



## REVIEW PAPER

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# Health Care System Structure in the State of Israel

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### ABSTRACT

The health care system in the State of Israel consists of two sectors – the public sector, which includes government-owned hospitals and medical institutes. The public health sector includes the community health system, health funds, family medicine, the general care system and the mental health care system. The second sector is the private sector, which includes private hospitals and medical institutes. Both sectors are supervised by the Israeli Ministry of Health, which is the supreme governmental authority through which it implements its policy in the entire health system in Israel. The law provides and guarantees medical insurance for every resident of Israel, the right to receive medical treatment, the prohibition of discrimination, informed consent to medical treatment, the right to receive an additional medical opinion, the dignity and privacy of the patient and the right to attend. Health funds in Israel were established before the State of Israel was established. The ideological concept of the health funds was based on the principle of equality and mutual assistance.

**Keywords:** Ministry of Health, Patient Rights Law, hospitals, health funds, public health services, private health services.

## Introduction

The health system in Israel is very modern and efficient. At the same time, it copes with a large number of challenges and is constantly required to improve and adapt itself to changing conditions and needs. It seems valuable to present the health care system in Israel to enable comparisons with other systems operating throughout the world. It gives an opportunity to find some strong and weak sites of compared systems and it enables to improve health care systems in other countries.

The health system in the State of Israel is comprised of several large organizations that operate health services. Mainly the public health system is financed from tax money and from the government budget. All citizens of Israel are granted the right from birth to join one of the four official health services and thus enjoy basic medical coverage. However, coverage can be expand-

ed by purchasing private health insurance. The public health system is intended to provide medical services to the population in a routine manner. For example, preventative health care in clinics, health treatments and institutes, community rehabilitation, and various health promotion activities such as family planning, physical activity, and a healthy lifestyle.

Israel has a large number of hospitals that are scattered throughout the country. According to the distribution of the population in Israel, most of the hospitals are located in the central region. Some hospitals are general – that they are intended to treat a wide range of medical conditions and others are designated for a particular type of medical condition. The Ministry of Health serves as a regulator and service provider and is the governmental body responsible for ensuring the health of the population. Its ministerial duties include supervision and control, licensing, legislation, setting standards, research, training and planning.

The health system in Israel is composed of two sectors: the public sector, which is the central sector, and the private sector. Since health is an essential need and a basic human right [1]. The government of Israel is involved in the national expenditure on health, with 67% of the national expenditure on health financed by it (through the health budget and health tax) and the rest by the hospitals themselves. Most of the general hospitals in Israel (96% of the total number of hospital beds) are public hospitals, some are government hospitals, and some belong to the private sector.

## History

The health system in Israel is based on several milestones in its historical development. The health funds in Israel were established before the State of Israel was established. Clalit Health Fund was founded in 1911. The ideological concept of the Clalit. was based on the principle of equality and mutual assistance. These principles have left their mark on the health system in Israel for many years.

The medical services provided to Clalit patients were based on a uniform tax collection, which included membership taxes of the [2]. Histadrut and the sick funds of the health fund.

The Histadrut, founded in 1920, is the largest and oldest workers' organization in Israel. The organization, whose institutions played a leading role in the establishment of the State, continues to play a central role today in protecting the rights of workers and pensioners, with special emphasis on promoting equality and narrowing the gaps in Israeli society.

The Histadrut deals with the professional and economic affairs of the working population: the incorporation of workers and their representation vis-a-vis the employer, the signing of collective agreements for improving conditions and securing employment security, the advancement of pension rights and concern for the future of employees.

The Histadrut promotes its activities throughout the country by means of trade unions, national organizations in various branches of labor, and arrangements in various areas throughout the country. In light of the entry of new sectors into the organized labor world, the momentum of association is also reflected in the establishment of new unions in the Histadrut, such as the Association of Mobile Workers, the Internet and the High-Tech.

Thus, dependence was placed on companies in the Histadrut and the sick fund. Over the years, additional health funds were established, which expressed political ideological identity and constituted an alternative to obtaining medical insurance, without the need for political identification.

In addition to the health funds, the Rothschild and Hadassah Medical Centers in the United States were the main initiators of the development of medical services in Israel prior to the establishment of the State. The activities of the two bodies included the establishment of hospitals, clinics and pharmacies, preventive medical services and operation of hospitals. Hadassah's medical services were characterized by a high level of professionalism and lacked any political or ideological affiliation.

At the end of 1948, the population of the State of Israel numbered 870,000 residents, and only 53% of them were covered by health insurance. Most of the population was insured by Clalit Health Services. Within four years of the establishment of the state, the population of Israel doubled as a result of the large waves of immigrants to the country from European countries and the United States. The increased immigration and morbidity among the immigrants created a deficit in the health system, which the Ministry of Health had no answer to [3].

Clalit Health Services was committed to providing services to the new immigrants and has become the most dominant provider of health-care services. Later, Clalit worked to integrate the new immigrants as members of the Histadrut and thus constituted the largest medical organization in Israel. The membership of the fund grew, but the control of the Histadrut's income from the Histadrut's money box caused severe financial distress for the health fund. This distress and the political developments in Israel during this period accelerated the need for enactment of the National Health Insurance Law.

## Law regulations concerning the health care system in Israel National Health Insurance Law

On January 1, 1995, the National Health Law came into force. The law promised medical insurance to every resident of Israel. This introduced compul-

sory health insurance for every citizen whose collection (taxes) is performed by the National Insurance Institute [4]. The law established a "health basket" – a list of medical services and medicines that each health fund must provide to its members under the conditions prescribed by law. In addition, some services are provided directly by the state, usually through the Ministry of Health. The health funds are forbidden to reject the insured, and the law determines that the health tax will be adjusted to the level of income of the citizen. In addition to compulsory insurance, the health funds are given the option of offering voluntary insurance for services that are not included in the public health services basket. The health funds offer their members an option to purchase supplementary insurance, which is health insurance that includes services that are not included in the health basket in accordance with the law [5]. The collection of health tax through the National Insurance Institute allowed fair competition between the health funds, the free choice of the citizen in his preferred health fund, the deepening of the collection and the guarantee of the fund's income. However, the budget of the Ministry of Health was managed by the Ministry of Finance.

## Patient Rights Law 1996

Patient right law enacted in 1996 determines the principles of the court by the laws, the ethical codes of the medical professions and the directives of the Ministry of Health regarding the rights of the patient by laws and principles. The following are the main topics discussed by the law mentioned above:

### *The right to receive medical treatment*

Section 3 (a) of the Law provides that "all those in need of medical treatment are entitled to receive it according to any law and in accordance with the conditions and arrangements that are in effect from time to time in the health system in Israel" [6]. However, "in a medical emergency, a person is entitled to receive urgent medical treatment without conditioning." In other words, the Patient's Rights Law imposes the provision of medical treatments on the existing arrangements in the Israeli health system at the same time, but in a medical emergency, the law stipulates that medical treatment must be

given, regardless of whether the payment is covered. Thus, it is an obligation of a medical institution to provide medical treatment, as required, to those who are not insured and to illegal residents, and even when it is known in advance that no one will bear the cost of the treatment.

### *Prohibition of discrimination*

Section 4 (a) of the Law provides that "a caregiver or medical institution shall not discriminate between patients on grounds of religion, race, sex, nationality, country of origin, sexual orientation or any other similar grounds." Section 4 (b) further states that "a caregiver or medical institution shall not discriminate between patients on the grounds of age, but no discrimination shall be considered under this section when the distinction is required for medical reasons" [4].

### *Informed consent to medical treatment*

Section 23 (a) of the National Health Insurance Law states that "medical treatment shall not be given to the patient unless the patient has given informed consent" [4]. The law also provides that in order to obtain the consent of the patient, the caregiver shall provide the patient with the necessary information. More likely to be further details in the law regarding the medical information that will allow him to decide whether to agree to treatment.

### *The right to receive an additional opinion*

Section 1 of the Law provides that "a patient is entitled to obtain on his own initiative an additional opinion regarding the treatment of him" and that "the caregiver and the medical institution shall assist the patient in all that is necessary for the exercise of this right" [4].

### *Respect for the dignity and privacy of the patient*

Section 21 (a) of the Law provides that "a caregiver, any person who works under the supervision of the caregiver and any other employee of the medical institution shall maintain the dignity and privacy of the patient at all stages of medical treatment" [4].

### *Right to presence accompanied by medical treatment*

"A patient is entitled to a person accompanying him, at his choice, be present at the time of

receiving medical treatment, provided that the person does not intervene in the provision of medical treatment [4].

## Structure of the health system

### Ministry of Health

The Ministry of Health is one of the government ministries in Israel. It is the governmental authority through which the government implements its policy in the entire health system, among other things, through the formulation of the health policy and the setting of priorities and principles of the system's activity. The Ministry of Health, in its ministerial capacity, is responsible for various matters, including legislation, setting standards, licensing, supervision and control, research, training and manpower planning, emergency preparedness and development policy. In addition to these functions, the Ministry of Health has two main functions: the first is the provision of health services and the second is that it is an insurer.

This office is responsible for the issues of health in Israel, including:

- › responsibility for the health system in Israel, including hospitals, clinics, and other medical institutions.
- › responsibility for all health-related activities in Israel, including preventive medicine, public health, environmental health, student and employee health, and health promotion.
- › responsibility for licensing health professions, supervision of health professions in Israel. Doctors, dentists, nurses, midwives, pharmacists, dietitians, physiotherapists, occupational therapists, psychologists, and more.
- › responsibility for supervising the activity of health funds under the National Health Insurance Law.
- › responsibility for medical research in humans and animals, supervision of Magen David Adom in Israel (ambulances), supervision of production and import of food and medicines [7].

### Supply of services

The Ministry of Health is the largest provider of general hospitalization services and owns about half of the total inpatient beds in Israel. In addition, the Ministry of Health is currently the main

provider of mental health services and owns most of the largest geriatric centers in Israel. Also, the Ministry of Health operates about half of the family health stations in the community. The Ministry of Health is responsible for ensuring the provision of these services: preventive medical services, including routine examinations of the pregnant woman and her baby, tests for early detection of genetic diseases and metabolic diseases in newborns, vaccinations and preventive treatment, dental health for students, family planning and routine examinations for schoolchildren. Also, geriatric and hospitalization services for the mentally frail, rehabilitation and mobility equipment provided by the Ministry of Health, including hospitalization services, ambulatory mental health services and mental health services.

## Public health

Public health includes state-owned hospitals and institutes, and hospitals owned by health funds. This sector is characterized mainly by activity on the basis of deficits that are ultimately covered by the government. The goal is to promote and improve the health of the country's residents over time by providing vaccinations, encouraging a healthy lifestyle and treating patients and victims by providing health services of a reasonable scope and quality based on a medical need and based on principles of equality, justice and mutual responsibility.

### Public Health System

The public health system is designed to provide regular medical services to the population by preventive medical services, treatment of ongoing problems in clinics and institutes, rehabilitation, and various health promotion activities such as family health, physical activity, nutrition and a healthy lifestyle.

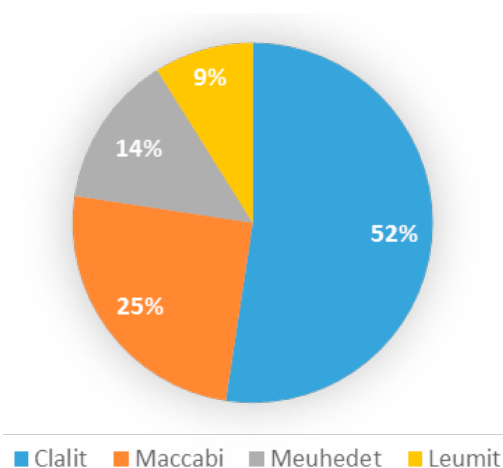
The health public system is based in Israel mainly on public clinics owned by the health funds and clinics of independent physicians, which relate to various accounting arrangements with the health funds and accordingly, care is provided to the insured by the health funds without any payment from the patients.

### The health funds – according to the Bismarck model

Mandatory insurance organizations were first established in Europe at the end of the 19<sup>th</sup> century thanks to an idea raised by German Chancellor Bismarck. In 1883, Bismarck initiated the establishment of a health and pension insurance system for workers [8].

In 1911 the Clalit Health Fund was established in order to provide medical services for the workers of the [9]. Second Aliyah, it was a small part of the greater emigration of Jews from Eastern Europe to Palestine which lasted from the 1870s until the 1920s. Most of its members were young people inspired by socialist ideals. Many models and components of the rural settlement enterprise came into being at this time, such as "national farms" where rural settlers were trained; the first kibbutz, Degania (1909); and Ha-Shomer, the first Jewish self-defense organization in Palestine. The fund operated according to the Bismarck model. Its ideological concept was based on the principle of equality and mutual aid, which left a mark on the entire health system in Israel [6].

Today there are four health funds operating in Israel. Clalit Health Services, Maccabi Health Services, Leumit Health Fund and Meuhedet Health Fund. Most of whom are insured by Clalit fund, and the rest – in the other three health funds (as shown in the diagram **Figure 1**). The Nation-



**Figure 1.** Distribution of insureds by health funds at the end of 2016. Source: Distribution of insureds by health funds, National Insurance Institute, Research and Planning Administration [Internet], State of Israel, 2016. [www.btl.gov.il](http://www.btl.gov.il). [https://www.btl.gov.il/Publications/survey/Documents/seker289/seker\\_289.pdf](https://www.btl.gov.il/Publications/survey/Documents/seker289/seker_289.pdf)

al Health Insurance Law allows each insured to cancel membership in the health fund in which he is registered with and to register as a member of another HMO of his choice. The service should be fully funded by the health tax and the completion of the state [2].

### Family health care

Family health care is the first broad treatment line in the community. The physician that deals with family members is supposed to be the personal physician, a familiar figure to the patient, and the person who sees the whole picture of the patient's health and his family and social environment while maintaining a long-term continuum.

The four health funds in Israel provide family medicine services using 4,627 physicians, 55% of whom are men and 45% are women. 1,485 of these physicians (32%) are specialists in family medicine and 2,053 (44%) are general practitioners, with no specialization whatsoever. The other doctors are specialists in various specialties, about half of whom have expertise in internal medicine. Every physician who practices family medicine handles, on average, 1,780 people [10].

### Hospitalization Institutions in Israel

Hospitals in the healthcare system are a major component of the system's costs. Hospitals are divided into three main groups: hospitals for general care, mental health hospitals, and hospitals for chronic diseases and rehabilitation [11].

#### General Hospitalization

In Israel there are 42 institutions for general care, about 90% of which are government owned, 21 are hospitals. According to the documents of the Knesset Research and Information Centre regarding the general hospitalization system, there is a shortage of general hospital beds in Israel, specifically a shortage of hospital beds in these departments: the internal ward, intensive care, children, surgery, and maternity ward. For many years, various sources, including the State Comptroller (The State Comptroller conducts

external audits of the various activities of government ministries, local government and various public bodies to ensure that their actions are carried out in accordance with the law) have noted the discrepancy between the scope of requirements for the general hospitalization system and the resources in this system, and call for the long-term planning of the general hospitalization system in Israel [9].

### **The Mental Health Outpatient System**

Since the mid-1990s, and many years after other western countries began to act in this direction, Israel has been working to transfer most mental health services from hospitals to community frameworks, in view of the recognition that hospitalization is a therapeutic solution for patients who do not respond to medication or patients who are at an acute stage of their disease. Also, at the stage of the end of treatment, patients should be assisted to resume their routine as much as possible and provide them with various treatment and rehabilitation solutions in the community. The policy that mental patients will be treated in the community and only those with acute illness will be hospitalized is based on the professional medical assumption that this is the optimal treatment for people suffering from mental illness and economic considerations.

Every resident determined to need psychiatric hospitalization is entitled to receive a full state lien through the Ministry of Health. Until 1995, a deductible was collected from the patients and their families, but since the State Insurance Law came into force, the State has borne the full cost [12].

### **Nursing (institutions) hospitals**

In Israel there are over 300 institutions for nursing care, which are hospitals, with more than 17,000 beds for nursing patients. Among these institutions are four government geriatric centers, and many more owned by businesses or owned by non-profit organizations. Residents of Israel are entitled to receive assistance from the Ministry of Health in financing nursing hospitalization. Nursing patients are mainly elderly people who require professional, but not necessarily medical, supervision 24 hours a day. They need daily assistance with simple activities such as eating, bathing, and dressing [3].

## **Human resources in the health system**

Manpower resources are the main input in the health system: about 61% of the national expenditure on health is allocated to the payment of the wages of workers employed in the system. Regarding the lack of tools for planning medical personnel in Israel, Document Research and Information Centre Committee, shows that for more than a decade there has been a discussion in Israel about the issue of emerging shortage of medical manpower. Population growth, aging, changes in morbidity patterns, developments in science and technology along with the increase in the number of doctors' retirees, the sharp decline in the number of doctors emigrating out of Israel and non-increasing scope of frameworks for training doctors in medical schools, created a real fear of a shortage of doctors in Israel and demanded a re-examination of the key data on the rate of physicians – the amount of medical personnel required for the health system.

### **Doctors**

Israel has five medical schools: The Hebrew University of Jerusalem Medical School, the Medical School of Tel Aviv University, the Technion Medical School in Haifa, the Ben-Gurion University Medical School in Be'er Sheva and the Safed Medical School. Medical studies in Israel lasts seven years: during the first six years the studies are conducted by the medical school and in the seventh year an internship is held – a year of practical work in the scope of a full-time job, under the supervision of a licensed physician in a medical institution approved for this purpose. The internship lasts for 12 months and is performed in one of the 21 general hospitals in Israel. Upon completion of the internship period, the graduate receives a license to practice general medicine in Israel. The number of new licenses for general medicine in Israel that are provided each year has been increasing in recent years.

### **Nurses**

Recognition of the professional status of a nurse is determined by the Ministry of Health based on compliance with several criteria, updated from time to time and reflecting the qualifications of a person to engage in the profession. Graduates

of educational programs in Israel who meet all the requirements of the compulsory curriculum are entitled to take the examination of registration Government general test in Nursing. Successful completion of this test is a necessary, but not an individual, requirement for registration in the Register of Brothers and Sisters in Israel. Graduates of study programs abroad will be entitled to be registered in this register after passing a process of professional recognition and having successfully passed the government registration examination [13].

## Private Medical Services

Private medical services began working at Hadassah Hospital in Jerusalem in 1945 and in 1975 expanded to other hospitals. Private medicine allows the patient to choose privately a physician who will undergo an examination, diagnosis or perform surgery, when his salary is paid by the patient, using the hospital infrastructure in which the doctor is employed [15]. The private sector includes private hospitals and medical institutes. Competition in the private sector exists mainly between two private networks and a few hospitals. The private sector is characterized by advanced technological capability and high quality of service [2]. Today, private hospitals are not permitted in public hospitals (government hospitals and Clalit Health Services hospitals), and it operates only in private hospitals.

A private system is designed to offer insurance arrangements for financing or supplying arrangements that are not provided within the framework of the public system at all, or to offer insurance arrangements or supply arrangements for improvements to the services provided in the public system.

### Private Clinics

Physicians in Israel combine work in various settings: public and private hospitals, health funds, community institutions and private clinics. For example, a wrist surgeon works in the mornings in a public hospital, and at lunch, combines work at the health funds or with a private clinic [14].

In the private services of public hospitals, only physicians whose status and function in the hospital is senior enough and who have established

reputations to allow the patients to choose them as their doctor. Most physicians who meet these criteria currently work in private hospitals and have private clinics.

## Summary

The health system in the State of Israel is expanding with the percentage of population growth. Although the health system in Israel is advanced and modern, there is still full occupancy in the inpatient departments, a shortage of doctors and nurses, which allows the medical staff to work beyond the required hours of work, with a high density of beds and patients. This is a challenging task for the government and the Israeli Ministry of Health to solve the problem of overcrowding and the number of patients in the wards, recruiting and adding a medical team that includes doctors and nurses and setting up new hospitals throughout the country.

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The authors declare no conflict of interest.

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