UiO : University of Oslo

# Fremveksten av private helseforsikring i Norden

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# Bakgrunn

- Et nordisk forskningsprosjekt om privat helseforsikring og private tilbydere innen helse
- Finansiør: Forskningsrådet
- Forskere fra
  - UiO,
  - Københavns Universitet,
  - Lund Universitet,
  - Universitetet i Tampere
- Noen resultater fra dette prosjektet

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# Development of voluntary private health insurance in Nordic countries – An exploratory study on country-specific contextual factors☆

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ABSTRACT

The Nordic countries are healthcare systems with tax-based financing and ambitions for universal access to comprehensive services. This implies that distribution of healthcare resources should be based on individual needs, not on the ability to pay. Despite this ideological orientation, significant expansion in voluntary private health insurance (VPHI) contracts has occurred in recent decades. The development and role of VPHIs are different across the Nordic countries. Complementary VPHI plays a significant role in Denmark and in Finland. Supplementary VPHI is prominent in Norway and Sweden. The aim of this paper is to explore drivers behind the developments of the VPHI markets in the Nordic countries. We analyze the developments in terms of the following aspects: the performance of the statutory system (real or perceived), lack of coverage in certain areas of healthcare, governmental interventions or inability to reform the system, policy trends and the general socio-cultural environment, and policy responses to voting behavior or lobbying by certain interest groups. It seems that the early developments in VPHI markets have been an answer to the gaps in the national health systems created by institutional contexts, political decisions, and cultural interpretations on the functioning of the system. However, once the market is created it introduces new dynamics that have less to do with gaps and inflexibilities and more with cultural factors.

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# Fremveksten av private helseforsikringer (PHF) i Norden

- Kraftig ekspansjon de siste årene
- Utviklingen og rollen PHF har varierer mellom de nordiske landene
  - Komplementære PHF
    - Dekker egenandeler for offentlige tjenester som bare er delvis finansiert
  - Supplerende PHD
    - Tilgang til helsetjenester, som er tilgjengelig i det offentlige helsetilbudet, men med ventetid, hos (private) tilbydere
- Individuelle og kollektive avtaler
- Mest spesialisthelsetjeneste, men noe primærhelse

| | DENMARK[1] | FINLAND[2] | NORWAY[3] | SWEDEN[4] |
|---|---|---|---|---|
| **POPULATION COVERED** | | | | |
| ***2006*** | Supplementary<br>10 % (n=565 00)<br>Complementary<br>37 % (n=2 000 000) | 15 % (n=819 000) | 2 % (n=84 00) | 2 % (n=218 000) |
| ***2016*** | Supplementary<br>32 % (n=1 856 072)<br>Complementary<br>42 % (n=2 411 000) | 21 % (n=1 157 000) | 9 % (n=482 000) | 6 % (n=611 000) |
| **VPHI SHARE OF TOTAL SPENDING ON HEALTH** | | | | |
| ***2005*** | 2 % | ≤1 % | ⩽1 % | ⩽1 % |
| ***2015*** | 2 % | 3 % | ≤1% | 1 % |

| TYPE AND SCOPE OF COVERAGE | DENMARK[1] | FINLAND[2] | NORWAY[3] | SWEDEN[4] |
|---|---|---|---|---|
| ***Complementary*** | Covers co-payments for pharmaceuticals, adult dental services, glasses and contact lenses, physiotherapy. | Covers co-payments in the SI reimbursed system, also co-payments in the municipal primary care centers and public hospitals. Co-payments on prescription medicines. | n/s | n/s |
| ***Supplementary*** | Faster access to specialists in services that are also available in the public system.<br><br>Covers expenses for examinations and treatments at private hospitals, preventive services by physiotherapists and chiropractors, and general health examinations. | VPHIs often function as a duplicate to the municipal system. Offers better access to care and a direct access to a specialist; allows the choice of doctor and provider organization | Provides guaranteed access to a specialist/elective surgery within a specified period.<br><br>Typically covers diagnostics, examinations, specialist consultations and treatments, hospitalizations and elective surgeries as well as rehabilitation, physiotherapy and psychological treatment. | Typically covers healthcare advice, care planning and coordination and specialist care with a focus on elective surgeries and rehabilitation, and preventive care. |
| **TYPE OF POLICIES** | 90% are group policies purchased by employers | Majority of policies are individual policies, around 15% are group policies | 90% are group policies purchased by employers | 90 % are group policies of which two thirds purchased by employers |

[1] Source: Forsikring & Pension, Sygeforsikring “danmark”
[2] Source: Finance Finland
[3] Source: Finans Norge
[4] Source: Svensk Försäkring

# Drivere bak utviklingen vi har sett

L.-K. Tynkkynen et al. / Health Policy 122 (2018) 485–492

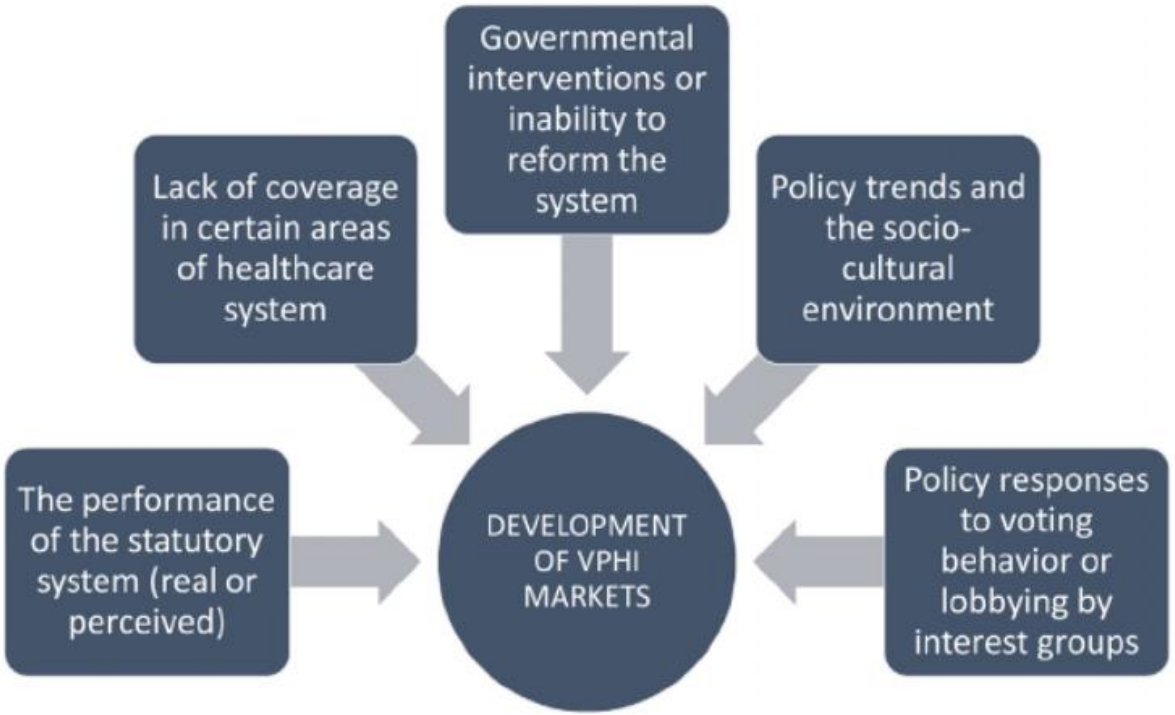


**Fig. 1.** The framework for the analysis.

# Drivere – ulike land

**Table 3**
Summary of the contibuting factors to the developments of VPHI in the Nordic countries.

| | Denmark | | Finland | | Norway | | Sweden | |
|---|---|---|---|---|---|---|---|---|
| | *Employer* | *Individual* | *Employer* | *Individual* | *Employer* | *Individual* | *Employer* | *Individual* |
| The performance of the statutory system (real or perceived) | X (S*) | | | X (S & C**) | X (S) | | X (S) | X (S) |
| Lack of coverage in certain areas of healthcare | | X (C) | | X (S & C) | | | | |
| Governmental interventions and inability to reform the system | X (S) | | | X (S & C) | X (S) | | X (S) | X (S) |
| Policy trends and the general socio-cultural environment | X (S) | | X (S) | X (S & C) | X (S) | | X (S) | X (S) |
| Policy responses to voting behavior or lobbying by certain interest groups | | | | X (S) | X (S) | | X (S) | X(S) |

*S = supplementary.
**C = complementary.

# Oppsummering

- Mange likheter i utviklingen i Danmark, Sverige og Norge
  - Typisk arbeidsgivere som kjøper supplerende PHF for sine ansatte
- Finland kjennetegnes med individuelle avtaler
  - For å få raskere tilgang til spesialister, og for å unngå lange ventelister i primærhelsesektoren
  - Obligatorisk bedriftshelsetjeneste hindrer framveksten av kollektive avtaler
- En kombinasjon med drivere trengs for å forklare mønstrene vi ser