ESPN Thematic Report on Inequalities in access to healthcare

Liechtenstein

2018

P. Hornich, Liechtenstein Institut
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European Social Policy Network (ESPN)

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Summary/Highlights

The Liechtenstein health care system encompasses health and accident insurance. The healthcare system is decentralized in Liechtenstein, with free market elements and mandated health insurance providers.

Persons who are domiciled in Liechtenstein under civil law or who are gainfully employed in Liechtenstein must have mandatory health care and accident insurance.

Liechtenstein health care system is closely linked to the country's economic and social situation and the funding of the health insurance occurs by state (accounting for about 25% of State subsidies in the health care sector), employee and employer contributions.

Based on the latest available figures of 2014, 28.5 doctors per 10 000 inhabitants work in the outpatient sector in Liechtenstein. In addition, there are two hospitals and six nursing homes. Due to Liechtenstein's small size, doctors and hospitals in the neighbouring countries are also available to Liechtenstein citizens on the basis of bilateral agreements.

The government has paid particular attention to a socially acceptable financing model for health insurance, on which especially lower and middle incomes are urgently dependent, as part of the relief of the state budget (short cut in national budget in 2010).

In 2016, a total of CHF 374.4 million (approx. € 249.6 million) was spent on health in Liechtenstein.[1] This represents an increase of 3.1% compared to the previous year. Thus, an average of CHF 9’926 (approx. € 6’617) per inhabitant was spent on health in 2016. Approx. 62.4% of the total expenditure was covered by the public sector and mandatory health insurance. The gap to 100% was covered by self-payments of the patients including cost sharing (based on health insurance contracts).

The government decided a reduction of the financial state contribution to the health insurance for each year until 2016. This lead to an increase by 12% of the premium amount paid by the residents, and it was therefore an additional burden on the family’s budget.

People with a household income below or slightly above the breadline may struggle to pay for the mandatory health insurance for two reasons: insurance premiums are not adjusted to income, and they have increased by approx. 60% in price since 2007. As a result, in 2016 just over 9% of the insured population needed government assistance to pay their premiums.

State measures to avoid unequal access to mandatory health care included: subsidies in form of a premium reduction (up to 40% of the health insurance premium) to ensure that everyone can afford basic health insurance; a flexible system with different premium-levels and a deductible amount according to the person’s needs (lower premium costs, but higher deductible) and a premium-free health and accident insurance coverage for non-adults.

Liechtenstein lacks indicators which measure the dimensions of access to the healthcare system or service in terms of affordability (too expensive), reachability of medical service (too far / complicated to travel), and waiting lists in combination with socio-demographic and socio-economic determinants. Thus, no assessment can be made.

[1] This amount includes not only the expenditure of the state, municipalities and social security funds, but also the self-payments of private households and the expenditure of non-profit organisations. See Health care statistics 2017, Statistical Office Liechtenstein, link: https://www.llv.li/files/as/igv-2017.pdf

1 Description of the functioning of the country's healthcare system for access

The Liechtenstein health care system encompasses health and accident insurance. Liechtenstein's healthcare system is based on the Health Insurance Act (*Gesetz über die Krankenversicherung, KVG*)[2] and the Accident Insurance Act (*Gesetz über die obligatorische Unfallversicherung, UVersG*)[3]. The healthcare system is decentralized in Liechtenstein, with free market elements and mandated health insurance providers. According to Art. 1 and Art. 2 of the Health Insurance Act and Art. 57 and Art. 62 of the Accident Insurance Act, health / accident insurance providers in Liechtenstein must be recognised by the Liechtenstein government. Thus, residents of Liechtenstein individually arrange their health insurance, known as mandatory health care insurance (*obligatorische Krankenpflegeversicherung, OKP*)[4], with a mandated health insurance company which suits best to their individual needs. Employees receive (through the employer) special accident insurance for occupational accidents, occupational diseases, and also accidents occurring during leisure time. In these cases the employer arranges the accident insurance contract with one of the officially recognised insurance providers.

According to Art. 7 of the **Health Insurance Act**, persons who are domiciled in Liechtenstein under civil law, or who are gainfully employed, must have compulsory health care insurance. Self-employed persons must make their own contributions based on the Health Insurance Act. The contributions are not calculated as a percentage of income, but per capita. According to Art. 33 of the Health Insurance Act, persons can be exempt from the insurance obligation upon request, provided they are insured under foreign law and have at least equivalent insurance. Persons who are health care insured in Liechtenstein can apply for a premium reduction up to 40% of the health insurance under certain conditions. In this context, they are considered to be low-income earners (income including 5% of the net assets of the person may not exceed the income limit, defined as threshold) according to the legal provisions.[5].

Health insurance provides sickness, accident (unless covered by accident insurance) and maternity benefits. These benefits include examinations, treatments and care measures provided on an outpatient basis by physicians, chiropractors or, on medical prescription, by persons working in another health profession or by non-patient health care institutions, including prescribed medicines. Furthermore, the services include examinations, treatments and care measures provided as inpatient or outpatient care in health care facilities and, in the case of inpatient treatment in hospitals, the costs for food and accommodation in accordance with the basic services offered by the hospital. Likewise, the costs for patient transports carried out by ambulance companies, insofar as these are medically necessary due to the condition of the insured person, will be covered.

In case of consulting a medical institution or health professional with a contract agreement with the compulsory health insurance companies in Liechtenstein, the patient does not have to pay up front and then receive reimbursement afterwards. The billing is directly done between the medical institution and the health insurance company. In any other situation the patient has to pay the care up front and receives reimbursement afterwards through the health insurance company to that extend defined in the health insurance contract.

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[2] Link to the Health Insurance Act (KVG): https://www.gesetze.li/konso/pdf/1971050000?version=16

[3] Link to the Accident Insurance Act (UVersG): https://www.gesetze.li/konso/pdf/1990046000?version=7

[4] Also called compulsory health care insurance.

[5] For couples the threshold is currently 54,000 Swiss francs (approx. €51,300) and for singles it is 45,000 Swiss francs (approx. €42,700).

If the insured has a medical certificate for at least half a day's inability to work, financial sickness benefits in terms of out-of-pocket payments will be granted by the health insurance from the 2nd day of the illness.[6]

Statutory benefits are subject to compulsory insurance fee in pursuance of the Health Insurance Act. There are two different types of the mandatory health care insurance in Liechtenstein. First, health care insurance with a limited choice of outpatient benefit providers. The monthly contribution system is shown in the table below as an example from one of the three official health insurance companies:[7]

Figure 1: Premium system of the standard mandatory health care insurance

Age bracket	Monthly premium with accident cover	Monthly premium without accident cover
Children up to age 16	no premium	no premium
Age 17 – 20	174.70 Swiss francs (approx. € 116.5)	166.90 Swiss francs (approx. € 111.3)
Age 21 and above[8]*	349.40 Swiss francs (approx. € 232.9	333.70 Swiss francs (approx. € 222.5

Source: Premium system of the standard mandatory health care insurance; https://www.concordia.li/de/privatpersonen/leistungen/obligatorische-krankenpflegeversicherung/okp-basic.html

Second, health care insurance which covers the free choice of outpatient benefit providers and the assumption of costs up to a specific tariff, which varies from provider to provider. Most health care insurance providers have a cost coverage up to the maximum of the health insurance tariff according to the version with limited choice of outpatient benefit. 37.1% of the population of Liechtenstein is mandatory insured, as described in chapter one, without any additional, private health insurance. With 37.2% of semi-private and 25.7% of private health insurances, almost two thirds of the population has private health insurance arrangement to be insured for better services in the inpatient sector. These two forms of private health insurance (semi-private and private) are basically limited to two privileges: the number of beds in a hospital room (for example, mandatory insured persons will be accommodated in multi-bed rooms in an hospital, whereas privately insured persons have a single room), and the free choice of doctors/specialists for medical treatment. For private health insurances (voluntary health insurance) no financial state support is available and no regulation on premiums is given.

Health insurance customers receive a statement from their health insurance company regarding the claimed health service. This invoice shows both the total amount and the division, the portion paid by the health insurance based on their mandatory obligations, the cost portions which is paid based on private health insurance arrangements and the portion that remains and has to be paid as a deductible by the patient him-/herself. In addition, the patient receives a copy of the detailed doctor's invoice. This enables the patient to control the amount of the costs for the requested service. The costs of sending the invoice are free of charge for the patient (borne by the state).

Non-consolidated government expenditure increased by 1.9%, or CHF 27.3 million (approx. €18.2 million), in 2016 compared to the previous year. This includes health care expenditure of 2.1%. In 2016, the Liechtenstein government deficit (consolidated

[6] See Art. 13 and 14 of the Health Insurance Act (KVG): https://www.gesetze.li/konso/pdf/1971050000?version=16

[7] The numbers in € are about 15 per cent lower than the Swiss francs quotation.

[8] Premium amount is without additional franchise (500 Swiss francs per year) and excess costs (900 Swiss francs per year), depending on the contract type chosen.

government balance as a share of GDP) decreased compared to 2015. Liechtenstein generated a public surplus of +3.8%.

According to Art. 1 of the **Accident Insurance Act**, all employees employed in Liechtenstein must be insured. According to Art. 19 of the Accident Insurance Act, part-time employees whose weekly working hours exceed 8 hours must be insured against non-occupational accidents. For part-time employees who work less than 8 hours per week, no such obligation exists own arrangements have to be made).

The accident insurance pays the costs of medical care necessitated by an accident and also pays accident benefits or accident pensions and indemnities for severe disablement as a result of an accident. According to Art. 16 and 17 of the Accident Insurance Act, in the event of full incapacity to work, the daily allowance amounts to 80% of the insured earnings from the 2nd day onwards. In the event of partial incapacity to work, it will be reduced accordingly.

Liechtenstein **health care system** is closely linked to the country's economic and social situation. The funding of the health insurance occurs by state contributions as well as employee and employer contributions. The state finances health care in particular via three instruments, accounting for about 25% of State subsidies in the health care sector:

- Co-financing of health insurance by general reduction of contributions for children;
- Replacement of contributions for economically weak persons by special reduction of contributions;
- Support for hospitals to reduce costs for health insurance.

The remaining 75% are located to the health insurance funds. The amount of state subsidies is fixed for every year based on Article 24(a) of the Health Insurance Act.

To cope with the increasing healthcare costs and due to persistent issues with the system, the parliament approved a revision of the **Health Insurance Act** in October 2015. Main goal was to freeze the state health insurance contribution, change the tariff system (basic premium contribution system with individual selectable levels of franchise and fixed amount of self-payments) and create more transparency in billing, in order to keep the steadily increasing healthcare costs under control. The intention was to have a premium system in place which rules that patients who are using medical advice and help more often than others will have to pay more for the medical service. This led to an intensive discussion between the medical association (*Liechtensteinische Ärztekammer*) and the government, and finally to a referendum in 2016. Liechtenstein's electorate supported the revision, and thus the new regulations entered into force on 1 January 2017. The new regulation sets out clearly that any physician without a contractual agreement with the healthcare insurance can only practice in a direct contractual relationship with the patient her/himself (private patient system).[9] Furthermore, the current system reflects the individual responsibility of medical care costs by a basic premium contribution on the one hand, and an additional mandatory, but individually selectable level of franchise and fix amount of self-payment of the insured person on the other. Based on the public budget results in 2016 and 2017, which showed a surplus in the national accounts, no further cost cutting measures within the health insurance system were launched by the government for 2017 or 2018.

Main results out of the reform had been:

- Based on the figures for 2015, the reduced state contribution led to an average premium increase of about 4.3% for all insurance holders. This led to an

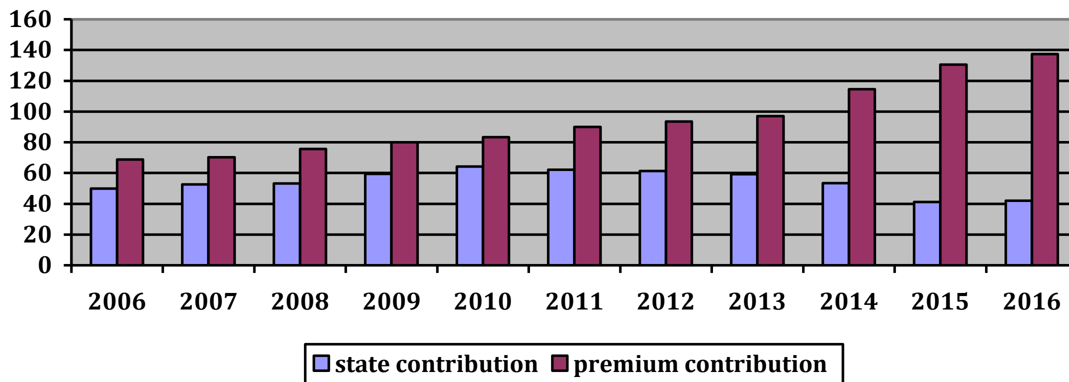
[9] Source: Patricia Hornich, Flash Report „Proposal to increase government influence on the healthcare system in Liechtenstein", September 2017; European Social Policy Network.

increasing number of households who applied for the health benefit allowance in 2015, of which slightly more than 50% were single households or single parent households with a relevant income below the breadline of 30,000 Swiss francs (approx. €25,500) per year.

- To alleviate the effects of additional expenses for healthcare insurance for Liechtenstein's families, the reduction of state contribution of about 9 million Swiss francs (approx. €7.6 Mio.) in total excludes non-adults.

The development of the state and the premium contribution to the healthcare insurance is shown in the following chart:

Figure 2: State contribution to health care insurance 2006 to 2016 (million Swiss francs) [10]

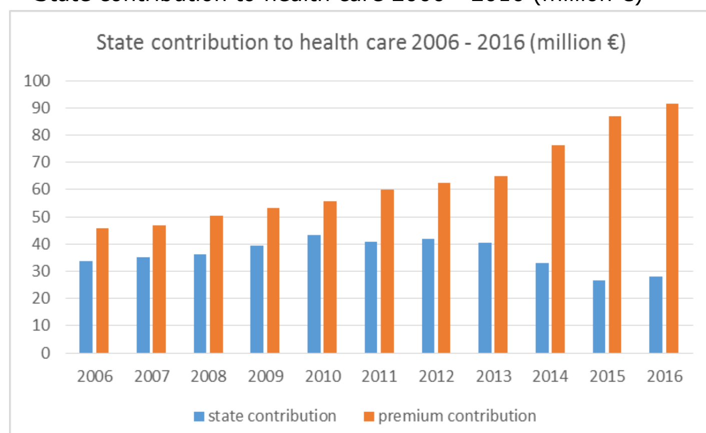


Source: Central Statistical Office (latest data from 2016), link: https://www.llv.li/files/as/ikk-2016.pdf

In terms of **availability of healthcare**, at the end of December 2016, 478 persons possessed a license to exercise a health profession. A quarter of these are doctors, followed by physiotherapists (20 percent). 12 percent are licensed as dentists and 7 percent are qualified nursing staff.

Based on the latest available figures from 2014, 28.5 doctors per 10,000 inhabitants work in the outpatient sector in Liechtenstein. In addition, there were two hospitals and six nursing homes in Liechtenstein. It has to be mentioned that due to Liechtenstein's small size and location, doctors and hospitals in the neighbouring countries are also available to Liechtenstein citizens on the basis of bilateral agreements with Austria and Switzerland. If this availability would be taken into account, the quota of healthcare availability would increase significantly.

[10] State contribution to health care 2006 - 2016 (million €)



2 Analysis of the challenges in inequalities in access to healthcare in the country and the way they are tackled

Even as a sharp increase in government subsidy expenditures caused by the finance crises and increasing social costs occurred in the last five years, the government hold on to the decision to have health insurance for all population groups, but decided to analyse the system to have it financed in a socially acceptable way in future as higher financial costs will occure. The government has paid particular attention to a socially acceptable financing model for health insurance, on which especially lower and middle incomes are urgently dependent, as part of the relief of the state budget. During the discussion about the health system in Liechtenstein, which started in 2012, possible inequalities in access to healthcare and future challenges showed that an assessment of the health situation for Liechtenstein would be needed and that it should be based on the model of social health determinants. Thus, additional data was needed for a factual discussion on health and adequate medical care for the population of Liechtenstein. This is why Liechtenstein for the first time participated in the Swiss Health Survey in 2012. In autumn 2014, the Office of Statistics[11] presented the results of the health survey on health behaviour, health status, use of medical services, the health system and preventive medicine, living and working conditions, and personal and social resources, in the form of a new statistical report. In 2015, these results were scientifically analysed by the Swiss Health Observatory "Obsan" in cooperation with the Office of Public Health[12]. As no more recent data is available, the following chapters are based on the results of the Health Survey of 2012.

2.1 Inequalities in access to healthcare in general

Liechtenstein's health policy has done much to ensure that the population receives high-quality medical care close to one's home, and that everyone can participate in medical progress. This is reflected in the statutory health insurance obligation which covers all population groups. One measure which the government decided based on the short cut in national budget back in 2010, was a reduction of the financial state contribution to the health insurance for each year until 2016. These premium reductions of the state contribution had a significant effect on the premium amount paid by the residents, meaning that the individual premium contribution increased by 12% and was therefore an additional burden on the family budget.

As a matter of fact, people with a household income below or slightly above the breadline as defined by the national Law on Social Assistance (Sozialhilfegesetz, LGBl. 1987 no. 18)[13], may struggle to pay for basic health coverage (i.e. mandatory health insurance) for two reasons: insurance premiums are not adjusted to income, and they have increased by approx. 60% in price since 2007[14], while salaries have by far not reflected the same increase. It comes as no surprise, then, that in 2016 over 9% of the insured persons needed government assistance to pay their premiums.[15] The state offers subsidies in form of a premium reduction (i.e. up to 40% of the health insurance premium, as described in chapter 1) to ensure that everyone can afford basic and mandatory health insurance in Liechtenstein.

But even once insured persons have managed to cover their insurance premiums – even with the help of the premium reduction benefit –, some still have difficulties affording

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[11] Office of Statistics, homepage: https://www.llv.li/#/11480/amt-fur-statistik

[12] Office for Public Health, homepage: https://www.llv.li/files/ag/gesundheitsbericht-furstentum-liechtenstein.pdf

[13] Law on Social Assistance, link: https://www.gesetze.li/konso/pdf/1985017000?version=5

[14] Health insurance premium, link for the year 2018: https://www.llv.li/files/ag/pramienubersicht-2018docx.pdf ; link for the year 2007: https://www.presseportal.ch/de/pm/100000148/100519828

[15] Health insurance statistics, link for the year 2016: https://www.llv.li/files/as/ikk-2016.pdf ; link for the year 2007: https://www.llv.li/files/as/pdf-llv-avw-statistik-i-krankenkasse_2007

medical treatment in certain situations. That is because there are out-of-pocket expenses to contend with, in the form of deductibles before reimbursements kick in, or for services not covered by the mandatory insurance. This is mostly the case for alternative medical or dental treatments. To find savings, the government implemented a more flexible system with different premium-levels based on an individual responsibility amount. The insured person can choose a premium with a deductible amount according to his or her needs. If he/she goes to the doctor less or expects low costs for medical treatment, then one can chose a higher deductible rate, and in return he/she benefits from lower premiums.

Different to other states (e.g. Switzerland as neighbour state with a similar health insurance system), no cases are reported in Liechtenstein in which insured persons were landing on so-called blacklists of persons who have not paid their premiums and have lost their right to be reimbursed for medical services under the mandatory health insurance.

2.2 Results of a survey on health status and use of medical services

In Liechtenstein, 85.9% of the Liechtenstein residents who participated in the health survey responded that they estimate their health as good to very good. The quality of life is estimated by 95.2% of the population as good to very good. The health status is somewhat worse in the higher age categories than in the lower age categories. The quality of life, however, hardly varies with increasing age category. Details about the self-evaluation are shown in the figure below.

Figure 3: Health and quality of life by age group

The importance of the state of health can also be seen by the results of the survey in terms of additional private health insurance. Thus, the proportion of the population who consider it very important or rather important to choose their doctor freely is 86.2% and therefore very high.

The Liechtenstein health system is closely related to the Swiss health system in many respects, such as the types of insurance and coverage of health services and costs. Thus, a comparison of the health insurance systems between the two population groups is permissible. When evaluating the private inpatient insurance, it becomes apparent that the Liechtenstein population is insured much more highly than the Swiss population.[16] In Liechtenstein, only 37.1% are covered by the statutory health insurance without further private health insurance. This means that in Liechtenstein, compared to Switzerland, 25.7% of the population afford private health insurance, whereas in Switzerland it is only

[16] Health survey 2012, link: https://www.llv.li/files/as/Gesundheitsbefragung_2012.pdf

7.5%. In the semi-private category, 37.2% of the population is additionally insured in Liechtenstein, but only 18.0% in Switzerland.

In Liechtenstein, 3.5% of the population have moderate to severe symptoms of depressive illnesses. This share is significantly higher in Switzerland (6.5% of the Swiss population). Health resources, such as a strong belief in control or social support, can mitigate or prevent the effects of stress. 42.7% of the population of Liechtenstein stated to have a strong conviction of control, 36.1% mention strong social support.

The survey showed a correlation between the frequency of visits to the doctor's office and the level of social support. People with little social support visit the doctor much more often (six times or more) than people with strong social support

Finally, the survey only found few differences between Liechtenstein and Switzerland in respect of personal and social resources of the population. Thus, as a conclusion of the health survey for Liechtenstein, it can be said that the mandatory health insurance system covers an extensive range of medical services, and thus a very comprehensive basic medical care offer as well as prevention measures.

2.3 Group driven characteristics which result in unequal access to healthcare

The survey results and the evaluation report did not explicitly mention specific groups of insured persons or specific characteristics, which lead to a certain group of residents in Liechtenstein who face unequal access to healthcare under the mandatory health care insurance system.

Beside this, it is a fact that the level of income often has a direct influence on health as more medical treatment, especially treatments of alternative medicine or medication not paid for by the mandatory health insurance, is affordable. Moreover, a high level of education is linked to a higher employment rate and to better income. In Liechtenstein, the share of employed persons is around 65% for persons without a diploma (i.e. below upper secondary level) and 90% for persons with a tertiary degree. Based on the results of the health survey, the effect of education level and health has been demonstrated as people with tertiary education are almost five times more likely to have good health than people with compulsory education.

Another fact shown by the public health statistics is, that the reduced state contribution to the healthcare insurance led to an average premium increase for all insurance holders. This led to an increasing number of households who applied for premium reduction, of which approx. more than 70% were single households or single parent households with a relevant income below the breadline of 30,000 Swiss francs (approx. €25,500) per year. To alleviate the effects of additional expenses for healthcare insurance for Liechtenstein’s families, the reduction of state contribution excludes non-adults.

Nevertheless it cannot be concluded from these results that under the mandatory health insurance system, people with lower income or single parent households face inequalities in access to the mandatory healthcare system.

2.4 Good practices to avoid inequalities in access to healthcare

According to Art. 24b of the Health Insurance Act[17] the right to premium reduction exists for health insured persons with low income and is administrated by the Office of Public Health.[18] The claim depends on the taxable income of the insured person. The system of premium reduction has been in place in Liechtenstein since 2000. It creates a socio-political corrective to the income-independent per capita premium of the mandatory

[17] Health Insurance Act, link: https://www.gesetze.li/konso/pdf/1971050000?version=16

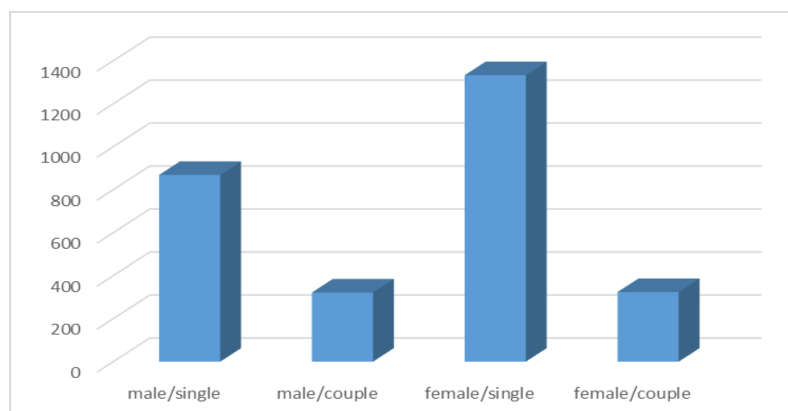
[18] Office of Public Health, link: https://www.llv.li/#/1908/amt-fur-gesundheit

health insurance. No premium reduction can be claimed for children up to the age of 16, as they are exempt from premiums in mandatory health insurance. Only the portion of the premium that has to be paid personally by the insured person is the basis for the rate of premium subsidy calculation. This means that the employer contribution, or the health insurance contribution of the unemployment fund, is not taken into account as a premium component. The rate of premium subsidy is 60%.

In 2016, 11.8% of the adult population Liechtenstein have applied for a premium reduction. 77.0% of applications for premium reductions were decided positively (total amount paid was 5.7 Mio Swiss francs (approx. €4,8 Mio.). Negative decisions were taken on 23.0% of the applications, over 99% of the refusals due to exceeding the earning limit (excessive income).

For married couples/living partners, the entitlement to premium reduction depends on the acquisition of both spouse/living partners. The following figure about the distribution by marital status shows that the premium reduction is an effective financial support for single parents – especially for women.[19]

Figure 4: Health premium deduction distribution by marital status



Relative to the adult resident population, the health insurance premium reduction (paid benefits) ratio is about 9.1% for 2016.

Furthermore, this represents an average higher premium reduction of 134 Swiss francs (approx. € 113) than in the previous year. This higher subsidy is explained by the increase in the premium of the mandatory health insurance as part of the cost cutting subvention measures implemented by the government. The average subsidy amount can be set in relation to the premium target per insured person in the mandatory health insurance as stated in the operating statements of the insurance providers. By doing this it can be shown, that he paid premium reduction in 2016 was overall a 50% reduction of the monthly premium rate to the mandatory health insurance for the insured person receiving premium reduction.

3 Discussion of the measurement of inequalities in access to healthcare in the country

The Health Report for Liechtenstein is based on the theoretical model of social health determinants. It could be criticised that these social health determinates have insufficient causal relationships between the health determinants and the indicators of the state of

[19] Office of Public Health, annual report 2016, link: https://www.llv.li/files/asd/jahresbericht-2016-mit-tabellen.pdf

health. For example, the mechanisms of the relationship between the social situation in childhood and health in adulthood are still largely unexplored. Furthermore the statistics as well as the report do not present any indicators to measure the various dimensions of access (coverage, availability, etc.) to health care, either singular nor in a comparative perspective. Thus, only conclusions on the state of health based on different aspects of the way of life, diet, social and working environment, age and sex etc. have been asked and evaluated.

Thus, Liechtenstein lacks indicators which measure the dimensions of access to the healthcare system or service in terms of affordability (too expensive), reachability of medical service (too far / too complicated to travel) and waiting lists in combination with socio-demographic and socio-economic determinants.

Against the background of missing indicators and comparative figures it can be assumed, that based on the similar health care principles and the comparable structure of Liechtenstein's health system, the healthcare standards made for the Swiss health care system by the OECD and WHO assessments are by and large also valid for Liechtenstein (Health at a Glance, OECD INDICATORS, 2011). The health care service/supply is considered to be powerful and demand-oriented, and the comprehensive medical offer is praised as well as the possibility of selecting the health care insurance provider – under the given legal pool – on an individual basis. However, it was pointed out that such a health care system has its price: Switzerland is one of the OECD countries with the highest health care costs (Health at a Glance, OECD INDICATORS, 2011). This also applies to Liechtenstein.

References

Accident Insurance Act (Gesetz über die obligatorische Unfallversicherung, UVersG)
Source: https://www.gesetze.li/konso/pdf/1990046000?version=7

Health Insurance Act (Gesetz über die Krankenversicherung vom 14. März 2000, LGBl 2000 no. 74)
Source: https://www.gesetze.li/konso/pdf/1971050000?version=16

Health at a Glance, OECD INDICATORS, 2011
Source: https://www.oecd.org/els/health-systems/49105858.pdf

Health care statistics 2017, Statistical Office Liechtenstein
Source: https://www.llv.li/files/as/finanzstatistik-2016.pdf

Insurance provider Concordia, premium system of the standard mandatory health care insurance
Source: https://www.concordia.li/de/privatpersonen/leistungen/obligatorische-krankenpflegeversicherung/okp-basic.html

Law on Social Assistance (Sozialhilfegesetz, LGBl. 1987 no. 18)
Source: https://www.gesetze.li/konso/pdf/1985017000?version=5

Office of Statistics, Health survey
Source: https://www.llv.li/files/as/Gesundheitsbefragung_2012.pdf

Office of Public Health, annual report 2016
Source: https://www.llv.li/files/asd/jahresbericht-2016-mit-tabellen.pdf

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