

International Series on Public Policy

Series Editors

B. Guy Peters

Department of Political Science

University of Pittsburgh

Pittsburgh, PA, USA

Philippe Zittoun

Research Professor of Political Science

LET-ENTPE, University of Lyon

Lyon, France

The International Series on Public Policy—the official series of International Public Policy Association, which organizes the International Conference on Public Policy—identifies major contributions to the field of public policy, dealing with analytical and substantive policy and governance issues across a variety of academic disciplines. A comparative and interdisciplinary venture, it examines questions of policy process and analysis, policymaking and implementation, policy instruments, policy change & reforms, politics and policy, encompassing a range of approaches, theoretical, methodological, and/or empirical. Relevant across the various fields of political science, sociology, anthropology, geography, history, and economics, this cutting edge series welcomes contributions from academics from across disciplines and career stages, and constitutes a unique resource for public policy scholars and those teaching public policy worldwide. All books in the series are subject to Palgrave’s rigorous peer review process: <https://www.palgrave.com/gb/demystifying-peer-review/792492>

More information about this series at
<http://www.palgrave.com/gp/series/15096>

Andrea Terlizzi

Health System Decentralization and Recentralization

Ideational and Institutional Dynamics
in Italy and Denmark

palgrave
macmillan

Andrea Terlizzi
University of Florence
Florence, Italy

ISSN 2524-7301 ISSN 2524-731X (electronic)
International Series on Public Policy
ISBN 978-3-030-11756-6 ISBN 978-3-030-11757-3 (eBook)
<https://doi.org/10.1007/978-3-030-11757-3>

Library of Congress Control Number: 2018968339

© The Editor(s) (if applicable) and The Author(s), under exclusive license to Springer
Nature Switzerland AG, part of Springer Nature 2019

This work is subject to copyright. All rights are solely and exclusively licensed by the
Publisher, whether the whole or part of the material is concerned, specifically the rights
of translation, reprinting, reuse of illustrations, recitation, broadcasting, reproduction
on microfilms or in any other physical way, and transmission or information storage and
retrieval, electronic adaptation, computer software, or by similar or dissimilar methodology
now known or hereafter developed.

The use of general descriptive names, registered names, trademarks, service marks, etc. in this
publication does not imply, even in the absence of a specific statement, that such names are
exempt from the relevant protective laws and regulations and therefore free for general use.
The publisher, the authors, and the editors are safe to assume that the advice and
information in this book are believed to be true and accurate at the date of publication.
Neither the publisher nor the authors or the editors give a warranty, expressed or implied,
with respect to the material contained herein or for any errors or omissions that may have
been made. The publisher remains neutral with regard to jurisdictional claims in published
maps and institutional affiliations.

This Palgrave Macmillan imprint is published by the registered company Springer Nature
Switzerland AG

The registered company address is: Gewerbestrasse 11, 6330 Cham, Switzerland

To my beloved nephews Mattia and Alessandro

CONTENTS

1	Introduction: Health Systems, Decentralization, and Change	1
1.1	<i>Introduction</i>	1
1.2	<i>Two Worlds of Health Systems in Europe</i>	4
1.3	<i>Decentralization: The Territorial Dimension of Health Systems</i>	9
1.3.1	<i>Defining Health System Decentralization and the Content of Change</i>	10
1.4	<i>Decentralization and Recentralization in European NHSs</i>	17
1.4.1	<i>Portugal, Greece, and Spain</i>	18
1.4.2	<i>Sweden, Norway, and Finland</i>	19
1.4.3	<i>The United Kingdom and Ireland</i>	20
1.5	<i>Understanding Continuity and Change: Types and Mechanisms</i>	22
1.6	<i>Book Overview and Argument in Brief</i>	28
	<i>References</i>	30
2	Explaining Health System Decentralization and Recentralization	43
2.1	<i>Introduction</i>	43
2.2	<i>Ideas, Interests, and Institutions in Public Policy Analysis</i>	44
2.3	<i>Explanatory Framework: Ideas, Discourse, and Institutions</i>	51

2.3.1	<i>Ideas and Discourse</i>	52
2.3.2	<i>Institutional Setting, Intergovernmental Relations, and Context</i>	57
2.3.3	<i>Ideational and Institutional Bricolage: Hypotheses</i>	59
2.4	<i>Research Design and Methods</i>	63
	<i>References</i>	69
3	Health System Decentralization and Recentralization in Italy	79
3.1	<i>Introduction</i>	79
3.2	<i>The Establishment of the NHS Under Weak Decentralization (1978–1992)</i>	80
3.2.1	<i>‘When Institutions Undo Themselves’</i>	85
3.3	<i>Decentralization ‘All the Way Down?’ (1992–2000)</i>	97
3.3.1	<i>The Content of Change</i>	97
3.3.2	<i>Explaining Change: NPM and Fiscal Federalism to the Fore</i>	100
3.4	<i>Decentralization: Yes, But ... (2001–Present)</i>	110
3.4.1	<i>The Content of Change</i>	110
3.4.2	<i>Explaining Change: Rethinking Administrative Decentralization</i>	111
3.5	<i>Discussion: Ideational and Institutional Bricolage in the Italian NHS</i>	118
	<i>References</i>	124
4	Health System Decentralization and Recentralization in Denmark	133
4.1	<i>Introduction</i>	133
4.2	<i>The Establishment of a Highly Decentralized NHS (1973–1993)</i>	134
4.2.1	<i>A ‘Successful’ Institutional Arrangement</i>	142
4.3	<i>Gradual Yet Significant Recentralization (1993–Present)</i>	146
4.3.1	<i>The Content of Change</i>	146
4.3.2	<i>Explaining Change: Rethinking Fiscal Federalism</i>	148
4.4	<i>Discussion: Ideational and Institutional Bricolage in the Danish NHS</i>	158
	<i>References</i>	162

5	Conclusions: Ideas, Discourse, Institutions, and Change	169
5.1	<i>Introduction</i>	169
5.2	<i>The Content and Direction of Change: Contrasting Italy and Denmark</i>	171
5.3	<i>Explaining Continuity and Change: Ideas, Discourse, and Institutions</i>	176
5.3.1	<i>Why and How Ideas, Discourse, and Institutions Matter</i>	178
5.4	<i>Policy Implications: Reconciling Diversity and Equity</i>	186
5.5	<i>Where Do We Go from Here?</i>	186
	<i>References</i>	188
	Appendix	189
	References	193
	Index	223

ABBREVIATIONS

AC	Autonomous Community
ACF	Advocacy Coalition Framework
AGENAS	<i>Agenzia Nazionale per i Servizi Sanitari Regionali</i> (National Agency for Regional Health Services)
AO	<i>Azienda ospedaliera</i> (Hospital Enterprise)
AREL	<i>Agenzia di Ricerche e Legislazione</i> (Agency of Research and Legislation)
ASL	<i>Azienda sanitaria locale</i> (Local Health Enterprise)
CEE	Central and Eastern Europe
CEIS	<i>Centro di Studi Internazionali sull'Economia e lo Sviluppo</i> (Center for Economic and International Studies)
CEMR	Council of European Municipalities and Regions
CERGAS	<i>Centro di Ricerche sulla Gestione dell'Assistenza Sanitaria e Sociale</i> (Center for Research on Health and Social Care Management)
CGIL	<i>Confederazione Generale Italiana del Lavoro</i> (Italian General Confederation of Labour)
CHA	Comparative-Historical Analysis
CLRA	Congress of Local and Regional Authorities of the Council of Europe
CNEL	<i>Consiglio Nazionale dell'Economia e del Lavoro</i> (National Council for Economics and Labour)
CNR	<i>Consiglio Nazionale delle Ricerche</i> (National Research Council)
DC	<i>Democrazia Cristiana</i> (Christian Democracy)
DDL	<i>Disegno di Legge</i> (Draft Law/Bill)
DICE	Database for Institutional Comparisons in Europe
DKF	<i>Det Konservative Folkeparti</i> (Conservative People's Party)

DL	<i>Decreto Legge</i> (Decree Law)
DLgs	<i>Decreto Legislativo</i> (Legislative Decree)
DRG	Diagnosis-Related Group
DSP	Domestic Stability Pact
EMU	Economic and Monetary Union
EU	European Union
FGFF	First generation fiscal federalism
FNAO	<i>Fondo Nazionale per l'Assistenza Ospedaliera</i> (National Fund for Hospital Assistance)
FSN	<i>Fondo Sanitario Nazionale</i> (National Health Fund)
GDP	Gross Domestic Product
IMF	International Monetary Fund
IRAP	<i>Imposta Regionale sulle Attività Produttive</i> (Regional Tax on Productive Activities)
IRPEF	<i>Imposta sul Reddito delle Persone Fisiche</i> (Personal Income Tax)
ISAE	<i>Istituto di Studi e Analisi Economica</i> (Institute for Economic Studies and Analysis)
ISAM	<i>Istituto di Studi sull'Amministrazione</i> (Institute of Administrative Studies)
ISSIRFA	<i>Istituto di Studi sui Sistemi Regionali Federali e sulle Autonomie</i> (Institute for the Study of Regionalism, Federalism and Self-Government)
Istat	<i>Istituto Nazionale di Statistica</i> (Italian National Institute of Statistics)
LEAs	<i>Livelli essenziali di assistenza</i> (Essential Levels of Care)
LN	<i>Lega Nord</i> (Northern League)
MECOSAN	<i>Management and Economia Sanitaria</i> (Italian Quarterly of Health Care Management, Economics and Policy)
MP	Member of Parliament
NHS	National Health Service
NPM	New Public Management
OASI	<i>Osservatorio sulla Funzionalità delle Aziende Sanitarie Italiane</i> (Observatory on Italian Health-Care Management)
OECD	Organisation for Economic Co-operation and Development
PCI	<i>Partito Comunista Italiano</i> (Italian Communist Party)
PLI	<i>Partito Liberale Italiano</i> (Italian Liberal Party)
PPS	Prospective Payment System
PRI	<i>Partito Repubblicano Italiano</i> (Italian Republican Party)
PSDI	<i>Partito Socialista Democratico Italiano</i> (Italian Democratic Socialist Party)
PSI	<i>Partito Socialista Italiano</i> (Italian Socialist Party)

PSN	<i>Piano Sanitario Nazionale</i> (National Health Plan)
PSR	<i>Piano Sanitario Regionale</i> (Regional Health Plan)
RAI	Regional Authority Index
SALAR	Swedish Association of Local Authorities and Regions
SD	<i>Socialdemokraterna</i> (Social Democrats)
SGFF	Second generation fiscal federalism
SGP	Stability and Growth Pact
SHI	Social Health Insurance
SiVeAS	<i>Sistema Nazionale di Verifica e Controllo sull'Assistenza Sanitaria</i> (National System for the Monitoring and Control of Public Healthcare)
USL	<i>Unità sanitaria locale</i> (Local Health Unit)
WHO	World Health Organization

LIST OF FIGURES

Fig. 1.1	Types of health systems by funding and provision (<i>Source</i> Blank and Burau 2014)	6
Fig. 2.1	Explaining the dynamics of health system decentralization and recentralization (<i>Source</i> Author's elaboration)	59
Fig. 2.2	Changes in health system decentralization: Italy (<i>Source</i> Author's elaboration)	65
Fig. 2.3	Changes in health system decentralization: Denmark (<i>Source</i> Author's elaboration)	66

LIST OF TABLES

Table 1.1	Types of health systems in Europe	8
Table 1.2	Four types of decentralization	12
Table 1.3	Operationalization of decision space	15
Table 1.4	Dimensions of health system decentralization: conceptual and operational definitions	17
Table 1.5	Sample of most discussed mechanisms of continuity and change in the social sciences	27
Table 2.1	Types of ideas	53
Table 2.2	Main ideas and arguments in favor and against health system decentralization	58
Table 2.3	'Paradigm Man' vs. bricoleur	61
Table 2.4	The universe of cases: type and territorial organization	63
Table 3.1	Degrees of decentralization in the newly established Italian NHS	84
Table 3.2	Public health expenditure in selected OECD countries, % of GDP, 1980–1992	88
Table 3.3	Regional health deficits (Billion Lire), 1980–1991	89
Table 3.4	Predominant performance issues and programs (1980s–early 1990s)	95
Table 3.5	Degrees of decentralization in the Italian NHS after the 1992–1993 reform	99
Table 3.6	Degrees of decentralization in the Italian NHS after the 1997–2000 reforms	101
Table 3.7	Degrees of decentralization in the Italian NHS since 2001	111

Table 3.8	Patients' satisfaction with hospital care (% very satisfied with hospital care), 1998–2014	113
Table 3.9	Predominant performance issues and programs (late 1990–2000s)	115
Table 4.1	Degrees of decentralization in the newly established Danish NHS	142
Table 4.2	Public health expenditure in selected OECD countries, % of GDP, 1980–1992	145
Table 4.3	Degrees of decentralization in the Danish NHS since 2007	149
Table 4.4	Predominant performance issues and programs (early 1990s–early 2000s)	156
Table 5.1	(Change in the) degrees of health system decentralization: contrasting Italy and Denmark	175
Table 5.2	Programs' relevance and applicability in Italy (1980s–early 1990s)	180
Table 5.3	Programs' relevance and applicability in Italy (late 1990s–2000s)	182
Table 5.4	Programs' relevance and applicability in Denmark (early 1990s–early 2000s)	183