



SMOKLER CENTER FOR HEALTH POLICY RESEARCH

RESEARCH REPORT

Public Opinion on the Level of Service and Performance of the Healthcare System in 2014 and Comparison with 2012

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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 project 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, the Ministry of Finance and the National Insurance Institute, as well as from academia and consumer organizations.

The surveys are conducted among a representative sample of the adult population in Israel (age 22+). This report presents the main findings from the latest survey, which was conducted from August to December 2014.

The 2014 survey was conducted after two stormy years in the health system, with the work of the Committee to Strengthen the Public Healthcare System in Israel (also known as the German Committee) and the crisis in the Hadassah organization widely covered in the media, extensive marketing by insurance companies, and calls from various organizations for insureds to exercise their rights – which cast doubts on the health system and underlined its limitations. Towards the end of 2014, not only did Operation Protective Edge produce increased emotional distress within the population, it also drew great attention to the importance of the public health system.

For the purposes of the multiyear survey, MJB has developed a series of regular measures for monitoring trends over time, while each of the surveys highlights certain topics that are on the public agenda and have been selected by the study team and steering committee. In 2014, the study questionnaire included the following regular measures: Trends over time with regard to satisfaction and level of service; primary and secondary medicine; evaluation of the health system's functioning; confidence in the system; possibility of choosing a service provider. The additional topics emphasized in this round of the survey were: Accessibility to the services and barriers due to cost and distance; the respondents' experience of their encounter with hospitals and community services; and referrals to the private system.

This report presents the main findings on selected topics. It will be followed by further reports addressing topics examined in the survey that are not included in this report.

Main Findings

- ◆ The level of *general satisfaction with the health plan service* remained high, as demonstrated by the high rate of "satisfied" and "very satisfied" responses – 89%. Moreover, there was an increase in the rate of "very satisfied" patients in the general population. In recent years, we have classified a group of "sicker adults" (regular or frequent users of the health services) and a high percentage of respondents in this group were also very satisfied with the health plan services – the percentage was higher than the previous report.

- ◆ There was an increase in the percentage of respondents who expressed a high level of satisfaction with various *measures of services provided by the health plans*. For example, the professional attitude of the family physician, the attitude of the nurses and the lab services. In 2014, on average 88% were satisfied or very satisfied with the measures examined. This is similar to the percentage who expressed general satisfaction, so the two findings back each other up.
- ◆ In 2014, the percentage of very satisfied respondents was highest with regard to the attitude of the family physician (60%). The lowest was with the professionalism of the specialists (33%).
- ◆ One of the additional topics included in the 2014 survey was the *patient's experience of the encounter with services in the community and hospitals*. Most of the respondents who had seen their family physicians reported a very positive experience of the meeting. With regard to specialists, a high percentage reported a positive experience, but the percentage was lower than for family physicians. Satisfaction with their most recent hospitalization was altogether high. However, among those hospitalized, a relatively low percentage reported that the hospital staff were in contact with the primary physician in the community: 50% said they felt that there was no contact.
- ◆ There was a moderate increase in *waiting times* to see specialists in the community, in continuation of the recent trend. Altogether 27% of patients who had seen a specialist reported that they had waited a month or more for an appointment. This percentage of patients waiting a month or more was higher among those age 65+, chronic patients and women.
- ◆ The percentage of patients *going without treatment or medication because of the cost* (at least once in the previous year) remained stable at 11% in 2014. In contrast, there was a moderate decline in the percentage of those going without treatment or medication among chronic and low-income patients. However, in this group, the percentage of patients going without treatment or medication is still 15%. Among those going without treatment due to the cost, approximately 50% went without seeing a specialist physician and among the 8% going without medication, 47% went without medication for a chronic illness.
- ◆ In 2014, 25% of respondents reported *going without dental care* for themselves or their children due to the cost. The percentage was slightly higher among those with income in the lowest quintile (30%).
- ◆ As noted, the survey was conducted at the end of 2014 and included the final days of Operation Protective Edge, so it is not surprising that a relatively high percentage of people reported that they had experienced *psychological distress* that was hard to deal with alone in the previous year (28% in 2014, vs. 23% in 2012). The percentage of respondents reporting psychological distress was higher among adults aged 65+ (37%), among chronic patients (35%) and among Arabic speakers (41%).
- ◆ There was a slight increase over 2012 in the percentage of those reporting that the *family physician had asked them or spoken to them about psychological distress in the previous year* (19% in 2014, vs. 16% in 2012). The percentage was higher among respondents who reported

psychological distress in the previous year (38%). Thus, most of those who feel psychological distress do not speak about it with their primary physician in the community.

- ◆ In the previous two years, there was an improvement in the ***accessibility and availability of services in the geographical periphery***. The percentage of respondents in Haifa and the north and Beersheva and the south reporting that they had gone without a service because of the distance declined. The percentages of those reporting difficulty getting treatment in the evenings, at weekends and on national holidays were similar. The percentage of respondents reporting that they had gone without a medical service due to the waiting time declined in Beersheva and the south (from 10% in 2012 to 5% in 2014). This finding reflects the extensive work of the Ministry of Health and the health plans in recent years to reduce inequality in the periphery.
- ◆ 62% of respondents reported that they were satisfied or very satisfied with the ***health service in general***. This is lower than the percentage of those satisfied with the health plans, but nevertheless the majority of respondents reported satisfaction. However, the percentage is significantly lower among patients who went without treatment or medication because of the cost (43%), who went without treatment because of the waiting time (39%), and among those who paid for a private physician (52%). In other words, people who run into problems with the health service and those who refer to the private system are more likely to express dissatisfaction with the system.
- ◆ Despite the high rate of satisfaction with the health plans and the system, the percentage of those reporting that they were ***confident that they would receive the best and most effective treatment for a serious illness and confident that they would be able to afford treatment for a serious illness*** was low, and even lower than in 2012. The percentage is also relatively low compared to other Western countries:
 - Only 37% answered "sure" or "very sure" when asked: "To what extent are you sure that should you have a serious illness you would receive the best and most effective treatment?"
 - The percentage of positive responses was even lower (29%) when asked: "To what extent are you sure that should you have a serious illness you would be able to afford the treatment you need?"
- ◆ Along with the decreasing confidence, there was an increase in the percentage of patients ***referring to the private system***:
 - The increase in ownership of private insurance (supplemental and commercial) continues. In 2014, 53% of respondents reported that they had commercial health insurance and 87% had some form of supplemental insurance through the health plan.
 - Overlapping insurance is widespread – almost all of the respondents who reported that they had commercial insurance (about 50% of the population) also had supplemental insurance and 25% of the population reported that they had two or more commercial insurance policies.
 - 26% of the respondents had consulted a private physician in the 3 months prior to the survey (vs. 22% in 2012).

- 16% of the respondents reported that they had had a surgical operation in the previous two years; 60% of them reported that their last operation was paid for by their supplemental or commercial insurance or out of pocket.

One of the declared goals of the National Health Insurance Law is to promote equality among population groups in the provision of health services. The study findings show that in all areas of satisfaction with accessibility to community services provided by the public system, the gaps among the various groups have been reduced. However, the data indicating an increase in the amount of referrals outside of the public system reflect increased gaps stemming from the utilization of private services.

Conclusion

The study data indicate an improvement in most of the quality of service measures examined at the health plans. However, these data must be considered alongside those indicating increased waiting times to see specialists in the community, increased use of to the private system, and the decline in the sense of confidence in the system. In addition, the study findings provide additional information for the planning and monitoring of two reforms currently underway at the Ministry of Health: the mental health reform, which was introduced in mid-2015, and the possible expansion of the dental health reform.

The findings indicate the importance of the efforts made to reduce gaps in the accessibility to services through the health plans and the ability of the system to reduce inequality.

We hope that the study findings will help the health plans and the entire health system to continue to improve services to the population.

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