

IMWC Melbourne 2005 – Preamble: Health Care Financing

All countries struggle to maintain a balance between cost, quantity, and quality of health care services for their populations. One of the major components of any health care system is its human resource capacity, particularly its physicians, who typically direct the majority of health care services. The financial strains of delivering health care are expected to grow as IMWC country populations expand and age.

Authors are asked to describe recent trends in their country's health care costs and anticipated changes in the next decade; and how these are likely to affect the physician workforce. Specifically, authors should address the following areas for their countries:

1. Major trends in health care costs since 1990, including:
 - aggregate expenditures
 - per capita health expenditures
 - health care expenditures as a percent of GDP
2. Have/can postgraduate (GME) training costs been defined and quantified? Are GME training costs shared between public and private payers, and if so, how? Has government financial support of training been influenced by workforce needs?
3. How have strategies to expand the medical workforce been influenced by (1) financial constraints, if any and (2) historical financing of GME training?
4. What financial trade-offs in health care expenditures have been made as a result of workforce expansion? What are the nation's policy priorities for health care (e.g., infrastructure/physical capacity, workforce development, quality improvement, others)? Financing more GME might produce more supplier induced demand. What are the strategies (if any) to address this potential escalation in health care costs?
5. What is the outlook for health spending over the next 10-15 years? How is it anticipated that these costs will be financed? Is expansion of the workforce likely lead to other cost-cutting measures or new expectations of the physician workforce?