

Financial risks of illness: a shared responsibility?

Citation for published version (APA):

van der Aa, M. J. (2018). *Financial risks of illness: a shared responsibility? Solidarity and deservingness in health insurance and disability insurance in the Netherlands*. [Doctoral Thesis, Maastricht University]. Gildeprint Drukkerijen. <https://doi.org/10.26481/dis.20180405ma>

Document status and date:

Published: 01/01/2018

DOI:

[10.26481/dis.20180405ma](https://doi.org/10.26481/dis.20180405ma)

Document Version:

Publisher's PDF, also known as Version of record

Please check the document version of this publication:

- A submitted manuscript is the version of the article upon submission and before peer-review. There can be important differences between the submitted version and the official published version of record. People interested in the research are advised to contact the author for the final version of the publication, or visit the DOI to the publisher's website.
- The final author version and the galley proof are versions of the publication after peer review.
- The final published version features the final layout of the paper including the volume, issue and page numbers.

[Link to publication](#)

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal.

If the publication is distributed under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license above, please follow below link for the End User Agreement:

www.umlib.nl/taverne-license

Take down policy

If you believe that this document breaches copyright please contact us at:

repository@maastrichtuniversity.nl

providing details and we will investigate your claim.

Valorisation

The difference between inclusion or exclusion of injured on the side of the road defines all economic, political, social and religious projects; we all face the choice every day to be good Samaritans or indifferent commuters who pass by.

Jorge Mario Bergoglio (1936)
Argentinian Jesuit and Pope of the Roman Catholic Church

VALORISATION

According to the Board of Deans of Maastricht University “knowledge valorisation refers to the process of creating value from knowledge by making knowledge suitable and/or available for economic and/or social use (Nederland Ondernemend Innovatieland 2009). The regulations of Maastricht University obliges doctoral candidates to append an addendum to the dissertation that deals with this ‘value-isation’ of the dissertation’s knowledge (Maastricht University 2013). However, research has shown that scientists are puzzled by the ways that they are supposed to create value from knowledge (De Jong et al. 2016) and so am I. Therefore, before turning to valorisation, I will first consider its understanding and discuss what valorisation entails, in particular in policy science.

First, the term valorisation is translated to the impact of research from a societal perspective. Accordingly, researchers are confronted with different indicators for measuring the societal impact of their work. The practice of measuring valorisation is the result of an institutionalisation of the idea that scientific knowledge should also be available for use beyond science. Researchers support this idea, but its institutionalisation has also brought some confusion to the academic community, as such measures have artificially drawn apart knowledge and its societal value (De Jong et al. 2016). The implicit assumption of this statement is that scientific knowledge and its societal value are inseparable and thus that scientific knowledge is in itself societally valuable. To me, that assumption is important, because it implies that valorisation is not about the creation of value, but rather about a process that makes the intrinsic value of scientific knowledge visible.

Second, the definition of valorisation given above presupposes that researchers are (partly) responsible for making knowledge suitable and/or available for its use beyond science. It seems that this confers an additional task upon researchers. However, the valorisation task in these policies is rather an operationalisation of a traditional role of researchers, who have always aimed to advance science and serve the public good (De Jonge and Louwaars 2009). In doing so, scientists traditionally place – above all – a high value on the independence of their work, which therefore sets boundaries on their task of spreading knowledge. In recent valorisation policies, however, these boundaries have scarcely been addressed, as the main focus has been on the use of scientific knowledge by society rather than on how this use can be achieved. In my opinion, the renewed focus on valorisation is important, but so are the boundaries of this task. For instance, the debate about the role of science in

and for society and potential conflicts of interest (Penders et al. 2009) point at a need for the clarification of boundaries. In policy sciences, this requires addressing the relationship between independent scientists and the value-laden policymaking process. Hereafter, I will address this complex relationship and thus set the boundaries for the valorisation of this dissertation's knowledge described thereafter.

There are different stances on the role that science has in the policymaking process of which I will discuss the two extremes. On the one hand, proponents of evidence-based policies view the policymaking process as a rational problem-solving activity. According to this stance, problems are best approached scientifically, to achieve solutions that objectively maximise all relevant outcomes. The increasing focus on valorisation is part of the trend of 'scientificisation of politics'. On the other hand, antagonists of the trend mention that science is not able to fulfil this role as problem solver, because public policymaking also involves – besides rational problem-solving ("puzzling") – the dimensions of who is included or excluded from the formal and informal policymaking process ("participation") and interaction of these stakeholders ("power") (Hoppe 2011). A policy problem has to be phrased clearly to enable research that results in evidence-based solutions, but exact phrasing can be difficult because of the different perspectives that stakeholders may have. For instance, they may hold different views on the variables that should be included in studies. The role and power of stakeholders – and their prioritisation of

"WHILE DOING THE RESEARCH, KEEP IN MIND THERE ARE ONLY TWO KINDS OF FACTS... THOSE THAT SUPPORT MY POSITION... AND INCONCLUSIVE."



values – thus influence the way problems are modelled and these problems serve as input for research. Nevertheless, values that govern scientific inquiry are not necessarily in line with the values that govern policymaking (Institute of Medicine 2009). A prominent role of science in the policymaking process may therefore lead to a certain interest of politics in science as well (De Jonge and Louwaars 2009).

Political interest in science is not a problem in itself, in my opinion. However, this dissertation devoted a considerable number of paragraphs in Chapters 1, 2 and 3 on explaining the different nature of interests of politicians and scientists, which show that the interlacing of science and politics has potential problematic consequences; scientists focus on a descriptive, neutral and multidimensional overview, whereas politicians have an evaluative and normative understanding of only those aspects that they value. Political interest in scientific evidence may therefore lead to influencing the evidence-making process, which may be called the ‘politicisation of science’ (Van der Aa and Maarse 2015); this would be a threat to the independence of scientists (Rosenstock and Lee 2002, Van der Aa 2017). This potential threat does not imply that scientists cannot serve the public good. However, in collaborating, scientists and policymakers need to be aware of the distinctive discourses they operate in, and the potential downside of blending them. Therefore, I argue that policy scientists are obligated to operate independently and present knowledge that may be of use for policymakers, whose task is to value the knowledge and eventually decide whether or not to use it in the policymaking process.

Following these considerations, I conclude that this dissertation’s knowledge is valuable in itself and that its use in policy practice depends on the interpretation of policymakers. Therefore, this valorisation addendum follows a narrow understanding of the task of “making knowledge suitable and/or available for economic and/or social use” by discussing for which stakeholders the dissertation may be of interest (relevance) and what is being done and can be done to make it available to those potential users (dissemination).

Relevance

This dissertation had three aims, namely to understand how reforms since the 1980s have affected formal solidarity in health insurance and in disability insurance (first aim); to analyse opinions about deservingness in these arrangements (second aim); and to compare health insurance and disability insurance regarding (i) the impact of reforms on solidarity and (ii) on deservingness opinions (third aim). Comparative policy analyses and discrete choice experiments were used to answer these questions.

The comparative policy analyses demonstrated that post-1980 reforms in the Netherlands had different effects on health insurance and on disability

insurance; whereas solidarity in disability insurance was restricted, health insurance had been rather immune to solidarity-restricting reforms. However, long-term care is an exception to this observation because it has been confronted with several restrictions to solidarity. In this respect, long-term care is more similar to disability insurance than to medical care. In analysing the effects of reform on solidarity, we also learned that solidarity is a multidimensional concept and developed a framework of its dimensions.

The discrete choice experiments showed considerable variation in deservingness opinions among respondents. However, on average, the claimants' severity of illness (need) was considered the most important criterion in determining deservingness for health services. In deservingness for disability benefits, claimants' cooperation (with reintegration directions) was considered the most important criterion, whereas cooperative attitude and behaviour regarding treatment directions did not affect perceived deservingness for health services equally. Moreover, within health insurance, policymakers gave more weight to the need criterion decisions than did the general public.

Academic community

The knowledge presented in this dissertation is first and foremost relevant for the academic community because its contribution to the base of knowledge on solidarity and deservingness points to its intrinsic value. Besides this relevance by content – which has been discussed in several chapters already – I would like to use this valorisation addendum to emphasise two aspects that may be relevant in the methodological debate: the multidimensional conceptualisation of solidarity and the challenge of including multiple disciplines in a single study.

The multidimensional conceptualisation of solidarity suggests that researchers keep in mind the many understandings of solidarity in different scientific disciplines and beyond. The dissertation provides a framework that could help to structurally assess and compare solidarity within this multitude of views.

This dissertation may be relevant for researchers as well in being an example of taking up the challenge of including multiple disciplines in a single study. We adopted a multidisciplinary approach to be able to compare health insurance and disability insurance structurally, which are each surrounded by their own theories and methods. This multidisciplinary approach consisted of a framework of solidarity dimensions that was built upon theories from different disciplines (Chapters 2 and 3), adjusting the social science-based deservingness

criteria for use in health sciences (Chapters 4, 5 and 6) and involving experts from different disciplines in these processes. Although, time is needed to further bridge theoretical and methodological gaps between disciplines, the results may already play a role in analysing the major challenges facing society, as multidisciplinary approach offers more than relying on single discipline research (De Jonge Akademie 2015). Based on this potential relevance, the combination of two or more scientific disciplines is being increasingly promoted and this dissertation may provide an example for the academic community, showing that the hurdles of this challenge can be overcome.

Policymakers and society

As a researcher, it is difficult – not to say impossible – to name the relevance of this dissertation for politicians and their advisors, because in the political discourse, each individual has his/her own interests. Moreover, the knowledge of this dissertation does not result in evidence that supports one political stance on social insurance or another. For instance, an observed decrease in solidarity does not indicate whether new policies should focus on reinforcing solidarity, aim to maintain solidarity or even aim at further decreases. Recommending any of these options requires an assumption about the desirable degree of formalisation of solidarity, which involves a normative standpoint on the matter. This scientific dissertation does not take such a normative stance. Although it is unknown what value different policymakers may give to the knowledge of this dissertation, it is likely to be of interest to policymakers in the field of social insurance. I will shortly discuss how the studies on solidarity and deservingness may be relevant for policymakers.

The multidimensional approach to solidarity may serve as an antidote to the reductionist view in the political discourse. Even though it is legitimate for politicians to focus on specific dimensions, this practice may result in a dialogue without end because each participant holds his/her own focus. A multidimensional framework could contribute to a debate about solidarity with broader understanding and therefore enable better informed decisions. For instance, the most recent coalition agreement in the Netherlands (October 2017) mentions that the current health insurance arrangements for medical care are to be maintained, although potential negative effects on solidarity are acknowledged. In response, the coalition agreement speaks of adjusting risk equalisation, whereas this dissertation would recommend also exploring the role of other aspects of the system on solidarity, which is not run by financial mechanisms alone.

Regarding the studies on deservingness in this dissertation, the results may be relevant because they show the variation in opinions in the Netherlands. Policymakers' consideration of these variations could improve the social legitimacy of policies. However, I will not venture to guess whether and how this should be done, because that is a task reserved to stakeholders within the political discourse. Scientists provide information, but eventually it is up to policymakers to decide to which evidence they attach value.

Citizens are also stakeholders in the policies that are the topic of this dissertation. What is the relevance of this dissertation for them? In my opinion, the scientific perspective brings nuance to public opinion and is a countervailing power to the tendency of (social) media to focus on specific cases – which do not provide a full picture of social insurance. The relevance of this dissertation for society also lies in the possibility that policymakers use its knowledge to improve the social legitimacy of allocation policies (previous paragraph).

Dissemination

The efforts to make the knowledge of this dissertation available have been focused mainly within the academic community. The authors of the studies presented in this dissertation have made an effort to disseminate their work as soon as possible by submitting it for review in international scientific journals that were mostly open access. However, publication of the articles of this dissertation has been shown to be a challenge because of their interdisciplinary content. Several times, our articles were desk-rejected based on their scope; social policy journals referred us to health policy journals or journals with a focus on health sciences, while these in turn advised to targeting sociological or even economical journals, or sent us back to our initially targeted journals. This experience taught us that many journals are focused on a single discipline and therefore are not keyed to multidisciplinary research. This is one of the reasons that not all of the articles have been accepted at the time of publication of this dissertation. Another reason is that the review process in these journals can be very lengthy. To ensure that the results of our multidisciplinary studies (health insurance and disability insurance; using both policy analysis and discrete choice experiments) are disseminated, we decided to present our results at international scientific conferences (the European Health Management Association and the European Sociological Association), involve ourselves in a book project of the renowned publisher Edward Elgar (Globalization and Welfare series) and to rewrite selected parts of the dissertation for publication in the Dutch Journal

of Medicine (Nederlands Tijdschrift voor Geneeskunde; NTVG) and the journal of the Dutch-Flemish Health Economics Association (Vereniging voor Gezondheidseconomie; VGE). We also involved several experts in our research, which resulted in an exchange of knowledge. Finally, the dissertation will be made available via the website of Maastricht University, which will also issue a press statement. In sum, we used different methods to disseminate the results of this dissertation among scientists working in the different disciplines that are touched upon in the dissertation.

We also made an effort to disseminate the results of this dissertation among policymakers and citizens. First, the results were disseminated through the Academic Collaborative Center for Sustainable Care, which is a joint initiative of the academic hospital in Maastricht (MUMC+) and Maastricht University, and which provided funds for the studies presented in this dissertation. The Academic Collaborative Center for Sustainable Care aims to connect science, policy and practice, and utilises several dissemination methods to do this. These include the sharing of publications online, creating audio-visual material to make the results available to a wider public and organizing meetings to stimulate knowledge circulation. For instance, an animated video was developed in the initial stages of the studies included in this dissertation (2014). This video presented the background and aims of the project and is available on YouTube to inform a broad range of recipients. In 2017, after finishing the manuscript, the search terms and description of the video have been adjusted in accordance with the vocabulary of the dissertation to improve findability of the video, The Academic Collaborative Center for Sustainable Care also mentions dissertations of all its projects, including underlying dissertation, in their newsletter and in posts via its LinkedIn and Twitter profiles, reaching various stakeholders in the field. Second, the dissertation is disseminated by making it available among the professional and personal network of the author. Finally, we are preparing an infographic, which will provide a visual representation of the knowledge obtained in this dissertation. An infographic is comprehensible to the general public because it condenses large amounts of detailed data into graphics that are easy to read. Our infographic will be send (digitally) to the participants of the discrete choice experiments who submitted their email address for that purpose. In addition, we plan to add a paper version of the infographic to the dissertation and to distribute these to various stakeholders of social insurance arrangements, e.g. advisory bodies of the government.

In conclusion, we utilize several methods to make the results of this dissertation available among scientists, policymakers and society. However, I would like to emphasise once more that it is up to readers whether or not to value this knowledge. As scientists, we have to accept that it is beyond our power to dictate the policymaking process. Nevertheless, I think it is legitimate for researchers to be protagonists of well-informed decisions, which is also the case if policymakers deliberately choose not to use evidence. Well-informed decisions require that evidence be available. Hence, I hope that the above-mentioned dissemination strategy makes the results of this dissertation available for different stakeholders and consequently enables an evidence-informed academic, political and societal debate.

References

- De Jong, S. P. L., Smit, J. and Van Drooge, L. 2016. Scientists' response to societal impact policies: A policy paradox. *Science and Public Policy*, 43(1), 102-114.
- De Jonge Akademie, 2015. Grensverleggend. Kansen en belemmeringen voor interdisciplinair onderzoek [Ground-breaking. Opportunities and obstacles for interdisciplinary research]. Amsterdam: KNAW,.
- De Jonge, B. and Louwaars, N. 2009. Valorizing science: whose values? *Science & Society Series on Convergence Research. EMBO Reports*, 10(6), 535-539.
- Hoppe, R., 2011. *The Governance of Problems: Puzzling, Powering and Participation*. Cambridge: Policy Press.
- Institute of Medicine, 2009. Roundtable on Environmental Health Sciences, Research, and Medicine. *Environmental Health Sciences Decision Making: Risk Management, Evidence, and Ethics - Workshop Summary. Conflicts of Interest, Bias, and Ethics*. Washington (DC): National Academies Press (US).
- Maastricht University, 2013. Regulation governing the attainment of doctoral degrees. Decreed by resolution of the Board of Deans.
- Nederland Ondernemend Innovatieland, 2009. Van voornemens naar voorsprong: kennis moet circuleren. Den Haag: Interdepartmentale Programmadirectie Kennis en Innovatie.
- Penders, B., Vos, R. and Horstman, K. 2009. Sensitization: reciprocity and reflection in scientific practice. *Science & Society Series on Convergence Research. EMBO Reports*, 10(3), 205-208.
- Rosenstock, L. and Lee, L. J. 2002. Attacks on Science: The Risks to Evidence-Based Policy. *American Journal of Public Health*, 92(1), 14-18.
- Van der Aa, M. and Maarse, H., Power trumps evidence! Why healthcare policies are not evidence-based (poster presentation). ed. EHMA Annual Conference 2015. *Evidence-based Management*, 2015 Breda, the Netherlands.
- Van der Aa, M. J., 2017. Evidence-based politics: een contradictio in terminis. *VGE Bulletin. Vereniging voor Gezondheidseconomie*, 11-13.