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Efficiency of the Croatian healthcare system through the users' lens: A qualitative approach

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Abstract

The aim of the research is to investigate the user's perception of the efficiency of public and private health care in relation to availability, quality, costs and affordability. The perception analysis is based on primary qualitative data collected through in-depth interviews with users of public and private health services. The results show that patients, despite the wide coverage of services within the public health system, in some cases use private health services, citing long waiting lists for public health services and the time flexibility of private health service providers as the main reasons. The following influencing factors are most often cited for the decision to choose between public or private health services: the price of the service and affordability for the user, own and others' previous experiences, the reputation of the doctor, the tendency to seek a second professional opinion, the equipment of the health institution and the way the medical procedure is performed. The analysis of primary data identified key factors of user satisfaction after using a particular service, which is related to the perception of the quality and efficiency of the health service: the speed of solving the health problem, active interaction between the doctor and the patient, open communication and the kindness and friendliness of the medical staff, understanding and willingness to help the patient, the expertise and knowledge of the medical staff, the atmosphere, approach and dedication to each individual patient.

Keywords: Croatia, healthcare, efficiency, users' perception, qualitative approach

Jel codes: H41, I11, I19



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1. Introduction

The health system is an indispensable element of the welfare state model. Health policy makers face increasing challenges and obstacles in their efforts to establish a balanced system through which the basic goals of the welfare state are realized, while simultaneously meeting social needs and achieving an equal framework in enabling equal health conditions for the entire society. In recent years, the demographic system of the Republic of Croatia has been marked by negative trends of frequent population emigration, especially of the young and highly educated segment of the population, with a simultaneous progression of the share of the old population. Observed demographic phenomena are becoming an increasingly complex challenge due to which sustainability and economic development are significantly limited, and at the same time represent an aggravating factor in achieving optimal public policy outcomes, reflecting directly through multiple negative implications on the health system as well.

The current state of the health care system indicates the need for systemic reform and is often the topic of numerous polemics, and the issue of achieving efficiency from an economic and social aspect becomes the main challenge that is being overcome. Achieving efficiency is a priority of the modern healthcare system and as such is often measured by different parameters such as comparing invested financial resources with the ultimate health outcomes achieved, or comparing the invested human potential with the finally achieved results. In addition to the above, in the context of determining the efficiency of the health care system, the analysis often includes indicators such as the number of treated patients per unit of time, the rate of prescribing drugs, the length of the patient's stay in the hospital and the number of hospital beds. However, in addition to the mentioned objectively measured parameters, it is necessary to include patients in the focus of the economic analysis of efficiency, with the aim of achieving the most relevant results. In this context, it is necessary to see patients as consumers of health services and through their prism, as a subjective determinant, to consider the perceived quality of the provided health care, which directly affects the level of user satisfaction in relation to the level of expectations and trust in the entire health system.

2. Literature review

The Croatian health care system is under the authority of the Ministry of Health, and from a financial perspective, it is based on a mixed concept, combining the determinants of the Beveridge and Bismarck models of establishing health care. Šimović and Primorac (2021) explain that there are several basic sources of income that finance the Croatian health system. The most significant source of funds presents the concept of compulsory health insurance in the scope of the Croatian Institute for Health Insurance, in accordance with the provisions of the Bismarck model. In addition, a smaller share in the income structure is also made up of direct budget transfers as a fundamental determinant of Beveridge's model, respectively, as Vončina, Pavić and Mastilica (2016) explain, the health system is also partly financed through "taxes paid by all citizens". Furthermore, when analyzing the financial aspects of healthcare, it is essential to mention the segment of private consumption, which is not yet significantly developed in Croatia, and especially the voluntary health insurance market. However, it should be pointed out that recently, compared to the public health segment, the private sector also has been slowly strengthening, into which a certain share of personal funds, which patients set aside for the use of private health services for various reasons.

From an organizational point of view, the Croatian health care system is characterized by a three-part pyramidal structure, distinguishing primary, secondary and tertiary levels of health care. Primary health care includes basic health services, respectively, as Starfield, Shi and Macinko (2005) point out, it represents a fundamental health segment, which further emphasizes the issue of adequate systematization and efficiency. In accordance with the role of the initial interaction with the patient, this component is very complex and fragmented and "is most often carried out through health centers, emergency medical assistance, pharmacies and private general practice" (Šimović, Deskar-Škrbić, 2019), "and from it, according to medical indications, refers patients to specialist-conciliar and inpatient health care" (Rašić Bakarić, 2014, p. 144), which constitute the secondary health care level. The tertiary level of health care encompasses the integration of specialist-advisory and hospital activities and as such represents a very complex form of health care, which, according to Šimović and Deskar-Škrbić (2019), is mostly performed in hospital health care institutions. Despite the variety and scope of the services they provide, the mentioned segments are connected and their interdependence and conditionality require coordinated action and effective cooperation. Otherwise, the ineffectiveness of one component can reflect on the operation and achievement of the remaining ones, potentially generating additional difficulties for an already overburdened health care system.

According to the definition of Aday et al. (2004) (as cited by Slijepčević, 2014) efficiency implies the overall well-being that results from the realized concept of health care, primarily referring to the improvement of the health status of the population, i.e. patients who have been provided with an individual health service, while as Slijepčević (2009) states, it is expressed as the relationship between the final results achieved and the resources

invested. On the other hand, efficacy means the ability to achieve goals in accordance with the resources invested to achieve them. The specified determinants are important criterion elements for evaluating the success of the health system, and along with them it is essential to monitor the achievement of effectiveness, as a complementary dimension of efficacy, whereby the focus of the analysis is expanded and follows the entire mechanism of action from resources and undertaken activities to the final outcomes.

Research on the mentioned problem domain in Croatia is few and there is still no systematic approach to monitoring and measuring the success of the health system in accordance with the described criteria. Of the research carried out so far, the one that stands out is the broader research conducted by Jafarov and Gunarsson (2008) analyzing the essential components of the social system, including the educational, social and health segments in 37 European countries, including Croatia, where they came to findings that indicate failure in achieving efficiency. The results of a more recent study on the effectiveness of health systems, conducted by Buljan and Šimović (2022) on a sample of 22 European Union countries in the period from 2013 to 2018, also point to the problems of the Croatian health system. The analyzed expenditure efficiency, as well as the system efficiency, are at a very low level compared to the rest of the EU, while only 100% cost efficiency was achieved, which points to the difficulty of converting "intermediate inputs into patient treatment outcomes" (Buljan, Šimović, 2022).

In addition to the previously mentioned determinants of the work of the health system, observed through the production model, with the tendency to create a model of complete success, it is necessary to include in the analysis a broader conceptual framework of effectiveness developed by Bouckaert and Halligan (2008), integrating into the existing model of the public sector and citizens' trust in institutions and organization, as the ultimate goal to be pursued. The mentioned model can be universally applied when analyzing the health system, as an indispensable determinant of contemporary public social organization. Accordingly, in addition to the ratio of achieved outcomes and invested inputs, the focus of analysis also becomes the problem of the relationship between achieved effects and trust, which consequently results from the experience and user perception of the efficiency of the health service used, and is reflected back to the generation of goals and expectations of achieved future health outcomes.

Ozretić Došen et al. (2010) came to similar findings in their research aimed at measuring the quality of primary health care services. In their research findings, they highlighted the existence of a gap between patients' expectations and perceptions, explaining that the identified disparity is conditioned by numerous factors, the most prominent of which are "responsibility, safety and reliability" (Ozretić Došen et al., 2010, p. 27), and which we can also see as essential elements that describe trust as the ultimate feeling that can be achieved after using a health service.

The considered problem domain has not yet been sufficiently researched, but the findings mentioned so far provide an adequate initial framework for reflection and further research into the health system issues. A particularly interesting research area is the user perspective and analysis of the user's perception of the efficiency of used health services in the public and private segment, as well as trust and reliability in them, which results as a consequence of the experience of using a particular health service.

3. Data and methodology

3.1. Objectives of the research

The topic of the research is aimed at revealing the user's perception of public versus private health care from the point of view of availability, quality and financial conditional possibilities. The aim of the research is to determine the key differentiating factors in the perception by which users evaluate the provided public/private healthcare.

According to the defined goal, the research question asked is: How efficient is public versus private health care from the perspective of consumers of health services, and what are the most important differentiating factors that users take into account when making a decision on choosing a health service provider and evaluating the provided public/private health care? In order to achieve the most detailed and precise research results, auxiliary research questions were also defined. The first research question is: What is the user's personal attitude towards public and private healthcare services?, and the second research question is: What are the key factors that users evaluate and according to which they create their own perception of the efficiency of the provided health service?

3.2. Data collection

In accordance with the topic and set goals in this research, a qualitative method was used in data collection and analysis. An in-depth interview was chosen as a suitable method of data collection with the aim of achieving open communication with the respondents and the opportunity to present their own experiences and attitudes and

the resulting impression. Most of the interviews were conducted live with the interviewees - "face to face", while communication with several of them was established through the software tool for video telephony Zoom. The basic instrument used in the implementation of this research was an interview guide, systematized in several subthematic categories in accordance with the defined research objectives, and served as the main reference point in conducting communication. However, a semi-structured interview was conducted with the respondents, which, in addition to predefined basic questions, depending on the personal characteristics and traits of each of them, also included additional questions, which appeared during the interview, with the aim of revealing complete and more detailed answers. Taking into account the nature of the research topic, as well as the questions asked during the interview, most of which were rather personal due to the intention of a comprehensive and detailed approach to the discovery of user perception, before the start of the interview, each respondent was handed an ethical statement guaranteeing the protection of personal data, which it also implies complete anonymity of all research participants. Accordingly, when analyzing the research results, the names of the respondents were replaced by numbers from 1 to 10. A total of ten subjects took part in the research, of which there were 6 female and 4 male respondents. The comprehensiveness of the collected data was contributed by the very approach to the research, which sought to include participants of different profiles, implying users of public and private health services of different age groups and different levels of education. The described applied method of carrying out the research enriched the final research knowledge, because in addition to the data collected through verbal communication with the respondents, it also enabled the discovery of a wider research background through the researcher's own empirical cognition, conceived in the form of observations based on the behavioral patterns of the respondents, including tone of voice and gestures during answering the questions. After conducting the interviews, the collected empirical cognition was systematized, integrated and generalized using the inductive method for the purpose of drawing conclusions and an epilogue of the research. For this purpose, the processing of the collected data was based on open, axial and focused coding.

Table 1. Biographical characteristics of the respondents

	Sex	Age (years)	Education degree	Working status
Respondent 1	Male	30	Master's degree	Employed
Respondent 2	Female	22	Bachelor's degree	Regular student
Respondent 3	Female	23	Secondary vocational qualification	Regular student
Respondent 4	Female	35	Bachelor's degree	Employed
Respondent 5	Female	55	Secondary vocational qualification	Employed
Respondent 6	Male	38	Bachelor's degree	Employed
Respondent 7	Female	53	Master's degree	Employed
Respondent 8	Male	57	Master's degree	Employed
Respondent 9	Female	31	Master's degree	Employed
Respondent 10	Male	33	Secondary vocational qualification	Employed

4. Research results and discussion

Based on ten interviews conducted with patients, users of public and private health services, an effort was made to identify the basic criteria elements by which users evaluate the provided public and private health services and their perception and attitude generated as a result of using them. After the analysis of the interviews, two basic thematic categories of the collected empirical material were detected: influencing factors on the decision to use public or private health services and key factors of satisfaction with the use of health services and the perception of their quality and efficiency as the end result of the user experience.

The key factors influencing the decision to use a public or private health service identified by research are: long waiting lists, time flexibility of private health care providers, service price and affordability for the user, own and others' previous experiences, doctor's reputation, tendency to seek a second opinion, equipment health institutions and the way of performing the medical procedure. Satisfaction with the provided health service is defined as a combination of the following factors: speed of solving the health problem, active interaction between doctor and patient, open communication, kindness and friendliness of the medical staff, understanding and willingness to help the patient, expertise and knowledge of the medical staff, atmosphere and approach and dedication to each individual patient.

4.1. Factors influencing the decision to use a health service

The decision to use a public or private health service is determined by a number of factors, and as the main reason for initially thinking about the possibilities of health care in the private segment, the respondents cited long waiting lines in the public health system (Respondent 3: "...I was with a physiatrist in the 11th month of last year, and I received the invitation for the necessary therapy only recently in April this year, so five to six months later..."). In addition, on the basis of interviews with respondents, the connection of the time component with the personal emotional state of patients was determined, for whom the length of waiting for the necessary health services creates additional stress and psychological pressure (Respondent 2: "...Waiting so much only creates additional stress and psychological pressure..."). On the other hand, time flexibility is the main advantage of private healthcare providers and a basic criterion element when choosing their offer of health services (Respondent 1: "...It was really a prompt reaction. I contacted the doctor by phone using the number on their website and an appointment was scheduled for five days..."; Respondent 2: "...I waited three and a half months at the hospital from the time I made an appointment for an examination until my turn came, whereas in a private health institution I didn't wait at all..."). In addition to the above, the aforementioned findings lead to the actualization of the challenge of achieving successful health outcomes and preventing disease progression in a public health institution, which implies a quick and efficient medical response, which is impossible to always achieve because of long waiting lists. (Respondent 1: "... After about a month of waiting, my symptoms were already too pronounced and I felt very bad, and I assessed that waiting another two months would really be too long a period, so I looked for a private doctor and ordered a medical examination ...").

Furthermore, as an important elimination factor, the respondents also mentioned personal financial opportunities, which are interconnected with the prices of private services. Namely, socioeconomic status is an important factor in the level of affordability of private health services whose prices are formed in accordance with the free market concept. However, despite the paucity of financial resources, the respondents pointed out that due to poor health they are sometimes forced to use private health services, and in the event of a lack of funds, they mostly use family financial support (Respondent 2: "...I have great help and financial support from my parents, so I could afford it..."). On the other hand, respondents of a higher socioeconomic status to pay the price of private services, in the case of the impossibility of financing from monthly current incomes, state the use of savings or giving up some other items on the priority wish list (Respondent 4: "...We had some savings, because if we didn't have the amount saved from regular monthly income, I wouldn't have been able to afford it... We used to save money for travel, but this was more necessary at the moment, so we repurposed their role. ...").

In addition to the aforementioned criteria, the user's final decision is also influenced by his own and other people's previous experiences (Respondent 2: "...I read online forums about recommendations for good doctors who deal with such health problems, I read the experiences of other people with the same or similar problems..."; Respondent 4: "... I admit that other people's experiences play a big role when I decide which doctor to go to for some of my health problems..."). In addition to the above, previous experience is also important when building a doctor's reputation, which largely determines the user's perception of the service provided and conditions the creation of trust in the medical staff, which is also an important element when choosing a healthcare provider (Respondent 3: "...Others also have a good opinion of him, they praise him for being good, for having already performed many operations, so I have complete confidence in that doctor...").

The tendency to seek a second professional opinion is also an important factor in the decision, and at the same time contributes to greater trust and security in the health care system, because some respondents consider the opinion of another doctor as an additional check of the already established diagnosis and further steps that need

to be taken (Respondent 1: "...I was primarily interested in a second opinion, and at that time I already had the results of an ultrasound and additional blood tests, which a private doctor referred me to, so I thought it would be good to have a full analysis of the medical report done by a doctor in a public hospital...").

Finally, a few respondents mentioned the equipment of the health care facility and the method of performing the medical procedure as another decision factor, but not a decisive one, which in their opinion can in some cases dictate the quality and, consequently, the success of solving the health problem (Respondent 4: "... And to be honest, the hospital conditions in that public hospital where I would give birth are not exactly ideal, so that was just one more reason for me to choose a private hospital, but of course not decisive...").

4.2. Key factors of consumer satisfaction

According to the respondents' statements, an important factor of satisfaction with the health service used is the speed of solving the health problem conditioned by waiting lists, which are significantly smaller with private health service providers. Because of the above, user satisfaction with the use of private health services is at a significantly higher level compared to public health services, the availability of which sometimes requires waiting up to six months or a year, which is the main source of inefficiency in the public health segment. Namely, putting the mentioned problem into a long-term perspective, the length of the waiting period for certain medical examinations and procedures determines the prospects for a successful patient's cure if one takes into account the risk of disease progression that can occur while waiting, and at the same time, the mentioned period is often characterized by a reduced quality of life for patients due to poor health condition. The mentioned factors are directly reflected in the patient's experience and in turn affect the creation of trust and reliability in the public health system.

When analyzing satisfaction, the respondents also looked at the social aspect of the health service used, where they emphasized the importance of active interaction between doctor and patient based on open communication, kindness and friendliness, individual attention of the doctor to each individual patient, and understanding and willingness to help on the part of the doctor. By comparing the public and private health services used, the respondents stated that they mostly had a better experience in a private health institution, arguing that communication with the medical staff in the private segment is much more relaxed and that the doctor devotes more time to each patient (Respondent 1: "...According to my own experience, in a private practice, the doctor paid more attention to me. He was also kinder. He devote more time to me, listened to me. In the public hospital, I got the impression that I was just one of a crowd of patients treated daily by the doktor and there is less interaction with the patient. The doctor devoted himself less and the medical examination lasted less time than in a private practice..."). However, by analyzing the responses of a few respondents, it was also determined that the analyzed component was partly defined by the personal characteristics of the medical staff, with the exception of the division into public and private health segments. Also, the behavioral patterns of the medical staff are conditioned by the factors of the working environment in which they work and the availability of capacity to serve all patients and meet their needs (Respondent 3: "...In the public health institution, tension and upset was noticed among the doctors, but that's because the hospital was crowded and every patient demanded something, without waiting for their turn, everyone was pushing ...").

This brings us to the realization of the importance of the atmosphere, as another important factor in patient satisfaction. Namely, the environment in a healthcare facility is of great importance in differentiating public versus private providers of healthcare services. Respectively, according to the experience of the respondents, the atmosphere in private healthcare institutions is more pleasant and calm compared to the experience in a public healthcare institution (Respondent 2: "...When you come privately, the atmosphere is different, the approach to the patient is better. The level of service simply goes to a higher level..."). In addition to the above, the respondents' statements also suggested on the direct influence of the atmosphere on their emotional component, stating that the unpleasant environment and nervousness of the medical staff directly affects the patient, creating fear and restlessness and mistrust, which consequently affects the course of the health service and its quality (Respondent 2: "...When you are afraid to say something to the doctor, there is no successful result... and when there is such a free atmosphere, relaxed, without pressure, the patient opens up, presents his problems, on the basis of which the doctor can draw conclusions...").

Furthermore, the knowledge and expertise of the medical staff also represent an essential element of perceived efficiency and satisfaction with the health service used. However, the experiences of the respondents are quite different and mutually contradictory. Comparing the public versus the private health segment, several respondents did not indicate significant differences according to the considered criteria. In other words, according to the user's experiential judgment in both observed components of health system, according to their opinion, medical staff operate with a higher and lower level of expertise and knowledge, which is largely contributed by personality traits, which generate intrinsic factors that influence the approach to work from the aspect of interest and proactivity in action (Respondent 6: "...But at first, when I judge, I couldn't really say that

doctors in the public sector are more expert than those in the private sector or vice versa. I think that it is again case by case..."; Respondent 5: "...It is again down to some personal factors of each of them. Someone is really motivated by the work they do, and such a person will devote himself more to it and learn more to be even more professional and better towards his patients..."). On the other hand, some respondents believe that the medical staff in the public health system is more professional, citing as the main reason the richer experience of doctors based on a larger number of treated patients (Respondent 4: "... Maybe I would place that expertise more on the public health system, because I think that there are significantly more cases that the doctor solves than in the private sector. Accordingly, in public health sector the doctor has a lot of opportunity to constantly learn new things and gain experience..."). The third group of respondents believes that in the private health sector there are more medical workers with a lot of additional education and training compared to the public sector, and as the main reason they cite the financial factor, as an extrinsic motive of doctors, who, in accordance with the effort they invest and their rich knowledge, choose to work private healthcare system in which they generate higher incomes (Respondent 5: "... Health care is paid too little and then probably a doctor who has been educated and who has undergone various specializations and trainings prefers to choose the private sector because he may have a higher salary than in the public sector...").

5. Conclusion

The question of achieving an adequate level of efficiency represents a major challenge of the modern health care system, looking at it in the context of the production model from the aspect of effectiveness developed by Bouckaert and Halligan (2008), whose ultimate goal is to achieve the trust of citizens, as end users of health care services, because of which the system itself exist. Accordingly, the focus of this research was the examination of the user's perception of the efficiency of public versus private health services, where the findings point to quite interesting knowledge and actualize the basic differential determinants of the efficiency of the analyzed health segments.

Based on the analysis of the collected data, it was determined that the initial motives for considering the possibility of using private instead of public health services are long waiting lists in public health institutions and the time flexibility of private health service providers. The identified factors largely condition the remaining influencing factors, mentioned above, on the final decision to choose public or private health service providers. In addition, the generation of the experience of pleasure with the use of the health service and the achieved outcomes is also largely determined by the time component. Namely, as a result of time pressure, most of the remaining factors of satisfaction, such as prompt problem solving, dedication to the patient and the atmosphere, are unable to reach the desired level in accordance with the set standards and user needs, and the aforementioned experience consequently spills over into the ultimate perception of the efficiency of the services provided, as and trust and reliability in the healthcare system.

Apart from the above, when analyzing the public versus private healthcare system, it is essential to look at the financial aspect. Research findings point to the problem of achieving equal access to adequate health care, whereby citizens of higher socioeconomic status and higher paying power have easier access to fast and quality health care. The financial possibilities of an individual represent a major limiting factor in terms of affordability and availability of private health services, the prices of which are formed in accordance with the free market concept. This fact is particularly evident due to the inefficiency of the public health system and the inability to achieve timely health outcomes, as a result of which patients are sometimes forced to use a private health service or settle for mediocre health care in the public sector.

An obstacle to achieving the optimal level of efficiency of the Croatian healthcare system is also the current demographic problems of emigration of the young and educated population, which directly reflects on the healthcare system, which is facing a pronounced deficit of professional medical personnel. Also, in addition to what has been pointed out so far, as Jureša et al. (2016) emphasize, there is also a decline in the birthrate with the simultaneous trend of senility of the population, which directly leads to an increase in the need for health care, and at the same time an increase in costs according to the statements of Šimović and Primorac (2021), whereby the existing public health facilities cannot adequately satisfy all needs and reach an optimal level of efficiency in achieving health outcomes.

Finally, the discovered knowledge and findings presented in this paper are also presented through a schematic representation.

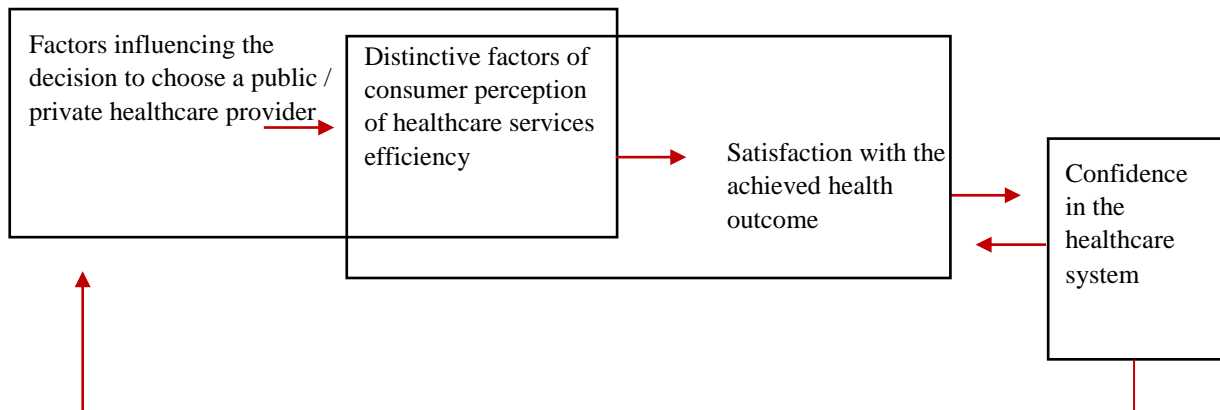


Figure 1. From health needs to confidence in the healthcare system

The presented scheme is illustrated with the purpose of determining the cause-and-effect relationships of the considered categories. The scheme shows the connection between factors influencing the decision to choose a public or private health service provider with the final satisfaction achieved after using the health service at the chosen provider. In addition, as can be seen from the presented concept, when using the health service, an individual experience is consequently generated, which subsequently leads to the development of the user's perception of the efficiency of the provided health service and the satisfaction with it. Finally, when evaluating the achieved health outcomes, it is necessary to refer to the ultimate goal, which is the achievement of citizens' trust in the health system, which retroactively determines future user behavior patterns and affects the level of expectations in achieving future health outcomes.

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