JDC-BROOKDALE INSTITUTE
OF GERONTOLOGY AND HUMAN DEVELOPMENT

Changes in Household Expenditure on Health between 1986/87 and 1992/93

Ayelet Berg[1] • Bruce Rosen[1] • Gur Ofer[2]

Research Report

This paper was prepared in the framework of the Cooperative Program in Health Policy Research of the Government of Israel and the JDC-Brookdale Institute.

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- Disability

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Abstract

During the past decade many changes have taken place in Israel's health system. Many observers believed that these changes had brought about a significant increase in household expenditure on health, particularly on private medical services. The publication of data from the 1992/93 Family Expenditure Survey made possible a comparison with data from the Family Expenditure Survey conducted six years earlier, intended to empirically test this belief.

The comparison reveals that while total consumption expenditure rose by 9% in real terms (and money expenditure rose by 15%), expenditure on health rose by nearly 50% in real terms. This was the result not only of a relatively high increase in prices, but also of an increase in the quantity of services and products consumed. Expenditure on private medical services grew by 25% and expenditure on commercial insurance by more than 200% (even though the average level of expenditure for commercial insurance remains low in absolute terms). The greatest increase in expenditure in absolute terms was in payments to sick funds. Thus, the principal finding is that the increase in household expenditure on health between 1986/87 and 1992/93 is the result, primarily, of the significant rise in payments to sick funds and not, as might have been expected, of a rise in expenditure on private services. Further research is needed to determine the extent to which this increase is the result of expanded purchase of private services by the sick funds.

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1. Introduction

By the early 1980s, Israel was already among the leading countries in the world in the portion of national expenditure on health financed by households (State of Israel, 1994).[1] During recent years, against the background of a series of crises in Israel's public health system, there has been an increase in the part of private, for-profit agencies in the provision of health services (Ministry of Health, 1993). At the same time, it was believed that there has been an increase in the private share of the financing of these services -- that is, in that part of expenditure on health financed by households.

Household expenditure on health plays an important role in the total financing of the national expenditure on health. The National Accounting shows that in 1992 the national expenditure on health was NIS 12.5 billion (about $4.2 billion), which was 8.0% of the Gross National Product (GNP). Household expenditures for services and medications financed 28% of this expenditure, while payments from households directly to the sick funds (membership dues) financed an additional 23% of this expenditure. The parallel tax -- a tax earmarked for health, which employers pay to the National Insurance Institute (social security) -- financed 24% of this expenditure, while 21% of the expenditure was financed through general taxation. Three percent was financed through other sources (Central Bureau of Statistics, 1995).

The purpose of the present report is to examine whether and to what extent there has been a real growth in household expenditure on health during recent years. The examination will address total expenditure on health and its various components. In addition, analysis will be used to distinguish between increase in expenditure resulting from relative changes in prices, and increase in expenditure resulting from changes in the quantity and quality of services.

The analysis is based on data from the Family Expenditure Surveys for 1986/87 and 1992/93 (Central Bureau of Statistics, 1989; Central Bureau of Statistics, 1994a), and on National Accounting data regarding sick fund expenditure and income (Central Bureau of Statistics, 1994b; Central Bureau of Statistics, 1994c; Central Bureau of Statistics, 1995). Family Expenditure Surveys, which cover Israel's urban population, are conducted by the Central Bureau of Statistics approximately every six years. Their primary purpose is to investigate household budgets, comprised of income and expenditure. Survey findings regarding the composition of the household consumption basket are used as the basis for weighting the Consumer Price Index. The data are based on a sample of approximately 5,000 households representative of the urban population, which in turn represent 90% of the households in Israel.

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[1] The State Commission of Inquiry considered the sick fund dues paid by households to be private expenditures, as they were collected by the sick funds themselves and not the government. Some claim sick fund dues should be regarded as a tax, since the level of payment is linked to income level.

It should be noted that the Family Expenditure Surveys address the total expenditure of households on health, including sick fund dues and commercial or supplemental insurance, and not only out-of-pocket expenditures for specific services, usually termed "private medicine",[2] for which payment is collected when services are rendered.[3]

2. Findings

Expenditure on Health Services in 1992/93
As can be seen in Table 1, in 1992/93 the total expenditure on health of 1.3 million households was an average of NIS 360 per household per month. Expenditures for health insurance represent the greater part of this expenditure -- NIS 197. Expenditures for dental care were NIS 75, while an additional NIS 88 were spent on other medical products or services (NIS 55 on medical products such as medications and rehabilitative aids, and NIS 33 on other health services). Health insurance expenditures accounted for 55% of the total (see Figure 1).

Trends in Expenditure on Health During the Past Six Years
During the past six years, expenditure on health rose by about 48% in real terms, while the total basket of consumption increased by only 9%, or by 15% excluding the housing component (see Table 1). This increase is a result of a combination of the relatively large increase in the prices of health services (approximately 28% above the General Index)[4] and an increase in the quantity of health services consumed (approximately 16%).[5]

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[2] Reports of the households participating in the Family Expenditure Survey are meant to include both legal and illegal expenditures (such as payments to a private surgeon in a public hospital). However, respondents may be hesitant to report illegal expenditures. No explicit guideline is given about including illegal expenditures in the Survey questionnaire, such that there is no indication of the extent to which such expenditures are indeed reported.

[3] Some of the services offered by private, for-profit providers are financed by the sick funds or the government, and not by the households themselves. These will therefore not be included in this article, which focuses on the financing and not the provision of health services. It should be noted that in 1992 only 1.7% of sick fund expenditures were spent in the private sector; though this is a higher percentage than that of 1986/87 (0.6%), it is still a very small portion of sick fund expenditures.

[4] Although the Health Services Price Index is meant to reflect the increase in the **price** of a set basket of services, some of the increase in the Index may be a result of improvement in the **quality** of services (e.g., technological improvements, shorter waiting times, etc.) (Central Bureau of Statistics, 1992).

[5] The change in "quantity" is calculated as being what remains after deducting the effect of changes in cost from changes in expenditure. It therefore should include all changes in the "quality" of services, as well as in the quantity of services consumed. However, as noted in the previous

Table 1: Average Household Expenditure on Health, 1986/87 and 1992/93 (NIS per Month per Household)

	1986/87	1992/93	Real Change (%)
Total Expenditure on Consumption	**4,674**	**5,102**	**9**
Total Expenditure on Health	**243**	**360**	**48**
Health Insurance	**101**	**197**	**94**
Sick fund dues	98	187	91
Commercial insurance	3	10	210
Dental Care	**66**	**75**	**13**
Dental treatment	63	71	13
Dental insurance	3	4	59
Other Services/Expenditures	**76**	**88**	**17**
Medications	19	28	49
Medical products*	10	6	-40
Optical rehabilitation aids	13	14	7
Private services**	20	25	25
Long-term care institutions	5	8	59
Other	8	7	-7

* Includes cotton balls, tampons and sanitary napkins.

** Includes expenditures for private physicians, laboratory tests, operations, special treatments, alternative medicine, hospitalization, a private nurse, an ambulance, and emergency room services.

Source: Central Bureau of Statistics, 1989 and 1994.

As can be seen in Table 1, most of the real increase in expenditure on health derives from expenditures for health insurance, which rose by approximately 94%. Sick fund dues increased by roughly 90%, while the increase in expenditures for commercial insurance was over 200%. Expenditures for medications increased by 49%, for dental insurance by 59%, and for private medicine by 25%.

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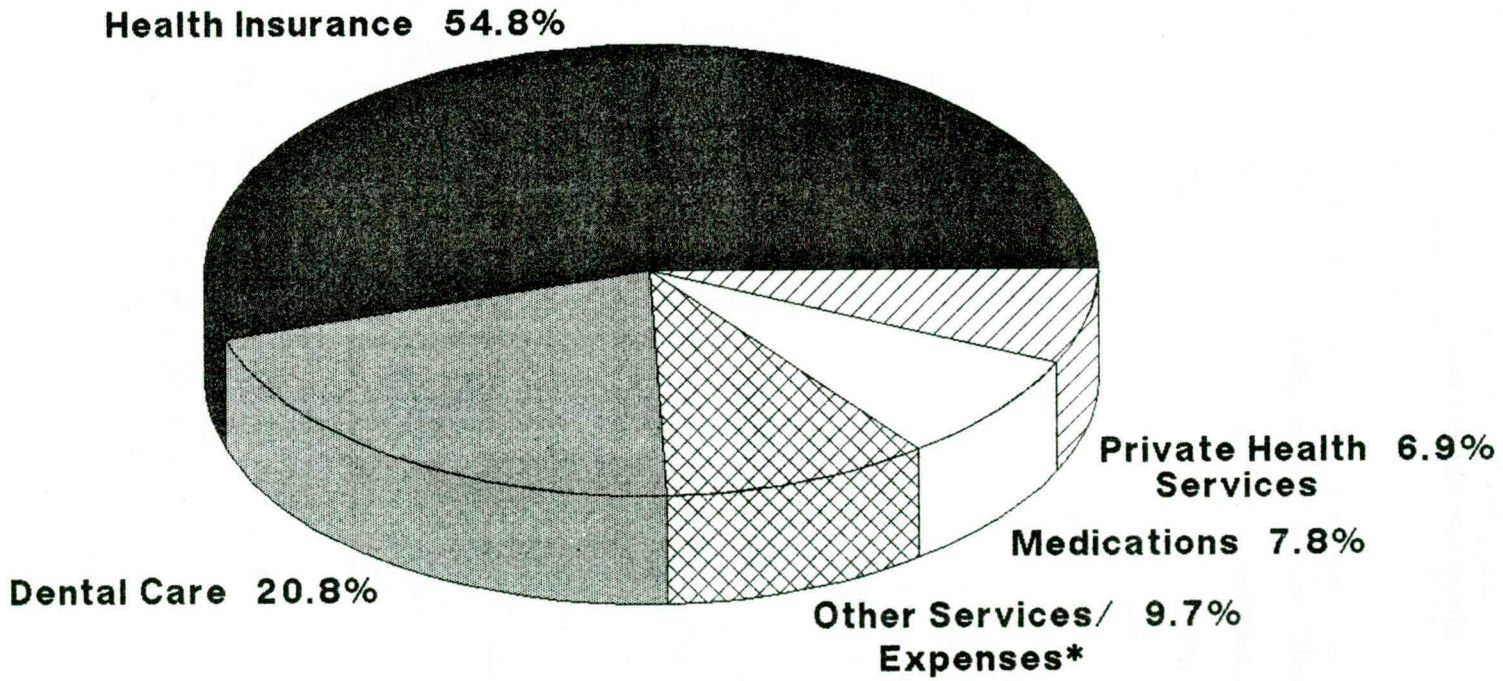
footnote, some of the changes in quality may be reflected in the Price Index.

Figure 1:
Composition of Household Expenditures on Health 1992/93



Total expenditures on health in 1992/93: NIS 360 per household per month

* Nursing care institutions, rehabilitation equipment and medical supplies.

It is not possible to ascribe the increase to demographic changes, since during the survey period average household size -- about 3.5 individuals -- did not change. Apparently, changes in the age composition of the population also had little influence on the increase -- the proportion of elderly people in the population increased from 8.8% to 9.4% only.

We chose to analyze the changes in expenditure on health from two perspectives. Table 1 presents the changes in household expenditure beyond the influence of the increase in the General Price Index. In this way, expression is given to changes in the relative prices of the various health services and in the quantities of health services consumed. Another way to analyze the changes in expenditure on health is by distinguishing between the influence of changes in quantities of services consumed and the influence of changes in the relative prices of services, as presented in Table 2 and Figure 2. After deducting the effect of changes in the specific price index for each component of expenditure, what remains reflects only changes in the quantities of services consumed. However, due to the difficulty of measuring the influence of technological developments and improvements in the quality of personnel -- a central input in this sector -- it is difficult to construct price indices for some health services and products (especially sick fund dues). It is thus possible that some of the increase in the index nevertheless reflects improvements in quality.

For each health product and service, Table 2 presents data on changes in the quantities consumed (derived by deducting the increase of the index for each product or service from the expenditure for it) and on the increases in price over and above the increase in the General Index. The Table shows that, overall, health consumption (quantities) rose by about 16%, and that health prices rose by 28% more than the General Index. Consumption of commercial insurance, dental insurance and medications rose by over 50%. In contrast, consumption of private medical services and dental treatment rose hardly at all. These phenomena may be due to the expansion of the sick funds' baskets of services, and the expansion of commercial and supplemental insurance.

Changes in quantities consumed can express changes in the percent of households consuming a product or service, changes in the quantities consumed by each such household, or both. Table 3 presents the percentage of households reporting expenditures for health products and services in 1986/87 and 1992/93. The most outstanding change was in expenditures for dental care -- the percentage of households with expenditures for dental treatment rose from 28% to 35% during this six-year period. As for the percentage of households with expenditures for private services, medications and rehabilitation aids, no great change was observed during the six years surveyed: The percentage of households that had expenditures for a private physician decreased slightly, from 13% to 11%; expenditures for medications increased slightly, from 39% to 40%; and expenditures for rehabilitation aids were 12% in 1986/87, compared with 14% in 1992/93.

Table 2: Percentages of Real Change in Health Expenditures, Quantity and Price, 1986/87 versus 1992/93

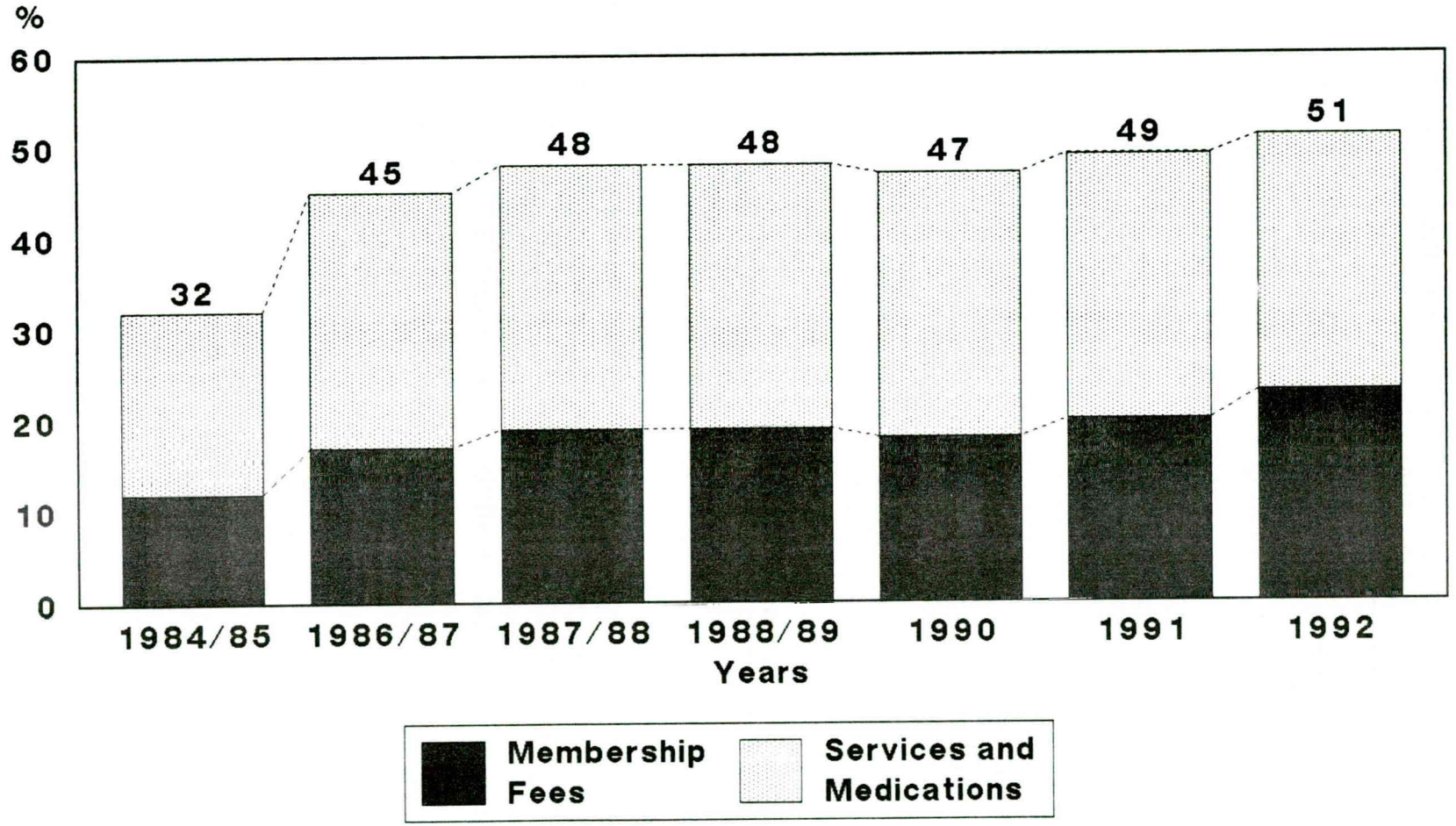
	Change in Quantity (%)	Change in Price (Over the General Index) (%)	Real Change (%)
Total Expenditure on Consumption	**9**	-	**9**
Total Expenditure on Health	**16**	**28**	**48**
Health Insurance	**29**	**51**	**94**
Sick fund dues	20	58	91
Commercial insurance	117	51	210
Dental Care	**10**	**2**	**13**
Dental treatment	11	2	13
Dental insurance	56	2	59
Other Services/Expenditures*	**18**	**-1**	**17**
thereof: Medications	75	-14	49
Optical rehabilitation aids	42	-22	7
Private services**	0	24	25

* The category "other services and expenditures" contains a number of sub-categories from 1986/87 for which it was difficult to calculate an appropriate price index; we therefore did not present data for these sub-categories updated for 1992/93 prices.

** Includes expenditures for private physicians, laboratory tests, operations, special treatments, alternative medicine, hospitalization, a private nurse, an ambulance, and emergency room services.

Source: Central Bureau of Statistics, 1989 and 1994.

Figure 2: The Proportion of Households in Financing the National Expenditure on Health beween 1984/85 and 1992



Source: The National Accounting, Central Bureau of Statistics

Table 3: Percentage of Households Reporting Health Expenditures (during a Three-Month Period) in 1986/87 and 1992/93

	1986/87	1992/93
Health - Total	**98**	**98**
Health Insurance	**94**	**94**
Sick fund dues	94	94
Commercial insurance	2	7
Dental Care	**28**	**35**
Dental treatment	24	31
Dental insurance	8	6
Other Expenditures for Health	**60**	**67**
thereof: Private Physician	13	11
Medications	39	40
Optical rehabilitation aids	12	14

Source: Central Bureau of Statistics, 1989 and 1994.

Table 4 contributes to our understanding of changes in the level of expenditure of those households that had non-zero expenditures for health services. It appears that the percentage of households that had expenditures for dental treatment increased substantially (see Table 3); however, since their expenditures for dental care decreased in real terms (see Table 4), the average expenditure for all households increased only slightly (see Table 1). A real decrease was also found in expenditures for rehabilitation aids, primarily as a result of a decrease in their relative prices (see Table 2), as well as in the consumption of the services of a private physician.

Table 4: Average Expenditure of Households Reporting Expenditure on Health, 1986/87 and 1992/93 (NIS per Month per Household)

	1986/87, in 1992/93 Prices*	1992/93	Real Change (%)
Total Expenditure on Consumption	**4,676**	**5,102**	**9**
Health - Total	**250**	**383**	**54**
Health Insurance	**108**	**209**	**94**
Sick fund dues	104	199	91
Commercial insurance	161	138	-14
Dental Care	**237**	**212**	**-10**
Dental treatment	262	237	-10
Dental insurance	50	50	0
Other Expenditures for Health	**128**	**131**	**3**
thereof: Private physician	112	91	-19
Medications	49	71	45
Optical rehabilitation aids	140	112	-20

* There was a 2.51 increase in the General Index
Source: Central Bureau of Statistics, 1989 and 1994

In addition, among households purchasing commercial insurance, we can see that this expenditure decreased in real terms by approximately 14%. Thus the increase in expenditures for commercial insurance is explained primarily by the increase in the percentage of those insured. The consumption of medications rose by 45%, with practically no change in the percentage of households consuming medications (see Table 3).

3. Discussion and Summary

The steady increase in the portion of households in the financing of the national expenditure on health has continued for more than a decade. During the mid-1980s, household expenditure was approximately 32% of the total national expenditure on health; it climbed to 52% in 1992 (See Figure 2). This increase was accompanied by a decrease in the portion of the government in the financing of health services -- from 52% during the mid-1980s to

47% in 1992. The principal, though not the sole, factor in this trend has been the increase in sick fund dues, as will be explained below.

Sick Fund Dues

The Family Expenditure Survey indicates that expenditures of households for sick fund dues nearly doubled between 1986/87 and 1992/93. This corroborates the picture received from the National Accounting, which is based on the financial reports of the sick funds. According to the National Accounting, household expenditures for sick fund dues rose by approximately 120% between 1986/87 and 1992/93 (with an increase of 17% in households during that period). Preliminary data from the Central Bureau of Statistics indicated that there was additional significant growth in 1993.

This growth in household expenditures for sick fund dues may be a result either of a real increase in total expenditures of the sick funds, or of an increase in the portion of households in the financing of the sick funds. Here there appears to have been a combination of the two factors, with the former being the dominant one. From the National Accounting it becomes clear that the expenditures of the sick funds increased in real terms by about 80% between 1986/87 and 1992/93. The portion of households in sick fund expenditures also rose during the same period, from 36% in 1986/87 to 38% in 1992/93.[6] Preliminary data from the Central Bureau of Statistics reveal that in 1993 there was an additional real increase in the expenditures per capita of the sick funds, as well as in the portion of the households' financing of the sick funds, in part because of the emergence of supplemental insurance.

Possible reasons for the increase in the sick funds' per capita expenditures include the increase in the quantity of services that sick funds offer their members; the expansion of the basket of services; improvements in both community and hospital services; and a real increase in the prices of the principal services that the sick funds purchase. It is also possible that the increase in the standard of living (monetary income increased in real terms by 16% during the survey period) caused an increase in demand for the health services provided by the sick funds.

Commercial Insurance

The increase in expenditures for commercial insurance -- over 200% -- is even more steep than the increase in sick fund dues. The percentage of those insured also increased significantly. It should be remembered, however, that these expenditures still represent only about 5% of the total expenditure on health insurance. In the future it will be interesting to monitor the developments in the commercial insurance sector, and to examine whether and how this sector is influenced by the new National Health Insurance Law.

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[6] National Accounting data on sick fund income from households include both dues and co-payments. Dues alone represented 30% of the sick funds' income in 1986/87; it is still not clear what the comparable figure should be for 1992.

Dental Care

Expenditures for dental treatment increased more rapidly than did total household consumption expenditure, though far less than did household expenditure on health. Special attention should be paid to the fact that, unlike other health services, the increase in expenditures for dental care are due to the increase in the proportion of households that had expenditures for dental treatment, and not to an increase in prices relative to the General Index. This may be the result of a number of factors: the expansion of the dental insurance sector; the possible restraining effect on prices -- and the stimulus to seek treatment -- provided by insurance companies; and the effect of a significant increase in the number of dentists, in part as a result of the mass immigration from the former Soviet Union. It is important to note that during the period surveyed the proportion of households with dental insurance grew only slightly -- from 6% to approximately 8% -- and the ratio of expenditures for dental insurance to the total expenditure on dental care remained the same -- approximately 5%. It does not appear that during these six years households transferred a significant portion of their consumption of dental care from direct payment to dental insurance. At the same time, although dental insurance currently represents a small portion of total expenditure on dental care, the threat of the spread of dental insurance may have had a restraining effect, causing dentists to contain prices.

Medications

Expenditures for medications increased in real terms by 49%. The Medications Price Index increased by 14% less than the General Index; this implies that, after adjusting for the influence of relative changes in prices, there was an increase of 75% in the quantity of medications consumed. The increase in expenditures for medications may be a result, in part, of the increase of the portion of expenditures for medications, which were financed by co-payments,[7] as well as of the increase in expenditures for medications purchased "privately" -- that is, without the financial participation of the sick funds. It should be noted that in 1992/93 about half of the expenditures for medications were for medications that were purchased "privately" (there are no comparable data for 1986/87). Interestingly, in contrast to the approximately 50% real increase in expenditures for medications, expenditures for medical products (cotton balls, tampons and sanitary napkins) -- usually sold at the same places where medications are sold -- actually decreased by 40%.

"Private Services"

This component comprises expenditures for private physicians, private operations and hospitalization, emergency room services, private nurses, special treatments, alternative medicine, ambulance services and the like. Here there was an increase of 25%, albeit apparently due to an increase in prices only, and not in the quantity of services consumed.

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[7] Calculation of the Medications Price Index relates only to medications consumed privately (excluding the medications supplied by the sick funds). This index was therefore not influenced by the change in the co-payments of consumers for medications purchased through the sick funds.

Table 5: Average Expenditure on Health and Percentage of Households Reporting Health Expenditures, by Decile of Net Income per Standard Person, 1986/87 and 1992/93

	Expenditures (NIS per Month)			Percentage Reporting		
Percentile	1992/93	1986/87*	Real Change (%)	1992/93	1986/87	Change (%)
Health Insurance						
Total	**197**	**101**	**94**	**94**	**94**	**0**
1	109	48	127	86	83	4
2	151	60	152	91	92	-1
3	143	68	111	93	92	1
4	179	83	110	93	95	-2
5	179	95	88	94	96	-2
6	201	100	101	96	96	0
7	213	118	81	97	97	0
8	245	123	99	96	97	-1
9	267	146	83	97	97	0
10	280	168	67	96	97	-1
Dental Care						
Total	**75**	**66**	**13**	**35**	**28**	**7**
1	32	15	113	25	14	11
2	42	33	27	30	18	12
3	61	48	27	31	23	8
4	61	53	15	36	27	9
5	73	65	12	33	28	5
6	89	60	48	38	29	9
7	84	73	15	39	36	3
8	119	80	49	41	34	7
9	91	110	-17	43	38	5
10	100	123	-19	38	33	5

* In 1992/93 prices

Total Health Expenditures Excluding Sick Fund Dues

It is worth examining the data on expenditures for commercial insurance, dental care and other services taken together, since these are what is usually meant by "private medicine". Expenditures for these components was an average of NIS 173 in 1992/93 compared to NIS 145 in 1986/87 -- an increase of about 19%.[8] In 1986/87 these expenditures represented approximately 60% of household expenditure on health (and 28% of national expenditure on health). In 1992/93 they represented approximately 48% of household expenditure on health (and about 28% of national expenditure on health).

In summary, the increase in household expenditure on health between 1986/87 and 1992/93 is the result, primarily, of the significant change in payments to the sick funds and not, as might have been expected, of the changes in expenditures for private services. It is possible that the prevailing opinion that expenditures for private services had increased significantly originated in part in the transfer of members of the Sick Fund of the General Federation of Labor (Israel's largest sick fund) to other sick funds, whose patterns of service provision are more similar to those of providers in the private sector. It may also be that there was a short-term increase in private expenditures during the period between the two Family Expenditure Surveys, though today the majority of these services are again provided through the sick funds.

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[8] This finding is surprising, given the sense of those in the field that expenditures for these components had increased a great deal. Accordingly, we examined whether there had been a large increase in these expenditures among wealthier households, which was balanced by the expenditures of households of lesser means. Comparison of the changes in the different percentiles did *not* indicate a trend of significant growth in such expenditures among the "wealthy" (see Table 5).

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ג'וינט־מכון ברוקדייל
לגרונטולוגיה והתפתחות אדם וחברה

התפתחות הוצאות משקי-הבית על בריאות בין השנים 1986/87 ו-1992/93

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עבודה זו נכתבה במסגרת התכנית המשותפת
לחקר מדיניות הבריאות של ממשלת ישראל
וג'וינט-מכון ברוקדייל

1 ג'וינט-מכון ברוקדייל
2 החוג לכלכלה, האוניברסיטה העברית

דמ-96-246

ג'וינט – מכון ברוקדייל מהו?

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סימן הפירסום

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BERG, AYELET

CHANGES IN HOUSEHOLD EXP

שם הספר

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התפתחות הוצאות משקי-הבית על בריאות בין השנים 1986/87 ו-1992/93

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תקציר

בעשור האחרון חלו תמורות רבות במערכת הבריאות בישראל. במקביל, קיימת תחושה שחל גידול ניכר בהוצאות משקי-הבית על בריאות, ובייחוד על שירותי הרפואה הפרטיים. פרסום נתוני סקר הוצאות המשפחה 1992/93 מאפשר בדיקה אמפירית של הנושא על-ידי השוואה בינו לבין הסקר הקודם שנערך שש שנים לפניו.

מהבדיקה מתקבל, שבזמן שההוצאה לתצרוכת עלתה ריאלית ב-9% (וההוצאה הכספית ב-15%), הרי ההוצאות על בריאות עלו בהרבה יותר - בכ-50% במונחים ריאליים. גידול זה נובע מעליית מחירים גבוהה יחסית, אך גם מגידול בכמויות השירותים והמוצרים שנצרכו. העלייה הגדולה ביותר (במונחים אבסולוטיים) היתה בתשלומים לקופות-החולים. ההוצאה לשירותי רפואה פרטיים גדלה ב-25% וההוצאות לביטוחים פרטיים גדלו ביותר מ-200% (מבסיס נמוך מאוד). הממצא המרכזי שעולה מההשוואה הוא שהגידול בהוצאות משקי-הבית על בריאות בשנים האחרונות נובע, בעיקר, מהשינוי המשמעותי בהוצאה לקופות-החולים ולא, כפי שניתן היה לצפות, מהשינויים בהוצאות על שירותים פרטיים. בעתיד או בהמשך יש לבדוק באיזו מידה נובעת עלייה זו מהרחבת היקף הרכישות של שירותים פרטיים על-ידי קופות-החולים.

תודות

תודתנו נתונה לראובן קרשאי ולגדעון בורשטיין מהלשכה המרכזית לסטטיסטיקה וללאה אחדות מהמוסד לביטוח לאומי, על הערותיהם לדו"ח זה. אנו מודים לכל חברי צוות המכון אשר סייעו במהלך העבודה בעצות, בהארות ובהערות ובמיוחד לחיים פקטור ולג'ק חביב. תודה לבלהה אלון שערכה את הדו"ח המקורי ולמרשה ויינשטיין שתרגמה אותו לאנגלית. תודה גם לאילנה שיזגל שסייעה בהדפסתו.

תוכן עניינים

רשימת לוחות ותרשימים