

# Using Patient Experiences to Improve the Health Care System in Israel

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## Types of information from patient surveys

- **Reports:** on process of care (e.g. waiting times, referrals, receipt of explanations); some outcomes (e.g. symptoms, pain)
- **Evaluations:** satisfaction from process of care, outcome of care, providers, health system; attitudes toward policies
- **Preferences; needs; knowledge**

Source: Kaplan & Ware 1999

# Using information from patient surveys to improve health care

- **Medical staff (physicians, nurses)**
  - Feedback on care (reports, evaluations)
  - Comparative performance
- **Provider organization services (sick fund)**
  - Feedback on services (reports, evaluations)
  - Comparative performance (by provider; population, area)
  - Preferences, needs, knowledge
- **Ministry of health**
  - Comparative performance (by provider; population, area)
  - Preferences, needs, knowledge, satisfaction with system
  - Attitudes towards policy

# The Brookdale Periodic Surveys

- **Objective:** to monitor the performance of the health system and provide information for improving services and policy making
- **Background:** in 1995 the National Health Insurance Law came into effect; concerns regarding its effect on quality of services, access to care, equity and financial burden on the population

# Survey Methodology

- National telephone survey among a representative sample of about 1,800 adult residents; conducted every two years 1995-2009 (above 80% response rate)
- Structured questionnaire administered in Hebrew, Arabic, and Russian; core questions and changing questions
- Indicators compared overtime, among sick funds and population groups

## Dissemination of Findings: Key Principles

- Periodic survey with same core questions + new questions to address current policy issues
- Steering committee with all stakeholders: sick funds, MOH, MOF, patient associations
  - help in focusing on current issues; help in interpreting findings; agents for dissemination
- Large exposure to findings in the media
- Oral presentation to Minister of Health, parliament committees, top management forums
- Summary and detailed report sent to key decision makers and put on website

# **Example of Findings and Their Impact**

**Satisfaction**

**Access/equity**

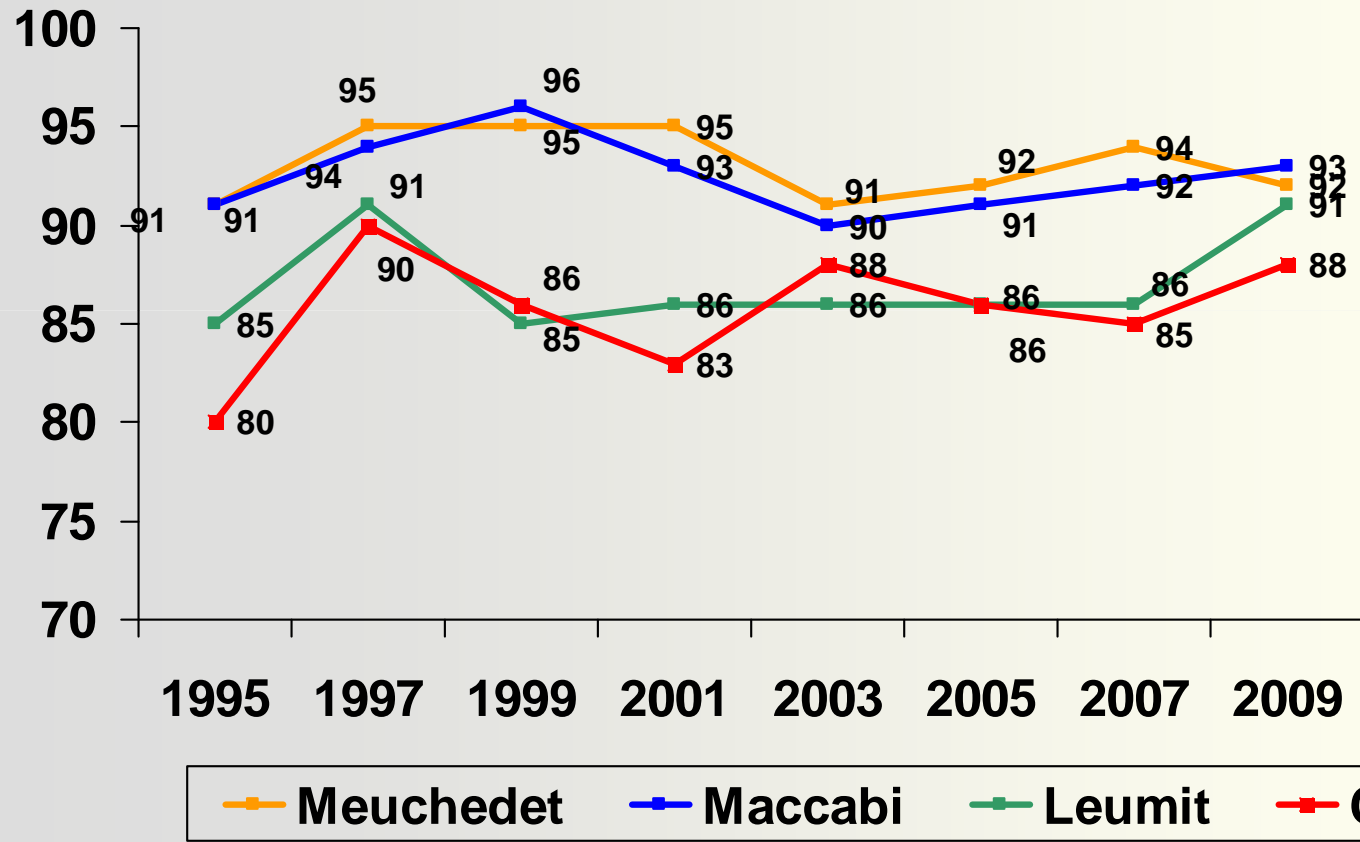
**Financial barriers**

**Knowledge**

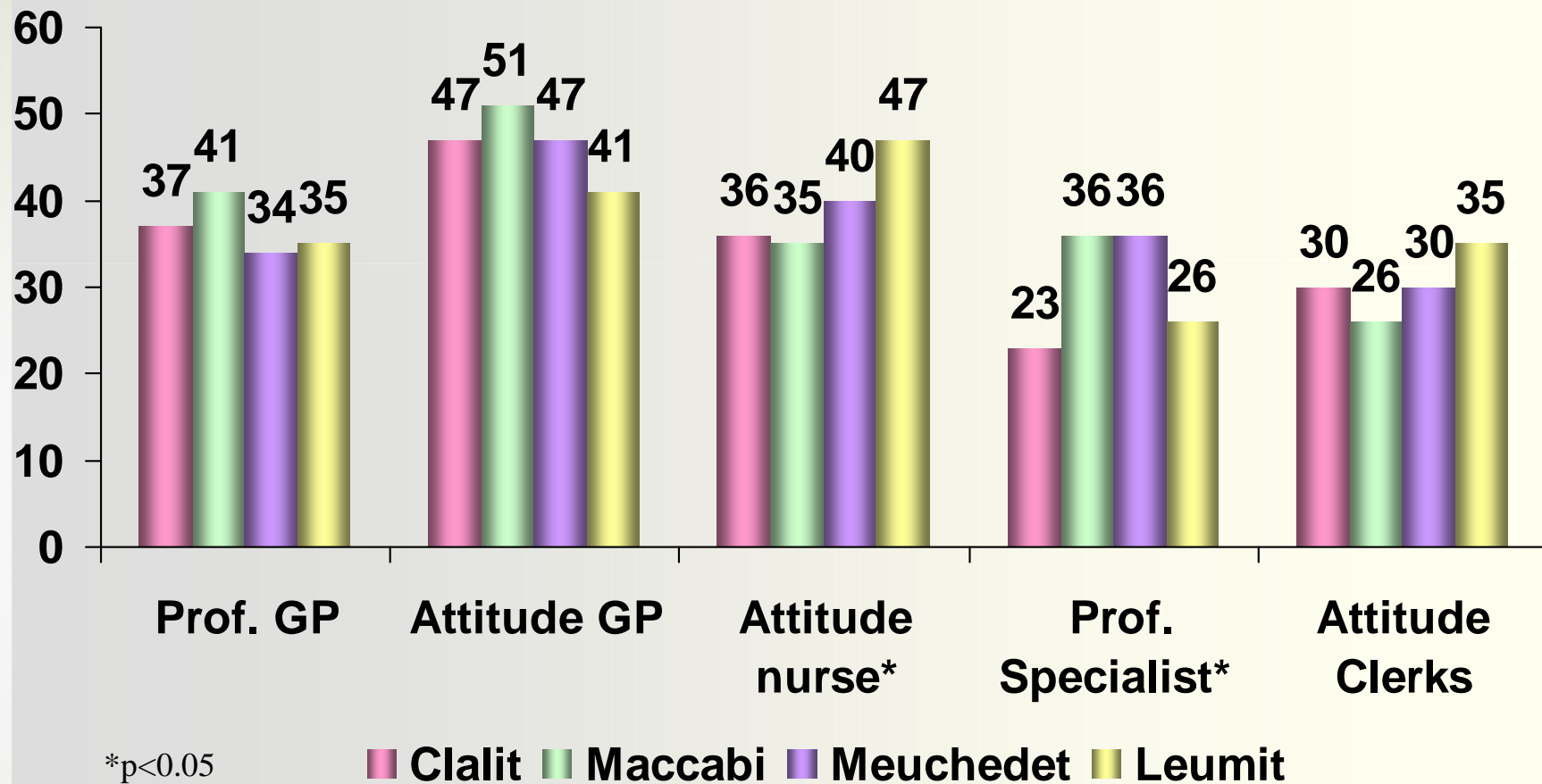
**Mental Health Care**

# Satisfaction with Sick Fund Services

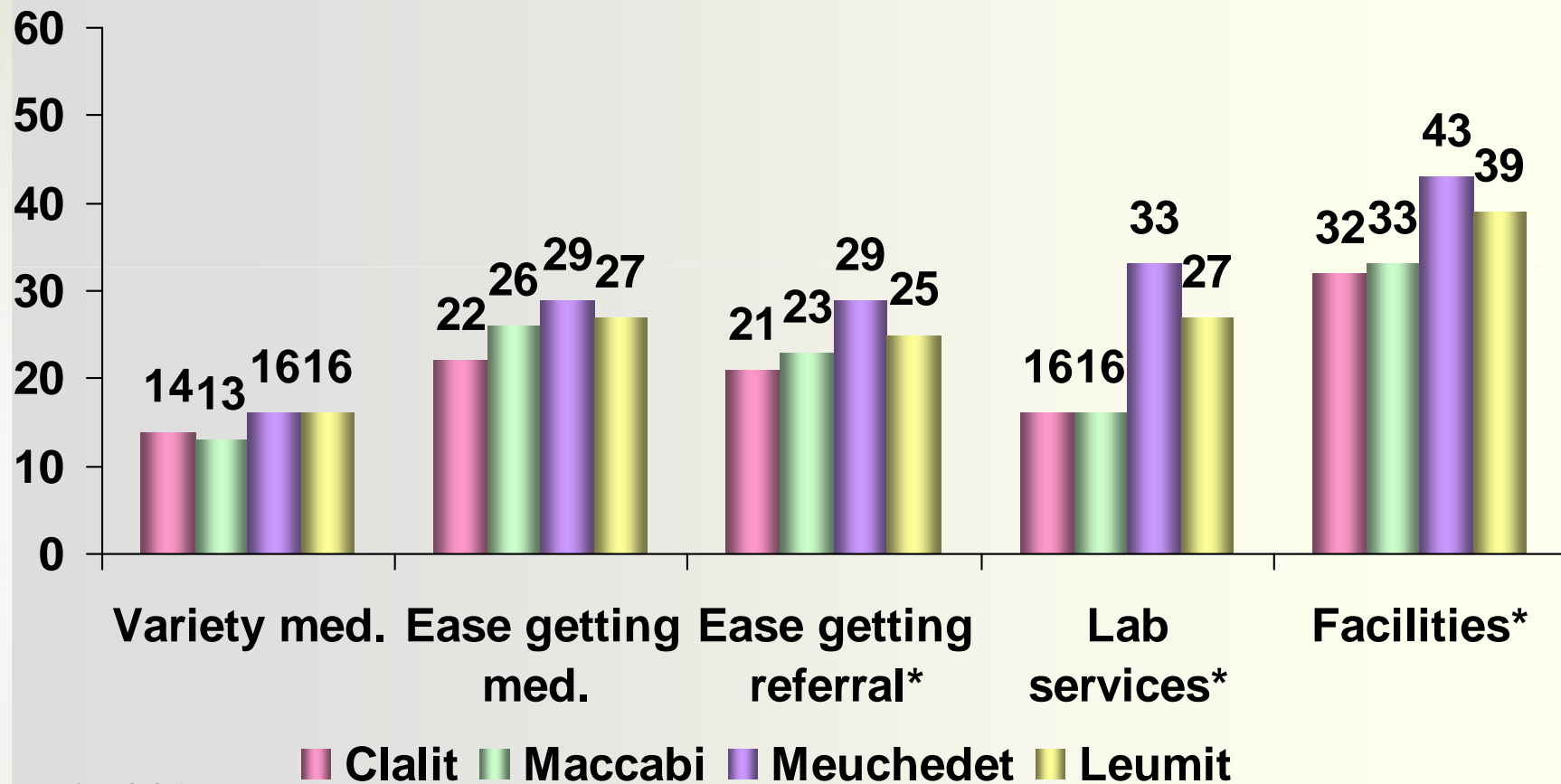
(% satisfied/very satisfied)



# Satisfaction by Service and Sick Fund 2007, (% very satisfied)



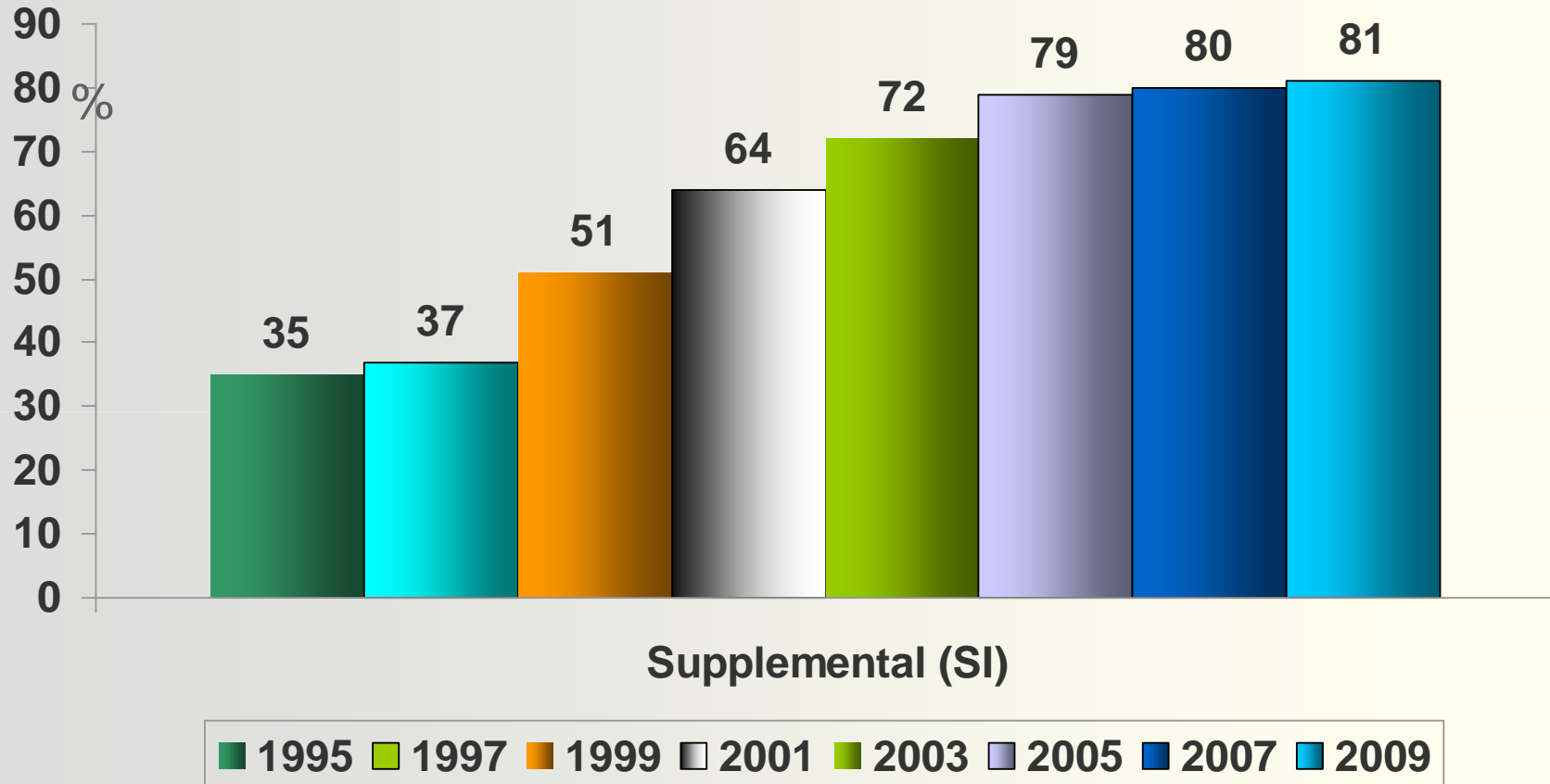
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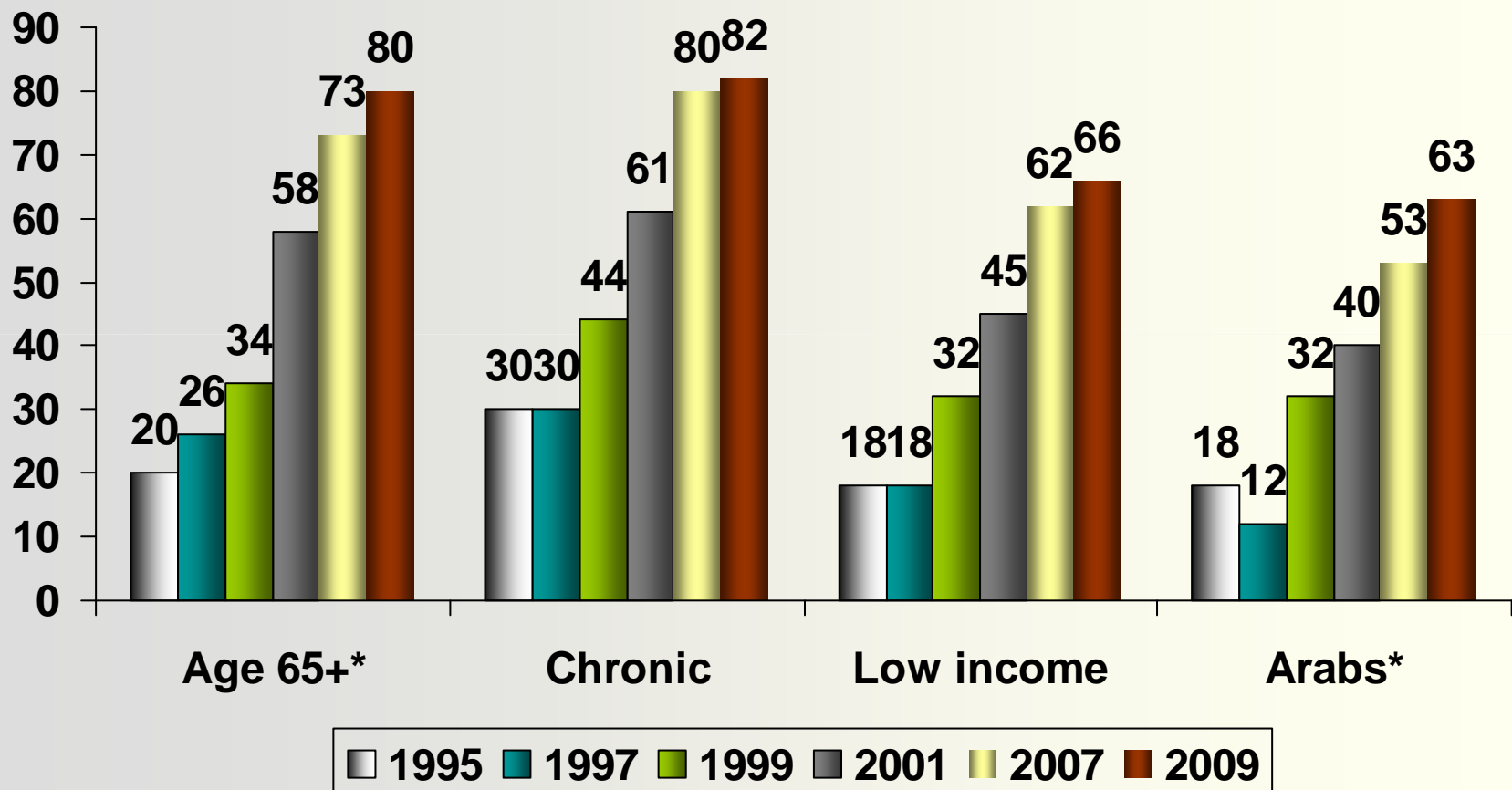
# Impact of Data - Micro & Macro

- Data is published and creates an incentive for sick funds to improve services
  - Expressed in meetings; cite data in advertisements
  - Improvement cycle
- Data used by MOH to monitor system
  - Published in MOH publications on performance of the system (quality indicator); used to fight budget cuts
- Data used by MOF to justify budgetary cuts
  - Cited by MOF to show that budget restrictions do not significantly affect public satisfaction

# Private Insurance Ownership



# Ownership of Supplemental Insurance by Population Group

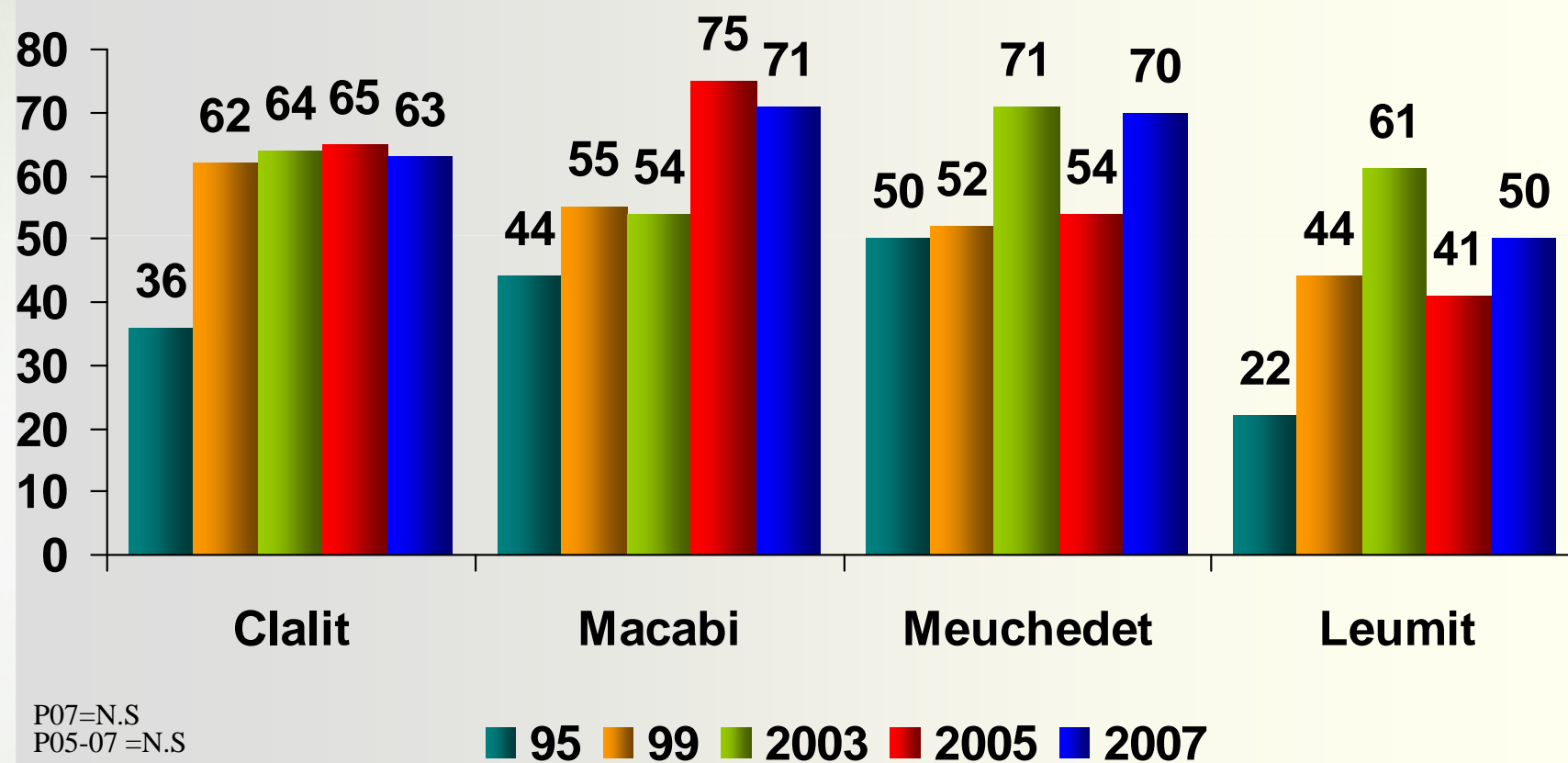


$P_{07-09} < 0.05$

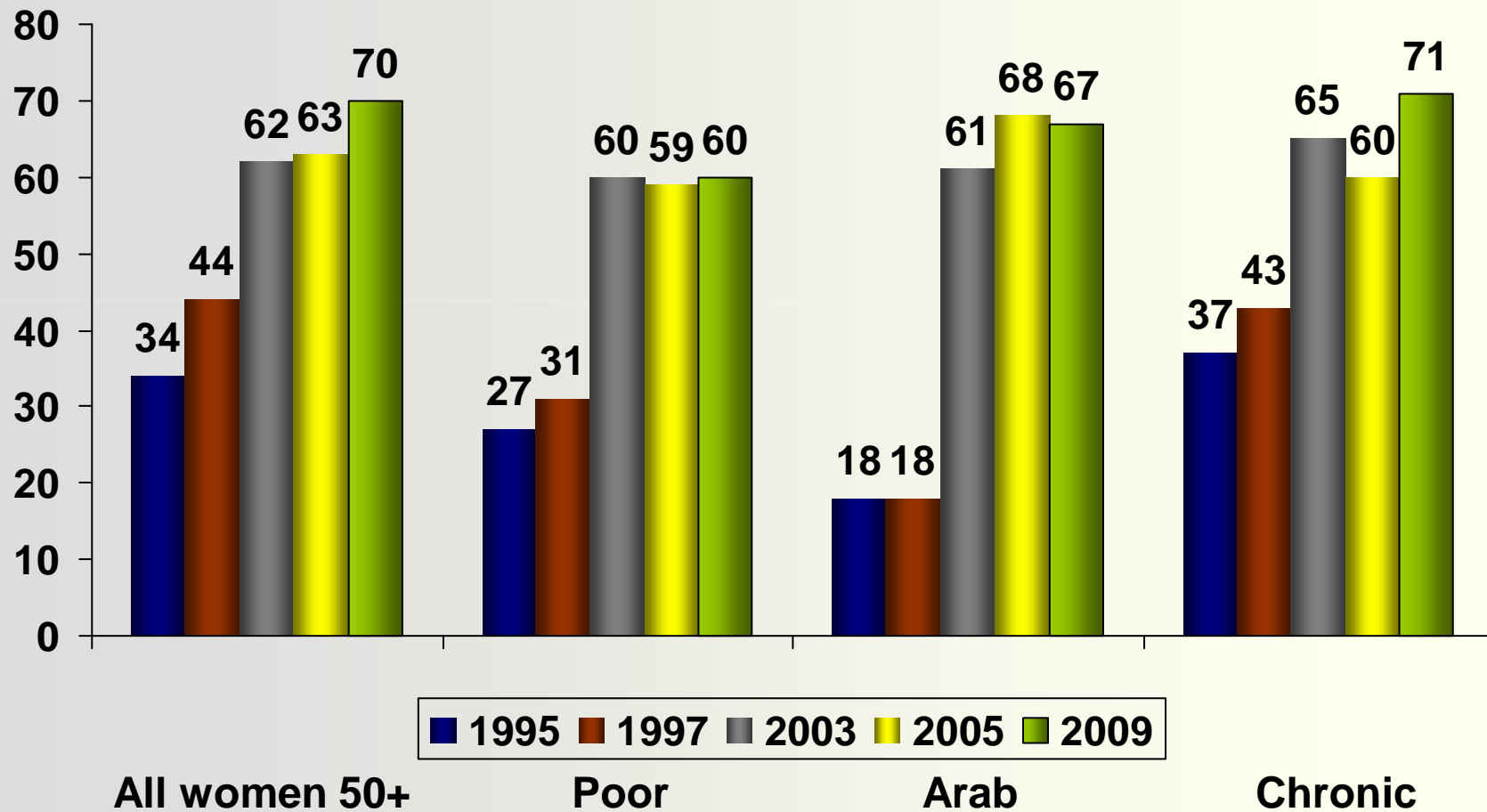
## Impact of data – Macro level

- In 1998 regulations were issued:
  - Sick funds must accept all applicants to supplemental insurance
  - No restrictions on coverage related to age, health status or other condition
  - Premium defined only by age and not personal risk
- Ownership rates increased significantly among the old and chronically ill (1999-2009)

# Mammography in the past two years by Sick Fund (women 50+)



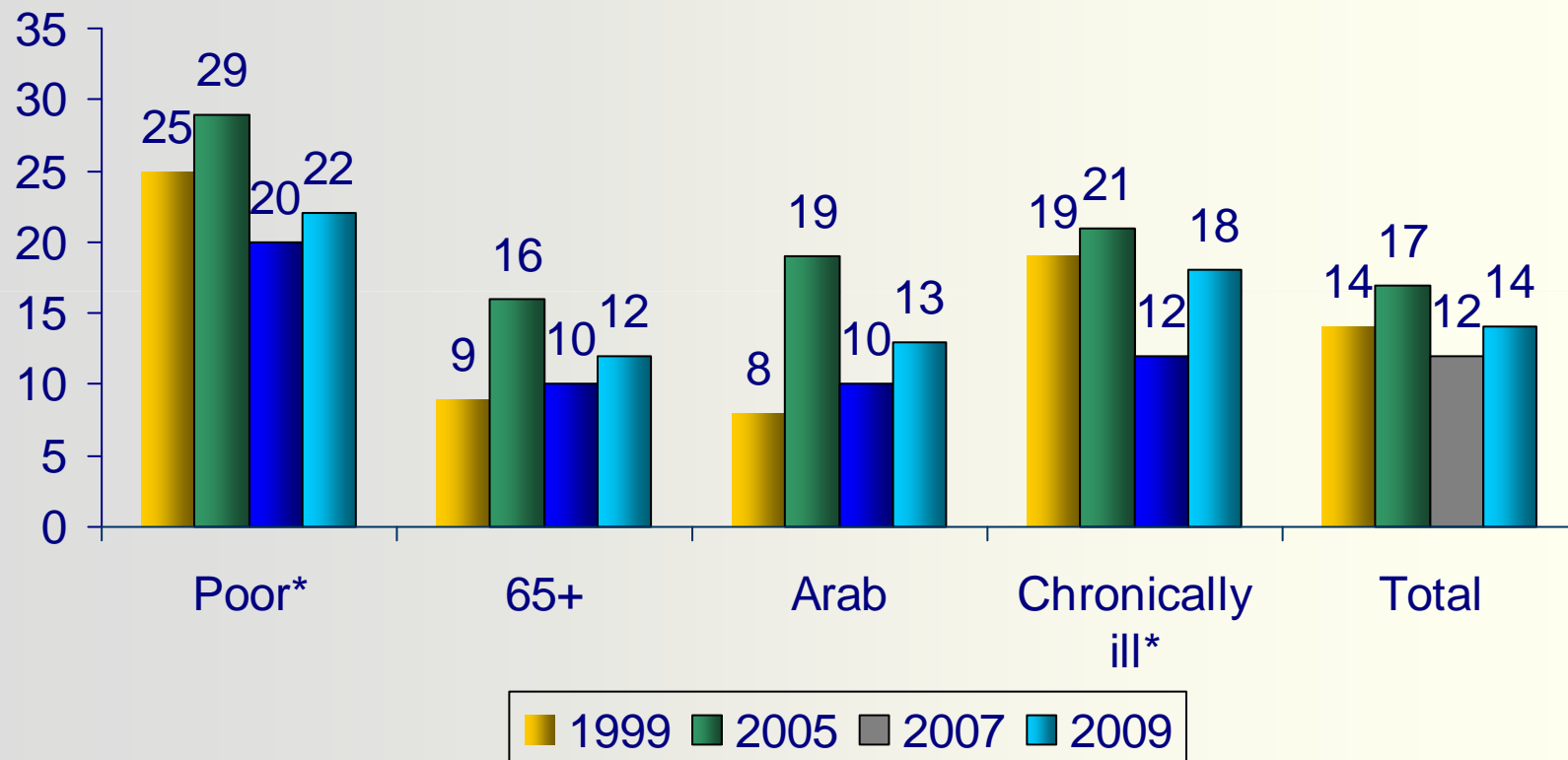
# Mammography by Vulnerable Populations



## Impact of Data – Micro level

- Data by Sick Fund in 2003 showed poor outcomes for Maccabi. They were furious about publication but nevertheless made a big effort to improve (data for 2005-2007)
- The low rates among Arab and poor women (1995-1997) influenced the Israeli Cancer Association to encourage outreach by providing mobile mammography units.

# Forfeited medical care or medication due to cost (past year)



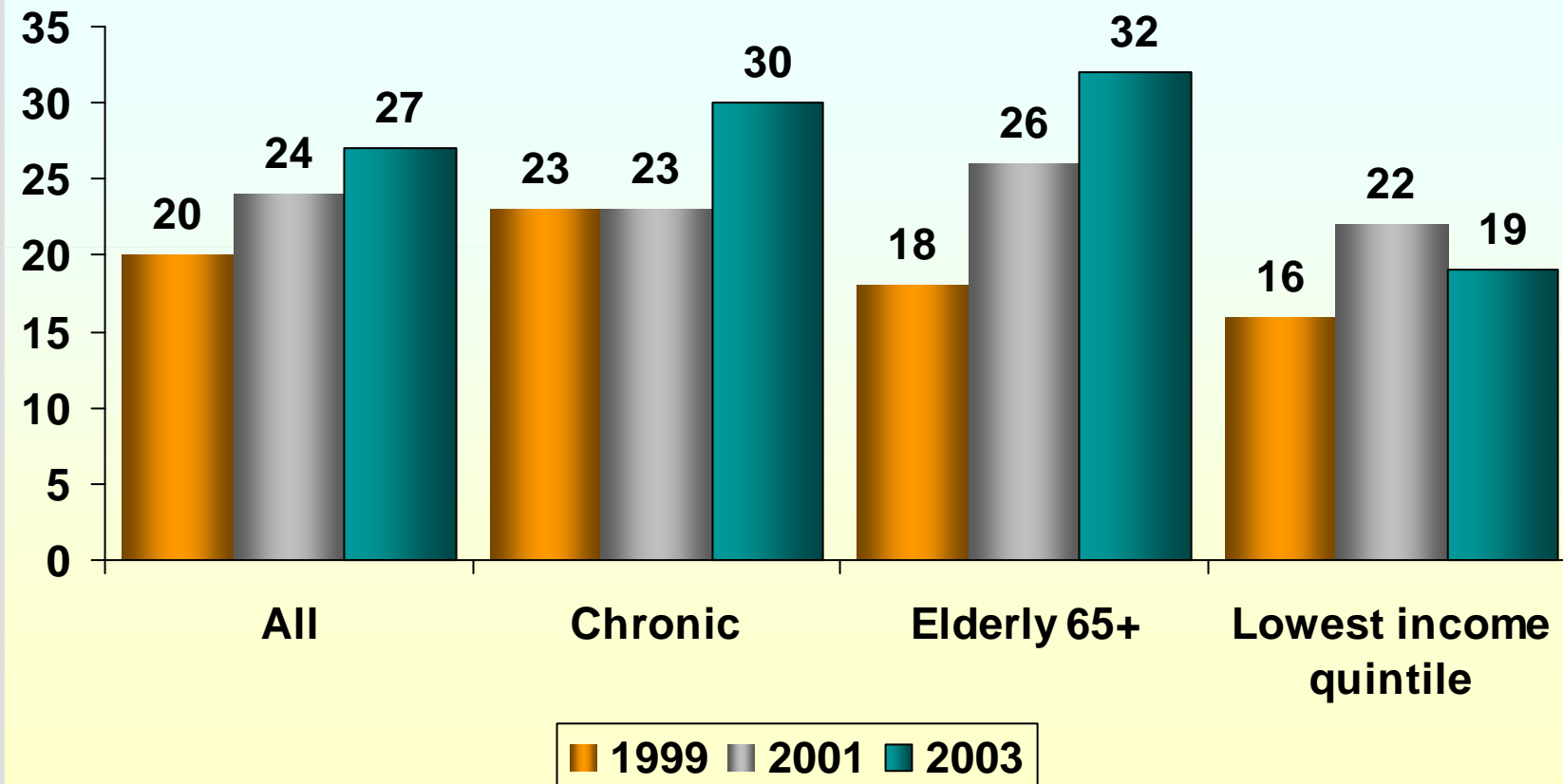
\*p<0.005

Source: Gross et al. 2008 Brookdale Population Survey

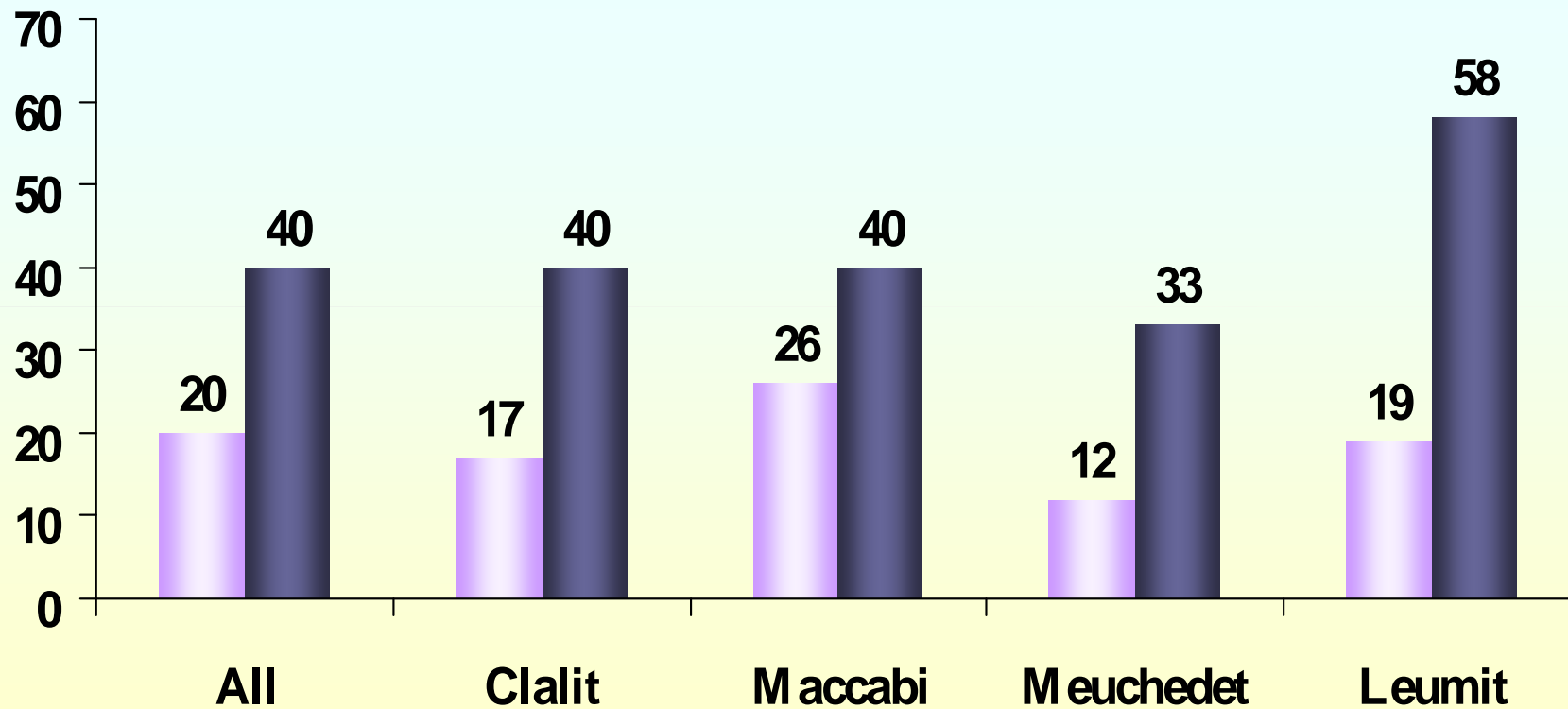
## Impact of Data – Macro & Micro

- Minister of Health initiated discounts to the elderly (data supported his political agenda)
- High media exposure; many advocates for banishing co-payments; discussed in academic and policy forums
- MOH committee (2009) recommended more exemptions and discounts
- Sick funds initiated experimental programs to assess effects of exemptions on health
- Philanthropic contributions to fund co-payments for poor chronic patients

# Knowledge about Co-payment Ceiling by vulnerable populations



# Received Information from Sick Fund in Past Year, 2001



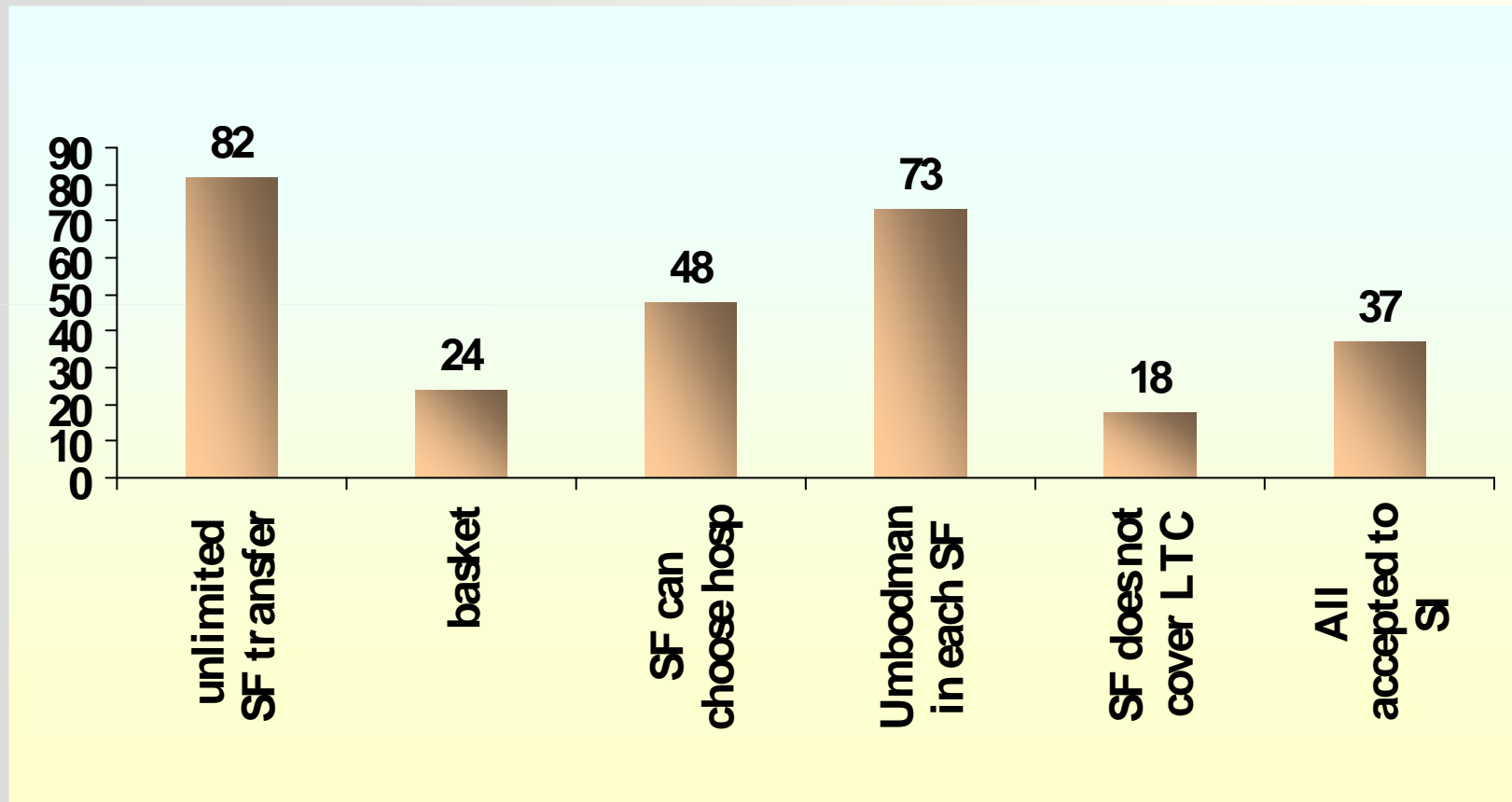
P<0.001

on copayments on supplemental insurance

## Impact of Data – Macro Level

- MOH issued regulations that required sick funds to actively notify patients about
  - discounts and exemptions
  - supplemental insurance
- Brochures on co-payments and supplemental insurance sent regularly and publicized in the clinics

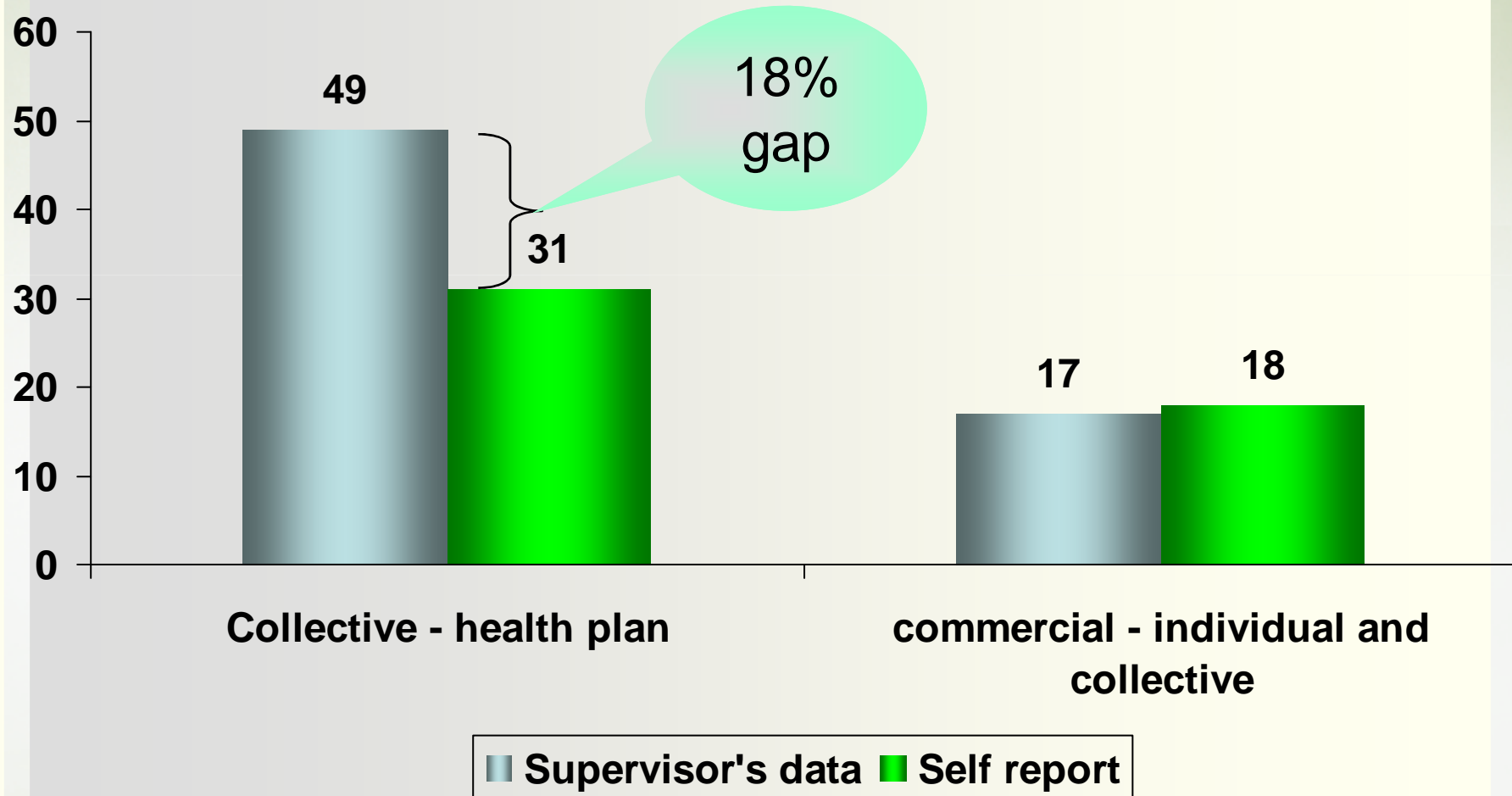
# Knowledge about NHI rights, 2001 (percent correct answers)



## Impact of Data - Micro Level

- The MOH prepared a brochure about patients rights under NHI.
- Sent to all households, and published on the MOH website.

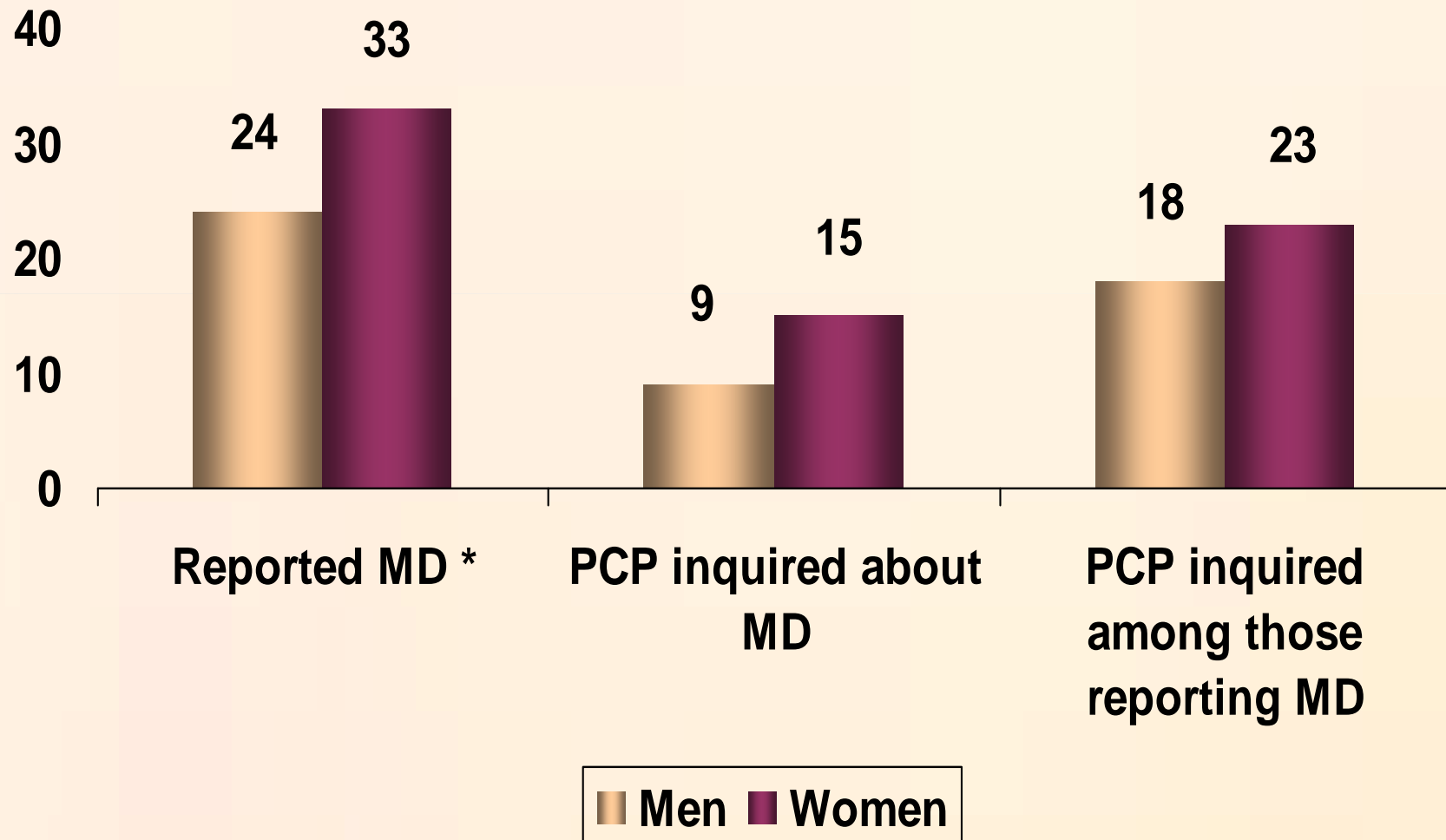
# Ownership of LTC: Insurance Supervisor's Data vs. Self Report



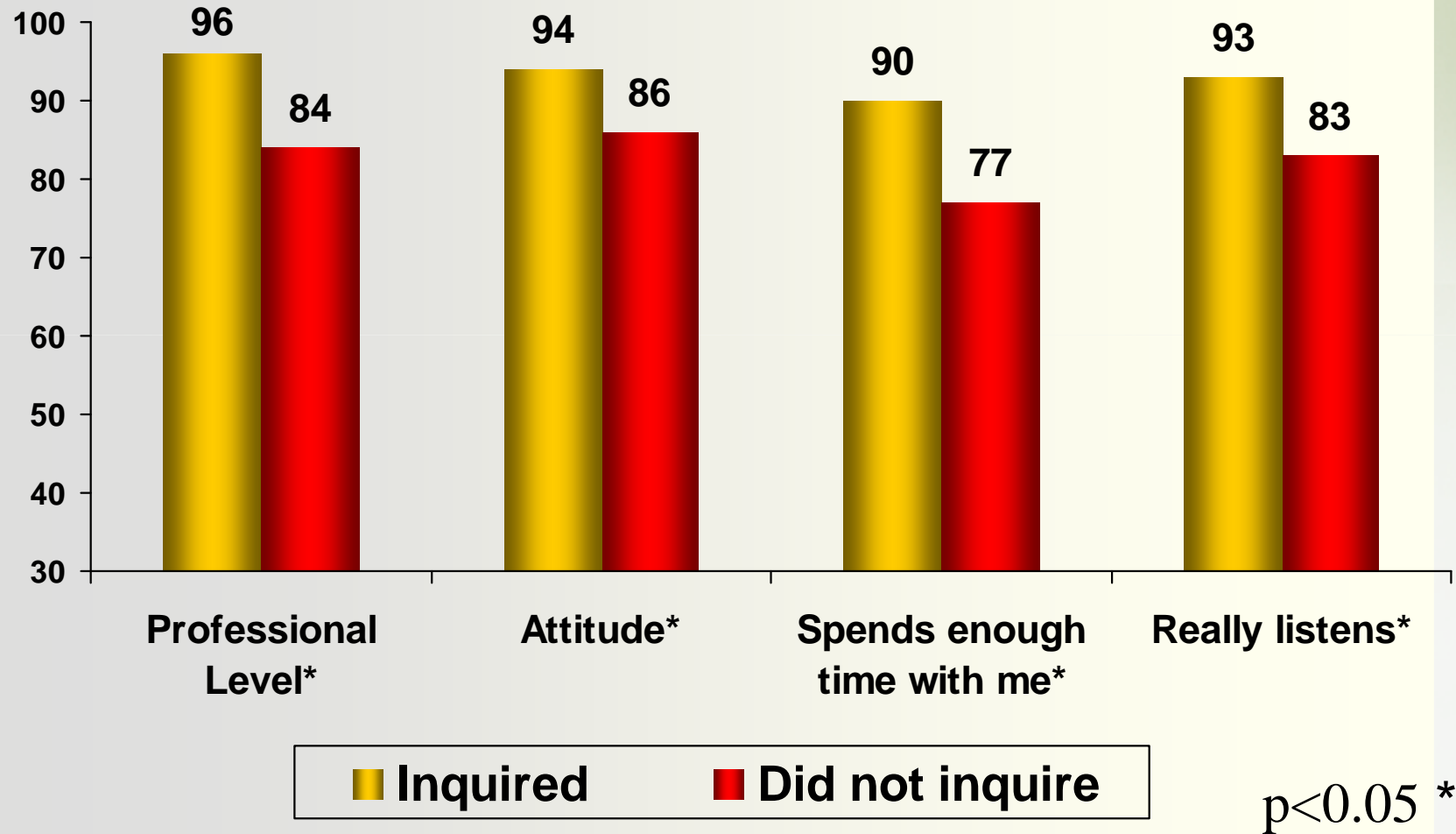
## Impact of Data – Micro & Macro Level

- The large gap between ownership rates and reported ownership reflects lack of knowledge
- The Insurance comptroller published a brochure on LTC insurance sent to all households and published on their website.
- The MOH changed protocol to actively inquire about LTC insurance among all applicants for financial assistance in LTC hospitalization.

## Mental Distress: Prevalence and Inquiry by primary care physician (PCP), 2003



# Satisfaction with PCP by Inquiry about MD, Women, 2003 (% satisfied/very satisfied)



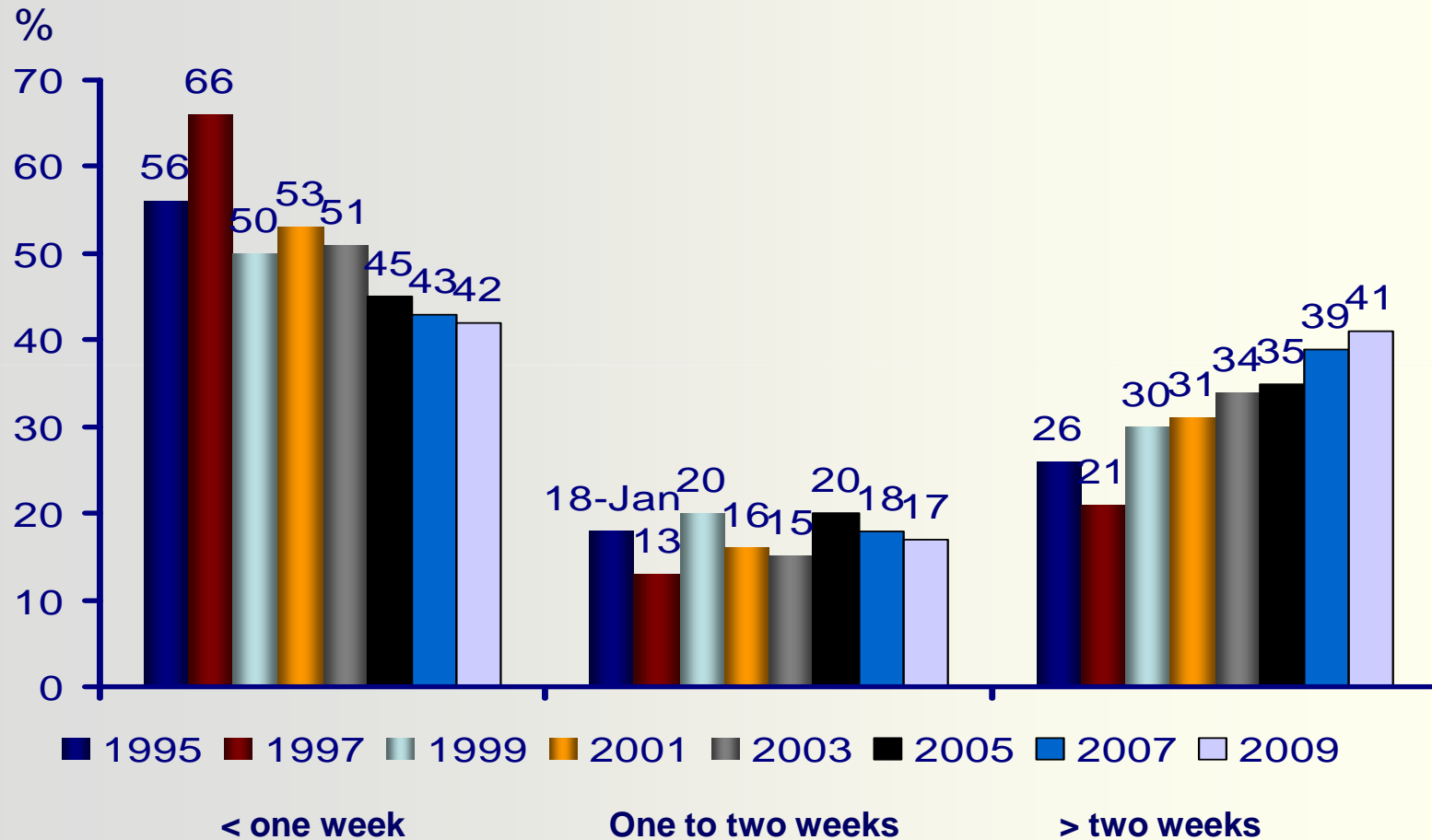
## Impact of Data – Micro Level

- The data drew attention to the high rates of mental distress in the population and the low rates of physician inquiry about MD
- The data demonstrated that inquiry increases patient satisfaction
- Sick funds initiated training programs for PCPs to screen patients regarding MD and provide treatment.
- However, inquiry rates still remain low (16% in the 2009 survey)

# **Data That Did Not Have an Impact**

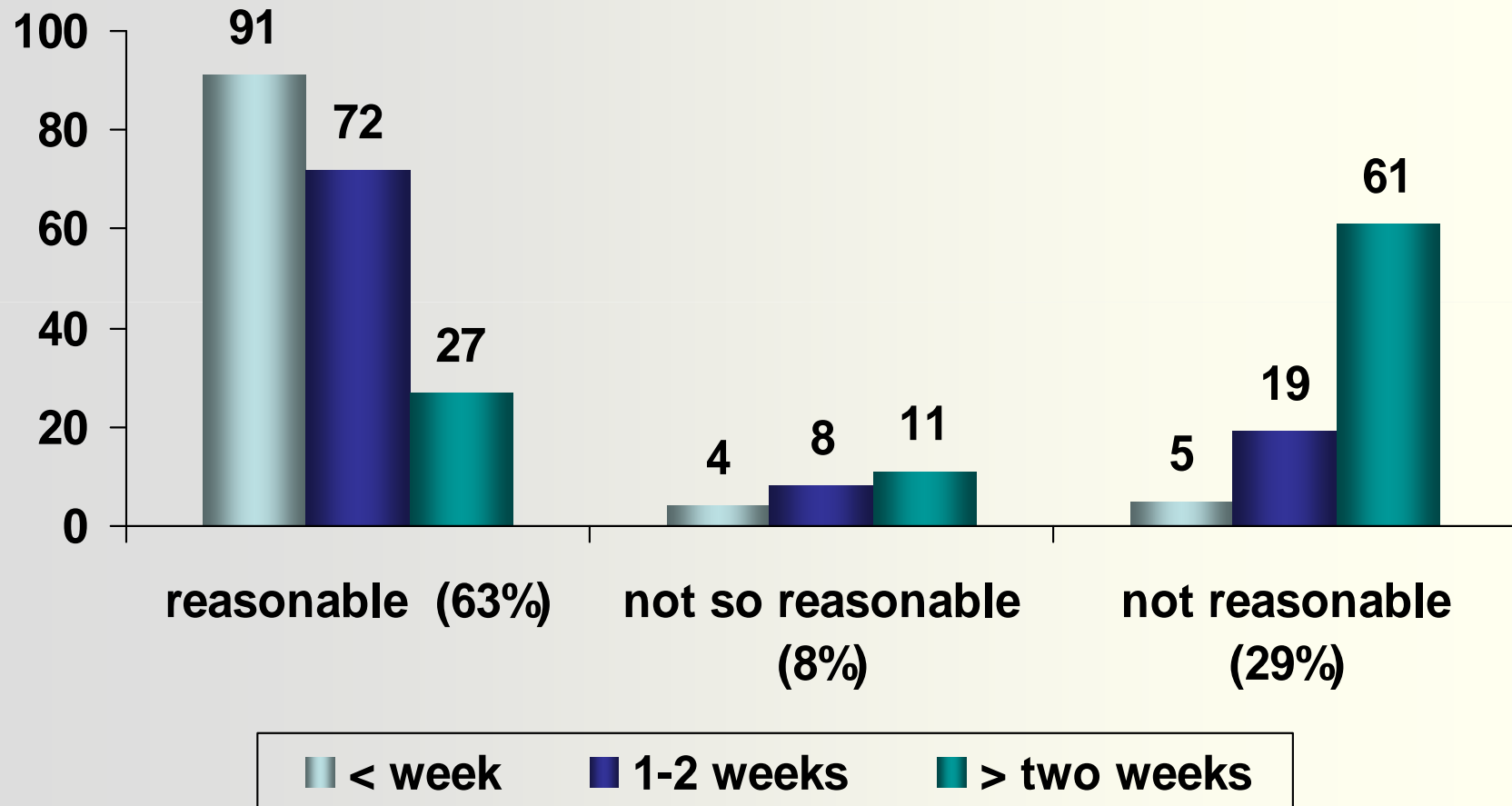
## **Some Examples**

# Waiting time to receive an appointment with a specialist 2007

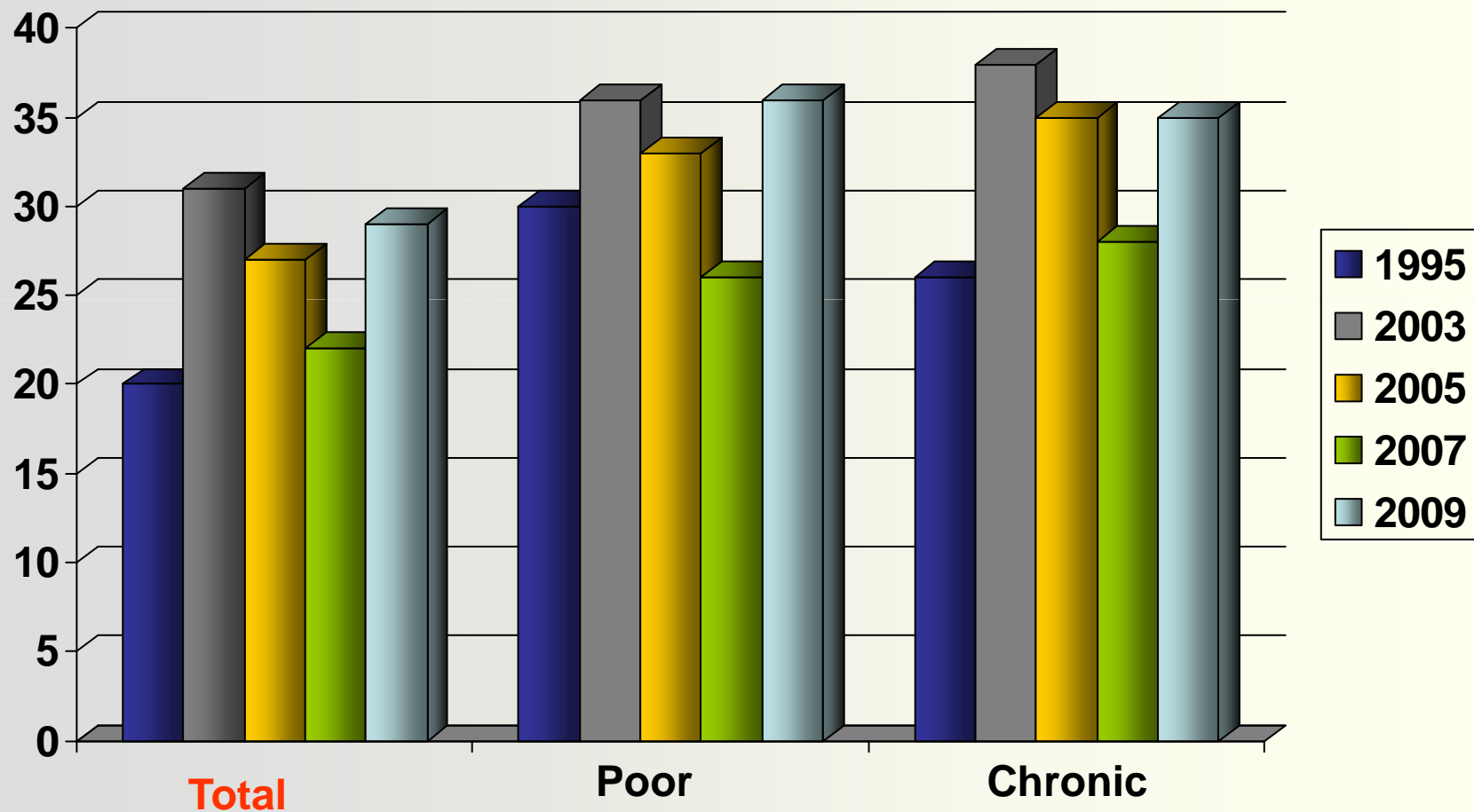


Source: Gross et al. 2008 Brookdale Population Survey

## Evaluation of the Waiting Time for a Specialist Visit, 2007



# Patient perceptions on financial burden of all health expenses (“to a great extent”)



# What type of medications should be added in the yearly update of the benefit basket? 2005

**Don't know, don't want to decide, everything**

**30%**

**Few expensive medications for the seriously ill**

**39%**

**Many inexpensive medications for many patients**

**31%**

# Summary

- Survey data had impact on Macro (policy) and Micro (service) levels
- Influence takes time and is not always direct
- Not all data have an impact on policy
- Impact probably related to:
  - Dissemination process
  - Timing and relevance to stakeholders who use it
  - Features of data

## **Reflection:**

### **Features of data that have an impact**

- New information – highlights unknown problems (mammography, MD)
- Topic attracts media attention (comparison between sick funds, co-payments)
- Highlights a problem that can be addressed (feasible tools) (provide information, discounts)
- Clear policy direction to address issue (equity in supplemental insurance, increase knowledge, target populations for mammography)

**Thank you!**