

Successful strategies for improving population health: Four historical international funding models

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TOPIC/TARGET AUDIENCE: For those interested in international models of health care financing and population health

ABSTRACT: In 1883, the first Health Insurance Bill was established in the country of Germany. In 1884, the Work Insurance Bill was added. Chancellor Bismarck wanted a healthy work force and understood that access to health care services would permit that goal. Throughout the 1900's, sixty two countries have added some form of national health insurance to the services they provide to respective populations. In 1995, Taiwan became the most recent example. Many international studies of standard measures of health indicate universal access to health services is highly correlated with improved population health outcomes. In the past few years, business leaders are recognizing that health care financing in the United States is dragging down our national economy through increased international price competitiveness for goods and services. Spiraling costs and profits in the health care financing industry are becoming unsustainable for many private and public sectors of our economy. There is growing recognition of the ethical dissonance of treating access to health care as a commodity available only to those who can afford to pay through employment programs or out of pocket. The United States is struggling with the concept of health care services as a benefit for the greater good of our country. However, there are hopeful signs of social evolution.

OBJECTIVE(S):

- Illustrate the 4 major Models of health care financing used throughout the world.
- Explain the economic and ethical basis for changing health care financing in the United States.
- Describe the role of access to health care in improving health outcomes.
- Recognize the forces that drive social evolution.

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