

## **Finger weg: Selbstbehalte für alle diskriminieren Frauen und Risikogruppen**

### **Zusammenfassung**

Die Reform des Systems der Sozialversicherungsträger wurde im Regierungsprogramm 2017-2022 als eines der wichtigen Ziele der neuen österreichischen Regierung genannt, was zu einem erneuten Interesse einer breiteren Öffentlichkeit an den verwandten Themen führte. In diesem Bericht schätzen wir Effekte der Einführung einer Arztgebühr pro Arztbesuch und analysieren deren Auswirkungen über demographische und sozioökonomische Gruppen.

Unsere Ergebnisse zeigen, dass sich Zuzahlungen pro Arztbesuch sehr asymmetrisch auswirken und Frauen, ältere Menschen und Menschen mit einem niedrigeren Bildungsabschluss deutlich stärker betreffen. Die Einführung von Zuzahlungen könnte für die Träger der gesetzlichen Krankenversicherung zusätzliche Einnahmen zwischen 520 und 670 Millionen Euro pro Jahr (ca. 60 bis 80 Euro pro Kopf) generieren. Obwohl generelle Selbstbehalte die Krankenkassenbudgets polstern, sind die sozialen Auswirkungen unfair und unerwünscht.

## **Stay away: co-payments for all discriminate against women and at-risk groups**

### **Summary**

Reforming the system of social insurance providers has been identified as one of the important goals of the new Austrian government in the Government programme 2017-2022, leading to a renewed interest of broader public in the related topics. In this report, we provide estimates of the effect of introducing co-payments (Arztgebühr) per doctor visit and analyse their impact across demographic and socio-economic groups.

We find that effects of co-payments per doctor visit would be highly asymmetric, affecting disproportionately more women, elderly, and people with lower educational attainment. Introducing co-payments could generate additional revenues between 520 and 670 million euro per year (ca. 60 to 80 euro per capita) for the providers of public health insurance. Although co-payments would increase revenues of the health insurance providers, the impact on equity and fairness is clearly negative.

## **Co-payments in the Austrian Health Care System: Background**

- ▶ The vast majority of the Austrian population is insured within the system of compulsory health insurance. Approximately three quarters of the population are insured in one of the regional health insurance companies (GKKs), while about a quarter is insured within one of the nation-wide “small” insurance companies (VAEB, BVA, SVA, SVB, BKKs) – KK.
- ▶ At present, only persons insured within one of the four small insurance companies (VAEB, BVA, SVA, SVB) pay co-payments for visits of physician or specialist office and for purchase of selected medical goods. There are several exemptions from this obligation, e.g. children.
- ▶ Co-payments in small KKs at the moment yield ca. 150 million euro per year, around 4% of total expenditures of these KKs.
- ▶ Recently, suggestions to extend the co-payments to insurees of all public insurance providers has appeared in the public debate.
- ▶ We use the term co-payment synonymously with cost sharing and deductible. In the Austrian context, primary care is rendered by a network of preferred providers (e.g. Vertragsärzte). At the same time, patients can decide to see any doctor or other providers outside this network but pay market prices at the point of service. A small part of these fees can be reimbursed from the social insurance. To reflect the principle of free choice of providers it is a convention to classify patients’ expenses in these non-contracted physician offices as private payments rather than co-payments. The private payments amount to ca. 500 million euro per year (Hofmarcher 2016). They are spent either on services which are not in the benefit packages, to shorten waiting times in the public system or to buy additional physician’s time.
- ▶ Co-payments are usually introduced for two reasons. First, they can in theory - especially if they are high enough – help to control the behaviour of insured persons and prevent the over-use of medical goods and services. Second, they are used for the financing purposes. The main function of existing co-payments in Austria is to relieve the budgets of health insurance providers.

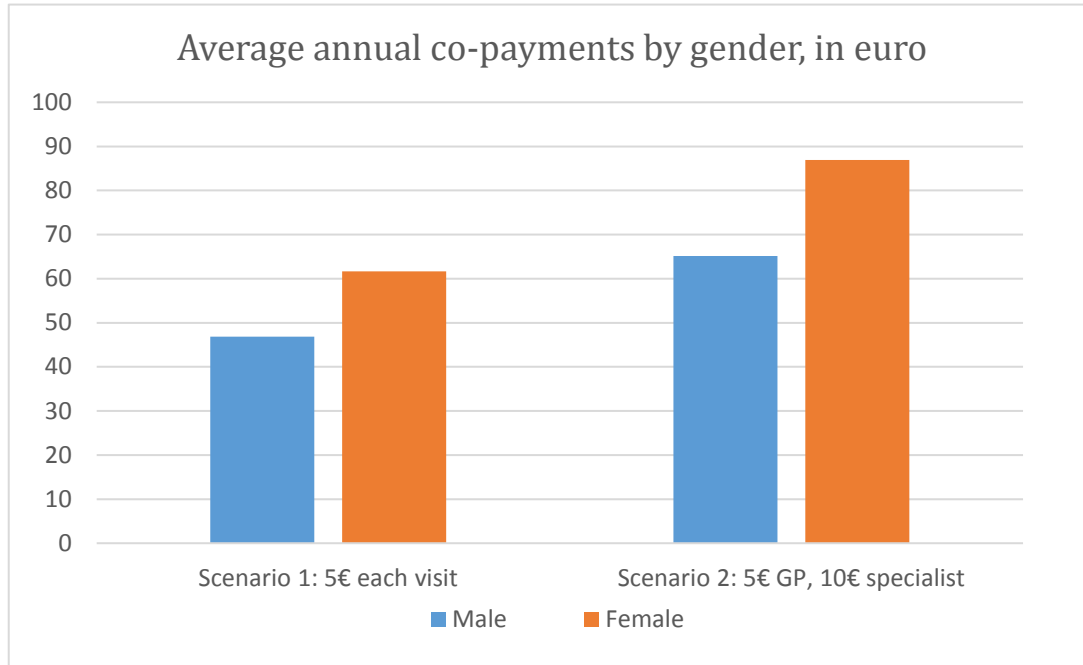
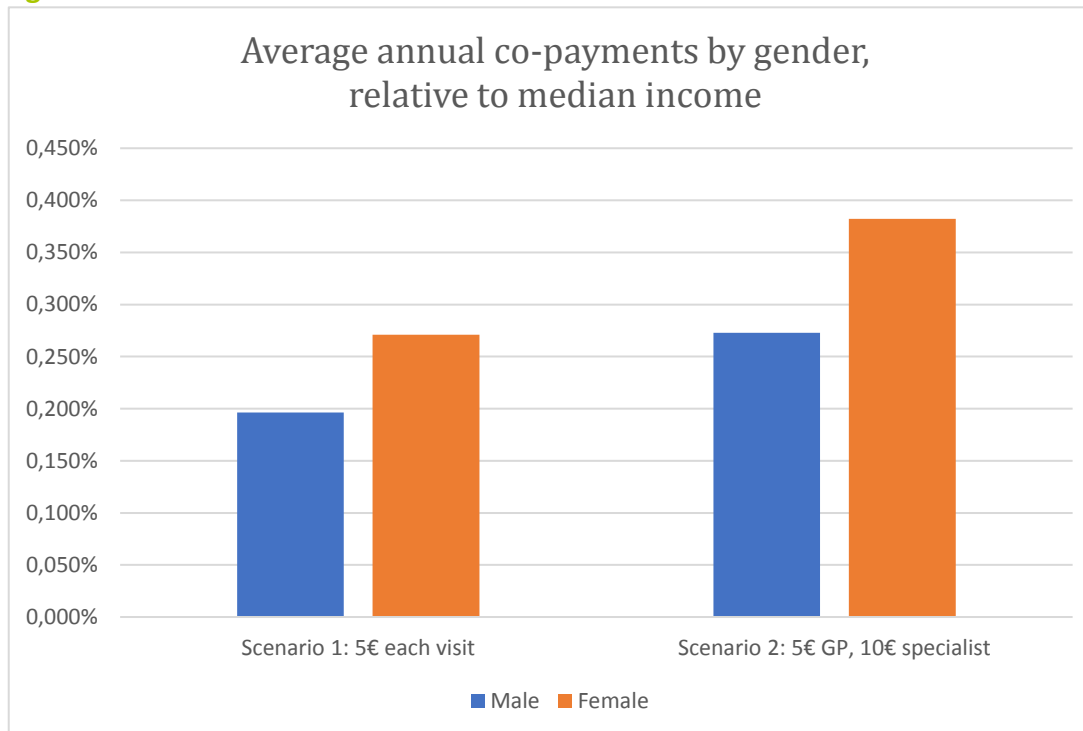
## **Introducing co-payments in all public health insurance companies could generate revenues between 520 and 670 million euro per year**

- ▶ We estimated the additional revenues generated by extending the current system of co-payments from the four small Ks to all Ks. We used simple aggregate estimates and abstracted from more detailed features of the system, such as individual exemptions and cost caps. Our estimates are based on the data from 2015, provided by HVSV. For robustness purposes we used two alternative methodologies.
- ▶ In the benchmark approach, we computed the average co-payment per insured person in the small Ks in 2015, taking into account the fact that co-insured children are exempted from the co-payments. We then estimated that the same level of co-payments per insured adult in Gs and Bs would generate additional revenues of 523 million euro. The benchmark methodology closely follows Hofmarcher et al. (2005).
- ▶ In the alternative approach, we first computed the average size of co-payments relative to total expenditures of the small Ks in 2015. We found that co-payments covered on average 4% of expenditures of the small Ks. We then estimated that the same share of co-payments per total expenditures of Gs and Bs would generate additional revenues of 672 million euros. The higher estimate is a direct consequence of the fact that expenditures per insured person are higher for Gs compared to the small Ks.

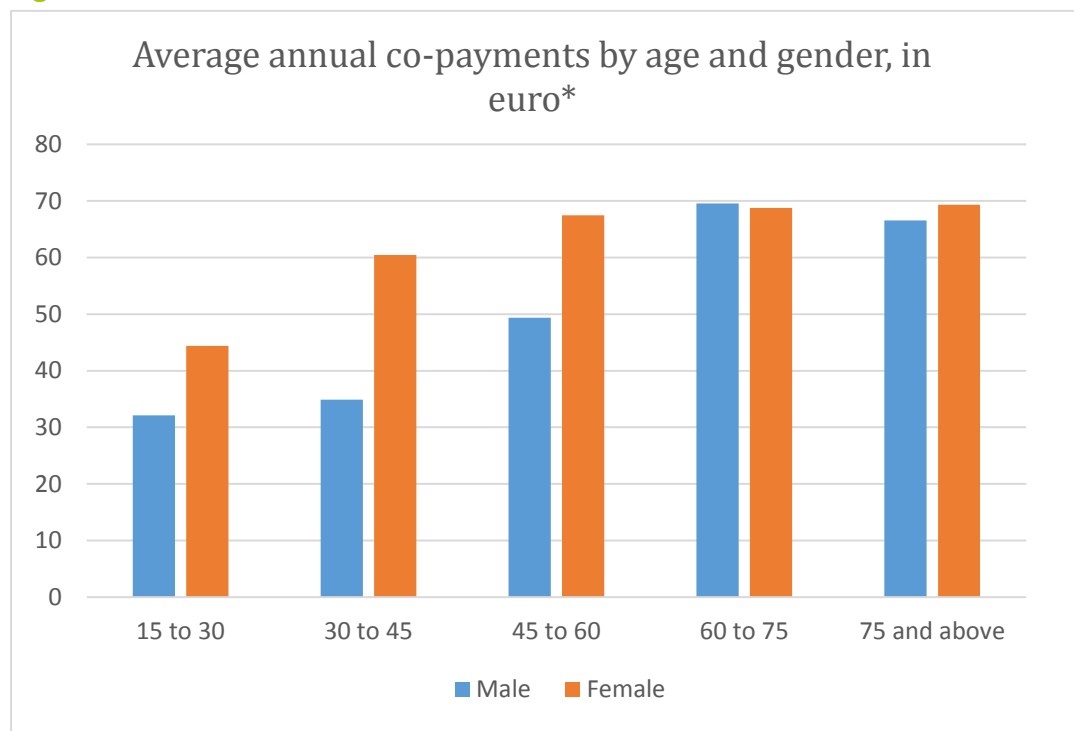
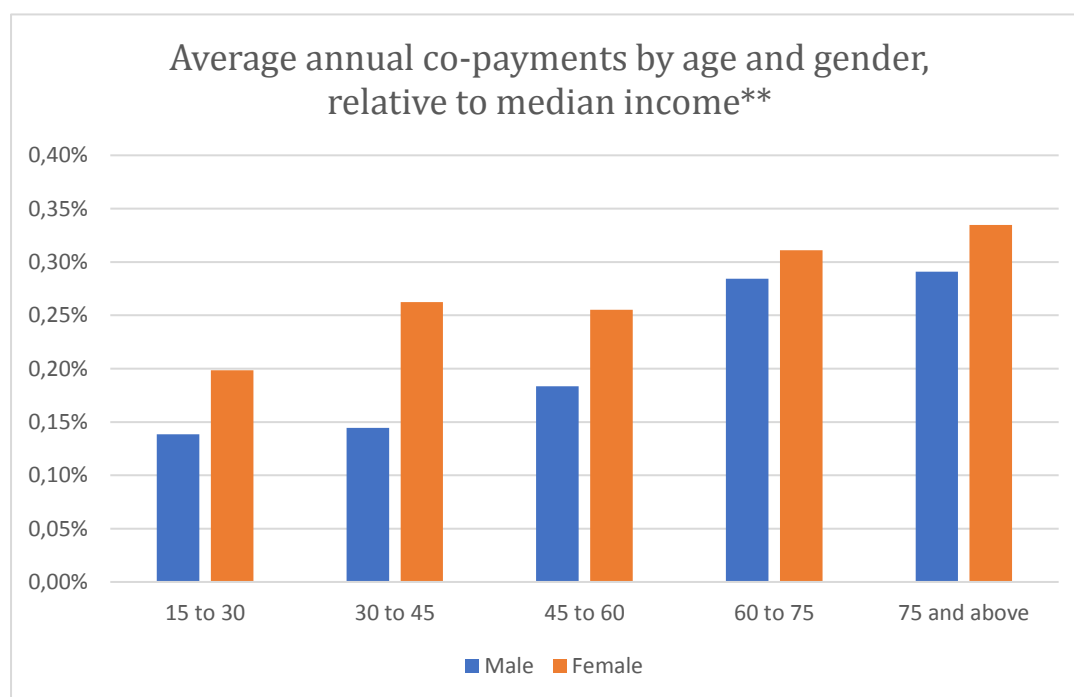
## **But co-payments affect women, elderly, and low-educated disproportionately more**

- ▶ We conducted a simple impact analysis of introducing co-payments for visits of primary physician and specialist office, using survey data on frequency of office visits from the Austrian Health Interview Survey 2014 (ATHIS). We found that there are big differences in the extent to which different demographic and socio-economic groups are affected by co-payments.
- ▶ We analysed two simplistic scenarios: In the first scenario, we introduced fixed co-payments that are equal for primary care and specialists (5 euro per visit). In the second scenario, the co-payments for visits of specialist office are twice as high (10 euro) compared to primary care. The differences between the two scenarios are quantitatively small, thus we report the results for the first scenario only. The actual size of co-payments in euros does not influence the results on relative distribution of costs borne by different groups.

- ▶ **Women** visit offices of primary care physicians on average 27% more often as men, the difference is even higher for specialists (38%). Consequently, they would spend on average 32% more on co-payments than men. The impact is even more unequal if we compare the co-payments to the average disposable income of the two groups (reported by Eurostat). Relative to their income, the costs are on average 38% higher for women (for details see Figures 1 and 2).
- ▶ **Age** is another factor affecting the frequency of doctor's visits. For example, according to the ATHIS 2014, men in the age group '75 years and above' visit doctors on average twice as often as men in the group between 15 and 30 years. The relative size of co-payments across age and gender groups are plotted in Figures 3 and 4. The impact on women and older people is stronger. The most affected group, women 75 year and above, would pay 2.4 times higher share of their disposable income compared to the least affected group of men between 15 and 30 years.
- ▶ The relative size of co-payments across **educational attainment** and gender groups are plotted in Figures 5 and 6. Population with lower education visit doctors on average 30 to 40% more often (due to the higher frequency of visits of GPs). In combination with differences in disposable income is the effect of co-payments highly asymmetric. The most affected group of women with primary education pays 2.7 times higher share of their disposable income compared to the least affected group of men with tertiary education.
- ▶ Finally, we study the relative size of co-payments across **earnings groups**. The results are plotted in Figures 7 and 8. The results reflect features of the results based on educational attainment, as earnings and education level are highly correlated in Austria. The most affected group of women with income 'lower than 60% of national median income' pays 5.5 times higher share of their disposable income compared to the least affected group of high-income men.

**Figure 1**

**Figure 2**


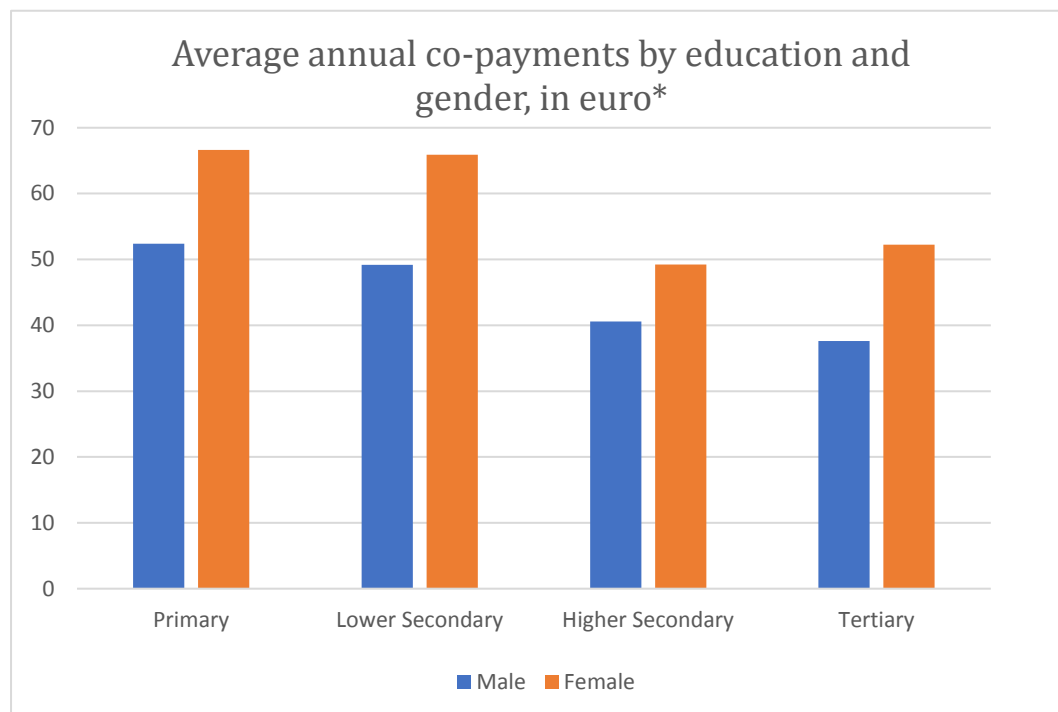
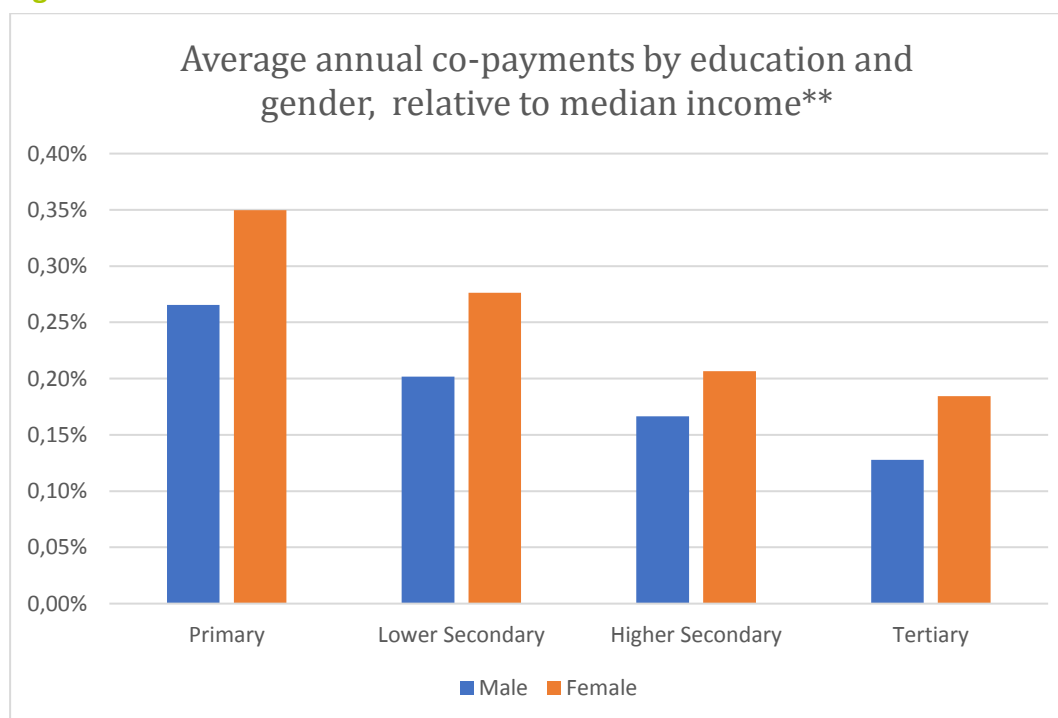
Source: Statistik Austria, ATHIS 2014; Eurostat; own calculations.

**Figure 3**

**Figure 4**


\*Results for Scenario 1

\*\*Median disposable income is not available for these age groups. We approximated median income by the closest available age group from the Eurostat.

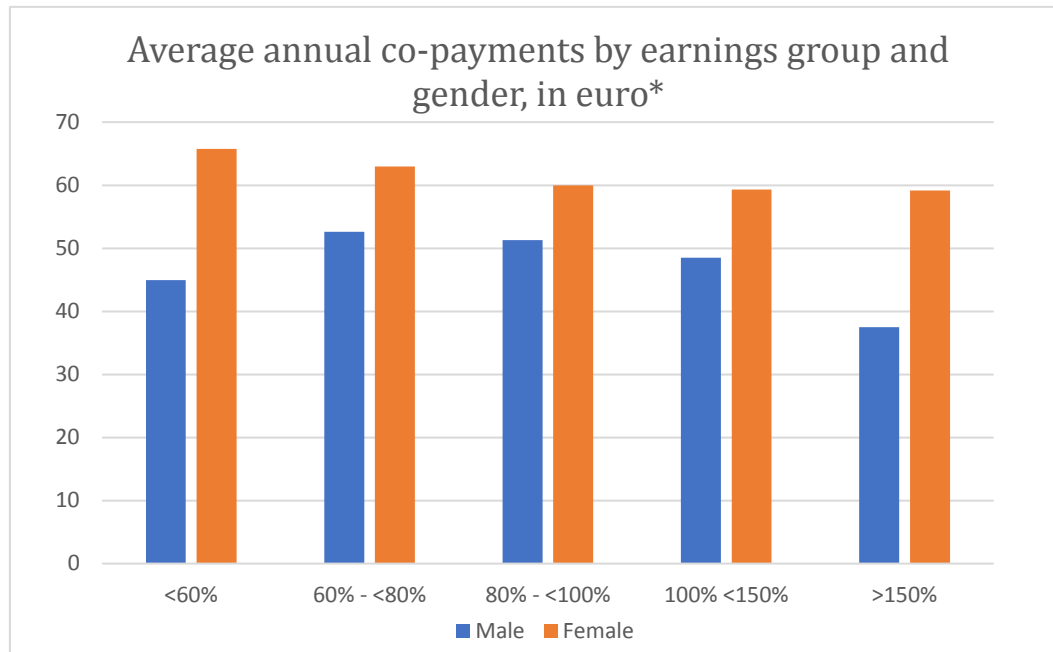
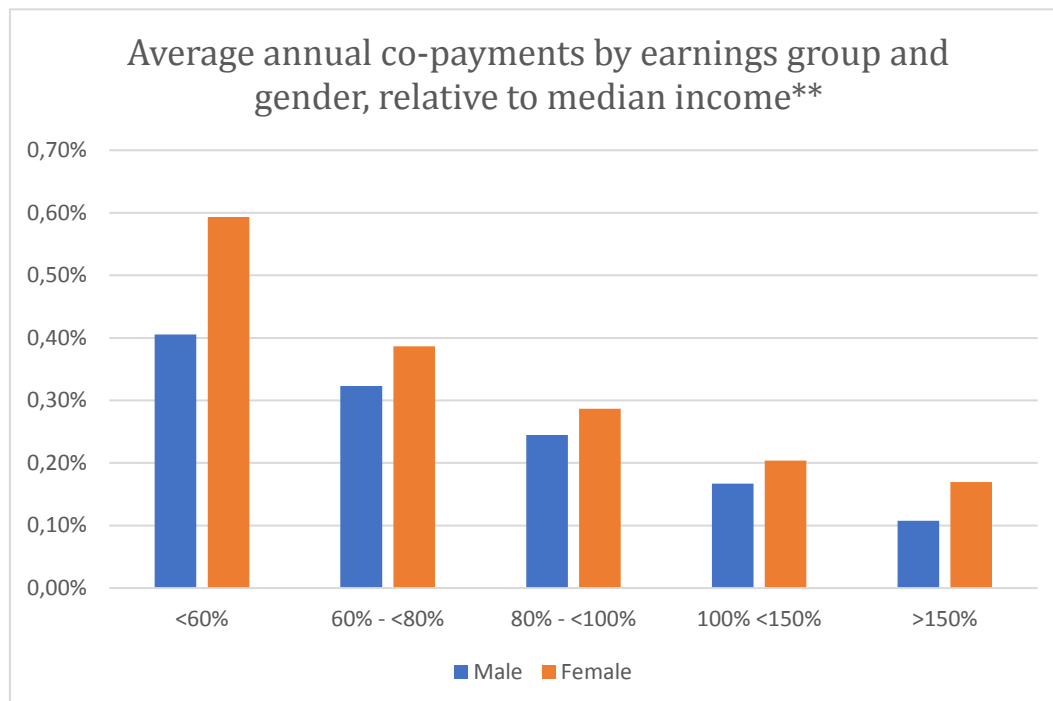
Source: Statistik Austria, ATHIS 2014; Eurostat; own calculations.

**Figure 5**

**Figure 6**


\*Results for Scenario 1

\*\* Median disposable income is not available for these education groups. We approximated median income by the closest available education group from the Eurostat.

Source: Statistik Austria, ATHIS 2014; Eurostat; own calculations.

**Figure 7**

**Figure 8**


\*Results for Scenario 1

\*\*Income levels in comparison to median national average. Income levels within groups approximated by information available from Eurostat.

Source: Statistik Austria, ATHIS 2014; Eurostat; own calculations.



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