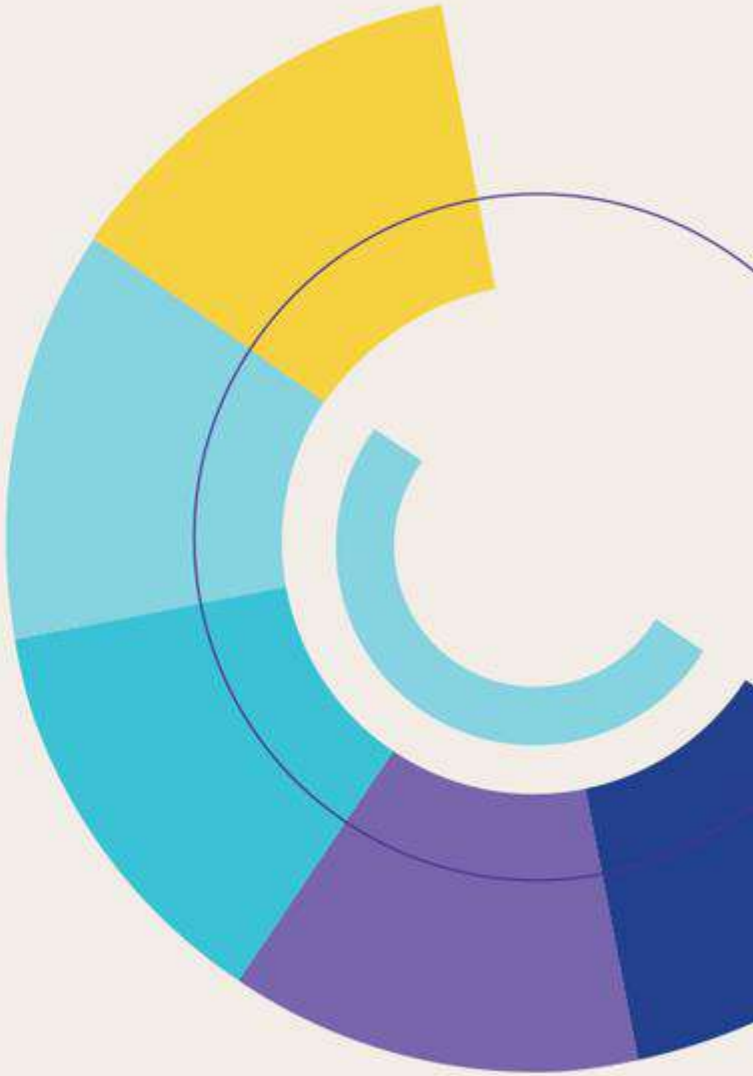
Building health system readiness: from research to impact

STARTING SOON



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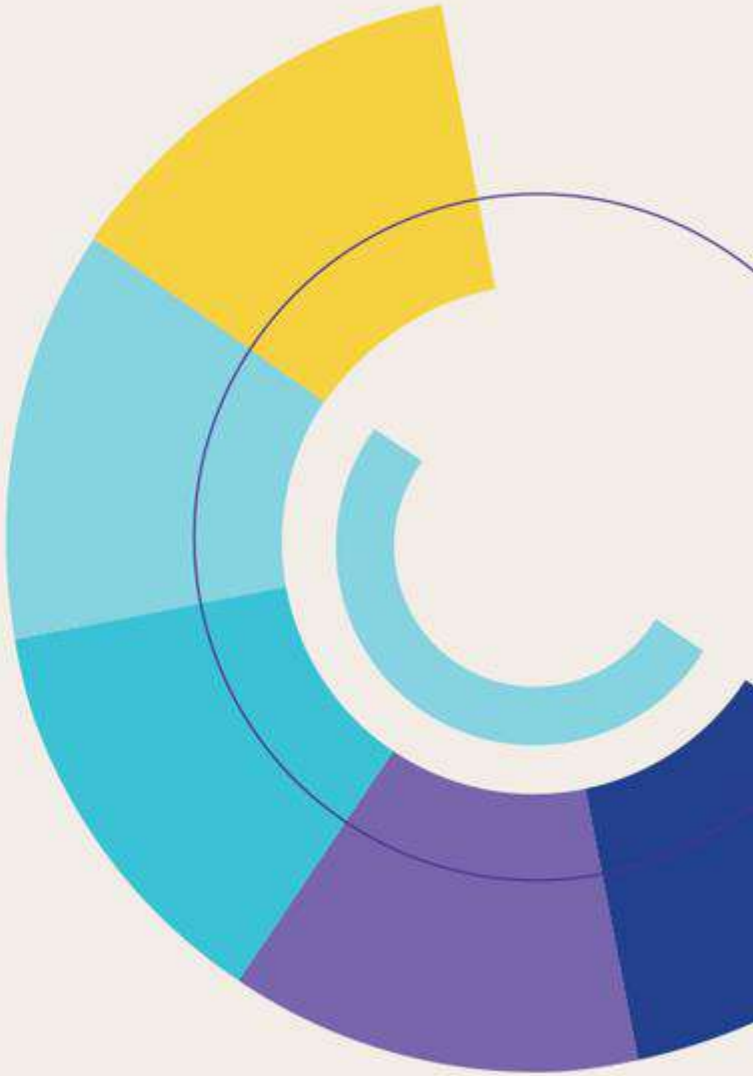
Building health system readiness: from research to impact



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Welcome

Suzanne Wait

Managing Director,

The Health Policy Partnership

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Agenda

Welcome and introduction

- Audience poll
- What is health system readiness and why is it important?

Assessing health system resilience

- Introduction to assessment frameworks and how they can be used to measure performance and build resilience

Project presentations

- Overcoming obstacles to vaccination
- Building consensus on readiness for radioligand therapy
- Implementing digital medication management systems

Panel discussion and audience Q&A

Concluding address

- How can we move forward?

What do you know about health system readiness?

Audience poll

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What is health system readiness?

Health system readiness is the ability of a health system to promptly and sustainably adapt its policies, infrastructure and processes to support the integration of innovative approaches to care.

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Why is health system readiness important?

- Health systems need to be ready for a growing number of expected and unexpected changes:
    - Changing population demographics
    - Environmental disasters and infectious diseases
    - Evolving evidence bases
    - Innovative technologies
- Taking a holistic, evidence-based approach means that all parts of the system will be ready to adapt in a timely manner so that all people can access the services that could benefit them most
- Readiness makes health systems more resilient and enables them to perform better, delivering effective high-quality care equitably and sustainably to people who need it

Assessing health system resilience

Marina Karanikolos

Researcher,

European Observatory on

Health Systems and Policies

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Health system resilience testing with HSPA framework for UHC

Dr Marina Karanikolos
European Observatory on Health Systems and Policies
London School of Hygiene and Tropical Medicine

02 March 2023 Building health system readiness: from research to impact

European Observatory on Health Systems and Policies
a partnership hosted by WHO

Why test resilience?

- Need to understand health system in order to **identify targeted and actionable options** for remedial action to **prepare for future** shocks and for long term change.

- To **detect critical health system weaknesses** against a range of specific shocks and more structural challenges through capturing quantitative and contextual dimensions; filling gaps in understanding; and fostering stakeholder participation.

- To provide a **well-defined approach** to testing with measurement strategies and a ‘tool kit’ that will support countries and **allow consistency** across countries and enable cross-country learning.

- To enable countries to systematically test their resilience and **generate insight and evidence** and reinforce their ability to respond to shock, and ultimately contribute to attaining health system goals

Health Systems Resilience Testing – state of play

- **Who?**
  - European Observatory for Health Systems and Policies + OECD
  - Commissioned by the EC SANTE
  - Links with other ongoing projects / work on resilience by EC, ECDC, WHO, etc

- **When?**
  - Started January 2022, due to be completed in June 2023

- **Who benefits?**
  - Primary beneficiaries: EU Member States / Ministries of Health
  - Methodology will be made available to other countries / stakeholders to carry out own resilience testing

Core concepts

Resilience +

Shock cycle +

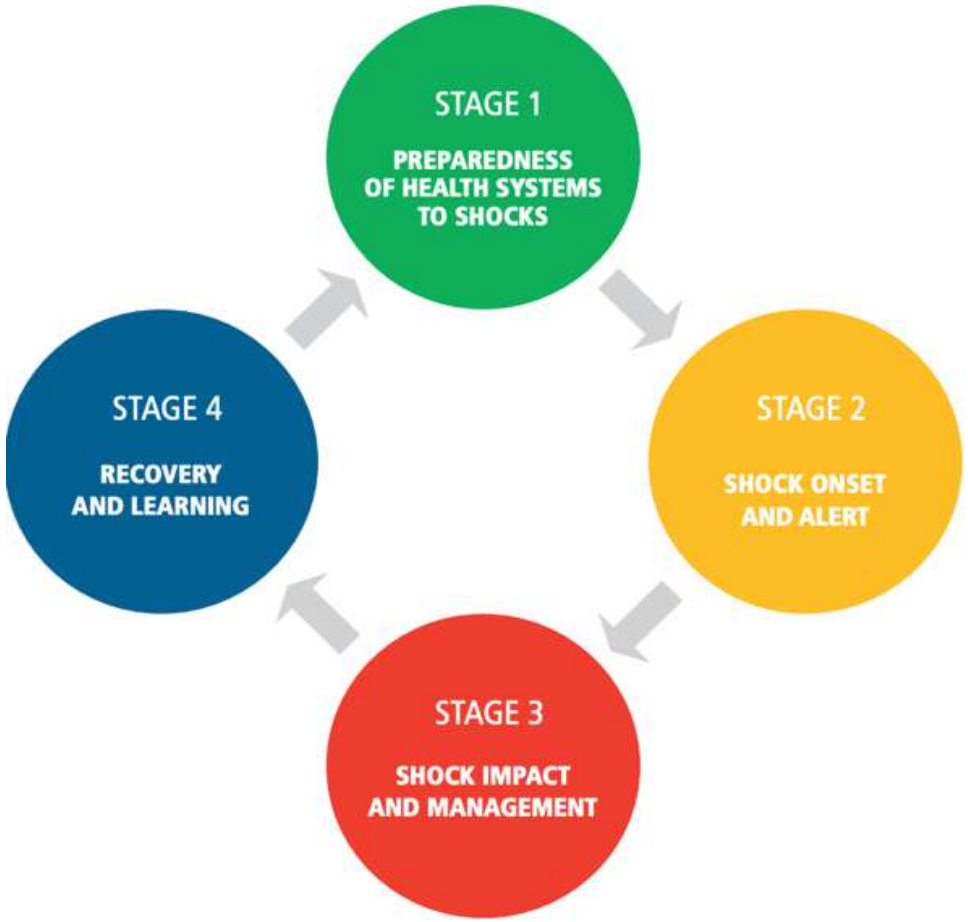
HSPA framework for UHC

Resilience

The capacity of a health system to a) proactively foresee, b) absorb, and c) adapt to shocks and structural changes in a way that allows it to i) sustain required operations, ii) resume optimal performance as quickly as possible, iii) transform its structure and functions to strengthen the systems and iv) (possibly) reduce its vulnerability to similar shocks and structural changes in future

Source: EU Expert Group on Health Systems Performance Assessment (HSPA) (2020) Assessing the resilience of health systems in Europe: an overview of the theory, current practice and strategies for improvement. Luxembourg

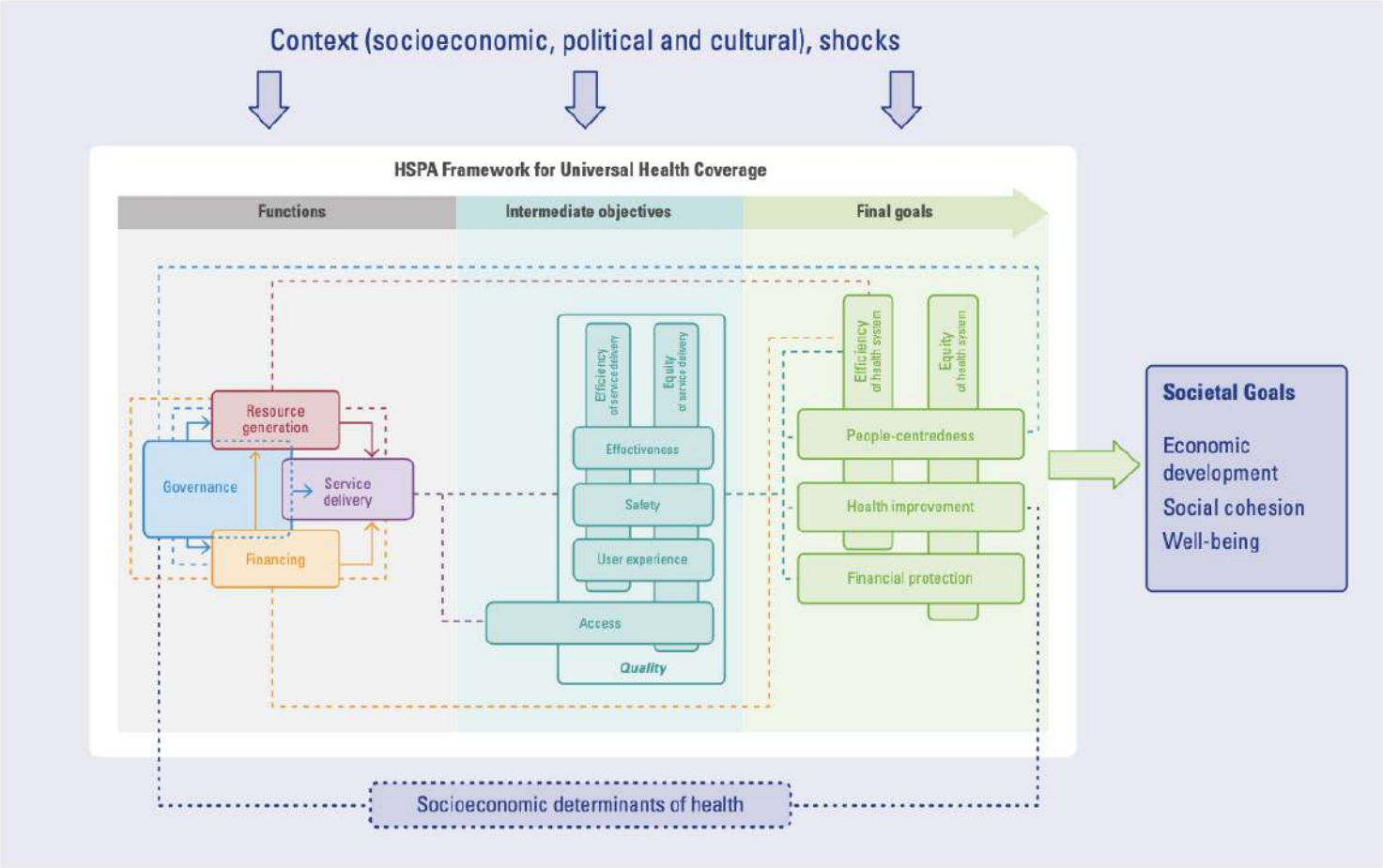
Shock cycle



- Stage 1: Preparedness, which is related to how vulnerable a system is to various disturbances;
- Stage 2: Shock onset and alert, where the focus is on timely identification of the onset and type of the shock;
- Stage 3: Shock impact and management, **when the system absorbs the shock and, where necessary, adapts and transforms to ensure that health system goals are still achieved**;
- Stage 4: Recovery and learning, which is when there is a return to some kind of normality but there may still be changes as a legacy of the shock.

Source: Thomas et al (2020)

HSPA Framework for UHC – what is it?



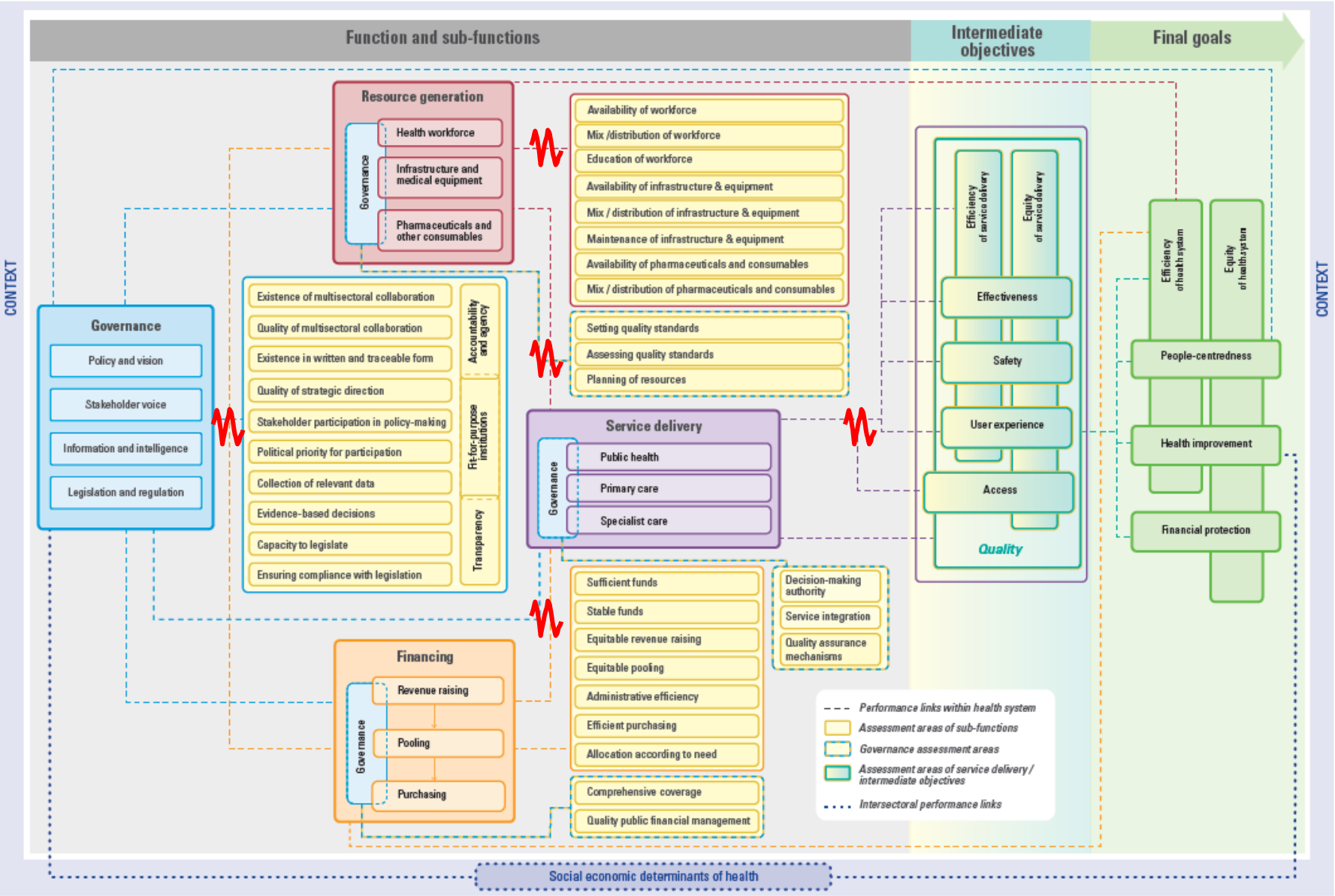
Source: Papanicolas et al (2022)

Brings together key health systems frameworks and HSPA approaches

Aims to put emphasis on performance of health system functions as well as on performance of the system

Can be adapted to various health system structures

HSPA Framework for UHC – where is resilience?



Lack of resilience: **disruption in performance links** between health system functions and their assessment areas

Needs choice of appropriate indicators for each of the assessment area (adapted to shock cycle)

Needs careful interpretation and good knowledge of health system and country context in relation to a particular shock

Source: Papanicolas et al (2022)

Process

Developing example shock scenarios and outlining potential health system vulnerabilities

Identifying impact of specific shock on health system's functions and subfunctions, spill-overs

Using assessment areas to understand how health system performed in the past (preparedness) and whether it will be able to maintain / improve performance during the shock (response)

Embedding recovery and learning process from a previous / similar shock, and potential to use the knowledge to learn lessons

Finalising the key health system vulnerabilities and list of actionable weaknesses

Getting there

Gathering data and information:

previous evaluations, HSA/HSPAs, national and international database with performance indicators tailored to specific shocks

Organizing country-specific workshops:

facilitated workshop attended by senior-level policy makers to go through shock scenarios, identify key relevant weaknesses and strength in core functions, as well as spill-overs

Assessing results for health system strengthening:

summarizing results and finding consensus among the group on specific actionable weaknesses

Country workshops at the core of resilience testing

Key considerations:

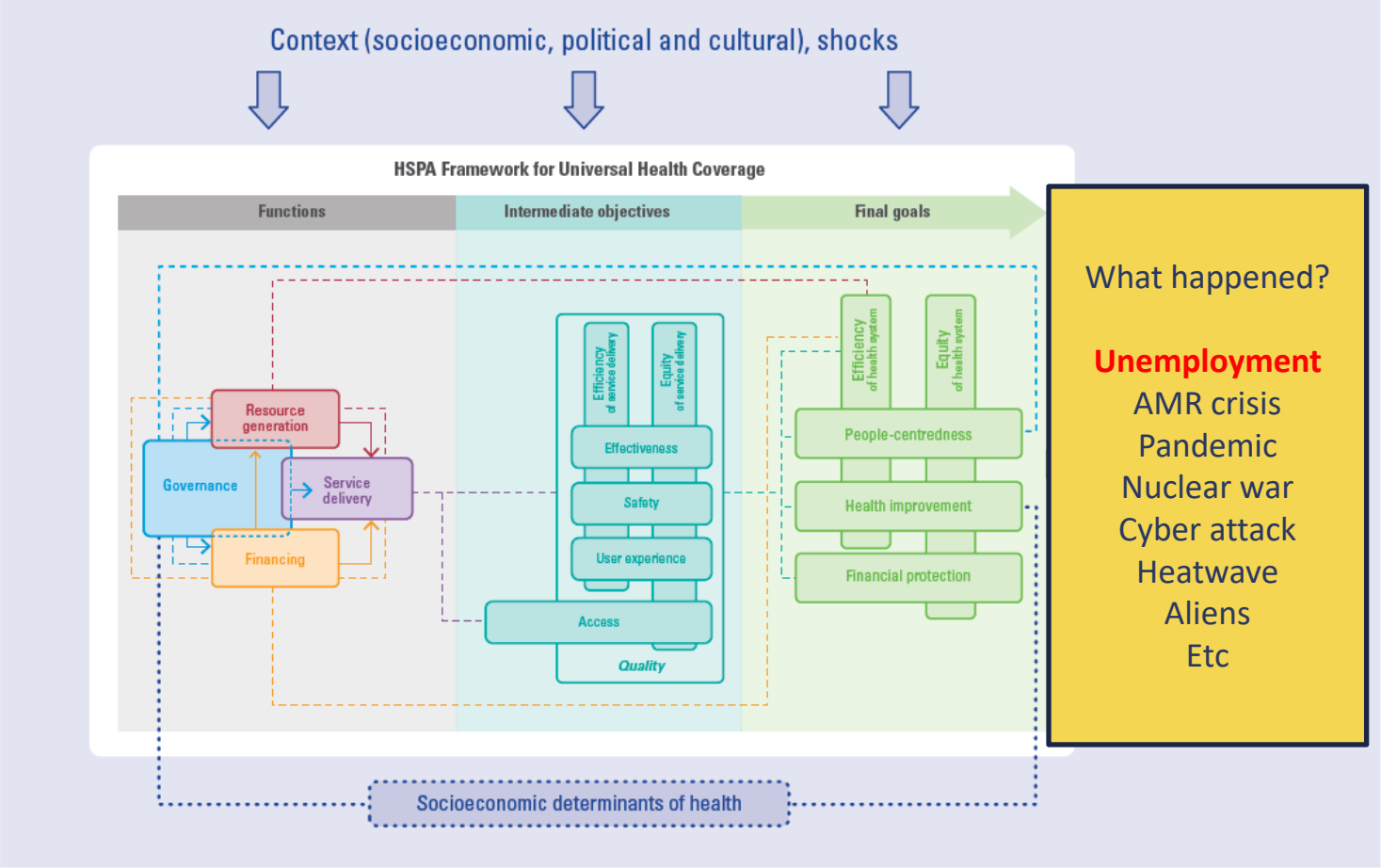
- Identification of scenario that is both realistic and drastic enough to make an acute impact
- Selection of a facilitator
- Balance of the group participants / stakeholders
- Right amount of background information
- Systematic way to assess resilience of specific functions and sub-functions in a given scenario
- Way to identify / agree on the key actionable weaknesses

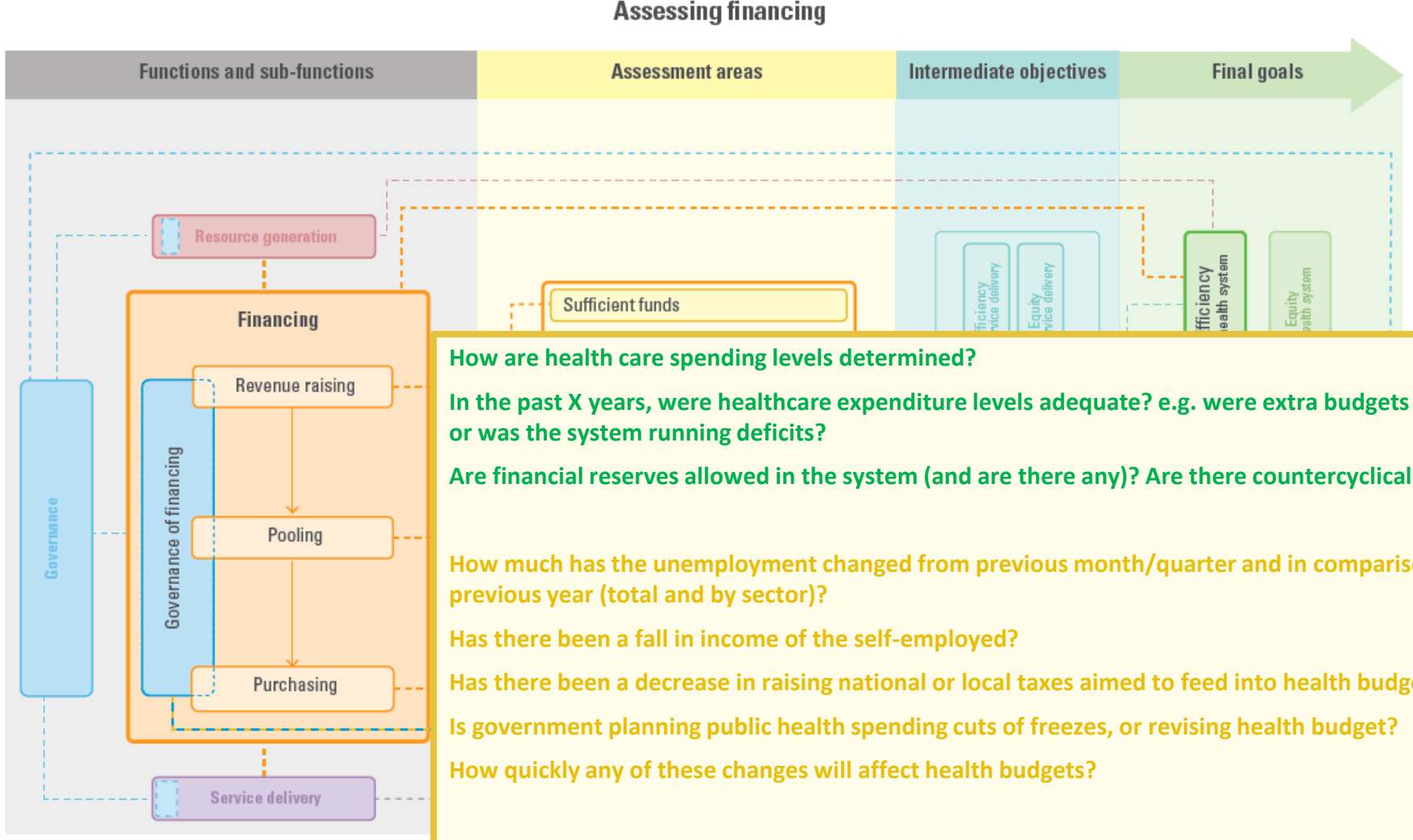
Addressing these:

- Iterative process of compiling the methodology and outlining series of sample scenarios
- 3 full-scale pilots in selected countries, working with full support of OBS/OECD

How would it work in practice?

Framework and choosing scenario





How are health care spending levels determined?

In the past X years, were healthcare expenditure levels adequate? e.g. were extra budgets needed during the year or was the system running deficits?

Are financial reserves allowed in the system (and are there any)? Are there countercyclical mechanisms?

How much has the unemployment changed from previous month/quarter and in comparison to same period in previous year (total and by sector)?

Has there been a fall in income of the self-employed?

Has there been a decrease in raising national or local taxes aimed to feed into health budget?

Is government planning public health spending cuts of freezes, or revising health budget?

How quickly any of these changes will affect health budgets?

What is the process for allocating additional funding to the health system?

What have you learnt from the past unemployment crises with regards to sufficiency of financing?

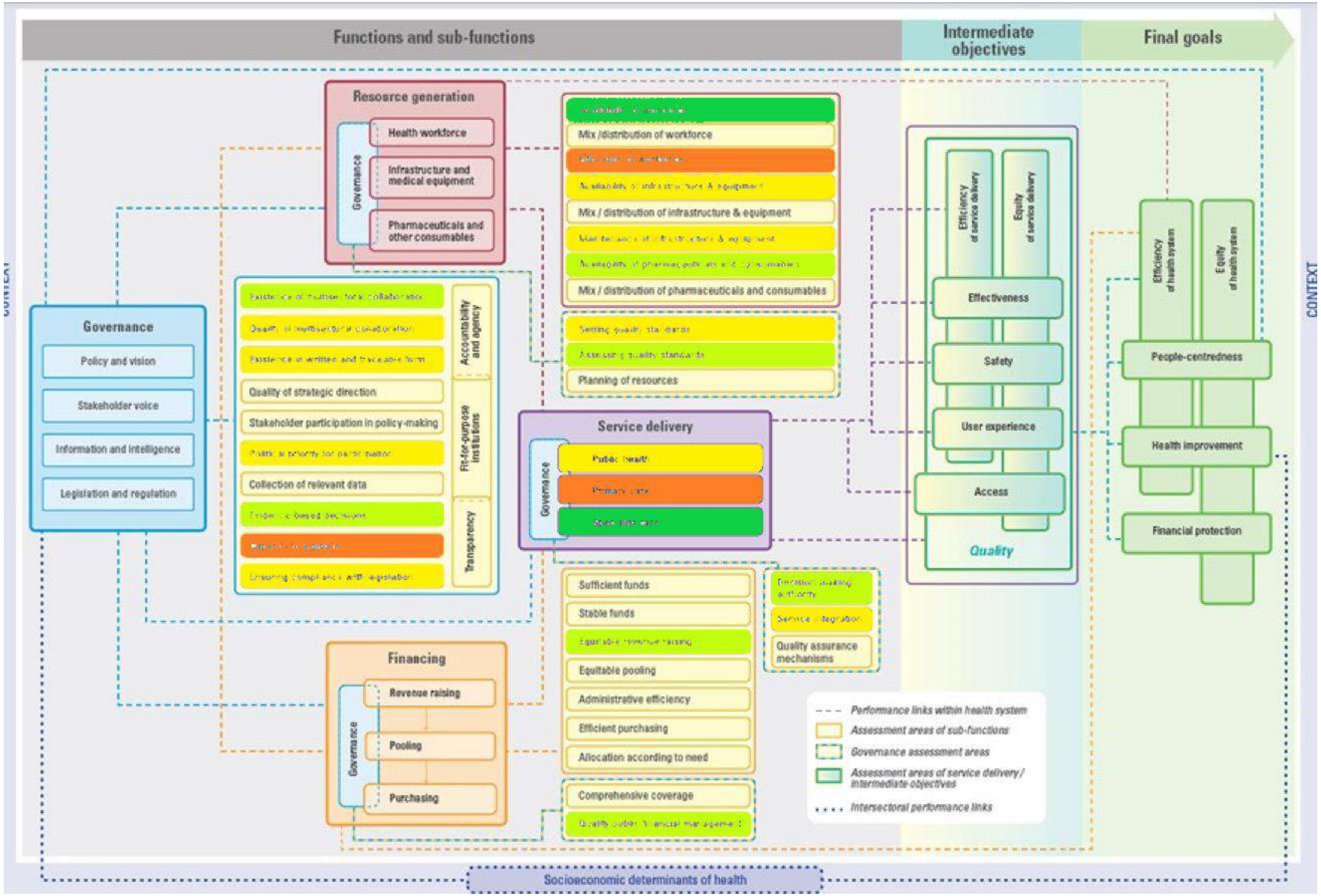
What key changes to strengthen health system resilience have you implemented over the past X years with regards to sufficiency of financing? If so, what has been the effect?

STAGE 1 Preparedness

STAGE 2 Shock onset and alert

STAGE 3 Shock impact and management

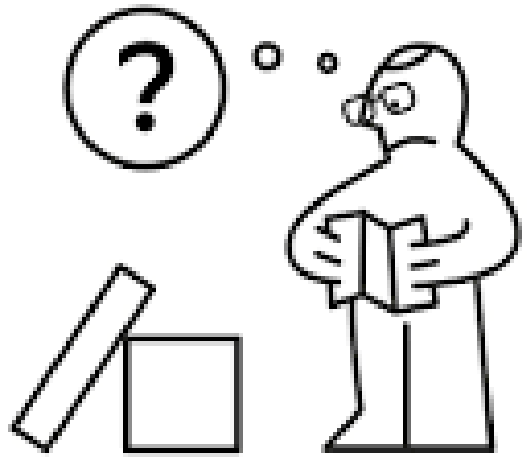
STAGE 4 Recovery and learning


Functions and sub-functions
Intermediate objectives
Final goals
CONTEXT
Resource generation
Governance
Health workforce
Infrastructure and medical equipment
Pharmaceuticals and other consumables
Mix /distribution of workforce
Mix / distribution of infrastructure & equipment
Mix / distribution of pharmaceuticals and consumables
Planning of resources
Governance
Policy and vision
Stakeholder voice
Information and intelligence
Legislation and regulation
Accountability and agency
Fit-for-purpose institutions
Transparency
Quality of strategic direction
Stakeholder participation in policy-making
Collection of relevant data
Service delivery
Governance
Sufficient funds
Stable funds
Equitable pooling
Administrative efficiency
Efficient purchasing
Allocation according to need
Financing
Governance
Revenue raising
Pooling
Purchasing
Comprehensive coverage
Quality assurance mechanisms
Efficiency of service delivery
Equity of service delivery
Effectiveness
Safety
User experience
Access
Quality
Efficiency of health system
Equity of health system
People-centredness
Health improvement
Financial protection
Performance links within health system
Assessment areas of sub-functions
Governance assessment areas
Assessment areas of service delivery / intermediate objectives
Intersectoral performance links
Socioeconomic determinants of health

Final output

Handbook / manual on resilience testing

- Background on resilience, shock cycle, HSPA framework
- Sections on organization of resilience testing workshops (including detailed descriptions of roles of facilitator, assessor, stakeholder group, and the prep work)
- Examples of shock scenarios applying the HSPA framework



Web platform

- Complimentary to the manual
- Depository of scenarios, assessment questions and potentially introducing some core indicators
- Tool for assessment and cross-country learning

Reflections so far

- Not an academic exercise, has to be appealing to policy makers
- HSPA framework for UHC can serve as a map to navigate through health system functioning and identify potential gaps in performance in light of a specific shock
- Need to have a good grasp of the country and health system context and relate resilience to a shock in order to identify actionable weaknesses
- Potential to learn from core shock scenarios, as impact on health system has many commonalities, but important to pick up spill-overs
- Ultimately the process needs to be carried out by countries, so clarity and replicability are crucial, but also relies on leadership and initiative at the national level

Thank you!

Visit our website: www.healthobservatory.eu
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Overcoming obstacles to vaccination

Patricia Scherer

Director of Policy Implementation,

Kantar Public Belgium

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Overcoming obstacles to vaccination – a project for the HaDEA

Webinar: Building Health System Readiness, 02 March 2023

Patricia Scherer, Director – Policy Implementation
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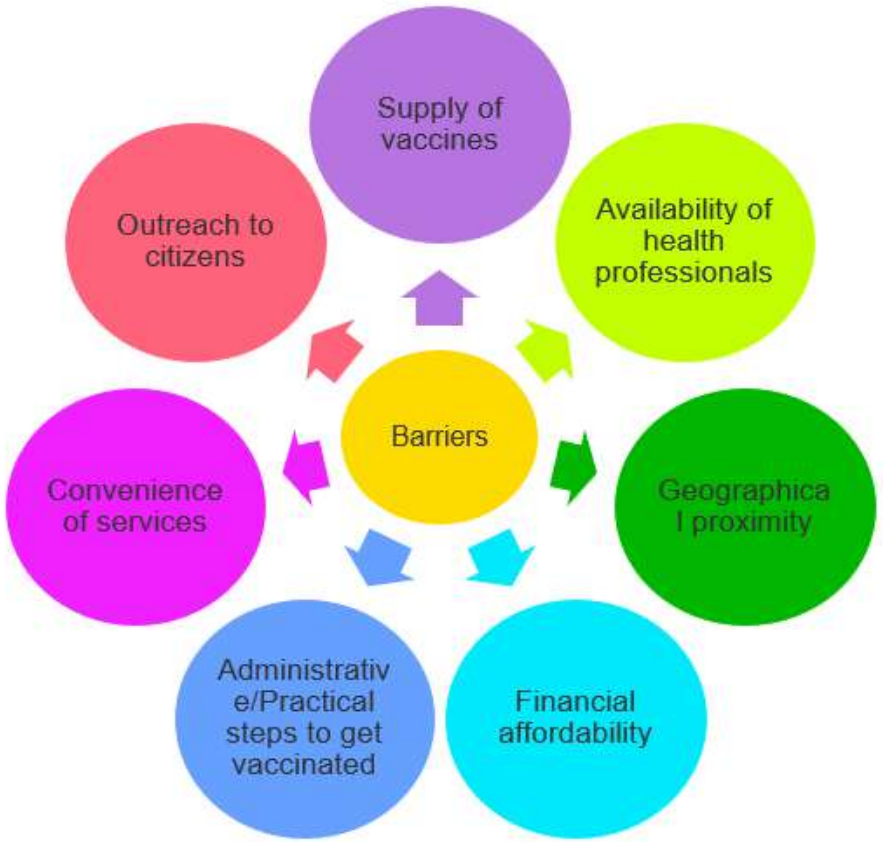
Objectives and scope of the service

Support **EU MS** in overcoming obstacles to vaccination of a physical, practical and administrative nature, with a view to increasing vaccination coverage rates in the EU

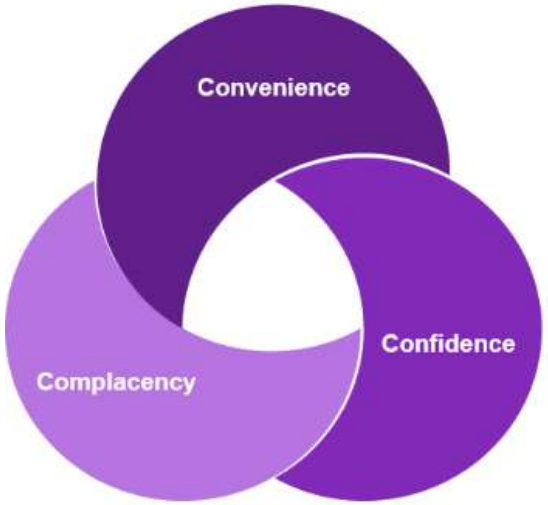
Vaccines:

- Vaccines against polio, meningitis, and measles, mumps and rubella (henceforth “MMR”)
- Vaccines against human papillomavirus (henceforth “HPV”) for adolescents
- Booster vaccines for adults and seasonal influenza vaccines for older and/or medically vulnerable persons
- COVID-19 vaccines

Obstacles tackled in this project



- Considering the interplay between a diversity of behavioural drivers and levers
- Focusing primarily on barriers linked to “convenience”



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Rationale of our consortium and subcontractors

Our consortium combines:

- **Strong expertise in the area of public health**
- **Excellence in research and evaluation** to collect and analyse the data required for the assignment as well as to support the evaluation of pilot measures
- Proven **capacity to support public organisations in mutual learning and exchanges**

Health authorities committing to collaborate to this project

Practice title	
Ministry of Health of Republic of Bulgaria – Bulgaria	
Republic of Estonia Health Board Terviseamet, Estonia	
Santé publique France, France	
Gesundheitsamt und Jugendamt Treptow-Köpenick, Germany	
Public Health and Health Protection Authority, City of Frankfurt, Germany	
ARESS – Agenzia Regionale per la Salute e il Sociale, Italy	
Portuguese Ministry of Health, Portugal	
Regional Ministry for Public Health, Valencia, Spain	
Public Health Directorate of the Murcia Region, Spain	
Finnis Institute for health and welfare, Finland	
Region Stockholm, Health Care Administration, Sweden	
Ministry of Health of the Republic of Slovenia, Slovenia	
Greek Ministry of Health, Greece	

The three building blocks of our methodological approach

Task 1

Vaccine journeys

Mapping of vaccines services to identify obstacles to vaccination

Task 2

Large scale surveys

Impact of barriers on vaccine coverage.

Task 3

Identification of best practices across Europe.

Task 4

Onsite-visits

Mutual learning activities to share knowledge.

Task 5

Pilots

Piloting of selected best practices and evaluation.

Task 6

Development of recommendations

Problem definition

What is the problem and why?

Identification of possible solutions

What is the possible solution?

Testing the solution

Testing transferability to other contexts

What is the best solution going forward?

Mapping

European Commission

Multi-layered approach to mapping the vaccine journeys and impact on vaccination

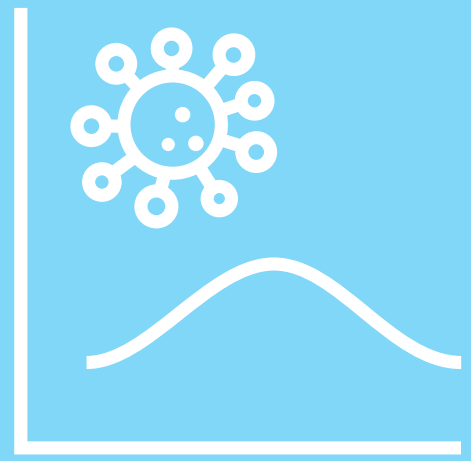
Pre-vaccination → Vaccination → Post-vaccination

	Outreach	Booking	Travelling	Receiving the shot	Follow-up
Definition	• Requirements • Outreach activities • Information provided	• Complexity of booking • Support available from HCPs	• Distance • Services available	• Place and type of locations • Services from HCPs • HCPs authorised to vaccinate • Vaccine availability	• Requirements • Service available • Information provided
Convenience barriers	e.g., lack of outreach activities; untrained staff; lack of vaccine registry; hesitancy or misinformation of HCPs etc	e.g., complex booking systems; time needed to book; prescription systems; parental consent needed etc	e.g., vaccination centres too distant, lack of public transport, cost of travel too high	e.g., limited number of vaccinations centres; lack of untrained HCPs; cost of vaccination; vaccine shortages etc	e.g., lack of support; lack of information for next steps, no automatic booking for booster vaccine etc
Complacency / confidence barriers					
Decision-making process	Yes or no	Yes or no	Yes or no	Yes or no	Yes or no

Mapping of barriers against the vaccination journey

	Outreach	Booking	Travelling	Receiving the shot	Follow-up
Healthcare professionals (HCPs)	• Lack of outreach activities (e.g., SMS reminders0 • Untrained, hesitant, mis-informed staff		• Lack of support from HCPs (e.g., for elderly, people with disabilities)	• Shortages of HCPs • Lack of trained staff • Few categories of HCPs authorised to vaccinate	• Lack of support • Lack of / mis-information about next steps • Lack of booking for second dose / booster vaccine
Administrative factors	• Lack of or inefficient pre-booking system	• Complex booking system • Prescription from HCPs required • Limited opening times • Parental consent required (HPV0) • Time needed for booking	• Need to purchase vaccine in different location from vaccination premises	• Inconvenient opening hours of services • Long waiting time	
Financial factors			• Time • Loss of earnings if long travel to vaccination premises	• Need to buy vaccine • Need to pay for shot and / or equipment • Loss earnings if long waiting time an post-vax care	
Geographical factors			• Long distance to vaccination premises (e.g., rural areas) • Lack of public transport	• Few places supplying the vaccine • Few places administrating the vaccine	
Data collection & monitoring	• Lack of monitoring systems • Absence of vaccination registry • Absence of vaccination booklet				
Vaccine supply				• Lack of vaccines supply • Procurement issues • Lack of equipment needed for vaccination	

Selection of practices



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Selection of practices

Evaluation approach

1. Preparation

Development of evaluation forms using DG SANTE criteria

2. Evaluation

Evaluation of each practice by two evaluators

3. Peer-review

Discussion/peer review of evaluations and selection

4. Review of candidates

In-depth evaluation of the selected candidates by a 3rd evaluator

Selection of practices

Evaluation approach

Collect complementary information of good candidates

Review by rapporteurs

Present/ discuss selected practices with health authorities

Determine best 5-7 practices, based on health authority feedback

Submit best practices to HaDEA

Upcoming: Onsite visits to selected practices

Envisaged for Q2 of 2023

- Relying on the strength of **mutual / peer learning**
- Facilitated visit with a mix of grasping **new information** and learning about **the policies and practices**, discussion and **reflection** (in groups), in-depth **analysis** (SWOT) on **potential** and **transferability**
- **360-degree viewpoint**, including perspectives of:
  - Policy makers
  - Health authorities
  - Funding/auditing authorities,
  - Practitioners
  - Target groups/users.

→ Participants go home having a clear idea of how to **optimise their own practices or transfer / cross-scale** what they have seen in pilots.

European Commission

Thank you for your attention

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Building consensus on readiness for radioligand therapy

Lucy Morgan

Associate Director of Research and Policy,

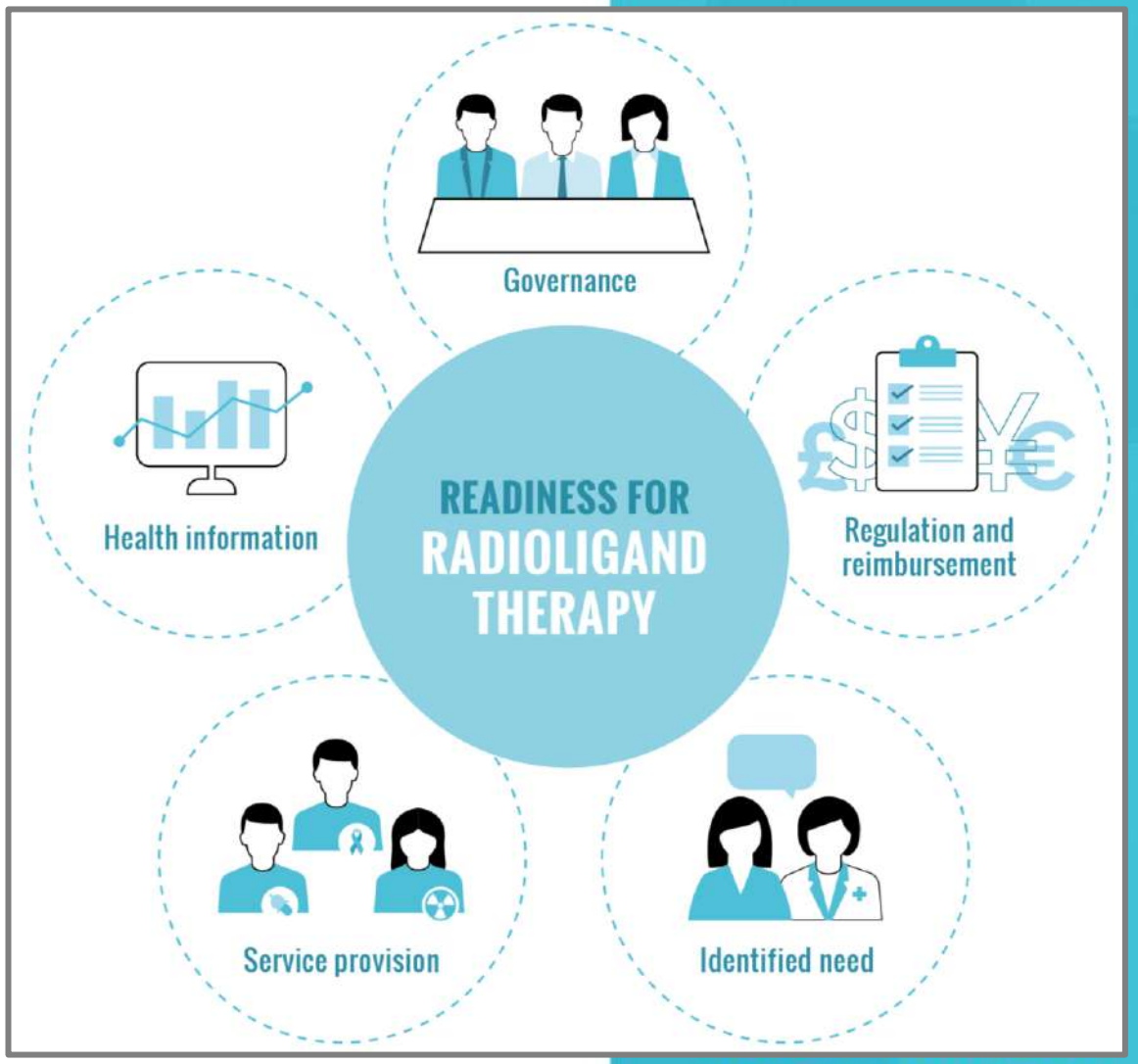
The Health Policy Partnership

Background

The Radioligand Therapy Readiness Assessment Framework:

- defines what policies, processes and resources are needed to appropriately integrate radioligand therapy into care
- was developed by The Health Policy Partnership, under the guidance of an international multidisciplinary expert advisory group
- was adapted and applied in the UK, looking at the English health system
- is publicly available at www.healthsystemreadiness.com

The development and application of the framework were supported by Advanced Accelerator Applications, a Novartis Company, with additional support from Nordic Nanovector.



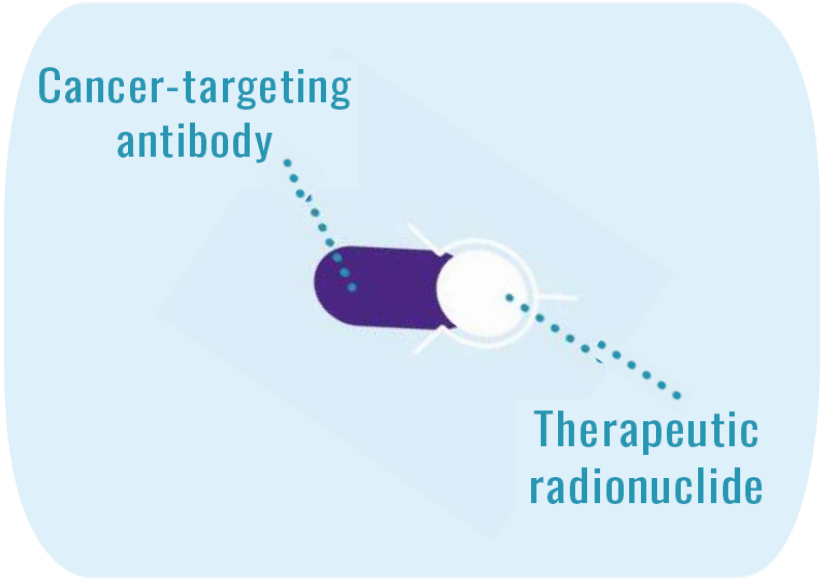
European ENETS Neuroendocrine Tumor Society

eau European Association of Urology

Oncidium foundation

About the assessment

- Radioligand therapies are an innovative form of precision cancer therapy
- Delivering radioligand therapy requires multidisciplinary and multi-sectoral coordination
- Specific system adjustments are needed for its successful integration



- Current models of care are built around rare disease models, but inequalities persist
- Many countries are not ready to upscale delivery, despite the anticipated increased demand

Radioligand Therapy

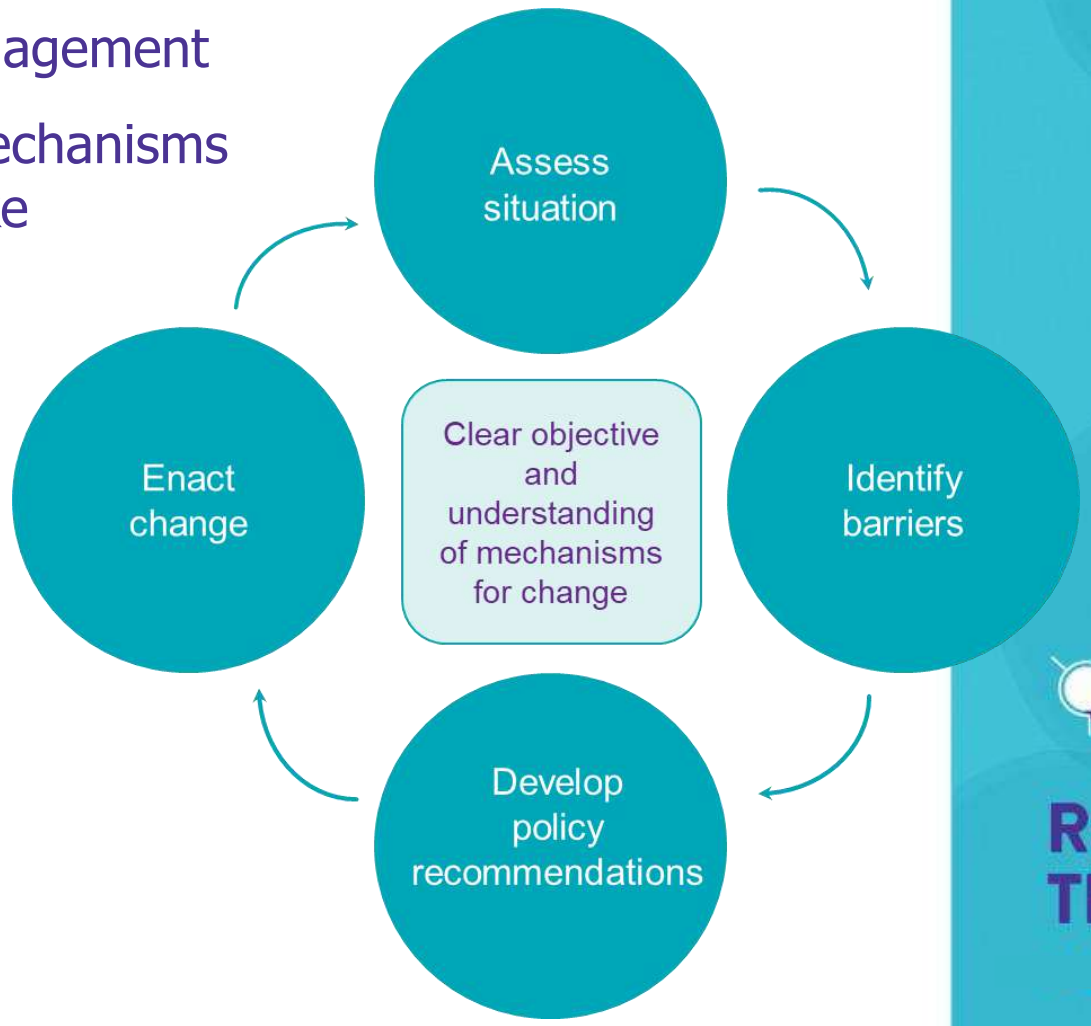
Impact

- Data from the framework supported the development of policy recommendations to build readiness
- Healthcare professionals, patient advocates and researchers can use the framework and the resulting policy recommendations to educate and engage with policy- and decision-makers

Radioligand Therapy

Next steps

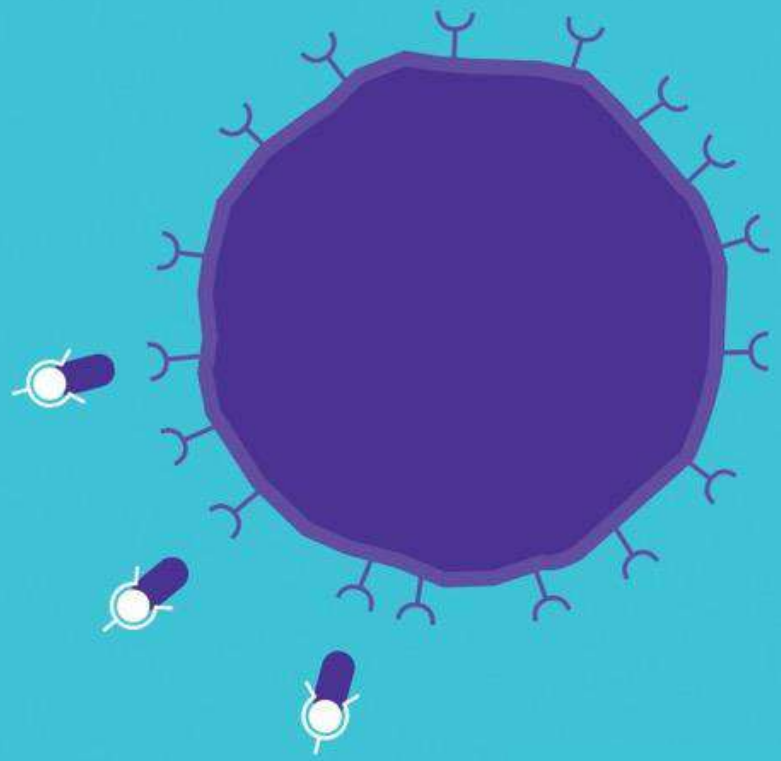
- Work must go beyond policy recommendations to support engagement
- Defining a clear objective and mechanisms for change at the outset will make implementing findings easier



In future, we hope the framework will support international consistency and enable shared learnings between health systems

Radioligand Therapy

Thank you



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Implementing digital medication management

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The Health Policy Partnership

Background

Hospital de Dénia 2009:

- PPP for managing public healthcare on Marina Alta region
- New facility, new staff, new EMR, new processes
- Full paperless environment by design

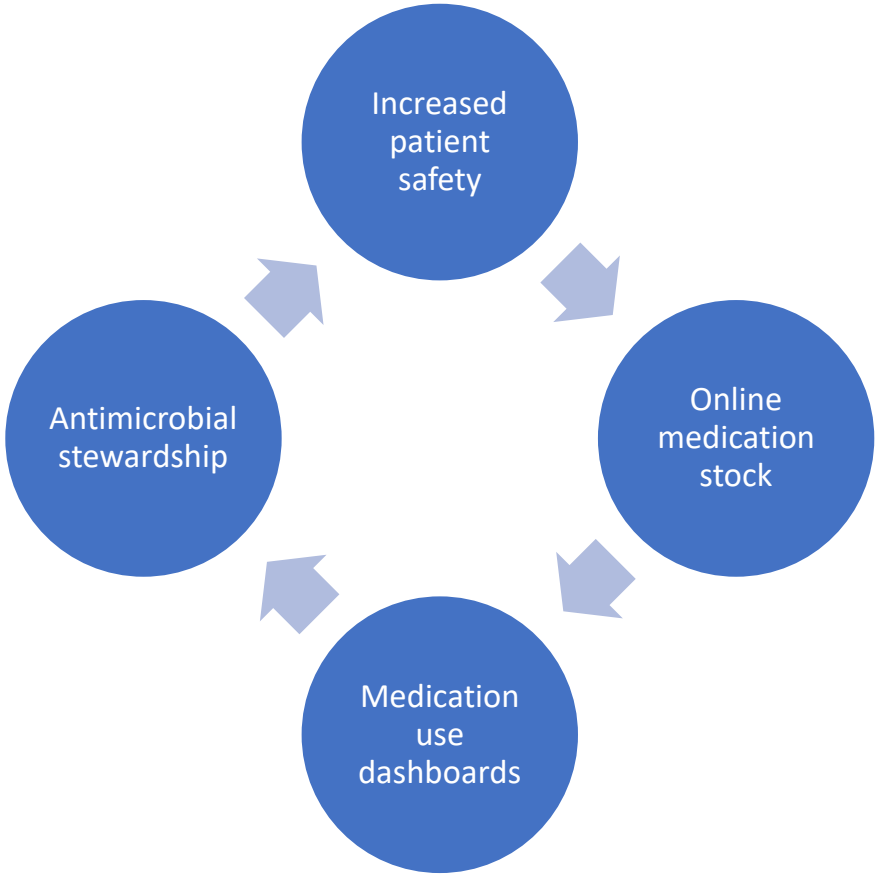
About the CLMA process (based on EMRAM HIMSS)

- Order is prescribed by the physician on the EMR
- Pharmacist verifies the order or the auto verification process
- The nurse pickup the medication on the dispensing machine
- At the bedside, the nurse scans patient and medication
- EMR verifies ‘5 Rights’ – Patient, Medication, Route, Dose, Time
- The nurse administer the medication to the patient

Implementation problems

- Insufficient order sentences
- Medication generic names
- Pharmacy auto verification process
- Integration of medication catalogues
- Multum configuration

Achievements



Thank you

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Panel discussion

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European Health Management Association

Patricia Scherer
Kantar Public Belgium

Lucy Morgan
The Health Policy Partnership

Vicent Moncho Mas
Denia Hospital - Marina Salud

Josep Figueras
European Observatory on Health Systems and Policies

Concluding address

Josep Figueras

Director,

European Observatory

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Thank you

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