

177 RISK AND PREVENTION: PUBLIC HEALTH CARE PROVISION

OBJECTIVES: The Argentine Health Care System is financed by three highly heterogeneous subsectors not only among them but also within their own organizations: Public, Private and Social Insurance. Institutional fragmentation triggers a net of actions and incentives that reduces the chances of a coordinated health care model with consequences on the efficiency of resources allocation and on the levels of equity on coverage reached. The aim of the research is to demonstrate that the current model promotes demand inducement, generating financial and epidemiological risk shifts against the public sector.

METHODS: The methodology, using descriptive statistics and regression analysis, includes comparisons between types of interventions (preventive and curative) by characteristics of the provider and by income quintiles. The document estimates, on one hand, consumption patterns for health services and, public sector's provision priorities, based on the 2003 National Household Survey on Health Utilization and Expenditures.

RESULTS: The lack of incentives for promote health care behavior is shown by the survey analysis is: Not only average out of pocket expenditures in health controls is low, but also it represents a bigger share of expenditures for those who need them the most: poor population groups.

CONCLUSIONS: Formal coverage that not stimulates preventive care, concluding that capitated monetary payments do not provide enough incentives to change sanitary patterns. Also the study shows adverse selection against public providers, where the higher share of inpatient care for low income groups is found.