

# Hospitals facing the challenge of Integrated Health Service Delivery and Universal Coverage

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# INTERNATIONAL HOSPITAL FEDERATION

The international organization is representing national hospital and health care organizations from all over the world

- Fulfilling our vision to be a world leader in facilitating the exchange of strategic knowledge and experience in the hospitals and health care delivering sector.
- The voice of the hospitals and healthcare delivery industry and their decision makers in major international health organizations
- Sharing universal values for improved performance of health care services and better access to care for the population
- Providing its members with many opportunities for networking: Congress, Journal, Web, Projects, ...

# Hospitals and IHSD

- Hospitals: What are we talking about ?
- Challenges for hospitals with IHSD
- Way forward to enhance universal coverage

# Hospitals: What are we talking about ?

Are they similar?

What is in common between a small rural hospital in a remote location and a large university hospital in a dense urban center?



# Hospitals: What are we talking about ?

## DISTRIBUTION OF THE AUSTRIAN HOSPITAL SECTOR

- in 2003 -

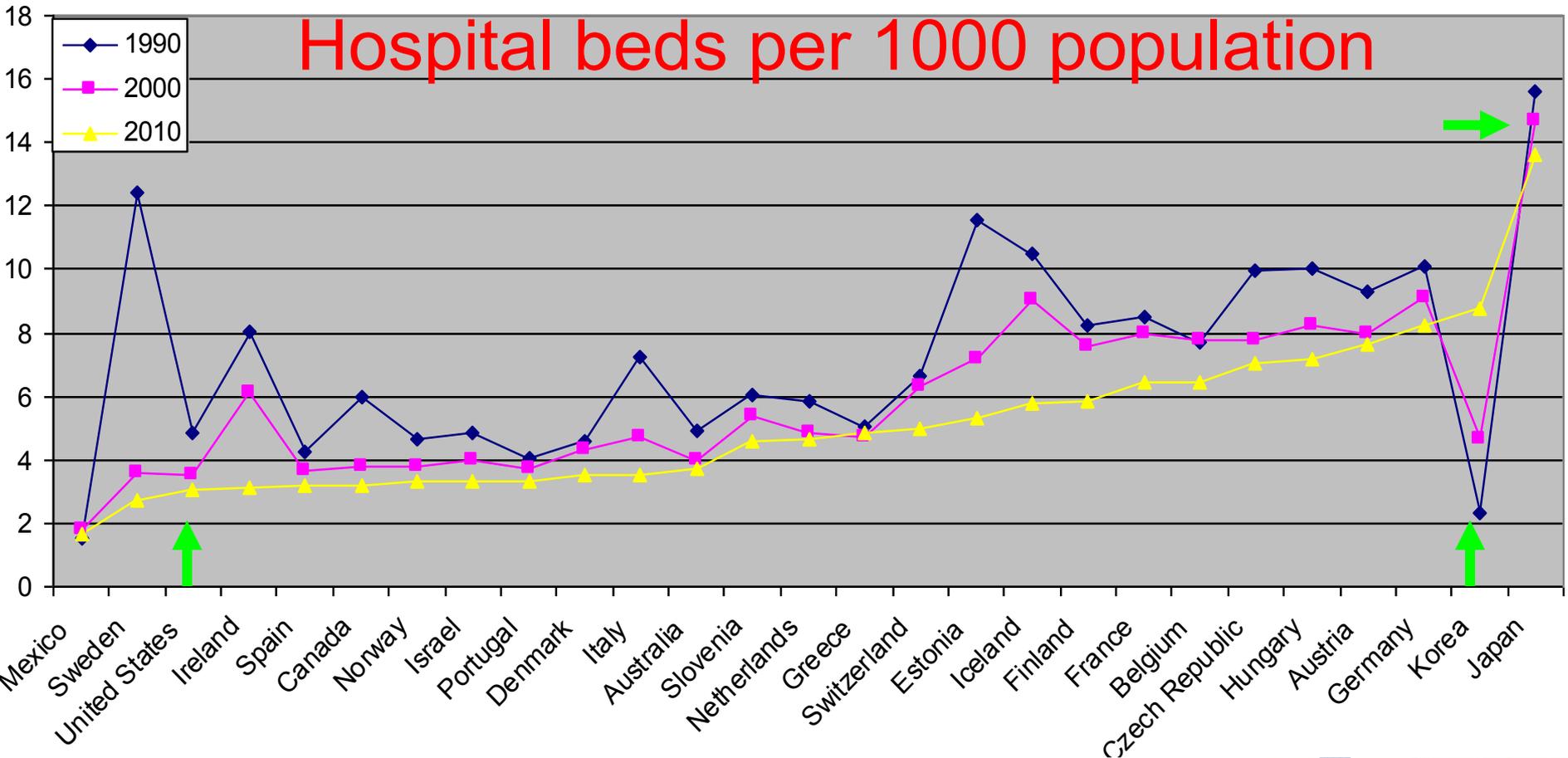
	number of hospitals	as % of number of hospitals	as % of number of beds
<b>HOSPITAL CATEGORIES</b>	<b>Staff</b>	<b>%</b>	<b>%</b>
general hospitals	116	42.6	63.1
specialty hospitals	94	34.6	21.5
long-term care hospitals (convalescence, chronic disease, etc.)	62	22.8	15.4
<b>TOTAL</b>	<b>272</b>	<b>100.0</b>	<b>100.0</b>
<b>HOSPITAL SIZE</b>	<b>Staff</b>	<b>%</b>	<b>%</b>
< 200 beds	167	61.4	26.3
200-499 beds	75	27.6	31.7
500-999 beds	21	7.7	22.7
> 1 000 beds	9	3.3	19.3
<b>TOTAL</b>	<b>272</b>	<b>100.0</b>	<b>100.0</b>
<b>HOSPITAL STATUS</b>	<b>Staff</b>	<b>%</b>	<b>%</b>
public	133	48.9	67.7
belonging to social security	40	14.7	8.5
private not-for-profit	52	19.1	17.5
private	47	17.3	6.3
<b>TOTAL</b>	<b>272</b>	<b>100.0</b>	<b>100.0</b>
<b>ESTABLISHMENT OWNER</b>	<b>Staff</b>	<b>%</b>	<b>%</b>
federal government	10	3.7	0.8
<i>länder</i> and their agencies	89	32.7	52.3
local authorities and their associations	34	12.5	14.5
various social insurance systems	40	14.7	8.5
religious congregations	42	15.4	16.1
associations and foundations	10	3.7	1.5
individuals or private enterprises	47	17.3	6.3
<b>TOTAL</b>	<b>272</b>	<b>100.0</b>	<b>100.0</b>

- There are many ways to describe hospitals and no international definitions on hospital's categories.

- A Hospital is a healthcare facility but its scope of activities and ownership may vary dramatically.

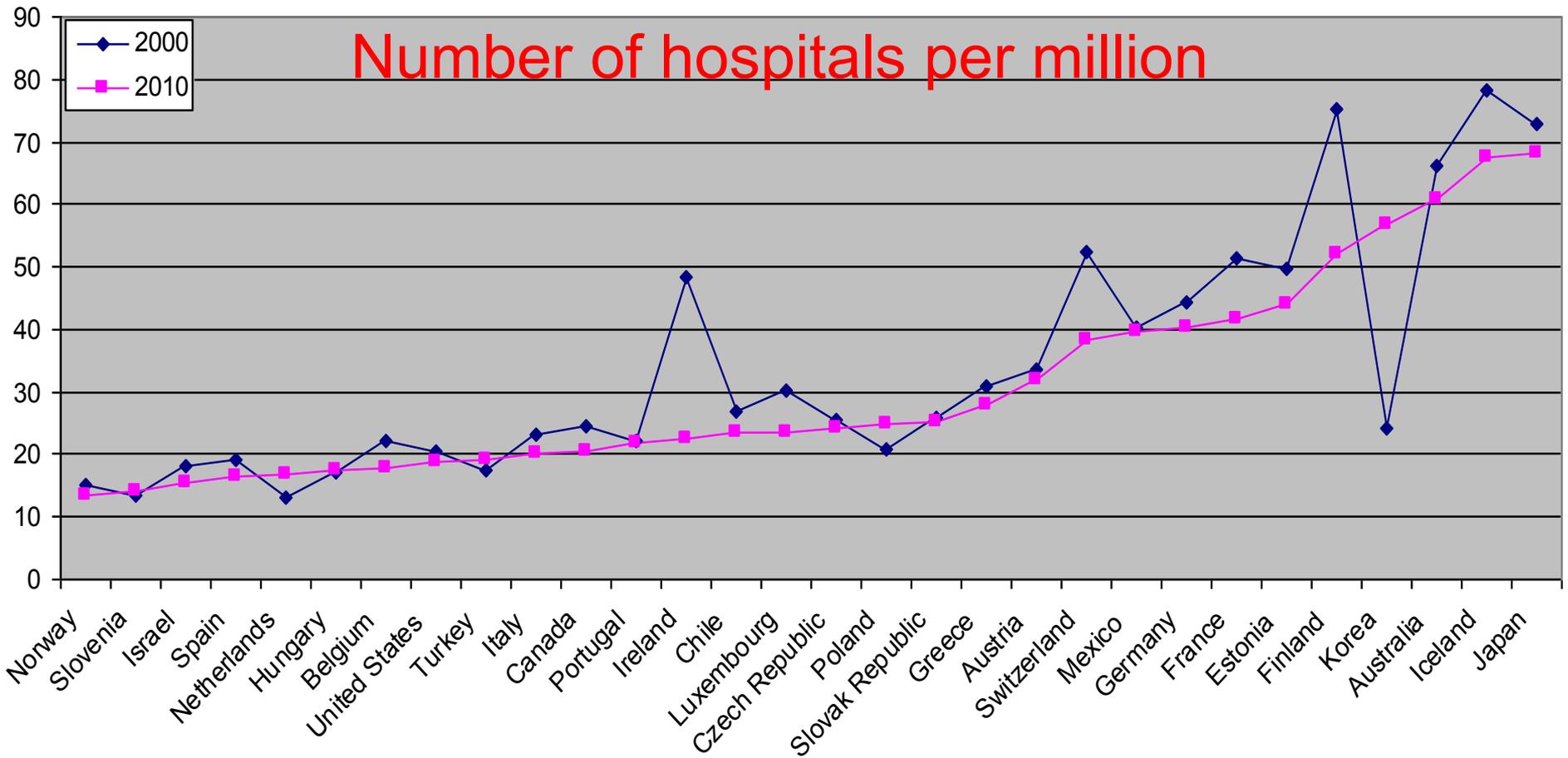
- To achieve any changes in hospital sector it will be important to be mindful of this diversity.

# Supply of inpatient services varies dramatically across the world

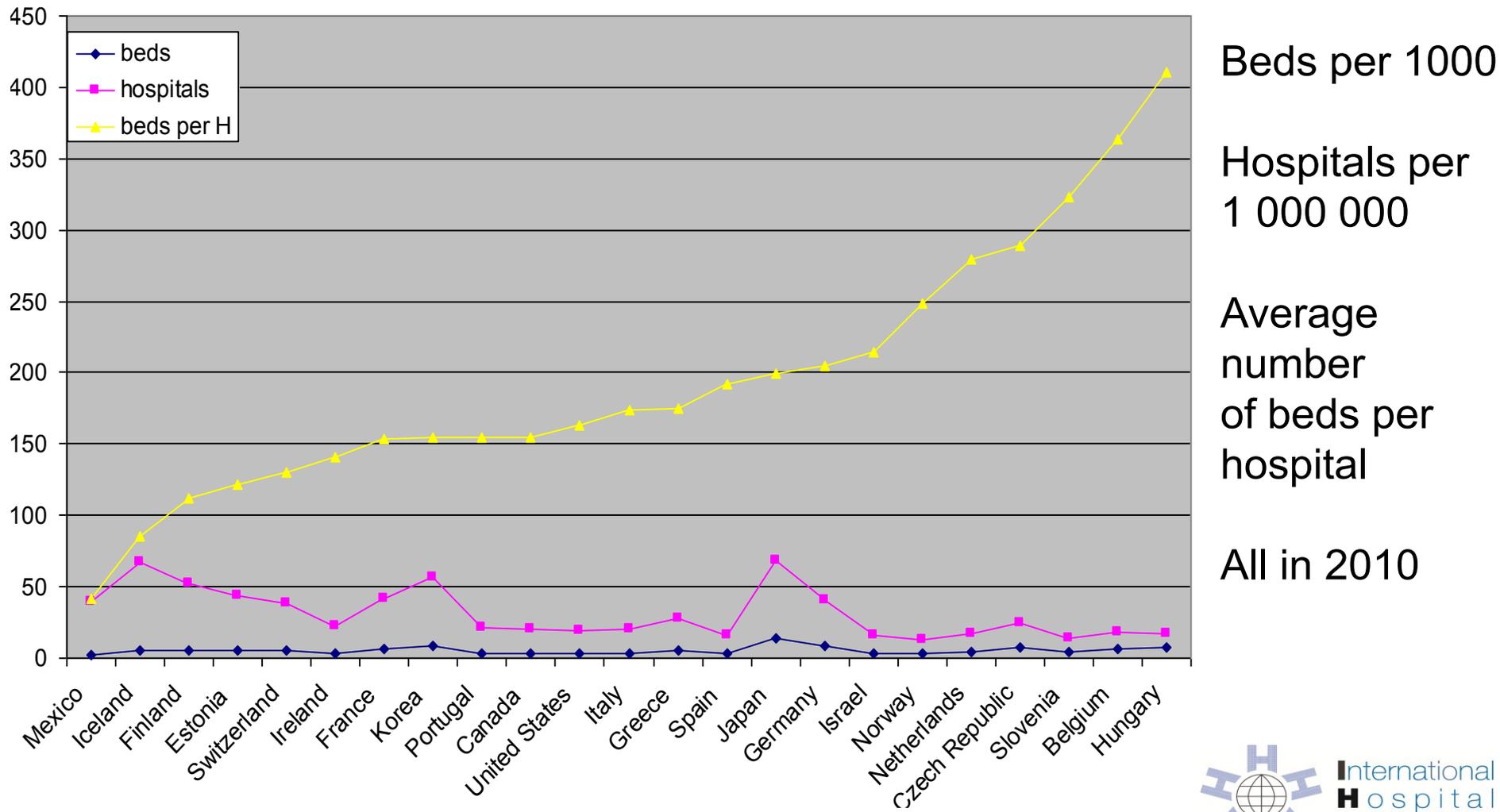


Source: OECD Health data base

# Supply of inpatient services varies dramatically across the world



# Supply of inpatient services varies dramatically across the world



Beds per 1000

Hospitals per  
1 000 000

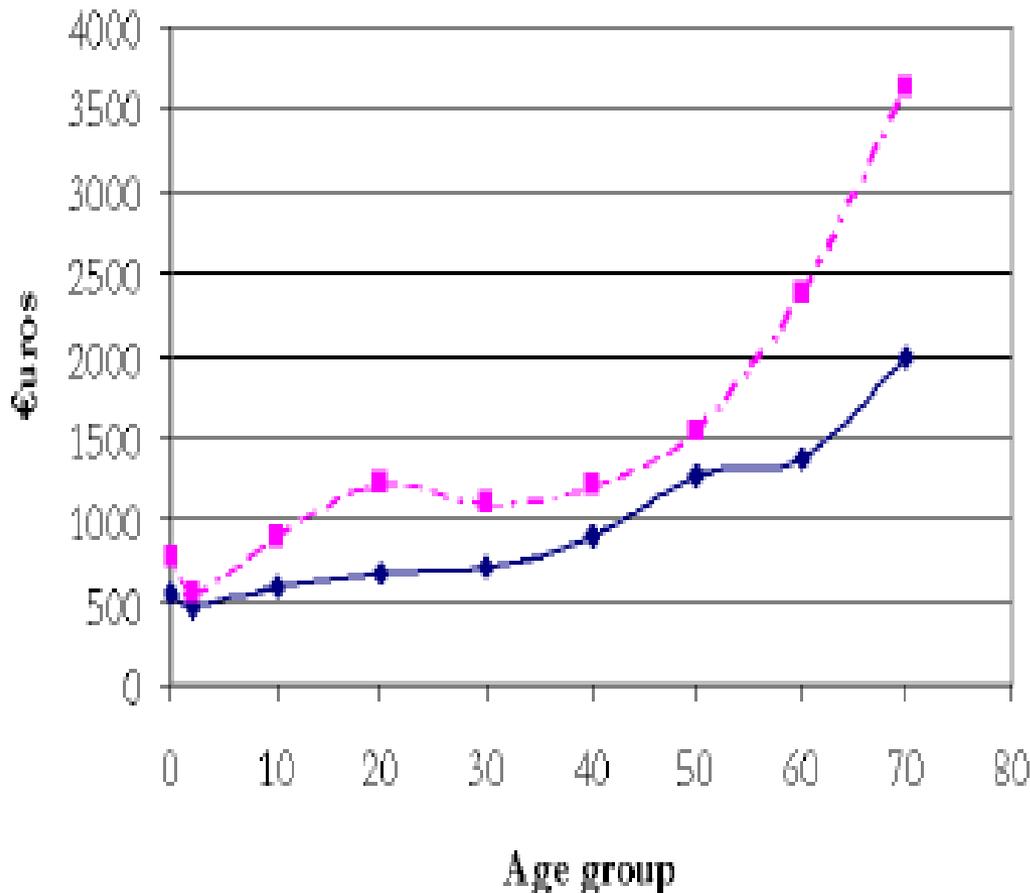
Average  
number  
of beds per  
hospital

All in 2010

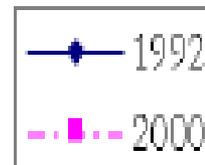


# Less attention on dynamics of health expenditures

Health care expenditures profiles by age - 1992 and 2000



Most part of health expenditure Growth is related to new patterns of care related with new treatments which have been highly labor intensive.



Hospitals have entered the negative marginal return zone but pressure for treatment remains high regardless of real cost/benefit approach .... Major ethical issues !!!

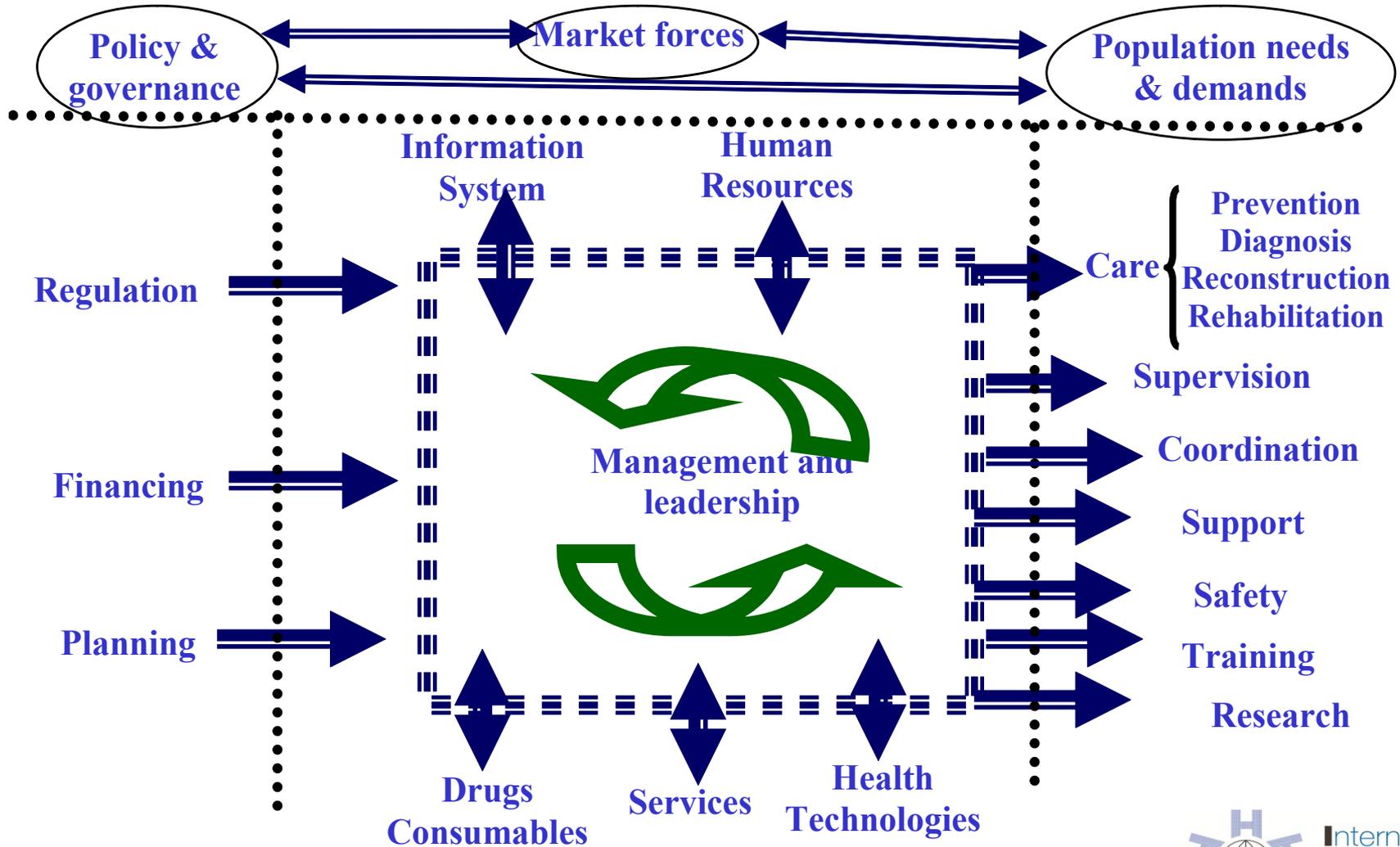
# Hospitals: What are we talking about ?

- Complex organizations based on medical specialties but with many possible combinations.
  - Very diluted decision making power in a context of high professional independence
  - Organization and payment systems around episode of care and outputs or immediate outcomes.
  - Limited management culture: efficacy comes before efficiency and limited system perspective or long term approach.
  - Limited customer orientation: Hospital is a type of Total Institution (**Erving Goffman**)
  - High symbolic value and large (often public) employer : strong political interferences
- ➔ Change management is a major challenge in risk adverse organizations in which fight for self independence and power is strong

# Hospitals: What are we talking about ?

- Role and function vary between types of hospitals
  - Role and functions vary within countries according to location (remote /urban) and ownership (public/private)
  - Role and functions vary a lot between countries according to history, governance model, ownership
- ➔ No international definition or classification of hospitals but a generic model can be elaborate:
- recognize its nature as a production organization
  - interface it with policy options
  - identify its key inputs and outputs

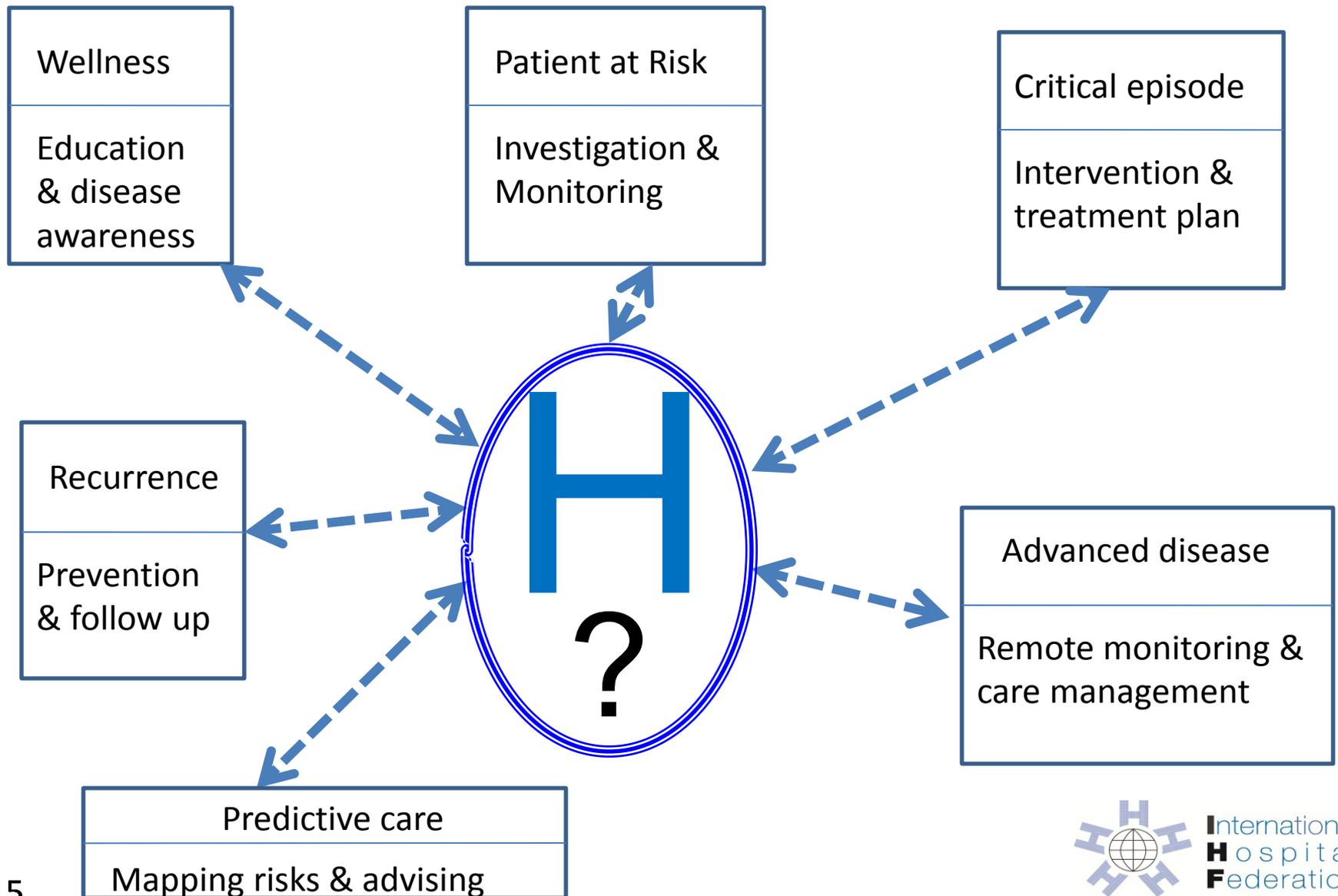
# Hospitals: What are we talking about ?



# Hospitals and IHSD

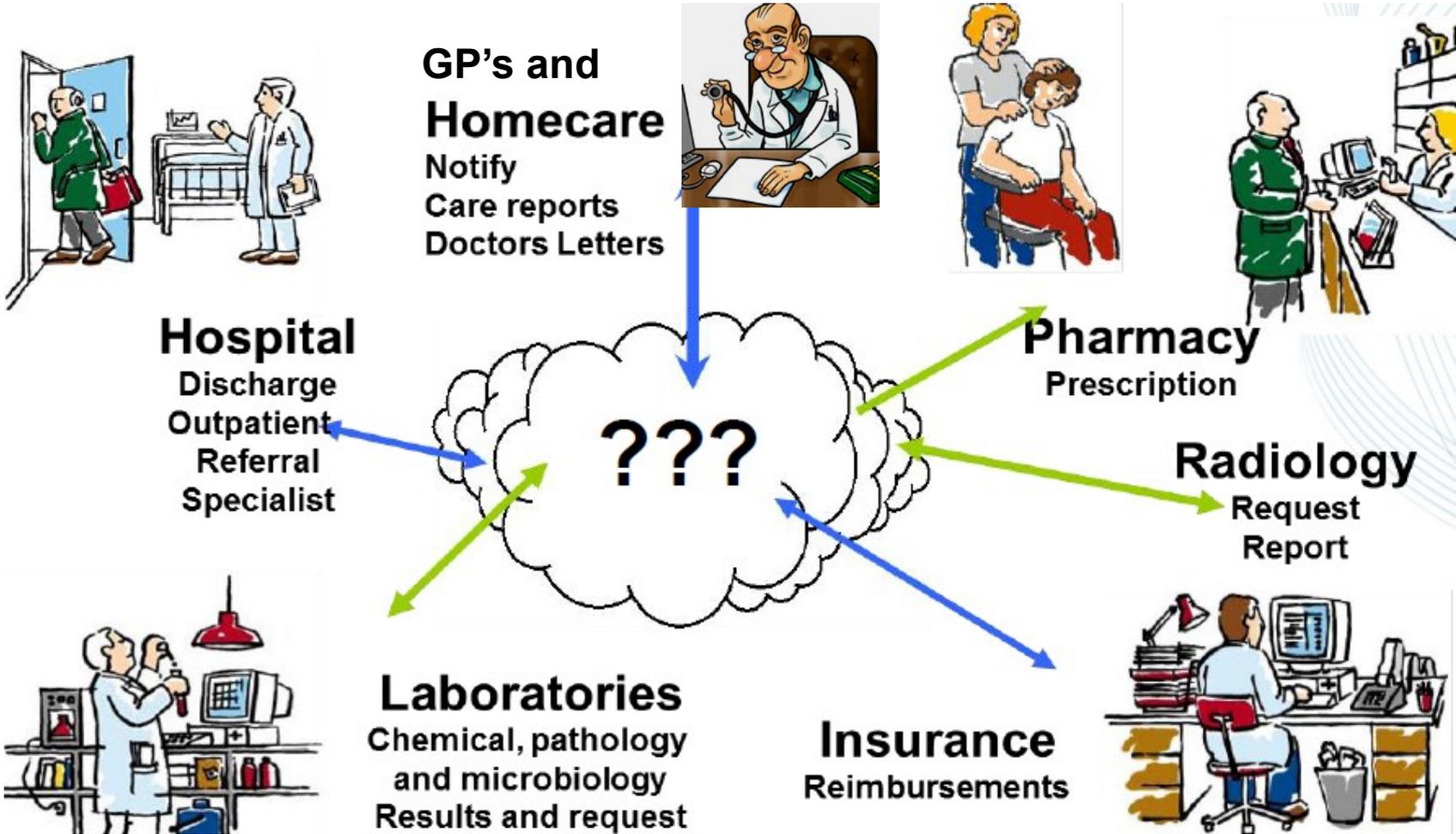
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# Challenges for Hospitals with IHSD



# Challenges for Hospitals with IHSD

Coordination : Who is in charge, how is it organized and financed?



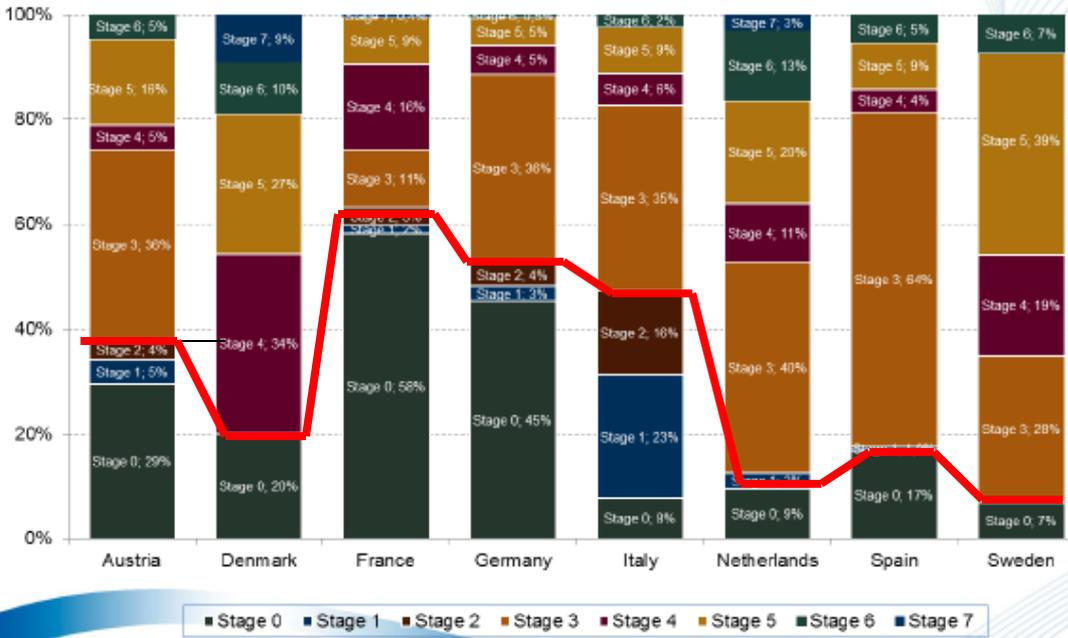
# Challenges for Hospitals with IHSD

Importance of health data exchange : limitations from technologies and practice – which is the most challenging ?

## EMR Adoption in Europe

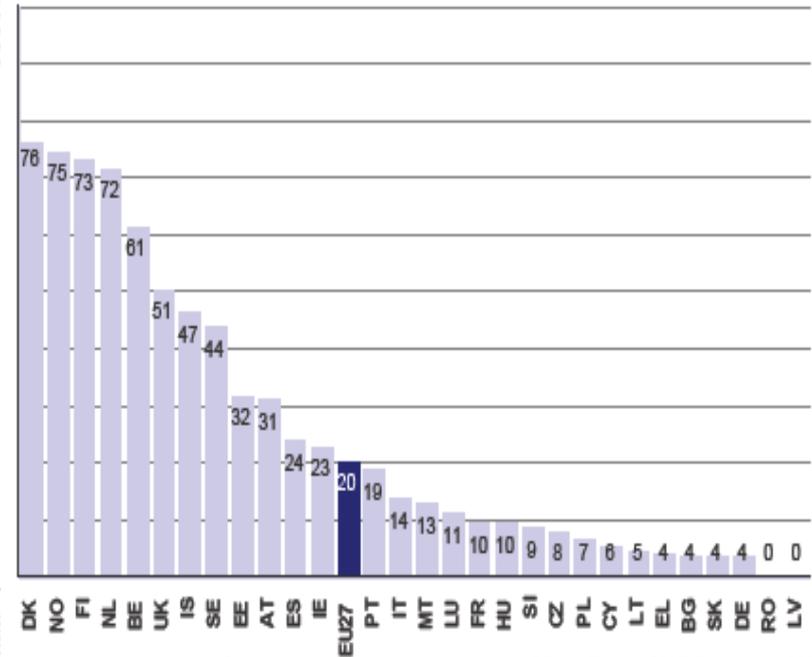
% of Institutions per Stage, 2009/10

(based on Key Component Availability mapped to EMRAM)



## European GPs data exchange with hospitals (EC Study 2007)

Random samples of 6,789 GPs in 29 countries



Source: empirica: eHealth use among GPs in Europe 2007, Bonn, April 2008

# Challenges for Hospitals with IHSD

- A Mosaic of skills with different culture
  - Many different skills and rigidity on nature of competencies
  - Different origin and training approaches
  - Options for contracting out not often available.
  - ➔ The HR dynamic plays a major role in hospital evolution
- Important Shortage of HRH
  - Ageing workforce but that will have to stay longer
  - Shortage favoring day to day management
  - Major concerns on how it will be possible to operate
  - ➔ The sense of urgency overshadows need for reshaping

# Challenges for Hospitals with IHSD

- How to serve population in rural/remote places
  - Care givers are reluctant to work alone
  - Care givers are reluctant to live in remote places
  - ➔ Initiatives to boost rural hospitals as hub for PHC
  - ➔ Promises from e-health in relation with health-hubs
- How to deal with inadequate utilization of hospitals:
  - Emergency as an alternative to unavailable first line care
  - Hospitals as a solution for social situations
  - Important shortage of capacity for long term care
  - ➔ Invest in pre and post hospital alternatives to reduce pressure on hospitals

# Challenges for Hospitals with IHSD

- Inadequate payment system in most countries :
  - Activity based and only in relation to sole provider
  - No recognition and payment of coordination
  - ➔ Full redesign of payment systems with multiple payments to better support different functions
- Payers and coverage do not favor continuity of care:
  - Silo approach with competition between payers
  - Coverage not supporting patient empowerment
  - ➔ Re-engineer the coverage mechanisms in relation with political decentralization

# Challenges for Hospitals with IHSD

- From a specialty centered organization to a patient's centered organization
  - Education of doctors : hyper specialization
  - Complexity and knowledge management : silo approach
  - Quality of care & productivity : importance of volume
- ➔ Today's hospitals are not well organized to deal with multi-chronic patients :
  - o Transforming hospitals of all nature to care and coordinate care
  - o Breaking down the large hospital model by an “industrial revolution”

# Hospitals and IHSD

- Hospitals: What are we talking about ?
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- Way forward to enhance universal coverage

# Way forward to enhance universal coverage

A need to bring clarity in the discussion on PHC

- A principle based concept for health systems
- A package of low cost and high impact activities
- Organizations delivering health services to the population

# Way forward to enhance universal coverage

## PHC as a principle for health systems



Adoption by all stakeholders of the PHC principles with commitment to implement them in their activities :

- Patient centered services
- Patient empowerment
- Quality and patient safety
- Equity of access to health services
- Accountability and transparency
- Organizing continuity of care

➔ IHSD and universal coverage are embedded in PHC principles for health systems

# Way forward to enhance universal coverage

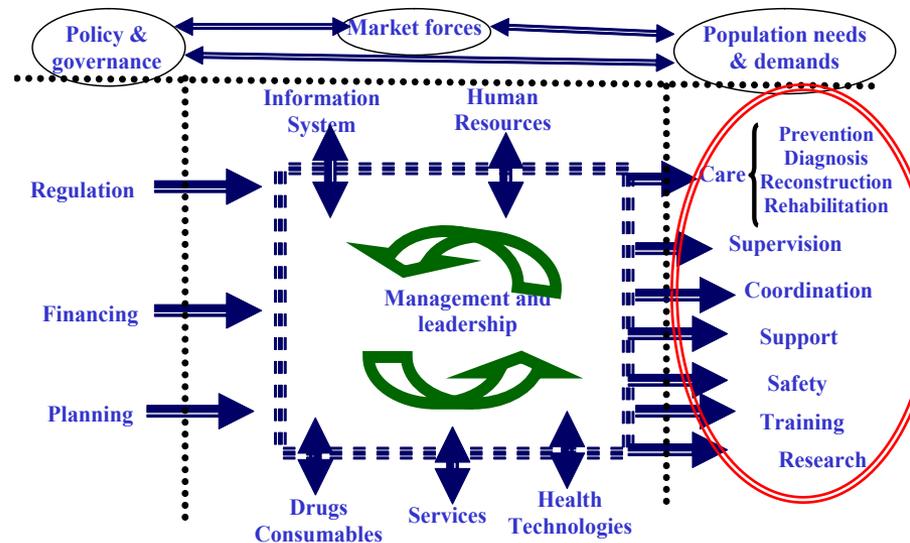
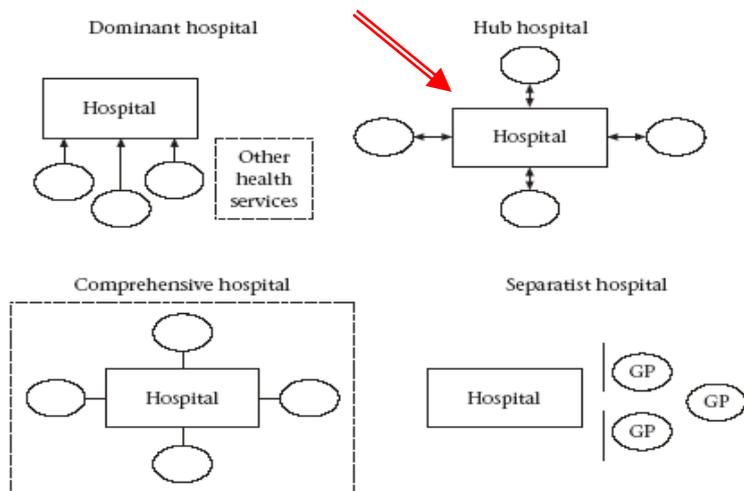
## Promote low cost and high impact activities

- Support implementation of evidence based low cost & high impact activities
- Support research by initiating a project similar to the DCPD (<http://www.dcp2.org/main/Home.html>)
- Customized essential first level comprehensive care
- Support patient empowerment
- Reconsider role of hospitals in delivering low cost/High impact services.
- Develop flow and lean management to optimize patient continuum of care across health system

# Way forward to enhance universal coverage

## Organize efficient service delivery

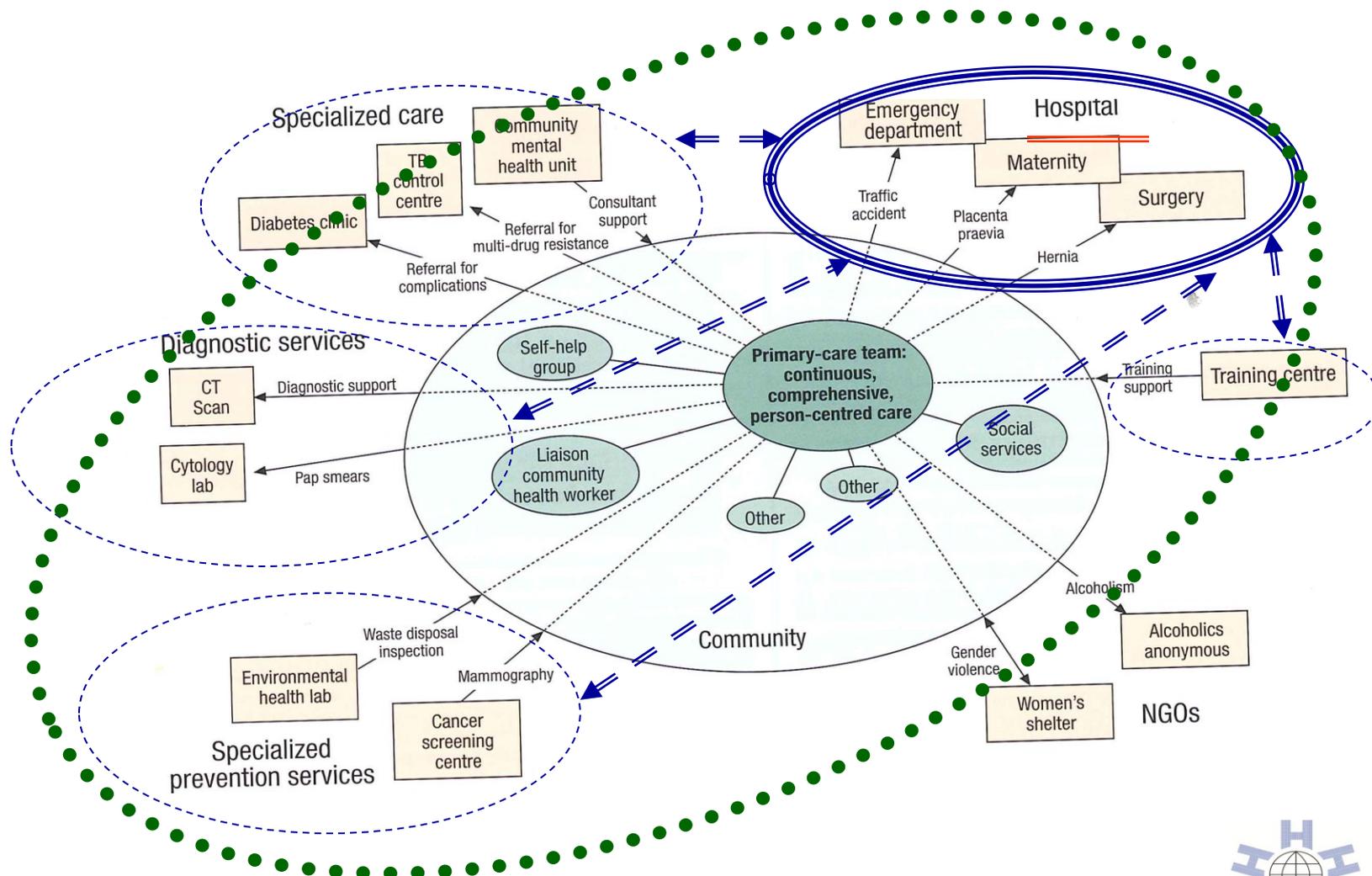
- Country specific distribution of role and functions performed by different providers according to their location
- Better recognize the different functions performed by all health care organizations



Source: hospitals in a changing Europe McKee & Healy, Euro Observatory, 2002, Open University Press

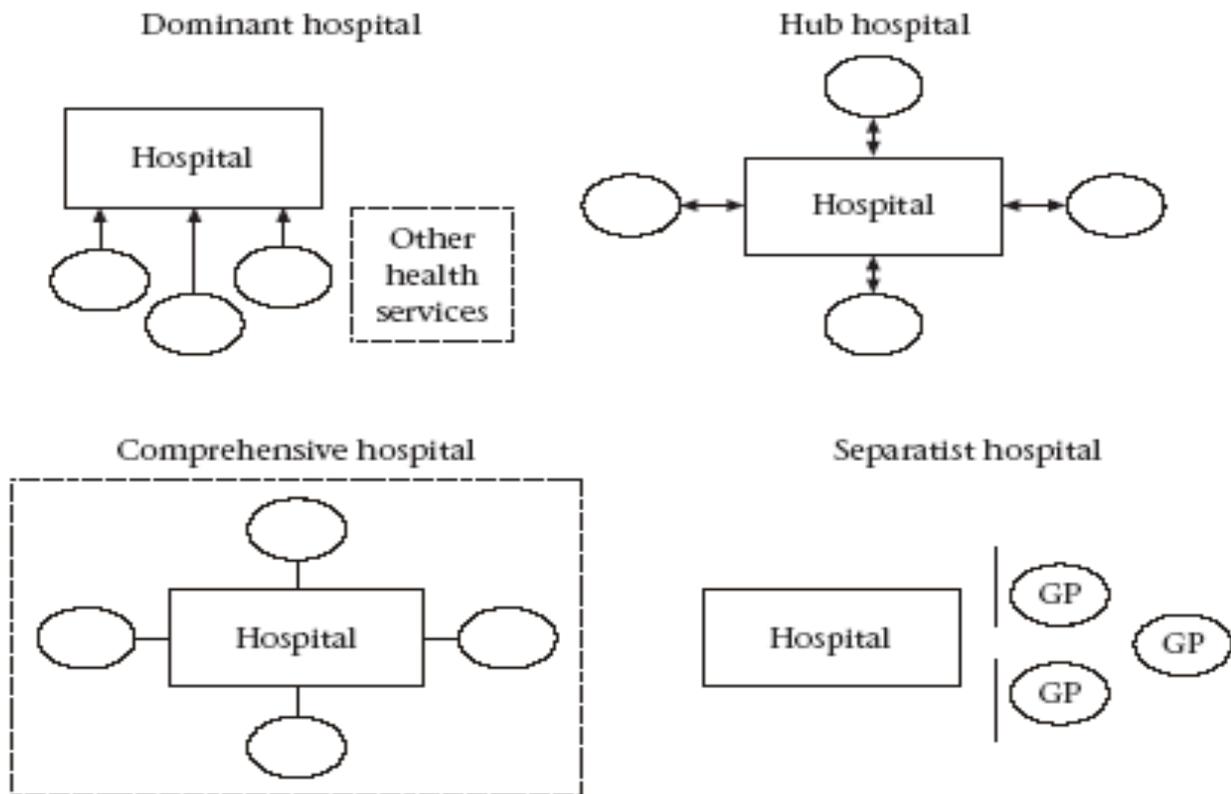
# Way forward to enhance universal coverage

What works for first level care may not be efficient for multi-chronic conditions



# Way forward to enhance universal coverage

Advancing on best role for hospitals: dominant hospital and separatist hospital should be excluded but hub and comprehensive hospitals are to be considered especially for coordinating complex care to population



# Way forward to enhance universal coverage

## 5 key areas to focus on → **Financing systems**

- Payment systems better aligned with policy objectives : access to care, silo breaking , right incentives, gap filling (coordination),...
- Payers to coordinate around people's needs.
- Funding of investments for productivity gains.
- Better tuning of planning and financing to expand geographical and social coverage.

# Way forward to enhance universal coverage

## 5 key areas to focus on → **Hospital organization**

- Increased flexibility for in-patient care
- Out-patient activities more focused on areas of core competency & efficiency
- Open technical units fully managed as production units.
- Increased flexibility of staff skill mix
- Increased public/private mix

# Way forward to enhance universal coverage

## 5 key areas to focus on → **Coordination of care**

- Interrelation between all sectors regardless of nature and ownership.
- Clear scheme for responsibilities to care and administer.
- Assessment, optimization and full coverage of transaction costs.
- Ubiquitous Electronic health records (interoperability).
- High level of accountability and transparency

# Way forward to enhance universal coverage

## 5 key areas to focus on → Technology

- Full assessment of benefits (efficiency improvement)
- More emphasis on organizational changes
- Open reconsideration of stockholder's roles
- Understanding barriers to implementation
- Support to research and dissemination
- Models for access in lower income settings

# Way forward to enhance universal coverage

5 key areas to focus on → **Education & Professional culture**

- New approach to health professional's education
- Better recognition of competencies
- Importance of leadership at different levels
- Learning systemic approach and cooperation
- Enhancing life long learning and career change

# Way forward to enhance universal coverage

## Responsibilities for policy makers

- Stop hospital blame game: Take them fully into account
- Have a clear policy with priorities and principles applicable to hospitals ( mix of functions according to place and location)
- Implement right incentives
  - Payment systems and coverage mechanisms
  - Decentralization of stewardship
  - No one fits all approach in the country
  - Accountability and M&E frameworks (especially for inappropriate activities)
  - Reward good practices
- Mobilize investments funds to support transformation of hospitals
- Support research and dissemination of new effective technologies

# Way forward to enhance universal coverage

## Responsibilities for providers...including hospitals!

- Adoptions of clinical pathways for integrated care
- Holistic approach of patients : patient condition versus specific diseases
- Increased flexibility in HR management
- Matrix approach of healthcare (specialties & conditions)
- Stronger accountability and transparency on results

