Roundtable discussion "Cross-national considerations"

By Larry Brown

The table interpreted the task to mean identifying ARENAS of policy in which cross-national transfers could, and sometimes do occur. Eleven such arenas emerged.

1. Payment Methods: DRGs are the leading example of an innovation, born in the USA, that has diffused widely, with modifications of course, across other nations. As the limits of DRGs for paying for chronic care have grown clearer, France, Spain, Portugal, and the USA have begun thinking about and experimenting with "bundled "payment approaches.

2. Alternative Sites of Care: Citi Med in the USA and polyclinics in Europe are examples of organizational innovations that attract attention across national borders.

3. Public Health: Nations monitor the taxes their peers impose on cigarettes and alcohol. Reporting of the battle in New York City over banning large servings of sugary drinks is said to have had "ripple effects" in debates beyond the USA. The use of incentives for "wellness" invites cross national inquiry. In the USA, for instance, these incentives are often geared to levels of health insurance premiums, whereas in Germany, some employers are crafting positive incentives such as extra benefits for prevention, yoga classes, annual checkups, and the like.

4. Technology Assessment: All Western nations have systems for evaluating medical technologies, but their orientations differ. England has NICE, which uses QALYs as the basis for rigorous cost effectiveness analyses. France prefers to emphasize the "clinical value" of technologies and has little taste for NICE or QALYS. Germany links reimbursement levels to the demonstration of "significant improvement" by new over existing technologies, an exercise that can lead to the kind of ethical dilemmas (how much is an extension of three or four months of life really "worth"?) that resemble those that NICE routinely confronts.

5. Transparency: In the USA the self-protective stratagems of providers hinder access by consumers to records to which they have a formal right. In Germany legal barriers are the principal hindrance. France has had for more than a decade legislation promoting "la democratie sanitaire," which regards patients as "partners" with providers.

6. Managed Competition: Nations differ in intriguing ways in their attraction to managed competition. The Dutch and Swiss (and Israelis) have embraced it warmly, though there are differences in how they have designed it. Germany has accepted competition among sickness funds, but selective contracting by funds among physicians remains a bridge too far. France and Canada have shown little taste for reforms based on competition, managed or other.

7. Telemedicine: In many nations, the rise of telemedicine and kindred innovations in information technology is challenging the monopoly of providers on patient information and medical records. An early and impressive innovation occurred within the Indian Health Service in the USA, which delivers health care to populations that are often severely isolated.

8. Privatization: Most nations have systems of complementary or supplementary coverage alongside their universal public systems of coverage. The scope and contents of these systems differ. For instance, private coverage in the UK may

enable those covered to jump queues and enjoy more modern facilities. In France, the system covers certain services (eyeglasses, for example) and refunds a portion of out of pocket payments for care. In Canada drug coverage falls under supplementary insurance in most provinces. Fiscal pressures increase the temptation for governments to shift coverage incrementally from the public onto the complementary system, but systems face this temptation differently. German policymakers, for example, are reluctant to shrink benefits in the public plan too much lest that plan become less attractive in comparison to private coverage.

9. Medical Records: The benefits of a "connected health environment" are lauded everywhere. Progress toward integrated and portable medical records is slower than expected, however (for example in France's carte sanitaire) mainly because of concerns over privacy.

10. Workforce Planning: Most nations face a powerful demographic transformation. Their health systems will be called on to treat increasing numbers of residents who live longer, albeit with multiple chronic conditions, acquired years earlier, and in need of "care management" in which clinical interventions may be less important than a formidable range of "social" services. Meanwhile younger populations are shrinking as a proportion of the whole, leaving policymakers to ponder how best to organize care for the aged and infirm, given that not every system can recruit the supply of foreign nurses it would like to put on the case.

11. Culture: "Mentalities" do differ. The difference is most striking between the USA, where solidarity has little resonance (no one save the aged are viewed as entitled to coverage but those who manage in fact to secure coverage think themselves entitled to everything modern medicine can supply) and Europe, where solidarity (health care as right of citizenship, indeed of legal residency) holds sway but where hard fiscal times trigger debates about whether the contents of universal coverage must be trimmed in some equitable fashion.

Note: It may be worth noting that the discussion at the table did not identify the challenges of mental health and substance abuse.

In sum: health care systems differ considerably with respect to history, culture, law, incentives, politics, and clinical preferences and practices. Research into these differences along the eleven lines sketched above and others will not yield instant, interchangeable "solutions" to any nation's problems, but it may well sharpen thinking about the nature of those problems and about the pros and cons of proposed solutions. The old days in which such research required heroic exertions by great scholars such as William Glaser, who went nation by nation year after year to discover how doctors are paid, how insurance systems are organized, and so on have given ground to the age of the internet which enables anyone to know at a click "everything" going on in the health systems of other nations. This development certainly expands the scope of informed debate, but knowledge that is a mile wide and an inch deep should be approached and deployed cautiously.