International Journal of Health Economics and Management

An international journal focusing on health economics and health management
- Publishes research articles and in addition shorter papers and articles dealing with health policy and management
- Interesting for health economists in academia, government, and the nonprofit sector, as well as researchers and practitioners in health management
- Seeks to engage authors and readers in graduate schools of business

The focus of the International Journal of Health Economics and Management is on health care systems and on the behavior of consumers, patients, and providers of such services. The links among management, public policy, payment, and performance are core topics of the relaunched journal.

The demand for health care and its cost remain central concerns. Even as medical innovation allows providers to improve the lives of their patients, questions remain about how to efficiently deliver health care services, how to pay for it, and who should pay for it. These are central questions facing innovators, providers, and payers in the public and private sectors. One key to answering these questions is to understand how people choose among alternative arrangements, either in markets or through the political process. The choices made by healthcare managers concerning the organization and production of that care are also crucial. There is an important connection between the management of a health care system and its economic performance.

The primary audience for this journal will be health economists and researchers in health management, along with the larger group of health services researchers. In addition, research and policy analysis reported in the journal should be of interest to health care providers, managers and policymakers, who need to know about the pressures facing insurers and governments, with consequences for regulation and mandates.

The editors of the journal encourage submissions that analyze the behavior and interaction of the actors in health care, viz. consumers, providers, insurers, and governments. Preference will be given to contributions that combine theoretical with empirical work, evaluate conflicting findings, present new information, or compare experiences between countries and jurisdictions.

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