

Health (care) challenges in Europe – health systems in transition

Reinhard Busse, Prof. Dr. med. MPH FFPH

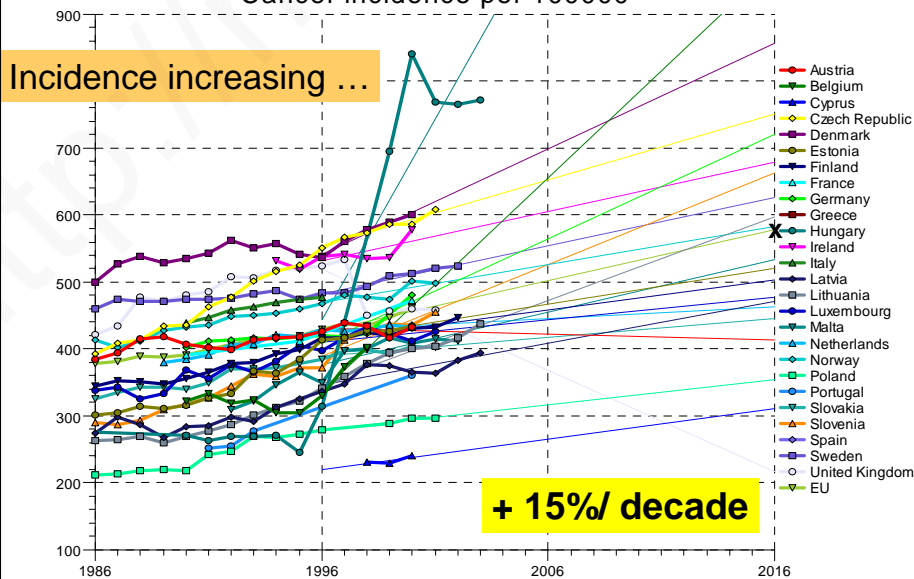
Dept. Health Care Management, Technische Universität Berlin
(WHO Collaborating Centre for Health Systems Research and Management)
&

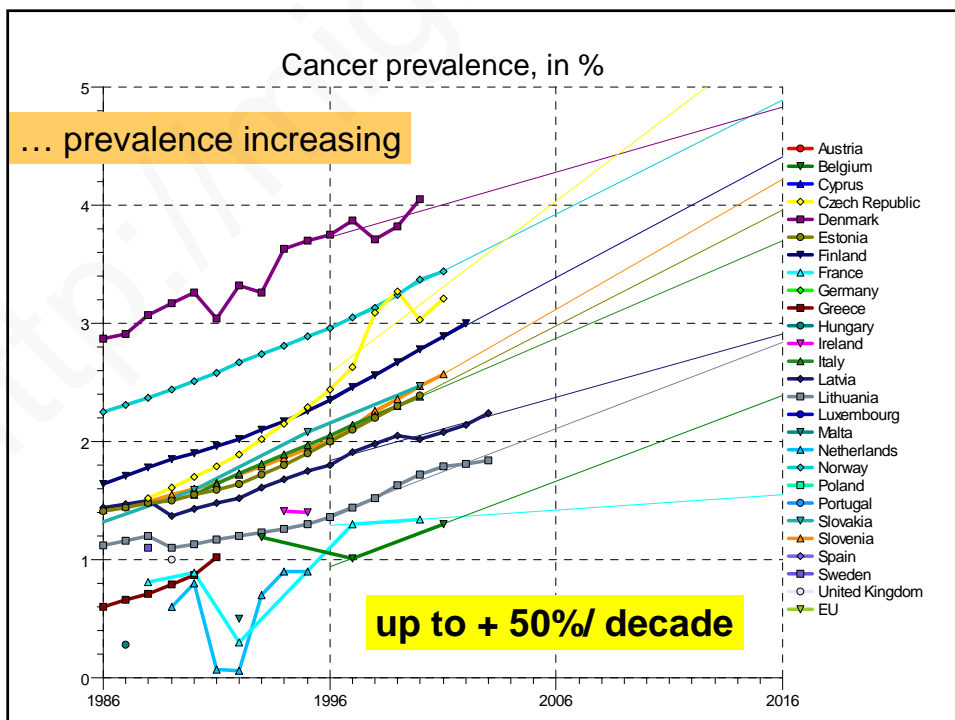
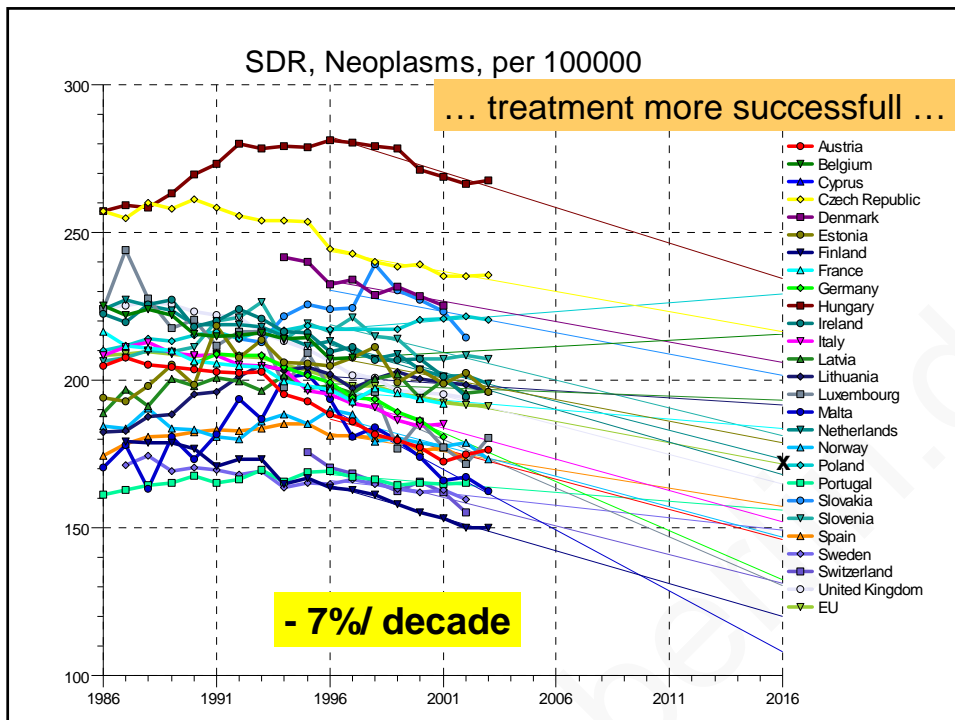
European Observatory on Health Systems and Policies

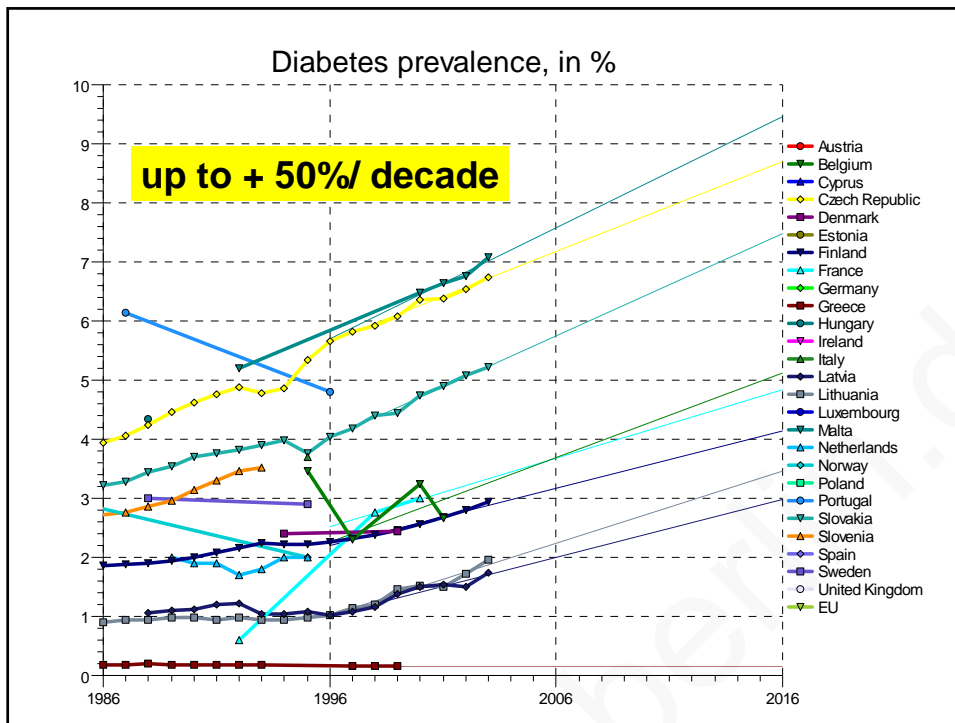


Health challenges and successes

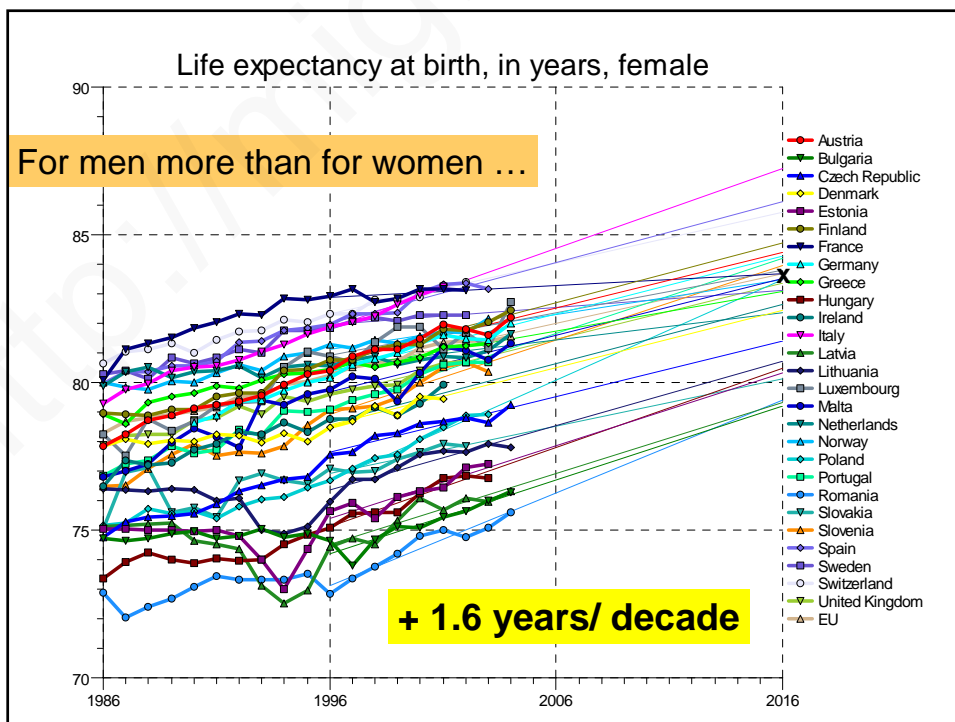
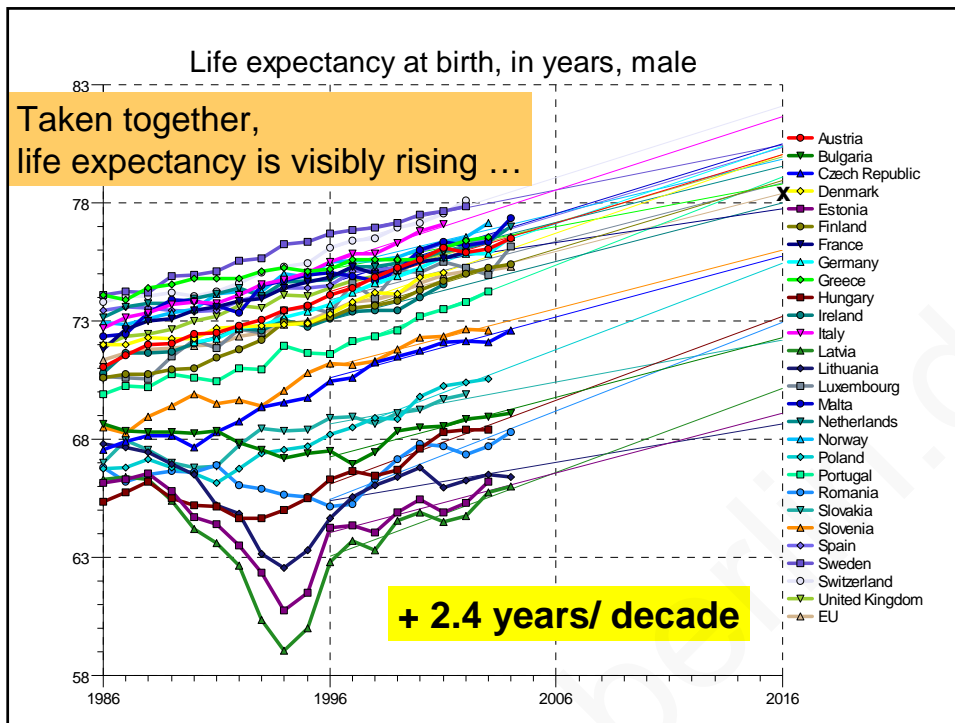
Cancer incidence per 100000

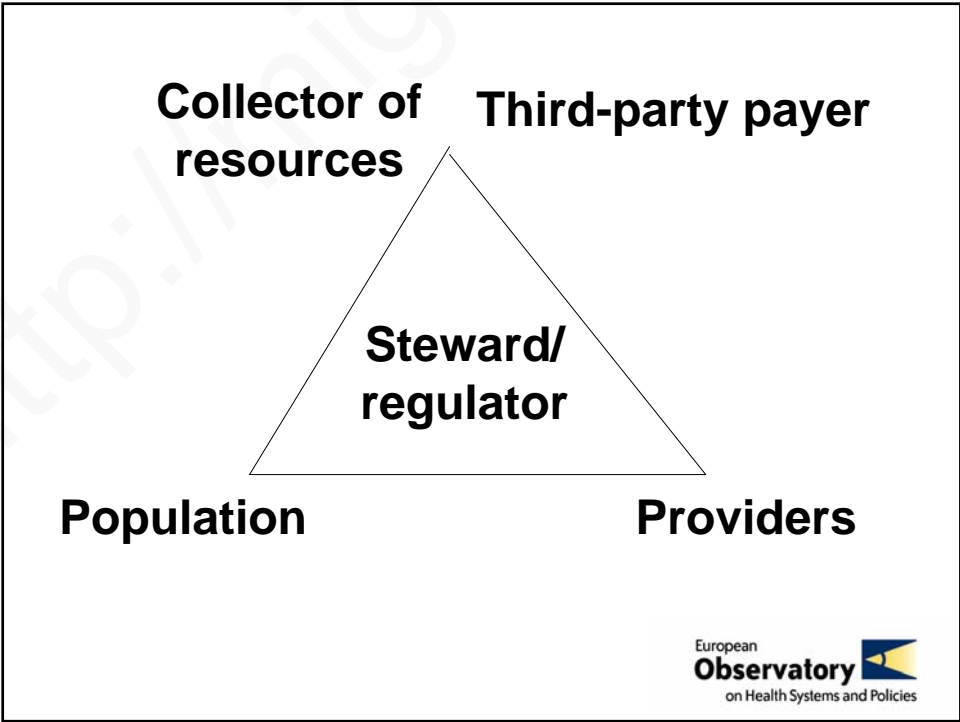
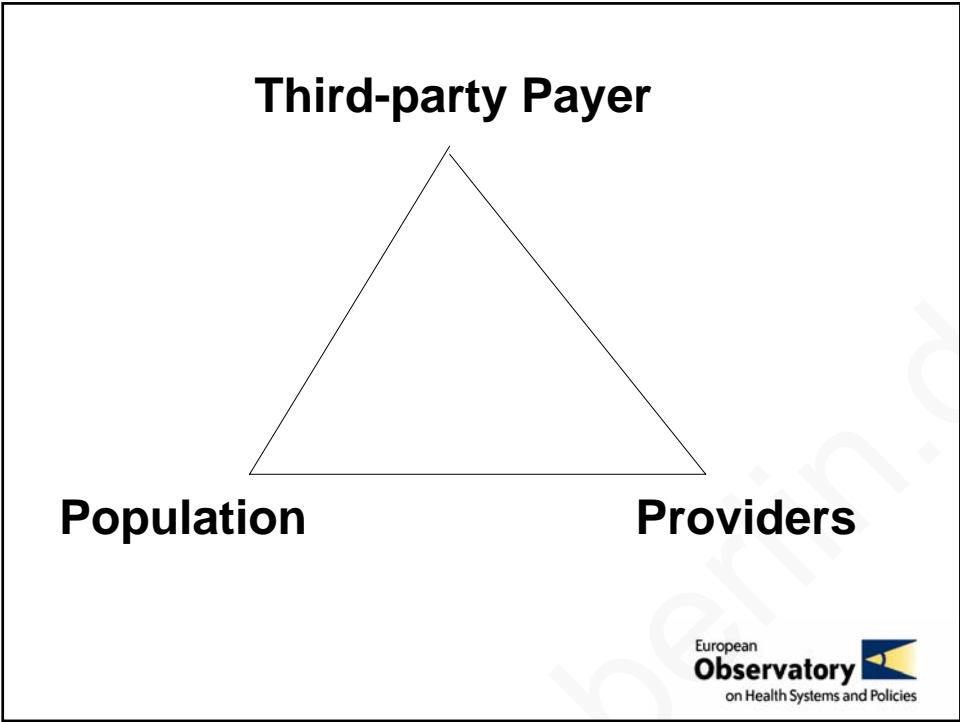


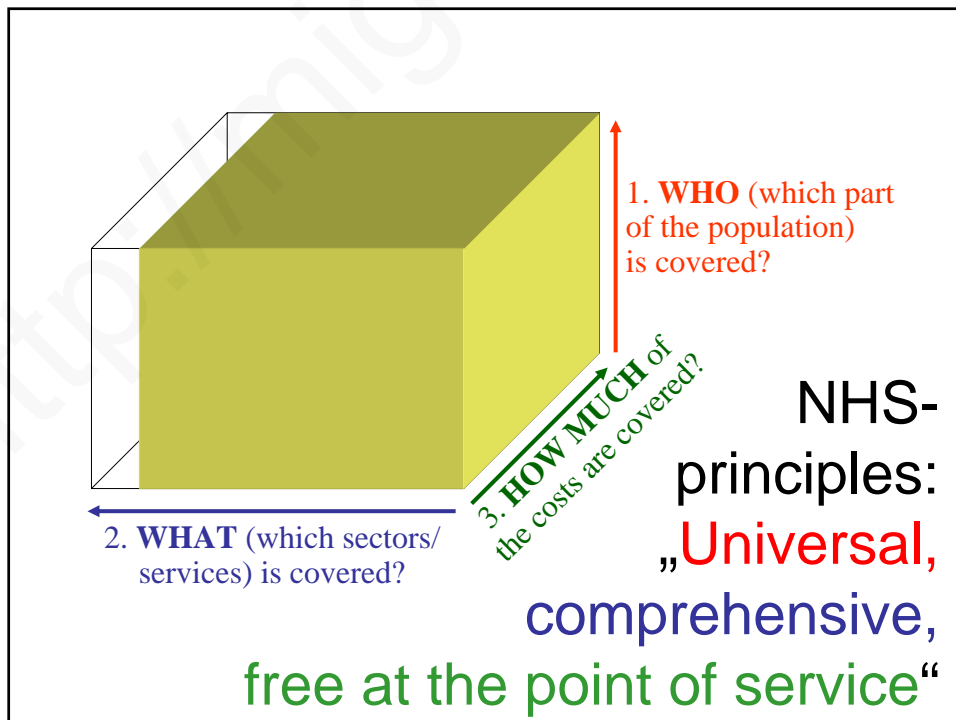
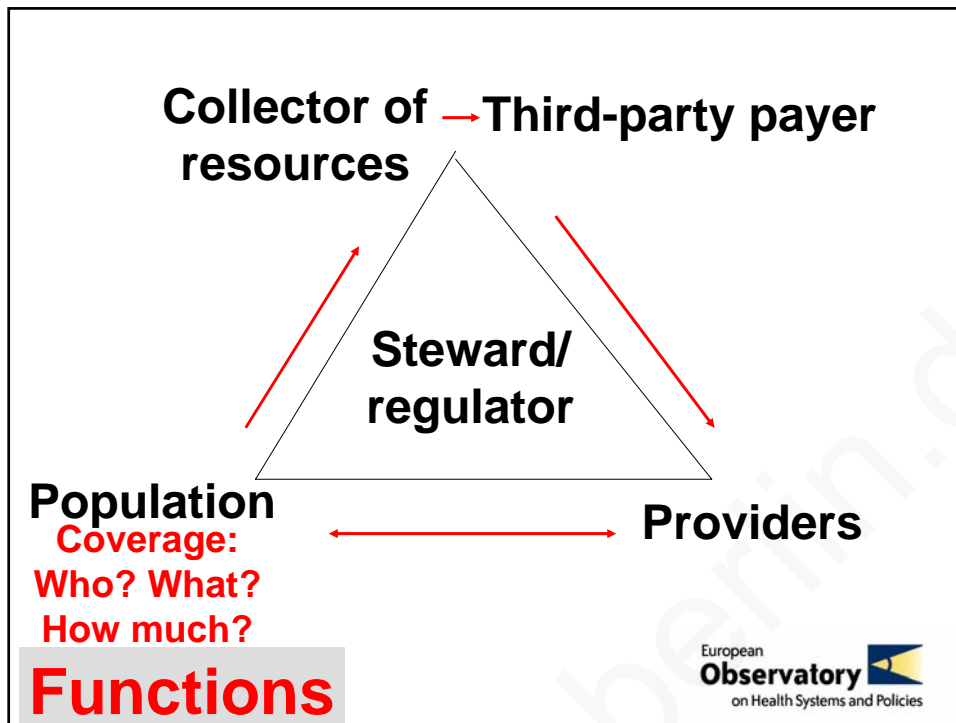


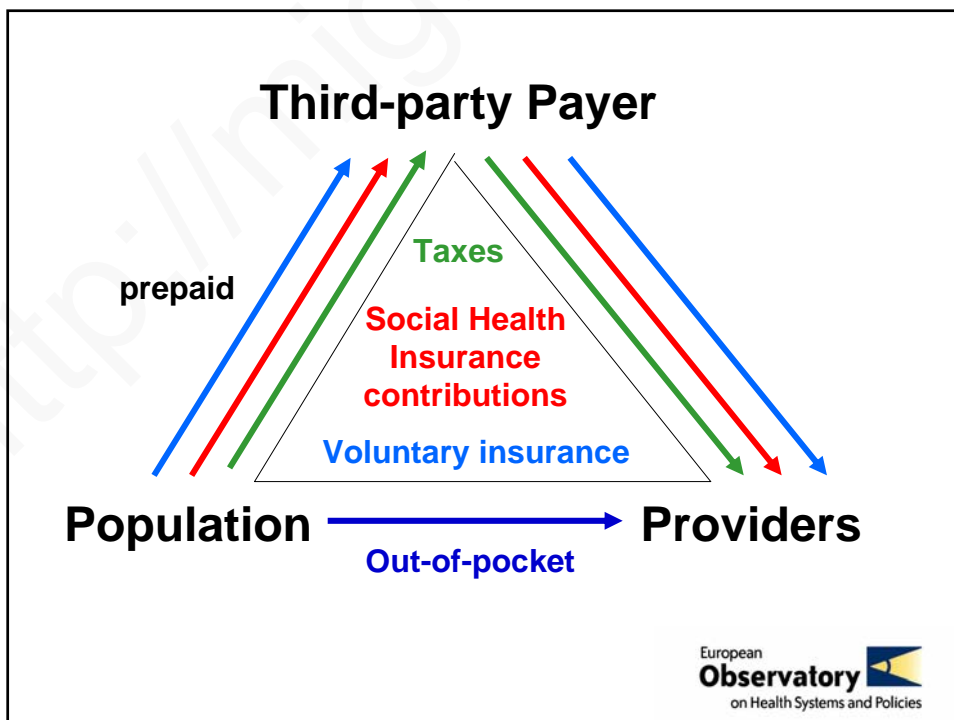
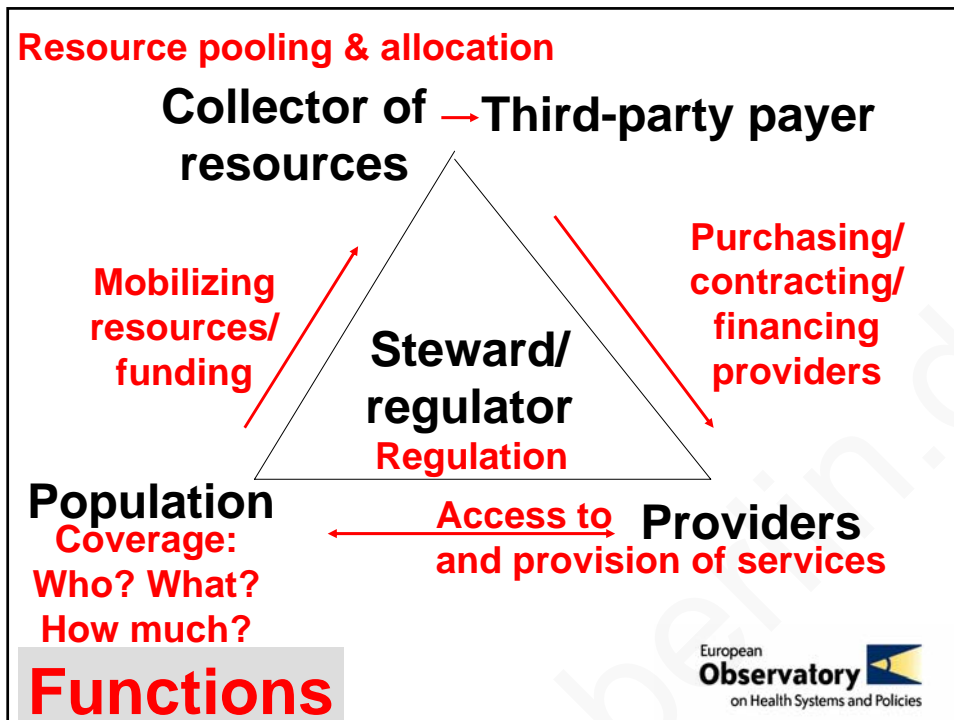


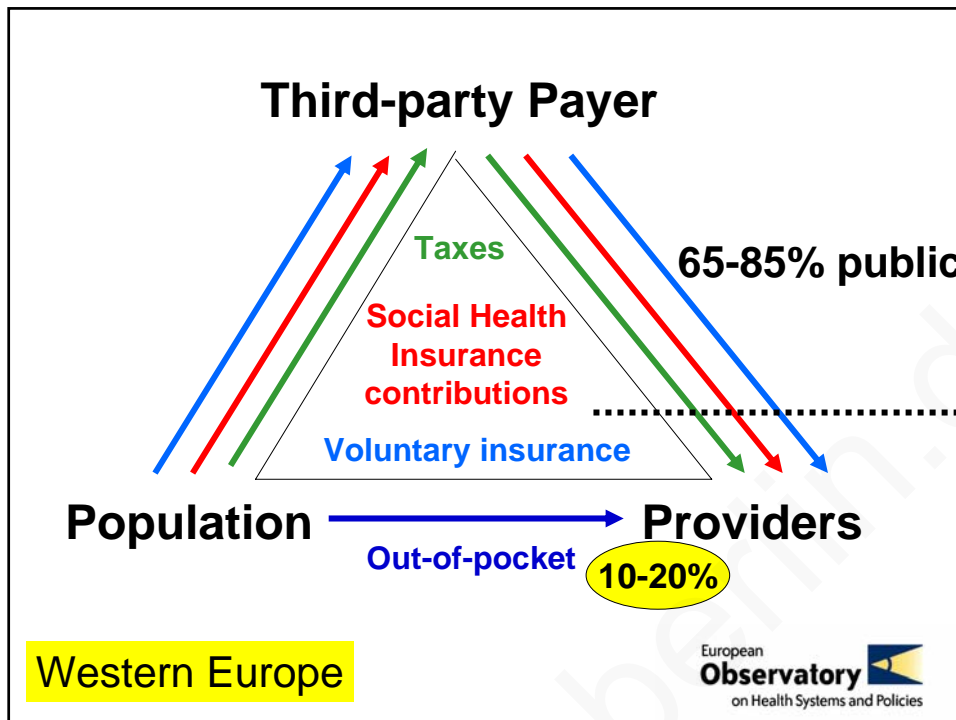
**BIG TOPIC 1:
Chronic disease**



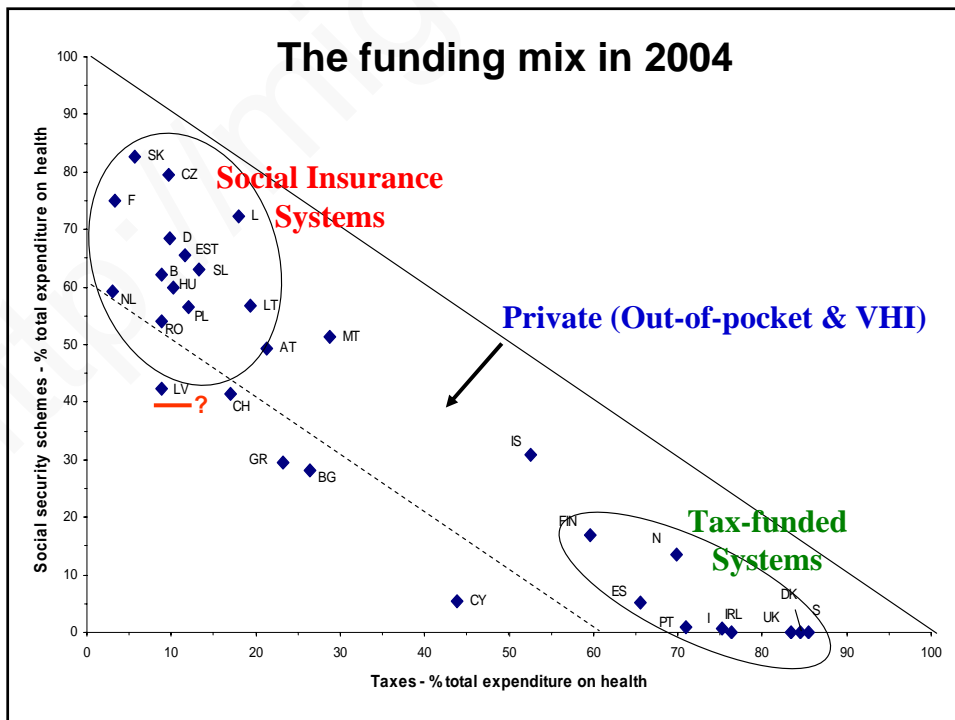
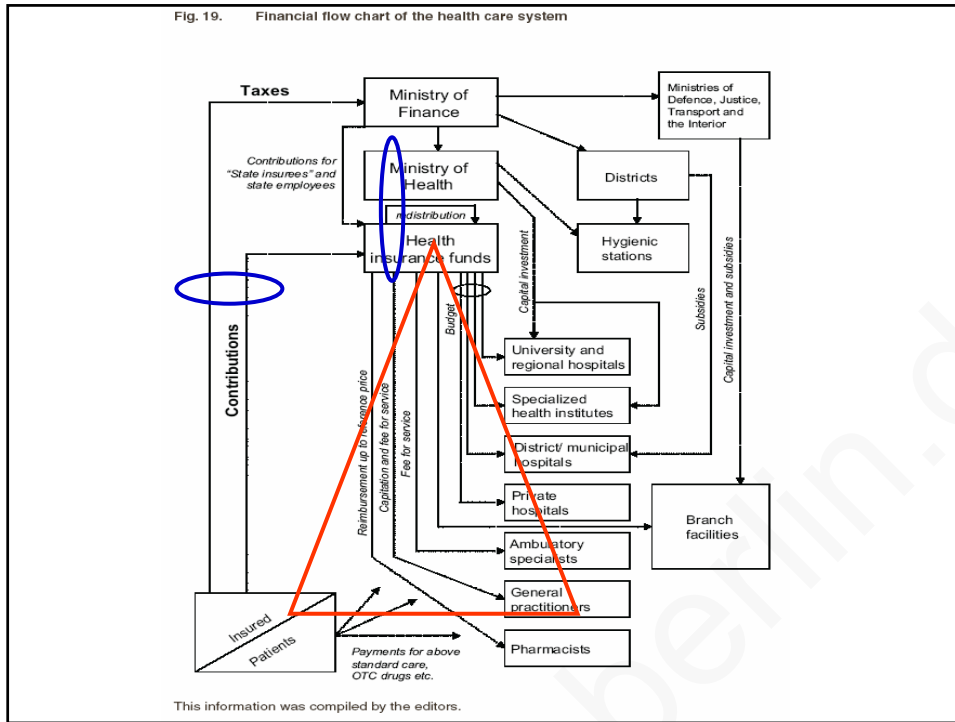


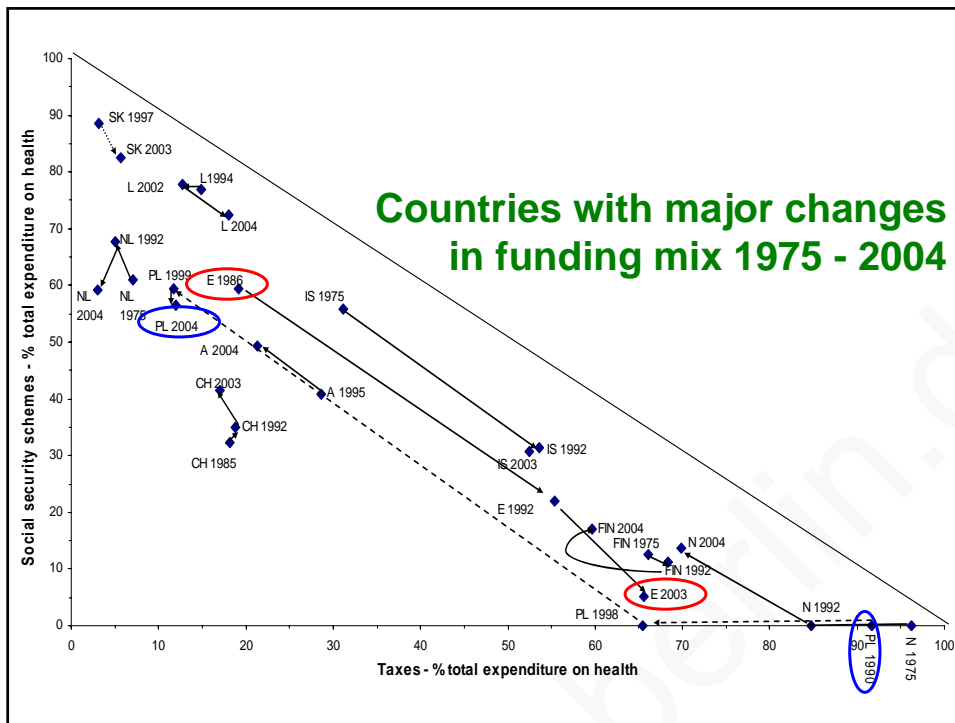




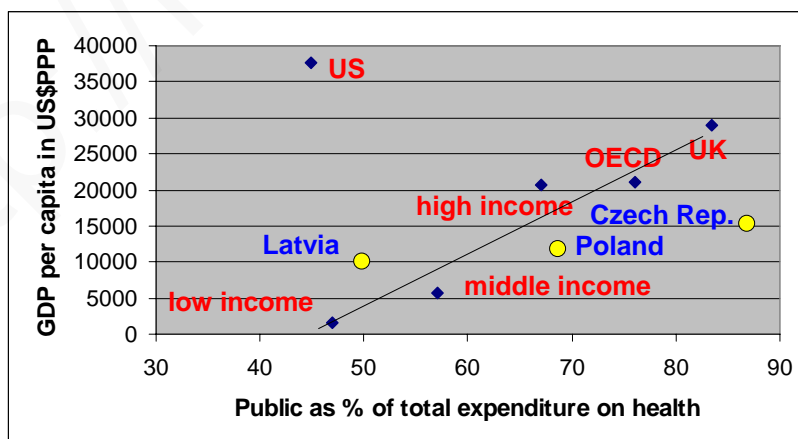


**BIG TOPIC 2:
Public-private mix in funding
health care**

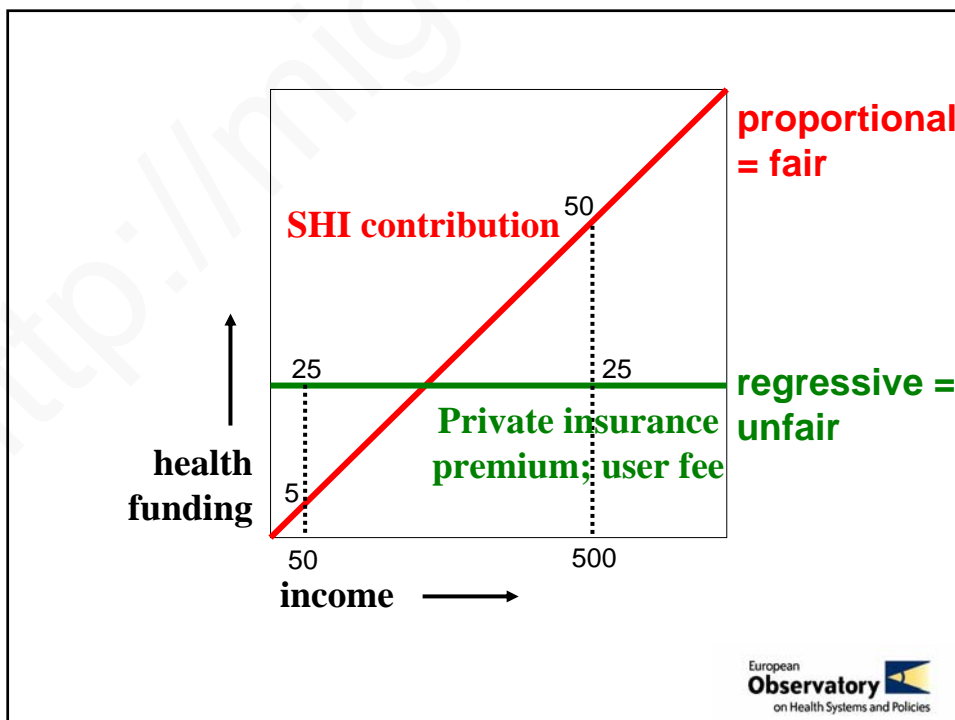
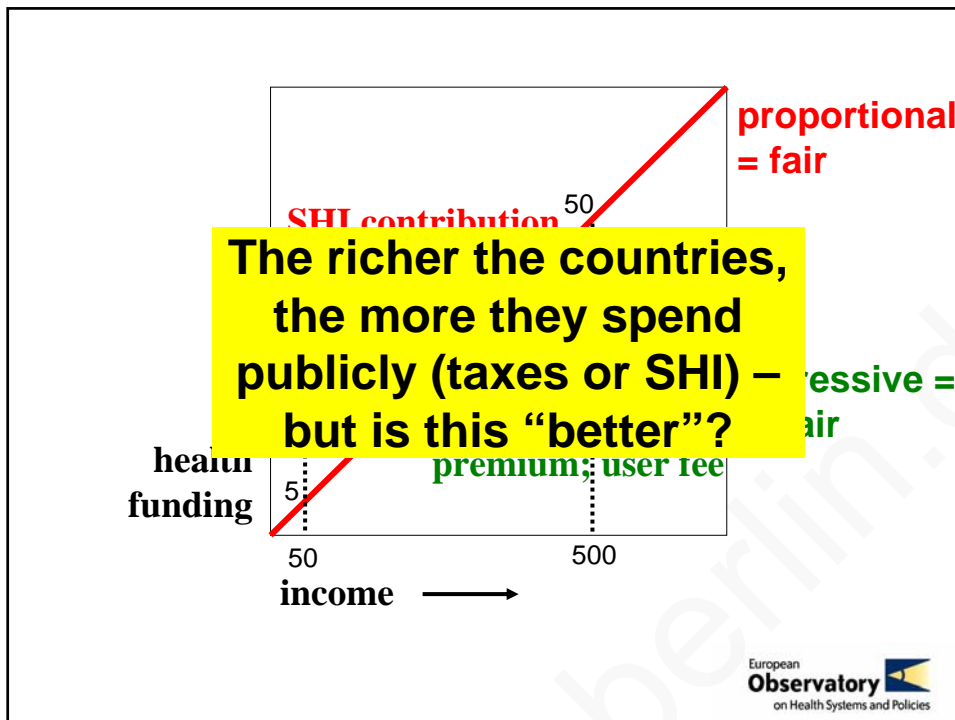




GDP per capita and public expenditure on health, by country income group

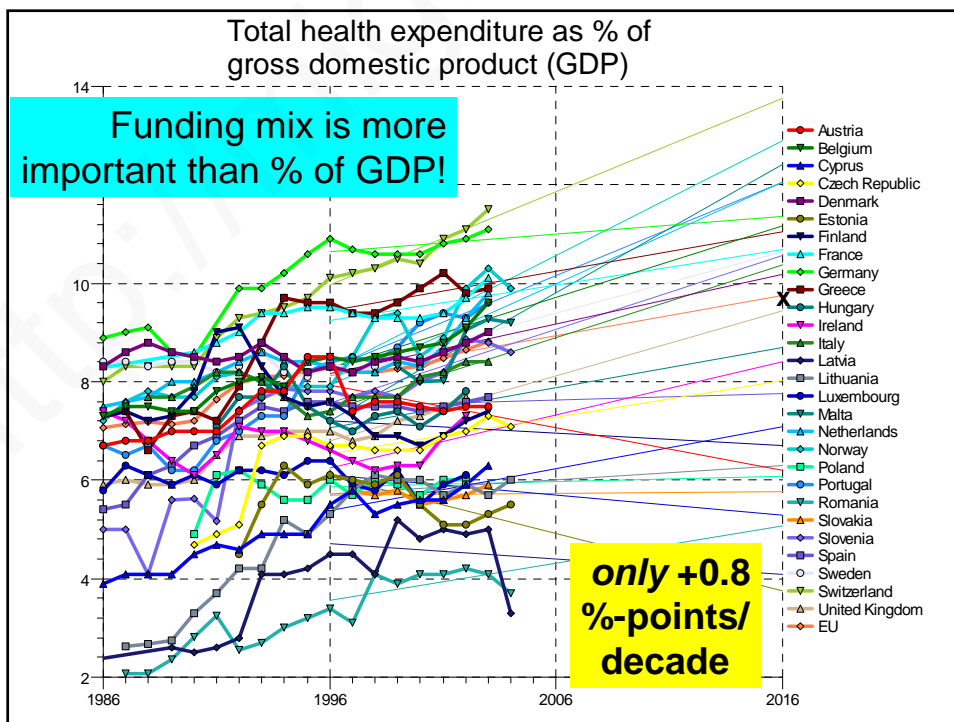


Source: Schieber and Maeda 1997 and OECD 2004

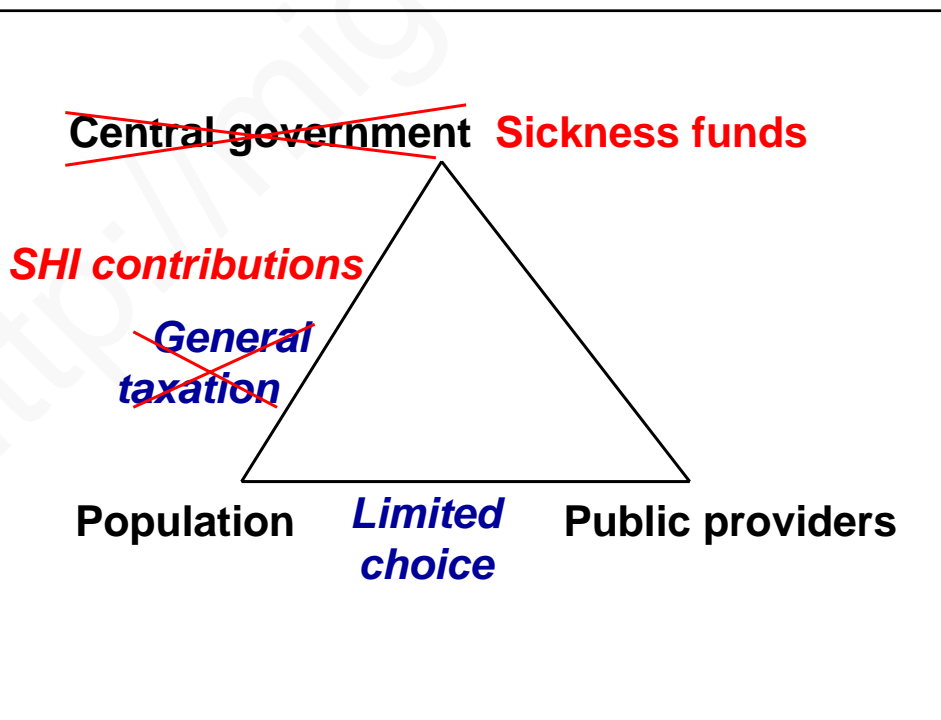
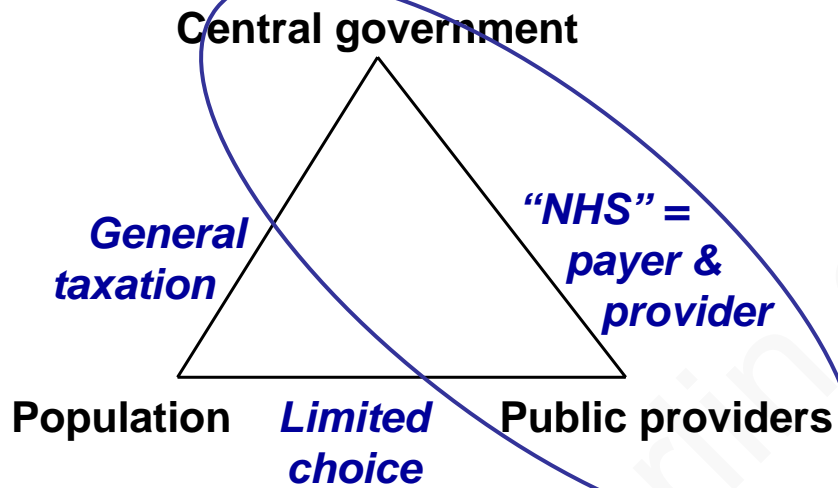


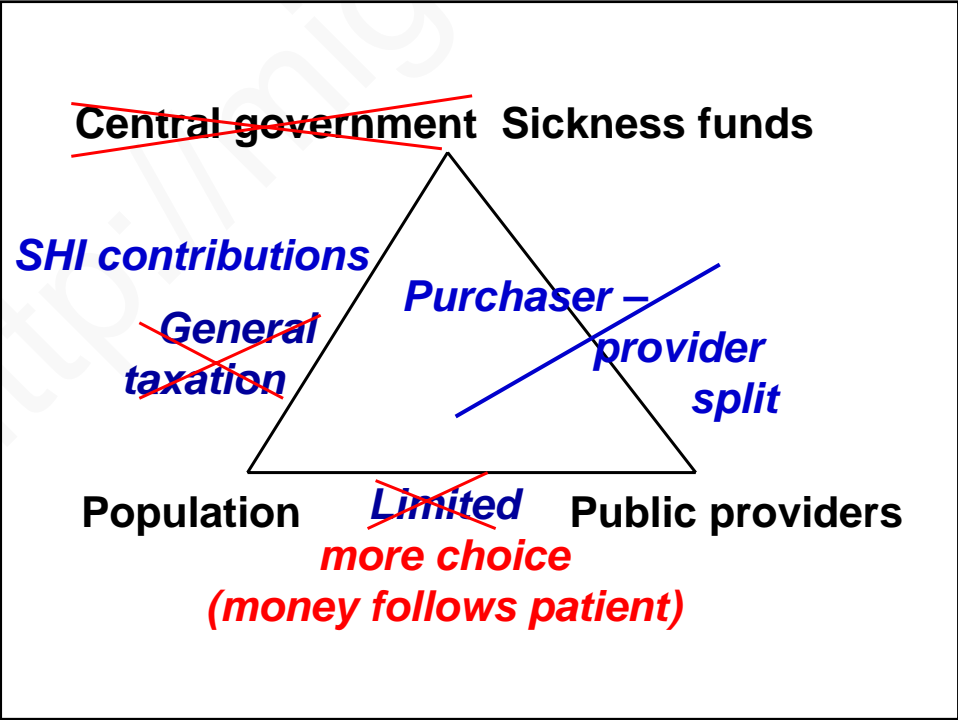
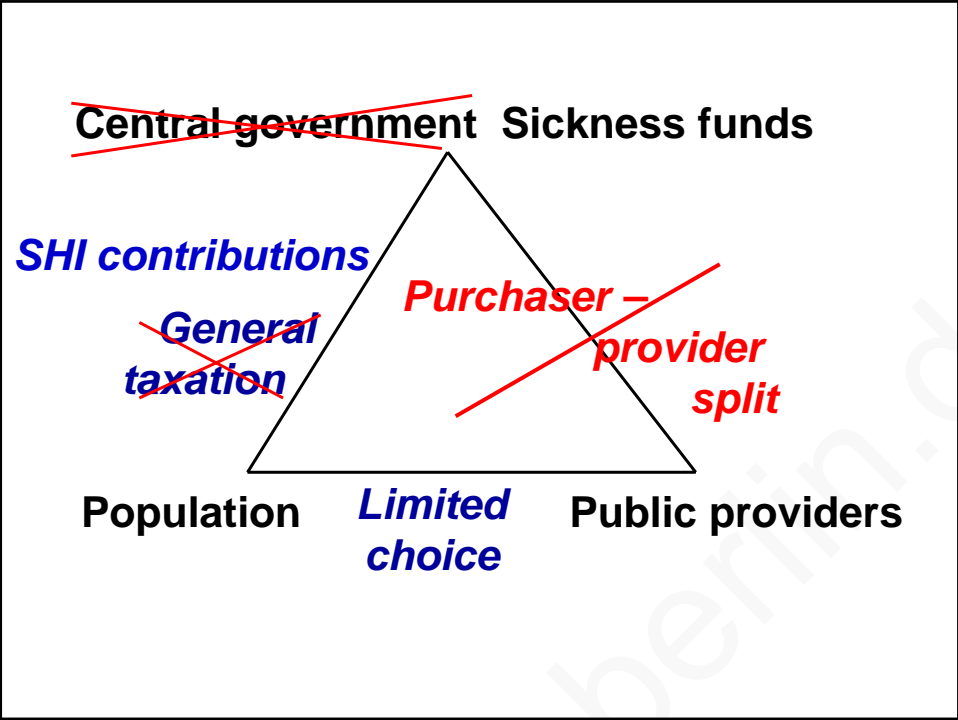
	Distribution: fairness in financial contribution (1.00 = max.)	Threshold		
		% of households with catastrophic payments (total expenditure)	% of households with catastrophic payments (out of pocket)	
1993	Slovakia	0.941	0.00	0.00
	United Kingdom	0.921	0.33	0.04
	Denmark	0.920	0.38	0.07
	Sweden	0.920	0.39	0.18
SHI	Germany	0.913	0.54	0.03
	Hungary	0.905	0.96	0.20
1999 →	Czech Republic	0.904	0.01	0.00
SHI	Belgium	0.903	0.23	0.09
	Finland	0.901	1.36	0.44
	Spain	0.899	0.89	0.48
	Slovenia	0.890	1.88	0.06
SHI	France	0.889	0.68	0.01
	Lithuania	0.875	1.68	1.34
	Switzerland	0.875	3.03	0.57
	Estonia	0.872	2.47	1.30
	Greece	0.858	3.29	2.17
	Portugal	0.845	4.01	2.71
	Latvia	0.828	4.05	2.75

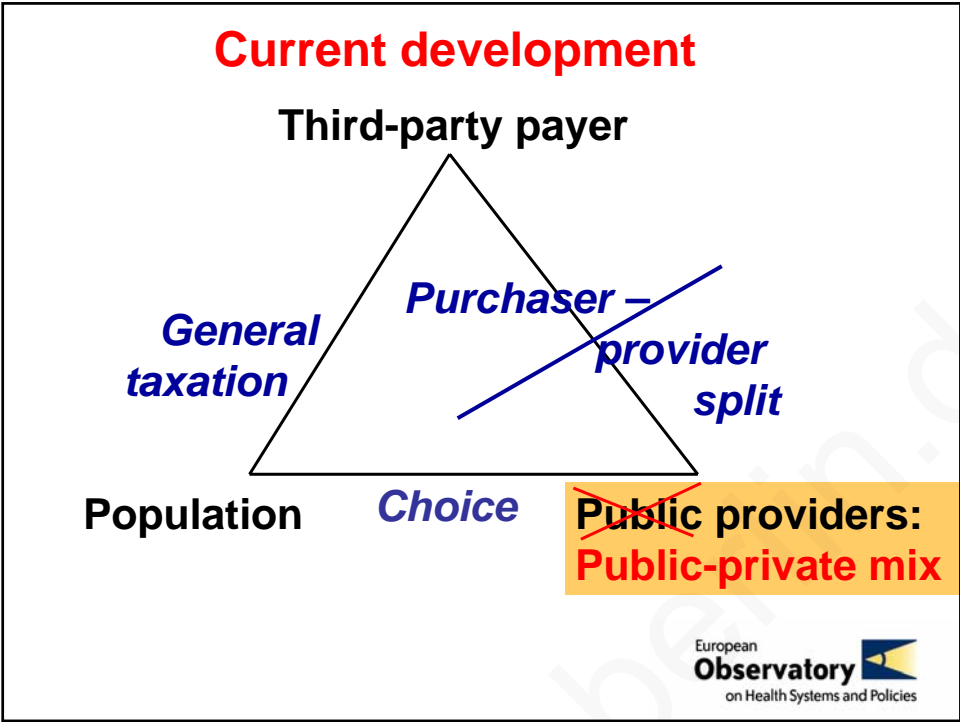
Data: Murray & Evans, Health Systems Performance Assessment: Debates, Methods and Empiricism*, WHO 2003: 525-6



CEE health care systems in 1990







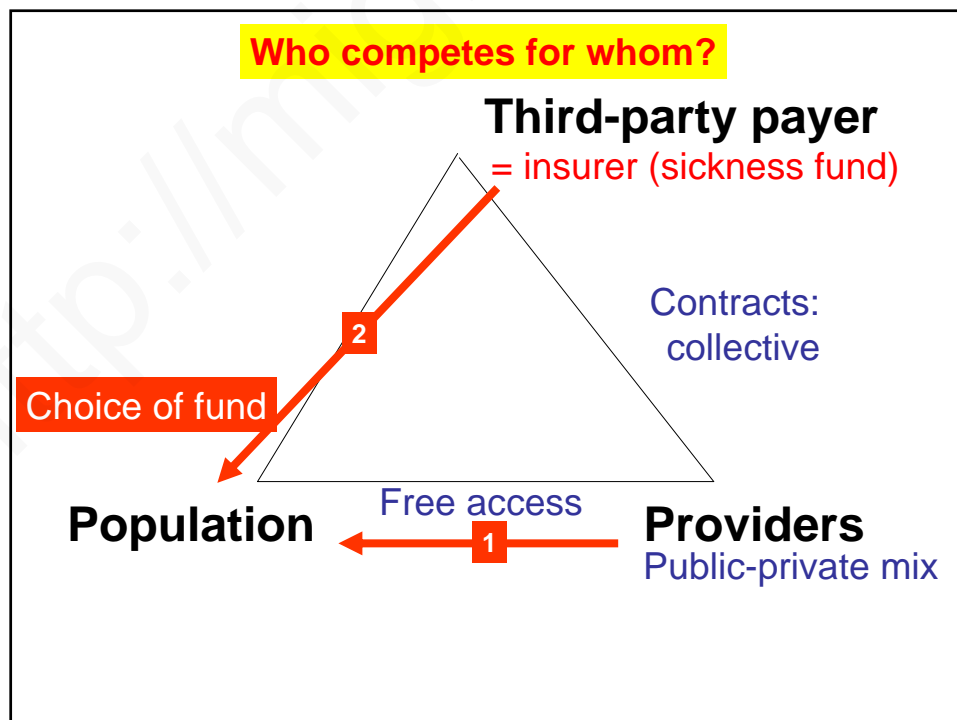
Development of the public-private mix in ownership of general hospitals, 1990–2003

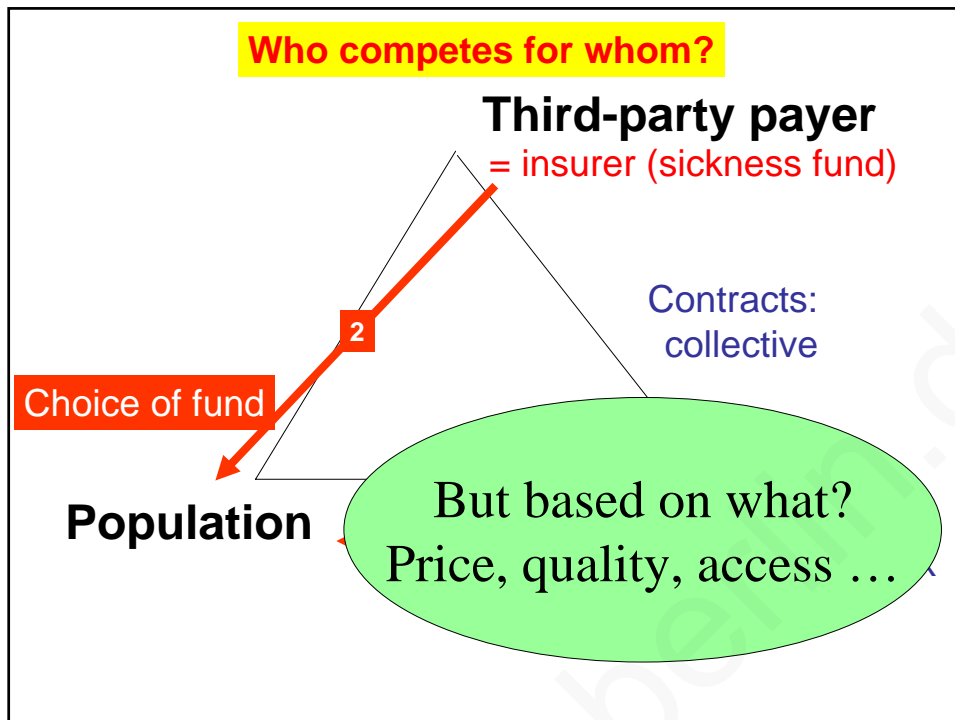
	Public		Not-for-profit		Private		Total beds
	beds	% share	beds	% share	beds	% share	
1990	387 207	62.8	206 936	33.5	22 779	3.7	616 922
2003	265 520	53.1	187 271	37.5	46 994	9.4	499 785
Change	-32.4%		-9.5%		+106.2%		-19.0%

Source: own calculations based on Federal Statistical Office 2004.

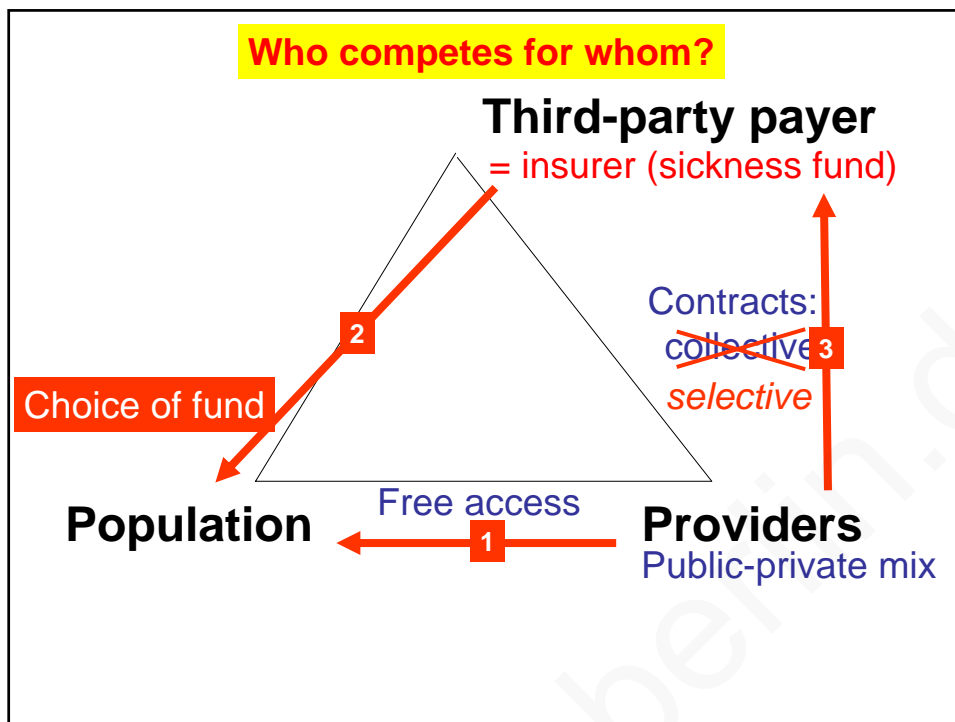
2005:
ca. 14

BIG TOPIC 3: Public-private mix in providing health care



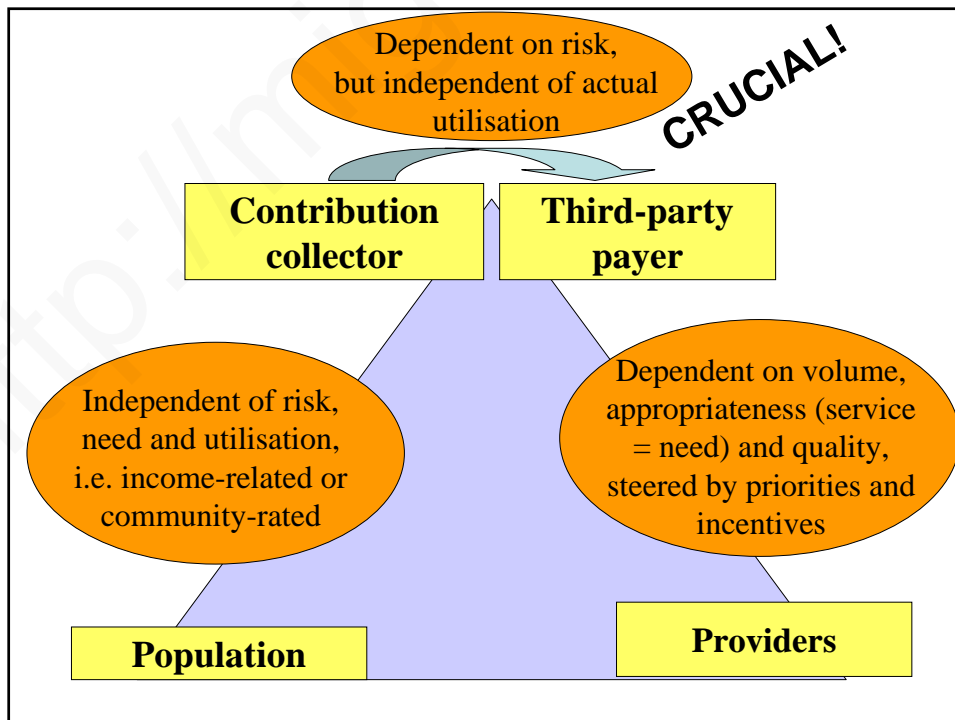
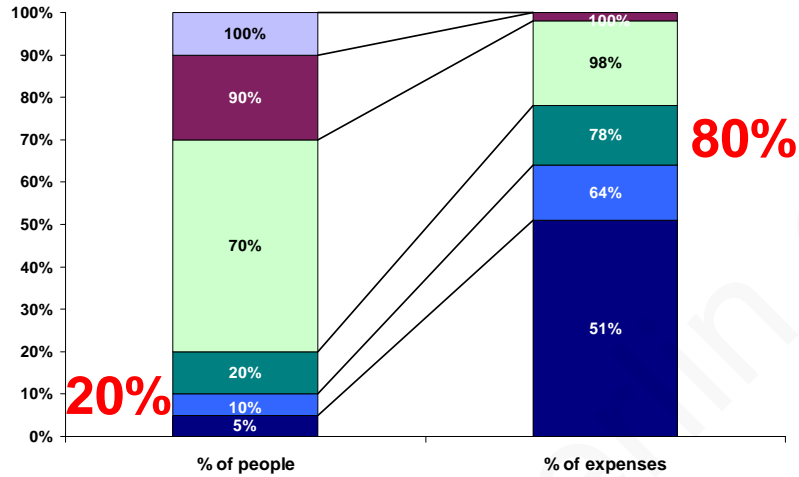


**BIG TOPIC 4:
Choice & Competition**



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?

Health care: really necessary for relatively few (here in France 2001)



BIG TOPIC 5: Balancing ability to pay, need and solidarity

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

Decker (C-120/95)

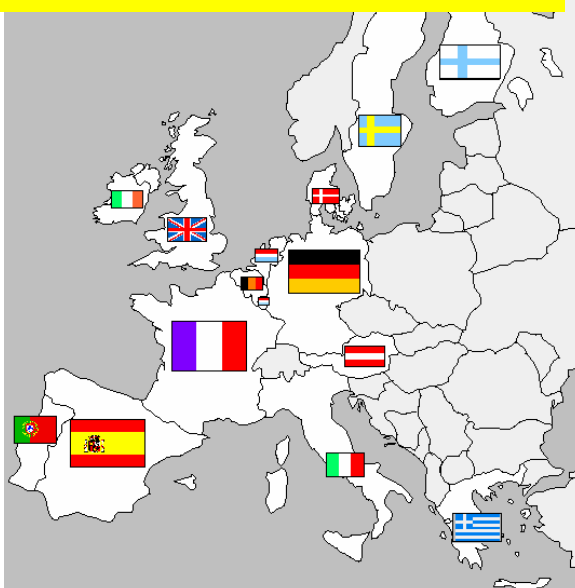
*free movement of
goods*

Kohll (C-158/95)

*free movement of
services*

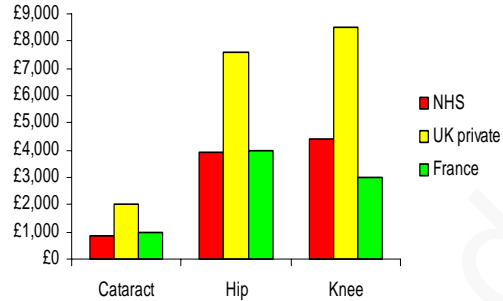
Molenaar (C-160/96)

*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

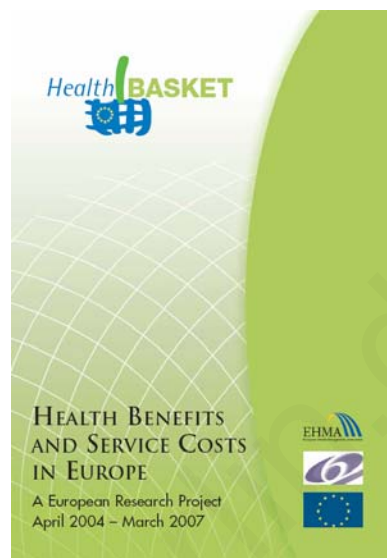
Quality of service B_x

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)?



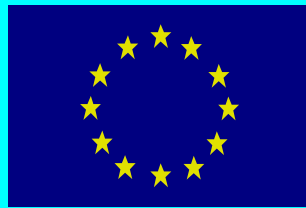
Final conference, Berlin 2/2007

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 (+ yes/ - 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.

Technische Universität Berlin



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

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

www.observatory.dk

European
Observatory
on Health Systems and Policies

