

**НАЦИОНАЛНА СИГУРНОСТ
NATIONAL SECURITY**

**HEALTHCARE IN TERMS OF NATIONAL SECURITY – MODELS, SIMILARITIES,
STRATEGIES, AND CONTRADICTIONS**

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Abstract: *The evolution of healthcare delivery models is accompanied by a profound shift in societal awareness, increasingly framing healthcare as a pivotal element of both social stability and national security. This article examines two contrasting approaches to healthcare: patient-centered care at the individual level and the strategically and economically oriented perspective of the European Commission. The aim is to delineate the differences and commonalities between these models, to discuss a theoretical framework for their integration, and to deliberately create space for future developments and discourse. The article first analyzes existing care models and discusses the strategy of the EU Commission in this context, which remains primarily at the systemic macro level despite patient-oriented objectives. Strengthening national security is achieved through these objectives. This article should be viewed as a catalyst and impetus for the further development of a shared, sustainable, and comprehensive approach.*

Keywords: *National Security; Healthcare; Delivery-Models; Contradictions; Patient centrality*

INTRODUCTION

The developments to improve healthcare have led to significant changes in people's awareness. Societies shaped by original public health structures have increasingly recognized the relevance of care models at the individual and local level and are beginning to integrate this importance into individual health thinking. However, this development is not only relevant for health and social policy, but also has an increasing impact on national security. Efficient health care strengthens the resilience of societies to crises, pandemics and demographic challenges and thus represents a key factor for the stability and functioning of modern states. Against this background, this essay examines the impact of improving health care as a factor in strengthening national security.

The health care system is not only a socio-political care sector, but an active part of the national security architecture. As part of the critical infrastructure, it ensures the maintenance of essential medical services and makes a significant contribution to the functioning of state and social structures. Health care is now seen as part of national security because modern societies are highly dependent on the health of their populations and the functioning of their care systems. Global health threats, the lessons learned from pandemics, and new demographic, technological, and climate-related risks have shown that health crises can have significant impacts on the economy, public order, and political stability. The importance of a resilient health care system in terms of security policy is particularly evident in crisis situations. The ability to identify health risks at an early stage, provide care capacities and effectively protect the population is increasingly being discussed under the concept of "health security". At the same time, efficient health care strengthens the social resilience and crisis resilience of modern countries.

The object of this study is the health care system as a security-relevant social infrastructure. The subject of the analysis are different care and control models of the health care system as well as their significance for security policy. The aim of the essay is to assess their contribution to societal resilience, security of supply, and strengthening national security. From this perspective, health care and health policy are not understood exclusively as social or economic fields of action, but as central elements of comprehensive security provision.

Based on the idea of an individual level of care with a low threshold, several models interweave in their functional scope and show partly identical care profiles. However, with many overlaps,

these results have not yet been fully researched and are constantly confronted with new findings.

The paper examines two different approaches to health care. The focus is on the model of patient-centred care as well as the strategic and economically oriented management approaches of the European Commission. By analysing their similarities, differences and potential linkages, it examines the contribution that the respective models can make to the resilience of the health system and thus to national security.

Other points of discussion for the future should not go unmentioned here. This can be done by introducing further structural possibilities, such as the dissemination of the care base through the introduction of the principles of public health in conjunction with municipal care models, the strengthening of health literacy, the use of innovative research (predictive risk identification) and technological possibilities (e.g. digitalisation). The illustrated developments of care models with systemically relevant strategic control intentions are therefore of considerable importance for national security.

RESEARCH METHODOLOGY

The present work is based on a **theoretical-conceptual methodology**: The focus is on qualitative analyses and comparative considerations. The aim is to systematically analyze central models of health care, patient-centered care and value-based health care. Overlaps and differences must be worked out and possible approaches to integration discussed.

The methodology is based on a **literature and document analysis**. To this end, primary sources, publications of the European Commission, documents of the World Health Organization and secondary literature from scientific journals and relevant theoretical work on care models were evaluated. The aim was to identify the conceptual basis of patient-centered care as well as value-based health care, to extract central principles, norms and evaluation metrics and to discuss their applicability to practice.

The thesis uses **comparative analysis methods**: Central dimensions such as goal orientation, normative basis, evaluation methodology, inclusion of subjective patient experiences as well as systemic versus individual levels of observation were defined and compared. Models such as “person-centred care“, “holistic care“, “interprofessional care“ and “community-based care“ were evaluated with regard to their overlap with patient-centred basic principles. In addition, concepts from research were considered in order to increase the operationalization of subjective patient experiences and measurable standards. The aim is to identify approaches to converge the micro level of patient care with the macro level of EU value-oriented governance. The methodology is exploratory and conceptual and not an empirical study. Rather, the focus is on the synthesis of theoretical approaches, the analysis of norms and control logics, and the discussion of possible integration approaches. This approach lays the basis for future empirical studies, pilot projects and policy recommendations.

RESULTS

Part I: Models of Health Care in Relation to Patient-Centered Care

The “**person-centred care model**“ expands patient centricity with the involvement of the person with the involvement of the environment. This includes socio-cultural facts as well as the daily living environment. From the perspective of the World Health Organization, the inclusion of individuality with the living environment and participation in environmental processes is essential. The approaches (with patient-centeredness) are almost identical. Only the totality of the inclusion of the individual results in possible ambiguities in differentiation, which at this point results purely in a discussion of conceptual representation. (WHO 2015). From a national security perspective, the impact of patient care is rather indirect.

The **model of “shared responsibility”** focuses on the implementation of patient-centered care in daily operations. The partnership-based decision-making processes between the patient and healthcare professionals is also a central part of patient centricity. Shared responsibility supports national security through higher adherence to therapy. Compared to system-related models,

there is less direct significance. The overlap with patient centrality is almost complete. The model strengthens autonomy and adherence in a therapeutic sense. Limitation results from the time expenditure, which has a restrictive effect due to the communication needs (Elwyn et al. 2012). **The literature describes the central model of shared responsibility as an extension of patient-centered care to the level of mutual exchange. From this point of view, this seems important as an empirically sound and practice-oriented patient-centered component.**

The “**holistic care model**” includes not only physical but also mental, social and other perspectives of health. There is a lot of overlap with patient-centered care, as both emphasize individuality. Discussions on the holistic care model result from the comprehensive, broad definition of the holistic approach with different interpretive spaces in practical application (Gordon 1982, pp. 546–551). The recording in the literature shows one of the original definitions of the holistic care approach, more up-to-date sources from the NCI (National Cancer Institute) are currently not available. This model indirectly contributes to national security through a focus on strengthening the resilience of society.

The “**Model of Interprofessional Care**” aims to improve communication and coordination between professional groups. This approach supports patient-centrality at the structural level. The overlap is high, as a wide range of knowledge with deep professionalism ideally completes the patient-centrality and also supports implementation in detail. (2025 Regents of the University of Minnesota 2017). The controlled and secure cooperation of the various health-related professions supports rapid, often adaptive reactions in critical situations. National security is significantly strengthened by this model. There is a need for discussion both in the organizational process and the communication between the participants. Interprofessional care is considered a structural support for patient centrality. Roles, dialogue and joint design of work processes appear to be essential.

The model of the “**continuity of supply**” has a confidence-building effect and provides both security and quality in the result. All of these elements are also included in the nucleus of patient-centered care (Haggerty et al. 2003). **The approach is highly complementary and even more firmly rooted in the structures. From the point of view of national security, a secure supply process is extremely important.** As one of the central issues, the continuous maintenance of medical care in crisis and conflict phases is extremely important. The model ensures stability and trust in the state infrastructure in relevance to national security.

The “**Model of chronic care**” aims at the care of chronically ill people. In the approach, some parts of patient-centeredness are included, such as support for self-management and joint coping in the form of team building. However, the restriction to chronic diseases is a major limitation to the patient-centered model (AHRO Agency for Healthcare Research and Quality 2009, pp. 2–3). This model is highly relevant for national security. Secure care of chronically diseased parts of a population ensures stability and productivity.

Within the framework of the National Cancer Institute (NCI), the care model has gained importance. Within the framework of this institution, the reference to chronic diseases and patient-centered self-management promotion is essential.

Other models with little to partial theoretical overlap with the patient-centered care model are:

The “**Model approach of integrated care**” aims to optimize systems and processes across departments. Although “patient centrality” as well as “integrated care” strive for a holistic view, the elementary difference between relationship and individual orientation versus system orientation is a significant difference. For international comparisons and perspectives, the universally recognized framework of integrated care is essential. It offers room for the expansion from patient-centered to person-centered and subsequently to integrated care. The literature source cited is a basic document on integrated care and differentiates between system and patient orientation. (WHO Secretariat 2016, pp. 1–4). The conception of this supply process is highly relevant for national security. The coordinated and interlinked cooperation of all health-relevant areas reinforces the limits of health care.

Community-Based Care Models (CBC) focuses on regional resources, community work and socio-spatial approaches. The model expands the patient-centered care approach to include

social determinants. The overlap is only partial, but the importance for vulnerable groups should be emphasized (WHO 2018). The background to the municipal supply model and the social determinants also appears to be significant. These are therefore indirectly relevant for patient centricity at the defined municipal level. A pending topic in this context would be the joint consideration of patient-centricity and community interdependence in a defined environment according to the principles of Population Health. However, this is not the content of the article in question. Community-Based Care Models Municipal care models strengthen national security by supporting vulnerable groups. This will strengthen social cohesion. National security aspects are supported by improving local resilience in crisis situations.

The Value-Based Healthcare Model is oriented towards patient-related results. The economic perspective is in the foreground. The model is relevant for this article, as the European Commission has been emphasizing the importance of this model since 2021. The design shows conceptual similarities with the outcome orientation; However, differentiation is given by economic preference (European commission Expert Panel 2021, pp. 1–2). This model contributes to national security through measures for the stability of health care. This is achieved through a focus on resource management and financing.

An overview of the approaches and models shows clear overlaps in the objectives. The relevant modern health care concepts. Identified overlaps make it clear that patient-centered care can serve as a central frame of reference for modern care. The efficiency can be particularly evident in a partial interlocking of different models. For further in-depth study of the topic, patient centricity and value-based health care will thus be subject to a joint consideration. The care models presented in Part I are relevant for national security as a whole, as they show different approaches to stabilization, resilience and sustainable performance of health systems. Overall, all models show different contributions to the stability, resilience and performance of health systems. However, those models that directly strengthen the functionality of critical health infrastructures and the crisis resilience of care are particularly relevant to safety.

Part II: The Macro Level of the European Commission

The EU shows economic and results-oriented perspectives of modern care. Thus, the critical demarcation between **patient-centered** and **value-based health care reaches** the center of consideration. Macro-level: resource-coordination and crisis-management can strengthen national security. Health-institutions may use regulated performance measurement to identify deficits in care. In event of crises this becomes relevant. On micro-level despite crises and bottlenecks the continuous supply is important to maintain the trust and confidence of the population.

Although the European Commission's perspective intends to further develop the value-based care concept in a patient-oriented way, it ultimately remains at the systemic macro level. This creates a conceptual gap between individual patient orientation and overall population-related outcome orientation as a **value basis**. The EU's strategy shows economic and result-oriented perspectives of modern care, thus creating a discussion with a critical distinction between **patient-centered care** and **value-based health care**.

The demarcation between patient-centred care and value-based healthcare as a future governance model of the European Commission Patient-centered care and value-based health care are among the influential guiding concepts of modern health care. While patient-centricity emphasizes the individual perspective of the patient, **value-based healthcare** focuses on the best possible design of health-related outcomes in relation to the costs incurred at the system level. Both models are at the centre of international reform discussions, but are subject to different standards and methodologies in their respective conceptions. This article analyses the main demarcations between the two approaches and evaluates the European Commission's perspective. With the model of economically oriented result optimization, this is positioned as a strategic framework for future health reforms in Europe. The political-social dividing line between patient-centered and value-based healthcare is relevant for national security. It requires different governance approaches to pursue goals such as societal stability, economic efficiency and robust resilience.

A central distinguishing feature is the respective goal orientation. Patient-centeredness focuses on the preferences, values, and subjective health goals of the individual. The Institute of Medicine defines this as care that aligns decision-making together with the patient and is also oriented towards his or her individual life circumstances. Thus, a cross-reference to all other models and approaches with the inclusion of social determinants of health would be appropriate for further in-depth (Institute of Medicine 2001). The European Commission's health care strategy, on the other hand, pursues a population-based, whole-of-society goal: maximizing the "value" of treatment. According to the definition of the method used, the European Commission believes that this value arises when clinical and patient-relevant outcomes are improved in relation to costs (European commission Expert Panel 2021, pp. 1–2). The European Commission's healthcare focus is relevant to national security. This comprehensively addresses the resilience of European health systems at the population level. This focuses on positioning for the objective quality of results. The inclusion of the subjective patient experience is thus indirectly reduced.

This results in a clear distinction: patient-centeredness evaluates the success of treatment at the micro level and individually; The strategy at the level of the European Commission looks at health care from a macro perspective and evaluates success on the basis of standardised outcome metrics.

Standardization: Human Medicine vs. Economic Model Applications

Patient-centeredness is based on a humanistic and ethically sound understanding of the patient as an autonomous and self-determined person. The relationship between patient and specialist is understood as a central component of care. This field of relationships is stronger as a framework (albeit subjective) in qualitative depth. The underlying pillars are respect for the individual, appreciation and patient empowerment in the sense of self-determination. Standardization discussions are relevant to national security. Evaluation mechanisms based on this have an impact on comparability, crisis management and resource optimisation in health care. In contrast, the European Commission steers goals such as efficiency control, rational consideration of the use of value and benefits gained on the basis of basic health economic principles. Based on the experience gained from the pandemic, all questions of resource management, especially personnel capacities, have received special attention. The European Commission stresses that the value is justified if the results are improved in relation to the costs (European commission Expert Panel 2021, pp. 1–2). This approach is therefore much less focused on interaction with the patient. As a model, it is a strategic control concept for health systems. **To differentiate:** The systems act on opposing levels – on the relationship micro level and on the system-related macro level.

Patients, bearers of subjective experiences versus EU Commission with measurable standards

The real value of involving patients in the process is gaining experience. The model evaluates the quality of care based on the subjective perception of the patient. These include aspects such as satisfaction, perceived involvement in decisions, relationship of trust with the other person in the context of care or individual quality of life. A comparison of subjective patient experiences and measurable standards are relevant for national security due to the analytical findings. **Conflicts between the two care polarities become transparent.** *Nevertheless one implication of patient-centered care reinforces national security: trust in care institutions. Help on individual level strengthens social cohesion. In crisis situations in turn this results, that citizens increasingly follow health-related orders. Result: patient centeredness leads to increased resilience on a societal level. Also value orientation has an positive effect on resilience on the systemic health-care level.* The value-based care model operates predominantly with standardized metrics. These can refer to mortality rates or disease frequencies related to certain diseases. Multimorbidity has gained significant importance due to the shift from death-related diseases to chronic conditions. The European Commission's intentions to take into account indicators on qualitative values such as life in general, processes and the efficiency of cost use in the model are increasingly and positively. Only these key figures can be used to compare healthcare facilities. The reason behind these efforts is to be found in the fact that only with such "evaluations" are comparisons of sub-populations, occu-

pational groups, regional differences or treatment routines possible. Even if this indicates a macro shift towards patient centricity, this can currently only be seen as a tool for improving results-based reimbursement systems.

To differentiate: Patient-centeredness is based on subjective, individual criteria, while the value-oriented model is based on objective, quantifiable criteria. The differentiation between the micro and macro levels is highly relevant for national security. It is evident that individual health care and state health control pursue different security policy objectives. These differences illustrate that while the European Commission's approach takes into account patient-relevant outcomes, it inevitably reduces or excludes aspects of subjective patient experiences if they are difficult to measure or not standardise.

The European Commission's directive is "Affordability of health care for a defined population"

Other not insignificant differences lie in the respective social perspective. Patient centricity is relationship-dependent, situational-dynamic and is primarily oriented towards the care mandate for individual patients. In contrast, the EU Commission considers the comprehensive benefits for entire populations and health care systems. The European Commission explicitly sees its strategy with the value-based model as an approach to reforming and increasing the efficiency of European care systems. Thus, it also uses this model as a control tool with the aim of using it across systems (European commission Expert Panel 2021, pp. 1–2).

Convergence of models: initiatives and changes in society

The distance between the models is considerable due to the viewing planes (micro versus macro). *Within this context another argument emerges: neither of these 2 models is capable to satisfy national interests on its own. Only an integrated approach will have a chance to contribute to national security. This will be a socially oriented adaptability on the one hand through patient centricity an deficiency on the operational level on the other.* However, there are some considerations as to how this gap could at least be reduced: The following starting points are suitable for bridging the gap between patient-centered and value-based models: The convergence of patient-centered and system-oriented models strengthens national security. Adaptive healthcare systems are better able to respond to crises, societal changes and demographic developments.

PROMS (Patient-Reported Outcome Measures): By surveying patients about the treatment results (in the form of questionnaires), patients themselves indicate how they perceive their condition according to their subjective perception (pain perception, functional self-assessment, quality of life). In this way, therapy **results** are recorded from the perspective of the patients. PROMS make the quality and effectiveness of medical care measurable. Better system control and resource planning in general support national security.

PREMS (Patient-Reported Experience Measures) Is the method by which patients record their experiences and experiences in the therapeutic process (also in the form of questionnaires). This can include discussions with the actors in the therapy, the content of information, waiting for the next treatments and involving the patient in essential stages and decisions. It captures the perceived form of treatment and appreciation of the individual. PREMS are indirectly relevant to national security through patients' experiences. Indirectly through the overall stabilizing effect.

By incorporating the functions of the joint decision-making model, it can also be ensured that the individuality of the patient and his needs are not lost in the standardized treatment paths. With a classification of results at the level of individual results, both qualitative and quantitative criteria can be taken into account more strongly. This brings the value-based strategy a step closer to patient orientation. The increasing penetration of society with digital tools and platforms will also enable a continuous convergence of the two levels of care. Part II clarifies central aspects of strategic management. Orientations such as efficiency and increased resilience of modern health systems show the relevance for national security. *Addressing individuals and a macro-level system are two complementary security dimensions. Micro takes care of individuals, their trust and thus also the resilience of communities. The performance of healthcare-infrastructure and structural*

weakness-detection is the macro dimension. A combination of these two might significantly improve national security.

CONCLUSIONS

The comparison of patient-centered care and value-based health care makes it clear that these are not competing concepts in the narrower sense, but models that start at different levels of the health care system and pursue different control logics. The analysis shows that the delimitation runs mainly along three dimensions: goal orientation, normative basis and methodology of evaluation. *The national security analysis-perspective also demonstrates, that both approaches address different but equally important dimensions of resilience. Both dimensions are indispensable to maintain stable and resilient societies.*

Patient-centeredness is normatively anchored in the humanistic and ethical understanding of the autonomous individual. It measures quality primarily by subjective criteria such as perceived involvement, trust, satisfaction and individual quality of life. This means that it remains highly contextual, situational and difficult to standardize, but it unfolds its particular strength where care is understood as a partnership-based, relational process.

In contrast, the European Commission pursues an explicitly health economic perspective with the model of value-based health care. The value of care is defined here as the ratio of measurable results to resources used. This logic is highly relevant for the governance of complex health care systems, especially under conditions of limited resources, demographic change and growing multimorbidity. The standardization of indicators enables comparability, transparency and system-wide learning processes, but inevitably reduces the consideration of individual, subjective patient experiences. The conclusion of this paper is therefore that the European Commission's strategy, despite its increasing openness to patient-relevant outcomes, remains structurally distant from patient-centered care. *Healthcare has found a strategically important place. It involves the resilience of the population and the maintenance of the most important supply necessities. It strengthens the ability of state institutions to act in crises. A comparison of the two orientations must therefore not end in a profane debate on health care reform. It is necessary to bring together the two opposing approaches into a complementary approach to achieve social stability and national resilience.*

For the extended discussion, the question arises as to how patient-centered principles can be operationalized in such a way that they can be integrated into value-based control models without losing their qualitative and ethical depth. Future research efforts and health policy should therefore increasingly investigate hybrid model approaches. Subjective patient experiences, social determinants, and efficiency can serve as guidelines and frameworks in context. Modern health care is therefore a central component of national security. The effects on the stability of society as well as on the functional performance of state systems are given. Patient-centeredness brings about trust, individual resilience and social stability. The European Commission's results-oriented considerations for resource optimisation are aimed at crisis management, ageing societies and multimorbidity. The analysis clearly shows a need for improvement between subjective patient expectations and system-optimizing control requirements at the macro-economic level. National security considerations will require the development of hybrid models in the future. It is important to integrate human-ethical dimensions and systemic feasibility into a care system. Finally, from the perspective of national security: sustainable health systems are an essential prerequisite for societal resilience, political stability and long-term security.

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ЗДРАВЕОПАЗВАНЕТО ОТ ГЛЕДНА ТОЧКА НА НАЦИОНАЛНАТА СИГУРНОСТ – МОДЕЛИ, ПРИЛИКИ, СТРАТЕГИИ И ПРОТИВОРЕЧИЯ

Резюме: Еволюцията на моделите за предоставяне на здравни услуги е съпроводена от дълбока промяна в обществената осведоменост, като здравеопазването все повече се представя като ключов елемент както на социалната стабилност, така и на националната сигурност. Тази статия разглежда два противоположни подхода към здравеопазването: грижа, ориентирана към пациента на индивидуално ниво, и стратегически и икономически ориентираната перспектива на Европейската комисия. Целта е да се очертаят разликите и общите страни между тези модели, да се обсъди теоретична рамка за тяхната интеграция и целенасочено да се създаде пространство за бъдещи развития и дискурс. Статията първо анализира съществуващите модели на здравеопазване и обсъжда стратегията на Европейската комисия в този контекст, която остава предимно на системно макрониво въпреки целите, ориентирани към пациентите. Статията е предназначена да даде тласък за по-нататъшното развитие на общ, устойчив модел на подход към здравеопазването.

Ключови думи: национална сигурност; здравеопазване; модели на работа; противоречия; пациентоцентричност

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