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ORIGINAL ARTICLE

DETERMINING THE METHOD OF PROVIDING HEALTH INSURANCE SERVICES FROM THE VIEWPOINT OF INSURED, SERVICE PROVIDERS, INSURANCE ORGANIZATIONS -A STUDY OF TEHRAN CITY

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Abstract:

Health insurance increases the fair access of people to health care. In fact, the final aim from improvement of health insurance systems is to have a better reach at all inclusive development. That is the reason why attending to quality and quantity of insurance services is the necessity of every society. This research was undertaken in order to determine the method of providing health insurance service from the outlook of the insured, service providers, and insurance organizations in city of Tehran in the year 2012. The present research is a descriptive plan in which 502 insured individuals, 316 of service providers and 8 managers of insurance organization took part.

Required information was collected by sample selection form and questionnaire for insured persons, and questionnaire for employees of insurance, interview and questionnaire for managers. Obtained results from testing quality to show that 82.66% insured as average, 83.54% employees knew the quality as well and 62.5% managers declared it as average.

Since most insured people, employees and managers evaluated insurance services in an average rate and there is considerable difference between views of managers and employees about the quality., with respect to the significance of the problem, eliminating this difference and rendering services as desirable form is essential.

KEYWORDS:

Insurance; Attitude; Insured; Rendering services.

INTRODUCTION

Health insurance is an insurance against the risk of incurring medical expenses among individuals. By estimating the overall risk of health care expenses among a targeted group, an insurer can develop a routine finance structure, such as a monthly premium or payroll tax, to ensure that money is available to pay for the health care benefits specified in the insurance agreement. The benefit is administered by a central organization such as a government agency, private business, or not-for-profit entity.

Historically the first political step towards Health insurance happened in Germany, in 1883 and followed in other European countries in twentieth century. The payment method in Germany was per capital and monthly some amount paid to physician according to the insured patient list.

The treatment services should be provided to all the insured with the same quality and quantity. It means that while all the insured have complete access to the treatment services, the annual payment for insurance and franchise should be as much as the insured are capable of paying. The insurance organization as the

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centralized policy maker can play an important role and attract satisfaction of everybody with correct moves in the long term.

Considering that the service providers are considered one arm in the insurance industry and gaining their satisfaction would cause them to provide better service and this way drawing the insured' satisfaction would be possible, some studies have been done.

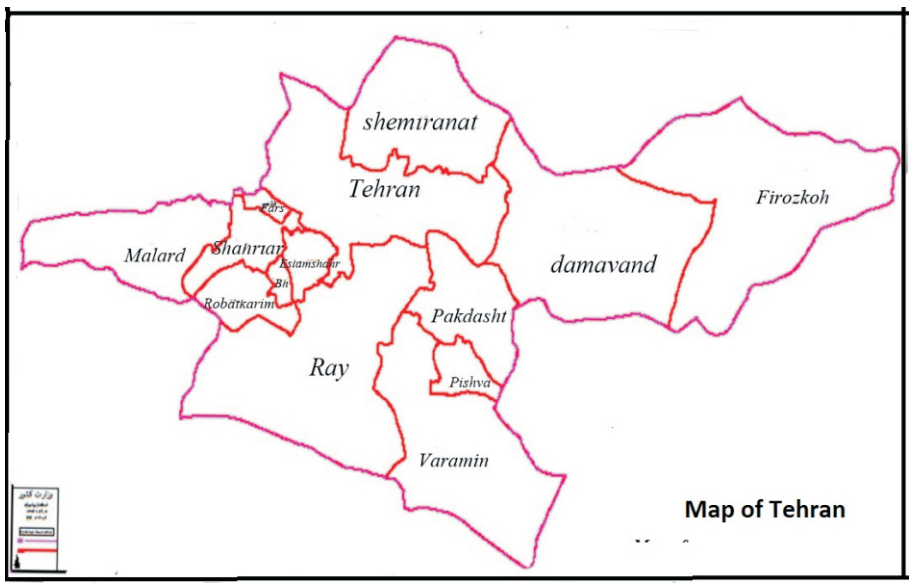
Eisenberg (1995) has done an investigation of reformation of the method of repayment to the physicians and showed that half of the expenditures of the insurance system was about the medicine that physicians would prescribe and with the increase of treatment quality by the physicians and attending to them more and drawing their cooperation, part of their expenditure reduces.

Rezaei (1998) has done an investigation of knowledge, expectations and viewpoints of people about the law of the public insurance in 26 provinces of Iran. The results showed that the individuals' outlook about insurance is at the medium level. The findings were indicative that the organization's function, adequate and on time payments, and stability in the policies were effective in the improvement of outlook.

The researches show that the providers" functions and the insured's and providers' outlooks are effective on the situation and function of insurance organization. Therefore, it is expected that the results of the present study show that what the insured, providers and insurance organizations' outlooks are about the method of providing services. Therefore, the achieved results can clarify the dissatisfaction factors in each group and help the managers adopt the better approaches.

The aim of this research is to determine the method of providing health insurance services from the viewpoint of insured, service providers, insurance organization in city of Tehran in the year 2012.

Study Area



Tehran is the capital and biggest city of Iran. It is the capital of Tehran province. Population of city of Tehran is 8,244,535.It is the 25th most populated city in the world. The area is 73 square km. Tehran is one of the biggest cities in the west Asia. City of Tehran is located in northern part of Iran and in the south of Alborz mountain series. It has 22 municipal districts. Density of population in this city is between 10700 to 11000 individuals in every square kilometer. It is the 16th densest city in the world. Population growth of Tehran is 1/1%.

In Tehran, there are 151 institutes, 29447 permanent hospital beds, 941 health and treatment centers (894 of them are urban and 47 are rural)(478 of them are private and 254 of them are governmental and 200 of them are others.

METHODOLOGY

This research is a descriptive study. 502 insured individuals (employee insured and self insured)

and 316 service providers, 8 managers took part in this research. They were chosen through cluster, category and incidental methods. At first, 6 districts from 22 municipal districts of Tehran were incidentally chosen as cluster. To select the insured in each of these districts, some centers were incidentally and proportionate to the capacity of each district chosen from radiology's, laboratories, private clinics, physiotherapy and hospitals. Afterwards, the researcher, referring to those centers, provided the required number of samples of the insured who were chosen incidentally from among the customers and started to complete the questionnaire for them.

Selecting the service providers was done in a way that after receiving the list of specialized public physicians, labs etc, who were parties to the insurance companies, their work places were marked. Determining density of service providers in each municipal district, they were referred to after being chosen incidentally and in given proportion to each district and questionnaire were given to them.

The managers chosen for the research were 10 at first. Because two of them were unavailable, 8 were finally chosen for the study.

To collect the data for the insured, the questionnaire was given to them. This questionnaire included two parts of individual and job specification (including 16 questions) and to form the opinion (including 17 shared questions for the employee and self insured, 4 questions for the insured who were previously hospitalized and 8 questions for the self-insured).

In the section regarding service providing and managers of the organization, questionnaires were planned in two different parts. The first part of questionnaire was about personal and general information and included 16 shared questions. There were 5 questions for the specialized physician and five questions for the general physicians, 4 questions for the drug stores and four questions for the hospitals. The second part of questionnaire was about evaluation of opinion. It included 14 shared questions for all the service providers, one question for the specialized physicians, 4 questions for the general physician, 7 questions for the drug stores and 6 questions for the hospitals.

To evaluate the opinion, the Likert scale was used. For the insured, the reply to questions was in three forms of opposition, no opinion and in agreement and they were given marks from 1 to 3. For two groups of service providers and managers, the reply to questions was in five forms of completely in disagreement, in disagreement, no opinion and in complete disagreement, in disagreement and they were given marks from 1 to 5 and the collection of marks was between 0 and 100.

In the categorization of outlook, the marks between 0 and 33.3 for the weak outlook, 33.34-66.6 for the medium outlook and 66.7-100 for the good outlook were considered for the quality and quantity of the health insurance services.

The method of reliability of content was used in order to determine the reliability of the questionnaire. To do that, the academic resources along with the opinion of university instructors and observers and authorities of insurance section were used. In order to determine the reliability of data colleting tools, the method of internal homology of reliability and formula of Cronbach's alpha were used. In this method, the reliability was confirmed with ($r=0.76$ and $p<0.05$) for the questionnaire of the insured and ($r=0.72$and $p<0.05$) for the service providers.

The statistical analysis of the gained information was done through the software of SPSS. The results of the statistical examinations were considered with the confidence co-efficient of 95%. Statistical test of independent t, one way and two ways variance analysis, Chi-square, Kruskal-Wallis, Mann-Whithney were used in order to investigate communication and descriptive statistics.

RESULTS

The age average in the insured group is 39.413.5 and in the service providers (43.713.5) years.

Gender: Men being 262 individuals made up 82.9% in the service providers and 311 individuals (62.1%) in the insured and this number would make up the majority of the samples in the study.

University Education: Majority of the study samples with 184 individuals (36.8%) had university education in the insured group.

Majority of service providers in the research has the degree of specialized doctorate with 145 individuals (45.88%).

Insurance type: more than 2/3 of individuals taking part in the research in the insured group which is 72.1% were the originally insured and 141 individuals which is 28.1% of them were subsidiary insured. 419 individuals (86%) were under the employee insured scheme.

Marital status: majority of the insured ones which are 413 individuals (82.3%) were married. Half of them which are about 52.5% had 3 or 8 individuals under their guardianship.

Employment status: 64.8% were employed, 8.8% was retired, and 26.4% was unemployed.

Payment of insurance: more than half of them which is 65.3% would pay their insurance themselves

Insurance record: 63.1% of them were insured for more than 6.5 years.

Their knowledge about insurance: 24.7% of them did not know anything about the insurance and its rules. 38.1% would see the notes at the end of the insurance notebook as their necessary insurance information.

Access to insurance: 49.1% of the insured had no problem regarding the acceptance of their insurance notebook from the treatment centers but 17.6% in the office of the specialized physicians, 8.9% of them in the drugstores, 4.1% in the labs, 3.1% in the hospitals had the problem of their insurance being accepted. 13.5% had problems in different sections including hospitals and drugstores separately or altogether.

Replying this question that in return for paying more insurance, the insured are ready to receive free treatment, 43.8% answered negatively. The reason for this opposition has been probably that 55.5% has faced the experience that despite being insured, all the treatment expenditures have been paid by them individually in some cases.

Studying the culture of spreading insurance in the society, the results would account for the fact that 1/4 of the respondents still believe that as they pay insurance, they should hand over the insurance notebook to others to use or use others' insurance notebooks.

In the self insured group, 44.2% were dissatisfied with the reference plan. 43 individuals which are 61.9% were dissatisfied with the plan of not using the right to hospitalization until three months later.

Starting point of insurance coverage: 31 of them which are 51.8% started to get insured after the sickness happened in the family.

Service providers

Work record: among the service providers, 98 individuals which are 35.1% have the work record of 13 to 25 years.

Presence in the University Academic committee: majority of them which is 237 individuals and 75% were not part of the academic committee.

The number of their clients: 261 of them which 82.3% expressed that having contract with insurance organization would increase the references to them.

Demands: 148 of them (47.1%) would receive their money between 4 and 6 months after dispatching the prescriptions to insurance organization. 240 individuals (76%) would receive their money at one time but couple of months later.

Returning the unpaid prescriptions from the insurance organization: 83 individual (61.2%) of the specialized physicians and 89 (65.1%) of the general physicians have expressed that in some cases, as a result of some problems, some of their prescriptions were not paid. The results of the X^2 (P=0.008) has a significant relationship between the opinions of general and specialized physicians regarding deduction from the original prescription by the insurance organization.

Satisfaction with method of payment by the insurance organization:

64.3% of service providers did not consider the payment method of insurance organization appropriate and 92.1% of them believed that quick payment of the demands is effective in satisfying the service providers.

The value of the provided service: 87% of service providers believed that the authorities should work towards increasing service rate, though 59.7% of them expressed that the increase in the service rate would put the poor under pressure.

Financial relationship: 3/4 of the respondents said that it is better that the financial relationship between insured and the service providers be cut.

Publicizing and advertising of the insurance service by the insurance organization:

54.7% of the service providers did not describe the insurance origination's function regarding publicizing as positive.

From among 31 managers of the drugstores, 23 of them (74.1%) were satisfied with payment method of the insurance organization and would say that the fact that 40% of their demands were left unpaid would leave a negative effect on their work. It was so much so that 11 of them were in agreement to pay their medicine freely and without insurance and prescription. The reason for that was 40% unpaid part.

The managers' group

Gender: all of 8 managers were male.

Age: they were 40-63 years of age and their age average was 49.5.

Education: 6 of them were specialized physicians and two of them was professional physician.

Work record: in the managers' group, it was between 11 and 26 and the time during which they were

working, it was 2-15 years.

Interpretation of the results: in this research, it can be observed that most of the insured which is 82.66% had a medium outlook towards the quality of the provided health service and half of them which are 53.98% had a medium outlook towards the quantity of the health service (table 1). Also, the results show that most of the service providers (83.54%) which is 264 individuals have a positive outlook about the quality of services provided and more than half of them (63.9%) has a medium outlook about the quantity of the services (table 1). And finally, more than half of the managers which is five individuals (62.5%) would announce the quality of the insurance service as medium and most of them who are 7 individuals (87.5%) would see the quantity to be medium too (table 1)

Table 1: Distribution of frequency of the insured and service providers, managers of the insurance organization's outlooks about the quality and quantity of the provided service

	Out look levels	Variables			
		Quality		Quantity	
		Number	Percentage	Number	Percentage
The Insured	Weak	11	2.19	59	11.75
	Medium	415	82.66	271	53.98
	Good	76	15.13	172	34.26
	Total	502	100	502	100
	Mean Standard deviation	54.5 11.2		57.9 19.8	
Service Providers	Weak	8	2.53	88	27.84
	Medium	44	13.92	202	63.92
	Good	264	83.54	26	8.22
	Total	316	100	316	100
	Mean Standard deviation	75.54 12.85		43.99 17.68	
ance organizat	Medium	5	62.5	7	87.5
	Good	3	37.5	1	12.5
	Total	8	100	8	100
	Mean Standard deviation	62 7.6		57.1 8.6	

The results of t-test about the comparison between the mean of the marks regarding quality and quantity among the insured and service providers show a significant difference with ($p<0.0001$)).

Quality $t=24.2$ $df=786$ $p<0.0001$
Quantity $t=10.0$ $df=786$ $p<0.0001$

Also, the result of Chi-squared test shows that grades of quality from the viewpoint of service providers and the organization's managers ($p=0.041$) have difference. On the other hand, the correlation test of Pearson shows that the there is direct and significant relationship between quality and quantity of providing services from the view point of service providers($r=0.39$; $p<0.001$).

The interpretation of results about the factors effective on the outlook of three groups of participants (the insured, the service providers and the managers): the investigation show that there is significant difference between the opinions of two groups of the employee insured and the self insured towards quality of the insurance service ($p=0.01$). Regarding quality and quantity cases, the employee insurance have better outlook compared to the self insured.

Gender is important in the insured's outlooks. It is so much as that there is significant difference between the male and female insured about the quantity of the insurance service ($p=0.02$).

Age is among the important factors on the insured's' outlook, too. The result of Spearman test

about quality and Chi-square about quantity has a significant relationship between the age group and the insured's' outlook (p=0.01 for the quantity and p = 0.02 for the quality).

The marital status was effective (p=0.009) in the insured's' outlook regarding the quantity of the provided service.

Job had no effect on the outlook. Based on the result of t-test about the outlook towards quality between individuals residing in the cities and those living in villages, P= 0.04. But the education of individuals had no effect on their viewpoint. The income level on the outlook about the quantity of service provided (p=0.019) was effective but had no effect on the quality of providing services.

The result of test of one way variance analysis shows that the more individuals know about insurance, they have gained a better mark on the outlook (p=0.004). Also, the outlook of the insured who have known about insurance rules in different ways, there is significant relationship about the quantity of services (p<0.001)

The service providers: age has been effective on the outlook of the service providers towards quantity of provided services (p=0.002). Education levels of service providers were effective on their outlook towards quantity and quality of services (p<0.0001).

Table 2: Comparison of the means of the marks of outlook about quality based on thee education levels among service providers

Education levels	Variable			
	Quality		Quantity	
	Statistical indicator			
	Mean Standard deviation	Number	Mean Standard deviation	Percentage
Associate Degree	63.6 24.8	14	37.07 18.8	14
Bachelor	47.5 36.9	12	26.9 23.1	12
Master	81.4 16.4	8	28.3 10.4	8
Doctoral Degree	79.3 8.02	145	53.1 14.1	145
Specialized doctorate	74.7 9.1	137	36.6 15.9	137
Total	75.5 12.8	316	43.9 17.6	316
Test Results One way ANOVA	F=21.2; df=4; p<0.0001		F=24.8; df=4; p<0.0001	

The outlook of service providers who have different expertise has had a significant difference about quality and quantity of services (p<0.0001). The result of t-test showed that outlook of service providers who have been members of university academic committee has a significant difference with those who are not members of that regarding quantity of providing services (p<0.001).

On the other hand, test of one way variance analysis showed that there is a significant difference between the opinions of service providers who believed in the organization's attempt for on time payment and those who were against this idea regarding quality and quantity. The result of Spearman test shows a significant relationship between the outlook of the service providers who receive their demands during a shorter time with those who receive the same in a longer time (p=0.001).

DISCUSSION

It is found that most of the service providers, managers and the insured would see quality and quantity of service provided to be at medium level. Considering that satisfaction and consequently the outlook which is created in one individual's mind about quality and quantity of service is a multidimensional issue, it seems that in the present research, a collection of factors have played a role in creating this outlook. For example, we can mention the fact that insurance notebook is not accepted in some centers (41.8%). Having issues in providing medicine using the insurance notebook (60.7%), the expenditures of test being costly (53.8%), the opposition with the reference plan in the self insured (44.1%)

and etc. are other problems seen. Also, proper conduct towards the insured, easy and fast access to the extant services, and considering the economic issues of society can be effective on the positive outlook of the insured.

Satisfaction of service providers is dependent on some factors too. Table 2 indicates that most of the service providers would see the quality as good but quantity at the medium level. The results indicating dissatisfaction of the service providers was due to the insurance's function regarding the payment method, services being cheap ,deductions and etc. Though, the insurance organization knows about the importance of gaining service providers' satisfaction, it has to be considered that outlooks usually have considerable stability and changing them can be done slowly and in long term. Therefore, it is required that organization's managers should have long term plans more than before.

Finally, the results about the managers showed that they were aware about the methods of providing services. That is the reason why the insurance organization's main role which is precise control and supervision over the method of providing services should not be out of sight, though this organization is the buyer of the services while the producers of services have the main role in providing the services. Quality and the managers' quality should be practiced in the insurance system. The insurance companies should supervise the quality of providing services in the providing systems which are party to the contract.

CONCLUSION

Therefore, it has to be remembered that each of the groups should be reminded of their duties and affairs related to them in order to promote quality and quantity and create positive outlook in three groups. Organization as the linking chain should have the main work done in this regard.

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