

SOME MANAGEMENT CHALLENGES IN THE HEALTH SECTOR

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Problem

- South African health system performs poorly when comparing its impact on the health status of the nation to countries with a similar or poorer per capita Gross Domestic Product (GDP)
- South African health system is unsustainable and fails the challenges of coverage, quality and cost

What solution?

- Much already said about financing mechanisms
- Elements other than financing mechanisms need to be addressed in order to improve the performance of the South African health system towards achieving universal coverage
- Improving the performance of the health system will require new design and management paradigms, as well as for providing the staff necessary to deliver an up-scaled and responsive health system

Starting point - Stewardship

- Stewardship in health is the very essence of good government
 - Careful and responsible management of the well-being of the population
 - Establishing the **best and fairest health system possible**
 - Concern about the trust and legitimacy with which its activities are viewed by the citizenry
 - Maintaining and improving national resources for the benefit of the population

Source: WHO, 2000

What does this mean?

- In order to overcome the fragmentation, improve the quality and to ensure equitable access to the essential package of services tailored to the communities' health needs:
 - national leadership to redesign the National Health System in a **systematic** and **structured** way
 - ad hoc attempts to restructure the system will divert attention and resources from the primary task
 - neither possible nor necessary to make all reforms at the same time
 - chart the course of the reforms according to **definable** and **implementable** targets over **feasible timeframes**

Who is responsible for leadership, governance and effective management?

- National and the provincial managers
- Frontline managers
- Supervision and support (provincial and district managers) critical and largely deficient

Stewardship –everyone’s job

- NDoH leadership must improve bidding for improved financial resourcing in prioritized areas and protect provinces from unfunded mandates
- Provincial departments of health must fully cooperate with one another and the NDoH to ensure that the quality of the data and evidence to support the bids is irrefutable
- Collective stewardship is thus critical in the sector’s efforts in securing funding for services

Public health service challenge

- “success has been hamstrung by the failure to devolve authority fully, and by the erosion of efficiencies through lack of leadership and low staff morale” and “generally weak health systems management” resulting in poor health outcomes relative to total health expenditure
- developing managers’ leadership skills is a priority if these poor outcomes are to be addressed

Harrison D. An overview of Health and Health care in South Africa 1994 – 2010: Priorities, Progress and Prospects for new Gains, 2009

Manager competence

- Managers need to be trained to manage
- National level attempts to develop effective management training programs for hospital managers have largely failed
- Providing a broad curriculum outlining the most important elements of hospital management is appropriate, but decentralised, accredited, provincial level programs can be more responsive and relevant to local challenges
- Institutes of Higher Education are probably better placed to deliver courses locally and, together with the senior managers in the service, to mentor their students

Managing in a context

- Hospital and other health managers do not function as independent entities but within a bigger health system
- Performance is a symptom of the support and guidance they receive from provincial management structures
- General management competence is strengthened by giving managers authority, decentralising decision-making and making them accountable
- Must be within a structured system of support, supervision, monitoring and evaluation from the provincial level
- Should make the system more resilient and motivate individual performance and accountability
- Performance and accountability should be linked to incentivised performance contracts

Oversight

- The NDoH must improve its capacity to monitor service impact and return on investment (value for money) and to use financing mechanisms to leverage improved performance. Well-quantified service and performance targets captured in incentivised contracts are important tools to leverage improved performance.
- The capacity of public accountability representatives (for example in standing committees and health facility boards) in a specialised field such as health is poor and these representatives need to be empowered so as to improve the relevance of their inquiry.

Fear of sanction

- Managers cite financial and other statutory regulations when justifying poor performance
- Slavish compliance with the PFMA does not necessarily constitute good financial management
- Managers in the health sector need to understand when rationing of certain services to remain within budget is actually more costly
- Must monitor the variance of spending against budget on an almost daily basis and analyse the demands carefully so as to move funds to achieve their greatest impact

Health Information

- Quality of health information remains a challenge
- Fully functional and comprehensive health information system will be a mandatory requirement for the implementation of the NHI
- Population dynamics, patterns of disease expression, impact monitoring and resource allocation towards equity need to be drawn from good quality information
- Information is not sufficiently packaged for decision-making
- Information systems should be designed in such a way that they can monitor incentive-linked performance contracts towards leveraging improved performance and impact

Human Resources

- Human resource plans must reflect strategies of production, recruitment and investment
- Appropriate HR plans are only relevant if the personnel budget in the health sector is increased and posts are made available for which graduates can apply
- Recruitment and selection policies and processes for staff with scarce skills must be re-examined
- Health and Higher Education need a clear national plan that will deliver the numbers and qualities required for the country
- Need to ensure that those service platforms where training happens are properly resourced

Attitude

- Need drastic improvement in organisational culture of health facilities (critical for a positive working environment)
- Part of the current poor culture may be attributable to poor leadership and management in institutions, poor human resource practices and poor communication
- Also stress and high work burdens linked to very tight budgets add to the challenge
- Strategies include:
 - practising shared values
 - fostering multidisciplinary teamwork
 - decentralised decision-making and accountability
 - good labour relations

Managing health vs medical care

- Tackling health conditions in silo and not addressing the systems' performance aspects comprehensively and systematically will not leverage higher impact with the resources available
- Health authorities need to ensure that there is appropriate targeting of upstream factors that impact on health status and that intersectoral activities are included in the delivery plans of the responsible sectors (e.g. housing, sanitation and water quality)

DHS and referral

- District-based health care system (DHS) is vehicle to deliver Primary Health Care has been policy directive since 1994
- All providers, public and private, in the district should be involved in and contribute to the achievement of the DHS targets of a health district
- Providers of more specialised packages of care must fulfil a carefully structured and supportive role towards the health districts, actively manage referrals and govern access to expensive, highly specialized services, to avoid burdening the high-end services by referring uncomplicated cases
- Will only happen if clinicians trust the DHS to look after the patients which will, in turn, only happen if all levels of the system work together to build a coherent health care system

DHS funding enough?

- Much is made of equity of resource allocation, yet there are numerous examples of relatively poorly-resourced districts that have better outcomes than very well-resourced districts
- No amount of increased funding can buy an appropriate attitude
- Every employee has a role to play in efficiency, controlling waste, avoiding duplication and shifting tasks to the health care worker best-placed to deliver the service
- Without a fundamental shift in attitude and a refocus on the patient and the public beneficiary the aims of universal care will not be achieved
- The challenge is to get the foundations right

Quality and responsiveness

- Patient experience holds primacy
- From a professional perspective patient safety strategies require **deliberate systems** (structured and systematic) of clinical governance
 - meaningful morbidity and mortality reviews
 - clinical audits and clinical risk management
 - clinicians taking ownership and providing leadership
- Accountability for quality must be strengthened through including it in the performance contracts of all managers and all health workers (including eg cleaners)

Quality oversight and management

- National Office of Standards Compliance (OSC) is an important development in South Africa to improve responsiveness
- Must be provided with the necessary capacity and 'space' to develop a systematic improvement plan responsive to the quality challenges in the system, especially the public health system (independence)
- All managers still need to be involved at all levels of the care chain
- Some aspects of its functioning should be delegated or devolved to provincial level in order to commit the provincial management to compliance

Thanks