Impact of Health Insurance Policies on Health Seeking Decisions in Thua Thien Hue Province, Vietnam

Hanh Bich Duong*

Nguyen Minh Tam**

Nguyen Quang Ngoc*

Nguyan Dung***

Tran Nhat Nam***

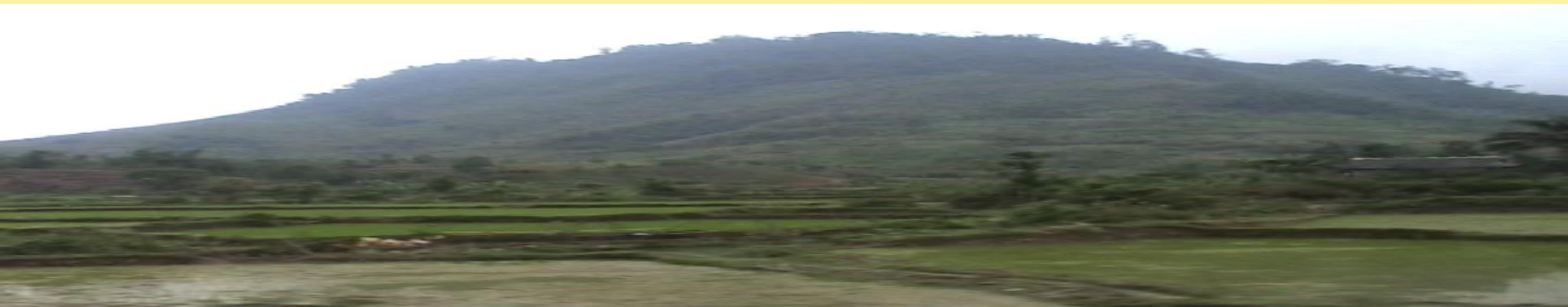
James Phillips*

Jane Hughes*

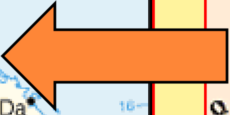
Population Council

** Hue College of Medicine and Pharmacy

*** Thua Thien Hue Health Service



The Location of Thua Thien Hue Province, Vietnam

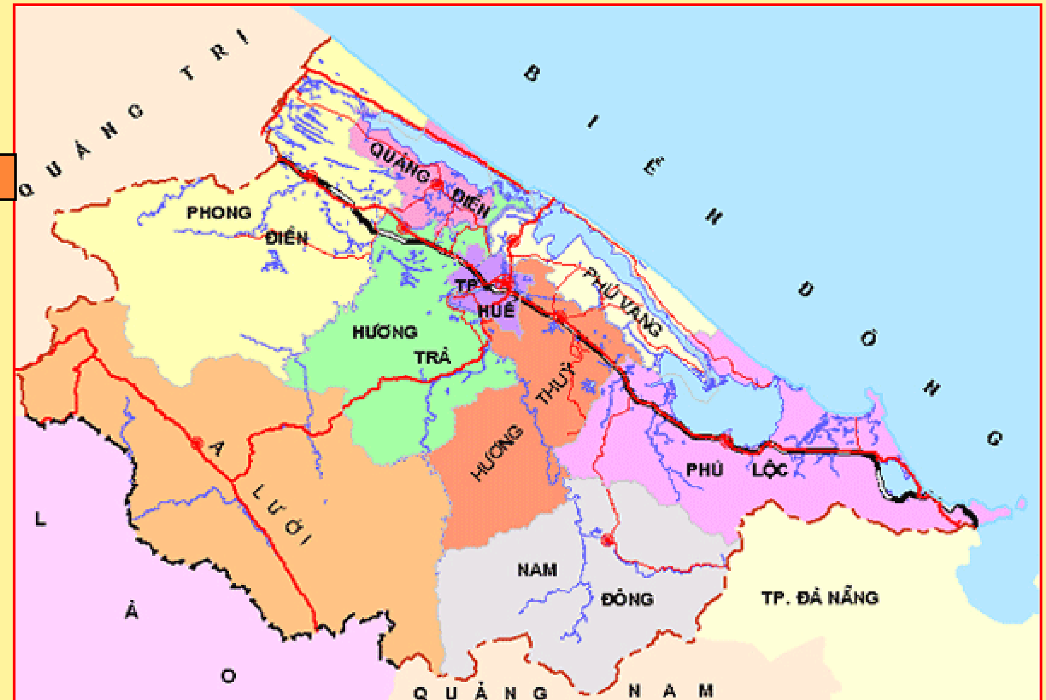


Background

- **Decision 135** (1998) initiated to focus development resources on poor communes. All residents provided free care.
- **Decision 139** (2002) initiated to give free health care to the poor.
- **Decree 63** (2005) broadened enrolment of voluntary insurance users.
- **Decree 63 extended** to provide free health care for children under
- **No evaluation** of how 139 and 63 schemes affect users (especially poor and ethnic minorities) and providers (especially commune health center (CHCs). Poor utilization of existing evidence (Need for partnership between Thua Thien Hue Health Service, Medical College, and People's Committees to examine effect of new insurance schemes.

Impact of Health Insurance Policies on Health Seeking Decisions of Users and the Quality of Services in Vietnam

Hanh Bich Duong



Objectives

- To examine the implementation of new insurance schemes for health policy and development investment;
- To identify the impact of new schemes on health seeking behavior of residents and Commune Heath Center (CHC) utilization

Data and Methods

- Interviews with 72 residents and 12 focus group discussions involving various economic and ethnic backgrounds in 6 communes of 3 districts.
- Interviews with 25 CHC staff, insurance personnel at the provincial and district levels.
- Insurance and CHC utilization data on an annual basis for 3 years (2004 – 2006) in 88 communes of 5 districts.

Findings: Health Insurance for the Poor

- Concern among commune residents about the accuracy of classification of poor households (some poor households might not receive free health care).
- If criteria accurately applied, health insurance scheme would cover 94.5% of the poor.
- However, many are uncovered:
    - Different procedures and paperwork in different districts and communes
    - Complex and poorly communicated procedures leading to widespread confusion.

Findings: Health Insurance for the Poor

A patient brought along a "poor certificate" to ask for an examination, as usual. However, we didn't give her any treatment or medicine because the poor certificate was no longer a suitable type of card.

Comment by a CHC service provider

Findings:
Universal coverage for Under 6 Children

- **Widespread coverage:** By the first quarter of 2006, 95% of under-6 children in all districts of TTH have received health care cards which entitled them to free health care at public health facilities.
- **Accelerated use:** Utilization of CHC services for under-6 childhood services accelerated.
- **Inadequate attention to quality:** Pervasive parental concerns about quality of care.

Findings: Voluntary Health Insurance

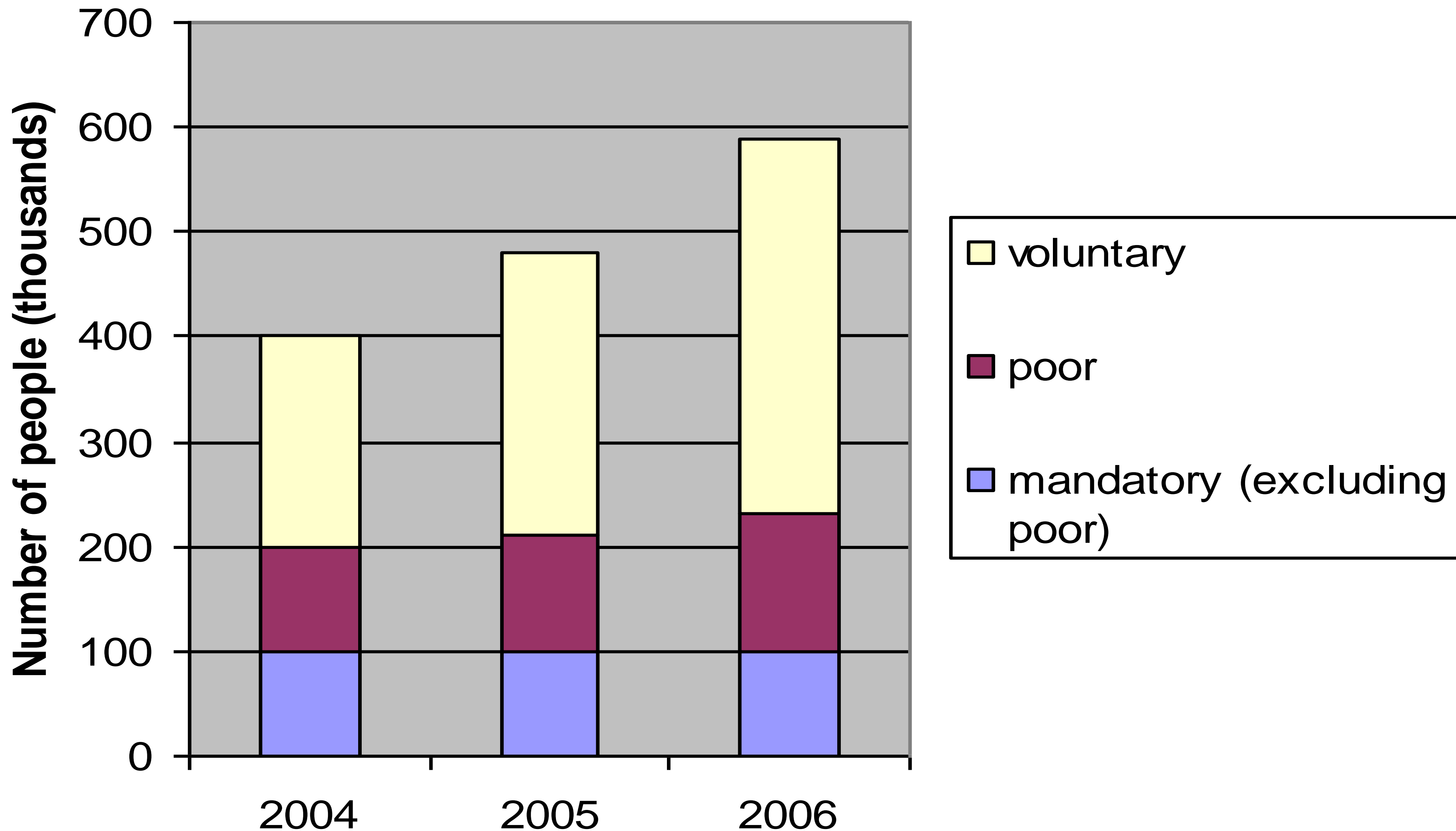
- **Widespread confusion.** Information about voluntary insurance has not been spread thoroughly to the population, therefore some people are not aware of its availability and benefits.
- **The 10 percent barrier leaves out the poor where communes are uncovered.** The specific requirement of Social Insurance Agency (services are only provided to communes where at least 10% of households decide to enroll) creates significant barrier for people who live in communes with few participants.
- **The least poor are the most likely to purchase insurance.**
- **The "Near poor" are left out:** Many households living near poverty line cannot afford to purchase plans for family members. The adverse affects of not having health insurance is more pronounced among the poor and near-poor than among wealthier residents.

Findings: Voluntary insurance & health seeking

- People with voluntary health insurance tend to use CHCs for referral service rather than care.
- Voluntary health insurance is used for self-referral to district and provincial levels for serious illness; private practices and pharmacies are used for minor illnesses.
- Rigid rules often prevent purchase among the near poor:

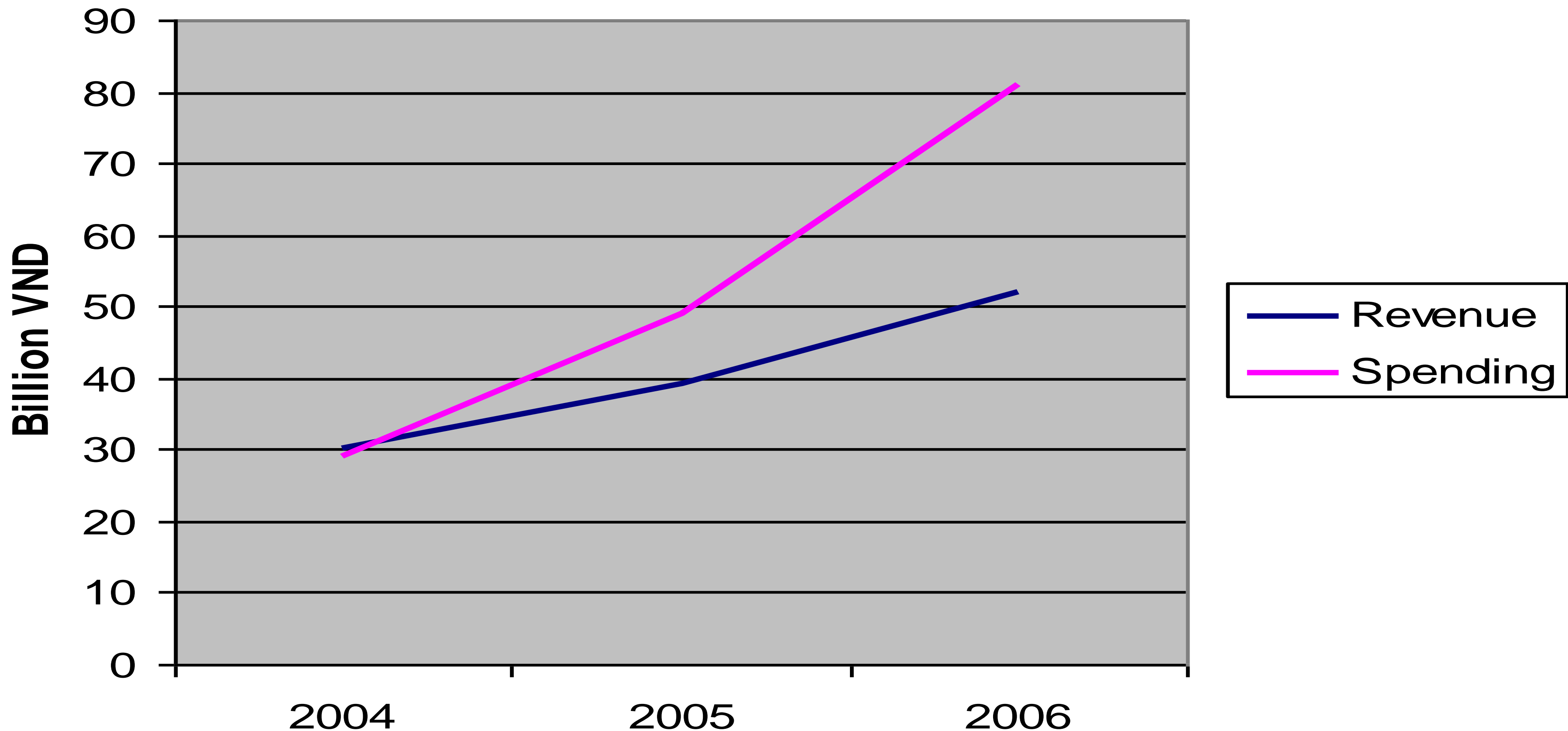
  When they told us that we could purchase the insurance cards, I wanted to buy one, but I didn't have any money . Now I have money, but the deadline for purchasing a card has past."

Acceleration of voluntary health insurance increased more than the increase for insurance for the poor

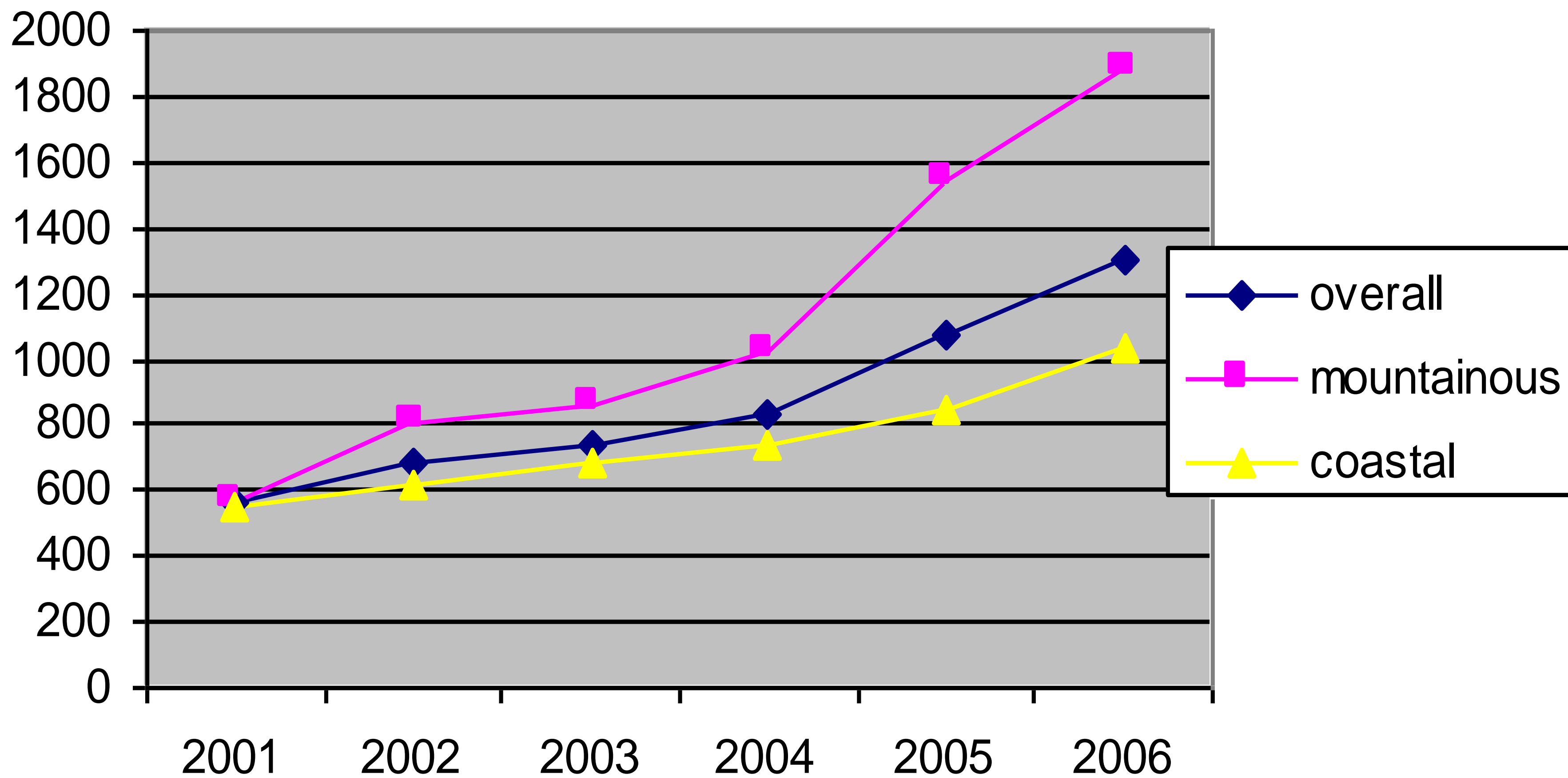


Finding: Subsidized health care expanded.

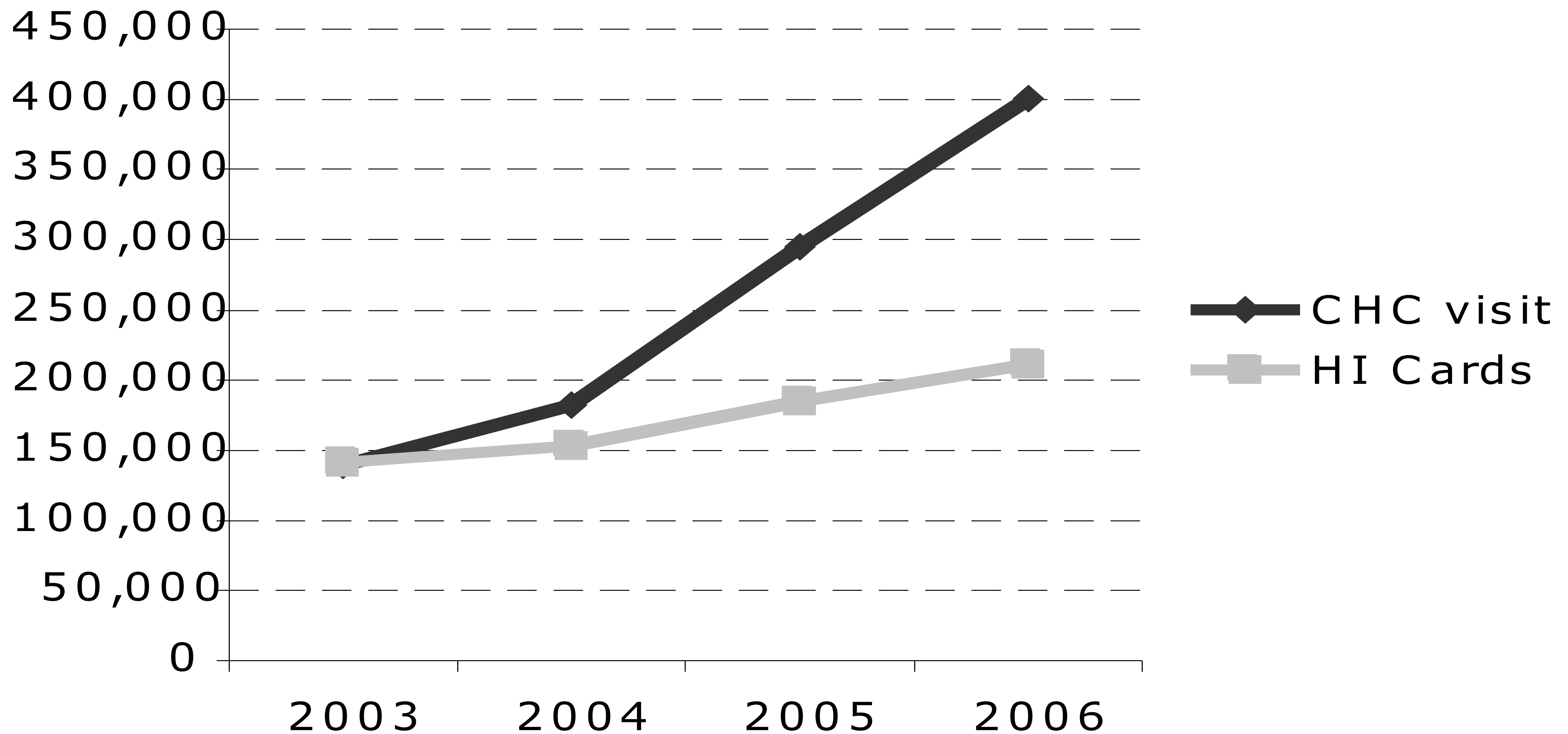
Spending for insurance outlays accelerated more rapidly than revenue received from voluntary premium payments.



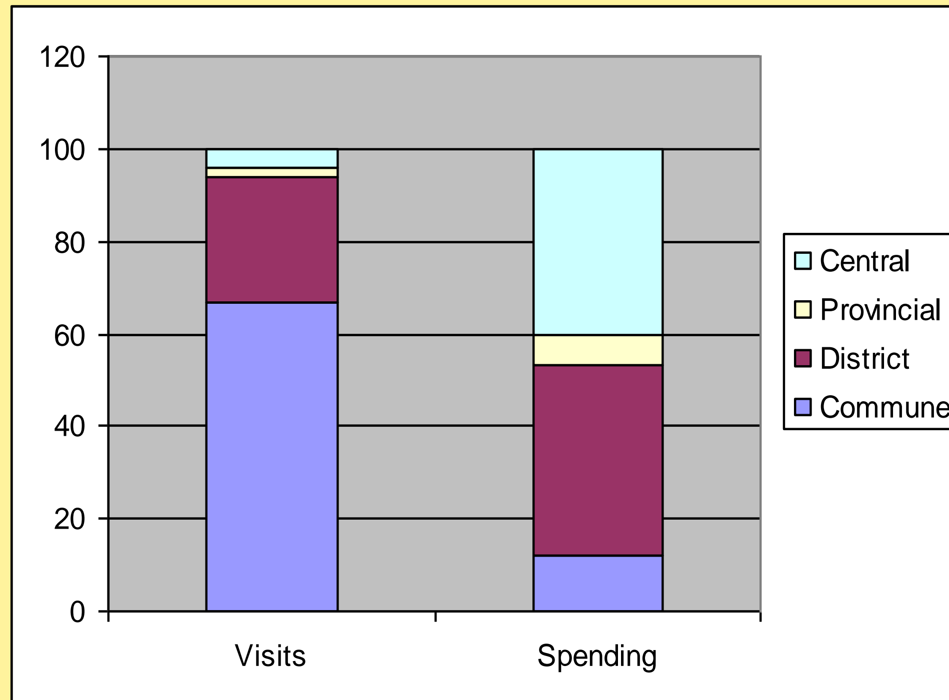
Finding: CHC overall use increased, particularly in mountainous areas



Finding: The rate of expansion of utilization was greater than the rate of expansion of insurance coverage



Findings:
The insurance revenue is spent mainly on tertiary and district level care



Conclusions

- **Insurance impact s on CHC utilization.** Pro-poor health policies, primarily health insurance for the poor, are having a major impact on primary health care at the commune level. Most striking is that visit caseloads at CHCs have significantly increased. **Rapid expansion of subsidy may be unsustainable. The less poor who can afford insurance may be benefitting more than the poor and near poor.**

- **Voluntary insurance contributes to demand for CHC.** The voluntary health insurance scheme has generated increases in CHC caseloads. Purchase of insurance is most common among the least poor. The voluntary scheme is also the main source of the insurance system's financial deficits. ***Insurance schemes for the poor are differentially benefitting the least poor.***

- **The "Near poor" are left behind.** However, the near-poor report being left out of government support.

- **Procedures impede enrollment for all citizens. Procedural complexity may affect the poor more than other economic strata.**

- **Policies focus on making care accessible and affordable. Clients focus on quality of care.**

Conclusion:

Collaborative evidence-based review of policy is possible in Vietnam

Recommendations:

- The Vietnamese government should design more flexible payment schemes for enrolling uninsured groups and improve communication about procedures and rights.

- The promotion of health insurance policy needs to go hand-in-hand with the development of maintaining quality of care.