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Challenges in improving the quality of medical examination and treatment and the goal of universal health insurance

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Abstract

An abstract is a summary of entire paper should be written in Cambria with font size- 10. Author can select Normal According to the Health Sector Overview Report of the Ministry of Health, 3.9% of households (equivalent to 3.5 million people) face financial difficulties due to the cost of medical examination and treatment. The report also found that direct out-of-pocket household spending accounts for 50 percent of total health expenditures, while on average worldwide, this cost is only about 30 percent. In addition, due to the advancement of science and technology in the medical industry, methods are also born more and more, drugs and medical supplies are increasingly modern, prices tend to increase. Therefore, the increasing cost of medical examination and treatment is an inevitable trend. That will become a burden on the budget of each family, especially families with people with serious and chronic diseases that require long-term treatment. According to Vietnam Social Insurance data, by the end of December 2022, the coverage rate of Health Insurance reached over 92.06% (equivalent to nearly 91.1 million people). However, one thing worth. However, one thing worth note that easily exploited objects such as those participating in health insurance under labor contracts or groups paid by social insurance organizations and the State budget have almost absolute coverage. The remaining target groups have not high coverage and exploiting these groups is not easy because the health insurance participation fee is mainly paid by the beneficiaries. Therefore, achieving 100% coverage is not easy.

Keywords: Health insurance; Social insurance; Health; Medical examination; Treatment

1. Introduction

In order to achieve the goal of universal health insurance and ensure the sustainability of the health insurance fund, while preventing risk sharing, the level of direct spending from households' pockets will decrease. This is a very important decision to ensure Social Security, contributing to poverty reduction and economic growth for the country. Therefore, Resolution No. 20 dated October 25, 2017 of the Party Central Committee [1] has set a target of health insurance coverage by 2025 to reach over 95% of the population. In addition, the Law on Health Insurance promulgated by the National Assembly on November 14, 2008 [2], amended and supplemented in Law No. 46 of 2014 [3] passed by the National Assembly at the 7th session of the VIII National Assembly stipulates compulsory participation in health insurance for the whole people, but for the group of self-paying beneficiaries, Health insurance policy is still advocacy, self-discipline It can be said that towards universal health insurance, it has been paid attention to by political levels and set high goals to complete according to the set roadmap. Continue to implement Resolution No. 21 of the Politburo on "Strengthening the Party's leadership on social insurance and health insurance in the period 2012-2020" issued on 22/11/2012 [4] and Decision No. 1167/QD-TTg of the Prime Minister: On the adjustment of the allocation of health insurance implementation targets for the period 2016-2020 issued on 28/6/2016 [5]. Achieve the goal of increasing health insurance coverage and improving the quality of medical examination and treatment to serve the people.

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2. Material and methods

2.1. Information colleting methods

Secondary sources of information are synthesized from topics, reports at seminars, statistics of authorities, synthesized. However, the main sources of data are taken from the Vietnam Social Insurance Agency, the Ministry of Labor, War Invalids and Social Affairs, the Ministry of Health.

2.2. Data analysis and processing methods

Methods of statistical analysis are descriptive statistics (describing the current situation) and comparative statistics (comparing changes in the provisions of the Law, changes in the number of participants, sources of revenue, sources of health insurance expenditures, etc.).

3. Results and discussion

3.1. Health insurance coverage has not reached 100%

The development of health insurance participants is always identified as one of the key tasks when implementing health insurance. In the first phase, health insurance participants were mainly cadres, civil servants and State employees with a very low coverage rate, reaching only 5.4% of the population in 1993.

After that, along with the dissemination and awareness raising for the people, the subjects participating in health insurance increasingly expanded to the group of non-state workers, students, self-employed workers participating in voluntary health insurance (before 2014)

The total number of people with health insurance increased sharply over the years, reaching 91.1 million people in 2022, nearly 24 times more than in 1993 when health insurance was available. The Law on Health Insurance promulgated by the National Assembly on November 14, 2008, amended and supplemented in Law No 46 of 2014 passed by the 13th National Assembly at the 7th session of the VIII National Assembly stipulates compulsory participation in health insurance for the whole population, but for self-paying groups, health insurance policies are still self-conscious. Specifically according to (Table 1) below:

Table 1 Number of participants and coverage of health insurance

Year	Total number of people participating in health insurance (million people)	Coverage rate (%)
1993	3,79	5.4
1998	9,89	12.7
2003	16,4	20.5
2008	38,39	46.0
2013	61,67	69.0
2020	87,96	90.86
2021	88,85	91.01
2022	91,1	92.06

There are five main groups of beneficiaries participating in health insurance including:

The group of beneficiaries participating in health insurance under labor contracts, the health insurance participation rate is very high, on average over 90%. For example, the group of employees in the administrative and professional sector, the participation rate in health insurance reaches nearly 100%.

Two groups of beneficiaries are paid by the Social Insurance Organization and the State Budget: the participation rate in health insurance is nearly 100%. This is very understandable because this group of people is prioritized and does not have to pay health insurance participation fees, so the participation rate is almost absolute.

Group supported by the State budget to pay health insurance: the participation rate in health insurance is 83%. There are about four million people in this group who have not participated in health insurance, including about 2.1 million students, 0.6 million people from near-poor households and 1.5 million people from households with average living standards.

The group of people participating in health insurance by household has the lowest health insurance participation rate, only reaching 24.5%. There are more than 11.4 million people in the group of beneficiaries participating in health insurance by households that have not participated in health insurance. Health insurance participation rate is depicted by the following chart (Figure 1):

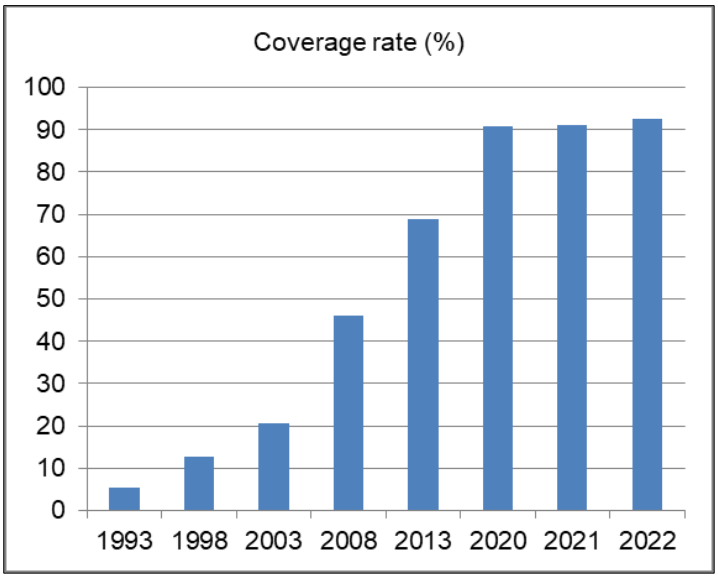

Figure 1 Describe health insurance participation rates

(X-axis: Total population; Y-axis: Percent participation in health insurance)

The proportion of the population with health insurance in 2022 reached over 92%, of which target groups such as cadres, public employees, and labor contract holders have reached approximately 100%. This has shown the efforts of social insurance at all levels in the development of health insurance participants. However, the key issue to implement universal health insurance today is the development of the group of beneficiaries supported by the State budget to pay health insurance and the group of beneficiaries participating in health insurance by household.

In particular, the group of beneficiaries participating in health insurance by household only has a participation rate of 24.5%. Improve the participation rate of health insurance of beneficiaries such as students, self-employed workers, small businesses, etc. is the key to achieving universal Health Insurance. In other words, this is a bottleneck that needs to be solved for 100% of the population to participate in Health Insurance.

3.2. On balancing health insurance financial funds

Along with the increase in the coverage rate of the population with health insurance, the number of health insurance revenues and health insurance expenditures has also increased continuously over the years. The Health Insurance Fund is a stable and sustainable financial source, serving the people's medical examination and treatment, contributing to minimizing the burden of health finance for the State Budget. In 1993, health insurance revenues and expenditures only reached VND 115 and 75 billion, by 2020, the size of the health insurance fund will increase nearly 1000 times, with revenues and expenditures of VND 110,461 billion and VND 102,698 billion respectively. The development of the health insurance fund is closely linked to the development of health insurance policy in Vietnam. As follows:

Table 2 Balancing the health insurance fund in Vietnam in the period 1993- 2022 (*Unit: billion VND*)

	Health insurance revenues	**Number of medical examination and treatment expenses**	**Ratio of medical expenditure to revenue (%)**
1993	115	75	65.7
1998	695	567	81.6
2003	2.017,8	1.188	58.5
2008	8.709,8	10.261,5	117.8
2013	46.021	42.143	91.3
2020	110.461	102.698	92.97
2021	112.952	106.118	93.94
2022	115.739	109.601	94.69

Although health insurance revenues increased rapidly over the years, there was a phenomenon of overspending of health insurance funds in the period from 2005 to 2009. The main reason is the expansion of voluntary health insurance development but there is no reasonable revenue-expenditure balance plan and the abolition of the 20% co-payment method of participants. The largest health insurance fund overspend in 2007 with a deficit of nearly VND 2,000 billion, there was up to VND 1,500 billion of the voluntary health insurance fund overspending. Most people with diseases or high risk of disease participate in health insurance, while voluntary health insurance contributions are quite low (50% of the minimum wage). Therefore, the 2008 Law on Health Insurance stipulates a higher contribution for voluntary health insurance participants, and at the same time stipulates the co-payment level of participants on a case-by-case basis. The fund deficit gradually decreased in 2008 and 2009. Since 2010, implementing the health insurance roadmap in accordance with the Law on Health Insurance in 2008, the health insurance contribution will be adjusted by 4.5% of the salary, salary, pension, etc. or base salary (up 1.5 times compared to 2009). Therefore, the health insurance fund always ensures the balance of revenue-expenditure and continuously has surplus results. The correlation of medical expenses with health insurance revenues is shown (Figure 2) below:

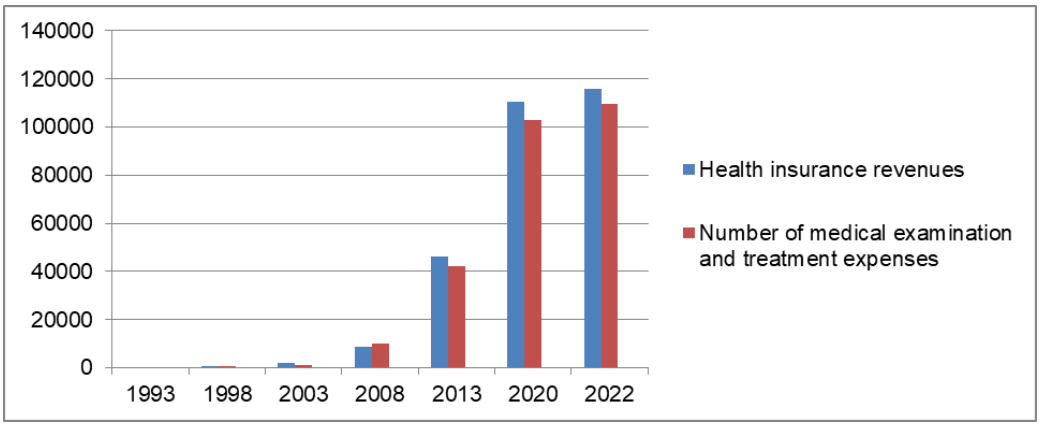

Figure 2 Correlation of medical expenses compared to health insurance collection (Axis X: Amount; Y-axis: years)

However, from 2016 to 2018, the health insurance fund suffered an imbalance of revenue and expenditure with an amount of VND 13,414 billion, by the end of 2018, up to 57/63 provinces and cities had an imbalance of revenue and expenditure. The main reason for the imbalance of revenue-expenditure in the last three years is that the adjustment of health service prices has significantly increased the cost of health insurance. Specifically, the cost of health insurance in 2018 increased by nearly 30% compared to 2017 and more than 83% compared to 2016. In addition, the situation of health insurance debt is still common at units, organizations and enterprises, with a total health insurance debt in 2018 of VND 1,595 billion. In recent years, because the price of medical services has been stabilized, the health insurance fund has balanced revenues and expenditures and has surpluses. Specifically, in 2020, the total health insurance expenditure is over VND 102,000 billion, accounting for nearly 93% of total health insurance revenue. In 2022, the total revenue is 115,739 billion VND, but the spending is 109,601 VND. Accounting for over 94% of revenues. If medical

expenditures continue to increase, the risk of overspending on health insurance funds is very high. There will no longer be finance to invest in improving the quality of services and medical examination and treatment for participants in the long run.

3.3. About the number and qualifications of medical staff and doctors

Out of a total of nearly 289,000 medical staff working at hospitals and health insurance facilities nationwide, the number of doctors directly involved in the treatment and treatment of patients is 81,596 people, accounting for 27.78%. Thus, with nearly 88 million people participating in health insurance, the average number of health insurance doctors and doctors over 10,000 people participating in health insurance is more than 9 people. Compared to the index of doctors in other countries, the current number of doctors in Vietnam is still lower than the average of low-middle-income countries of 10 doctors per 10,000 people. The average number of doctors per 10,000 people in some developed countries is much higher, such as Australia is 38, France is 34, the United States is 26. Specifically, through the statistics table below:

Table 3 Number of doctors by training level

Qualifications/Expertise	Number (people)	Rate (%)
Doctors do the treatment	26.465	32.43
Physician	33.736	41.34
Specialty I Medicine	17.387	21.31
Specialty II Medicine	2.379	2.92
Master of Medicine	1473	1.81
Doctor of Medicine, Associate Professor and Professor	154	0.19
Total	81.596	100%

The shortage of doctors is still very common, especially in district-level hospitals in remote areas and commune-level health facilities. The proportion of doctors directly participating in treatment (doing doctors' jobs) is quite high, accounting for 32.43% of the number of doctors and doctors. The proportion of medical staff with high degrees and professional qualifications accounts for a very small proportion: the ratio of II medical specialists and master of medicine is very low, at 2.92% and 1.81%, respectively. The percentage of doctors with professional qualifications of PhD or higher is only 0.19%. Thus, the data table shows us that the deviation in the number of doctors according to professional qualifications at health insurance establishments, the number of treating doctors and specialists, with high professional qualifications is still small, not meeting the health care needs of the people.

3.4. Facilities and equipment of medical examination and treatment establishments with health insurance

Health insurance facilities in our country still have many limitations in terms of material conditions and infrastructure. According to the Medical Examination and Treatment Administration, out of more than 1300 hospitals nationwide, only 13 hospitals achieved good ratings in terms of facilities conditions serving patients in the set of hospital quality criteria issued by the Ministry of Health. Even with central hospitals, facilities generally do not meet the needs of patients. Most central hospitals face overcrowding, many patients share a bed, the toilet area is dirty and does not meet medical hygiene conditions, there are no signs or torn signs, etc yellowing. Bed capacity of some large hospitals such as Bach Mai hospital, K hospital, etc. even up to over 300%. Some of the main targets that the Ministry of Health has strived to do and aim for 2025 are as shown in the table below:

Table 4 Some targets have been completed, done and towards 2025

	Name of Indicators	Implemented target 2021	Implemented target 2022	Target to 2022	Target to 2025**
1.	Number of Medicine Doctors per 10000 persons	9.06	9.81	9	10
2.	Number of Pharmacists per 10000 persons	2.88	2.85	2.2	2.8
3.	Percentage of village having VHW(%)	98.6	98.6	>90	93
4.	Percentage of commune health stations with doctors (%)	89.2	87.7	90	94
5.	Proportion of commune health stations with midwives or obstetricians (%)	96.1	94.5	>95	95
6.	Number of beds per 10000 inhabitants	32.12	30.73	25	30
	In which: Private hospital:	2.19	2.16	0.76	10%
7.	Percentage of the population participating in health insurance	89.10	90.85	>80	95

According to statistics from the Medical Examination and Treatment Administration, of the 19,515 calls to the hotline of the Ministry of Health, there were more than 2,500 calls reflecting on the deterioration of medical facilities. Content reflecting on facilities accounted for the highest proportion, nearly 13%. District hospitals and commune-level medical examination and treatment facilities do not face overcrowding of patients, but facilities are still poor and outdated, unable to perform surgeries, procedures and subclinical tests that require complex and intensive techniques. If we do not improve this situation in the near future, it will greatly affect the confidence of patients in the medical industry nationwide

4. Conclusion

To improve the quality of medical examination and treatment and achieve the goal of implementing universal health insurance is the responsibility of all levels, sectors and health insurance participants themselves.

For the State

Improve practicing skills, strengthen the management of practitioners' activities; improve the quality of service provision of medical examination and treatment establishments, enhance people's access to medical examination and treatment services; renew a number of regulations related to conditions to ensure the implementation of medical examination and treatment activities...

Promoting the startup ecosystem, incentive programs to support innovative start-ups, incubators and incubators. Promulgating more diversified financial support policies for small and medium-sized enterprises in digital transformation, expansion, and job creation.

Improve and standardize skills of practitioners such as: Changing the method of issuing practice licenses from issuing practice licenses through application examination to stipulating that practice capacity must be tested and assessed before issuing practice licenses; Regulations on practice licenses valid for 5 years and regulations on updating medical knowledge are among the conditions for renewal of practice licenses.

Complete the information system on the State's management of medical examination and treatment activities to serve as a basis for inspection, evaluation, as well as publicity of information on the quality of medical examination and treatment establishments. Supplementing regulations that medical examination and treatment establishments must apply information technology with the aim of gradually linking medical examination and treatment results, creating favorable conditions for patients, as well as being a solution to manage practice activities of organizations and individuals.

For the Ministry of Health

Strengthen inspection, supervision and adjustment in medical examination and treatment of medical examination and treatment establishments according to the provisions of this Decree and other provisions of law related to health insurance nationwide.

Promulgate and guide in detail the process of medical examination and treatment at medical institutions. Grant practice certificates to medical staff in accordance with regulations. At the same time, promulgate a list of drugs and medical supplies suitable to the condition of the disease for patients to understand.

For medical facilities

Quality management standards for medical examination and treatment establishments are requirements on technical and management characteristics used as standards for classifying and assessing the quality of medical examination and treatment establishments issued by domestic or foreign organizations recognized by competent state agencies of Vietnam. Medical examination and treatment establishments that have been granted operation licenses are encouraged to apply quality management standards in accordance with regulations to improve the quality of medical examination and treatment. All for the rights and interests of patients.

For the Ministry of Labor, War Invalids and Social Affairs; Vietnam Social Insurance Agency

Improve the quality of communication and dissemination of the importance of health insurance policies to participants. With the aim of increasing coverage to 100%. Strengthen inspection at medical examination and treatment facilities to control expenditure in medical examination and treatment. At the same time, promptly settle benefits for beneficiaries quickly, promptly, accurately and transparently. Thereby creating confidence for patients and improving the quality of medical examination to serve the people.

Compliance with ethical standards

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Disclosure of conflict of interest

The authors declare that no conflict of interest.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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[3] The amended Law on Health Insurance No. 46 promulgated by the 13th National Assembly on June 13, 2014

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[5] Decision No. 1167/QD-TTg of the Prime Minister: On the adjustment of health insurance implementation targets for the period 2016-2020 issued on June 28, 2016Decision No. 1167/QD-TTg of the Prime Minister: On the adjustment of health insurance implementation targets for the period 2016-2020 issued on June 28, 2016Author’s short biography