



Summary of Findings from the Ninth Survey of Public Opinion on the Level of Service and Performance of the Health Care System

Shuli Brammli-Greenberg

Tamar Medina-Artom

In Brief

Since 1995, the Myers-JDC-Brookdale Institute (MJB) has been monitoring the performance of the health care system from the perspective of the consumer.¹

- ◆ In general, a high level of satisfaction with service at the health plans has been maintained since 2009.²
- ◆ Since 2009, there has been no change in the percentage (12%) of individuals reporting that they had forgone medical care or medication due to cost, in the year prior to the survey. Of those who reported that they had gone without care or medication due to cost, a relatively high percent were individuals in the lowest income quintile (20%) or chronically ill patients (17%).
- ◆ The percentage of individuals with supplemental insurance (bought from the health plans) remained high (over 80%) and the percentage of those with commercial (private) insurance increased to 42%. The great majority of commercial insurance policyholders also owned supplemental insurance.
- ◆ The sense of confidence in the health system was low. The respondents were asked about their level of confidence in the system should they suffer a serious illness. Only about 50% reported that they were confident or very confident that they would receive the best and most effective treatment. Only 40% reported that they were confident they would be able to afford the treatment needed. In these two measures, Israel had the lowest score of all 11 countries in the 2010 Commonwealth Fund survey.

¹ Details about the survey appear at the end of this document.

² Note that in that year, the deficit in the budget of the health plans was high – NIS 1.3 billion. It can be assumed that this deficit promotes steps toward efficiency and stabilization programs that could be harmful to the quality and availability of the services.

- ◆ This year, the sample of regular or frequent users of the health services ("sicker adults")³ was increased. The sicker adults' experience of interaction with the services was compared to that of the other respondents. It was found that the sicker adults experienced more problems with funding and access to medical care.

Main Findings

A high level of service was maintained at the health plans: In 2012, the respondents reported a high level of satisfaction with their health plans (91% were satisfied or very satisfied, compared with 90% in 2009). A significant difference was found among the health plans in the percentage of those who were satisfied or very satisfied: 95% of the Maccabi Healthcare Services members had high levels of satisfaction (37% very satisfied and 58% satisfied); as did 91% of the Meuhedet Health Plan members (39% very satisfied and 52% satisfied); 91% of Leumit Health Services members, (37% very satisfied and 54% satisfied); and 90% of Clalit members (31% very satisfied and 59% satisfied).

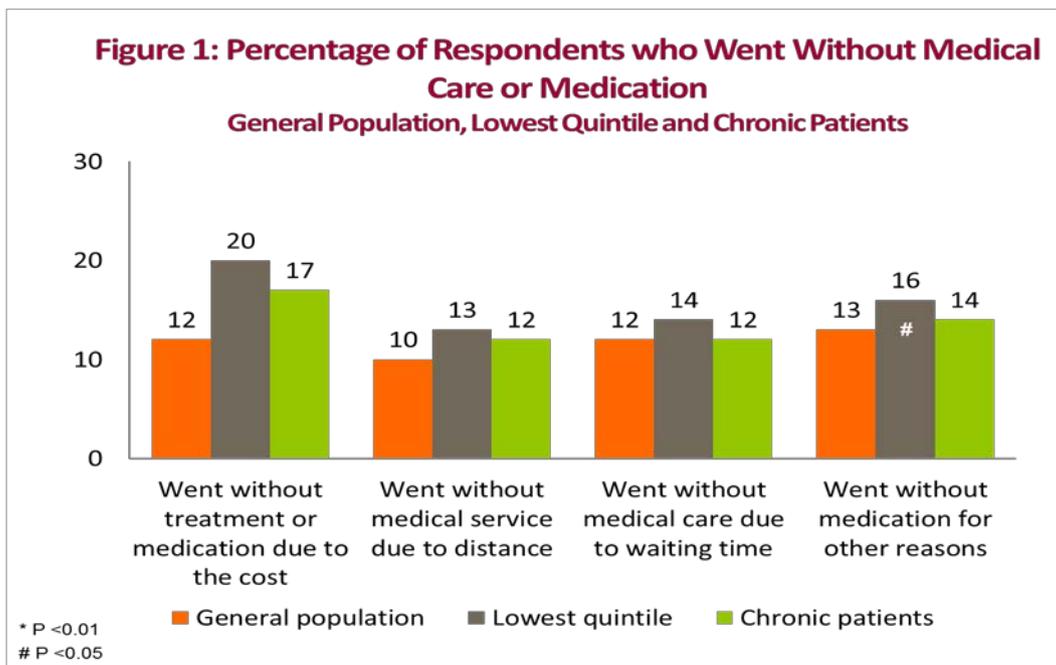
The high percentage of those very satisfied with the various areas of health plan service was maintained (nine parameters were measured): The highest percentage of satisfaction was found for the attitude and professionalism of the family physician (51% and 43%, respectively). Forty-two percent were very satisfied with the attitude of the nurses. The percentage was similar for cleanliness and maintenance of facilities (42%). About 33% were very satisfied with the attitude of the clerical staff, the lab services, the ease of obtaining referrals and medication, and the professionalism of the specialist physicians. Only about 25% were very satisfied with the choice of medications.

Forgoing medical care or medication: No change was found in the percentage of respondents who had gone without medical care at the health plan (excluding dental care and medication) at least once during the previous year due to cost (6%) and the percentage of those reporting they had gone without prescription medication due to cost (9%). Altogether, 12% reported that they had gone without medical care at the health plan or without prescription medication, or both, due to cost (Figure 1). Note that the percentage of respondents reporting that they had gone without treatment due to cost was highest among those in the lowest income quintile (20%) and chronically ill patients (17%). In addition to cost, other reasons were given for going without medication (Figure 1).

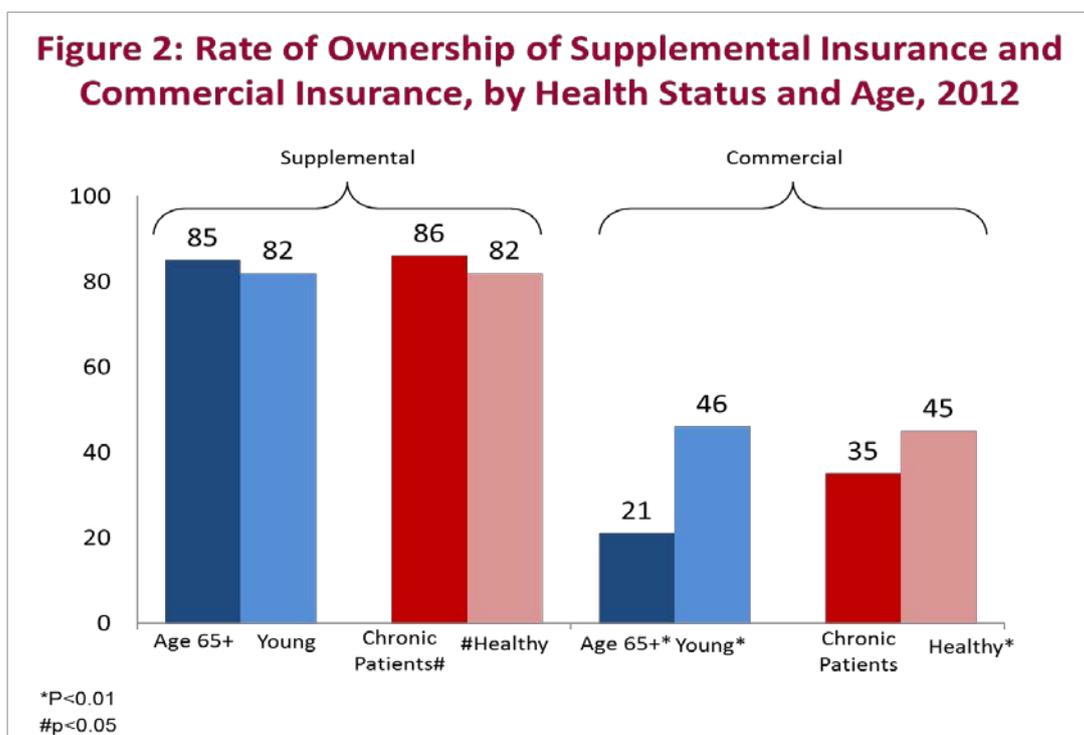
Ten percent went without medical services because of distance, 12% because of waiting times, and 13% for other reasons (e.g., medication they considered unnecessary, lack of confidence in the person prescribing it).⁴ Altogether, 37% of the total respondents went without services for one reason or another. An examination of those respondents revealed no significant overlap in the reasons: 24% of the total respondents went without medical care or medication for one reason, 9% for two reasons, and 4% for three or more reasons.

³ To identify sicker adults, we used the Commonwealth Fund definition, which includes individuals who define their health status as moderate to poor; those who are receiving medical care for a chronic illness, injury or disability; and those who had had a surgical operation or had been hospitalized in the previous two years.

⁴ At the same time, 30% reported that the physician did not give adequate explanation about the medication they were taking – a significant increase since 2009 (24%).



The rate of ownership of private health insurance continued to rise: The rate of commercial health insurance ownership increased from 35% in 2009 to 42% in 2012. There was also an increase (not statistically significant) in the rate of ownership of supplemental insurance offered by the health plans (83% vs. 81%).⁵ Most of the policyholders of commercial insurance also had supplemental insurance.⁶ Among chronically ill patients and respondents aged 65+, the ownership of supplemental insurance was higher than among the others. In contrast, the ownership rate of commercial insurance was lower among these groups (Figure 2).

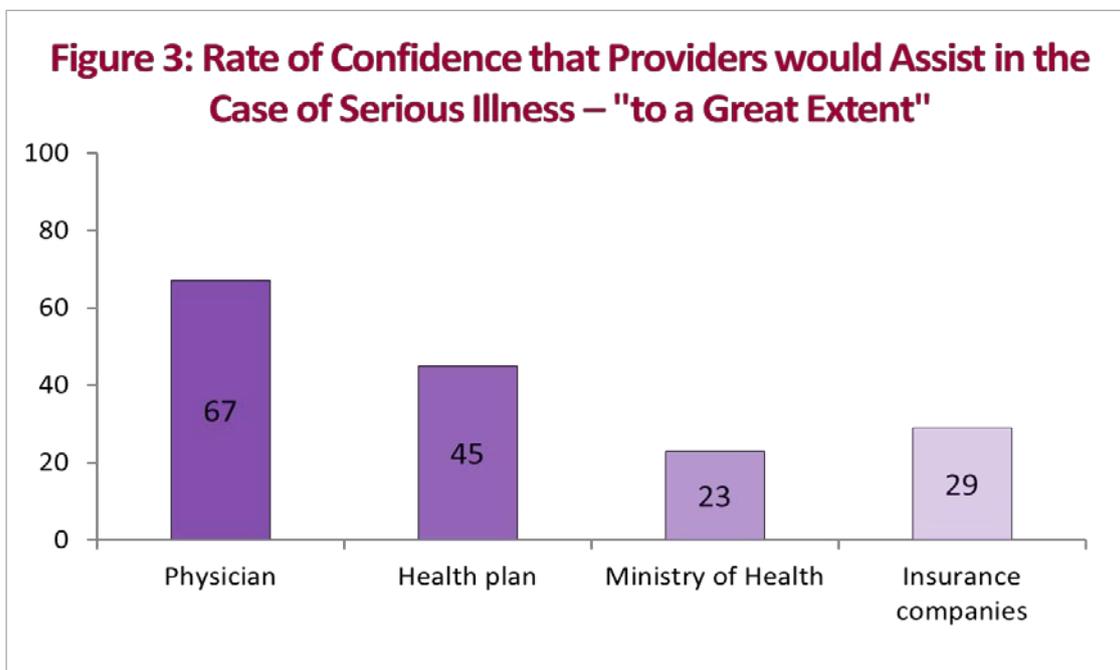


⁵ The study population includes adults age 22+ only. The rate of supplemental insurance ownership therefore differs from the Ministry of Health data, which include children.
⁶ About half of the owners of supplemental insurance also had commercial insurance.

A quarter of the supplemental insurance policyholders responded that they "did not know" why they had it, and 27% of the commercial insurance policyholders gave the same answer. Among the supplemental insurance policyholders, a high percentage (73%) reported that they had utilized at least one of the supplemental insurance services in the previous two years. The situation is reversed in the case of commercial insurance. Most of the commercial insurance policyholders (79%) reported that they had not made a claim in the previous two years. Among holders of supplemental insurance **who had utilized its services**, a higher percentage also had commercial insurance (49% vs. 43% among owners of supplemental insurance who had not used it).

Low level of confidence in receiving treatment in case of a serious illness:⁷ Fifty percent of the respondents reported that they were confident or very confident that they would get the best and most effective treatment, should they become seriously ill. Among those without supplemental insurance and those without commercial insurance, a higher percentage felt confident that they would receive the best and most effective treatment (62% and 56%, respectively).

Only 40% of the respondents were confident or very confident that they could afford the treatment they would require in case of serious illness. The percentage was relatively higher among those with commercial insurance (48% compared to only 35% of those without commercial insurance). Another related indicator was the **rate of consumer confidence that various providers would assist in case of serious illness**. The rate of confidence to a great or very great extent was found to be highest with regard to the physician (67% – Figure 3).



⁷ The level of confidence in the Israeli system was found to be relatively low compared to other countries in an international survey. According to the **Commonwealth Fund International Health Policy Survey in Eleven Countries** (2010), the level of confidence that patients would receive the best and most effective treatment ranges from 67% in Sweden to 92% in the UK. The level of confidence in the financial ability to pay for treatment ranges from 58% in the USA to 90% in the UK. In both measures, Israel (50%) was the lowest of all the countries included in the survey.

Sicker adults' experience of contact with the health system compared with others: The survey examined the experience of those in greater need of medical care, separately. Forty-one percent of all respondents met at least one of the criteria and were defined as sicker adults.⁸ Twenty-one percent defined their health as mediocre or worse, 18% had been hospitalized in the previous two years; 16% had received treatment for a chronic illness, injury or disability in the previous year; and 15% had had surgery in the previous two years.

The sicker adult rate varied somewhat⁹ among the health plans: 44% at Clalit, 38% at Maccabi Healthcare Services, 36% at Meuhedet Health Plan, and 42% at Leumit Health Service. Among the sicker adults, there were relatively high percentages of elderly individuals, women, low-income earners and Russian speakers.

In the previous year, twice as many sicker adults as other respondents had experienced mental anguish that was difficult to cope with alone (33% vs. 16%, respectively). At the same time, among the sicker adults, a higher percentage reported that their primary care physician had asked them or spoken to them about mental anguish in the previous year (22% among sicker adults, vs. 11% among the others).¹⁰ In addition, a higher percentage of sicker adults than of others reported that they were very confident that their physician would help them should they become seriously ill (71% vs. 64%).

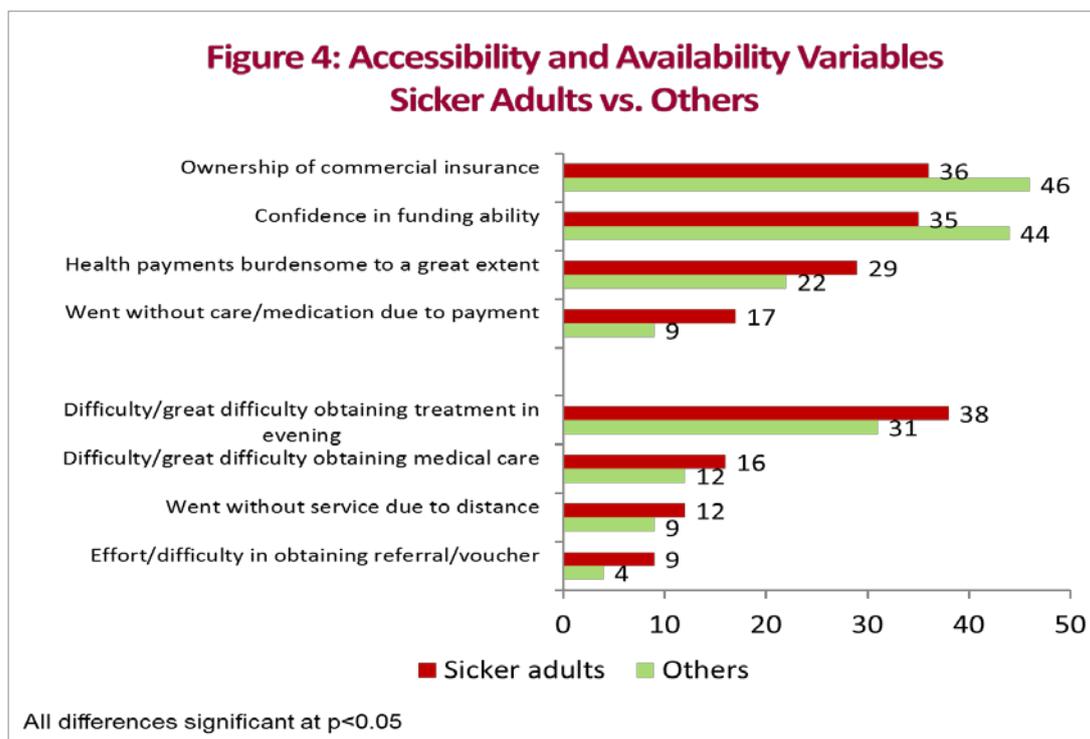
The Experience of Cost-Related Variables Among Sicker Adults vs. Others (Figure 4):

- ◆ A lower percentage reported ownership of commercial insurance (36% of sicker adults vs. 46% of the others).
- ◆ A lower percentage felt confident or very confident that they could afford the care they would need in the case of serious illness (35% of the sicker adults vs. 44% of the others).
- ◆ A higher percentage reported that payment for health services was burdensome to a great extent (29% vs. 22%).
- ◆ Almost twice as many reported going without medical care or medication due to cost, at least once in the previous year (17% vs. 9%).

⁸ Only 8% defined their health as mediocre or worse and did not receive medical care for a chronic illness or were operated on or hospitalized, in the previous two years.

⁹ The difference was almost statistically significant at $p < 0.1$.

¹⁰ Among the sicker adults who suffered mental anguish, 37% reported that their physician had asked them or spoken to them about mental anguish; this percentage is considerably higher than the percentage among the others (25%).



The Experience of Accessibility and Availability Among Sicker Adults vs. Others (Figure 4):

- ◆ A higher percentage reported difficulty or great difficulty getting medical care in the evening (38% among sicker adults compared to 31% among the others) and difficulty getting medical care in general (16% vs. 12%, respectively).
- ◆ A higher percentage reported that they had gone without a service because of distance (12% vs. 9%, respectively).
- ◆ A higher percentage reported that they had experienced difficulty or had to exert themselves in order to receive a referral or voucher (9% vs. 4%, respectively).



About the Survey

Since 1995, the Myers-JDC-Brookdale Institute has been monitoring the health care system from the perspective of the consumers. The latest survey was conducted from August to December 2012 under the direction of **Shuli Brammli-Greenberg** and **Tamar Medina-Artom**, with the support of a steering committee comprising representatives of all the health plans, the Ministry of Health, the Ministry of Finance, the National Insurance Institute (NII) and consumer organizations.

The data are collected at MJB by the Institute's Fieldwork Unit headed by Chen Tzuk-Tamir and under the supervision of the research team. The sample is a representative sample of the adult population (age 22+) in Israel. Altogether, 2,330 individuals were interviewed in four languages (Hebrew, Arabic, Russian and English) and there was a 61% response rate. The data were weighted to reflect the sampling proportions and the composition of the general population for accurate representation. The characteristics of the sample are close to those of the population according to data from the Central Bureau of Statistics, the Ministry of Health and the NII.

The survey also examined the following additional topics: primary-care medicine; medication use; assessment of the functioning of the health system; accessibility and barriers; transfer and near transfer among the health plans, and the sense of difficulty in transferring from one to another; choice of service provider; and utilization of telemedicine.

For citations:

Brammli-Greenberg, S. and Medina-Artom, T. 2013. ***Summary of Findings from the Ninth Survey of Public Opinion on the Level of Service and Performance of the Health Care System***. Myers-JDC-Brookdale Institute: Jerusalem.

Website: <http://brookdale.jdc.org.il/>