THESIS ABSTRACT

This thesis is composed of three independent essays on central topics of theoretical and empirical work in the field of Health Economics.

In the first essay we study the impacts of the introduction of corporatized management in Portuguese National Health Service (NHS) hospitals in twelve selected indicators of cost, quality and access to inpatient care, over a period of nine years, comparing hospitals that were transformed into public for-profit corporations (SA hospitals) and hospitals that remained in the traditional public service format (SPA hospitals). Exploration of panel data allowed us to take into account the starting position of hospitals, focusing the study on the identification of the specific effects of the conversion of hospital management. Our results point to globally positive impacts associated with the management change, not supporting the premise that the introduction of profit and performance targets in public hospitals has adverse effects of reduced quality and decreased access. On the other hand, there seems to be some evidence that supports the theory that the coexistence of hospitals with and without profit orientation results in both having similar styles of practice because the non-profit hospitals establish standards of conduct that for-profit hospitals follow.

The second essay addresses the theme of discrimination of patients on the basis of gender and age. We analyze the impact of sex and age of patients in the probability of receiving intensive treatment for Acute Myocardial Infarction (AMI) within Portuguese NHS hospitals. To do so, we use data from 89,026 discharge records of NHS hospitals between 2000 and 2008. After controlling for the severity of patients with a Disease Staging classification, our results suggest that older patients and females are less likely to receive an intensive treatment than younger and male patients. With a receiver operating characteristics analysis we estimate that 52% of the female patients of our sample were undertreated according to the standard of treatment applied to men, a rate that is 15 percentage points higher than in men. We also observe that undertreated women had a higher probability of death than other females not treated. Finally, we found that the magnitude of sex based discrimination in AMI treatment depends on if
the hospital was subject to a corporatization shift by which financial and performance incentives were imposed to some NHS hospitals in Portugal. We interpret this as evidence compatible with statistical discrimination being one of the underlying mechanisms for the discrimination of women in terms of treatment for AMI.

In the third essay we analyze small area variation in hospitalization rates for Ambulatory Care Sensitive Condition (ACSC) with a framework that allows us to explicitly address and describe barriers faced by patients when accessing services. Our empirical application examines data of hospitalizations in public hospitals and characteristics of the public primary care delivery system in small areas of Portugal in 2007. Though data on specific access barriers is scarce, results show that a model with access variables explains 60% of the variation in ACSC hospitalization rates, 12 percentage points more than a model without such variables. Our results also shed some light on the relative importance of access barriers. Increasing resources does not seem to necessarily enhance patient access to care. Other factors, such as reduced travel time and long term patient-doctor ties, arise as more important in reducing unnecessary hospitalizations.