



Israel



Source: <https://www.who.int/images/default-source/countries-overview/flags/isrmb-3>

Asmait Rezene, RN, BSN, CCRN & Inga Juchheim, RN, BSN

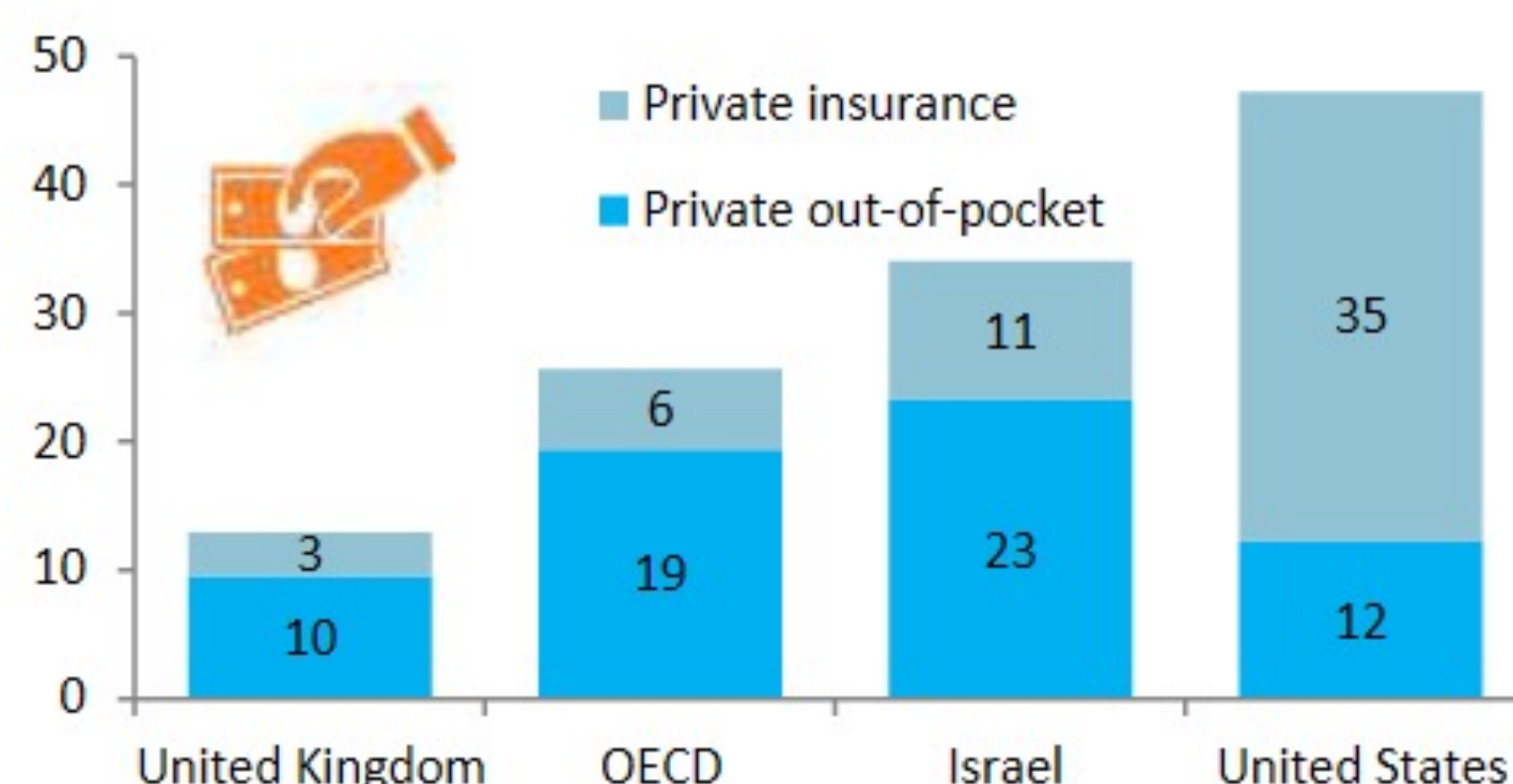
Faculty: Shari Wherry, DNP, APRN, FNP-C & Cathy Ammerman, DNP, APRN, FNP-BC

Union University College of Nursing

Overview

- Population: 8.5 million (Clarfield et al., 2017)
- World Health Organization (WHO) ranking (2019): 28 (WHO, 2019).
- Gross Domestic Product spent on healthcare: 7.6 % (Clarfield et al., 2017)
- Age expectancy (2020): 80.9 years
- Hospital bed per 1,000 (2013): 3.1
- Bed occupancy (2013): 94%
- Physicians per 1,000 (2013): 3.3
- Nurses per 1,000 (2013): 5
- Maternal mortality per 1,000 live births (2013): 3
- Infant mortality per 1,000 live births (2013): 2.5
- Obesity (≥ 15 years) (2013): 15.7%
- Suicide per 100,000 (2013): 7% (OECD, 2018)

Private spending as a share of current health expenditure , 2013



Source: <https://www.oecd.org/health/health-systems/Health-Policy-in-Israel-April-2016.pdf>

Financing

- Funding is both private and public
- Public funds obtained from tax and fees from health insurance through income tax
- Private funds covers spending that is not covered through the National Health Insurance Law (specialists, medications, dental visits, supplementary and commercial insurance) (Clarfield et al., 2017)

Payer System

- Healthcare system is funded by taxes – general and an allocated payroll tax
- The funds are then allocated by a capitation method with a risk adjustment to help sufficiently compensate for the patient's cost
- This reduces the benefit from the risk selection or limits placed on accessibility to healthcare for high-risk individuals
- Risk adjustment based on age exists, as well as sex and residing outside the metropolitan area of the country
- Out-of-pocket copayments are low and cover medications, specialist visits, and imaging studies
- Supplementary insurance is also offered that allows for services such as surgeon selection or expert consultation (Clarfield et al., 2017)

Reimbursement

- Israel's health insurance is funded by both government revenue and income tax
- Citizens must be enrolled in a healthcare plan
- Ministry of Health funds most of the public hospitals which has doubled from 2006-2012
- Governmental and not for profit hospitals have suffered financial deficits recently (OECD, 2018)

Production

- Government hospital
 - Per diem rate
 - Fee for service (FFS)
- Not for profit hospital
 - Fee for service (FFS)
 - Procedure-related group fee (PRG)
- Ambulatory care
 - Fee for service (FFS)
 - Cost-sharing (OECD, 2018)

Provider Choice

- Medical care is provided by 4 sectors
 - Health plans
 - The Ministry of Health
 - Non-government affiliated organizations
 - For-profit type organizations
- Hospital services, community services, 13% of hospital beds – by the 4 main health plans (largest medical service supplier)
- Mother & baby services, preventive & mental health services, elderly long-term healthcare services, 28% of hospital beds - Ministry of Health
- 25% acute care beds, ambulance, blood transfusions, home health – Non-government affiliated organizations
- Adult dentistry, surgical services – For-profit type organizations (Clarfield et al., 2017)

Challenges

- Underfunding and lack of an institutional reserve
- Confusion in governance
- Need to meet international accreditation standards
- Lack of coordination between neighboring countries on healthcare (Clarfield et al., 2017)

References

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