Abstract

This dissertation uses the prevalence of New Public Management (NPM) in new hospital payment systems to study variation in health care reforms. NPM is defined as lessening or removing differences between the public and private sector and shifting the emphasis of governance from process accountability towards greater accountability in terms of results to improve the performance of the public sector. NPM is frequently presented as a blueprint for solving public sector problems, as if it would be applicable in every situation. However, NPM does not emerge as coherent ‘one-size-fits-all’ solution in the new hospital payment systems. The focal point is on transparency and efficiency in Germany, on competition and marketization in the Netherlands, and on patient choice and contracting in the UK.

The main conclusion is that the preferences of governmental parties and the negotiation strategies of the medical bodies in interaction with the specific institutional setting are particularly relevant for understanding variation in the emergence of NPM in new hospital payment systems.