

# **Connecting the dots: What does personal experience with health care have to do with organizational health system preferences?**

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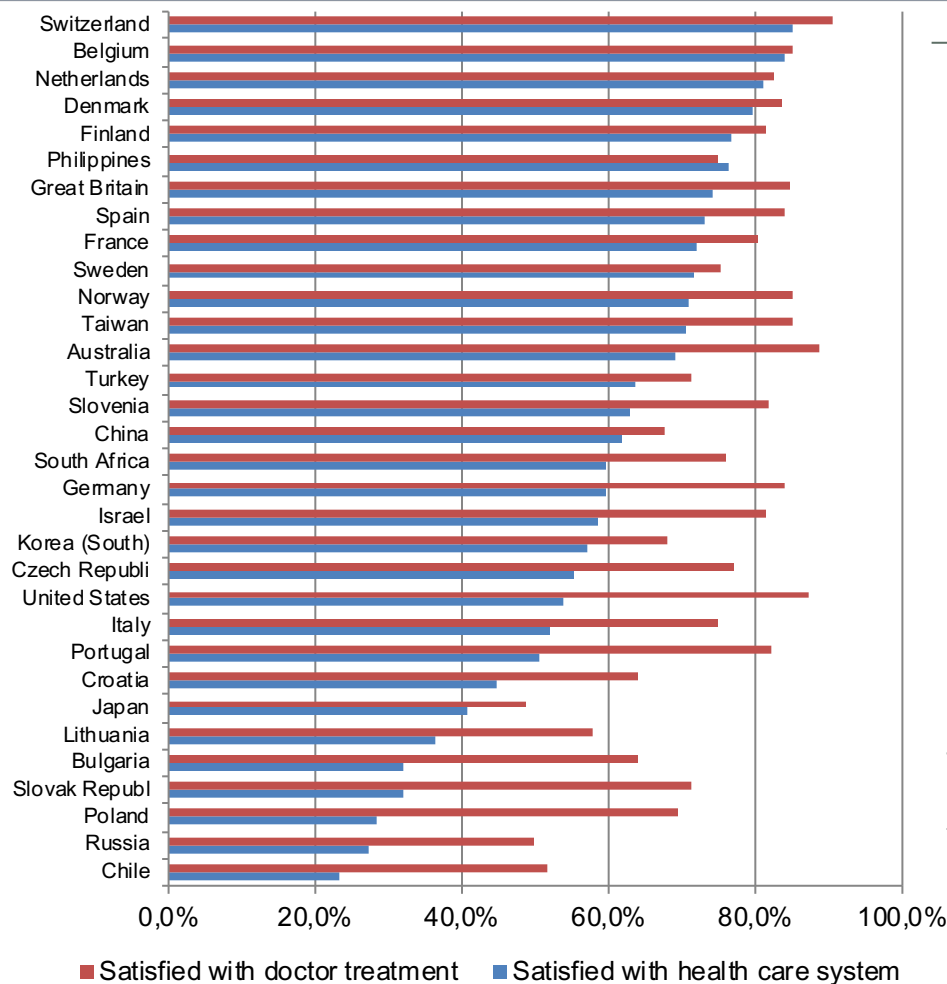
Centro de Estudios Públicos-Chile

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- There has been **growing interest** from policymakers and scholars alike in **satisfaction ratings** of the health care system.
- **What ratings** should we look at as a sign that the system requires overhauling?
- Different focuses:
  - Patient experience (Bleich et al. 2009).
  - Access barriers (Kim et al. 2012).
  - Values on satisfaction (Blendon y Benson 2001, Wendt et al. 2010, Pérez-Cuevas et al. 2017, Azar 2018).
- **Tricky question:** observed gap between users' evaluations of their interaction with specific services and their satisfaction with the system (Hero et al. 2016).

### Overall:

- 61,2% satisfied with health system
- 75,7% satisfied with last doctor visit



Belgium:  
Gap of 1.2 pp

Poland:  
Gap of 41.1 pp

Chile:  
Gap of 28.4 pp

**Fig.1.** Percentage of people declaring “feeling completely satisfied, very satisfied and fairly satisfied” with treatment received in their last doctor visit and with the health care system. Source: own, ISSP (2011).

- **Why is this relevant?**
  - Policymakers need insights about **where to put the reform efforts**, to fix what needs to be fixed (opinion driven).
- It's important therefore to **unveil empirically the main factors** influencing the evaluation of the health care system, individuals' experience using it, and their connection with variables usually employed to guide reform efforts.

- **Research questions:**
  - Does personal experience using health care services influence (if at all) the views about how the health care systems works and its eventual rearrangement?
  - If so, how does that happen?

- We develop a novel integrated framework that helps to understand the association between **satisfaction with the health care system, doctor visits**, and **other** experience variables.
- Moreover, **we study how these variables can influence views about the organization** of the system, such as:
  - opinions on the **need of change**;
  - the **scope of benefits** (health services) provided by the government and;
  - the **willingness to pay more taxes** to improve the system.
- We follow a phenomenological approach to Sociology developed by Schütz and Luckmann (2009), which helps us specify the variables and associations that shape such views.

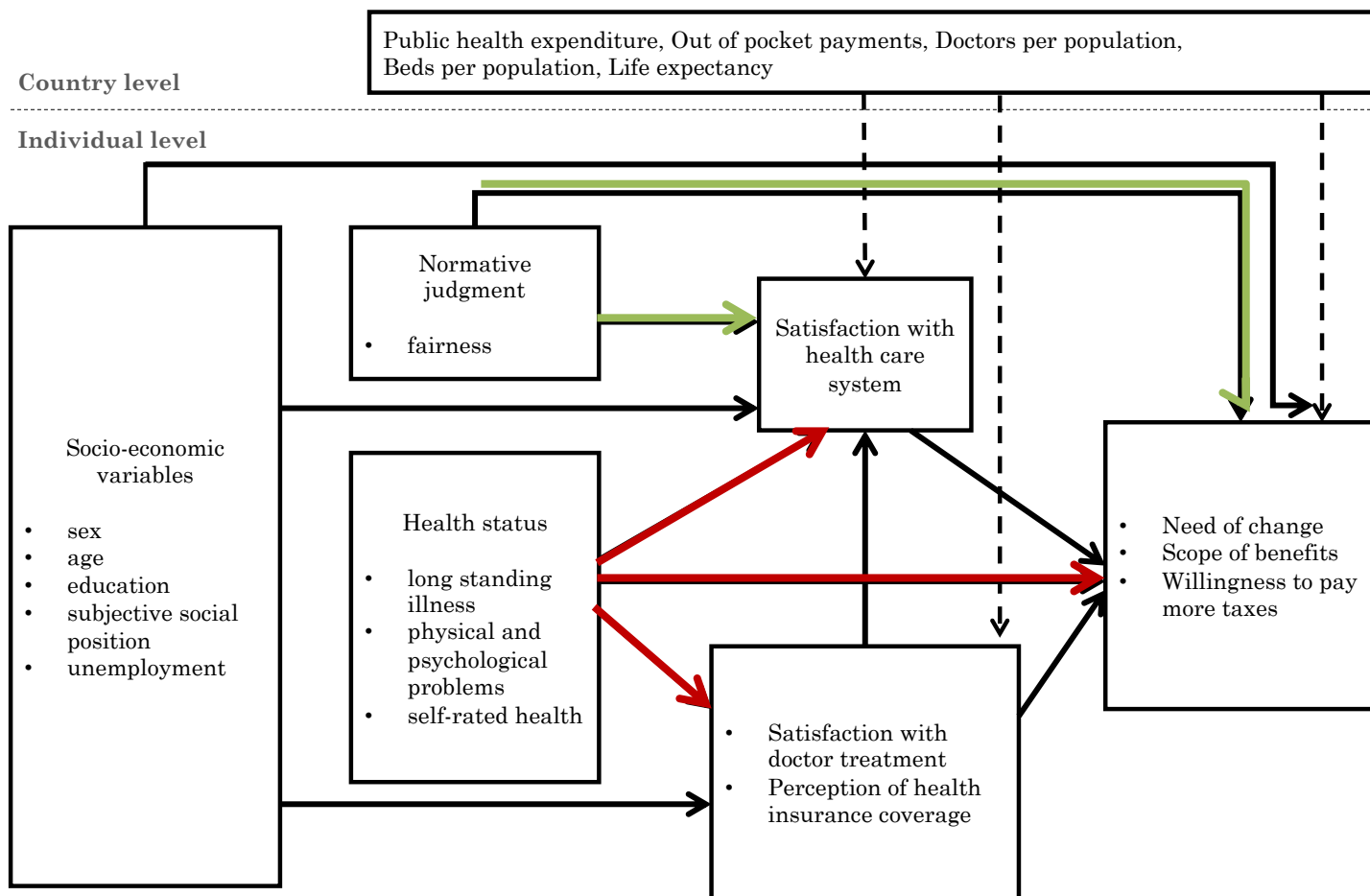


Fig.2. Research model.

**Health status:**

- Interaction with health system is not frequent, mainly when ill. Knowledge is limited (Schütz and Luckmann 2009).
- Most individuals draw on past experiences of use and socialization to form opinions. Experience with health services inform workings of the health system and views of system change.

**Normative judgements:**

- Acceptance of new information depending on predispositions (Zaller 1992).
- Values/ beliefs formed during the individual's socialization process (i.e. the transition to adulthood) (Inglehart & Welzel 2005).
- Fairness (e.g. access to services independent of the income level) relevant to shape opinions (Wendt et al. 2010).

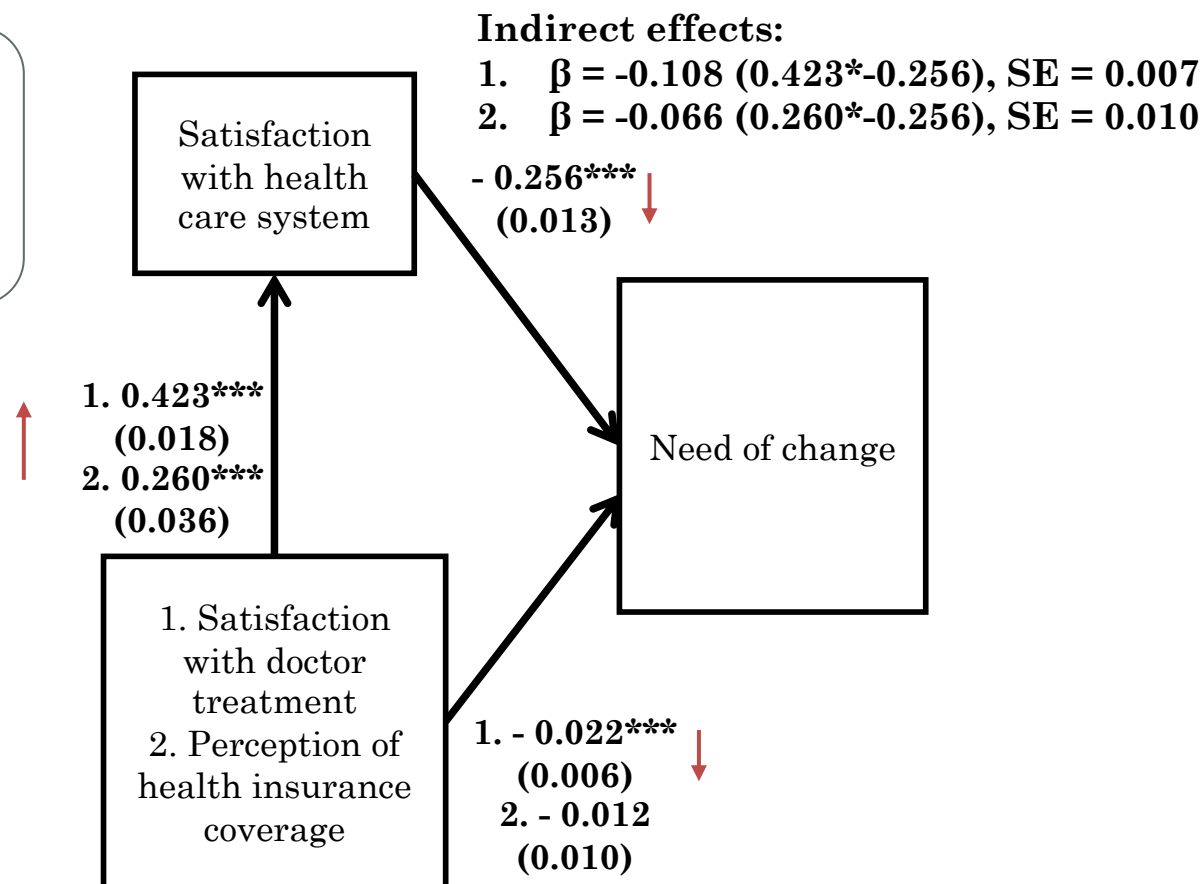


- **2011 International Social Survey Programme (ISSP)** module on **Health & Healthcare**.
  - National representative surveys across the globe using probability sampling, carried out in the period 2011-13.
- The sample used includes more than 30,000 respondents living in **28 countries**.
- **Country level data comes from the World Bank's World Development Indicators (WDI)** for the year 2011 or nearest.
- We estimate a multilevel mediation model.

**Note:** ↑ positive relation

↓ negative relation

— not significant

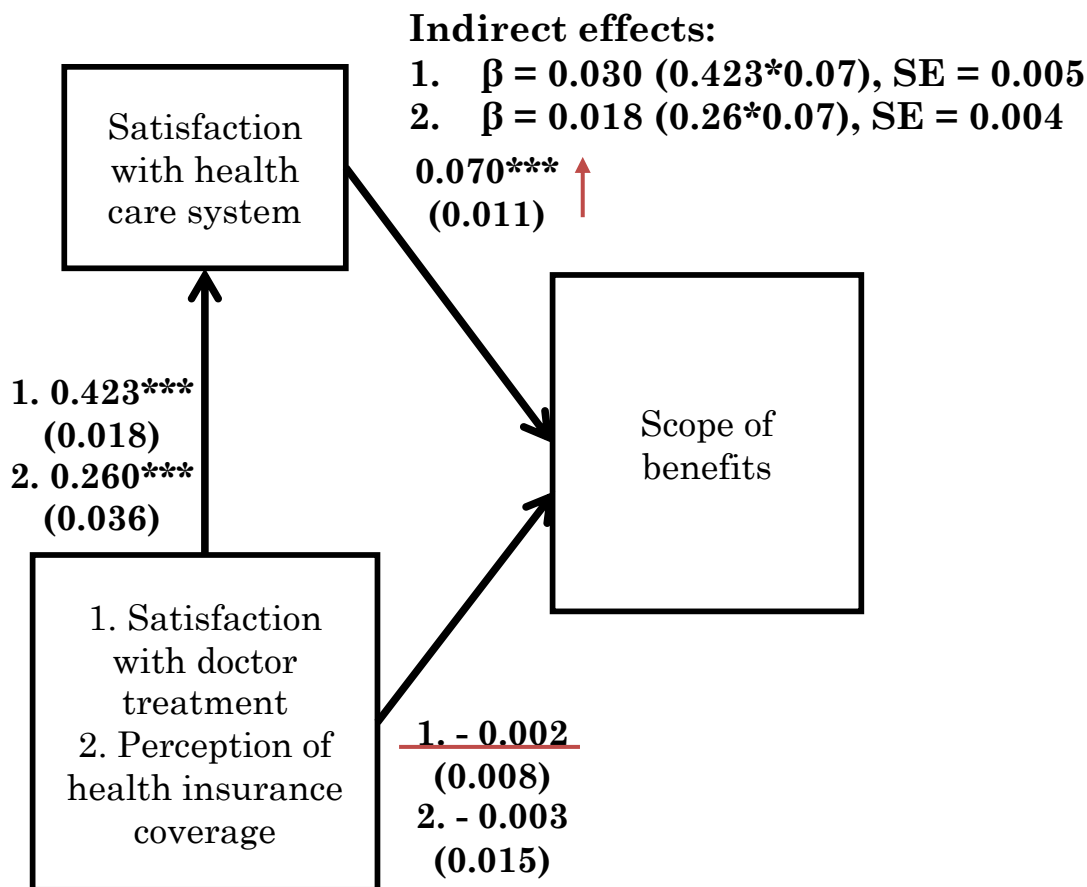


**Fig 3.** Main direct effects to perception of need of change.

**Note:** ↑ positive relation

↓ negative relation

— not significant

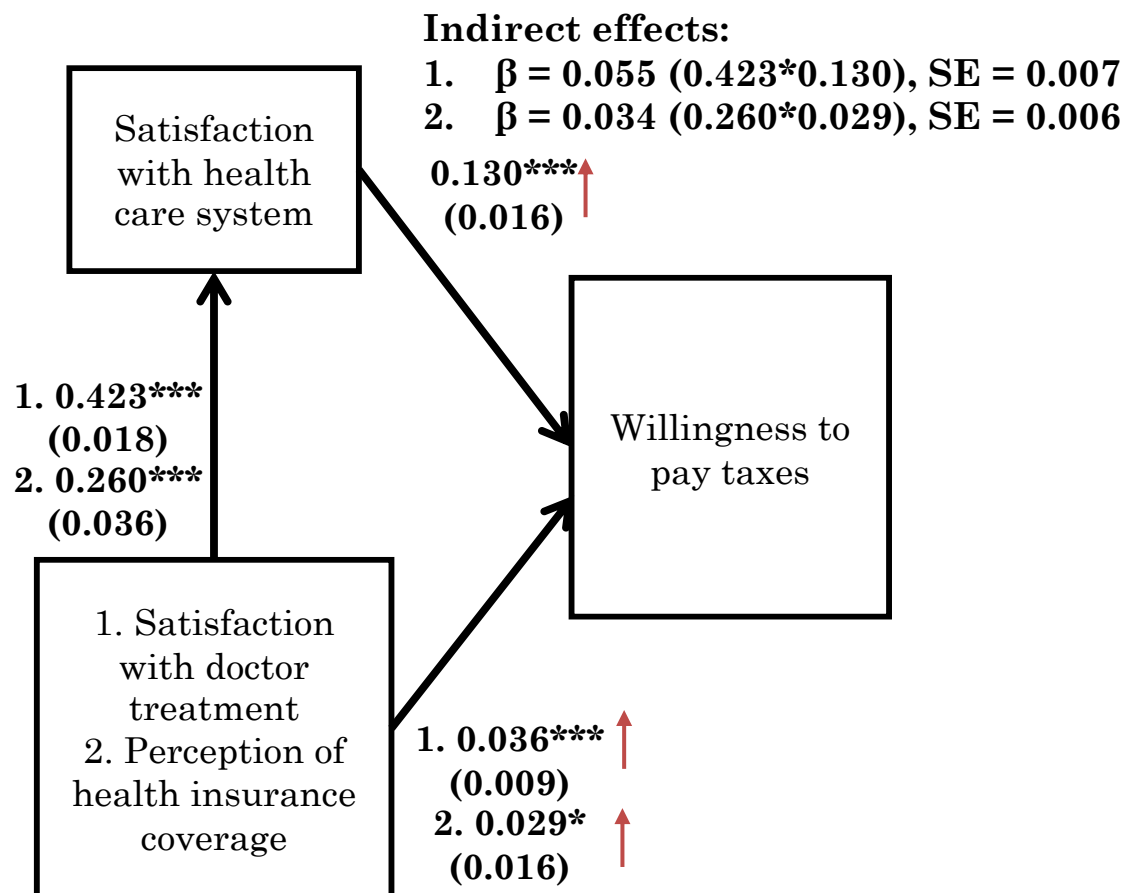


**Fig. 4** Main direct effects to perception of Scope of benefits.

**Note:** ↑ positive relation

↓ negative relation

— not significant



**Fig. 5** Main direct effects to Willingness to pay taxes.

Some contrasts:

- **Bleich et al 2009:** patient experience explains little of total variance.
  - We show that experience is either directly or indirectly associated to key policy parameters.
  - Careful measuring for correct priority setting for policymakers.
- **Wendt et al 2010:** the experience with the existing institutional structure is not relevant to explain the scope of benefits provided by the government, but value orientations are.
  - We show that a good experience is indirectly associated with a preference for a limited provision of health care through its influence on the evaluation of the system.
  - This result highlights the importance of using a mediation analysis for analyzing this view.

Some contrasts:

- **Wendt et al 2010 (cont):** show limited effects of country level variables on scope of benefits provided by the government in European countries.
  - Our results **show some contextual effects** (e.g. bed supply, out of pocket payments);
  - Therefore, it is important to have a **heterogeneous group of countries** to better understand the effect of country level variables on opinion of the healthcare system.
  - ISSP module is ideal for that purpose.

- **We find that experience matters.** It influences both views on how the health system works and how it should be organized.
- **We show that such influence is direct, but not in all cases;** rather, there is a mediation effect through its influence on the evaluation of the system.
- **Experience is somewhat under the control of the regulator** and can be subject to reforms.
- However, these views are also dependent on values/exposure to information coming from different sources beyond regulator's influence.

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