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Six Countries, Six Reform Models: The Healthcare Reform Experience of Israel, The Netherlands, New Zealand, Singapore, Switzerland and Taiwan: Healthcare Reforms "Under the Radar Screen"

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their works and in so doing have reflected the cultural perceptions and beliefs of their times. Being aware of the ways in which humans perceive sleep, their need for it, and the role it plays in their lives is essential to being able to diagnose and properly treat sleep disorders. Sleep medicine treats the entire patient, not simply the diseased body part or bodily function. This chapter serves as an important reminder that there is much more to clinical sleep medicine than merely prescribing continuous positive airway pressure or sleep aids of one sort or another.

The chapters on the biology of sleep are cogent and precise. The varied and extensive diagrams, illustrations, and photographs do much to enhance the text. Because this is a broad and often dense topic, this author was wise to break it down into 10 subchapters, thus making it easy for readers to find what they are looking for. The chapters on the different sleep disorders are excellent, and the section on the physical examination of the patient with suspected sleep apnea is superb, although it could have been improved by including photographs of maxillary crossbite, which could suggest treatment with rapid maxillary expansion. While that technique is mentioned later on, assessing for this type of abnormality should be part of the routine physical examination in this type of patient.

Although there are many references to children throughout, it is unfortunate that no section is specifically dedicated to the pediatric aspects of sleep medicine, similar to the way in which women's health received its own chapter. Children are not little adults, as pediatricians are wont to repeat—caring for and treating them requires an appropriate awareness of their unique disorders, the ways in which they present, and the challenges in treating them. All of these factors are often quite different from those in the adult population. For example, the process of fitting a child with a mask for continuous positive airway pressure, habituating him or her to it, winning cooperation with the titration study, and achieving successful adherence to continued treatment is an art that many physicians who do not regularly treat children may not appreciate. The inclusion of a video segment on this topic would have been exceedingly useful. Likewise, addressing some of the more common childhood sleep problems such as insufficient sleep, behavioral insomnia of childhood, obstructive sleep apnea, circadian phase delay, and poor sleep hygiene—along with their specific presentations and treatment in this population—would have been useful.

The layout of the pages is particularly user friendly—the presentation is not too crowded, so the text boxes highlight important points, which are then easily accessible for quick reference and review. The inclusion of intake questionnaires and forms (available for download from the book's Web site) is a huge plus. The Web site likewise has links to all of the images as JPEGs and PowerPoint slides, as well as to 68 exceptionally instructive video segments. For example, the video clip of the patient with rapid eye move-

ment behavior disorder and obstructive sleep apnea demonstrates perfectly the violence with which patients who have this disorder can act out their dreams.

The *Atlas of Clinical Sleep Medicine* is highly recommended for anyone caring for patients with sleep disorders. This text will serve as a reliable consultant and an excellent source of practical knowledge regarding sleep pathologies.

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SIX COUNTRIES, SIX REFORM MODELS: THE HEALTHCARE REFORM EXPERIENCE OF ISRAEL, THE NETHERLANDS, NEW ZEALAND, SINGAPORE, SWITZERLAND AND TAIWAN: HEALTHCARE REFORMS "UNDER THE RADAR SCREEN"

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EVEN THOUGH POLICY MAKERS IN THE UNITED STATES GIVE thought to what might be learned from the experience of health care reform abroad, they most often focus only on Great Britain and Canada. Rarely do they pay attention to the experience of smaller nations. For this reason alone, *Six Countries, Six Reform Models* is well worth the effort for readers interested in the rich variety of arrangements for organizing and financing health care among relatively wealthy nations in the world: Israel, the Netherlands, New Zealand, Singapore, Switzerland, and Taiwan.

There are likewise varied other reasons for reading this book. In the preface, Rudolf Klein suggests that the study provides authoritative information, fits into a clear interpretative framework, and not only builds on existing theory but raises new questions. The framework to which most authors show varying degrees of deference is a combination of policy models anchored in attention to institutions, interests, and values.¹ Beyond such basic models, in attempting to explain why reforms were implemented and the extent of choice offered to health care consumers, the contributors invoke such concepts as Kingdon's "window of opportunity"² and Hirschman's "exit, voice, and loyalty."³ In this respect, the editors succeeded in producing a set of cases that fit together and enrich one another.

Another reason to read this book is to discover some unappreciated facts about the health systems and policies of each of these small nations. For example, although with the introduction of selective contracting the residents of Is-

rael, the Netherlands, and Switzerland now have more choices of insurers and health plans, they actually have fewer choices of clinicians. Although Taiwan's national health insurance system covers the entire population for a comprehensive set of benefits, this has not eliminated problems of inequitable access stemming from out-of-pocket spending, which has increased to 37% of total health care expenditures. In Israel, despite the strong presence of organized stakeholders that defend widely accessible comprehensive health benefits, the public recognizes that "not all drugs that might benefit patients can be funded." In Singapore, despite its strong state, the absence of well-organized stakeholders and opposition groups and a tradition of individualism and Asian family values have kept the state's share of health care financing to a record minimum among wealthy nations (4% of gross domestic product). This has left out-of-pocket payments supporting one-fourth of health care expenditures and encouraged the growth of commercialism in health care as well as of strategies to make health services an export product in the nation's economic development.

Beyond shedding light on such unknown dimensions of health policy abroad, the contributors to this comparative study of health care reform must be commended for sticking to the guidelines provided by their editors, because this discipline makes it possible to draw some lessons. For example, the study highlights a kind of globalization of health reform rhetoric. It sometimes seems as if policy analysts in all countries attended the same schools. The rhetoric of health care reform never fails to invoke notions of consumer-driven choice, internal markets, managed care, purchaser-provider splits, competition, regulation/deregulation, rights, solidarity, and accountability. Yet the second, and perhaps most important, finding is well summarized in Klein's preface: ideas can slip across frontiers easily, but institutions are national. Indeed, all the contributors weave together interesting tales about how health care reforms in their countries reflect their national institutions and values.

A significant lesson is that major change is rare. After reading the chapter on the rapid passage of the 2006 reform law in the Netherlands and how organized interest groups—supported by well-entrenched national values and institutions—have significantly diluted proposed changes, one cannot help but wonder how national values, institutions, and political storms in the United States and Great Britain might also erode the broad outlines of President Obama's health care reform law or Prime Minister Cameron's proposed reorganization of the National Health Service.

A lesson that emerges from this study provides valuable support for what Brown and Jacobs have called "pragmatism regained."⁴ Despite the fashionable rhetoric about the virtues of competition and market-based consumer-directed reform in health care, Okma and Crivelli conclude that there has been more, rather than less, government action almost everywhere. One reason, among many others, for this state of affairs is that patients increasingly expect government to provide health protection, disseminate reliable information, and hold clinicians accountable for ensuring quality medical care. This leads me to my only complaint about the book—its failure to address issues of health care performance.

At the end of the day, a reader may legitimately ask whether any of the health policies analyzed in *Six Countries, Six Reform Models* make any difference to the performance of the health care system along any number of possible dimensions: patient or physician satisfaction, access to primary care and reduction of avoidable hospitalizations, access to specialty care, and—perhaps most importantly—reduction of avoidable mortality.⁵ Alas, on closing the book, the reader is left wanting more, because there is no clue as to what the answer might be. Moreover, the reader is left with no sense of the relative performance of these nations. Are the health care systems in Switzerland or New Zealand better than those in Israel, the Netherlands, Taiwan, or Singapore? The underlying assumption is that there are no important differences, that health care systems are all equally good or bad, and that this is an uninteresting question. Yet performance among health care systems does differ.⁶ A subsequent analysis by these eminent contributors would do well to address these issues.

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