

Böhm's health care system classification: a summary

Dimensions	Taxonomy	Classification mode of healthcare systems						
Financing	<table border="1"> <tr> <td>Private: contributions to private insurance and out of pocket payments</td> </tr> <tr> <td>Societal: social security funds</td> </tr> <tr> <td>State : general tax revenues</td> </tr> </table>	Private: contributions to private insurance and out of pocket payments	Societal: social security funds	State : general tax revenues	<p>The highest share determines in which group the respective country is classified.</p>			
Private: contributions to private insurance and out of pocket payments								
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Regulation	<table border="1"> <tr> <td data-bbox="323 477 395 613">Private</td> <td data-bbox="411 477 783 613"> <p>According to actors responsible for regulating the object in question. The objects are: Relations between (potential) beneficiaries and financing agencies : (1) <i>System of financing:</i> the financing of health care by public and /or private sources</p> </td> </tr> <tr> <td data-bbox="323 618 395 745">Societal</td> <td data-bbox="411 618 783 745"> <p>Relations between financing agencies and service providers: (2) <i>Remuneration of service providers :</i> the specific system of provider compensation (3) <i>Access of (potential) providers to health care markets:</i> access to financing agencies</p> </td> </tr> <tr> <td data-bbox="323 750 395 878">State</td> <td data-bbox="411 750 783 878"> <p>Relations between service providers and (potential) beneficiaries: (4) <i>Access of patients to service providers:</i> the specific delivery of care to patients (5) <i>Benefit package :</i> the content and range of services offered to patients.</p> </td> </tr> </table>	Private	<p>According to actors responsible for regulating the object in question. The objects are: Relations between (potential) beneficiaries and financing agencies : (1) <i>System of financing:</i> the financing of health care by public and /or private sources</p>	Societal	<p>Relations between financing agencies and service providers: (2) <i>Remuneration of service providers :</i> the specific system of provider compensation (3) <i>Access of (potential) providers to health care markets:</i> access to financing agencies</p>	State	<p>Relations between service providers and (potential) beneficiaries: (4) <i>Access of patients to service providers:</i> the specific delivery of care to patients (5) <i>Benefit package :</i> the content and range of services offered to patients.</p>	<p>Each object of regulation according to the actor responsible for regulating the field in question is classified. As regulatory actors often differ between inpatient and outpatient sectors, both sectors separately for the regulatory fields (2)–(4) is classified. After having classified each of the five categories, all of them are summarized and create one point if the whole category is defined as state, societal, or private, respectively, half a point if two different actors are relevant in one category, and one third of a point if all three actors are involved in regulation. The actor dominating the most categories determines classification.</p>
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Service Provision	<table border="1"> <tr> <td>Private: private for profit actors</td> </tr> <tr> <td>Societal: private not for profit actors</td> </tr> <tr> <td>State : public actors</td> </tr> </table>	Private: private for profit actors	Societal: private not for profit actors	State : public actors	<p>A trichotomous service provision index is used. Steps to constructing this index: The first is to allocate weights to the main health care sectors (inpatient care, outpatient care, pharmaceuticals) according to the financial resources allocated to each sector. The second is to identify the shares of the dominant providers within each sector. The third is to multiply the standardized share of total health spending of the selected sectors with the relative shares of private, societal, and state actors in each sector, and then sum up the received shares of private, societal, and public provision. Decisive for the classification is which actor provides the relatively highest share of services.</p>			
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