



ELSEVIER

Contents lists available at ScienceDirect

Health Policy

journal homepage: www.elsevier.com/locate/healthpol

Between credit claiming and blame avoidance: The changing politics of priority-setting for Korea's National Health Insurance System

Minah Kang^a, Michael R. Reich^{b,*}^a Department of Public Administration, College of Social Sciences, Ewha Womans University, Seoul, Republic of Korea^b Department of Global Health and Population, Harvard School of Public Health, 665 Huntington Avenue, Boston, MA 02115, USA

ARTICLE INFO

Article history:

Received 10 December 2012

Received in revised form

20 September 2013

Accepted 25 September 2013

Keywords:

Health system governance

Priority-setting

Blame avoidance

Credit claiming

Health politics

ABSTRACT

Priority-setting involves diverse parties with intense and often conflicting interests and values. Still, the political aspects of priority-setting are largely unexplored in the literature on health policy. In this paper, we examine how policy makers in Korea changed their strategies as the policy context for priority setting changed from only expanding benefits to a double burden of benefit expansion plus cost containment.

This analysis shows that priority-setting is a profoundly political process. The policy context shapes how policy makers choose their political strategies. In particular, we find that policy makers sway between “credit claiming” and “blame avoidance” strategies. Korean policy makers resorted to three types of political strategies when confronted with a double burden of benefit expansion and cost containment: delegating responsibility to other institutions (agency strategies), replacing judgment-based decisions with automatic rules (policy strategies), and focusing on the presentation of how decisions are made (presentational strategies). The paper suggests implications for future studies on priority-setting in the Korean health care system and in other countries that face similar challenges, and concludes that Korean policy makers need to put more effort into developing transparent and systematic priority-setting processes, especially in times of double burden of benefit expansion and cost containment.

© 2013 Elsevier Ireland Ltd. All rights reserved.

1. Introduction

For health policy makers, finding effective ways to set priorities with limited public resources has gained intense attention worldwide. Traditional ways of priority setting, either by ability-to-pay by patients or ‘bed-side rationing’ by doctors, have been criticized for their inefficiency, unfairness, wide variations in practice, and lack of clear scientific basis [1–3]. In response, numerous efforts have been made to develop priority-setting methods that

make the process more systematic, fair, and transparent [4–7].

One significant lesson from these experiences is that priority setting is a highly complicated process that goes beyond technical analysis [4,8,9]. Despite continuous efforts to make priority-setting into a value-neutral and rational process, experiences around the world show that even the most informed debate on priorities can create social, ethical, and political conflicts [1,4,10–15]. In particular, when priority-setting is used as a tool to reduce health expenditure, the process often becomes a focus of political debate. Efforts to promote more rational decisions often become labeled as rationing to limit patients’ choices of medical services and treatments. Whether it is about budget distribution for new medical technologies and drug

* Corresponding author. Tel.: +1 617 432 0687; fax: +1 617 432 1251.
E-mail address: michael.reich@harvard.edu (M.R. Reich).

development or about selecting beneficiary groups for new programs, priority-setting questions about “how”, “who”, and “by what standard” often become major political issues. Yet the political aspects of priority-setting remain largely unexplored in the literature on health policy. Compared to many studies on methods of economic evaluation and the ethical dimensions of priority-setting, there has been surprisingly little research on the political aspects of priority-setting practices.

One common theme in the literature on the political behaviors of policy makers is how policy makers engage in behavioral patterns of “credit claiming” with constituents and clientele groups for actions taken in their interests [16–19] and “blame avoidance” for constituencies’ losses [17,20–22]. These two terms originated in the study of congressional behavior in the United States, but the behavioral patterns have been observed and studied widely, not only among congressmen, but also among presidential candidates, political appointees, and bureaucrats [20: 376, 23]. The terms have also been used in cross-national comparative studies of the new politics of welfare states [24].

Our study examines the political strategies and behaviors of policy makers in the priority-setting of health care resources in Korea’s National Health Insurance (NHI) program. This paper shows how “credit claiming” and “blame avoidance” can help explain the changing politics of health policy making in Korea, and the changing nature of priority-setting processes.

Priority-setting in health care resource allocation has become an important policy issue in Korea, reflecting critical changes in the policy context. The NHI program in Korea started as a low-cost system and in its early period health priority-setting was mostly about making decisions that expand coverage, i.e., selecting new services and treatments to be included in the NHI benefit package. However, with rising pressure from rapidly increasing health expenditure, priority setting has become harder to find a balance between demands for an expansion in benefits and efforts to sustain the system’s economic viability. Our analysis adds to the literature on the new politics of welfare states, through this case study of how the political behavior of key actors changes when the policy context of priority-setting for health swings back and forth between benefit expansion and cost containment [24].

Our paper is organized as follows. In the next section, we review theories about the political behaviors of policy makers, with a focus on the politics of expansion versus the politics of retrenchment. We then present a brief description of the main characteristics of the Korean NHI during the expansion phase. We examine the context of priority-setting in Korea and how it has motivated policy makers to select certain political strategies. We then describe how the political aspects of priority-setting in Korea changed as the policy context evolved. We pay particular attention to the use of three kinds of political strategies: delegating responsibility to other institutions (agency strategies), replacing judgment-based decisions with automatic rules (policy strategies), and focusing on the presentation of how decisions are made (presentational strategies). The final section suggests implications for future priority-setting in the Korean health care system and in other countries that

face similar challenges in moving from only benefit expansion to a double burden of benefit expansion plus cost containment.

2. Materials and methods

This analysis is based on our examination of newspapers, policy documents and evaluation studies related to Korea’s National Health Insurance System published between 2004 and 2012, collected from the Korean Studies Information Service System (KISS), the database of academic papers published in Korea, and an online archive of domestic newspapers (KINDS, <http://www.kinds.or.kr/>). We also analyzed technical reports, white papers, and internal reports from government agencies and committees such as the Ministry of Health and Welfare (MOHW), National Health Insurance Corporation (NHIC), and Health Insurance Policy Deliberation Committee (Deliberation Committee hereafter). OECD publications on health data [25] and the OECD review study of the Korean health care system [26] were also examined. In addition, one of us (M.K.) developed and participated in an in-depth interview study in 2010 with 10 former and present members of the Health Insurance Policy Deliberation Committee. The interviews included questions related to the principles and values used in deciding on the benefit package, as part of an evaluation of this policy making process [27].

2.1. The politics of expansion and the politics of retrenchment

The political science literature on congressional behavior shows that political actors often choose whether to engage in credit-claiming or blame-avoidance based on a political cost-benefit analysis [17,18,20,23]. Credit claiming refers to a politician’s strategy to put “a positive spin on his or her performance” [19: 850] for “good news” like a better economy, full employment, or reduction in crime rates. Politicians seek to claim credit by “acting so as to generate a belief in a relevant political actor (or actors) that one is personally responsible for causing the government, or some unit thereof, to do something that the actor (or actors) considers desirable” [22: 52]. As Mayhew states, “credit claiming is highly important to congressmen [sic], with the consequence that much of congressional life is a relentless search for opportunities to engage in it” [22: 52–53]. Since the link between a political decision and “good news” is not always clearly traceable, policy makers strive to demonstrate the link by emphasizing their involvement in creating politically successful outcomes.

In contrast, when a decision is perceived to impose concrete and large losses on a concentrated group of beneficiaries in return for diffuse and uncertain gains for many, policy makers frequently become concerned about avoiding blame for the costs [20: 379]. Efforts at blame-avoidance are especially prominent when the decision involves cuts to programs that already exist and are funded, for those cases create considerable political risks. Due to “negative bias,” people react more intensely to losses than to equivalent gains [20,28,29]. For these reasons,

Download English Version:

<https://daneshyari.com/en/article/6239642>

Download Persian Version:

<https://daneshyari.com/article/6239642>

[Daneshyari.com](https://daneshyari.com)