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Proposal for stream 11.1: European Public Health Care Systems and institutional-organisational change: an evaluation of their performance

Since the early 1990s, the German health care system has been in a transformation process. The changes, however, took place in an incremental way and their impact on the German health care system, which once represented the idealtype of the Bismarckian health care system, are still unclear (Gerlinger, Schmucker, 2009).

The implemented reform measures aim at both enforcing cooperation and competition, increasing the influence of state actors as well as those of private actors. The transformation process becomes obvious – amongst others – in the three dimensions stressed in the presentation of the stream:

- ***Privatization of provision:*** Since the early 1990s, major changes in the ownership structure of the German inpatient sector can be observed. The shares of public, private, and voluntary hospitals, which have been stable throughout several decades after World War II, have changed considerable. While in 1991 only about 15% of all hospitals were private for-profit hospitals, their share has meanwhile doubled: 30.6% of all hospitals operated on a private for-profit basis in the year 2008. Respectively, the share of public hospitals has declined by half (Böhlke et al. 2010). Co-payments have also been raised in the last reforms.
- ***Reforming administrative practices:*** Managerial practices have been introduced and developed in hospitals and in sickness funds, in relationship with the development of competition between them since the 1992 reform.
- ***Rescaling power distribution:*** The German health care system once represented what has been called a 'corporate-governed' (Giaino and Manow 1999) or 'corporatist' healthcare state (Moran 2000). The past reforms, however, have questioned this particular 'social-based' (Wendt, Frisina and Rothgang 2009) mode of governance. The influence of corporatist actors has been restricted in several fields. With regard to the governance of health insurance funds – just to give one example – the scope of influence of the social partners has been limited to the advantage of politicians, bureaucrats from the health ministry as well as the managers of the funds (Klenk et al. 2010). The German health care system, traditionally highly decentralized in a federal State, is therefore progressively centralized (especially sickness funds).

These reform trends cannot only be explained by problem solving dynamics (lack of efficiency, containing the rise of contribution level...) and international diffusion processes of policy tools (competition, new public management, regulatory agencies ...): we want to stress the role of specific policy actors (Shroeder and Paquet 2009, Hassenteufel et al. 2010).

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