Health Reforms Across the World: Are They Heading in the Same Direction, and How Much Change Can We Expect?

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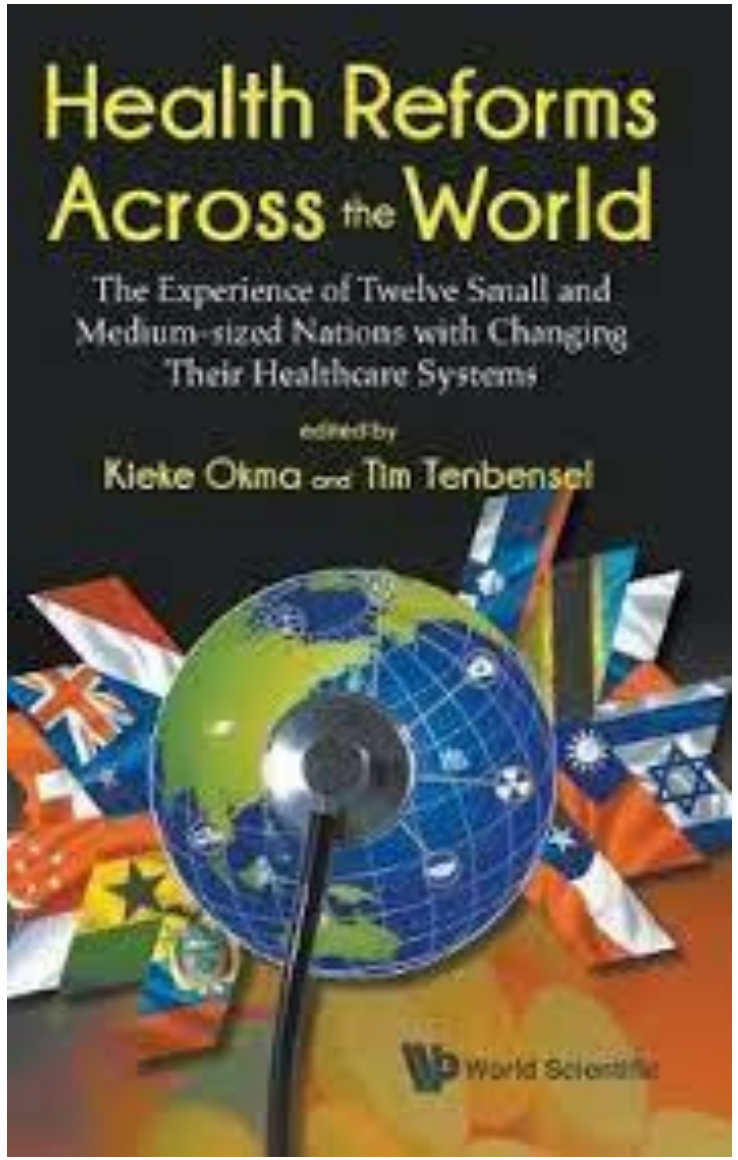
My Background

PhD in Political Science (Australian National University)

Teach and research:

- Comparative health policy
- Policy implementation

Co-editor of *Health Reforms Across the World*



Outline

Commonalities between health systems in High Income Countries

Health Reform goals

Health system differences and why they matter

Experience of health reforms

What can we reasonably expect of health reform?

Commonalities of health systems

The political economy of health

- Health Systems were created by health professionals
- Paid for by ‘third-party payers’
- The importance of professionalization
  - Specialisation
  - Scopes of practice
  - Supplier-induced demand
- International labour market
- Health professions have ‘veto power’ (particularly medical professionals)

Common health reform agendas

- Efficiency / cost-containment (1980s-90s)
- Priority-setting (1990s – 2000s)
- Integration (2000s – 2010s)
- Population Health and Inequities (2010s – 2020s)

Differences and ‘path dependency’

Reform agendas (problem definitions) are ‘refracted’ through different health systems

- Health system financing
- Public/private mix in financing, provision and governance
- Historical bargains between state and medical profession

Each health system experiences different ‘stress points’

- Premium levels in social insurance systems
- Rationing (waiting lists, waiting times) in tax-based systems
- Uninsured in private insurance systems

Dissatisfaction has different sources in different countries

Experience of Health Reforms

Reform is usually about ‘secondary features’

- How providers are paid
- Structure and governance
- Regulation of health insurance

Ambitions are rarely matched by real change

- Large-scale change becomes incremental

Successfully implemented reforms may not achieve intended change

Example: – Netherlands insurance reform (2006)

Problem definition

- Efficiency

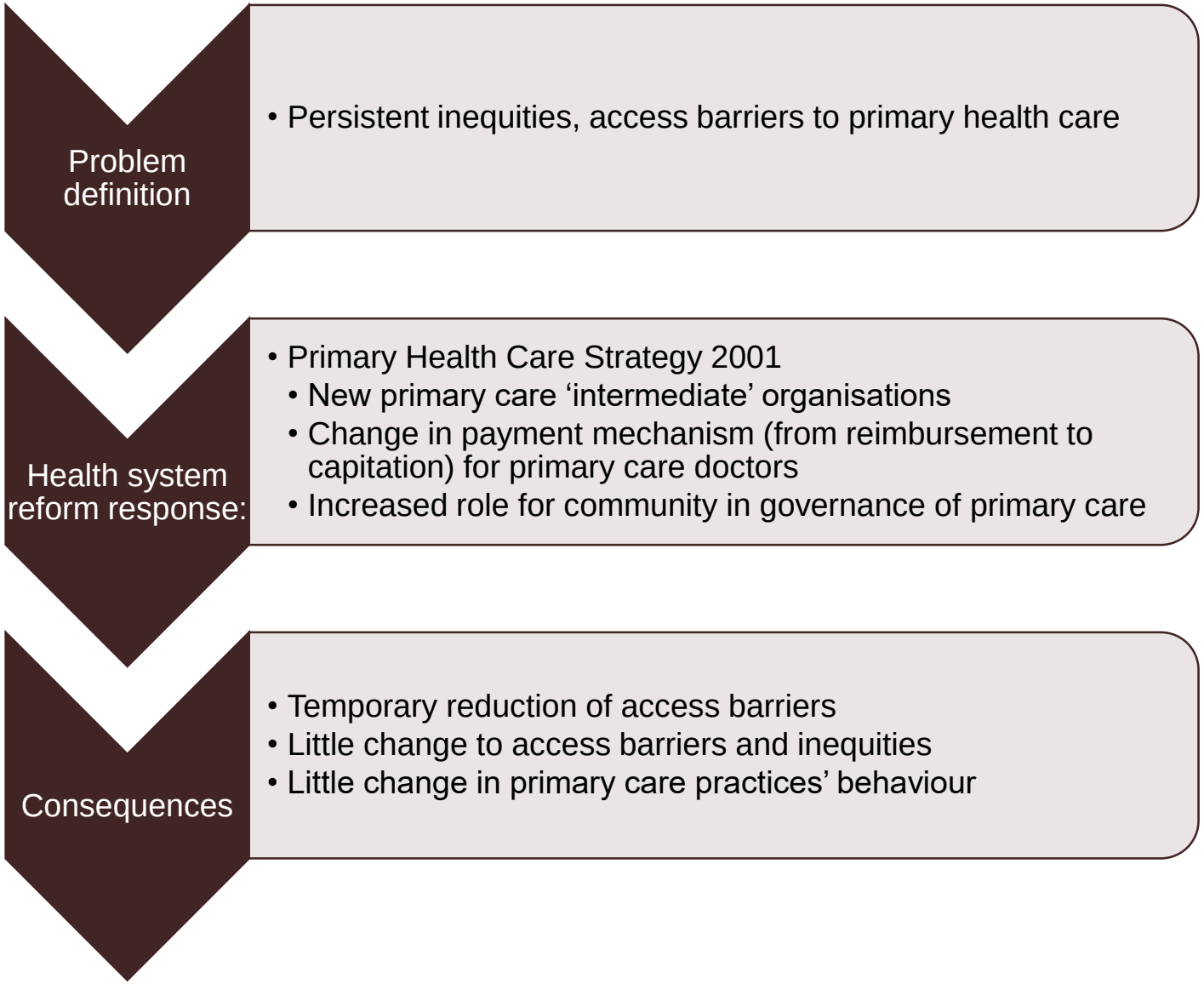
Health system reform response:

- Major changes to insurance-based system (2006)
  - Competition between insurers
  - Blurring of private/social insurance

Consequences

- Higher health spending as a % of GDP

Example: New Zealand and primary care reform (2001)



Reform without change and change without reform?

How do health systems ‘change from within’?

What is changing in the political economy of health?

- Pattern of demand (multi-morbidities, nature of ‘unmet need’)
- Pattern of supply (workforce shortages, new organisational and service models)
- Changing inter-professional relationships
- Information gathering and use

What can we reasonably expect from health reform?

We can expect the unexpected

There’s change (Jim), but not as we intended it!

Change does not come from a ‘central brain’