

Stefan Greß, PhD The Impact of Political Changes on Health Insurance – The Case of Germany and The Netherlands

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Overview

- 1. Analytical background: Comparative models of health care
- 2. Introduction of compulsory health insurance in Germany and the Netherlands
- 3. Impact of political changes on compulsory health insurance in Germany and the Netherlands
- 4. Summary and Conclusions



Comparative Models of Health Care (Light 1986)

- The mutual-aid model
 - Based on individual and mutual responsibility in small groups
 - Grassroots alternative to more bureaucratic professionalized care
- The state model
 - Active role of the state
 - Centralized planning and coordination of services
 - Democratic and autocratic approach
- The professional model
 - Professional autonomy
 - Resistance against influence by third-party payers



Comparative Models of Health Care (Light 1986)

- The Corporatist Model (Stone 1980)
 - Institutions which act as intermediaries between the state and the citizen with compulsory membership for designated groups
 - Institutions are given statutory authority over the administration of relevant government programs
 - Role of the state is to oversee and coordinate the activities of the corporatist institutions and to step in when the system is moving to far in one direction
 - "Corporatism is a form of managed conflict (Light 1986:5)"



Introduction of Health Insurance in Germany

- Introduction of health insurance in a paternalistic society in the late 19th century
 - Trade unions became a threat to political power and the existing social order
 - Reconciliation of industrial development with the political status quo:
 Reform from above
 - Rationale behind the introduction of health insurance: Buy political support from the workers in exchange for economic security
 - Political opposition both from the left and the right
 - Important role of corporatist organizations as a second-best solution (strong resistance against autocratic state model)



Introduction of Health Insurance in Germany

- Health Insurance in Germany was far from universal
- Important role of pre-existing voluntary health insurance funds (mutual-aid model)

Year	Individuals eligible for health insurance per population
1885	9%
1888	11%
1892	13%
1914	23%

Source: Stone 1980



Introduction of Health Insurance in Germany

- Ambivalent role of the medical profession
 - On the one hand, physicians rejected dominant position of sickness funds as a loss of professional autonomy
 - On the other hand, the introduction of health insurance created new employment opportunities
 - In order to improve the conditions of contracts with sickness funds,
 physician organizations resorted to trade union tactics
 - In the early 1930s physician organizations became one of the most powerful actors in the corporatist system
 - Basically the position has remained unchanged until the present



Introduction of Health Insurance in the Netherlands

- Voluntary health insurance has been dominant until 1941
 - Strong position of trade unions
 - Collective bargaining between health insurance funds and physician organizations
 - Professional organizations resisted universal health insurance
- Compulsory health insurance has been introduced during German occupation
 - High acceptance by employers and employees
 - Resistance against democratic state model



Introduction of Health Insurance in the Netherlands

Year	Individuals covered by health insurance per population
1900	18%
1926	28%
1936	39%
1941 (Jan.)	48%
1941 (Dec.)	58%

Source: van der Velden 1996



Parallel development after 1945 in the Netherlands and in West Germany

- Corporatist model remains mostly stable in both countries
- Extension of benefits package and moderate extension of individuals covered
- Rising health care costs were financed by economic growth more specifically by increasing growth of income from employment
- In contrast, East Germany introduced a model based on autocratic state rule and eliminated the medical profession as a political force



Impact of Political Changes: Germany

- The medical profession almost took over the corporatist model in the 1980s
 - Fee-for-service remuneration instead of capitation
 - Escalating health care costs
 - Broad application of technical procedures
- First reaction of the state: Negotiations with corporatist actors
- Second reaction of the state: Introduction of spending caps and budgets for physicians and hospitals
- Consequence: Stabilization of the corporatist model



Impact of Political Changes: Germany

- German reunification extended the West German health insurance model (and the corporatist model) to East Germany and replaced the autocratic state model
- This transfer came at high costs
 - Monetary transfers from the West to the East due to small income from employment in the East
 - Advantages of the state model in East Germany were erased (integrated care, regional systems of care, emphasis on prevention)



Impact of Political Changes: Germany

- The corporatist model does not respond well to major reforms
- Health insurance is not well prepared for future challenges
 - Pressure on financial sustainability
 - Integration of health care
 - Stronger role for consumers and patients
 - Inefficiencies of parallel systems of social health insurance and alternative private health insurance for parts of the population
- Most recent health care reform indicates that government intends to recover the primacy of politics
 - Streamlining of organizational structure of health insurers
 - Stronger state control of corporatist organizations



Impact of Political Changes: The Netherlands

- In the late 1980s the Dutch government planned to introduce a major health insurance reform
 - Integration of social and alternative private health insurance
 - Managed competition model
- Major corporatist actors (employers, private health insurers)
 were able to avert the implementation of the reform
- As a consequence, the Dutch government reduced the power of corporatist organizations
 - Constitution of advisory bodies (experts instead of representatives of corporatist organizations)



Impact of Political Changes: The Netherlands

- Major health insurance reform in 2006
 - Compulsory health insurance for the entire population
 - Integration of social and alternative private health insurance
 - More instruments for health insurers to manage care
 - Stronger role for patients and consumers
- The Dutch government was able to recover the primacy of politics



Summary

- Introduction of national health insurance in Germany and the Netherlands: From the mutual-aid model to the corporatist model
 - Voluntary health insurance funds provided a sound foundation
 - Ambivalent role of the medical profession
 - Introduction of national health insurance in the Netherlands during German occupation in 1941
- After 1945 the development of national health insurance in both countries has primarily been fostered by economic growth: Consolidation of the corporatist model



Summary

- The impact of political changes on health insurance had been moderate in both countries
 - Corporatist model in both countries made sure that interest groups were able to allow only incremental changes
 - German reunification extended the West German health insurance model (and the corporatist model) to East Germany – at high costs
- The primacy of politics recently has been reintroduced in the Netherlands
 - Major health insurance reform in 2006
 - Strength of the corporatist model has been diminished in the 1990s



Conclusions

- In both Germany and the Netherlands health insurance has been based on the corporatist model
- The corporatist model has provided stability over many years; at the same time it did not respond well to major reform attempts
- In both countries in the Netherlands more so than in Germany, governments endeavor to change the corporatist structure in order to regain the primacy of politics without introducing a state model



Thank you very much for your attention!

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