

| Governance arrangements | Financial arrangements | Delivery arrangements | Implementation strategies |
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| <ul style="list-style-type: none"> • Policy authority <ul style="list-style-type: none"> ○ Centralization/decentralization of policy authority ○ Accountability of the state sector's role in financing & delivery ○ Stewardship of the non-state sector's role in financing & delivery ○ Decision-making authority about who is covered and what can or must be provided to them ○ Corruption protections • Organizational authority <ul style="list-style-type: none"> ○ Ownership ○ Management approaches ○ Accreditation ○ Networks/multi-institutional arrangements • Commercial authority <ul style="list-style-type: none"> ○ Licensure & registration requirements ○ Patents & profits ○ Pricing & purchasing ○ Marketing ○ Sales & dispensing ○ Commercial liability • Professional authority <ul style="list-style-type: none"> ○ Training & licensure requirements ○ Scope of practice ○ Setting of practice ○ Continuing competence ○ Quality & safety ○ Professional liability ○ Strike/job action • Consumer & stakeholder involvement <ul style="list-style-type: none"> ○ Consumer participation in policy & organizational decisions ○ Consumer participation in system monitoring ○ Consumer participation in service delivery ○ Consumer complaints management ○ Stakeholder participation in policy & organizational decisions (or monitoring) | <ul style="list-style-type: none"> • Financing Systems <ul style="list-style-type: none"> ○ Taxation ○ Social health insurance ○ Community-based health insurance ○ Community loan funds ○ Private insurance ○ Health savings accounts (Individually financed) ○ User fees ○ Donor contributions ○ Fundraising • Funding organizations <ul style="list-style-type: none"> ○ Fee-for-service (Funding) ○ Capitation (Funding) ○ Global budget ○ Case-mix funding ○ Indicative budgets (Funding) ○ Targeted payments/penalties (Funding) • Remunerating providers <ul style="list-style-type: none"> ○ Fee-for-service (Remuneration) ○ Capitation (Remuneration) ○ Salary ○ Episode-based payment ○ Fundholding ○ Indicative budgets (Remuneration) ○ Targeted payments/penalties (Remuneration) • Purchasing products & services <ul style="list-style-type: none"> ○ Scope & nature of insurance plans ○ Lists of covered/reimbursed organizations, providers, services & products ○ Restrictions in coverage/reimbursement rates for organizations, providers, services & products ○ Caps on coverage/reimbursement for organizations, providers, services & products ○ Prior approval requirements for organizations, providers, services & products ○ Lists of substitutable services & products • Incentivizing consumers <ul style="list-style-type: none"> ○ Premium (level & features) ○ Cost sharing ○ Health savings accounts (Third party contributions) ○ Targeted payments/penalties (Incentivizing consumers) | <ul style="list-style-type: none"> • How care is designed to meet consumers' needs <ul style="list-style-type: none"> ○ Availability of care ○ Timely access to care ○ Culturally appropriate care ○ Case management ○ Package of care/care pathways/disease management ○ Group care • By whom care is provided <ul style="list-style-type: none"> ○ System - Need, demand & supply ○ System - Recruitment, retention & transitions ○ System - Performance management ○ Workplace conditions – Provider satisfaction ○ Workplace conditions – Health & safety ○ Skill mix – Role performance ○ Skill mix – Role expansion or extension ○ Skill mix – Task shifting/substitution ○ Skill mix – Multidisciplinary teams ○ Skill mix – Volunteers or caregivers ○ Skill mix – Communication & case discussion between distant health professionals ○ Staff - Training ○ Staff - Support ○ Staff - Workload/workflow/intensity ○ Staff - Continuity of care ○ Staff/self – Shared decision-making ○ Self-management • Where care is provided <ul style="list-style-type: none"> ○ Site of service delivery ○ Physical structure, facilities & equipment ○ Organizational scale ○ Integration of services ○ Continuity of care ○ Outreach • With what supports is care provided <ul style="list-style-type: none"> ○ Health record systems ○ Electronic health record ○ Other ICT that support individuals who provide care ○ ICT that support individuals who receive care ○ Quality monitoring and improvement systems ○ Safety monitoring and improvement systems | <ul style="list-style-type: none"> • Consumer-targeted strategies <ul style="list-style-type: none"> ○ Information or education provision ○ Behaviour change support ○ Skills and competencies development ○ (Personal) support ○ Communication and decision-making facilitation ○ System participation • Provider-targeted strategies <ul style="list-style-type: none"> ○ Educational material ○ Educational meeting ○ Educational outreach visit ○ Local opinion leader ○ Local consensus process ○ Peer review ○ Audit and feedback ○ Reminders and prompts ○ Tailored intervention ○ Patient-mediated intervention ○ Multi-faceted intervention • Organization-targeted strategies <p>Note that the above health-system arrangements and implementation strategies can be operationalized through four types policy instruments:</p> <ul style="list-style-type: none"> • legal instruments (acts and regulations, self-regulation regimes, and performance-based regulations) • economic instruments (e.g. taxes and fees, public expenditure and loans, public ownership, insurance schemes, and contracts) • voluntary instruments (e.g. standards and guidelines and both formalized partnerships and less formalized networks) • information and education instruments <p>Given that the appropriateness of particular legal and economic instruments varies by political system, we recommend focusing on arrangements and strategies, not legal and economic instruments.</p> |

Lavis JN. Health systems evidence: Taxonomy of governance, financial and delivery arrangements and implementation strategies within health systems. Hamilton, Canada: McMaster Health Forum, 2017.



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Last updated on 14 July 2017

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