

Building a Regional Agenda for Hospitals in IHSDNs

{ Perspectives from the meetings with Latin American Managers and Experts }



**Pan American
Health
Organization**



*Regional Office of the
World Health Organization*

- ❖ Country Meetings with Hospital and Health Services managers
 - Common problems...shared vision for the future
- ❖ Expert Meeting in Panama, June 2012
 - Limiting Factors
 - Strategic Lines of Action

Summary of Meetings

❖ Common challenges:

- Hospitals are powerful social symbols
- They operate independently and replicate internally the fragmentation of the system
- They consume the largest portion of the health resources
- Hospitals continue to be important venues for training healthcare providers
- Many hospitals provide a confusing array of first level, secondary and tertiary care services
- Hospitals in most countries report to be 'overwhelmed', 'isolated', 'underfinanced and under pressure'
- There isn't a common typology for hospitals. Diversity responds to historic mindsets and pressures from political agents, communities and lobbies
- Hospital management lacks professional competencies
- A crucial factor in hospital management is the high level of political interference.

Country Meetings: Latin America

❖ Shared vision for the future:

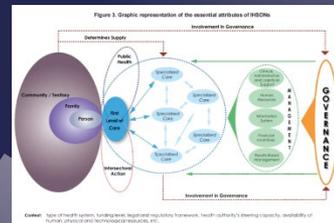
➤ HOSPITALS WILL:

- ❏ Be People centered, flexible, dynamic and adaptive organizations, working in coordination and collaboration with other health facilities and social services
- ❏ Have integrated management processes that lead to efficient, effective and continuous delivery of quality care
- ❏ Have physical infrastructures and technologies appropriate to their role and function in the network
- ❏ Have a sufficient and competent workforce
- ❏ Promote participation of its workers and users in governance
- ❏ Be accountable for health outcomes, production and financial results
- ❏ Transparent in their management. Autonomous in their internal management, with stable and multi-professional management teams capable of deciding and executing services in response to the needs of users and aligned with the network
- ❏ Be safe and respectful of its users and the environment

Country Meetings: Latin America

❖ Challenges and Limitations to the integration of networks:

- Little awareness of the importance of coordination of care
- Vested interest of some sectors to impede the conformation and functioning of the networks and improvements in the delivery of care
- Difficulties in some basic aspects of IHSDNs, such as, ascribing populations in a defined territory
- Paradoxical co-existence of scarcity of resources and waste/inefficiency



Expert Meeting: Panama, June 2012

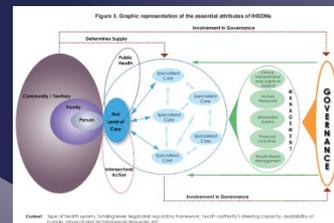
❖ Challenges and Limitations to the integration of networks:

➤ Governance:

- ❏ Weak or inexistent governance structures and mechanisms
- ❏ Weak stewardship and leadership of the national health authority
- ❏ Governance is a “Work in Progress” and it is important to not consider hospitals as the “Bad Guys”

➤ Model of Care:

- ❏ Inexistence of real “networks” of health services
- ❏ Persistence of a model of care that segments healthcare provision in “public” and “private”
- ❏ Weak first level of care services
- ❏ Poor change management processes



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❖ Challenges and Limitations to the integration of networks:

➤ Management:

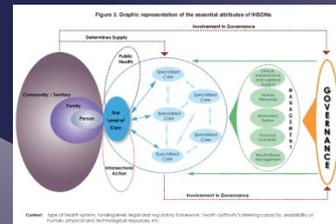
- ❏ In most countries, lack of solid Human Resources policies that include guidance for training (undergraduate and others)
- ❏ Unused potential of Communication and Information Technologies (CTIs)
- ❏ Unresolved challenges for the management of clinical integration and coordination of care

➤ Allocation and Incentives:

- ❏ Prevalence of historic budgets, generally with chronic deficits
- ❏ Lack of incentives to align performance to the objectives of the networks

➤ Governance:

- ❏ Lack of, or poor leadership that creates vacuums at all levels (national – to-networks), and internally in hospital organizations
- ❏ Lack of accountability
- ❏ Absence of mechanisms that take into account the “voice” of users and consumers.



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Strategic Lines of Action for the Regional Agenda:

➤ Four Strategic Lines:

- ❏ Governance
- ❏ Model of Care
- ❏ Human Resources
- ❏ Technology
- ❏ Allocation and Incentives



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❖ Strategic Line: *Governance*

- Increased voice and presence of users in strategic decision-making while ensuring ample space for hospital managers to manage.
- Focus on capacity building for leadership and governance
- Renewed importance of Clinical Governance
- Capacity for change management
- At the IHSD network level, Governance role in strategic planning to ensure alignment of all members of the network.



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❖ Strategic Line: *Model of Care*

- Strengthening of the First Level of Care
- Integrated care processes
- Redefinition of roles and functions of all facilities in the network, not only hospitals
- Innovative healthcare delivery



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❖ Strategic Line: *Human Resources*

- Redesign of undergraduate training to reflect PHC values and principles and interdisciplinary collaborative work
- New competencies, roles and job descriptions
- New policies for training of specialist, contracting and retention of skilled workers and professionals
- Attention to Change Management



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❖ Strategic Line: *Technology*

- Use of information and communication technologies (ICTs) to improve coordination of care
- Impact of ICTs on increasing ambulatory care and the capacity of the first level of care
- Cost-effectiveness of ICTs



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❖ Strategic Line: *Allocation & Incentives*

- Allocation and payment mechanisms for the network
- Cost effectiveness rather than cost-containment
- Equity in allocation of resources
- Culture of performance linked incentives
 - ❏ Groups/Teams rather than individuals
 - ❏ In kind rather than monetary



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PROPOSAL FOR THE DEVELOPMENT OF A
REGIONAL AGENDA FOR
HOSPITALS IN INTEGRATED
HEALTH SERVICE DELIVERY
NETWORKS



Thank you