

JEM 101 Introduction to Health Economics

Otázky ke státní závěrečné zkoušce

1. Problem of third party payment and moral hazard – description, Rand experiment, possible solutions
2. New trends in health systems – describe main principles and ideas behind managed care and consumer driven health care. Can any of these principles be used outside of USA and how they could solve some of health systems problems
3. Problem of information asymmetry. Can it be solved by measuring and publishing performance and quality indicators of health care providers? Do providers and patients use published performance and quality indicators? What are necessary preconditions?
4. Health care reform in Netherlands – describe main ideas behind it. Why does it serve as a prototype for number of health care systems in Europe? What are the preliminary results and how is it evolving?
5. Pooling of funds – redistribution and risk adjustment, especially in multiple payer health systems – what is it, how does it work, what is its purpose. What are current risk adjustment models and how good they are in predictions.
6. Evaluation of healthcare reform in USA –primary goals and proposals, pros and cons of health care reform. The constitutional fight for individual mandate.
7. Health vs. health status. What are generally used indicators of health status and impact of health systems on health status. What are factors influencing health status. Problem of behavioral economy in health care – why people do not take care of their health.
8. Disease management programs –what are their principles and purposes, do they work?
9. Payment mechanisms for health services – describe, how do they influence behavior of providers and quality of health care, what are their pros and cons
10. How to organize provision and financing of long term care
11. P4P contracts as tools for improving quality and efficiency of health care provision
12. Health system financing – what are different types of payers, sources and collectors in European health systems. Which are more prevalent? Which perform better? Describe new ways of health system financing – nominal premium, deductible, cost sharing.
13. Overview of health systems in developed countries - typology and functional description, main players, their roles and relationships. Examples of European health systems.
14. Demand for health care - factors affecting individual demand and its characteristics. Relationship between patient and a provider of health care – market imperfections, agency problem, supplier-induced demand
15. Current issues in health systems – forecasting models. Impact of population ageing on health care financing and provision. Role of non-demographic drivers. Healthy ageing hypothesis.