
Weekly Hot Articles

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〈원문이용방법〉

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편집·배포: 학술정보팀

Why healthcare providers merge

Jeroen Postma and Anne-Fleur Roos

A b s t r a c t

In many OECD countries, healthcare sectors have become increasingly concentrated as a result of mergers. However, detailed empirical insight into why healthcare providers merge is lacking. Also, we know little about the influence of national healthcare policies on mergers. We fill this gap in the literature by conducting a survey study on mergers among 848 Dutch healthcare executives, of which 35% responded (resulting in a study sample of 239 executives). A total of 65% of the respondents was involved in at least one merger between 2005 and 2012. During this period, Dutch healthcare providers faced a number of policy changes, including increasing competition, more pressure from purchasers, growing financial risks, de-institutionalisation of long-term care and decentralisation of healthcare services to municipalities. Our empirical study shows that healthcare providers predominantly merge to improve the provision of healthcare services and to strengthen their market position. Also efficiency and financial reasons are important drivers of merger activity in healthcare. We find that motives for merger are related to changes in health policies, in particular to the increasing pressure from competitors, insurers and municipalities.

Full Text: <http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=10202421&fulltextType=RA&fileId=S1744133115000304>

Results of the market-oriented reform in the Netherlands: a review

Hans Maarse, Patrick Jeurissen and Dirk Ruwaard

A b s t r a c t

The market-oriented reform in the Dutch health care system is now in its 10th year. This article offers a concise overview of some of its effects thus far on health insurance, healthcare purchasing and healthcare provision. Furthermore, attention is given to its impact on healthcare expenditures, power and trust relationships as well as the relationship between the Minister of Health and the Dutch Healthcare

Authority. The reform triggered various alterations in Dutch health care some occurring quickly (e.g. health insurance), others taking longer (e.g. purchasing). These developments suggest a process of gradual transformation. The reform has instigated controversy which is increasingly framed as a power conflict between insurers and providers. Weakened consumer trust in insurers threatens the legitimacy of the reform. The relationship between Minister and Healthcare Authority appears to be more intimate than the formal independent status of this regulatory agency would suggest.

Full Text: <http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=10202427&fulltextType=RA&fileId=S1744133115000353>

Public Health. 2016 Mar v. 132 pp. 92-100

Mental health among currently enrolled medical students in Germany

N. Wege, T. Muth, J. Li, P. Angerer

A b s t r a c t

Objectives: The study identifies the prevalence of common mental disorders according to the patient health questionnaire (PHQ) and the use of psychotropic substances in a sample of currently enrolled medical students.

Study design: A cross-sectional survey with a self-administrated questionnaire.

Methods: All newly enrolled medical students at the University of Dusseldorf, with study beginning either in 2012 or 2013, respectively, were invited to participate. The evaluation was based on 590 completed questionnaires. Mental health outcomes were measured by the PHQ, including major depression, other depressive symptoms (subthreshold depression), anxiety, panic disorders and psychosomatic complaints. Moreover, information about psychotropic substances use (including medication) was obtained. Multiple logistic regression analysis was used to estimate associations between sociodemographic and socio-economic factors and mental health outcomes.

Results: The prevalence rates, measured by the PHQ, were 4.7% for major depression, 5.8% for other depressive symptoms, 4.4% for anxiety, 1.9% for panic disorders, and 15.7% for psychosomatic complaints. These prevalence rates were higher than those reported in the general population, but lower than in medical students in the course of medical training. In all, 10.7% of the students reported regular psychotropic substance use: 5.1% of students used medication 'to calm down,' 4.6% 'to improve their sleep,' 4.4% 'to elevate mood,' and 3.1% 'to improve cognitive performance.' In the fully adjusted model, expected financial

difficulties were significantly associated with poor mental health (odds ratio [OR]: 2.14; 95% confidence interval [CI]: 1.31-3.48), psychosomatic symptoms (OR:1.85; 95% CI: 1.11-3.09) and psychotropic substances use (OR: 2.68; 95% CI: 1.51-4.75).

Conclusion: The high rates of mental disorders among currently enrolled medical students call for the promotion of mental health, with a special emphasis on vulnerable groups.

Keywords Medical students, Common mental disorders, Somatisation, Psychotropic medication

Full Text: <http://www.sciencedirect.com/science/article/pii/S0033350616000020>

국민연금 도입 목적: 내자동원설의 비판적 검토

배준호

A b s t r a c t

국민복지연금법(1973년)은 1974년 1월 시행 직전 유보되지만 제도 도입 목적을 놓고 그동안 고유기능인 복지강화보다 경제적 기능인 내자동원이 주목받아 왔다. 1980년대 초반 저작에서 언급된 주장이 엄밀한 검증 없이 30년 이상 인용되고 있다. 반면, 법은 복지강화만을 언급하고 있다. 본고에서는 네 가지 접근을 사용하여 ‘경제기획원 주도 내자동원설’의 타당성을 검증하였다. 검증 결과는 이하의 다섯 가지 이유에 의한 부정되었다. 첫째, 경제기획원은 제도 도입 결정에 공이 컸지만 국민복지연금법 기본요강의 설계를 주도한 기관은 보건사회부(이하 보사부)다. 둘째, 내자동원은 경제기획원과 보사부가 공동으로 제시한 부차적 목적으로 핵심 목적은 복지강화다. 셋째, 법제 설계시 경제기획원은 제도 요강을 통해 보사부 이상의 강한 복지제도를 제안했다. 오히려 절충 과정에서 보사부 요강이 중점 배려되면서 복지제도 성격이 약해졌다. 넷째, 경제기획원은 제도 요강에 담은 내자동원 효과가 보사부와 절충하면서 대폭 약화되지만 이를 수용한다. 다섯째, 시행 연기 후 조기시행을 주장한 측은 경제기획원이었다. 보사부는 국민연금보다 의료보험 시행을 앞세웠다. 국민복지연금법(1973년)의 도입 목적은 ‘경제기획원과 보사부의 정책경쟁을 통한 복지강화’로 설명하는 것이 타당하다. 또 분석대상에 시행 연기와 국민연금법(1986년) 제정과 이후 경과까지를 추가하여 고려하면 ‘정책기획기관(경제기획원) 주도하의 (성장과 조화를 이루는) 복지강화’가 또 다른 가설로 제기 될 수 있다.

Keywords 국민연금, 국민복지연금, 도입목적, 내자동원설

Full Text: 학술정보탐에 문의

The Gerontologist. 2016 Apr v. 56 n. 2 pp. 176-183

Aging in Taiwan: Building a Society for Active Aging and Aging in Place

Yi-Yin Lin and Chin-Shan Huang

A b s t r a c t

Taiwan's accelerated rate of aging is more than twice that of European countries and United States. Although demographic aging was not a major concern in Taiwan until

1993, when it became an aging society, aging issues now have become an imperative topic both in policy and in practice in the country. As this article demonstrates, in response to the challenge of the rapidly growing older population and the inspiration of cultural values of filial obligation and respect to elders, the concepts of active aging and aging in place are leading the policies and practices of gerontology to meet the diverse needs of the aging population in Taiwan. However, challenges remain, including the question of how to promote systematic endeavors, both in policies or research on aging, and how to encourage greater involvement of nongovernment organizations in the aging issue. In addition, some emerging issues about aging are addressed in this article including inadequate resources for older rural adults, building an age-friendly environment, and the increasing number of people with dementia.

Keywords: Research on aging, Active aging, aging in place, Long-term care system, Policy on aging, Public policy, Long-term care

Full Text: <http://gerontologist.oxfordjournals.org/content/56/2/176.abstract>

The Gerontologist. 2016 Apr v. 56 n. 2 pp. 215-221

Comparison of Long-term Care in Nursing Homes Versus Home Health: Costs and Outcomes in Alabama

Justin Blackburn, Julie L. Locher Meredith L. Kilgore

A b s t r a c t

Purpose of the Study: To compare acute care outcomes and costs among nursing home residents with community-dwelling home health recipients.

Design and Methods: A matched retrospective cohort study of Alabamians aged more than or equal to 65 years admitted to a nursing home or home health between March 31, 2007 and December 31, 2008 (N = 1,291 pairs). Medicare claims were compared up to one year after admission into either setting. Death, emergency department and inpatient visits, inpatient length of stay, and acute care costs were compared using t tests. Medicaid long-term care costs were compared for a subset of matched beneficiaries.

Results: After one year, 77.7% of home health beneficiaries were alive compared with 76.2% of nursing home beneficiaries ($p < .001$). Home health beneficiaries averaged 0.2 hospital visits and 0.1 emergency department visits more than nursing home beneficiaries, differences that were statistically significant. Overall acute care costs were not statistically different; home health beneficiaries' costs averaged \$31,423, nursing home beneficiaries' \$32,239 ($p = .5032$). Among 426 dual-eligible

pairs, Medicaid long-term care costs averaged \$4,582 greater for nursing home residents ($p < .001$).

Implications: Using data from Medicare claims, beneficiaries with similar functional status, medical diagnosis history, and demographics had similar acute care costs regardless of whether they were admitted to a nursing home or home health care. Additional research controlling for exogenous factors relating to long-term care decisions is needed.

Keywords: Home- and community-based services (HCBS), Medicare, Medicaid, Nursing home

Full Text: <http://gerontologist.oxfordjournals.org/content/56/2/215.abstract>

American Economic Review. 2016 Feb v. 106 n. 2 pp. 260-284

Poverty and Economic Decision-Making: Evidence from Changes in Financial Resources at Payday

Leandro S. Carvalho, Stephan Meier, Stephanie W. Wang

A b s t r a c t

We study the effect of financial resources on decision-making. Low-income US households are randomly assigned to receive an online survey before or after payday. The survey collects measures of cognitive function and administers risk and intertemporal choice tasks. The study design generates variation in cash, checking and savings balances, and expenditures. Before-payday participants behave as if they are more present-biased when making intertemporal choices about monetary rewards but not when making intertemporal choices about nonmonetary real-effort tasks. Nor do we find before-after differences in risk-taking, the quality of decision-making, the performance in cognitive function tasks, or in heuristic judgments.

Full Text: 학술정보탐에 문의
