



TERVEYDEN JA HYVINVOINNIN LAITOS

International Network on Health Policy Reforms verkoston websiten esittely

Lauri Vuorenkoski

23.10.2009

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1

Taustaa

- Verkoston toiminnan organisoi ja rahoittaa saksalainen Bertelsmann säätiö
 - Perustaja Reinhard Mohn, vuonna 1977
 - Säätiö omistaa 77% Bertelsmann mediakonsernista
 - Säätiön budjetti on noin 80 milj. eur
 - Säätiön tarkoituksena on tukea yhteiskunnallisia reformeja (erityisesti Saksassa)
- Verkosto on perustettu vuonna 2002
- Verkostossa edustettuna 20 maata, Suomesta THL
 - Australia, Austria, Canada, Denmark, Estonia, Finland, France, Germany, Israel, Japan, The Netherlands, New Zealand, Poland, Singapore, Slovenia, South Korea, Spain, Switzerland, United Kingdom, USA



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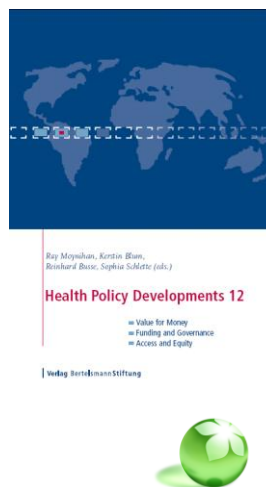
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2

Verkoston tavoite

- Säätiön näkökulmasta verkoston keskeinen funktio on tuoda saksalaiseen keskusteluun tietoa muiden maiden terveydenhuollon reformeista.
- Verkoston jäsenet tuottavat kaksi kertaa vuodessa raportteja kotimaidensa terveydenhuollon reformeista
- Tähän mennessä raportteja on tuotettu 935, joista 49 Suomesta
- Verkoston keskeinen julkaisukanava on verkko: www.hpm.org
 - Health Policy Developments
 - HealthPolicyMonitor Spotlights



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3

Raportit

- Raportit ovat strukturoituja
 - Purpose of idea or policy
 - Political and economic background of policy development
 - Origins of health policy idea
 - Policy paper and stakeholder positions
 - Legislative process: Influences in policymaking and legislation
 - Adoption and implementation
 - Monitoring and evaluation
 - Expected outcome/overall assessment of policy
 - Rating the impact of policy

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4

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- Home
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Countries:

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<input type="checkbox"/> Estonia	<input type="checkbox"/> New Zealand
<input type="checkbox"/> Finland	<input type="checkbox"/> Poland
<input type="checkbox"/> France	<input type="checkbox"/> Singapore
	<input type="checkbox"/> Switzerland
	<input type="checkbox"/> United Kingdom
	<input type="checkbox"/> USA

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New reforms reported by CP RN - Canada, Canada

- Improving Hospital Performance
- Physician Payment Incentives
- Framework for A Mental Health Strategy for Canada
- Provinces moving towards integrated care systems

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24-26 June 2009

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Effective and confident health management is pivotal to meeting the challenges facing Europe's health systems, under pressure from demographic change and operating in a rapidly changing market and the difficulties of global

http://www.hpm.org/en/Surveys/CPRN - Canada/13/Framework for A Mental Health Strategy for Ca

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<input type="checkbox"/> All Issues	<input type="checkbox"/> Funding / Pooling
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<input type="checkbox"/> Austria	<input type="checkbox"/> HR Training/Capacities
<input type="checkbox"/> Canada	<input type="checkbox"/> Quality Improvement
<input type="checkbox"/> Denmark	<input type="checkbox"/> Benefit Basket
<input type="checkbox"/> Estonia	<input type="checkbox"/> Access
<input type="checkbox"/> Finland	<input type="checkbox"/> Responsiveness
<input type="checkbox"/> France	<input type="checkbox"/> Political Context
	<input type="checkbox"/> System Organisation/ Integration
	<input type="checkbox"/> Long term care
	<input type="checkbox"/> Role Private Sector
	<input type="checkbox"/> Pharmaceutical Policy
	<input type="checkbox"/> New Technology
	<input type="checkbox"/> Prevention
	<input type="checkbox"/> Public Health
	<input type="checkbox"/> Others

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(12) 2008, Australia
Cost Recovery Arrangements for PBS
 Author: Gisselle Gallego
 Issues: Funding / Pooling, Pharmaceutical Policy

(10) 2007, Australia
Pharmaceutical prices: reforms 2007
 Author: van Gool, Kees
 Issues: Pharmaceutical Policy

(9) 2007, Australia
Government response to PBAC recommendations
 Author: Haas, Marion
 Issues: Pharmaceutical Policy

(9) 2007, Australia
The Fourth Community Pharmacy Agreement
 Author: Gallego, Gisselle
 Issues: Pharmaceutical Policy

(7) 2006, Australia
RU486 (mifepristone): the Australian debate
 Author: Marion Haas
 Issues: Pharmaceutical Policy

Your search
 Political issues: Pharmaceutical Policy
 Popular keywords: access quality improvement funding USA health insurance pharmaceuticals prescription public health remuneration reimbursement hospitals integration
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Massachusetts' Marketing Code of Conduct

Country: USA
 Partner Institute: Department of Behavioral Science and Health Education, Rollins School of Public Health, Emory University
 Survey no: (13) 2009
 Author(s): Elena Conis, Emory University
 Health Policy Issues: Pharmaceutical Policy

Current Process Stages

Idea | Pilot | Policy Paper | **Legislation** | Implementation | Evaluation | Change

Abstract
 Purpose of health policy or idea
 Characteristics of this policy
 Political and economic background
 Purpose and process analysis
 Expected outcome
 References

Abstract

In March, the Massachusetts Department of Public Health released new guidelines regulating financial exchanges between pharmaceutical companies and physicians. The regulations restrict pharmaceutical company gifts to doctors and were authorized as part of a set of measures designed to increase access to health care while slowing rising health care costs in the state. A number of states have adopted similar regulations, but Massachusetts' is the most far-reaching and comprehensive to date.

Top of page

Purpose of health policy or idea

In August 2008, Massachusetts Governor Deval Patrick signed into law Senate Bill 2863, titled "An Act to Promote Cost Containment, Transparency and Efficiency in the Delivery of Quality Health Care." A section of the law established a new code of conduct for pharmaceutical and

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aims, specifically, to cut down on the high costs that result when healthcare providers prescribe unnecessary, "least proven," or costly drugs, or when they avoid prescribing generics.

Type of incentives

Pharmaceutical companies that violate the law will be fined \$5000 per violation.

Groups affected
Pharmaceutical companies, doctors

Top of page

Characteristics of this policy

Degree of Innovation	traditional	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	innovative
Degree of Controversy	consensual	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	highly controversial
Structural or Systemic Impact	marginal	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	fundamental
Public Visibility	very low	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	very high
Transferability	strongly system-dependent	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	system-neutral

Massachusetts' state policy takes inspiration from steps taken by other state legislators, medical schools across the country, and hospital systems, including some in Massachusetts itself. It's approach is therefore not innovative, but it is fairly comprehensive-although consumer advocates have argued that it could have placed even greater restriction on pharmaceutical conduct and spending.

Top of page

Political and economic background

Senate Bill 2653 was introduced by Senate President Therese Murray in March 2008; the bill included several provisions to curb rising health costs and improve the transparency and efficiency of care. In addition to the new marketing codes of conduct it outlined for drug and medical device companies, the bill established a council to promote transparency of healthcare costs and quality; the Massachusetts E-Health Institute; and an education and outreach program to promote optimal prescription drug use. The bill also allows patients to choose nurse practitioners as their primary care providers. The new modes of drug and medical device company conduct also included in the bill thus comprise part of the state's ongoing measures to reform health care, improve access to care, and slow rapidly rising healthcare costs.

Top of page

Purpose and process analysis

Current Process Stages

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- Providers
- Payers
- Patients, Consumers
- Private Sector or Industry

Approach of idea

The approach of the idea is described as:
new: Though Massachusetts is not the first state to regulate the pharmaceutical company-doctor relationship, it will be the first whose regulations also apply to medical device companies, and whose law is so comprehensive.

Stakeholder positions

Consumer groups, including the Massachusetts arm of the advocacy group Health Care for All, applauded the new regulations but argued that they could have gone further to protect patients' interests, by instituting a complete ban on gifts from industry to providers. The biotechnology industry and the local hotel and convention bureaus opposed the new rules. Biotech industry representatives argued that the new regulation could stifle research conducted in Massachusetts. Local businesses, meanwhile, argued that Massachusetts would lose tax revenue, as the regulations would prompt major healthcare and medical industries to hold annual conferences in other states; so far, two major meetings have been moved from Massachusetts to other states because of the regulations, according to the Boston Globe.

Actors and positions

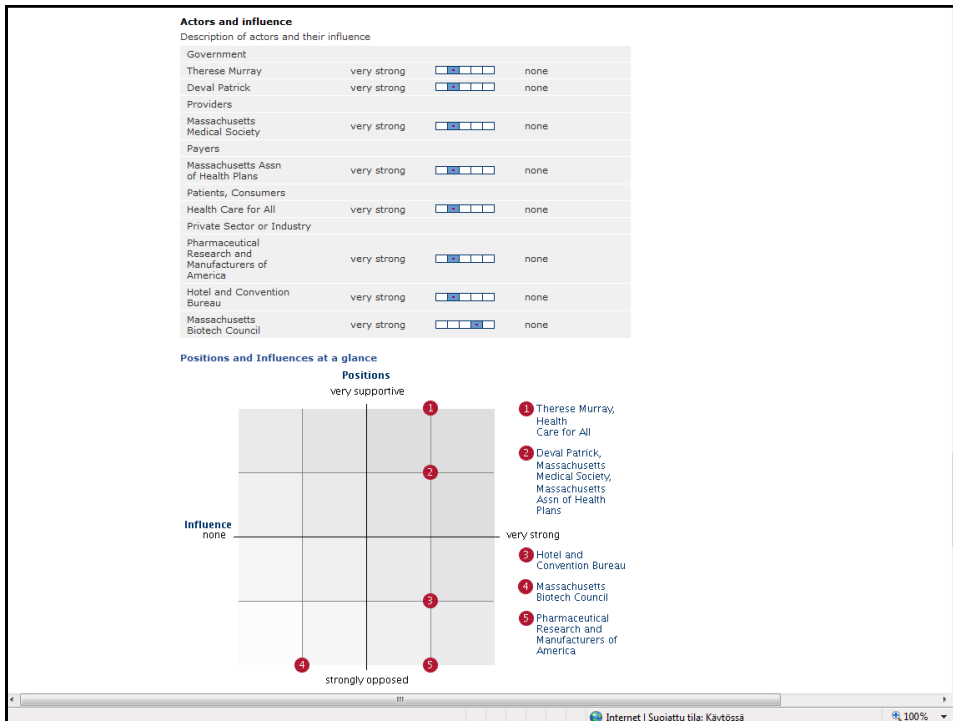
Description of actors and their positions

Government			
Therese Murray	very supportive	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	strongly opposed
Deval Patrick	very supportive	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	strongly opposed
Providers			
Massachusetts Medical Society	very supportive	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	strongly opposed
Payers			
Massachusetts Assn of Health Plans	very supportive	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	strongly opposed
Patients, Consumers			
Health Care for All	very supportive	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	strongly opposed
Private Sector or Industry			
Pharmaceutical Research and Manufacturers of America	very supportive	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	strongly opposed
Hotel and Convention Bureau	very supportive	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	strongly opposed
Massachusetts Biotech Council	very supportive	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	strongly opposed

Influences in policy making and legislation

The current measure was proposed by Senate President Therese Murray early in the 2008

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- About Us
- Search for Reforms
- Country Facts
- Observatory HTs
- Events
- Links
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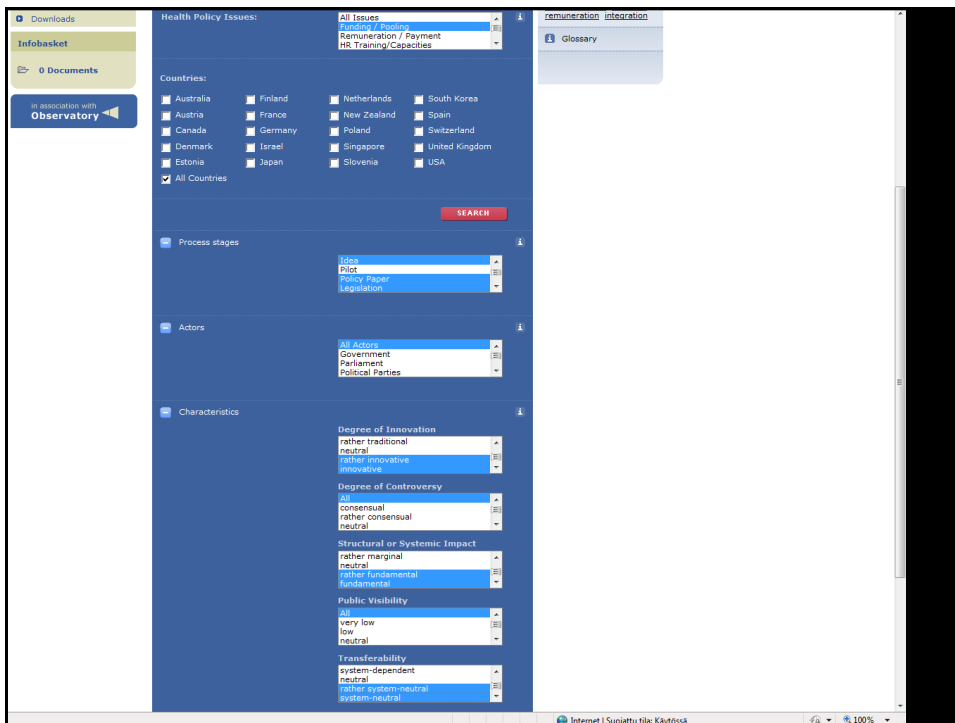
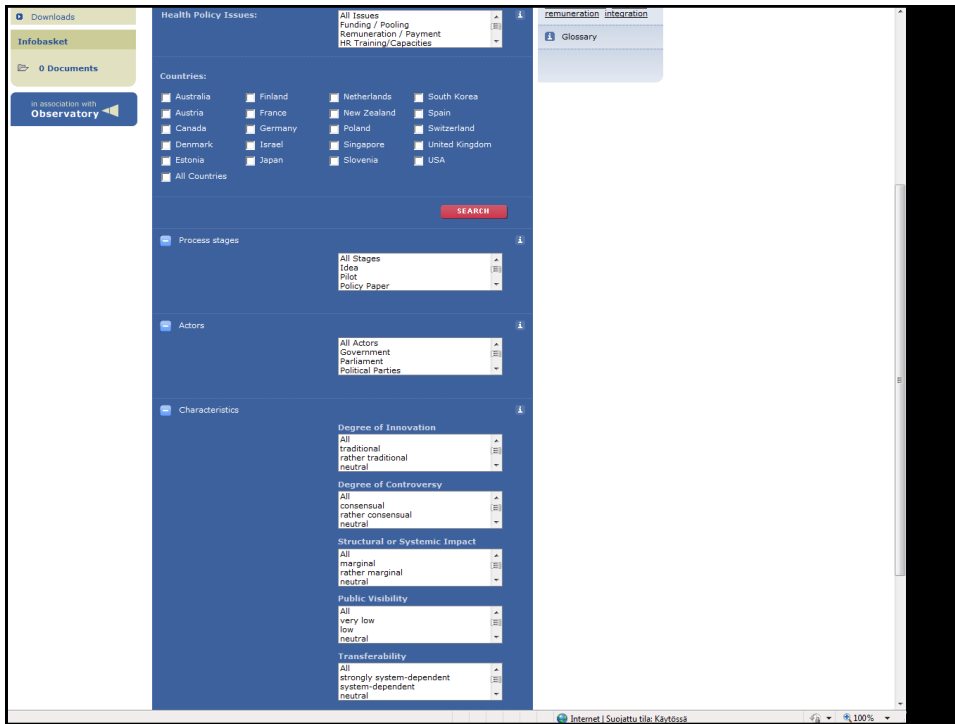
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- Austria Israel South Korea
- Canada Japan Spain
- Denmark Netherlands Switzerland
- Estonia New Zealand United Kingdom
- Finland Poland USA
- France Singapore

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(12) 2008, Denmark
Improving chronic care in Denmark – a follow-up
 Author: Anne Fralich, Michaela L. Schatz
 Issues: Funding / Pooling, Remuneration / Payment, HR Training/Capacities, Quality Improvement, Benefit Basket, Access, Responsiveness, Political Context, System Organisation/ Integration, Long term care, Role Private Sector, New Technology, Prevention, Public Health

(11) 2008, USA
Improving Chronic Care
 Author: Peligara, Tanaz and Gerard Anderson
 Issues: Funding / Pooling, Remuneration / Payment, Quality Improvement, Benefit Basket, Access

(11) 2008, USA
Mandates for Health Insurance
 Author: Peligara, Tanaz and Gerard Anderson
 Issues: Funding / Pooling, Remuneration / Payment, Benefit Basket, Access, Political Context, Public Health

(10) 2007, USA
Strategies to Implement "Medical Homes" in the US
 Author: Peligara, Tanaz and Gerard Anderson
 Issues: Funding / Pooling, Remuneration / Payment, HR Training/Capacities, Quality Improvement, Access, Responsiveness, System Organisation/ Integration

(10) 2007, Israel
Restricting supplemental insurance services
 Author: Gross, Revital and Shuli Brammli-Greenberg
 Issues: Funding / Pooling, Benefit Basket, Role Private Sector

(9) 2007, USA
Premier Hospital Quality Incentive Demonstration
 Author: Das, Kristina and Gerard Anderson
 Issues: Funding / Pooling, Remuneration / Payment, Quality Improvement, Responsiveness, System Organisation/ Integration

(7) 2006, Germany
Health financing reform idea: health fund

Your search
 Political issues: Funding / Pooling
 Process stages: Idea, Legislation, Policy Paper
 Characteristics: Degree of Innovation: rather innovative (4), innovative (3)
 Transferability: rather system-neutral (4), system-neutral (5)
 Structural or Systemic Impact: rather fundamental (4), fundamental (5)
 Popular keywords: access quality improvement funding USA health insurance pharmaceutical prevention public health reimbursement hospitals demonstration integration
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back Add to infobasket Download (PDF) Recommend page Print this page

Mandates for Health Insurance

Country: USA
 Partner Institute: Johns Hopkins Bloomberg School of Public Health, Department of Health Policy and Management
 Survey no: (11)2008
 Author(s): Peligara, Tanaz and Gerard Anderson
 Health Policy Issues: Benefit Basket, Public Health, Funding / Pooling, Political Context, Access, Remuneration / Payment

Current Process Stages

Idea

Plot Policy Paper Legislation Implementation Evaluation Change

Abstract
 Purpose of health policy or idea
 Characteristics of this policy
 Political and economic background
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Abstract
 Covering the uninsured is a key policy goal of the Democratic Party and its remaining two Presidential nominees, Hillary Clinton and Barack Obama. Although both have announced similar plans for health care reform, their strategies to achieve universal health insurance coverage differs. The key difference between the two and the Republican Party involves the use of mandates.

Top of page

Purpose of health policy or idea
 Health care is high on the policy agenda. Covering the uninsured is a central goal for all candidates, but their strategies to achieve universal health insurance coverage differ. A key difference involves the use of mandates, which require individuals or employers to purchase health insurance or face penalties.

The Democrats propose an employer mandate. One proposal is to require large employers to provide health insurance or pay the cost of care into a public fund; small employers would be given tax credits to keep or begin offering coverage. This is similar to what is being implemented in the state of Massachusetts. Another approach is that employers who do not offer coverage or contribute towards their employees' health care would be required to pay a payroll assessment.

A key difference between the two Democratic candidates (as well as between Democrats and Republicans) involves the use of an individual mandate which would require all adults over the age of 18 to purchase coverage (Clinton's proposal). Another approach is that near universal coverage is achievable by providing affordable insurance options in combination with a mandate for children and employers (Obama's proposal). One estimate is that if the individual mandate is not included that approximately 15 million individuals would be left uninsured.

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Suomalaisia raportteja 1/2

- Proposal to tighten tobacco legislation
- Vouchers in social and health care - follow up 2
- Raising user fees in public sector health services
- The new Health Care Act
- Introduction of reference pricing system for drugs
- Ensuring access to public health care - follow-up
- Reducing socioeconomic inequalities in health II
- New state level research and development agency
- New national development programme
- Managed Uptake of Medical Methods



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17

Suomalaisia raportteja 2/2

- Major reduction in taxes on alcohol - Follow up
- Restructuring municipal services - follow up
- Introduction of partial sickness allowance
- State funding for local development projects
- The government programme for the years 2007-2010
- Reform on pharmaceuticals - Follow up
- Vouchers in social and health care - follow up
- Outsourcing in primary health care
- Reducing socioeconomic inequalities in health
- Merging primary and secondary care providers



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18

Mihin tietokantaa voisi käyttää

- Kiinnostuksen kohteena tietty maa
 - varsin ajantasaista tietoa siitä mitä reformeja on meneillään tai suunnitteilla
 - Usein ajantasaisempaa tietoa kuin Eurooppalaiset HiT raportit.
- Kiinnostuksena kohteena jonkin terveydenhuollon osa-alue
 - Esim: minkälaisia uudistuksia on meneillään rahoitusjärjestelmän uudistamiseksi



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