

Social Health Insurance countries in western Europe – an Observatory study

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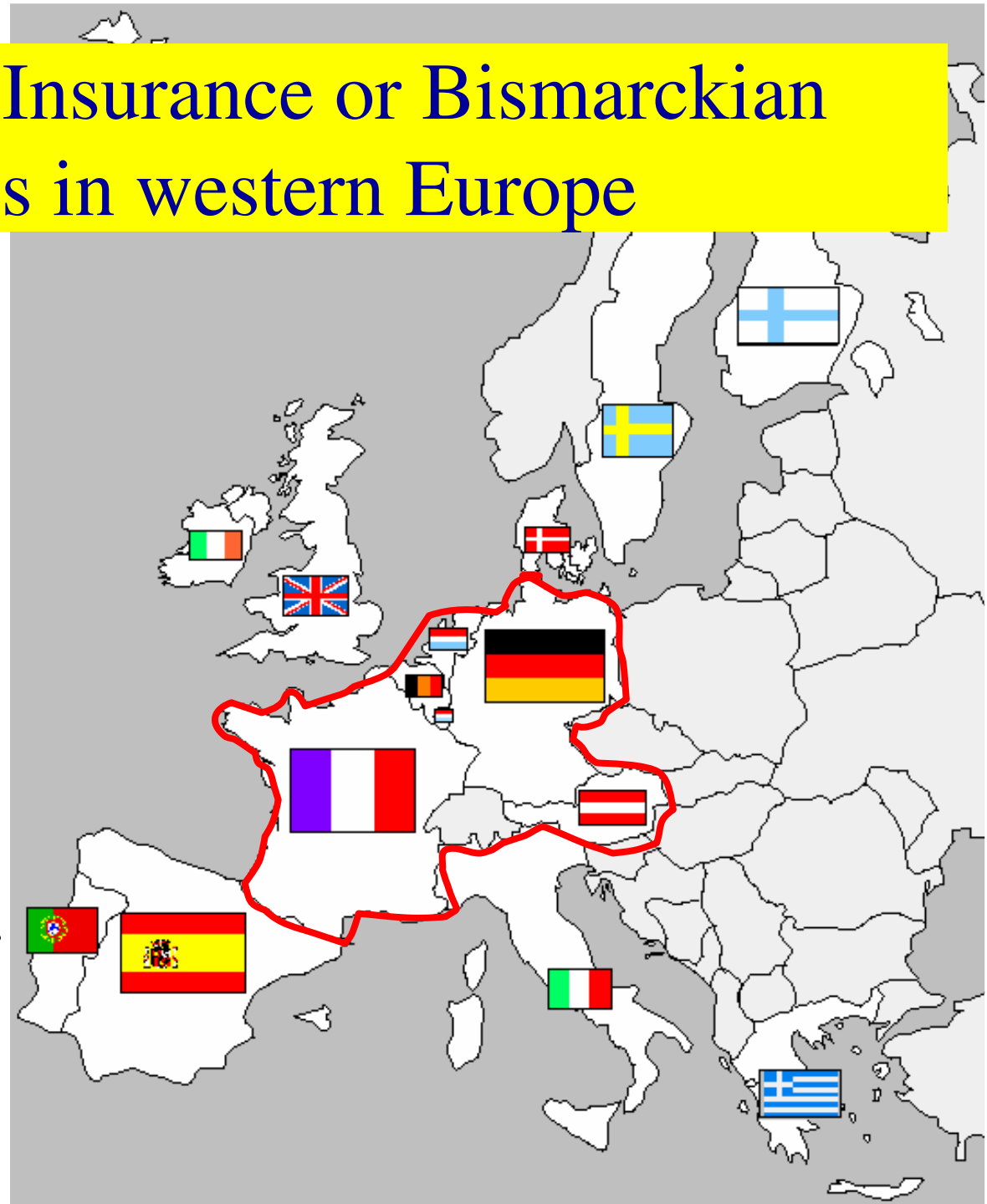
European **Observatory**



on Health Care Systems

Social Health Insurance or Bismarckian countries in western Europe

- SHI definition
- Commonalities and variations between countries
- Analysis regarding impact on health status, efficiency, equity, satisfaction ...
- Future dynamics and challenges



What makes a health system a SHI system?

Contribution collector

Not (health) risk-, but usually wage-related contribution

Choice of fund

Third-party payer

= sickness funds

bipartite self-government

Limited government control

Contracts

Free access

Population

Mandatory insurance

Providers

Public-private mix



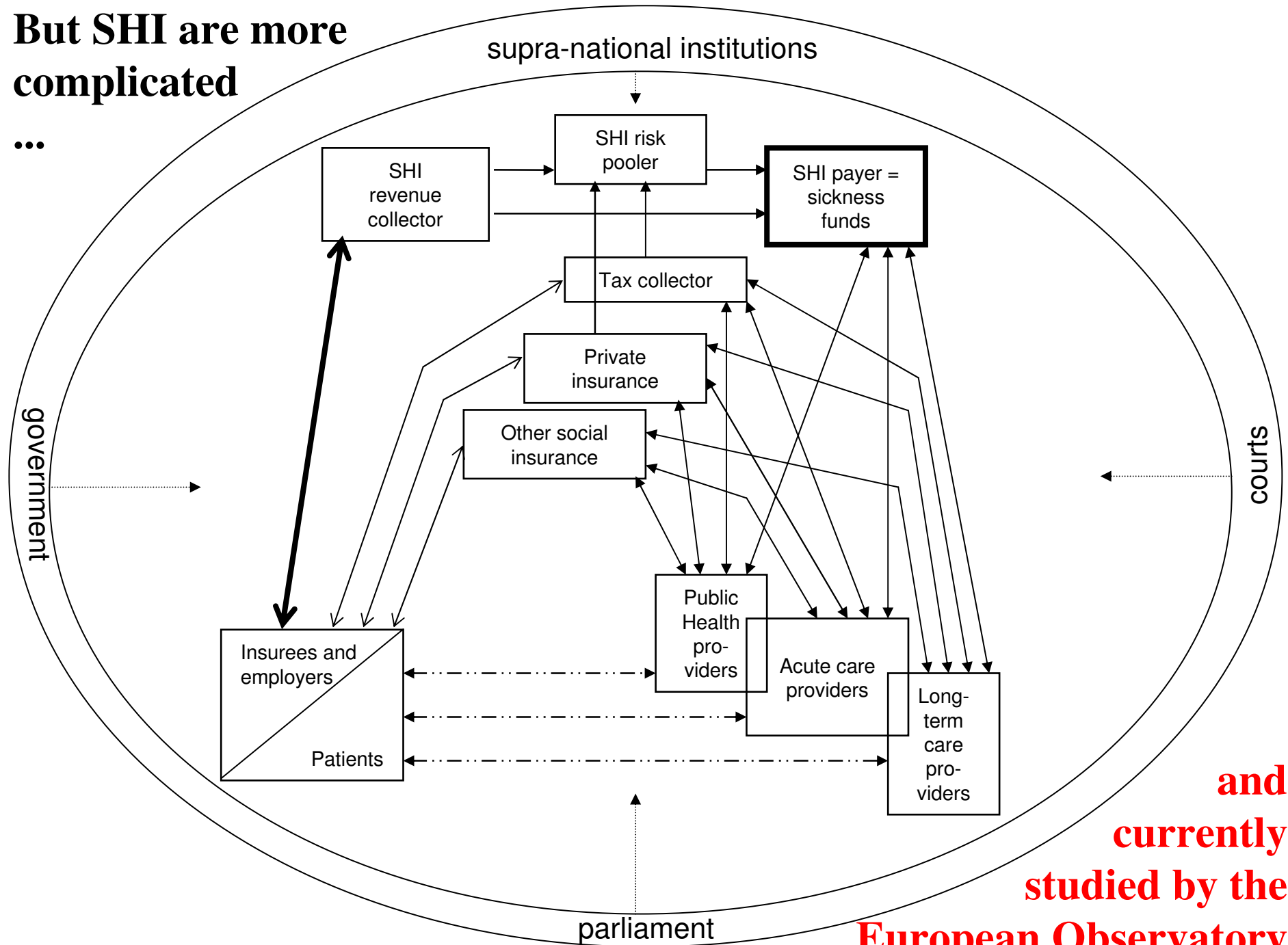
Other SHI system characteristics

- ***Solidarity***: set of four cross-subsidies on the funding side (healthy to sick, well-off to less-well-off, young to old, and individuals to families) that provide equal benefits on the entitlements side.
- ***Pluralism***: a complex mix of different public, quasi-public, not-for-profit, and sometimes for-profit actors.
- ***Participation***: shared governance among these actors, sometimes described as “self-regulation”.
- ***Choice***: insurees’ ability to select among contracted providers and, in some countries, among different sickness funds.



But SHI are more complicated

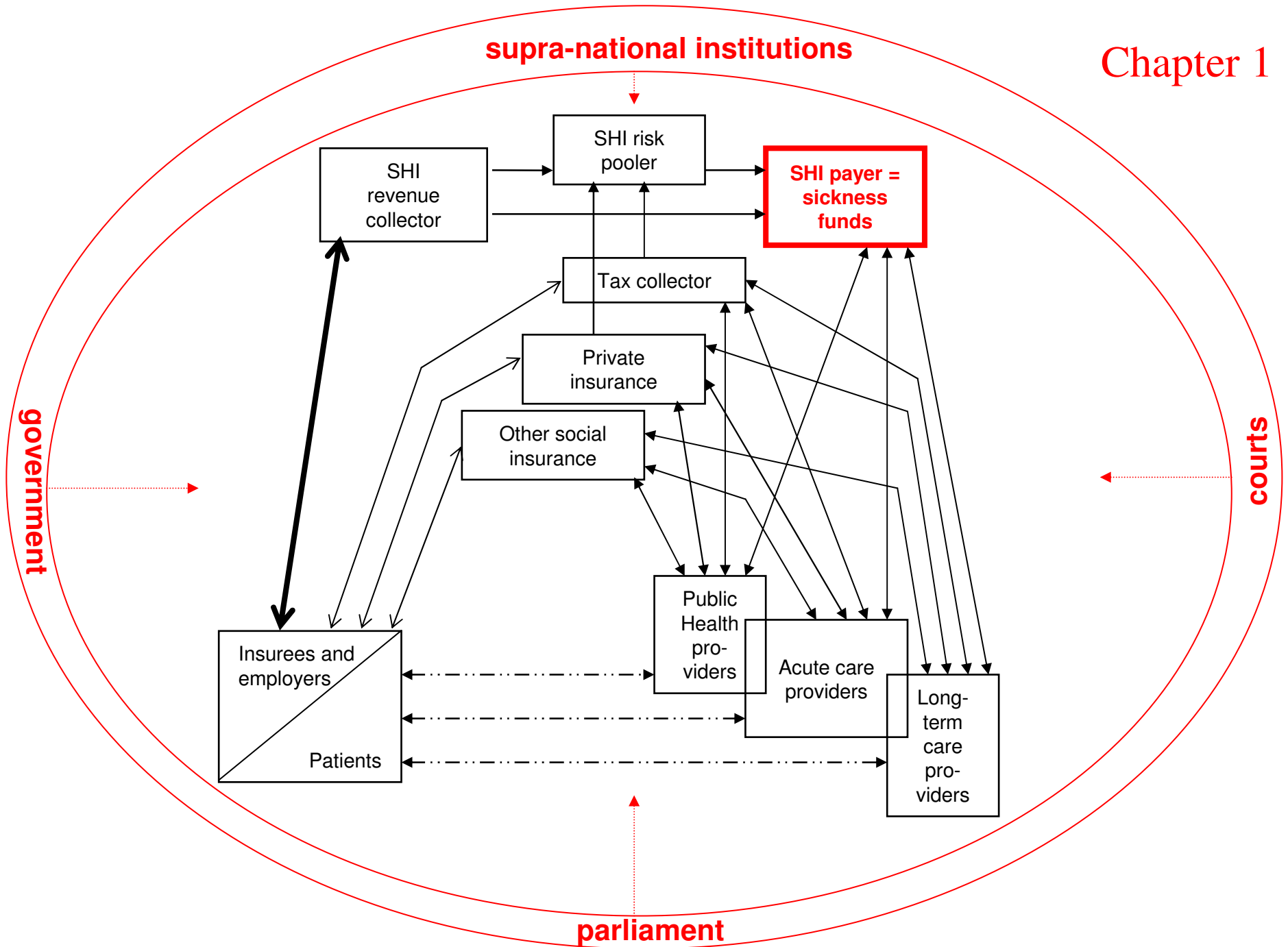
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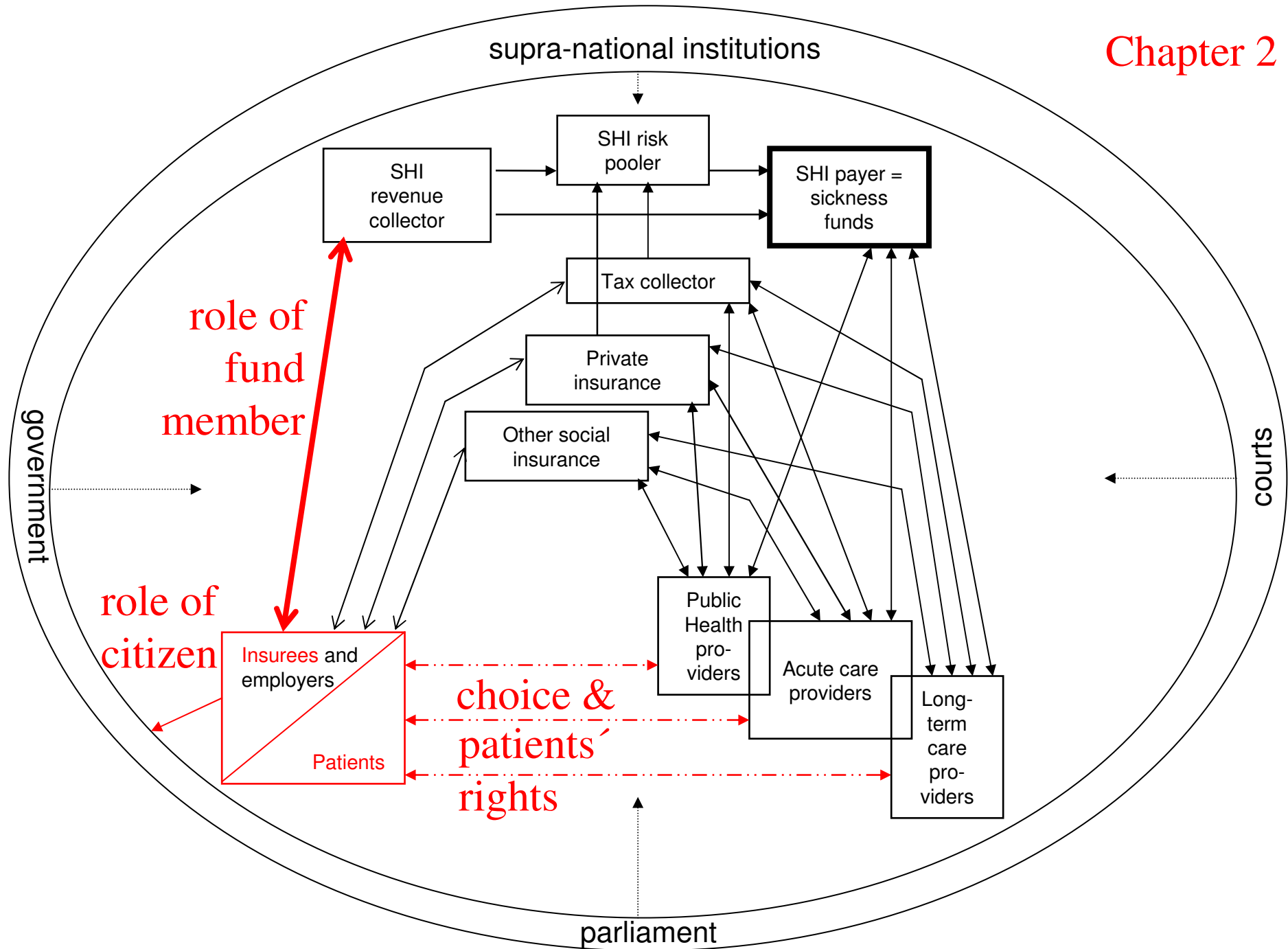


and currently studied by the European Observatory

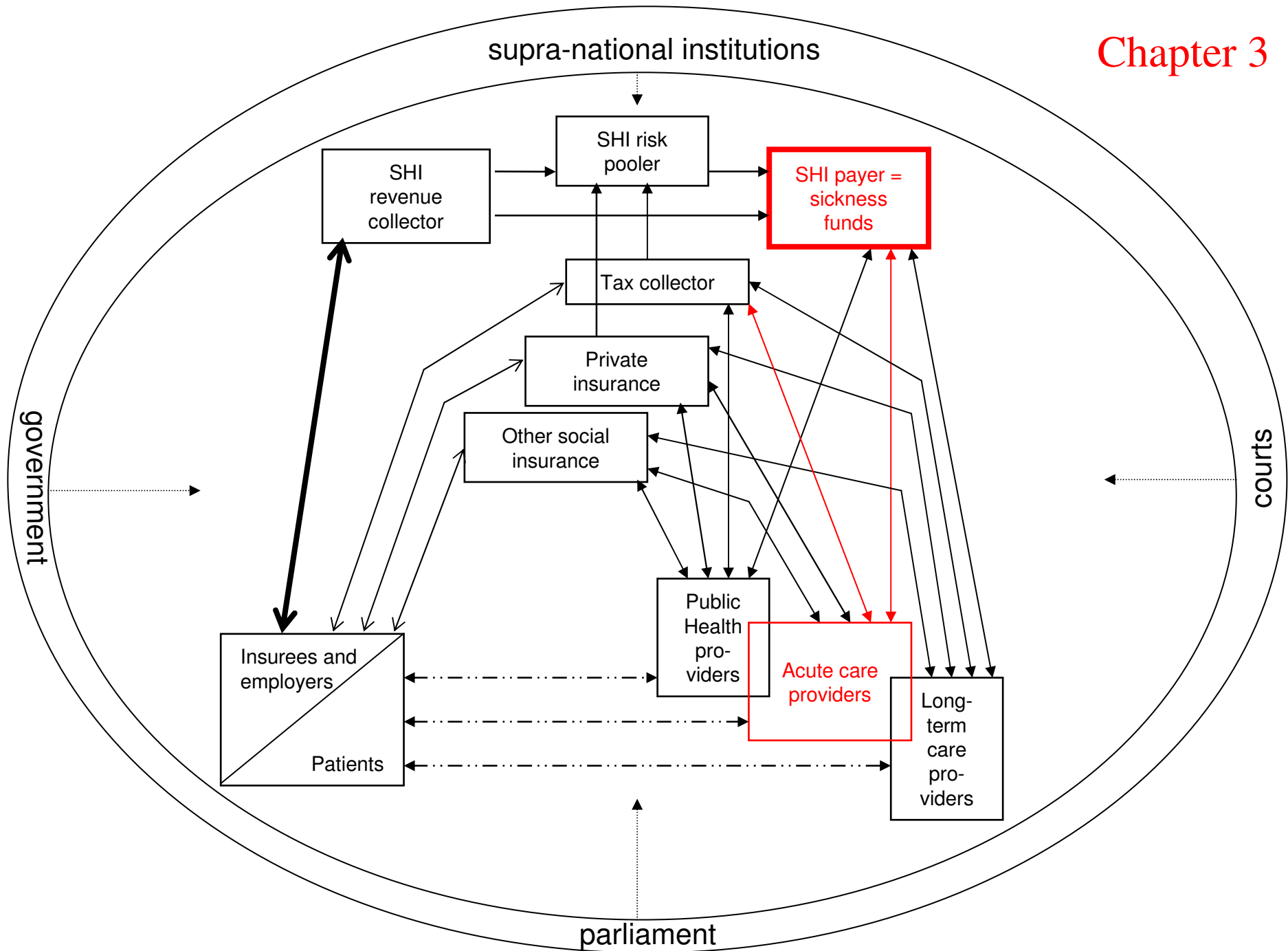
supra-national institutions

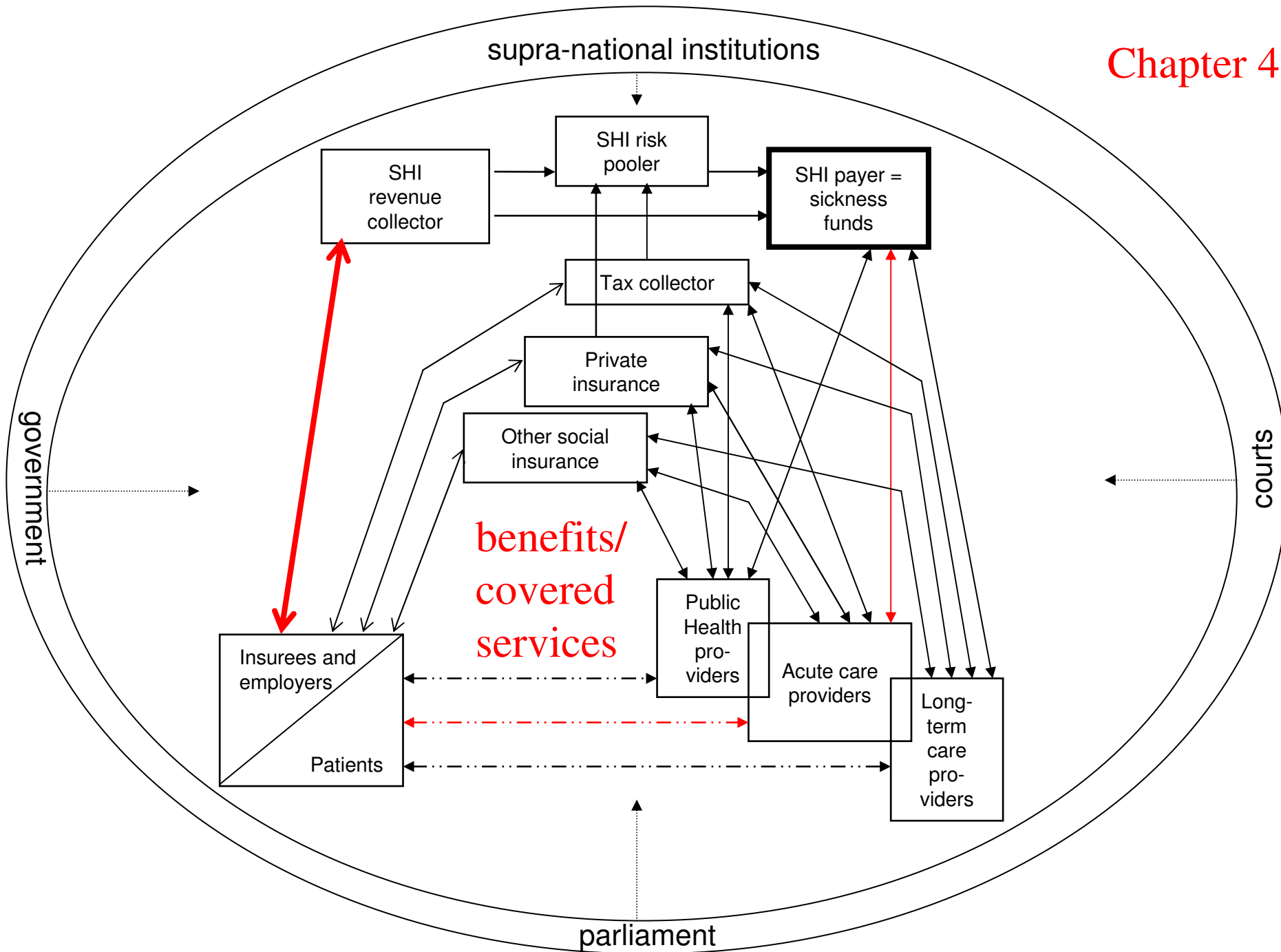
Chapter 1

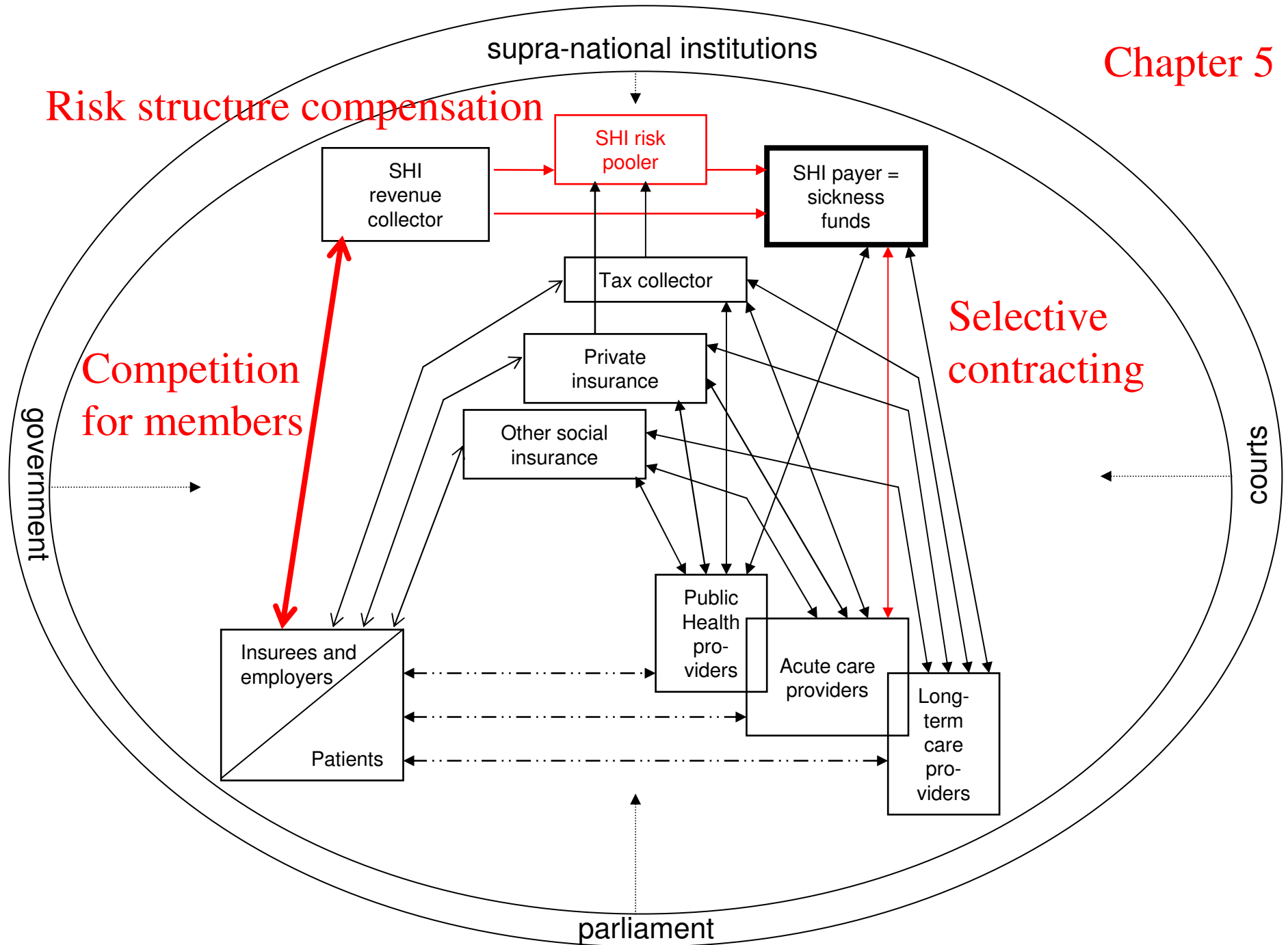




Chapter 3





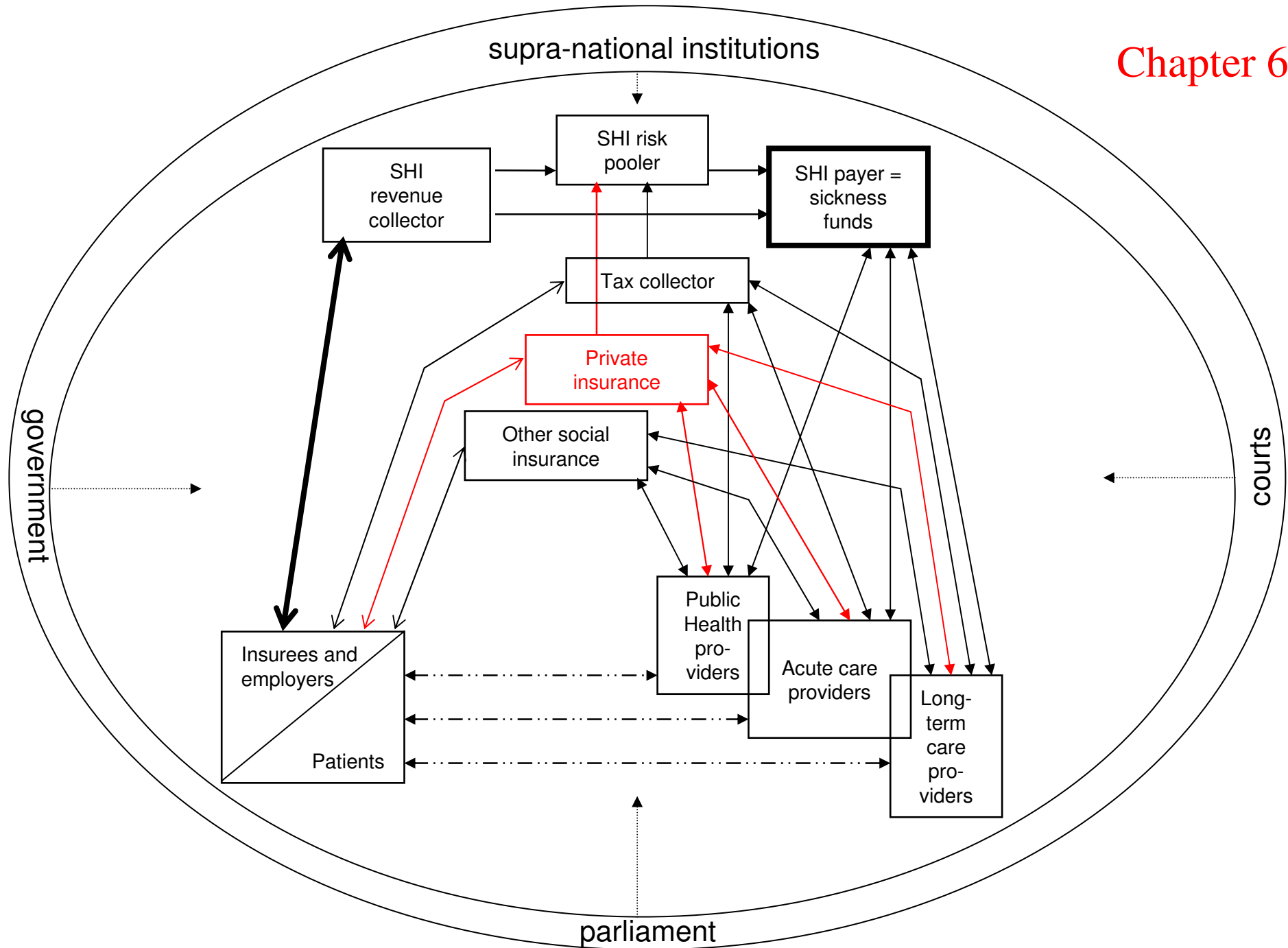


Risk structure compensation

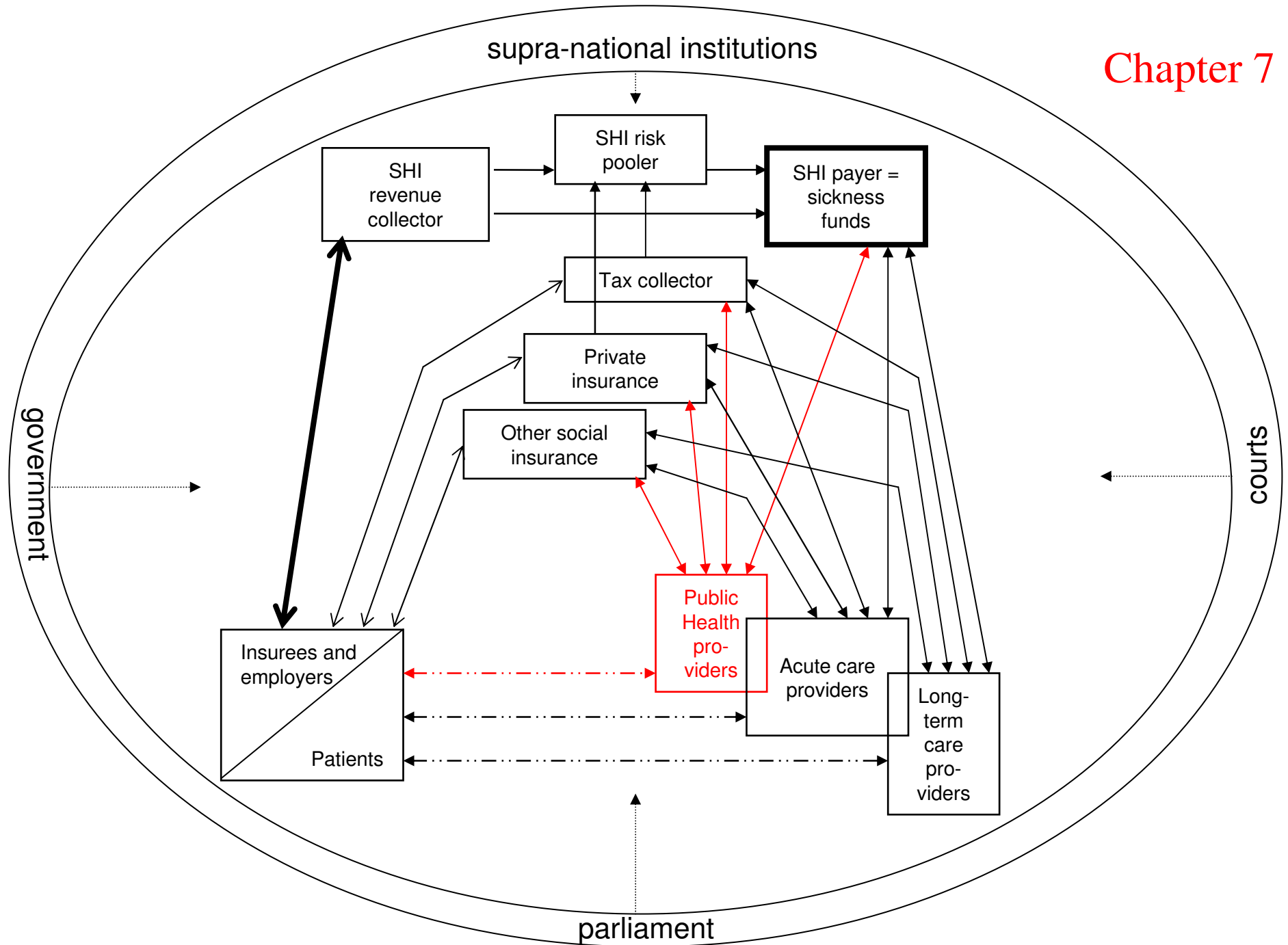
Competition for members

Selective contracting

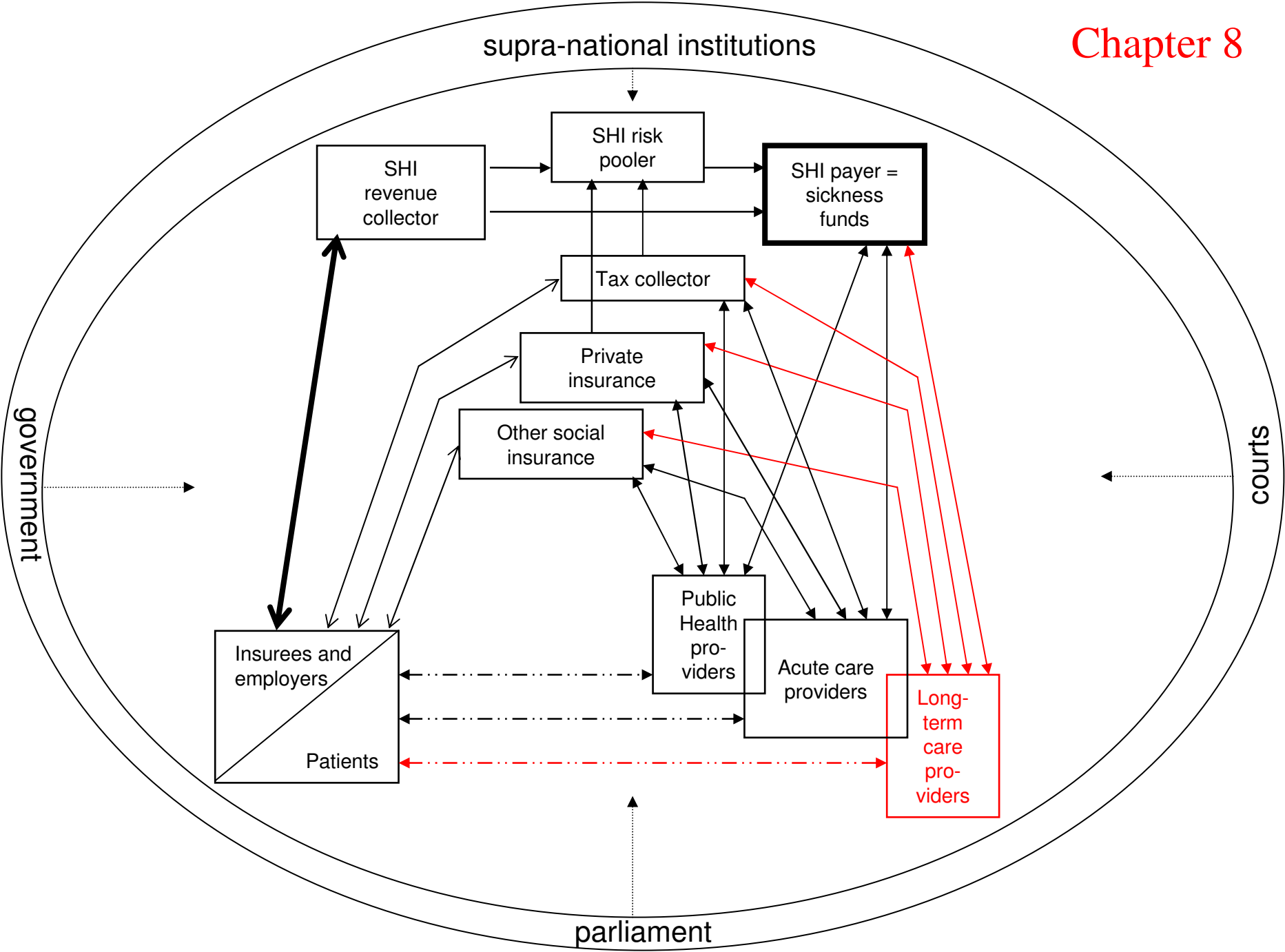
Chapter 6



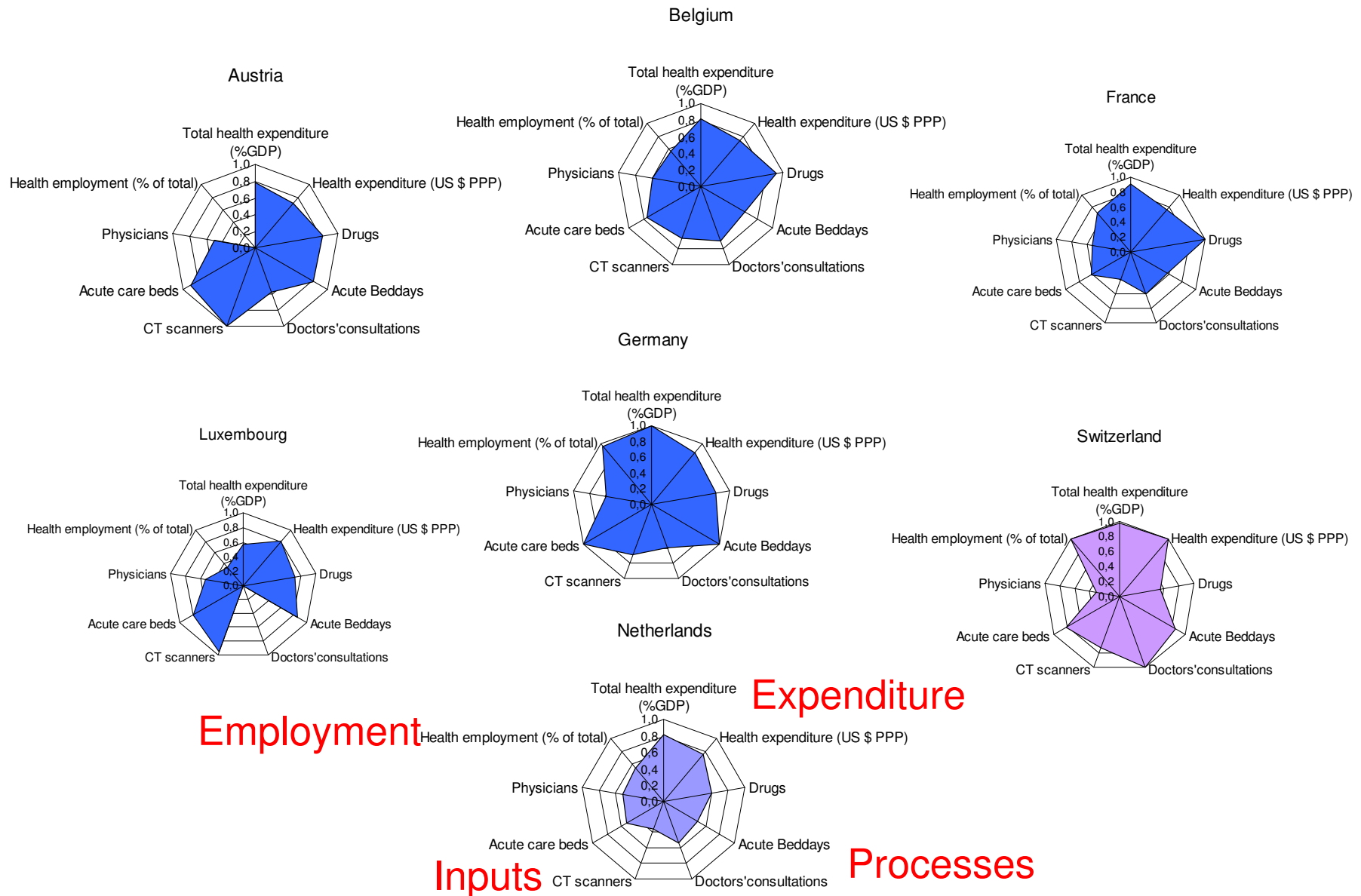
Chapter 7



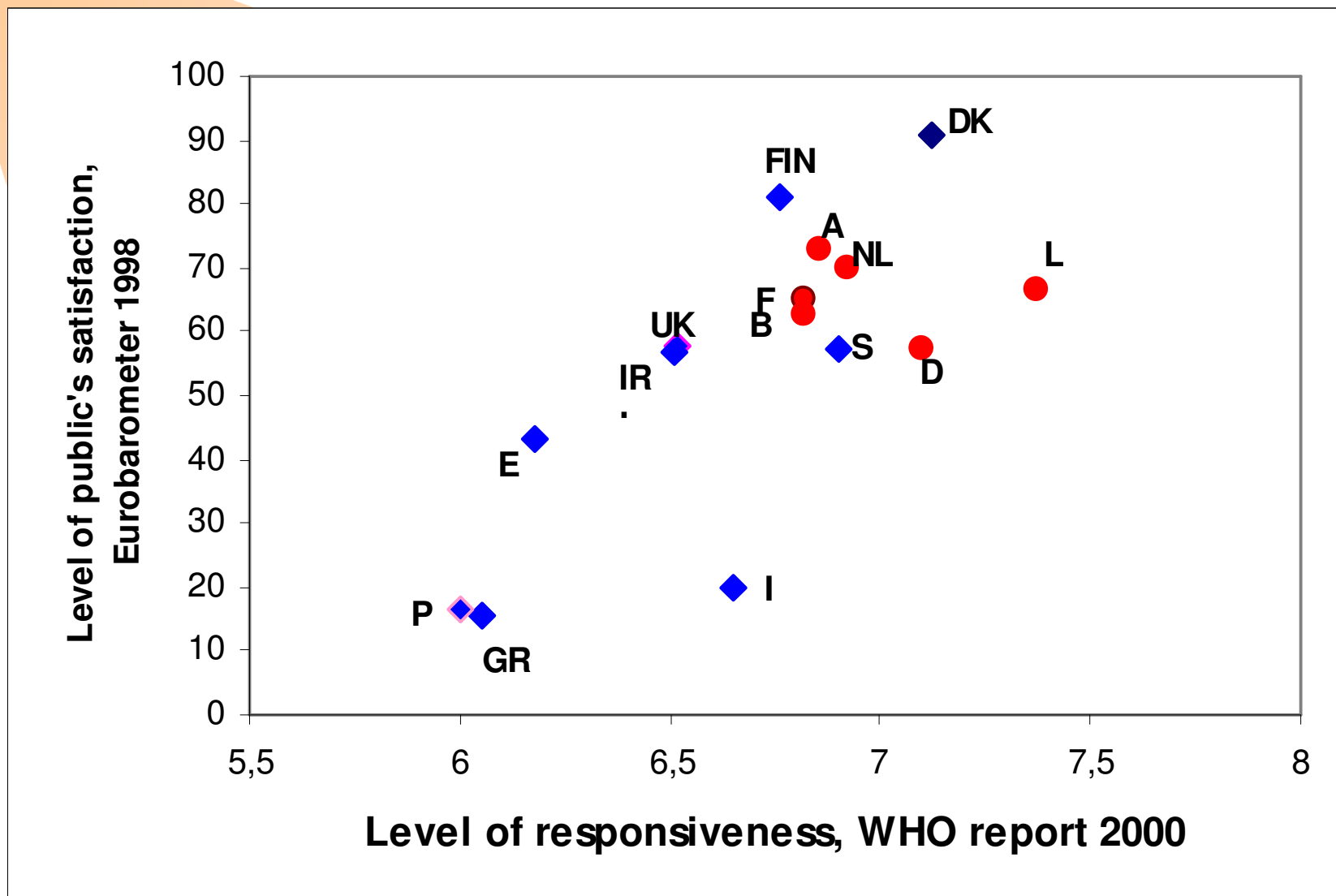
Chapter 8



SHI: expensive and resource-intensive



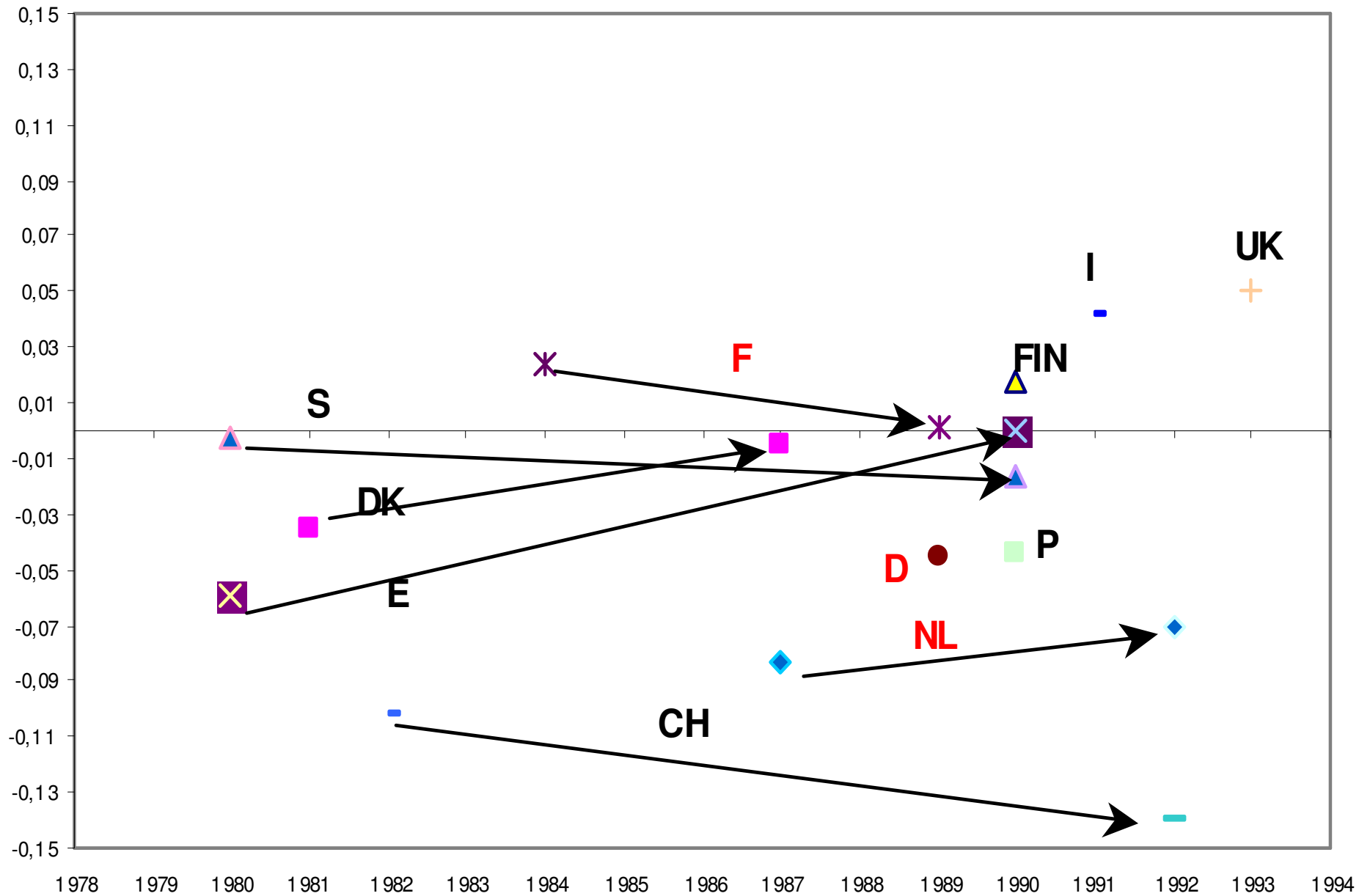
SHI more responsive and citizens more satisfied



Efficiency: SHI = better outcomes for more money

	Health		Responsiveness		Fair financing (25%)	Goal attainment	Health expend./capita	Efficiency („Performance“)	
	Level (25%)	Distrib. (25%)	Level (12,5%)	Distrib. (12,5%)				Level health	overall
A	17	8	12-13	3-38	12-15	10	6	15	9
B	16	26	16-17	3-38	3-5	13	15	28	21
DK	28	21	4	3-38	3-5	20	8	65	34
D	22	20	5	3-38	6-7	14	3	41	25
FIN	20	27	19	3-38	8-11	22	18	44	31
F	3	12	16-17	3-38	26-29	6	4	4	1
GR	7	6	36	3-38	41	23	30	11	14
GB	14	2	26-27	3-38	8-11	9	26	24	18
IRL	27	13	25	3-38	6-7	25	25	32	19
I	6	14	22-23	3-38	45-47	11	11	3	2
L	18	22	3	3-38	2	5	5	31	16
NL	13	15	9	3-38	20-22	8	9	19	17
P	29	34	38	53-57	58-60	32	28	13	12
E	5	11	34	3-38	26-29	19	24	6	7
S	4	28	10	3-38	12-15	4	7	21	23
SHI	14-15	17	10	20-21	12	9	7	23	16-17
other	16	17	24	24	24	20	20	24	18

Equity in financing (Wagstaff et al.)



Stewardship and accountability

- Stewardship role for government complicated as major health care responsibilities are in the hands of sickness funds
- Sickness funds should be (and usually are) accountable, but only to their insured and regarding the benefits covered (i.e. no broad public health perspective)

