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Managing Health Care Services Using Health Insurance in Some Countries: Lessons Learned for Vietnam

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Abstract
In the context of economic growth and industrial development, people are facing health threats from the living environment, new and unfamiliar diseases... the need to provide health care services using Use health insurance because health insurance helps people save costs while using increasing services. Therefore, improving the efficiency of healthcare service management using health insurance contributes to improving quality and achieving the goal of universal health insurance coverage. This article is based on research into the experience of managing healthcare services using health insurance in several countries such as Germany, America, China, Thailand, and Singapore...Thereby drawing lessons for Vietnam in the new context.

Keywords: Health Insurance, Services, Health Care, Management

1. Introduction

Health protection and care is an essential human need. Health is the most valuable asset of humans. Without health, people cannot labor, work, and contribute to society. Therefore, investing in health is investing in the country's economic development, contributing to hunger eradication and poverty reduction. On the contrary, illness reduces the income of each individual and the whole society. Not only that, it also affects the quality of human resources, reduces revenue, and increases expenses, causing patients' families to fall into poverty. In the context of economic growth and industrial development, people are facing health threats from the living environment and new and strange diseases... Along with that, with the progress of science and technology in the medical and pharmaceutical industry, methods are also increasingly being developed. Many drugs and medical supplies are becoming more modern, and prices are increasingly increasing. Therefore, the increasing cost of medical examination and treatment is an inevitable trend. This becomes a burden on the budget of every person and every family, especially families with people suffering from serious and chronic diseases that require long-term treatment. Participating in health insurance is considered an effective solution, a form of savings that "Contribute when you are healthy, save when you are sick", to reduce the economic burden when unfortunately suffering from illness or disease, including dangerous diseases. Health insurance is a smart choice to minimize health loss by covering medical expenses.

Health insurance is an important policy in each country's social security system to take care of people's health. Protecting and caring for people's health, and ensuring access to health care services for all people are one of the key tasks that each country must carry out. In Vietnam, health care services using health insurance have made positive changes, gradually affirming and promoting its role as one of the main pillars of the social security system; is an important health financing mechanism to help people when they are sick. In the context that Vietnam is facing an aging population, changing disease patterns... There is a great need for innovation in providing health care services using health insurance appropriately. The new situation contributes to improving the HAQ index (*Healthcare Access and Quality Index*).

2. Theoretical basis and research overview

Manage

The term "management" appeared very early more than 2,500 years ago, and is an objective category of existence born from the needs of every social regime, every country, and every era. However, it was not until the late 19th and early 20th centuries that the issue of scientific management appeared. The father of Scientific Management theory, Taylor (1911) said that

"*Management is knowing what you want others to do, and then seeing that they get the job done in the best and cheapest way*". Management activities in any organization have basic activities related to the functions of planning, organizing, directing, and controlling based on information collection and processing. Koontz *et al* (1982) stated that "*Management is an essential activity, ensuring the coordination of efforts of individuals to achieve certain organizational goals*". Nguyen Thi Thu Thuy (2018) defines "*Management as the organized and purposeful impact of the management subject on the management object and the management object to effectively use resources to achieve goals." goals set in the movement of things*". Although scholars give many different views on management, they still have some similarities such as management is a purposeful activity with a clear purpose; Management consists of two components: the subject of management and the object of management, and management is a subjective impact. From the above analysis, within the scope of research of the thesis, "*Management is understood as the organized and targeted impact of the management subject on the management object to achieve the common goals of the organization*".

Health care service

WHO (1946) defines: "Health is a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity." WHO has determined that activities aimed at health for all must be based on four main areas, including (i) political and social commitments and the determination to achieve health for all as a goal. Main goals for the coming decades; (ii) participation of the community and people and mobilization of social resources for health development; (iii) cooperation between different sectors such as agriculture, education, media, industry, energy, transportation, and housing; (iv) the system ensures that everyone can access essential health care services, scientific information, and appropriate medical technology. Health care services are a special type of service. It includes activities performed by medical staff such as medical examination and treatment to serve patients and patients' families.

Health Insurance

According to the ILO (International Labor Organization), health insurance is the medical care regime in the social security system, a type of insurance organized and managed by the State to mobilize contributions. From members of society to examine, treat, and provide medical care to the people1. Nguyen Van Dinh (2014) [5], also believes that health insurance is a social policy organized and implemented by the State to mobilize contributions from individuals and groups to pay medical expenses for people. Health insurance participants [5]. Health insurance is a social security policy organized and implemented by the State, with a community and risk-sharing nature, based on the contributions of participants and support and compensation from the Bank. State policy, to cover medical examination and treatment costs for participants when they encounter health risks.

Health insurance is a public service with a special nature, a type of service that requires safety, efficiency, fairness, and development, with people participating in health insurance as the center. The main reason for participants to buy health insurance is to offset medical costs that they may have to pay in the future. Health insurance is abstract, and complex and focuses on benefits that are difficult to prove in the future. Therefore, only after health insurance participants receive medical examination and treatment under health insurance and are paid medical examination and treatment costs will they truly appreciate the value of health insurance. Two important characteristics of health insurance services that need to be considered when evaluating service quality are heterogeneity and intangibility [11]. Health insurance is a special service that cannot be provided in bulk and in the same way to all health insurance participants. Although health insurance benefits are the same among all participants, each individual's treatment regimen depends on their medical condition and characteristics. Patients cannot actively choose health care services using health insurance such as drugs, medical supplies, etc. according to their wishes. Furthermore, the results of health insurance services are due to the cooperation between medical staff, doctors, social insurance officials, and patients. The enthusiasm, responsibility, and attitude of doctors and social insurance officials may vary from time to time and for each patient, so health care is heterogeneous. The second nature of health insurance services is their intangibility and indeterminate effectiveness. Patients cannot weigh, measure, and recognize health insurance services before using them. Health insurance has an indeterminate effect, which means that not everyone who participates in health insurance will receive the health insurance payment, but they will only receive the health insurance payment. Health insurance when encountering health risks and using health insurance health care services.

Thus, management of health care services using health insurance is an organized, oriented, and state-powerful impact of management subjects on management objects in ensuring the provision of health care services. Providing health care services using health insurance for people in a democratic, fair, stable, effective, and non-profit manner.

3. Research methods

Qualitative research will be consistent with the approach to the topic of health care service management using health insurance in some countries — lessons learned for Vietnam. To conduct this research, the authors took a practical research approach with different perspectives to evaluate healthcare service management in different countries to provide appropriate aspects for the Objectives of the study.

In addition, the author also closely follows the foundations describing the basic theory for the formation of an ecosystem that is considered appropriate in approaching research on the management of healthcare services using insurance. Medical. Specifically, the author uses the secondary data research method, through synthesizing information and research results from previous research works on this topic in the world and Vietnam.

The results are analyzed, synthesized, and classified to provide a comprehensive picture of successful healthcare service management in some countries. From there, we can draw experiences for Vietnam.

4. Experience in managing health care services using health insurance from some countries

4.1 Experience of some countries

German

Germany is the first country in the world to implement a health insurance policy. Up to now, the health insurance system in the Federal Republic of Germany is considered one of the most complete and comprehensive health insurance systems. Most sufficient. According to Richard *et al*. (2004), in Germany, there exist two parallel health insurance systems: State health insurance and private health insurance. State health insurance: German law requires that all workers with income below the prescribed threshold (about 60,000 Euro/year) must participate in state health insurance. Their family members, students, retirees, etc. also participate in State health insurance with contributions smaller than those of employees. Insured participants are entitled to basic health insurance in the form of services (receiving medical examination and treatment services without having to pay) or being reimbursed for medical expenses (paying for the costs themselves and then being reimbursed by the agency). Health insurance reimburses medical expenses). Contributions based on the income of health insurance participants, State contributions to purchase health insurance for children under 18 years old, and other State supports are included in health insurance. Centrally managed by the Health Insurance Council. Private health insurance: Employees with income above the specified threshold are allowed to choose to participate in private health insurance. Private insurance companies provide supplemental health insurance voluntarily to help policyholders cover medical expenses that are not covered by state health insurance, such as dental care. Adulthood, physical therapy, eyeglasses, alternative medicine, cosmetic surgery. With supplementary health insurance, insurance companies have the right to set fees based on risk and refuse to accept insurance if customers do not satisfy the requirements for insurable risks. By the end of 2017, nearly 72 million Germans (about 90% of the population) participated in state health insurance, while the remaining 10% of the population participated in private health insurance (Elias *et al*., 2017). If including state health insurance and private health insurance, the health insurance coverage rate of the Federal Republic of Germany is approximately 100%.

American

The health insurance model in the US is one of the most complex health insurance models in the world with many public and private health insurance programs coexisting. Public health insurance programs are funded and implemented by the US Government, targeting the weak and vulnerable in society such as the elderly over 65 years old, the disabled, children, wounded soldiers, etc. It is estimated that by the end of 2017, about 37.1% of Americans are protected by public health insurance programs (Elias *et al*., 2017). About 49% of total medical costs are paid from the Federal Budget and state government budgets. 60.2% of Americans participate in private health insurance programs, mainly employer-provided insurance, accounting for 48.7% of the population, and individual health insurance (individual insurance), accounting for 10% of the population. The coverage rate of the remaining private health insurance programs is only 1.5%. The public health insurance system includes 4 health insurance programs: Medicare is a federal health insurance program for US citizens over 65 years old, people with disabilities or permanent loss of working capacity, and people with some other serious diseases. Medicaid is a health insurance program for low-income people who do not qualify for Medicare. In addition, there are two programs: children's health insurance program and military health benefits. The private health insurance system includes two main private health insurance programs: employer-provided insurance and individual health insurance.). Because private health insurance is organized by commercial insurance companies, the participation fee, benefits, and insurance coverage are very diverse and flexible to meet the needs of customers (Cohen *et al*., 2016). However, the benefits of all private health insurance products in the US must include the following 58 basic types of medical costs: emergency transportation costs, emergency room costs, and hospitalization costs., childbirth and newborn care costs, drugs and medical supplies prescribed by a doctor, psychological treatment costs, orthopedic and rehabilitation costs, vaccination costs, disease prevention and treatment costs Pediatric treatment (applies to children's health insurance).

Thus, the health insurance model in the US is considered to be relatively complete with a relatively high health insurance coverage rate, reaching over 95%; of which: 37.1% of the US population participates in public health insurance and 60.2% participates in private health insurance (Joyce Theodore, 2018). The rate of direct out-of-pocket spending accounts for only 11% of the total healthcare costs of the entire population, a relatively low rate that ensures health financial security for the people. The state only organizes public health insurance for the weak and vulnerable in society such as the elderly, children, disabled people, poor people, etc. For some programs with public health insurance, participants can still choose to pay a higher fee to enjoy high benefits and broader insurance coverage. Insurance companies deploy private health insurance products for middle and high-income groups in society, the State only sets minimum requirements for the benefits of the products.

China

Since the founding of the People's Republic of China, health insurance policy has been implemented by China. In 1951, the State Council of China (hereinafter referred to as the Government) promulgated the Labor Insurance Regulations of the People's Republic of China.

The Chinese government identifies health insurance as one of the five cores of the social security system. Health insurance in China is managed according to a centralized model. China Health Insurance Administration is the health insurance department under the Ministry of Labor and Social Security with the function of researching, proposing, and submitting health insurance policies and regimes; Organizing and managing the system of health insurance agencies. The Ministry of Labor and Social Security is a permanent member of the Health Insurance Board of Directors and has the responsibility and right to participate in operating the Health Insurance Fund. In addition to the Ministry of Labor and Social Security, state management of the health insurance system also includes the Ministry of Civil Affairs and the Ministry of Finance.

The State Council and the Government (under the functions of the Labor and Social Security sector) are responsible for supervising the operations of health insurance agencies at all three levels. The Health Insurance Supervision Committee is appointed by the Government of ministries, branches, units, and representatives of the parties in a three-party relationship: the State, employers, and participating employees. This Committee sets out specific regulations on the form, content, processes, functions, and tasks of inspection agencies; establishes a system of sanctions related to social health insurance payments for health care services of health insurance participants; Carries out activities to encourage and integrate private insurance with the State's insurance programs.

Thailand

In 2001, about 70% of Thailand's population participated in one of four public health insurance programs including the Medical Welfare Scheme, the Civil Service Health Insurance Program (Civil Servant Medical Benefit Scheme), the health insurance program under the Social Security Scheme (Social Security Scheme) and self-funded health insurance program (Witvorapong, 2016). In 2002, Thailand announced a universal health insurance strategy in both mandatory and voluntary forms. Subjects participating in compulsory health insurance are State employees and their relatives. With voluntary health insurance, the State supports 2/3 of the premium (1,000 baht) and people contribute 500 baht. By 2009, Thailand was the first developing country to successfully implement universal health insurance (Elias *et al*., 2017). Thai people are participating in four types of funds that manage and implement health insurance in Thailand: health insurance fund for civil servants, managed by the Ministry of Finance; health insurance fund for private enterprises; Universal health insurance managed by the Ministry of Health for subjects not covered by the above two funds; and private health insurance for high-income earners. The key point of success of the universal health insurance policy is the universal health insurance fund managed by the Ministry of Health. This fund is formed from the Thai Government Budget. National health insurance signs contracts and allocates funds to local health insurance according to the level approved by the Government. Local health insurance contracts with medical facilities and these facilities annually receive an amount of money based on the number of people registering for medical examination and treatment there, and use this amount to pay for services. Medical treatment during the year. Medical facilities must be autonomous to ensure a balance of revenue and expenditure of the health insurance fund during the year. According to Norfolk Witvorapong (2015), about 85% of the total fee is to pay for basic medical costs such as inpatient and outpatient treatment, etc. The remaining 15% of the total fee is to pay for other services. Expensive medical services such as surgery, specialized tests, etc. The National Health Insurance Agency establishes a reserve fund to support medical facilities if they perform many services during the year. Expensive medical care. For example, the National Health Security Agency will pay an additional 100,000 Baht for each heart surgery performed by a medical facility.

Thus, medical facilities are autonomous in collecting and spending health insurance funds during the year, but the Government still has support for expensive medical services thanks to the allocation of health insurance funds to medical facilities. Medical facilities where the health insurance fund always ensures revenue-expenditure balance. Furthermore, Thailand's success is also based on building and perfecting the primary health care network right from the grassroots, and extremely effective disease prevention and control. Private health insurance programs are only available to a very small number of high-income people in society, accounting for a negligible proportion of the population. Nearly 30% of the remaining population, equivalent to about 15 million people, is not protected by any health insurance program and must pay all medical costs when sick or ill.

Singapore

Singapore, an island nation with a population of 5.2 million, is renowned for its efficiency and extensive healthcare system. Since Singapore's independence in 1965, the Primary Health Care Program was soon implemented with a mass vaccination program against harsh tropical diseases. To create convenience for outpatients, the government expanded the network of medical facilities, including general hospitals, outpatient clinics, and maternal and child health clinics in the coastal areas. Pure. Health care is ranked fifth priority in national treasury spending. Singapore's healthcare delivery system provides people with primary healthcare, long-term care, hospital care, and other comprehensive care.

Singapore has a network of medical clinics consisting of many outpatient clinics and private doctors' clinics that provide primary medical treatment, preventive health care as well and health education. 80% of primary health care services are provided by 2000 private medical clinics; while the rest is performed by 18 government polyclinics. Hospital care includes inpatient, outpatient, and emergency services. In contrast to primary medical care, public hospitals provide 80% of hospital-based medical care.

The philosophy of Singapore's healthcare system consists of three pillars. First, Singapore aims to build a healthy population with preventive healthcare services and the promotion of healthy lifestyles. Second, Singapore also emphasizes personal responsibility for a healthy lifestyle through the "3M" system (Medisave, Medishield, and Medifund). Finally, the government must reduce healthcare costs by controlling the supply side of healthcare services and providing large subsidies to public health facilities.

4.2 Lessons Learned for Vietnam

Based on the experience of managing health care services using health insurance, some lessons can be drawn for Vietnam as follows:

***Firstly*,** promoting the role of grassroots healthcare in health management: Regulating that the place of registration for initial medical examination and treatment must be a grassroots healthcare facility but this facility must meet the conditions of adequate supply capacity. Services according to the list prescribed by the Minister of Health, except for some cases prescribed by the Government. Innovate the organization of the health system and operating mechanism in the direction of developing and strengthening grassroots health care in providing primary health care services at 3 levels of technical expertise (medical examination and treatment levels). Initial level; basic medical examination and treatment level; specialized medical examination and

treatment level) corresponding to appropriate functions and tasks according to the requirements of the professional level (not divided by administrative level as currently); In which, the primary care task is undertaken by the commune health station and plays the role of gatekeeper in the health care system. Clearly define the functions, tasks, and scope of service provision of medical units at each level, which must indicate the relationship between medical facilities in providing medical services. It is necessary to clearly define the roles and responsibilities of hospitals in supporting the primary care level to perform the primary health care function well.

Secondly, strengthen the division of duties and decentralization in management. Regarding social insurance policies implemented by the State, most countries collect them exclusively from the State. Social insurance collection management activities need to have a clear decentralization of responsibilities between the central and local levels in ensuring social insurance for employees. International experience in decentralizing social insurance collection management has shown that for the decentralization process to be successful, it is necessary to rely on internal capacity (apparatus, people, financial potential...) and the external environment. As the level of socio-economic development. In addition, strengthening the decentralization of social insurance collection management from central agencies to local agencies needs to be associated with the establishment of a strong enough central agency, capable of supervising the implementation of local authorities. Below, there must be a complete legal system for social insurance, along with a mechanism to highly promote democracy, creating favorable conditions for employees, employers, and related organizations to participate in activities. Social insurance collection management.

Third, promulgate and update new medical examination and treatment procedures. The medical examination and treatment process needs to be consistent with current requirements and regulations on connecting health insurance data (electronic medical records, remote medical examination, screening, taking pictures without printing film, etc.); Continue to review, complete, and promulgate economic and technical norms to ensure quality for several services. Due to the large number of services, in the immediate future, it is expected to promulgate several frequently used services such as medical examination, bed days, and image diagnosis, which specifically stipulates the mandatory norms for an examination table, a hospital bed (in terms of area, equipment, human resources) and several other services; Promulgate a system of criteria and standards to evaluate the quality of medical examination and treatment and publicize medical examination and treatment service standards so that people know their benefits and state agencies and people can monitor the implementation of medical examination and treatment services. Medical examination and treatment facilities.

Fourth, Strengthen inspection, examination, and supervision of the implementation of policies and laws on health insurance and medical examination and treatment facilities; promptly detect and strictly handle violations. Strengthen supervision of the management and use of health insurance funds, advances, payments, and settlement of health insurance medical examination and treatment costs for medical facilities, implementation of insurance medical examination and treatment service prices health insurance, arrears of payment, late payment, evasion of payment, abuse, and profiteering of health insurance to ensure compliance with regulations within the organization.

Fifth, strengthen the reform of administrative procedures and promote the application of information technology in the field of health insurance. Medical examination and treatment management software is a solution to modernize the professional management system in hospitals including many small subsystems, helping to simplify administrative procedures for patients. Not only that, medical staff and managers save time and effort, have the opportunity to focus on professional work, and improve the quality of medical examination and treatment.

5. Conclusion

Vietnam's health insurance coverage rate is currently over 90% of the population with over 87 million people participating [2], this requires a good management strategy from the management agency. And the new health agency can meet people's satisfaction in using health care services. Currently, there is an overload of patients, most of whom are patients using health insurance at central hospitals due to the huge amount of patients transferred from other provinces and cities. Difficult to meet patient satisfaction. To do so, the social insurance industry and the health sector need to have the right, long-term strategy right from the beginning on building facilities and training human resources, especially at the central level. Effective management of health care services using health insurance is one of the solutions that will contribute to solving the above situation and moving towards the goal of universal health insurance, contributing to creating a stable financial source. For health care towards equality, efficiency, and development.

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