

Empowering Patients

The Challenge of empowering the poor and the excluded in Health Systems in Latin America

Patient empowerment in Health Systems in LA

The special challenge of empowering the poor and the excluded

- Closing the Information asymmetry gap: massive Information and Education effort
- Enforcing patient autonomy through informed decision making regarding health interventions
- Making patients rights explicit and legally binding for providers and insurers
- Listen to their preferences at the time of priority setting
- Increasing patient right to choose providers and insurers

Listening to the excluded and the poor at the time of priority setting

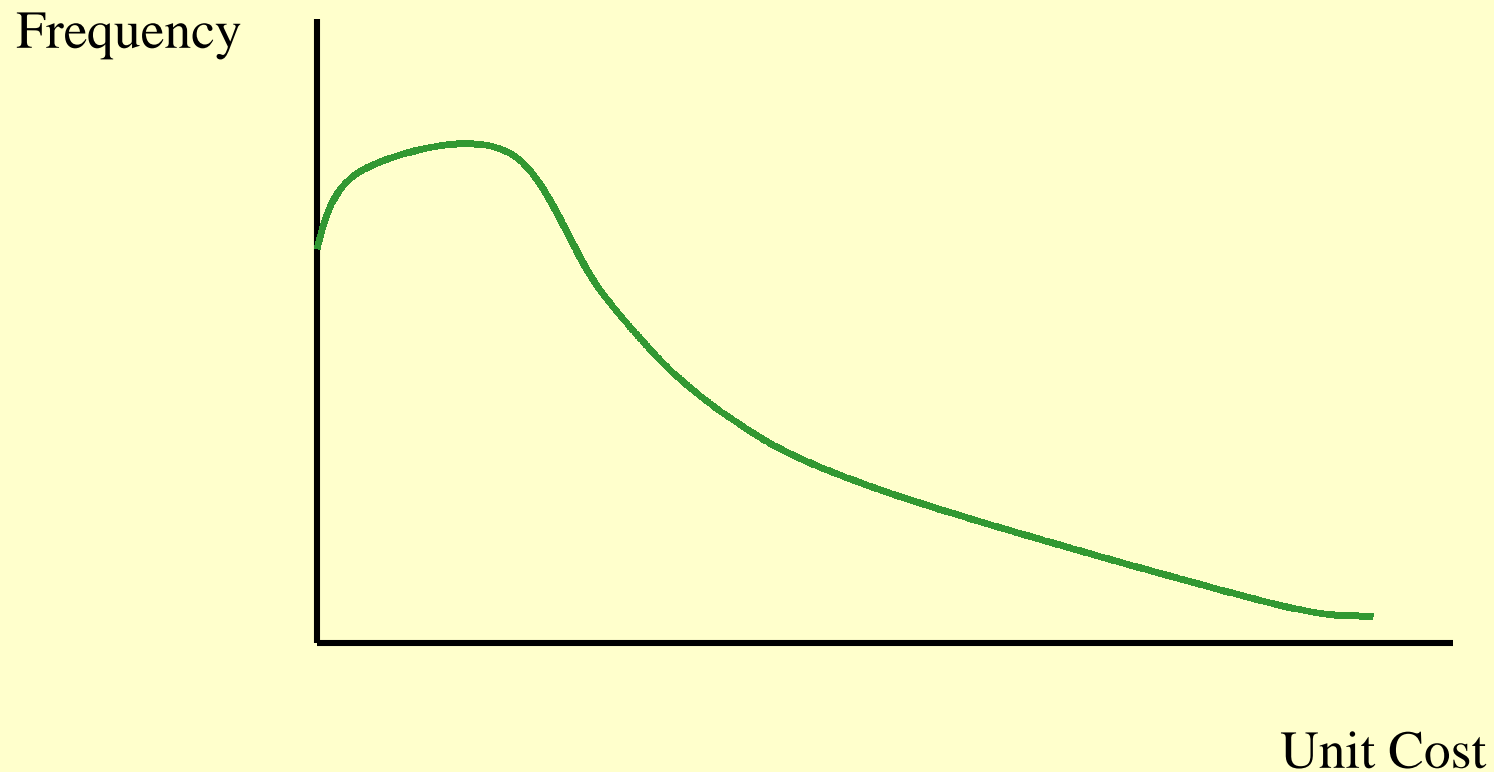
- Priority setting is essentially a public policy issue regarding the allocation of public resources or mandatory private contributions for interventions for those who can not afford such interventions otherwise.
- Non poor/excluded patients set their priorities through the market (formal or informal). Empowering patients in this context is a combination, inter alia, of effectively closing the information asymmetry gap and consumer protection

Criteria for Priority Setting

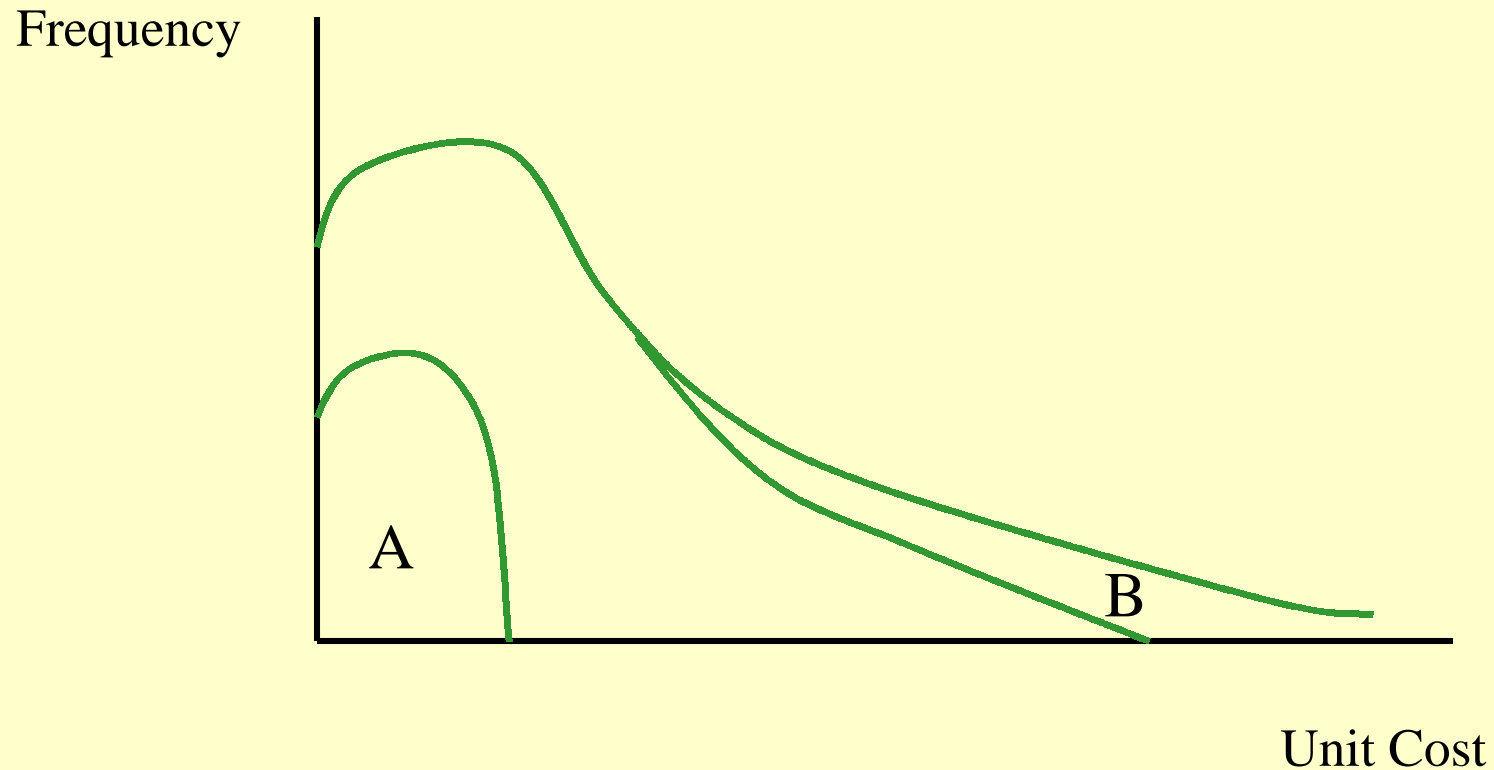
Are we listening to the poor?

- Health
 - Much of the discussion has been on prioritizing health maximizing interventions (Life Expectancy) including quality of life adjusted measures (QUALY, DALY, DALE, HYLL): The cost/effectiveness approach.
 - Often utilitarian: taken to the extreme, can be very inequitable as the “health production function” of poor households is much “inefficient” than that for the rich

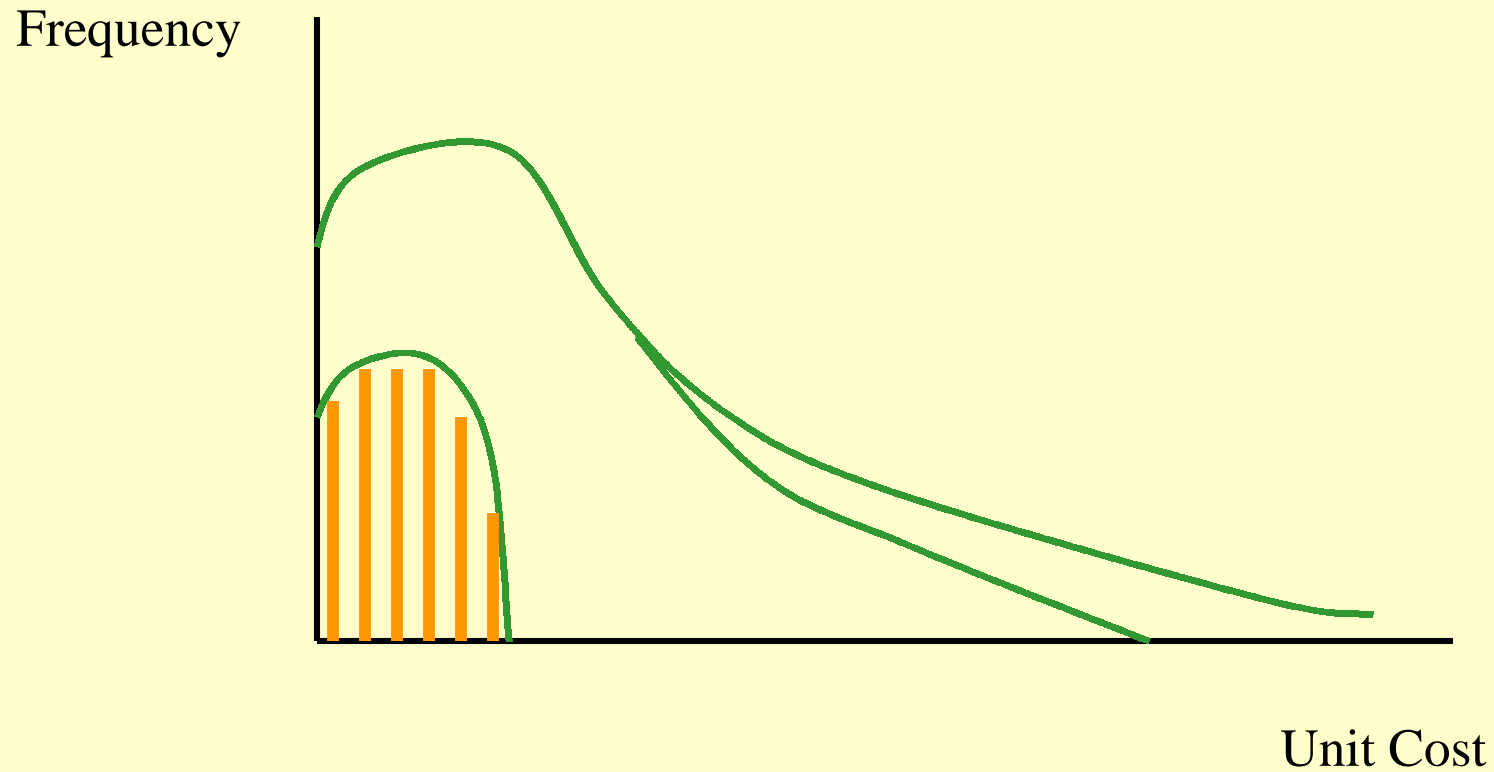
Health Interventions According to Frequency and Cost



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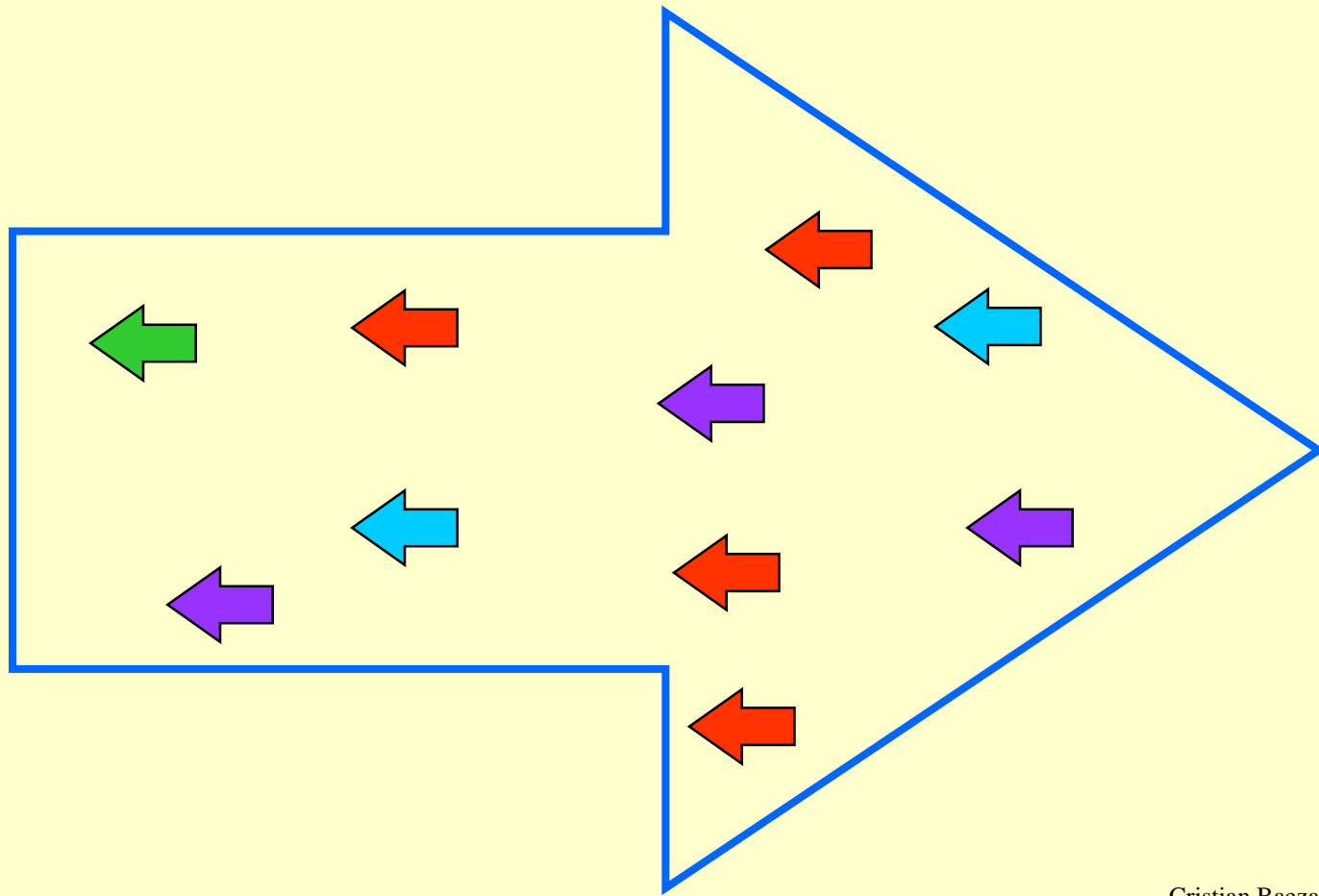


The Health Maximizing Approach



Criteria for Priority Setting

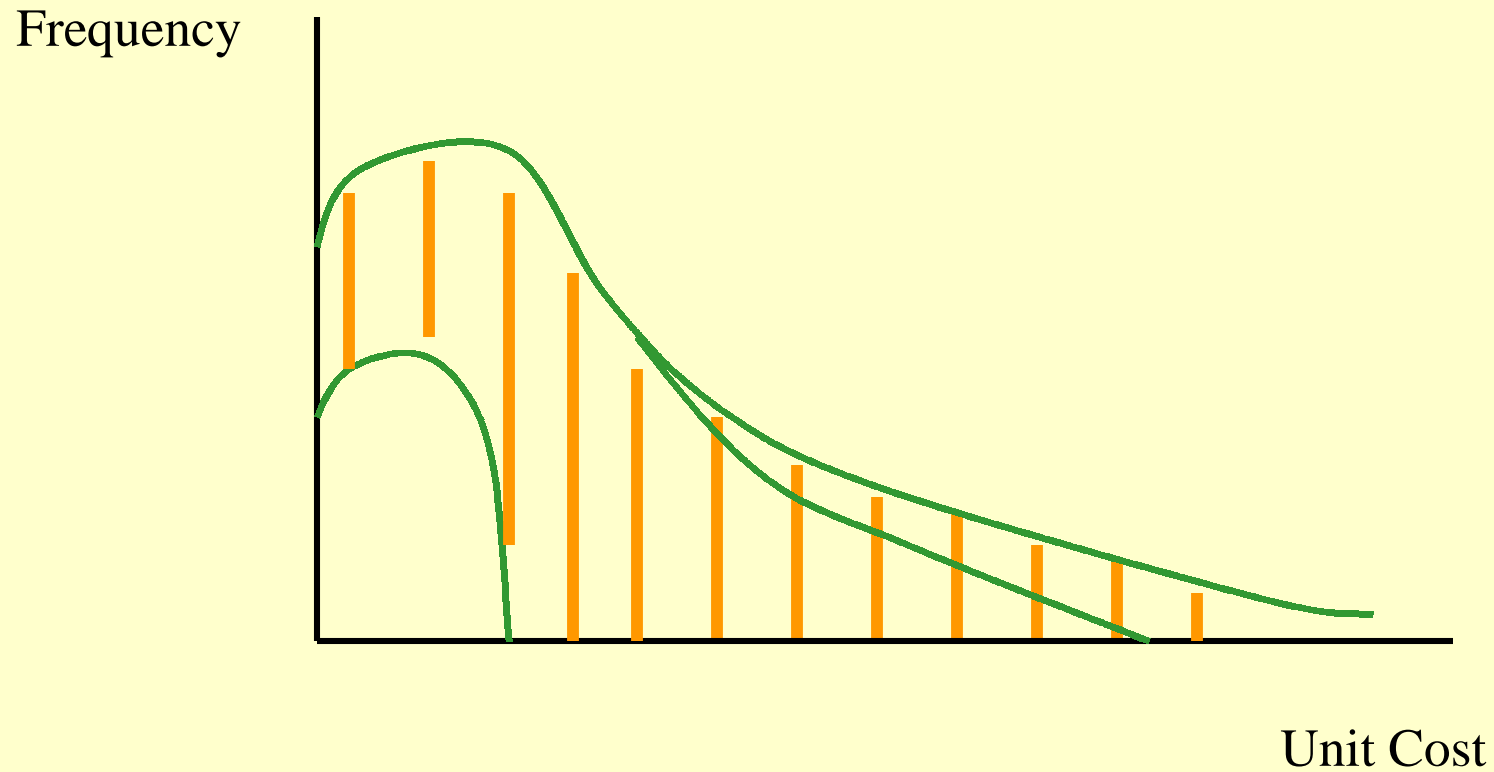
Are we listening to the poor?



The poor optimize multiple objectives, not only health

- Behavior of low income households shows optimization of multi-goal objective:
 - Health
 - Financial Protection
 - Dignity / Satisfaction
- Low income households seek market arrangements (formal and/or informal) for high frequency-low cost interventions (except public goods)
- Failure of financial protection when faced with financially catastrophic events (High cost low frequency as well as very high frequency low cost interventions)
- Optimization of multi-goal objective would require priority settings to focus on the rest!!??

The Multiple Objective optimization approach



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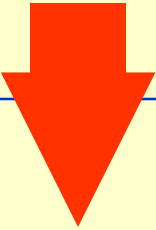
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Increasing people right to choose providers and insurer

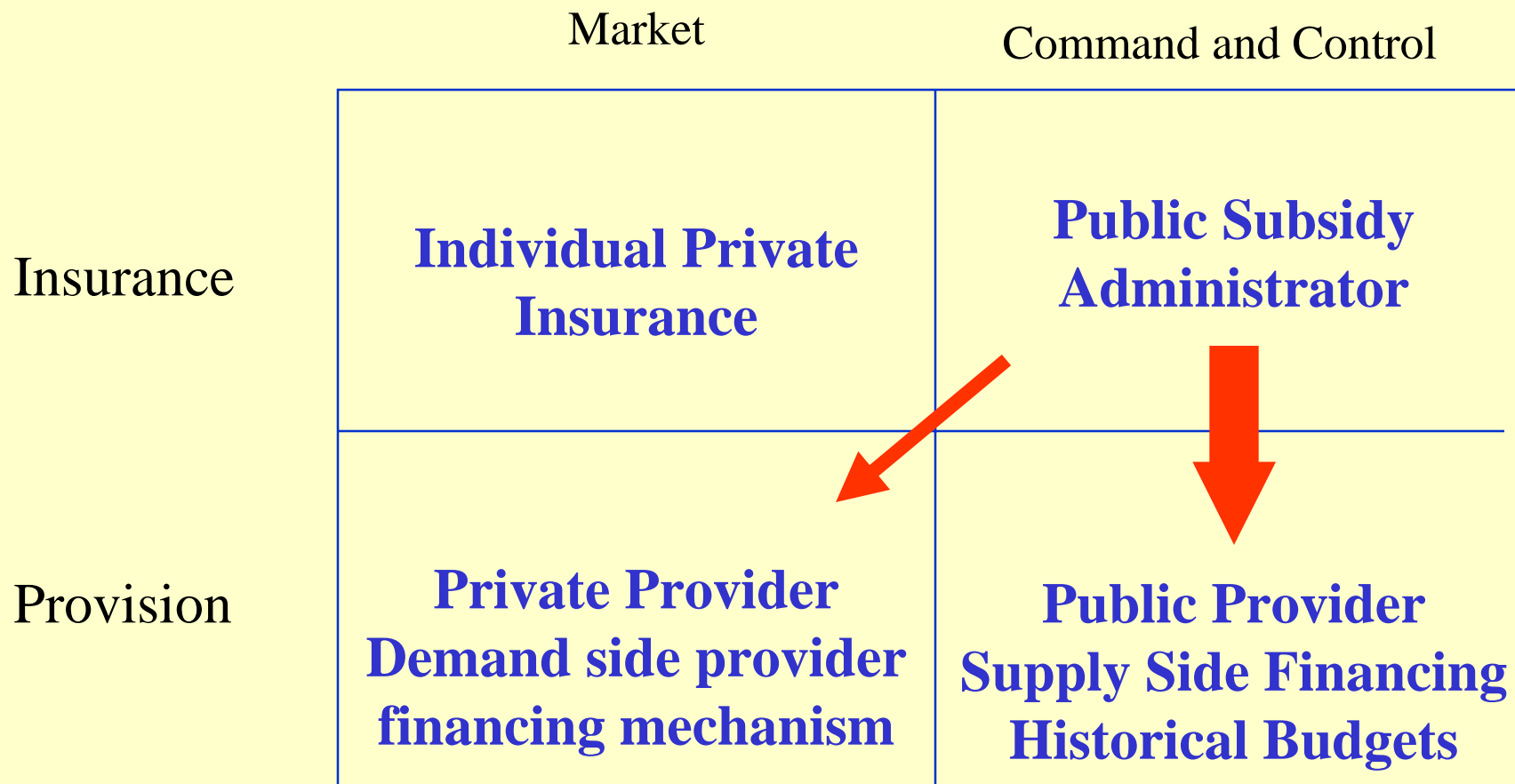
- Again, the main issue here is regarding the poor and the excluded as there is much less questioning in the region about the right to choose of the non poor.
- In practice, right to choose means transitioning from supply side financing to demand side financing for both, the provision of services and the provision of insurance.
- Making public subsidies “portable”: key obstacle for increasing the right to choose of the poor and the excluded

Increasing the right to choose with Private - Public Interaction

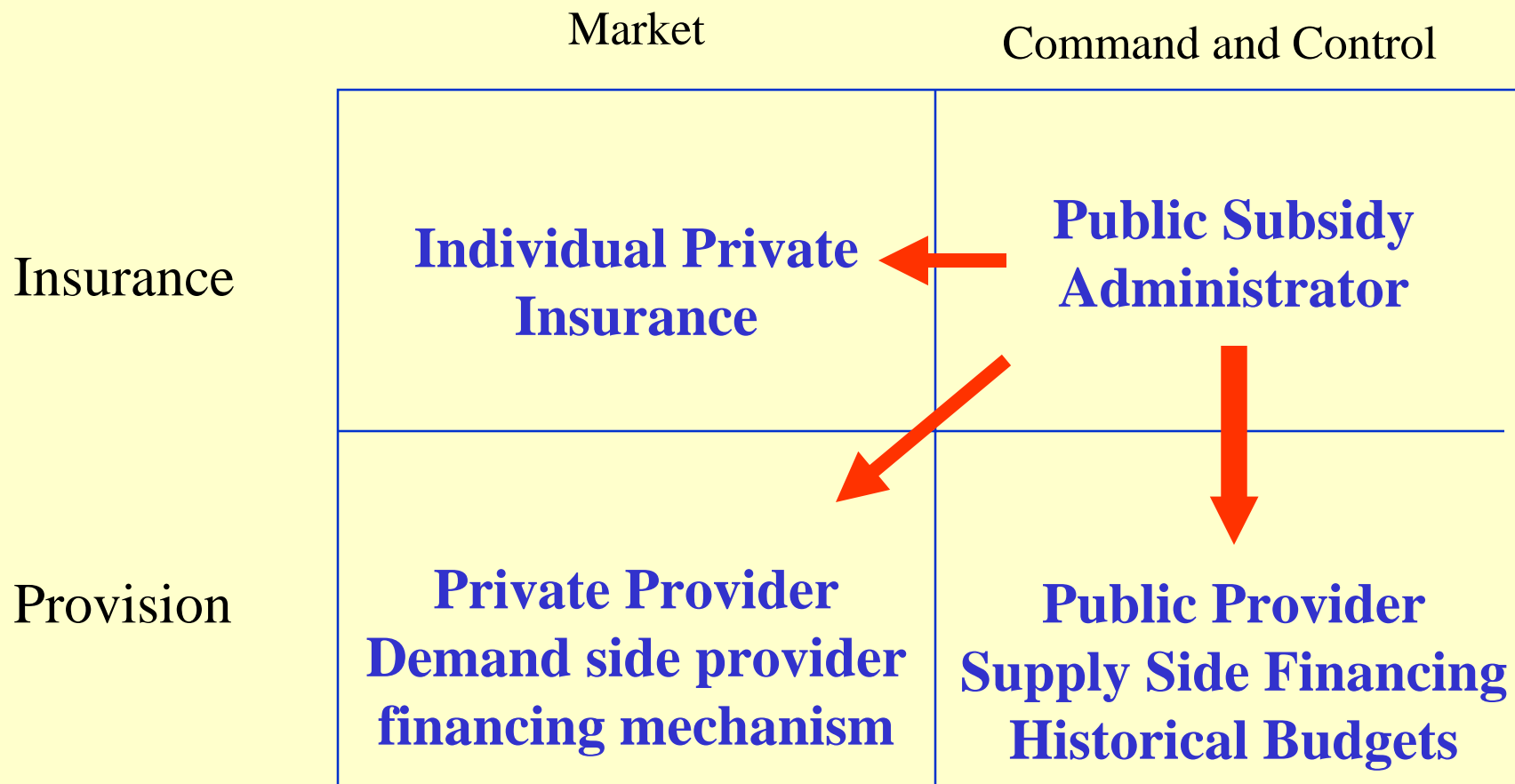
	Market	Command and Control
Insurance	Individual Private Insurance	Public Subsidy Administrator
Provision	Private Provider Demand side provider financing mechanism	Public Provider Supply Side Financing Historical Budgets



Increasing the right to choose with Private - Public Interaction



Increasing the right to choose with Private - Public Interaction



Empowering patients, particularly the poor and the excluded also requires to solve some significant and often politically painful tensions in Latin America



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