

Workshop: Evaluating Health Care System Performance. Theoretical and Methodological Considerations, Thurs.-Fri. 2-3 of December 2010, CRC597 Bremen, Germany

The Changing Role of the State in OECD Health Care Systems

Evaluation of Health Care System Change



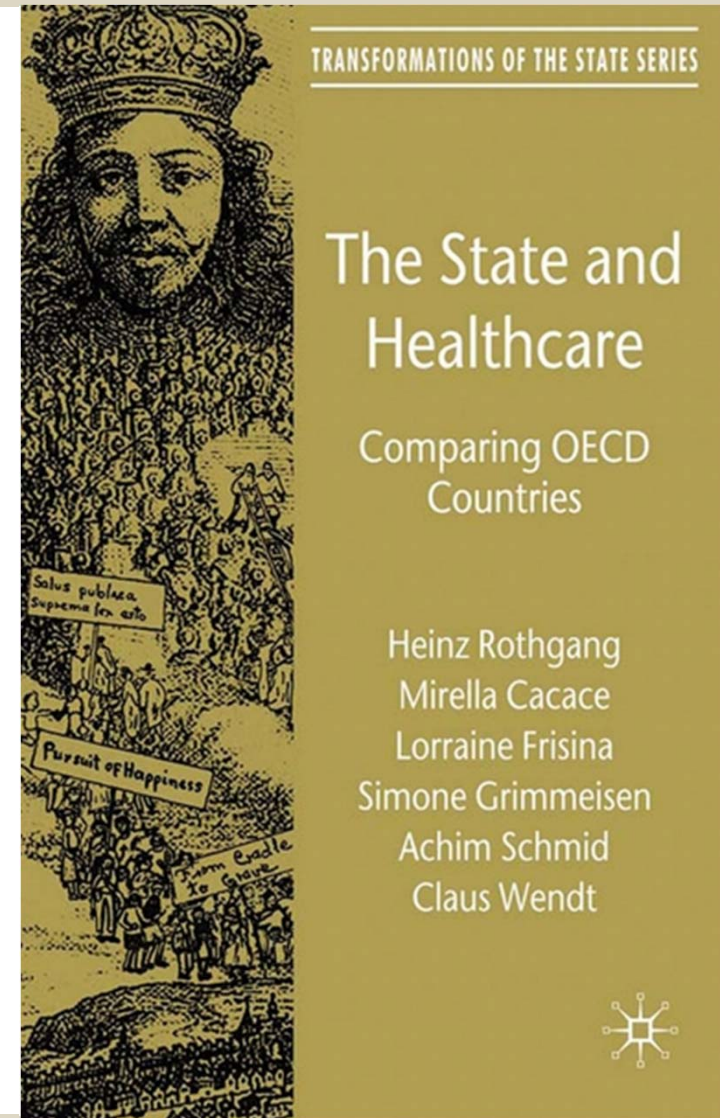
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Overview of research phases

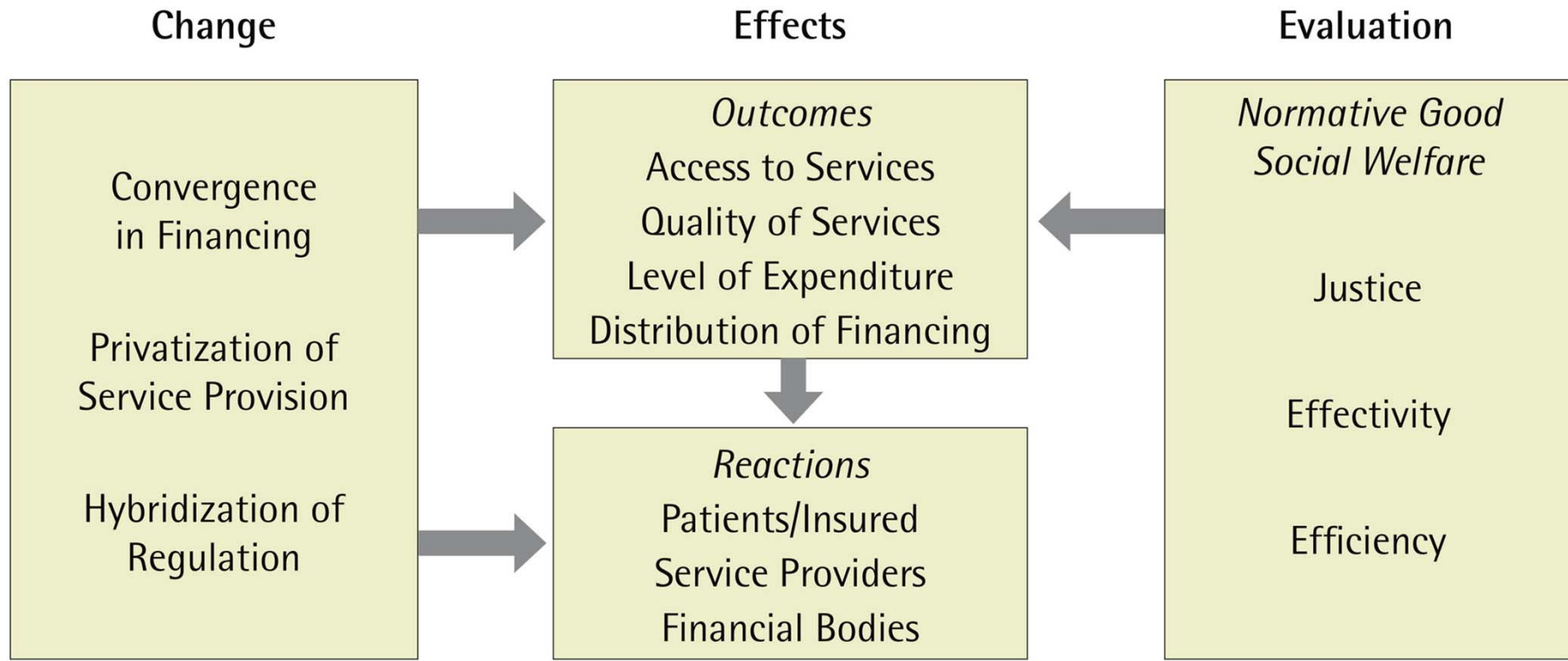
Phase One (2003-2006)	Phase Two 2007-2010	Third Phase (2011-2014)
<p>Description of the changing role of the state in OECD health care systems</p> <p>Quantitative description of 23 OECD health care systems and 3 in-depth case studies: England, Germany and the US</p>	<p>Explanation of changes in the role of the state in OECD health care systems</p> <p>Quantitative analysis and pairwise comparison of six health care systems: England and Italy, Germany and the Netherlands, US and Canada</p>	<p>Evaluation of changes in the role of the state</p> <p>Level and distribution effects of various outcomes</p> <p>Reactions of affected actors in terms of exit voice and loyalty</p>

The changing role of the state: the findings

- Financing dimension
 - **Convergence** of public health expenditure and the public financing share
- Service provision dimension
 - Explicite and/or implicate **privatization** of health service provision
- Regulatory dimension
 - **Hybridization** of regulation through the integration non-systemspecific regulatory features



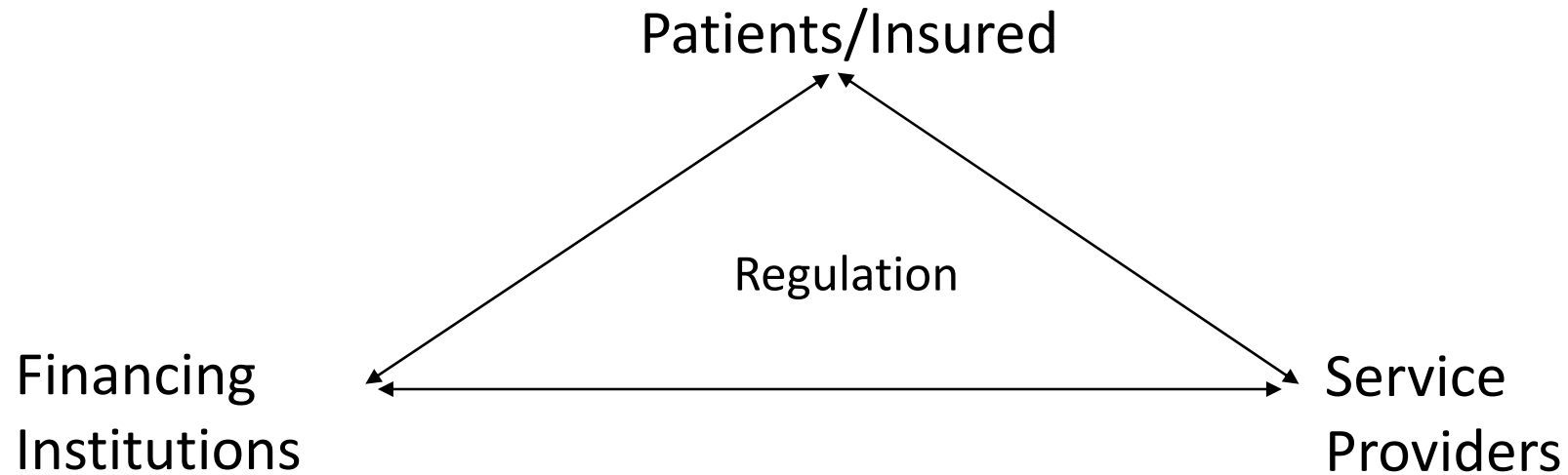
Overview of the research program



Outcomes: indicators and concepts

Outcomes	Group of indicators	Concepts for evaluation
Access -formal access -effective access -spatial access	Coverage Benefit package Waiting times and health care utilization Spatial distribution of health care infrastructure	Equal access Access according to need Access according to need
Quality of care	Amenable mortality 12 months survival rates Deaths due to errors in treatment	Effectivity
Spending on health care	Health care spending in relation to outcomes	Efficiency
Distribution of health care financing burden	Kakwani-index	Proportionality to income

Reactions: key actors in health care systems



Patients: patient organizations, organizations of the insured

Service providers: focus on physicians and physician organizations

Financing institutions: social and private health insurance, administrative bodies in NHS systems

Reactions: types of reactions

- **Exit**
 - Actors choose to leave the healthcare system e.g. by opting for private insurance or leaving the country
- **Voice**
 - Political engagement, lobbying, forms of protest
- **Loyalty**
 - Disinterest (as passive loyalty) or adaptation strategies within the boundaries of the health care system

Problems

- **Causality**
 - Long causal chains from the changing role of the state to quality of care and health outcomes
 - Many intervening variables and context variables
- **Availability of data**

Methodological Approach

- **Nested design**
 - Quantitative Analyses for 23 OECD-countries
 - Quantitative indicators of quality of care, coverage and financing
 - Service provision dimension: systematic review
 - Case studies
 - Kakwani-index
 - Health care utilization analyses
- **Country case studies**
 - England and Italy, Germany and the Netherlands, the US and Canada

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Thank you for your attention



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