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SMOKLER CENTER FOR HEALTH POLICY RESEARCH

Public Opinion on the Level of Service and Performance of the Healthcare System in 2009 and in Comparison with Previous Years

Shuli Brammli-Greenberg ◆ Revital Gross
Yifat Ya'ir ◆ Eyal Akiva

This survey was funded with the assistance of
the Government of Israel, Clalit Health Services,
Maccabi Services, Leumit Health Fund
and Meuhedet Health Plan

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Executive Summary

Since 1995, the Myers-JDC-Brookdale Institute has conducted a biennial survey of the level and performance of services from the perspective of consumers. The latest survey was conducted at the end of 2009. It was based on a representative sample of Israel's adult population (age 22 and over). Respondents numbered 1,903 people with an 80% response rate. The following are the main findings of the survey as well as a comparison with the findings of the previous survey, conducted in 2007.[1]

A steering committee representing all the health plans, the Ministry of Health, the Ministry of Finance, the National Insurance Institute and consumer organizations provided important input throughout the study.

Trends in the Service Level of Israel's Health Plans

Satisfaction

- In general, the ***health plans maintained a high level of services****:* respondents reported a high level of satisfaction with their individual health plans (90% were satisfied or very satisfied, vs. 88% in 2007).
- The rates of satisfied and very satisfied insurees were 93% in Maccabi Health Services, 92% in the Meuhedet Health Plan, 91% in Leumit Health Services and 88% in Clalit Health Services. Unlike the findings of recent years, the gaps in satisfaction rates between the different plans seem to be narrowing.
- Note the ***significant increase in the rate of satisfied and very satisfied*** insurees ***of Leumit Health Services*** (from 86% in 2007 to 91% in 2009).
- The proportion of "very satisfied," insurees is, in our opinion, a more sensitive measure of changes in the system. For this measure, too, there were differences between the plans: 38% in Leumit, 37% in the Meuhedet, 35% in Maccabi, and 32% in Clalit.
- Note the ***considerable increase*** in the rate of ***very satisfied*** insurees of Clalit (from 20% in 2007 to 32% in 2009).
- In most ***areas of service*** of the plans (nine parameters) there was an increase in 2009 in the rate of ***very satisfied*** insurees: in the professional level of family doctors and specialists, the attitude of nurses and clerks, the ease of receipt of referrals and medication, laboratory services, selection of medications, and cleanliness and attractiveness of a plan's facilities. There was no change in the rate of satisfied insurees with the attitude of family doctors. The increase stems from the rise in the rate of very satisfied insurees in most areas of service at the Maccabi and Clalit health plans (on eight parameters).

[1] In the comparison of years and population, only statistically significant differences are represented ($p<0.05$) unless otherwise noted.

Level of Service

- ***The waiting time to see a specialist did not change significantly from 2007:*** 42% waited up to a week, 17% – one to two weeks, and 41% – more than two weeks. Note that 55% of those waiting more than two weeks characterized the waiting time as unreasonable.
- ***The waiting time at primary clinics decreased:*** 67% waited up to 15 minutes (compared with 63% in 2007) and 14% – more than half an hour (compared with 17% in 2007).
- The rate of respondents stating that "it was ***difficult/very difficult to receive medical treatment*** when I needed it" was 14%. The analysis by ***population group*** showed an increase in the rate of respondents reporting difficulty/much difficulty in receiving medical treatment: among Arabic-speakers (18% in 2009 vs. 13% in 2007), among low-income groups (12% in 2009 vs. 4% in 2007) and among the elderly (17% in 2009 vs. 11% in 2007).

Preventive Medicine

- The trend of increase since 1999 in the rate of ***mammograms*** for women aged 50+ continued: 70% had been tested in the previous two years vs. 66% in 2007. This change is not statistically significant. ***These findings are similar to the data of the National Quality Measures Program for Community Medicine in Israel***.[2] There was improvement among Russian-speaking women (72% in 2009 versus 59% in 2007), but a ***decrease*** among women from ***low-income groups*** (60% in 2009 vs. 77% in 2007).
- There was an increase in the rate of insurees who reportedly had checked their ***blood pressure*** in the previous six months (52% in 2009 vs. 48% in 2007). The analysis by ***population group*** showed an increase among the elderly (68% in 2009 vs. 61% in 2007) and the non-chronically ill (47% in 2009 vs. 41% in 2007).

Financial Burden

- There was an increase in the rate of respondents reporting that ***health costs were burdensome to a great extent*** (24% in 2009 vs. 22% in 2007) and a decrease in those reporting that they were not at all burdensome (21% in 2009 vs. 30% in 2007).
- A large proportion of respondents from ***low-income*** groups reported that ***health costs*** were a burden on the family (36%), as was true of the chronically ill (35%).
- There was a considerable increase in the rate reporting burdensome health costs on the family among ***Arabic-speakers*** (24% in 2009 vs. 12% in 2007).

Seeking Treatment Outside the Public System

- The rate of people turning to a ***private doctor*** in the 3 months preceding the survey remained unchanged (20%). Note that the percentage of people turning to ***alternative medicine*** in the

[2] According to the 2007data of the National Quality Measures Program, the rate of women aged 52-74 who had a mammogram for purposes of screening at a health plan was 61%. The difference may be explained by the fact that the survey data included women who had mammograms for purposes of diagnosis or follow-up, and also in private frameworks.

same 3 months (16%) approached the rate of those turning to private medicine. In 2009, young people and Hebrew-speakers turned more to private and alternative medicine.

- The rate of insurees carrying ***supplementary insurance*** among the adult population showed no significant change (81%). This rate remained relatively low among Arab-speakers (63%), and low-income groups (66%).
- Nonetheless, there was an increase in the rate of insurees carrying ***supplementary insurance*** among the Arab population in 2009 (63% vs. 53% in 2007) and the elderly (80% vs. 73% in 2007). Note that, for the first time, the rate of supplementary insurance holders among the elderly approached that of the general population.
- The rate of insurees carrying ***commercial insurance*** (35%) did not change significantly since 2007 although there was an increase in the rate carrying long-term care insurance (38% in 2009 vs. 33% in 2007).

Service Accessibility

- The survey examined problems of access related to payment, distance and administrative restrictions. We consider each in turn:

Forgoing Medical Treatment or Medication due to Cost

- No change was found in the rate of respondents reporting that they had ***gone without medical treatment*** (excluding dental care and medication) at least once due to cost (7%). About ***half*** of those who waived medical treatment did so with regard to a ***specialist; a third waived check-ups and other treatments provided in the basket of services***. In addition, some 10% waived services omitted from the basket (e.g., supplemental insurance services, alternative medicine or optical care). (The composition of services waived changed from 2007; then, a quarter of those waiving treatment had done so with regard to services omitted from the basket.)
- No change was found in the rate of respondents reporting that they had ***gone without a prescribed drug at least once in the preceding year*** (10% vs. 11% in 2007): about a third noted that they had gone without medication for a chronic illness. Some of those who went without medication (35%) said that they had taken alternative medication.
- We examined the rate of respondents reporting that they had ***gone without medical treatment or medication or both*** (14% in 2009 vs. 12% in 2007). The rate reportedly forgoing medical treatment and/or medication was high among low-income groups (22%) and the chronically ill (18%).
- ***Forgoing dental care due to cost***: 28% of the interviewees reported that they had waived dental care at least once in the year preceding the survey due to cost. The rate of respondents reporting that they had waived dental care was relatively high among low-income groups (38%) and the young (30%).

Foregoing Medical Care because of Distance

- There was no change in the rate reporting that they had ***foregone medical care because of distance*** (11%) at least once in the preceding year. However, the rate of ***chronically ill*** forgoing medical care due to distance rose (13% in 2009 vs. 9%. in 2007), as did the rate of ***Arabic-speakers*** (10% in 2009 vs. 4% in 2007).
- About half of those who waived medical care because of distance, waived a visit to a ***specialist***, and a quarter waived ***primary-care*** services; 11% waived services ***omitted from the basket***.
- In 2009, the rate of insurees foregoing medical care due to distance was relatively high among ***low-income*** groups (14%), ***women*** (13%) and the ***chronically ill*** (13%).

Health-Plan Administrative Restrictions

- About half of the respondents said that they had asked for ***referrals or vouchers***. Of these, 18% said they had obtained these from the health plan with effort or ***difficulty*** (no change from 2007).
- There was a significant rise among ***Arabic-speakers*** reporting the receipt of referrals or vouchers with effort or ***difficulty*** (26% in 2009 vs. 14% in 2007).
- In 2009, at ***Clalit*** and ***Maccabi,*** a relatively high rate received referrals or vouchers with effort or difficulty (22% and 21% respectively) as opposed to ***Leumit*** (16%) and ***Meuhedet*** (10%).

Primary Care

- 83% of the interviewees reported seeing a family physician in the year preceding the survey. As expected, the rate of visits was higher among the elderly (94%), the chronically ill (94%), and women (85%).
- 14% of those who had seen a ***family physician*** in the year preceding the survey responded that at their last visit, they had ***not received adequate explanation*** about their medical condition and the treatment (vs. 17% in 2007). However, the rate of respondents reporting thus with regard to a ***specialist*** dropped (14% in 2009 vs. 18% in 2007).
- 42% of the respondents reported the ***absence of a coordinating physician*** for all the medical information on their treatment. About a third of the chronically ill and elderly responded that they had no physician fulfilling this function.

Treatment of Mental Distress in Primary Care

- ***Extent of mental distress:*** 23% of the adult population reported suffering from mental distress and finding it hard to cope on their own in the year preceding the survey (no significant change from 2007).
- High rates of mental distress were found especially among the ***chronically ill*** (36%), the ***elderly*** (29%), ***low-income groups*** (27%), and ***women*** (29%).
- ***The extent of detection of mental distress remained low.*** Only 16% of the general population replied affirmatively to the question: "In the past year, did your family physician ask you or

talk to you about mental distress, depression, moods, fatigue, emotional problems, problems of concentration and so forth?" Only 36% of those suffering from mental distress in the preceding year reported that their family physician had spoken to them about it.

Health Characteristics of the Population, by Health Plan

- The rate reporting ***"moderate" or "poor" health*** was high among Leumit insurees (36%) vs. insurees of Clalit (26%), Maccabi (23%) and Meuhedet (19%).
- The rate reporting ***mental distress in the year preceding the survey*** was high among insurees of Leumit (31%) vs. insurees of Clalit (23%), Maccabi (22%) and Meuhedet (19%).
- The rate reporting ***chronic illness*** was high among insurees of Clalit (34%), and Leumit (32%), vs. the rate of insurees of Maccabi and Meuhedet (26%).

Management of Treatment with Medication

- Most of the respondents (62%) said that in the year preceding the survey, they had ***required some medication*** (whether prescription or otherwise).
- 40% of the respondents said that in the year preceding the survey, they had taken ***prescription drugs*** regularly (i.e., daily for at least a month). Another 5% said they had taken ***non-prescription drugs*** regularly.
- There was no significant change in the rate reporting that in the year preceding the survey, a physician had ***reviewed*** with them the list of ***medications*** they take (54% in 2009 vs. 57% in 2007).
- There was significant improvement in the response to the question: ***"Did a doctor adequately explain to you the medications that you take?"*** Of those who took medication in 2009, 76% replied in the affirmative vs. 62% in 2007. There was improvement also among those taking medication regularly: 79% replied affirmatively vs. 71% in 2007.
- There was a rise in the rate reporting that they had ***stopped taking medication or changed the dosage*** of their own accord without consulting a physician (16% in 2009 vs. 12% in 2007). Insurees of Maccabi and Leumit, and insurees from local-income groups did so more often than others.

Assessing the Performance of the Healthcare System

Respondents were asked to note their ***assessment*** of the performance of the healthcare system by choosing one of the following statements: "The healthcare system works well, it needs only minor change"; "It needs basic change"; "It should be rebuilt from scratch." Their responses revealed the following:

- 44% said that the system works quite well and only minor changes are needed to improve it
- 48% said that there were several good things but that basic change is needed to improve it
- 8% said that the healthcare system is so problematic that it should be rebuilt from scratch

- A higher proportion of insurees from low-income groups said that the system should be rebuilt from scratch (11%).

Summary

It is worth examining the significance of the survey findings against the background of general developments in the economy and the health sector. The data on perceived financial burden may be understood against economic trends. The economy had been at a slowdown since 2008 because of the world economic crisis.[3] Concomitantly, to support the health plans in this period, a government plan was implemented in 2008-09 that went beyond adjustments to the basket of services. The plan was implemented at Clalit, Maccabi and Meuhedet; Leumit has not yet signed a stabilization agreement.

The data of the survey indicate improvement on most of the measures of quality examined at the health plans. The data should be reviewed alongside an examination of the burden of payments and difficulty of access for more vulnerable populations, especially the chronically ill and low-income groups.

We hope that the findings will help the health plans and healthcare system as a whole continue to improve services.

A detailed summary of the findings of the report has been widely distributed and presented to the Deputy Minister of Health, the health plan administrations and the Ministry of Health.

The survey was funded with the assistance of the Government of Israel, Clalit Health Services, Maccabi Services, Leumit Health Services and Meuhedet Health Plan.

[3] Ministry of Finance, ***General Survey for 2009 Budget Proposal***; Report of the Bank of Israel, 2009, ***Economic Developments in Recent Months***.

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