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Better MANAGEMENT Better HEALTH

FINAL REPORT ON THE PHARE HEALTH SECTOR MANAGEMENT PROJECT 1992/1993

EDUCATIONAL PROGRAMME REPORT 3

Recommendations from the Brno health management conference (March 1993)

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Dear Colleague

BETTER MANAGEMENT, BETTER HEALTH

Report on the Health Management Conference, Brno 29-30 March 1993

I and my colleagues greatly enjoyed the opportunity to share with you and other participants in the discussions at Brno. We hope the Conference provided an effective means for considering how best to manage current changes in Czech and Slovak health care. We also hope that the Conference has contributed to strengthening mutual assistance networks among managers facing similar challenges.

With this letter I am sending a short report on the Conference, including:

* a summary of the recommendations from the six working groups
* a list of participants, with contact addresses

All of us hope there will be future opportunities for sharing ideas on the contribution of management to achieving better health services, and better health.

Our best wishes for the success of your efforts.

Yours sincerely

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SUMMARY OF RECOMMENDATIONS

The Brno conference combined formal presentations to the whole conference by invited speakers with intensive work in groups of 10-15 participants on important challenges facing Czech and Slovak managers. These working groups addressed six main topics, in each case beginning with a 'diagnosis' of the challenges and then sharing ideas and experiences to identify practical recommendations for future progress. These recommendations were reported back and discussed by the whole conference.

Group discussion was in Czech and Slovak, as were the reports. The following summaries have been prepared by the Western contributors, who were listening to the discussions through interpreters and were therefore 'handicapped' in gaining a complete understanding. Nevertheless we hope these summaries will be helpful both as an aid to memory for the managers present at Brno and as an interesting record of the discussions for other managers facing similar challenges.

1. HEALTH INSURANCE AGENCIES AND THE RELATIONSHIP WITH PROVIDERS

The first working group was composed mainly of Czech participants and focused on the recent evolution of the health insurance system in the Czech Republic. Participants included representatives from many levels in the health system: health services providers, district branches of the general health insurance company, the central office of the insurance company and the health ministry.

Discussion began from specific practical problems raised by local participants but then moved to system-wide dilemmas where participants from the national level led the debate.

Challenges

* Privatisation is creating a large number of new partners for the insurance companies (hospitals, polyclinics, private doctors, pharmacies, opticians, spas etc.) and requiring tremendous efforts to establish and maintain good communication with all of them.

* There is a widespread feeling of uncertainty: several different proposals for further development of the health reforms have been produced in a short period.

* People perceive that the way policies are being created allows vested interest groups to influence decisions in their own favour.

* The ultimate goals of privatisation seem unclear and the costs involved may be underestimated.

* The nature and extent of health care benefits which are going to be publicly financed remains unclear.

* Several aspects of the health insurance and financing system require review. These include the contribution levels for payers, the system for recording activities and the organisation of billing and financing.

Recommendations

Major improvements are required in the following areas:

- formulation of the health insurance plans and the benefits to be covered;
- clear incorporation of the insurance funding into the total financing of health care;
- clarification of the role of different agencies in the insurance system and improved communication between them;
- consideration of better ways of financing the work of health services providers, including development of contracts, establishing fair prices and encouraging productivity/efficiency.

It was agreed that in addressing these issues it is important:

(i) To develop the health insurance system in a way which starts from the interests of patients and promotes attention to the quality of services and to ethical considerations.

(ii) To develop procedures which clearly identify and deal successfully with the related but partly independent questions of:
- billing for activities
- cost control
- quality control

(iii) To recognise the differences between:
- issues in designing the system
- managerial and operational problems
- technological problems

2. HOSPITALS : IMPROVING QUALITY AND EFFICIENCY

This group's discussion and recommendations focused on the role of hospital managers in ensuring their hospitals are successful within a more decentralised and insurance-funded health system. A particular concern was how to combine economic viability with improvements in the quality of care experienced by patients.

Challenges

Hospitals are typically at an early stage in achieving major changes in management and performance. There is scope to learn from each other about how best to meet these challenges. Slovak managers can also learn from Czech colleagues about the impact of insurance company payments using a points system because there has already been a year's experience of this sort of system in the Czech Republic.

In both Republics there is a need to:

- increase understanding of the new requirements and involve doctors, nurses and other staff in achieving necessary changes;

- improve the systematic information available to managers so that the basis for decision-making can be made more visible;

- rethink the services which hospitals should provide in the light of other hospital services in the same area, the expansion in private medical specialists and changes in general practice.

Recommendations

In meeting these challenges, each hospital needs to develop its own strategy for the future. Key elements in these strategies should include:

(i) Agreeing the purpose of the hospital in the local health system and identifying the services which it is most important to sustain or develop, having regard to local health needs and the new funding arrangements.

(ii) Developing new management arrangements through delegation of responsibility and authority to departments and involving medical and nursing staff in improving both efficiency and quality.

(iii) Establishing useful management information systems which provide an increasingly good analysis of each department's performance and costs. It would also be very useful to managers to have more comparative information - showing how performance compares with hospitals elsewhere.

(iv) Giving greater attention to the quality of services through a range of initiatives including:
- developing clinical audit;
- improving the status of patients and their families ('humanising the hospital');
- considering how best to integrate care between the hospital, ambulatory and home care services.

(v) Creating opportunities for the training of medical and nursing managers and providing other ways of sharing experiences between people facing similar challenges in different hospitals.

3. PRIVATISATION AND THE DEVELOPMENT OF EFFECTIVE PRIMARY CARE

This group discussed the effects of privatisation on the ability to maintain and further develop effective, high quality primary care. Despite a stated policy priority to strengthen primary care as the foundation of the reformed health care system, there is as yet little evidence that the needs of primary care providers are being considered in the reform process. Rather, the reform agenda continues to be dominated by the needs of the acute hospital.

Challenges

Historically primary care providers - largely GPs and pediatricians - in the Czech and Slovak Republics have been at the low end of the medical power structure, with low status in the Medical Chamber and poor organisation as an association of physicians. Because one can become a GP after medical school and two years of work in a hospital, it has often become a "specialty by default" for those who are unable to enter a specialty training programme. Due to the large number of physicians, it has become increasingly unclear whether or not physician graduates interested in primary care will have jobs when they complete their training.

The new health care reforms seem to place a policy emphasis on strong primary care and prevention as the keys to a healthier population and a more cost-effective and patient responsive health care system. The belief is that privatisation will "free up" primary care physicians to be more efficient. The ability of patients to choose their own primary care doctor will lead to constructive competition, improved patient responsiveness and quality of care, as poor providers fail in "the market".

The discussion raised serious questions about whether the act of privatisation would, in and of itself, achieve these ends. Most felt that the potential freedoms

would be useless unless some serious steps were taken to address historical problems in primary care practice so that a "new primary care" can emerge.

Recommendations

Attention is urgently needed to address unanswered questions that are crucial to the development of effective primary care in a privatised system:

* what is primary care? Is it a service provided by a certain category of doctor, e.g., a general practitioner or a paediatrician or is it a system of care with certain characteristics that must be met, regardless of who provides the service (for example, first contact care, continuity of care over time, comprehensive services directly or through managing referrals etc.)?

  If no clear definition is given to primary care, the tendency will be that anyone practising outside the hospital calls himself a primary care provider, and, without criteria, it will be difficult, if not impossible to ensure the appropriate nature and quality of services.

* Are primary care providers in the Czech and Slovak Republics going to be "gatekeepers" into the health care system for patients or can the public self-refer directly to specialists or hospitals? This is a critical policy decision that will have enormous effects on costs and appropriate use of the health care system.

It was noted that in the United Kingdom where patients can only be referred for specialty and hospital care by their GPs, only 10-15% of all patient encounters with the GP result in a referral. In the United States, the most effective prepaid managed care systems (HMOs) refer 30% of patients to specialists, and, in fee for service private practice, over 60% of patients are referred to specialists.

* How will the new insurance system support and "grow" primary care? In a market system, services that are well reimbursed are the ones that flourish. Attention must urgently be paid to assuring adequate financial incentives for primary care practice and administrative and capital reimbursement systems that are realistic for the small practice office.

Up to now, it appears that most of the concerns of the insurance systems have focused on the needs of the acute care hospital. There is great uncertainty among primary care doctors about the 'points system' so they feel at great risk in maintaining or increasing their income under privatisation. It is not yet clear how primary care doctors will be able to afford to acquire, rent or renew premises and equipment needed for practice under privatisation schemes. The paperwork required of primary care doctors to cope with the insurance system is overwhelming as, without administrative support, they must process claims for multiple companies using different forms in order to receive payment.

* How will doctors be properly trained and "accredited" to practice primary care? Mechanisms must be developed to assure quality under the new privatised system as it becomes much more heterogeneous with multiple small, relatively independent practice units.

  Because there is no history of general practice specialty training, a policy commitment to primary care must be accompanied by an investment in design, recognition and implementation of specialised graduate medical education programmes to retrain existing GPs and keep them up-to-date with the latest developments. Finally, in the proposed privatised system for primary care, who will assure quality? The insurance companies will verify that practices exist and that there are enough of them, but the Medical Chamber may need to be involved in accrediting these practices.

Primary Care under Privatisation - A Possible Model

While the group realised that policy and politics would ultimately determine the future directions for primary care, they offered a model for reform that would be attractive from their point of view.

(i) An association of Insurance Contracted Physicians could assume responsibility for the administration of insurance claims, information handling, and negotiations with the insurance companies over covered

benefits and payments (e.g., procedure lists, pharmaceuticals and health aides covered) on behalf of physicians in primary care.

(ii) Independent surgeries should be sold for a symbolic price (20,000 crowns) with free transfer of equipment more than five years old and graduated payments over a period of time for other, newer equipment.

(iii) Polyclinics should develop systems through which physicians could buy or lease surgeries there. A formula could be developed for cost sharing on space use, equipment use, and shared administrative overheads for running the facility and administrative support for the practices. The physicians favoured a 80% profit/20% to running costs split; the administrators doubted this would be financially viable, but both agreed some collaborative problem solving might lead to arrangements of mutual benefit that could be proposed to the insurance companies.

4. STRENGTHENING NURSING LEADERSHIP

This group's discussion focused on:

a) Comparing the historical and "future" role of nursing leadership in hospitals;
b) Identifying three important challenges facing nurse leaders in the Czech Republic and Slovakia; and,
c) Proposing action steps that could be taken in the next year to meet these challenges.

a) Hospital Nursing Directors - Role characteristics

Historically, the nursing director has:

* been a subordinate of hospital director;
* been responsible for nursing care quality;
* been the professional manager of subordinate nurses;
* had no financial decision-making power;
* been responsible for personnel selection and recruitment; and,
* been responsible for all auxiliary staff.

The group envisaged the future nurse director/leader as:

* being at the same level as the hospital director
* being responsible for implementation of the "nursing process";
* directly managing subordinate staff;
* making decisions related to the allocation of financial resources related to the provision of care;
* being responsible for the recruitment of all levels of nursing staff; and,
* not being responsible for auxiliary staff.

b) Major challenges facing nurse leaders include:

1) Enhancing professional (including doctors' and nurses') and public understanding of the role of nurses and the importance of the nursing process.

2) Extending the theoretical knowledge base and practical skills of nurses; and,

3) Developing nursing documentation methodologies and training nurses to use them.

Recommendations

Suggested action steps included:

1) Role/image enhancement - there is a need to educate medical/hospital directors as to the importance of the nursing process and have them initiate a training programme with medical and nursing staffs in all hospital departments. Some in the group, while acknowledging the importance of a sympathetic director, argued for building on informal intra- and inter-departmental ("horizontal") relationships within the hospital.

Health insurance regulations in the Czech Republic allowing for direct reimbursement to nurses for home care was felt to be a very significant step. While reimbursement is at present financially inadequate, a new "door" has been opened which will allow nurses to demonstrate their skills and advocate for nurses and nursing.

2) Training - there is a need to continue support for and enhance involvement in the variety of post-secondary school, private, postgraduate, baccalaureate, masters, and doctoral programmes initiated during the past two years.

3) Nursing Documentation - there is a need to encourage demonstration projects on nursing documentation. Services where good communication patterns and an understanding of the potential contribution of nursing to quality care amongst doctors and nurses exist should work on developing some uniquely Czech/Slovak nursing documentation standards.
Brno and Martin nurses noted that such projects were underway in their hospitals.

5. POPULATION HEALTH AND THE ROLE OF PUBLIC HEALTH AGENCIES

This group agreed that the national and local objective should be to improve the health of the population. Although much of the evidence is poor, it is clear from mortality data that Czech and Slovak citizens are less healthy than most European neighbours. Life expectancy is shorter and there are excess premature deaths from coronary heart disease and cancers. Concern was also expressed about other factors which affect population health such as the physical environment (air, water), education and employment levels.

The challenges which were identified at the district level included:

(a) Locally-based information is inadequate so it is sometimes difficult to provide a statistical basis for local health programmes. Regionally-based information would be more scientifically valid, but would not have the local impact needed for district projects. Even when information is available, the people do not always believe it.

(b) A key issue is to generate citizen motivation and to improve communication skills with the aim of, for example, moving from the existing levels of knowledge about the health effects of smoking towards behaviour change which will improve health.

(c) Districts would welcome a clear statement from Government on health policy. A "Health for All" medium-term plan would provide support for district initiatives, would give a legislative framework and would increase public awareness of health matters. A central strategy should also include proposals for the future development of hygiene stations, identifying the functions which should be retained and those which might be changed.

Recommendations

Several organisational matters need to be addressed:

(i) The role of the district authority health department director needs clarification, including assigning authority to the director to identify and implement solutions to health problems.

(ii) Collaboration between district health department director, hygiene stations and other professionals needs to be improved.

(iii) Local committee structures need to be revised: at present there are many different arrangements but none provide an adequate structure for effective health promotion programmes.

(iv) The organisational balance in districts between preventive and treatment services needs to be reviewed: preventive services should not be seen as the sole responsibility of hygiene stations. There is a need to develop a broad based and active approach to health promotion, as opposed to passive prevention.

6. DEVELOPING IN-COUNTRY HEALTH MANAGEMENT TRAINING CAPACITY

This group's discussions focused on:

(a) Reviewing desirable characteristics of in-country health management training programmes (long term, short term, and consultancy).

(b) Identifying obstacles to the development of in-country health management programmes; and,

(c) Describing health management training and consulting activities in which they themselves were presently engaged or were planning to initiate in the near future.

Challenges

Obstacles identified to the development of health management training programmes included:

* Lack of enabling legislation for non-profit organisations and official acceptance of a Czech/Slovak Master's degree;
* Lack of funding for public sector programmes;
* Lack of publications, materials, handouts, curricula;
* Lack of regional trainers and training opportunities; and,
* Lack of functional integration between relevant training departments and schools.

Recommendations

The group considered that desirable characteristics of health management training programmes included:

(i) <u>Long term programmes:</u>

* that programmes provide a broad base of general business management training, with a strong economics focus;

* that programmes be accessible for managers from all parts of the country; i.e. residential facilities be available;

* that courses be taught in Czech and/or Slovak

* that competence be certified through examination;

* that studies lead to internationally recognised degrees such as Master of Business Administration;

* that schedules allow for participation by working managers;

* that programmes provide appropriate training for large numbers of both top and middle level managers;

* that programmes are affordable for health professionals in public, non-profit and private sectors;

* that programme curricula be culturally sensitive and faculty knowledgeable regarding realities of health sector reform;

* that programmes selectively train trainers to enhance in-country capabilities.

(ii) Short programmes:

* that programmes focus on introducing general and specific management concepts;

* that programmes be process oriented, emphasising approaches to problem solving rather than "formula" solutions;

* that programmes be offered on national, regional, and district levels;

* that programmes be used to foster the development of local, regional, national and international assistance networks;

* that programmes provide training for a wide variety of manager categories;

* that programme curricula be culturally sensitive and faculty knowledgeable regarding realities of health sector reform.

(iii) Consultancy:

* that initiatives have an organisational or locality focus;

* that initiatives are problem oriented;

* that initiatives use culturally sensitive consultants well oriented to the realities of health system reforms in Slovakia and/or Czech Republic.

Two planned programmes described

* The Institute of Social Medicine in the Czech Republic is planning to offer health management training through social medicine departments in medical schools and possibly other centres. They plan to work with Czech Medical Chamber. An affordable, interrupted, modular type training programme offered in Czech uniquely designed for the reality of the current Czech health system is being conceptualised. Developers believe this will address some of the shortcomings of foreign sponsored courses which tend to be expensive, taught in English, inaccessible to the working manager, and utilise case material at times inappropriate for Czech reality.

* Health Management Consultancy Service - a Pisek management group is proposing to develop a health management consultancy service that can provide management training to hospital and community based mid-level managers in an intensive format at the work site. The proposed programme aims to address the lack of mid-level management training and the logistical and economic difficulties faced by institutions wanting to train large numbers of their staff at one time.

GENERAL CONCLUSIONS

In his introduction to the Brno conference, MUDr Stanislav Vachek suggested that the health managers' slogan should be "progress not perfection". This theme was reflected in the spirit of the conference as participants identified how in a very difficult period for the two Republics it was possible to make progress by:

* accepting the responsibility for solving problems;

* having the confidence to take initiatives;

* trying to learn from both successes and mistakes;

* providing support to each other; and,

* always looking for better ways of doing things.

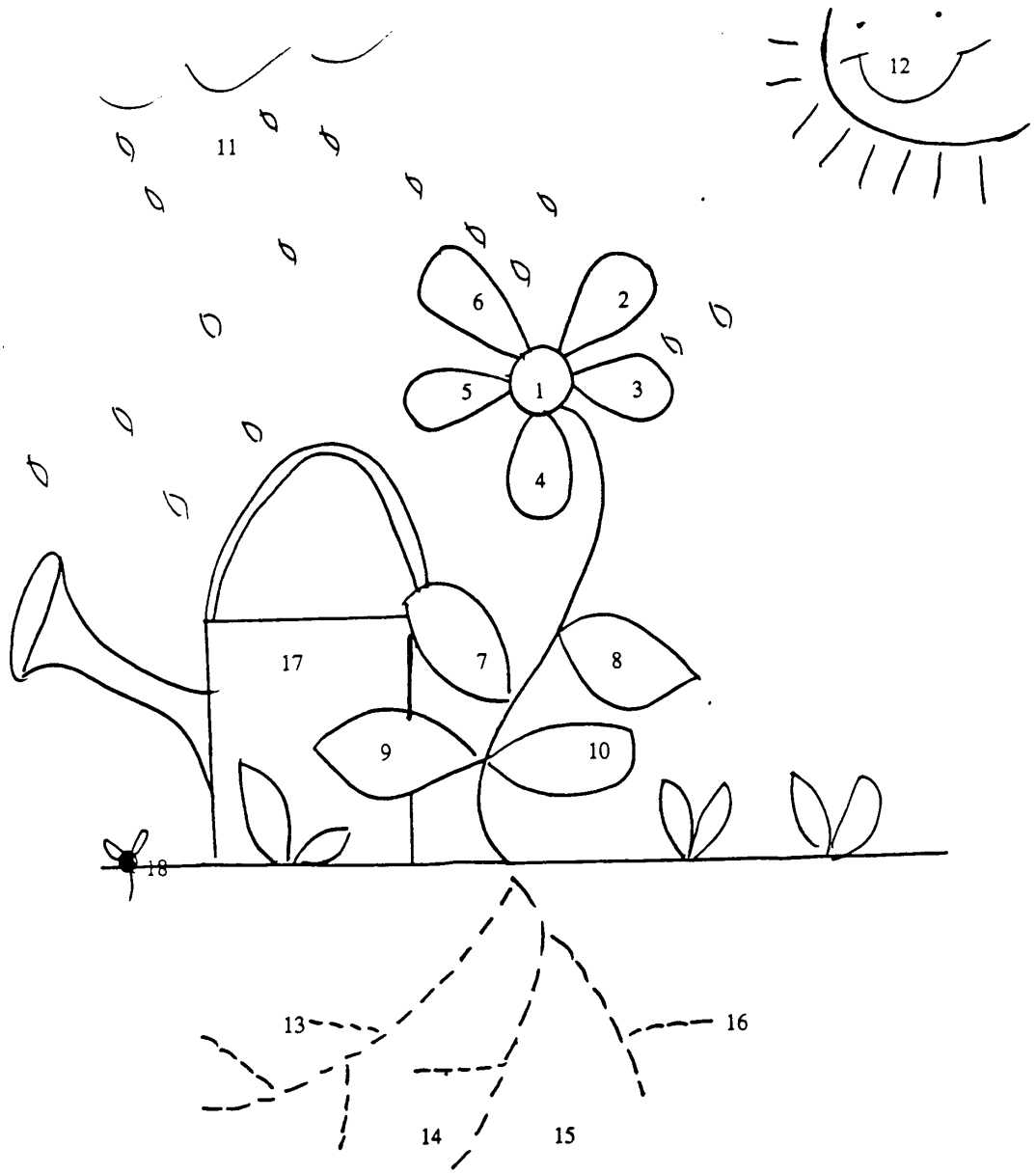
The experience of health sector reform suggested the importance of new approaches to achieving large scale change which are consistent with the philosophies of decentralisation and pluralism. These new approaches require managerial leadership with these five characteristics together with further opportunities for:

* lateral dissemination of ideas and innovations (i.e. through conferences like this one, through mutual aid networks and through health management journals); and,

* better central - local dialogue (i.e. between policy-makers at national level and local managers)

One group presented to the conference an image of health management as a growing flower which was already starting to bloom but required careful nurturing over the coming years to develop its strength for the challenges to come. Perhaps similar conferences in future will help both to support and demonstrate that growth.

PLANTING OF HEALTH MANAGEMENT



1. HEALTH
2. PROBLEMS
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9. EDUCATION
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12. HUMAN VALUES
13. LEGISLATION
14. TRADITION
15. LAW SYSTEM AND GOVERNMENT
16. DEMOCRACY
17. GOVERNMENT
18. EDUCATION FOR FUTURE

"BETTER MANAGEMENT, BETTER HEALTH" Health Management Conference, Czech Republic and Slovakia

5.00 pm 29th March until 9.00 pm 30 March 1993
Venue: (IDVPZ) Health Care Educational Centre Brno

Organised by the King's Fund College, London in collaboration with Czech and Slovak participants in the PHARE health sector management project.

Languages : Czech and Slovak (with English translation when required).

Participation: Up to 80 senior managers, invited on the nomination of current participants in the PHARE health sector management project.

Background: In both Republics, the success of health sector reforms will depend considerably on the quality of managers in the different agencies (Insurance Companies, Hospitals, Primary Health Care, Local Authorities, Hygiene Stations, Health Information Institutes) which make up the new system, as well as managers at the Republic level (e.g in the Health Ministries and General Insurance companies). These managers face many common and complementary challenges in implementing the reforms and improving the quality of health services during a difficult period of transition. This Conference is designed to bring managers from different agencies and places together to share lessons on how these challenges can best be tackled.

Aims:

* To highlight the importance of good management in achieving successful implementation of health sector reforms.
* To promote discussion of the key challenges facing managers in 1993 and how these can best be tackled.
* To draw lessons for the future development of health sector management and information systems.
* To strengthen mutual assistance networks among managers facing similar challenges.

Programme

The style of the Conference is participative and the programme will combine:

- Conference presentations from Czech/Slovak and Western contributors.
- Workshop presentations and discussion (among groups of 20-25 people with similar interests)
- Problem-solving groups (of 6-10 people) sharing experience of tackling particular challenges.

Topics:

Important themes of the presentations and discussion are likely to include:

- the role of local leadership in implementing the reforms
- the nature of management in decentralised and pluralist systems
- improving quality and efficiency in hospital services.
- developing effective primary health care
- strengthening nursing leadership
- making information a tool for effective management.

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PHARE Conference, BRNO - 29.-30.3.1993

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Better MANAGEMENT Better HEALTH

The health sector management project was the first investment by the European Communities PHARE programme in supporting the transformation of health services in the Czech Republic and Slovakia. Between April 1992 and April 1993 the project provided initial technical assistance in developing health sector management and information systems. Its aims have been to work with managers in the two Republics in seeking to understand the challenges of achieving radical transformation in national health systems; support these managers through on-site consultancy and a range of training opportunities; and use this experience to identify ways of strengthening the in-country capacity for management and information systems development in 1993 and beyond. The project has been undertaken by the King's Fund College, London in collaboration with the Instituto de Estudios Superiores de la Empresa, Barcelona and the South East England Institute of Public Health.

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Executive Summary and Recommendations
Lessons from the PHARE Health Sector Management Project
Resource Guides:

I The In-country Health Sector Management Training Marketplace
II Postgraduate Study in Health Sector Management Disciplines in the United Kingdom

Educational Programme Reports:

1 Developing Health Sector Leadership (November 1992)
2 Developing Management Information Systems (March 1993)
3 Recommendations from the Brno Health Management Conference (March 1993)

Copies of each part of this Report are available from the International Co-operation Department in the Czech and Slovak Health Ministries or directly from David Towell at:

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