Willingness to pay for physician services at a primary contact in Ukraine: Results of a contingent valuation study
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BACKGROUND. Reforming healthcare system in Ukraine would imply changing financial mechanisms and involving patients into copayment for physician services. Therefore, it is important to understand patients’ willingness to pay (WTP) and its main drivers. This study aims to investigate patients’ willingness to pay for physician services at a primary contact, its levels and determinants.

METHODS. Contingent valuation method was applied to a nationally representative sample of 303 adult respondents surveyed in 2009. Respondents stated their willingness to pay for a visit to four hypothetical physicians, whose profiles were designed in a way to estimate separate effects of physician’s specialization and joint improvement in three quality-related attributes of a service: the state of medical equipment, maintenance of the physician’s office, and reduction in waiting time. A random effect tobit regression was applied to model effect of these service characteristics and socio-demographic characteristics on WTP.

RESULTS. The strongest predictors (insensitive to model specifications) associated with higher WTP for physician services were quality improvements in the three characteristics of the physician’s profile, higher income, and presence of private insurance policy, while the one associated with reduced WTP was age over 70. Consultation with a medical specialist instead of a general practitioner was also associated with higher WTP, though the magnitude of effect was much lower than for the abovementioned factors.

CONCLUSIONS. Ukrainians are willing to pay for physician services at a primary contact, but the highest WTP would be expected for services of improved clinical and social quality and access. There might be an intention in the society or some of its groups to avoid the gatekeeper general practitioner at a primary level and to refer directly to the medical specialist. Finally, if patient payments are introduced, special caution should be taken with regards to exemption mechanisms, and age should be the main exemption criterion.