

## HCM 520 Case Study #1

You are to write a 2-3 page paper, in APA formatting (with a proper cover page, well-organized paper with source citations, and an APA reference list—which do not count towards the page count requirement), which addresses the case questions. Your answer must be supplemented with research from your book, CDC, NIH, and other quality sources to determine answers and solutions. Note: You must use a minimum of three references in your responses, and at least one of them must be from the provided resources listed at the end of this assignment. This is a paper, so your answer should not be numbered, but rather you should use titles and subtitles.

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### Comparative Health Care Analysis

You are a program officer for a major health care foundation that wants to revitalize primary care in the United States. You have been asked to look at the experiences of other countries to see whether the methods and ideas they have used to promote primary care might have application in this country. Here is some of the information you have found:

#### Spain

- Spain's 1978 Constitution declared health protection and health care to be the right of every citizen and required creation of a "universal, general, and free national health system that guaranteed equal access to preventive, curative, and rehabilitative services" (Broken, Eaton, Novillo-Ortiz, Corte, & Jadad, 2010, p. 1433). Compared to the United States, by 2006, Spain had widened the gap in terms of greater life expectancy and lower infant mortality rates, and it had achieved or maintained lower rates of premature death for most major diseases, at an annual cost of less than \$2,700 per person, compared to the U.S. per-capita rate of almost \$7,300.
- Spain's rapid accomplishment relied on eight key principles: (a) greatly strengthened primary care; (b) giving citizens a voice in decisions; (c) adopting electronic health records; (d) creating an accessible network of community pharmacies (with medications free to people older than 65 years of age and some other groups); (e) regional and local flexibility in implementing national policy; (f) wide adoption of best practices; (g) a systemwide approach that "transcend(s) traditional geographic, sector, and institutional boundaries"; and (h) a sustained, bipartisan commitment to achieving the goals of access and quality (Borkan, Eaton, Novillo-Ortiz, Corte, & Jadad, 2010, p. 1438).
- The system is funded through tax dollars. To ensure that every citizen has services nearby, the country's 17 autonomous regions and communities are further broken down into health areas, which manage facilities, health services, and benefits for people in a prescribed geographic area, and, even further, into "basic health zones" typically organized around a single primary care team and covering 5,000–25,000 residents.

#### Switzerland

- In 1996, Switzerland restructured its health system in order "to turn the existing system of private voluntary health insurance into . . . a mandatory private social health insurance system" (Cheng, 2010, p. 1442). Today, 84 highly regulated private health insurers, which offer basic benefits packages and supplemental coverage, compete for enrollees. Swiss citizens are required to have the basic package, and those who cannot afford it may receive a premium subsidy from the government, but the government itself does not offer an insurance plan. Private insurers are not allowed to earn profits on the basic packages they offer, only on supplemental coverage.

- Health care providers receive the same reimbursement for basic benefits, regardless of the income level of their patients or whether they are subsidized. Basic benefits cover (a) what a doctor prescribes, (b) pharmaceuticals included in the national formulary, and (c) controversial procedures included on a “positive list” by the national health authority. “Negative lists” contain items excluded from basic benefits.
- In the future, Switzerland wants to abandon its fee-for-service system for ambulatory care and move to “integrated care,” probably paid for on a capitated basis. Another step needed is to overcome the shortage of primary care physicians, who have long working hours and lower pay than specialists. Still, system leaders have managed to convince the citizenry that health promotion and disease prevention—pillars for primary care—are important parts of a complete health care system. However, says Thomas Zeltner, Switzerland’s former health minister, health reform is “a never-ending task” (Cheng, 2010, p. 1450).

### Case Study Questions:

Using the aforementioned brief country descriptions and the other material about international experiences in the module, respond to the following questions. Additional health and financial statistical data on these and other countries may be found through the Organisation for Economic Co-operation and Development website (<http://www.oecd.org/els/health-systems/>).

1. What are alternative ways to use systemwide incentives to encourage delivery of high- quality, prevention-oriented primary care? Explain your answer and clearly define your concepts and terminology.
2. How might Americans be reoriented to using primary care, rather than costlier specialty services? Contrast the ACO model with your response.
3. How does the design of the payment system affect an individual’s choice of provider?
4. What appear to be the best ideas from other nations’ experiences that could be tested in the United States as ways to increase primary care? What is being done in the United States under the PPACA?
5. If Thomas Zeltner is correct that health reform efforts are never-ending, which of these promising ideas should be the top priority, or tried first?

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**Sources:** (Use at least one reference from this list in your responses)

Borkan, J., Eaton, C. B., Noville-Ortiz, D., Corte, P. R., & Jadad, A. R. (2010). Renewing primary care: Lessons learned from the Spanish health care system. *Health Affairs, 29*, 1432-1441.

Campbell, S., Reeves, D., Kontopantelis, E., Middleton, E., Sibbald, B., & Roland, M. (2007). Quality of primary care in England with the introduction of pay for performance. *New England Journal of Medicine, 357*, 181–190.

Carrin, G., Mathauer, I., Ke, X., & Evans, D. B. (2008). Universal coverage of health services: Tailoring its implementation. *Bulletin of the World Health Organization, 86*, 857–863.

Cheng, T-M. (2010). Understanding the “Swiss watch” function of Switzerland’s health system. *Health Affairs*, 29, 1442-1451.

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Kelley, E. (2007). Health, spending, and the effort to improve quality in OECD countries: A review of the data. *The Journal of the Royal Society for the Promotion of Health*, 217, 64–71.

Peters, D. H., El-Saharty, S., Siadat, B., Janovsky, K., & Vujicic, M. (Eds.). (2009). *Improving health service delivery in developing countries: From evidence to action*. Washington, DC: The World Bank.

Reid, T. R. (2009). *The healing of America: A global quest for better, cheaper, and fairer health care*. New York: Penguin Press.

Schoen, C., Osborn, R., Doty, M. M., Bishop, M., Peugh, J., & Murukutla, N. (2007). Toward higher-performance health systems: Adults’ health care experiences in seven countries, 2007. *Health Affairs*, 26, w717–w734.

Thomson, S., Foubister, T., & Mossialos, E. (2009). *Financing health care in the European Union: Challenges and policy responses*. Copenhagen, Denmark: World Health Organization Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies.

Van der Zee, J., & Kroneman, M. W. (2007). Bismarck or Beveridge: A beauty contest between dinosaurs. *BMC Health Services Research*, 7–94.

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#### **Web Sites:**

The Commonwealth Fund, International Profiles of Health Care Systems: Australia, Canada, Denmark, England, France, Germany, Italy, the Netherlands, New Zealand, Norway, Sweden, Switzerland, and the United States. <http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2010/Jun/International-Profiles-of-Health-Care-Systems.aspx>

The Commonwealth Fund, International Program in Health Policy and Innovation. <http://www.commonwealthfund.org/Program-Areas/Archived-Programs/International-Program-in-Health-Policy-and-Innovation/International-Program-in-Health-Policy-and-Innovation.aspx>

European Observatory, Health Systems in Transition Profiles. <http://www.euro.who.int/en/about-us/partners/observatory/health-systems-in-transition-hit-series>

Kaiser Family Foundation, Global Health Facts. <http://www.globalhealthfacts.org/>

Organisation for Economic Co-operation and Development, Health. [www.oecd.org/health](http://www.oecd.org/health)

World Health Organization, Health Systems. [http://www.who.int/topics/health\\_systems/en/](http://www.who.int/topics/health_systems/en/)

World Health Organization, Statistical Information System (WHOSIS). <http://www.who.int/whosis/en/index.html>