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Autore	Zuiderent-Jerak Teun
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Sommario/riassunto	Discussions on the role of markets in healthcare easily lead to political and unfruitful polarized positions. Actors arguing in favour of markets as a solution for the quality/cost conundrum entrench themselves against others pointing out the risk of markets for the delivery and governance of healthcare. These binary options of more or less marketization preclude a more empirical analysis of how markets, as multiple arrangements, are constructed and what their consequences are for public values like affordability and quality. This paper explores the empirically relationship between markets and public values in healthcare by analyzing the construction of a market for hospital care in the Netherlands, based on a system of diagnosis-treatment combinations (DBC), and the development of a market for long term

care based on care-load packages (ZZPs). In both cases we address the intended result of care markets according to various policy actors, the visible and invisible work done by various actors to make markets work, and the values enacted in market practices. Whereas the policy aims within these markets focus on providing choice and increasing diversity of care institutions, we show that DBCs and ZZPs produce isomorphism and homogenization instead. Furthermore, the strong influence of financial instruments in shaping healthcare markets assume that cost and quality can be improved, whereas in fact these financial instruments have a profound influence on how public values like quality get defined in practice.
