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Making it happen: Challenges and transformations in health care processes, people management, and decision-making

By Marta Marsilio and Anna Prenestini

For the second time, HSMR enforces its partnership with the European Healthcare Management Associations (EHMA) presenting in this issue the results emerged in 2018 EHMA Annual Conference, titled "Making it happen", held in Budapest.

Among the insightful works presented, we selected those aiming at enhancing the debate on the issues that we identified as extremely important nowadays for sustainability and improvement of healthcare systems and organizations: the transformations in health care processes, in people management and decision-making approaches.

These transformations are consequences of the major challenges that the healthcare systems are facing.

First of all, the reduction of resources allocated to finance health services provision. During the past financial crisis, many European countries were severely affected by the economic downturn and, consequently, they have been having to reduce health spending to rein in public budgets. Healthcare systems are, in those countries, founded for three-fourths from public sources. Policies and actions to reduce spending growth encompassed controls in the recruitment of public health workforce, cuts to the budget to providers, and the containment of spending in current expenses (e.g. pharmaceutical and medical devices). Health systems are now challenged to identify innovative managerial tools to cope with a limited public spending capacity. Among these approaches, this special issue provides evidence on the effectiveness of Supply Chain Management (Buttigieg et al.) and budget impact analysis (Foglia et al.).

Secondly, there is a continuous development of new technologies along with clinical and operational techniques, that can improve the effectiveness of healthcare treatments and care pathways (from the screening stage to the follow-up visits) but it also creates pressures on resources and efficiency of the care processes. New approaches and tools are required to support decision management to balance adequate innovation openness with the public budget allocated to health care. Foglia et al. provide evidence relative to the introduction of new technology, while Alrabie focuses the attention on inno- vative care pathways management approaches based on integration among providers and professionals, and Buttigieg et al. proposes supply chain principles in order to eliminate wastes in healthcare processes. In order to add more evidence on these issues, we selected another paper out of those presented at EHMA. This is the work of Barros et al. which provides a framework to support the re-design of the patient and production flows in complex services, such as Emergency Department (ED).

Thirdly, in the European countries, a combination of increasing life expectancy and decreasing fertility rates has caused rapid societal ageing: in 2015, for every 100 people of working age in OECD countries there were, on average, 28 people aged 65 years or over and this number is projected to reach 53 by 2050. Elderly patients, with more complex needs and served by several care providers, are particularly vulnerable to fragmentation of the care pathways. Policy-makers and healthcare managers have to design new integrated service provision models to guarantee "comprehensive" care to elderly patients. Alrabie discusses the main drivers to overcome the fragmentation of care pathways specifically for this fragile and costly category of patients.

Fourthly, several Healthcare Systems are facing a shortage of clinicians[3] and, at the same time, are coping to maintain adequate levels of clinical competen- ces for the safety of the care processes. Integration results to be an effective strategy to address this issue as demonstrated by Alrabie.

Finally, it is crucial to draw the attention of policy-makers, managers and practitioners to the importance of leadership in managing these challenges and driving the required transformations. Chambers et al. provide a new evidence-based theoretical framework for healthcare board leadership practice.

In this issue, HSMR's readers can find inspiring insights on how tackling those challenges working on people management, process and organizational reengineering, and the decision-making approaches.

In the first paper Buttigieg et al. claim that “while healthcare providers’ energies have been justly spent on identifying and eliminating waste in clinical operations, an effective and imperative approach to further shrink healthcare costs is to adopt healthcare supply chain principles”. The authors define the supply chain strategy as a mean for optimizing the quality of patient care and person-centeredness, ensuring product/service availability, maximizing patient care space, reducing material handling time and costs for all medical staff, reducing storage space and minimizing inventory. The main aim of the study is to provide recommendations for quality improvement of the healthcare systems using three hospital case studies (private, public, and private-public partnership) located in Malta. The results of the research show difficulties in developing system-wide integrated information technology and in predicting demand for products. This may be due to a lack of supply chain education and awareness of the Healthcare Supply Chain Management, confirming evidence from previous literature.

In the second work, Foglia et al. demonstrate how investments in new technologies (i.e. a new screening technology for breast cancer) can help to rationalize resources across the whole breast cancer clinical path- way. The Budget Impact Analysis model shows that the introduction of the new technology in screening programs could lead to an increase in the screening phase expenditure but can also stimulate a significant decrease in the female patients’ care and cancer treatment costs. The ability of the technology in identifying a greater number of cancers, especially at an early stage, has a positive impact on the mortality rate of pathology, thus not only empowering diagnostic phase but also optimizing the outcome results and giving better final care to patients. From a managerial point of view, the study provides a deeper understanding about the in- depth analysis that should support the decision on investing in new technologies, useful to define their economic and organizational sustainability in general settings characterized by a scarcity of resources.

In the third paper, Barros et al. develop and test a method for the formal design of health services that concentrates on medical production flows. Most hospitals have organizational designs, with the usual emergency, inpatient and outpatient divisions and specialty departments, which do not predefine the patient flows; these flows are the result of decisions that medical personnel make locally. The paper, based on literature review and empirical evidence, provides a general framework to support process re-design and reports on the results gained by its implementation into an ED of a Chilean hospital. The results demonstrate a large impact on the efficiency of the ED, especially the reduction of the average Length of Stay.

In the fourth contribution, Alrabie provides empirical evidence of the effectiveness of co-locating multidisciplinary healthcare teams in a single Primary Care Facility, named Multi-professional Health Home (MHH), in France. The evidence is based on a large number of interviews to all the roles involved in the delivery of MHH services (General Practitioners, Nurses, and Administrative Assistants). The author identifies the main benefits in the perceptions of practitioners’ collaboration in co-location settings: (i) technical and social support; (ii) self-improvement, inter-professional trust and quality of work; (iii) easier communication, time management and sharing resources. Moreover, the researcher highlights that simply encouraging practitioners to co-location-based practices is insufficient to properly promote interpersonal integration and found out that prior joint-practice experience, professional impetus and GP peer group membership may facilitate the collaboration and care integration.

Finally, Chambers et al. investigate how specific leadership roles and behaviours lead to better organizational performance adopting a mixed-method approach. They ground their analysis on the English NHS hospital boards and, from a theoretical point of view, within the academic debate about corporate governance. They proposed a set of five theoretically informed roles for diligent, dynamic and restless boards in the healthcare sector (boards as conscience, as shock absorber, as diplomat, as sensor, and as coach) and a related repertoire of board behaviours (questioning, probing, curious, supportive, inquiring).

So, making it happen!

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Notes

1. OECD 2018, Spending on Health: Latest Trends.
2. OECD, Preventing Ageing Unequally, OECD Publishing, Paris, 2017.
3. WHO 2016, Global strategy on human resources for health: workforce 2030.