THE ROLE OF HEALTH SCIENCES IN HEALTH CARE REFORM

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SUPPORT TO THE PUBLIC HEALTH DEVELOPMENT IN SERBIA (SPHDS)

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WHAT DO WE WANT?

The Project's tasks are to improve the health of the population by strengthening developmental policy, strategy and human resources in the domain of public health.

Including the public in our efforts to change health-related behaviour is one of major conditions for implementation.

National School of Public Health will prepare new generations of PH professionals capable of:

analysing health problems in 21st century,
establishing priorities for intervention,
efficiently managing available resources,
providing good-quality health services,
managing emergency actions.

The mission of SPH is the improvement and preservation of the health of the population, prevention of health disorders and provision of an efficient and good-quality health care.

OLD & NEW PUBLIC HEALTH

The *Old Public Health* ...concerned with unhealthy settlements, safety of food, air, and water ...targeted infectious, toxic, and traumatic causes of death ...

New Public Health seeks to address ...equitable access to health services, the environment, political governance and social and economic development

(Ncayiyan et al. 1995).

The Generation of Population Health: Intersectoral Linkage

Health Care

Public Health

Health Industry

Medical Sciences

HEALTH SCIENCES

Economic Sciences

The Basic Health Sciences (NPH)

(The „Double Paradigm“)

1) Epidemiology

2) Health Systems Development
   - Organisation
   - Management
   - Economics
   - Policy

3) Health Promotion

4) Environmental Health

QUALITIES OF PUBLIC HEALTH & THE RESULTING INSTITUTIONAL PROFILE OF SPHs IN EUROPE

Qualities	*Profile*
Societal dimension	Relating to administration
Scientific foundation	Based in academia
Reformist orientation	Involved in practice
Autonomous position	Obliged to ethical code

Modified from Laaser, U. (1995) The Contribution of the Schools of Public Health to Public Health in Europe. In: Laaser, U., Evelyne de Leeuw, Christiane Stock (Eds.): Scientific Foundations for a Public Health Policy in Europe. Juventa-Verlag, Weinheim: 162-172

Donabedian‘s Concepts In Health Care Reform

I. Structure

II. Process

III. Outcome

EUROPEAN DIMENSIONS OF HEALTH CARE REFORM

I. STRUCTURE

(determined by ethical values)

The Principle of Solidarity

The Principle of Universality

The Principle of Subsidiarity

EUROPEAN DIMENSIONS OF HEALTH CARE REFORM

II. PROCESS

The Question of Sustainable Financing
Steering by Horizontal Management
Accountability through Patient Participation
Competitiveness through Competition
Patient Mobility (in the EU)

EUROPEAN DIMENSIONS OF HEALTH CARE REFORM

III. OUTCOME

The Principle of Quality

The Principle of Equity

Systems: / *Dimensions:*	SU	UK	D	USA
Solidarity	+	+	+	-
Subsidiarity	-	-/+	+	+
Universality	+	+	+	-
Sustainable Financing	n.a.	+	+/-	-
Quality	-	-/+	+	++/-
Equity	Under the table	+	+	Over the table

CHARACTERISTICS OF HEALTH CARE REFORM IN EUROPE TODAY (*I. Effects on Structure*)

1) FSE: From Semashko to accounted Health Care (*Market*)

2) Effects of globalisation (employer share)

3) In the EU: Merging Bismarck and Beveridge

4) The Four Freedoms in the Common Market

5) Mandating the EC (*Amsterdam §152; 6th Framework*)

6) More competitive elements (*e.g. ECJ on patient mobility*)

CHARACTERISTICS OF HEALTH CARE REFORM IN EUROPE TODAY (*II. Effects on Process*)

7) Limit or expand GNP share for health (health industry)

8) From steering input to steering output (QA, HIS)

9) Attempted cost-reduction by co-payments (*Ljubljana 1996*)

10) Moving from provision to supervision

11)Reset balance of provider vs. payer (& consumer?)

INCREASING MEANS AND LIMITING COSTS?

Extend user charges

Restrict free services

Include higher incomes

HEALTH CARE REFORM WITHOUT INTELLIGENCE?

1) Health Care Reform s. conceptual preparation (*health sciences*)?

2) Health Care Reform s. qualified staff (*postgraduate training*)?

3) Health Care Reform s. New Public Health (*training & research*)?

4) Health Care Reform s. international cooperation and exchange?

5) Health Care Reform s. social reconciliation and peace?

6) Economic development s. health care reform (*CMH*)?

HVALA

The Hippocratic **Oath**

...I will use my power
to help the sick
to the best of my ability
and judgement;
I will abstain from
harming or wronging
any man by it...

THE UNDERLAYING ETHICS OF THE NEW PUBLIC HEALTH

Equity
Solidarity
Subsidiarity
Sustainability
Participation
Efficiency
Justice
Peace

(Amended from Laaser, U., D. Donev, V. Bjegovic, Y. Sarolli (2002) Public Health and Peace (editorial). Croatian Medical Journal 43/2: 107-113)

Professionalisation in Public Health

Qualification of the individual

Qualification of the profession

- Systematisation of specific knowledge
- Code of professional behaviour
- Training standards
- Certification
- Professional organisation
- Professional autonomy

Modified from Kälble / v. Troschke (unpublished)

Main Characteristics of the German Health Care System

Positive:

4 Columns

Universal health insurance(s) (50:50; 90%)

Bismarck plus Beveridge (15% tax: hospitals, poor)

Payers & Providers negotiate point value catalogue

Physicians reimbursed after fee for service (KV, KK)

DRGs in hospitals

Equal drug prices all over the country

Reasonable equity

Main Characteristics of the German Health Care System

Negative:

Evidence base limited (guidelines)
Intersectorality not developed
No gate keeper function for GP
Prevention underdeveloped
Co-payments for financing and steering
Over-, Under- and misdirected supply
Expensive (10+% of GNP)

The Population Perspective:

The Preventive Paradoxon

High Risk and Population Strategies

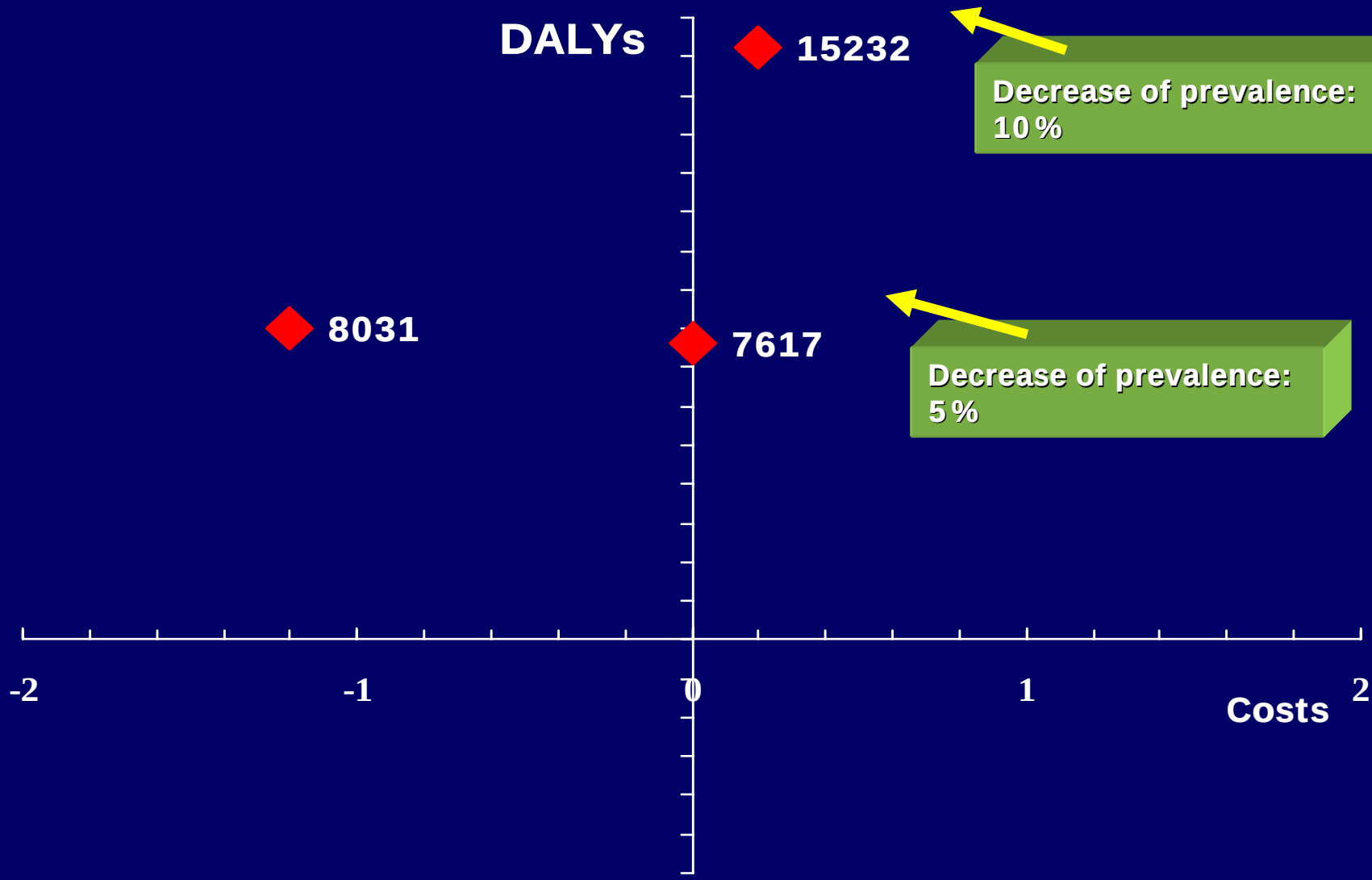
Geoffrey Rose 1985

WHAT IS

THE POTENTIAL?

Clinical and preventive intervention

The Serbian Burden of disease Study (SBDS 2003)



In Conclusion:

The rigid implementation of the NSGDM in clinical practice bears an enormous potential not only in saving lives and lowering the years lived with reduced quality of life, but in addition it may reduce clinical costs by as much as about a quarter.

In Conclusion:

A preventive programme with a relatively small budget may achieve risk factor reductions resulting in about the same amount of quality adjusted life years saved, not only through the prevention of diabetes, but also of malignant and degenerative diseases.