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The Politics of Health Care Provision in Disadvantaged Regions in Germany, France, and England compared

**2016 ISA World Forum
University of Vienna, 10-14 July 2016**

RC15-52 Joint Session: The Future Health Workforce we need

Starting point and analytical perspective

1. The starting point the lack of medical workforce in specific areas, especially rural but also suburban
2. Our research is focused on the policies aiming to tackle this issue in three European countries

Four core questions

- Explaining the emergence and framing of the medical workforce problem
- Understanding the choice of policy instruments
- How far are the policies tackling the issue of lacking medical workforce accompanied by a change of the respective health care system, especially with regard to regulation and the structure of service delivery?
- Path dependent reform strategies or policy convergence?

Design and Methods

- International comparison between different systems (National Health Service/Health Insurance ; centralized/decentralized)
- Cross-disciplinary perspective: Sociology of Health Professionals, Health Systems Research, Policy Studies
- Research period: 2000-2015
- Mix of qualitative methods, combining
 - Case studies on national and regional level,
 - based on extensive secondary and document analysis ...
 - And interviews of the different stakeholders

Framing the problem of medical workforce

- A similar shift from the perception of an over supply of physicians to the concern of local shortage of physicians in Germany and France (early 2000's)
- In the UK a long term perception of an overall shortage of general practitioners and other health professionals (core issue of waiting times)
- Role of 3 kinds of actors: provider's associations, political actors and experts

Main Policy instruments

- Regulation of Medical Education and Careers: raising the number of medical students, strengthening primary care in medical training, delaying physician's retirement's age
- Financial incentives : extra payment, new contracts, specific rules ... (rather than constraints, i.e. settlement restriction in over-served areas)
- Decentralisation: based on local (new Clinical Commissioning Groups in England, increased coordination between NHS and community services) or regional (new Regional Health Agencies in France, Regional Physician's Unions and Sickness Funds Associations + Länder in Germany)

From increasing medical workforce to a more broader reorganization of Primary Care

- New cooperative health structures: Multi-disciplinary health centers (MSP) in France, Medical provision centers (MVZ) in Germany, Health centers and walk-in centers in England
- Strengthening of other health professionals: stronger role of nurses (also pharmacists), creation of new health professions (consultant therapist in England, clinical nurse in France,)
- Increased coordination between outpatient care, hospitals and social services

Conclusion: Divergent convergence (Jordana, Levi-Faur, 2005)?

- *Path-dependency of national healthcare systems and actors:* the selection and definition of policy problems and most elements of the policy strategies pursued reflect established institutional structures of the respective healthcare systems and depend on the established relations between policy actors
- *Indications of a certain convergence* of the three healthcare systems towards more *decentralized regulation* and *local coordination* of services and health professions (use of similar policy instruments).

Thank you for your attention!

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