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)

[Graph showing percentage satisfaction over years for Meuchedet, Maccabi, Leumit, and Clalit]
Satisfaction by Service and Sick Fund 2007, (% very satisfied)

*\(p < 0.05\)
Satisfaction by Service and Sick Fund 2007, (% very satisfied)

Variety med. 14 13 16 16
Ease getting med. 22 26 29 27
Ease getting referral* 21 23 29 25
Lab services* 16 16 33 27
Facilities* 32 33 43 39

* p < 0.05
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
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+)

Clalit:
- 95: 62
- 99: 64
- 2003: 65
- 2005: 63
- 2007: 75

Macabi:
- 95: 44
- 99: 55
- 2003: 54
- 2005: 71

Meuchedet:
- 95: 50
- 99: 52
- 2003: 54
- 2005: 71
- 2007: 70

Leumit:
- 95: 22
- 99: 44
- 2003: 41
- 2005: 50

P07=N.S
P05-07 =N.S
Mammography by Vulnerable Populations

- **All women 50+**
  - 1995: 34%
  - 1997: 44%
  - 2003: 62%
  - 2005: 63%
  - 2009: 70%

- **Poor**
  - 1995: 27%
  - 1997: 31%
  - 2003: 60%
  - 2005: 59%
  - 2009: 60%

- **Arab**
  - 1995: 18%
  - 1997: 18%
  - 2003: 61%
  - 2005: 68%
  - 2009: 67%

- **Chronic**
  - 1995: 37%
  - 1997: 43%
  - 2003: 65%
  - 2005: 60%
  - 2009: 71%
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

- All
- Chronic
- Elderly 65+
- Lowest income quintile

- 1999
- 2001
- 2003
Received Information from Sick Fund in Past Year, 2001

P < 0.001
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)

- Unlimited SF transfer: 82%
- Basket: 24%
- SF can choose hosp: 48%
- Umbodman in each SF: 73%
- SF does not cover LTC: 18%
- All accepted to S

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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

- Collective - health plan: Supervisor's data = 49, Self report = 31, gap = 18%
- Commercial - individual and collective: Supervisor's data = 17, Self report = 18
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

Reported MD *  
- Men: 24
- Women: 33

PCP inquired about MD  
- Men: 9
- Women: 15

PCP inquired among those reporting MD  
- Men: 18
- Women: 23

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

- Professional Level*
  - Inquired: 96
  - Did not inquire: 84

- Attitude*
  - Inquired: 94
  - Did not inquire: 86

- Spends enough time with me*
  - Inquired: 90
  - Did not inquire: 77

- Really listens*
  - Inquired: 93
  - Did not inquire: 83

*p < 0.05
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

- Reasonable (63%): 91
- Not so reasonable (8%): 72
- Not reasonable (29%): 27

- Less than a week: 4
- 1-2 weeks: 8
- More than two weeks: 11

- Less than a week: 5
- 1-2 weeks: 19
- More than two weeks: 61
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%

Many inexpensive medications for many patients: 31%

Few expensive medications for the seriously ill: 39%
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!