Experiences with consumer driven care in Europe: An overview

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Conflicting roles of the individual

- Consumer
- Patient
- Mandatorily insured/ taxpayer
- Voluntarily insured
- Citizen
- Representative of consumers, patients, insured (e.g. board of sickness fund), citizens (e.g. member of parliament)
Consumer-driven health care?

(Individual) Choice

Shared decision making
(in clinical decisions)

(Collective) Participation

- Social health insurance countries in western Europe
- Central and eastern Europe (Semashko to SHI)
- Tax-based systems in western Europe
Individual choice

Third-party payer

Covered benefits

Regulator

Population

Provider 1

Provider 2

Drug/ device

- to be insured at all (Germany, Netherlands above income threshold)
- between statutory system and VHI (Germany)
- of sickness fund within SHI (Belgium, Czech Republic, Germany, Netherlands, Slovakia, Switzerland)

Individual choice

Third-party payer

- almost everybody gets insured
- NL abolished „no insurance“ option
- most Germans with choice opt for SHI rather than VHI
- movement between funds is limited but sufficient to worry policy-makers
- choice within SHI requires complicated (and disputed) risk adjustment
New developments:
- "client-based budget" (NL, Germany)
- financial incentives for voluntary gatekeeping

without gatekeeping: SHI countries except NL; after gatekeeping: more and more NHS countries, especially in northern and southern Europe

Co-payment design:
- flat (e.g., Spain)
- by package size
- price-dependent
- by effectiveness (France, Italy)

- co-payments (except NL)
- more OTC
- reference prices with choice between products, at cheapest level, only for one product? (Belgium)
- Sickness fund boards (Austria, Belgium, Estonia, France, Germany, Slovenia)
- Health authority/PCT boards (UK)

Third-party payer

Patient/public involvement:
- Federal Joint Committee (Germany), NICE (UK)

Covered benefits

EMEA Management Board

Regulator

Population

Provider 1

Provider 2

Drug/device

Collective participation

Hospital boards
Opportunities for patient and carer involvement exist at a number of stages:

- National patient and carer organisations are consulted at all stages of guideline development.
- NICE committees and working groups include a list of key stakeholders with an interest in patient and carer issues.
- NICE guidelines are produced in thematic working groups focusing on patient and carer issues.
- From time to time, the Institute commissions additional work on patient and carer views to inform the development of NICE guidance.

The UK Patient Involvement Unit provides information, support and training to patients and carers. Both organisations and individuals that have an interest in NICE guidelines.

Public Involvement

Although NICE decisions are based on evidence provided by clinicians, researchers and patient experts, they are not against a background of social values and judgments. It is therefore important to take into account what the public think about issues that inform the development of guidance. NICE relies on stakeholder involvement in the use of treatments and the value that people can expect from them.

For this reason, the Institute sets up Citizens' Councils, with 12 members drawn from all sections of the population, to hear their views on wider issues. Council members reflect a cross-section of age groups, social circumstances, ethnic backgrounds, region and differences in health status. They help the Institute develop and develop their recommendations.

The Citizen's Council provides the views of the public to NICE decision-makers. The Council Forum is the forum where recommendations are finalised and adopted. It meets at least once a year in London, and members decide on questions that come to the Board of NICE. Meetings are open to the public.

Denmark, Sweden, Belgium, Germany, Netherlands, Switzerland: emphasis on individual choice

UK: emphasis on collective participation

CEE countries?
This presentation and more material can be found on my department’s website

http://mig.tu-berlin.de