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Willingness to Pay for Online Physician Services

More widespread use of information and communication (IC) technology is an integral part of development strategies in many countries. There also seem to be a consensus among Finnish policymakers and stakeholders that Finnish society should be developed so that basic needs of citizens are better accounted for by increased utilization of modern IC-technology. This also applies to health care, where e-health services have been developed. Whether these development efforts are successful and new services beneficial for citizens depends on how committed individual citizens are to the use of new services. This can be measured by the value that individuals place on new technology and its applications.

This article measures and explains willingness to pay for online physician services. Online physician services refer to physician services that can be purchased through an electronic network using a personal computer. We applied survey methodology and the open-ended question format to measure willingness to pay for online physician services. The questionnaire was sent to 1500 randomly selected individuals in Kuopio area, Finland. Approximately 52% of the questionnaires were returned after the first round. Empirical results show that income, distance to the nearest physician, and general interest in information technology explain willingness to pay for online physician services. Each of these variables has a positive effect on willingness to pay. Healthier and younger individuals are also willing to pay more than less healthy and older individuals, but these effects are not statistically significant. The mean value of willingness to pay for online services is estimated to be 11 Euros per visit.

Based on our results, further development of online services in health care is encouraged, because some patient groups could benefit from online services considerably. Online services could be developed both in private and public health care sectors. Equal access to health services has been the basic value and principle in the Finnish health care and, if the use of online services expands in the future, it would also be important to consider how equity principle could be ensured also in this regard. Some sicknesses and patients groups are not suitable for online health care services, but the distribution of patients for online health services and for physician visits can make the health service structure more efficient and that way even support equal access principle in the Finnish health care. ■