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Obesity Risk Class and Asthma Outpatient Service Utilization by the Middle Aged and Elderly in Taiwan

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Abstract

Containing health care costs has been a challenge for most OECD member states. We classify 2250 cost containment policies in forty-one groups of policy options. This conceptual framework might act as a toolkit for policymakers that seek to develop strategies for cost control; and for researchers that seek to evaluate them. We found that certain important cost drivers such as wages and capital are being sparsely covered. We distinguish four primary targets to contain costs: volume controls, price controls, budgeting and market oriented policies. Price controls and budgeting, both seen as relatively effective, appear substantially less often in literature than volume controls and market oriented policies. The relative use of each option hardly changed over time, although the health system type did matter. Market oriented policies were more likely to be suggested for countries with public provision of health care, as well as for the US system. In contrast, budgeting policy proposals were more likely to be suggested for countries with market provision systems, such as Canada, Germany and France. Implementation of cost containment policies could lead to convergence of health care systems, except for the US system, if policies are implemented based on the literature.

Keywords: obesity; asthma outpatient service utilization; latent class analysis

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