



4th World Congress on Health Economics, Health Policy and Healthcare Management

September 13-14, 2018 | Zurich, Switzerland

Workshop

Day 1

Health Economics Congress 2018

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Shina Ghafoor-Ameen

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The impact of innovations in medical Imaging on healthcare economics

The continuously rising healthcare costs present a great challenge for the community and therefore demand new opportunities for innovation. Medical imaging is one of the fastest growing areas of medicine. The field of Radiology is expanded dramatically leading in most of the cases to provide a precise diagnosis in few minutes. Imaging technology has undergone a tremendous progress from Roentgen's discovery of X-rays to present day Ultrasound (US) Computed Tomography (CT) and Magnetic resonance imaging (MRI). Medical imaging replaces the need for surgery and shortens time in the hospital. Impacts on quality are because new equipment offers higher imaging quality and reduced radiation exposure, owing to the improvement of technologies using X-rays or to the substitution of non-ionizing technologies (e.g. MR imaging). Some studies provided the evidence that MRI is cost effective examination, however this needs to be considered case by case and as per compelling indication. New technologies being developed for MRI to decrease exam scan times and increase diagnostic impact. Furthermore an improving cost effective technology like Teleradiology continues to spread and will bring the overall healthcare costs further down. New innovation is a bargain if it can improve the quality of life and prevent the high cost of disability.

Biography

Shina Ghafoor-Ameen has been graduated from College of Medicine at the University of Almustansiriya, Baghdad, Iraq as Medical Doctor and Postgraduate specialist training in Diagnostic Radiology (FMH) at the University Hospital of Basel, Switzerland. She have done Sub-Speciality training (Fellowship) in Musculoskeletal Radiology, University Hospital of Berne, Switzerland. Presently she is working as Consultant Radiologist and Lead of MRI Diagnostics, Hospital of Thun, Berne, Switzerland.

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Scientific Tracks & Abstracts Day 1

Health Economics Congress 2018

SESSIONS

Health Economics | Macroeconomics | Health Policy | Health Outcome Research | Pharmaceutical Manufacturers | Health Statistics | Public Health Economics

Chair: David Elder | David P Elder Consultancy | UK

Co-Chair: Sinéad Furey | Ulster University | Northern Ireland

SESSION INTRODUCTION

Title: Analysis of out-of-pocket expenditures in Mexico: A comparison of socio-economic characteristics and geographic information among localities

Luis Claudio Rodríguez Ortiz | Stamford Health | USA

Title: Healthy aging in post-menopausal women

Hephzibah Kirubamani Navamani | Saveetha University | India

Title: New fair global intra-generational solidarity & tax model creating sustainable health services & health care

Yannick Pots | Free University Brussels | Belgium

Title: Time-driven activity based costing (TDABC) in long-term healthcare (LTH) – A practical application

Ana Sargento | Polytechnic Institute of Leiria | Portugal

Title: Systematic review and meta-analysis of public hospital efficiency studies in Gulf region and selected countries in similar settings

Ahmed Alatawi | Liverpool School of Tropical Medicine | United Kingdom

Title: Hospital cleaning for health and safety, without using chemicals

Elizabeth Gillespie | Monash Health | Australia

Title: How government insurance coverage changed the utilization and affordability of expensive targeted anti-cancer medicines in China: An interrupted time-series study

Yifan Diao | School of Public Health | China

Title: New fair financing system on health & pharmaceuticals creating sustainable health services & health care

Yannick Pots | Free University Brussels | Belgium

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Analysis of out-of-pocket expenditures in Mexico: A comparison of socio-economic characteristics and geographic information among localities

Luis Claudio Rodríguez Ortiz^a, Rocío García-Díaz^b and René Cabral^c

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The paper analyses the determinants of out-of-pocket health expenditures (OOPE) in Mexico. We compare socio-economic characteristics and geographic information of the locality, such as distance between households and pharmacies, using Geographical Information System (GIS) for different health services: social security, doctor's offices adjacent to private pharmacies, Minister of Health, and private doctor's offices. We conduct a cross-sectional analysis using two different sources, the 2012 National Survey of Mexican Household Income and Expenditures and the 2012 National Health and Nutrition Survey. OOPE for medicines, outpatient and inpatient care services, and the probability of occurrence are estimated using linear regression models where the Heckman selection procedure is used to correct for self-selection of health expenditures.

Biography

Luis C. Rodríguez Ortiz has over eight years of combined professional experience in asset management, corporate finance, credit research, and big data analytics. He received his MBA in Finance from Tulane University in 2010 and a B.A. in Financial Management from Tecnológico de Monterrey in 2007. He currently serves as a Project Manager at the Stamford Health System's Analytics and Innovation department, a multidisciplinary team that has been instrumental in creating and developing a centralized "data center" for the hospital while playing a key role in developing and executing a vast variety of process improvement strategies.

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Healthy aging in post-menopausal women

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The world is ageing fast. In 1990, 12.6% of the population was older than 65 years of age. By the year 2050, this figure will be 100 million elderly and they spend 1/3 of their life in postmenopausal one year. Effects of aging and its consequences are vulvovaginitis, sexual dysfunction, urinary incontinence, genital prolapse, malignancy, hot flushes, insomnia and incidence of metabolic syndrome and fractures are high in post-menopausal group. Hence goal in treating post-menopausal women's care is to offer a better quality of life, prevent disabilities, functional independence, prevent cancers, prevent & treat co-morbid conditions. Gynaecologist is primary physician for post-menopausal women, during screening visits for gynaec-malignancy and breast cancer, they can address them regarding cardiac disease cerebrovascular accident and osteoporosis and provide preventive care. 2/3 women will have menopause symptoms, the most common of which were sleep disturbance and vasomotor symptoms (VMS). Women's work ability get worse & rate of sickness, absence will increase. The menopause transition is an identifiable milestone and important periods for implementing lifestyle and behavioral changes to ensure that each woman maximizes her health moving forward. Menopausal hormone therapy awareness should be increased. Right post-menopausal women, right dose, right duration, and right route will definitely improve the quality of their life. Millions of women continue to work long past 51 years means that the impact on work ability, sickness and absence of diseases related menopause should be of concern. Our aim should be healthy women around middle age so that they are fit at forty, strong at sixty and independent at eighty.



Recent Publications

1. Somash and N Hephzibah Kirubamani (2017) Menopause and its association with metabolic syndrome. International Journal of Development Research 7:10464.
1. Abrajitha and N Hephzibah Kirubamni (2017) Prevalence of sleep disturbance among post-menopausal women. Journal of Dental Research 7:1972-74.

Biography

N Hephzibah Kirubamani has been graduated from Stanley Medical College as Medical Doctor, with the specialization in Obstetrics & Gynaecology from the Madras University. She did PhD and Doctor of Science from T N Dr. M G R Medical University. She started working at Stanley Medical College as Assistant Professor then elevated as Professor and Superintendent of Government RSRM hospital attached to Stanley Medical College till 2012. Presently she is working at Saveetha University.

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New fair global intra-generational solidarity & tax model creating sustainable health services & health care

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Background: Financing health care is expensive and unsustainable. Based on OECD data¹ we could calculate that the 65-109yrs group is responsible for 78.66% on pharmaceutical expenditures. According to present inter-generational solidarity system this has to be paid by the 22-64 yrs generation.

Aim : The study is to describe a new transformational leadership towards sustainable and high-performing health care management and health economics, where economic and personal values are aligned. A fine-tuned balance has to be created between shareholders' right(s) on material financial value added (VA) maximization, and/resp. optimization of multi-stakeholders' right(s) on immaterial health-related (HR) quality of life-, functional ability-, intrinsic capacity-, resp. HR life years gained-VA's.

Methods and results: Increased investments in prevention of health & well-being (he&wb) should create a decrease in health care costs. We calculated that the group 65-109yrs, users of ca80% on pharmaceutical expenditures, possess non-current asset(s) of ca80% and they should be taxed by a real estate tax on their non-current assets to support health expenditures of the same generation. According to the Pareto-principle [80/20-rule], smoking, alcohol, sugar, and meat should be taxed by an excise tax of ca80%. Fruit and vegetables should be de-taxed to 0.0%. The he&wb taxes should directly finance a he&wb institution, while he&wb funds should be redistributed as investment in prevention.

Conclusions & Significance: A new fair and global revolutionary "intra-generational" solidarity & tax model will create equity and sustainable health care and consequently will guarantee harmonious relations among generations.

Biography

Yannick Pots has been Graduated from the Univ. of Ghent as Jurist and subsequently Graduated in Complementary Studies of Corporate Law from the Univ. of Brussels, with specialities including (Inter) National Financial-, Stock-&Stock-Exchange-, Securities- & Bank-Law. Later on he obtained his post-graduation "Business Economics" (Great Distinct.) from the (Univ.) Antwerp Management School. He also obtained his post-graduation "Financial Management of Enterprises" (Distinct.) from the (U) AMS with subjects Corporate Finance, Financial Management, Capital Budgeting and Value-Based Management.

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Time-driven activity based costing (TDABC) in long-term healthcare (LTH) – A practical application

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Statement of the Problem: This paper focuses the cost component of a larger ongoing action-research project (CARE4VALUE), aiming to enhance value creation (patient-centered health outcomes per unit of cost) in LTH providers. The main objective is to share the experience of designing and implementing TDABC in a Portuguese LTH unit. TDABC methodology applied to healthcare allows identifying the cost per patient, for each clinical condition, in the full cycle of care, mapping processes, activities, resources and time allocated. The cost model was developed in a close cooperation with the clinical and management staff of the partner LTH unit. Mixed qualitative and quantitative methods were applied, involving: Three focus groups and anonymized clinical data analysis to categorize different complexity degrees of patients; structured observation of the full cycle of care; analysis and rearrangement of accounting records and cost calculation per patient and activity. Despite the difficulties found, mainly concerning the adaptation of the existing management accounting system to the requirements of TDABC, the implementation in a real LTH setting proved successful. A recording tool and dashboard was also developed, to integrate multidimensional patient-centred information, prompting embeddedness of the model into daily practice. The cost model represents an important advance for the focus LTH unit, as it allows uncovering the cost per patient, according to his/her degree of complexity. Although applied to a specific LTH unit, it is replicable to similar units, generating valuable information for managers, policy-makers and funding.



Recent Publications

1. Porter M, Kaplan R (2016) How to pay for health care. *Havard Business Review* 88–100.
2. Crott R, Lawson G, Nollevaux M, Castiaux A, Krug B (2016) Comprehensive cost analysis of sentinel node biopsy in solid head and neck tumors using a time-driven activity-based costing approach. *European Archives of Oto-Rhino-Laryngology* 273(9):2621–8.
3. Alaoui S, Lindefors N (2016) Combining time-driven activity-based costing with clinical outcome in cost-effectiveness analysis to measure value in treatment of depression. *PLoS One* 11(10):1–15.
4. Keel G, Savage C, Rafiq M, Mazzocato P (2017) Time-driven activity-based costing in health care: A systematic review of the literature. *Health Policy* 121(7):755–63.
5. Nolte, E, McKee, M (2008). *Caring for people with chronic conditions: a health system perspective*. European Observatory on Health Systems and Policies Series, XXI, 259. <https://doi.org/ISBN 978 92 890 4294 9>.

Biography

Ana Sargento is a lecturer at the School of Technology and Management and at the School of Health Sciences of the Polytechnic Institute of Leiria (IPLeiria). She holds a PhD in Economics and currently she teaches courses of Economics, Research Methodology and Health Management. She is the coordinator of the Centre of Applied Research in Management and Economics (CARME), at IPLeiria. Currently, she is responsible for a multidisciplinary action-research project on Long-term Healthcare Management (CARE4VALUE), involving researchers from distinct backgrounds, including: Management, Healthcare (nurses) and Information Technology.

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Systematic review and meta-analysis of public hospital efficiency studies in gulf region and selected countries in similar settings

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The interest in assessment of hospital efficiency is growing globally and in the Gulf Cooperation Council countries (GCCs) in particular. The objective of this study was to review the literature on public hospital efficiency and synthesize the findings in GCCs and selected countries in similar settings. We systematically searched six electronic databases, in addition to references and grey literature, for studies that measured the efficiency of public hospitals in the selected countries. PRISMA-guidelines were followed in studies selection. We summarized the studies regarding samples, methods/technologies and findings, then assessed their quality. We meta-analyzed the efficiency estimates using Spearman-rank correlations and logistic regression to examine the internal validity of the findings. We identified and meta-analyzed 22 of 1128 studies. Four studies conducted in GCCs where eighteen from Iran and Turkey. The pooled technical-efficiency (TE) was 0.792 (SE±0.03). There were considerable variations in model specifications, analysis orientations and variables used in the studies that influenced the efficiency estimates. Also, the studies have missed points on quality appraisals with an average of 73%. The meta-analysis showed negative correlations between sample size and efficiency scores; the coefficient was -2.52 (CI: -5.3: 0.26; P value= 0.07) at 10% risk level. Also, choice of the model orientation in the studies has significantly influenced (82%) by their countries' income-categories, which was compatible with the strategic plans of these countries. The studies showed methodological and qualitative deficiencies limited their credibility. Our review suggested that the methodology and assumption choices have a high influence on the efficiency measurements. Additional efficiency research with high-quality data, different orientations and developed models is required in the GCCs. Considering the strategic plans, resource allocations and value for money in public-hospital assessments to establish evidence-based knowledge for the policy-decision making.

Biography

Ahmed Alatawi has Master of Science in Pharmaceutical Economics and Policy from Massachusetts College of Pharmacy and Health Sciences, with the specialties including economic evaluations, cost analysis micro-macroeconomics and health policy. He worked as assistant lecturer in Clinical pharmacy department, College of Pharmacy, Al-Jouf University, Al-Jouf, Saudi Arabia. Currently, he is continuing his research in Liverpool School of Tropical Medicine as PhD candidate.

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Hospital cleaning for health and safety, without using chemicals

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Cleaning is critical to prevent the spread of disease and essential in providing quality healthcare. Routine cleaning of hospital surfaces must eliminate pathogens where contamination may have occurred. Traditional methods of cleaning using detergents and disinfectants can be time consuming, expensive and associated with health and safety risk. Detergent alone is unable to remove all pathogens and disinfection is required for its biocidal effect. However, complete removal of pathogens is a safe alternative to biocidal use and is employed at our healthcare facilities. Monash Health replaced traditional cleaning with microfibre and steam cleaning after conducting trials from 2011. Results showed that 90% less water was used; chemicals were eliminated along with the risk of slips and falls from wet floors. Microfibre and steam cleaning was demonstrated to be effective at preventing pathogen transmission, including multi-drug resistant pathogens. Cleaning was achieved in less time, costs were limited and capacity to protect equipment from chemical damage was evident. Following outbreaks associated with traditional cleaning methods, microfibre and steam was introduced. However, monitoring of cleaning was demonstrated to be an important aspect of cleaning management, to ensure it is conducted according to procedures. A review of gastroenteritis outbreaks across Victorian healthcare settings showed a statistically significant reduction in outbreak number and duration following the introduction of this cleaning technology at Monash Health.

Recent Publications

1. Gillespie E, Tabbara L, Scott C, Lovegrove A, Kotsanas D, Stuart R (2017) Microfibre and steam for a neonatal service: An improved and safe cleaning methodology. *AJIC*. 45 (1): 98-100.
2. Gillespie E, Wright P, Snook K, Ryan S, Vandergraaf S, Abernethy M, Lovegrove A. The role of ultraviolet marker assessments in demonstrating cleaning efficacy. *AJIC*. 43 (12): 1347-9.
3. Gillespie E, Brown R, Treagus D, James A, Jackson C (2015) Improving operating room cleaning results with microfiber and steam technology. *AJIC*. 44 (1): 120-22.
4. Abernethy M, Gillespie E, Snook K, Stuart R (2013) Microfiber and steam for environmental cleaning during an outbreak. *AJIC* February. 41 (11): 1134-5.

Biography

Elizabeth Gillespie has completed her graduation from Royal Melbourne Hospital as a registered nurse and has qualifications in Midwifery, Operating Room Management and Infection Control. She has completed her Master of Public Health at the University of Melbourne, majoring in Epidemiology. Her current role is in co-directing and managing the Infection Control and Epidemiology unit for Monash Health.

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How government insurance coverage changed the utilization and affordability of expensive targeted anti-cancer medicines in china: An interrupted time-series study

Yifan Diao^a, Jie Qian^a, Yang Liu^a, Yanping Zhou^b, Yan Wang^c, Hong Ma^d, Xiaoyan Wang^e, Ren Luo^e and Jing Sun^a

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^dNorth Head Strategic Communications Healthcare Research, China

^eIQVIA (IMS Health and Quintiles) Institutes for healthcare informatics, China

Background: Little evidence is available to demonstrate the impact of the emerging government insurance coverage on patient utilization and affordability of expensive anti-cancer medicines and insurance sustainability in China. This study examined the insurance program in Zhejiang, focused on targeted anti-cancer medicines covered in 2015, and looked at how such inclusions influenced the utilization and affordability of these high cost medicines. The study intends to serve as a first step of providing quantitative evidence to assist government insurance policy design and reassessment.

Methods: Longitudinal hospital medicines procurement data collected were used to assess trajectories in medicines utilization during January 2013-December 2016. The study conducted segmented regression analyses of interrupted time series data to measure medicines utilization changes in level and trend. WHO/HAI methodology was used to measure the affordability of medicines. Key informant interviews were carried out to review the charity donation and insurance policies.

Results: The utilization trends of all studied medicines were decreasing ($p < 0.001$) prior to the insurance coverage. In the 3rd month of the insurance coverage, the utilization of all studied medicines increased by 15.58 to 439.14 standard units ($p < 0.05$). The utilization trends of medicines with broader scope of insurance covered indications were increasing, while that with limited scope were decreasing thereafter ($p < 0.05$). Before the insurance coverage, patients had to pay out-of-pocket 3.0-13.1 and 6.2-27.3 times of the provincial average disposable annual income per capita in urban and rural areas respectively. These numbers were reduced to 1.5-6.4 and 3.1-13.4 times for those entitled to the charity donation. After the insurance coverage, these numbers were further reduced to 0.6-2.1 and 1.6-4.5 times. By the end of 2016, the accumulative total insurance expenses of the 15 newly covered expensive medicines accounted 63.2% of the total amount of fundraising.

Interpretation: Government insurance coverage plays a great role in increasing patient access to high cost medicines. Findings of this study provide important directions for policy formation and financial risk management of the government insurance.

Biography

Yifan has been Graduated from Durham University, Public Policy and Global Health as Master of Science, with the specialties including Epidemiology, Biostatistics, Public health policy analysis. Presently, he has been studying as a doctoral candidate in Chinese Academy of Medical Science & Peking Union Medical College, Beijing, with subjects Epidemiology & Biostatistics.

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New fair financing system on health & pharmaceuticals creating sustainable health services & health care

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Background: Macroeconomics, according to health income & expenditure account, based on OECD-data1 for Belgium (B) resp. OECD-average (O) for 2015, total public income on health is 77% (B) [72% (O)], from which government social security system is 18% (B) [36% (O)], resp. compulsory social insurance contributions is 59% (B) [36% (O)]. Total private income on health is 23% (B) [28% (O)], from which private health insurance is 5% (B) [6% (O)], resp. out-of-pocket is 18% (B) [20% (O)].

Aim: To describe, according to Pareto Principle [80/20-rule] that total expenditure on personal health [HC.1-HC.5] for B has to decrease from 95% to 84%, total medical services [HC.1-HC.4] from 79% to 68% (from which service of curative and rehabilitative care (SCRC) [HC.1-HC.2] from 55% to 46% (inpatient-care-scr from 30% to 24%; outpatient-care-scr from 25% to 22%). In SCRC, Pharmaceuticals from 28% to 19%. Medical goods dispensed to outpatients [HC.5] from 16% to 5%.

Methods and results: According to Pareto Principle, expenditures on services of prevention [HC.6] have to be revolutionary increased from 5% to 16%, which will (r)evolutionary increase both total personal and collective health status and will (r)evolutionary decrease total expenditure on personal health [HC1-HC5], i.e. on total medical services [HC.1-HC.4] – service of curative and rehabilitative care [HC.1-HC.2], scr-in- resp.outpatient care and consequently pharmaceuticals, and medical goods [HC.5].

Conclusions: A new financing system by increasing total expenditure on prevention according to Pareto Principle will balance health income(s) and expenditure(s) in the world. Financial details will be presented at the congress.

Recent Publications

1. OECD Health at a Glance [Website]: See: http://dx.doi.org/10.1787/health_glance-2017-en.

Biography

Yannick Pots has been graduated from the Univ. of Ghent as Jurist and subsequently graduated in Complementary Studies of Corporate Law from the Univ. of Brussels, with specialities including (Inter) National Financial-, Stock-&Stock-Exchange-, Securities- & Bank-Law. Later on he obtained his post-graduation "Business Economics" (Great Distinct.) from the (Univ.) Antwerp Management School. He also obtained his post-graduation "Financial Management of Enterprises" (Distinct.) from the (U) AMS with subjects Corporate Finance, Financial Management, Capital Budgeting and Value-Based Management.

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Workshop Day 2

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Lobel A. Lurie

Cone Health, USA

On boarding competencies for foreign-educated nurses (FEN): A new care delivery model

The escalating increase in the futuristic demand for healthcare workers link international workforce migration to fill the need. Cyclic in nature, the global migration of nurses is a major avenue to recruit and retain qualified nursing staff outside the country. The literature in transitioning foreign-educated nurses (FEN) into the workforce has been numerous in the past, however, there is little documentation in the transition utilizing standardized on-boarding competencies based on nursing professional development standards, incorporation of lived experiences from current FENs, and on-boarding best practices. Guided by Meleis' Transitions Theory, the three developed on-boarding competencies were focused on FEN, Leadership, and Organizational competencies. A qualitative descriptive phenomenological design using semi-structured interview guide utilizes the intentional process of knowing and understanding of integration process by seeking to understand the phenomena and find meaning. The promoted targeted educational investment in foreign-educated nurses could be instrumental in the successful transition to practice for safe, effective, and efficient delivery of care within the U.S. healthcare.

Recent Publications

1. Adeniran, R., Rich, V., Gonzalez, E., Peterson, C., Jost, S., & Gabriel, M. (2008, May 31). Transitioning internationally educated nurses for success: A model program. *OJIN: The Online Journal of Issues in Nursing*, 13(2). <http://dx.doi.org/10.3912/OJIN.Vol13No02Man03>
2. Aiken, L., Buchan, J., Sochalski, B., Nichols, B., & Powell, M. (2004). Trends in international nurse migration: The world's wealthy countries must be aware of how the "pull" of nurses from developing countries affect global health. *Health Affairs*, 23(3), 69-77. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&AuthType=url,cookie,ip,uid&db=c8h&AN=2004192520&site=ehost-live&scope=site>
3. Nichols, B. L., Davis, C. R., Richardson, & D. R., (2010). International models of nursing. In *The future of nursing: Leading change, advancing health* (pp. 565-642). Washington, D.C.: The National Academies Press.
4. Cortes, P., & Pan, J. (2012, December). Relative quality of foreign nurses in the United States. In *Fifth International Conference on Migration and Development*, 28-29.
5. 365: 519-530.
6. Lurie, L. (2016). Strategic planning for future delivery of care: Onboarding foreign-educated nurses. *Nurse Leader*, 14(6), 427-432.

Biography

Lobel Lurie is a Board-Certified Nursing Professional Development Specialist. She received her BSN degree in the Philippines in 1989 and achieved Master in Nursing Executive Leadership at Columbia University, and completed Doctor of Nursing Practice, from American Sentinel University. She was recognized as one of the best orthopaedic nurses in the U.S in 2000. She holds Best Practice in Nursing Professional Development for the Nurse Extern program. In 2016, she was honored as North Carolina Great 100 for nursing excellence and advancing nursing practice. She is the Manager for Clinical Value Analysis and advances nursing knowledge in Supply Chain Management.

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Scientific Tracks & Abstracts Day 2

Health Economics Congress 2018

SESSIONS

Health Care Services | Health care services and insurance | Health innovation | Hospital Services| Managed Care

Chair: David Elder | David P Elder Consultancy | UK

Co-Chair: Sinéad Furey | Ulster University | Northern Ireland

SESSION INTRODUCTION

Title: Differences of health expenditure according to the socioeconomic status in mandatory National health insurance system

Soon-Chan Kwon | Soonchunhyang University | Republic of Korea

Title: Pay-for-Performance (P4P) linked at patient/immaterial value added

Yannick Pots | Free University Brussels | Belgium

Title: Mental health benefits for victims of gender violence and patients with mental disorders of critically reflecting upon violent relationships and experiencing positive ones

Sandra Racionero-Plaza | University of Barcelona | Spain

Title: Perspectives and priorities in maternal health in India

Saumya Shukla | Dr Shakuntala Misra National Rehabilitation University | India

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Differences of health expenditure according to the socioeconomic status in mandatory national health insurance system

Soon Chan Kwon^a and Ki Chun Kim^b

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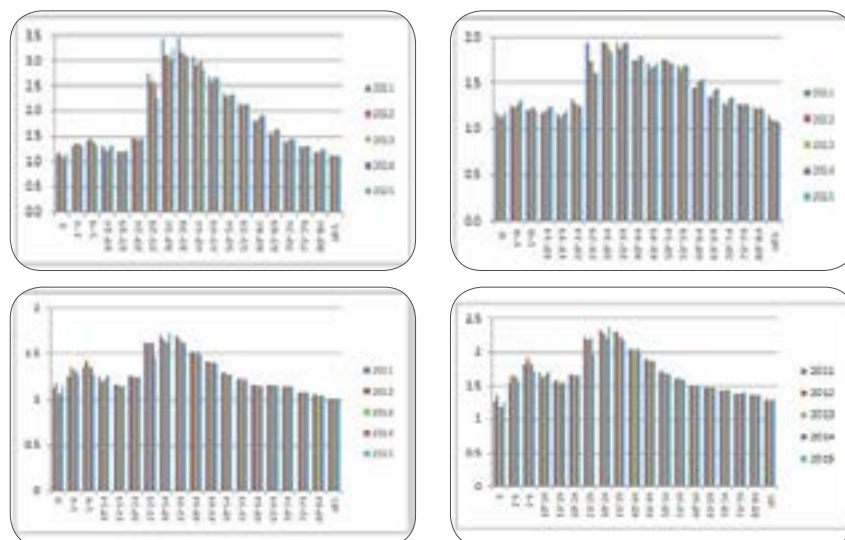
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Statement of the Problem: For countries with socioeconomic stratification, it is critical to provide people of low socioeconomic status (SES) with access to essential health care services at an affordable cost. South Korea is trying to accomplish this with a mandatory national healthcare system covering the entire citizenship, consisting of the National Health Insurance System (NHIS) and Medical Aid Program (MAP), which respectively represent individuals with non-low and low SES. In this paper, we investigate and compare medical expenses per claim in South Korea according to SES, in order to predict health care expenditure and provide fundamental data regarding care for individuals with limited finances.

Methodology & Theoretical Orientation: The inpatient data on NHIS and MAP beneficiaries were derived from the National Health Insurance Statistical Annual Report of South Korea from 2011 to 2015. Medical expenses per claim of NHIS and MAP by gender and age were investigated and their ratios were calculated.

Findings: The ratios of medical expense per claim of MAP to NHIS from 2011 to 2015 were always larger than 1 and increased at an inconsistent rate with consecutive age group until 30~39, and decreased thereafter (Male: 1.09-3.47, Female: 1.07-1.95). The ratios of medical expenses per day of each claim were lower than that of medical expenses per claim for both genders (Male: 0.99-1.73, Female: 0.98-1.47).

Conclusion & Significance: High medical expenditure and longer duration of claim in the low SES group could become obstacles to developing a sustainable health care system.



Biography

Soon Chan Kwon has graduated from Hanyang University as Medical Doctor, with the specialties including Occupational and Environmental Medicine Diploma in Occupational and Environmental Medicine from Hanyang University. He started working at the Hanyang University Hospital and later on he started working at the Soonchunhyang University and Soonchunhyang University Hospital in Cheonan-si, Chungcheongnam-do. He has continued his research about occupational accidents and work-related diseases.

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Pay-for-performance (p4p) linked at patient/immaterial value added

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Background: Payment systems based on fee-for-service (FFS) are focused on health care in-comes, which primarily create incentives for acute treatment. Linked with the fact that the 60-109yrs old are responsible for 78.66% on pharmaceutical expenditures, we can deduct from the OECD data why expenditures on health are unsustainable and untenable. The aim of this study is to describe how payment systems based on pay-for-performance (P4P) linked to health status out-comes, are creating sustainable health services and health care.

Methods & Results: Performance has to be focused on health related quality of life (HR-QOL), functional ability (FA), intrinsic capacity (IC), resp. health-related life years gained (HR-LYG) value added (VA) during the full life care circle, i.e. from primary, preventive, screening and condition/disease/urgent care management, going on to ageing and long-term (ALT)/end-of-life (EOL) care management. According to the Pareto-principle, 80% of the wages should be paid immediately. Only when HR-QOL-, FA-, IC-, HR-LYG-VA's are achieved/obtained, as *condition sine qua non*, supplementary performance has to be paid (from 0% up to 20%), according to corporate, hospital, (information) technology and health & well-being governance.

Conclusions & Significance: Payment systems based on pay-for-performance focused/linked to health status outcomes, which primarily creates incentives for primary and preventive care/management and screening, will create fair and sustainable health services & health care.

Biography

Yannick Pots, LL.M., has been Graduated from the State(Lib.&Soc.)Univ. of Ghent as Jurist, has been Graduated in Complementary Studies of Corporate Law at (Cat.)Univ. of Brussels, with specialities including (Inter)National Financial-, Stock- &Stock-Exchange-, Securities- and Bank-Law. Later on he obtained his post-graduation Business Economics (Great Distinct.) from (Plural.)Univ.)Antwerp Management School. He also obtained his post-graduation Financial Management of Enterprises (Distinction) from (U)AMS with subjects Corporate Finance, Financial Management, Capital Budgeting and Value-Based Management. He finished in Dec 2017 his Pre-PhD Health-Economics at UGhent (Promotor Prof. L. Annemans, HE). Presently he has been working at preparing the start of Research in Joint and Interdisciplinary PhD Studies Laws and Social Health Sciences [Aspects Fiscal Law, Social Security Law, and Health Organization] (at VUB, Brussels, Main Institute), and Health Sciences, Philosophy, and Moral Sciences [Aspects Health Economics, Philosophy, and Ethical Principles] (at UGhent, Ghent, Partner Institute).

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4th World Congress on Health Economics, Health Policy and Healthcare Management

September 13-14, 2018 | Zurich, Switzerland

Mental health benefits for victims of gender violence and patients with mental disorders of critically reflecting upon violent relationships and experiencing positive ones

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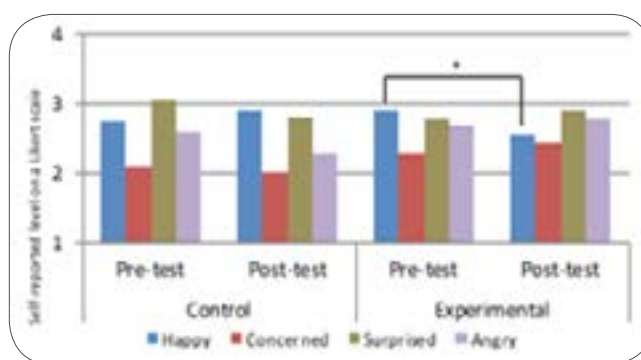
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Statement of the Problem: When human relationships are characterized by violence, negative mental health outcomes are particularly prevalent. Contrarily, quality human relationships can be lifesaving. Interventions that support critical reflection upon memories of violent sexual-affective relationships to reconstruct their associated emotions, as well as programs in mental health care that foster positive social relations between patients can be successful to prevent future victimization in the case of gender violence and promote emotional wellbeing in patients with serious mental disorders.

Methodology & Theoretical Orientation: In study 1, we examined among a sample of young females (n = 32) whether reading a scientific text about love modified autobiographical memories of violent sexual-affective relationships and increased the rejection of such relationships. This group was compared with a control group (n = 31). Memory reports and Memory Quality Questionnaires were employed. In study 2, we investigated with interviews and focus groups the mental health benefits in 15 patients of participating in a program that fosters positive social relations.

Findings: Study 1: Compared with controls, the experimental group in the study of gender violence had significantly stronger critical memories and an improvement in emotions that supported rejecting violent relationships.

Study 2: Patients with mental health disorders reported that friendships created in the community program helped them with feeling better emotionally. **Conclusion & Significance:** Programs that enhance critical reflection about violent sexual-affective relationships, as well as a community approach in mental health care that supports friendship can improve the emotional wellbeing of participants.



Biography

Sandra Racionero-Plaza is full professor of sociology at the University of Barcelona and Doctor Honoris Causa from West University of Timișoara. She has been the main researcher for three research projects funded by the EC under the European Research Framework Programme, achieving all of them high scientific, social, and political impact. One of these projects, INCLUD-ED, was the only study in SSHH which was included in the list of the ten success stories of the European Research Framework Programme. She has published her research in numerous journals in the fields of research methodology, health, and social sciences among others.

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Perspectives and priorities in maternal health in India

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Maternal mortality in India accounts for about twenty per cent of overall global maternal deaths and could range from 50000-56000 per annum. As per WHO findings about 800 women die every day due causes relating to pregnancy and child birth in most of the developing countries. The state of Uttar Pradesh has highest maternal mortality as compared to other states of the country. This alarming magnitude attracts concern of policy makers, professionals and Government officials to identify the causative factors and lease out a road map for effective and urgent control and reduction in maternal mortality and morbidity rates. The present paper therefore addresses the issues and perspectives associated with maternal death after child birth, family planning, access to post partum care, social determinants including early marriage tradition and low social status of women causing malnutrition and poor access to health care etc. An in depth analysis of listed matrix of determinants was undertaken and a composite and conclusive findings tend to suggest following course corrective actions for consideration

- Women empowerment
- Social Education and enforcement of maternal health care programs
- Improving nutritional status of women and infants
- Prioritization of maternal health in national and state run health programs
- Integration of HIV/AIDS with maternal health

In view of pivotal role played by women in agriculture, all industries, commerce, planning and execution, education, research etc, it would be prudent to expand the scope of opportunities apart from course corrective actions to effectively and substantially reduce both maternal mortality and morbidity.

Biography

Saumya Shukla has more than eight years of comprehensive experience in the field of teaching Business Communication, Corporate Relations precisely working with a media house, She is a bachelor in Economic Honours from and an MBA in Marketing and Human Resources. She is pursuing a Phd in Health Economics and is an aspiring Entrepreneur in the field of Healthcare.

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