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## Review Paper

# Single-payer or a multipayer health system: a systematic literature review

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## ABSTRACT

**Objectives:** Healthcare systems worldwide are actively exploring new approaches for cost containment and efficient use of resources. Currently, in a number of countries, the critical decision to introduce a single-payer over a multipayer healthcare scheme poses significant challenges. Consequently, we have systematically explored the current scientific evidence about the impact of single-payer and multipayer systems on the areas of equity, efficiency and quality of health care, fund collection negotiation, contracting and budgeting health expenditure and social solidarity.

**Study design:** This is a systematic review based on Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.

**Methods:** A search for relevant articles published in English was performed in March 2015 through the following databases: Excerpta Medica Databases, Cumulative Index of Nursing and Allied Health Literature, Medical Literature Analysis and Retrieval System Online through PubMed and Ovid, Health Technology Assessment Database, Cochrane database and WHO publications. We also searched for further articles cited by eligible papers.

**Results:** A total of 49 studies were included in the analysis; 34 studied clinical outcomes of patients enrolled in different health insurances, while 15 provided a qualitative assessment in this field.

**Conclusion:** The single-payer system performs better in terms of healthcare equity, risk pooling and negotiation, whereas multipayer systems offer additional options to patients and are harder to be exploited by the government. A multipayer system also involves a higher administrative cost. The findings pertaining to the impact on efficiency and quality are rather tentative because of methodological limitations of available studies.

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## Introduction

Universal healthcare coverage is ‘the most powerful concept that public health has to offer’.<sup>1</sup> Redistribution of health risks lies at the core of a universal coverage health system (UCHS), thereby protecting the citizens who are in the greatest need of healthcare services.

Despite the diversity in the design of health systems worldwide, all health systems have the same desired attributes of efficiency, trustworthiness and affordability.<sup>2</sup> The healthcare system can be defined by three functional processes: (i) service provision; (ii) financing and (iii) regulation, which must be governed by the principles of the following: (a) equity; (b) financial protection and (c) efficiency and quality, respectively.<sup>3,4</sup>

The payer type, whether single payer or multipayer, is a highly debatable issue for any country considering healthcare reforms.<sup>4,5</sup> A single-payer health system is characterised by universal and comprehensive coverage, while the payer is a public entity. A multipayer healthcare system on the other hand features two or more providers in charge of administering the health coverage. This assumes that a certain level of competition exists and usually the rules of competition, along with the basic principles of healthcare coverage, are demarcated by a governmental body. Cyprus and Ireland are examples of two European countries without a UCHS.<sup>6</sup> In Cyprus, a parliament-approved National Health Service has not been implemented because of concerns about its fiscal sustainability and the lack of consensus among social stakeholders and health professionals. Out-of-pocket payment (private expenditure that does not include copayments in the public healthcare sector) exceeds public funding, while the ability of people to fund their healthcare has been compromised because of financial crisis and the reduction of household disposable income.<sup>6</sup> The public healthcare sector has been severely strained, while the financial recession had impaired affordability for private sector health services, whose costs burden patients exposing them to potentially catastrophic expenditure. The current situation begs for the introduction of a UHCS. This systematic review aims to enable informed decision-making in the context of Cyprus’ healthcare sector, while still being relevant to an international audience, as many countries are actively considering reforms to improve their healthcare systems.

## Objectives

The objective of this article is to systematically investigate current scientific evidence about the impact of the single-payer and multipayer system on the areas of equity, efficiency, quality of care and financial protection through a systematic literature review.<sup>7</sup>

## Methods

Based on the available literature and the theoretical background of universal coverage framework,<sup>4,8</sup> the term health

protection, a major determinant in the context of a UHCS, encapsulates:

- a) Equity—timely access not linked to employment status or ability to pay;
- b) Efficiency and high-quality health care—providing the highest possible level of health with the available resources;
- c) Financial protection against catastrophic health expenditure, which can be further stratified into the following categories:
  - Fund collection, which is a policy norm.<sup>9</sup> Fund collection is a weak stand-alone tool, unless accompanied by pooling of contributions and cross subsidisation of health costs.
  - Social solidarity.
  - Negotiation, contracting and budgeting, comprising the efficient use of health resources. This includes the selection of providers and implementation of cost-containment measures and even performance targets.
  - Health expenditure that provides the funds to meet the health needs of the population.

Studies reporting at least one of the aforementioned health protection parameters were included in the review.

## Search strategy

Our research strategy was to look for (a) original and published studies (randomised controlled trials, observational, quantitative, qualitative, meta-analyses); (b) published between 01 January 1980 and 28 February 2015; and (c) studies that discuss single-payer and multipayer health systems, efficiency, solidarity, cost risk sharing and quality of care.

We searched the following databases: Excerpta Medica Databases, Cumulative Index of Nursing and Allied Health Literature, Medical Literature Analysis and Retrieval System Online through PubMed and Ovid, Health Technology Assessment Database, Cochrane database and WHO publications. We also searched for further articles cited by eligible articles.

## Screening process

The screening process was conducted in two stages: first, the titles and abstracts were screened by the lead reviewer to exclude clearly irrelevant references. If the abstract did not provide sufficient data to enable selection, full articles were reviewed. Second, full-text manuscripts were screened for compliance with inclusion criteria of the review by two independent reviewers. Disagreements were resolved by discussion or by consulting with the lead reviewer.

We adopted the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement for reporting systematic reviews and meta-analysis in health care<sup>10</sup> (Fig. 1). The PICO terms are the following:

- 1) Population: beneficiaries enrolled in health systems
- 2) Intervention: single payer vs multipayer
- 3) Comparison: single payer vs multipayer

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