

Health Policy and Marketization: Introduction

Roman Böckmann

Westfälische Wilhelms-University Münster (Germany)

Thomas Gerlinger

Goethe-University Frankfurt (Germany)

The German health care system is undergoing a process of fundamental change in its regulatory structures. Hitherto, in spite of the variety of control over health care policy in Germany, corporatist forms of regulation have been particularly important. These corporatist structures have recently attracted a hail of criticism, being justifiably blamed for many lapses in quality and a good deal of inefficiency in the provision of medical care. Since the early 1990s elements of market regulation have incrementally gained in importance. Competition between statutory health insurance funds has been established by the introduction of free choice of sickness funds for the insured. Moreover, in recent years demands are growing louder for the competition between these funds to be complemented by competition between the health care providers. Essentially, the idea is to take the collective contracts between statutory health insurance funds and health insurance agencies and replace them with individual contracts, which are expected to improve quality and cut costs. This issue addresses the features of regulatory change in German health care policy and its effects on the system as a whole and on single sectors of care.

Gerlinger and *Schmucker* analyze the dynamic reform process of the “Bismarck model” since the early 1990s. They argue that core elements of the Bismarck system – self-governing corporatist decision-making and the predominant role of income-related contributions – become less important. Due to the fact that the German health care system already faces a situation where elements of different systems exist side by side, they expect that the significance of the Bismarck model will be on the wane.

Ewert focuses the changing role of health care users, which act to an increasing degree in different contexts as citizens, patients, consumers or community members. Based on a precise differentiation between marketization and economization, this article highlights challenges as well as possible odds and constraints of health care user participation.

Bandelow reveals the transformation of outpatient care in Germany and asks for the outcome of these changes. Against the background of changes in the legal framework and policy impacts concerning the system of organized interests, Bandelow evolves four ideal-typical scenarios of possible future governance modes in outpatient care. Finally it is argued that minor reform steps might lead to major changes of the subsystem.

Mosebach deals with commercializing of the German hospital care under the condition of new public management and managed care strategies. This

article suggests an analytical framework to explain the international spread of market-led reform strategies and tries to analyze the supposed negative effects of commercializing. Due to insufficient data base, Mosebach also highlights the need for further empirical research to prove impacts of marketization on hospital care.

Böhm examines recent reforms of hospital care financing under the condition of complex responsibilities shared between the federal government and those of the Länder. This article depicts how federal institutions impede reforms and how resistance is motivated. Based on the historical origins of split hospital financing, reforms and continuities are outlined as well as conflicts and challenges in hospital funding are analyzed.

Böckmann discusses to what extent the German private health insurance is undergoing a process of demarketization. The main focus lies on the increasing role of socio-political regulations of this traditional welfare market. It is argued that these social state interventions did not transform the PHI business model radically, but rather an incremental transformation and a partial convergence is taking place between statutory and private health insurance.

Pannowitsch outlines a theoretical concept of “institutionalized reform”. The article tries to bridge a gap in health policy research by defining the term and analyzing the actors’ role. Based on three empirical case studies – the drug positive list, the diagnosis related groups, and the central federal health fund – the concept of “institutionalized reform” is illustrated.