

# Remunerating General Practitioners in Western Europe

Groenewegen, Peter P.

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# Remunerating General Practitioners In Western Europe

**DP Hallahan**



## **Remunerating General Practitioners In Western Europe:**

Remunerating General Practitioners in Western Europe Peter P. Groenewegen, Jouke van der Zee, Rene van Haften, 1991  
An international comparative study of the earnings of general practitioners in 11 European countries taking into account aspects of the institutional structure such as the system of remuneration the activity profile of general practitioners and access to specialist care      **National Library of Medicine Current Catalog** National Library of Medicine (U.S.), 1992

Health Care and General Practice Across Europe W. G. W. Boerma, 1993      Current Catalog National Library of Medicine (U.S.), 1992 First multi year cumulation covers six years 1965 70      Primary Care and Home Care Scenarios 1990-2005 Steering Committee on Future Health Scenarios, 2012-12-06  
CARE AT HOME HOME CARE Health care in the Netherlands looks to be a well structured system Supplementing the vital level of self care and informal care are four levels of professional care the public health service known in the Netherlands as basic health care is mainly concerned with preventive work aimed at the population at large individuals with problems can contact their general practitioner or other primary care provider who can depending on the problem refer them to specialists in the cure oriented and hospital centred secondary sector where necessary patients can then be referred on to the institutions of the tertiary sector with their role in mainly long term care On paper this pyramidal structure appears to work well in practice and in particular where complex forms of care are involved the boundaries become blurred Medical advances and social and economic developments may delay death to ever greater ages but disease is not defeated and since the risk of developing chronic conditions rises with age more and more people become incapacitated and those who do remain so for longer This leads to a growing demand for care and compels us to reconsider patterns of provision The need for such reconsideration is reinforced by users changing needs and aspirations as patients increasingly wish to be nursed and cared for in their own surroundings if at all possible Technological advances mean that wish can often be accommodated      *Health Care Financing Review* , 1991      **Political Analysis and American Medical Care** Theodore R. Marmor, 1983 This book stems from Marmor s conviction that political science can provide answers to questions regarding the role of government in medical care      **Journal of the Royal Society of Medicine** Royal Society of Medicine (Great Britain), 1992 Includes selected papers from meetings of the Society and of its sections      Medical Responsibility in Western Europe Erwin Deutsch, Hans-Ludwig Schreiber, 2012-12-06 With contributions by numerous experts      **Comparison and Harmonisation of Denominator Data for Primary Health Care Research in Countries of the European Community** Martin Schlaud, 1999 Used extensively in North America and Europe seminal practice networks also referred to as practice research networks recruit office based physicians to monitor defined events among their patients such as influenza mumps and asthma attacks at regional county and even national levels After adequate analysis these data indicate spatial and temporal trends in event frequencies comparability of national results is however limited partly due to the different national health systems influencing the demand of medical care More importantly

the lack of comparable data on the population from which the cases arise denominator data obstructs the comparison of data from primary care research between different regions or countries

**Medical Care Systems in Industrialised Countries** United States. Congress. Senate. Labor and Public Welfare Committee,1974

**Home Care in Europe** Jack B. F. Hutten,Ada Kerkstra,1996

**Medical Care Systems in Industrialised Countries; a Study of Some Aspects** International Labour Organisation,1974

OECD Economic Surveys: Slovenia 2020 OECD,2020-07-20 Slovenia acted swiftly to contain the COVID 19 outbreak Despite extensive fiscal measures the economic impact is severe with a recession in 2020 The economic recovery should pick up but a new outbreak could lead to higher long term unemployment and lower growth

*Oxford Textbook of Primary Medical Care* Roger Jones (Prof.),2005

National Health Systems of the World Milton I. Roemer,1993-01-14 This is the companion to the comprehensive review of national health systems presented in Volume I In that volume the author analyzed the resources organization financing management and delivery of health services in 68 countries at diverse levels of economic development and political ideology In Volume II the principal issues in health systems across countries are carefully examined These issues are categorized according to the several components by which national health systems may be analyzed In the general field of health resources Roemer discusses physicians and traditional healers nurses pharmacists auxiliary health personnel the background and distribution of hospitals and health centers and the production and consumption of drugs The sections of this important work elucidate the various issues surrounding the world s health systems The scope and functions of Ministries of Health and social security programs for health care in different types of health systems are reviewed The book recognizes the contributions of voluntary health agencies as well as the characteristics of major services in the private sector of national economies The serious implications of private profit in health systems and the benefits and difficulties of private public sector relationships are also examined This authoritative volume presents a global analyzation of economic and management support for national health systems including a discussion of world wide expenditures according to the source of financing and the purposes for which money is spent Special attention is also given to experiences in the delivery of health service including ambulatory and primary care and equivalent analyses are made of world wide delivery of hospital services regionalization and long term care Volume II concludes with a review of international health activities from the 19th century International Sanitary Conferences up to the present era of the World Health Organization This critical work probes the political factors involved in this evolution The last chapter summarizes major social trends in society along with major trends in the health system components resources programs economic support management and delivery of services

**Physician Payment Systems and Cost Control** Diana Maria Johanna Delnoij,1994

**Structuring Politics** Sven Steinmo,Kathleen Thelen, Frank Longstreth,1992-09-25 These essays demonstrate how the historical institutional approach to the study of politics reveals the nature of institutional change and its effect on policy making

**The Lancet** ,1863

**Le financement de la santé dans les pays d'Afrique et**

**d'Asie à faible revenu**, 2003-01-01 Les conceptions et les politiques en matière de financement de la santé dans les pays à faible revenu s'articulent autour de paradigmes successivement dominants dans les approches des gouvernements et de leurs partenaires extérieurs : la gratuité des soins de base et la santé pour tous dans la lignée de la conférence d'Alma Ata tout d'abord, la contribution financière des usagers, recouvrement des coûts, à partir de la seconde moitié des années quatre-vingt. Plus récemment, l'accent a été mis sur le développement de mécanismes assuranciers tout en approfondissant et en reconsidérant la réflexion sur la gratuité des soins et sur la participation financière des populations. Dans cette perspective, cet ouvrage a voulu confronter des travaux théoriques et appliqués sur une sélection de grandes questions soulevées par le financement de la santé. Il analyse des expériences et des politiques conduites en ces domaines dans plusieurs pays d'Afrique et d'Asie à faible revenu. Le livre est structuré autour de trois parties. La première porte sur les déterminants de l'accès aux soins, sur l'équité et la protection des plus pauvres, questions principalement abordées sous l'angle des effets de la contribution financière des usagers. La seconde traite des approches plurielles qui se développent en matière de mécanismes d'assurance, notamment dans le secteur informel. La troisième s'interroge sur les relations entre le financement et la régulation des systèmes de santé, en considérant différentes problématiques qui mettent en relief l'importance des institutions et, plus globalement, des choix publics rejoignant ainsi des orientations majeures de la réflexion économique contemporaine.

## Unveiling the Energy of Verbal Art: An Mental Sojourn through **Remunerating General Practitioners In Western Europe**

In a global inundated with monitors and the cacophony of instant conversation, the profound power and emotional resonance of verbal artistry usually fade in to obscurity, eclipsed by the constant onslaught of sound and distractions. However, set within the lyrical pages of **Remunerating General Practitioners In Western Europe**, a interesting function of fictional brilliance that pulses with fresh emotions, lies an remarkable journey waiting to be embarked upon. Published with a virtuoso wordsmith, that exciting opus courses viewers on an emotional odyssey, lightly exposing the latent possible and profound impact embedded within the intricate internet of language. Within the heart-wrenching expanse of this evocative examination, we can embark upon an introspective exploration of the book is key subjects, dissect its charming writing style, and immerse ourselves in the indelible effect it leaves upon the depths of readers souls.

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### **Remunerating General Practitioners In Western Europe Introduction**

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