

<b>School/Department:</b>	Erasmus School of Health Policy & Management (ESHPM) at <b>Erasmus University Rotterdam (EUR)</b> in collaboration with <b>Tsinghua University Beijing</b>
<b>Project Title:</b>	<b>REDUCING THE COSTS OF HEALTH CARE BY DELIVERING THE RIGHT CARE AT THE RIGHT PLACE</b>
<b>Abstract:</b>	<p><b>Background</b></p> <p>There is a growing <b>concern about the increasing demand for care</b> because of the ageing population and more treatment options becoming available. In 2015, the share of the population aged over 80 years was 2% in China compared to 4% in The Netherlands and is expected to be 8 % (China), respectively 11% (The Netherlands) in 2050 (OECD, 2017). Consequently, healthcare expenditures (in 2016 5.5% of GDP in China and 10.5% in The Netherlands) are expected to rise dramatically. This makes cost containment a major challenge.</p> <p>One promising way to contain the costs is by <b>substitution or redistribution of care</b>, i.e. delivering <b>the right care at the right place</b> (Van Leersum et al., 2019). Care should be delivered where <b>appropriate</b>. In healthcare systems there is a continued pressure to limit the amount of hospital care which has not hitherto been an overwhelming success. Substitution of more expensive secondary hospital care by less expensive primary care, home care or rehabilitation care could constitute a major step forward in making the healthcare system more sustainable.</p> <p>In Dutch healthcare, various <b>examples of appropriate care</b> can be found: (1) an optometric screening centre reduced the number of patients that had to be diagnosed by eye specialist considerably (Bernhoven hospital); (2) dermatologists visited general practitioners (GPs, family doctors) for joint consultations which reduced the number of patients requiring a referral (Bernhoven); (3) GPs had the possibility to have an online consultation with the medical specialist which resulted in patients not being referred in the subsequent month (Martini hospital); (4) ventilation at home and telemonitoring by a nurse specialist resulted in considerable savings (UMCG); (5) medical specialists visited an outpatient centre downtown to reinforce the care in the neighbourhood (Maastricht UMC).</p> <p><b>Differences in the healthcare systems</b></p> <p>This study aims to understand the <b>mechanisms of substitution of care in different contexts</b>. The healthcare systems of China and The Netherlands differ both at the healthcare purchaser side and at the provider side.</p>

	<p>In the tax- and employers-based Chinese system, the healthcare purchasing of different benefits packages for urban employees, unemployed urban residents and rural residents is fulfilled by respectively central, provincial or local government. In the private Dutch healthcare system, competing private health insurers fulfil the role of purchasing a compulsory benefits package and voluntary additional services. There is a growing interest in the role that strategic purchasing can have in managing the provision of the right care at the right place to achieve better population health outcomes at a lower cost (Klasa et al., 2018).</p> <p>At the provider's side, Chinese residents can go to the hospital's outpatient centre or walk-in services without a referral letter. The Dutch system is renowned for its well-developed <b>gatekeeper GP system</b>: access to hospital care requires the referral of a GP. Recently, inspired by the Healthy China 2030 plan, the implementation of gatekeeping primary care by GP services is taking shape (Liu and Buijsen, 2019). We assume that substitution of care is affected by the healthcare system which makes a comparative study of substitution in different contexts (China and The Netherlands) even more interesting.</p> <p><b>RESEARCH QUESTIONS</b></p> <p>The research questions are :</p> <ul style="list-style-type: none"> <li>• What types of substitution of care are present for delivering the right care at the right place? What are the differences among countries?</li> <li>• How do characteristics of the healthcare system influence purchaser and provider strategies in delivering the right care at the right place?</li> <li>• By which mechanisms can substitution of hospital care by primary care, home care or rehab care be achieved and does this result in health gain, better care experiences and lower costs?</li> </ul> <p>Study 1: Substitution or redistribution of care is under-researched. In this phase a realist literature review will give insight into existing empirical studies on substitution of care within care networks.</p> <p>Study 2: In a multiple case study design several vanguard sites in both China and the Netherlands will be studied. How does the system affect the purchaser strategies and tools to incentivize providers to redistribute care? In addition, which mechanisms help the vanguard sites to substitute care successfully?</p> <p>Study 3: Eventually substitution of care should become the second nature of a hospital. We are interested in the evolutionary transition of a hospital in this respect. What is the role of the healthcare purchaser, the hospital board and the doctors? What are the results in health</p>
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	outcomes and cost reduction of a series of substitution initiatives? The data will be used to design a framework to introduce, accelerate and assure initiatives to deliver the right care at the right place.
<b>Requirements of candidate:</b>	<p><b>Background:</b> We are looking for a PhD candidate who is interested in this project and has the following expertise and experience:</p> <ul style="list-style-type: none"> <li>• <b>Master degree:</b> You have a master degree in a relevant field, such as Health Sciences, Public or Business Administration, Operations and Supply Chain Management, Psychology, Sociology, from a leading University in China or overseas.</li> <li>• <b>English:</b> You have good speaking as well as good writing skills in English <i>and</i> Chinese.</li> <li>• You have good skills and experience with doing empirical research.</li> <li>• You are motivated to conduct research in the health care field.</li> <li>• <b>EUR requirement:</b> IELTS: 7.0, TOEFL: 100</li> </ul>
<b>Supervisor information:</b>	<p><b>Prof. dr. Kees Ahaus</b>          Professor and Chair of Health Services Management &amp; Organisation,          Erasmus School of Health Policy &amp; Management  <b>Erasmus University Rotterdam</b>          Email address: <a href="mailto:ahaus@eshpm.nl">ahaus@eshpm.nl</a>          Personal website: <a href="http://www.linkedin.com/in/kees-ahaus-4704b124">www.linkedin.com/in/kees-ahaus-4704b124</a>,  <a href="https://www.eur.nl/eshpm/onderzoek/onderzoeksgroepen/management-organisatie-van-zorgverlening-hsmo/medewerkers">https://www.eur.nl/eshpm/onderzoek/onderzoeksgroepen/management-organisatie-van-zorgverlening-hsmo/medewerkers</a></p> <p><b>Prof. dr. Erik van Raaij</b>          Professor of Purchasing &amp; Supply Management in Healthcare          Erasmus School of Health Policy &amp; Management          Rotterdam School of Management  <b>Erasmus University Rotterdam</b>          Email address: <a href="mailto:eraaij@rsm.nl">eraaij@rsm.nl</a>          Personal website: <a href="https://www.rsm.nl/people/erik-van-raaij/">https://www.rsm.nl/people/erik-van-raaij/</a></p> <p><b>Dr. Jiming Zhu</b>          Assistant Professor, Research Center for Public Health  <b>Tsinghua University</b>          Email address: <a href="mailto:jimingzhu@tsinghua.edu.cn">jimingzhu@tsinghua.edu.cn</a></p>
<b>Key literature</b>	<p>LIU, Z., BUIJSEN, M, 2019. Legal reflections on the evolving role of general practitioners in China's primary care: an assessment of regulatory interventions, <i>Primary Health Care Research &amp; Development</i>, 20(e9), 1-8.</p> <p>KLASA, K., GREER, S.L., VAN GINNEKEN, E., 2018. Strategic purchasing in practice: comparing ten European countries. <i>Health</i></p>

	<p><i>Policy</i>, <b>122</b>(5), pp. 457-472.</p> <p>VAN LEERSUM, N., BENNEMEER, P., OTTEN, M., VISSER, S., KLINK, A., KREMER, J.A.M., 2019. Cure for increasing healthcare costs: the Bernhoven case as driver of new standards of appropriate care, <i>Health Policy</i>, <b>123</b>(3), 306-311.</p>
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