

"ژورنال های منتخب الزویر در حیطه سلامت و بهداشت"

چکیده ی مقاله های زیر در صورت تمایل قابل ترجمه می باشند

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1. Most Downloaded

International comparisons of waiting times in health care – Limitations and prospects

Abstract

Long waiting times for health care is an important health policy issue in many countries, and many have introduced some form of national waiting time guarantees. International comparison of waiting times are critical for countries to improve policy and for patients to be able to make informed choices, especially in Europe, where patients have the right to seek care in other countries if there is undue delay.

The objective of this study was to describe how countries measure waiting times and to assess whether waiting times can be compared internationally. Twenty-three OECD countries were included. Information was collected through scientific articles, official and unofficial documents and web pages. Fifteen of the 23 countries monitor and publish national waiting time statistics and have some form of waiting time guarantees. There are significant differences in how waiting times are measured: whether they measure the "ongoing" or "completed" waiting period what kind of care the patient is waiting for; the parameters used; and where in the patient journey the measurement begins. Current national waiting time statistics are of limited use for comparing health care availability among the various countries due to the differences in measurements and data collection. Different methodological issues must be taken into account when making such cross-country comparisons.

Within the given context of national sovereignty of health systems it would be desirable if countries could collaborate in order to facilitate international comparisons. Such comparisons would be of benefit to all involved in the process of continuous improvement of health services. They would also benefit patients who seek cross-border alternatives for their care.

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2. Recent Article

Approaches to appropriate care delivery from a policy perspective: A case study of Australia, England and Switzerland

Abstract

Background

Appropriateness is a conceptual way for health systems to balance Triple Aim priorities for improving population health, containing per capita cost, and improving the patient experience of care. Comparing system approaches to appropriate care delivery can help health systems establish priorities and facilitate appropriate care practices.

Methods

We conceptualized system appropriateness by identifying policies that aim to achieve the Triple Aim and their consequent trade-offs for financing, clinical practice, and the individual patient. We used secondary data sources to compare the appropriate care approaches of Australia, England, and Switzerland according to financial, clinical, and individual appropriateness policies.

Findings

Health system approaches to appropriate care delivery varied. England prioritizes public health, equity and efficiency at the expense of individual choice, while Switzerland focuses on individual patient preferences, but has higher per capita and out of pocket costs. Australia provides equity in public care access and private health care options that allows for more patient choice, with health care costs falling between the two.

Conclusions

Integrating the Triple Aim into health system design and policy can facilitate appropriate care delivery at the system, clinical, and individual levels. Approaches will vary and require countries to negotiate and justify priorities and trade-offs within the context of the health system.

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3. Most Cited

Effects of pay for performance in health care: A systematic review of systematic reviews

Abstract

Background: A vast amount of literature on effects of pay-for-performance (P4P) in health care has been published. However, the evidence has become fragmented and it has become challenging to grasp the information included in it. Objectives: To provide a comprehensive overview of effects of P4P in a broad sense by synthesizing findings from published systematic reviews. Methods: Systematic literature search in five electronic databases for English, Spanish, and German language literature published between January 2000 and June 2011, supplemented by reference tracking and Internet searches. Two authors independently reviewed all titles, assessed articles' eligibility for inclusion, determined a methodological quality score for each included article, and extracted relevant data. Results: Twenty-two reviews contain evidence on a wide variety of effects. Findings suggest that P4P can potentially be (cost-)effective, but the evidence is not convincing; many studies failed to find an effect and there are still few studies that convincingly disentangled the P4P effect from the effect of other improvement initiatives. Inequalities among socioeconomic groups have been attenuated, but other inequalities have largely persisted. There is some evidence of unintended consequences, including spillover effects on unincentivized care. Several design features appear important in reaching desired effects. Conclusion: Although data is available on a wide variety of effects, strong conclusions cannot be drawn due to a limited number of studies with strong designs. In addition, relevant evidence on particular effects may have been missed because no review has explicitly focused on these effects. More research is necessary on the relative merits of P4P and other types of incentives, as well as on the long-term impact on patient health and costs

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4. Open Access Article

مقاله ی زیر بصورت کامل قابل دریافت و در صورت تمایل قابل ترجمه می باشد

Understanding perspectives on major system change: A comparative case study of public engagement and the implementation of urgent and emergency care system reconfiguration

Abstract

Objectives

Major changes have been made to how emergency care services are configured in several regions in the Republic of Ireland. This study investigated the hypothesis that engagement activities undertaken prior to these changes influenced stakeholder perspectives on the proposed changes and impacted on the success of implementation.

Methods

A comparative case-study approach was used to explore the changes in three regions. These regions were chosen for the case study as the nature of the proposals to reconfigure care provision were broadly similar but implementation outcomes varied considerably. Documentary analysis of reconfiguration planning reports was used to identify planned public engagement activities. Semi-structured interviews with 74 purposively-sampled stakeholders explored their perspectives on reconfiguration, engagement activities and public responses to reconfiguration. Framework analysis was used, integrating inductive and deductive approaches.

Results

Approaches to public engagement and success of implementation differed considerably across the three cases. Regions that presented the public with the reconfiguration plan alone reported greater public opposition and difficulty in implementing changes. Engagement activities that included a range of stakeholders and continued throughout the reconfiguration process appeared to largely address public concerns, contributing to smoother implementation.

Conclusions

The presentation of reconfiguration reports alone is not enough to convince communities of the case for change. Genuine, ongoing and inclusive engagement offers the best opportunity to address community concerns about reconfiguration.

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