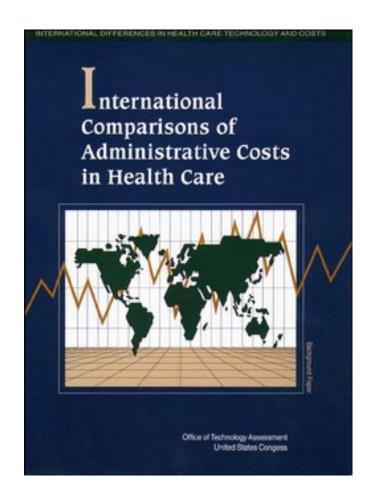
International Comparisons of Administrative Costs in Health Care

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$\mathsf{F}_{\mathsf{oreword}}$

he complexity of the U.S. health care system has become an issue in the debate over health care reform. In recent years, researchers have published studies examining whether the adoption of a Canadian-style, single-payer system in the United States would substantially reduce the administrative expenses. At the heart of these studies are international comparisons of administrative spending.

This background paper examines what is known about administrative costs in the health care systems of the United States and several other countries. In addition to exploring the types of activities that constitute health care administration, it reviews studies that measure and compare these activities in different countries, and it explores the potential usefulness of such comparisons. Although a Canadian-style system in the United States might indeed result in significant administrative savings, international comparisons of administration in countries other than Canada may also be helpful under a multiple-payer system by identifying how to achieve more modest savings or efficiencies in the way we administer our health care system.

The background paper is part of a larger project, International Differences in Health Care Technology and Costs. One other background paper, *International Health Statistics: What the Number.v Mean for the United States*, was published in November 1993. The remaining background papers in the series will examine international differences in spending for physician and hospital services, and health care technology and its assessment in eight countries. The House Committee on Ways and Means, under Chairman Dan Rostenkowski, asked OTA to undertake this assessment.

Preparation of this background paper was greatly assisted by an advisory panel, chaired by Rosemary Stevens of the University of Pennsylvania. In addition, many other individuals provided information and reviewed drafts of the paper. OTA gratefully acknowledges the contribution of each of these individuals. As with all OTA documents, the final responsibility for the content of the assessment rests with OTA.

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Note: OTA appreciates and is grateful for the valuable assistance and thoughtful critiques provided by the advisory panel members. The panel does not, however, necessarily approve, disapprove, or endorse this is background paper. OTA assumes full responsibility for the background paper and the accuracy of its contents.

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