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DEMAND FOR PAID MEDICAL SERVICES IN THE TYUMEN REGION*

SUMMARY. This article deals with peculiarities of the Russian healthcare system and endeavours to determine the level of the population's demand for paid medical services. On the basis of the representative sociological data (the volume of the sample comprised 3,054 people aged 18 residing within the territory of the Tyumen Region), attitude of the population of the Tyumen Region to public health services and satisfaction with the provided services are determined, the level of demand in the emerging market for paid medical services in the Tyumen Region is assessed, and the discriminant model demonstrating different factors that influence the choice of paid and free healthcare services is built. The analysis revealed that in Russia as a whole and in the Tyumen Region in particular the major problematic area is underfunded public healthcare which is characterized by deficiency and suboptimal structure of medical personnel. Almost two-thirds of the surveyed population of the Tyumen Region noted difficulties in accessing a doctor, long queues and waiting lists. Thus, according to the survey, despite the low level of people's satisfaction with public medical care, only a quarter of the population actively uses paid healthcare services as an alternative. The choice of paid or free healthcare services is influenced by infrastructural factors and social status. In general, people prefer to be treated free of charge and turn to paid medical services only in case of extreme necessity.

KEY WORDS. Healthcare system, the market of paid medical services, the Tyumen Region.

Population's health is considered one of the top priorities of modern state policy. Russian national healthcare system is changing in the direction of gradual expansion of the market for paid medical services. The quality of medical services and the development of commercial healthcare are being researched by a large number of Russian scholars, including D.S. Grinkevich and A.S. Banin [1], V.N. Ermolaev [2] T. Kartavenko [3], S. A. Koplus [4], A.N. Koryeva [5], N.E. Lysov [6], and M.V. Osotkina [7].

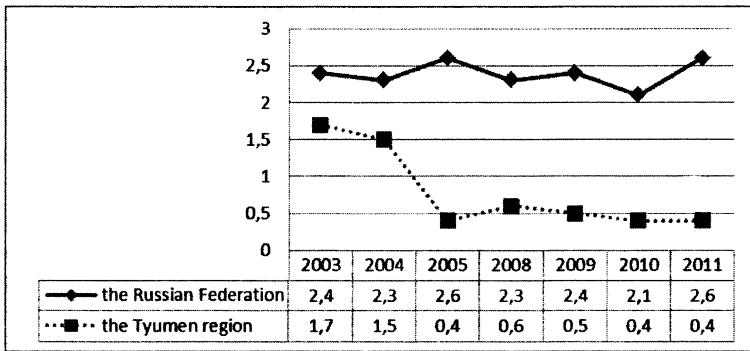
Currently, the disparity between affordable medical services of high quality and the quality of modern healthcare in Russia is becoming more and more noticeable. As a result, paid healthcare is trying to fill this niche. The aim of the article is to estimate the Tyumen Region population's demand for paid medical services.

The results of the survey conducted by the Department of Management, Marketing and Logistics in the spring of 2013 as part of the project "A socio-cultural portrait of

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the Tyumen Region””, according to N.I. Lapin’s methodology [8] served as an empirical basis for the current research. 3,054 residents of the Tyumen Region aged 18 years and older were interviewed (sampling error comprised 1.8% for a single parameter). The structure of the sample corresponds to the structure of the population and represents the population of three sub-regions (the South of the Tyumen Region, the Khanty-Mansyisk and Yamalo-Nenets Autonomous Districts) by age, gender, education and type of settlement (urban / rural).

Russian national healthcare system faces a number of problems and can be characterized from the following standpoints. The first problematic area is that of underfunding. Thus, on average, the total health expenditure of the federal budget comprises 2.1 – 2.6% of the gross domestic product (GDP), while in the Tyumen Region this figure amounts to less than 1% of the gross regional product (GRP) (see Figure 1), compared to the recommended minimum of 5.6% of GDP stipulated by the World Health Organization (WHO).



*Fig. 1. Healthcare expenditure** in relation to GDP (GRP) [9]*

The second problem is a shortage of qualified medical personnel and its suboptimal structure, which manifests itself in a lack of healthcare professionals and in poor qualifications of a number of medical representatives, which both serve as criteria that characterize the quality of health services in general.

The third problem is low quality and inefficient use of the existing medical facilities. Thus, the triad of the above-mentioned weaknesses of Russian healthcare predetermines all other problems. For example, 68% of the population surveyed were dissatisfied with poor availability of health services, difficulties in making an appointment with a doctor, long queues and waiting lists (which is undoubtedly the result of a shortage of qualified medical personnel and its suboptimal structure). 29% of the respondents expressed their dissatisfaction with high prices and poor availability of prescribed medications, and 24% – with ineffective prescriptions and incompetent medical advice (see Fig. 2).

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** Expenditure on healthcare and physical education in 2003-2010.

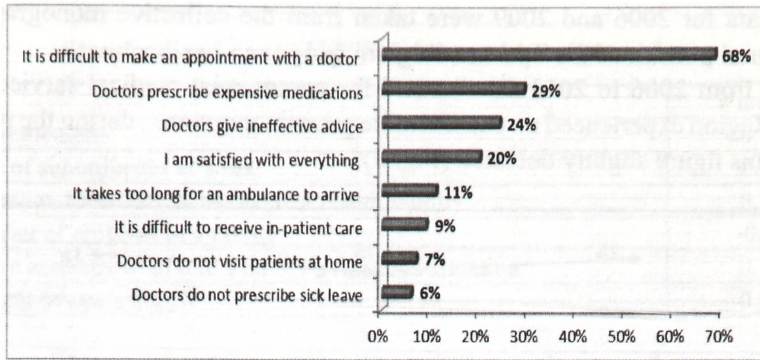


Fig. 2. Reasons for dissatisfaction with the state of the healthcare system (n = 3,054, in 2013)

One of the possible solutions to these problems is the development of a private sector of healthcare at the expense of the emerging market for paid medical services, which will help to increase Russian healthcare efficiency and provide the population with high-quality services. Nowadays a trend towards commercialization of medical services is gaining more and more popularity. According to M.Yu. Safonova, the popularity of this trend lies in the belief that competition in the provision of medical services will improve their efficiency and place greater emphasis on the needs of the population regarding their health [10, 18]. However, at the moment the private sector is only a supplement to public health services, and only serves expand consumers' choice. Thus, in the Tyumen Region the majority of the population still turns to a public clinic or a local medical center to receive free medical services, which are guaranteed by obligatory medical insurance policy. According to the study, less than a quarter of the population surveyed opted for paid medical services (Table 1).

Table 1

Distribution of answers to the question "Where did you get medical help previously and did you pay for it?" (in percentage of the total number of the respondents)*

| | I paid | | | I did not pay | | |
|---|--------|------|------|---------------|------|------|
| | 2006 | 2009 | 2013 | 2006 | 2009 | 2013 |
| In an infirmary, clinic, hospital of your firm/enterprise | 3 | 4 | 4 | 14 | 15 | 13 |
| In a clinic or infirmary near the place of your residence | 9 | 9 | 5 | 36 | 40 | 41 |
| In a hospital or a specialized medical institution | 11 | 10 | 11 | 15 | 13 | 14 |
| In the office of a private doctor | 7 | 6 | 8 | 1 | 1 | 0 |
| At home | 1 | 1 | 1 | 5 | 3 | 5 |

* The sum of answers to the question was more than 100% because the respondents could choose more than one answer.

The data for 2006 and 2009 were taken from the collective monograph “The Sociocultural portrait of the Tyumen Region” [11].

Thus, from 2006 to 2013 the demand for commercial medical services in the Tyumen Region experienced no considerable growth; moreover, during the recession in 2009, this figure slightly declined (Fig. 3).

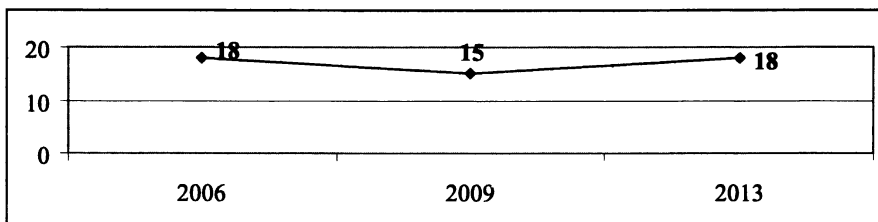


Fig. 3. Percentage of the population of the Tyumen Region who received paid medical services at private medical centers and from private physicians

The data for 2006 and 2009 were taken from the collective monograph “The Sociocultural portrait of the Tyumen Region” [11].

Initially, it was suggested that frequency of applying for paid medical services would correlate with the level of the population’s financial well-being. However, despite the fact that people with a higher level of income turned to commercial medical services slightly more often, one cannot speak of a steady interdependence between one’s income and popularity of commercial healthcare services. On the one hand, people who described their income as low also made use of paid medical services. For example, 17-18% of those who said that they hardly had enough money for daily expenses turned to commercial medicine at certain moments of their lives. On the other hand, among those who rated themselves as prosperous, only about a quarter of the respondents applied for paid healthcare services, while 74% of the respondents sought medical help in free clinics.

Diversification of the market of paid medical services and competition between healthcare establishments play an important role in commercial medical care development. For example, in a large city, respondents who used paid medical services comprised 30%, which is almost twice higher than in the rural settlement group.

Willingness to seek paid medical services is connected with the level of the respondents’ education: one-third of the surveyed population with post-graduate education and nearly a quarter of people with higher education are ready to pay for medical services.

In order to evaluate the factors discriminating between consumers who use free medical services and those who turn to paid medical services, a linear discriminant analysis was conducted and a discriminant model was constructed. The results of the analysis are presented in Table 2.

*Table 2***Standardized canonical discriminant function indexes**

| | Function |
|---|----------|
| Type of settlement | 0.758 |
| Presence of subordinates at work | 0.411 |
| Time spent on travelling to the nearest health facility | 0.380 |
| The number of children in a family | -0.218 |
| Subjective assessment of one's family's financial situation | 0.141 |
| Assessment of one's health | 0.063 |

This model shows that there is a significant difference between the groups ($p < 0.05$) in such variables as type of settlement, time spent on travelling to the nearest health facility (i.e. infrastructural factors) and social status which is dependent upon the presence of subordinates at work. It turned out that such important parameters as assessment of one's health and one's family's financial situation have very low discriminatory indexes.

The constructed model accurately predicts the use of free medical services: 99.5% of all the cases were correctly classified into this group. However, out of 100% of the respondents who said that they used paid medical services, only 3.5% of the cases were correctly classified. Thus, the constructed model confirms the fact that the population of the Tyumen Region is not ready for major changes in the healthcare system, nor are they willing to use exclusively commercial medical services. Only a small percentage of the population can afford paid healthcare services; whereas the majority still choose or are forced to choose free medicine.

Thus, we can conclude that nowadays paid healthcare can be regarded as an additional source of medical services, which was introduced to satisfy the population's need for high-quality health services. There are quite objective reasons for the development of the market for paid medical services. On the one hand, they include socio-economic changes in the society and rapid advances in medical technologies, on the other hand, underfinancing of state medical establishments, which leads to a number of difficulties in obtaining many free of charge services. However, despite dissatisfaction with public healthcare, people still prefer to be treated for free. Among the main reasons that negatively affect the demand for paid medical services is the assumption that healthcare should be free, or it should be dispensed at dumping prices. People are not yet ready to fully adapt to the changing conditions: they still apply outdated stereotypes of behavior, prefer free medical services to paid ones, and turn to the latter only in case of extreme necessity.

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