

Evaluating the Handbook: a Feasibility Study

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ZeS
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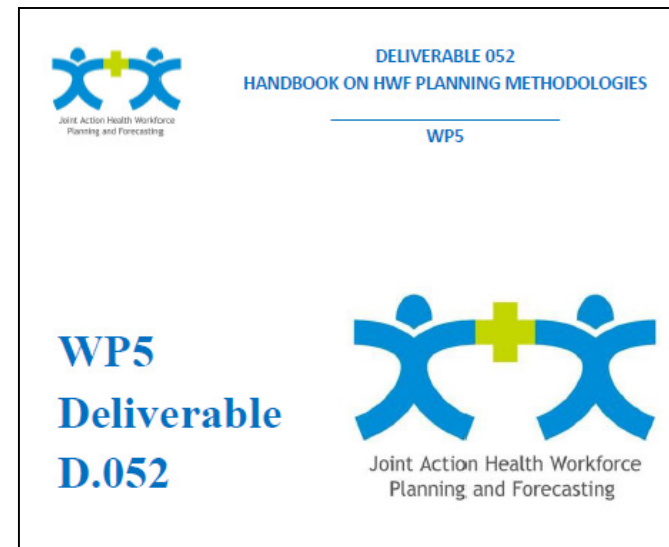
Funded by
the Health Programme
of the European Union



Aims

A) Theoretical testing of the handbook

- Can the handbook help countries with distinct health systems?
- Is the handbook sufficiently informative?
- Do stakeholders in Germany (sickness funds, Ministries, nursing association, association of doctors, midwives) agree with proposed practices?



→ opportunity to make changes within a handbook 2.0?

Aims

B) Modeling with the Minimal Projection Model and the MDS

- Data availability, difficulties, information content of projections
- Can the MDS be used to project supply and demand in Germany?
- How good are results compared to the sophisticated system of Federal Association of Health Insurance Physicians (KBV) presented in Bratislava?



Benefits to the JA

- Information on how useful the minimum data approach is to countries with larger data collection.
- Information on which additional indicators could be added to make the minimum data set an instrument useful to all member states.
- Sensitivity analysis for the minimum data set and indicators.
- Fulfillment of the requirements of the grant agreement within WP5.

Benefits to other countries

- Information on applicability of the handbook guidelines to countries with systems different from the example countries.

Why Germany?

German is chosen as a dissimilar country

- In Europe (from Böhm et al. 2013)
 - NHS systems: Denmark, Finland, Iceland, Ireland, **Italy**, Norway, **Portugal**, Sweden, Spain, UK
 - Social insurance systems: Austria, **Germany**, Luxemburg
 - Social Insurance systems with strong state regulation: Belgium, Estonia, France, Czech Republic, Hungary, Netherlands, Poland, Slovakia
- Germany has
 - Strong actors, planning on the level of federal states (Länder)
 - A lot of data, but not much planning
 - Skepticism against planning
 - Recently updated guidelines for physician planning
 - Different approaches for different professions
 - Limited involvement of government in Joint Action
- Study is conducted by research institute! = looking in from outside

Methods

A) Testing the handbook

- An assessment of current organization of the HWF planning system in Bremen and Hamburg;
- Stakeholder focus groups on desired changes to workforce planning;
- Evaluation of the handbook: Were the outlined steps helpful? Was anything missing? What do we recommend for future versions of the handbook?
- Write-up of results.

Methods in detail

A) Testing the handbook

- Brief report on how planning of outpatient care by physicians within the statutory health insurance system, with added sub-chapter on inpatient care
- Focus groups asking: What would YOU recommend to change in the German planning system?
- Then contrast the answers with practices outlined in the handbook: Which aspects do YOU find helpful?
- Looking at additional selected practices: does Germany have similar organizations or processes as proposed by practices?

Methods

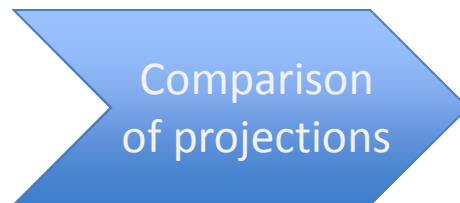
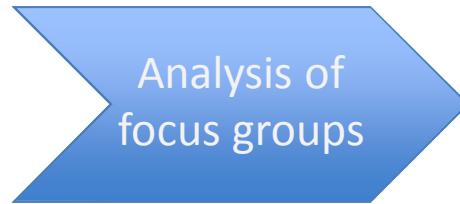
B) Projecting with the Minimal Projection Model and the Minimal Data Set

- Data collection;
- Data cleaning and preparation;
- Projections;
- Comparison with the model of the physicians association
- Write-up of results.

Timeline



April to June 2015



Summer 2015



Due October 2015

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#	Healthcare system type	R	F	P	Cases
1	National Health Service	St	St	St	Denmark, Finland, Iceland, Norway, Sweden, Portugal, Spain, UK
2	Non-profit National Health System	St	St	So	
3	National Health Insurance	St	St	Pr	Australia, Canada, Ireland, New Zealand, Italy
4	State-based mixed-type	St	So	St	
5	State-based mixed-type	St	Pr	St	
6	State-based mixed-type	So	St	St	
7	State-based mixed-type	Pr	St	St	
8	Etatist Social Health System	St	So	So	
9	Social-based mixed-type	So	St	So	
10	Social-based mixed-type	So	So	St	Slovenia
11	Social Health System	So	So	So	
12	Social Health Insurance	So	So	Pr	Austria*, Germany, Luxembourg, Switzerland*
13	Social-based mixed-type	So	Pr	So	
14	Social-based mixed-type	Pr	So	So	
15	Etatist Private Health System	St	Pr	Pr	
16	Private-based mixed-type	Pr	St	Pr	
17	Private-based mixed-type	Pr	Pr	St	
18	Corporatist Private Health System	So	Pr	Pr	
19	Private-based mixed-type	Pr	So	Pr	
20	Private-based mixed-type	Pr	Pr	So	
21	Private Health System	Pr	Pr	Pr	USA
22	Completely mixed-type	St	Pr	So	
23	Etatist Social Health Insurance	St	So	Pr	Belgium, Estonia, France, Czech Republic, Hungary, Netherlands, Poland, Slovakia, Israel*†, Japan†, Korea*
24	Completely mixed-type	Pr	St	So	
25	Completely mixed-type	Pr	So	St	
26	Completely mixed-type	So	St	Pr	
27	Completely mixed-type	So	Pr	St	