

Intercultural Dialogue on Health Economics, Management and Policy: Challenges and Chances

**Edited by
Sabine Bohnet-Joschko
Zoe Boutsoli**

**Athens Institute for Education and Research
2014**

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1

Intercultural Dialogue on Health Economics, Management and Policy: Challenges and Chances: An Introduction

Sabine Bohnet-Joschko and Zoe Boutsoli

For more than ten years now, healthcare researchers from all over the world meet in June at the Annual International Conference on Health Economics, Management and Policy, organized by the Athens Institute for Education and Research (ATINER). It is ATINER's mission to offer a forum for academics and policy practitioners to meet and exchange ideas on their research, and discuss future developments in their disciplines.

Participants come from a variety of backgrounds and from all areas of health disciplines. They present research ranging from healthcare systems to health industries, covering healthcare policy and management aspects, offering insights from regional and national findings as well as comparative studies. The conferences provide a platform for knowledge exchange, learning and idea sharing in a discipline that is facing huge demographic and fiscal challenges.

To document and spread the results of the conference, selected papers are regularly published in an edited book. This volume is a collection of 24 papers from those presented at the conferences in 2011 and 2012. They cover a wide range of healthcare related subjects and settings, and they were submitted from colleagues around the world, namely Australia, Canada, Cyprus, Finland, France, Germany, Greece, India, Japan, Latvia, Portugal, South Africa, Turkey, the UK and the USA.

Following the introduction, the book is separated into three parts. Part A assembles papers on health quality, economics and outcomes (11 papers). Part B presents papers on decision making, governance and ethics in healthcare (7 papers). Part C, finally, comprises contributions on knowledge management, innovation and communication in healthcare (6 papers).

Part A: Health Quality, Economics and Outcomes

In the past years, health care systems around the world have been increasingly focusing on the quality and outcomes of healthcare delivery. Following this trend, part A addresses research themes related to different aspects of quality of care.

The first study in this editions part on health quality, economics and outcome (chapter 2), Upali Jayasinghe, PhD and Professor Mark Harris from the University of New South Wales, Australia, analyze the prevalence of smoking and its impact on health-related quality of life of Australians. They investigate differences among subgroups of patients by gender, age, income (home and car ownership), education, employment, marital status, number of chronic diseases, satisfaction with care, practice size and practice location. The results show a clear socio-economic gradient with smoking, linking it to low-income households, unemployment and low education. Smoking is shown to be a significant predictor for health-related quality of life. In addition, the study provides data on how smoking status interacts with gender showing that chronically-ill female smokers reported poorer mental health than did male smokers.

The paper by Ece Seda Kocabacak focuses on the relationship between poverty of women and their health and also, there is an evaluation of the existing situation in Turkey (chapter 3). For the analyses, the author based on either national data (Turkish Statistical Institute and Ministry of Health of Turkey) or international data bases (WHO, OECD, World Bank). It was found that health for women in Turkey is worse than this of men. From the international literature results that countries such as Turkey, and other low- and middle-income countries could follow the WHO's goal of Universal Health Coverage (UHC) for combating health inequalities among genders (Quick et al., 2014).

Following that, Associate Professor Virginia Sisiopiku and Abdul M. Abro from the University of Alabama at Birmingham, USA, address in chapter 4 the connection between urban planning and transportation and public health. Looking for causal relations between the built environment and physical activity, health and social impact, they propose a methodology to identify and measure attributes of urban development and study their correlation with health outcomes, such as obesity rates. They model an assessment of measures relating to proximity to services, neighborhood design, and transportation systems availability and accessibility and apply the methodology to an urban community in Alabama, USA.

In order to achieve high quality health outcomes, health systems need productive health personnel. Researchers Ece Ugurluoglu Aldogan, Ozgur Ugurluoglu, Pinar Doganay Payziner and Yonca Ozatkan, from Turkey, examine the relationship between the levels of organizational commitment, job stress and intention of health personnel to leave their job (chapter 5). The data

has been collected through a survey conducted on 89 health personnel working in a university hospital in Ankara, Turkey.

In chapter 6, the role of health care employees, and particularly nurses, to patients' satisfaction was also investigated by Sebnem Aslan, Associate Professor at Selcuk University, Turkey. The paper examines the impact of emotional labour, intelligence, optimism and flexibility factors on health care personnel. The survey was carried out with 330 health care employees in four hospitals in the province of Konya, Turkey.

Moses Altsech, PhD from Edgewood College, Madison, USA, focuses in chapter 7 on the importance to ensure high quality of care using patient satisfaction surveys. In his paper, he presents review results on 63 patient satisfaction measures used by a variety of health care organizations across the United States. The reviewers found serious flaws in the questions and measurement scales in a considerable number of survey instruments. He also discusses managerial implications for health care organization decision-makers as well as other stakeholders and presents solutions for improving patient satisfaction surveys.

With a questionnaire that posed hypothetical scenarios to individuals, Associate Professor Anabela Botelho, Professor Micaela Moreira Pinho and Professor Paula Veiga from Portugal explore the conflict between efficiency and equality in health outcomes by determining parameters of a social welfare function with constant elasticity of substitution (chapter 8). They surveyed 442 Portuguese college students. Results confirm that individuals are willing to trade efficiency for more equitable health outcomes.

Methodological challenges to economic evaluation of complex healthcare interventions or services are a frequent subject of debate among health economists. Christalla Pithara from Cyprus discusses in chapter 9 the need to introduce methodologies from other disciplines such as health psychology into health economics. She describes the use of qualitative methods for the identification of necessary information required for the design of comprehensive economic evaluations. Furthermore, she proposes a framework for a qualitative data analysis within health economics research.

In chapter 10, Sara McCafferty from Newcastle University, UK, presents a flexible coding scheme developed from an existing model which describes necessary organizational attributes for successful change in the organization and delivery of health care.

Researchers Ozlem Ozer and Ilkay Sevinc Turak, from Turkey, presented a paper on cost analysis in health care institutions (chapter 11). The purpose of their study was to provide the executives with data for using them in decision making process in order to make the Dialysis Center render more efficiently by performing a monthly cost analysis for the center. They based their research on all financial data and medical statistics of the Dialysis Center belonging to March of 2010. To determine the cost and expense flow in their study, they used records of dialysis center and statistics of accounting and purchasing departments.

In the last paper of Part A (chapter 12), researchers Aliye Asli Sonsuz and Ismail Agirbas conducted a unit cost analysis in a private hospital in Ankara, Turkey. They were based on financial, administrative and statistical data for the year 2009. They found that almost 1/3 of total expenses (31,54%) of the sampled hospital was about direct personnel cost.

Part B: Decision-Making, Governance and Ethics in Healthcare

The papers in the second part of this book focus on decision-making, governance and ethics in healthcare. These aspects have become increasingly important in strained fiscal environments, where organizations and health systems challenge rising costs as well as quality requirements.

In the first paper of this part (chapter 13), Professor Douglas Angus, HDR Professor Corinne Grenier, Professor Michèle St-Pierre, François Gambarelli and Alejandra Dubois focus on the development of integrated systems of care in France and Canada. They study the comparative practices of regional agencies in Ontario (Champlain, Ottawa) and Provence-Alps-Cotes d'Azur (PACA) (Marseille and its surroundings) and present results on the role of regional health governance to foster and regulate such system innovations towards more integration.

For Japan, Professor Fumihiko Isada subsequently discusses in chapter 14 the strategic decision making in a local healthcare organization. He focuses on the basic logic of decision-making for selecting outside organizations as partners and trustees. Using the method of a case study, he highlights the effectiveness and the limits of the analytical hierarchy process in context of the multipurpose optimization of a non-profit organization.

With a view on emerging economics, Dr. Lakshmi Narayan Dash explores equity aspects in healthcare using the example of India (chapter 15). He provides insights into the health disparities as reflected in interstate differentials in infant mortality rates and gender disparities to point out required policy changes for achieving equity goals in this country. The paper concludes that changes in political decisions and policy actions are needed in order to be achieved the national health goals and related MDGs. Recent developments to this issue suggest the "Evidence for Policy and Implementation Project EPI-4" as a contributor to the reductions of inequality in the achievement of health-related MDGs in India and three other low- and middle-income countries (Thomsen et al., 2013).

In the fourth paper of this part (chapter 16), Dr. Graeme Lockwood presents an analysis of a sample of mental health discrimination cases heard by the Employment Appeal Tribunal in Britain for the years 2005 to 2010. With his work, he aims to highlight the organizational and the legal framework in which parties to mental health claims are operating. He provides further understanding of how individuals are using the tribunal system for enforcement

of legal rights – and of the sectoral, organizational and relational contexts giving rise to litigation.

In chapter 17, Diana Araja focusses on the system of reimbursement of expenses for the purchase of medicines in Latvia. She discusses an economic assessment for the decision making process regarding copayments and proposes a formula for determining the elasticity of demand for medicines within the Latvian reimbursement system.

For Turkey, Cadgas Erkan Akyurek and Surku Anil Toygar examine the theoretical aspects of contracting out, which has been implemented widely in health care institutions across Turkey since 1990 and was accepted as a privatization practice (chapter 18). In addition, the authors aim at examining the managerial aspects of contracting out in the hospitals affiliated with the Ministry of Health and university hospitals in Konya province based on the assessments of hospital managers, the reasons for implementation and non-implementation as well as favorable and unfavorable results of the implementations.

In the last paper of this part (chapter 19), Professor Simeon Davies from the Cape Peninsula University of Technology in South Africa discusses the moral obligations and responsibilities of corporations operating in the health economy, notably pharmaceutical companies. The paper considers health care corporations, research bioethics, along with broader moral obligations in terms of economic disparities.

Part C: Knowledge, Innovation and Communication in Healthcare

Part C, finally, contains papers on a third major trend in the healthcare sector, namely the observation of knowledge, innovation and communication in healthcare delivery. In this context it is exemplarily discussed, how the growing use of information technology and e-health tools can help to alleviate the rising amount of information in the healthcare sector.

The first paper of this part by Associate Professor Edgar Huang and Associate Professor Chiu-Chi Angela Chang (Chapter 20) presents an empirical study for the strategic planning regarding e-health development in USA hospitals. Sampling 764 hospital websites, the authors reveal how the USA hospitals have taken advantage of 21 patient oriented interactive tools when they conduct business online. The results show significant differences for hospital size and organization.

Following that, Professor Sabine Bohnet-Joschko and Claus Zippel from Witten/Herdecke University describe in chapter 21 the current status and perspectives of methods and instruments used for clinical risk management in German health care facilities. In their paper, they present the results of structured telephone-interviews from a total of 341 German hospitals. They focus especially on near miss reporting systems as an important part for

organizational learning within the hospitals' quality and risk management system.

In chapter 22, the role of communication skills of health sciences students was examined by Researchers Turkan Yildirim, Bayram Goktas and I.H. Cankul, from Turkey. The population of the research consisted of 1.601 students studying at six different departments ((Nutrition and Dietetics, Child Development, Midwifery, Nursing, Health Services Management and Social Work) during April 2012. In total 66% (1,062) of the students were reached, but 937 questionnaires were included in the evaluation. As a result, it was found that the level of communication skills of students was not affected by the age, years of study, family type, and number of siblings but affected by gender, department, place of residence and number of books read. Arrangement of different activities can be suggested in the level of education in order to develop communication skills of students of health sciences faculty who have important roles in delivering health services. Particularly for nursing students, Xie et al. (2013) suggested the establishment of a communication course or clinical communication training program to improve students' communication skills.

With a view on the healthcare-related knowledge of patients, Dr. Nikolaos Manesis and Dr. Margarita Gerouki address in chapter 23 the interest and knowledge gap of upper secondary Greek students relative to HIV/AIDS. They categorize the responses according to the components of sex education, namely knowledge, skills, and attitudes. Questions referred to basic knowledge around contraception, to a number of misconceptions about the virus and to more value laden concerns such as discrimination of HIV carriers. The role of HIV/AIDS education at schools is related with better outcomes in terms of students' sexual behavior, for both male and female (Ma et al. 2014). In particular, they found that students who had HIV/AIDS education were less likely to inject drugs, drink alcohol or use drugs before last sexual intercourse, and more likely to use condoms (Ma et al. 2014).

Addressing the use of complementary and alternative medicine - CAM (chapter 24), Professor Dilaver Tengilimoğlu and Alper Güzel present findings of a descriptive study regarding the knowledge, attitude and behaviors in Turkey. Surveying 2.256 adults, they find that 32% are using complementary and alternative medicine, herbalism and vitamin supplement being the most commonly used. Similarly, phytotherapy, with 30%, is the most commonly used complementary therapy used by women in Mauritius (Suroowan and Mahomoodally, 2013).

In the last paper of this part (chapter 25), Professor Jill Hobbs, Associate Professor Stavroula Malla and Tomasz Cybruk discuss the advantages and disadvantages of food innovations on healthcare. Using the example of milk enhanced with Conjugated Linoleic Acid (CLA), they illustrate the potential value of health benefits from food innovations and development of healthier/functional foods and suggest potential healthcare savings.

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