

# IMPROVING HEALTH SYSTEM EFFICIENCY

**CHILE**

## Implementation of the Universal Access with Explicit Guarantees (AUGE) reform

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# EXECUTIVE SUMMARY

The purpose of this study is to share a successful Chilean experience in the field of health coverage, identifying what works and what does not. This will contribute to the PAHO/WHO discussion about universal health coverage in the Americas.

This report deals with the reform of the Universal Access to Explicit Guaranteed Entitlements (AUGE in Spanish) process which was drawn up at the beginning of the 2000s, implemented in 2005 and is still in force. It has had a positive impact on the efficiency of the Chilean health system throughout four presidential governments. For the study, eight key informants related to AUGE were surveyed and there was a comprehensive review of the literature on relevant topics.

The AUGE plan prioritizes and guarantees a number of issues or health conditions that are considered to be priorities (cancer, congenital heart diseases, high blood pressure, life-threatening injuries, premature labour and others) based on people's needs. According to the needs, diagnosis, treatment and rehabilitation are defined for each of the 80 priority issues. The target group of each issue has the right of access, with a defined maximum time for the delivery of the service; the right to financial protection, which regulates the co-payment according to the type of health insurance that the beneficiary may have; and right to quality, which means receiving health care that is guaranteed by the registered provider who is accredited according to the law.

The implementation of the AUGE reform, was probably the most complex and ambitious process that Chilean public health has ever faced, involving various change management strategies. The most important factor was that discussion of the reform took place in the parliament. In order to facilitate the discussion, some topics such as regulation of the health-care market and the insurance, were omitted as they might have closed the door to "solidarity" measures. By not including management measures and payment mechanisms in the discussion, the focus was on solving priority care issues and procedures, which resulted in gradual implementation based on scientific evidence. As a consequence, AUGE was rapidly approved with the participation of all stakeholders.

The funding source for AUGE was a 1% increase in value added tax. Originally, a compensation fund was considered; however, this was not approved by the parliament so, in order to ensure approval of the reform, the idea of a compensation fund was dropped. This detracted from the principle of equity, but the equitable impact was taken into account in the percentage of co-payment in relation to health insurance. Thus co-payment is not required of beneficiaries of public insurance (FONASA) with low or no ability to pay. In addition, co-payment amounts were ranked with higher payments made by persons with higher incomes who are affiliated to FONASA or to private health insurance (ISAPRE), in which case they have a 20% charge of co-payment for the service provided. Each service is associated to a guaranteed health issue and its value has been fixed independently of the health-care provider.

AUGE improves efficiency of the Chilean health system, since the resources (public expenditure) are used on health priorities that have a high impact in reducing the years of potential life lost (outcome). This is accomplished with protocols that define how to solve the health problems associated with the AUGE'S services. AUGE has shown that productivity in 19 out of 56 prioritized services increased by 23.61% on average (each with p-value < 0.1) and decreased by 4.32% in 10 services.

AUGE impacts that are reviewed correspond to the use of priority services, waiting lists, quality and opportunity of services, equity, effects on Chilean people's health care and the State budget. Important results include:

- Over time, the frequency of health concerns that correspond to the ones that are guaranteed, and the increase in use of services, indicate that the original prioritization was effective.
- There has been a reduction in waiting times but not in the size of the queues. However, it is important that the reform has highlighted this issue which also applies to non-AUGE pathologies.
- With regard to the quality of services, we can see that for FONASA affiliates there is no significant change. For ISAPRE affiliates there has been an 8% improvement. Regarding the opportunities for services, FONASA affiliates have reduced dissatisfaction and ISAPRE affiliates have increased their satisfaction.
- In terms of equity, there has been a 20% increase in coverage of the lowest income quintile.
- The cost of AUGE decreased slightly compared to the total expenditure on health. The increase in productivity and cost-containment has generated more efficiency in health-system spending and the State budget.

Another impact found during this case study is the use of technologies. Public investment has permitted the strengthening of the national network of treatments and the use of more precise and sophisticated equipment. Thus, it has had a democratizing effect on the use of medical technology, as a greater number of the population may now have access to it. This investment was made through a leasing purchase system, which had at least two advantages: it made it possible to replace the equipment for a more modern version after 7 years, and the contract made regular maintenance and servicing mandatory which guaranteed the operation of the equipment for the whole year.

As for private health insurance, it became apparent that ISAPRE have provided about one fifth in comparison with what FONASA has given. A study shows that about 10% is covered by ISAPRE's plan for priority services and almost 15% has been out-of-pocket payments by ISAPRE beneficiaries. The main reasons why ISAPRE affiliates chose not to be covered by AUGE are: (i) they preferred another doctor or institution, or wished to continue with their usual doctor (41%), and (ii) they decided not to wait to obtain medical advice through AUGE but wanted to solve their problems more quickly (13%). This suggests that ISAPRE beneficiaries are demanding more quality and timeliness in using AUGE's prioritized services.

In short, the AUGE reform had a modernizing effect in several fields related to public health-care services in Chile. This makes it a successful and important case that should be considered in efforts to achieve universal health care coverage in the Americas.

# 1

## INTRODUCTION

In general terms, the aim of the study was to share successful experiences in the health care coverage of different countries from a perspective of financial efficiency in order to contribute to a global review of what works and what does not in achieving universal health care coverage (UHC).

The study consists of at least three lines of development. It provides a wide and comprehensive description of AUGE (Chapter 2), gives evidence of the achievements of this health-care reform (Chapter 3), and specifies the effects that this has had on private health care insurance (Chapter 4). Chapter 5 provides the main conclusions of the report. Each of the sections include the interviews with key informants related to AUGE: four members of the board of directors of Health-care Services (two from the metropolitan area and two from other areas) and two public health specialists who had experience with AUGE.

We are grateful for the participation of those who were interviewed: Emilio Santelices, Rodrigo Salinas, Manuel Inostroza, Gonzalo Simón, Carmen Aravena, Elba Estefan, Patricia Navarrete and Rodrigo Callejas.

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