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Reshaping public accountability: Hospital reforms in Germany, Norway and Denmark

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Parent Project

Reforming the Welfare State: Accountability, Democracy and Management
(2011-2014)

How do recent welfare reforms reshape the balance between traditional and new forms of public accountability in Norway, Denmark and Germany?

Introduction

- Healthcare systems in Europe: mounting internal & external pressures
 - Challenge: high quality with efficiency & responsiveness
- New Public Management reforms (Hood, 1995)
- Shift towards multi-level governance in the health care sector (Hooghe & Marks, 2001)

Research Question

How have the recent, partially NPM-inspired reforms in healthcare impacted accountability relations within a system of multi-level welfare governance?

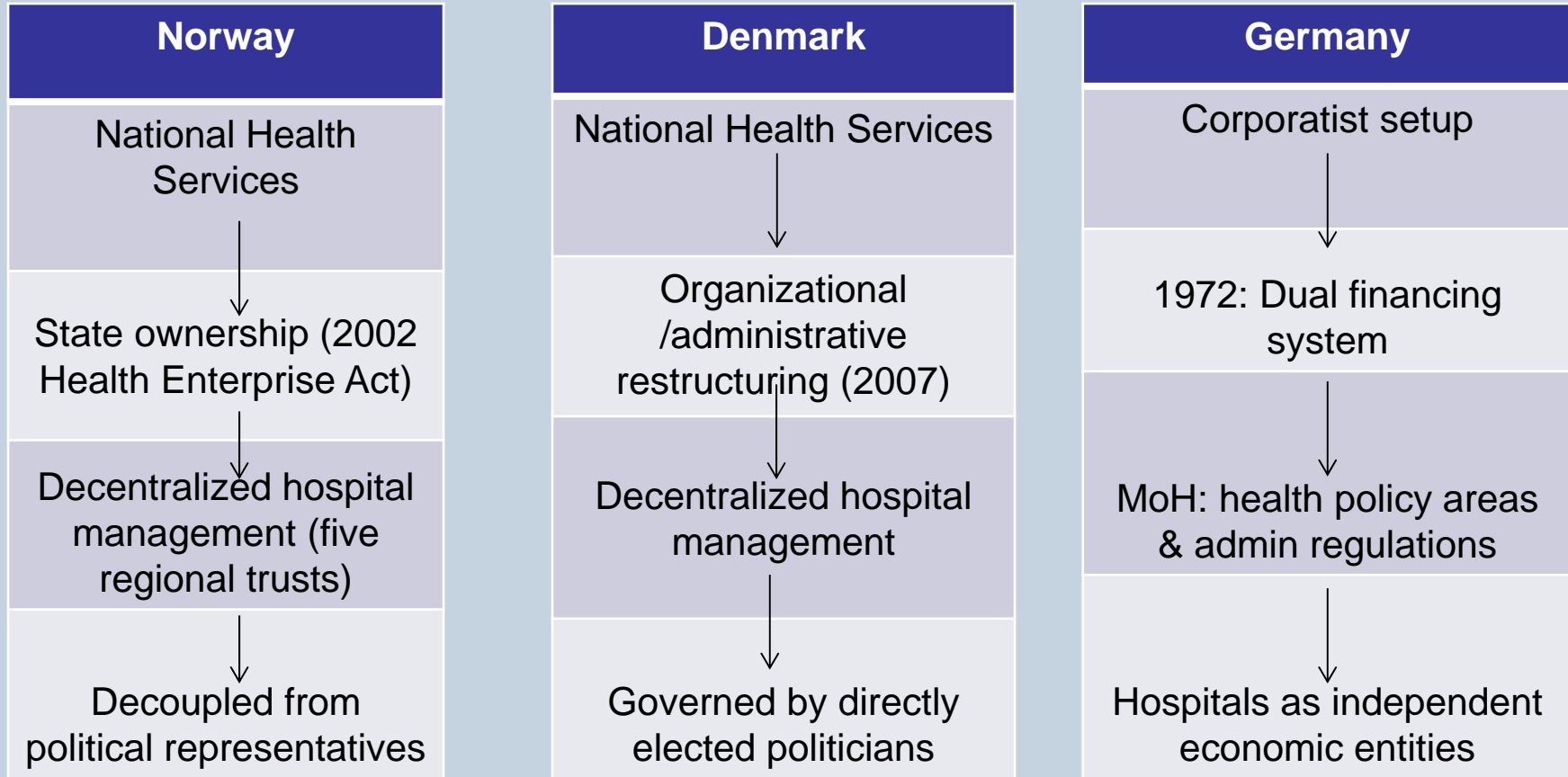
- **Case study:** hospital planning and investment funding in Germany, Norway and Denmark
 - Interaction between NPM ideas & public accountability
 - At what institutional levels are investment decisions taken?
- **Hypothesis:** stronger emphasis on managerial accountability, potentially to the detriment of public (political) and professional accountability

Conceptual Framework

- Accountability (Mulgan, 2002; Mattei, 2012; Mattei 2009)

Types of accountability for investment decisions			
	Public	Managerial	Professional
Direction	Clear democratic accountability lines from electorate to elected politicians	Accountability to owners/shareholders (private) or autonomous boards if public.	Accountability primarily to professional forums and logic
Logic	Emphasis on broader public good/interest	Emphasis on “business opportunity” and “bottom line”	Emphasis on medical/ clinical evidence for investment decisions.
Focus	Process dimensions (openness, involvement, due process etc.) and politically determined substance goals	Output dimensions: bottom line, business strategy	Clinical output/outcome

Hospitals Institutional Configurations



Hospital Planning

	Norway	Denmark	Germany
Major Reform	2002 HEA: Hospitals as separate legal autonomous “enterprises”	2007 Reform: streamlined structures, specialization & economies of scale	1972 reform: dual financing system and centrality of Laender
Action 1	Removal of political control from elected politicians	Centralization of treatment facilities within regions (closure of smaller ones)	1993: stabilize costs, structural reforms (ABF)
Action 2	Autonomy in using expert judgment, not central directives	Regional investment plans approved by Juhl Commission (central government)	2009 Finance law: efficiency and productivity
Implication for autonomy & public accountability	Ambiguity between autonomy and political control (after 2006 reform)	Limited regional autonomy and great role of experts	Reduced autonomy of Länder

The Impact of Hospital Reform: The Reshaping of Public Accountability

- *Centralization* as the dominant reform tendency
- *Economization* of hospital planning and funding
- *Corporatization*, albeit with distinct trajectories
- Uncertain *democratic accountability*, especially at the regional level

Thank you!

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Project Website

<http://www.sant.ox.ac.uk/esc/reformingwelfarestates/>

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