

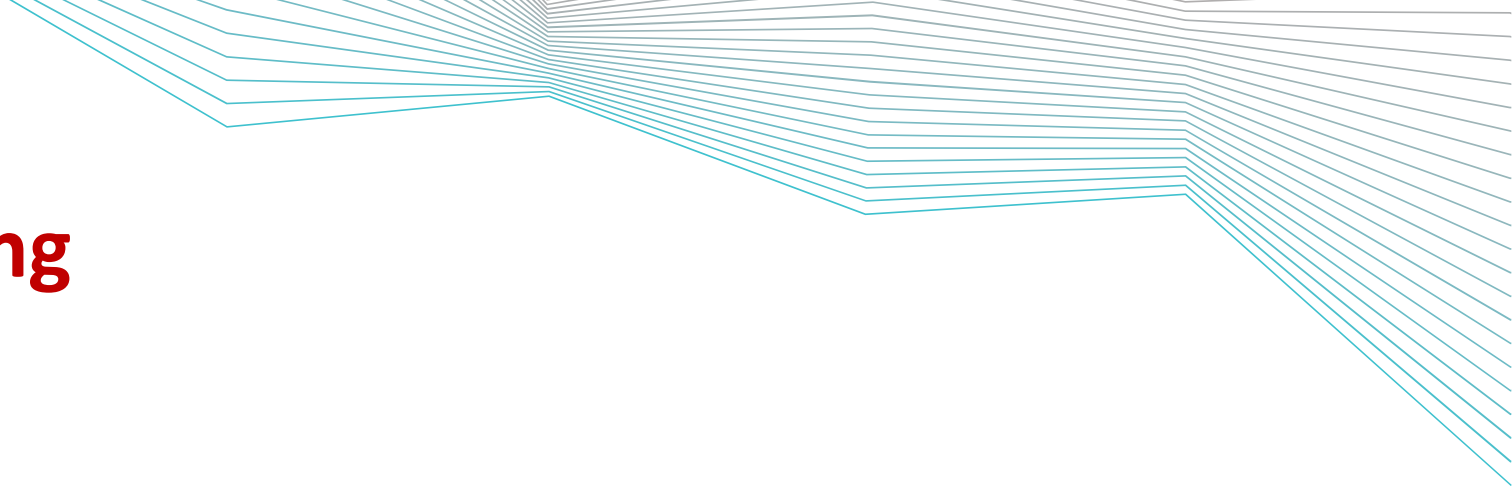
Healthcare reform: A role for research?

Peter Groenewegen



NIVEL

Knowledge for better care



Roadmap for this morning

1. Introduction
2. Healthcare reform
3. Policy process and the need/demand for research
4. What research can give?
5. International perspective
6. Conclusions

1. Introduction: a few words about health reform in the Netherlands

Brief overview of health reforms in the Netherlands

- 19th century: *Care for the poor*
- First half of 20th century: *Access to care*
- 1970's: *Planning as ordering principle and strengthening primary care*
- 1980's and '90's: *Cost containment, hospital bed reduction*
- Early 2000's: *Market reforms*
- 2020's: *Back to coordination and cooperation*

Longterm change in social insurance systems

- **Who is insured:**

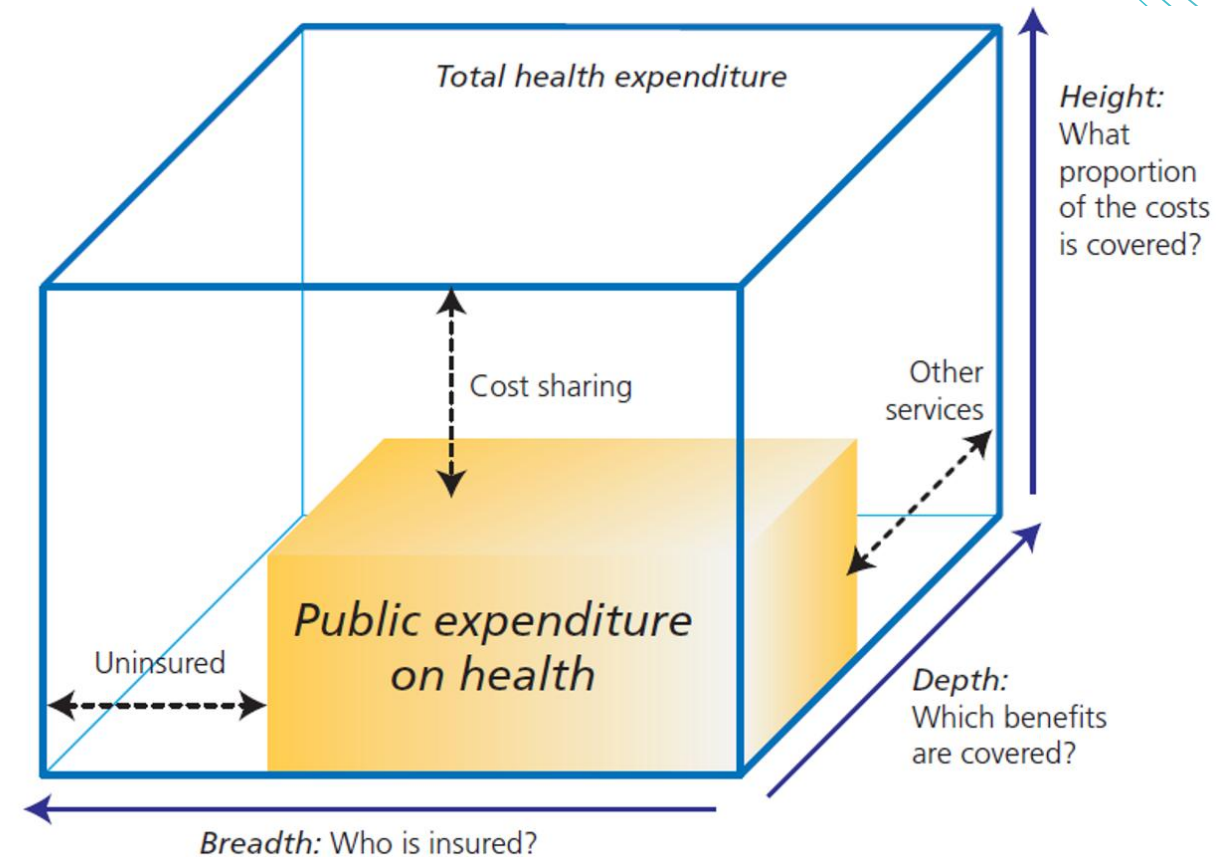
From small group of workers to inclusion of dependents, unemployed
1941 sickness funds decree
2006 insurance reform: universal, obligatory

- **Costs covered:**

Out-of-pocket payments

- **Benefits:**

From occupational disease to all health care
Inclusion of longterm care



Sources: Winkelmann et al, Eurohealth 2018; Blanpain et al, National health insurance and health resources, 1978 :

Pendulum changes: de- and re-centralisation; not only in Finland

- Netherlands: *from central government to municipalities*

Reform 2015 Social support and Longterm care

- ***Assumption*** behind decentralisation:

Municipalities know better what their inhabitants need

No evidence that this is true

- ***Stated aims***: from residential care to care at home, more responsibility for patients/citizens, cost reduction – more tasks for municipalities, less money

- ***Unintended consequence***:

Mergers of municipalities

Back office cooperation → lack of democratic control

2. Healthcare reform



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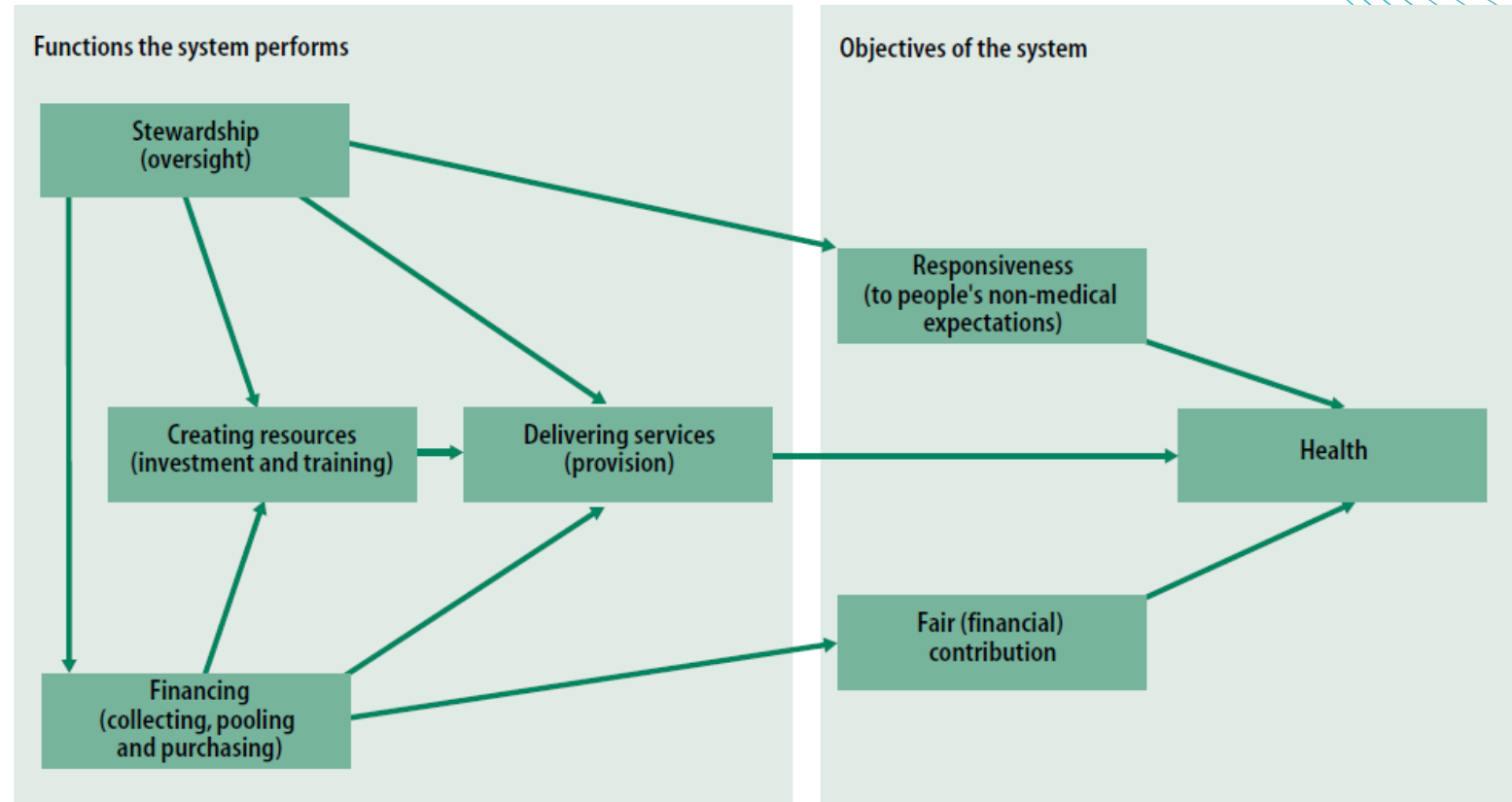
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What is a healthcare reform?

Intended change, as opposed to gradual adaptation or autonomous processes

of the care system or parts of it or relations between parts

with an aim of improving the system, solving a problem



Direction of change: health system as the dependent variable

- **Increased functional rationality:** specialisation, from professional to bureaucratic control, commodification of health care, patients (=consumers) as “something to be processed.”
- **Changes in dominant belief system** regarding care: church and civil society, planning, markets
- **Shadow of the future:** changes in response to reform **plans** → responses from interest groups change the institutional structure of the system before actual changes have even been implemented

Consequence: more change than expected based on actual policy measures; at the same time, more continuity.

Example: Changes after the fall of communism

Three important influences on the direction of change

Shadow of the past

- Negative experiences under centralised communist regimes
- Pre-communist institutions (social insurance)

International frames of reference (dominant belief system at the time)

- Comparison to what was happening in western European countries
- Introduction of market elements, New Public Management

International institutions

- Access to EU and its requirements
- Lack of change in CCEE that did not become/aspire EU membership

Role of the political system

Coalition politics and (two-party) majority systems

- Coalition politics: Slower and less drastic changes

NL: Dekker committee advice in 1987, actual legislation: 2006

- (two-party) majority systems: Big bang changes

Role of the MoH in the health care system

- Other (22) The Dutch long-term care system faces significant challenges from an ageing population, costly institutional care and generous coverage of dependents. The influences

- Inc (32) The reform of the social and healthcare services, which introduced the new service delivery system in the beginning of 2023, has slowed the growth in costs and improved the equitable access to primary healthcare services. Nevertheless, disparities in financial sustainability and service delivery persist between wellbeing services counties. Self-reported unmet medical needs remain among the highest in the union. At the same time, the ageing population challenges the resilience and fiscal sustainability of Finland's social and healthcare sector, including elderly care system.
- H
- B
- C
- W



Effects of health reform: health system (change) as the independent variable

General reform objectives

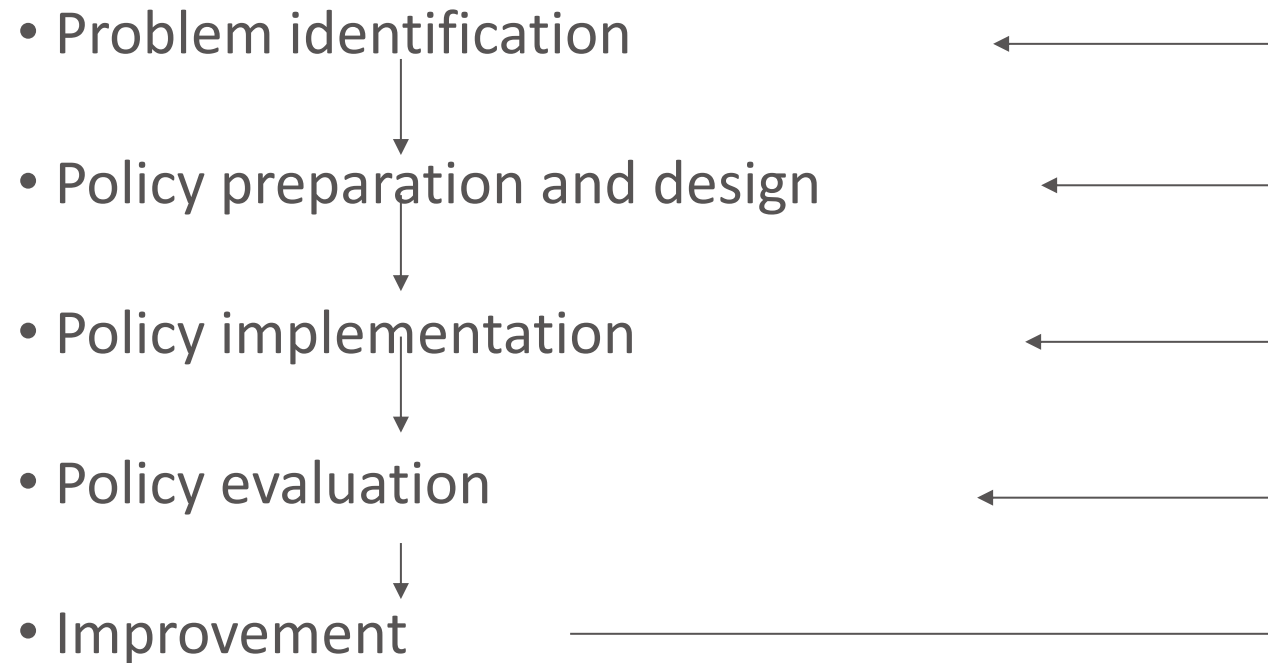
- Access, quality, cost containment (and equality)

Unintended consequences – an example

- Dutch health insurance system reform
- Anticipatory behaviour of insurance organisations: many mergers
- Altered implementation conditions for competition between insurance organisations

3. Policy process and the need/demand for research

Stages in the policy process: the rational view



Depicted as largely linear process (with feedbacks), but

A decorative graphic consisting of numerous thin, parallel blue lines that originate from the top right corner and fan out towards the left, creating a sense of movement and depth.

Agenda setting: recognizing a problem

1. An influential group in society
2. becomes aware of the negative aspects of a social situation,
3. because this situation strongly contrasts with important values and norms.
4. This influential group succeeds in giving the problem a name and bringing it to public attention
5. It becomes clear that something has to be done through collective action
6. leading to a change in government policies.

Source: Wolters W, De Graaf ND. Maatschappelijke problemen. Boom, 2005

But: how accurate is the rational model?

Understanding health policy has to take the chaotic aspects into account:

- Time horizon and attention span
- Many stakeholders
- Conflicting policy aims
- Strategic choices in the steps in the policy cycle
- Limited knowledge on instruments and alternatives
- Actors, including MoH, with limited power
- Some very powerful stakeholders
- Negotiable interests of stakeholders
- Instable policy environment, changes of government coalition

Stages in the policy process

Need for information/research on

- Problem identification — size of the problem; description, monitoring, explanations
- Policy preparation and design — alternatives, (international) comparative information
- Decision making — support (internal, political, stakeholders)
- Policy implementation — practical conditions, problems
- Policy evaluation — process, effects, unintended effects

Intensity of the need for information/research with policy makers

Stages of policy process

- Problem identification
- Policy preparation
- Decision making
- Implementation
- Evaluation

Intensity of need for information (in my experience)

- | | |
|------|--------------------------------|
| ———— | Fluctuating |
| ———— | Large |
| ———— | Very low |
| ———— | Low |
| ———— | Large (institutional pressure) |

4. What

Don't give me the facts; I have already made up my mind (British minister, 1930's)

There is nothing a government hates more than to be well-informed, for it makes the process of arriving at decisions much more complicated and difficult (Keynes)

And a variation at the time of introducing cost-sharing in the Netherlands:
Civil servant (former researcher who had done empirical research on cost-sharing): *Minister, the incentive is at the wrong place; this is not going to reduce the use of care.*

Minister (liberal conservative): *I still think it is important to do this to make clear to people what the cost of care is.*

The bigger the reform, the less need for (*a priori*) evaluation of the reform

The three laws of Buxton

Due to the fluctuating information needs:

- **Policy makers ask for research when it is too late.**

Due to short time horizon and chaotic policy process:

- **By the time the research results are available there is a new policy problem.**

• Due to the role of interest groups and stakeholders:

- **If the results of research don't match with policy, the methods will be disputed.**

Leading to problems in evaluation research

No time to do a decent base-line measurement

- 'Leap before you look'
- Look for national reference data, register data

Results must be available before effects can reasonably be expected to be present

- Look for short term or intermediate process and effect parameters
- Communicate during the process

Prevent the methods to be disputed

- Detailed protocol
- Consensus about protocol among relevant stakeholders
- Only then start the research

Policy theories and *ex ante* policy analysis

- Theories in scientific research and policy theories

- Reconstruction of policy theories

Reconstruction in terms of ‘if, then,’ hypotheses

- Cognitive models of policy-makers

Uncovering the reasoning of policy-makers

- Assessment of assumptions – what is the evidence

Cynical (or realistic?) view: only 20% of policy is based on evidence (Josep Figueras, former director of European Observatory on Health Systems and Policies)

- Aim: to understand lack of effects or unintended effects

Types of statements in reconstruction of policy theory

- **Actual situation:** was the situation actually the same as depicted at the time of policy development?
- **Goals:** situation *y* is desirable
(healthcare costs have to be contained)
- **Compatibility of goals:** goal *y* and *z* can be realized at the same time
(solidarity is compatible with more individual choice)
- **Causal relationships:** if *x*, then *y*
(if people have a deductible, utilization is lower)
- **Final relationships:** if you want *y*, then do *x*
(if you want to have lower utilization, introduce deductibles)

Also look at the implementation theories!

Example: combination of behavioural assumptions and actual conditions

Assumptions

- Deductibles lead to more conscious use of services and therefore lower use
- People can choose for a voluntary deductible (in addition to the mandatory deductible)
- Choice for a deductible is attractive through lower premium

Actual condition

- Level of deductible is free to choose and can be changed from year to year
- Hence, difference in premium is small

Consequently

- 88% of the Dutch population does not choose for a voluntary deductible
- Those who choose a voluntary deductible are people who don't expect to use care



Approaches to policy evaluation

Emphasis on process evaluation

- Qualitative
- Descriptive
- Action oriented

Emphasis on outcomes

- Quantitative
- Controlled designs

Policy evaluation

Intended policy		Realised policy
Intended means	<i>Done means</i>	Allocated means
<i>Theoretical relations</i>		<i>Empirical relations</i>
Expected conditions	<i>Correspondence?</i>	Actual conditions
<i>Theoretical relations</i>		<i>Empirical relations</i>
Expected results	<i>Correspondence?</i>	Actual results

Examples of heuristic frameworks to analyse

Reproduction
of inequality

Social/health
system context

Behaviour/
interaction

Changes in
interaction/
behaviour

Social/health
system context

Behaviour/
interaction

Changes in
social/health
system

Social/health
system context

Behaviour/
interaction

Health Systems, Health Services and Inequality in Population Health

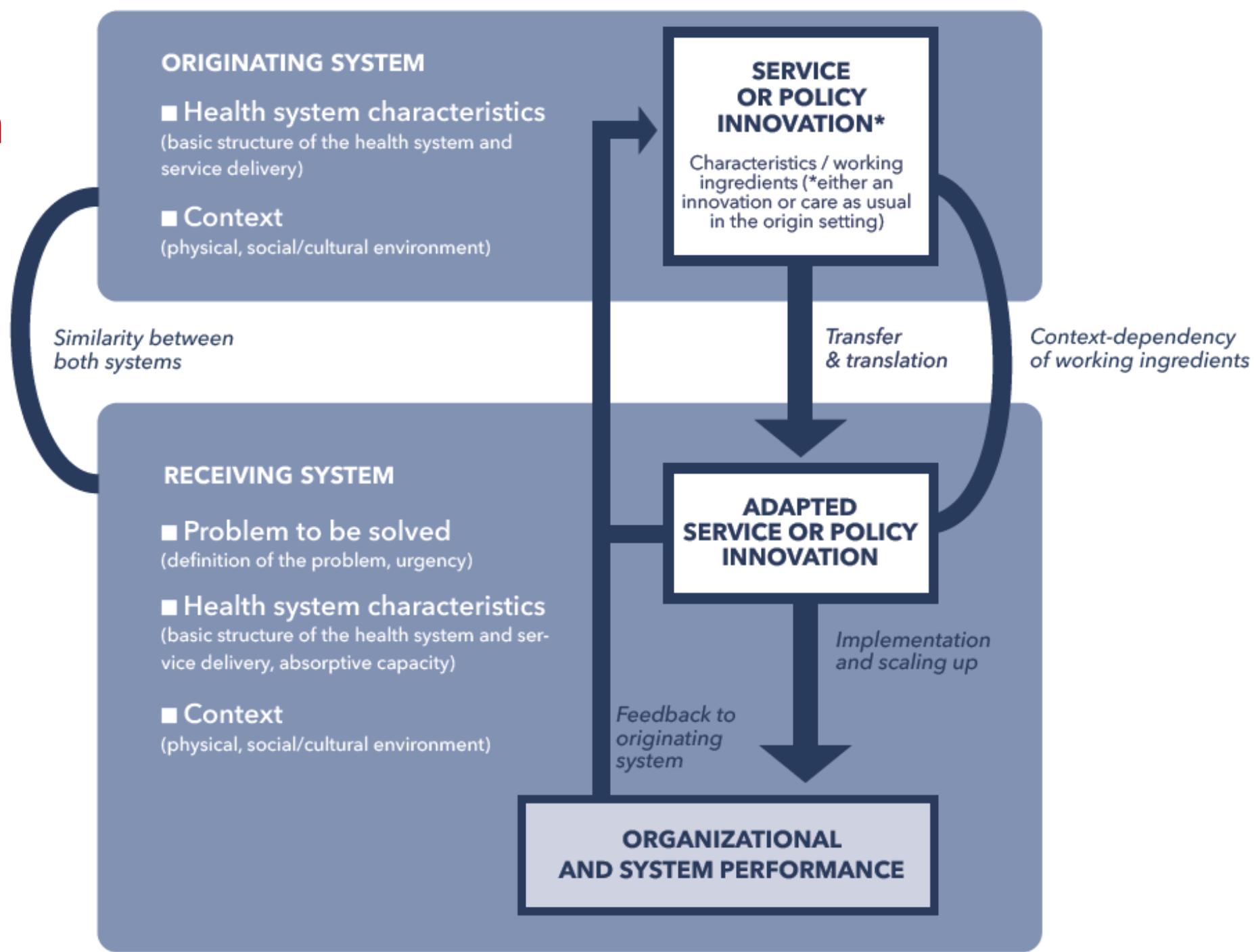
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5. International perspective



Transferability of health system innovations



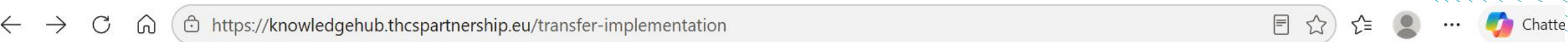
HEALTH SYSTEMS AND POLICY ANALYSIS

POLICY BRIEF 40

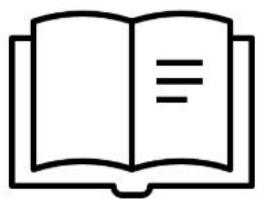
How can we transfer service and policy innovations between health systems?

Ellen Nolte
Peter Groenewegen

Knowledge Hub THCS Partnership

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The tools offer methods and tools to support the transfer and implementation process.



Handbook

Utilise the THCS handbook to support your transfer and implementation process.

[Review the handbook →](#)



Solutions

Browse health and care solutions, adopt a solution, or share your own solution.

[Browse or share solutions →](#)



Tools

Browse tools and use them to support your transfer and implementation process.

[Browse and use tools →](#)

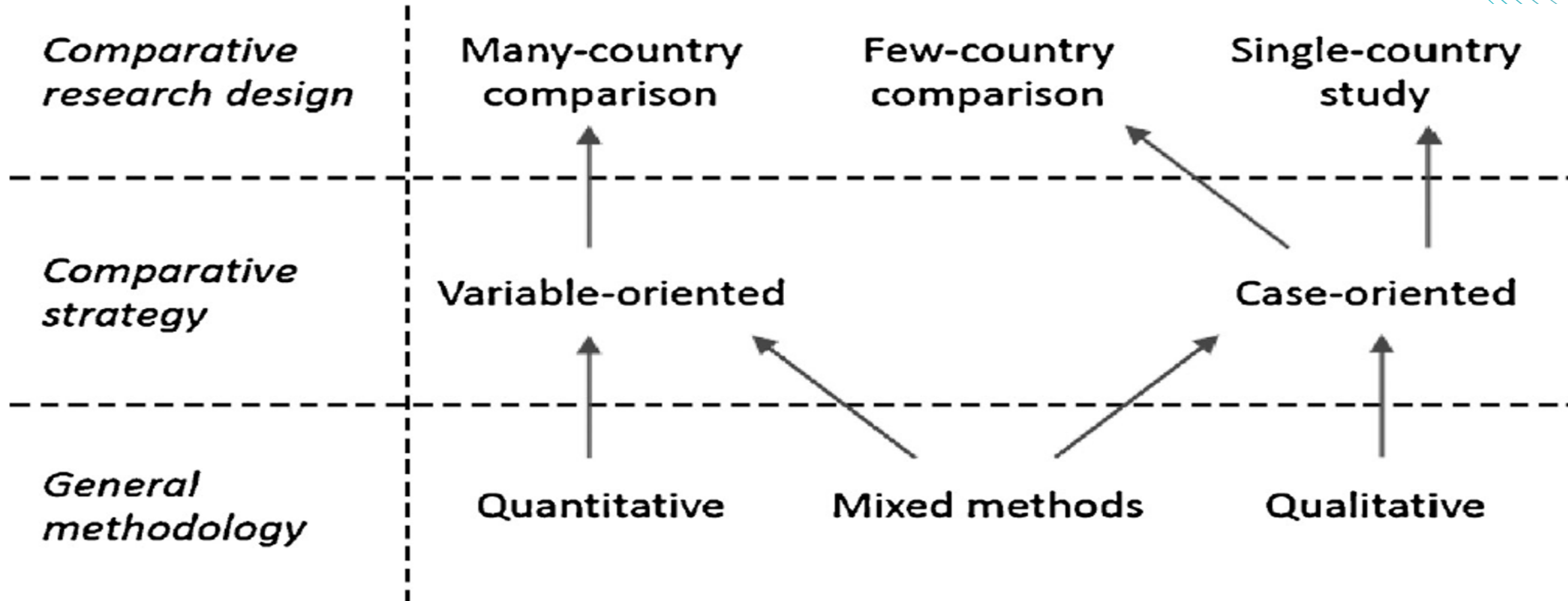
A problem with the evidence, in particular in review studies

Referring back to Starfield's model of primary care domains, strong primary care systems are proposed to be first contact for care, continuous, comprehensive and well-coordinated in order

Conclusion based on only four different health care systems: USA, UK, Canada and Australia

avoidable hospitalizations across countries, diseases and study populations. In addition, longitudinality of care over time is also associated with fewer admissions. On the other hand, there is still a gap in knowledge for the other domains (i.e. coordination of care and comprehensiveness). Although, some studies conducted research in these areas, no conclusive evidence was

Research designs



Problems in the quantitative

Primary care and health inequality: Difference-in-difference study comparing England and Ontario

Richard Cookson¹, Luke Mondor^{2,3}, Miqdad Asaria¹, Dionne S. Kringos⁴, Niek S. Klazinga^{4,5}, Walter P. Wodchis^{2,3,5,6*}

General problem:

- Small numbers
- comparability

The main limitation of this study is its reliance on the assumption that Ontario is a useful counterfactual model of what would have occurred in England in the absence of equity-oriented primary care reforms. This assumption may be questioned by pointing to other differences between the two jurisdictions that may have influenced amenable mortality trends

Theory and methods

Countries to compare

- Federal countries
- Weighted countries



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Synthetic control methodology as a tool for evaluating population-level health interventions

Janet Bouttell,¹ Peter Craig,² James Lewsey,¹ Mark Robinson,³ Frank Popham²

6. Conclusions

My conclusions – you may have your own

- There is and should be a role for research in health reforms, but do politicians want it?

Tensions in the relations between researcher and policy makers/stakeholders

It is either too early or too late

- Health care reforms and small changes/health service innovations

The importance of context

Value of evidence from other health systems

- Health system reforms and their effects

Health system reforms depend on mainstream ideas on the ordering of society

The growth of right-wing politics and their influence on health care

Importance of *ex ante* policy analysis

Unintended consequences

Collaboration between researchers and policy makers: Impact creation

- Communication between researchers and policy makers
- Write clear summaries and recommendations
- Timing
- Invest in relationships and personal contacts
- Mutually recognize the professional skills and responsibilities
- Build trust at institutional and personal level

Thanks!

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