



& ECHE Joint Congress

# Health Economics in the Age of Longevity

Print Programme



Dublin, Ireland

12-16 July 2014



**Emmet Theatre**Monday  
14:00-15:15Session: **Health Care Financing**

Chair: Vladimir Zah, ISPOR Serbia

**Equity in health care financing in Portugal: findings from the Household Budget Survey 2010-2011**Presenter: Carlota Quintal, University of Coimbra (Portugal)  
Authors: Carlota Quintal and José Lopes**The External Control in the Evaluation of Policies for Health**Presenter: Sebastiao Helvecio Castro, Minas Gerais Court of Auditors (TCMG) (brasil)  
Authors: Sebastiao Helvecio Castro and Renata Castro**Closing the financing gap in healthcare – a micro-simulation of the distributional effects of different reform scenarios**Presenter: Monika Sander, IGES Institut (German)  
Authors: Martin Albrecht, Monika Sander and Guido Schifflhorst**Davis Theatre**Monday  
14:00-15:15Session: **Hospital Data Envelopment Analysis**

Chair: Michael Rosko, Widener University

**Changes in hospital efficiency after quality management certification: An empirical analysis**Presenter: Ivonne Lindlbauer, University Medical Center Hamburg-Eppendorf (Germany)  
Authors: Ivonne Jahn and Jonas Schreyoegg**How successful was the policy of reformation of municipal hospitals in Japan? Efficiency estimation by a Dynamic and Network Data Envelopment Analysis Model**Presenter: Hiroyuki Kawaguchi, Seijo University (Japan)  
Authors: Hiroyuki Kawaguchi**Factors Affecting Profit Efficiency of Private Hospitals in Bangladesh: Are Urban Hospitals More Profit-Efficient?**Presenter: Mohammad Rahman, California State University, Fresno (USA)  
Authors: Mohammad Rahman and John Capitman**Assessing hospital efficiency in Austria by the use of data envelopment analysis (DEA)**Presenter: Herwig Ostermann, GÖG - Gesundheit Österreich (Austria)  
Authors: Herwig Ostermann, Ingrid Rosian-Schikuta, Claudia Hahl, Johannes Zsifkovits and**Ui Chadhain Theatre**Monday  
14:00-15:15Session: **Nutrition 2**

Chair: Ranju Baral, IHME

**Initiation and Duration of Breastfeeding among WIC Participants: Impact of State Policies**Presenter: Grace Adams, University of Georgia (United States)  
Authors: Grace Adams and David Bradford**Changing food prices and its effect on food consumption in low-income countries**Presenter: Laura Cornelsen, London School of Hygiene and Tropical Medicine (UK)  
Authors: Laura Cornelsen, Rosemary Green, Alan Dangour, Bhavani Shankar, Mario Mazzocchi and Richard Smith**Associations between psychological distress and diet among older Aboriginal and Torres Strait Islander adults in the New South Wales 45 and Up study.**Presenter: Chris Lawrence, The George Institute for Global Health (Australia)  
Authors: Chris Lawrence, Federica Barzi, Julie Brimblecombe, Sandra Eades and Alan Cass

# Session Details

Session: Health Care Financing

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Time: Monday 2 p.m.-3:15 p.m.

Room Emmet Theatre (Arts Building)

Session Type: Long Format Session

Chair:

Vladimir Zah (ISPOR Serbia)

## Presentations (3)

1. Equity in health care financing in Portugal: findings from the Household Budget Survey 2010-2011  
(/presentations/12280/)

Presenter: Carlota Quintal (University of Coimbra. FEUC; CEISUC)

Abstract (498 words)

**Background/objectives:** Equity in health care financing is recognized as a main goal of health policy. There is broad consensus on the normative assumption that healthcare payments should be linked to ability to pay with use related to need, and that all households should be protected against catastrophic financial losses related to ill health. The link between payment and capacity to pay has been evaluated through progressivity indices and protection against financial losses has been assessed through the analysis of catastrophic health payments (CHE), expenditure so high that it might mean that people have to cut down on necessities such as food, clothing or education. CHE is more likely in countries that lack prepayment mechanisms for risk pooling. Empirical data show that CHE remains low in countries where out-of-pocket payments (OOP) represent less than 15-20% of total national health expenditure and where the general government health expenditure is above 5-6% of GDP. In Portugal, in 2010, OOP represented 26% of total health expenditure and government health expenditure was 7% of GDP. This study aims to identify the proportion of households with CHE in Portugal and household factors predicting this outcome. Additionally, progressivity indices are calculated for OOP and private health insurance.

**Methods:** Data came from the Portuguese Household Budget Survey 2010/2011 (9489 observations). CHE was calculated using WHO methodology (Xu, 2005); multiple logistic regression analysis was used to identify determinants of CHE; and the convenient regression method was used to calculate the

**Kakwani index.**

Results: The global prevalence of CHE is 2.11%, occurring in all expenditure quintiles (4.1% in the 1st and 1.1% in the 5th). Analyzing the various components of expenditure, the most striking differences across expenditure quintiles refer to medicines (account for 78% of total health expenditure in the 1st expenditure quintile while they weigh 42% in the 5th) and dentist services (weigh 2.48% in the 1st quintile and 18% in the 5th). In the logistic model, households with at least one old person (65 years or more) face 5.3 times more catastrophe than households without elderly members (OR=5.27; IC= 3.324-8.358); head of household with basic education (compared to secondary/superior) increases risk of CHE (OR= 2.39; IC= 1.342-4.257). Other covariates were not statistically significant. Regarding the Kakwani index, for total OOP it is -0.074 (p-value=0.000) and for medicines it is -0.225 (p-value=0.000); in terms of regions, Kakwani index is larger for the Centre (-0.132; p-value=0.000) and lower, not significant, for Azores (0.016; p-value=0.656); for health insurance it is 0.098 (p-value=0.000).

Conclusions: Portugal has a NHS, accessible to all citizens; still, households face a considerable risk of CHE and OOP are particularly regressive in the case of medicines. Although comparisons are not straightforward, the prevalence of CHE in Portugal is at the same level as in many low, and low-middle, income countries. This is a worrying result in a context of high unemployment and wage cuts.

Authorities should pay attention to the most vulnerable, especially households with elderly members, and think carefully on policy measures regarding medicine co-payments.

Key Terms: equity in finance, Portugal, out-of-pocket payments

Authors (2): Carlota Quintal (University of Coimbra. FEUC; CEISUC) and José Lopes (Polytechnic Institute of Bragança)

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