Contemporary issues in Healthcare Management

7 — 7. Analysing the effectiveness of health systems
Dr David Whitney

- wide differences in health outcomes across countries with similar levels of income and education / why?
  - there are differences in health systems design
  - which are the boundaries of the health system
  - the concept of a health action
    - a health system includes the resources, actors and institutions related to the financing, regulation and provision of health actions
    - ...any set of activities whose primary intent is to improve or maintain health
- health systems
  - analysing intrinsic and instrumental goals
  - social systems and social goals
  - health system goals
    - health responsiveness fairness in funding
    - health defining goal: premature mortality and non fatal health outcomes
    - distribution of health across community
  - the 7 elements of patient's respect
    - respect for dignity of individual
    - respect for autonomy of individual to make choices re his help
    - respect for confidentiality
    - prompt attention re health needs
    - basic amenities
    - access to social support network
    - choice of institution and provider
  - fair financing and financial risk protection
  - health systems performance
    - financing
    - provision
    - stewardship
    - resource development
- **HALE (Health Life Expectancy)**
- need and demand for health care
  - the size, age and sex structure of the population served is the most basic determinant of health care demand
- Health Status indices
  - life expectancy at birth and mortality rates
  - perinatal mortality rate
  - potential years life lost (PYLL)
  - leading causes of death by age and gender
  - comparable morbidity data
- inequalities in health
  - inequalities in health stem from inequalities in health status itself and in finance/service delivery
  - the difference between need and demand for health care varies between population due to differences in causes of death and diseases
  - social classes and their differences are source of increasing inequalities
- finance and organisation of health care
- health care expenditures
- health care resources and utilisation
  - international experience can be a good guide to more effective health care and provision
- public perception of health care services
- infant mortality
- study the different health care systems in EU
  - health care systems stem from specific political, historical, cultural and socio economic traditions
  - the organisational arrangements as well as the allocation of capital and human resources differ considerably between EU states
- quantification and qualification of health

4 — 4. Procurement, Commissioning & Contracting
Dr Yiannis Polychronakis

- Capacity health system
  - **functions: planning, negotiating, problem solving, involving, project managing, team building**
  - identify the needs (e.g. hospitals): (a) internal and (b) external
    - the Hospital Resource Planning System
  - apply measurements (what exactly in numbers means the demand and quality
    - **forecasting is more scientific than estimation**
    - involves forecasting and logistics administration
      - twp types of forecasting: optimistic and pessimistic
      - the issues of expert judgement
  - the estimated available budget (approve)
  - research/market research/competition
  - offers/suppliers
  - contracting
    - the Advance Purchasing Planning Process for Services Contracting
    - the Service Level Agreements
      - this is the agreement between the service provider and its customers quantifying the minimum acceptable service to the customer
    - Negotiation
      - alternatives to negotiation
        - persuade
        - give in
        - coerce
        - problem solve
    - conflicts resolution
  - **capacity is time dependent (dependability factor)**
  - **the management of capacity and the service levels**
  - CAPACITY
    - design capacity
      - systemic issue
      - what we wish to cover
    - effective capacity
      - what happens in real
      - it is related to the dependability factor
  - 3 main areas to focus for health services:
    - contracting
    - quality management
    - procurement
    - suppliers selection
  - the PROCESS
    - variety
    - volume
  - INNOVATION
    - types of innovation
      - procedural
      - people
      - process
      - service
    - thinking styles
      - adaptive thinking style
        - follow established patterns
        - focus on goal
        - prefer to handle one-at-a-time task
      - innovative thinking style
        - use different ways to get results
        - value the process more than the goal
        - involve in more than one activities at a time
    - **this MAY BE used towards CHALLENGE**
    - the RE-thinking model
      - strategic thinking
        - planning for the future
      - power thinking
        - concentrate on positive ingredients of any situation to get around barriers and make correct decisions
      - analytical thinking
        - be organised and systematic
      - creative thinking
        - looking at the future and in solutions from a fresh angle
        - the ability to change the usual route of thinking
- **see this subtopic analysis for more details on the lecture's presentation**
- Contracting
  - contracting is the end process
    - fixed price-cost contracts
    - cost+ contracts
    - **the challenge is to keep the maintenance cost of the daily operation of the hospital**
    - sustainability and alternative usages of the same product
  - CAPACITY
    - BUDGETS
    - plan and investigate the capacity
  - see the demand patterns
    - check the WANTS and the NEEDS
      - demand patterns define the characteristics of the service (e.g. demographics)
      - needs (different from wants in terms of budgets)
    - the population defines the wants and the experts defines the needs
    - see the patterns and trends
    - investigate historical data
      - time buckets
      - extrapolation
    - make forecasting
      - define the criteria for the forecasting
      - apply certain methods according to the case
      - build capacities to deal with eventualities
  - Capacity
    - design capacity
      - what we plan to cover/we wish to cover
    - effective capacity
      - what really happens/real data
    - human capital and intelligence
      - flexibility
- Health Supply Chain and Operations
  - Health Operations Strategy has to deal with:
    - Cost
    - Flexibility
      - service flexibility
        - innovation and new service development
      - mix flexibility
        - how many types of services you are able to give at the same time
      - volume flexibility
        - the flexibility to increase and decrease volume of your offered services
      - delivery flexibility
        - deals with the service levels of you
    - Speed
      - the "Golden Hour" issue
        - the first hour between the accident and the start of treatment
        - a significant measurement
    - Dependability
      - how often you hit your target
    - Quality
      - the manifestation of the other 4 parameters
      - Performance measures

1 — 1. Health Care Organisations: Mapping the landscape
Dr David Whitney

- global factors that are currently influencing the healthcare industry
  - ageing populations and the related rise in chronic diseases
  - costly technological advances
  - patients demand: driven by increased knowledge on health issues and by less healthy lifestyles
  - legacy priorities and financing structures that are ill-suited in today's requirements
- drivers for health care reform
  - which are the future trends? what sort of healthcare system we want?
  - the key questions: public or private; national or european; proactive or reactive rewards;
  - **the seven trends for the future:**
    - (1) healthcare spending will increase because better health is linked with greater national wealth
    - (2) the healthcare will require a degree of rationing and consolidation of healthcare facilities as public resources fall short of demand
    - (3) the role of general practitioners becomes more important in the system as coordinators of treatment
    - (4) preventive measures will be more important as a way of cultivating a healthy behaviour
    - (5) there will be a continuous need for improving the collection and transparency of health data in order to prioritise investment decisions
    - (6) patients are expected to take more responsibility for their own health, treatment and care
    - (7) governments will have to tackle bureaucracy and liberalise rules that restrict the roles of health care professionals and artificially raise the cost of medical research
  - rising demand and treatment costs
  - need for improvement in outcomes and facilities/equipment
  - state of the public finances
  - local authorities will have more power and stronger role in shaping services and taking over responsibility for public health
  - increased regulation
- implications for health services management
  - move from vertical silos to integrated pathways
  - develop joined-up health and social care systems
  - partnership or competition or both
  - central control or devolved powers
  - progammes of care - allocation of resources and monitoring of usage and outcomes

2 — 2. Health needs assessment and commissioning
Dr Janet Harris

- the commissioning context: the commissioning framework competency
  - strategic planning
    - assessing needs
    - reviewing service provisions
    - deciding priorities
  - procuring services
    - designing services
    - shaping structure of supply
    - planning capacity and managing demand
  - monitoring and evaluation
    - supporting patient choice
    - managing performance
    - seeking public and patient views
- what is health needs assessment (HNA)
  - the systematic method of identifying unmet health and healthcare needs of a population and making changes to meet those unmet needs
  - the process of measuring the population's ability to benefit from health care
  - the identification of health assets and needs of a given population to inform decisions about service delivery to improve health and reduce health inequalities
  - HNA is the process of exploring the relationship between: NEEDS-RESOURCES-OUTCOMES
    - NEEDS
      - epidemiological perspective
      - user/public perspective
      - professional perspective
    - RESOURCES
      - individual
      - family
      - community
      - primary care; secondary care; tertiary care;
    - OUTCOMES
      - patient's perspective
      - population perspective
      - professional perspective
      - economic perspective
  - needs as capacity to benefit
    - the individual's capacity to benefit from an intervention-importance of effectiveness of health interventions
    - unmet needs
    - wants (felt needs)
  - unmet need and inequalities
    - the inverse care law
      - the availability of good medical care tends to vary inversely with the need fir it in the population served
  - need and demand and supply
    - **we may supply what is demanded but not needed and not supply what is needed but not demanded**
    - need is the ability to benefit from an intervention
      - current research agenda
      - cultural and ethical determinants
    - demand/want is what people ask for
      - medical influences
      - media
      - social and educational influences
    - supply is what we actually provide
      - public and political pressure
      - historical patterns, inertia, momentum
- approaches to assessment
  - epidemiological
    - who are the affected in terms of AGE, GENDER, OCCUPATION, Socio-economic group
    - PLACE: where are they when they get diseases, geographically
    - TIME: when do people get diseases? does it vary by season, cycles?
    - sources of data: routine information services and survey data
  - corporate
    - structured collection of knowledge and views of stakeholders-focus group
    - based on the demands, wishes and perspectives of interested parties
    - it requires to perform a Community Needs Assessment where it is necessary to locate the informal opinion leader and collect the data, e.g. the doctor
      - corporate view:
        - GPs, Hospital Doctors, Nurses AHPs, Public Health Doctors, Commissioning Managers, Voluntary Organisations, Community Health Councils, Trust Managers, Patients (service users)
  - comparative
    - compares health performance across or between communities, disease groups, service providers
    - measures variation in cost and service use
    - fairly quick and inexpensive to achieve
- HNA benefits and challenges
  - BENEFITS
    - strengthens community involvement in decision making
    - improves public participation
    - improves team working/partnership
    - professional development of skills
    - improves patient care
    - improves communication with other agents and the public
    - better use of resources
  - CHALLENGES
    - professional boundaries prevent power and information sharing
    - lack of shared knowledge between sectors
    - lack of commitment from top-down
    - problems in accessing local data
    - difficulty in accessing target population
    - difficulty in maintaining impetus and commitment

6 — 6. Reviewing strategy, finance and performance
Dr David Whitney

- the business strategy in health: techniques to use for strategic planning
  - Scenario-planning
  - Ansoff matrix
  - PESTEL
  - BCG Harvard Index
  - SWOT analysis
- Programmes of Care
  - **for each programme of care there are allocated resources in the NHS**
  - retain health
    - **phase 1**
  - treatment and diagnosis
    - **phase 2**
  - rehabilitation
    - **phase 3**
  - long term care
    - **phase 4**
  - **e.g Cardiovascular diseases**
  - National Atlas of Disease
- The Business Planning Process
  - the 5 key stages
    - setting objectives
    - resource analysis
    - environment analysis
    - gap analysis
    - strategy formulation
  - costing and contracting
    - costs and income
    - reference costs
    - direct and overhead costs
    - fixed and semi-fixed costs
    - variable costs
    - apportioning costs
    - step costs
    - marginal costs
    - tariff prices
  - capital funding
  - commissioning
    - block contracts
    - cost per case
    - others
  - development of the business case

3 — 3. The role of evidence in service design
Dr Janet Harris

- what happens when evidence is introduced into a health care setting?
  - practitioners experience cognitive dissonance
  - existing knowledge and practice is questioned
  - the process of re-learning for experienced professionals
  - competing views may arise among colleagues
  - range of skills needed to deal with evidence based implementation
- evidence based practice: a new paradigm in health care
  - research
    - systematic reviews with quality assurance
  - clinical expertise
  - patients expertise
- the pyramid to search for evidence based issues
  - the S-pyramid
- when we search for evidence based we actually look for:
  - systematic reviews
  - guidelines
  - health technology assessment
- a good practice is to take use of review papers that have summarised all research based knowledge on a specific topic
  - **http://www.thecochranelibrary.com**
- barriers
  - psycho-social factors
  - the transfer of knowledge
  - health system factors
- implementing evidence
  - knowledge
  - attitudes
  - behaviour
  - guidelines
- assessing implementation
  - skills
  - social/professional role and identity
  - beliefs about consequences
  - motivation and goals
  - memory, attention and decision processes
  - environmental context and restraints
  - social influences and norms

5 — 5. Clinical Governance
Dr David Whitney

- definition
  - the framework where organisations continually improve the quality of their services and safe guarding high standards of care by creating an environment in which excellence in clinical care will flourish
  - clinical governance is fundamentally about the ability to produce effective change so that high quality care is achieved
  - competency in clinical governance: competence is the ability to perform the tasks and roles required to the expected standard
- mechanisms to promote clinical governance
  - 8 pillars of governance
    - clinical effectiveness
    - risk management
    - professional regulation
    - patient centred quality
    - information
    - research governance
    - professional development-medical
  - baseline self assessment
    - clinical governance/ management, organisational arrangements
    - awareness raising
    - clinical audit and effectiveness
    - clinical risk management
  - governance personnel
    - workforce development, professional regulation
    - patient partnership
    - information management & technology (informatics)
- challenges for managers in terms of governance
  - healthcare standards
    - first domain: safety
      - the use of healthcare processes, working practices and systemic activities that prevent or reduce the risk of harm to patients
    - second domain: clinical and cost effectiveness
      - apply health care decisions and services based on what provides effective clinical outcomes / patients achieve health care benefits that meet their individual needs
    - third domain: governance
      - managerial and clinical leadership and accountability / organisation's culture, systems and working practices / ensure that quality assurance and patient safety are central
    - fourth domain: patient focus
      - health care is provided in partnership with patients, their carers and relatives respecting their diverse needs, preferences and choices and in partnership with other organisations whose services impact on patient well-being
    - fifth domain: accessible and responsive care
      - patients receive services as promptly as possible
    - sixth domain: care environment and amenities
      - care is provided in environments that promote patient and staff well-being, respect for patients' needs and well-maintained to optimise health outcomes for patients
    - seventh domain: public health
      - programmes and services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and areas

Elderly Care: Coping with growing old and living alone; the design of an equity audit and the discussion on health commissioning
the Assignment

- **focusing on think tanks, evidence based reports, governance issues and technology use**