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### Is accessibility to public services damaged in hospitals with private services? The Jerusalem experience

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**Background:** Two large hospitals in Jerusalem provide private in parallel to public services. Proposals to extend the model to other hospitals fuel controversy in part because of paucity of information about impacts on public services. Study Questions: What are the waiting times for appointments in public vs. private outpatient clinics and what are the perceptions of family physicians (FP) about accessibility to public services in Jerusalem hospitals?

**Methods:** Medical students, as secret shoppers, called hospital appointment centers requesting earliest slots in public and private hospital clinics. In addition, we conducted a web-based survey of FP on perceived accessibility.

**Results:** Respective times to public and private appointments averaged 55 days (range 3-244) and 7 (range 0-38) - differences culminating at 6-8 months for some specialties. Most FP reported reasonable waiting times to public appointments for only a minority of their patients. Many felt accessibility to public services had deteriorated in the last decade at both hospitals. Nearly half said they were usually unable to reach a hospital physician for consult. When able, most reported suggestions to refer the patient to private service and 80% described self-referral to further private procedures after initial consult. Cancellations regularly occurred more often in public appointments. To shorten wait times, 80% of FP admitted referring patients to private services, 70% use personal contacts or other hospitals, 50% refer patients to emergency rooms while 30% feel helpless. Significant differences were observed between the two hospitals suggesting modification by local culture. Most FP felt large public vs. private wait gaps should be averted and constitute illegal discrimination.

**Conclusions:** Accessibility to public services appears to have been damaged in hospitals with private services in Jerusalem. Health policy implications: In-hospital private services tend to take over public services because of financial incentives. Access equity requires better regulation of this model.