REPORT ON THE MASTER THESIS
IEPS – International Economic and Political Studies, Faculty of Social Sciences, Charles University

<table>
<thead>
<tr>
<th>Title of the thesis:</th>
<th>Influence of the interest groups on healthcare reimbursement decree in Czech Republic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author of the thesis:</td>
<td>Bc. Peter Bobula</td>
</tr>
<tr>
<td>Referee (incl. titles):</td>
<td>Mgr. Michal Paulus</td>
</tr>
</tbody>
</table>

Comments of the referee on the thesis highlights and shortcomings (following the 5 numbered aspects of your assessment indicated below).

1) Theoretical background:
The thesis is primarily an empirical work examining documents associated with the reimbursement negotiating procedure. The topic of the paper is at the boundaries between health economics (financing of the system) and public policy (interest groups and lobbying) which makes it harder to properly cover all necessary literature from both fields. However, I still miss deeper discussion of academic papers (at least empirical studies) on health economics which would focus on financing schemes and effects of lobbying. If there are no comparable studies to that thesis, that shall be explicitly explained by the author. Also, the literature review on papers related topics from public policy can be richer (e.g. some papers applying those theoretical concepts on similar topics could have been mentioned). Again, if the literature is scarce, then it shall be mentioned.

2) Contribution:
The thesis’s contribution is primarily empirical. It opens a topic (influence of the interest groups on healthcare reimbursement) which is debated by practitioners a lot but quite unnoticed by academicians. Therefore, I welcome the attempt to open the debate with this analysis.

The thesis is contributory in two aspects. Firstly, it presents a unique analysis even though with certain limitations (explained in more details in the following section). Secondly, the author gathered vast and very important dataset of official documents which can be used by other researchers. I would personally assess that the second contributory aspect is the most important outcome of the thesis because to prepare such dataset of other researchers seems to me a highly important step in the analysis of Czech health policy.

3) Methods:
The method of the author’s analysis is based on qualitative analysis of relevant official documents. I agree with the author that the nature of the available data does not allow him to apply quantitative methods.

The main weakness of the nature of the author’s analysis (however the question is how to do it differently…) is that it does not allow us to formulate causal claims concerning the impacts of the interest groups. The analysis is in fact based on correlation between conciliations results, background of main policy makers and increases in medical segments’ budgets. However, that approach is not able to separate the effects of interest groups’ lobbying form other factors such as aging of population or changes in the frequencies of medical treatments.

Therefore, the author presents correlations which I still find contributory given the fact that topic is not sufficiently examined in academic literature. The thesis hence represents the first mapping of the topic which can be then followed by more topic -focused papers aiming to reveal causal effects.
I have a few other critical comments:

- The weaknesses of the author’s method (correlation versus causation) can be more deeply discussed in the Methodology section.
- I would personally add the Ministry of Healthcare as the fifth main actor in the whole process (page 13).
- On page 38 the author talks about two tested hypotheses, but I see just one.
- On page 27 the change of the law 261/2007 is mentioned. However, I miss more detailed explanation of the relevance of this change.

4) Literature:
As I wrote at the beginning, I would welcome more detailed treatment of related academic literature (health economics and public policy) even though I understand that the paper is at the boundaries of both disciplines and focuses on the analysis of official documents.

5) Manuscript form:
The form of the manuscript is satisfactory. I have just a few critical comments:

- Tables shall be presented within just one page (if possible) and not divided into two separate tables. Look e.g. on Table 1 on pages 31 and 32.
- Table 2 can be revised to graphically separate groups according to their level of representation at the Ministry of Healthcare. That would help a reader to see the outcome of the author’s analysis.
- I found also a few typos. Another round of proofreading would be helpful. /  

Box for the thesis supervisor only. The progress in the working out of the thesis was discontinuous with quite large time breaks. When Peter was working on the thesis, he was very cooperative and worked intensively on the paper. However gradual elaboration of the paper would have helped to overcome many critical comments I presented above.

Suggested questions for the defence are:

- Why is the change of the law 261/2007 (mentioned on page 27) relevant for your analysis?
- Why did not you include the Ministry of Healthcare as one of the main actors in the whole negotiating process (page 13)?
- I would welcome inclusion of more for the topic relevant academic papers form the fields of health economic and public policy. How would you respond to this critical remark?

I recommend the thesis for final defence. I recommend the following grade: C.

**SUMMARY OF POINTS AWARDED** (for details, see below):

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theoretical background</td>
<td>13</td>
</tr>
<tr>
<td>Contribution</td>
<td>18</td>
</tr>
<tr>
<td>Methods</td>
<td>13</td>
</tr>
<tr>
<td>Literature</td>
<td>13</td>
</tr>
<tr>
<td>Manuscript form</td>
<td>18</td>
</tr>
<tr>
<td><strong>TOTAL POINTS</strong></td>
<td><strong>75</strong></td>
</tr>
<tr>
<td>The proposed grade (A-B-C-D-E-F)</td>
<td>C</td>
</tr>
</tbody>
</table>

**DATE OF EVALUATION:** 8. 9. 2019