

Health care actors

Social Care and Health Systems

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EVROPSKÁ UNIE
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Health care actors

- Health care actors (individuals and/or organisations) - whose primary purpose is to **promote, restore or maintain health**, and the persistent and connected sets of rules (formal or informal), that prescribe behavioural roles, constrain activity, and shape expectations among them
- Actors may operate at the community, national or global levels, and may include governmental, intergovernmental, private for-profit, or not-for-profit entities
- Actors are the driving force behind the design and implementation of public policies

Source: Szlezák, N., Bloom, B., Jamison, D., Keusch, G., Michaud, C., Moon, S. and Clark, W. 2010, 'The Global Health System: Actors, Norms, and Expectations in Transition', PLoS Medicine, vol. 7, no. 1, p.e1000183.

Health care actors

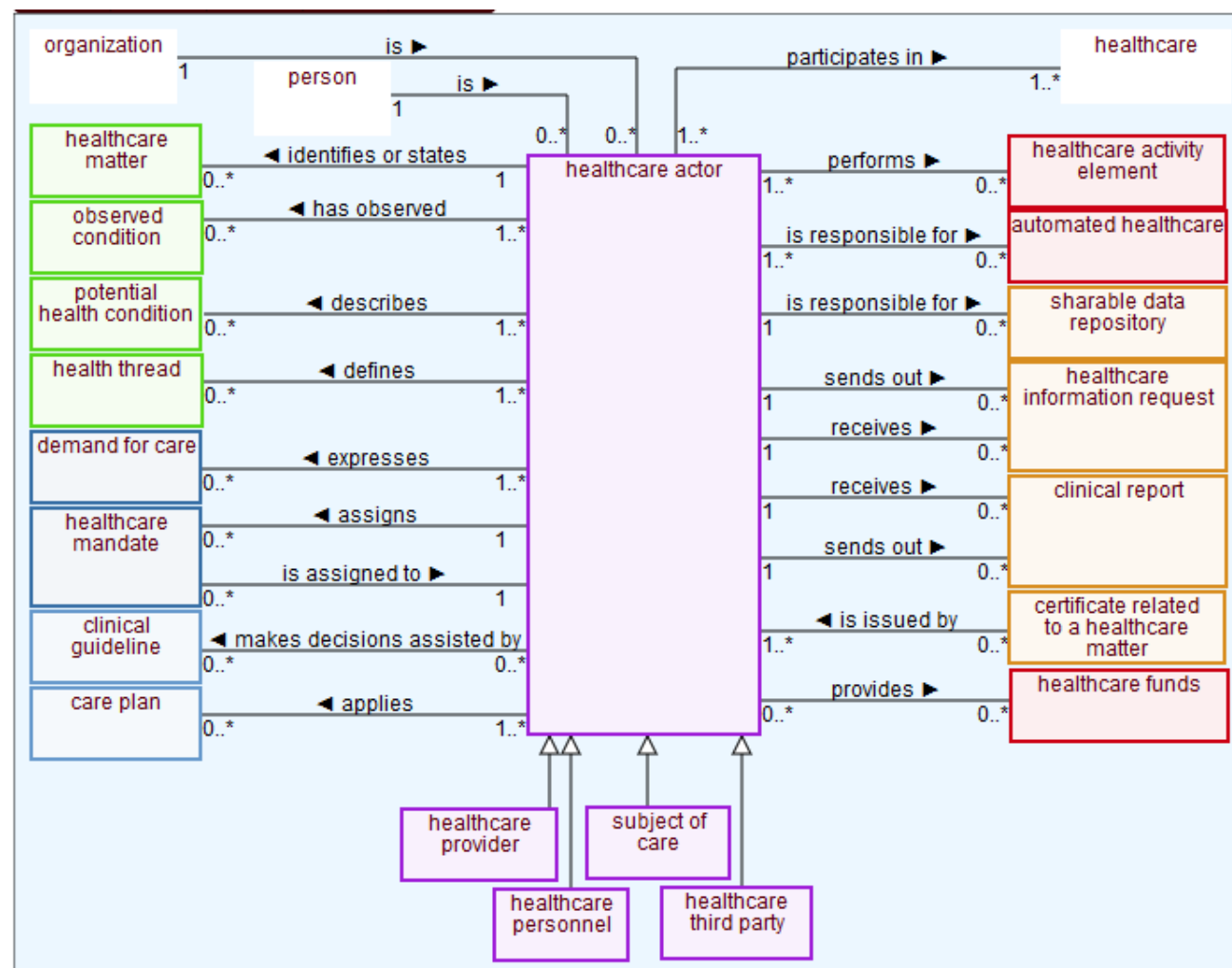
- The interpretation of the role of actors in the specific case of policy-making and implementation thus depends on the chosen interpretative Framework
- Actors can be considered all those affected by the public policy problem, ie. = Those who have a particular interest in the problem, who are affected by the problem, who have an active or passive influence on the solution or decision making concerning the problem.
- Health policy actors can be both individuals and organizations that can be involved in policy making and implementation at different levels of governance

Health care actors

- Actors are divided into official and unofficial
- Official actors - whose participation in the political process is officially determined by law, constitution, etc.
- Unofficial actors - especially interest groups and the media
- We can classify actors according to whether they belong to the market, state or civic sector as regulators of society
- Each sector is characterized by different organizational structure and mechanisms of functioning

Health care actors

- The involvement of the healthcare actor will be either direct (for example, the actual provision of care), or indirect (for example, at organizational level).



Health care actors – example of Czech republic



- There are a large number of actors in the healthcare system forming a complex structure with many interconnections
- „**Health triangle**” - Mossialos, 2002
 - Three main groups of actors can be identified: **citizens** (insured patients), **payers** and **health service providers**
 - These actors are the three peaks
- However, there is a **fourth group of actors** that do not belong to either of these three groups, but actively participate in the individual interactions between these main players or influence the conditions under which the three main groups of actors interact

Health care actors – 1. CITIZENS

- Patients – insured
- Citizens who act in the system as requesting health services
- Citizens on the one hand pay health insurance to on the other hand, they consume health care, but at the same time they are not directly confronted with the cost of health care due to the existence of a third party
- Citizens can organize themselves within patient organizations and thus interact with a group of payers and providers
- In the public election, it is the citizens who essentially decide on the orientation of health (reform) policy

Health care actors – 2. PAYERS

- Payers of health services, especially health insurance companies in the Czech system
- They by their position significantly influence the operation of the whole system
- On the one hand, they have obligations to the insured, on the other, they reimburse health care providers on the basis of contracts
- There are 7 health insurance companies in the Czech republic

Health care actors – 3. Health service providers

- Can be defined as any institutions or professionals who are accredited or licensed to practice health care under existing laws
- Health service providers are seen as a key player
- They perform health care itself and the quality of their work influences the results of the whole system
- Providers are required to associate in professional chambers and, in addition, can organize in professional associations by profession

Health care actors – 3. Health service providers

- Examples are hospitals and clinics and health care professionals such as doctors, nurses, medical staffs, counselors, psychologists, etc
- The competition among health care providers is an instrument to improve efficiency
- This is the group that is probably the most inhomogeneous of all three

Health care actors – 3. Health service providers

- Health care providers involved in **primary care, nursing care, and specialty care**
 - ✓ A **primary care provider (PCP)** is a person you may see first for checkups and health problems
 - ✓ PCPs can help manage your overall health
 - ✓ Licensed **practical nurses (LPNs)** are state-licensed caregivers who have been trained to care for the sick
 - ✓ Other types: Clinical nurse specialists, Certified nurse midwives, etc
 - ✓ Your primary care provider may refer you to professionals in various **specialties** when necessary

Source: Medlineplus: Types of health care providers, 2020

Health care actors – 4. Other actors

- The fourth group consists of other actors who influence the functioning of the whole system or who interact with the main three groups of actors
- This group includes state actors or, for example, pharmaceutical manufacturers and suppliers, medical technology manufacturers and suppliers, educational institutions, the media, political parties, trade unions and many others
- International organizations such as WHO or OECD are included

Health care actors – Interest groups

- Interest groups as such are linked by an effort to influence public policy-makers so that the interests of the groups are incorporated into the resulting policy
- The success or failure of individual actors in pursuing such interests is cardinally dependent on their influence
- Influence itself is one of the dimensions of interest group power

Health service providers - Competition

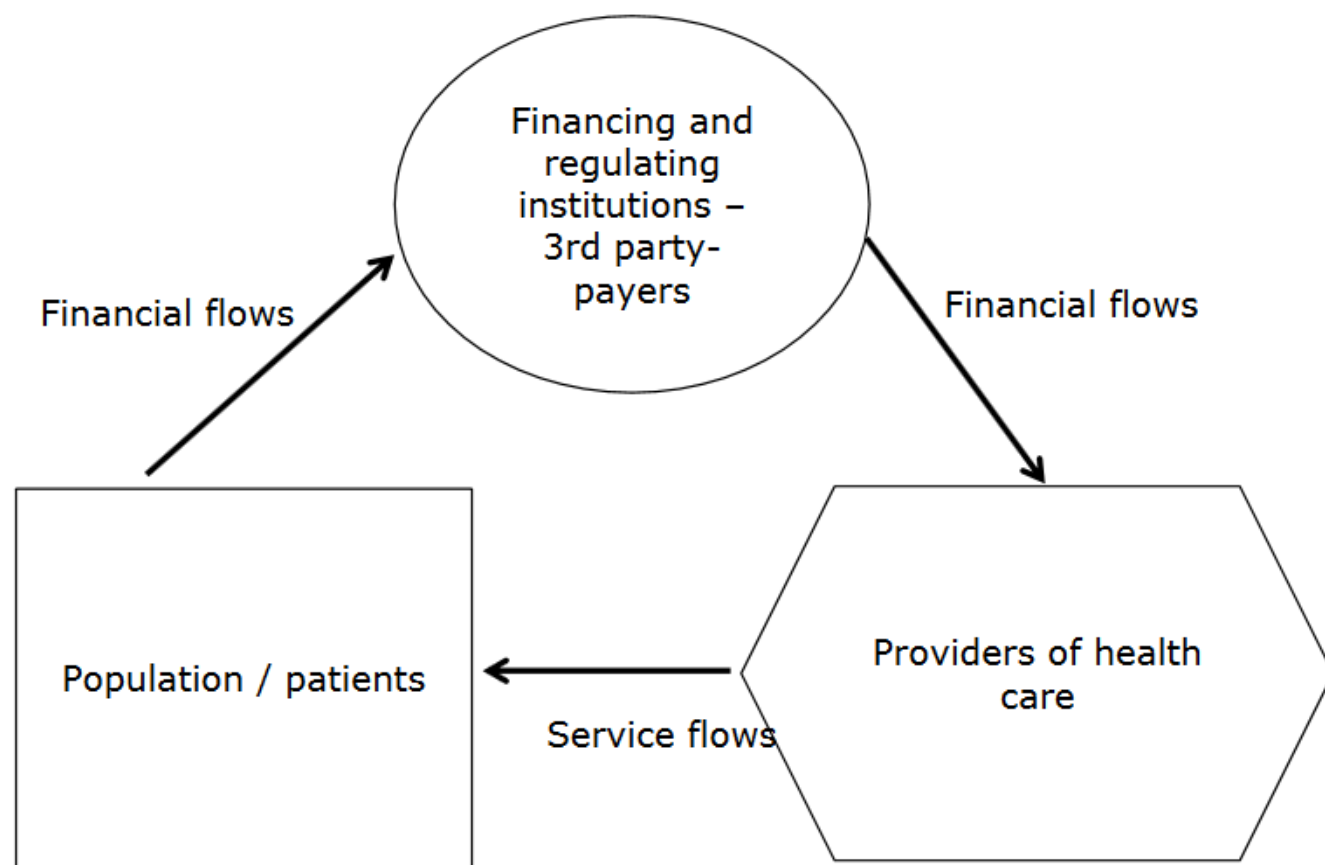
- Competition is an instrument for organising the use of resources to achieve health policy goals
- It is often used as means of improving efficiency by allocating resources where they are likely to be most valuable
- Competition among health care providers should be distinguished from patient choice
- The value of patient choice has gained important status in several countries as a principle underpinning the health system
- Effective competition typically requires a number of preconditions to be met, including the existence of multiple providers, the easy entry and easy exit of providers and enough information on the prices and quality of providers
- In health care markets, these preconditions are often not fully met

Health service providers - Competition

- Health systems have several goals. Competition can in theory exist in health systems in a number of ways and will affect different services differently
- Quality and information on quality and prices play a key role in determining the impact of competition in health care
- Competition is often looked at as a solution to problems that Government-run and regulated health systems did not solve
- The conditions under which competition and the market mechanism provide a good allocation of resources in the health sector have been discussed for (at least) half a century

Health service providers - Competition

- Figure depicts the relationship between the three main actors in health systems –the population, third-party payers and health service providers
- A considerable part of the discussion on the role of competition in health systems has taken place with regard to the relationship between people and third-party payers and insurance arrangements
- The focus is on competition among health service providers



Source: HOPE–EuropeanHospitalandHealthcareFederationNEWSLETTERN°127–June2015

Health service providers - Competition

- Competition between health care providers may be desired for its instrumental ability to ensure an efficient allocation of resources and to strengthen the position of the patient in relation to providers, often seen as the weakest side in the triangle
- Provider competition is also a decentralized way of matching the services on offer to patients' differing needs and preferences
- Giving people choice of provider is a pre-requisite for some types of competition and may be promoted to facilitate competition
- The opportunity of the patient to express preferences over the quality of services, the choice will contribute to the provision of information on the value of services

Health service providers - Competition

- Whether competition among health care providers is able to achieve desired outcomes depends on a range of factors
- These include the specificities of the health care market and the nature of different health care goods and services; the priority afforded to different goals for health care provision; issues around the way in which competition is implemented; and the potential for unintended consequences
- Assessing the impact of provider competition is also challenging
- Competition may not be able to achieve all goals at the same time, and achieving more of one particular goal may lead to a lower level in another goal
- Trade-offs in terms of objectives may have to be made

Health service providers - Competition

- Competition between providers can take various forms, according to whom they compete for and what is the variable used in that process of competition
- Health care providers may compete for patients based on price, or based on quality, or both
- Quality may be intrinsic quality of the product or service, or may be waiting time or priority in treatment, for example
- Health care providers may compete for budgets within health systems, as in the case of auctions for Public-Private Partnership contracts to provide a health care service.
- Competition through choice of geographic location is also an important instrument used by providers to compete for patients in health care markets

Health service providers - Competition

- **Competition in the market** is the most commonly recognised form of competition, with several providers making available alternatives to those that decide what to consume
- In the case of health care markets, the decision maker regarding use of a particular **alternative** or provider can be the patient or a health professional (usually a medical doctor) on behalf of the patient
- Mechanisms that promote price competition, like tendering procedures, require little information about the supply side to the third-party payer
- As **effective competition between providers** brings prices closer to marginal costs, the third-party payer, absent in collusion between providers, does not need to know the costs on the supply side, information that it is required if a direct one-to-one negotiation takes place

Health service providers - Competition

- Patients' choice is not an on/off feature
- It goes from unrestricted choice of provider to existence of stronger constraints
- The existence of referral from primary care to either specialist care or hospital care is the more common constraint on patients' choice
- Patient choice may exist without competition between health care providers
- Providers can be heterogeneous at the eyes of patients by some exogenous characteristic, such as geographic location and choice of patients be exerted over that
- Patient choice is considered a **basic patient right** in some countries. It has been set as a guiding principle in these health systems
- Currently, within the European Union, most countries have recognised patients' choice as an important feature
- In some of the countries, it is explicitly included in a **Patients' Rights charter**

Source: Institute of Medicine (US); Gray BH, editor. The New Health Care for Profit: Doctors and Hospitals in a Competitive Environment. Washington (DC): National Academies Press (US); 1983. Physician Involvement in Hospital Decision Making.

Health service providers - Competition

- Other relevant distinctions in the market mechanism are worth detailing
- The market mechanism balances by adjusting prices or some other variable
- The degree of competition in a market can be assessed in several ways
- Market structure, that is, the number of providers that are to provide the good or service, and their size, is one element
- The different market structures differ in the way each seller is conditioned in their decisions by other sellers
 - Under a competitive market structure, the existence of many sellers of the same good or service means that trying to increase price (or lower quality) will be met by a diversion of consumers to other sellers
 - Under monopoly, no constraints from other sellers exists
 - Under product differentiation, that is goods and services that are not exactly the same in the eyes of the consumers, constraints, due to the presence of other producers, on the decisions of a provider regarding price (or some other relevant aspect) may approximate more closely the competitive market structure, if differentiation is not large
 - Or a monopoly, if a high level of differentiation between goods or services exists

Source: Institute of Medicine (US); Gray BH, editor. The New Health Care for Profit: Doctors and Hospitals in a Competitive Environment. Washington (DC): National Academies Press (US); 1983. Physician Involvement in Hospital Decision Making.

Health service providers - Competition

- European health systems differ regarding their preferred mechanisms to allocate resources
- Contextual and cultural factors specific to each country play an important role in health system design, and some of these factors may lead to potentially different effects when introducing competition between health care providers
- In making any policy change, it is always important to consider the starting point and the objectives of the health system in which the change takes place
- Government intervention can affect diverse conditions and aspects of market functioning, market structure and market conduct

Research in health policy



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Research in health policy

- Health policy and systems research (HPSR) is an emerging field that seeks to understand and improve how societies organize themselves in achieving collective **health goals**
- Focus on **how different actors interact** in the policy and implementation processes to contribute to policy outcomes
- Inter-disciplinary
 - a blend of **economics**, sociology, anthropology, political science, public health and epidemiology
 - together draw a comprehensive picture of how health systems respond and adapt to health policies

Source: The Alliance for Health Policy and Systems Research, What is Health Policy and Systems Research (HPSR)? 2021

Research in health policy

- It focuses primarily upon the more upstream aspects of health, organizations and policies, rather than clinical or preventive services or basic scientific research
- A wide range of questions – from financing to governance – and issues surrounding implementation of services and delivery of care in both the public and private sectors
- **A crucial policy analysis tool** – of both policies and processes – including the role, interests and values of key actors at local, national and global levels

Research in health policy

- While questions about the effects of different policies and strategies are critical, senior decision makers often face challenging questions about how to implement reforms
 - For example, if local government authorities are given responsibility for health, how are they likely to use this responsibility, and what can national policy makers do to ensure that local government action contributes to public health? If private providers are to be contracted to provide priority services, what form should the contract take and how should it be negotiated? If it is planned to implement a new health insurance bill, then which stakeholders are likely to oppose the reform, and how should such opposition be handled?
- For these types of questions, health policy and systems research can provide answers, or at least guidance that will enhance the chances of effective decision making

Source: The Alliance for Health Policy and Systems Research, What is Health Policy and Systems Research (HPSR)? 2021

Research in health policy

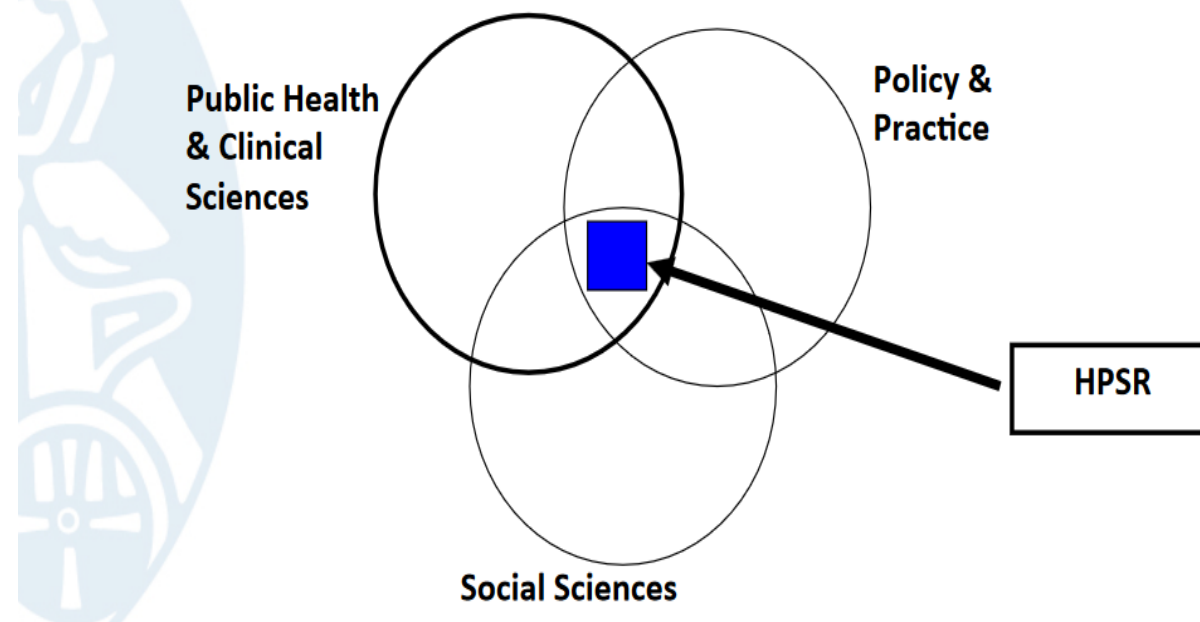
- Goals – such as a focus on health equity – contexts and priorities change, research methods progress, and health organisations continue to learn and adapt, in part by using HPSR
- For HPSR to remain relevant, its practitioners need to re-think how health systems are conceptualised, to keep up with rapid changes in how we diagnose and manage disease and use information, and consider factors affecting people's health that go well beyond healthcare systems
- An opportunity for HPSR to play a larger role, given its pioneering work on applying systems thinking to health, its focus on health equity, and the strength of its multi-disciplinary approaches

Source: Peters, D.H. Health policy and systems research: the future of the field. Health Res Policy Sys 16, 84 (2018).

Research in health policy

- H(P)SR goals:
 1. Thinking broad (beyond the disease)
 2. Thinking cross-cutting (underlying functions)
 3. Thinking scale
 4. Thinking comprehensive delivery platforms

HSR lies at the intersection of a number of fields



Source: Introduction to Health Policy and Systems Research, Presentation 3. Copyright CHEPSAA (Consortium for Health Policy & Systems Analysis in Africa) 2014,

Research in health policy - types

- Types of research:
 - 1. Operational research**
 - 2. Health system research**
 - 3. Health services research**

Research in health policy – Operational research

- Finding the optimal solution managerial problems
- Use of scientific approaches in managerial decision making
- Systemic approach

- Used to drive efficient management of healthcare resources and support medial decision-making
- Understanding of complex interactions within healthcare and to project “what if” scenarios toward improving patient flow

Research in health policy – Operational research

- A discipline that uses advanced analytical methods to better understand complex systems and aid in decision-making
- Uses a wide range of problem-solving techniques and computational methods, including computer simulation, mathematical optimisation, statistics and decision analyses, to help improve the operations of organisations
- Machine-learning, data-mining, regression, and time-series methods are used to predict clinical outcomes and future operational states
- Optimization methods are used to match healthcare demand with supply for “smart” scheduling of both patients
- Tools are translated to software applications to support real-time decision-making

Source: Sogi GM. Operational Research - Putting Ideas into Practice: The Research of Improvement. Contemp Clin Dent. 2020;11(1):1-2. doi:10.4103/ccd.ccd_531_20

Research in health policy - Health system research

- Principles on which health works system
- Types of health care systems
- Efforts to improve health system

- Health system research is a part of health research
- It closely links field evidences and applies its results for the improvement of the health system
- Initially, it was known as health service research and the terminology shifted to health system research from 1980s
- Health systems affect both human health and the development of the whole economy and the well-being of society as a whole

Research in health policy - Health system research

- The aim of the research is to contribute to the content and function of the health system and to strengthen its impact on human health and consequently on the economic development of society, and to study methods to improve the performance of health systems with a view to strengthening their long-term sustainability
- Health systems are under immense pressure from the burden of chronic disease and injury and the increasing costs of healthcare are quickly becoming unsustainable
- Health system research has a critical role to play in addressing this problem by helping identify affordable models of healthcare and innovative approaches to the treatment and management of disease

Research in health policy - Health system research

- Health system research concerns with health system and its results provide the bases to managers, policy makers as well as community people to make evidence based decision
- Different interpretations of what a health system is:
 - Health system is considered the different levels of the health care services such as central level health care, state/ provincial level health care, regional/zonal/district level health care and local level health care
 - Health system covers different aspects of society such as socio-economic status, culture, religion, education, politics, public sector, private sectors which are the major determinants of social epidemiology
 - It is also a knowledge generation to improve how societies organise to achieve health goals and contributes to sound, socially relevant and ethically acceptable guidelines for more effective, efficient and sustainable health policies and systems

Research in health policy - Health system research

- Multidisciplinary scientific endeavor that studies and generates knowledge to facilitate improved translation of medical discoveries into practice to improve the health of patients and the public
- Identify the most effective ways to organize, manage, finance, and deliver health care
- Nowadays, there is a broad consensus that health system research is important, but little general agreement as to what it actually is.
- The fundamental principle of health system research is that the questions of studies should be relevant to the everyday concerns of policy-makers, administrators or anyone responsible for health care

Research in health policy - Health services research

- In terms of simplistic terminology, if you can understand what a health service is, you can understand what health services research is.
- What is a health service?
 - All services dealing with the diagnosis and treatment of disease or the promotion, maintenance, and restoration of health
 - Service provision refers to the way input, such as money, staff, equipment, and drugs are combined to allow the delivery of health interventions
 - More than just providing a diagnosis or providing a treatment, but really how you're organizing the delivery of health care itself that is going to embody the health service

Research in health policy - Health services research

- Health services research is a multidisciplinary field of inquiry, both basic and applied, that examines access to, and the use, costs, quality, delivery, organization, financing, and outcomes of health care services to produce new knowledge about the structure, processes, and effects of health services for individuals and populations
- Examines how people get access to health care, how much care costs, and what happens to patients as a result of this care
- The main goals of health services research are to identify the most effective ways to organize, manage, finance, and deliver high quality care; reduce medical errors; and improve patient safety

Research in health policy - Health services research

- Many definitions:
 - „HSR is the multidisciplinary field of scientific investigation that studies how social factors, financing systems, organizational structures and processes, health technologies, and personal behaviors affect access to health care, the quality and cost of health care, and ultimately our health and well-being. Its research domains are individuals, families, organizations, institutions, communities, and populations“
 - „HSR is a multidisciplinary field of inquiry, both basic and applied, that examines the use, costs, quality, accessibility, delivery, organization, financing, and outcomes of health care services to increase knowledge and understanding of the structure, processes, and effects of health services for individuals and populations“

Research in health policy - Health services research

- Many definitions:
 - HSR is concerned with problems in the organization, staffing, financing, utilization, and evaluation of health services..[It] subsumes both medical care and patient care research. It could well be termed "socio-medical" research
 - HSR is a recognized, multidisciplinary field, the organization and financing of medical care, utilization patterns, patient and provider relations, social and behavioral epidemiology, health information systems, and monitoring and evaluation of health services
 - is a field of inquiry that examines the roles of organization, finance, manpower, technology, and prevention in the provision of health care services, and their impact on utilization, cost, and quality of care. The field draws on many disciplines to address this breadth of research, including biostatistics, epidemiology, health economics, medicine, nursing, operations research, psychology, and medical sociology

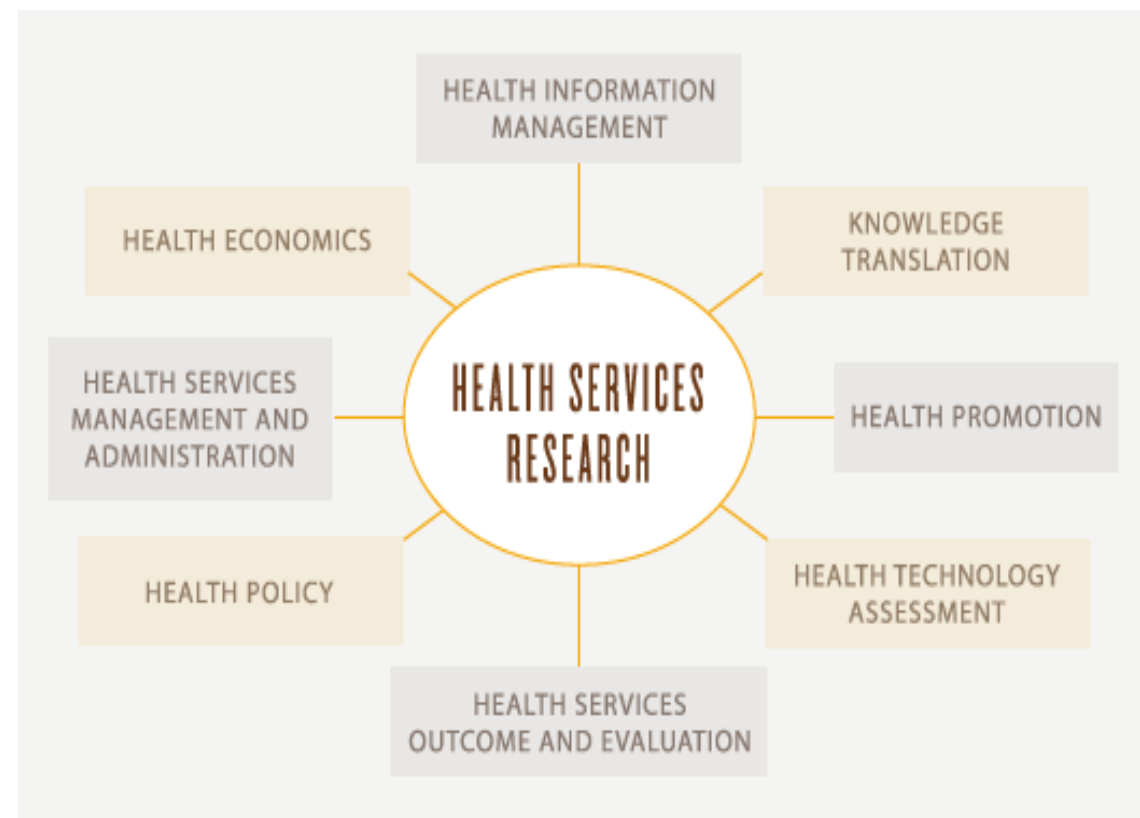
Research in health policy - Health services research

- Early health services research was performed by clinicians, economists, and other social scientists who developed an interest in the field
- Now, the majority of health services researchers come from such disciplines as biostatistics, clinical sciences, economics, epidemiology, political science, psychology, sociology, and statistics
- Other disciplines that contribute to the field - actuarial science, anthropology, decision theory, demography, engineering, ethics, finance, gerontology, geography, health education, history, law, marketing, medical informatics, nutrition, operations research, and pharmacy

Source: The state of health services research, Journal of Pharmaceutical Health Services Research, Volume 5, Issue 2, June 2014, Page 79

Research in health policy - Health services research

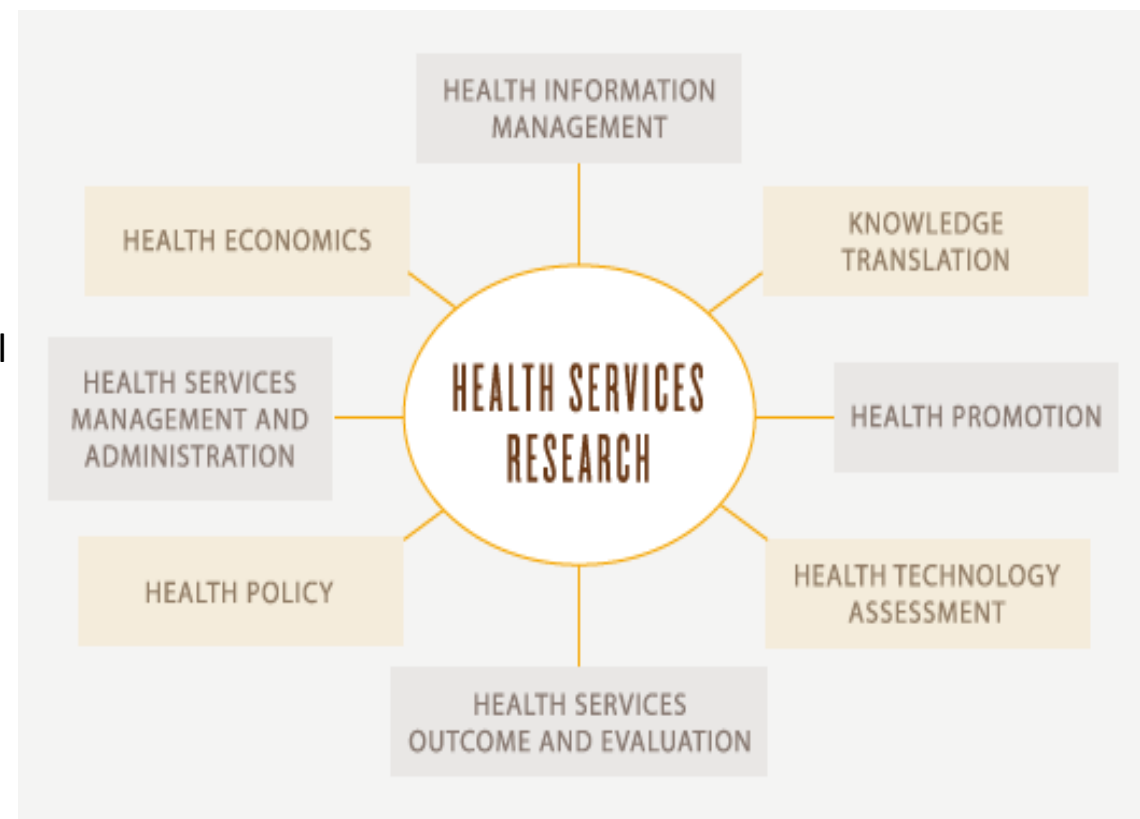
- Multidisciplinarity field:
- Health Services Management and Administration – Study of the organization of health services and the impact of management and organizational practices on performance.
- Health Policy – Study of the political, social, and economic conditions and determinants of health across populations and the way that the public health system regulates and delivers healthcare and social services
- Health Services Outcome, and Evaluation – the systematic evaluation of the impact of health services on health status for a given population using quantitative, qualitative, and mixed methods.
- Health Information Management – Interdisciplinary analysis and research to improve the design, development, evaluation, and use of electronic health solutions.



Source: Manitoba Training Program for Health Services Research (MTP): HSR, 2020

Research in health policy - Health services research

- Multidisciplinarity field:
- Health Economics – The student of resources allocation with the health sector and the application of economic analysis and theory to healthcare issues and policy.
- Health Technology Assessment – A multidisciplinary process to evaluate the properties, effects, and/or impacts of health technology, including the social, economic, organizational and ethical issues of a health intervention or health technology.
- Knowledge Translation – The development of knowledge and research skills that will contribute to effective use of evidence-based research in the development of health services and the healthcare system improve healthcare outcomes.
- Health Promotion - the process of enabling people to increase control over their health and its determinants, and thereby improve their health (WHO).



Research in health policy - Health services research

- Health services researchers seek solutions to these and other problems that adversely affect access to care, quality, safety, and cost of care
- Health services research evaluates the impact of government and private-sector health policies, designs and evaluates innovations in health care organization and financing, and examines the effects of new technologies
- Assessing the impact of health services on population health requires health services researchers to go beyond disease outcomes to examine health status and health-related quality of life outcomes

Source: National Research Council (US) Committee to Study the National Needs for Biomedical, Behavioral, and Clinical Research Personnel. Research Training in the Biomedical, Behavioral, and Clinical Research Sciences. Washington (DC): National Academies Press (US); 2011. 8, 45 Health Services Research.

Research in health policy - Health services research

- Health services research can and must be used to understand community and cultural values better because health care practice is becoming more patient, or client, driven
- Fruitful areas of research include defining determinants of health for individuals and populations, measuring behavioral risk factors, and elucidating ethnic and cultural differences that affect the health of populations
- Population-based health services—for example, community-wide health education programs and control of communicable disease outbreaks—are a significant but often underappreciated element of health care in the United States
- Health services researchers can explore the impact of these programs on the health of a target population over time
- Understanding the effects of these public health services, with an associated consideration of their costs, staffing, and relationship to the health services provided, will be increasingly critical as personal health care services are restructured with a focus on cost containment and as hard decisions are made about the investment of both public and private resources

Research in health policy - Health services research

- Health services research has accrued an impressive track record:
 - Studies of the impact on cost and quality of different kinds of delivery systems
 - Detailed studies of the phenomenon of practice variation—a profound mismatch between the epidemiology of disease and the epidemiology of health care—which raises significant questions about the quality of the professional knowledge base and the quality of decisionmaking in medicine.
 - Detailed studies of the effects of varying types of health insurance, deductibles, and coinsurance on the utilization and cost of health services (including dental care) and on health status
 - Development of tools now widely used in health care financing and reimbursement, including the diagnosis-related groups used in the Medicare prospective payment system and the resource-based relative value scale for setting physician reimbursements
 - Medical effectiveness and cost-effectiveness studies

Source: Institute of Medicine (US) Committee on Health Services Research: Training and Work Force Issues; Thaul S, Lohr KN, Tranquada RE, editors. Health Services Research: Opportunities for an Expanding Field of Inquiry: An Interim Statement. Washington (DC): National Academies Press (US); 1994. A WORKING DEFINITION OF HEALTH SERVICES RESEARCH.

Research in health policy - impact

- The opportunities for researchers to improve health and health care by contributing to the formulation and implementation of policy are almost unlimited
- The availability of these opportunities is a tribute to a generation of health services researchers questioning existing policies or studying essential “Why?” and “What if?” questions using rigorous analysis
- Health care systems confront continued pressures from increasing costs; inconsistent quality; avoidable patient harms; pervasive disparities in health and health care associated with individual characteristics such as race, ethnicity, income, education and geography; and poor population health outcomes
- Strategies to address many of these challenges exist in the laboratory, but the contribution of this science to the health of the public is limited by a research enterprise that values discovery of new knowledge far more than its successful application

Source: Clancy CM, Glied SA, Lurie N. From research to health policy impact. Health Serv Res. 2012;47(1 Pt 2):337-343. doi:10.1111/j.1475-6773.2011.01374.x

Research in health policy - impact

- Research does and should influence policy
- Simply producing rigorous and precise results about important problems is not enough to make it happen
- Just as policy research must be informed by a knowledge of the institutional context, policy researchers are much more likely to contribute to the policy process if they understand the context in which they are working
- Clinical scholars, who spend time deeply engaged both with policy problems and the policy process, are an excellent example of this contextual immersion

Source: Clancy CM, Glied SA, Lurie N. From research to health policy impact. Health Serv Res. 2012;47(1 Pt 2):337-343. doi:10.1111/j.1475-6773.2011.01374.x

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