



IMPACTS OF PROVINCIAL PORTABILITY POLICY ON HEALTHCARE UTILIZATION AND OUT-OF-POCKET EXPENDITURES IN VIETNAM

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INTRODUCTION

As of January 1, 2021, Vietnam's provincial portability policy enables insured individuals to access inpatient treatment at any provincial hospital, receiving the same benefit package as if they had followed the referral process.

OBJECTIVES

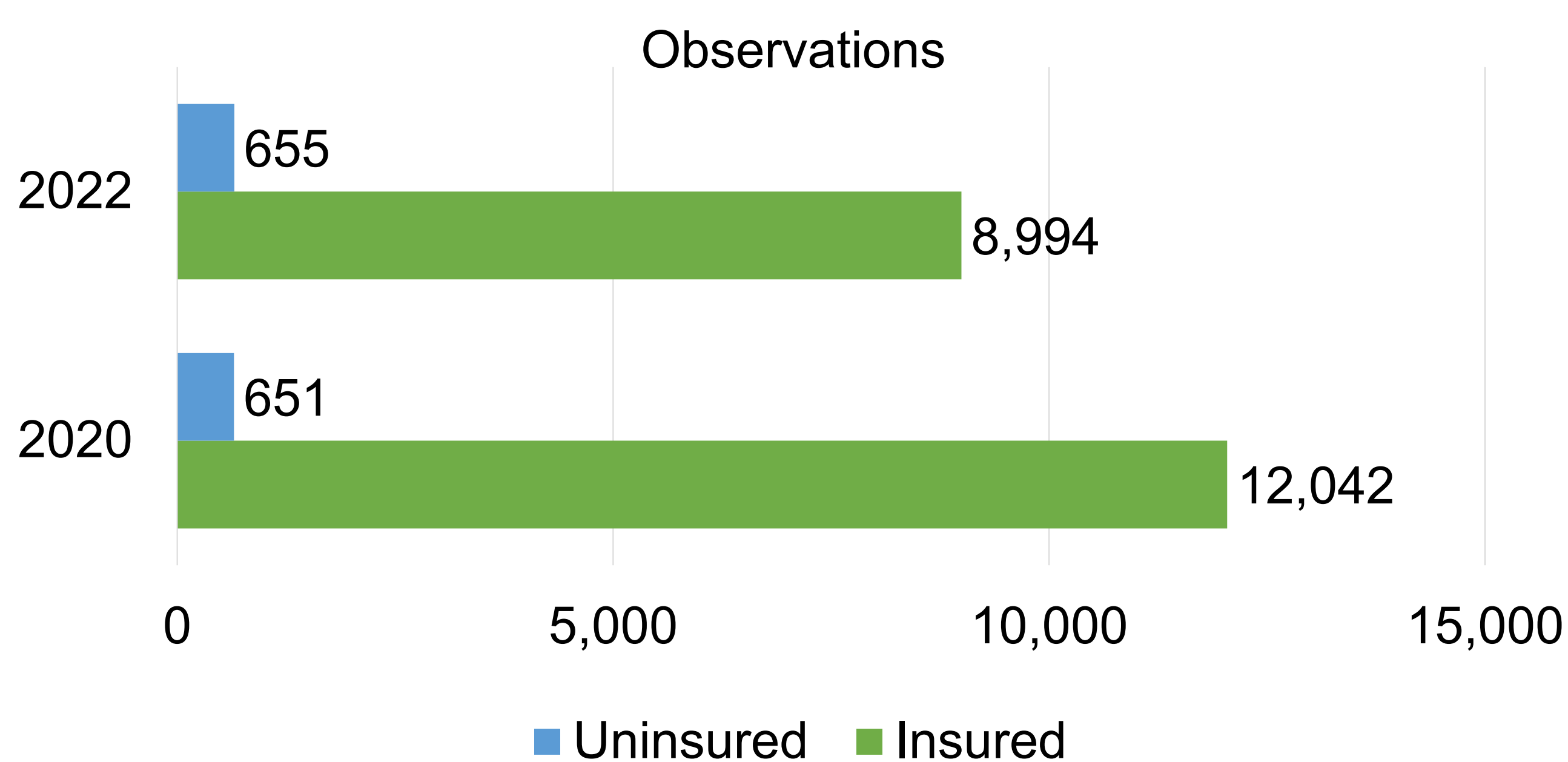
This study is the first to assess the impact of this policy on healthcare utilization and out-of-pocket (OOP) expenditures in Vietnam.

METHODS

- ❖ **Study design:** A quasi-experimental, longitudinal observational study
- ❖ **Data source:** 2020 and 2022 Vietnam Household Living Standards Survey
- ❖ **Statistical methods:**
 - Propensity score matching (PSM)
 - Difference-in-differences (DiD)
- ❖ **Outcome variables:**
 - Frequency of hospital visits (outpatient visits and inpatient admissions)
 - OOP expenditures across healthcare sectors

RESULTS

Total 22,342 observations



Impact on the utilisation of health services

There was a significant increase in total inpatient admissions ($\beta = 2.38$, $p < 0.01$), particularly in provincial and district hospitals ($p < 0.01$).

Coefficient (SE)	No. of inpatient admissions
All hospitals	2.38*** (0.77)
Levels of hospitals	
Central hospitals	-0.35 (0.77)
Provincial hospitals	2.71*** (0.98)
District hospitals	4.19*** (0.85)

*** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$

Associations of selected covariates with healthcare utilization and out-of-pocket expenditure outcomes

- Unemployed and married individuals showed higher utilization and greater OOP expenditures.
- Those in higher income quintiles had fewer admissions but higher OOP costs per admission than the poorest group.
- Regional differences in utilization and OOP expenditures were evident, particularly between the Mekong Delta, South Central Coast and Highlands, Southeast, and the Red River Delta.

CONCLUSION

- The provincial portability policy has increased inpatient healthcare utilization across public, district and provincial hospitals.
- Nevertheless, significant OOP expenses and the persistent equity gaps across income levels, employment statuses, and regions highlight the need for targeted reforms.
- These should revise the benefit package and provide financial protection for the most vulnerable groups.

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Impact on the out-of-pocket expenditures

OOP expenditure for inpatient admissions significantly increased ($\beta = 2.38$, $p < 0.01$), but OOP expenditure per admission declined ($\beta = -1.97$, $p < 0.01$).

Economic outcomes	Coefficient (SE)
Total OOPs	0.18 (0.20)
OOPs outpatient visits	0.14 (0.20)
OOPs inpatient admissions	2.38*** (0.77)
OOPs per outpatient visit	-0.19 (0.59)
OOPs per inpatient admission	-1.97*** (0.58)

*** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$

