

Introduction to the Welfare State

Health Care

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Health Care as a Right

- **Article 11 of European Social Charter (1961) – The right to protection of health**
- With a view to ensuring the effective exercise of the right to protection of health, the Contracting Parties undertake, either directly or **in cooperation with public or private organisations**, to take appropriate measures designed *inter alia*:
 - to remove as far as possible the causes of ill-health
 - to provide advisory and educational facilities for the **promotion of health and the encouragement of individual responsibility in matters of health**
 - to prevent as far as possible epidemic, endemic and other diseases

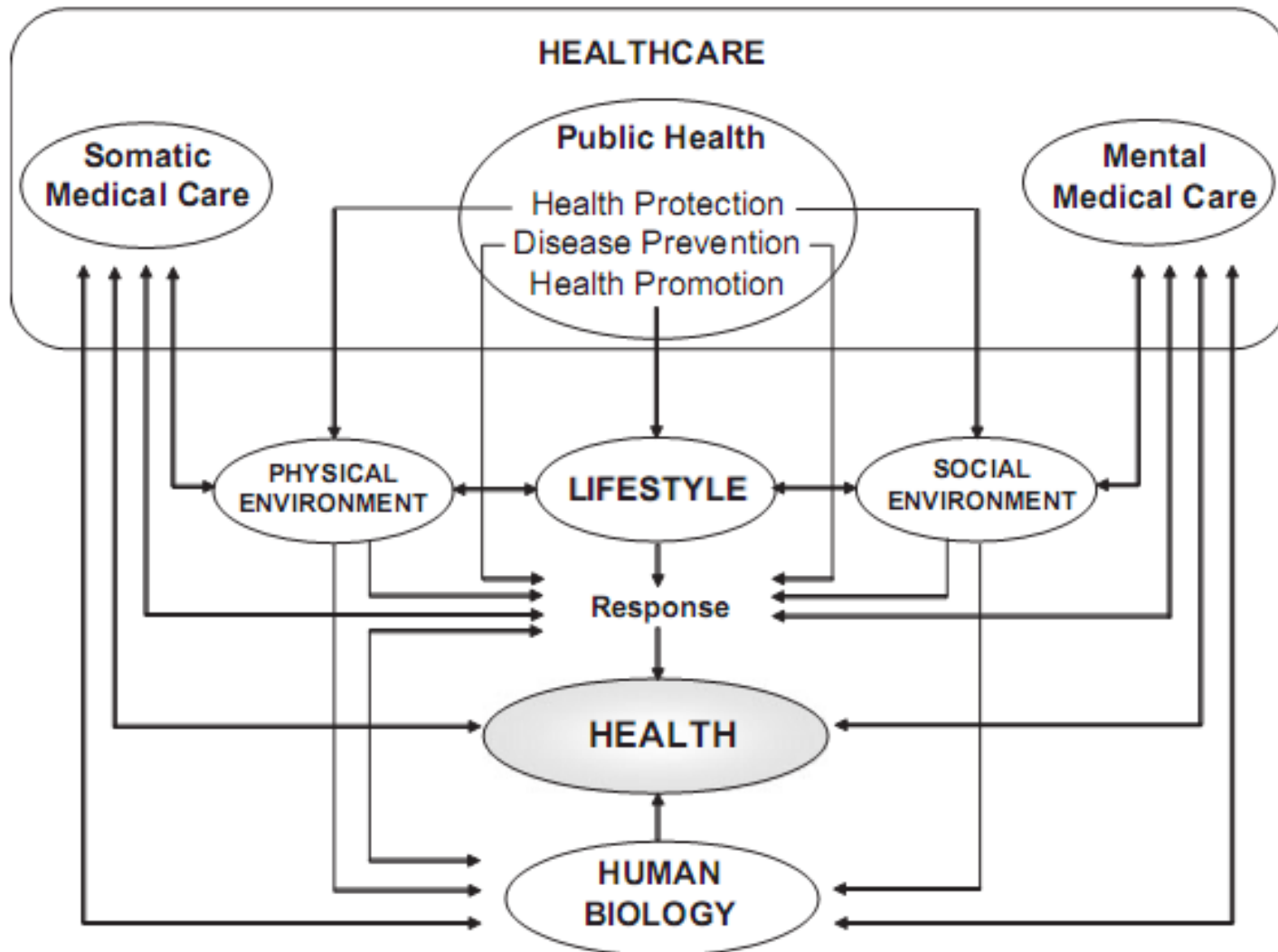
Health Care as a Right

- **Article 35 of Charter of Fundamental Rights of The European Union (2000)**
- Everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities

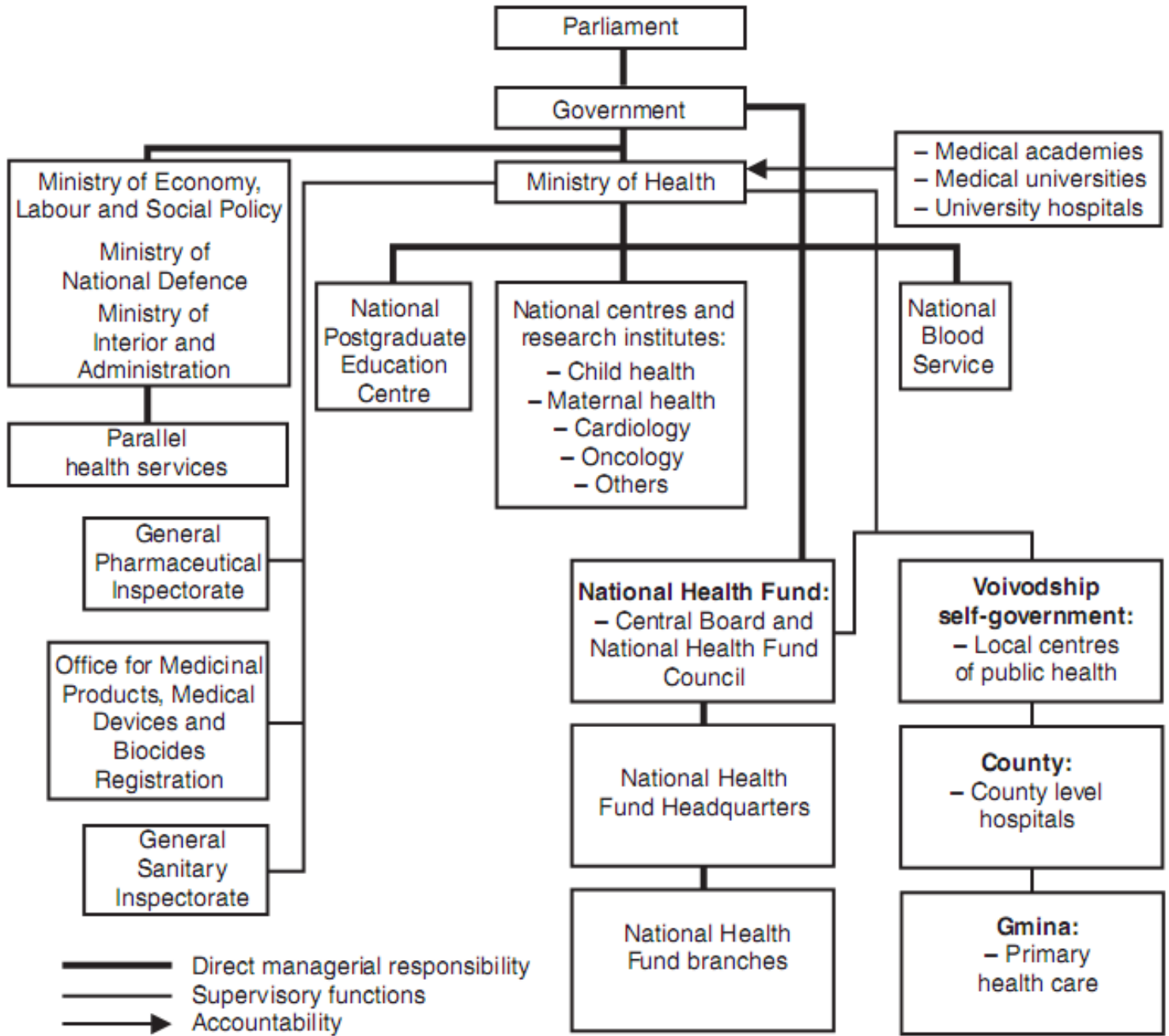
Health Care systems

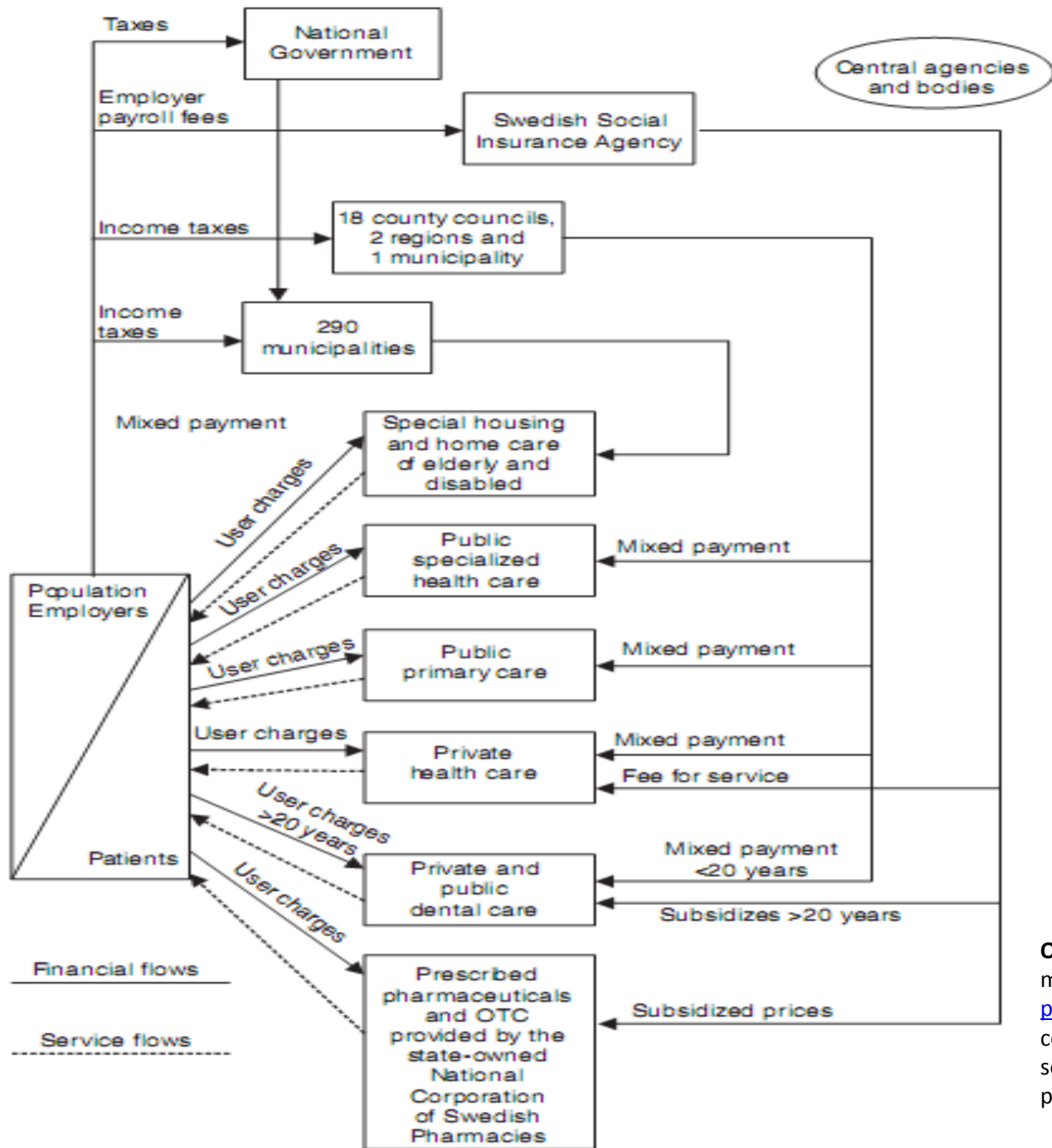
- Healthcare systems provide **security against major life risks**: ‘Not often, but sometimes, it is a matter of life and death
- More usually it represents a **powerful means of alleviating the anxiety, discomfort, and incapacity that come from sickness and ill health**’

Health Determinants



Overview of the health care system in Poland (2005)

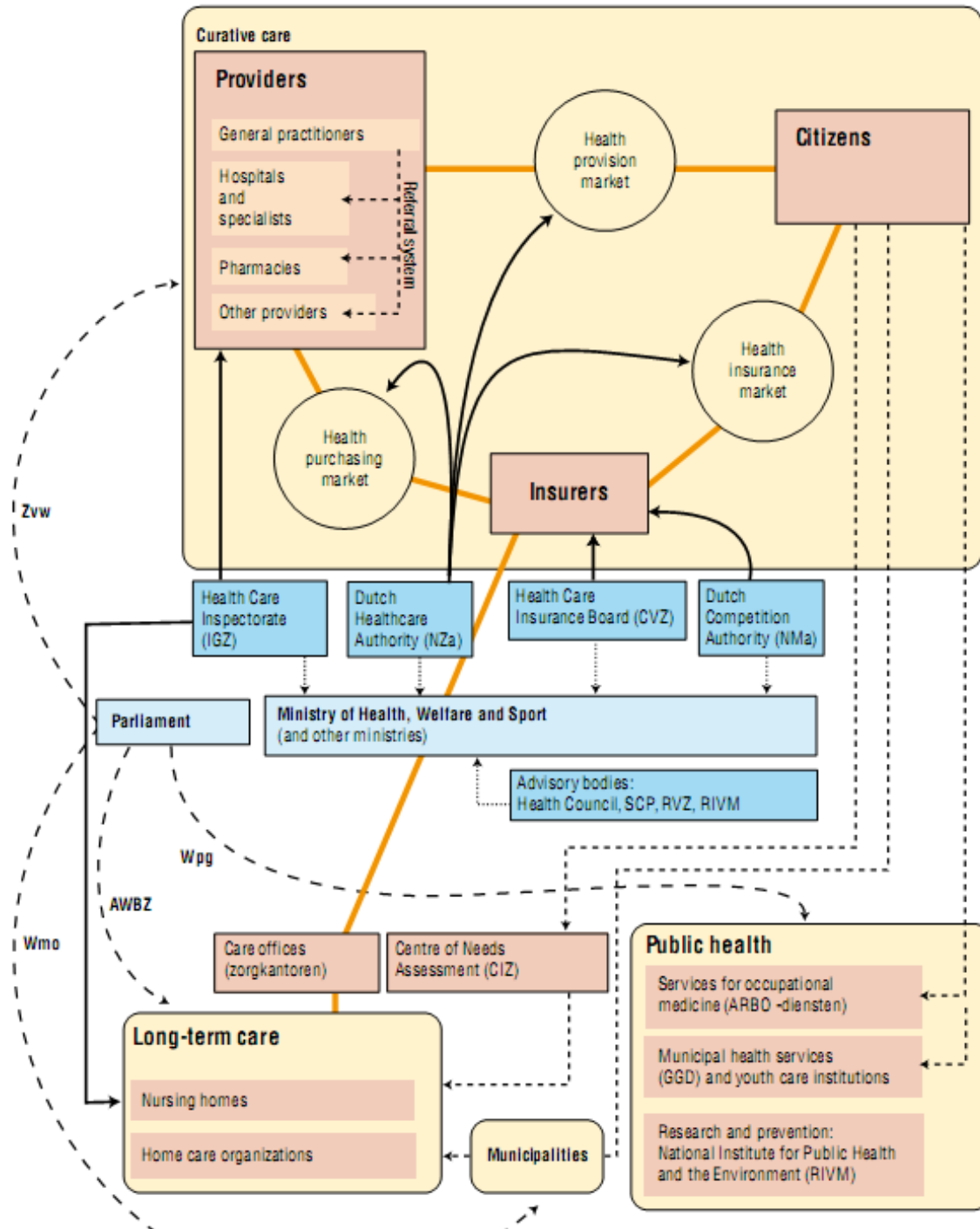




Overview of the health care system in Sweden (2005)

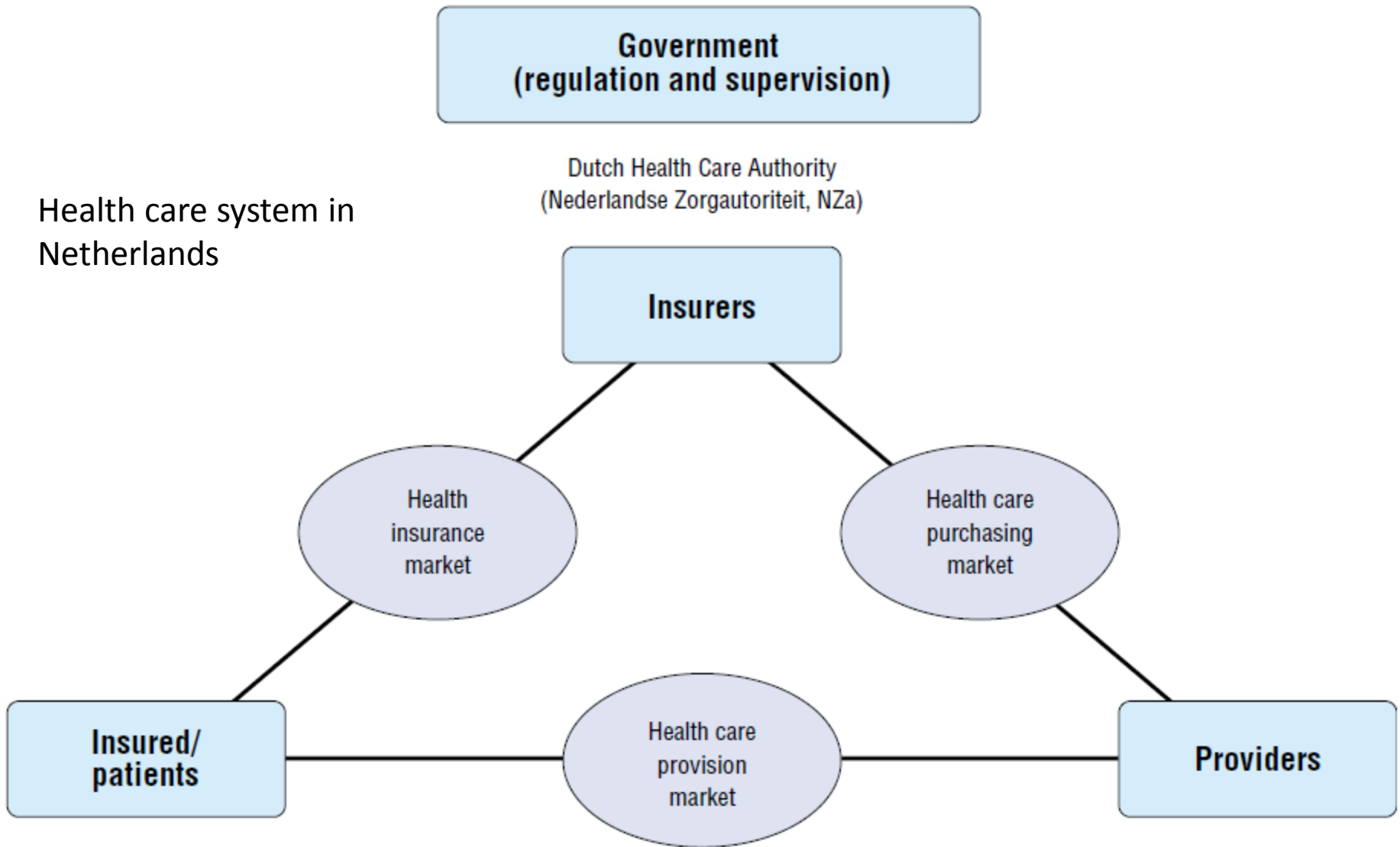
Over-the-counter (OTC) drugs are [medicines](#) that may be sold directly to a consumer without a [prescription](#) from a healthcare professional, as compared to [prescription drugs](#), which may be sold only to consumers possessing a valid prescription

Overview of the health care system in Netherlands (2005)



- Quality control
- Contractual relationship
- - - Patient flow (referral system)
- ⋯ Advice
- - - Acts

And the Market...



Relations between financing agencies, service providers and (potential) beneficiaries

Between (potential) beneficiaries and financing agencies:

- (a) coverage: the inclusion of (parts of) the population in public and/or private healthcare systems
- (b) system of financing: the financing of healthcare by public (taxes, social insurance contributions) and/or private (private insurance contributions, out-of-pocket payments) sources

Between financing agencies and service providers:

- (c) remuneration of service providers: the specific system of provider compensation
- (d) access of (potential) providers to healthcare markets: access to financing agencies

Between service providers and (potential) beneficiaries:

- (e) access of patients to service providers
 - (f) benefit package: the content and range of services offered to patients
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Classifying Healthcare System Types

- Of these 27 types, three instances of *ideal-types* can be identified on the basis of uniform features across all dimensions of healthcare
 - ***state healthcare systems***, in which **financing, service provision** and **regulation** are carried out by state actors and institutions
 - ***societal healthcare systems***, in which societal actors take on the responsibility of healthcare financing, provision and regulation
 - ***private healthcare systems***, in which all three dimensions fall under the auspices of market actors

| | Healthcare system type | Regulation | Financing | Provision |
|----|---|-----------------|-----------------|-----------------|
| 1 | <i>Ideal-type: State Healthcare System</i> | <i>State</i> | <i>State</i> | <i>State</i> |
| 2 | State-based mixed-type | State | State | Societal |
| 3 | State-based mixed-type | State | State | Private |
| 4 | State-based mixed-type | State | Societal | State |
| 5 | State-based mixed-type | State | Private | State |
| 6 | State-based mixed-type | Societal | State | State |
| 7 | State-based mixed-type | Private | State | State |
| 8 | Societal-based mixed-type | State | Societal | Societal |
| 9 | Societal-based mixed-type | Societal | State | Societal |
| 10 | Societal-based mixed-type | Societal | Societal | State |
| 11 | <i>Ideal-type: Societal Healthcare System</i> | <i>Societal</i> | <i>Societal</i> | <i>Societal</i> |
| 12 | Societal-based mixed-type | Societal | Societal | Private |
| 13 | Societal-based mixed-type | Societal | Private | Societal |
| 14 | Societal-based mixed-type | Private | Societal | Societal |
| 15 | Private-based mixed-type | State | Private | Private |
| 16 | Private-based mixed-type | Private | State | Private |
| 17 | Private-based mixed-type | Private | Private | State |
| 18 | Private-based mixed-type | Societal | Private | Private |
| 19 | Private-based mixed-type | Private | Societal | Private |
| 20 | Private-based mixed-type | Private | Private | Societal |
| 21 | <i>Ideal-type: Private Healthcare System</i> | <i>Private</i> | <i>Private</i> | <i>Private</i> |
| 22 | Pure mixed-type | State | Private | Societal |
| 23 | Pure mixed-type | State | Societal | Private |
| 24 | Pure mixed-type | Private | State | Societal |
| 25 | Pure mixed-type | Private | Societal | State |
| 26 | Pure mixed-type | Societal | State | Private |
| 27 | Pure mixed-type | Societal | Private | State |

Classification of healthcare systems – actors, dimensions and theoretical possibilities

Typologies of National Health Care Systems

| | <i>Dimensions</i> | <i>Types of healthcare systems</i> | <i>Classification of countries</i> |
|---|--|--|---|
| OECD (1987) | <ul style="list-style-type: none"> • Coverage • funding • ownership | <ol style="list-style-type: none"> 1. National health service 2. Social insurance 3. Private insurance | <ol style="list-style-type: none"> 1. Great Britain 2. Germany 3. United States |
| Moran (1999); classification of countries: see also Bureau and Blank (2006) | <ul style="list-style-type: none"> • Consumption • provision • production | <ol style="list-style-type: none"> 1. Entrenched command- and-control state 2. Supply state 3. Corporatist state 4. Insecure command- and-control state | <ol style="list-style-type: none"> 1. Great Britain, Sweden 2. United States 3. Germany 4. Greece, Italy, Portugal |
| Wendt et al. (2009) | Role of the state, societal and market actors in: <ul style="list-style-type: none"> • financing • service provision • regulation | Taxonomy of 27 health systems with three ideal types: <ol style="list-style-type: none"> 1. State healthcare system 2. Societal healthcare system 3. Private healthcare system | <ol style="list-style-type: none"> 1. Great Britain, Scandinavian countries 2. No ideal-type; Germany represents a societal-based mixed type 3. No ideal-type: United States represents a private-based mixed type |
| Typology in 'Mapping European Healthcare Systems' | <ul style="list-style-type: none"> • Health expenditure • Public-private mix of financing • Privatization of risk • Healthcare provision • Entitlement to care • Payment of doctors • Patients' access to providers | <ol style="list-style-type: none"> 1. Health service provision- oriented type 2. Universal coverage – controlled access type 3. Low budget – restricted access type | <ol style="list-style-type: none"> 1. Austria, Belgium, France, Germany, Luxembourg 2. Denmark, Great Britain, Sweden, Italy, Ireland 3. Portugal, Spain, Finland |

Three Types of Health Care Systems

- ***Health service provision-oriented type.*** This type is mainly characterized by its high level and unquestioned importance of service provision especially in the outpatient sector
- ***Universal coverage – controlled access type.*** This type of healthcare system is mainly characterized by its universal coverage
- ***Low budget – restricted access type.*** This type of healthcare system is characterized by a low level of total health expenditure (per capita)

An **outpatient** (or **out-patient**) is a patient who is not hospitalized for 24 hours or more but who visits a [hospital](#), [clinic](#), or associated facility for diagnosis or treatment. Treatment provided in this fashion is called [ambulatory care](#).

Euro Health Consumer Index – indicators for benchmarking of health care systems

| Sub-discipline | Indicator |
|-----------------------------------|--|
| 1. Patient rights and information | 1.1 Healthcare law based on Patients' Rights |
| | 1.2 Patient organisations involved in decision making |
| | 1.3 No-fault malpractice insurance |
| | 1.4 Right to second opinion |
| | 1.5 Access to own medical record |
| | 1.6 Register of legit doctors |
| | 1.7 Web or 24/7 telephone HC info with interactivity |
| | 1.8 Cross-border care seeking financed from home |
| | 1.9 Provider catalogue with quality ranking |
| | Subdiscipline weighted score |
| 2. e-Health | 2.1 EPR penetration |
| | 2.2 e-transfer of medical data between health professionals |
| | 2.3 Lab test results communicated direct to patients via e-health solutions? |
| | 2.4 Do patients have access to on-line booking of appointments? |
| | 2.5 on-line access to check how much doctors/clinics have charged insurers for |
| | 2.6 e-prescriptions |
| | Subdiscipline weighted score |

| | |
|-------------------------------------|---|
| 3. Waiting time for treatment | 3.1 Family doctor same day access |
| | 3.2 Direct access to specialist |
| | 3.3 Major non-acute operations <90 days |
| | 3.4 Cancer therapy < 21 days |
| | 3.5 CT scan < 7days |
| | Subdiscipline weighted score |
| 4. Outcomes | 4.1 Heart infarct case fatality |
| | 4.2 Infant deaths |
| | 4.3 Ratio of cancer deaths to incidence 2006 |
| | 4.4 Preventable Years of Life Lost |
| | 4.5 MRSA infections |
| | 4.6 Rate of decline of suicide |
| | 4.7 % of diabetics with high HbA1c levels (> 7) |
| Subdiscipline weighted score | |

| | |
|--|--|
| 5. Range and reach of services provided | 5.1 Equity of healthcare systems |
| | 5.2 Cataract operations per 100 000 age 65+ |
| | 5.3 Infant 4-disease vaccination |
| | 5.4 Kidney transplants per million pop. |
| | 5.5 Is dental care included in the public healthcare offering? |
| | 5.6 Rate of mammography |
| | 5.7 Informal payments to doctors |
| | Subdiscipline weighted score |
| 6. Pharmaceuticals | 6.1 Rx subsidy |
| | 6.2 Layman-adapted pharmacopeia? |
| | 6.3 Novel cancer drugs deployment rate |
| | 6.4 Access to new drugs (time to subsidy) |
| | Subdiscipline weighted score |

Euro Health Consumer Index
– indicators for benchmarking of health care systems cont.

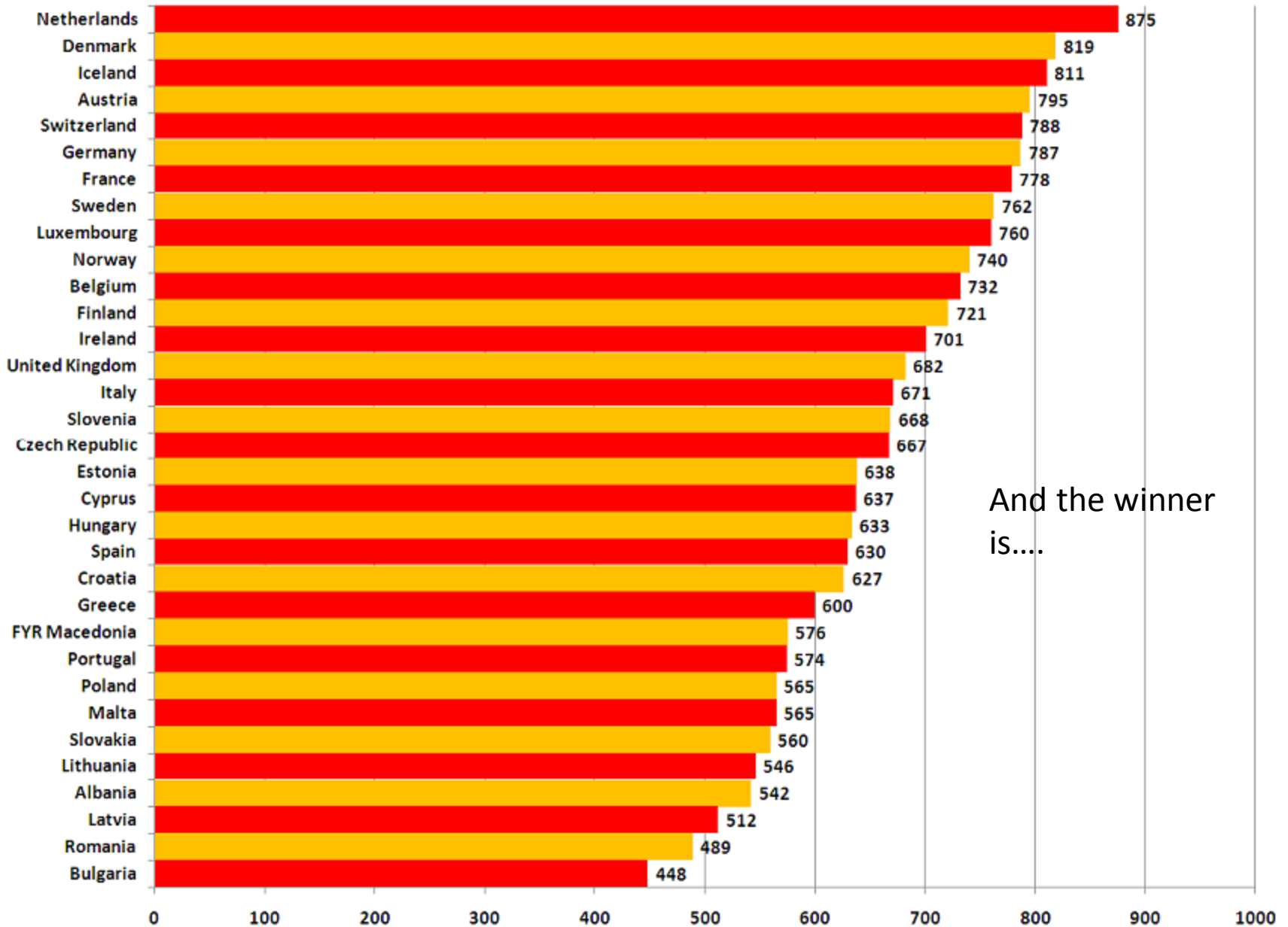
Benchmarking Results

| Sub-discipline | Albania | Austria | Belgium | Bulgaria | Croatia | Cyprus | Czech Republic | Denmark | Estonia | Finland | France | FYR Macedonia | Germany | Greece |
|-----------------------------------|------------|------------|------------|------------|------------|------------|----------------|------------|------------|------------|------------|---------------|------------|------------|
| 1. Patient rights and information | 117 | 149 | 130 | 84 | 117 | 110 | 84 | 175 | 130 | 143 | 143 | 110 | 123 | 84 |
| 2. e-Health | 29 | 50 | 38 | 42 | 54 | 38 | 38 | 63 | 46 | 50 | 33 | 50 | 38 | 25 |
| 3. Waiting times | 187 | 173 | 187 | 120 | 120 | 160 | 133 | 120 | 120 | 93 | 173 | 160 | 187 | 147 |
| 4. Outcomes | 95 | 190 | 155 | 95 | 143 | 155 | 190 | 202 | 143 | 226 | 202 | 107 | 214 | 190 |
| 5. Range and reach of services | 64 | 107 | 136 | 57 | 93 | 100 | 121 | 121 | 100 | 121 | 114 | 86 | 100 | 79 |
| 6. Pharmaceuticals | 50 | 125 | 88 | 50 | 100 | 75 | 100 | 138 | 100 | 88 | 113 | 63 | 125 | 75 |
| Total score | 542 | 795 | 732 | 448 | 627 | 637 | 667 | 819 | 638 | 721 | 778 | 576 | 787 | 600 |
| Rank | 30 | 4 | 11 | 33 | 22 | 19 | 17 | 2 | 18 | 12 | 7 | 24 | 6 | 23 |

Benchmarking Results cont.

| Sub-discipline | Latvia | Lithuania | Luxembourg | Malta | Netherlands | Norway | Poland | Portugal | Romania | Slovakia | Slovenia | Spain | Sweden | Switzerland | Kingdom | United |
|-----------------------------------|------------|------------|------------|------------|-------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|------------|--------|
| 1. Patient rights and information | 91 | 136 | 136 | 97 | 162 | 136 | 117 | 110 | 91 | 104 | 149 | 84 | 117 | 136 | 123 | |
| 2. e-Health | 29 | 38 | 38 | 29 | 63 | 50 | 38 | 46 | 25 | 29 | 38 | 42 | 54 | 46 | 54 | |
| 3. Waiting times | 120 | 120 | 173 | 120 | 147 | 107 | 107 | 80 | 120 | 133 | 120 | 93 | 93 | 187 | 80 | |
| 4. Outcomes | 131 | 131 | 202 | 131 | 238 | 226 | 131 | 131 | 107 | 95 | 155 | 179 | 250 | 214 | 179 | |
| 5. Range and reach of services | 79 | 71 | 136 | 100 | 129 | 121 | 86 | 107 | 71 | 86 | 107 | 107 | 136 | 93 | 121 | |
| 6. Pharmaceuticals | 63 | 50 | 75 | 88 | 138 | 100 | 88 | 100 | 75 | 113 | 100 | 125 | 113 | 113 | 125 | |
| Total score | 512 | 546 | 760 | 565 | 875 | 740 | 565 | 574 | 489 | 560 | 668 | 630 | 762 | 788 | 682 | |
| Rank | 31 | 29 | 9 | 26 | 1 | 10 | 26 | 25 | 32 | 28 | 16 | 21 | 8 | 5 | 14 | |

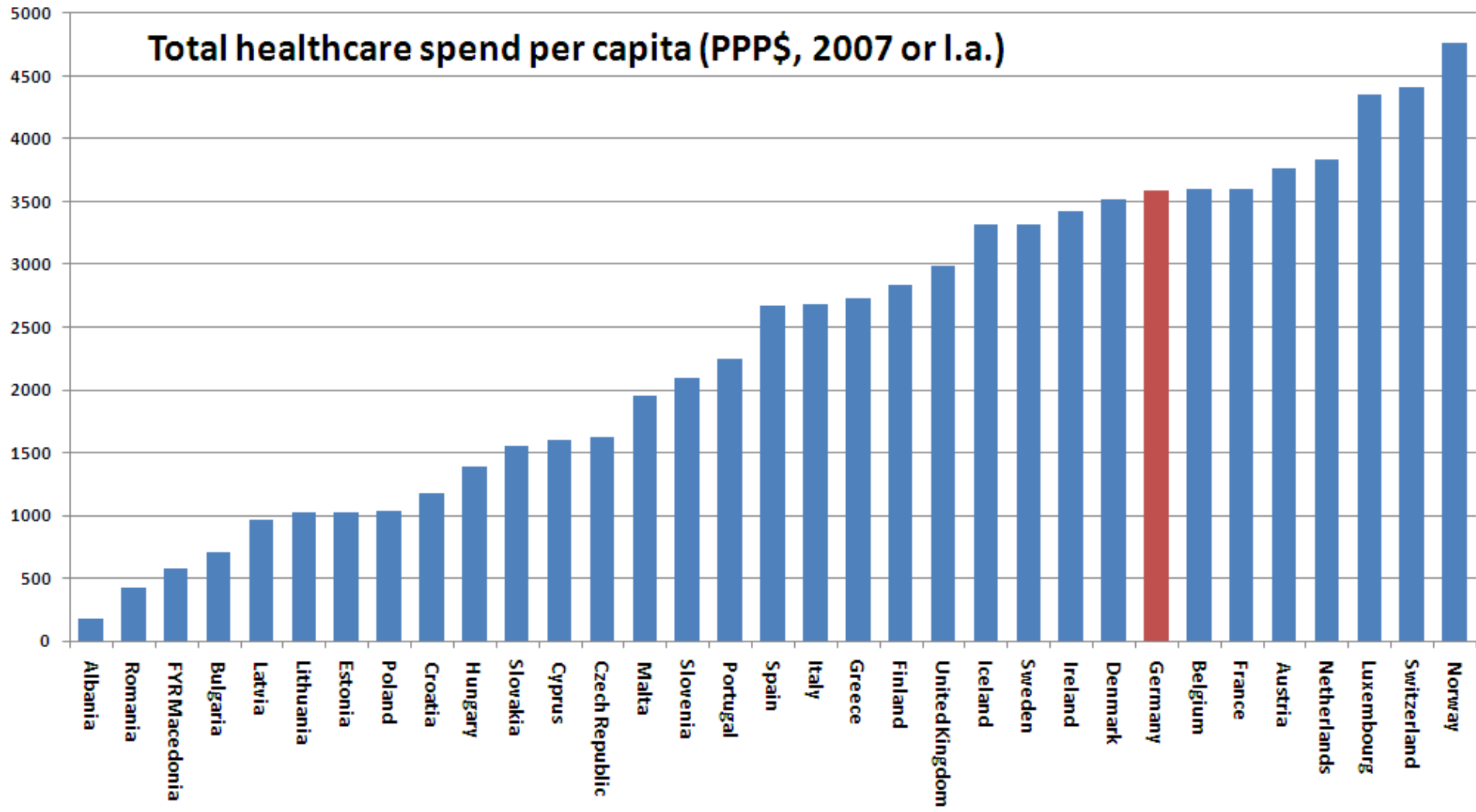
Total scores in Euro Health Consumer Index 2009



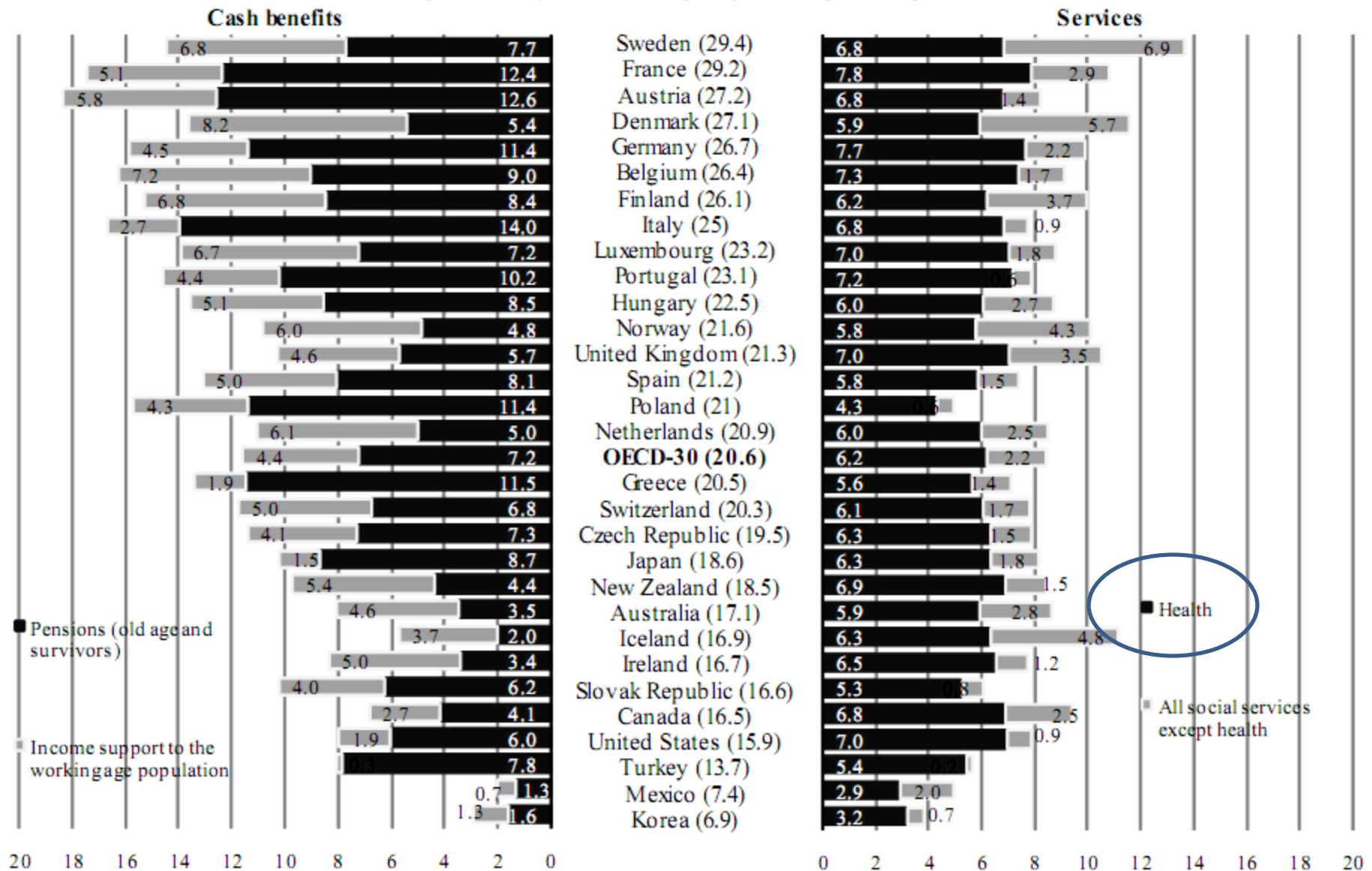
And the winner
is....

At what cost?

Total healthcare spend per capita (PPP\$, 2007 or l.a.)



Public social expenditure by broad social policy area, 2005



Trends in health care expenditures as a share of GDP

