td>0</td>
<td>8.5</td>
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<td>Above 65</td>
<td>3.5</td>
<td>5</td>
<td>8.5</td>
<td>0</td>
<td>0</td>
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Source: (Central Provident Fund Board 2002)
Individual savings alone are generally not high enough to protect a person from catastrophic medical expenses (HIV/AIDS, chronic condition, renal failure)
What about catastrophic medical expenses?

Restoring the role of insurance to providing protection against major medical catastrophes

Milton Friedman
**Risk pooling insurance plan - Medishield**

**More Risk in Pool, Less Premium, Less Cost**

The risk-pooling necessary to cover catastrophic costs.

**Medishield (1990):** catastrophic health insurance plan cover high cost medical bills

Every Medisave member is automatically enrolled.

The premium is deducted from each member’s Medisave account. Medishield has a high deductible.

**Social Solidarity**

**Society Risk Pooling**
Personal Life-Cycle Time Pooling + Society Risk Pooling

More Risk in Pool, Less Premium, Less Cost

More healthy lifestyle, More Savings, Less Cost

Social Solidarity
Society Risk Pooling

Personal responsibility
Personal Life-Cycle Time Pooling
What about Poor and Needy People?
Medifund (1993): health endowment fund which provides a safety net for the poor and needy (10% of the population)
Provider Subsidies

Government provides direct subsidies from its annual budget to public hospitals, polyclinics and aged care homes.

In 2000, direct subsidies totaled US$700 million, or 25% of health expenditures.

70% of total government health expenditure was spent on services provided by public hospitals and institutions.

For primary health care, the services provided at the government clinics are subsidized at about 50% of cost with the 50% paid by patients (out-of-pocket) (Singapore Ministry of Health 2002).

Government subsidize long-term health care for those suffering from three specific chronic conditions - diabetes, high blood pressure, and high cholesterol.
Changes in the share of public spending on health in Singapore

Discernible reduction after the introduction of Medisave

Reduction is due to the reduction in the absolute value of government spending and the continuous increase in out-of-pocket spending coupled with Medisave

Source: WHO, Geneva (National Health Accounts Team)
Medisave (1984): compulsory savings scheme for the working population to help individuals save and pay for their health care expenses

Medishield (1990): catastrophic insurance scheme to help meet the cost of large medical bills

Medifund (1993): health endowment fund which provides a safety net for the poor and needy

ElderShield (2002): To provide financial protection for individuals suffering from severe disabilities

Integrated Shield plan - private insurance policies for treatment in the private sector. Singaporeans must subscribe to the basic Medishield product before they can purchase the private Integrated Shield Plans

Provider Subsidies - Government provides direct subsidies
One reason that Medisave has a very limited role in health financing - Medisave can be used mainly for inpatient services and there is an upper limit on the amount to be spent per day.
Key elements of Singapore Health System

- Universal coverage
- Mixed Public-Private Health Care competitive Market
- Mix of financing methods (Taxation, Savings, Insurance)
- Choice of private and public systems
- Optimal Balance with Personal & government responsibility
- Promotes personal and family responsibility (Cost-sharing)
- Ensure future sustainability with ageing (Savings)
- Enhance risk-pooling and social protection for catastrophic care (Insurance)
- Target subsidy and equitable distribution for poor and indigent (Taxation)
- Government benchmarks for standards and prices
- Regulation of hospital beds, doctors and use of high-cost medical technology
The government gives direct subsidies to government hospitals, polyclinics and some nursing homes.

<table>
<thead>
<tr>
<th>Public System</th>
<th>Primary Care</th>
<th>Hospital Care</th>
<th>% of inpatient beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 %</td>
<td>13</td>
<td>80 %</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Private System</th>
<th>Primary Care</th>
<th>Hospital Care</th>
<th>% of inpatient beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>80 %</td>
<td>16</td>
<td>20 %</td>
<td></td>
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</tbody>
</table>
Government provides differential subsidies for hospitalization fees depending upon the class of ward that patients choose.

<table>
<thead>
<tr>
<th>Class of Ward</th>
<th>Number to a Room</th>
<th>Subsidy</th>
<th>Air-Conditioning</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>1</td>
<td>0%</td>
<td>Yes</td>
</tr>
<tr>
<td>B1</td>
<td>4</td>
<td>20%</td>
<td>Yes</td>
</tr>
<tr>
<td>B2+</td>
<td>5</td>
<td>50%</td>
<td>Yes</td>
</tr>
<tr>
<td>B2</td>
<td>6</td>
<td>up to 60%</td>
<td>No</td>
</tr>
<tr>
<td>C</td>
<td>8</td>
<td>up to 80%</td>
<td>No</td>
</tr>
</tbody>
</table>
Is the positive experience of Singapore transferable to other countries?
Positive experience in implementing medical savings requires certain pre-requisites:

- Willingness and ability to save
- High labor force participation in formal employment
- Effective payroll collection with efficient fund management and claims processing
- Well-developed information system with security and accounting controls
- Public education for proper use of accounts
Thank you for your attention!


The Netherlands: reform of the health system based on competition and privatisation, Sylvie Cohu, Diane Lequet-Slama and Pierre Volovitch

Lim Meng-Kin. Health care systems in transition II. Singapore, Part I. An overview of health care systems in Singapore


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Piya Hanvoravongchai. Medical Savings Accounts: Lessons Learned from Limited International Experience, WORLD HEALTH ORGANIZATION, GENEVA. 2002