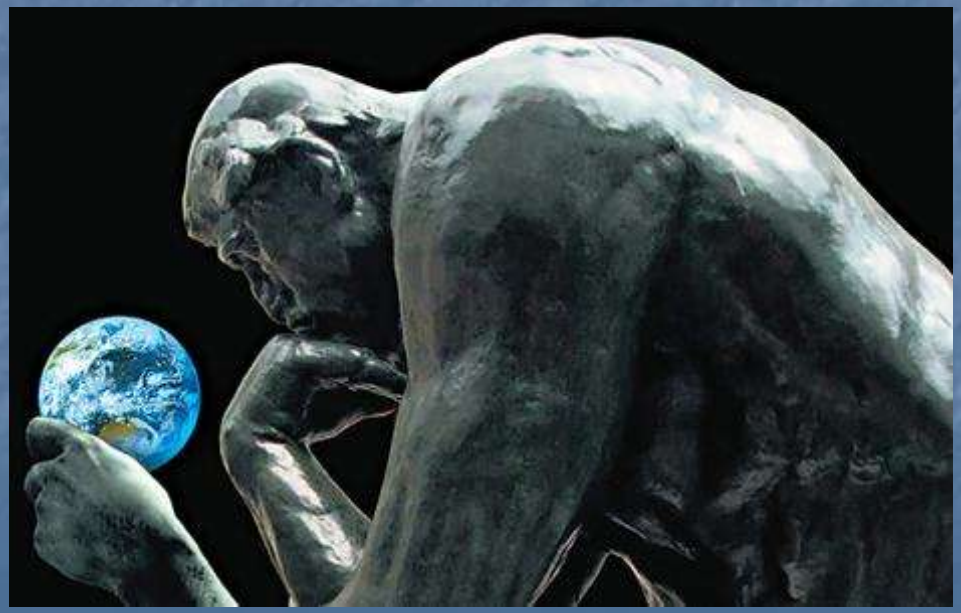
Toward Market oriented health care system

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

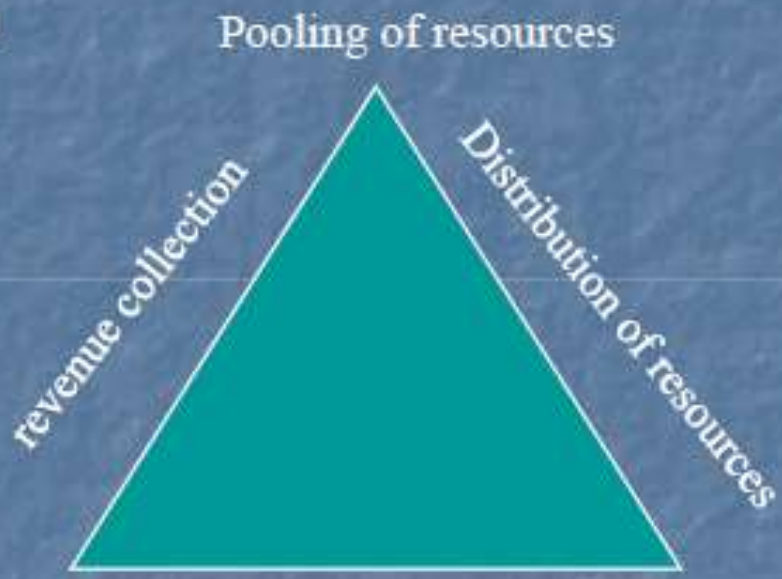
		Provision	
		Public	Private
Finance	Public	Publicly financed Publicly provided	Publicly financed Privately provided
	Private	Privately financed Publicly provided	Privately financed Privately provided

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,



Health Care Systems

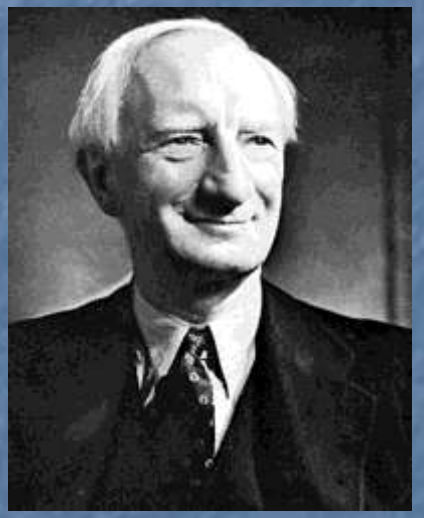
All the Organization for Economic Cooperation and Development (OECD) countries (including Japan and South Korea) have opted for

publicly financed health care systems that provide universal coverage.

Reason:

Equity;
Fairness;
Solidarity

Bismarck Model



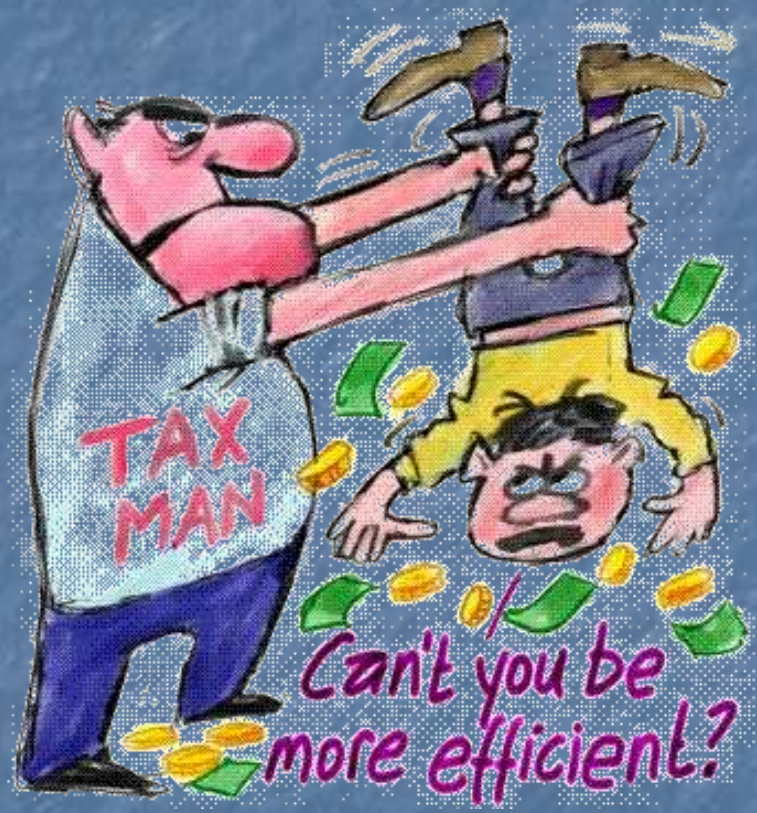
Beverage Model

Exception

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

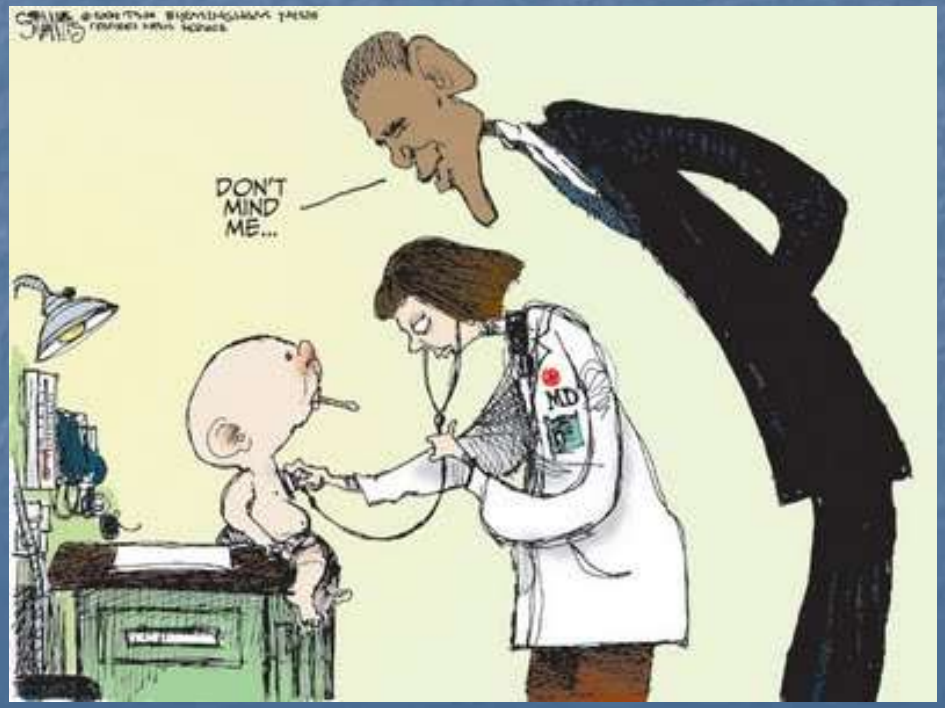
- USA (Tax, Insurance)
- Switzerland, (Insurance)
- Netherlands (Insurance)
- Singapore (Mixed model - Tax, Insurance and Savings)

Other countries:

Australia, Belgium, Chile, Colombia, Czech Republic, Germany, Ireland, Israel, Netherlands, Slovakia, South Africa

USA towards publicly financed system
Publicly financed systems towards market-oriented system

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

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)

Managed

competition

Why competitive market?

Do markets require regulation?

Key questions in Health Care Market

Why competitive market?

Choice

Consumer

Insurers

Providers

Consumer choice - any providers, insurers and benefits

Insurers Choice – any providers, selectively contracts

Providers Choice – Insurers, agreement contracts

Multiple VS Single-Payer System

Choose

Multiple Payer System

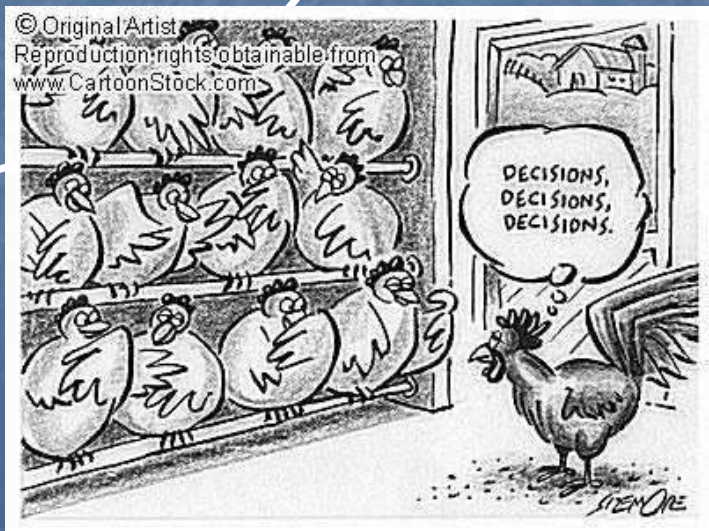
Insurer

Insurer

Insurer

Consumer

Providers



Consumer choice - any providers, insurers and benefits
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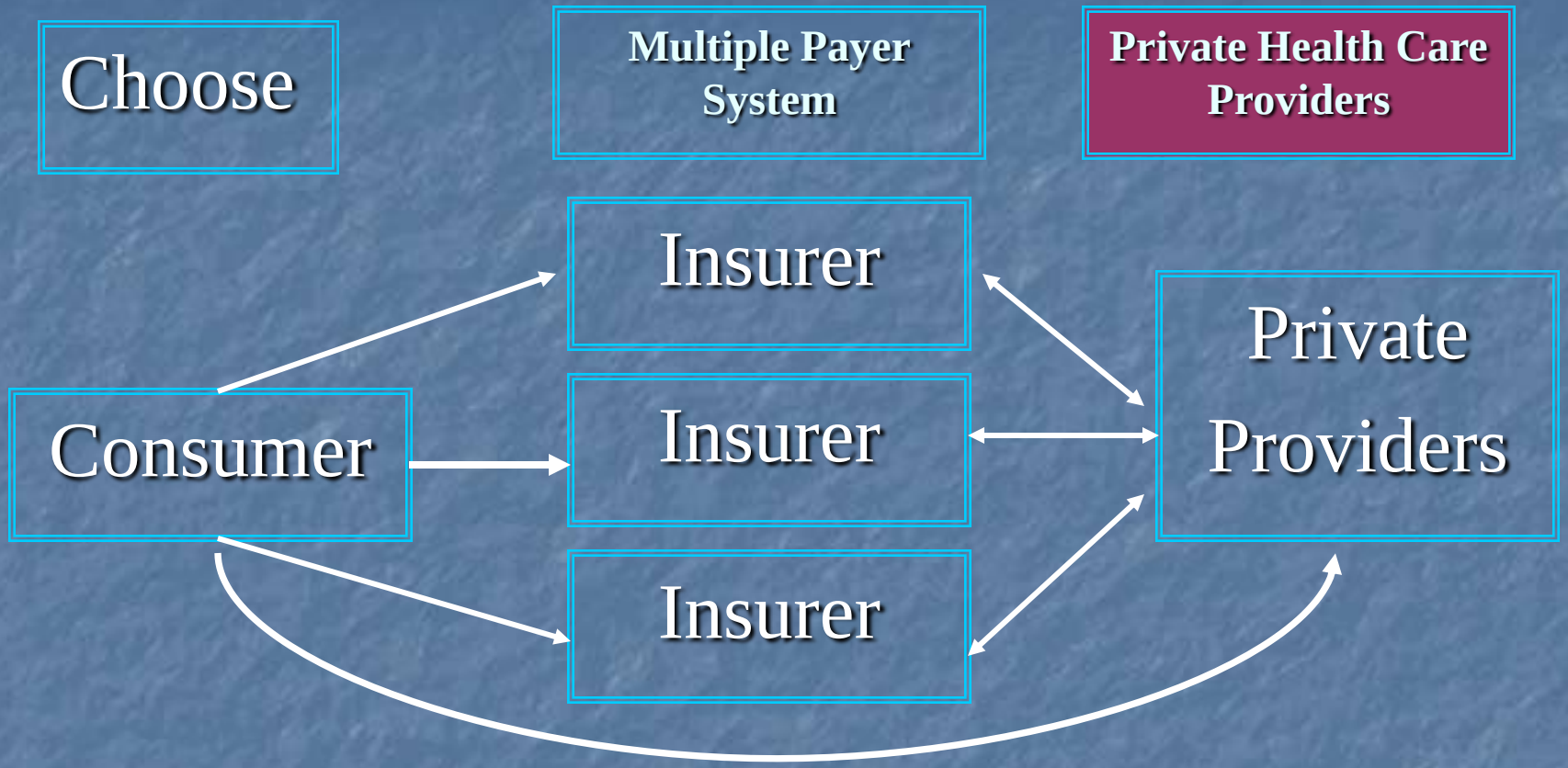
Multiple VS Single-Payer System

Private health care providers VS State health care providers



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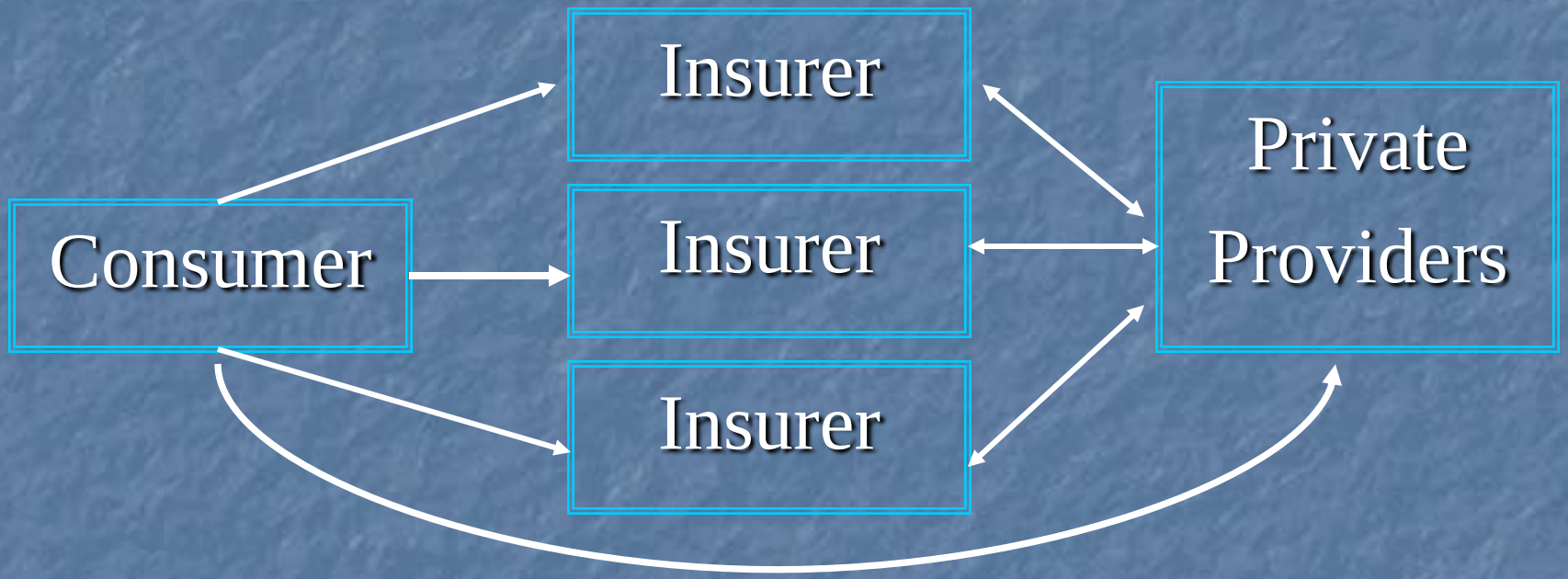
Competition in health care market – Price, Quality

Choose	Multiple Payer System	Private Health Care Providers	Price, Quality, Additional package



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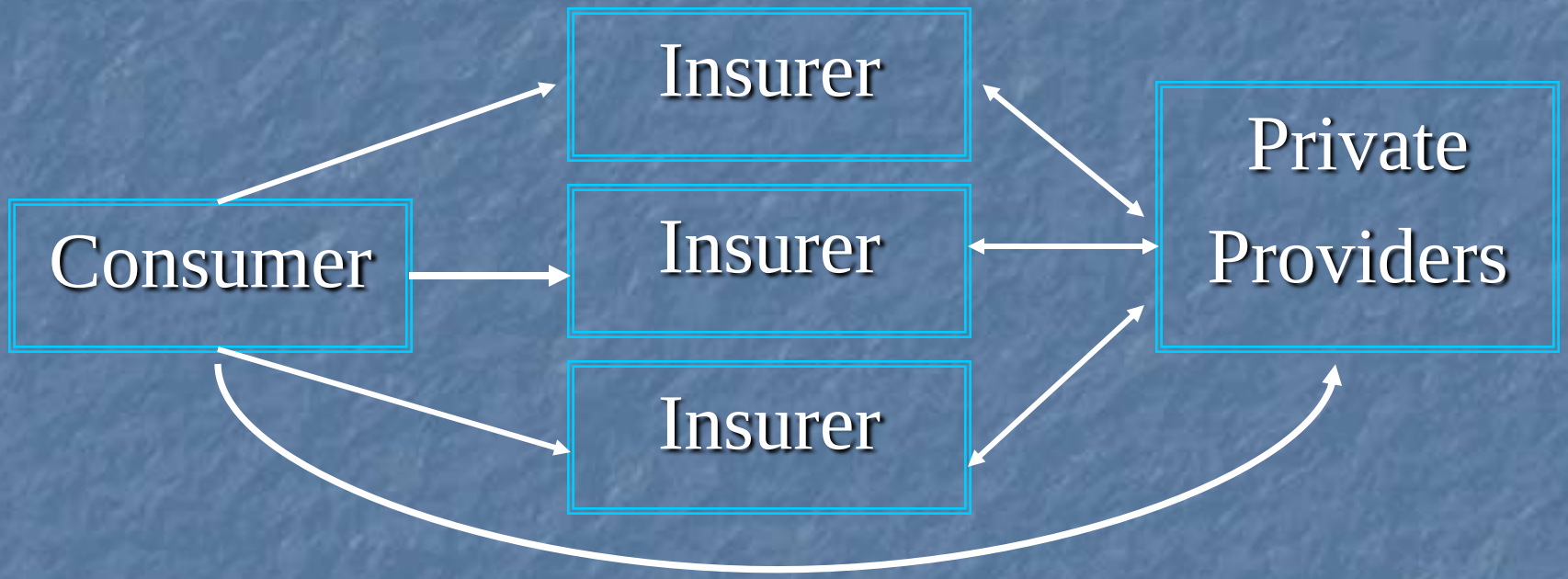
Competition in health care market – price, quality, Additional package

Information, Transparency (price, quality…)

Choose	Multiple Payer System	Private Health Care Providers	Price, Quality, Additional package	Information, Transparency



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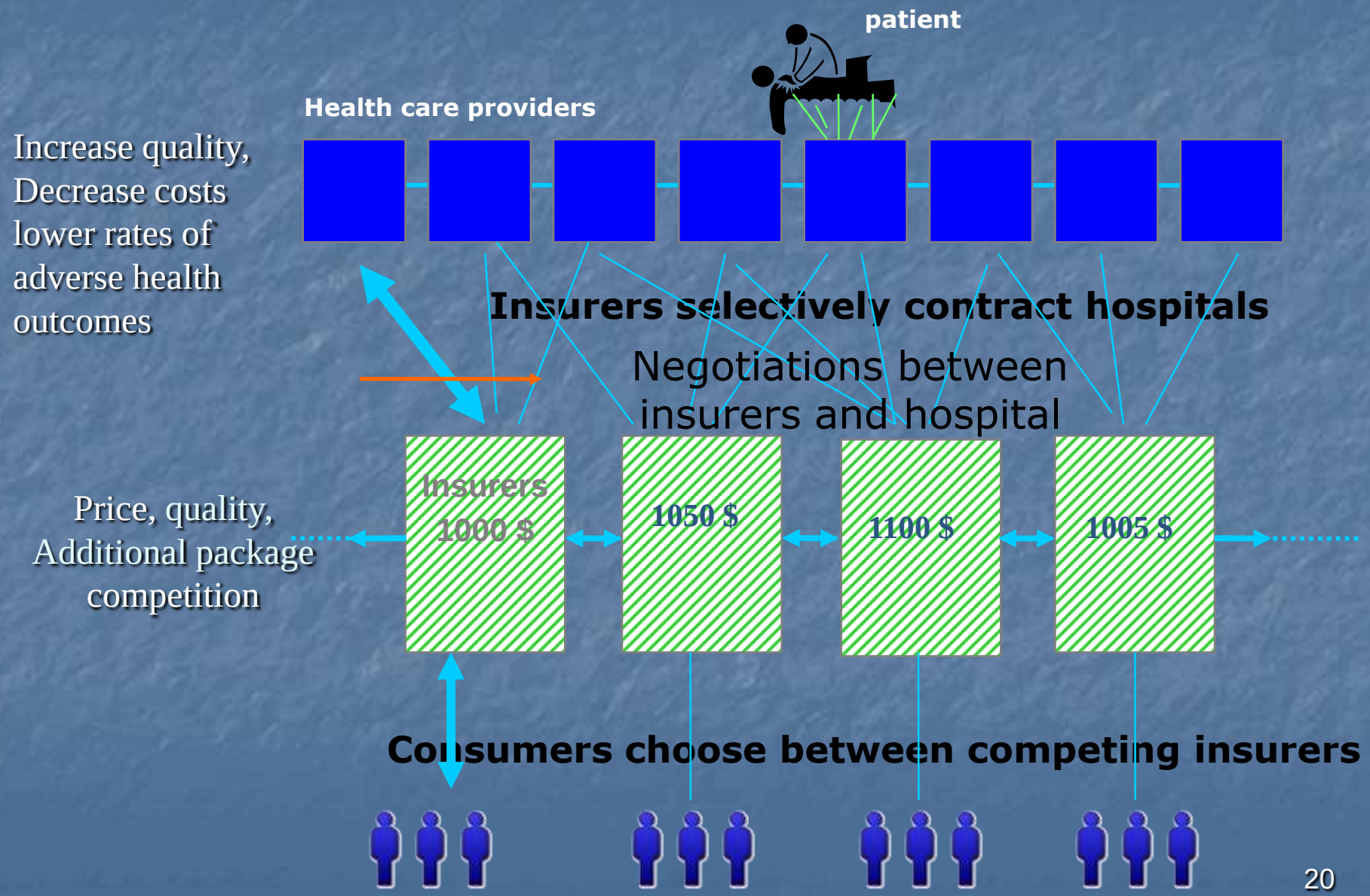
Information, Transparency (price, quality…)

Competitive health care markets



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-etting 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

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The goods sold only benefit the individual consumer

Is Health Care perfect Market?

Complete market

There are many sellers and many buyers

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The good sold only benefits the individual consumer

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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

An incomplete market is one which does not exist locally

No availability Ultrasound exam in remote rural areas

There are many sellers and many buyers

Failure of competition or monopoly: there is only one seller or only a few

Market of specialists: few num. in rayon (Cardiologists, Neurologists…)

All sellers and buyers are well informed

The good sold only benefits the individual consumer

Is Health Care perfect Market?

Complete market	An incomplete market is one which does not exist locally	No availability Ultrasound exam in remote rural areas
There are many sellers and many buyers	**Failure of competition or monopoly: there is only one seller or only a few**	**Market of specialists: few num. in rayon (Cardiologists, Neurologists…)**
All sellers and buyers are well informed	**Consumers are not fully aware of product characteristics or the consequences of consumption**	**Individuals tend to know little about their health. Most patients cannot make appropriate medical decisions. They must rely on their doctor's advice**
The good sold only benefits the individual consumer		

Is Health Care perfect Market?

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The good sold only benefits the individual consumer	**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	**An incomplete market is one which does not exist locally**	**No availability Ultrasound exam in remote rural areas**
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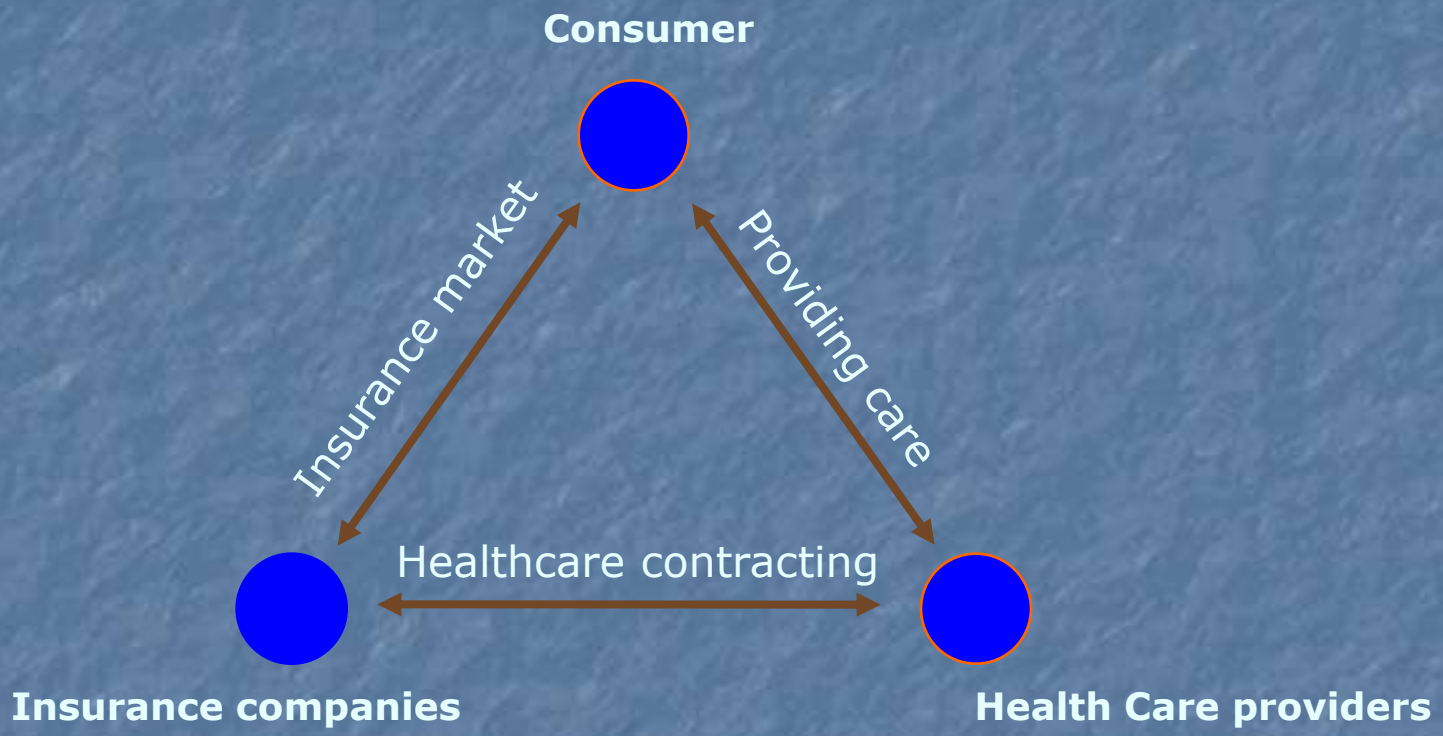
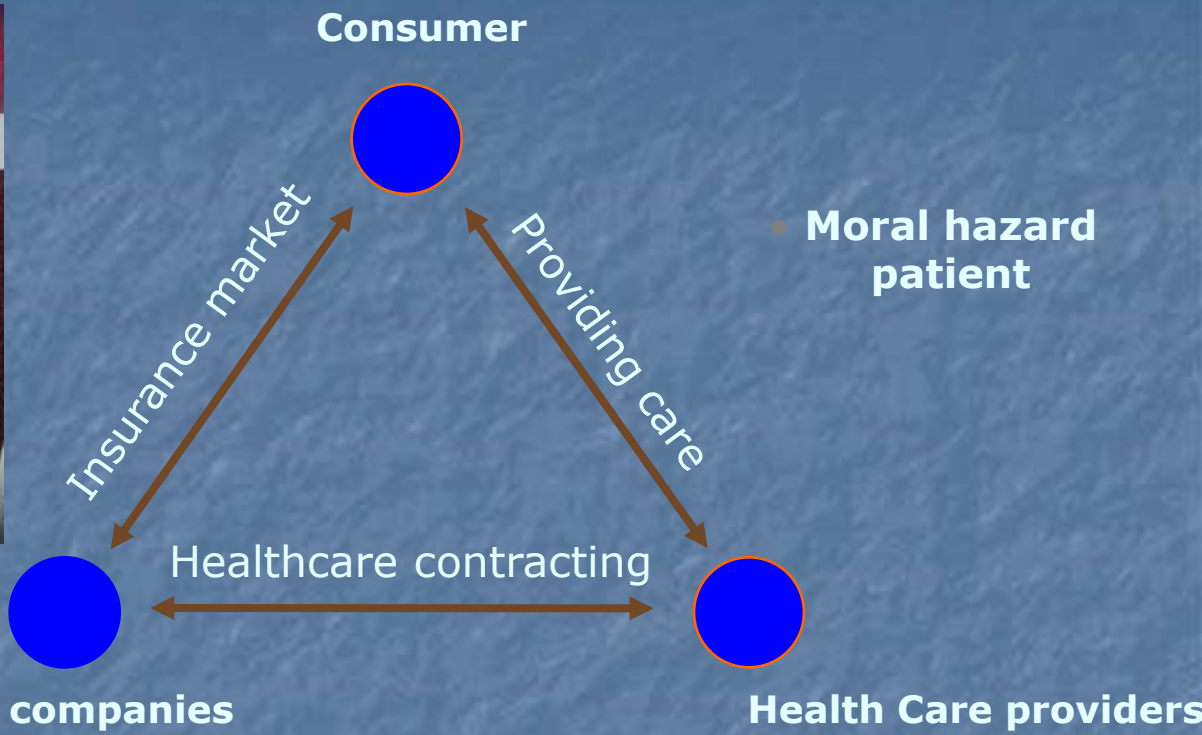
Market "failures" in healthcare



Moral hazard consumer

I have insurance, I want everything

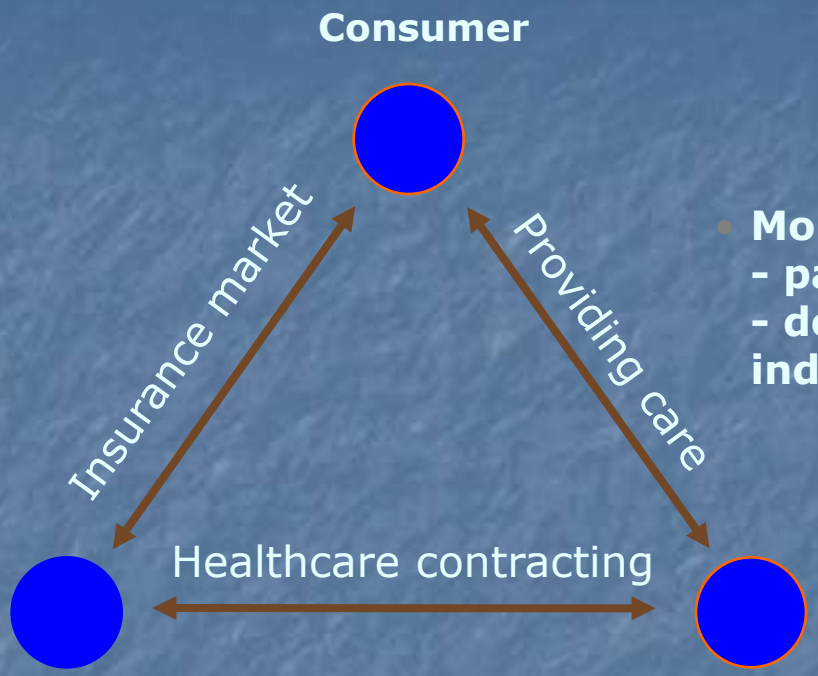


- Moral hazard patient

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**
  - **patient**
  - **doctor (supply induced demand)**

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

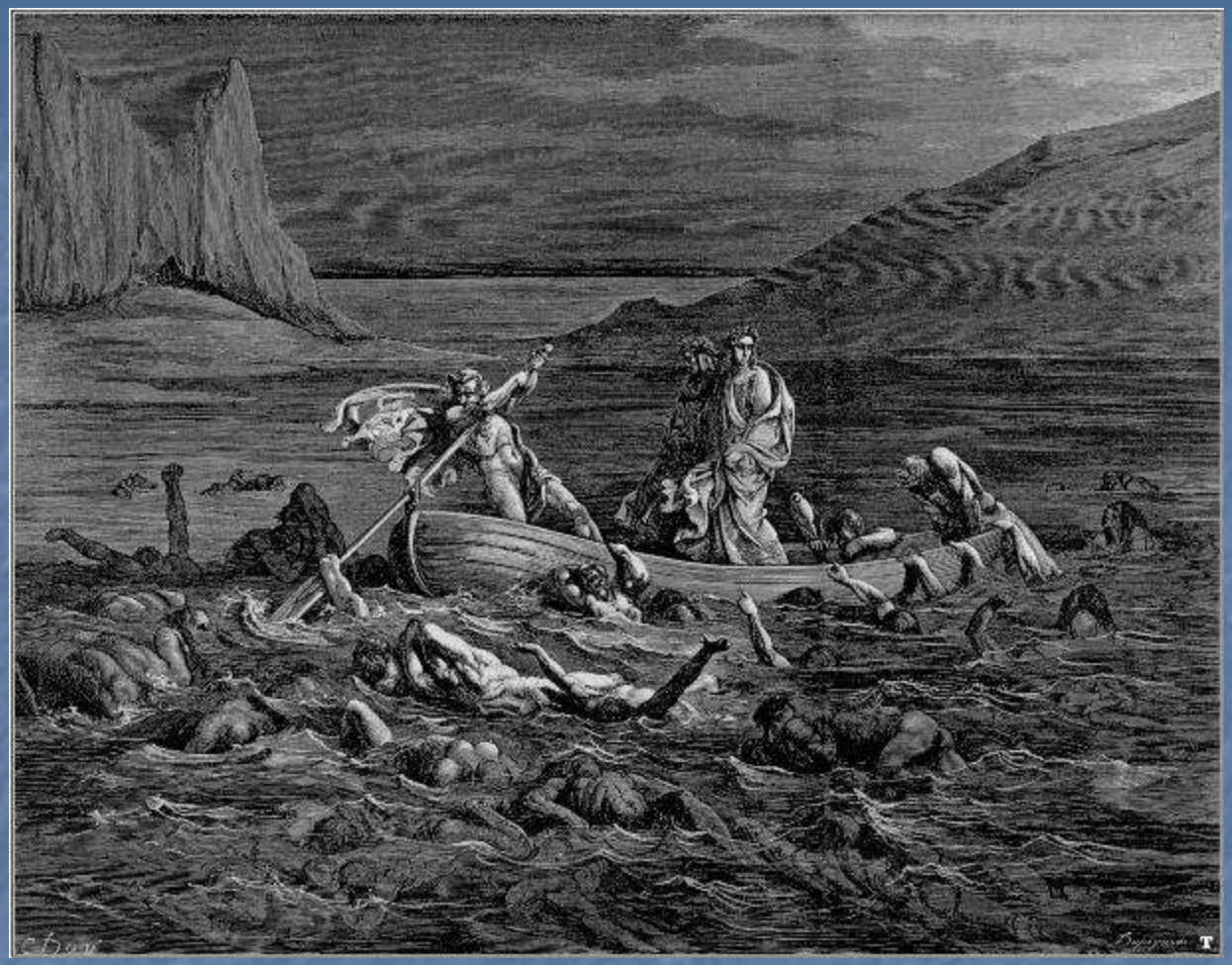
Adverse selection

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

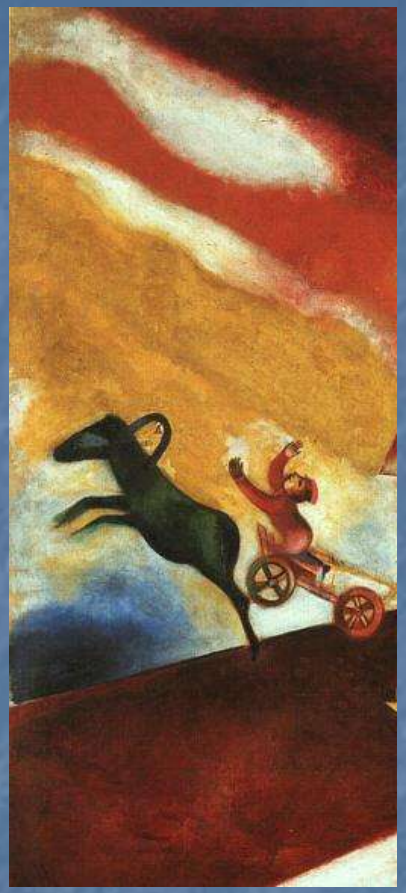
Cream-skimming



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

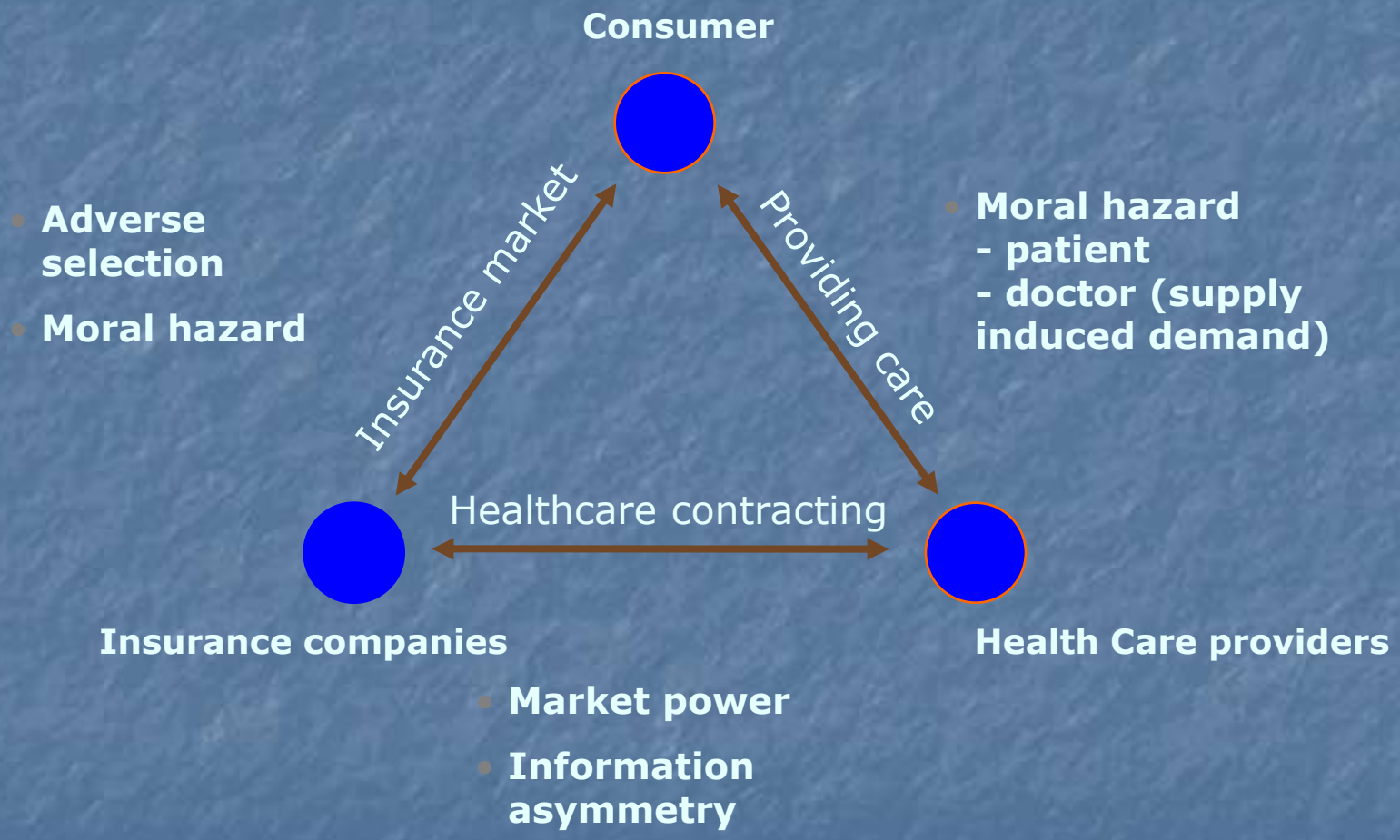
Cream-skimming – against less profitable users

Risk and uncertainty



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



Market Failures in Health Care and the Measures to Correct Them

Market failure	Consequences	Measures used to correct failures	Empirical outcomes
Adverse Selection	Little risk-pooling, No Insurance market, Only some people insured	Educating people to take out insurance, Tax Subsidy	Ineffective

Market Failures in Health Care and the Measures to Correct Them

Market failure	Consequences	Measures used to correct failures	Empirical outcomes
Adverse Selection	Little risk-pooling, No Insurance market, Only some people insured	~~Educating people to take out insurance, Tax Subsidy~~	~~Ineffective~~
		Compulsory Universal coverage	Effective

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

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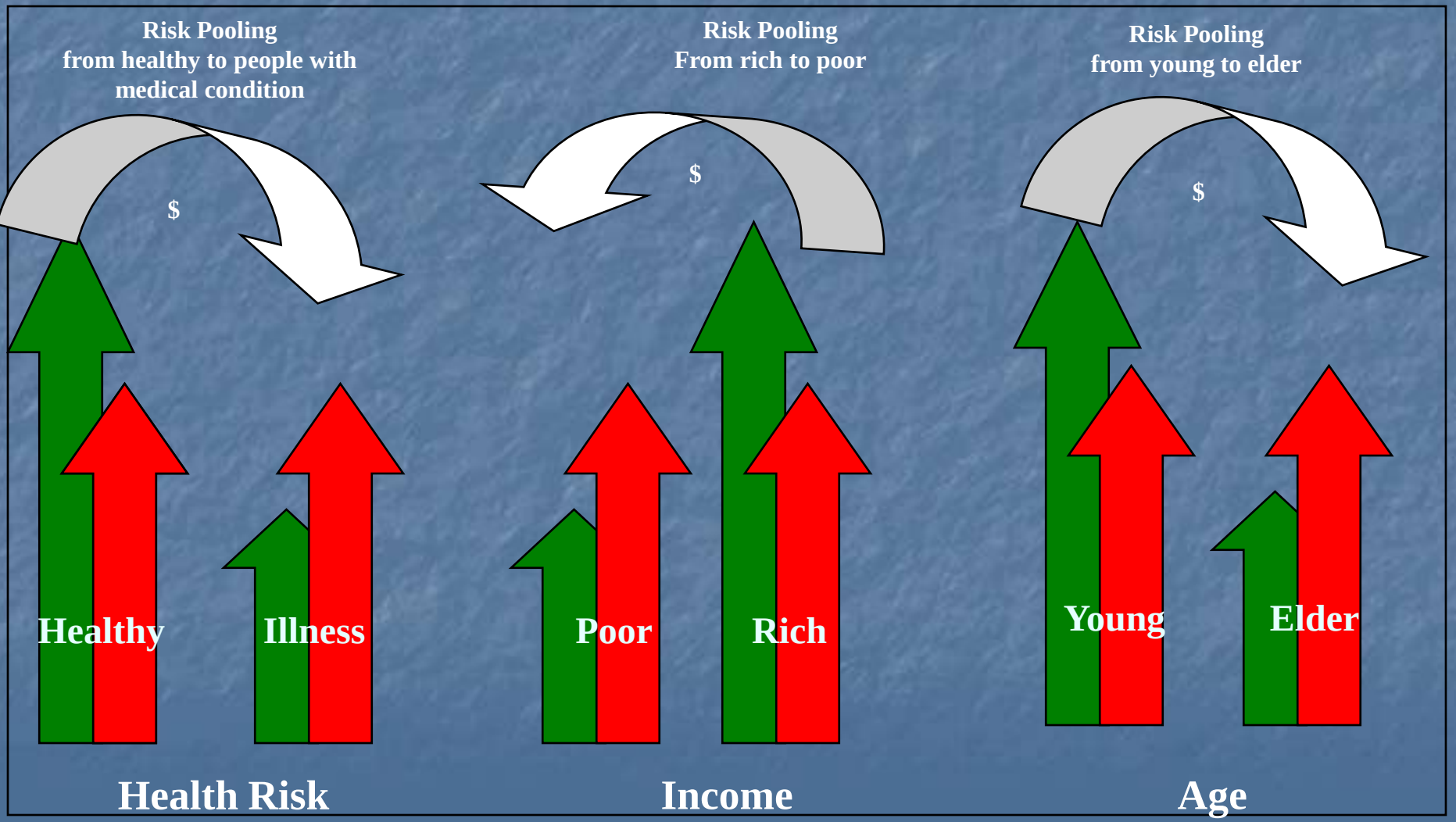
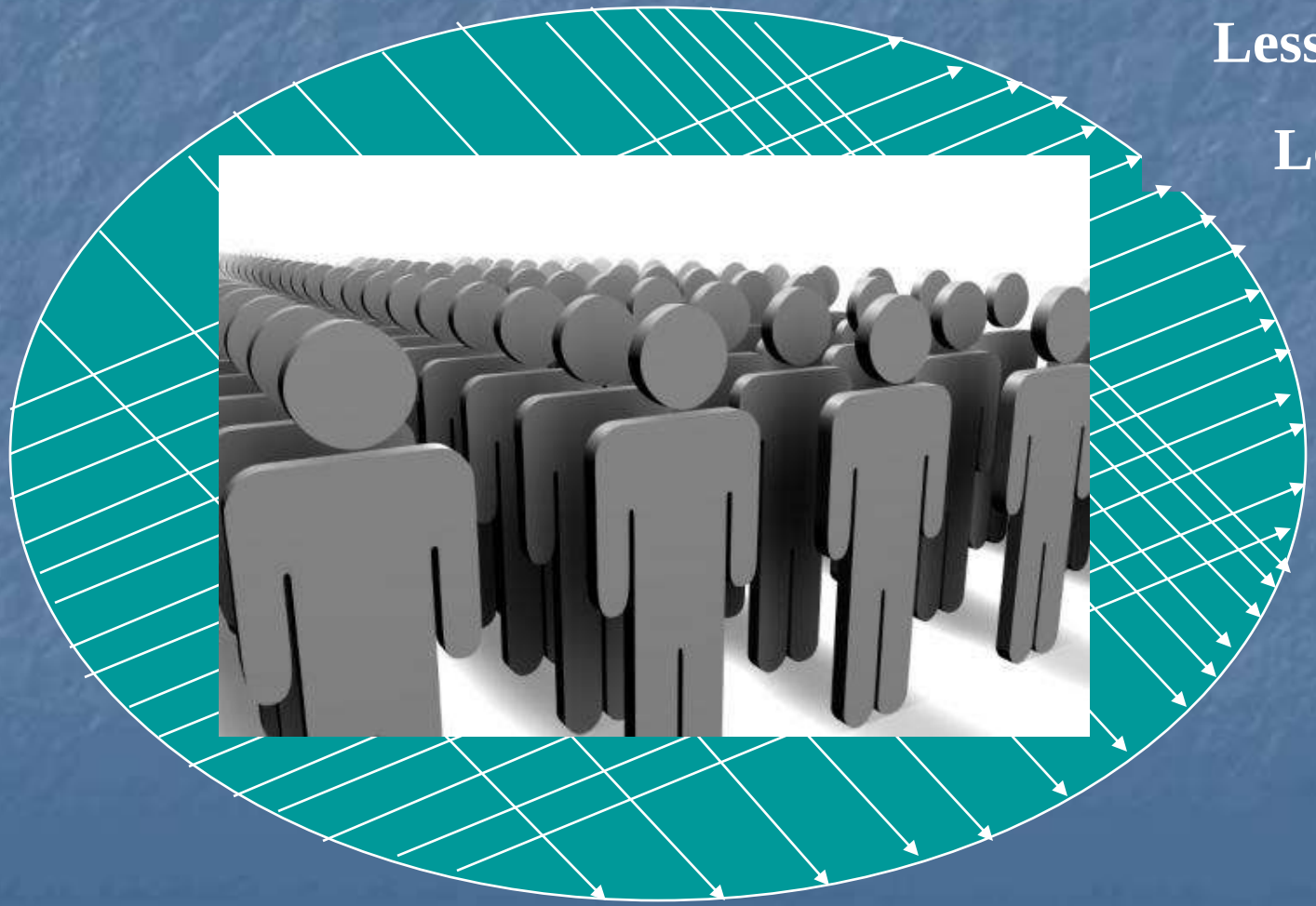


Compulsory Universal Coverage is more insurance principle than ethical philosophy



More Risk in Pool

Less Premium

Less Cost

Market Failures in Health Care and the Measures to Correct Them

Market failure	Consequences	Measures used to correct failures	Empirical outcomes
Risk Selection	No insurance for disabled, sick, poor and elderly people	Open enrolment	Moderately Effective
		Community Rating premium	Moderately Effective
		Risk Adjusted premiums	Technically difficult

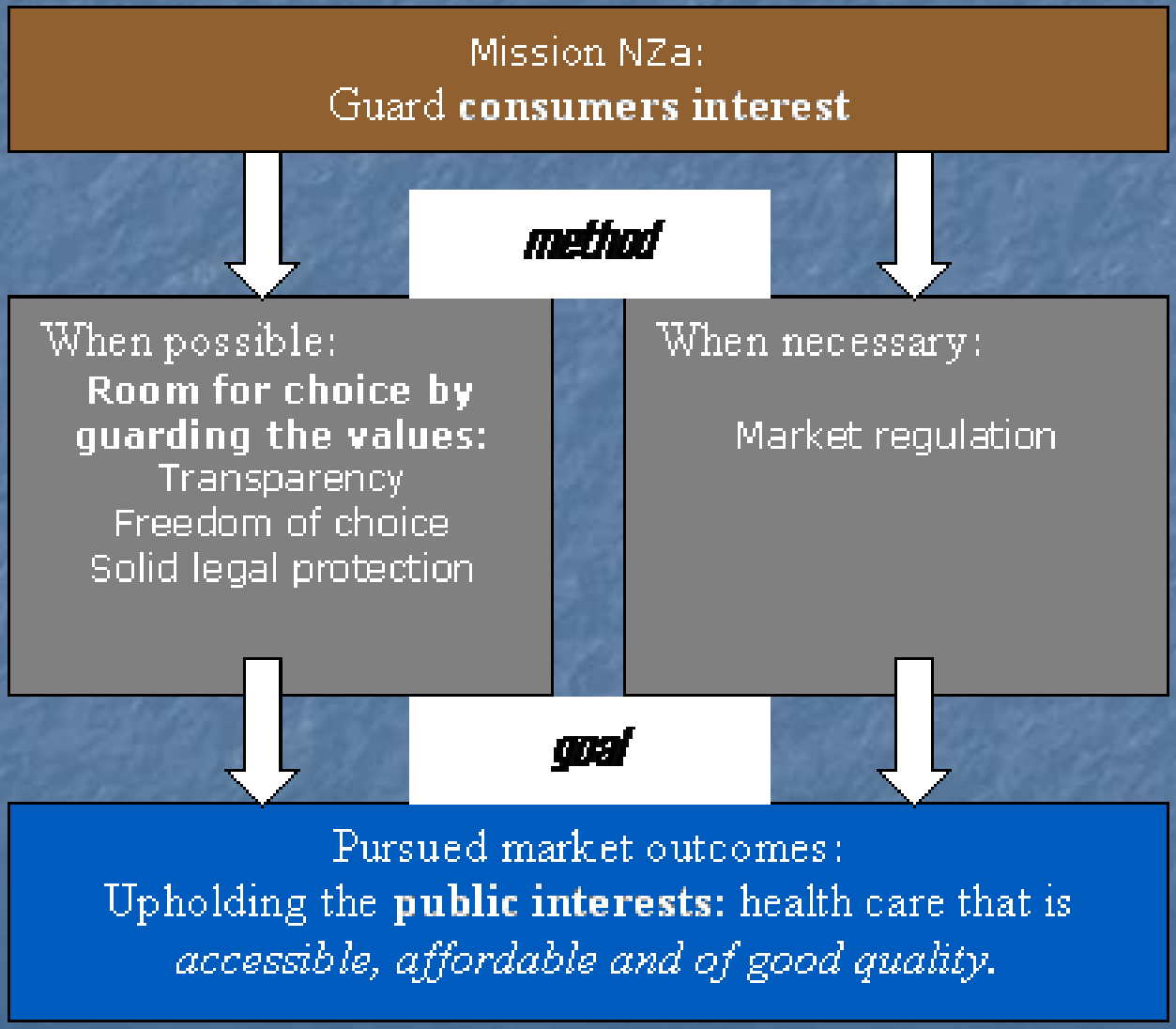
Market Failures in Health Care and the Measures to Correct Them

Market failure	Consequences	Measures used to correct failures	Empirical outcomes
Monopoly of Insurance Cartel	Excess profit, Poor quality products, underproduction	Multi-payer Financing System Anti-trust Laws	Effective

Market Failures in Health Care and the Measures to Correct Them

Market failure	Consequences	Measures used to correct failures	Empirical outcomes
Moral hazard	Overuse of services by patients	Benefit package Deductibles, Co-insurance, Co-payments Gatekeepers	Moderate Effective

Goal of the Dutch Health Care Authority, the consumer



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

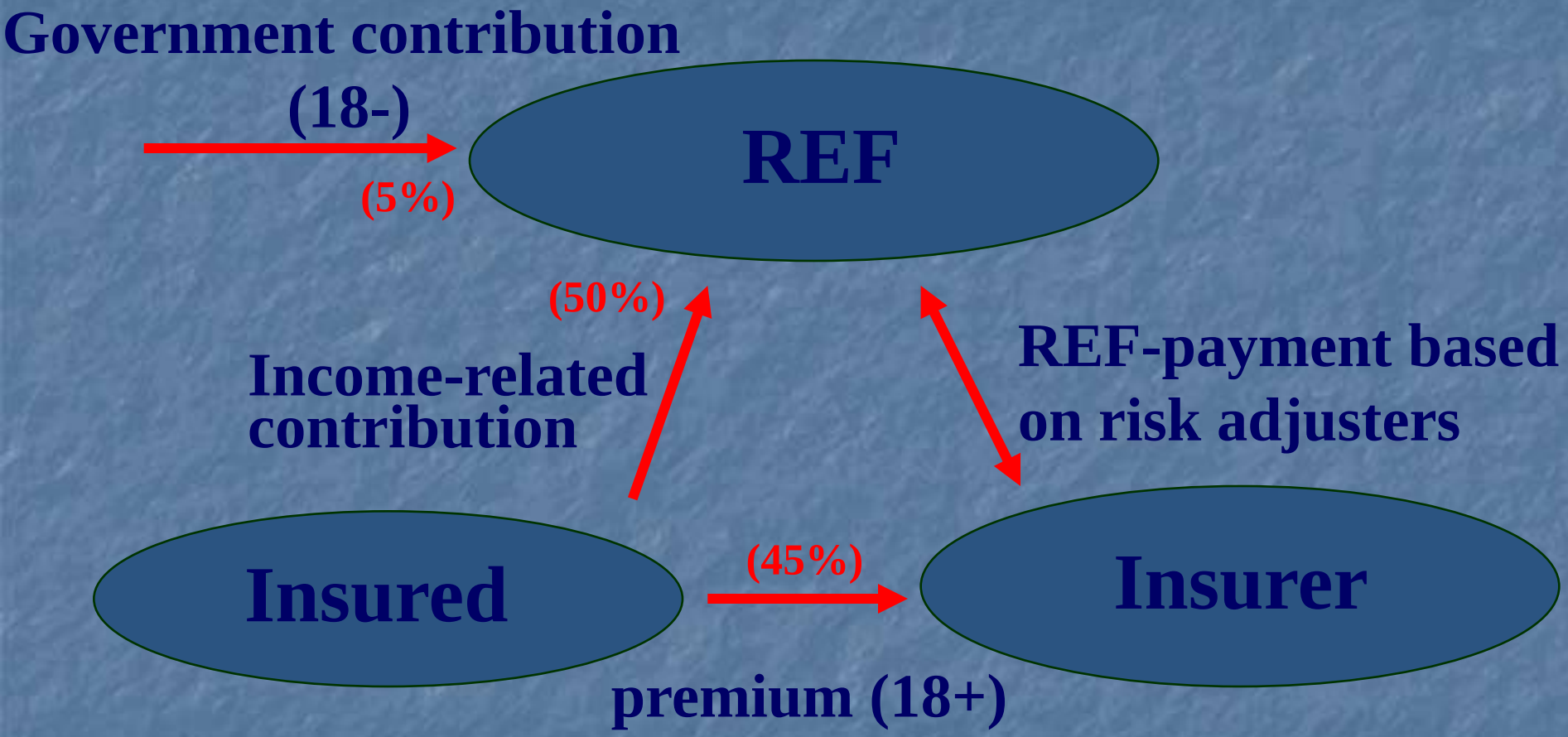
Managed competition – Netherlands health care reforms (2006)

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)



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

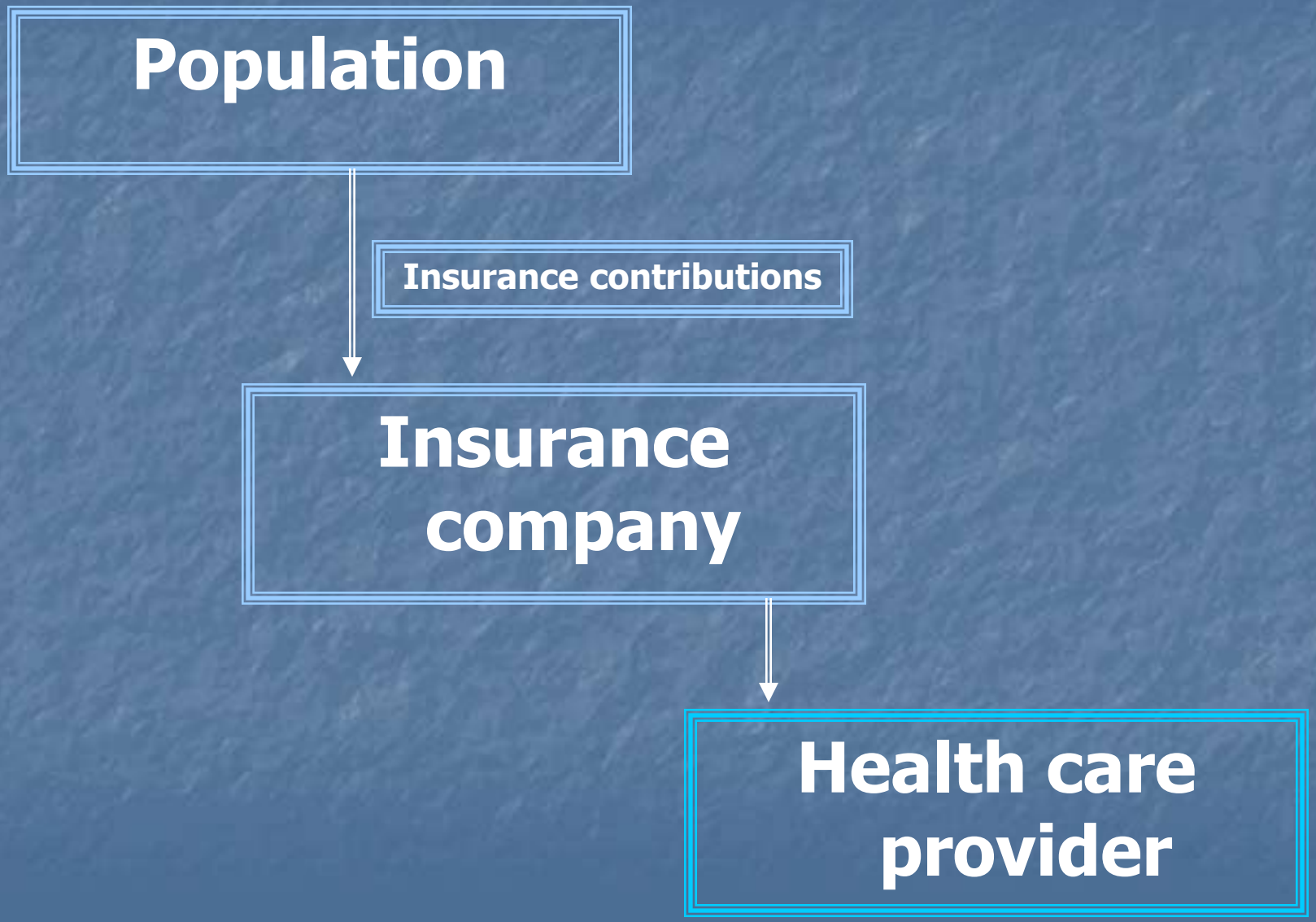
cost growing annual rate

Before reforms – 4.5 %

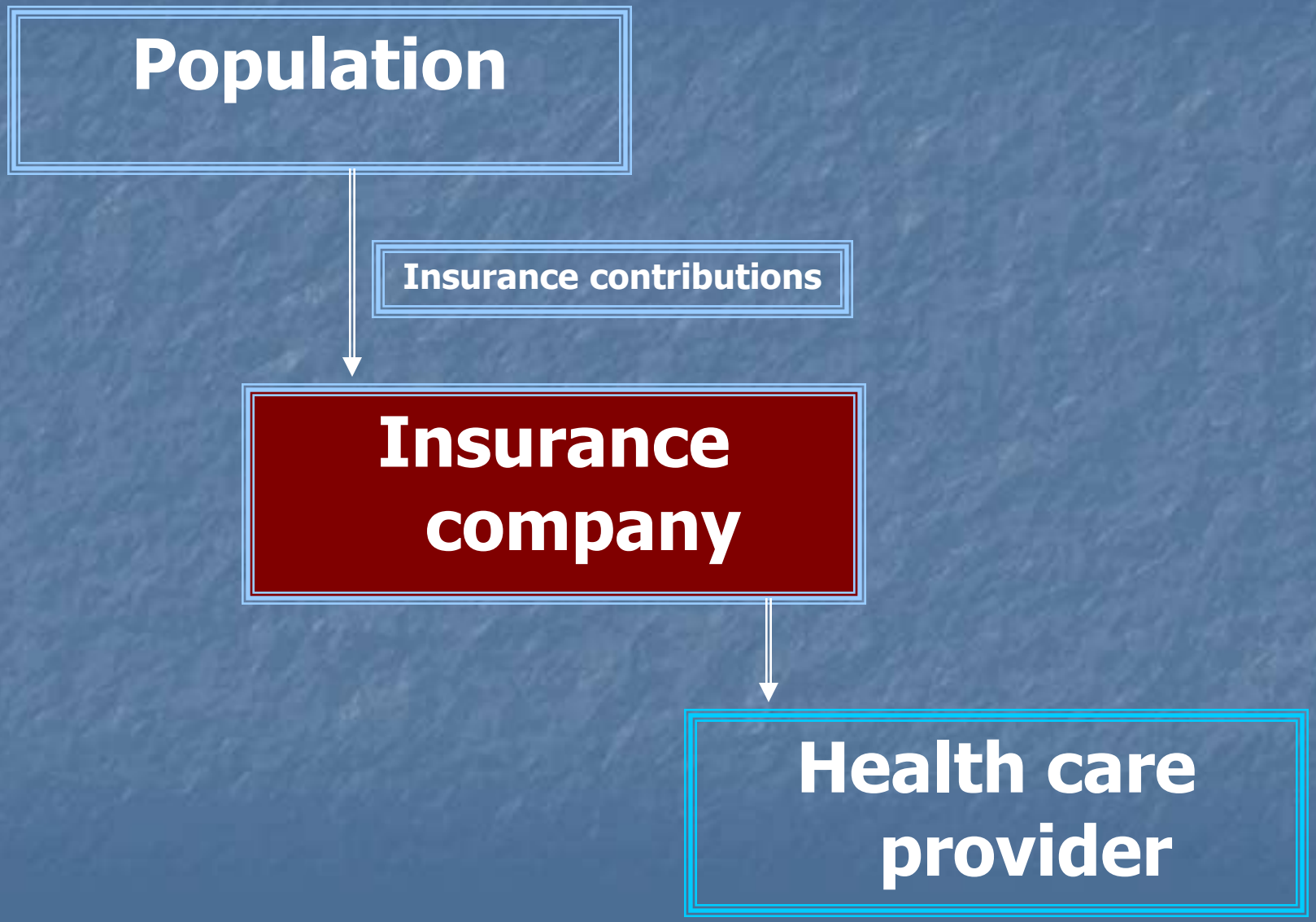
Since the new system - 3 %

Some evidence suggests that some improvement has come in waiting lists

There is a reality of Insurance system



Why Third-Party Payment?



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

We don't want mediator

Insurance contributions

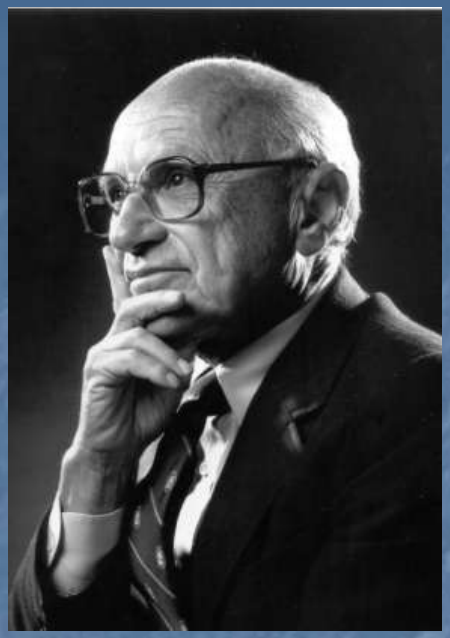
~~**Insurance company**~~

Health care provider

Why Third-Party Payment?

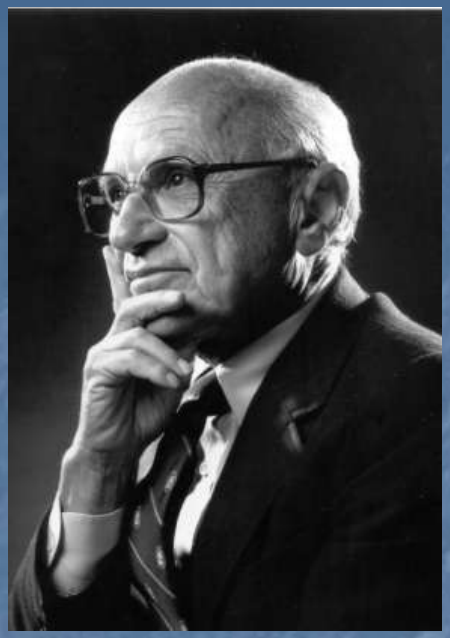
In USA 31 cents of every health care dollar goes to administrative costs, $350 billion annually – most bureaucratic system in the world

~~Insurance company~~



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

Milton Friedman



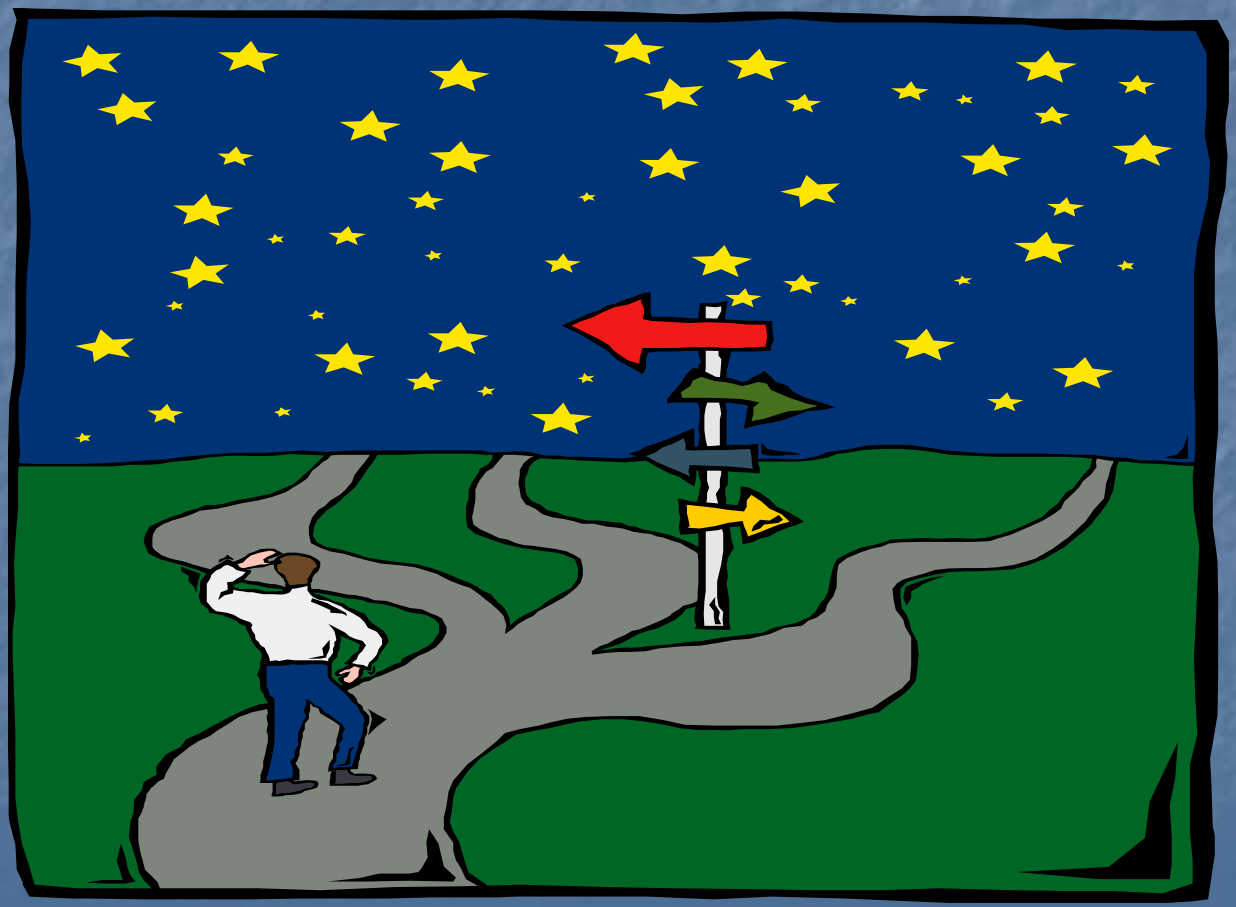
"most payments to physicians or hospitals or other caregivers for medical care are made not by the patient but by a third party—an insurance company or employer or governmental body.

Milton Friedman

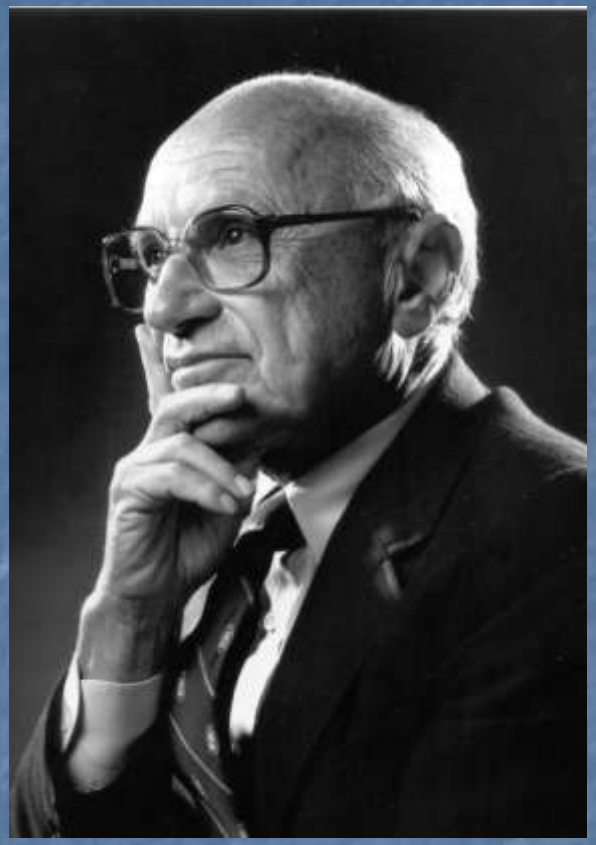
Milton Friedman

- 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.

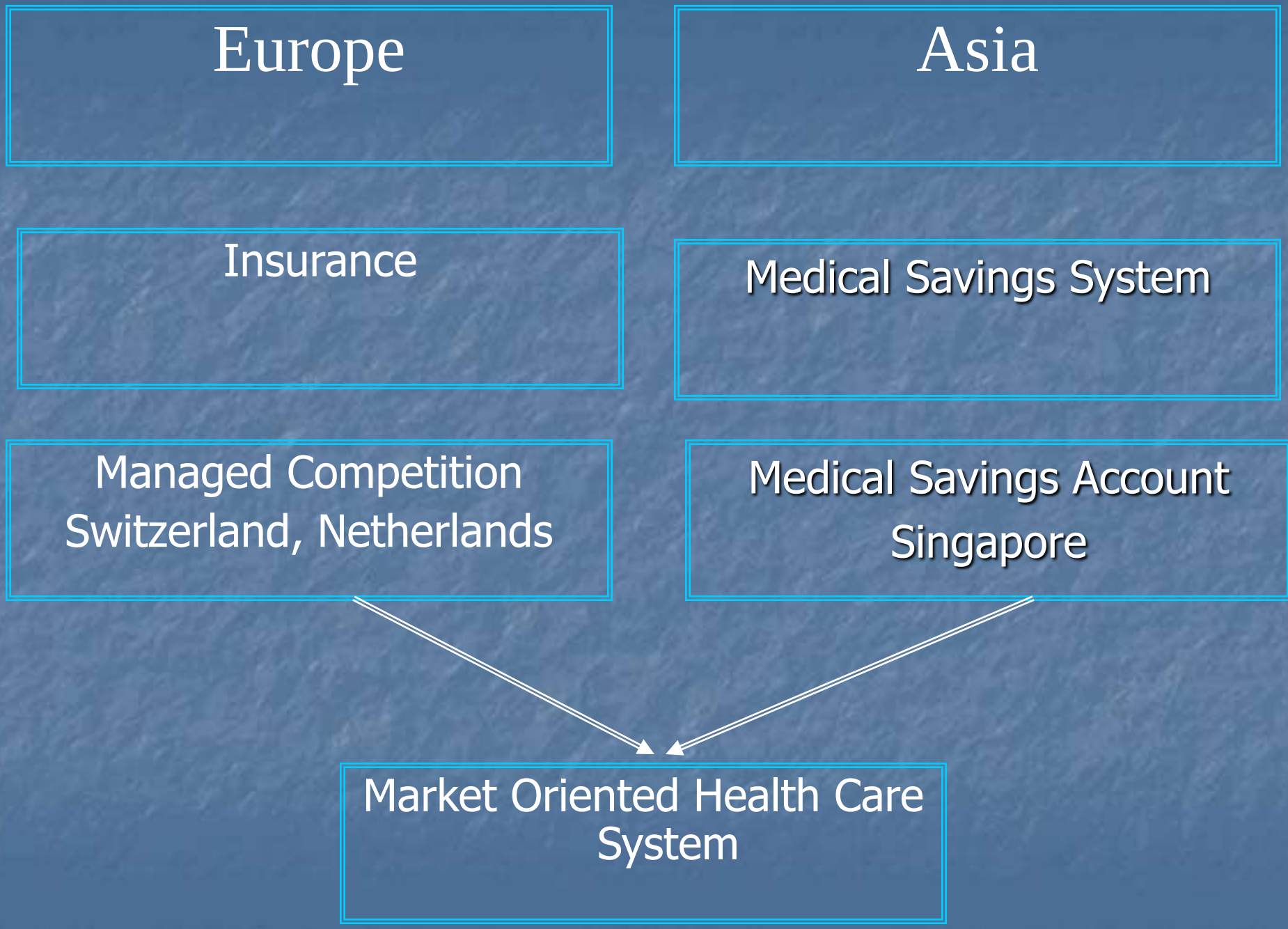
Is there market-based alternative ways to reform healthcare?



There is - Milton Friedman has found it



Medical Savings Accounts System


Europe
Asia
Insurance
Medical Savings System
Managed Competition
Switzerland, Netherlands
Medical Savings Account
Singapore
Market Oriented Health Care System

Lets go to the Asia

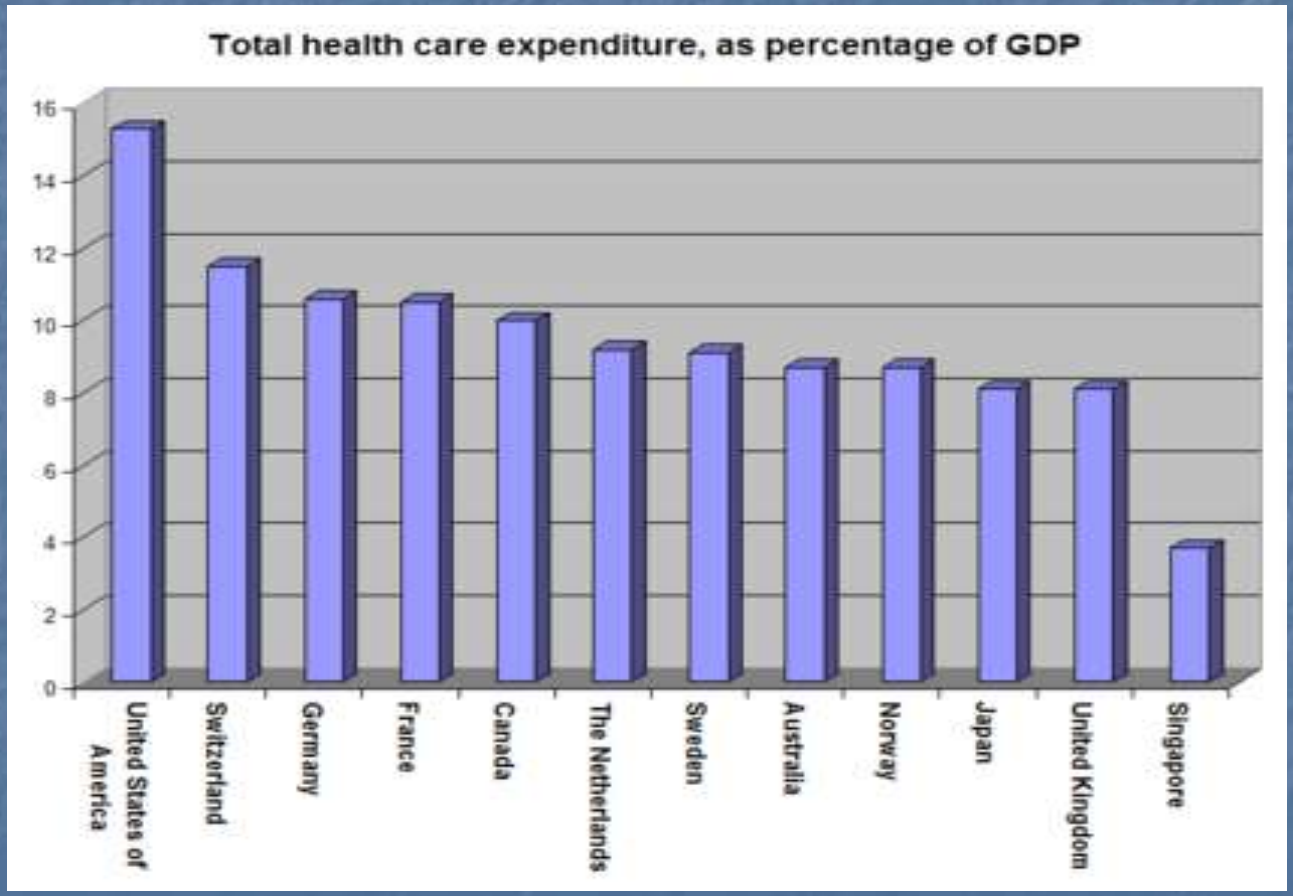
SINGAPORE

- 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

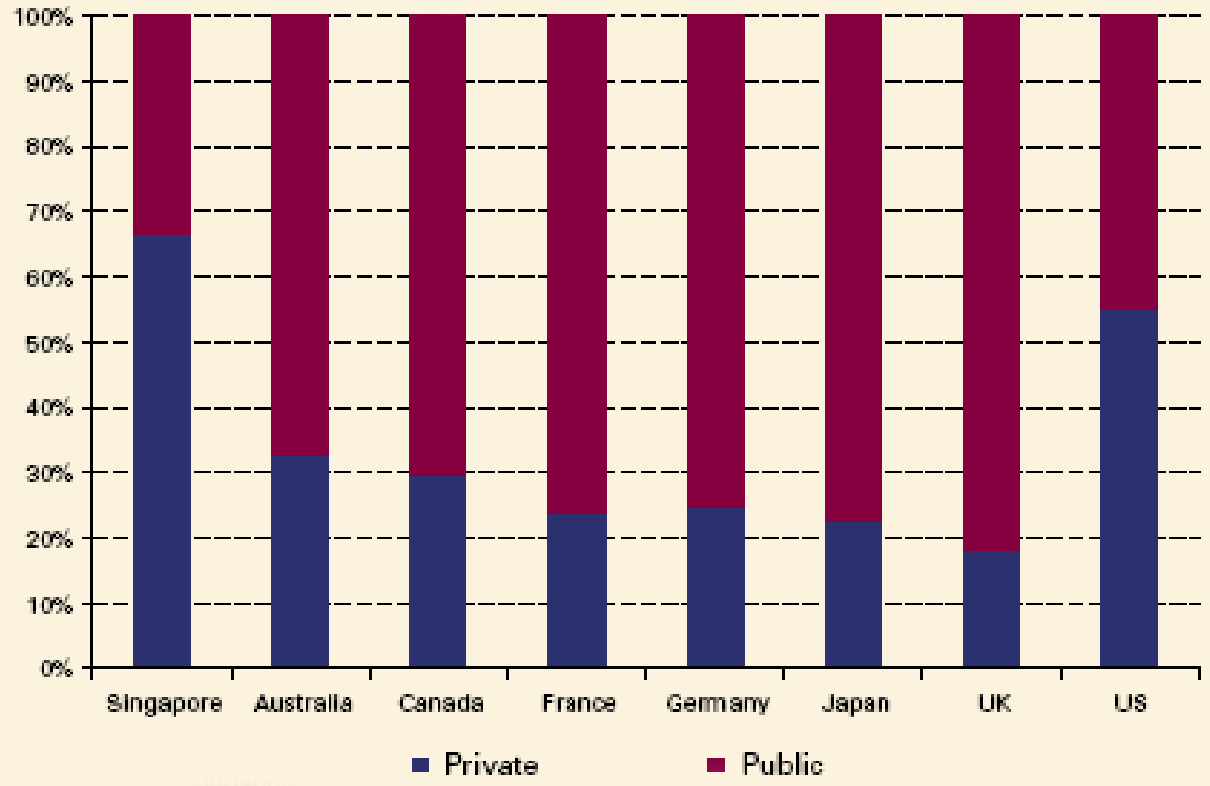
Health care spending 3 % of GDP.

Public spending - 1%; private spending 2%

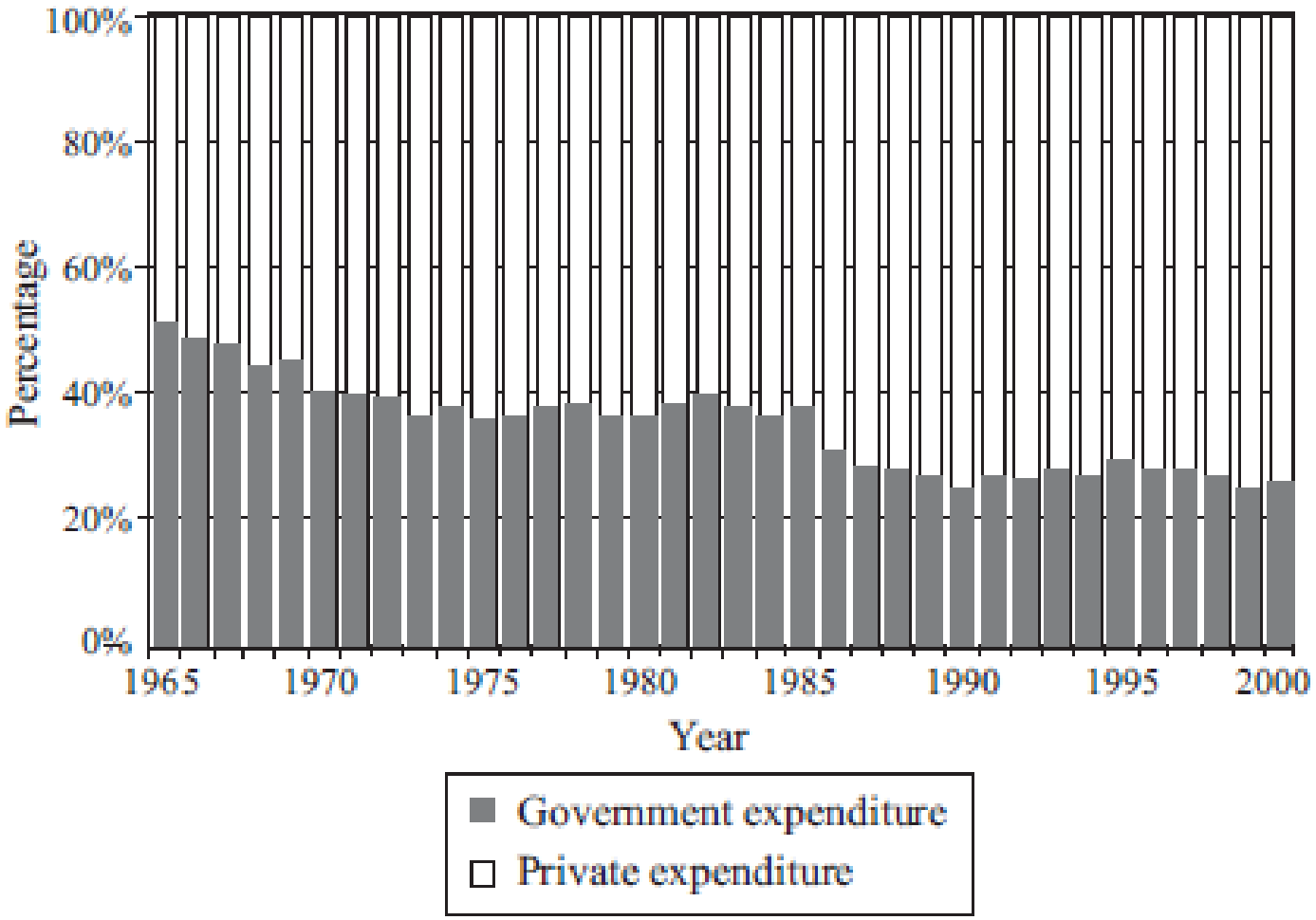


National healthcare expenditure is below 4% of GDP, which is low among developed countries

SINGAPORE

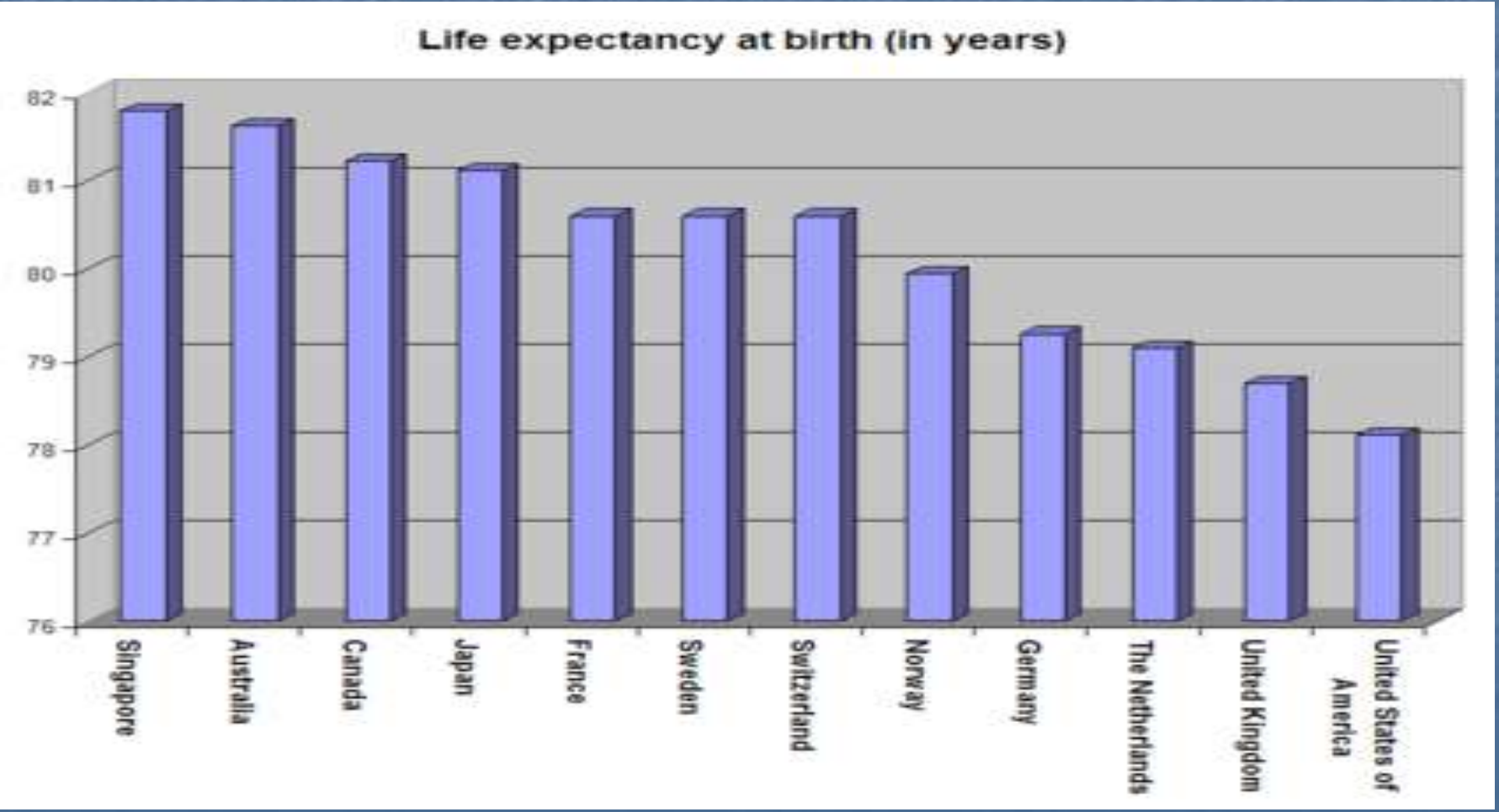

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Singapore
Australia
Canada
France
Germany
Japan
UK
US
Private
Public

Public & private expenditures



Health Outcomes

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 Ranking

WHO Health Care Rankings

Country	Rank	Country	Rank
France	1	Switzerland	20
Italy	2	Belgium	21
San Marino	3	Colombia	22
Andorra	4	Sweden	23
Malta	5	Cyprus	24
Singapore	6	Germany	25
Spain	7	Saudi Arabia	26
Oman	8	United Arab Emirates	27
Austria	9	Israel	28
Japan	10	Morocco	29
Norway	11	Canada	30
Portugal	12	Finland	31
Monaco	13	Australia	32
Greece	14	Chile	33
Iceland	15	Denmark	34
Luxemburg	16	Dominica	35
Netherlands	17	Costa Rica	36
United Kingdom	18	United States	37
Ireland	19	Slovenia	38

Source: World Health Organization, "The World Health Report 2000" (Geneva: WHO, 2000).

SINGAPORE

Wow!

SINGAPORE

What's the reason for Singapore's success?

SINGAPORE

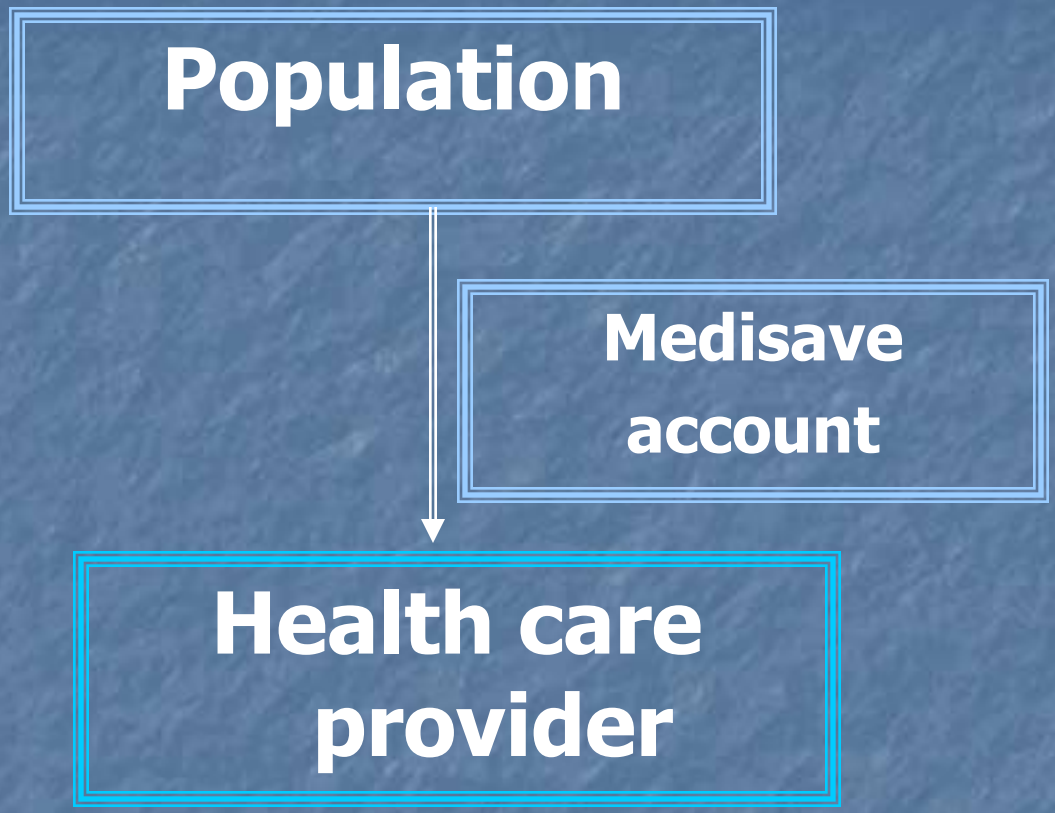
- Good government,
- economic success,
- anticorruption,
- strong incumbency advantages

- 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

Medical Savings Accounts System



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

Medisave (1984): compulsory savings scheme for the working population to help individuals save and pay for their health care expenses

Medical Savings Accounts System

Advantages

- To encourage savings for the expected high costs of medical care in the future (lifetime savings feature);
- Consumers has incentive to control costs;
- To mobilize additional funds for health systems

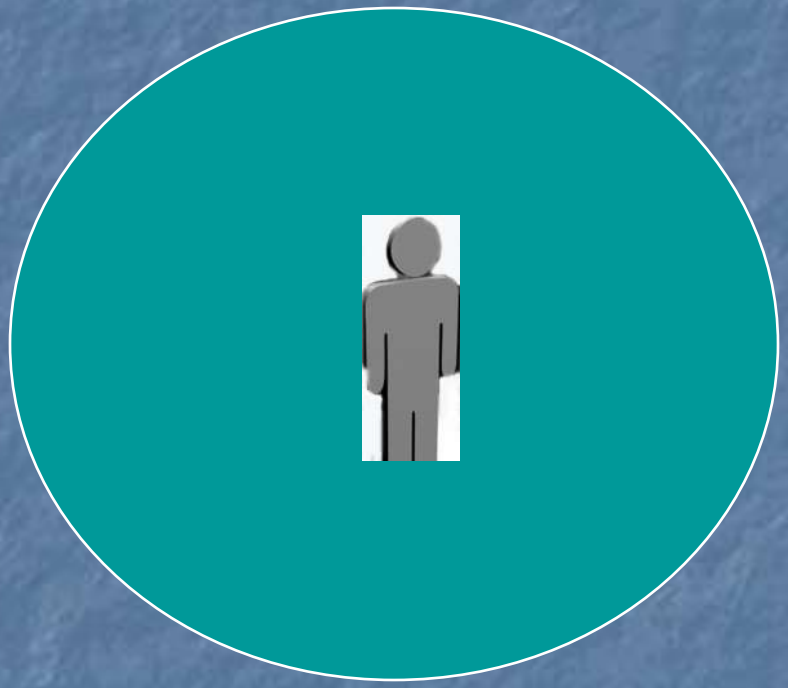
Pooling Over Time VS Risk Pooling

Society Risk Pooling

Solidarity

VS

Personal Life-Cycle Time Pooling



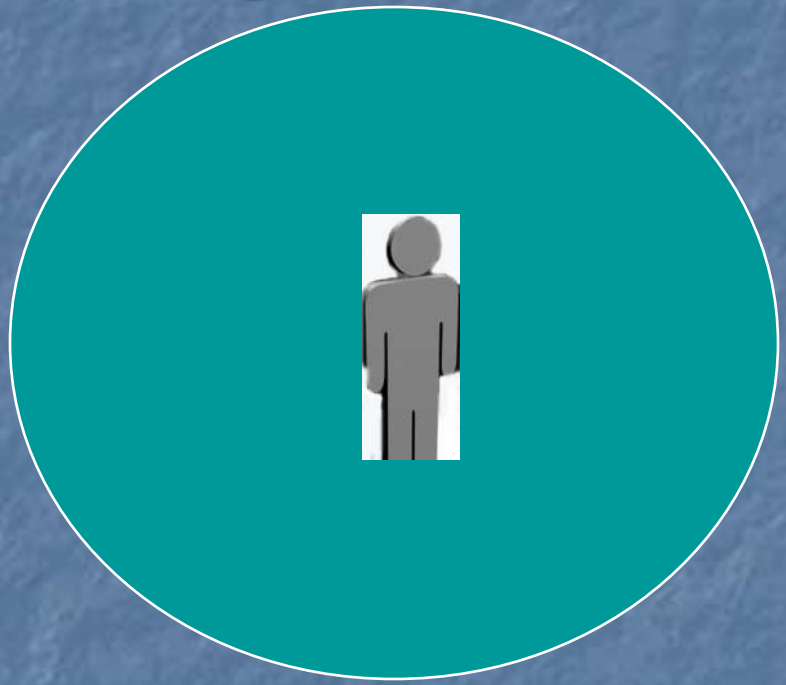
Personal responsibility

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

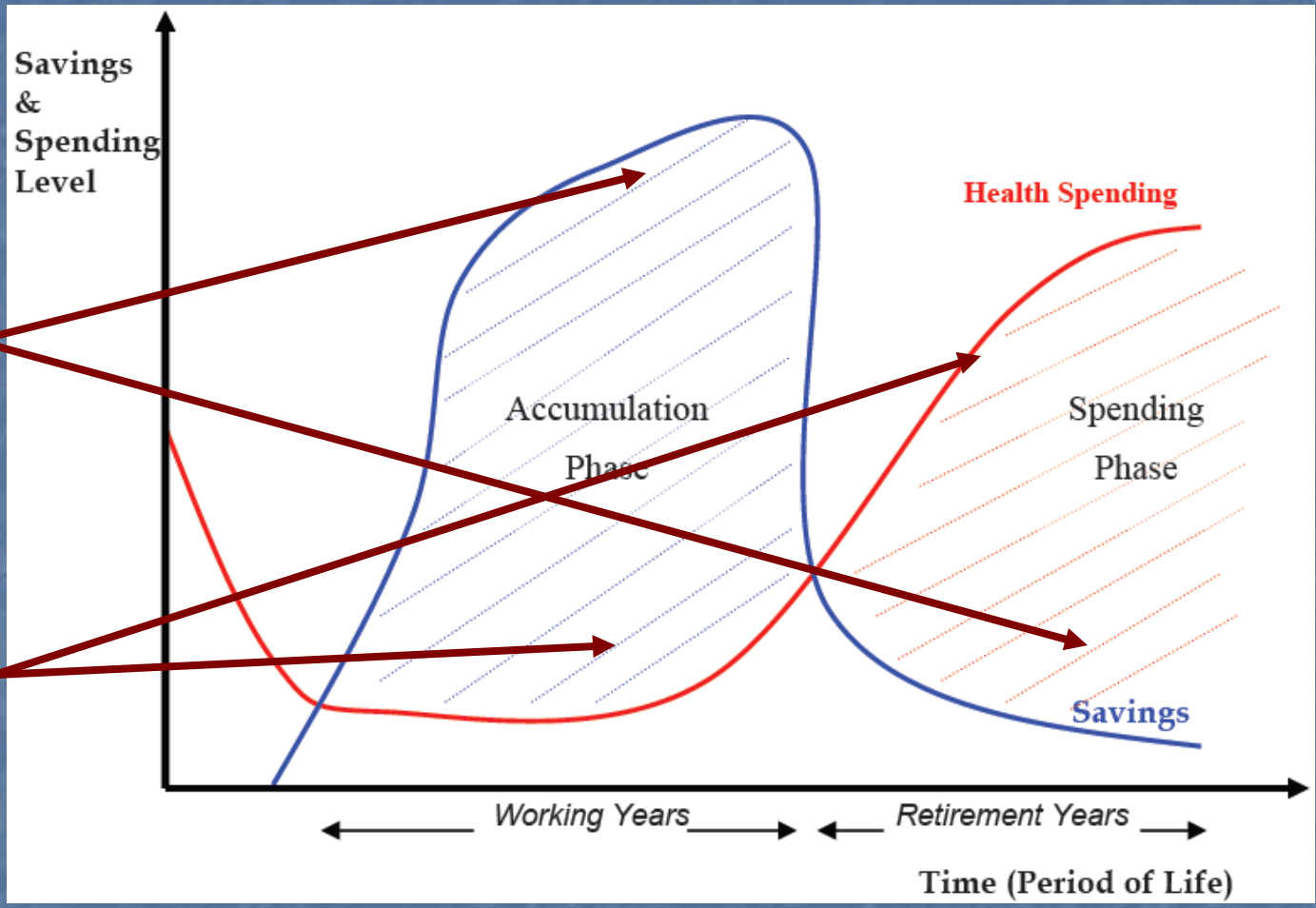
Personal responsibility

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

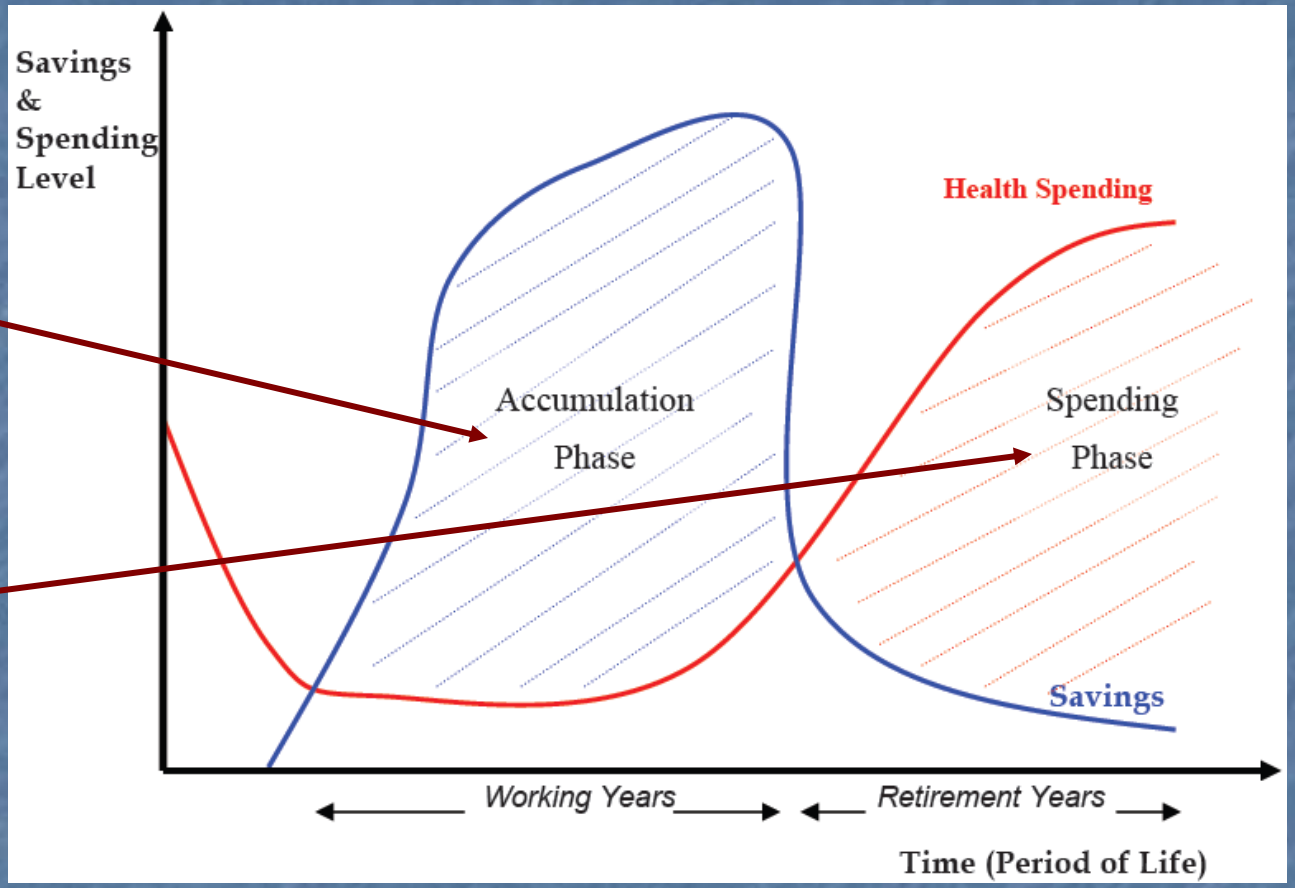
Health spending is higher in retirement years and is low in working years



Pooling over time, person's life-cycle saving capacity and health spending pattern

Accumulation Resources in good times

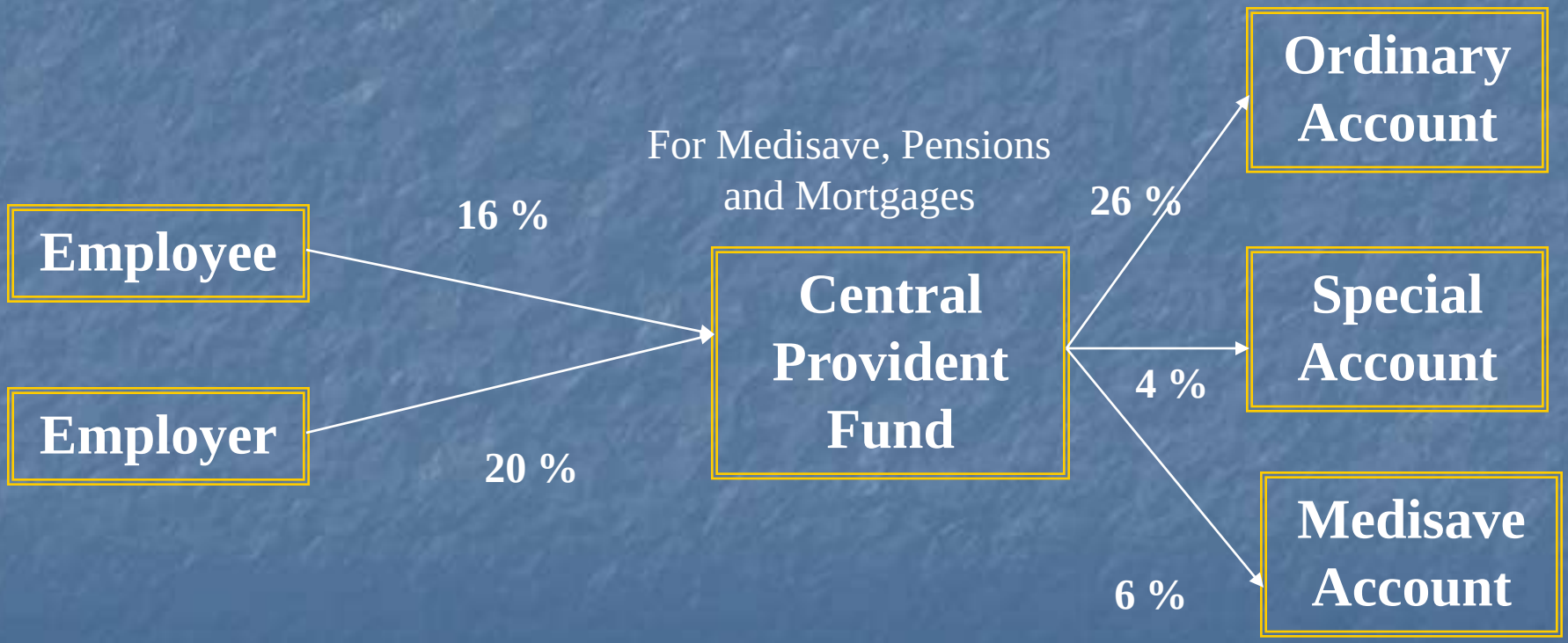
Spending in bad times



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

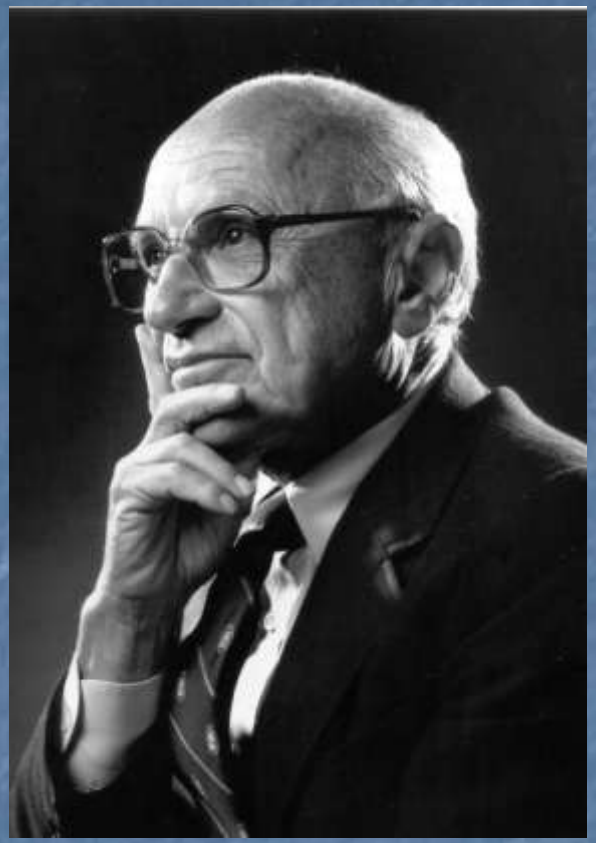
There is a maximum Medisave contribution ceiling for each age group.

Employee Age (years)	Contribution By Employer (% of wage)	Contribution By Employee (% of wage)	Total Contribution (% of wage)	Credited into (%)		
				Ordinary Account	Special Account	Medisave Account
35 & below	16	20	36	26	4	6
35 - 45	16	20	36	23	6	7
45 - 55	16	20	36	22	6	8
55 - 60	6	12.5	18.5	10.5	0	8
60 - 65	3.5	7.5	11	2.5	0	8.5
Above 65	3.5	5	8.5	0	0	8.5

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

Social Solidarity

Society Risk Pooling

The risk-pooling necessary to cover catastrophic costs

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

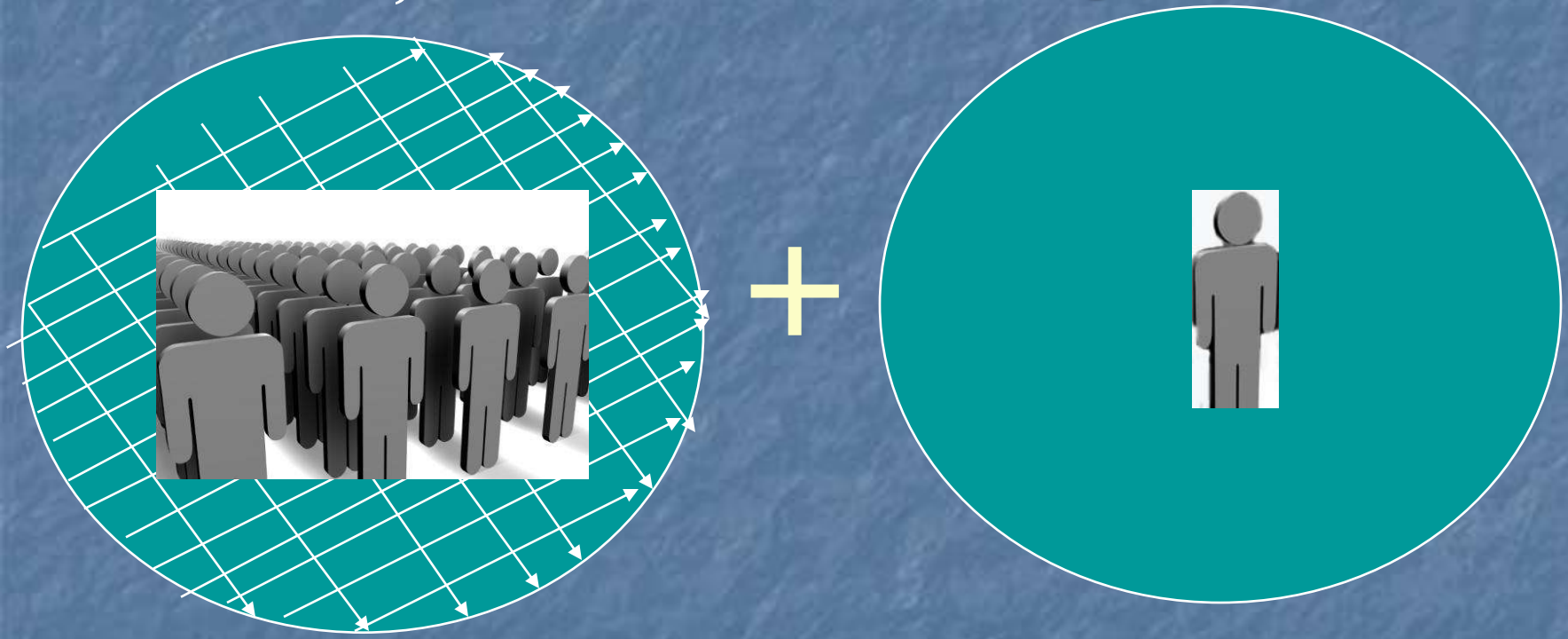
Every Medisave member is automatically enrolled

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

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

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

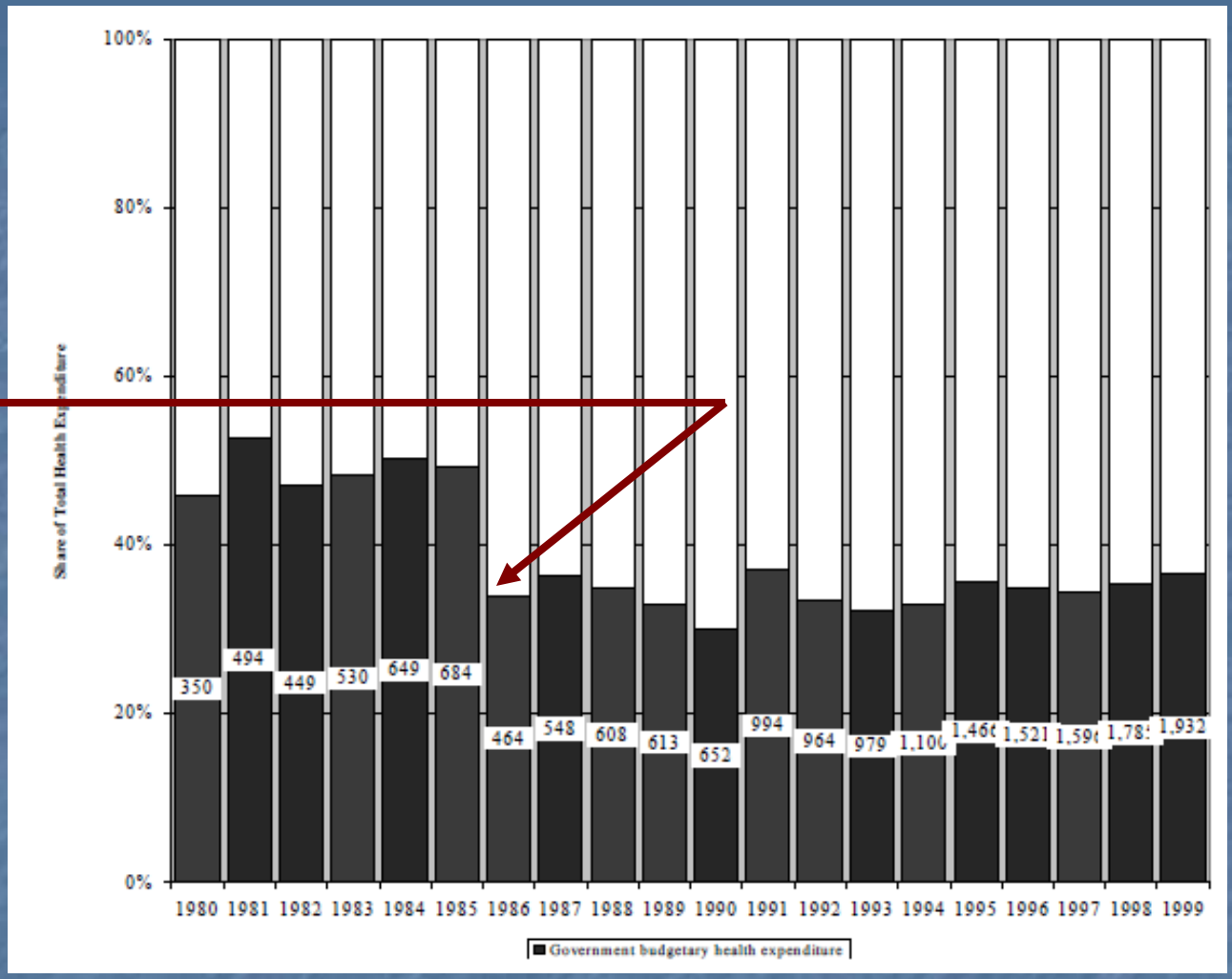
70 % of total government health expenditure was spent on services provided by public hospitals and institutions.

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)

Singapore The "3M" system & Plus

- 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

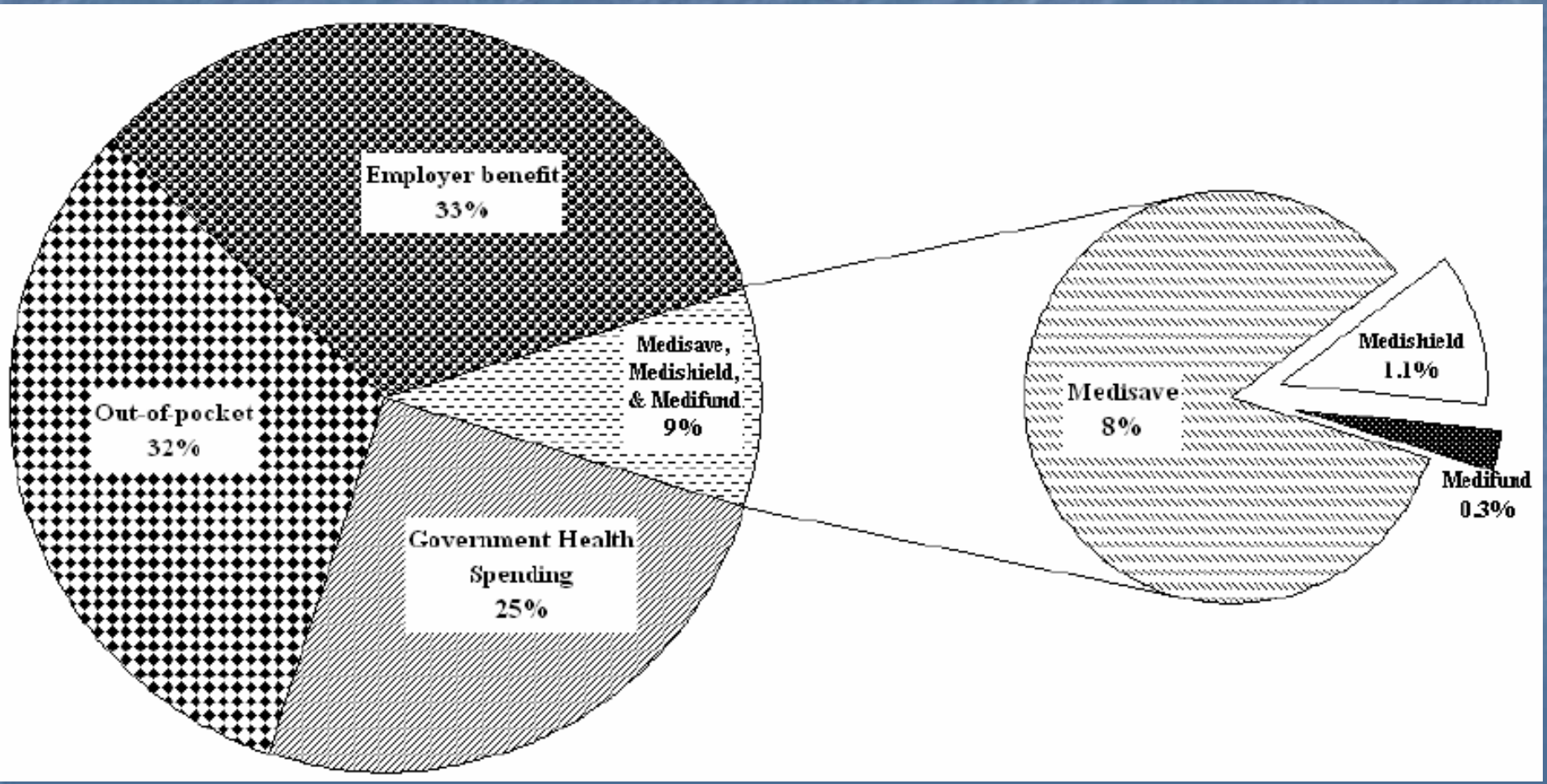
- ElderShield (2002): To provide financial protection for individuals suffering from severe disabilities

- 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

Singaporean Health Spending by Source, 1999

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.



Source: WHO, Geneva (National Health Accounts Team)

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

Health Care Provision
Public-Private mix

The government gives direct subsidies to government hospitals, polyclinics and some nursing homes.

	Primary Care	Hospital Care	% of inpatient beds
Public System	20 %	13	80 %
Private System	80 %	16	20 %

Singapore Hospitals
Ward Classes

Government provides differential subsidies for hospitalization fees depending upon the class of ward that patients choose

Class of Ward	Number to a Room	Subsidy	Air-Conditio-ning
A	1	0%	Yes
B1	4	20%	Yes
B2+	5	50%	Yes
B2	6	up to 60%	No
C	8	up to 80%	No

Is the positive experience of Singapore transferable to other countries?

Conclusion

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!

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