A Consumer Satisfaction Research on Brazilian Health Plan

Claude Machline: Professor of Escola de Administração de Empresas de São Paulo da Fundação Getulio Vargas – FGV-EAESP.

Fernando M. Serson (fernando.serson@fgv.br)
Professor of Escola de Administração de Empresas de São Paulo da Fundação Getulio Vargas – FGV-EAESP.

Adalberto Belluomini: Professor of Escola de Administração de Empresas de São Paulo da Fundação Getulio Vargas – FGV-EAESP.

Abstract
The paper describes the methodology used by the Brazilian regulatory agency to appraise the customer satisfaction with private health plans. The random sampling method, the questionnaire, the telephone interviewing, the data analysis are presented and illustrated by a specific case, concerning a representative health plan covering almost a million beneficiaries.

Keywords: Health plans, customer satisfaction, research.

Introduction
Brazil owns a European-style public health system, free, accessible to any person present on Brazilian territory, which is to say, to some 200 million people. It is called *Sistema Único de Saúde* (Unique Health System). Besides, there exist about 600 private health plans, considered by government authorities, "supplements" to the public health system. These private plans do beneficiate up to 50 million people. Additively, ten million people own dental health plans.

In order to regulate the private health sector, the government has created an Agency, called National Agency of Supplementary Health – ANS. Its functions are to establish norms, appraise the health plans compliance and quality, listen to the customer complaints, protect him against abuses, intervening with fines and sanctions.

The objective of this paper is to describe the methodology used by the ANS in order to appraise the degree of satisfaction of the private health plan users.

After some considerations concerning Brazilian private health plans and the regulatory agency, the paper describes the method used to assess customer satisfaction, by sending a questionnaire to a random sample of users. A concrete example of a representative health plan is presented.

The paper should contribute to a better understanding of health plans customers` expectations. Aside from the technical characteristics of the medical treatment, an important quality element is related to the customer service, namely, the quality of information, the attention given to the customer, the options offered, the time to be attended and many other important aspects of total quality offered in this most complex service, which is a health plan.

Note about Brazilian Health Plans

There exist four types of private health plans in Brazil:

1. Group Health plans:

Individual, families, employees may join the plan. Their monthly payment form a fund used to meet the costs of medical appointments and hospital treatments of the sick participants;

2. Company self-managed plans:

Huge organizations, like banks, large industries, Government offices, manage their own health plan, on behalf of their many employees and families;

3. Cooperative societies:

There are associations of specialized doctors who form a society in which they work and share profits;

4. Insurance plans:

Beneficiaries pay a monthly fee. In return, whenever they use their plan on account of a disease, their medical and hospital bills are partial or totally refunded.

Each of these plans offer many different types, levels and conditions, according to the age of the subscriber, the kind of accommodations, hospital options and other characteristics like disease coverage.

The Regulatory Agency

The regulatory agency of the private health plans, ANS, is a government office, attached to the Federal Health Department. Health plans and customers representatives sit on the board.

The agency`s certification is necessary for the health plan authorization to operate. The agency examines the health plan structure, its economic and financial situation, besides quality indicators, which are: Clients turnover and number of justified complaints received, as well as a survey of customer`s satisfaction, which is this paper subject.

The Survey of Customer Satisfaction

The survey required the active participation of the health plan.

The population considered is constituted by all beneficiaries of the health plan, aged 18 years or more, living anywhere in Brazil.

For large plans, like the one taken as an example in this paper, the sample size was made of 1,120 people, which allows for an error of +/- 3.0% at a 95% level of confidence.

The sample was not structured, which means it did not take into account the many categories and options offered by the plan.

The sample was randomly selected among the 930,000 beneficiaries. As it was foreseen there would be many difficulties in contacting the selected persons, ten substitutes were also randomly selected for each previous selected titular.

Interviews were made by telephone. A specialized call center, managed by trained operators, was hired for this purpose. All the interviews were recorded. The questionnaire, shown in Exhibit I, was composed by 11 questions, all of them closed ones. Six questions wore five alternatives, graded from 1 to 5, according to the degree of satisfaction expressed by the interviewee. Five questions were of the yes-no type.

On the average, it was necessary to give 11 calls to obtain a complete interview, defined as in interview in which all the questions were answered. Only complete interviews were considered valid. A complete interview lasted on the average about 10 minutes.

The survey started in September 2012 and was concluded in December. The main difficulty found was to contact the sampled customers, because many of them had moved, had registered a wrong telephone number in the health plan database, could not or did not attend, had shifted to another plan/company or, in some way, had vanished. Ten backups for each titular was no exaggeration.

Exhibit 1 - The Survey Questionnaire

NATIONAL AGENCY OF SUPPLEMENTARY HEALTH (ANS)
SURVEY OF HEALTH PLAN CUSTOMER SATISFACTION

Observation: this text describes exactly the words with must be pronounced by the call center operator when performing an interview. She receives beforehand an online questionnaire with the following information completed)
Beneficiary name: _____
Beneficiary phone number: _____
Beneficiary code: _____

Questionnaire: Good day __ Good Evening __ Good Night: __
Could I talk to Mr / Mrs _____ (beneficiaries' name)
My name is _____ (interviewer name)
I am working for _____ (health plan name)
Complying with the National Agency of Supplementary Health (ANS) determinations, the entity which regulates the health plans, we are performing a research aiming at appraising your degree of satisfaction with the _____ (name of the health plan). This call is being recorded. We warrant that your answers will be kept in absolute secrecy. Do you accept to participate? The inquiry is rapid. It takes less than ten minutes.

Have you used your health plan in the last 12 months?
( ) yes ( ) no ( ) no answer or does not know (do not read this)

For the next six questions, please give a grade from 1 to 5, being 1 the minimum grade and 5 the maximum grade:

Which is your degree of satisfaction?

1. With the price of your plan in relation to the services offered, it is, the cost-benefit ratio:

1	2	3	4	5	No answer

2. With the option offered for hospitals, ambulatories and clinics by your plan:

1	2	3	4	5	No answer

3.With the quality of services offered by these hospitals, ambulatories and clinics:

1	2	3	4	5	No answer

4.With the waiting times for the authorizations to perform exams, medical calls and other procedures covered by your plan:

1	2	3	4	5	No answer

5.With the easiness to communicate with your plan by the usual channels such as phone and e-mail:

1	2	3	4	5	No answer

6. Give a global note for your plan, from 1 to 5:

1	2	3	4	5	No answer

7. Did the services offered by your plan exceed your expectations?
( ) yes ( ) no ( ) no answer

8. Would you recommend your health plan?
( ) yes ( ) no ( ) no answer

9. How would you classify your present health situation?

Very bad	Bad	Fair	Good	Very good

10. Which is your degree of formal instruction?

Basic	High school	Graduate	No answer

Main Results of the Survey

This section shows the main results of the survey, converted to a decimal scale or shown as percentages, according to the question. Results are exhibited in table I, in the next page.

The results of each interview were sent to the ANS which converted percentages in grades (questions 1 to 6) using a 1 to 5 scale. The authors converted the grades to the decimal scale, the only official scale used in Brazil, based upon the metric system.

As for the initial question, 87.95% of respondents had used their plan last year.

Table 1 - Main Results of the Survey

Question Number	Question	Grade	Satisfied or Very Satisfied (%)	Not Satisfied or Very Insatisfied (%)		
1	Cost-Benefit Relationship	6.62	41.00	23.00		
2	Number of options offered	6.70	48.00	27.00		
3	Quality of services	7.28	59.00	14.00		
4	Waiting time for authorizations	6.40	46.00	31.00		
5	Easiness to communicate with the health plan	6.86	53.00	34.00		
6	Global note for your plan	6.86	53.00	16.00		
7	Plan exceeded the expectations?	Yes 45.79%	No 54.25%	No answer 0.73%		
8	Would you reccomend the plan?	Yes 67.68%	No 32.32%	No answer 1.55%		
9	Health situation?	Very good 35.5%	Good 51.1 %	Fair 11.5%	Bad 1.1%	Very bad 0.8%
10	Degree of fornmal instruction	Basic 10.5%	High school 41.8%	Graduate 47.7%	No answer 0.4%	

Source: Survey results and author`s computations, 2012

Final Considerations

This survey asks very few questions, eight, not more, to appraise the customers` opinions on one of the most complex of existing services, a health plan. It encompasses, in the same questions, the degree of satisfaction on medical calls, hospitalizations, emergencies, laboratory and clinical examinations and all other health procedures. On this basis, it is difficult to establish specific diagnostics on the health plan problems, nor suggest corrective actions.

The exception is question 4, relating to the waiting times necessary to obtain the authorization to receive the services. This question received the worst evaluation. There exists at the present time a shortage of some medical specialists, like pediatrics, orthopedists, anesthetists and neurosurgeons. To reduce the waiting time it would be necessary to raise the number of providers and this would increase the application costs.

A compression of the results of questions 3 and 4, which refer respectively to technical quality of service and to customer service, indicates clearly that the favorable appraisal of service quality is impaired in the global note by the other poor customer service concerning waiting times.

Conclusion

The methodology used by the Brazilian National Agency of Supplementary Health, in order to appraise directly the customer satisfaction for their health plan, was described and analyzed in this paper. A practical example was given to illustrate the methodology. It refers to one of the most important and representative health plans of the country, which cares for almost a million individuals.

The survey is done yearly by the Agency. The health plan should therefore use the survey results as an evaluative benchmark and check its trend for performance decline or improvement.

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