The role of hospitals

Needs and challenges in a changing environment

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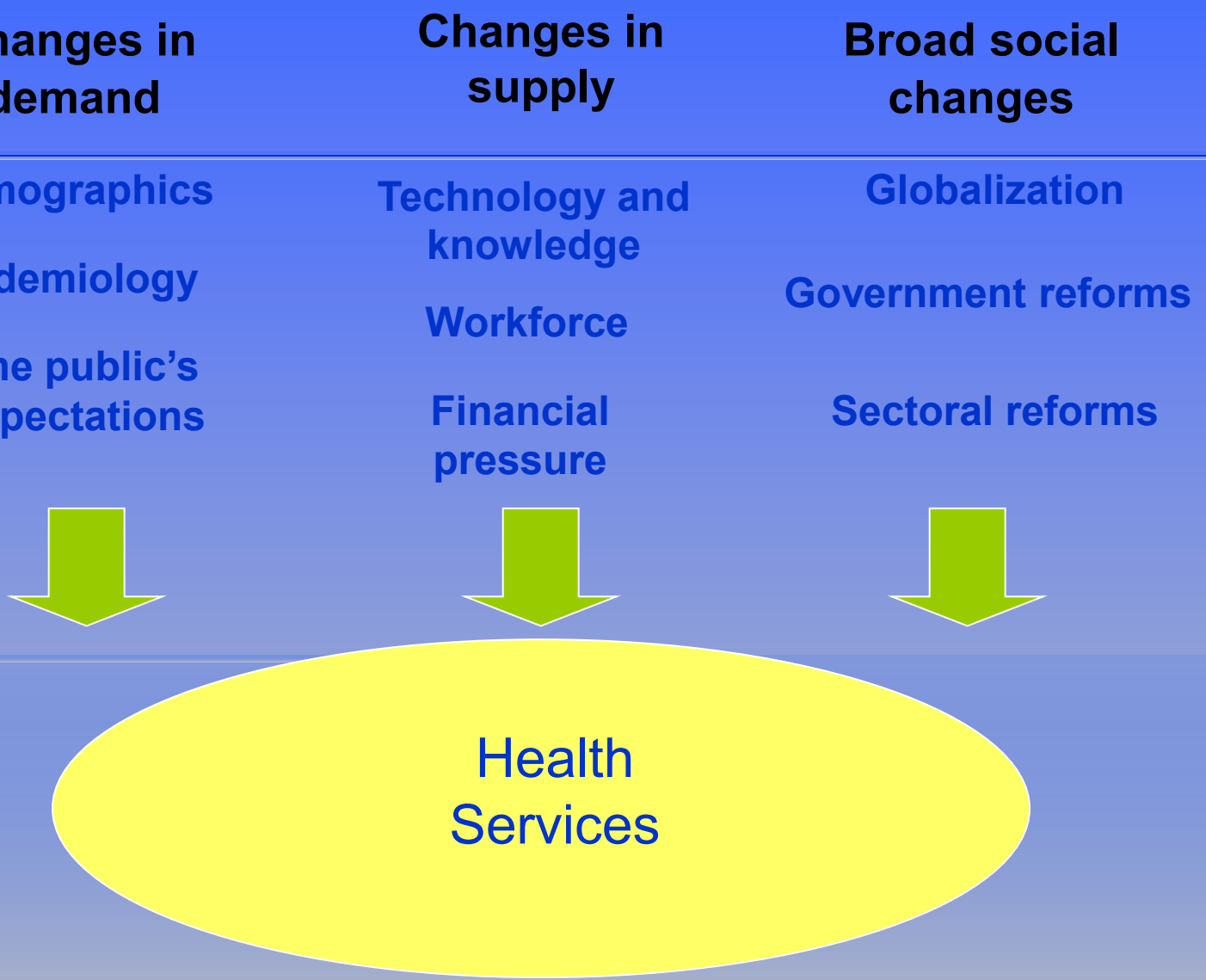
Introduction

- The context of Primary Health Care
- What is the role of hospitals
- What kind of tools do we have
- What are the major issues for the future

Pressure for Change on Health Services



Adapted from Mc Kee, M.; Healy, J. 2002

Transformation of the health paradigm

Old Paradigm	Emerging Paradigm
Responsibility for individuals	Responsibility for the health of defined populations
Emphasis on care of acute episodes of disease	Emphasis on care throughout the continuum
The service providers are essentially equal	Differentiation based on the capacity to provide added value
Success is measured by the capacity to increase hospital admissions	Success depends on increasing coverage and capacity to maintain people healthy.
The objective of the hospitals is to fill beds	The objective of the network is to provide the appropriate care at the appropriate level
Insurers, hospitals, ambulatory centers, work separately (Fragmentation)	Networks of Integrated Delivery Services (IDS)
Management of isolated organizations	Management of networks

The PHC environment

- Health systems
- PHC: what it is, what it is not
- The 4 policy directions
- What is the place for hospitals

Why?

- Evolving health needs and challenges
- Fragmentation and inequity
- Unmet expectations
- Financial crisis
- Meeting MDGs
- Revival of values-based approaches

What do people want?

- To live long healthy lives
- To be treated fairly and equitably
- To have a say in what affects their lives and that of their families
- To be regarded as human beings and not just "cases"
- Reliable health authorities
- Reduced risk of disease
- Effective medicines and technologies
- Efficient services

Convergence of equity and health systems agendas

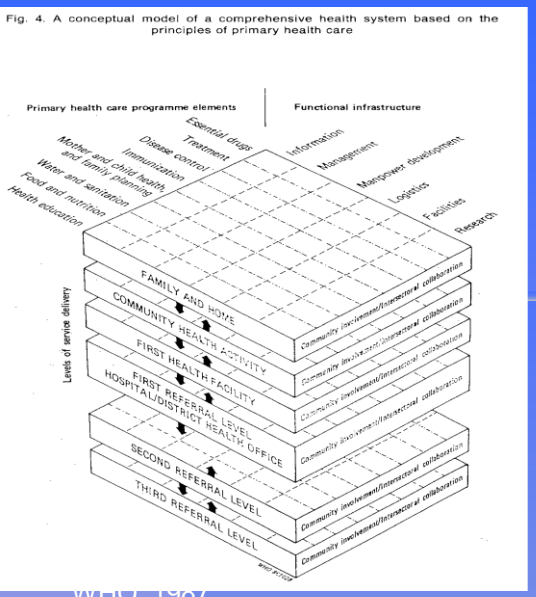
Primary health care renewed

PHC: in the past and now…

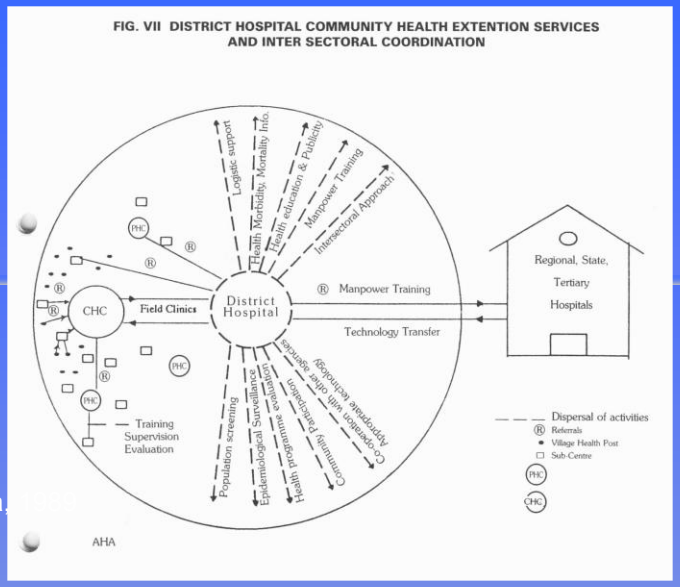
Table 1 How experience has shifted the focus of the PHC movement

EARLY ATTEMPTS AT IMPLEMENTING PHC	CURRENT CONCERNS OF PHC REFORMS
Extended access to a basic package of health interventions and essential drugs for the rural poor	Transformation and regulation of existing health systems, aiming for universal access and social health protection
Concentration on mother and child health	Dealing with the health of everyone in the community
Focus on a small number of selected diseases, primarily infectious and acute	A comprehensive response to people's expectations and needs, spanning the range of risks and illnesses
Improvement of hygiene, water, sanitation and health education at village level	Promotion of healthier lifestyles and mitigation of the health effects of social and environmental hazards
Simple technology for volunteer, non-professional community health workers	Teams of health workers facilitating access to and appropriate use of technology and medicines
⋮	⋮
Primary care as the antithesis of the hospital	Primary care as coordinator of a comprehensive response at all levels
PHC is cheap and requires only a modest investment	PHC is not cheap: it requires considerable investment, but it provides better value for money than its alternatives

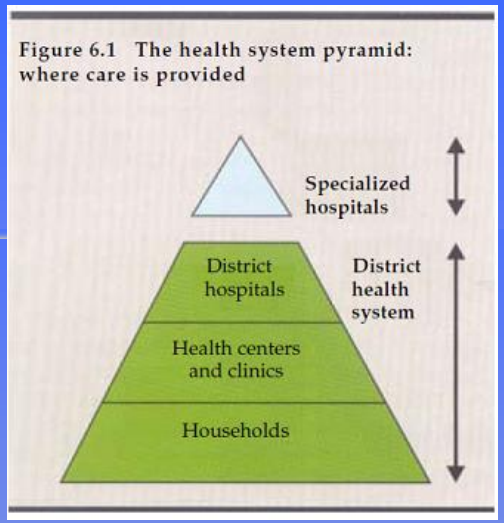
Results: DHS



WHO, 1987

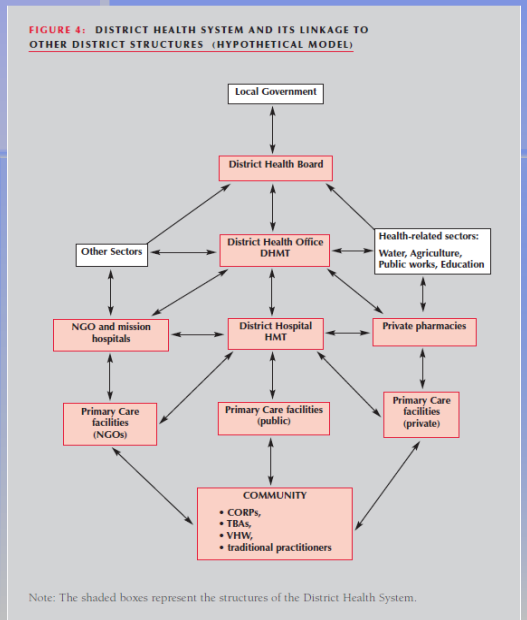


Sinha, 1988

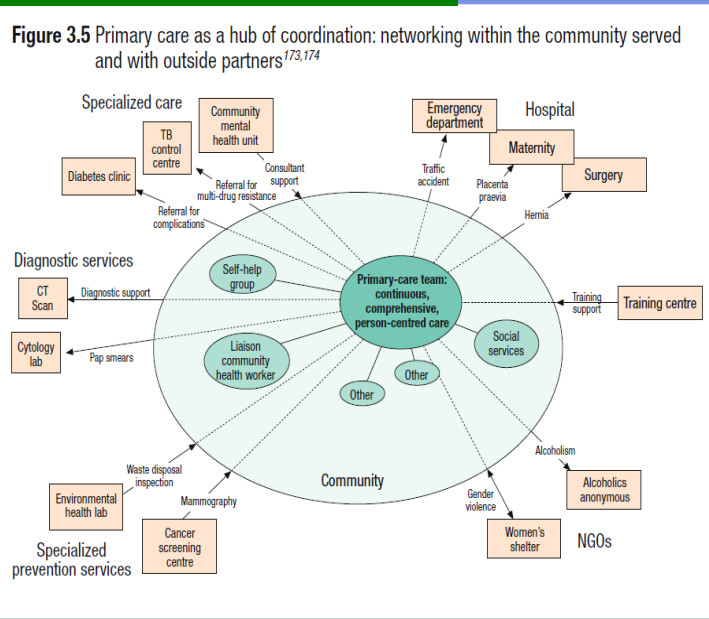


WB, 1993

First referral hospital as part of a dynamic system



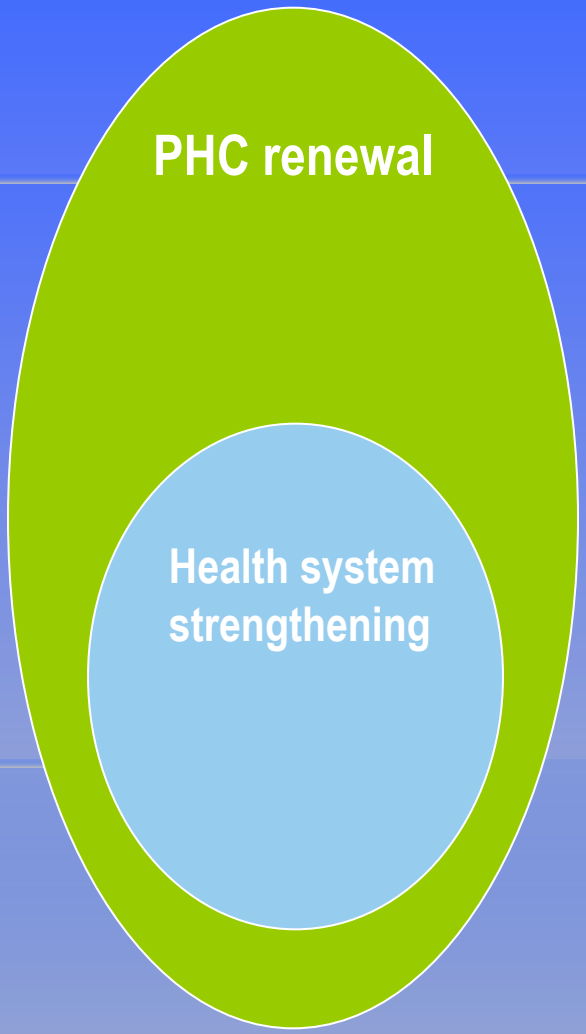
WHO-AFRO, 2004



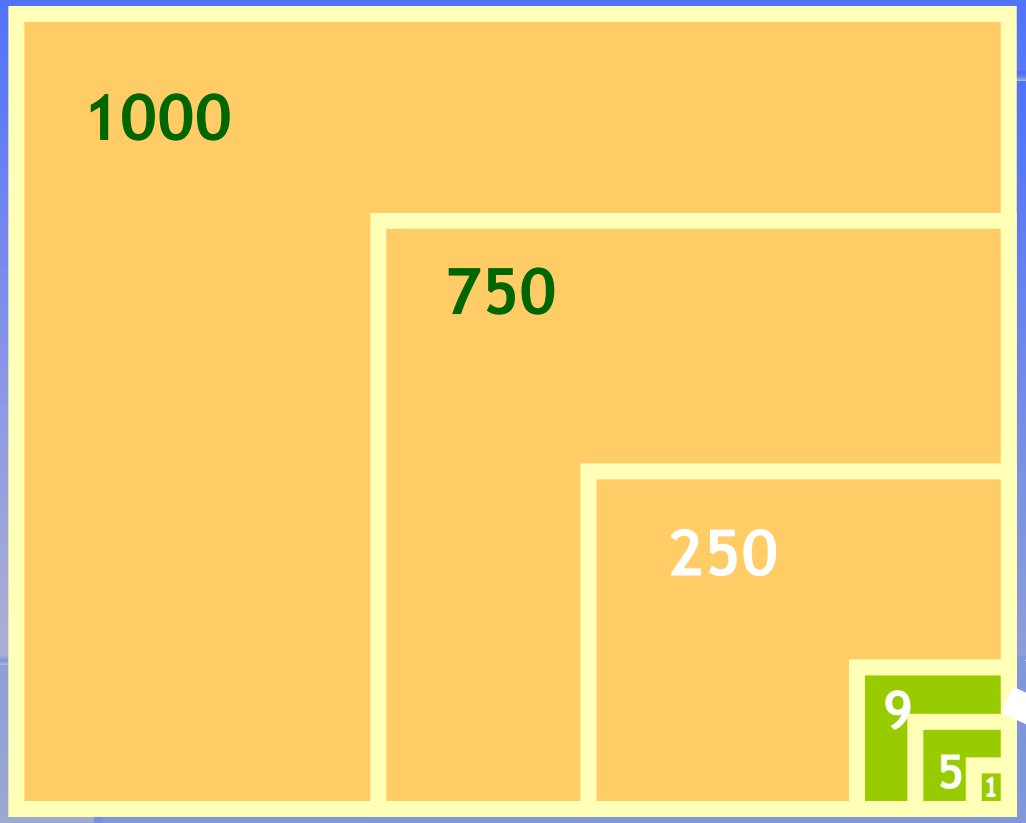
Results: DHS

- The division of tasks between the hospital and the other units of the district health system is not clearly defined. The need for improving the clarification of “role, goals and procedures at the district level” persists according to each local context.

Refocusing health systems



(Renewed) primary health care paradigm



9 admitted to DH

5 referred to other doctor

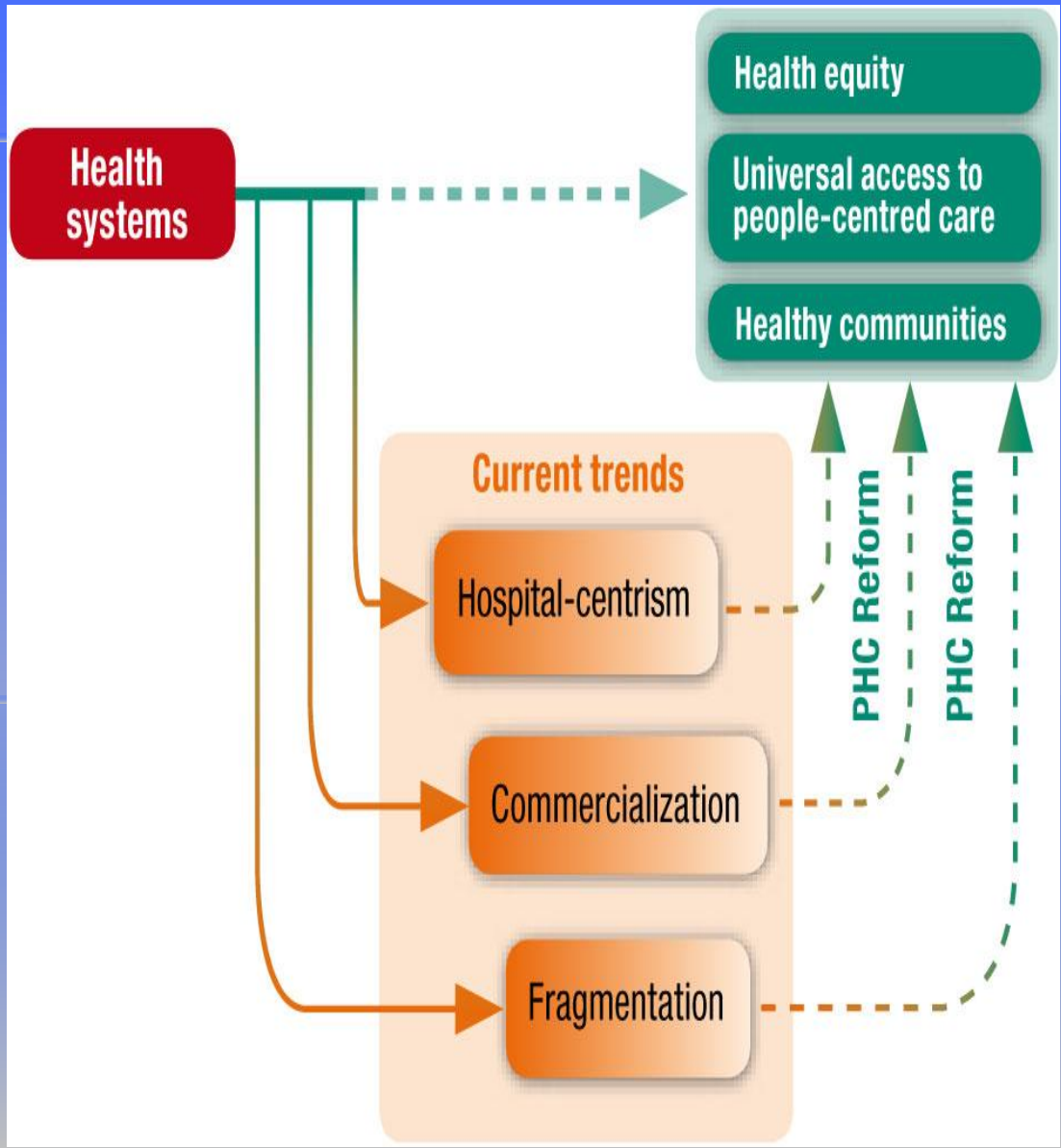
1 went to tertiary

Kerr White, NEJM, 1961

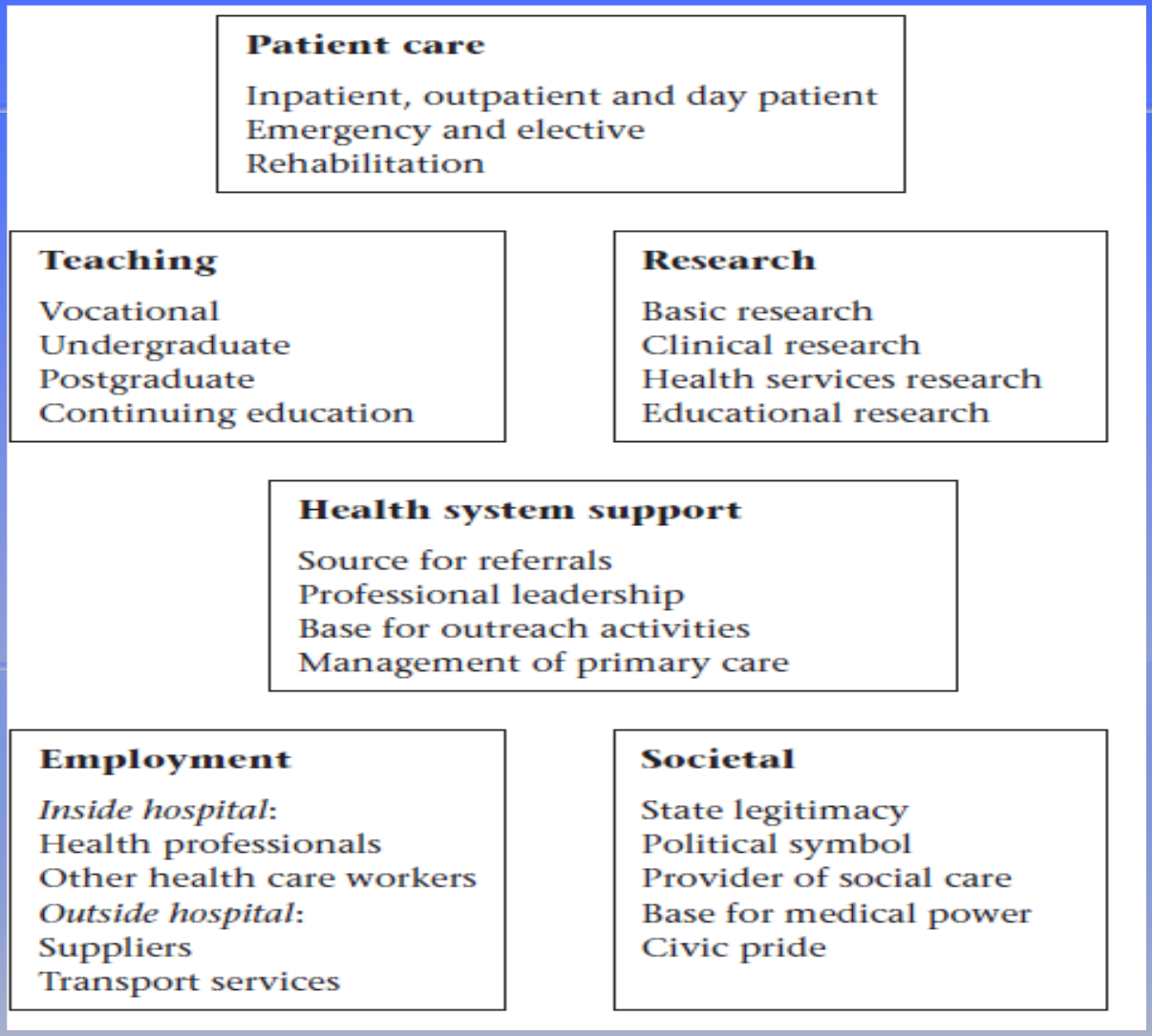
In Europe, >90 % of encounters are at Primary Care level [BMJ, 2009]

Current trends are worrying

- Health systems do not naturally gravitate towards
  - PHC values
  - Meeting social expectations
  - Value for money
- Growing demand on leadership for "PHC reforms"

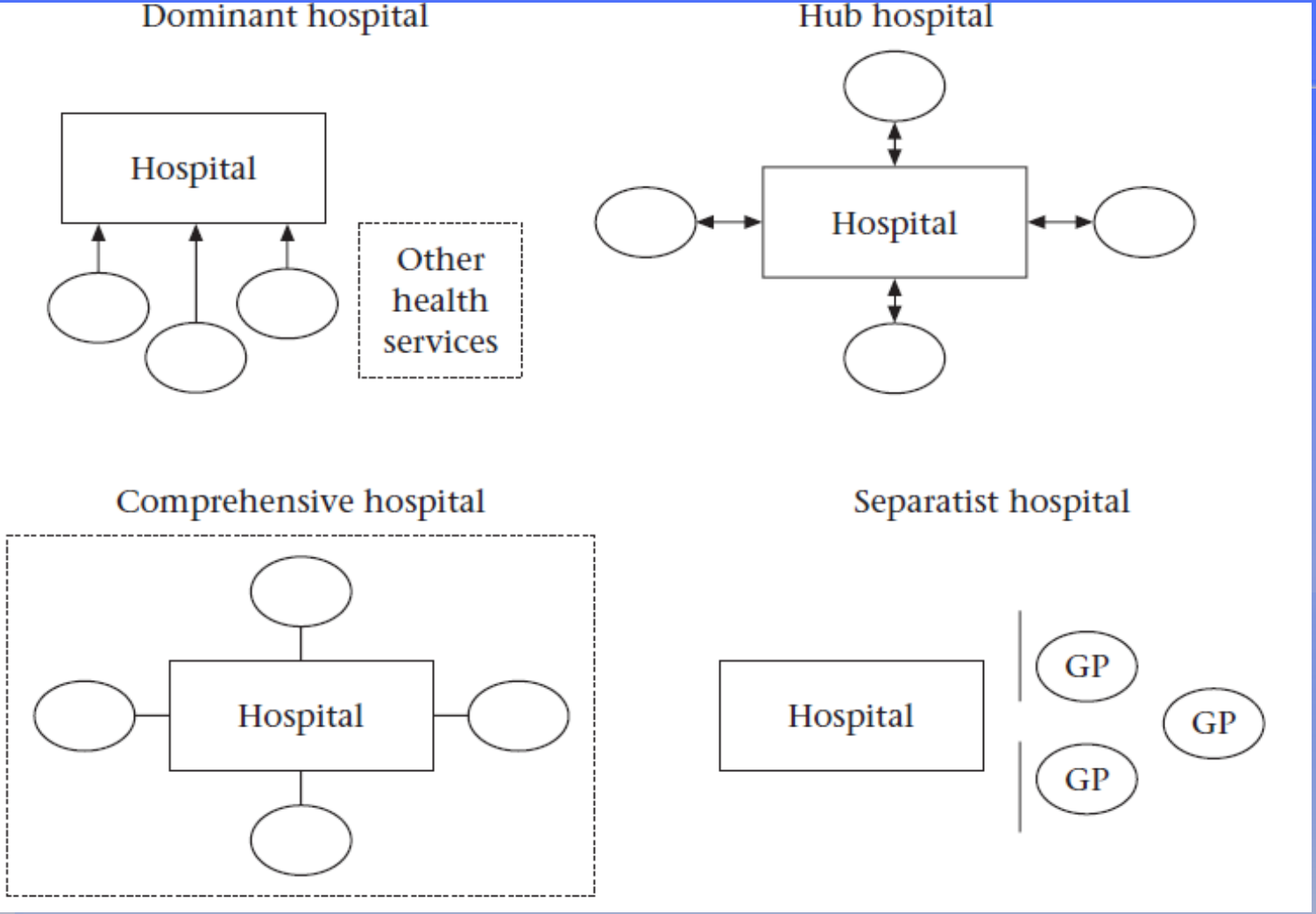


Hospital's functions



Hospital in a Changing Europe, McKee *et al*, 2002

Possible roles of general hospitals



Hospital in a Changing Europe, McKee *et al*, 2002

What implications can we envisage for hospitals?

Hospitals should:

- contribute to improving health and reducing inequalities, as part of the wider health systems

- provide a highly valued 'rescue' function for life-threatening conditions, and can improve outcomes from treatment by concentrating technology/expertise where necessary [IPPR, 2007]

- will no longer be the centre of the system or stand alone, most likely part of a "one stop shop" that includes primary care, specialized out-patient care, and diagnostic services (network)

- will be more open to the community and to the other members of the network including social services.

Organization of services

- Part of health care networks to fill the availability gap of complementary referral care: giving primary-care providers the responsibility for the health of a defined population, in its entirety
- Not an entry point: relocating the entry point to the health system from hospitals and specialists to close-to-client generalist primary-care centres;
- Strengthening primary-care providers' role as coordinators of the inputs of other levels of care by giving them administrative authority and purchasing power

Primary care as a hub of coordination

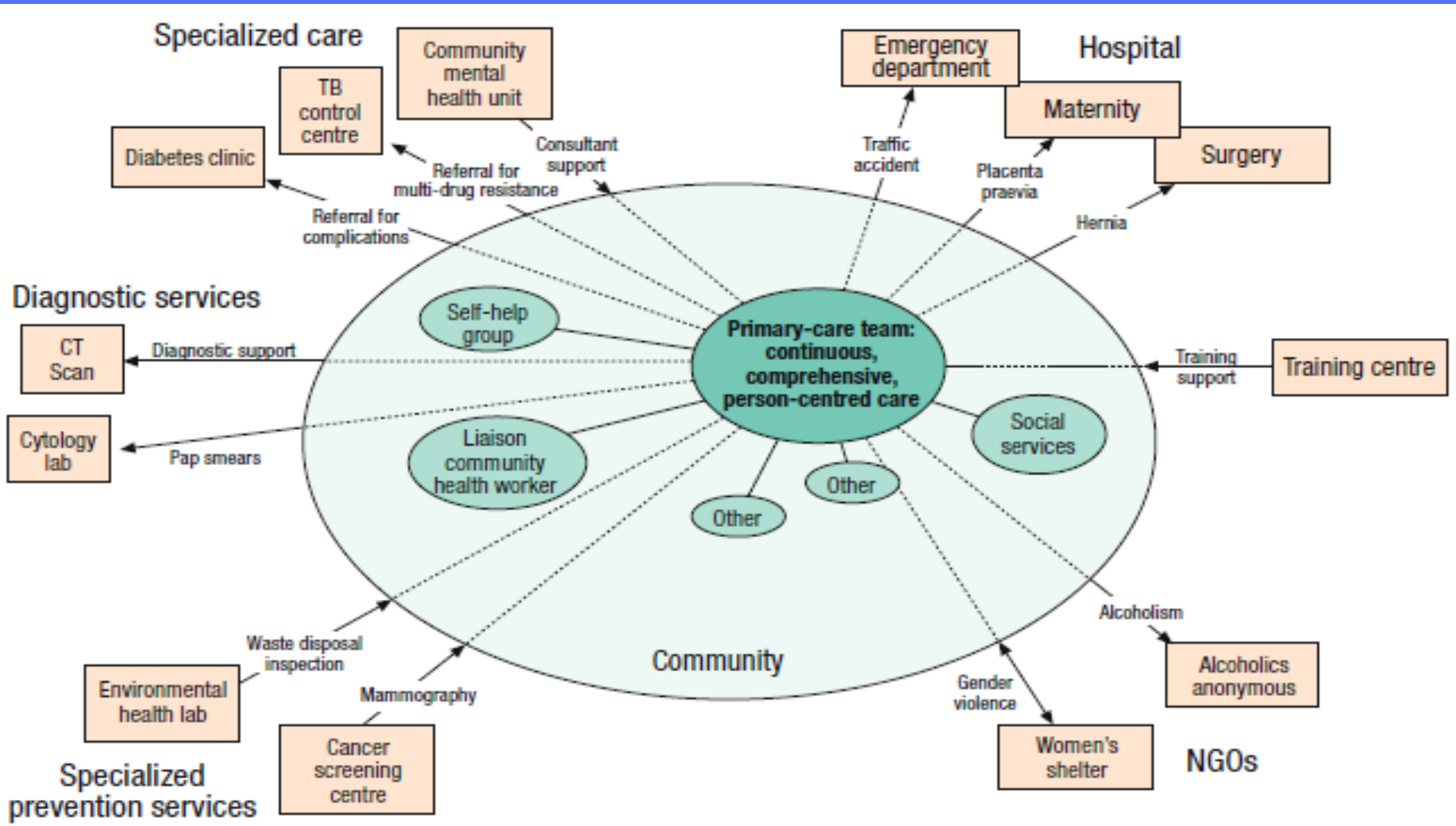


Table 3.1 Aspects of care that distinguish conventional health care from people-centred primary care

Conventional ambulatory medical care in clinics or outpatient departments	Disease control programmes	People-centred primary care
Focus on illness and cure	Focus on priority diseases	Focus on health needs
Relationship limited to the moment of consultation	Relationship limited to programme implementation	Enduring personal relationship
Episodic curative care	Programme-defined disease control interventions	Comprehensive, continuous and person-centred care
Responsibility limited to effective and safe advice to the patient at the moment of consultation	Responsibility for disease-control targets among the target population	Responsibility for the health of all in the community along the life cycle; responsibility for tackling determinants of ill-health
Users are consumers of the care they purchase	Population groups are targets of disease-control interventions	People are partners in managing their own health and that of their community

Organization of services

- Integration:

  - integrated care: complementarities with requirements of specialized programmes **[HIV/Aids, tuberculosis, maternal & child health,…]**

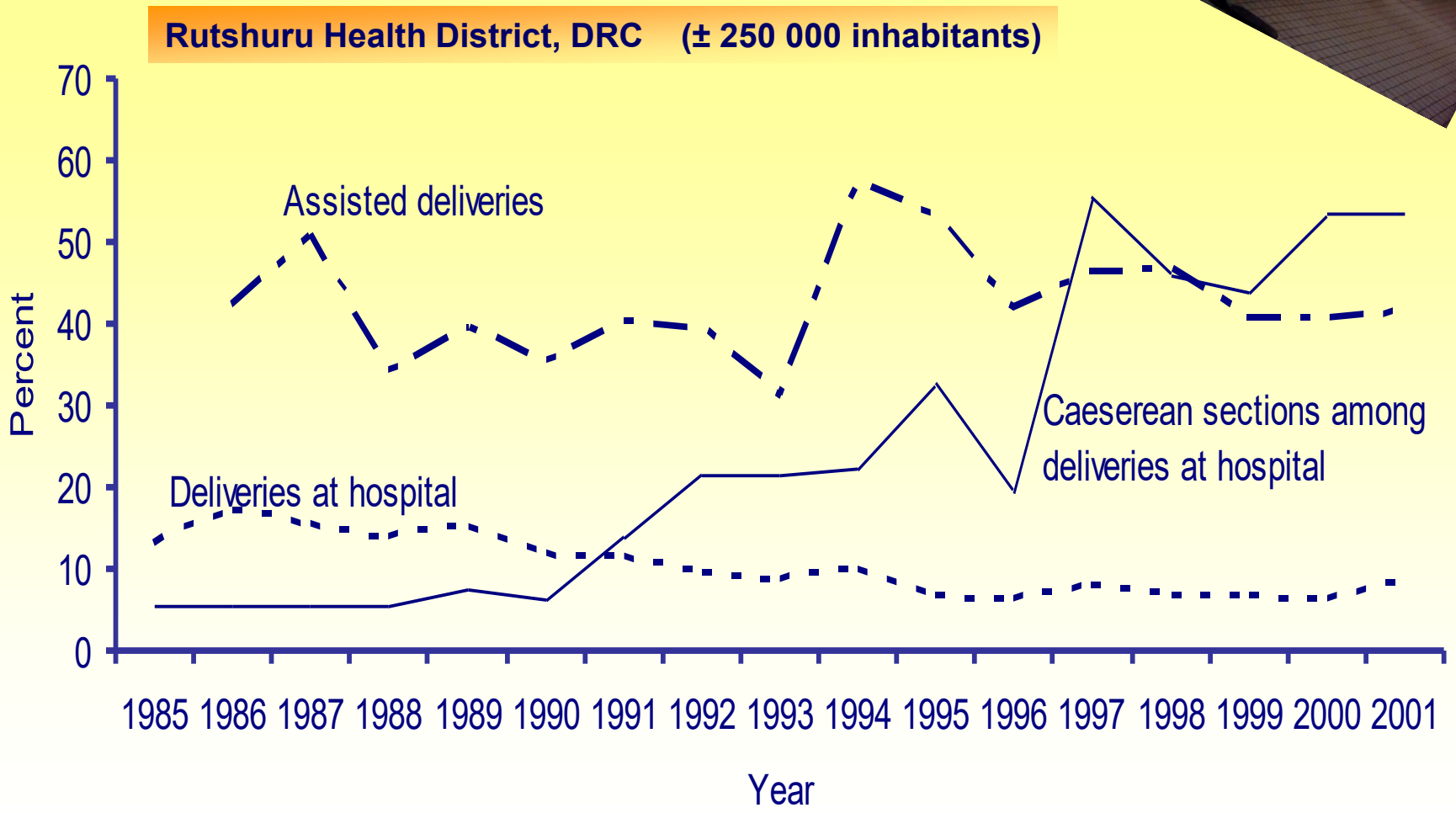
  - no gap and no overlap between first and second level of care

  - in many settings primary care professionals are working in isolation and so are doing the doctors in hospitals

Organization of services

- Delicate balance:
  - between people centeredness and technological requirements which often hampers the doctor-patient relationship
  - over and under spending with high risk of error repetition (white elephants)
  - between lobby of equipment and pharmaceutical industry and social aspects of equity and inclusiveness/participation

Hospitals as part of a SYSTEM...



[Source: Porignon, 2003]

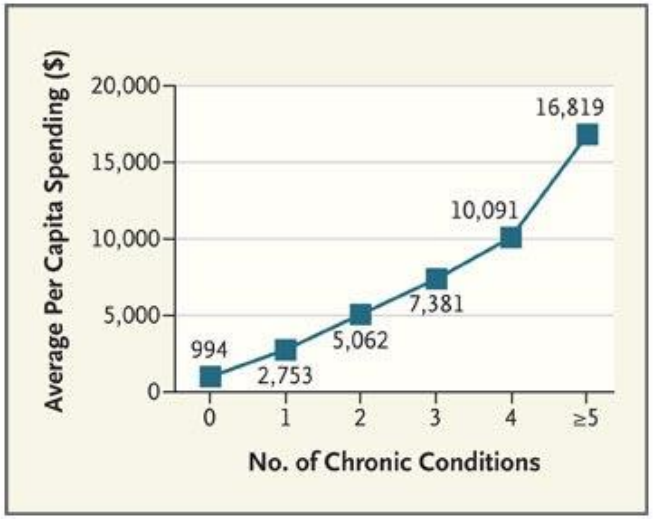
Leadership and Governance

- Some trends as a result of recent reforms in high and middle income countries
  - ALOS decrease in most developed countries
  - less acute care hospital beds
  - LT care in complementarities with lower levels of the system

- Recent changes in governance
  - result based: financing the demand…
  - accreditation of services: an issue of quality
  - contracting health workforce
  - social entrepreneurship/decentralisation/autonomy and regulation
  - ownership: public-private mix, NGOs, FBOs,…

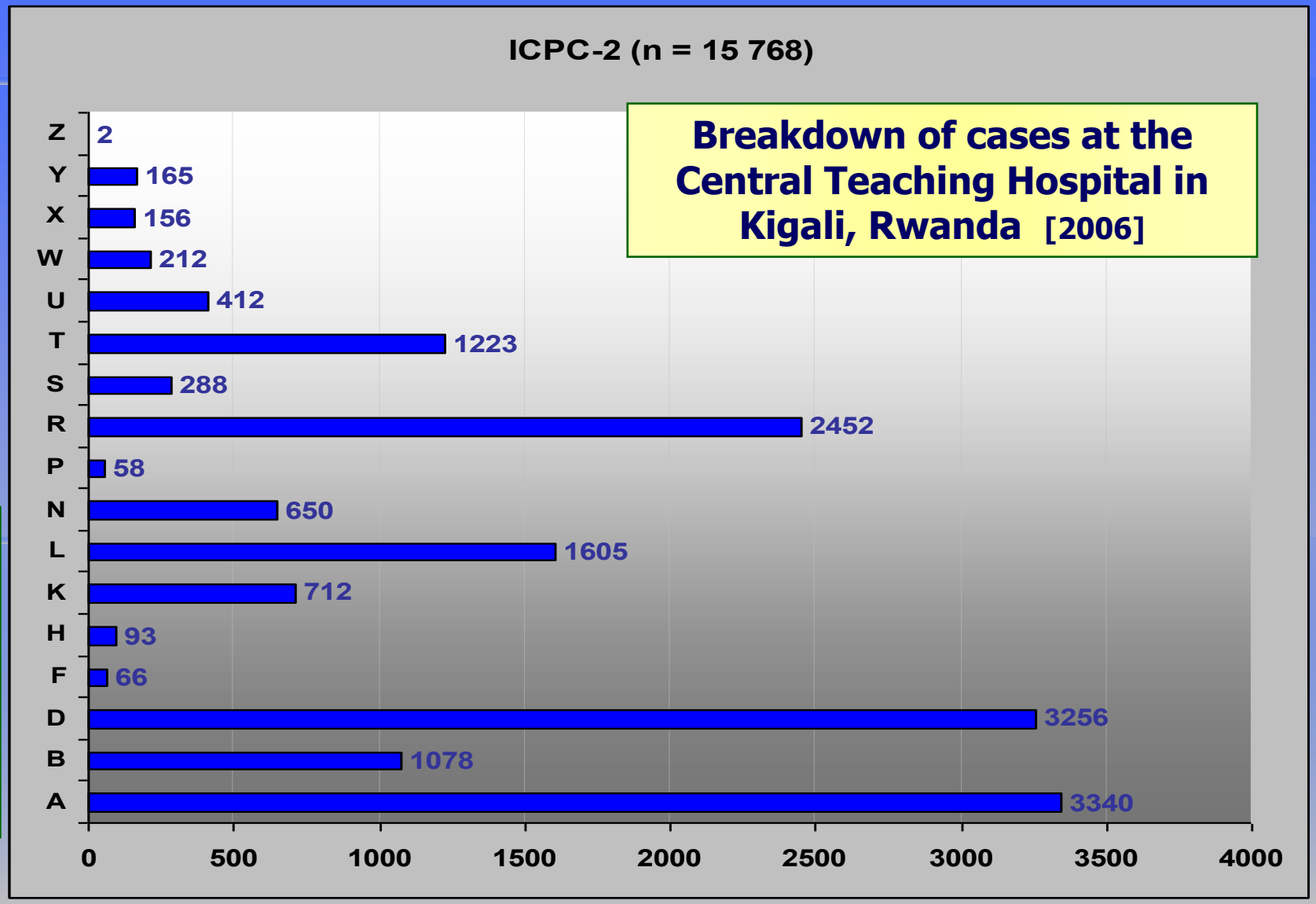
Financing: the battle of ages…

- Hospital costs are higher compared to primary care. It does not mean that hospitals are inefficient. It all relates to their role and responsibilities



Indicator	Country	%	US$/inh. /year	Source
% of total HE	USA (2005)	31	2500	Health Affairs, 2007
% of expenditure at rural district level	Indonesia (2007)	43	2.5	Health Research Policy and Systems, 2009
Estimated cost of CPA vs MPA	DRC (2008)	65	12	iHTP / MoH calculations (WHO, 2009)

Informed policy making: real burden of diseases



Financing through improved intersectoral actions

- Hospitals are responsible for household catastrophic health expenditure ⌦ effective health insurance
- New [commercial] arrangements that make additional financial resources available (China, India, Brazil,…)
  ⌦ new policy dialogue and increased intersectoral role for MoH and WCOs
- We need to keep the infrastructure/ population ratio optimal (National Health Plans)
  ⌦ in a country of 10 million inhabitants with a demographic growth rate of 3%, at least 1 or 2 districts hospitals and 15-20 health centres are needed to keep such a ratio at constant level

Some gaps to be filled…

Administrative aspects: Coverage of a territory

Health care Functions: Exclusive and/or shared functions? How to adapt existing facilities which do not fit with models?

Redefining packages of activities and levels of decision making/coordination/regulation

Some gaps to be filled…

Identifying and sorting the driving forces: public or private based market? Recognizing the value of integrated networks especially in urban settings

Complementarities with primary care: within and across countries

diversity and complexity of referral mechanisms (classification of hospitals, pyramid models,…)

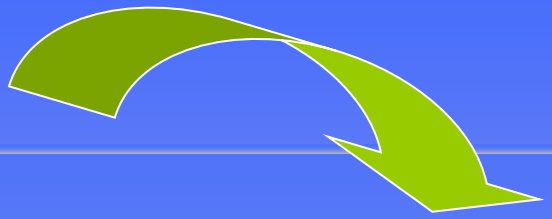
Managing change in designing better hospitals

- Restructuring hospitals: meet legitimate expectations, improve clinical outcomes, incorporate flexibility,…
- Standardization of hospital practices (80/20) taking a life cycle viewpoint in a systemic perspective
- Ensure better quality, value for money and sustainability of capital investment
- Investing in health workforce, inclusive planning and expanded evidence base

Reconsider role and functions

Importance of **flexibility** for provision of service:

- usefulness of hospital-centered health systems
- should end user perspective be dominant?
- responses must be adapted to financing models
- responses may vary in format within and across countries

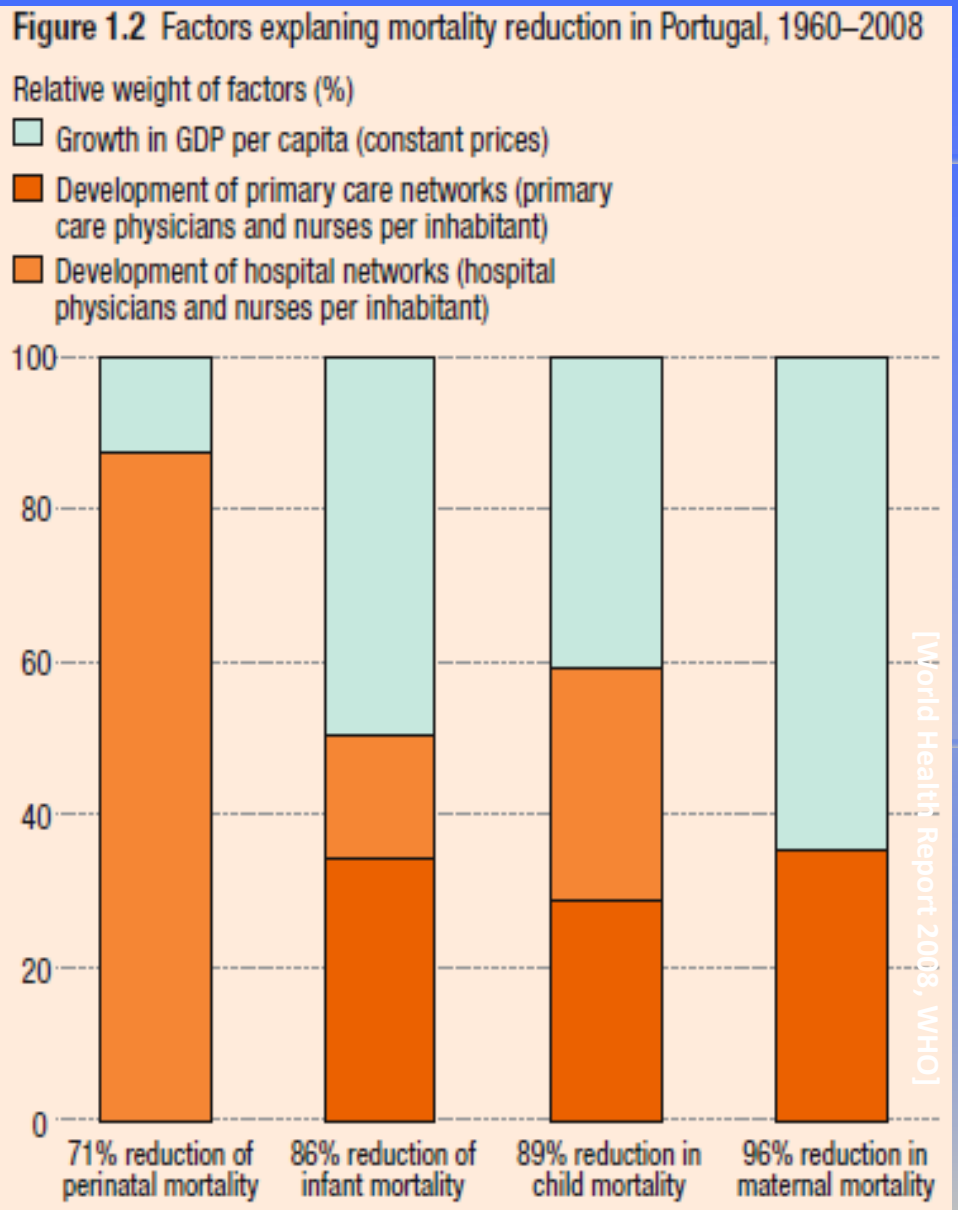


Multiplicity of ways to provide services but unique objectives:

- accessibility
- efficiency
- quality of care
- responsiveness
- fairness in financing

Adapted from De Roodenbeke, 2009

Reconsider outcomes measurements



Hospital care is important for health status improvement but this is not an end:

- hospital functions
- healthcare network responsibilities
- effective continuum of care over the lifespan

Importance of outcome indicators

Adapted from De Roodenbeke, 2009

Planning and regulation

Better shaped health information system for improved information-based decision making

Improved Governance:

- norms and rules for opening activities,
- norms and rules for HS strengthening (drugs, HR,…)
- stewardship by national authorities and stakeholders,
- coordination of aid

National health plans: should integrate hospital sector reforms,

What do we need for the future?

- Define functions of hospitals (specialized services)
- Redefine the role of hospitals in a better balanced health system
- Are there successes to be reported on hospital reforms throughout the world?
- What is the potential role of WHO?
- What is the role of the international community? (IHF, ACHE, JCI, WB,…)

Unfolding the topics: issues and questions gathered in 15 groups

1. *Role and functions of hospitals*
2. Political dimensions
3. Blurred demarcations and hospital isolation
4. Other levels of the health system
5. Technological progress
6. Measuring hospital performance
7. *Universal coverage and accessibility*
8. Hospital financing
9. Hospital governance
10. Legal framework
11. Human resources
12. The private actors
13. Global health market place
14. Hospital in the wider economy
15. Donors and partners

NB: in italic green, the topics identified by the participants as the most important ones