

Networks as a Reform Approach in the German Health Care Sector An Analysis of Different Types of Health Care Networks from an Institutional Economics Perspective

After the USA the health expenditure in Germany with around 15 % of its GNP (OECD) is the highest within the OECD countries. This will be put down to factors, which are the causes for an immense growth in health care expenditure in all OECD countries. However a substantial proportion is traced to the specialities of the German health care system. Specific for the German health care system is the fragmentation of the supply structures, which is made apparent in the lack of integration. It is assumed that these gaps will lead to inefficiencies, for example through the duplication of services delays in continuous care. This efficiency in performance in supply systems could be surmounted by integrated health care system that exists in this form of Health Maintenance Organisations (HMO) in the USA. In addition a stronger integration of the suppliers offers the possibility to bridge the gaps between the single sectors. In contrast to integrated Health care systems, which are hierarchically organised, the advantage lies in a greater flexibility within the production of health care.

Similar to the industrial sector in the health system in many countries tendency to create supplier networks is observed. From these networks an improvement of the quality of service and a rise in efficiency is expected. Although up until now studies exist, which prove this prognoses. Furthermore it is not explicit how health care networks should be organised in order to achieve these objectives.

The purpose of this study is the investigation, which repercussions health care networks have on the quality and profitability of the health care service. In addition it will be researched in detail, where the causes for the failure of health care networks lie, which can be observed throughout the country of Germany.

Firstly by the means of Network Theory and Analogy of successful business networks a theoretical optimal network form for the health service will be deduced. This will be verified by the means of data from Swiss networks so that the empirical evidence will be investigated. Ultimately to seek out the failure of the German networks, these pilot networks will be contrasted to those of the Swiss.