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**THE SMOKLER CENTER FOR HEALTH POLICY RESEARCH**

**Public Opinion on the Level of Service and  
Performance of the Health-Care System  
in 2007 and in Comparison  
with Previous Years**

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**RESEARCH REPORT**

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## Executive Summary

The Myers-JDC-Brookdale Institute has since 1995 conducted a biennial survey of the level and performance of health-care services. The most recent survey was at the end of 2007 and based on a representative sample of Israel's adult population (age 22 and over).<sup>1</sup> Respondents numbered 1,868 people with an 83% response rate. The following are the main findings of the survey as well as a comparison with the findings for 2005. Unless otherwise noted, the comparison of periods and populations presents only statistically significant differences ( $p < 0.05$ ).

### Trends in the Service Level of Israel's Health Plans

- ◆ In general, the health plans maintained their high level of services in 2007: respondents reported a high level of satisfaction with their individual health plans (88% were satisfied or very satisfied, as in 2005). The rates of satisfaction in the Meuhedet Health Plan (94%) and in Maccabi Healthcare Services (92%) were similar (showing no statistically significant difference) and higher than in the Clalit Health Services (85%) and the Leumit Health Fund (86%).
- ◆ The analysis by population group showed that among Arabic-speakers, a higher proportion were satisfied or very satisfied with their health plans (94%).
- ◆ As regards health-plan services related to the medical staff, there was an increase in 2007 in the proportion of those very satisfied with the professional level of specialists, the professional level and manner of the family doctor, the attitude of nurses and of clerical staff.
- ◆ The waiting time to see a specialist remained unchanged from 2005: 43% waited a week, 18% – one to two weeks and 39% – more than two weeks. Note that 60% of those waiting more than two weeks characterized the waiting time as unreasonable.
- ◆ The waiting time at the primary clinic remained unchanged from 2005: 63% waited up to 15 minutes and 17% – more than half an hour.
- ◆ There was an increase in the number of respondents judging that "It was not at all difficult to get medical treatment when I needed it": 56% in 2007 versus 46% in 2005.
- ◆ The mammogram rate for women aged 50+ continued to show a moderately rising trend since 1999: 66% had been tested in the previous two years versus 63% in 2005. This change is not statistically significant.<sup>2</sup> However, among women in low-income groups, the increase in mammograms was statistically significant (77% in 2007 versus 59% in 2005).

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<sup>1</sup> The survey is monitored by a steering committee representing all the health plans, the Ministry of Health, the Ministry of Finance, the National Insurance Institute and consumer organizations.

<sup>2</sup> According to the 2006 data of the National Quality Measures Program, the rate of women aged 50-74 who had a screening mammogram at a health plan was 59%. The difference may be explained by the fact that the survey data included women who had a diagnostic mammogram at the health plans or in private frameworks, whereas the data of the above Program of Measures applied only to screening mammograms at the health plan.

- ◆ No change was found in the rate reporting a blood-pressure test in the previous six months (48%).
- ◆ In 2007 there was a decrease in the rate of flu vaccination for the elderly population: 46% of the 65+ age group reported having received a vaccine in the previous year versus 56% in 2005.<sup>3</sup>
- ◆ The percentage of people applying to a private doctor in the previous 3 months declined (19% in 2007 versus 24% in 2005). Note that the percentage of people applying to alternative medicine in the previous 3 months (14%) approached that of applying to a private doctor.
- ◆ A smaller proportion of respondents said health costs were burdensome to a great extent (22% in 2007 versus 27% in 2005) and a larger proportion said they were not at all burdensome (30% in 2007 versus 19% in 2005). The same trend was found among vulnerable populations. On the other hand, about a quarter of the chronically ill and those with low income still said health costs were burdensome to a great extent.

### **Private Insurance (Supplementary or Commercial)**

- ◆ The proportion of holders of supplementary insurance among the adult population showed no significant change (80% in 2007 versus 79% in 2005). There was, however, a decrease in the proportion owning both supplementary and commercial insurance (28% in 2007 versus 31% in 2005), and an increase in the proportion holding only supplementary (52% in 2007 versus 47% in 2005). The proportion owning supplementary insurance remained relatively lower among the Arab population (53%), the low-income population (62%) and the elderly (73%). The proportion of holders of commercial insurance (32%) and long-term care insurance (33%) showed no significant change compared with 2005.
- ◆ Supplementary insurance holders were asked about their satisfaction with the plan's coverage of services. Of the respondents, 10% said that they were very satisfied, 41% – satisfied, 19% – not so satisfied or not satisfied, and 30% were unable to answer because they did not know which services are covered by the plan.
- ◆ Respondents who had applied for service from private insurance at some time were asked about their satisfaction with the service provided (e.g. information, rebates, help with red tape etc.). Of those applying for supplementary insurance, 15% said they were very satisfied and 16% – satisfied. Of those applying for commercial insurance, 26% said they were very satisfied and 47% – satisfied.
- ◆ 15% of holders of supplementary insurance and 18% of holders of commercial insurance said that they had encountered problems in receiving service or medical treatment through their insurance .
- ◆ The main problems cited about supplementary insurance were: insufficient discount for services or a service's exclusion from the insurance plan and a doctor's inadequate

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<sup>3</sup> The data are consistent with that of the National Quality Measures Program for 2006 where the vaccination rate among the elderly was 46%.

professional level or disagreeable attitude. The main problems cited about commercial insurance were: insufficient discounts/coverage for a service, difficulty in obtaining rebates, red tape/unresponsiveness and disagreeable attitudes of the clerical staff.

## **Service Accessibility**

The survey examined problems of service accessibility in terms of payments, distance, and administrative restrictions.

### ***Payments***

- ◆ There was a decrease in the rate of people reporting that they had gone without medical treatment (excluding dentistry and medications) in the previous year at least once because of cost (6% of the population versus 8% in 2005). Among those forgoing treatment due to cost, about half dispensed with a specialist, about a third – with check-ups and other treatment, and about a quarter – with services outside of the basket.
- ◆ There was a decrease in the rate of people forgoing prescription drugs in the past year (11% versus 15% in 2005). The change was notable among the elderly (9% in 2007 versus 16% in 2005). The rate was particularly high among low-income groups (19%) and the chronically ill (16%). Note that about half of those forgoing prescription drugs did so for a chronic illness. Some of those waiving prescription drugs (38%) said that they had taken alternative medication.
- ◆ We checked the rate of respondents reporting that they had gone without medical treatment or medication or both (12% in 2007 versus 17% in 2005). Among the low-income population, 20% were found to have waived medical treatment and/or medication because of cost as opposed to 30% in 2005. A decrease was found also among the elderly (10% in 2007 versus 16% in 2005). At the same time, among the chronically ill, no change was found from 2005 – 18% went without medical treatment and/or medication because of cost.

### ***Distance***

- ◆ In 2007, 11% reported foregoing medical treatment because of distance as opposed to 14% in 2005. In 2007, about half of the 11% did not visit a specialist and about a third did not have check-ups and treatment at hospitals or clinics.

### ***Health-Plan Administrative Restrictions***

- ◆ According to 18% of the respondents, referrals or vouchers had been obtained from the health plan with effort or difficulty; 7% said that they had not received a referral to the doctor of their choice. The rates were unchanged from 2005.
- ◆ According to 9% of those requiring medication, the health plan had demanded that they accept an alternative drug because of price (unchanged from 2005). This rate remained relatively high among the chronically ill (13%).

## **Management of Treatment with Medication**

- ◆ The survey repeated a series of questions from the 2005 survey related to managing treatment with medication. Most of the respondents (79%) said that they themselves had required medication in the previous year (whether prescription or otherwise).
- ◆ According to 45% of the respondents, they had taken prescription drugs regularly in the previous year. Another 3% said they had taken non-prescription drugs regularly (i.e. daily for at least a month).
- ◆ Considerable improvement was found in response to the question: "In the past year, did a doctor review with you the list of all the medications you take?"; 57% of those taking medication regularly answered affirmatively versus 37% in 2005.
- ◆ About half of those taking any medication in the course of the year and a third of those taking medication regularly reported that the doctor had not adequately explained the medications to them. In this respect, there was no change from 2005.
- ◆ According to 12% of those requiring medication in the past year, they had stopped taking it or changed the dosage of their own accord without notifying the doctor. A similar percentage of those taking medication regularly (15%) furnished the same response. These rates, too, were unchanged from 2005.

## **Devoting Time, Coordinating Treatment and Doctors' Explanations**

- ◆ Most of the survey participants (85%) reported visiting a doctor in the previous year. As expected, the proportion of visits was higher among the elderly (95%), the chronically ill (94%), and women (88%).
- ◆ Regarding a doctor's attention, 15% said that they had visited a doctor in the previous year who had not devoted enough time to them (about half cited the family doctor and half, another doctor). A similar percentage (16%) said that they had visited a doctor in the previous year who did not answer questions that were important to them (10% cited a specialist and 6%, a family doctor).
- ◆ According to 17% of those who had visited a family doctor in the previous year, the latter had not adequately explained their medical condition and the treatment at their last visit; 18% said that a specialist had not adequately explained their medical condition and the treatment at their last visit (unchanged from 2005).
- ◆ According to 63% of the respondents, the family doctor coordinated all the information on all the medical treatments they were receiving. However, about a third of the chronically ill and about a fifth of the elderly said that they had no doctor who is performing this job.

## **Assessing the Performance of the Health-Care System**

Respondents were asked a general question on the performance of the health-care system: "In general, are you very satisfied, satisfied, not so satisfied or not at all satisfied with Israel's health-care system?" The question related to all providers in the system (health plans, hospitals, etc.).

- ◆ The proportion of those satisfied or very satisfied with the health-care system showed an increase (63% versus 57% in 2005).
- ◆ Note that the rates of satisfaction with the health-care system in general were lower than with health-plan services (88% said they were satisfied or very satisfied).
- ◆ Higher satisfaction with the health-care system was found among the Arab population (90%), low-income groups (77%), the elderly (70%) and Russian-speakers (70%).
- ◆ Respondents who said they were not so satisfied or not at all satisfied with the health-care system were asked an open question about their reasons. About a quarter of those not satisfied (9% of the entire sample) noted that the system cut costs and did not provide solutions; some 15% (6% of the sample) mentioned the following reasons: services were costly, the basket was limited, inequality, low professional standards, red tape and a low level of service, discourteous attitudes. Nine per cent (3% of the sample) cited low hospital standards.

In summary, though there was improvement in health-plan services and payment-related aspects in the 2005-2007 period, there is still room for further improvement in many areas.

With regard to accessibility, consideration might be given to instituting more convenient working hours, improving laboratory services, expanding the choice of medications, easing the receipt of medications and referrals, shortening the waiting time for appointments and relaxing administrative restrictions on approving services.

To advance more equal care, there is room to consider policy changes regarding: the patients' co-payments for services; the removal of financial barriers that primarily affect vulnerable populations; the availability of services in remote communities to improve access for the local population; the expansion of supplementary coverage in order to equalize access to additional services excluded from the basket.

As for the doctor-patient encounter, the time a doctor devotes to patient visits could be increased. This could allow more time to coordinate treatment, improve the quality of the explanations to the patient and the management of medications.

Of course, in considering any such policy changes, the potential equity gains will have to be assessed within the context of a wider policy analysis that also considers costs, feasibility and other considerations.

The detailed abstract was widely disseminated and the findings were presented to policymakers at the health plans, the Ministry of Health, the National Health Council, the National Council for Primary Medicine and the Knesset. Hopefully, they will help all involved continue to improve services for the general public.

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