Getting Health Reform Right
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A GUIDE TO IMPROVING PERFORMANCE AND EQUITY

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Preface

In recent decades many governments have undertaken efforts to reform and reorganize their health-care systems. They have created new insurance systems, changed how primary care is delivered, restructured hospital governance, decentralized the government's health-delivery system—all in pursuit of better performance and equity. Yet many of these reform efforts have yielded disappointing results. Patients still complain about poor service, doctors about low salaries, and budget-makers about the costs of the health sector. Some countries have enacted successive rounds of reform, while others have struggled to implement the plans they adopted. Still others wonder what to do next.

This book is intended to help those who find themselves caught up in health-sector reform. As our title suggests, it is a guide book designed to provide practical advice that will help reformers improve the performance of their health systems, with special attention to the equity of those results. While we make extensive use of the academic literature, we have not pursued this project as an academic exercise. Instead, the book emerges from many years of courses and seminars for health-sector decision-makers around the world and from our extensive involvement in consulting and advisory relationships with various governments.

There are four critical features in our approach to health-sector reform. The first is that we see the health sector as a means to an end. We urge reformers to judge their systems by the consequences, to define problems in terms of performance
deficiencies, and to assess proposed solutions by whether they promise to remedy those deficiencies. This approach leads to an analytically rigorous method for problem definition, causal diagnosis, and policy development. This kind of method has often been lacking in health reform efforts, and its lack is partially responsible for the disappointing results.

A second major feature of our approach is a commitment to combining international experience with deep sensitivity to local circumstances. In this book we do not tell reformers what we think is the one “right answer.” Instead, we offer methods and tools they can use to develop answers that will fit the economic resources, political circumstances, and administrative capacities of their own national situations. We do offer guidance for those choices, based on reform experience around the world, but it should always be conditioned by the local context. Again, we believe many recent disappointments can be traced to the uncritical advocacy of some favored policy solution by international experts or agencies—without an adequate understanding of local conditions.

Our third major commitment is to a multidisciplinary approach to the problems of health-sector reform. Admittedly, the range of relevant concepts and methods is dauntingly wide. But narrow analyses, which ignore important features of the situation, only invite failure from unanticipated consequences or unforeseen difficulties. Because money flows and incentives are so important in understanding any health system, we make extensive use of economic analysis. But we also believe that incentives alone do not explain everything, therefore we rely heavily on organizational theory and social psychology to explain the behavior of doctors, hospitals, patients, and other actors. In addition, we argue that attention to technical issues alone will never allow a reformer to fully understand and be effective in real situations. Hence, we devote much attention to understanding the political context for health-sector reform and to developing political strategies that can move reform forward. Finally, we argue that health-sector policy inevitably involves ethical choices. Thus, a grounding in basic political and moral philosophy is essential for reformers to understand and make those choices in a reasoned way.

This point about ethics leads to the final critical feature of our approach. The equity aspects of health-sector reform efforts are a continuing theme in this book, reflecting both our own personal values and the concerns expressed in the Millennium Development Goals adopted by the international community. We explicitly acknowledge and discuss how views about equity vary around the world. At the same time, we offer our own ethical views and indicate how equity in health system performance is influenced by various kinds of reform efforts.

While we believe that more systematic analysis can make a difference in health-sector reform efforts, we are not naïve about the difficulties. Health systems are extremely complex, and they often react in unanticipated ways to policy initiatives. Those who benefit from the status quo will continue to resist change. Advocates for reform often ignore local realities, and international agencies
respond to their own internal dynamics and incentives. Still, we believe that an increase in both the breadth and the depth of thinking about reform can lead to better performance outcomes, and that is what we seek to facilitate in this book.

Producing a work aimed at these objectives has required six years of intense collaboration—the product of innumerable meetings, memos, conversations, and confrontations. Chapters have been drafted and critiqued, edited and revised, often many times. Some did more writing, others more critiquing. Some focused on crafting our concepts, while others contributed wisdom from years of hard-won experience. No two or three of us could have produced what the four of us have produced together.

The credit for initiating the project goes to Paul Shaw at the World Bank Institute, who, in 1996, began organizing a major teaching program that became known as the “Flagship Course on Health Sector Reform and Sustainable Financing.” Shaw asked Hsiao to take responsibility for an introductory module on health systems assessment and diagnosis. Hsiao then recruited Berman, Reich, and Roberts, and our collaboration began.

In the summer of 1997, we produced a six-chapter set of background notes and teaching materials for the first offering of the course, which took place that fall in Washington, D.C., with 90 participants from many countries. Those background papers became the first draft of this book. In the summer of 1998, the World Bank retained Roberts to rewrite and expand those materials for the following year’s course. After that offering, the four of us agreed to collaborate in turning the background papers into a book. We used subsequent versions of the manuscript each year in various Flagship courses—both in Washington and abroad. During the latter half of 2002 and the winter of 2003, Roberts and Reich, with critical input from Hsiao and Berman, revised the manuscript to highlight key themes, integrate various parts, ensure consistency, and give the text a common style.

The book relies on six key conceptual contributions, as identified in Chapter 1. Here we note the initial source for each of these.

The policy cycle formulation comes from work that Roberts did with a colleague, Christian Koeck, for a course they taught on health policy.

The ethical framework was developed by Roberts and Reich, together with a colleague, Karl Lauterbach, for a course they have taught on public-health ethics for more than a decade.

The political analysis we use was developed by Reich, along with software he has produced, called Policymaker (with David Cooper).

The concept that health systems are means to ends and the performance goal formulation were developed by Hsiao from his research and advisory role to many countries. Roberts and Berman elaborated these and their relationship to the ethical framework.

The control knob conceptualization was developed by Hsiao—with three of the specific “knobs” (organization, regulation, and behavior) extensively deepened and expanded from our conversations.
cumstances, a careful exploration of beliefs and values, family relationships, and social supports is essential so a potentially life-changing decision may be as appropriate as possible for the individual. Yet, whether the attention to psychosocial issues is brief or extensive, the genetic counselor must be well grounded in the principles and practice of psychosocial assessment and intervention and in the broader social-cultural contexts within which genetic counseling functions and counselees live their lives. Only when this is the case can the relevant issues be appropriately and sensitively addressed in a manner consistent with the often limited time available in genetic counseling. This book is devoted to an understanding of these issues.

The book is intended for all those who practice or study genetic counseling: students in master's degree training programs as well as all practitioners who define themselves professionally as genetic counselors—graduates of master's degree programs, medical geneticists, genetic nurse specialists, and Ph.D. geneticists involved in genetic counseling. The book is also intended to address the needs of the growing number of individuals in other professions who find themselves confronted with genetic issues, as genetics becomes increasingly relevant to broad areas of medicine and public health. These include physicians in many specialties, nurses, social workers, psychologists, and individual and family therapists.

For students and those who teach them, the book will serve as a text in courses covering psychosocial and ethnocultural topics as well as counseling techniques and clinical case review. Case vignettes and examples of clinical dialogue provide opportunities for discussion and suggestions for clinical interventions. For practicing genetic counselors, the book provides a comprehensive approach to addressing psychosocial issues, including an entrée to the relevant literature, and focused discussions on decision making, prenatal diagnosis counseling, cancer risk counseling, and genetic counseling with children and adolescents. The complex issue of nondirective genetic counseling is approached from a broad, historical perspective and there is detailed consideration of the still emerging areas of cross-cultural counseling and ethnocultural competence. For individuals in other professions, the book provides an overview of issues and techniques they may encounter in interactions with genetic counseling and genetic counselors, as well as the opportunity for detailed study in areas in which they are directly involved.

With this breadth of potential readers in mind, the book is designed to be usable at three somewhat distinct levels. First, a general reading provides an overview of the multiple topics relevant to genetic counseling. Second, the various sections, although relatively succinct, present in some detail the complexities of theoretical material and the subtleties of clinical interventions. Thus, a careful reading of any section will support a more expanded understanding of the topic. Finally, insofar as possible, cited references provide more thorough
lengthy hand-scrawled edits. We also wish to recognize the special contributions of one co-author (Reich), who facilitated the group process at critical junctions and pushed the project (and his co-authors) forward with grace and persistence. Without his efforts, who knows when, or if, this book would have been finished.

Finally, we want to thank the literally hundreds of participants in Flagship courses in Washington, at Harvard, and around the world. Their energy, ideas, suggestions, and responses were invaluable, as they (and we) struggled with the evolving versions of this book. We hope that our efforts will help them with the vital work they do every day, seeking to improve the performance and equity of health-care systems around the world.

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