

Private, for-profit health agencies are gaining power in contemporary health systems around the world. While most governments have historically been reluctant to let private, for-profit actors operate within government-run national health systems, they now increasingly welcome them for 'quick and innovative solutions' to pressing collective concerns and policy needs. Examples include the role of private providers in addressing long waiting lists for hospital or nursing home care, healthcare deserts in rural areas, and the development of digital infrastructures to enable technology-driven home care. These issues are particularly urgent in post-pandemic recovery, and against the backdrop of fast rising workforce shortage levels.

In some countries like England, involvement of private sector actors has become more salient because of tightened public spending and the adoption of quasi-market regulations to improve health system efficiency and outcomes since the early 2000s. But also, more recently in other European countries with a traditionally strong principle of equal access and solidarity, like the Netherlands and France, private sector providers are gaining ground. Here, we find blurring boundaries between not-for profit and for-profit care, for instance in providing new types of (digital) health services in the liminal space between hospital and home care.

In countries with a longer tradition of for-profit private sector involvement in healthcare, like the United States, many of the nations largest private equity firms are purchasing physician practices, hospitals, and even hospice organizations. The United States also has seen a blurring of the lines between the public and private sector more generally, as public insurance beneficiaries (on Medicaid and Medicare) increasingly receive their benefits through private managed care plans.

Research has raised concerns about the potential consequences of greater private sector involvement in the provision of both publicly and privately funded healthcare services. These relate to rising costs to patients and national health systems, quality and transparency, regulatory practices, workforce planning and deployment, and access to care particularly for patients with multiple and deteriorating health problems. Moreover, there remain fears about a potential shift away from health systems providing equal care to all, towards health systems that provide care only to those with an ability to pay.

This two-day workshop is an initiative from the European Health Policy Group (EHPG) and Columbia University to explore, conceptualize, and understand the increasing commodification of healthcare using a cross-national lens. It aims to bring together scholars from both sides of the Atlantic to work together on country-specific and comparative papers that aim to unpack contemporary health systems' fascination with private sector entities. It offers an opportunity to learn from experiences of the United States, as well as other countries with longstanding private healthcare engagement as a key part of healthcare services provision.

Interested individuals should register here by 1st October 2024. Individuals can either 1) propose to work with a named colleague on a comparative paper topic that fits within the thematic area of interest, 2) they can propose a comparative topic they would like to work on if we can connect them with a collaborator, or 3) they can propose a single country paper. We expect research ideas to be developed (October 2024 – April 2025) and a draft paper submitted for inclusion in the European-Americas workshop. The event will be hosted by Columbia University in New York City on 8th-9th May 2025. Research output will form part of a special issue published in Health Economics, Policy and Law (Cambridge University Press). For any questions, feel free to reach out to Dr Rocco Friebel (r.friebel@lse.ac.uk).

