

Development of healthcare in Europe 2006-2016 – a European perspective

Reinhard Busse, Prof. Dr. med. MPH FFPH

Dept. Health Care Management, Technische Universität Berlin
(WHO Collaborating Centre for Health Systems Research and Management)

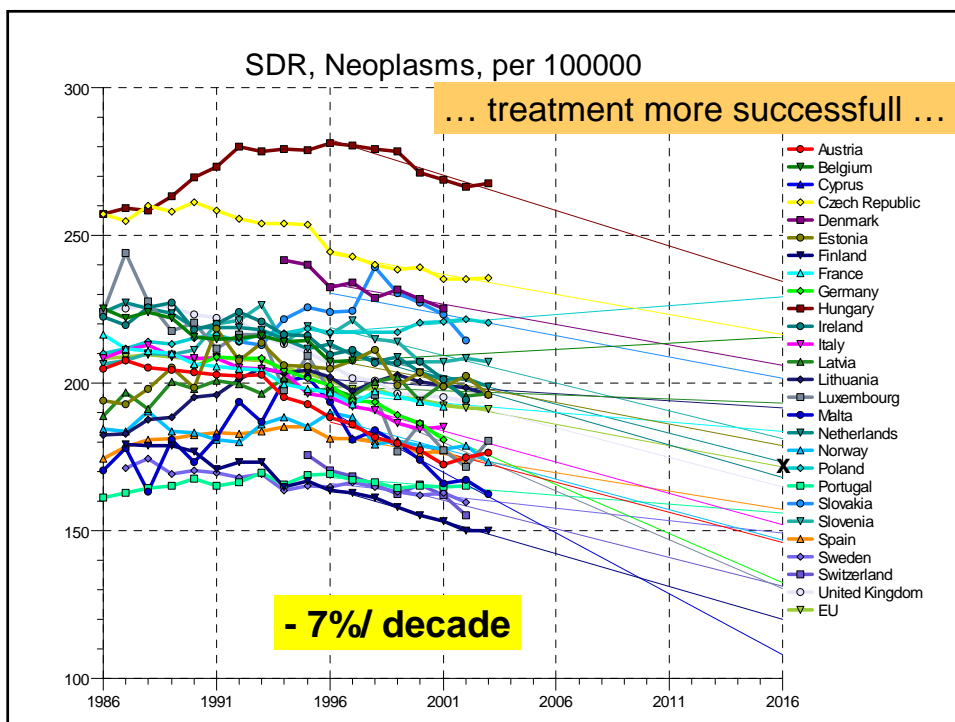
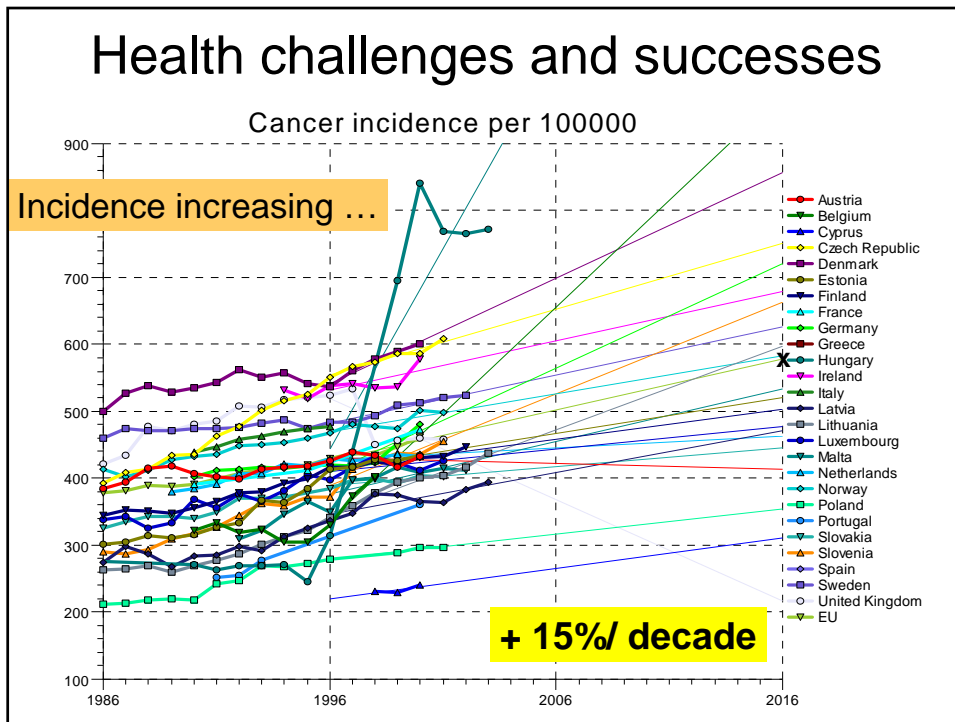
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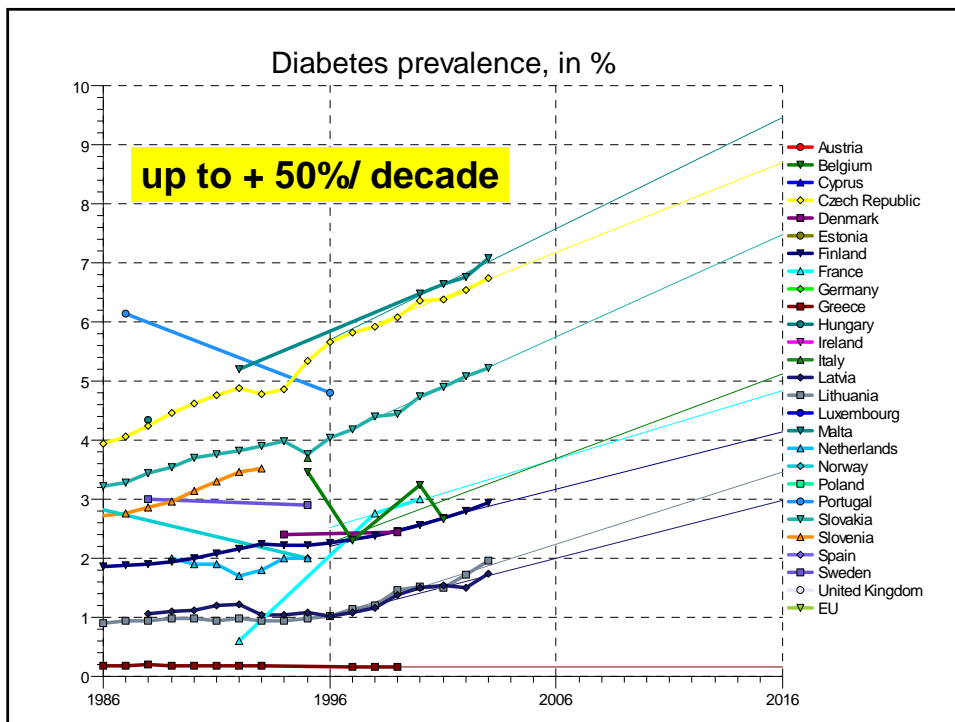
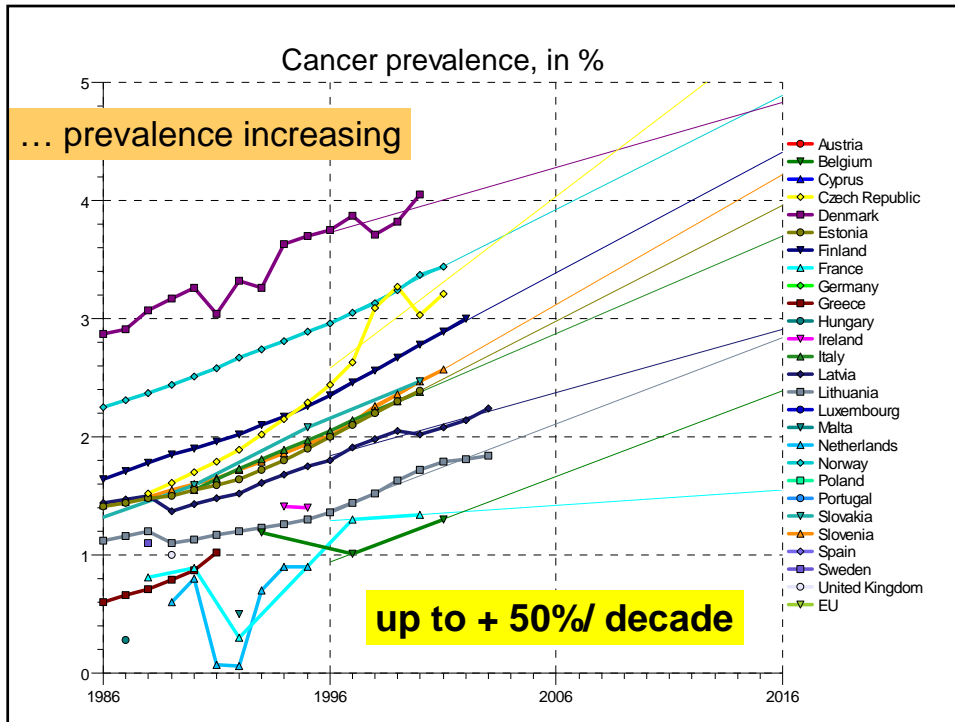
European Observatory on Health Systems and Policies



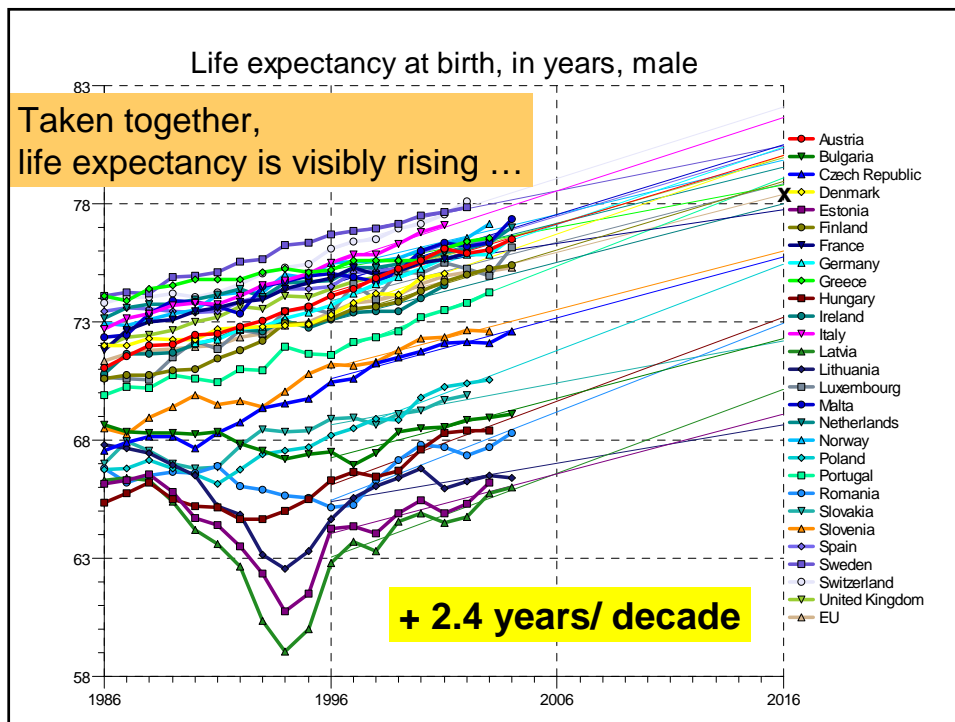
Forecasting is difficult –
especially regarding the future

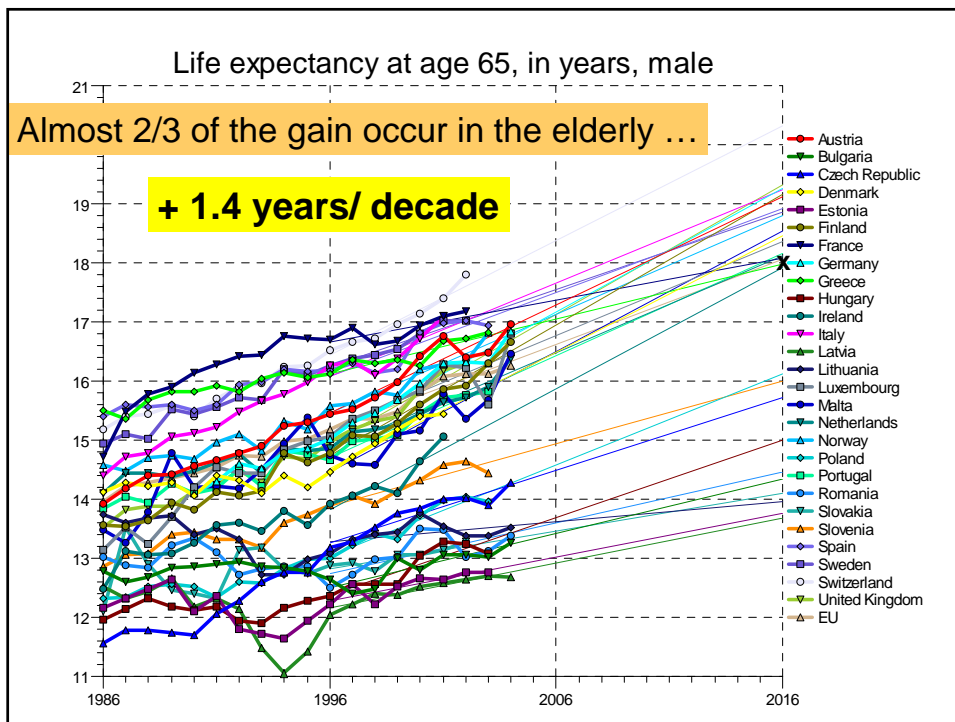
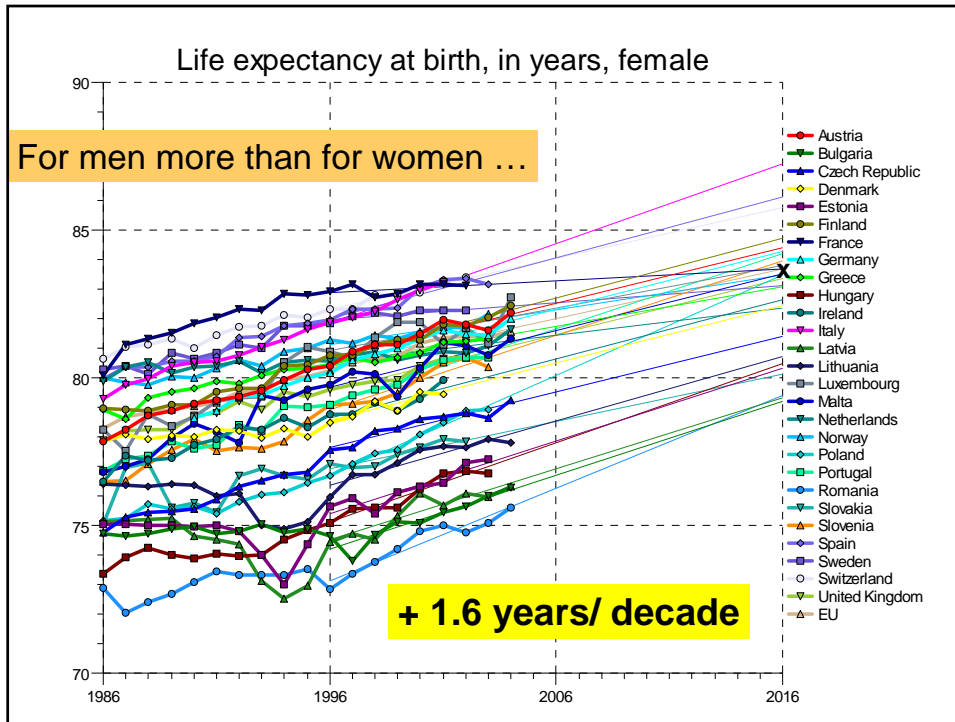
Health challenges and successes

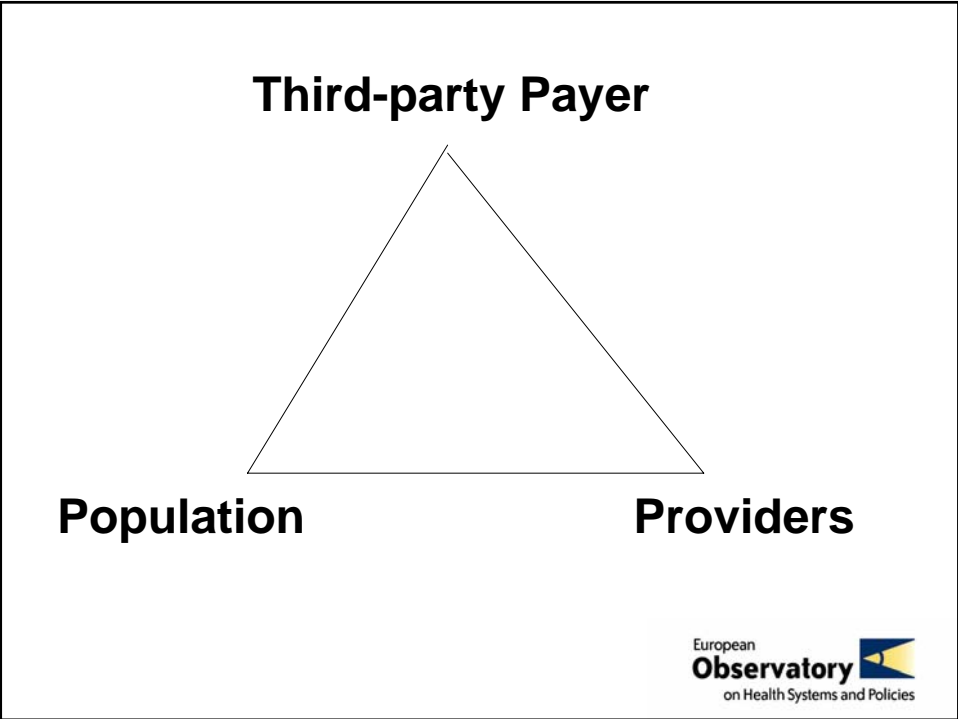
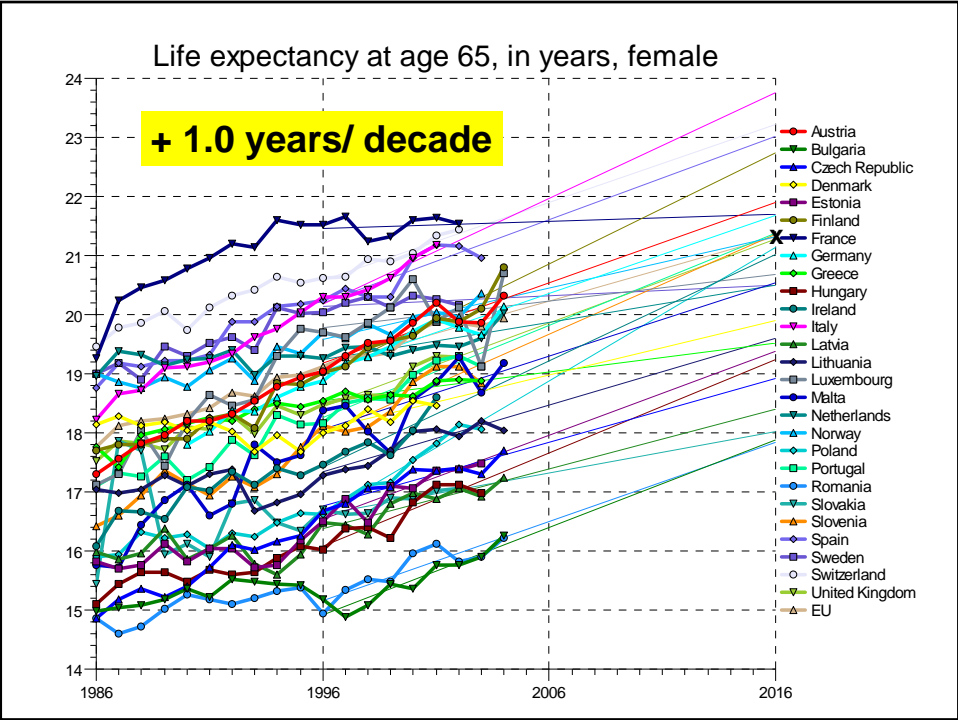




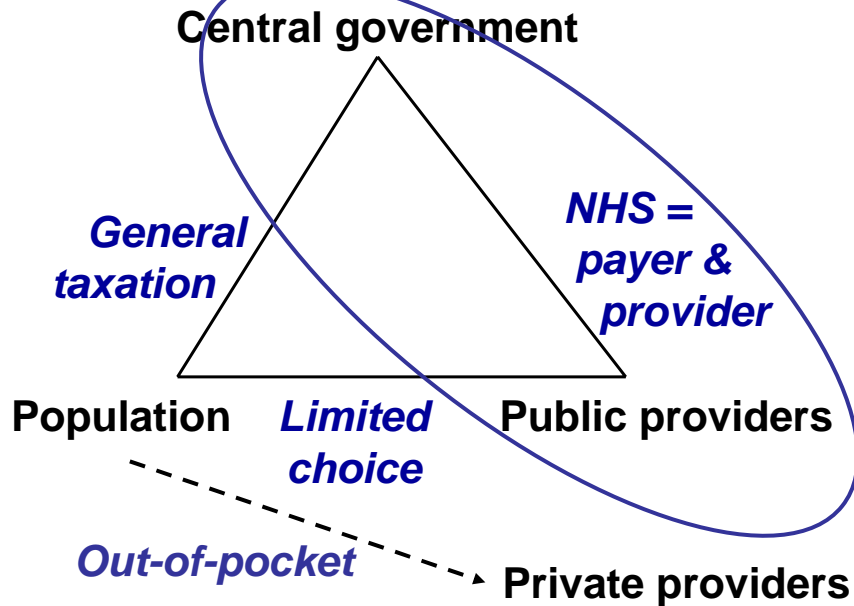
BIG TOPIC 1: Chronic disease



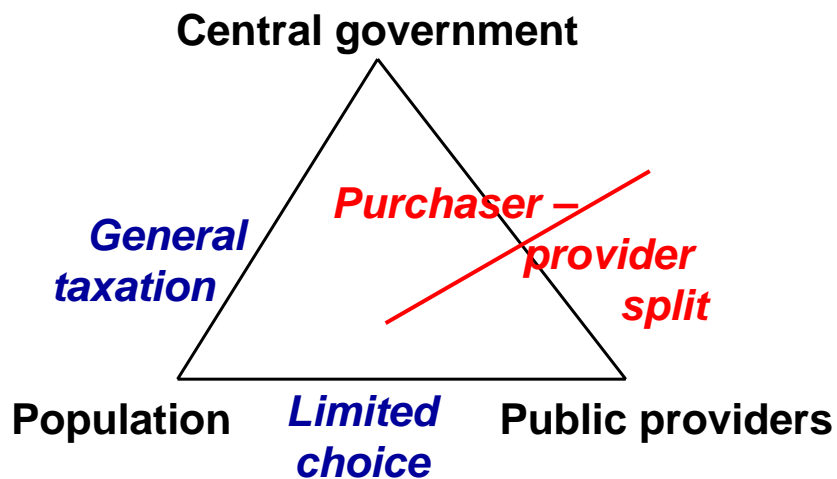




Integrated public health system 1991

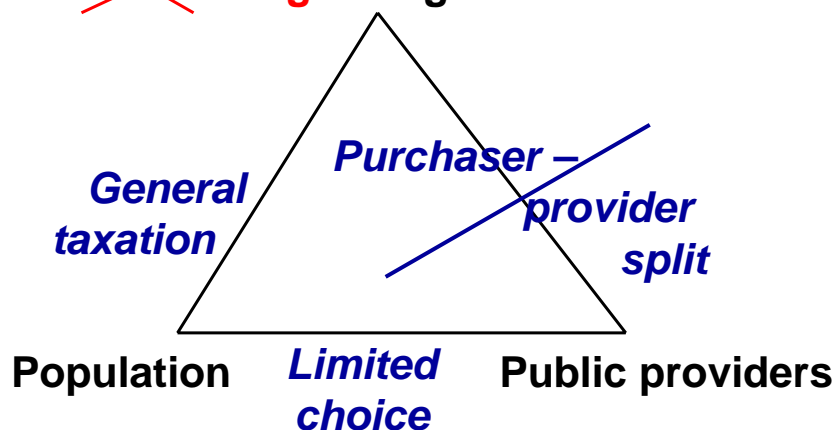


Development 1 up to 2006



Development 2 up to 2006

~~Central~~ **Regional** governments



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Development 2 up to 2006

~~Central~~ **Regional** governments

Questions arising:

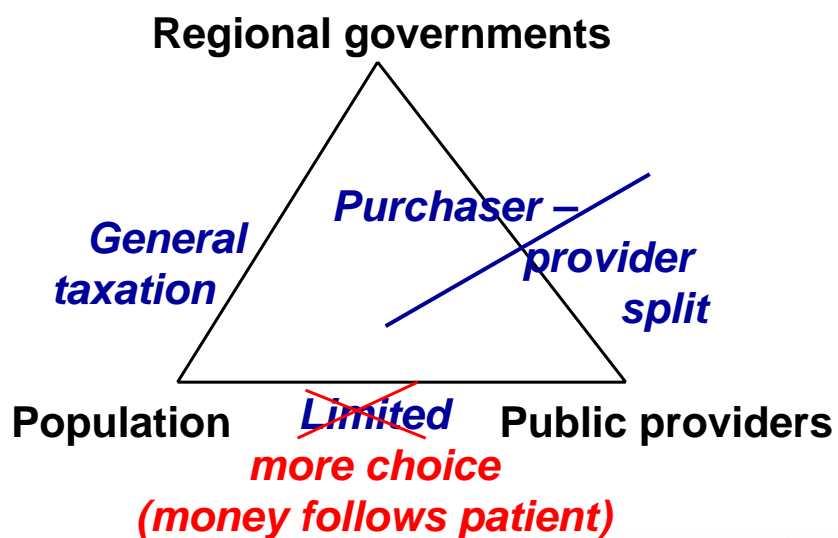
- Funding from national or regional taxation?
- Benefit catalogue uniform?
- Supply density and quality regulated uniformly?
- Access to services across regional borders?



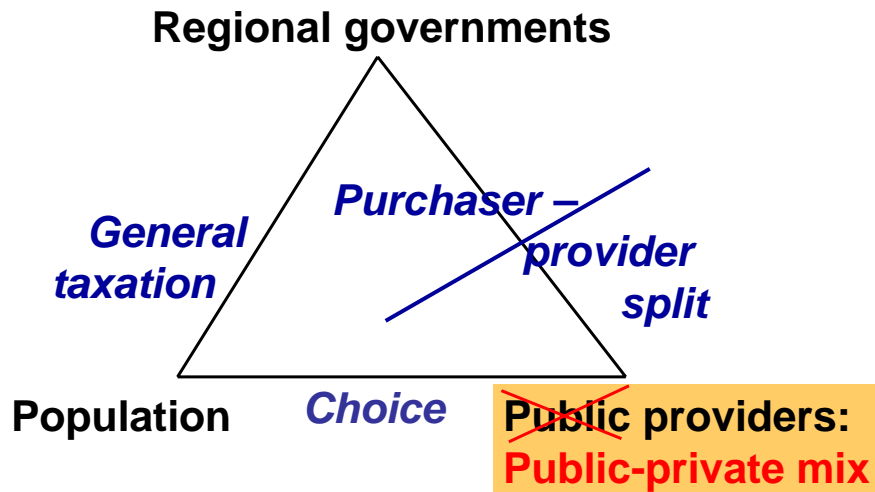
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BIG TOPIC 2: Regionalisation

Development 3 up to 2006



Further development up to 2016



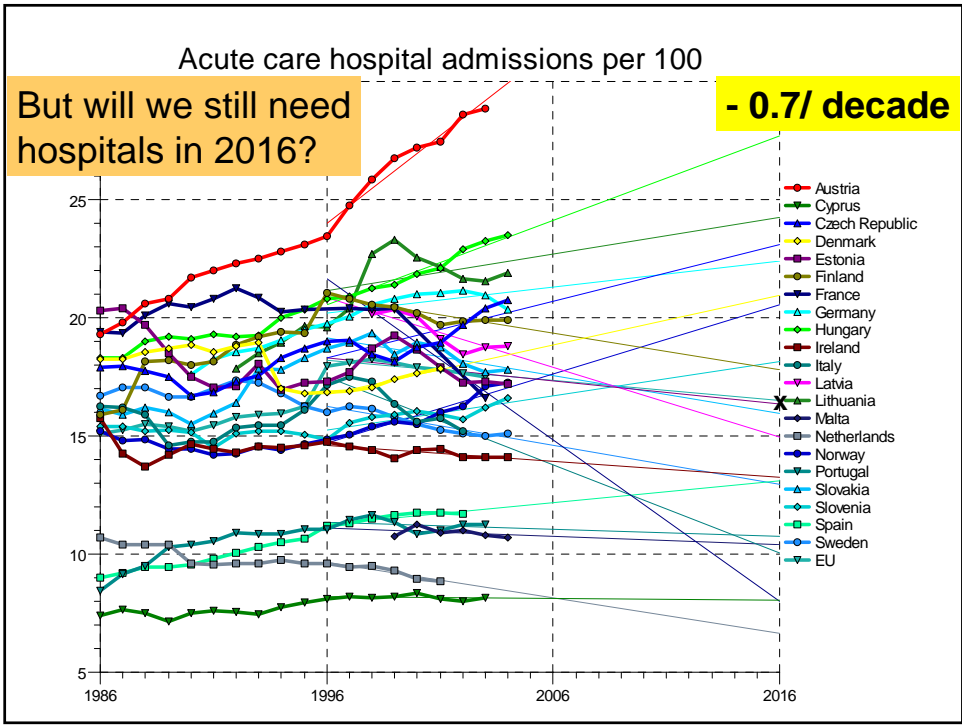
Development of the public-private mix in ownership of general hospitals, 1990–2003

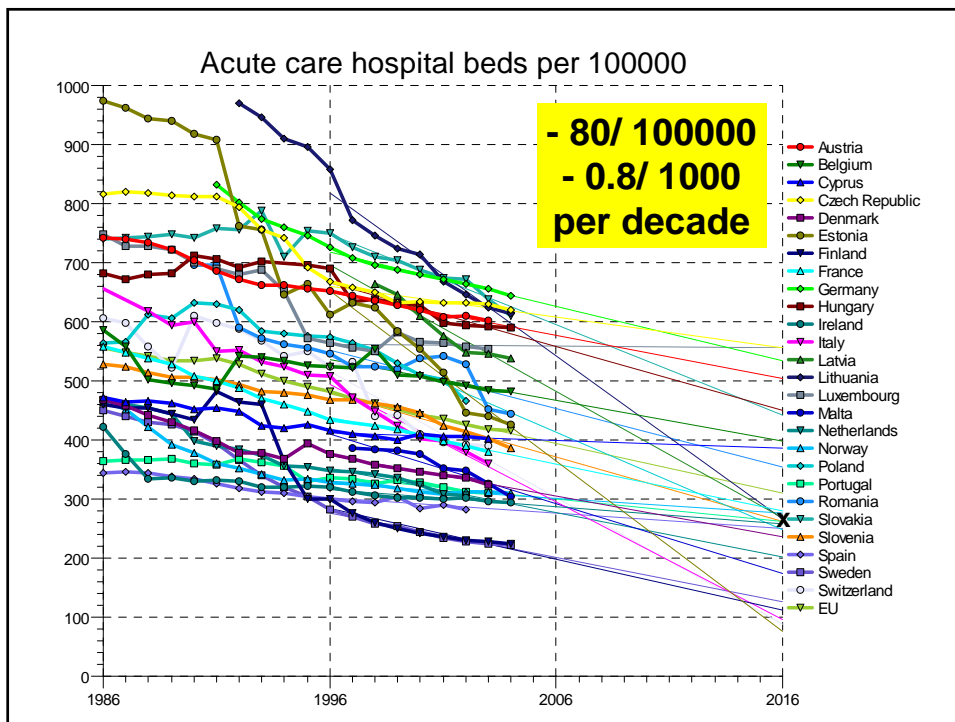
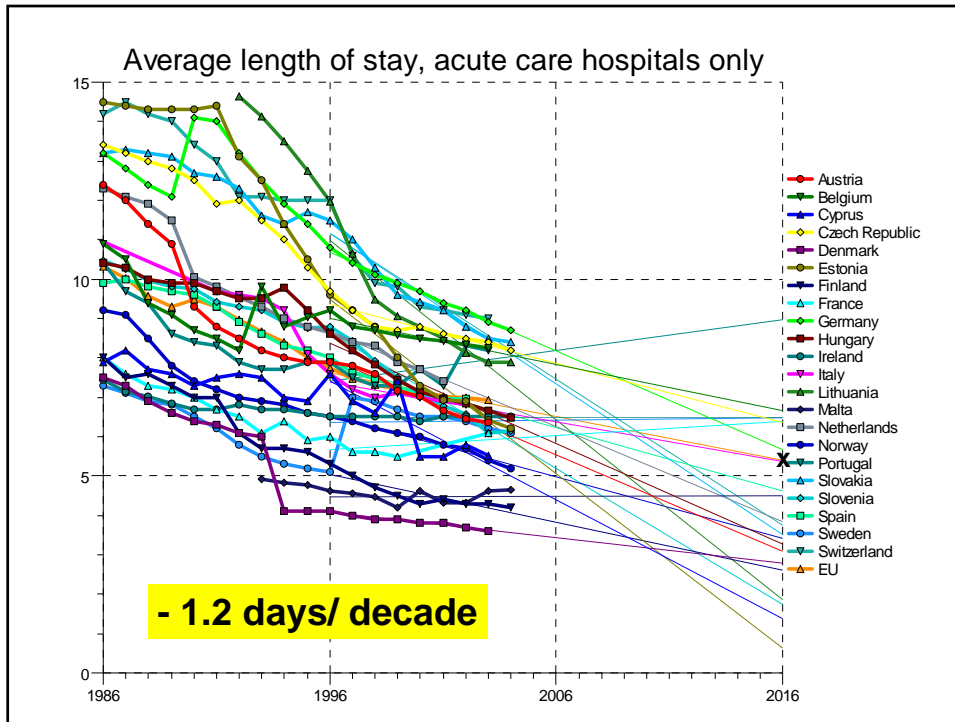
	Public		Not-for-profit		Private		Total beds
	beds	% share	beds	% share	beds	% share	
1990	387 207	62.8	206 936	33.5	22 779	3.7	616 922
2003	265 520	53.1	187 271	37.5	46 994	9.4	499 785
Change	-32.4%		-9.5%		+106.2%		-19.0%

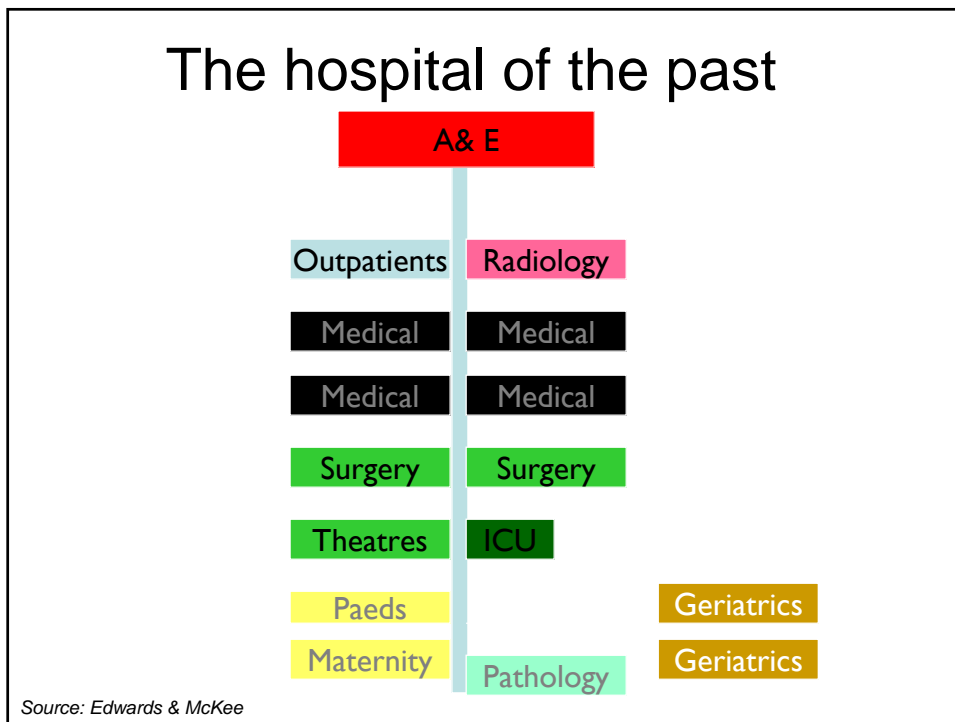
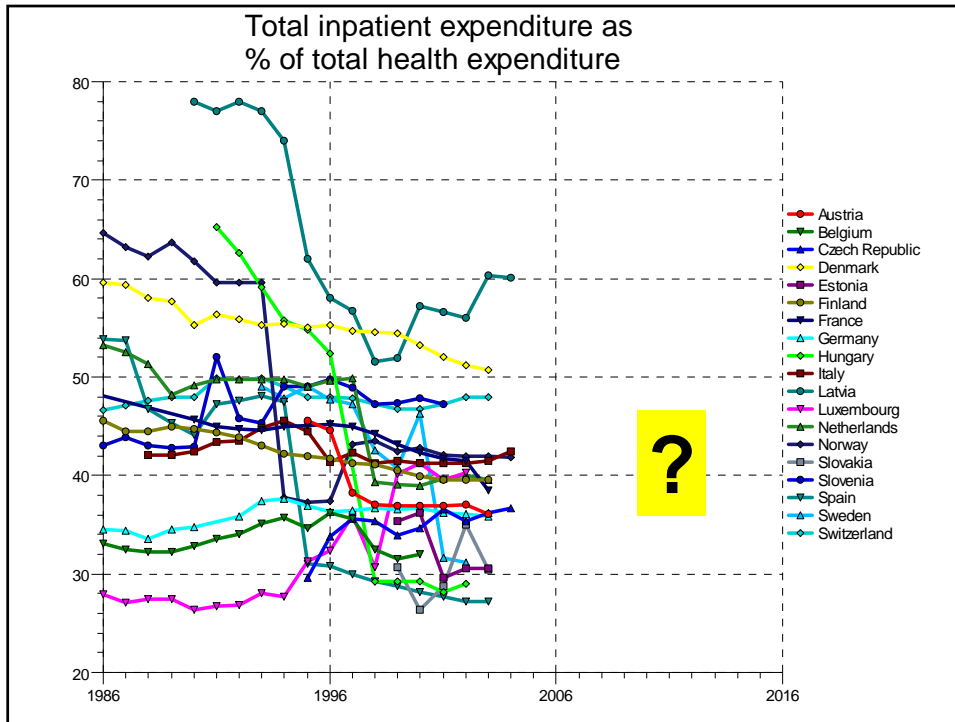
Source: own calculations based on Federal Statistical Office 2004.

2005:
ca. 14

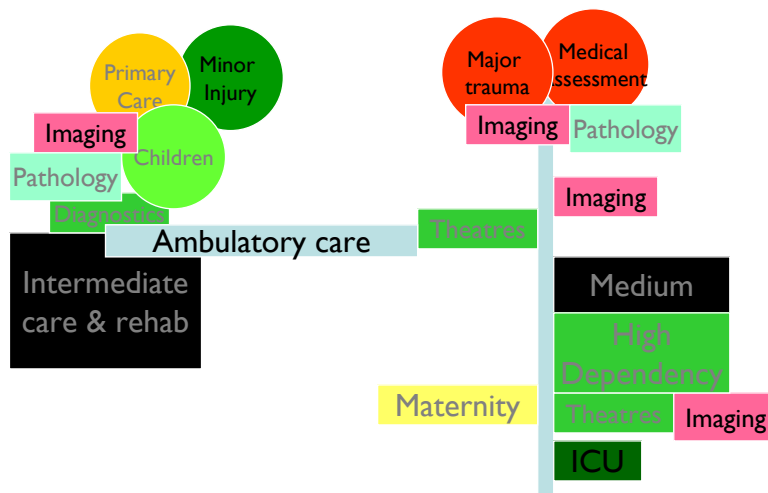
BIG TOPIC 3: Privatisation







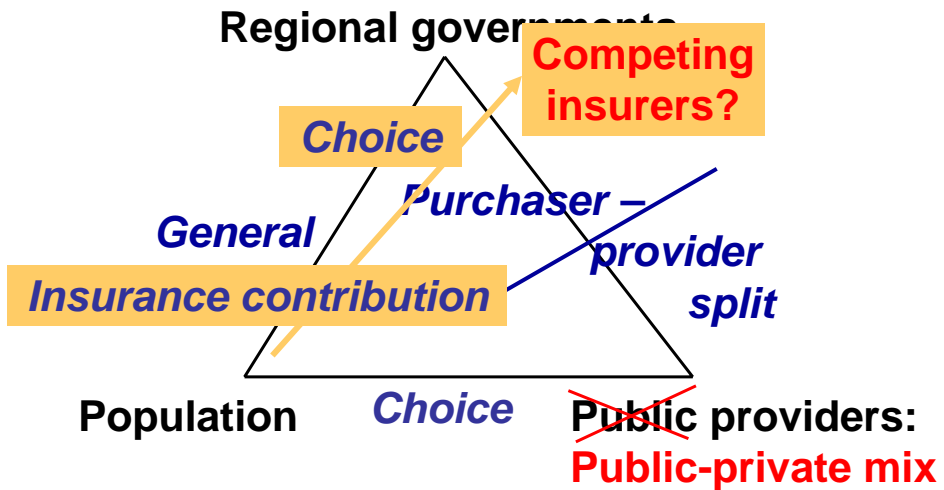
The hospital of the future?



Source: Edwards & McKee

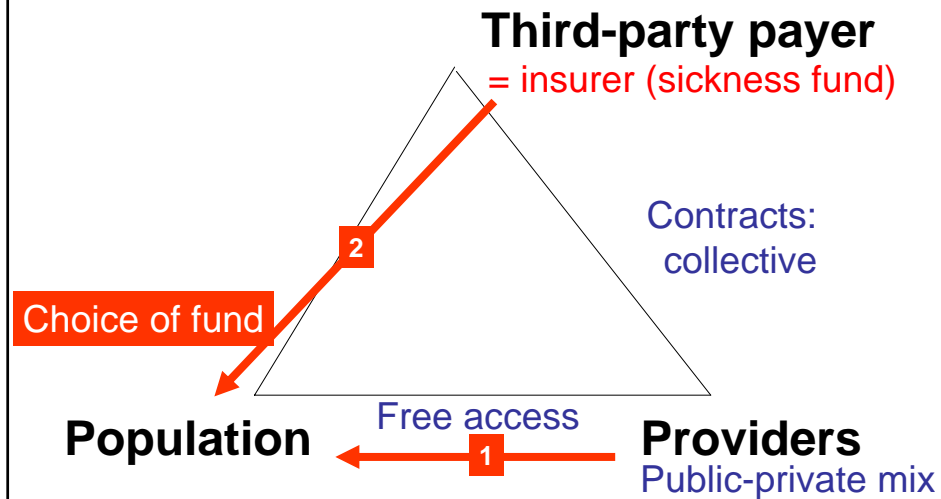
BIG TOPIC 4: Role of hospitals

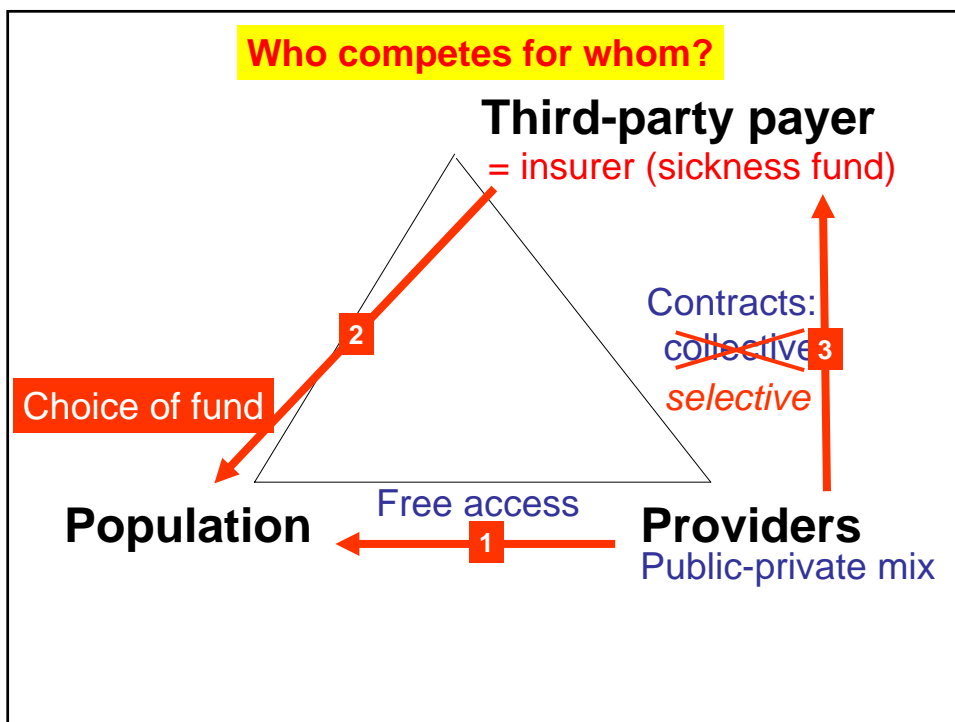
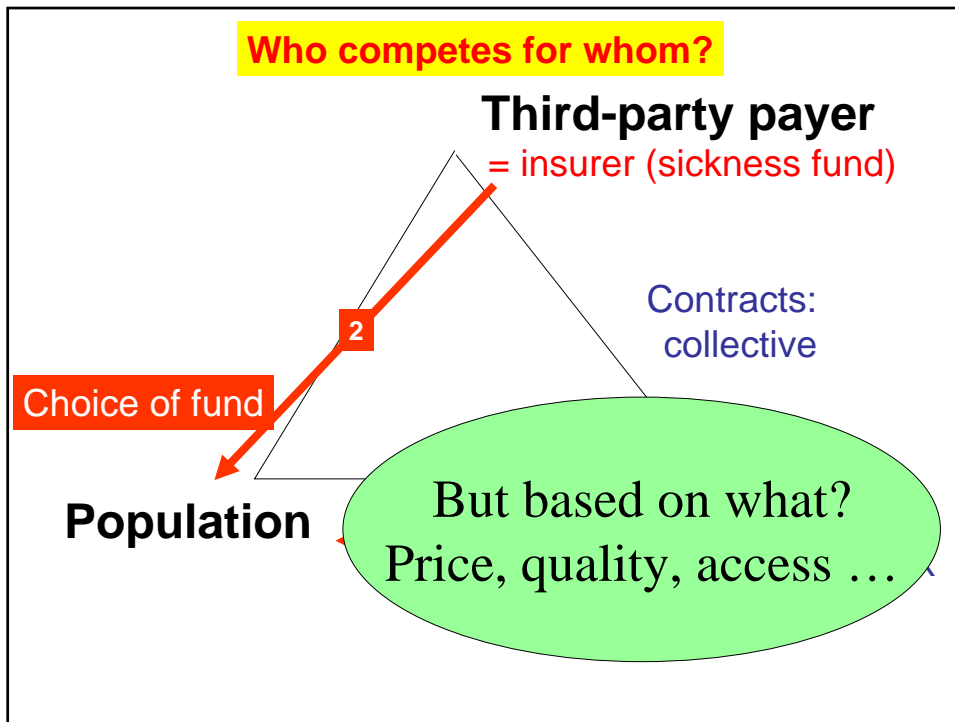
Further developments up to 2016



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Who competes for whom?





1. Does it work, i.e. does selective contracting/ application of Managed Care instruments produce better outcomes and/or lower costs?
2. For which persons/ indications does it work? For the 75-80% chronically healthy? For the 5% really ill? For the 15-20% chronically ill?
3. Does it have adverse effects on somebody else's access?
4. Is it financially successful because of cream-skimming?
5. Is it quality-wise so successful that it leads to adverse selection?

BIG TOPIC 5: Choice & Competition

The first three rulings that changed our perception of the “Free Movement of Patients”

Decker (C-120/95)

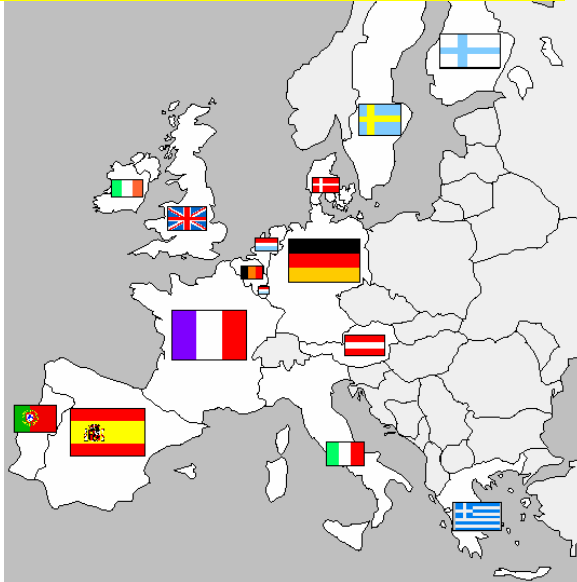
free movement of goods

Kohll (C-158/95)

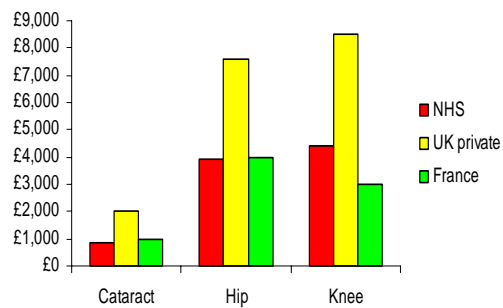
free movement of services

Molenaar (C-160/96)

free movement of service-equivalent cash-benefits; definition of what belongs to health service and what not



The first nine patients sent to France by the English NHS (not shown: the 40 journalists who accompanied them)



ARE THESE DATA REALISTIC?
 ARE THEY REPRESENTATIVE?
 HOW CAN THE DIFFERENCE BY EXPLAINED?
 IS A „CATARACT“
 IN ENGLAND THE SAME AS IN FRANCE?

Patient mobility

HOW MANY?

WHY?

Country A

Benefit Package A using
Service Taxonomy A and
Fee Schedule A

Accessibility A_x

Quality of service A_x

Country B

Benefit Package B using
Service Taxonomy B and
Fee Schedule B

Accessibility B_x

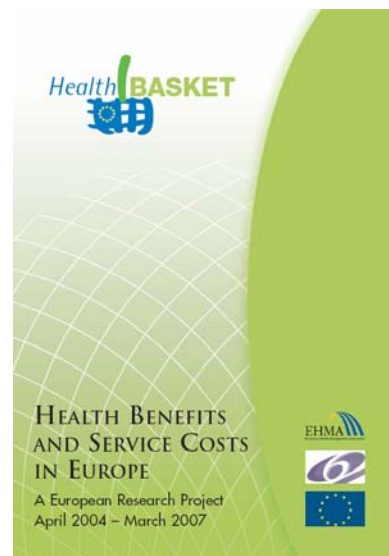
Quality of service B_x

WHICH SERVICES?

WHAT COSTS?

(SERVICES x REIMBURSEMENT)

- How much do prices/ reimbursement rates actually differ?
- Are these differences real (= different input costs)?
- Are they rather explained by systematic differences (e.g. capital costs included/ not included)?
- Or by differences in service intensity (e.g. pre-operative tests)?



Case vignettes

<i>Need for care</i>	Age group	Type of Care			ECHI*
Appendectomy	14-25	In-patient	Surgery	Emergency	-
Normal delivery	25-35	In-patient	Obstetrics	Elective	+
Hip-replacement	65-75	In-patient	Surgery	Elective	+
Cataract	70-75	Out-patient (day case)	Surgery	Elective	+
Stroke	60-70	In-patient	Medical	Emergency	+
AMI (PTCA)	50-60	In-patient	Medical	Emergency	+
Cough	2	Out-patient	Paediatrics/GP	Emergency	-
Colonoscopy	60-70	Out-patient	Diagnostic	Elective	+
Tooth filling	25-35	Out-patient	Dental	Emergency	+
Physiotherapy (knee)	12	Out-patient	Rehabilitative	-	-

*ECHI: related to European Community Health Indicators set (+ ves/ - no)

BIG TOPIC 6: Europeanisation



How will such developments
influence health care in Europe?
(1)



Initially probably not directly, but

- *Comparability* of services, their access and quality *will increase*,
and thereby contribute to the *Europeanisation of health care systems*, already on the way through
- mobility of short- and long-term tourists,
- cross-border contracts/ Euregios,
- ECJ rulings on Kohll/ Decker, Peerbooms etc.,
- the EU-health insurance card.

How will such developments
influence health care in Europe?
(2)



This will in the medium-term probably lead to

- a European *benefit catalogue* (but not equal prices),
- Europe-wide rules/ standards for *accreditation* and *quality assurance*,
- Europe-wide diagnosis/ treatment *guidelines*
- a need for Europe-wide *regulation*, affecting public and private entities equally.

THE 6 BIG TOPICS

Chronic disease

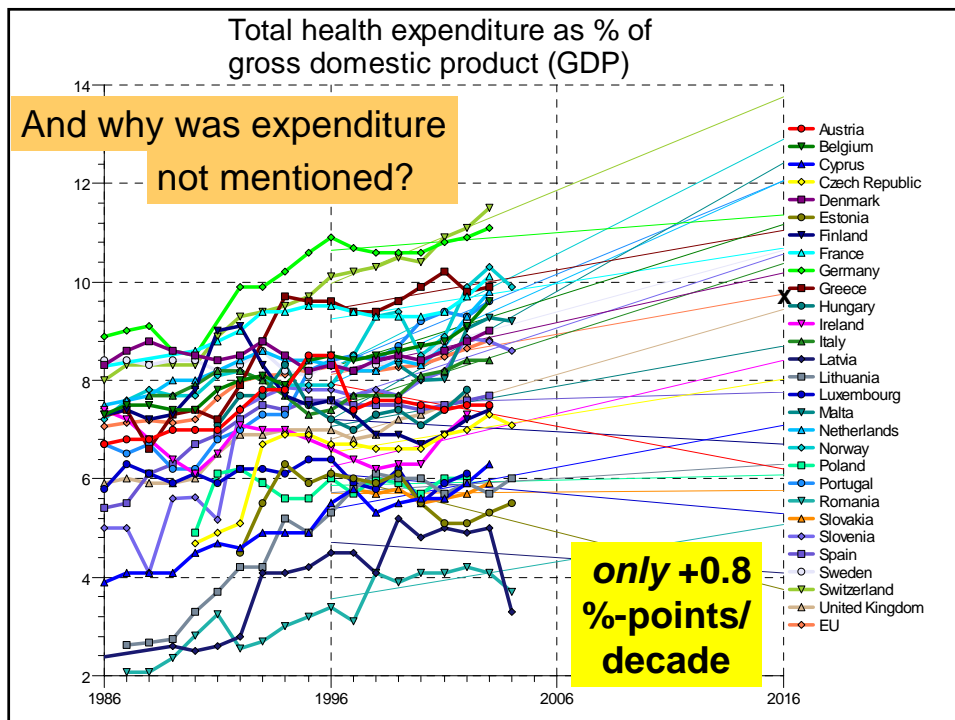
Role of hospitals

Choice &
Competition

Privatisation

Regionalisation

Europeanisation



This presentation and more material
can be found on the following
websites:

<http://mig.tu-berlin.de>

www.observatory.dk