

HEALTH MANAGEMENT AT THE THRESHOLD OF THE NEW MILLENNIUM

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Socio-economic, demographic, and political changes in Europe create new challenges facing the organization and management of public health. These issues were interpreted during the conference of the European Health Management Association held in June, 1998, in Dublin (Ireland). Over 250 participants from 30 countries discussed the problems of health care reforms, health policy and management, new information technologies and their application in public health and quality management. A special attention was paid to the reforms in Central and Eastern Europe as well as to the university education in health management. Through a specially performed questionnaire-based investigation, the participants outlined the profile of health care systems in the beginning of the new millenium. It was expected that the relative share of the taxes provided for public health financing would be of approximately 29 per cent, that one of the insurance money - of about 33 per cent, but of co-payment financing - of about 38 per cent. Experts' opinion was united around the statement that on the background of the tendency towards continuous increasing of public health expenditures one should look for the way out in resource redistribution (according to 84 per cent of the interviewed experts). An enhancement of the state financing was not expected as the future role of the state would mainly consist in the regulation (according to 69 per cent of the experts). More than 80 per cent of them considered the competition capable to find the proper way for co-work and collaboration facing both professional and institutional borderlines.

Key-words: Health management, health economics, health care reforms, European expert interviewing, perspectives

Health management is a function enabling the achievement of effective operation of the public health system and its components in conformity

with strategic goals and health-political decisions (1). The health management has to co-ordinate, regulate, direct, and control the system as a whole and its subsystems as well by rendering an account of and timely and adequately reacting to the changes in both external and internal environment.

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Socio-economic, demographic, and political changes in Europe create new challenges for the public health organization and management. Some of them are of global nature and represent a sign of the historical time we live nowadays, other ones bear the specificity of health care as a system, third ones represent a derivative of national peculiarities and traditions.

In the health care “environment”, the global changes create new management paradigms. The most important among them are the following:

- reduction of hierarchical management levels;
- reconstruction of organizations around the information;
- autonomy enhancement;
- functionality increasing, and
- team-work perfecting.

Certain paradigms are applicable in the public care sphere, too, while other ones are difficult to accomplish because of its specific nature such as hierarchy reduction. The model of organizations depends, for instance, in the last reckoning on their purposes and character while in public health institutions as multi-product organizations exerting various activities, the management pyramid remains relatively abrupt.

Health care management faces and should, therefore, comply with some additional serious tendencies related with the following:

- population health status;
- socio-demographic changes;

- limiting economic macro-frame and rapid increasing of health care expenditures;

- advances of medical science and changes of the conditions for providing health aid, and

- changing norms and values of society.

As the allegation that all the management of the public health system needs is, namely, management in a “some more business style” is widespread, as incomplete and false it is, in fact. All that health management needs at the end of this century and at the threshold of the new millenium are fully considered and precisized structures and methods of managemet which are adapted to the changing medium and specificity of public health as a system.

These ideas were the subject of profound discussion during the Conference of the European Health Management Association which was held in June, 1998, in Dublin (Ireland) (3). Over 250 participants from 30 countries discussed the problems of health care reforms, health policy and management, new information technologies in public health and quality management. A special attention was paid to the reforms in Central and Eastern Europe as well as to the university education in health management.

Common features of the purposes of European health care reforms are the following: equality in the access to health care, universal population cov-

erage, macro-level and micro-level effectiveness as well (4). There are some similar trends such as:

- restricted growth of health care costs through governmental control and regulation of supply;
- contract system;
- hospital accreditation;
- supervision of resource utilization and financial control;
- norms for health service and quality control;
- assessment of processes and technologies, and
- patient's education.

The near future of health management is being framed by the combination of centralized strategic management and decentralized operative one. The "key-words" here are the following:

- decentralized and vicarious responsibilities aiming at effective making use of social resources;
- free choice of physician and health institution as well;
- economically argued behaviour at management level and economically motivated one at performer's level.

The conference participants acting as experts outlined the profile of health care systems at the beginning of the new millenium through a specially performed inquiry investigation.

Experts' opinion was united around the statement that on the background of the tendency towards con-

tinuous increasing of public health expenditures one should look for the way out in resource redistribution (according to 84 per cent of the interviewed experts). An enhancement of the state financing was not expected. The relative share of the taxes provided for public health financing would be of approximately 29 per cent, that one of the insurance money - of about 33 per cent, but of co-payment financing - of about 38 per cent. The future role of the state would mainly consist in the regulation (according to 69 per cent of the experts). The principle of universal population coverage with health services would continue to act in Europe (according to 75 per cent of the experts interviewed). About 45 per cent of the experts expected resource transfer from the hospital into the out-patient primary medical care. Swedish experts were the most convinced (60 per cent of the participants) followed by English (51 per cent) and Dutch participants (50 per cent). Irish experts were the least convinced of all (42 per cent).

A little more than a half of the health managers realized the increasing role of the European Union in the distributing and rendering the medical aid. At the same time, however, most of them (89 per cent) were certain that the European Community would play a still more important regulatory role. Over 80 per cent of the experts shared the opinion that competition would, namely, find the proper way for co-work and

collaboration facing both professional and institutional borderlines. There existed an united opinion about the necessity of an alliance of groups of different interests in public health such as patients, health professionals, politicians, and society as a whole.

There has been a consensus about the question that health care organizations require a clearly outlined and operating management structure. They need an effective management even more than business organizations do. They necessitate a clear mission transformed into operative goals, a precise product definition as well as a judicious control of the expenditures.

One has also expected "a significant overlap between the managing

role of the government, local authorities, physicians' unions and insurance agents". Bureaucratic understanding of order and control should give way to professional relationships and common aspirations aiming at stabilizing the rising health care costs, improving the health status and the better patient's care (2).

It seems fairly to conclude that the health management faces serious challenges and has the chance to respond to them. In this respect, we could better try to remember Peter Dracker's words that it is important what we have to do tomorrow but it is still more important to know what we should do already today when expecting the morrow.

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Здравният мениджмънт пред прага на новото хилядолетие

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Резюме: Социално-икономическите, демографските и политическите промени в Европа създават нови предизвикателства пред организацията и управлението на здравеопазването. Именно те бяха предмет на обсъждане в проведената през м. юни

1998 г. в Дъблин конференция на Европейската асоциация по здравен мениджмънт (ЕНМА). Над 250 участници от 30 страни обсъждаха проблемите на здравните реформи, здравната политика и управление, новите информационни технологии и тяхното приложение в здравеопазването и управлението на качеството. Специално внимание бе отделено на реформите в Централна и Източна Европа и на образованието по здравен мениджмънт. Участниците (чрез специално проведено проучване) очертаха профила на здравеопазните системи в началото на новия век. Очаква се дялът на данъците за финансиране на здравеопазването да бъде около 29 %, а 33 % да идват по застрахователна линия. Ще нараства со-раумент-финансирането (38 %). Обединено е мнението на специалистите, че на фона на тенденцията за непрекъснато нарастване на разходите за здравеопазване, изход трябва да се търси в преразпределението на ресурсите (84 %). Не се очаква нарастване на държавното финансиране, а бъдещата роля на държавата ще бъде предимно в регулирането (69 %). Над 80 % от експертите считат, че именно конкуренцията ще намери пътя за сътрудничество и колаборация, срещайки професионалните и институционални граници.