Financing of health services and alternative methods: some suggestions

Isik, A.Kadir and Bolukbasi, Okan and Isik, Hayriye

Pamukkale University, Denizli State Hospital, Pamukkale University

21 December 2007
FINANCING OF HEALTH SERVICES AND ALTERNATIVE METHODS: SOME SUGGESTIONS

Assoc.Prof.Dr. Abdulkadir ISIK
Assoc.Prof.Dr. Okan Bolukbasi
Hayriye ISIK

ABSTRACT

Presenting Health Care should have priority because of importance of health care for individuals and society. Today, with understanding importance of this point different political ideas and economic ideas put a lot of effort to increase the individual’s productivity and average life expectation and improve investments on humanity. Even so, sometimes statistics on health services can be critter of structure of modern countries. (Average life expectation, percentage of baby death etc.)

Providing effective and fair health service which is important as such as life itself limited to cost and question of finding the right sources to cover the cost.

Slow economic growth, increasing unemployment, fast growing population are the main factors of increased cost of health services and those factors are appears as actual reasons of financial difficulties on agenda. Financial difficulties of health services will affect to quality and amount of services and also will be the main reason to bring out different methods of practice. But despite those differences, to provide quality health services to the individuals requires strong and continual financial sources. Financial difficulties of health services will affect to the services for individuals so therefore will effect to individuals health. So this essay originated from those important points, aims to explore the financial difficulties throughout historical development and at the same time will look for improvement and alternative managements.

Key Words: Health care services, financing and alternative methods

1. IMPORTANCE OF FINANCING ON HEALTH CARE

Actual subject of Health Care Financing mostly dealt as a main part of social security concept. So therefore it won’t be possible to deal with the problems of Health Services Financing separately from social security policies.

Very first practicing of social security concept originated from voluntary and religious charity organisations whom providing necessary helps for those individuals with lower income. On the next level with improvements and evolutions of this
 organisation this concept start to gain new different dimensions. Although in early days it has started as voluntary charity work later days it has become compulsory work. During this evolution certain companies start to excite and those companies started to offer insurances against dangers and risks for individuals.

Social security became a policy and a popular system after the Second World War. Specially providing national health and unemployment insurance and education rights became the main elements to improve the social welfare. And there have been other factors to influence the social security and welfare. And those are (ILO, 1989:4-6)

People’s desire to live in better conditions after the war, With improvements in science and technologies workforce needed to be better educated and healthier to create stronger workforce, Demand for skilled workforce gained new rights after syndicalism movements, After the war Socialist and Capitalist ideologies promised better living conditions and better working conditions for the individual has created new social security and

Social welfare polices. Actual word Social Security used in America very first time with Social Security Act which put on order in 1937(Yangon,1990:23 and Zaim 1998;17). With in second half of the 20th century became more progressive. When analyzed it appears that International Labour Organisation had great role on development of social security policies. For example setting up the minimum standards of Social Security (1952), securing mother health (1952) equality on health care (1962), benefits after work related accidents (1964), incapability and old age benefits(1967), benefits on medication and health care (1969) and the last recommendations to senior work force (1980).

All the precautions against economical and social problems caused by sickness, birth, work accidents, incapability and disability, old age and death can be named Classified as social security. This can be medical treatments and help, child benefit and helping those who need jobs and regular income. Actual concept of Social Security will cover subjects like national insurance, social benefits, family supports Has to be financed from general budget and purpose build funds. As is seen on practice financing health care expenses dependant on national insurance and social security.

In modern world actual concept of social security aimed to deal with health risks. For example precaution against sickness, work related accidents, incapability and disability, motherhood and old age. Mainly Social Security polices concentrated on minimal health care services and medical treatments to individuals. So therefore those services will include treatment of patients on foot or in bed and provide necessary medications for the patients and provide necessary services for birth.

Organizing and providing those health services changes for every country related to political structure, demographical features, economical development, increase of population and changes of average life expectancy are the main factors to shape up financial methods. But however presentation of those health services will only be possible with money therefore this is only possible with providing right and regular sources. Although those sources and the money spent from those sources are for
practise necessary health care Health System ready to consider all sorts of new financial methods.

Positive improvements on Financing of Health Care has kept general health better conditions, financial problems that appeared during this period will affect Health Care directly. Therefore providing necessary healthcare for individuals can only be possible with spending necessary money directly. In this situation necessary expense to cover to provide the health care needed depends on finding the right sources which is the main answer to financing of health care.

II CLASSIFICATIONS OF PRACTISING HEALTH CARE FINANCING METHODS

If the subject is healthcare analysing varieties of financing methods becomes very important. When it comes to Classification of Health Care methods there are different approaching on financing. (World Bank, 1993:326-7) Financing can be the main element of classification of Health Care methods. In this point it is important to mention main approaches and thesis. When building structure of Health Care in a any Country, it’s all depends on a political ideology, Medical rights, traditions, human rights, religious faiths and ethnical structure.

One of methods for Classification of Health developed Milton Terris in 1978. (Kilic ve Akasoglu 1994-5:36) When Terris done this came up with this method he has based his classification to 3 main group developing countries, industrialised countries and Socialist countries. (Terris, 1980:780) There is an other work related to this classification called “Typology” by Mark Field; divide in to two main group market orientated and central planning orientated and all the payment and financing based

On those ideas (Field, 1989:7) Milton Roemer’s work on 1983 about classifying which he updated in 1994 based on countries economical development and income. (Roemer, 1993:337-9 and Roemer, 1969: 1-23) Rey Elling’s classifying based on country’s social, religious and ideological structure and categorized with those differences (Elling, 1994:285). According to World Banks Oraganisation and Financing Mechanism this classifying is broader and more comprehensive. Also, this classifying based on G.S.M.H’s percentage of general health care expanses and the expanses done

Individual’s health care. Table below should summaries the subject clearly. Health Care Methods shapes up with Those factors mentioned above Table 1.
Table 1. Classifying of Health Care Financing Methods

<table>
<thead>
<tr>
<th>Structure of Organisation :Public or Private Sector</th>
<th>Financing Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Sector (public orientated and profit orientated)</td>
<td>Budget –Tax Financing Compulsory National Insurance Private Insurance Direct Consumer Expenses</td>
</tr>
<tr>
<td>Private Sector (Profit and none profit orientated)</td>
<td>Budget –Tax Financing Compulsory National Insurance Private Insurance Direct Consumer Expenses</td>
</tr>
</tbody>
</table>

Financing of Health Care always had strong influence on health care methods and health organizations and those financing methods will be different depends on countries sometime there can be more then one financing methods in the same country as well(OECD,1987:25).

1. Direct Financing Method

Actual meaning of direct financing management is direct payment of the cost by the individuals whom required necessary health services. Individuals who requires those services has to pay the total cost to public or private sector that provided necessary Services. Direct Financing Management has similarities with other services provided By the public or private sectors in free market environment. People who needs Health Care can buy those services straight a way when necessary.

One of the opinions about direct financing management methods social security services has to finance the services, provide the services, and control the services and control quality of the sector that provides those services.

Direct Financing Management covers all sorts’ payment methods except third party payment groups. This can be cash payment from out of pocket or the way social security services presents the necessary services also. Financing Health Care directly was more common before development of social security concept and policies. (Getzen 1997:7) However today with development of insurance market and governments welfare policies proved importance of third party payments for health Care rather than direct payments to improve quality of life.
When you analyzed historical developments of health care we notice that direct financing method has started to loose importance gradually (Gatzen, 1997:7).

Table 1. Direct Financing Methods in Health Care (dual basic methods)  
(This table developed from, Hsiao,1996:17).

<table>
<thead>
<tr>
<th>Tax or Cost</th>
<th>Services (Health Care, medicine, Medical treatments) provided by public or private sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer</td>
<td>Services</td>
</tr>
</tbody>
</table>

As you can see from table 1 at above like other products on the market consumers has to pay direct out pocket to benefit from those services provided by the public or private sector. When you checked if how direct financing mechanism works we see that consumer purchased the service provided by private and public sector from out of pocket. Consumers has to pay individually for those services rather then sharing with others. So therefore amount of expanse depend on degree of sickness risk. (Ferranti: 1985:14), Health Care Financing Methods has effects on demands and quantity of health services that consumed. When it comes to direct financing method, coefficienty Of demand levels decreasing while indirect financing methods by the third party financial sectors coefficient demand increased. (Yildirim 1994; 43)

Nowadays on health care fields it is very difficult for individuals to finance expansive Treatments hi-tech medical units, medicines surgical operations and organ transplants. This concept has same effect on both developed and developing countries. Those sorts of expenses can be only covered by the large funds there for it requires general or private insurances. Today any where in the world only the people with good financial situations can afford to pay for those expensive treatment costs. But nowadays All the evidences shows that in the future direct payment method will loose impertinence for good and third party payment will be more popular (Getzen,1997:7). Main method of direct financing on practice is payment out of pocket (Gray,1995:182).

2. Indirect Financing Methods

There is involvement of third party payer between service provider and individuals who demands those services with in indirect financing method. This method stops direct exchange of money for partly or full amount of the cost between service provider and consumer. With involvement of third party payer it appears like all of the consumers shares the cost. That means in case of risk of a sickness cost will be cover by the fund(third party payer) the has been established contribution of whole consumers rather then actual patient. When this method practiced amount of the contribution that has provided by the actual petition won’t be important but still extra contribution may be asked from actual petition depending on the treatment and service.
With in Direct Financing Method, on the one side actual consumers and on the other side public or private service provider and has very simple and straight forward structure on the other hand Indirect Financing more complex structure and multi relations between consumers, service providers and third party payers. These relations Can be explained better with the table below.

As seen from the table below the is complex resource and service exchange between Government and Financial Organizations or third party payers, service provider and government, between financial organisations, third party payers and actual service providers (Yildirim 1994:41). There is a simpler version of this method for Developing Countries. Because there is not enough sources to create complex method levels. With the improvement of financial situation of countries these methods will be More complex (Ferranti, 1985:15).

Table 2 Operation of Indirect Financing Method (multi –complicate method) in Health Care (sources used Hsiao, 1996:17 and Ferranti, 1985:45)

<table>
<thead>
<tr>
<th>Government</th>
<th>Indirect Financing Method</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GOVERNMENT</strong></td>
<td></td>
</tr>
<tr>
<td>Subventions</td>
<td>Subventions</td>
</tr>
<tr>
<td>Voluntary Help</td>
<td>Voluntary Help</td>
</tr>
<tr>
<td>Tax</td>
<td>Tax</td>
</tr>
<tr>
<td>Health Care Production</td>
<td>Financial Organizations</td>
</tr>
<tr>
<td>Section</td>
<td>Third Party Organizations</td>
</tr>
<tr>
<td>Public+Semi Public+Private</td>
<td>public+semi public+private</td>
</tr>
<tr>
<td>Payments to Production Sections</td>
<td></td>
</tr>
<tr>
<td>Services</td>
<td></td>
</tr>
<tr>
<td>Premiums</td>
<td></td>
</tr>
<tr>
<td>Consumer Payments</td>
<td>Insurance Payments</td>
</tr>
</tbody>
</table>

Generally in Indirect Financing method, Financing Health care can be possible with in a system that contains general taxes (Income taxes, value added taxes and other sales taxes) consumer contribution (private insurances) and charities. When we analyse those 3 groups systematically we came cross with structure below.
Involvement of the Employees to Financing

Working individuals or groups are the main consumers of the services provided by the Health Care. Indirect financing method; working contributes with payment of their insurance premiums towards funds created by the third parties. In this system workers pay out from their wages. (Percentage from monthly or weekly percentage for those services provided by the organisations, in the cases this percentage can be even hourly) So that fund can be spent on necessary health care.

Those who haven’t contributed to system won’t be able to take advantages of system. One of the main problems of this system is those who have financial difficulties pay their contribution won’t be able to get those services. Amount of that contribution can be fixing by the private sector (private insurance). As well as government (to apply public or compulsory insurance). That contribution by the worker can be can be compulsory as well as voluntary.

Employees can pay that contribution directly to private sector or social security funds or can be deducted from their income by their companies that they are working for.

Employers Involvements Financing

Other popular method for Financing of Health Care is involvement of employers. Employer has to contribute towards cost of health care as well as employees with. This method. One of the main reasons to this, there is always risk of short and long Term sickness that can appear because of employee’s duties during working period. Because this assumption employer has to consider to involve with actual cost.

Involvement of Companies with necessary contributions will effect to cost of actual product. Because Health Care is a part of Social Security Financing, Effect will be on larger scale if you include other payments as well (Insurance for work related accidents and sickness).

Amount of the involvement to financing of health care varies between different countries on practice. (Gray 1995:183).

Governments Involvement to Financing

Today in modern world providing quality and effective services are main duties of modern governments. It is believed while providing the right health care, public sector and central governments has to take more responsibilities (Hecht and Mosgrove, 1993:4 and World Bank 1993:183) and whole cost of those responsibilities has to be cover by the central government. For the modern countries this is a natural routine. This sort of involvement of the government with health care also can be named as financing with taxes. Reason being for that is that money spent to cover those expenses with incomes from taxes.
So all the local governments use their own sources to cover the actual cost. To do that properly governments sometime deal directly or with the help of local authorities and Third Party Organizations (in USA Medicare and Medicaid etc).

With National Insurance (mostly it is compulsory) general budget income, local administration can be evaluated on the same platform (Paton 1996:24-5). In addition to those we can include International organizations as well (WHO, UN, UNESCO).

Financing Health Care may change for different governments. Governments may be in charge of established institutions like social security and managing those institutions and also arranging funds and budget where it's necessary. Other way of Funding those institutions is providing necessary tax allowances. Governments can act like private insurance companies with those institutions established by the government.

Main source for financing health care provided with in government’s general annual budgets. Balancing quality of health care and necessary sources should be governments responsibilities. Role of management in health care market is divided to distributions and production administration. Failures caused by the free market has to be recovered with necessary funds that is true meaning of financing mechanism (Folland, Stano and Goodman, 1997: 467).

III. Comparison Effectiveness of Health Care Financing Methods
Various types of health care financing methods have their typical advantages and disadvantages amongst each other. When you compare the effectiveness of Health Care methods, scale for measurement can be listed as below;

-Determination of financing method of percentage coverage to the population that health care practiced.

-criteria of equality on necessary health care

-criteria of equality on financing

-criteria of cost actual services

-criteria of using sources effectively

Table 2. When studied central governments income financed by the taxes and has been spent on health care so it shall cover everyone. This system will be most suitable one to balancing expenses and control of services equality. This can be more effective when divided in to central, regional and local managements?
When Health Care financed with social security method it will cover larger scale. As you can see financing with funds from social security, control of the cost will be stronger. Places where single methods don’t work mix systems more suitable for free markets can be practiced as well. But equality generally will be low with those type of methods. Especially on competitive free market this inequality will be more obvious. It will be harder to control the actual cost as well. Use of sources within the system not very productive at all when you consider amount of consumer who prefer this system is higher.

Table 2. Assessing Effectiveness of Alternative Financing Strategies

<table>
<thead>
<tr>
<th>Type of Financing, And country</th>
<th>Criteria of Extent</th>
<th>Criteria of entrance</th>
<th>Equality on Financing</th>
<th>Effective Source</th>
<th>Effective Consumers choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financing with general Taxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Provided directly by central Government like NHS England</td>
<td>Includes everyone</td>
<td>High</td>
<td>Removes Inequality</td>
<td>Strong</td>
<td>Medium</td>
</tr>
<tr>
<td>2. Provided indirectly by Region Governments like Canada</td>
<td>Includes everyone</td>
<td>Medium</td>
<td>Removes Inequality</td>
<td>Strong</td>
<td>High</td>
</tr>
<tr>
<td>3. Provided indirectly by Local governments like Sweden</td>
<td>Includes everyone</td>
<td>Medium</td>
<td>Removes Inequality</td>
<td>Strong</td>
<td>High</td>
</tr>
<tr>
<td>Financing with Social Security</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Government direct involvement like Spain</td>
<td>Includes everyone</td>
<td>High</td>
<td>increases inequality</td>
<td>Strong</td>
<td>Medium</td>
</tr>
<tr>
<td>2. Financing with parallel to global economy like Germany, Japan</td>
<td>Includes everyone</td>
<td>Medium</td>
<td>increases inequality</td>
<td>Strong</td>
<td>Medium</td>
</tr>
<tr>
<td>Financing without global Budgets like Korea</td>
<td>Includes everyone</td>
<td>Medium</td>
<td>increases inequality</td>
<td>Weak</td>
<td>Low</td>
</tr>
</tbody>
</table>

Divided strategies

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Public Health Care provided with private sector like Avustralia</td>
<td>Includes every one</td>
<td>Medium</td>
<td>decreases inequality</td>
<td>Weak</td>
<td>Low</td>
</tr>
<tr>
<td>2. Free preference with competitive free market like USA</td>
<td>Includes everyone</td>
<td>Low</td>
<td>increases inequality</td>
<td>Weak</td>
<td>Low</td>
</tr>
</tbody>
</table>

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IV NEW INCLINATIONS TOWARDS FINANCING HEALTH CARE
RECOMMENDED SOLUTIONS

Difficulties on Financing Health Care forced to search and develop new alternative Methods. In reality only way to solve the actual will be only possible with increasing Amount of sources. This can only be possible two ways, first is diverting more sources from taxes and the second is by increasing the financial support to public and private Health care sector. This situation applies for both central and local governments.

There are also development of micro and macro management strategies to solve the financing problems of health care and limitation of actual cost. This alternative cost limitation strategies can be outlined as table below (Reinhardt, 1996:130). This diagram can be arranged different depending on countries economical conditions.

Table 3. Cost Containment Strategies

<table>
<thead>
<tr>
<th>Supply and Demand</th>
<th>Micro</th>
<th>Macro</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supply</td>
<td>1. Improvement of productivity and effectiveness of health care with economical encouragement</td>
<td>1. Planning of the regional structure, aim to improve the quality and fair distributions on regional level.</td>
</tr>
<tr>
<td></td>
<td>2. Legal implements and responsibilities on managers and owners health care units.</td>
<td></td>
</tr>
<tr>
<td>Demand</td>
<td>1. Arrangement of cost sharing with differentiation between Patient and consumer</td>
<td>1. Prearrangement of doctors and health care providers expanses with general budget</td>
</tr>
<tr>
<td></td>
<td>2. Control of doctors decisions on patients and regulations</td>
<td></td>
</tr>
</tbody>
</table>

Market Interventions

1. Price Control
2. Government Interventions

High cost of health care creates a phenomenon of difficulties directly paying out of pockets. This situation creates biggest argument that is importance of administration role of financing. However arguments over actual level of involvement and increasing of effectiveness still continues (Barr, 1996:27).
Nowadays there are a few new approaches to financing health care after diagnosis, strategies of improvement of sources and cost limitations, here are some of those approaches below (Paton, 1996:25-30).

1. Cost Sharing

According to this particular approach, individuals who use health care services will contribute to actual cost with this method. This contribution can be for the certain part of those services or whole. For example part or whole cost the may be demand by the service providers. It is important as this method creates extra sources. On the other hand this may cause to decreasing of demand to those services. But it is not clear for those with lower income whom cant contribute to much. Despite all those difficulties this method can create extra sources in the countries with high regular income.

2. User Charges

Consumer contributions, consumer of health care meaning patients pay directly when they use those services. Limitation of necessary sources is the main reason to consumers direct involvement to cost. Today with every countries it can be different levels but overall consumers always contributes towards actual cost. Those consumer contributions can be like, direct payment to actual health care provider, payment to insurance companies or medications. The other practise is decreasing of repayments for consumers. This particular method it will increase necessary extra sources and decrease actual demand and create limitation to actual cost and at the same time it will bring inequality factor as well. There is no defined agreement to consumers’ contribution by elderly, children and poor with this method.

3. Voluntary Health Organizations

The other answer to Health Care Financing is funding and running voluntary Organizations and none profiting companies. Those organizations are mostly Charities of all sorts. Despite all the changes within social and moral values in the modern countries voluntary organizations are still has very important role to run health care properly. Voluntary organizations have regular incomes from government allowances, exhibitions, auctions, second hand shops and similar sources (Pauly, 1987:257).

An other example to this voluntary organizations are religious voluntary organization. This type of religious voluntary organizations provides those extra sources needed for health care. Actual concept of this method shapes up around involvement of national insurance, cash payments, private insurance multi income funds and third party payers.
Each country has its own particular way to practice those new alternative methods. According to World Bank governments should take larger active roles to improvement of financing, private and voluntary none profit organizations should improve the service sector (Hecht and Mosgrove, 1993:6).

V. SOME SUGGESTIONS FOR HEALTH CARE FINANCING

Recommended model on this section based strategies above. Surely there are more methods can be developed despite all the difficulties within the health sector, people always intent to look for new alternative models that suits them best.

Those models can be analyse and explain as four different section. So those are:

1. On the first model cost of health care financed by the general budget and service provided by the public sector. This model also divided to two main section. With the first section health care service provided and managed by the central administration. With the second section providing and managing of those services done by regional administration. Within this method central and regional managements that in charge of providing those health care services can be changeable but management that in charge of financing stays central.

2. On the second one, cost of health care still financed by the government general budget but providing necessary services done by the private companies. Private Health Care sector supported by bidding, assignment, voucher and subvention methods. It is possible to see even more then those methods at the present. Quality and capacity of health care services provided by the public sector is not enough on its own but it could be possible to provide necessary service with public sector as long as actual cost covered by the central administrations. There are four different method practiced.

   1. with Bidding Method health care, medicines, medical equipments provided by the private sector that has bid the best offer in the auction.

   2. with Assignment Method individual has option to get the necessary treatment from private sector, consumer have option to go to any private health care service providers authorized by the government.

   3. Voucher Method, individuals with lower income can be issued with voucher so they can use them with in the private health sector when required. So this way they get necessary health care treatment.

   4. Subvention Method, government pays indirectly with grants and allowances to those private health care sector so they should provide necessary services to those who needs with lower income with in affordable. So with this way individuals with lower incomes can take advantage of those service provided by the private sector.

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3. On the third section, health care provided by the government and individual contribute towards cost with their personal budget. This can be possible two different ways, with the first one consumers pays for services provided by the public sector and the second one again actual cost covered by the consumer but service provided private sector.

4. On the fourth section financing and service providing totally privatised With this situation government won’t involve with any thing on any level so therefore whole health care services provided by the private sector. Today this method almost none exist with pure level. Financing of this method is only possible with direct payments of consumers.

Apart from that financing of health care can be possible for certain type occupation groups with Employment Insurance. All those methods recommended above for health care have some strong and some weak points and it’s very difficult to privatise whole health care as actual concept of health care will always contain some public sector principles.

Operation of those methods can be only possible with elements listed below. First of all despite all the methods that have been listed below cost of health care is still wont have any shortage of problems. In this situation makes individuals more determine to come up with the right answers to solve health care problems. That is to say, all those methods below are to establish funds for financing the health care best possible way. Here are some of those repayment methods listed below.

Payment for per service, cost of service covered by the fund or a few funds. For example health consultation.

Incident payment, payment for sickness from a fund or funds For example surgical operations.

Daily pricing, cost of service determined by the amount patients treated and the payment from fund or funds parallel to those information.

Fix pricing, amount of the patients wont have effect on pricing payment will be from fund or funds again.

Pricing per head, payment from a fund or funds for the services received by the individual in a certain time period.

Global pricing, with out any influence of outside elements arranging a fix price for per head from fund or funds.

Actual cost, arranging direct payment for the actual cost of services for health care from fund or funds.
Table: Health Care Demand and Alternative Methods of Financing

<table>
<thead>
<tr>
<th>Method</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centralist Method</strong></td>
<td>(Whole budget of the health care financed by the central government and service provided by the hospitals run by government)</td>
</tr>
<tr>
<td></td>
<td><strong>Bidding Method</strong></td>
</tr>
<tr>
<td></td>
<td>Governments buys the necessary equipments for hospitals etc.</td>
</tr>
<tr>
<td></td>
<td>Assignment Method</td>
</tr>
<tr>
<td></td>
<td>patients assigns to private hospitals and cost covered by the governments</td>
</tr>
<tr>
<td></td>
<td>Voucher Method</td>
</tr>
<tr>
<td></td>
<td>Government to issue health vouchers for individuals with low income.</td>
</tr>
<tr>
<td>Localized Method</td>
<td>(whole budget of the health care financed by the central government and services provided by the hospitals run by local authorities)</td>
</tr>
<tr>
<td></td>
<td>Subvention Method</td>
</tr>
<tr>
<td></td>
<td>Private Companies which involved With health care gets support from Government.</td>
</tr>
<tr>
<td></td>
<td>FREE MARKET METHOD</td>
</tr>
<tr>
<td>Individual can pay (extra)</td>
<td>Individuals to pay out from their pocket to use any hospital they would like.</td>
</tr>
<tr>
<td>money from Their pocket to</td>
<td>Individuals can get private insurance and can go to private hospitals.</td>
</tr>
<tr>
<td>et necessary treatment</td>
<td></td>
</tr>
<tr>
<td>from private hospital</td>
<td></td>
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<tr>
<td>(for example staying in the</td>
<td></td>
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<tr>
<td>private rooms in the public</td>
<td></td>
</tr>
<tr>
<td>hospitals)</td>
<td></td>
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</tbody>
</table>

RESULTS

Increasing demands on health care determines increase the amount of the services as well. It is very important to use sources wisely with the maximum productivity level. Increased percentage of demand to health care grows parallel.

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To increased GDP. In this situation financing of health care expenses becomes more important and difficult.

Slowly increasing cost of health care and rapid increase of population and unexpected changes on average incomes courses difficulties to provide with the right service and financing of those services. Purchasing of necessary health care not a problem for the modern countries with the average or higher income levels. Only problem will be quality and quantity of those health care services. On the other hand countries with weaker economies and lower incomes financing of the health care still is a greater challenged then ever before that brings lower quality and quantity. Some case a few individual wont be able to get any service at all.

Even if we assumed there is a fund for health care operation and financing of this fund can be hard because of not enough sources. Health Care is a vital necessity of modern world therefore to provide best health care service for individual effectiveness of financing methods has to be increased and new methods as well. Searching for the new methods to financing health care will continue between direct payment from consumer and payment from public sector. Important thing is that justification and effectiveness of health care to reach to right individual whom needs them most.
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