

Österreichisches und europäisches Gesundheitswesen und überhaupt

Ein weiterer Aufruf zur Gelassenheit

Auszug: Teil Gesundheitsreformen

Markus Narath Mai 2012

Ich glaube, das wird zu viel Inhalt 2

- Vorschlag
- Reformen
- Rankings und Co
- Ist die Welt wie sie ist?
- Österreich



<http://data.euro.who.int/hfadb/>

European Observatory on Health Systems and Policies

Health system reviews (HiTs)

Full list of HiTs

Available here are all Health system reviews (HiTs) published in one (or several) of the four official languages of the WHO Regional Office for Europe.

- ▶ Albania HiT (2002)
- ▶ Albania HiT (1999)
- ▶ Andorra HiT (2004)
- ▶ Armenia HiT (2006)
- ▶ Armenia HiT (2001)
- ▶ Australia HiT (2006)
- ▶ Australia HiT (2001)
- ▶ Austria HiT (2006)
- ▶ Austria HiT (2001)
- ▶ Azerbaijan HiT (2010)
- ▶ Azerbaijan HiT (2004)
- ▶ Belarus HiT (2008)
- ▶ Belgium HiT (2010)
- ▶ Belgium HiT (2007)
- ▶ Belgium HiT (2000)
- ▶ Bosnia and Herzegovina HiT (2002)
- ▶ Bulgaria HiT (2007)
- ▶ Bulgaria HiT (2003)

- <http://www.euro.who.int/en/who-we-are/partners/observatory/health-system-reviews-hits/full-list-of-hits>

Uwe Reinhardt

**WHY ANY HEALTH CARE SYSTEM, AT ANY
TIME, ANYWHERE ON EARTH, WILL
ALWAYS BE A *MISHEGAZ*.**

Youwe Reinhardt, Ph.D.
Professor of Biblical Studies
Princely University

As originally presented to the
2003 Annual Meeting of the Catholic Health Association of the United States

* "Mishegaz" is Aramaic for "a mess."



Warum jedes Gesundheitswesen, zu jeder Zeit,
überall auf der Welt immer ein Mishegaz sein wird.

CHENG TSUNG-MEI's Universalgesetze

CHENG TSUNG-MEI's FIRST COSMIC LAW ON HEALTH CARE

People will bitch about their nation's health care system regardless of the percentage of the GDP that their nation spends on health care, and regardless of the administrative and financial structure of that system.

CHENG TSUNG-MEI's SECOND COSMIC LAW ON HEALTH CARE

At any time, anywhere on the globe, there will be calls for a "major health reform."

CHENG TSUNG-MEI's THIRD COSMIC LAW ON HEALTH CARE

At any time, anywhere on the globe, the last "major health reform" has failed.

Die Menschen werden über ihr Gesundheitssystem meckern, gleichgültig wie groß der Anteil der Ausgaben am Bruttoinlandsprodukt ist und gleichgültig wie das System finanziert oder verwaltet wird.

Zu jeder Zeit, überall auf der Welt wird nach umfassender Gesundheitsreform gerufen werden.

Zu jeder Zeit, überall auf der Welt ist die letzte Gesundheitsreform gescheitert.

aus der Vorlesung



„In der heutigen Vorlesung behandeln wir Hammurabis fehlgeschlagene Gesundheitsreform von 1780 vor Christus.“



Kosmische Erweiterung

...AND, FINALLY, CHENG TSUNG-MEI's COSMIC ADDENDUM

Ministers of Health anywhere on the globe
must have done something bad in an earlier
life, or they would not be condemned to be
Ministers of Health in this one.



Gesundheitsminister überall auf der Welt müssen in
ihrem früheren Leben was Übles angestellt haben, sonst
wären sie nicht dazu verurteilt im jetzigen
Gesundheitsminister zu sein.

Overhauling health care Down Under

Few developed nations in recent history have sought such systemic reform to its health care system as Australia, which over the course of the past four years has squabbled over jurisdictional issues, funding, primary care reform and a host of other issues in a bid to implement its most significant overhaul of health care since universality was introduced in 1975.

The overhaul culminated with the signing of the National Health Reform Agreement in August 2011 between the Commonwealth and eight state or territorial governments (www.coag.gov.au/docs/national_health_reform_agreement.pdf). But already critics are saying the reforms were inadequate and may well be doomed to ultimately become mired in the same jurisdictional quagmires that have long plagued Australian health care.

The agreement features a host of new financial and governance arrangements



Among the major challenges faced by the Australian health system is delivering care in remote and indigenous communities where care is often scant.

CMAJ

auf der Welt

EDITORIAL

The new federal health strategy: give the money and run

IN THE SENATE OF THE UNITED STATES—111th Cong., 1st Sess.

H.R. 3590

To amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employ-

Lancet Vol 379 April 21, 2012

World Report

BCG

Health Care System reform and short term savings opportunities
Iceland Health Care System project

7 October, 2011

THE BOSTON CONSULTING GROUP

France's next president faces tough decisions on health

Whoever wins France's presidential election in May will have to tackle some difficult problems in the country's efficient but hugely expensive health system. Kim Willsher reports from Paris.

2 comments

3 SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

4 (a) SHORT TITLE.—This Act may be cited as the
5 "Patient Protection and Affordable Care Act".

6 (b) TABLE OF CONTENTS.—The table of contents of
7 this Act is as follows:

See. 1. Short title; table of contents.

VIEWS & REVIEWS**PERSONAL VIEW****Does anyone understand the government's plan for the NHS?**

Martin McKee professor of European Public Health, London School of Hygiene and Tropical Medicine, London, UK

I was not looking forward to January. Each year I teach a course on health systems. My students are among the brightest and best of their generation. They come to London each year from more than 100 countries in a search for enlightenment about health and health policy.

This year it is different. I know my students will expect me to explain the changes proposed by the Department of Health in England. If I am to do so, I need to understand them first. Here lies the problem. No matter how hard I try, I can't—despite 25 years of experience researching health systems, including writing over 30 books and 500 academic papers.

**England**

Ich freue mich nicht auf den Jänner. Jedes Jahr halte ich einen Kurs über Gesundheitssysteme. Meine Studenten gehören zu den intelligentesten und besten ihrer Generation. Sie kommen jedes Jahr aus mehr als hundert Ländern auf der Suche nach Aufklärung über Gesundheit und Gesundheitspolitik.

Heuer ist alles anders. Ich weiß, meine Studenten erwarten von mir dass ich ihnen die vom englischen Gesundheitsministerium geplanten Änderungen erkläre. Damit ich das kann, muss ich die Veränderungen erst verstehen. Hier liegt das Problem. Das kann ich nicht, gleichgültig wie sehr ich mich anstrenge – obwohl ich 25 Jahre Erfahrung in der Untersuchung von Gesundheitssystemen habe – inklusive dem Schreiben von über 30 Büchern und 500 wissenschaftlichen Artikeln.