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The French Welfare System Minimises Out-of-Pocket Payments for People who Require Assistance

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People who require human assistance to perform activities of daily living often have high healthcare expenses. This assistance is indeed often associated with pathologies that require intensive treatments and the purchase of costly medical equipment that may be complemented by high out-of-pocket payments after the reimbursement of National public health insurance. Yet, little is known about the social protection system's ability to limit this population's out-of-pocket payments.

Based on data from the Health and Disability Households survey (Enquête Handicap Santé Ménages, HSM), the profiles of people aged 20 or over requiring assistance and living at home were analysed in terms of socio-demographic characteristics, health, healthcare costs, access to social protection schemes, and out-of-pocket payments. There are two distinct populations: people aged over and those under the age of 60, with different characteristics and different types of allowance.

4.4 million persons over the age of 20 require assistance, that is to say 9% of people aged over 20, and their healthcare costs increase in proportion to the intensity of their need of assistance. Their out-of-pocket payments are twice those of the general population, but do not increase with the level of assistance required. And although the French Public Health Insurance (Assurance Maladie) manages to smooth average out-of-pocket payments thanks to exemptions from patient's copayments, there are still high out-of-pocket payments for people requiring assistance with specific forms of healthcare consumption, such as ortheses and prostheses, and psychiatric hospitalisations.

In France, the issue of out-of-pocket payments borne by individuals requiring assistance has not been analysed in depth. Aside from the costs directly associated with this assistance, this population potentially faces high healthcare expenses. Indeed, the need for human assistance is often associated with pathologies requiring intensive treatments and the purchase of costly medical equipment that may be complemented by high out-of-pocket payments. The aim of this study was to assess the ability of the social protection system to limit healthcare out-of-pocket payments related to this population.

National Public Health Insurance leaves the insured persons to pay copayments (the Ticket Modérateur, TM) for healthcare, as well as hospital daily fees, with the possible addition of consultation fees or extra billings. National Public health insurance provides four schemes that cover wholly or partially patient's copayments for reimbursable expenses. The Long-term diseases scheme (Dispositif des Affections de longue durée, or ALD) covers 100% of patient's copayments, aside from extra billings, for expenses

related to the exempted pathology. The disability pension and disability allowance, which exist to compensate for the individual's inability to work — and whose entitlements can only begin before retirement — exempt the individual from all the patient's copayments for all the reimbursable costs. Lastly, Universal Complementary Health Insurance (Couverture maladie universelle complémentaire, or CMU-C), which is intended for modest income people, also exempts the person from the patient's copayments, hospital daily fees, and covers certain additional fees. Despite these exemptions, out-of-pocket payments may still be high due to the costs associated with hospital daily fees and additional consultation fees or extra billings. The aim of this study was to analyse healthcare out-of-pocket payments after the cover provided by the National Public health insurance of individuals requiring assistance.

Other schemes also reduce out-of-pocket payments, but the available data provides no information about this funding. Some of the schemes focus on individuals with disabilities or dependant persons, such as the Disability Compensation Allowance (Prestation de compensation du handicap, PCH), the Personal Autonomy Allowance (Allocation personnalisée d'autonomie, APA), and the Departmental Disability Compensation Fund (Fonds départemental de compensation du handicap), whilst others are not specifically targeted at these individuals, such as complementary health insurance or other forms of insurance.

The analysis focuses on a population aged over 20 requiring assistance (professional or informal) in carrying out activities of daily living. However, people aged over and under 60 have different characteristics and access to different types of allowance. Indeed, people aged over 60 who did not have health problems nor any limitations before reaching this age had a lesser choice of schemes they could use after the age of 60. One of the issues in this study, therefore, is to distinguish the two populations under and above the age of 60, and to observe the differences in their out-of-pocket payments.

Sources and data

The Disability-Health (Handicap-Santé) survey, which is representative of the population living in mainland France, was conducted by the National Institute for Statistics and Economical Studies (Institut National de la Statistique et des Études Économiques, INSEE) and the French Directorate for Research, Studies, Assessment and Statistics (Direction de la Recherche, des Études, de l'Évaluation et des Statistiques, DREES). It was divided into two sections: one focused on households in the Health and Disability Households (HSM) survey and the other section focused on institutions (HSI). To obtain sufficiently robust statistics on individuals with disabilities, a preliminary survey was carried out to constitute a sample of households that overrepresents individuals whose severe disability is presumed to be high. In the "Households" section, 29,930 individuals, with or without disabilities, were questioned between 31 March and 19 July 2008. The "Households" section contains information about the person questioned (age, gender, education, income level, etc.), his or her health (existence of illnesses, treatments, prevention, etc.), the identification of their disability (existence of deficiencies, functional limitations, and activity restrictions) and, lastly, elements relating to their social interaction and environment (the family environment and the existence of family and/or professional assistants, the characteristics of the housing, accessibility, schooling, employment, income and benefits, leisure, and perceived discrimination). The Health and Disability Households (HSM) survey was cross-referenced with data from the National Public Health Insurance (the National Inter-Regime Information System on Health Insurance, SNIIRAM), which, for 70% of the surveys, enabled the identification of their healthcare consumption and out-of-pocket payments for each area of expenditure. Out-of-pocket payments were assessed after the intervention of National Public health insurance.

4.4 millions persons living at home aged over 20 require assistance with carrying out activities of daily living

In France, in 2008, according to data from the Health and Disability Households survey (Handicap Santé Ménages, HSM) [see the "Sources and data" inset], 4.4 million people, apart from institutions, stated that they required assistance in carrying

Method

In this study, two classifications were created: one to characterise individual categories that were homogenous in terms of their assistance requirements in order to carry out activities of daily living, and a second to identify the healthcare consumption profiles. A more detailed description of the methodologies will be presented in Penneau, Pichetti et al. (to be published).

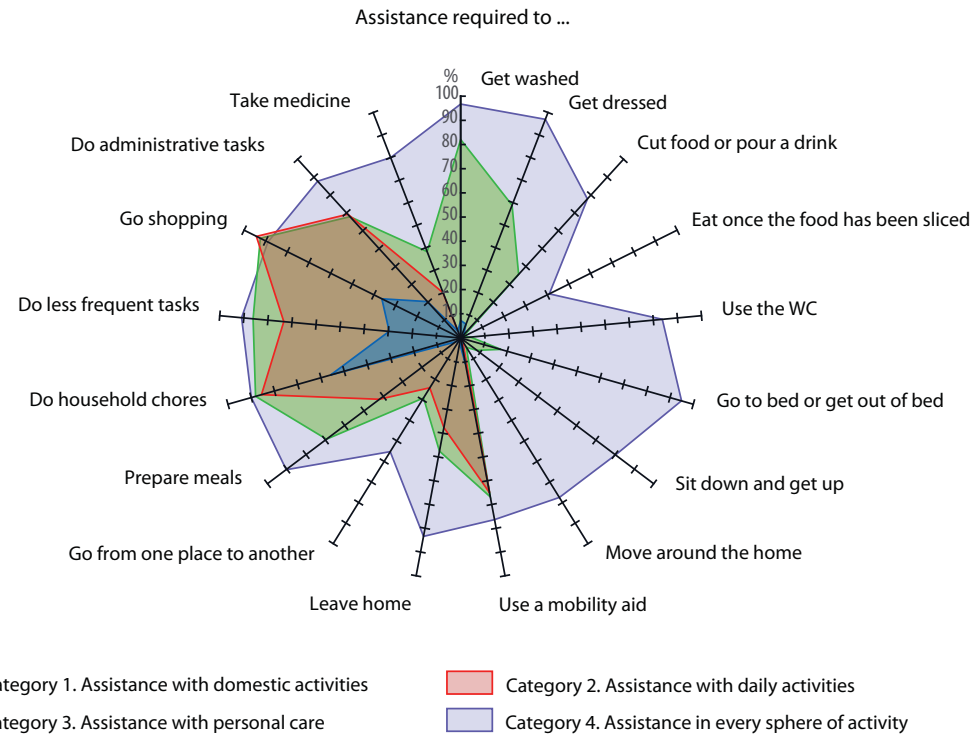
The method used for the first classification was an Ascendant Hierarchical Classification (AHC) applied to the dimensions of a Multiple Correspondence Analysis (MCA). 6,772 individuals who declared they required human assistance in carrying out at least one daily task (ADL or IADL) were questioned. The ADL corresponds to difficulties in accomplishing everyday activities: difficulties in getting washed, getting dressed, cutting up food, eating and drinking, using the WC, lying down, and sitting down. The IADL corresponds to difficulties in carrying out activities that are instrumental in daily life: difficulties in going shopping, preparing meals, doing household tasks and administrative tasks, taking medicine, leaving the home, using the transport system, moving around one's home, and going from one place top another. The study focused on persons aged over 20, but difficulties in using a telephone and a computer were not considered. The Multiple Correspondence Analysis (MCA) conducted introduced 18 binary variables, that is to say 18 factorial axes. The second classification is an Ascendant Hierarchical Classification (AHC) applied to the dimensions of a Principal Component Analysis (PCA). The core sample comprised individuals present in the Health and Disability Households (Handicap Santé Ménages, HSM) survey aged 20 or over and cross-referenced with data from the National Inter-Regime Information System on Health Insurance, SNIIRAM (18,050 individuals). The proportion of of each area of expense out of the total expense was calculated for each individual, including: pharmacy, GPs, biology, specialists, optical care, dental prostheses, ortheses and prostheses, apparatus and equipment for treatments, kinesitherapy, nursing medical acts, nursing care, other ambulatory expenses, psychiatric hospitalisation, medicine, surgery, and obstetrics, follow-up and rehabilitation care, transport, treatments, and ambulatory treatments. Nine factorial axes were selected. The complete-link method identified 11 healthcare consumption profile categories when an AHC was carried out on these axes.

The functional limitations are grouped into three categories: related to mobility, psychological/intellectual/mental, and sensorial according to the definition provided by Espagnacq (2012). Econometric analyses uses generalised linear models with robust estimators[1]. The Poisson distribution is applied to these generalised linear regressions. The estimators presented correspond to multiplier effects.

[1] Variance of estimators calculated using White's matrix.

G1

Types of assistance requirement according to the four categories based on the typology



Reading: Around 80% of the individuals belonging to category 3 of the typology declared they required human assistance to get washed. In category 4, the proportion was much higher, reaching 98%.
Scope: Individuals aged 20 and over living at home.
Source: Health and Disability Households (HSM) Survey. IRDES's calculations.

out daily tasks, that is to say 9% of people aged 20 or over. These activities relate to the carrying out of personal care activities, according to the Activities of Daily Living Scale, or ADL (grille des Activités de la vie Quotidienne, AVQ), or the Instrumental Activities of Daily Living Scale, or IADL (Activités Instrumentales de la vie Quotidienne, AIVQ) [see "Method" inset].

The population requiring assistance is specific both in terms of its socio-demographic characteristics and in terms of health. It most often comprises women, who live alone and have lower incomes than the rest of the population (see Table 1). This population also rates themselves as being in poor health and is more often part of the Long-term diseases scheme (Dispositif des Affections de longue durée, or ALD). However, the characteristics of this population differ with age. Women are overrepresented among the over 60s. People aged over 60 requiring assistance were relatively old — on average 78 — and the need for this assistance was primarily due to old age. For those under the age of 60, the average age was only 44, and those requiring assistance under the age of 60 were generally individuals suffering from a handicap from a relatively young age. Isolation as well as support from health professionals are more prevalent amongst the aged. Furthermore, declared health was rated as poorer for persons over the age of 60 (Table 1).

To gain a better understanding of the population living at home and requiring assistance, an initial classification was established (see "Method" inset) (Penneau, Pichetti and al., to be published). There are four distinct categories of assistance, which range from a very specific requirement based on a single Instrumental Activity of Daily Living (IADL), such as going shopping, to a very broad range of assistance that encompasses the entire range of the ADL and IADL (see Graph 1). The first category, called Assistance with domestic activities (Aide aux activités domestiques), identified a population requiring assistance exclusively with one or two activities of domestic life (doing housework or going shopping). The second category, called Assistance with daily activities (Aide aux activités de la vie courante), characterises a population requiring assistance with other activities in daily life (in addition to the help with domestic activities). The population belonging to the third category, called Assistance with personal care (Aide aux soins personnels), requires, in addition, help with common domestic tasks and assistance with certain personal activities (getting washed and getting dressed). And the last category, called Assistance in every sphere of activity (Aide pour toutes les sphères d'activité), comprises a population that requires assistance with the commonplace activities of domestic life and help with personal activities and whose mobility is limited (such as cutting up food or moving around their home). The first three categories are fairly similar in demographic, social, and health terms. However, the individuals in the category "Assistance in every sphere of activity" have more specific characteristics, with a marked differentiation between those under and those

T1

Descriptive statistics of the individuals who declared they required assistance to carry out everyday tasks

	Without assistance			With a requirement for assistance													
				Assistance with domestic activities			Assistance with everyday activities			Assistance with personal care			Assistance in every sphere of activity			Overall		
	20-59 years	≥ 60 years	≥ 20 years	20-59 years	≥ 60 years	≥ 20 years	20-59 years	≥ 60 years	≥ 20 years	20-59 years	≥ 60 years	≥ 20 years	20-59 years	≥ 60 years	≥ 20 years	20-59 years	≥ 60 years	≥ 20 years
Man	49.5	48.9	49.3	34.8	23.4	27.4	38.0	20.7	25.7	39.5	32.8	34.3	65.6	34.3	43.2	37.6	25.6	29.3
Woman	50.5	51.1	50.7	65.2	76.6	72.6	62.0	79.3	74.3	60.5	67.2	65.7	34.4	65.7	56.8	62.4	74.4	70.7
Average age	40.0	70.0	47.0	45.0	77.0	66.0	43.0	81.0	70.0	44.0	80.0	71.0	38.0	81.0	69.0	44.0	78.0	68.0
Isolated household share	11.6	27.8	15.5	17.8	48.0	37.6	12.8	51.8	40.4	6.9	39.0	31.5	3.1	18.3	14.0	14.8	45.0	35.5
Income bracket*																		
< 973 euros	23.4	23.5	23.4	40.4	39.4	39.8	51.6	39.1	42.7	45.1	41.8	42.6	38.2	34.3	35.4	42.5	39.6	40.5
973 à 1,374 euros	24.4	25.8	24.8	24.0	27.5	26.3	23.3	29.7	27.8	26.9	30.4	29.6	27.4	23.3	24.5	24.5	28.2	27.0
1,374 à 1,927 euros	26.4	23.5	25.7	21.0	18.2	19.2	11.9	18.6	16.7	13.5	15.9	15.3	18.7	24.7	23.0	18.5	18.2	18.3
> 1,927 euros	25.8	27.1	26.1	14.6	14.8	14.8	13.1	12.7	12.8	14.5	11.9	12.5	15.8	17.7	17.2	14.4	14.1	14.2
Type of assistance received																		
No assistance	100.0	100.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Family assistance	0.0	0.0	0.0	81.1	51.3	61.7	71.5	41.6	50.4	72.7	30.7	40.5	55.3	20.0	30.0	77.2	43.6	54.2
Professional assistance	0.0	0.0	0.0	12.2	34.3	26.6	5.7	10.2	8.9	3.6	6.2	5.6	4.0	4.4	4.3	9.7	22.8	18.7
Family and professional assistance	0.0	0.0	0.0	6.7	14.3	11.7	22.8	48.2	40.8	23.7	63.1	53.9	40.7	75.6	65.7	13.1	33.6	27.2
Functional limitations profile**																		
Limited mobility	4.6	20.8	8.6	61.4	81.1	74.2	54.7	88.3	78.5	88.5	97.0	95.0	98.4	99.3	99.0	66.1	86.6	80.2
"Pim" Limitations**	1.5	2.2	1.7	17.0	9.4	12.0	50.3	23.3	31.2	41.1	29.4	32.1	43.8	67.8	61.0	26.5	19.3	21.6
Sensorial limitations	3.6	10.8	5.3	16.2	25.3	22.2	29.5	44.8	40.3	25.7	45.0	40.5	29.6	54.9	47.7	20.1	34.3	29.9
Self-declared health rating																		
Good	81.2	53.2	74.4	26.3	13.4	17.9	29.2	13.1	17.9	18.3	6.1	8.9	23.0	5.0	10.0	25.5	11.3	15.7
Fair	14.3	36.0	19.6	30.5	46.3	40.9	21.5	36.0	31.8	19.2	29.8	27.3	19.3	20.2	19.9	27.1	39.7	35.7
Poor	4.4	10.7	5.9	42.4	40.3	41.0	49.2	50.9	50.4	62.4	63.0	62.8	55.6	74.1	68.8	46.8	48.7	48.1
Exemption from the patient's copayments	16.2	38.3	21.5	66.9	62.0	63.7	69.9	67.6	68.3	89.3	82.4	84.0	99.4	91.1	93.4	72.1	68.9	69.9
By type of exemption																		
- The Long-term diseases scheme (ALD)	8.0	33.1	14.1	44.9	54.5	51.2	53.8	63.5	60.7	72.8	76.5	75.7	73.1	87.8	83.6	51.5	62.5	59.1
- Universal Complementary Health Insurance CMU-C	6.9	2.1	5.7	13.3	3.4	6.8	12.7	3.4	6.1	12.5	3.8	5.8	32.0	3.8	11.9	14.1	3.5	6.8
- Disability pension	2.8	4.6	3.2	31.0	12.5	18.9	37.4	13.2	20.3	43.4	17.7	23.6	64.2	20.8	33.2	35.4	14.2	20.8
- Disability allowance	1.4	2.5	1.7	6.2	3.2	4.2	4.5	2.2	2.8	8.6	2.9	4.2	3.9	1.2	2.0	6.1	2.9	3.9
Complementary health insurance	93.2	94.5	93.5	89.8	92.1	91.3	90.9	92.2	91.8	91.1	86.0	87.1	89.8	87.1	87.9	90.1	90.5	90.4
Renunciation of healthcare	11.8	9.5	11.2	31.0	16.6	21.6	25.8	15.9	18.8	18.9	18.0	18.2	19.4	15.9	16.9	28.0	16.7	20.3
Proportion of healthcare rejected due to financial reasons	56.5	65.5	58.3	57.4	64.7	61.1	46.2	35.7	39.9	54.9	34.1	39.1	36.8	16.7	23.3	54.9	50.8	52.5
Total (in thousands)																		
Gross numbers	9,082	4,096	13,178	1,090	1,392	2,482	284	513	797	297	848	1,145	103	345	448	1,774	3,098	4,872
Weighted numbers	31,867	10,175	42,041	910	1,713	2,623	198	480	678	186	615	801	73	183	256	1,367	2,991	4,358

* Consumption unit; ** *cf.* Espagnacq, 2012.

Reading: Assistance category 4 — "Assistance in every sphere of activity" — comprises 57% women and 43% men. In this category of assistance, the average age of the individuals was 69.

Scope: Individuals aged 20 and over living at home.

Source: Health and Disability Households (HSM) Survey. IRDES's calculations.

Download the data

Context

This article is part of a research project that focuses on the analysis of healthcare expenses and the out-of-pocket payments of individuals under and over the age of 60 and who are suffering from a disability. The Institute for Research and Information in Health Economics (Institut de Recherche et Documentation en Économie de la Santé, IRDES) has received funding from the National Solidarity Fund for Autonomy (Caisse Nationale de Solidarité pour l'Autonomie, CNSA) in response to a call for projects by the Public Health Research Institute (Institut de Recherche en Santé Publique, IRESP) in 2015. A second article, which focuses on the expenses and out-of-pocket payments of the beneficiaries of the adult disability allowance (Allocation Adulte Handicapé, AAH), those entitled to disability pensions or disability allowances, as well as the integral research report, will be published by the Institute for Research and Information in Health Economics (IRDES).

T2 Descriptive statistics of healthcare expenses and out-of-pocket payments according to the level of assistance and age

	Average annual cost	Average annual out-of-pocket payments
With no assistance		
20-59 years	1,306 euros	387 euros
≥ 60 years	2,907 euros	738 euros
≥ 20 years	1,693 euros	472 euros
With assistance		
Category 1*		
20-59 years	5,136 euros	628 euros
≥ 60 years	5,206 euros	916 euros
≥ 20 years	5 181 euros	816 euros
Category 2*		
20-59 years	6,046 euros	658 euros
≥ 60 years	8,136 euros	954 euros
≥ 20 years	7,525 euros	867 euros
Category 3*		
20-59 years	9,997 euros	683 euros
≥ 60 years	11,139 euros	857 euros
≥ 20 years	10,874 euros	817 euros
Category 4*		
20-59 years	15,911 euros	657 euros
≥ 60 years	18,112 euros	933 euros
≥ 20 years	17,485 euros	854 euros
Overall		
20-59 years	6,504 euros	642 euros
≥ 60 years	7,685 euros	911 euros
≥ 20 years	7,314 euros	826 euros

* **Category 1.** Assistance with domestic activities; **Category 2.**Assistance with everyday activities; **Category 3.** Assistance with personal care; **Category 4.** Assistance in every activity sphere.

Reading: The healthcare costs of the individuals who declare they do not require assistance carrying out daily tasks are on average 1,693 euros. They are on average 5,181 euros in the first assistance category, 7,525 euros in the second category, 10,874 euros in the third category, and 17,485 euros in the fourth assistance category.

Scope: Individuals aged 20 and over living at home.

Sources: Health and Disability Households (HSM) Survey, data paired with SNIIRAM. IRDES's calculations.

Download the data

over the age of 60. The youngest individuals are mostly male and solely have mobility difficulties, while the oldest individuals are mainly women with multidimensional limitations (mobility, psychological, intellectual, mental ("Pim": perception, intention, and action), and sensorial).

Out-of-pocket payments are twice as high for individuals requiring assistance, but they are not affected by the extent of the assistance

Average healthcare expenses radically increase with the level of assistance required, from 5,200 euros on average in the category of "Assistance with domestic activities" to 17,500 euros in the category of "Assistance in every sphere of activity"; see Table 2), to a level that is much higher than the rest of the population (1,700 euros on average). Furthermore, the out-of-pocket payments of the individuals requiring assistance are, on average, 800 euros, whatever the category of assistance, which is almost twice as much as the cost of those who require no assistance (see Table 2). These out-of-pocket payments are measured after the reimbursement of National Public health insurance, but before the reimbursement of the complementary health insurance. Ninety per cent of individuals over the age of 20 who are given assistance have complementary insurance, but the complementary health insurance reimbursements are not observable.

Hence, out-of-pocket payments before complementary health insurance are not really related to the level of assistance, in contrast to the observed increase in healthcare expenditures. The evening out of out-of-pocket payments according to the level of assistance is obtained via the various exemption possibilities that concern a fraction of insured persons that increases with the level of assistance: 64% in the category "Assistance with domestic activities" compared with 93% in the category of "Assistance in every sphere of activity"; (see Table 2). Although persons under the age of 60 and those over the age of 60 are exempt in the same proportions from patient's copayment (70%), there is still a notable difference. The oldest persons are generally covered by the long-term diseases scheme (only 20% of the individuals in this age group benefit from another reason for exemption), while more than half of those under the age of 60 are exempt in a broader scope than that of the long-term diseases scheme (ALD): disability pension, disability allowance, Universal Complementary Health Insurance (Couverture Maladie Universelle Complémentaire, or CMU-C), which are schemes that cover all of the reimbursable expenses.

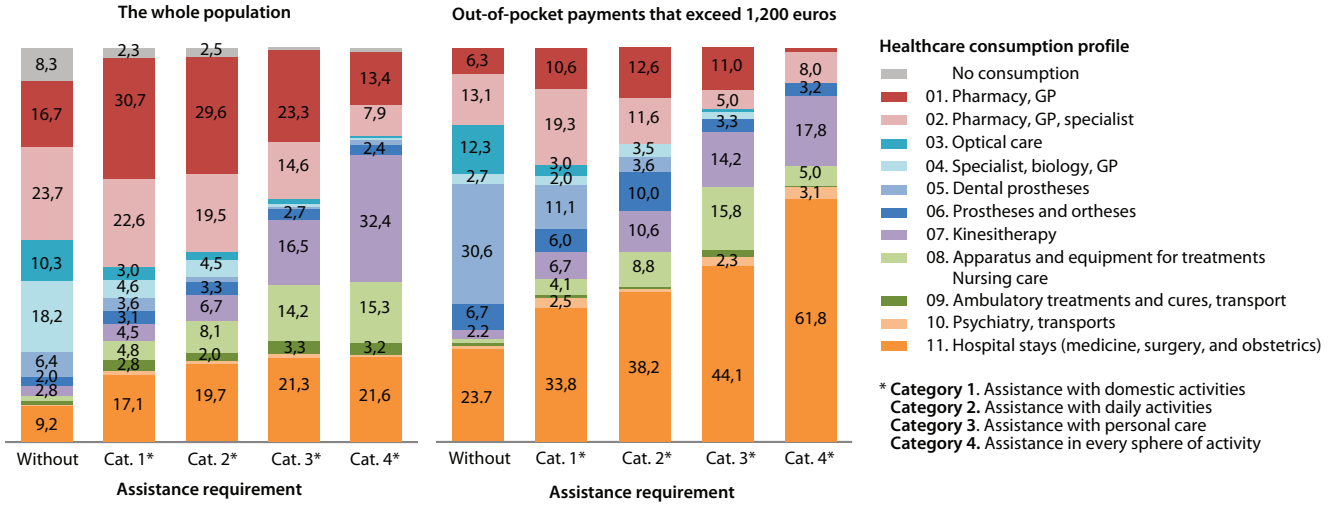
The analyses of the healthcare expenses and out-of-pocket payments of individuals requiring assistance only focus by definition on consumed healthcare. Yet, the individuals requiring assistance declare that they are twice as likely to forego surgical and dental treatment than the rest of the population (20% compared with 11%). Hence, despite significant expenses, part of this population is not consuming all the healthcare they require.

Differences in out-of-pocket payments for individuals under and over the age of 60 are partly related to differences in exemption schemes

In the general population, the healthcare expenses of persons aged over 60 are twice those of individuals between 20 and 59. This gap is very attenuated for individuals who require assistance. Econometric analyses (see the "Method" inset) show that average healthcare costs are equivalent between the over and the under 60s in the category of "Assistance with domestic activities", and that the gap does not exceed 30% in the other categories of assistance. Although average expenses are relatively similar for the under and over 60s for individuals requiring assistance, the out-of-pocket payments of the over 60s is always higher, no matter what the category of assistance, at around 40%. In the general population, the exemption schemes attenuate the out-of-pocket payments of the over 60s by increasing the reimbursement rate of the National Public health insurance thanks to the long term diseases scheme (ALD). However, for individuals requiring assistance, healthcare costs are globally better covered for persons under the age of 60, with individuals benefitting

G2

Distribution of healthcare consumption profiles according to the level of assistance (in %)



Scope: Individuals aged 20 and over living at home.
Sources: Health and Disability Households (HSM) Survey, data paired with SNIIRAM. IRDES's calculations.

Download the data

most often from schemes that reimburse all of the patient's contribution, than after the age of 60, when the exemption from the chronic conditions scheme (ALD) predominates. Even so, the beneficiaries of disability allowance and disability pensions — contracted before the age of retirement — still benefit from their exemption schemes after the age of 60. Hence, no rights are lost, except for those who solely benefit from Universal Complementary Health Insurance (Couverture Maladie Universelle Complémentaire, CMU-C) as an exemption scheme and who may lose it after the age of 65 because the minimum pension is above the CMU threshold.

Specific healthcare consumption profiles that match the various levels of assistance required

The description of the levels of healthcare costs is complemented by an analysis of the healthcare consumption profiles based on a classification that relates exclusively to the structure of the expenditure (see "Method" inset). Eleven healthcare consumption profiles were identified: certain attest to a consumption of standard healthcare (profiles 1 to 5), which is characteristic of insured persons in the general population. More than 8 out of 10 individuals who did not declare they had a requirement for assistance were characterised by one of these "regular healthcare" consumption profiles. These profiles are associated with low or intermediary expenses and modest out-of-pocket payments, with the exception of the "Optical care" and "Dental Prostheses" profiles.

The individuals requiring assistance are most often characterised by other healthcare consumption profiles, associated with frequently high healthcare expenses and hence with out-of-pocket payments that are, on average, higher than the "regular healthcare" profiles. Hence, 2 out of 10 individuals belong to the category of "inpatient hospitalisations" (Hospitalisation en Médecine, Chirurgie, Obstétrique, MCO) [profile 11], compared with only 1 out of 10 individuals amongst those individuals who declared they did not need assistance. This profile is associated with a fourfold increase in expense and out-of-pocket payments that are twice the cost of the average. Profiles 7 (Kinesitherapy) and 8 ("Nursing medical acts" and "Apparatus and equipment for treatments") — with a flat fee for bandages, supportive apparatus and equipment, aerosol generators, etc. — are associated with a high demand for assistance, particularly with regard to populations aged over 60. Hence, 1 out of 6 individuals requiring assistance with personal care and 1 out of 3 persons requiring assistance "for every sphere of activity" are in the Kinesitherapy profile, while this proportion is marginal in the rest of the population. Despite the high costs, both of these categories are characterised by limited out-of-pocket payments thanks to exemption schemes.

Situations of extremely high out-of-pocket payments subsist

Although the social protection system maintains the levels of similar average out-of-pocket payments according to the level of assistance required, situations of very high out-of-pocket payments subsist. By focusing the analysis on individuals facing out-of-pocket payments of a minimum of 1,200 euros, or 10% of the population that pays the highest out-of-pocket payments, a population was selected that faced average out-of-pocket payments that varied little in the first three assistance categories (around 2,300 euros on average, compared with 2,030 euros for the population that does not require assistance). However, out-of-pocket payments were very accentuated in the category "Assistance in every sphere of activity" (3,360 euros).

In this population, which has very high out-of-pocket payments, the consumption profiles are primarily differentiated according to whether the individuals do or do not require assistance, attesting to great heterogeneity in needs. For the individuals who do not require assistance, the profiles of patients who are consumers of

T3

Expenses, out-of-pocket payments, and exemptions from the patient's copayment according to the healthcare consumption profiles

	Average annual expenses (euros)	Average out-of-pocket payments (in euros)	Exemption from the patient's copayment					Complementary health insurance	Personnel	
			ALD	CMUC	Disability pension	Disability allowance	At least one exemption		Brut	Weighted (in thousands)
1. Pharmacy, GP	1,861	348	34%	6%	7%	2%	42%	93%	4,041	8,257
2. Pharmacy, GP, specialist	1,220	390	18%	6%	4%	2%	25%	94%	3,997	10,814
3. Optical devices	1,101	725	6%	3%	3%	2%	12%	97%	1,170	4,446
4. Specialist, biology, GP	571	217	5%	6%	2%	2%	12%	95%	1,952	7,806
5. Dental prostheses	2,347	1,412	12%	4%	4%	2%	19%	97%	892	2,813
6. Prostheses and ortheses	2,501	1,134	17%	4%	11%	2%	27%	95%	489	984
7. Kinesitherapy	2,896	509	23%	6%	8%	3%	32%	95%	911	1,547
8. Apparatus and equipment for treatments, nursing medical acts	6,059	584	63%	6%	14%	4%	69%	90%	742	816
9. Treatments and ambulatory cures, transport	8,803	432	45%	7%	12%	3%	51%	94%	325	559
10. Psychiatry, transports	17,893	1,603	54%	20%	31%	2%	71%	91%	118	124
11. Hospital stays (medical, surgery, obstetrics)	8,451	991	31%	7%	7%	2%	40%	95%	2,290	4,678
Overall population	2,221	505	18%	6%	5%	2%	26%	93%	18,050	46,399

Reading: In profile 1, which concerns 4,041 individuals, the average expense is 1,861 euros.
Scope: Individuals aged 20 and over living at home.
Sources: Health and Disability Households (HSM) Survey, data paired with SNIIRAM. IRDES's calculations.

Download the data

optical care and dental prostheses represent 44% of the individuals with out-of-pocket payments that exceed 1,200 euros, and far less in the categories of assistance requirement (a maximum of 14% in the category of "Assistance with domestic activities"). In return, the profiles linked to hospital stays (medical, surgery, obstetrics) play an important part in the out-of-pocket payments of the individuals who require assistance and increased with the level of assistance requirement, from 34% in the category "Assistance with domestic activities" to 62% in the category "Assistance in every sphere of activity" (compared with 24% for the unassisted population). Hospital out-of-pocket payments may therefore represent a significant burden for individuals requiring assistance, in particular for the 10% of individuals who have no complementary insurance.

A second dividing line emerges for the healthcare consumption profiles associated with assistance requirements before and after the age of 60. Although the profiles of "Ortheses and prostheses" represent a low proportion of the general population under the age of 60 and a high one after this age (3% compared with 11%), the trend is inverted for the three highest categories of assistance requirement. The lower costs for technical assistance after the age of 60 suggests that the profiles of those requiring ortheses and prostheses are different before and after the age of 60. Without access to detailed data about medical schemes, it is difficult to explain this difference in healthcare consumption, which may arise from the acquisition of different equipment before and after the age of 60. In addition to this there are institutional placements for the oldest individuals when they have significant requirements in technical assistance, so the latter are not included in the study.

In the population with high out-of-pocket payments, the profiles linked to psychiatric hospitalisations are far more frequent before the age of 60 and after this age account for a negligible share. These gaps may have different reasons: the premature death of these individuals (who rarely survive beyond the age of 60) or people being institutionalized, and so on.

Within the population that pays the highest out-of-pocket payments, two healthcare profiles — "Kinesitherapy" and "Nursing care" — are, on the contrary, much more frequent after the age of 60 than before. The frequency of the profiles associated with kinesitherapy treatments increases greatly with the level of assistance requirement after the age of 60 (from 7,5% in the category "Assistance with domestic activities" to 19% in the category "Assistance in every sphere of activity"), while the frequency of profiles linked to "Nursing medical acts" and "Apparatus and equipment for treatments" increases significantly in the first three categories of assistance requirement. The out-of-pocket payments associated with these two profiles — "Kinesitherapy" and "Nursing medical acts"— are significant after the age of 60.

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This study measured the ability of the social protection system to limit healthcare out-of-pocket payments of individuals requiring human assistance, before the intervention of the complementary health insurance. Although expenses rise greatly in accordance with the level of assistance required, the French Health System generally manages to even out healthcare out-of-pocket payments via exemptions from

the patient's copayment. They do not differ, on average, according to the type of assistance required. Individuals requiring assistance still have twice the out-of-pocket payments (800 euros), compared to that of the rest of the population. Yet this population also has to potentially fund its assistance requirements. Average out-of-pocket payments mask a variability linked to the healthcare consumption profiles.

Ten per cent of the individuals facing the highest out-of-pocket payments are most often associated with consumption profiles associated with hospital stays (medical, surgery, obstetrics). A public policy that would reduce the out-of-pocket payments of hospital stays in the general population would also benefit individuals requiring assistance and who currently have to pay the highest out-of-pocket payments.

These out-of-pocket payments may be reduced by complementary insurance. Given the existing rules that forbid or penalise the use of medical questionnaires, insurance premiums are mainly related to the level of cover and the age of the individuals covered. It is therefore probable that part of these high out-of-pocket payments are mutualised in the framework of complementary insurance. That said, the scope of this mutualisation could be reduced due to the generalisation of company complementary health insurance, which is leading to the transfer of all employees onto group contracts. This may also penalise isolated individuals under the age of 60 who are not working and require assistance, as well as retired persons. In addition, 10% of the individuals requiring assistance have no complementary health cover. Facilitating access to complementary health cover for individuals who require assistance and allowing the market to function in conjunction with a mutualisation of the risk seems to be important in the light of the high out-of-pocket payments faced by the individuals requiring assistance due to health reasons.

Lastly, healthcare costs are only part of the expenses faced by individuals requiring assistance. Future studies may be necessary, based in particular on the Phedre and Care surveys, to assess the entire out-of-pocket payments, as well as the level of effort associated with the individuals requiring assistance, by analysing each of its components. ♦

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