

Provision of health services: Trends and patterns in Europe (EU 28 + Iceland, Norway and Switzerland)

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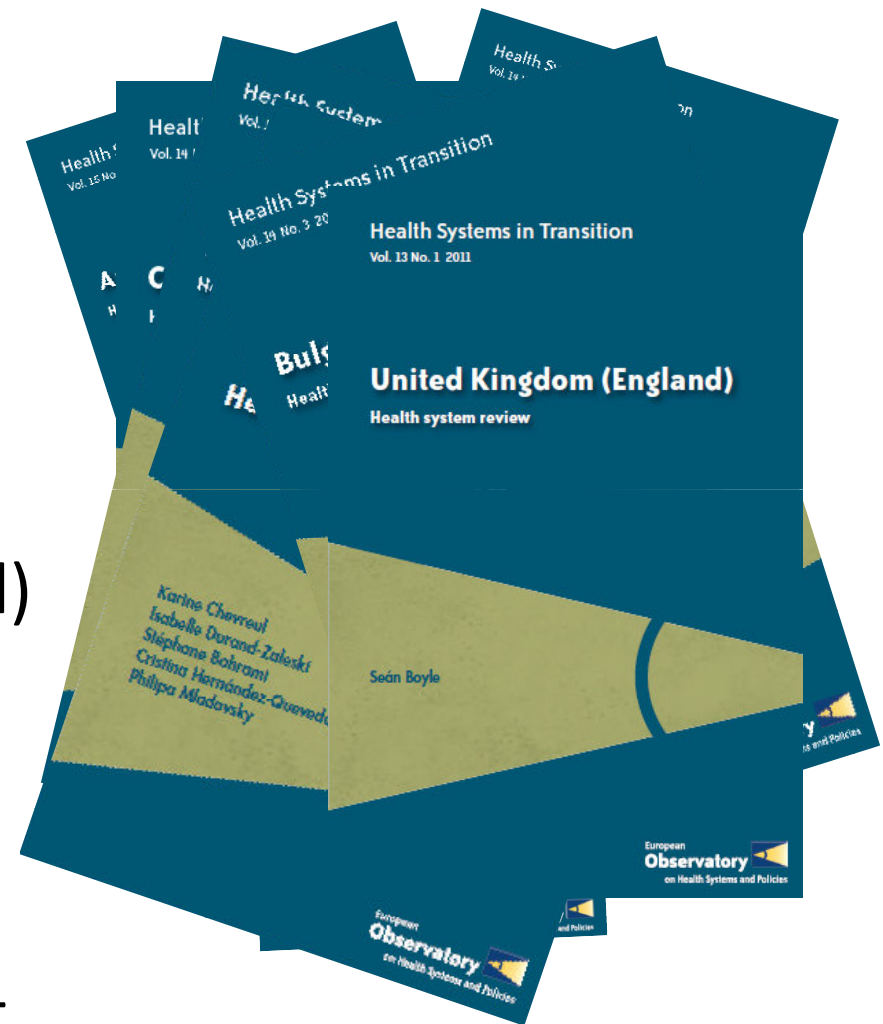


Background and aims

- **Background:** Little systematic comparative information available about cross-country differences in the provision of health care.
- **Aim:** To analyze the provision of health services, including primary, secondary, pharmaceutical, long-term, mental, and dental care and to identify:
 - institutional arrangements, delivery settings, and utilization
 - recent reforms
 - trends and patterns as well as differences

Methods





- Review of Health System in Transition (HiT) Profiles of 31 countries.
- Analysis of period 1998 to 2011
- Literature search if HiTs insufficient (old, lack of detail)
- WHO Health for All Database and OECD Health Data to quantify trends
- Review by experts from all 31 countries



- Primary care: setting and trends
- Secondary care: hospitals and day cases
- Pharmaceutical care: trends and expenditures
- Long-term care trends
- Mental health care: hospitals and coordination

Primary care: settings in Europe

	Individual practice	Health centre / Group practice	Hospital outpatient departments
AT, BG, CH, CZ, EL, HU, RO, SK	Dominant setting	Less frequent	Also available
BE, DK, FR, DE, IE, IT, LV, MT	Dominant setting	Less frequent	Inexistent
EE*, HR*, IS, LT*, NL*, PL, PT, SI, UK-ENG*	Less frequent	Dominant setting	Inexistent
LU	Dominant setting	Inexistent	Inexistent
ES, NO, SE	Inexistent	Dominant setting	Inexistent
CY, FI	Inexistent	Dominant setting	Also available

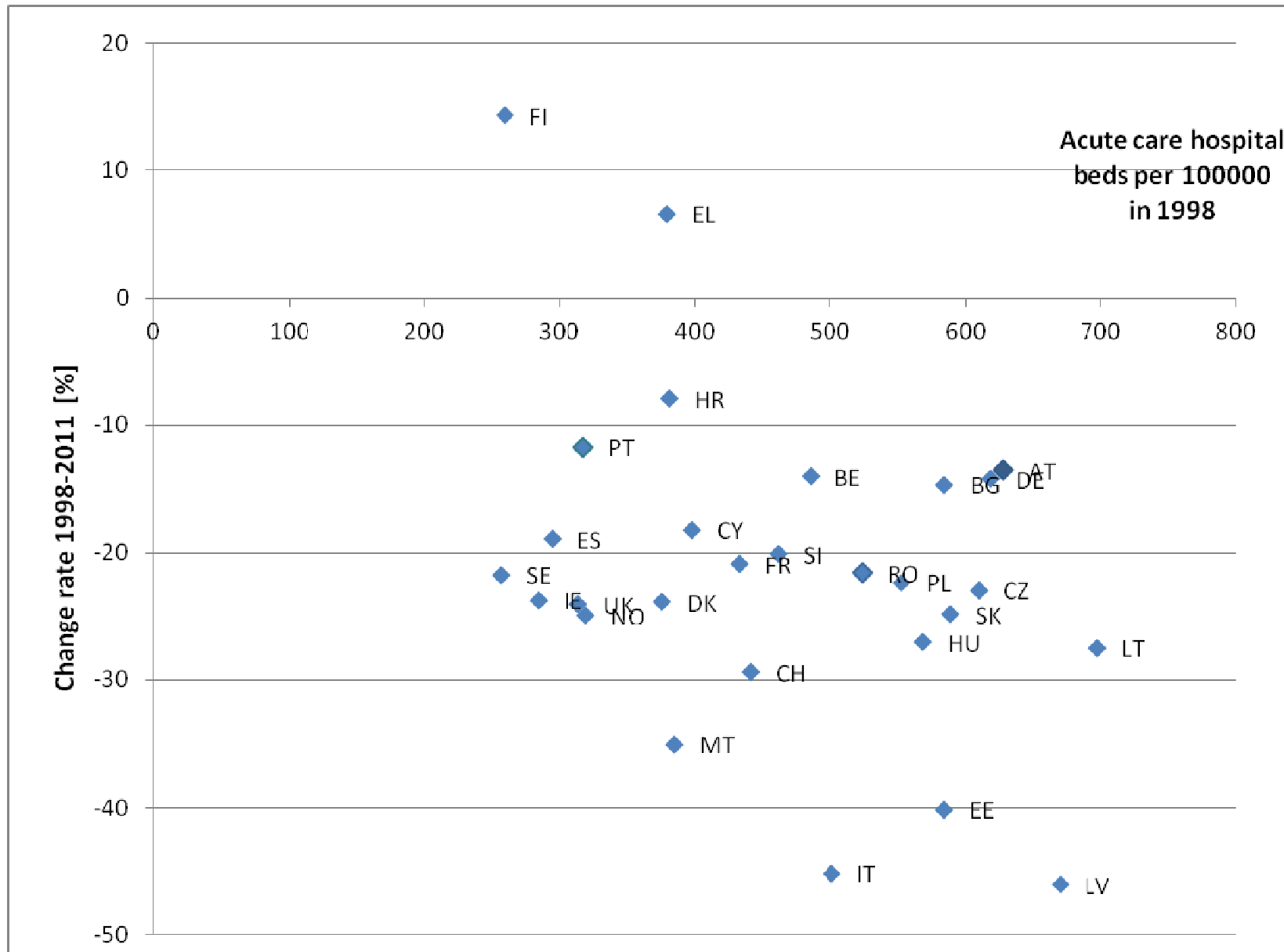
 Dominant setting
 Less frequent
 Also available
 Inexistent

** indicates countries, where group practices are the predominant practice setting*

Primary care: trend of convergence

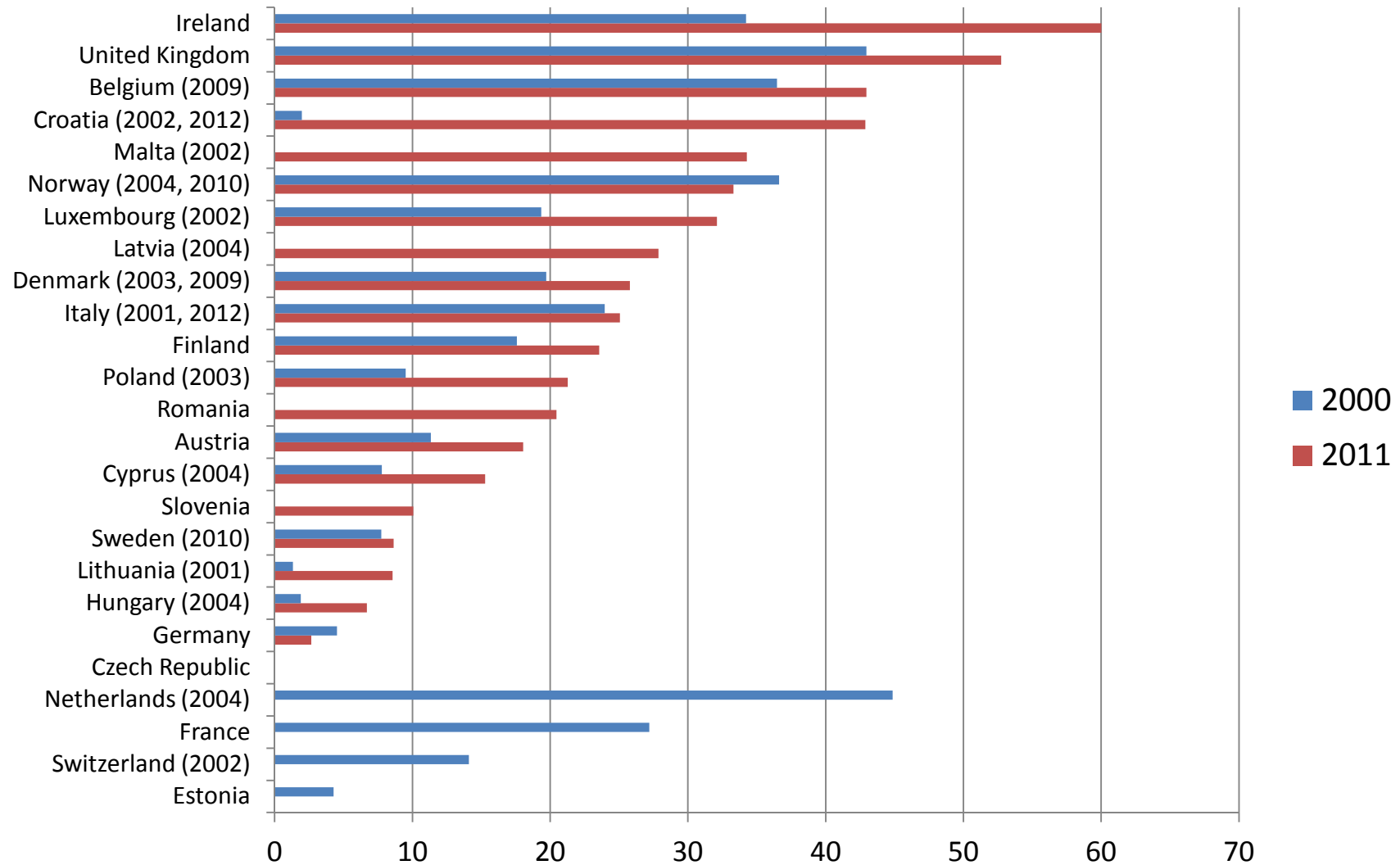
- Setting:
 - Western Europe: from individual towards group practices/health centres
 - Eastern Europe: from health centres/clinics towards group practices/individual practice
- Gate-keeping:
 - Traditional SHI countries: encouraging gate-keeping and registration with GPs to improve coordination
- Choice:
 - Traditional NHS countries: increasing choice of GP, introducing alternative primary care options (e.g. walk-in clinics)

Secondary care: moving away from inpatient care



Secondary care: More day cases

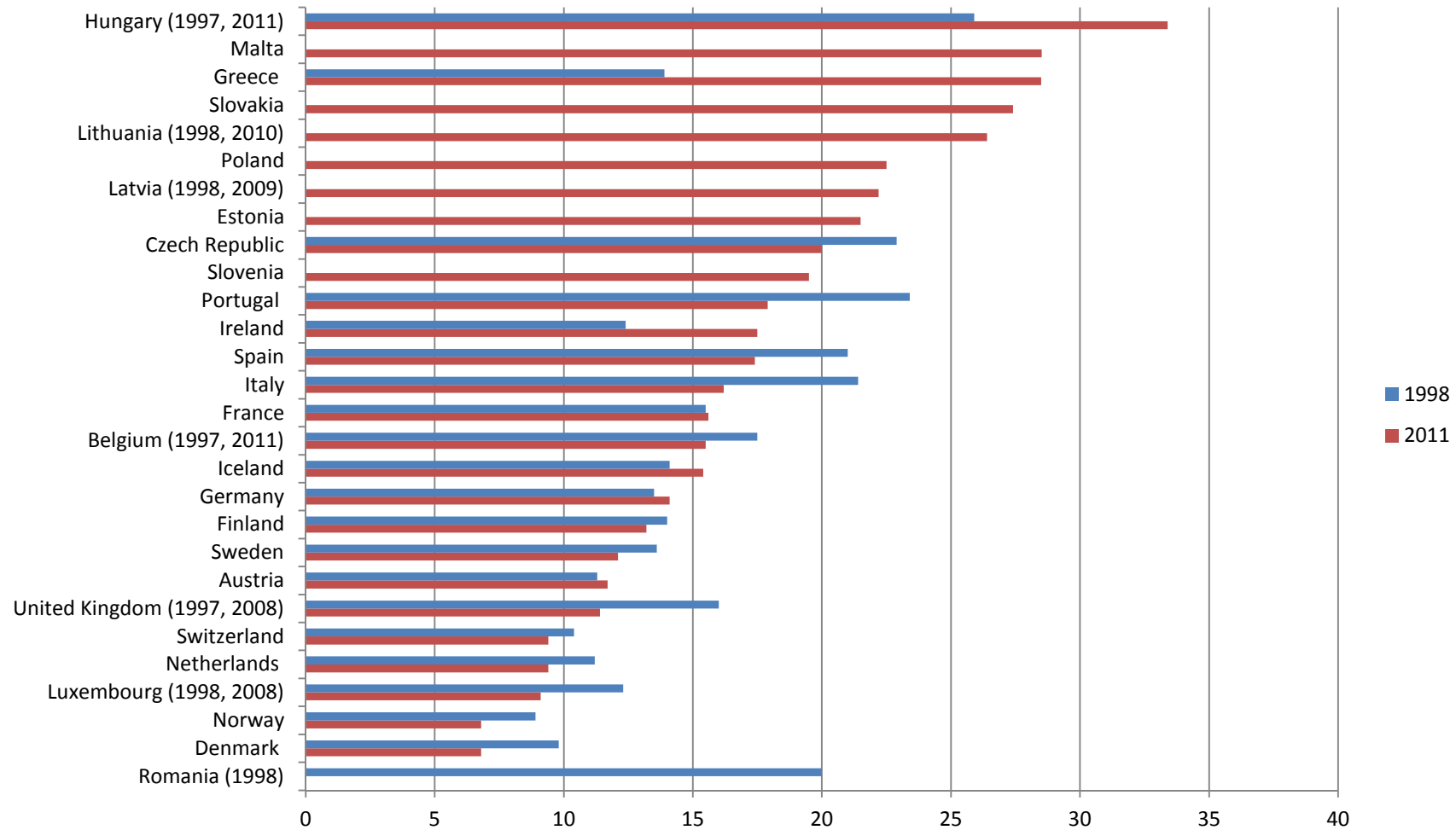
Share (%) of day-cases to all admissions



- Pricing:
 - increasing number of countries utilizes international reference pricing – but with differing reference countries
- Reimbursement:
 - Increasingly determined by comparative-effectiveness and cost-effectiveness – but with differing criteria
 - Increasing use of internal reference pricing – but for different clusters of medicines
- Rational use of medicines:
 - Increasing INN prescribing by physicians – but some countries stricter than others
 - Increasing generic substitution by pharmacists – but different regulations for opt-out

Pharmaceuticals: some countries reduce expenditures

Pharmaceutical expenditure as a share (%) of total health expenditure

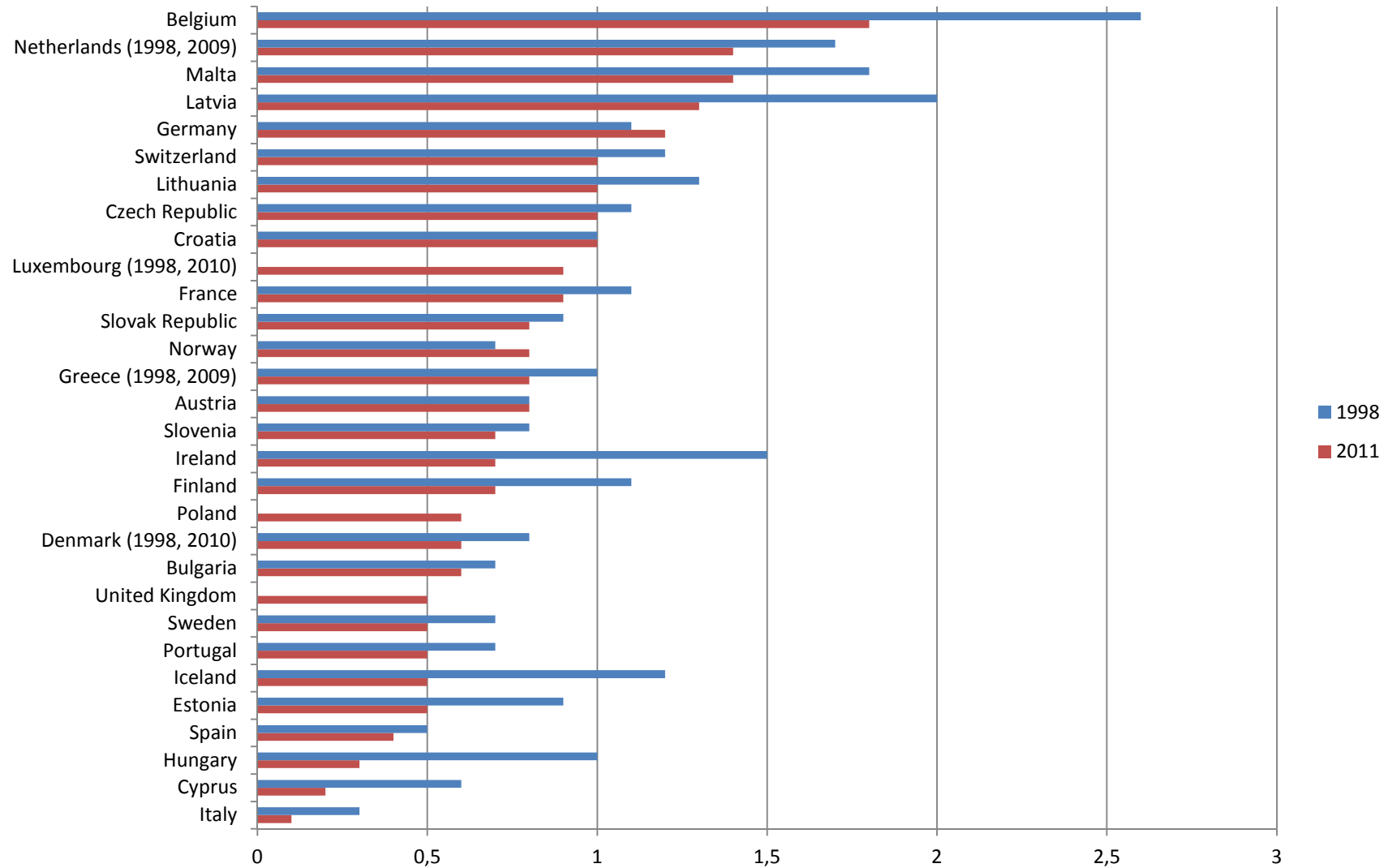


Long-term care trends

- Increasing availability of cash benefits and/or personal budgets in most countries
- Western European Countries: shifting from residential care to home-based care
- Eastern European Countries: transformation of hospitals into long-term care institutions
- Several countries attempt to improve coordination of long-term care through better integration of health and social care

Mental health care: moving away from hospitals

Psychiatric care beds per 1 000 population



Mental health: more collaboration and community care

	Formal collaborative programs for mental health with agencies for other sectors							Access to home- and community-based care: Regulation and Reality			
	Education	Employment	Housing	Welfare	Child Protection	Older People	Criminal Justice	Policies, plans or legislation require access to community-based care	Proportion of the population with access	Policies, plans or legislation require access to home-based care	Proportion of the population with access
AT	-	-	-	-	-	-	-	-	All or almost all	-	NA
BE	X	X	X	X	X	X	X	X	All or almost all	X	Some
BG	-	-	X	X	-	-	-	X	A few	X	None
CH	X	X	X	-	-	X		X	Some	X	Some
CY	X	-	-	X	X	-	X	X	NA	X	NA
CZ	X	NA	NA	NA	NA	NA	NA	X	A few	X	None
DE	X	X	X	X	X	X	X	X	All or almost all	X	All or almost all
DK	X	X	X	X	X	X	X	X	Majority	X	Some
EE	X	X	X	X	X	X	X	X	All or almost all	-	A few

Source: WHO Europe (2008): Policies and practices for mental health in Europe, updated based on reviewers' comments

- Health care provision systems in Europe are (at least in certain areas) more similar today than 16 years ago
- In some areas, e.g. primary care, convergence towards more similar patterns of service provision
- In other areas: common trend in the same direction, i.e. towards more ambulatory, day care, and community-based care, stricter regulation of pharmaceuticals.
- Nevertheless: Huge differences remain
→ potential for cross-country learning

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Thank you very much for your attention!

Slides will be available at

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

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