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3. ikgadējā starptautiskā konference
„Ekonomikas attīstības alternatīvie ceļi”

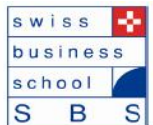
VESELĪBAS APRŪPES NOZARES UZŅĒMUMU KONKURĒTSPĒJA UN TO NOTEICOŠIE RĀDĪTĀJI

COMPETITIVENESS AND ITS DETERMINING INDICATORS OF HEALTH CARE INDUSTRY'S COMPANY



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Introduction

- Health care industry affects all the society groups and industries
- Changes within the circumstances of health care industry influence the health care company's operational processes
- Investments in health care industry are important for society's development
- Competition on value is crucial for health care companies

The objectives are:

- to point out the most important indicators influencing competitiveness of health care company in Latvia
- to show that Balanced Scorecard may assist in increasing health care company's competitiveness

Competitiveness and Balanced Scorecard

Theoretical Point of View

- IMD WCC “we define the world competitiveness as an ability of nations and enterprises to manage all of their competencies to increase their prosperity”* (*Suzzane Rosselet-McCauley, the Deputy Director of International Institute for Management Development’s World Competitiveness Center*)
- Competition derives from the environment where there is rivalry for advantage or better results
- Competitiveness is this ability to compete in a certain market, ability to compete for beneficial conditions

*Source: The IMD World Competitiveness Center. *World Competitiveness Yearbook 2011 [Online]. Lausanne, Switzerland* : The IMD WCC, 2011 [accessed 1 Nov. 2011]. URL: <http://www.imd.org/research/publications/wcy/World-Competitiveness-Yearbook-Results/#/>

Competitiveness and Balanced Scorecard

Theoretical Point of View

- Competitiveness - concept, which assists as a comparing tool
- Competition process promotes a better use of company's management knowledge
- Competitiveness can be a strategic management comparison tool that shows the existing performance of the company and further ability to compete in a certain market

Competitiveness and Balanced Scorecard

Theoretical Point of View

- Robert S. Kaplan and David P. Norton published article “The Balanced Scorecard - Measures that Drive Performance” in Harvard Business Review 1992. This created a new management system where the strategic objectives of companies have been transformed into the balanced set of indicators
- Balanced Scorecard is a management system that supports the company’s management in leading significant processes and changes in order to be more competitive in the market
- The purpose of this system was to balance company’s financial and non financial measurements

Balanced Scorecard Perspectives

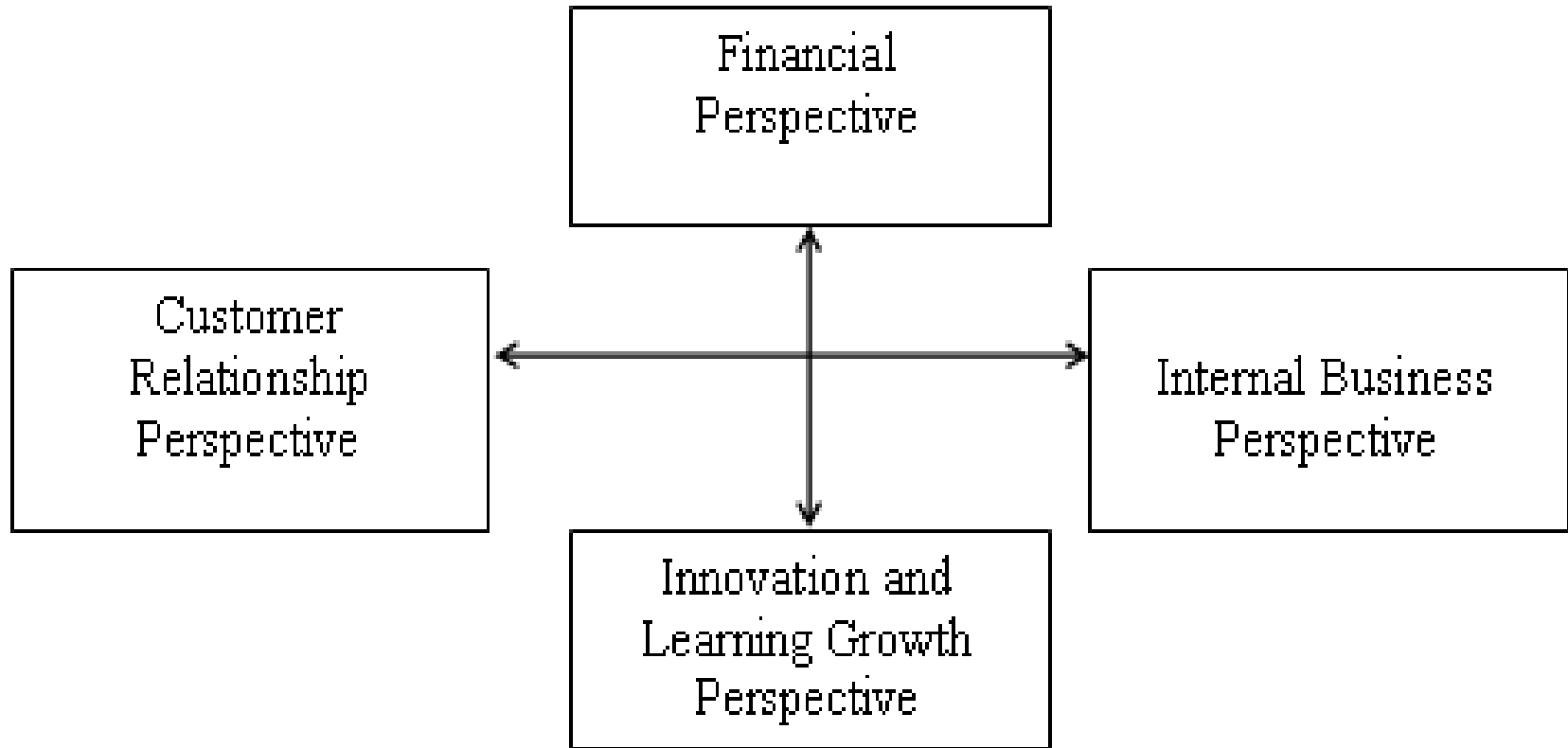


Figure 1. Balanced Scorecard Perspectives

Balanced Scorecard Indicators

Table 1.

Balanced Scorecard Indicators (2.), (3.)

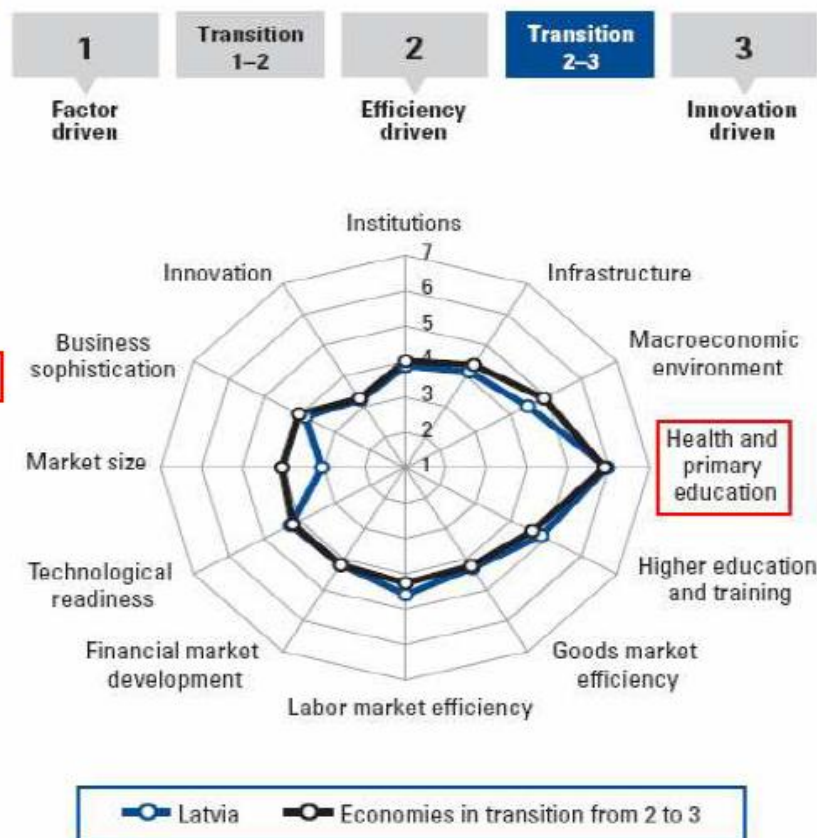
Financial Perspective	Internal Business Perspective
<ul style="list-style-type: none"> → Net turnover → Production costs → Direct and indirect expenses → Amount of interest payable → Equity and borrowed capital weight and price for use in % → The amount of taxes paid → Total asset value → Fixed asset profitability in % → Invested capital profitability in % 	<ul style="list-style-type: none"> → Digitalization level in % → The average decision making duration in days → Average Debt Settlement Period in days → Company's provisions with inventory in days
Customer Relationship Perspective	Staff training and development
<ul style="list-style-type: none"> → Market share in % → The division of company's customers in accordance with ABC method in % → Customer satisfaction index in % → Price level change → Amount of lost customers 	<ul style="list-style-type: none"> → Employee turnover → The average employee length of service in years → Employee satisfaction index in % → Registered patent, received license amount → Investments in new market development

Analysis of Latvian Health Care Industry

Global Competitiveness Index

	Rank (out of 142)	Score (1–7)
GCI 2011–2012	64	4.2
GCI 2010–2011 (out of 139).....	70	4.1
GCI 2009–2010 (out of 133).....	68	4.1
Basic requirements (35.8%)	66	4.6
Institutions.....	66	3.9
Infrastructure.....	61	4.1
Macroeconomic environment.....	93	4.5
Health and primary education	49	5.9
Efficiency enhancers (50.0%)	54	4.2
Higher education and training.....	34	4.8
Goods market efficiency.....	60	4.3
Labor market efficiency.....	47	4.6
Financial market development.....	60	4.2
Technological readiness.....	46	4.3
Market size.....	95	3.0
Innovation and sophistication factors (14.2%)	64	3.5
Business sophistication.....	71	3.8
Innovation.....	59	3.2

Stage of development



Source: Schwab, Klaus. The Global Competitiveness Report 2011-2012 [Online]. Geneva, Switzerland: World Economic Forum, 2011 [accessed 1 Nov. 2011]. Available: http://www3.weforum.org/docs/WEF_GCR_Report_2011-12.pdf

Euro Health Consumer Index

Sub-discipline	Indicator	Italy	Latvia	Lithuania	Luxembourg	Malta	Netherlands	Norway	Poland	Portugal	Romania	Slovakia	Slovenia	Spain	Sweden	Switzerland	United Kingdom	
1. Patient rights and information	1.1 Healthcare law based on Patients' Rights	●	○	●	●	○	●	●	●	●	●	●	●	●	○	●	●	
	1.2 Patient organisations involved in decision making	●	●	●	●	●	●	●	●	●	●	●	●	○	●	●	●	
	1.3 No-fault malpractice insurance	○	○	●	○	○	●	●	○	○	○	○	●	○	●	○	○	
	1.4 Right to second opinion	●	○	●	●	●	●	●	●	○	○	●	●	○	●	○	●	
	1.5 Access to own medical record	●	●	●	●	○	●	●	●	●	○	○	●	○	○	●	●	
	1.6 Register of legit doctors	●	●	●	●	●	●	○	●	●	○	○	●	○	○	●	●	
	1.7 Web or 24/7 telephone HC info with interactivity	○	○	●	●	●	●	●	○	●	○	○	●	○	○	●	●	
	1.8 Cross-border care seeking financed from home	●	○	○	●	○	●	n.ap.	○	○	○	○	○	○	○	○	n.ap.	○
	1.9 Provider catalogue with quality ranking	●	○	○	○	○	●	●	○	○	○	○	○	○	○	○	○	●
	Subdiscipline weighted score	110	91	136	136	97	162	136	117	110	91	104	149	84	117	136	123	
2. e-Health	2.1 EPR penetration	●	○	○	●	○	●	●	○	●	○	●	●	●	●	●	●	
	2.2 e-transfer of medical data between health professionals	○	○	○	○	○	●	●	○	○	○	○	○	○	○	○	○	
	2.3 Lab test results communicated direct to patients via e-health solutions?	○	○	●	●	○	●	○	●	●	○	○	○	○	○	○	○	
	2.4 Do patients have access to on-line booking of appointments?	○	○	●	●	○	●	●	●	●	○	○	○	○	○	○	○	
	2.5 on-line access to check how much doctors/clinics have charged insurers for e-prescriptions	n.ap.	n.ap.	n.ap.	○	n.ap.	●	n.ap.	n.ap.	n.ap.	○	○	n.ap.	n.ap.	n.ap.	○	●	n.ap.
	2.6 e-prescriptions	○	○	○	○	○	●	○	○	○	○	○	○	○	○	●	n.a.	●
	Subdiscipline weighted score	33	29	38	38	29	63	50	38	46	25	29	38	42	54	46	54	

Source: Ph.D. Björnberg, A., Ph.D., Cebolla Garrofé, B., Ph.D. Lindblad, S. Euro Health Consumer Index 2009 report [Online]. Brussels : Healthpowerhouse.com, 23 September 2009 [accessed 29 Sep. 2011]. Available: <http://www.healthpowerhouse.com/files/Report-EHCI-2009-090925-final-with-cover.pdf>

Euro Health Consumer Index

Sub-discipline	Indicator	Italy	Latvia	Lithuania	Luxembourg	Malta	Netherlands	Norway	Poland	Portugal	Romania	Slovakia	Slovenia	Spain	Sweden	Switzerland	United Kingdom	
3. Waiting time for treatment	3.1 Family doctor same day access	🟡	🔴	🟡	🟡	🟢	🟡	🔴	🟡	🔴	🟡	🟢	🟢	🟡	🔴	🟡	🔴	
	3.2 Direct access to specialist	🟡	🟡	🟡	🟢	🔴	🟡	🔴	🟡	🔴	🔴	🟡	🔴	🔴	🔴	🔴	🟢	🔴
	3.3 Major non-acute operations <90 days	🟡	🔴	🟡	🟢	🔴	🟢	🟡	🔴	🔴	🔴	🔴	🔴	🔴	🟡	🟢	🟢	🔴
	3.4 Cancer therapy < 21 days	🟡	🟢	🟡	🟢	🟢	🟡	🟡	🟡	🟡	🟡	🟡	🟢	🟡	🟡	🟡	🟢	🟡
	3.5 CT scan < 7days	🔴	🟡	🔴	🟡	🔴	🟡	🟡	🔴	🔴	🔴	🟡	🟡	🔴	🔴	🔴	🟢	🔴
	Subdiscipline weighted score	120	120	120	173	120	147	107	107	80	120	133	120	93	93	187	80	
4. Outcomes	4.1 Heart infarct case fatality	🟡	🔴	🟡	🟢	🟡	🟢	🟢	🟢	🔴	🔴	🔴	🟡	🟢	🟢	🟢	🟡	
	4.2 Infant deaths	🟢	🔴	🟡	🟢	🔴	🟡	🟢	🟡	🟢	🔴	🔴	🟢	🟢	🟢	🟢	🟡	
	4.3 Ratio of cancer deaths to incidence 2006	🟢	🔴	🔴	🟡	🟡	🟢	🟢	🔴	🟡	🔴	🔴	🔴	🟡	🟢	🟢	🟡	
	4.4 Preventable Years of Life Lost	🟢	🔴	🔴	🟢	🟢	🟢	🟢	🔴	🟡	🔴	🔴	🟡	🟢	🟢	🟢	🟡	
	4.5 MRSA infections	🔴	🟡	🟡	🟡	🔴	🟢	🟢	🟡	🔴	🔴	🟡	🟡	🔴	🟢	🟡	🔴	
	4.6 Rate of decline of suicide	🟢	🟡	🟡	🟡	🔴	🟢	🟢	🔴	🔴	🟢	🟡	🟡	🟡	🟢	🟢	🟢	
	4.7 % of diabetics with high HbA1c levels (> 7)	🟢	🟢	🔴	🟡	n.a.	🟢	🔴	🔴	n.a.	n.a.	n.a.	🔴	🔴	🟢	n.a.	🟢	
	Subdiscipline weighted score	214	131	131	202	131	238	226	131	131	107	95	155	179	250	214	179	

Source: Ph.D. Björnberg, A., Ph.D., Cebolla Garrofé, B., Ph.D. Lindblad, S. Euro Health Consumer Index 2009 report [Online]. Brussels : Healthpowerhouse.com, 23 September 2009 [accessed 29 Sep. 2011].

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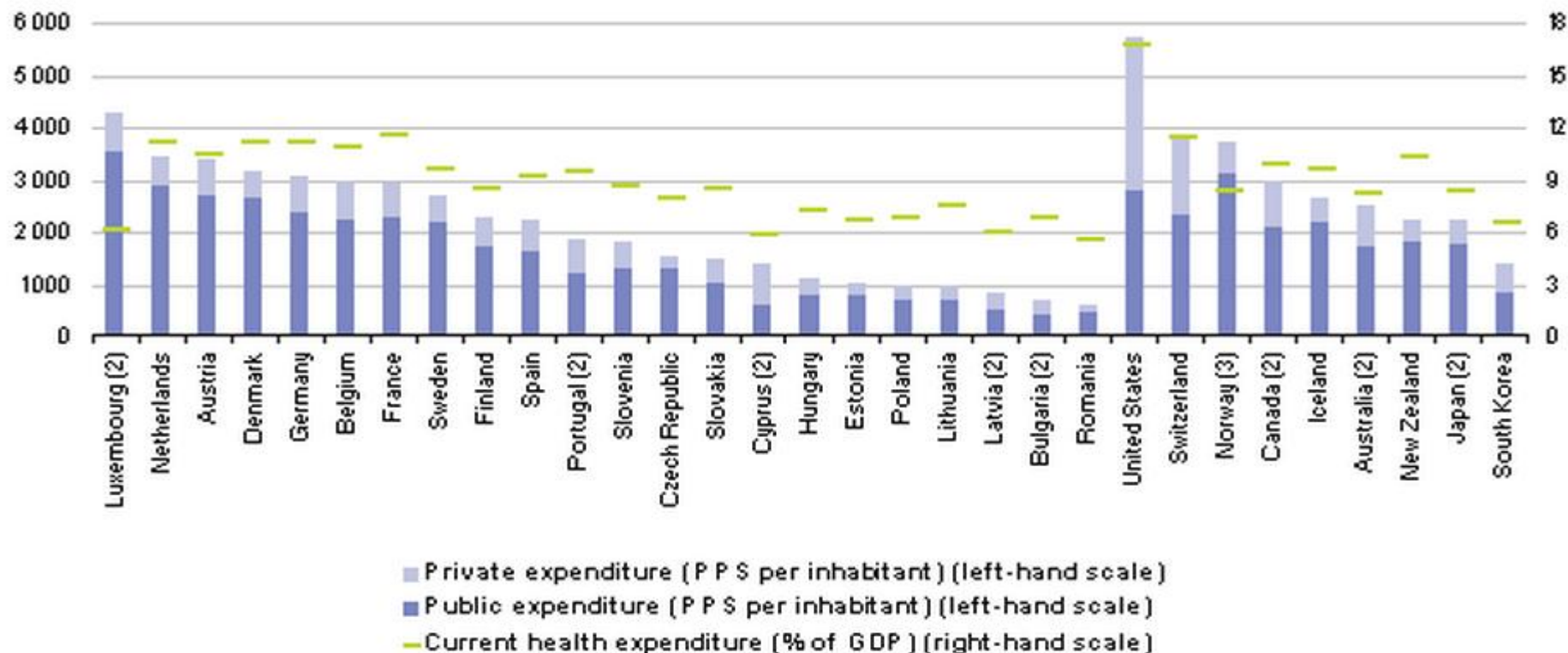
Euro Health Consumer Index

Sub-discipline	Indicator	Italy	Latvia	Lithuania	Luxembourg	Malta	Netherlands	Norway	Poland	Portugal	Romania	Slovakia	Slovenia	Spain	Sweden	Switzerland	United Kingdom
5. Range and reach of services provided	5.1 Equity of healthcare systems	●	○	●	●	●	●	●	●	●	○	○	●	●	●	●	●
	5.2 Cataract operations per 100 000 age 65+	●	●	○	●	●	●	●	○	●	○	○	●	●	●	○	●
	5.3 Infant 4-disease vaccination	●	●	●	●	○	●	●	●	●	●	●	●	●	●	●	●
	5.4 Kidney transplants per million pop.	○	●	○	●	●	●	●	○	●	○	●	○	●	●	●	●
	5.5 Is dental care included in the public healthcare offering?	○	○	●	●	●	○	○	●	○	●	●	●	○	●	n.a.	●
	5.6 Rate of mammography	●	○	○	●	n.a.	●	●	○	●	n.a.	○	○	○	●	○	○
	5.7 Informal payments to doctors	●	○	○	●	●	●	●	○	●	○	○	●	●	●	●	●
	Subdiscipline weighted score	93	79	71	136	100	129	121	86	107	71	86	107	107	136	93	121
6. Pharmaceuticals	6.1 Rx subsidy	●	●	○	●	●	●	●	●	●	○	●	●	●	●	●	●
	6.2 Layman-adapted pharmacopeia?	○	○	○	○	●	●	●	●	●	●	●	○	●	●	○	●
	6.3 Novel cancer drugs deployment rate	●	○	○	○	n.a.	●	●	○	○	○	●	●	●	●	●	○
	6.4 Access to new drugs (time to subsidy)	○	○	○	○	○	●	●	●	●	○	○	●	●	●	●	●
	Subdiscipline weighted score	100	63	50	75	88	138	100	88	100	75	113	100	125	113	113	125
Total score	671	512	546	760	565	875	740	565	574	489	560	668	630	762	788	682	
Rank	15	31	29	9	26	1	10	26	25	32	28	16	21	8	5	14	

Source: Ph.D. Björnberg, A., Ph.D., Cebolla Garrofé, B., Ph.D. Lindblad, S. Euro Health Consumer Index 2009 report [Online]. Brussels : Healthpowerhouse.com, 23 September 2009 [accessed 29 Sep. 2011].

Available: <http://www.healthpowerhouse.com/files/Report-EHCI-2009-090925-final-with-cover.pdf>

Current Healthcare Expenditure



(1) Countries are ranked on the total (public + private) health expenditure in PPS per inhabitant; Ireland, Greece, Italy, Malta and the United Kingdom, not available.

(2) 2008.

(3) 2007

Source:

http://epp.eurostat.ec.europa.eu/statistics_explained/images/c/cd/Current_healthcare_expenditure%2C_2009_%281

Healthcare Expenditure by Provider, % of Current Health Care Expenditure

	Hospitals	Nursing & residential care facilities	Ambulatory health-care	Retail sale & medical goods	Admin. of public health programmes	General health admin. & insurance	Other (rest of economy)	Rest of the world
Belgium	31.0	12.4	30.6	16.5	4.1	4.6	0.8	0.0
Bulgaria (1)	41.0	0.8	16.7	36.9	1.8	1.1	1.7	0.0
Czech Republic	42.6	1.5	25.5	18.2	0.2	3.6	0.6	0.2
Denmark	45.2	13.4	28.2	11.5	0.1	1.5	0.1	0.1
Germany	29.5	7.8	30.8	21.8	0.7	5.9	3.0	0.5
Estonia	45.6	2.7	20.2	26.9	2.1	2.4	0.0	0.1
Ireland	.	.	.	.	.	.	.	.
Greece	.	.	.	.	.	.	.	.
Spain	41.0	5.5	26.3	21.7	1.3	3.2	1.0	0.0
France	35.3	7.1	27.4	21.7	0.7	7.0	0.8	0.0
Italy	.	.	.	.	.	.	.	.
Cyprus (1)	41.9	2.5	33.4	18.8	0.2	1.9	0.0	1.2
Latvia (1)	42.6	2.5	26.9	24.3	0.0	2.9	0.8	0.0
Lithuania	36.4	1.6	22.5	29.6	0.1	2.7	7.0	0.1
Luxembourg (1)	32.9	15.7	26.2	11.2	0.4	1.4	2.8	9.5
Hungary	32.3	3.3	20.3	37.7	2.7	1.2	2.3	0.3
Malta	.	.	.	.	.	.	.	.
Netherlands	33.7	22.8	22.5	13.5	1.2	4.4	1.0	0.9
Austria (1)	39.4	7.9	23.4	18.2	0.6	4.0	6.4	0.2
Poland	34.3	1.3	30.6	26.1	1.6	1.4	4.6	0.1
Portugal (1)	37.5	1.3	31.5	25.6	0.1	1.7	1.3	1.0
Romania	41.5	2.1	13.9	25.6	2.0	1.5	13.4	0.1
Slovenia	41.1	5.8	24.0	23.1	0.7	4.3	0.9	0.1
Slovakia	25.8	0.0	27.8	37.0	2.0	3.4	3.8	0.2
Finland	35.1	8.5	32.9	18.5	1.1	1.2	2.9	0.0
Sweden	46.0	0.0	21.7	16.0	1.3	1.7	9.2	0.2
United Kingdom	.	.	.	.	.	.	.	.
Iceland	39.6	10.9	27.2	17.9	1.5	1.9	0.0	1.1
Norway (2)	39.3	17.0	27.3	12.8	1.7	0.0	1.9	0.1
Switzerland	35.6	17.2	31.6	9.0	0.0	6.6	0.0	0.0
Australia (1)	41.5	0.0	35.5	17.7	1.6	3.7	0.0	0.0
Canada (1)	28.9	10.6	28.4	20.9	6.6	3.8	0.2	0.0
Japan (1)	47.8	3.6	27.8	16.5	2.4	1.9	0.0	0.0
Rep. of Korea (1)	41.1	3.0	28.1	21.0	2.0	3.6	1.1	0.2
New Zealand	35.9	9.3	32.0	10.6	3.6	7.3	1.4	0.0
United States	32.6	5.9	36.9	14.1	3.6	7.0	0.0	0.0

Source:

http://epp.eurostat.ec.europa.eu/statistics_explained/index.php?title=File:Healthcare_expenditure_by_provider, 200

Analysis of Latvian Health Care Industry

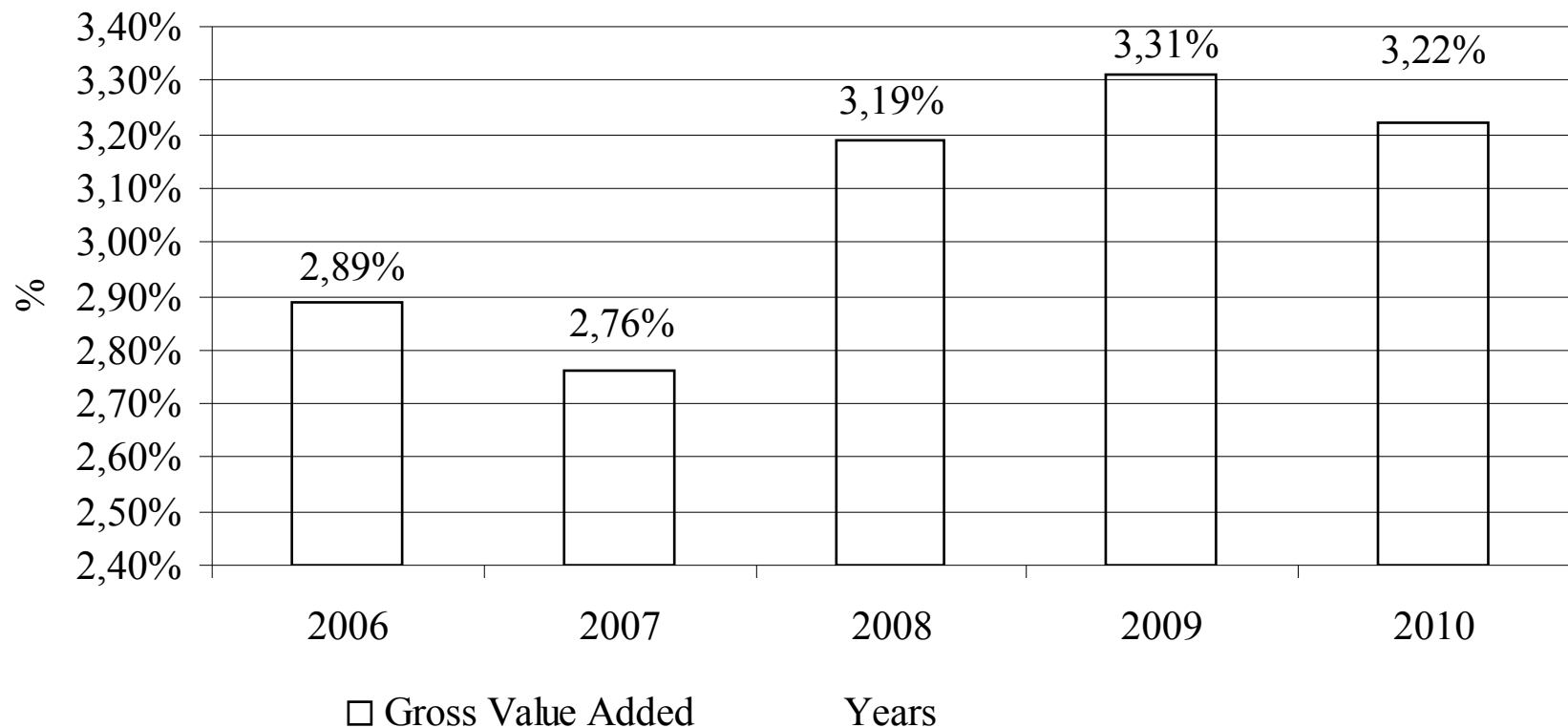


Figure 2. Gross Value Added of Latvian Health Care Industry from the Year 2006 - 2010, in %, Calculated at Current Prices

Source: Gross Value Added [Online]. Riga : Central Statistical Bureau [accessed 27 Aug. 2011]. Available:

<http://data.csb.gov.lv/Dialog/varval.asp?ma=IK0040&ti=IK04%2E+IEK%D0ZEMES+KOPPRODUKTS+PA+DARB%CEBAS+VEIDIEM+%28t%FBkst%2E+latu%29&pat>

Analysis of Latvian Health Care Industry

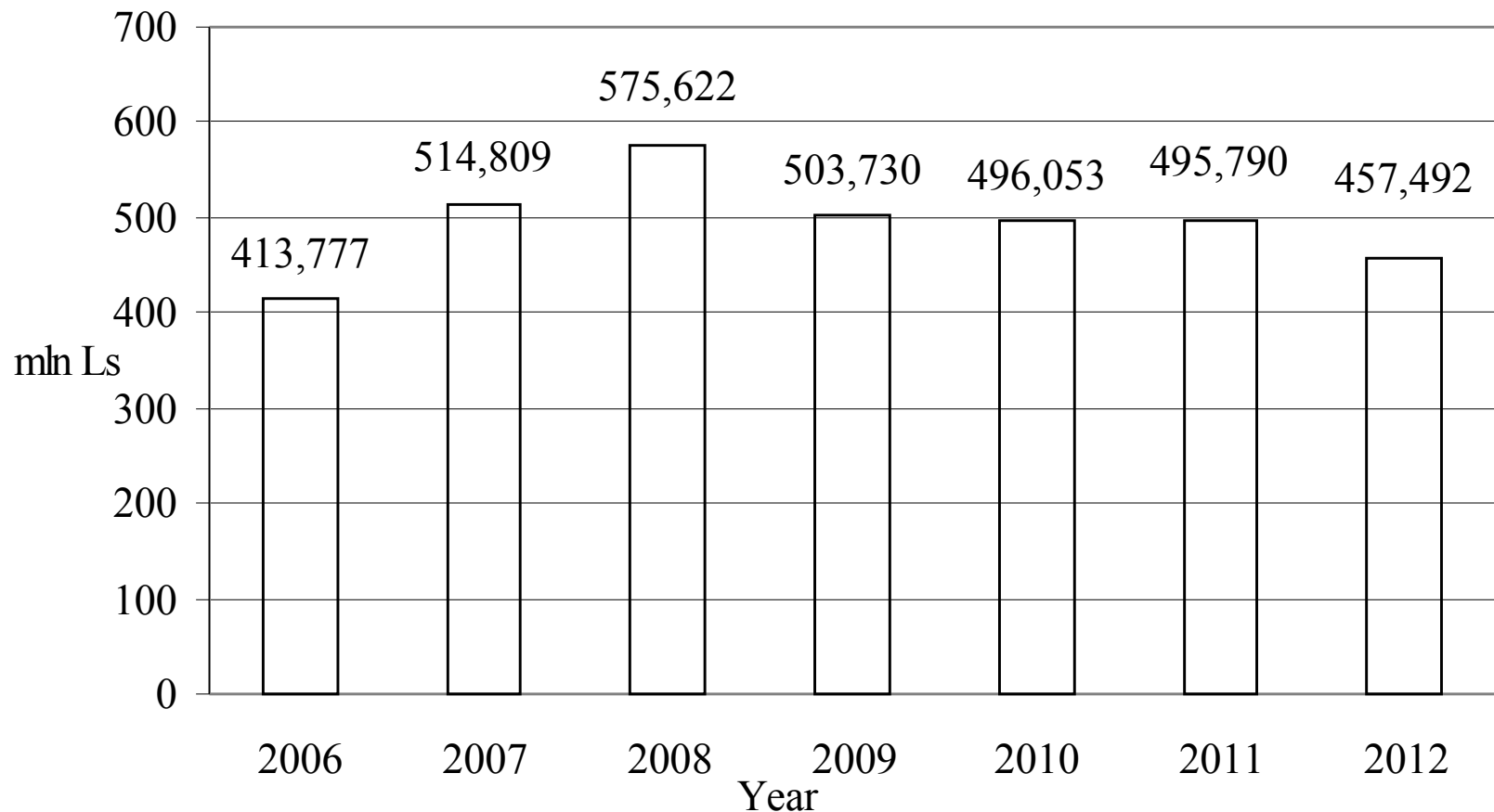


Figure 3. Latvian State Health Care Budget from the Year 2006-2012, in mln Ls

Source: *Health Care Budget* [Online]. Riga: Health Ministry of the Republic of Latvia [accessed 10 Nov. 2011].

Available: <http://www.vm.gov.lv/index.php?id=130&top=0>

Analysis of Latvian Health Care Industry

Table 2.

Basic Indicators of Latvian Health Care at the End of the Year 2006 – 2010

Indicator	2006	2007	2008	2009	2010
Physicians of all specialities	8 341	8 014	8 437	7 964	7 951
Residents and apprentices	420	478	637	489	463
Specialists with higher medical professional education	379	391	462	483	519
Nurses with higher education	593	700	692	831	1 090
Medical personnel with secondary medical education	14 751	14 546	15 197	13 492	13 217
Hospitals	106	94	88	69	67
Beds in Hospitals	17 599	17 497	17 001	14 434	11 920
Health care institutions providing outpatient services- total	3 183	3 285	4 078	4 583	4 756

Source: *Basic Indicators of Health Care in Latvia at the End of the Year* [Online]. Riga : Central Statistical Bureau [accessed 17 Oct. 2011].

Available:

<http://data.csb.gov.lv/Dialog/varval.asp?ma=VA0010a&ti=VAG01.+BASIC+INDICATORS+OF+HEALTH+CARE+SERVICES+AT+THE+END+OF+TH>

Analysis of Latvian Health Care Industry

Table 3.

Assessment of Latvian Health Care Industry based on Michael E. Porter 5 Force Model

Force (5.)	Strength / Significance	Comments
Competition Intensity	3	<ul style="list-style-type: none"> → Economic situation effects → Competitor amount increase → High influence on price politics
Bargaining Power of Suppliers	2	<ul style="list-style-type: none"> → Requirements of advance payments → Offer of certain company's medicaments
Bargaining Power of Patients	5	<ul style="list-style-type: none"> → Patient solvency → Wider choice → More educated, well informed in health care due to available information in social networks
Threat of Substitutes	2	<ul style="list-style-type: none"> → Cheaper medical services on lower class technologies
Threat of New Entrants	4	<ul style="list-style-type: none"> → New medical centres entering in the market

The Results of Latvian Private Health Care Company Managers' Survey

Table 4.

Importance of Indicators Influencing Private Health Care Company's Competitiveness

Indicator	Rank	Points	Indicator	Rank	Points
Patient and public appreciation	1	112	Satisfaction of patient needs	5	159
Resource base of medical professionals	2	120	Health care service differentiation level	6	172
Technological equipment level	3	127			
Financial factors	4	143	Cost savings	7	175

The Results of Latvian Private Health Care Company Patients' Survey

Table 5.

Priority of Patient Perspective Indicators in Evaluating Private Health Care Company
Competitiveness

Indicator	Rank	Points	Indicator	Rank	Points
Precise identification of patients' problems	1	184	Waiting time to get to health care professional	6	424
Availability of health care services	2	316	Time spent on problem solving	7	464
Service quality	3	336	Company's reputation level	8	516
Price level	4	352	Company's compliance with market trends	9	628
Service culture	5	380			

The Results of Latvian Private Health Care Company Patients' Survey

Table 6.

The Balanced Scorecard Four Perspective Significance from the Private Health Care Company Patient Point of View

Indicator	Rank	Points
Health care company's personnel competence level	1	108
Health care company's attitude to patient	2	148
Health care company's internal business organization	3	268
Health care company's financial indicators	4	276

The Results of Latvian Private Health Care Company Managers` and Patients` Survey

Table 7.

Balanced Scorecard Concept Indicators for Health Care Company

Patient Relationship Perspective	Internal Organization Perspective
<ol style="list-style-type: none"> 1. Accurate patient problem identification 2. Service availability 3. Service quality 4. Waiting time to get to the doctor 5. Service culture 6. Price level change 7. Time for patient spent on problem solving 8. Reputation level 	<ol style="list-style-type: none"> 1. Interest in providing qualitative service 2. Medical equipment technical level 3. Company's received recognition 4. Exchange of information between medical staff and other institutions 5. Employee awareness of the processes going on in the company 6. Compliance with ISO quality standards 7. Various health care services in one place 8. Collaboration with suppliers, partners
Employee Learning and Growth Perspective	Financial Perspective
<ol style="list-style-type: none"> 1. Staff education and qualification 2. Staff average length of working in the company 3. Staff experience level in the field 4. Training course, seminar, conference attendance 5. Staff turnover ratio 6. Investment in staff training and development 7. Average age of the staff 8. Publications by medical staff 	<ol style="list-style-type: none"> 1. Profitability ratios 2. Net turnover 3. Gearing ratios 4. Future cash flows 5. Economic Value Added* 6. Liquidity ratios 7. Shareholders` equity 8. Market share <p>* Stern Stewart & Co. measure</p>

The Results of Latvian Private Health Care Company Managers' and Patients' Survey

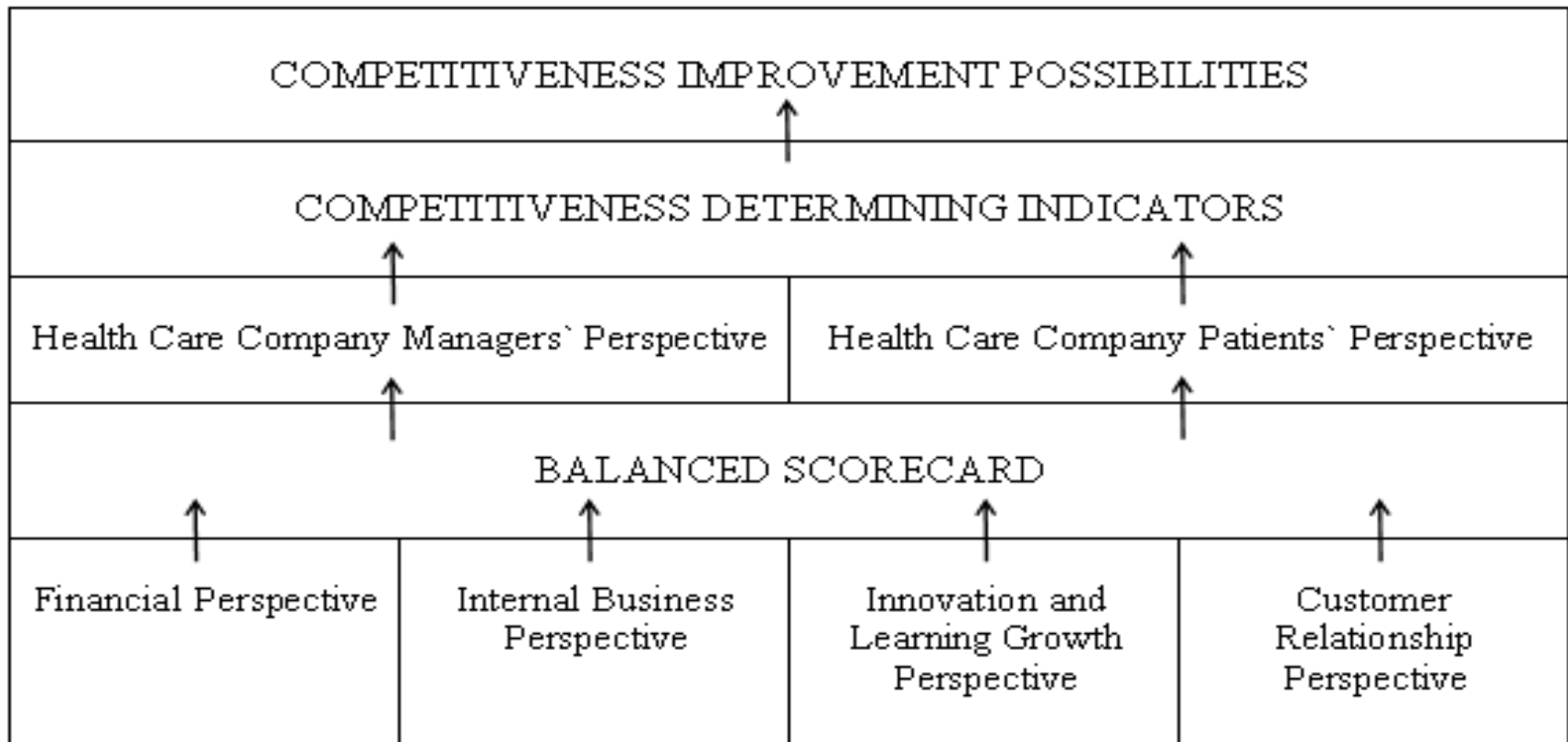


Figure 4. The Concept for Health Care Company Competitiveness Improvement Possibilities

Conclusions and Suggestions

- A global trend indicates that there is a change needed:
 - in health care systems by refocusing the emphasis on value for patients
 - in the frameworks of health care policy despite the fact that health level is improving globally; there still are relevant inequalities between the regions

This indicates the incompleteness in health care systems and inefficient use of the available resources and knowledge

Conclusions and Suggestions

- Market forces and government regulations are very important aspects in analyzing the competition in the private health care industry
- Price level, quality of health care services and the company's image in Latvia is a significant factor that can influence the health care company's competitiveness not only in the local markets, but in global ones as well

Conclusions and Suggestions

- As the most significant indicators, in evaluating the perspective of collaboration between health care company and patient, the private health care company managers have chosen availability of health care company service and patient satisfaction index
- The private health care companies should think about a value-based competition where companies can compete in delivering better value to customer through the management of intangible factors that can create a benefit for patients

Conclusions and Suggestions

- Balanced Scorecard can better allow organizing the health care company's work by showing those business areas, which require better strategic management.

This allow companies to focus on things that are the most important and measure their success

- Concept for health care company competitiveness improvement possibilities can be used in Latvian health care industry in order to evaluate health care company competitiveness

Bibliography

1. JACKSON, S.E., HITT, M. A., DENISI, A. S., ANGELO, S. *Managing Knowledge for Sustained Competitive Advantage: Designing Strategies for Effective Human Resource Management*. San Francisco, United States of America: Jossey – Bass, A Wiley Imprint, 2003, 452 p.
2. KAPLAN, R. S., NORTON, D. P. *Strategy Maps: Converting Intangible Assets Into Tangible Outcomes*. Boston, United States of America : Harvard Business School Publishing, 2004, 454 p.
3. MAVĻUTOVA, I. Uzņēmuma vērtības paaugstināšana un tā finansiālais stāvoklis. Vadībzinātne. Ekonomika. Rīga : Biznesa un Finanšu pētniecības centrs, 2009. pp. 27 – 34.
4. OĻEVSKIS, G. *Uzņēmējs un tirgus*. Rīga: Jāņa Rozes apgāds, 2007, 220 p.
5. PORTER, M. E. *Competitive Strategy: Techniques for Analyzing Industries and Competitors*. New York, United States of America: The Free Press, 1998, 396 p.
6. PORTER, M. E., TEISBERG, E. O. *Redefining Health Care: Creating Value – Based Competition on Results*. Boston, United States of America: Harvard Business School Press, 2006, 506 p.
7. PRAHALAD, C. K., KRISHNAN, M. S. *The New Age of Innovation: Driving Co-Created Value through Global Network*. McGraw-Hill, 2008, 278 p.
8. SWAYNE, L. E., DUNCAN, J. W., GINTER, P. M. *Strategic Management of Health Care Organizations*. Oxford, United Kingdom: Blackwell Publishing Ltd., 2006, 888 p.
9. *Europe in Figures: Eurostat Yearbook 2011* [Online]. Luxembourg, European Union: Eurostat, European Commission [accessed 12 Dec. 2011]. Available: http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-CD-11-001/EN/KS-CD-11-001-EN.PDF
10. PORTER, M. E., KAPLAN, R. S. *Solving the Health Care Cost Crisis* [Online]. Harvard Business Publishing video interview with Kaplan, R. S. [accessed 1 Nov. 2011]. Available: <http://hbr.org/2011/09/how-to-solve-the-cost-crisis-in-health-care/ar/1>
11. World Health Organization Regional Committee. *The New European Policy for Health – Health 2020* [Online]. Baku: The World Health Organization Regional Committee [accessed 30 Oct. 2011]. Available: http://www.euro.who.int/__data/assets/pdf_file/0007/147724/wd09E_Health2020_111332.pdf and other..

Thank You!
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