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Public Opinion on the Level of Services and Performance of the Healthcare System in 2016

Shuli Brammli-Greenberg Tamar Medina-Artom Alexey Belinsky
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The study was funded with the assistance of the Government of Israel, Clalit, Maccabi Healthcare Services, Leumit Health Services and the Meuhedet Health Plan

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RESEARCH REPORT

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Editor: Raya Cohen
English translation (abstract and executive summary): Naomi Halsted
Graphic design: Anat Perko-Toledano

Myers-JDC-Brookdale Institute
P.O.B. 3886
9103702 Jerusalem, Israel

Tel: (02) 655-7400
Fax: (02) 561-2391

Website: brookdale.jdc.org.il
e-mail: brook@jdc.org.il

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Abstract

Background

Since the National Health Insurance Law came into effect in 1995, MJB has conducted a series of biennial surveys to monitor public opinion about the level of services and the performance of the health system. The study was launched at the request of the Ministry of Health and is accompanied by a steering committee that includes representatives from all the health plans, the Ministry of Health (MOH), the Ministry of Finance (MOF) and the National Insurance Institute (NII), as well as from academia and consumer organizations.

Goals

To provide up-to-date information about the performance of the health system and to examine the impact of changes in policy and the quality of services from the consumers' perspective.

Methodology

The data were collected in a telephone survey using a questionnaire that included a series of fixed measures from previous survey years and a selection of questions that change from year to year, in keeping with the emphases determined this year by the MOH and the steering committee.

The survey population comprised residents of Israel aged 22+ at the time of the survey. The sampling was conducted by an external sampling company (Data-Media). In order to ensure a representative sample of all population groups in Israel, the sampling was conducted by hierarchical strata by origin, Arab or Jewish, and by ownership of mobile phone or landline.

Statistical processing was conducted using the IBM-SPSS Statistics version 20 software. Since the survey was based on stratified sampling, the process used the SPSS's Complex Samples Procedure.

A total of 2,513 respondents were interviewed in three languages (Hebrew, Arabic and Russian) and the response rate was 68%. The characteristics of the sample were close to those of the population in the data of the Central Bureau of Statistics, the MOH, and the NII. The data were weighted by age in order to achieve an accurate representation of the different age cohorts.

Findings

In general, the survey data show a complex picture of the Israeli public's experience of the health system: 89% of the general population reported that they were satisfied or very satisfied with their health plan; 63% gave similar responses about the health system as a whole. On the other hand, just 44% said they were confident or very confident that in the event of serious illness they would get the best and most effective treatment and only 31% noted that they could afford the treatment they needed.

Executive Summary

Since the National Health Insurance Law came into effect in 1995, MJB has conducted a series of biennial surveys to monitor public opinion about the level of services and the performance of the health system. The study was launched at the request of the Ministry of Health and is accompanied by a steering committee that includes representatives from all the health plans, the Ministry of Health (MOH), the Ministry of Finance (MOF) and the National Insurance Institute (NII), as well as from academia and consumer organizations. The goal is to provide up-to-date information about the performance of the health system and to examine the impact of changes in policy and the quality of services from the consumers' perspective.

The surveys are conducted among a representative sample of the adult population in Israel (age 22+). This report presents the main findings from the survey conducted from August to December 2016.

The 2016 survey was conducted in the wake of a period characterized by a continuing increase in the health plan deficits, an increase in the amount of switching among the health plans, and an increase in the number of inquiries submitted to the Public Complaints Commission:

1. The year before the survey, the health plans ended their financial year with a deficit. There were two main reasons for the growing cumulative deficit: 1. An increase in the amount of deficit without subsidies. The increase was mainly due to an increased deficit at Maccabi Healthcare Services; 2. A decrease in the amount of subsidies for the health plans. The subsidies for Maccabi were significantly lower than in 2014. In addition, the mental health reform came into effect in 2015, which affected the income and expenditure of the health plans, although it is unclear whether the expenditure exceeded the income or vice versa.
2. In 2015, there was a greater amount of switching among the health plans than in the previous year (1.72% in 2015, 1.71% in 2014), a substantial proportion via the internet – a widespread trend in recent years. There were differences in the rates of switching among the health plans by background variables including age, socioeconomic status of the localities where respondents live, and the health plan of which they were members before they switched to another.
3. The Public Complaints Commission under the National Health Insurance Law received 8% more inquiries than in the previous year, half of them concerning switching among the health plans. Note that evidently the complaints rate differs from one health plan to another. The main subject of the complaints against the health plans concerned the basket of services (e.g., requests for medication not included in the basket, amount of co-payment for medication in the basket, eligibility for rehabilitation treatment during hospitalization, etc.).

For the purposes of the research project, a series of regular measures has been developed and used in the surveys over the years to monitor trends over time. In each survey, the research team and steering committee have chosen topics currently on the public agenda. So in 2016, the study questionnaire included the following **regular** measures that monitor trends over time: Satisfaction with the level of service; primary and secondary medicine; evaluation of the

performance of the health service; confidence in the system; possibility of choosing service providers; seeking care in the private system; and medication. That year, the following **specific** topics were also examined: Preferences regarding hospitalization and surgery and the source of funding for them; accessibility of services and barriers associated with cost and distance; patient's experience of their encounter with the health system in hospitals and in the community; emergency medical treatment (emergency room and emergency centers in the community, such as Terem); the importance of being able to choose a hospital and surgeon; the use of online medicine (for medical enquiries and lab results); and the need for mental health services.

This report presents the main findings on selected topics. Further reports addressing topics examined in the survey that are not included in this report were produced separately.

Main Findings

- **On the whole, the survey presents a complex picture of the public experience as expressed in two measures: satisfaction with the health plans and the health system, and respondents' confidence that they will receive help in the event of serious illness:**

  On the one hand, the level of satisfaction with the health plans and the health system remains high: 89% are satisfied ("satisfied" or "very satisfied") with the **health plan services** and 63% are satisfied with the **health system**.

  On the other hand, the respondents expressed very low levels of confidence that they would receive the best and most effective treatment in the event of serious illness and in their own ability to afford the treatment required for a serious illness: 44% expressed confidence (were "confident" or "very confident") that they would receive the best and most effective treatment, and 31% expressed confidence in their ability to afford the treatment needed.

  Examination of the respondents' level of confidence that they would receive assistance from specific service providers in the event of serious illness revealed that 44% were confident that they would receive the assistance from the **health plans**, 47% responded the same with regard to **public hospitals**, and 42% with regard to **insurance companies**.

- **Satisfaction with the health plan and confidence about receiving treatment**:
  A relatively high percentage of members of Maccabi reported satisfaction with the health plan as a whole: 94% reported they were satisfied ("satisfied" or "very satisfied") with the **health plan's services**, compared with an average of 88% among members of the other plans.

  A relatively high proportion of members of Clalit expressed confidence that they would receive help from the health plan in the event of serious illness (48% vs. 41%, 41% and 36% at Maccabi, Leumit, and Meuhedet, respectively). Members of Maccabi reported a relatively low rate of confidence (38%) that they would receive help from **public hospitals** (vs. 51%, 50%, and 48% at Meuhedet, Clalit, and Leumit, respectively).

Among respondents aged 65+, there was a high percentage of satisfied or very satisfied members of Maccabi (92%) and of Meuhedet (90%), relative to the other health plans. And the percentage of respondents reporting that they were confident they would receive help from their health plan in the event of serious illness was relatively high among members of Leumit Health Services (53%) and Clalit (53%).

- **Satisfaction with the health plan services**:
  The highest rate of "very satisfied" respondents was for the attitude of the family physician (55%) and the professionalism of the family physician (47%). Forty-eight percent were very satisfied with the attitude of the nurses, 43% with the laboratory services, 42% for the ease of obtaining medication, 38% for the ease of obtaining referrals and tests, and 34% for the professionalism of the specialist physicians. Altogether 37% were very satisfied with their health plan in general.

- **Satisfaction with the health plan's online service:**
  Altogether, 42% reported that they had read personal medical information on their health plan's website during the two years prior to the survey: 59% of Maccabi members, 38% of Clalit members, 33% of Leumit members, and 32% of Meuhedet members.

  About one-fifth reported that they had contacted their family physician via the health plan website or online services: 37% of Maccabi members, 16% of Clalit members, 13% of Leumit members, and 5% of Meuhedet members.

  Thirty-six percent of the respondents reported that they were very satisfied with the possibility of making medical arrangements online: 45% of Maccabi members, 34% of Clalit members, and 26% of Meuhedet and Leumit members.

- **Switching among the health plans:**
  Seven percent reported that they had changed their health plan in the five previous years. The main reasons for switching were: The deployment of services and the possibilities of choosing a service provider, the quality of care, the family physician, and the wish to belong to the same health plan as the rest of the family.

  Fourteen percent reported that they had thought about changing health plan in the previous five years, but decided not to. The main reasons for not switching were bureaucracy, wanting to stay with the same family physician or with other family members, and the fear that their rights would be harmed or that the health plan they wished to move to would not accept them.

- **Contact with the family physician in the year prior to the survey:**
  Most of the respondents (89%) had contacted their family physician in the year prior to the survey. Thirty-five percent reported that their most recent visit was for the purpose of documentation (with no need for a medical examination).

Differences were found by age: about half of those aged 65+ who saw their physicians noted that it was for the purpose of obtaining documents and filling out forms (vs. 34% of those aged 45-64 and 30% of those aged 22-34).

- **Visit to specialist in three months prior to survey:**
  Forty-five percent of the respondents reported that they had seen a specialist through the health plan within the three months prior to the survey. While the percentage remains similar to that in 2014, the percentage of visits to private specialists declined from 26% to 19%. About half of those who contacted a private specialist also contacted a specialist through the health plan.

- **Waiting times for appointment for specialist:**
  Differences were found by age: 24% of those aged 65+ who saw specialists reported that they had waited more than a month, compared with 26% of those aged 45-64, and 20% of those aged 22-44.

  The shortest waiting time to see a specialist nationwide was found among members of Meuhedet: the percentage of those waiting up to two weeks at Meuhedet was the highest (66%, vs. an average of 52% at the other health plans) and at the same time, the percentage of those waiting for more than a month was lowest at Meuhedet (21% vs. an average of 26% at the other health plans).

- **Forgoing medical treatment due to waiting time:**
  Twenty-seven percent of the respondents reported that they went without medical care in the year prior to the survey due to the waiting time. The percentage is remarkably high given the equivalent figures for 2014 and 2012 (11% and 12%, respectively).

  Approximately 70% of those who reported forgoing treatment noted that they went without seeing a specialist and 28% went to a private physician (compared with 15% of those who went without medical treatment).

- **Forgoing medical treatment or medication due to cost:**
  Seven percent reported that they went without medical treatment due to the cost and 5% reported that they went without prescription medication due to the cost. Altogether, 9% went without medical treatment or prescription medication due to the cost (a slight decline from 11% in 2014).

- **Forgoing medical treatment due to distance:**
  Out of the whole population, 10% reported that they had gone without medical treatment due to the distance. Respondents in the 22-64 age group went without treatment more than those aged 65+ (11% vs. 6%, respectively). No statistically significant differences were found by health plan or gender.

- **Forgoing medical treatment and lack of confidence in the system:**
  Among the respondents who reported forgoing treatment due to the waiting time, 70% said that they were not confident or not altogether confident that they would receive the

best treatment, and 77% said they were not altogether confident or not at all confident that they could afford the treatment.

Among those who reported forgoing medical treatment or prescription medication because of the cost, there were more reports about lack of confidence ("not altogether confident" or "not at all confident") – 77% expressed a lack of confidence that they would receive the best treatment and 92% noted that they were not confident that they could afford the treatment.

- **Forgoing dental care due to cost:**
  There was a substantial decline in the percentage of those reporting they had gone without dental care for themselves or a family member because of the cost (from 25% in 2014 to 18% in 2016). The greatest decline was in the Jerusalem District[1] (from 41% in 2014 to 27% in 2016), although this district still has the highest rate of forgoing dental care.

  Those who went without treatment reported that it was mainly for root canal treatment or crowns (27%), implants (22%), and for general check-ups or hygienist treatment (20%).

- **Connection between forgoing medical treatment, income, and chronic illness**:
  A higher rate of forgoing treatment or medication was found among respondents in the lowest income quintile, the reason being cost, than among respondents with higher incomes (14% vs. 8%, respectively), as well as going without dental care due to the cost (31% vs. 16%, respectively).

  In contrast, those in the lowest income quintile reported a lower rate of forgoing treatment due to waiting times for an appointment than those in higher quintiles (20% vs. 29%, respectively). This may have to do with the ability to afford a private physician.

  No differences were found by income with regard to forgoing treatment due to distance.

  Among respondents with chronic illnesses, there was a higher percentage of patients forgoing treatment or medication due to the cost than among healthy respondents (12% vs. 8%) and a higher percentage of forgoing dental care due to the cost (22% vs. 17%). No differences were found by chronic illness for forgoing a service due to distance or waiting times.

  In 2016, there was a decline compared with 2014 in the rate of chronic patients who went without treatment or medication because of the cost (12% vs. 15%) and the rate of chronic patients who went without dental care because of the cost (22% vs. 26%).

[1] Throughout the report, the term "district" refers to the Ministry of the Interior districts.

- **Emergency medicine:**
  This year, for the first time, respondents were asked about visits to emergency medicine centers in the community and hospitals.

  Altogether, 21% reported visiting an emergency center in the community in the previous year (of the health plan or a center such as Terem); 27% noted they had been to the emergency room (8% had been to both a center in the community and the emergency room).

  Seventy-eight percent of those who had visited emergency medicine centers expressed satisfaction with the treatment at the center in the community: 84% of members of Leumit, 77% of members of Clalit and Maccabi, and 74% of members of Meuhedet.

  Satisfaction with treatment in the emergency room was lower: 61% of those who had been to emergency rooms were satisfied. No difference was found by health plan.

- **Rate of ownership of voluntary health insurance (supplemental or commercial)**:[2]
  Eighty-four percent reported that they had some form of supplemental insurance and 57% that they had some form of commercial insurance (a moderate increase over 54% in 2014). Altogether, 52% have both commercial and supplemental insurance, 32% have supplemental only, 5% have only commercial, and only 11% have no voluntary insurance at all.

  Among the respondents who saw a private physician, the rate of voluntary insurance ownership was higher: 67% of them had both supplemental and commercial insurance, 25% only supplemental, 3% only commercial, and 5% of those who went to a private physician had no voluntary insurance at all.

  Among the owners of commercial insurance, 53% reported that they had a group policy, 40% an individual policy, and 7% both group and individual policies. Among those with individual policies, 30% reported having more than one policy.

  Altogether, in terms of the whole population, 1 in 2 people have both commercial and supplemental and 1 in 9 have more than one commercial insurance.

- **Discreet informal payment in order to receive preferential health services**:
  This year, we asked the respondents if they had felt the need to make a discreet, informal payment in order to receive preferential health services over the previous five years. Six percent said yes and 1% refused to answer the question.

  The question was put to the whole population and not only those who regularly encounter the health system. It can be assumed that the figure is higher among those who frequently encounter the system. According to a multivariate analysis and having controlled for background characteristics, we found that individuals who underwent

[2] Note that the figures are for the adult population aged 22+.

surgery have a 2.2 greater chance than others of reporting that they felt the need to make an informal payment.

A statistically significant difference was found by district: Among those in the Jerusalem District, 9% reported such a need, compared with 6% in Haifa and the North, 4.5% in Tel Aviv and the Center, and 4% in the South.

Conclusion

In general, the survey data show a complex picture of the Israeli public's experience of the health system. The complexity is reflected in the general level of satisfaction with the services of the health plans and the health system: On the one hand, satisfaction remains high. On the other, the level of patients' confidence that they will receive assistance in the event of serious illness is low. The data indicate a connection between forgoing medical treatment and lack of confidence in the system in the event of serious illness. The complex picture of the health system in Israel is also reflected in the differences among the health plans in some of the measures we examined.

The study findings are helping the health plans and the Israeli health system as a whole to improve the level of services and the patients' experience of the health system.