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Health Care Strategic Purchasing from a Consumer Perspective: A Qualitative Study and a guide for policy makers

Seyyed Mostafa Hakimzadeh[1], Aziz Rezapour[2]✉, Peivand Bastani[3], Sirous Panahi[4], Ali Tahernajad[5]

Introduction: **Developing countries have long given special attention to the strategic purchasing through health care buyer organizations on the grounds that help their health systems work propitiously. Notation were indeed made on the consumer here as one of the most important perspectives albeit, largely ignored or forgotten in practice which it would result in patients, as the consumers of health sectors, do not have enough coverage. Therefore, the aim of the study was to put forward a piece of academic research on axis affecting the strategic purchasing of health services from the perspective of consumers that I would like to undertake.** ***Methods:*** **The present study was a qualitative one which applies Delphi technic in 2017. The participants were non-random and targeted conducted to identify issues affecting the strategic purchasing of health services from the perspective of consumers. The study population consisted of a patients group and professionals with a PhD in management science and health economics, director of health insurance or experts in the field of medical sciences and insurance with qualification at postgraduate and experience at least 5 years in the health insurance and health services and scientific or PhD degree holders in the field of health management and economics.** ***Results:*** **Experts voted for consumers' presence at all levels of health services. While, the elderly (over 65 years), pregnant women, people under 18 and people with incomes below the median area income are a priority in receiving financial benefits or basic coverage.** ***Conclusions:*** **Taking all evidence into account it is recommended that the participation of citizens and the rights of patients should be the linchpin of strategic purchasing. Accordingly, it is approved to provide legal requirements necessary for the citizens in all sectors of health care system at all levels so that they could be acceptable by all operators of the health system, including professionals, insurers and lawmakers. Legal requirements need to be created to enable citizens to take measures to reflect documentary guidelines in the law.**

INTRODUCTION

Health insurance Systems are basically facing complications such as increased moral hazard, the risk and adverse selection and affinity groups, high-income or low consumption evasion or detachment of the General Insurance Fund. Therefore, it is the need to apply measures to eliminate or minimize them. In this regard, one of the most important solutions to the insurance companies is the proper use of tools such as strategic purchasing (1).

According to the world health organization definition, strategic purchasing in the health sector is a continuous search for ways of deciding on the type of purchase, how to buy and from whom we buy so as to reach and maximize the optimal system performance (2). Through applying strategic purchasing in health services, it is expected to optimize the limited resources in the health sector to provide public health so that minimal resources can bring maximum efficiency in the health system and equity in the distribution of health services is achieved. In addition, there resources are targeted; the quality of health service increases, payment practices of health care are reformed, and lavishly consumption of health services, especially in the field of medicine and laboratory services are corrected. A fortiori, using the system pragmatically, out of pocket can be declined, and the cost-benefit and cost effectiveness of interventions in the health system are funded (3). In other words, the main focus of strategic purchasing is to control the cost and reasonable and fair use of resources on the basis of cost effectiveness studies that is obviously very important for developing countries especially those with low and middle income (4).

In this regard, insisting on the importance of using the strategic purchasing approach in health services, Branson shows that about 30% of Medicare expenditure as one of the largest buyers of health care in America is unnecessary or expensive. Shifting from models of traditional purchasing to strategic purchasing, Medicare and other

[1]PhD Candidate in health economics, Department of health economics, School of Health Management and Information Science, Iran University of Medical Sciences, Tehran, Iran. Email: hseyyedmostafa@gmail.com; [2]Associate Professor, Health Management and Economics Research Center, Iran University of Medical Sciences. Tehran, Iran. Email: rezapoor_a57@yahoo.com; [3]Assistant Professor, School of Management and Medical Information Sciences, Shiraz University of Medical Sciences, Shiraz, Iran. Email: peivandbastani@hotmail.com; [4]Assistant Professor, Department of Medical Library and information Science, School of Health Management and Information Science, Iran University of Medical Sciences. Tehran, Iran. Email: siruspanahi@gmail.com; [5]Assistant Professor, Health management and research center, Baqyatallah University of Medical Sciences. Tehran, Iran. Email: ali.tahernezhad@gmail.com;

✉*Corresponding author:* Aziz Rezapour; Postal address: NO 70. East Bozorgmehr Ave, Vesal Ave, Keshavarz Boulevard. Health management and economics research, Iran University of Medical Sciences. Tehran, Iran. Email: rezapoor_a57@yahoo.com

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institutions may be able to use the competition strategies to promote access to quality services and enhance justice and patient satisfaction (5). Tangcharoensathien et al also suggest that strategic purchasing of health services is one of the key tools of health policy for achieving the goals of universal coverage, promoting equitable access, and to increase financial protection (6). Bastani and colleagues also show that performing strategic purchasing in health sector for developing countries is incontrovertible fact. Though, there considering the experiences of developed countries, the infrastructure necessary to implement this method is significant (7) .

Accordingly, Bastani and colleagues also show that performing strategic purchasing in health sector for developing countries is incontrovertible fact though there are considering the experiences of developed countries and the infrastructure necessary to implement this method in this respect (8).

Other evidence suggests that in countries such as Chile, Hungary, New Zealand and England great efforts have been made on the strategic purchasing of health systems and all led to the optimal financing (9).

In addition to the importance of moving towards strategic purchasing of health services mentioned above, evidence suggests that the strategic purchasing should include important questions such as the quantity and quality of services, the relevance to the cost and cost-effectiveness, the monitoring service and superior quality over quantity services purchased, and the necessity of the presence or absence of a competitive market. To add, the contract perspective considering the type of service, an official of the contract, the duration of the contract, the service provider, to define the functional requirements and mechanisms of payments are so essential that countries that moving toward strategic purchasing of health services should be able to respond to these questions (10).

Iran, like other developing countries in recent years sought to implement the strategic purchasing emphasizing on health care buyer organizations and upstream policies of the countries. There has been emphasized on outpatient services (11) in this field of study strategic purchasing in outpatient services and a comprehensive model to buy strategic drug is performed and in executive levels in the Iranian Health Care Insurance strategic purchasing regulations is planning and regulations Order of strategic health services referred to in paragraph (g) of Article (38) the fifth development plan is also on the agenda (12).

Not only should patients, as the consumers of the health sector, play the most important role in strategic purchasing but any health sector`s activities including strategic purchasing, insurance policy, and financial sector concentrate on patients and do the best on the behalf of them. Unfortunately, in Iran consumers in the health sector are largely ignored or forgotten in practice. Therefore, in strategic purchasing the position of patient is not clear and insurance companies and providers might discuss for their own benefit which it is hope this paper help to put forward a stable position for the health consumers in strategic purchasing`s decisions.

However, still strategic purchasing position in the subset of services, especially from the perspective of consumer services has not been properly explained. Considering what was said in order to become success in performing strategic purchasing of health services it is essential to realize the role of customers (patients or insuree), the role of the insurance market (buyers) and the role of manufacturing and its related factors (providers). Therefore, the study is to identify issues affecting the strategic purchasing of health services from the perspective of consumers.

METHODS

Setting and Study Design

This study was a qualitative study which conducted in 2017 to identify issues affecting the strategic purchasing of health services from the perspective of consumers. The study population consisted a patients group and professionals with a PhD in management science and health economics, director of health insurance or experts in the field of medical sciences and insurance with qualification at postgraduate and experience at least 5 years in the health insurance and health services and scientific or PhD degree holders in the field of health management and economics.

Study Instruments and Measures

The samplings was non-random and targeted and following 20 people composition were invited to participate in the dozens meeting of the panel: 10 executives of health insurance, five experts at strategic purchasing of health services and five faculty or PhD degree holders in the field of health management and economics.

Panels was to discuss on topics recommendation to strategic purchasing of health services to the approach of consumers in the form of three questions from five key questions introduced in World Health Organization as leverage of strategic purchasing as follows (9): "What interventions is necessary to be considered in strategic purchasing? " interventions, to be purchased for whom?", “And "Who should take maximum benefits of financing for health care?" Two other questions of strategic purchasing levers that relate to the purchase price and motivation for the purchase due to lack of relationship were eliminated.

In addition, according to the study two questions, "Where is the place of the consumer in the strategic purchasing" and "what is the combination of people and organizations in the strategic purchasing of health service” was questioned as the main questions raised in the panel.

Meanwhile, invitees participated in two special panels ‘sessions, to debate and discuss the proposed topics affecting their strategic purchasing if health care from the perspective of consumers. Each panel session lasted an average of 180 minutes.

One of the members of the study (PB) who is expert at strategic purchasing of health services chaired authorities in the panel sessions and another member of the team (MH) as secretary of the meeting of the panel, noting the key points on the board, Moreover, the content of both sessions are fully recorded and written and the content of the implementation of the first session, at the beginning of the second session is reviewed by participants, the conclusion of the second session as well as material implemented Posted via email to be approved by invitees.

Finally several centers were extracted as follows: the 8 items on the questions of "what interventions is needed to be considered for strategic purchasing", 5 centers on the question of "interventions is be purchased to whom "and 10 bases on the third question "and who should benefit more from financing for health services", 3 centers on the question of “which is the position of the consumer in the of a strategic purchasing" 5 centers on the question of the "which is combination of people and organizations in the strategic purchasing of health service".

In the next step to reach an agreement on any of the topics mentioned, the Delphi technique was used. The most important reason for using this technique at this stage is confidentiality and hiding experts' opinions (13) as during the two past panels expertise meeting they directly discuss with each other, and comment fully and comprehensively taken, and at this stage it was important that each of the experts can freely and secretly express its opinions detected on each axis.

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Analysis

Using 31 axis identified in the first phase, five step Likert scale questionnaire designed based on the rating of one to five (one: very much in favor, two: in favor, three: idea, four: opposed and five: very opposite) and validity and reliability were confirmed by three members of the research team and three specialists who are not participants in the Delphi and then submitted electronically for each of the experts participating and during the phone call were asked to complete questionnaires about their action. To analyze the data rates of each of criteria As mentioned in scoring scale is calculated using descriptive statistics and then were reported. The acceptance criteria for each of the topics identified in the first phase is to put in quarter three to four (75 to 100 percent). The axes identified that the consensus about them interquartile two to three (50 to 75 percent), the survey repeated again in the next round of Delphi and the lines that the collective agreement between quartile zero to two (0 to 50) were excluded from the study.

RESULTS

The current findings based on each of the five research questions are summarized as follows:

1. What interventions are necessary to be considered in strategic purchasing? According to the study discussed in the specialized panel, 8 axes were identified as Table 1.

As Tables 1 shows from 8 bases on the detected first question five items were agreed and 3 other items not accepted. With reference to the answers provided, based on the views of experts economic evaluation is to be considered necessary in interventions in the strategic purchasing but specialists realize it with skepticism and believe that the use of only cost-effectiveness approach will encourage interventions that are common but not less important and more people, including the poor themselves cannot buy them. In addition, considering the sources have not also been confirmed. It seems specialists stressed out to a duty of government to provide the required services to the all as, pure the sources and the economic evaluation of the base have not been confirmed. Realization of the study in this section can be summarized to the following: Performing the economic evaluation is prerequisite for strategic purchasing but this is not to means removing services that are not commercially viable and policy-makers should also bear in mind non-economic factors.

2. Interventions, for whom to be purchased? For benchmarking the population covered in the strategic purchasing, 5-axis was under the supervision of the experts that it results in Table 2.

As Table 2 shows, the experts were agreed to 3 out of 5 axes identified in this question. What is taken of experts' insurance approach, regardless of the type of insurance is necessary. In other words, experts are of the opinion that there is no commitment to be a organization (health insurance) to provide insurance coverage but regardless of the type of insurance it should be provided for all residents in the country (the residence). In other words, necessity of available health insurance for providing the services is confirmed provided clear answers to the 4 and 5 seen as well.

3. Who should take maximum benefits of financing for health care?

As described in the previous question, experts believe to be required insurance coverage, on the current question target groups are to be questioned to benefit from grants that the answers are as follows. As shown in Table 3 are the only two axes out of 10 axes identified by the experts was not agreed, on the part experts are agreed that the "base package is to be provided for all people, regardless of any other criteria." while the following groups and individuals are a priority in receiving financial benefits: the elderly (over 65 years), pregnant women, people under 18 and people with incomes below the median area income.

4. The position of the consumer in the strategic purchasing the consumer position has been questioned at all health levels, as can be seen in Table 4, experts have agreed with all axes.

From the answers provided in this question, we can conclude that the consumers' presence is essential at all levels of health services, though that at present representatives of Parliament may be considered in a place like the Supreme Council of Insurance as a representative of the consumer.

5. The composition of individuals and organizations in the strategic purchasing system as can be seen in Table 5, only one of the cases identified by the experts was agreed.

According to the responses provided in the axis of this question the Ministry of Welfare, Labor and Social Security play a central role in the strategic purchasing, the representatives of the people in the communities concerning professional associations, insurance agencies and representative of the Council of Ministers (Department labor, welfare and social security) has been approved.

DISCUSSION

Regarding professional opinions the study shows that before making decisions about what to buy things economic evaluation should be considered at different level as, organizational, structural and non-economic factor are important as well. In addition, the study shows that when decide to buy what different options of various level should be notified so that final composition of various sources of financing to cover health costs is funded. It should be noted that the national authorities tend to improve the facilities available resources respond it and in low-income countries, priorities is designed in line with the Millennium Development Goals (14). Vast majority of expert believe in the role and importance of prioritization in order to accomplish the optimal outcome in limited resources. As there is limited resources efficiency is highly important so cost effectiveness in guiding resources are crucial and care should be delivered with minimum cost (15) but the mere use of cost-effectiveness approach, will encourage interventions that are common but not less important and more people, including the poor themselves cannot buy them.

Other findings showed that health services should be delivered regardless type of insurance organization and for all resident of the country meanwhile no difference should be notified in benefit package between the organizations. The finding is consistent with bastani's study that in basic pharmaceutical delivery the covered population should be provided regardless type of insurer organization (16-18).

Experts believe that the "base package should be provided through for all people, regardless of any other criteria given the limited resources following individuals and groups are prioritized in receiving financial benefits: elderly (over 65 years), pregnant women, people under 18 and people with incomes below the regional median income. From the perspective of economics, experts are of the opinion that there are the two approaches for resource allocation: an approach is to direct government spending to poor households (demand side targeted subsidies). This approach can consider groups of vulnerable populations such as children, mothers or to target elderly or poor areas in which they live (1, 11, 19).

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Table 1 Research topics identified in the first question and agreed percentage of each axis

Row	Suggested topics	Compromise Percentage	Acceptance / rejection	Points (of 5)
1	Economic evaluation studies usually before the medical technology in the health system is completely Integrated and this may affect both the cost and effectiveness	%75	ok	3.76
2	It is recommended that in addition to the political economy of policy, organizational, structural and non-economic are to be considered	%74	ok	3.71
3	approach of cost-effectiveness is be considered	%72	ok	3.59
4	Not to use the cost-effectiveness approach, will encourage interventions that are common but less important and more people, including the poor themselves can buy them	%71	ok	3.56
5	prioritization based on cost-effectiveness approach, destroys the performance of insurance to protect poor households from the effects of the disease	%70	Ok	3.5
6	a facility should to be purchased that meets its resources	%65	not	3.26
7	Through this approach makes government subsidies for high-cost interventions, but rare that only a minority of households (not poor and vulnerable groups) are able to pay for it,	%63	not	3.15
8	is designed in line with the Millennium Development Goals	%50	not	2.5

Table 2 Axes identified in the second research question and an agreed percentage of each axis

Row	Recommended axis	Percent compromise	Not /accept accept	Point (from 5)
1	To provides a basic level of what is now determined for all persons covered by health insurance organizations	%79	Ok	3.94
2	To provide a basic level of what already provided coverage for all people in the country regardless of the type of insurance is determined	%79	Ok	3.94
3	To determine a basic level of what already provided coverage for all residents of the country irrespective of insurance type	%78	Ok	3.91
4	People who are not covered by any insurance coverage as referred to the first non-private center for services to be registered to get insurance coverage	%59	No	2.94
5	People living in the country without any kind of insurance coverage or sign up for insurance are entitled to basic services	%59	No	2.94

Table 3 Axes identified in the third research question and an agreed percentage of each axis

Row	Recommended bases	Percent compromise	Not /accepted accepted	Point (out of 5)
1	Elderly (over 65 years) are a priority	%81	yes	4.06
2	People with incomes below the median area of income are a priority	%81	Yes	4.03
3	Approach to direct government spending to poor households ((targeted demand side subsidies	%81	Yes	4.03

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4	Pregnant women are a priority	%79	Yes	3.94
5	Unrestricted free access to health care at government centers in countries where funds is limited tend to reduce services available to all people and the poor, and in turn, leads to scarce resources Allocation, mostly from the poor to the rich. As wealthy households can purchase services from private providers	%79	Yes	3.94
6	Geographic reach, and access to economic, social and cultural accessibility is important	%77	Yes	3.85
7	Basic package to be provided for everyone, regardless of any other criterion	%76	Yes	3.79
8	People under 18 years of age are a priority	%76	Yes	3.79
9	People under 13 years old are a priority	%69	No	3.47
10	To finance programs that required common health conditions or services the poor use (targeted supply side subsidies) have increased service the poor received	%69	No	3.44

Table 4 Axes identified in the context of the fourth research question and an agreed percentage of each axis

Row	Recommended bases	Percent of compromise	Not /accepted accepted	Point (of 5)
1	Legal structures and policies should be provided to increase citizen participation and patients' rights	%72.94	Yes	3.65
2	To ensure participation of citizens in all areas of health care systems at all levels so that they are acceptable by all health care system operators, including professionals, insurers and lawmakers	%71.76	Yes	3.59
3	Citizens are to take action to reflect documented guideline in the law	%71.76	Yes	3.59

Table 5 Axes identified in the fifth research question and agreed percentage of each axis

Row	Recommended bases	Percentage	Not /accepted accepted	Point (of 5)
1	It is only available to insurance organizations (health insurance, social security, etc.).	%72.94	Yes	3.65
2	The presence of the Ministry of Labor, Welfare and Social Security is essential.	%72.94	Yes	3.65
3	Representative or representatives of popular groups (associations supporting patients of any type and organization)	%71.76	Yes	3.59
4	Representatives or representatives of professional associations (doctors, dentists, nurses, ...)	%71.76	Yes	3.59
5	The presence of the Ministry of Health is essential.	%57.06	No	2.85

In addition, experts have agreed that unrestricted access to free health care in government centers in countries where funds have few tend to reduce services available to all people and the poor, and in turn, causes scarce resources and finally to be allocated the rich more than the poor as the rich can buy other services from nongovernmental provider so wide access can mostly lead in dual and contradictory system in which it is far from equity and also act against the poor.

Other findings showed that presence of consumers of health services at all levels is essential. In this regard, the Council of Europe recommends that states governments of member should ensure the presence of citizens in all areas of systems of health care at all levels so that they are acceptable by all operators of the health system, including professionals, insurers and lawmakers. There should make measures to reflect documentary guidelines in law and legal structures and policies to increase citizen participation and provide patients' rights (5).

CONCLUSION

Here, it can be concluded that the consumers presence at all levels of health services is essential, although that may at the present situation look at representatives of Parliament in a place like the Supreme Council of Insurance as a proxy for consumer but Europe Union states clearly trusts to be presented as the representatives of consumers (e.g. workers' representative, etc.). It is necessary to consider the matter to increase the participation of citizens and the rights of patients and to provide legal requirements necessary for the citizens in all areas of systems of health care at all levels to ensure them so that they are acceptable by all

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operators of the health system, including professionals, insurers and lawmakers while legal requirements need to be created to enable citizens to take measures to reflect documentary guidelines in the law. Finally the experts believed that Ministry of Welfare, Labor and Social Security should play central role in the strategic purchasing in the Islamic Republic of Iran. The participation of representatives of the people in the communities' concerned, professional associations, insurance agencies and representative of the Council of Ministers (Ministry of Labor, Welfare and social security) has been approved. Disagreement regarding the membership of the Ministry of Health can be very important that can be justified by the present performance of the ministry (of health) is in strategic purchasing. In this regard, The World Bank emphasize on an independent organization as an institution for the allocation of resources and customer service that has been separated from service provider organizations to achieve better strategic purchasing goals (1, 20, 21).

REFERENCES

1. Patcharanarumol W, Panichkriangkrai W, Sommanuttaweechai A, Hanson K, Wanwong Y, Tangcharoensathien V. Strategic purchasing and health system efficiency: A comparison of two financing schemes in Thailand. PloS one 2018; 13: e0195179.
2. Ghoddoosi-Nezhad D, Janati A, Zozani MA, Doshmagir L, Bazargani HS, Imani A. Is strategic purchasing the right strategy to improve a health system's performance? A systematic review. Bali Med J 2017; 6: 12.
3. González-Benito J, Lannelongue G, Ferreira LM, Gonzalez-Zapatero C. The effect of green purchasing on purchasing performance: the moderating role played by long-term relationships and strategic integration. Journal of Business & Industrial Marketing 2016; 31: 312-24.
4. Bastani P, Doshmangir L, Samadbeik M, Dinarvand R. Requirements and Incentives for Implementation of Pharmaceutical Strategic Purchasing in Iranian Health System: A Qualitative Study. Global Journal of Health Science 2016; 9: 163.
5. Habicht T, Habicht J, van Ginneken E. Strategic purchasing reform in Estonia: Reducing inequalities in access while improving care concentration and quality. Health Policy 2015; 119: 1011-6.
6. Tangcharoensathien V, Limwattananon S, Patcharanarumol W, Thammatacharee J, Jongudomsuk P, Sirilak S. Achieving universal health coverage goals in Thailand: the vital role of strategic purchasing. Health policy and planning 2015; 30: 1152-61.
7. Bastani P, Mehralian G, Dinarvand R. Resource allocation and purchasing arrangements to improve accessibility of medicines: Evidence from Iran. Journal of research in pharmacy practice 2015; 4: 9.
8. Bastani P, Dinarvand R, SamadBeik M, Pourmohammadi K. Pharmaceutical strategic purchasing requirements in Iran: Price interventions and the related effective factors. Journal of research in pharmacy practice 2016; 5: 35.
9. Kutzin J, Yip W, Cashin C. Alternative financing strategies for universal health coverage. Handbook of global health economics and public policy 2016; 1.
10. Marten R, McIntyre D, Travassos C, Shishkin S, Longde W, Reddy S, et al. An assessment of progress towards universal health coverage in Brazil, Russia, India, China, and South Africa (BRICS). The Lancet 2014; 384: 2164-71.
11. González-Block M, Alarcón IJ, Figueroa LA, Ibarra EI, Cortés LN. [The strategic purchasing of health services: a big opportunity for the National Universal Health System]. Gaceta medica de Mexico 2014; 151: 278-80.
12. Bastani P, Barfar E, Rezapour A, Hakimzadeh SM, Tahernejad A, Panahi S. Rational Prescription of Drug in Iran: Statistics and Trends for Policymakers. Journal of Health Management and Informatics 2018; 5: 35-40.
13. Janati A, Ghoddoosi-Nejad D, Doshmangir L, Imani A. Challenges of implementing strategic purchasing of health services in iran: a qualitative study. Acta Medica 2016; 32: 1033.
14. Xu Y, Huang C, Colón-Ramos U. Moving Toward Universal Health Coverage (UHC) to Achieve Inclusive and Sustainable Health Development: Three Essential Strategies Drawn From Asian Experience: Comment on" Improving the World's Health Through the Post-2015 Development Agenda: Perspectives from Rwanda". International journal of health policy and management 2015; 4: 869.
15. Rao KD, Petrosyan V, Araujo EC, McIntyre D. Progress towards universal health coverage in BRICS: translating economic growth into better health. Bulletin of the World Health Organization 2014; 92: 429-35.
16. Mathauer I, Dale E, Meessen B, Organization WH. Strategic purchasing for universal health coverage: key policy issues and questions: a summary from expert and practitioners' discussions. 2017.
17. Lagomarsino G, Garabrant A, Adyas A, Muga R, Otoo N. Moving towards universal health coverage: health insurance reforms in nine developing countries in Africa and Asia. The Lancet 2012; 380: 933-43.
18. Organization WH. The world health report: health systems financing: the path to universal coverage: Geneva: World Health Organization; 2010.
19. Nasiripour AA, Raeissi P, Tabibi SJ, Karimi K. Variables Affecting the Payment Mechanism for Strategic Purchasing in the Indirect Health Section of Iranian Social Security Organization. International Business Research 2011; 4: 103.
20. Mehralian G, Bastani P. Pharmaceutical Strategic Purchasing: a Key to Improve Access to Medicines. Iranian journal of pharmaceutical research: IJPR 2015; 14: 345.
21. Ferrell KE, Keywell BA, Shapiro LA, Tullman GE. Health care services optimization platform, strategic purchasing & method related thereof. Google Patents; 2014.

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Ethics approval and consent to participate
Informed consent forms were obtained from all subjects participated in the study. The Ethics Committee of Iran University of Medical Sciences concurred with the study protocol (IR.IUMS.REC.1395. 9221504205).

Consent for publication
It is approved.

Availability of data and material
All of them are available.

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