Overview of Foundations' research project: Pivoting from the regions to learning from the COVID-19 health system response

Prof Sara Burke, PI of Foundations' project

7 December 2022

Purpose of presentation & today

To give high level overview of three years of research work

To showcase aspects of the research

To disseminate findings and generate dialogue based on applied, high quality health systems and policy research

Five keynotes, panels & chair

From the regions to COVID-19 health systems response (and back?) The Foundations research project

HRB Applied Partnership Award Sept 2019-21

Health system foundations for effective Regional Integrated Care Areas: co-producing evidence to inform the design of regional areas to support integrated care in Ireland

Lead knowledge user & Steering Group Chair: Laura Magahy Sláintecare Office & HSE €, 10/21 Philip Crowley

Six months into work COVID-19

Pivoted in April 2020 to harness learning from COVID-19 health system response to inform Sláintecare's implementation

Research now running for 4 years til Q3 2023 thanks HEA €

A partnership of people

Ways of working

Applied, emergent co-designed research with partners

Steering Group meetings, topic teams

Online engagement

Balance btw responding to partners needs pre-COVID & then with COVID with contract agreed with HRB

Publication strategy (9 + 2 + 2-3)

Feeding into Sláintecare processes

Publications

Check for updates

RESEARCH ARTICLE

Tracking aspects of healthcare activity during the first nine months of COVID-19 in Ireland: a secondary analysis of publicly available data [version 1; peer review: 1 not approved]

Domhnall McGlacken-Byrne [1], Sarah Parker [2], Sara Burke [2]

Check for updates

STUDY PROTOCOL

Health system foundations for Sláintecare implementation in 2020 and beyond – co-producing a Sláintecare Living Implementation Framework with Evaluation: Learning from the Irish health system's response to COVID-19. A mixed-methods study protocol [version 1; peer review: 2 approved]

Sara Burke [1], Steve Thomas [1], Malgorzata Stach[1], Paul Kavanagh [2], Laura Magahy[3], Bridget M. Johnston[1], Sarah Barry [1]

Check for updates

RESEARCH ARTICLE

REVISED

Changes in the utilisation of acute hospital care in Ireland during the first wave of the COVID-19 pandemic in 2020 [version 3; peer review: 2 approved, 1 approved with reservations]

Previously titled: 'The public health and health system implications of changes in the utilisation of acute hospital care in Ireland during the first wave of COVID 19: Lessons for recovery planning'

Louise Marron [1], Sara Burke [2], Paul Kavanagh [3,4]

% of infants receiving PHN 10-month developmental screening check on time 2018–2020
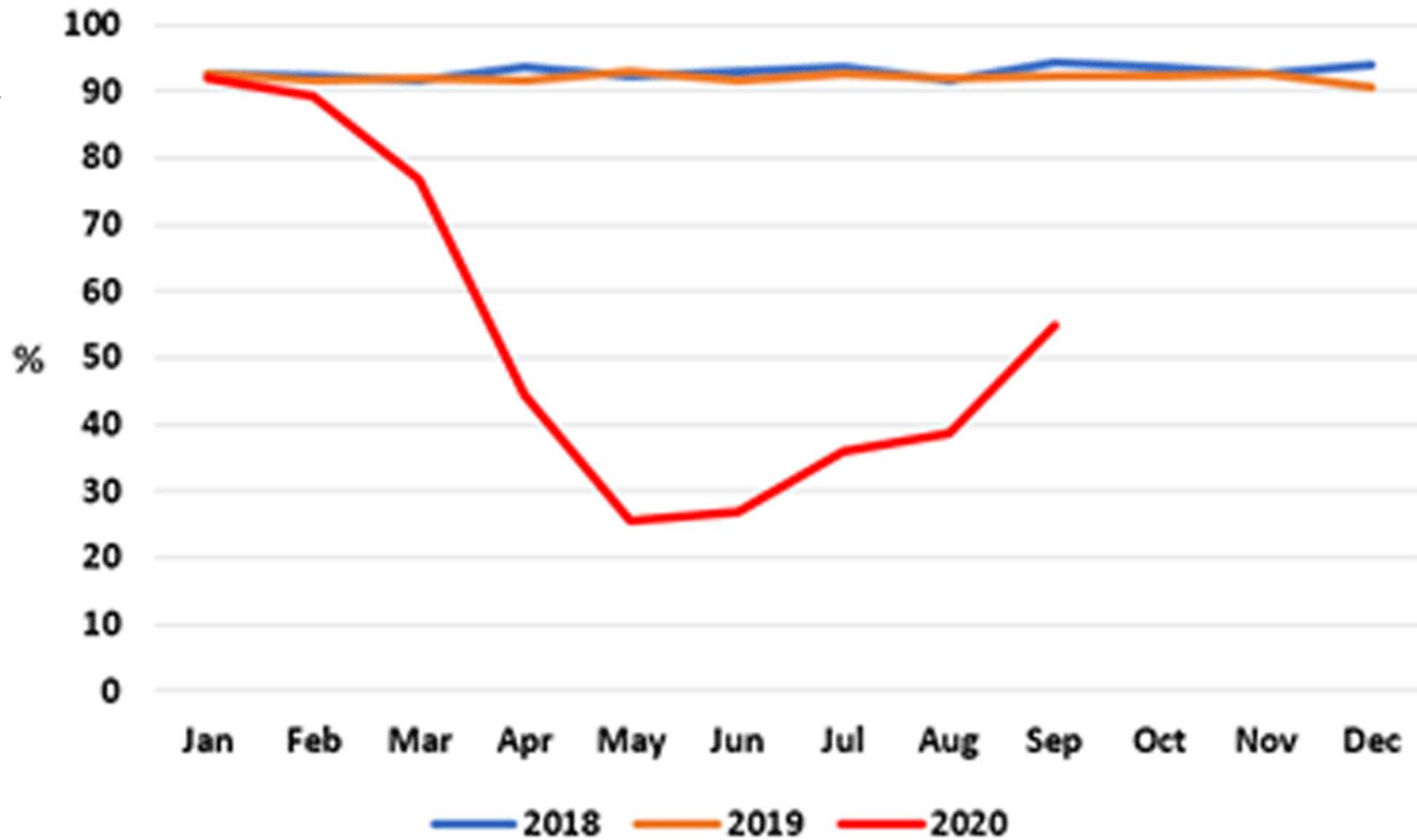
Publications

Reorganisation work 'commissioned' by the Dept of Health, Health Systems Unit - Feeding into HSE planning for the design of the regions

Population Bases Resource Allocation: prompted by HSE - What & how are other countries doing PBRA and how can we learn from that for Ireland

HRB Open Research
HRB Open Research 2021, 4:106 Last updated: 09 JUN 2022

RESEARCH ARTICLE

Understanding service reorganisation in the Irish health & social care system from 1998 to 2020: lessons for reform and transformation [version 1; peer review: 1 approved with reservations]

Sarah Barry, Malgorzata Stach, Steve Thomas, Sara Burke

HRB Open Research
HRB Open Research 2021, 4:121 Last updated: 09 JUN 2022

RESEARCH ARTICLE

Moving beyond formulae: a review of international population-based resource allocation policy and implications for Ireland in an era of healthcare reform [version 1; peer review: 1 approved, 1 approved with reservations]

Bridget M. Johnston[1], Sara Burke[1], Paul M. Kavanagh[2,3], Caoimhe O'Sullivan[4], Steve Thomas[1], Sarah Parker[1]

Publications

Human Resources for Health

RESEARCH   **Open Access**

Implications for health system reform, workforce recovery and rebuilding in the context of the Great Recession and COVID-19: a case study of workforce trends in Ireland 2008–2021

Padraic Fleming[1]*, Steve Thomas[1], Des Williams[2], Jack Kennedy[2] and Sara Burke[1]
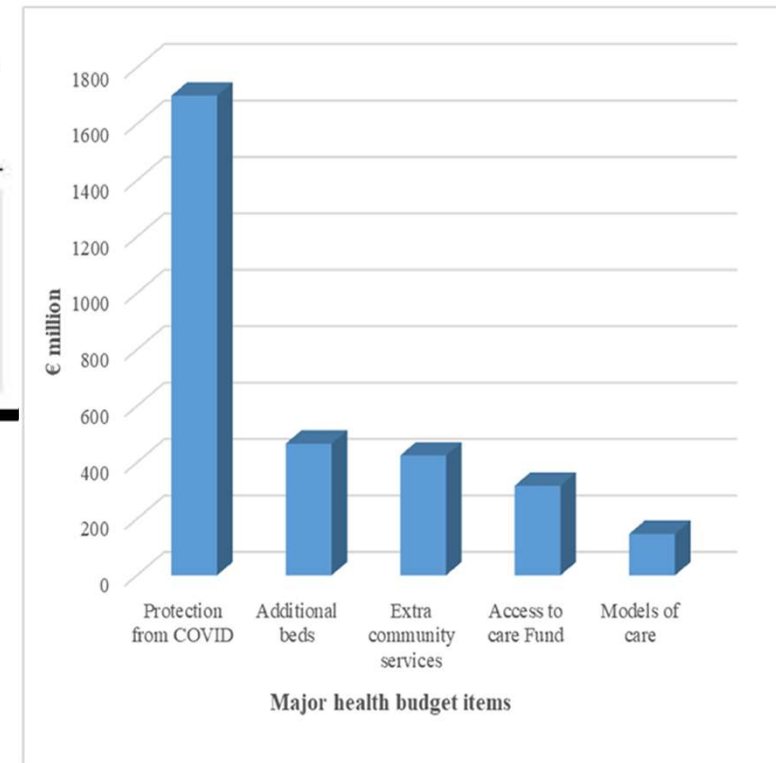
Contents lists available at ScienceDirect

The Lancet Regional Health - Europe

journal homepage: www.elsevier.com/lanepe

ELSEVIER

Series Health Policy

Building health system resilience through policy development in response to COVID-19 in Ireland: From shock to reform

Sara Burke[a,*], Sarah Parker[a], Padraic Fleming[a], Sarah Barry[a], Steve Thomas[b]

Comparative work

European Observatory on Health Systems and Policies

Countries · Monitors · Themes · COVID-19 · Publications · Even

COVID-19 Health System Response Monitor (HSRM)

The COVID-19 Health Systems Response Monitor (HSRM) contains information on how countries' health systems responded to the pandemic between 2020 and early 2022. The Archive of individual country evidence is complemented by cross-country comparative Analyses which synthesise policy responses to key challenges presented by the crisis and point the way to building better-prepared and more resilient health systems.

Overview · Analyses · Responses archive · HSRM Countries · Compare · COVID-19 Resources · Contributor

Ireland

Health Policy
Volume 126, Issue 5, May 2022, Pages 427-437

ELSEVIER

A comparison of 2020 health policy responses to the COVID-19 pandemic in Canada, Ireland, the United Kingdom and the United States of America

Lynn Unruh [a], Sara Allin [b], Greg Marchildon [b], Sara Burke [c], Sarah Barry [c], Rikke Siersbaek [c], Steve Thomas [c], Selina Rajan [d], Andriy Koval [a], Mathew Alexander [e], Sherry Merkur [f], Erin Webb [g], Gemma A. Williams [f]

Work plan for Q4 2022 to Q3 2023

Ongoing coproduction & engagement with partners, the broader research, policy & health system community

1 Two forthcoming papers on public health responses to homelessness & complexity informed learnings for reform

2 Work in progress research paper: a policy analysis on the regions 2023

3 Methodology paper 2023 (Write up of process, link findings across research,, focus on implementation themes/ mechanisms)

Dissemination and impact

Over 100 partner & collaborator meetings

50+ formal presentations (DoH & HSE webinars)

Research cited in policy & strategy documents

Engagement with politicians, health system leaders & frontline

Joint Sláintecare/HSE/HRB funded research project undertaken by Trinity College Dublin

The Regional Health Areas research project funded by the HRB, HSE and Sláintecare, and awarded to Trinity College, was re-focussed on the COVID-19 response to examine ongoing learnings from the COVID-19 pandemic response, to inform the implementation of Sláintecare.

Sláintecare.
Right Care. Right Place. Right Time.

Sláintecare Implementation
Strategy & Action Plan
2021 — 2023

Mission: Universal Health Care

Rialtas na hÉireann
Government of Ireland

Spending Review 2022

Towards Population-Based Funding for Health: Evidence Review & Regional Profiles

TIAGO MCCARTHY, CLARA LINDBERG & CONOR O'MALLEY

DEPARTMENT OF HEALTH
SEPTEMBER 2022

Programme for Government
Our Shared Future

This paper builds upon the review by Johnston et al., (2021) which examined PBRAs across six countries and highlighted the importance of objectives, impacts, and outcomes.

A dialogue with the system

Agenda setting & co-producing research informing universal healthcare

Thank you & questions

Presentation Outline

- Background/Rationale

- Theoretical Lens (Complexity)

- Aims/Methods

- Key Lessons for Universal Health System Reform

- Summary & Conclusions

Presentation Outline

- Background/Rationale

- Theoretical Lens (Complexity)

- Aims/Methods

- Key Lessons for Universal Health System Reform

- Summary & Conclusions

Background/Rationale – Why is this Research Important?

- **COVID-19 <u>highlighted health system deficiencies</u> (and strengths) worldwide.**

  o Renewed focus on health system functioning created <u>opportunities for reflection, learning and change</u>.

- **Evidence that <u>the pandemic has accelerated reforms</u> that previously lacked political will or funding e.g.**

  o <u>Prioritisation of non-acute (community) care</u> to better serve patients outside of hospitals and maximise hospital avoidance where possible.

- **Bridging of acute and community during the crisis reflects <u>the interconnected nature of health systems</u>**

  o Underscores the importance of <u>bolstering community capacity in the COVID-19 context</u>.

- **Yet, in Ireland, the <u>aim of 'shifting left' has remained a challenge</u>, despite long-standing policy intent**.

Background/Rationale – Why is this Research Important?

- **Progress has been made; however, understanding of <u>how the pandemic response could better-inform improved access to universal integrated care (UIC)</u> is still emerging**.

- **Researching the emergence of UIC during COVID-19 <u>requires a whole-of-system</u> approach**

  o Existing <u>evidence is largely descriptive</u> and lacking theoretical engagement.

  o Theory = a way to <u>explain how and why change(s) occur over time</u>: *"An understanding of change in the health field enables us to imagine and design alternative paths to the future"* (Frenk, 1994).

- **We <u>mobilised a complexity-informed approach</u> to better understand**:

  o The interconnected nature of the national pandemic response.

  o Generate research evidence to guide universal health system reform.

Theoretical Lens – What does Complexity Add?

Conceptualises healthcare as a complex (social) system

- Interdependent whole.

- Open system, comprised of human agents.

  Complexity is in the dynamic change (i.e adaption) that occurs in a system over time, driven by the repeated actions of agents (i.e. self-organisation) rather than the system itself (i.e. emergence).

Paradigm (cognitive framework) that guided the methodological approach

- Quant approaches limited – no 'general laws'.

- Qual methods - 'whole person', *contextualised* and dynamic perspective.

  Qual approach needed to explain *how* and *why* a health system trajectory changes from one state (unintegrated) to another (integrated).

Centred analysis on relationships *between* different system components

- **Focuses on patterns of interaction between system elements at different levels and times, rather than analysing individual elements in isolation.**

Explanatory framework (core concepts and principles) to help explain:

1. Why the system operates in the way it does; and

2. How it (and us as agents) can be steered in a more favourable direction to facilitate better access to UIC in the COVID-19 context.

Aims and Methods – What We Did and How we Did it

Aim

- *ADVANCE UNDERSTANDING of the social processes of change that enabled better access to UIC in the Irish health system during COVID-19.*

Objectives

- **GENERATE** in-depth insights into how (and why) particular health system responses emerged, scaled or pivoted during COVID-19;
- **IDENTIFY** key strategies, implementation mechanisms and contexts that enabled or hindered better access to UIC during COVID-19; and
- **DISCUSS** key learnings for Ireland and internationally for health system reform in the COVID-19 context.

Methodology

- **STUDY DESIGN**: Qualitative + co-production approach
- **METHODS**: Semi-structured interviews
- **SAMPLE:** Health professionals (frontline workers and senior managers) from responses that facilitated better access to UIC during COVID-19.

Aims and Methods – What we Did and How we Did it

Dec '21 - Feb '22	March - May '22	June - August '22	Sept – Nov '22
Scoping/prelim analysis	**Identify responses** / **Interviews with key informants**	**Data analysis**	**Write-up and publication**

Co-production process

| Presented and workshopped at PSGs | Top-down = 4 Bottom-up = 7 | N = 16 | Coding & Thematic Analysis | Under review journal special issue |

Key Lessons for Universal Health System Reform

Nurturing Whole-System Thinking

Harnessing, Sharing and Supporting Innovation

Prioritising Relationship-Building in a Human-centred Health System

Nurturing **Whole-System** Thinking

- **Pandemic response helped to <u>break down boundaries</u> between fragmented health system components**.

  - <u>Mutual adaption to a shared purpose</u> (self-organisation) fostered successful inter-organisational and cross-sector collaborations (emergence).

- **Repeated interactions between health professionals (agents) led to <u>development of 'joint awareness'</u> re the interdependent nature of healthcare**.

  - This led to:

    1) <u>knowledge-generation</u> about existing gaps and how to address them (e.g. clarity re governance);

    2) <u>empowered and energised</u> health professionals - integrated care structures ARE possible/useful; and

    3) <u>challenged cultural mindsets</u> re role of community sector.

Nurturing Whole-System Thinking

"I suppose, for me, <u>it reaffirmed my faith in the people working in the system</u>, because we said, 'Look, we're focused on the patient here'. What's encouraging is that people talk about person-centred care, but <u>this was a real manifestation of it</u>" (Health System Worker).

"When COVID hit we were only bringing in the sickest of the sick. Whereas before, there definitely would have been a mindset among people working in the acute environment, that 'oh, no, everybody has to come into us we'll see them in clinic'. <u>So that's definitely the shift in mindset that I've noticed, you know, that we [in the community] can look after them now.</u> It doesn't work for all patients. But it certainly worked well in this particular project." (Health System Worker)

Nurturing Whole-System Thinking

- **Power of <u>creating (and embedding) shared goal</u> to drive change in systems sensitive to initial conditions**

- **This process should involve a <u>participative and focused dialogue</u> among diverse stakeholders.**
  - BUT clarity needed re what this message should be and how is should be communicated <u>outside of crises</u>.

- **Need for a <u>shared information base</u> or active, living 'map' of the health system:**
  - Improve system awareness
  - Identify interdependencies
  - Provide clarity in terms of access points and accountability etc.
  - Foster collective action and learning

Harnessing, Sharing and Supporting Innovation

- **Pandemic response led to significant system change to allow for agile, speedy solutions (adaption).**

  - e.g. increased funding, relaxing of procurement processes and fast-tracking digital health.

  - Hands-off, top-down approach - system provided funding etc. but then "*let the frontline get on with it*"

- **Flexible system conditions sparked innovations for integration (emergence), even if only temporarily.**

  - Enabled horizontal collaboration, shared sense-making and ownership in decision-making (self-organisation).

- **Ensured system remained adaptive during the crisis to enable integrated care trajectories to emerge.**

  - BUT funding (and other) structures to maintain these solutions in the longer-term remain unclear

Harnessing, Sharing and Supporting Innovation

"[COVID] allowed stuff to progress much more quickly than it would otherwise have done, because it circumvented a lot of those institutional barriers … anything we thought would improve and innovate was facilitated, and they've been proven to be correct. Whether it was equipment, small infrastructural issues, whether it was staff, you know, and it really did change it […] Now we're back to budgets, adherence, staff cuts. The system is like 'You've got to watch your WTEs. What's your agency spend? What's your overtime spend?' It's just revert to type" (Health System Worker).

"We don't need to be reinventing the wheel all over the country; just look at examples of good innovation and good integration and try and replicate that … It's only by me sourcing it or seeing it on Twitter when I say 'jeez, I could do that'. And that's where I get a lot of my ideas, but it's not the system telling me" (Health System Worker).

Harnessing, Sharing and Supporting Innovation

- **Innovation to enable better access to UIC was an <u>emergent and unpredictable</u> process.**

  - Key learnings should be developed and fed back into the system to maximise longer-term impact.

- **Creating and embedding mechanisms to <u>share information in a *systematic* way.</u>**

  - Enable proven models/innovations from the pandemic response to be adapted across different contexts.

- **Social dynamics, reciprocal learning and the promotion of exploration are foundational to developing adaptive, innovative solutions.**

  - Importance of not only providing answers, but also *asking questions.*

Prioritising Relationship-Building in a Human-centred Health System

- **Pandemic response required collaboration and interaction to facilitate better access to UIC**

  - All interactions were framed as _relational_.

- **Effective collective action during the pandemic went beyond physical, electronic or structural proximity**

  - Quality/nature of interpersonal contact.

  - Basic human connection and relationship-building/management were fundamental.

- **Communication was horizontal, ad hoc and conducive to immediate problem-solving during COVID-19**

  - Helped foster trust and buy-in across different system levels

  - NOT something that happened by chance – took time, dedication and constant work.

Prioritising Relationship-Building in a Human-centred Health System

- "We've a weekly meeting, which is now gone to two weekly with public health and the local care area. That started out in COVID and it's been really good, because we still meet regularly and now we're talking more about monkeypox and things like that, and the implications for the system. So that link has been so useful, because we've all developed this whole kind of, you know, we all trust each other, we all understand what we're trying to do" (Health System Worker).

- [Winning hearts and minds] takes constant work … it's about building capacity and capability to actually engage, negotiate and plan a strategy in a programmatic way […] During COVID, we developed relationship managers who manage the process with us and we started to get to the place of a fair and honest engagement, where trust was built across the table, but also it wasn't all one sided … Doesn't mean that we don't have significant disagreements, but when the relationships are solid, we get through them" (Health System Manager).

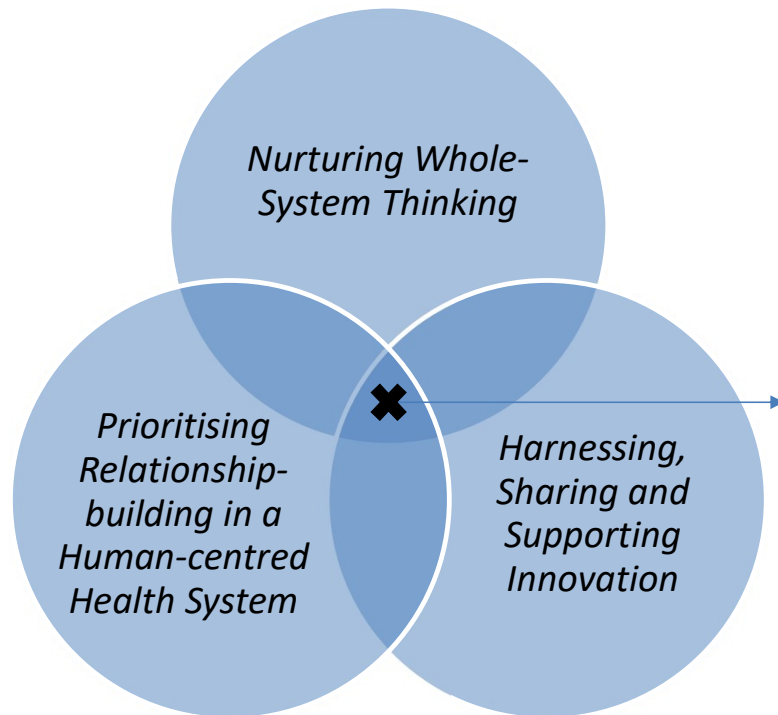# Prioritising Relationship-Building in a Human-centred Health System

- **In a complex health system comprised of people - reform should also seek to _strengthen relationships_ among those working together to enable better access to UIC.**

- **HOWEVER, <u>trust/other relational issues can be difficult to define and measure</u> since they lie 'in-between'.**

  - Paradigm shift where healthcare is (re)framed as _relational_ rather than _transactional._

  - Build a culture of honesty across _all system levels_.

  - Transparency in leadership in decision-making.

  - Enhanced communication flow and comprehension.

  - Ensure all levels incl. frontline workers are engaged and 'brought to the table'.

  - Embrace 'chaos' by creating a space for people to express their dissent or frustration.

To sum up...

- **Opened <u>active dialogue</u> between empiricism and explanation/theoreticism.**

  - Conceptualised <u>health systems as social and complex.</u>

  - <u>Complexity concepts</u> to advance understanding of how (and why) integrated care trajectories emerged.

- **Highlighted the <u>role of reflexivity in health system functioning</u>.**

  - <u>Human perceptions and actions</u> were both the cause and consequence of system dynamic and change.

- **Health reform is complicated since <u>health systems are constantly evolving, changing and adapting</u>.**

  - HOWEVER, pandemic response showed that the changes required for large-scale health system reform to enable better access to UIC are indeed possible, even if only temporarily.

Conclusions – So What?

Nurturing Whole-System Thinking

Prioritising Relationship-building in a Human-centred Health System

Harnessing, Sharing and Supporting Innovation

- **Goal of universal health system reform should not always be to reduce uncertainty**

- **The findings encourage health system leaders and policy-makers to *embrace complexity***

- **We must also facilitate alternative reform efforts that:**

  ➢ Recognise the value of shared sense-making

  ➢ Allow for innovation, exploration and learning

  ➢ Acknowledge role of social dynamics in driving change

Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Thank you

Workforce resilience and implications for health system reform: Learning from austerity and COVID-19

Presenter: Pádraic Fleming

Co-authors: Steve Thomas, Sara Burke, Des Williams, Jack Kennedy, Louse Caffrey, Sara Van Belle, Sarah Barry, Jacki Conway, Rikke Siersbaek, David Mockler
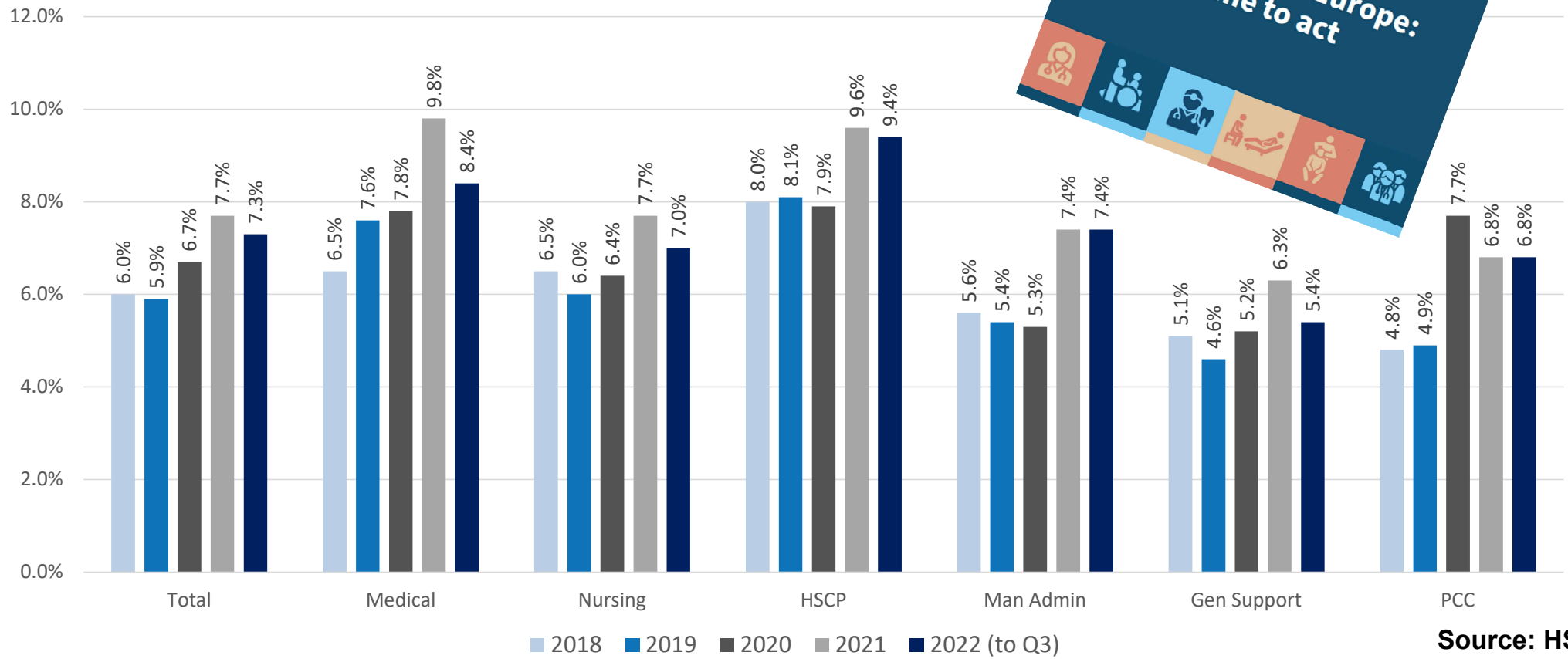
Date: 07th December 2022

Overview

Workforce is a fundamental health system building block

– Unprecedented measures taken during COVID-19

– Following a prolonged period of austerity

– Implications for health system resilience, sustainability and reform
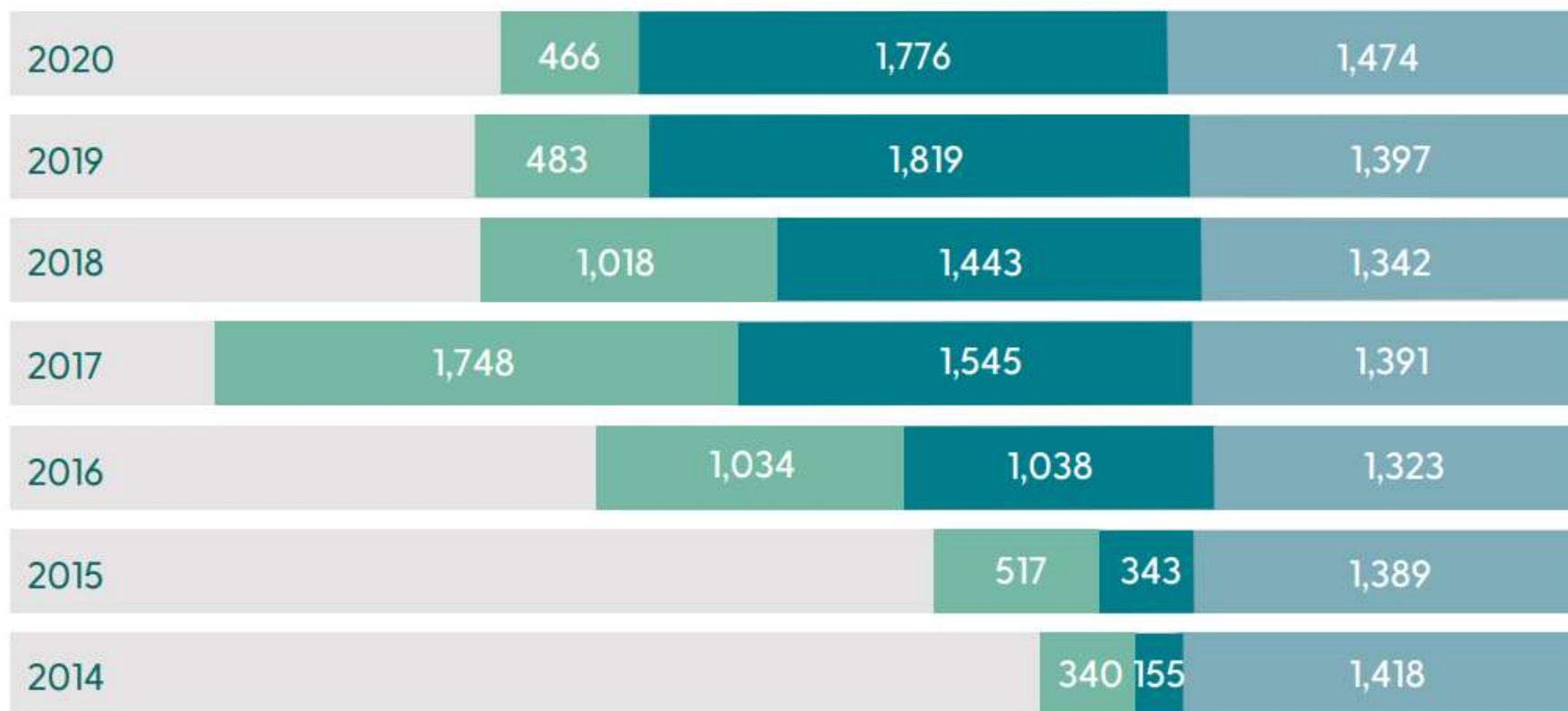
1. **Workforce Trends Analysis** – Stems from Foundations priority setting exercise

2. **Realist Review** – Understanding legacies from austerity

Staff turnover 2018 – Q3 2022

Source: HSE

Nursing Registrations 2014 – 2020

Year	EU	Non-EU	Ireland
2020	466	1,776	1,474
2019	483	1,819	1,397
2018	1,018	1,443	1,342
2017	1,748	1,545	1,391
2016	1,034	1,038	1,323
2015	517	343	1,389
2014	340	155	1,418

Legend: EU, Non-EU, Ireland

Workforce trends in Ireland 2008–2021

Ireland was one of several countries particularly impacted by 2008 financial crisis (Greece, Italy, Portugal, Spain)

- Resilience of staff challenged:

    - Lower financial investment, staff shortages, recruitment freeze, rationing ➡ Stress & burnout, emigration

- Adverse impact on service delivery ⬆ ED use – OOPs

- Policy shift towards universal health care – Sláintecare

    - Deliver community-based care – sufficient capacity & skill mix

Methods

Comparative trend analysis of aggregated national HR data

- 2008 – August 2021 compared across 3 periods

  - Recession period' (2008 – '14); 'Recovery period' (2014 – '19); 'COVID-19 period' (2019 – Aug '21)

**Staff categorised in line with HSE and previous analysis**

- 1) Medical and Dental, 2) Nursing and Midwifery, 3) Health and Social Care Professionals, 4) Management and Administration, 5) General Support, 6) Patient and Client Care
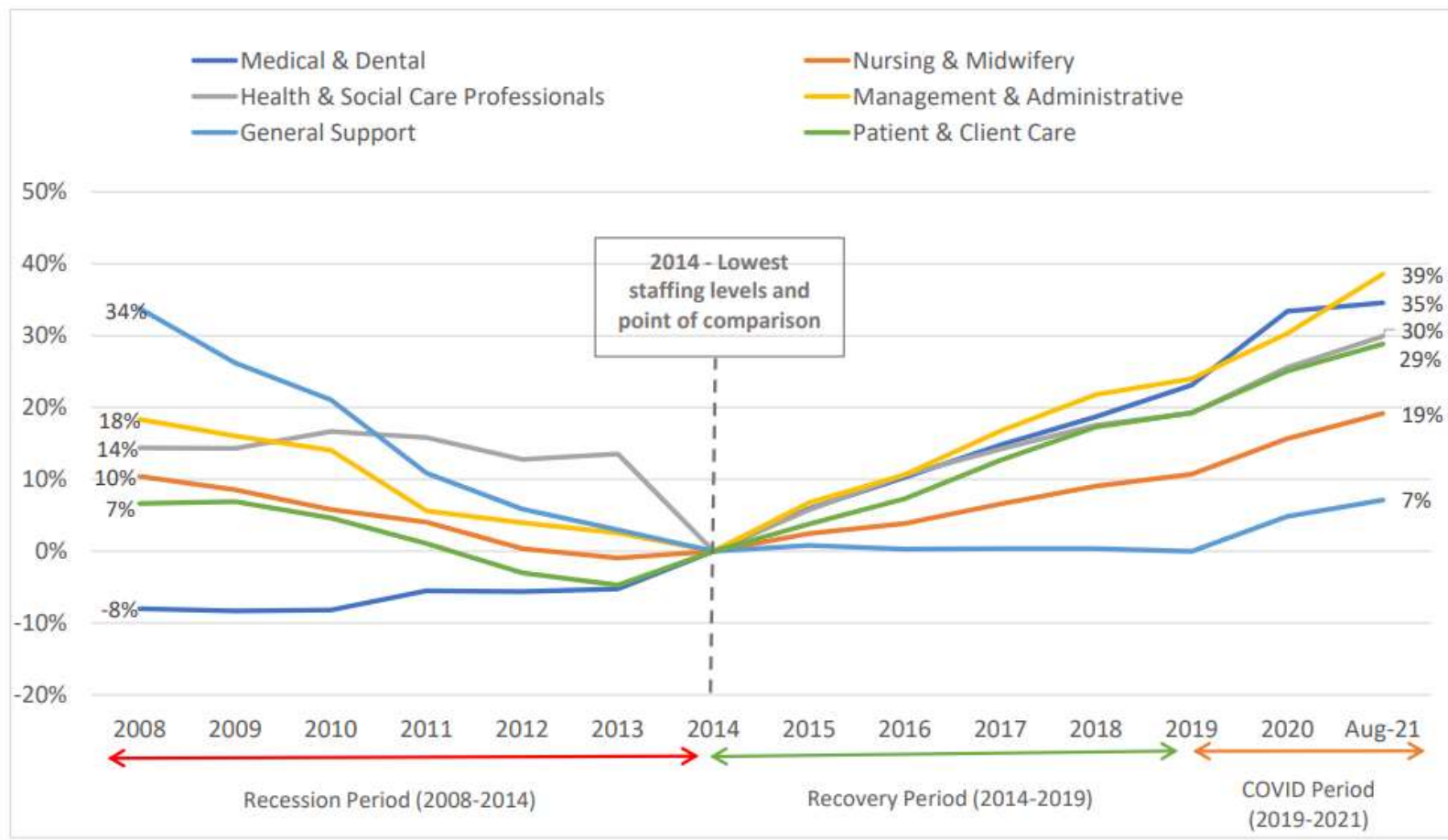
Constraints

- 3.2% reduction in 2014 due to reorganisation

- Only public health staff, no GPs, private facilities
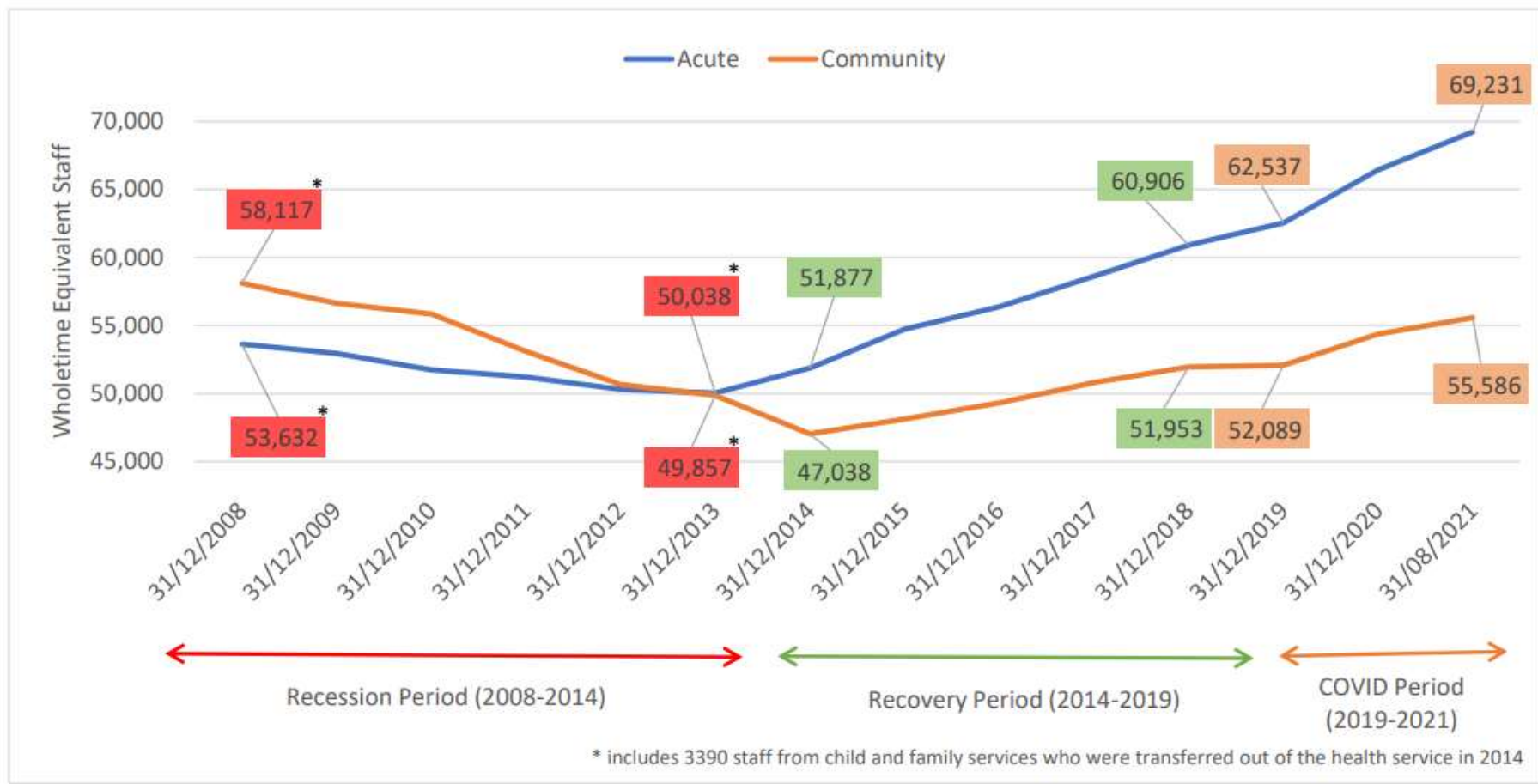
Results

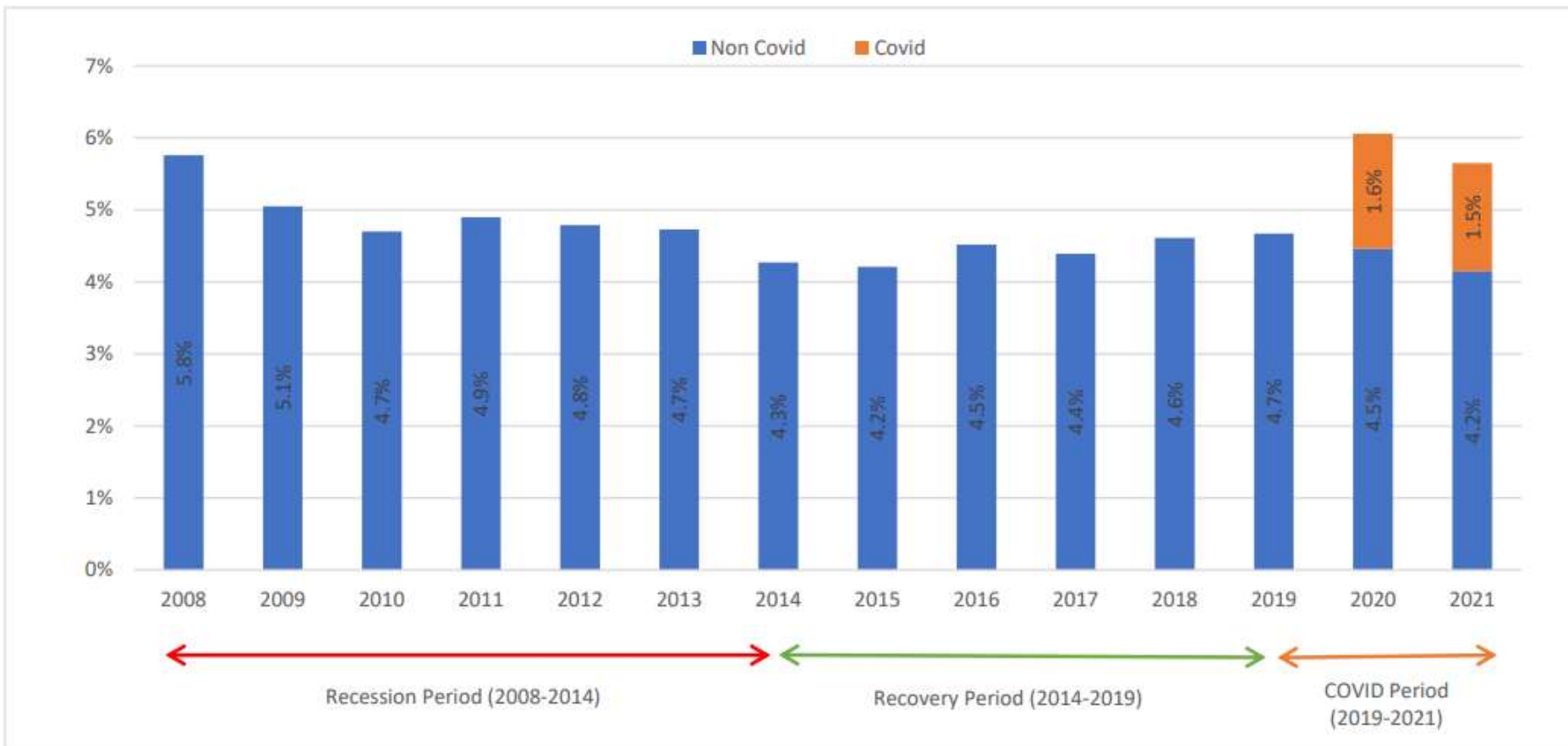Distribution by staff category as proportion of overall WTE
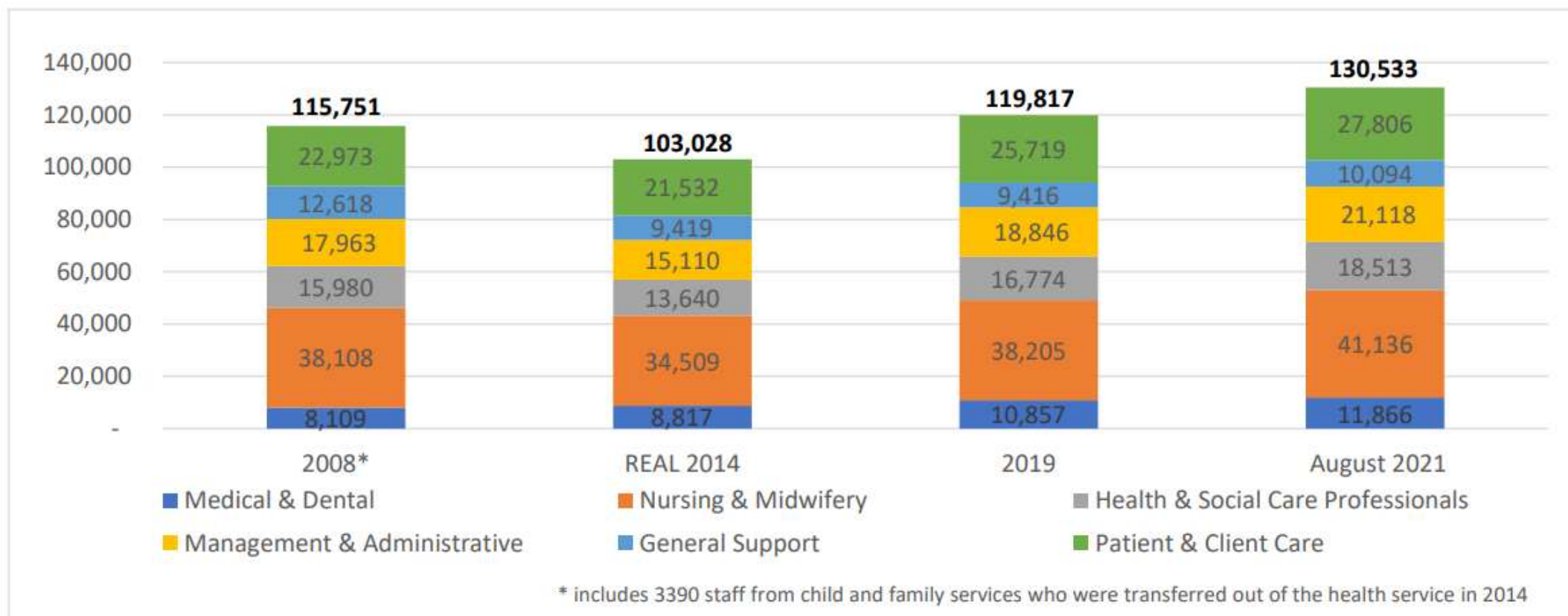
Percentage change within staff category pre & post 2014

Trends in acute and community staffing levels

Staff absence-rates

Realist review – to understand legacies of health system austerity (n = 204)

1. **Top-down governance -** lack of ownership and buy-in from those delivering care and a distrust of the decision-making agenda.

2. **Perceived value shift** - a diminished view of the profession, apathetic and burnt-out.

3. **Powerless and detached** - a resistance to change and conflict between front line workers and policy decision makers / management.

4. **Working the system (access) -** strain on frontline workers, increases ER use but more stable health outcomes than originally predicted.

5. **Health-seeking behaviour change -** led to reduction in primary care usage, increased emergency care, medication mismanagement, delayed treatment

Support and mitigation measures

- Open and transparent communication

- Facilitate upstream and downstream communication

- Co-produced value-set

- When frontline flexibility and agility required, managers should expect and trust the need for professional discretion.

- Identify causes of moral distress

Policies might compete – ensure honest and fully transparent flow of information to workforce – grounded in a consistent and unified vision for the health service

"We need to improve the culture in our health service so that we rebuild **trust** among staff at all levels. Doing so will help to create the sense that people are **valued.** Inherent to this culture change is ensuring that **staff are included** in all changes that will impact upon them so that they have confidence in the direction of travel. This is key to **successful change** and not addressing this poses a risk to successful RHA implementation."

Opening Statement by Mr Leo Kearns, Chair of the Regional Health Areas Advisory Group to the Joint Oireachtas Committee on Health, 26th October 2022

Reflections / so what?
Resilience, Sustainability and planning for Sláintecare

- Austerity debilitated staffing levels although systemic bias
- Despite policy intent - growing gap between staffing levels in acute and community settings
- Some COVID-19 response aligned with policy - Redeployment disproportionally impacted community care (universal access to COVID-care, additional resources, IHI…)
- COVID-19 saw more supportive policies e.g. illness-cover moving away from presenteeism

- Ongoing challenges despite additional resources – attrition, ageing workforce, migration…
- Align recruitment and training policy / Sláintecare / legislation / regulations – do these compete?
- Recruitment determined regionally under national employment framework / staffing skill-mix framework?
- Learning from the Safety Net Agreement with private sector – Future collaboration?

FLEMING, P., CAFFREY, L., VAN BELLE, S., BARRY, S., BURKE, S., CONWAY, J., SIERSBAEK, R., MOCKLER, D. & THOMAS, S. (2022) A Realist Review to Determine How International Health System Austerity Responses to the 2008 Financial Crisis Impacted Health System Resilience for Future Shocks. . International Journal of Health Policy and Management. https://www.ijhpm.com/article_4354.html

FLEMING, P., O'DONOGHUE, C., ALMIRALL-SANCHEZ, A., MOCKLER, D., KEEGAN, C., CYLUS, J., SAGAN, A. & THOMAS, S. (2022) Metrics and Indicators Used to Assess Health System Resilience in Response to Shocks to Health Systems in High Income Countries - A Systematic Review. *Health Policy*, 126, 1198-1205 https://www.sciencedirect.com/science/article/pii/S016885102200269X

FLEMING, P., THOMAS, S., WILLIAMS, D., KENNEDY, J. & BURKE, S. 2022. Implications for health system reform, workforce recovery and rebuilding in the context of the Great Recession and COVID-19: a case study of workforce trends in Ireland 2008–2021. *Human Resources for Health*, 20, 48. https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-022-00747-8

THOMAS, S., O'DONOGHUE, C., MCCARTHY, N., ALMIRALL-SANCHEZ, A., BURKE, S., KEEGAN, C., DEMPSEY, G., BARRY, S. & FLEMING, P. 2022. An analysis of resilience and sustainability in the Irish health system - The PRESTO report. London: London School of Economics.

Thank You

Population-based resource allocation: Implications for Sláintecare

Dr Bridget Johnston

Centre for Health Policy and Management

Foundations for Sláintecare Implementation Research Seminar

7th December 2022

Acknowledgements

Moving beyond formulae: a review of international population-based resource allocation policy and implications for Ireland in an era of healthcare reform

Bridget M. Johnston[1], Sara Burke [iD][1], Paul M. Kavanagh [iD][2,3], Caoimhe O'Sullivan[4], Steve Thomas [iD][1], Sarah Parker [iD][1]
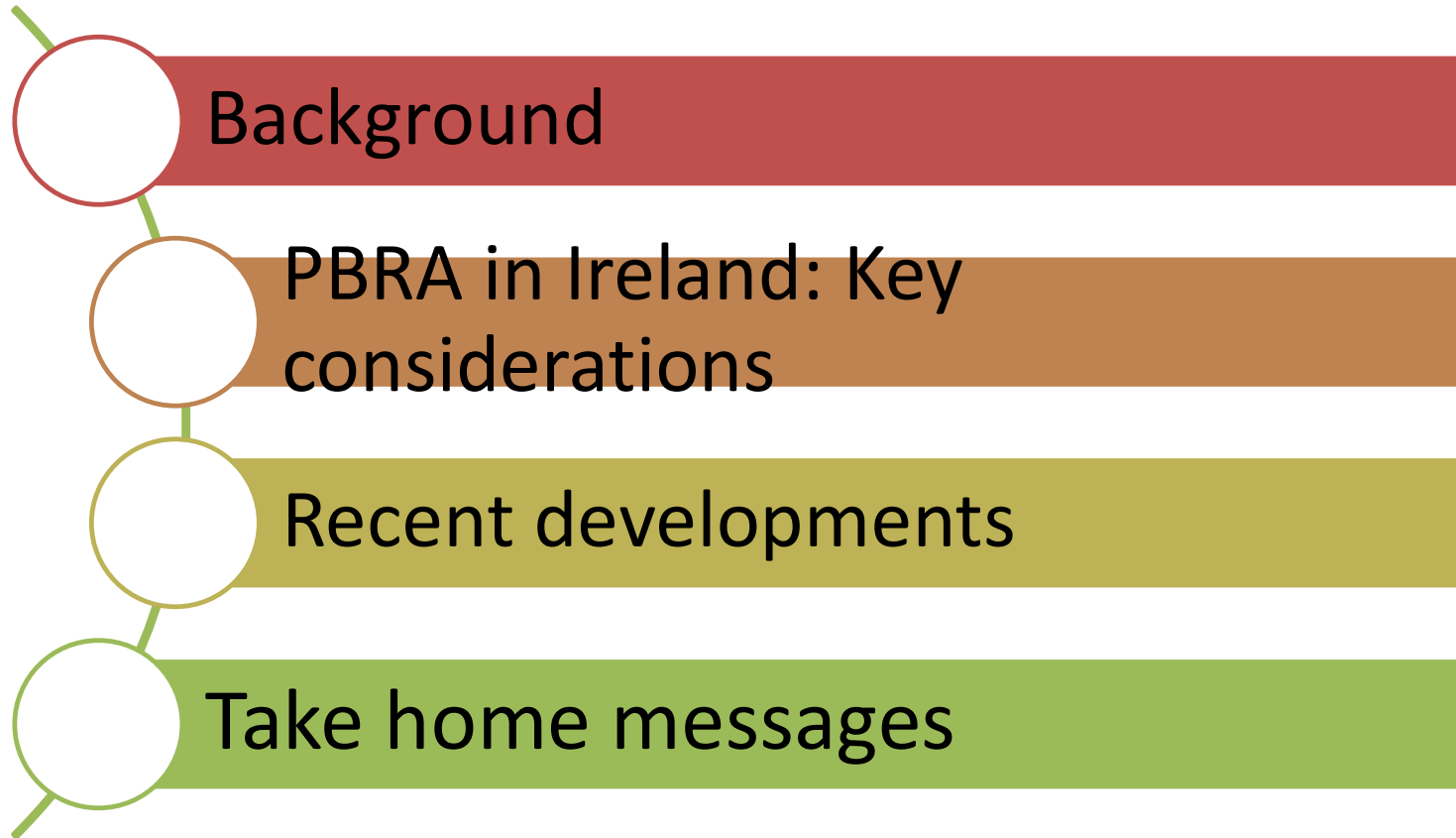
[1]Centre for Health Policy and Management, Trinity College Dublin, Dublin 2, Ireland
[2]National Health Intelligence Unit, Strategy and Research, Health Service Executive, Jervis House, Jervis St, Dublin 1, Ireland
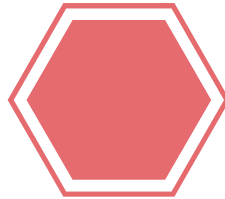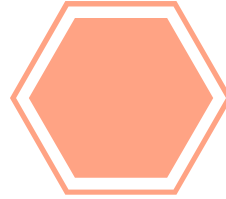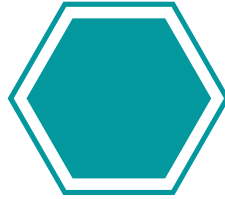[3]Department of Public Health and Epidemiology, Centre for Population Health and Health Services Research, Royal College of Surgeons in Ireland, Dublin 2, Ireland
[4]RCSI Hospitals Group, Royal College of Surgeons in Ireland, Dublin 2, Ireland

Background

Strategies
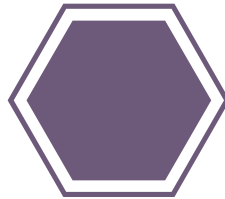
Aim and objectives of policy review

EXPAND THINKING

Beyond the technical aspects of PBRA models

GAIN INSIGHTS

Critical contextual factors for development

ASSESS IMPACT

Impact and implementation in other jurisdictions

LEARNINGS

Developing policies that can be implemented
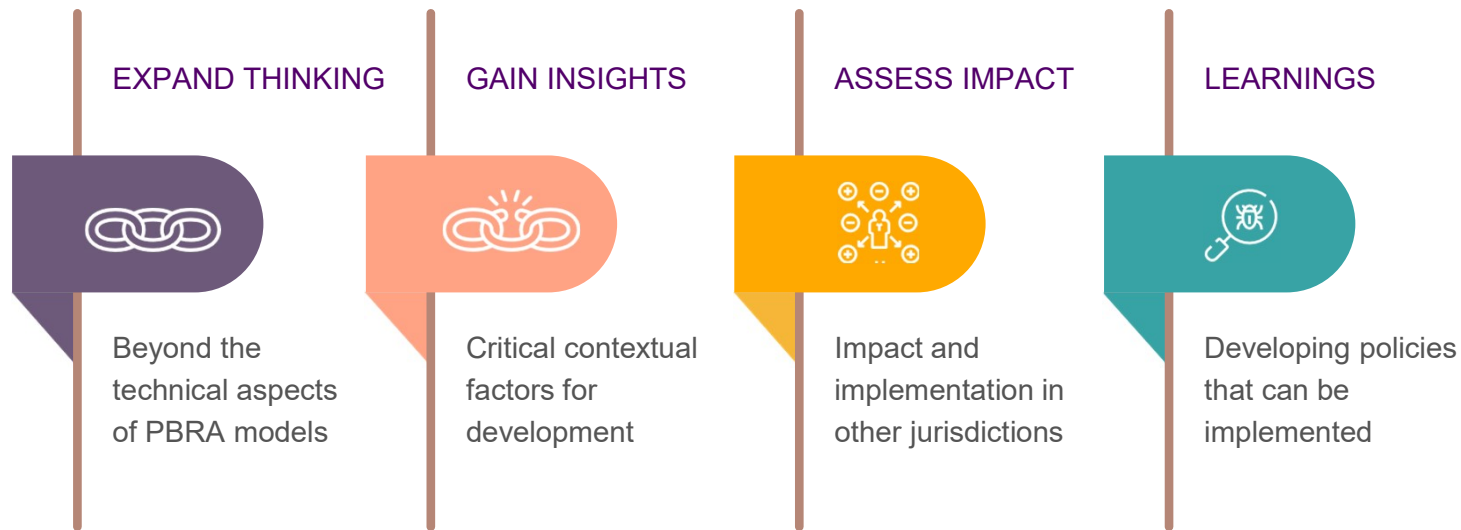
Research Questions

How are population-based resource allocation
policies specified and realised?

What is known about the implementation or impact
of population-based resource allocation policies?

What lessons, if any, may be relevant for
healthcare reform in Ireland?

Describing policy content, implementation and impact
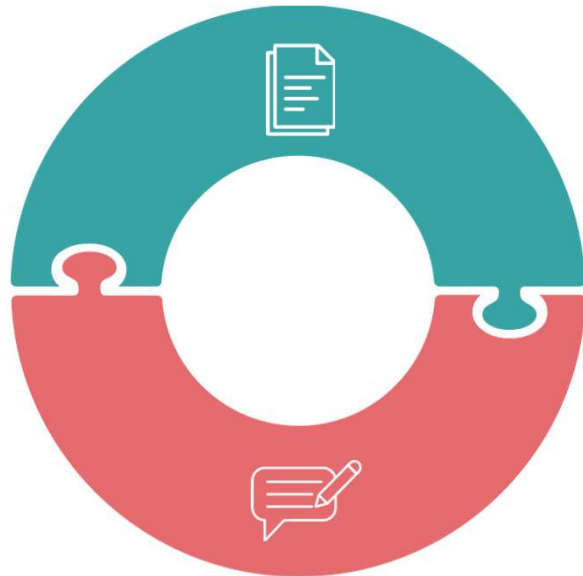
Policy documentary analysis

- Policy, strategy and planning documents
- Relevant data extracted
- Narrative summary reviewed by local experts

Narrative rapid review

- Impact, experience and implementation
- Pubmed, Google and Google Scholar
- 2010-2020; in English or Swedish
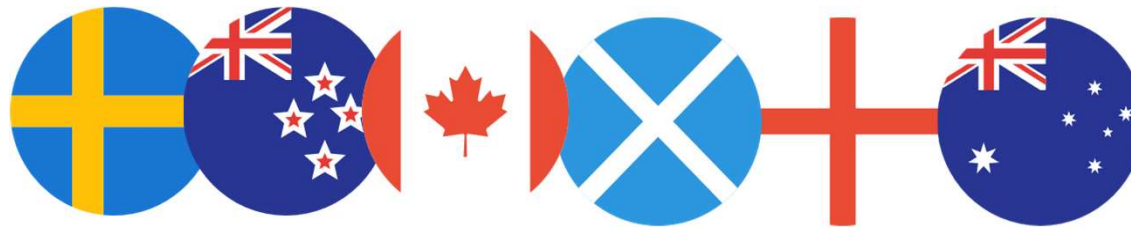
Lack of consistency in the terminology

Population Stratification

Population Segmentation

Population Outcome Monitoring

Population-Based Resource Allocation

Population-Based Health Planning

Population Health Approach

Health Needs Assessment

Population Health Management

Population Profiling

Towards PBRA in Ireland: Key learnings

DEFINE THE RATIONALE

Must be done at the outset
Common language

ALIGN WITH POLICY

Context specific
Range of factors to consider

Designing PBRA

STAKEHOLDER INVOLVEMENT

Trust and shared vision
Multidisciplinary approach

TECHNICAL CONSIDERATIONS

What goes in the model?
Data available

What do we want the PBRA model to achieve and why?

How can we facilitate new approaches to collaborative working across disciplines and settings to: 1) define and measure population need; and 2) identify the services and capacity required to meet this need?

Towards PBRA in Ireland: Key learnings

ADDRESS TENSIONS

National policies versus local contexts

SYSTEM DESIGN

Funding model is not a panacea
All components influence

Implementing PBRA

AUTONOMY & CAPACITY

Regions must have ability to appropriately utilise funding

OTHER ARRANGEMENTS

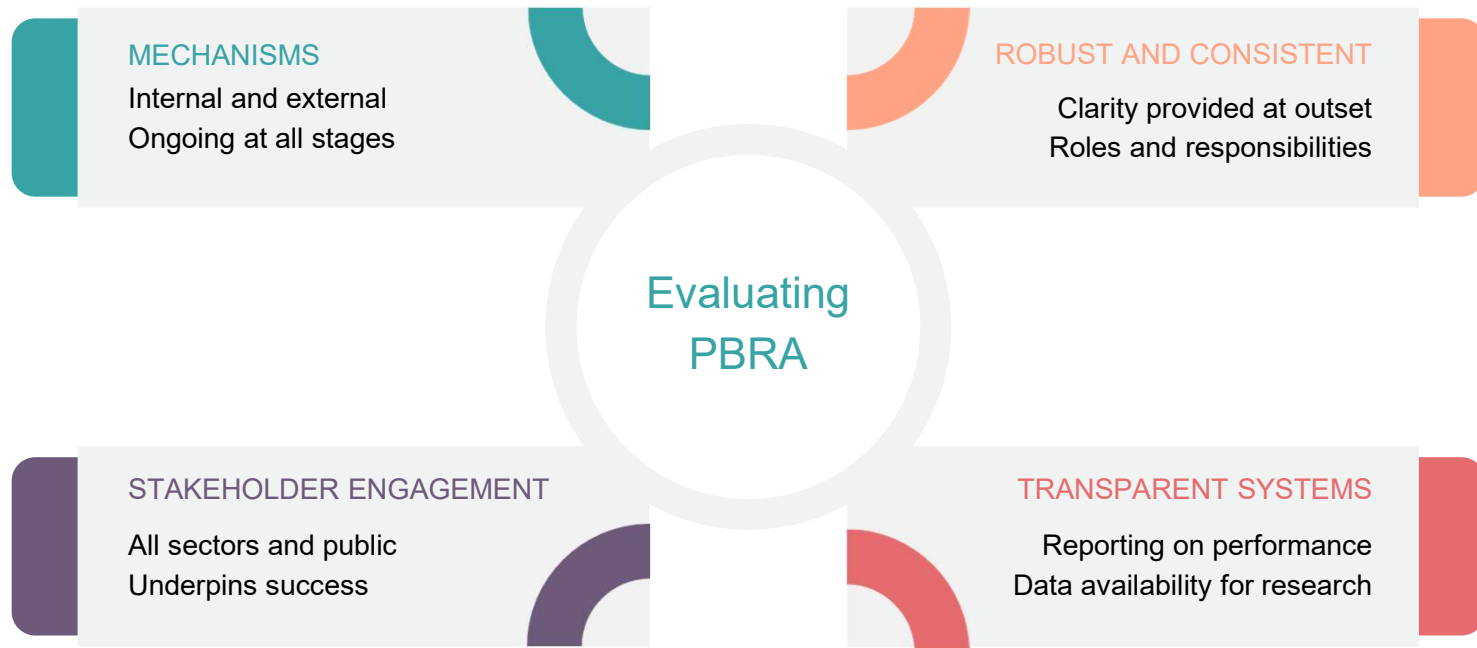Top-slicing and transition
Transfers

To what extent will healthcare be delegated to the Regional Health Areas?

How much autonomy will the RHAs be given?

How will the RHAs be enabled to utilise their funding effectively?

Towards PBRA in Ireland: Key learnings

Evaluating PBRA

MECHANISMS
Internal and external
Ongoing at all stages

ROBUST AND CONSISTENT
Clarity provided at outset
Roles and responsibilities

STAKEHOLDER ENGAGEMENT
All sectors and public
Underpins success

TRANSPARENT SYSTEMS
Reporting on performance
Data availability for research

How should Ireland's PBRA model and policy be monitored, evaluated and refined as needed?

Rialtas na hÉireann
Government of Ireland

Spending Review 2022

Towards Population-Based Funding for Health: Evidence Review & Regional Profiles

TIAGO MCCARTHY, CLARA LINDBERG & CONOR O'MALLEY

DEPARTMENT OF HEALTH

SEPTEMBER 2022

Towards PBRA in Ireland: Recent Developments

- Two data sources identified as being most useful and reliable for supporting implementation of the PBRA:

  o The Central Statistics Office's Census of Population;
  o The Department of Health's 'Healthy Ireland' Surveys

- Presented population profiles of each RHA:

  o Population size, gender, age, health status and utilisation, deprivation, nationality and rurality

- Work is ongoing with regard to estimating relationships between need variables and utilisation/expenditure

Take home messages

Consistent terminology needed

Supports common understanding of scope and potential impact

Rationale provides the vision and roadmap

Must be defined at outset through collaborative process; technical considerations also influence

PBRA is one component of reform

Only enables reform when other components are successfully implemented

Oversight is essential

Transparent, structured processes guiding all stages

THANK YOU

Policy analysis of the design and governance of the regional health areas in Ireland, May 2017 – December 2022

Sara Burke, Carlos Bruen, Luisne MacConghail, Sarah Parker, Rikke Siersbaek

Context of the research

From the regions to COVID-19 health system response & back to the regions….

Using governance and design of regional implementation as the policy analysis focus

Informing design and implementation of the regions as well as throwing light on broader Sláintecare reform through a governance lens

Purpose of the regions

The rationale for developing the Regional Health Areas is to improve:

1. Integration of Community and Acute Services

2. Clinical Governance

3. Corporate Governance and Accountability

4. Population-Based Approach to Service Planning

Methods

Building on previous policy analyses & learning from COVID-19 system response

Key informant interviews

Documentary analysis – policies, strategies, media, interviews, Oireachtas Committee

Still a work in progress (research and the regions)…

Situate findings in relevant international literature

Contents lists available at ScienceDirect

Health Policy

journal homepage: www.elsevier.com/locate/healthpol

ELSEVIER

From universal health insurance to universal healthcare? The shifting health policy landscape in Ireland since the economic

Contents lists available at ScienceDirect

The Lancet Regional Health - Europe

journal homepage: www.elsevier.com/lanepe

ELSEVIER

Series Health Policy

Building health system resilience through policy development in response to COVID-19 in Ireland: From shock to reform

Sara Burke[a,*], Sarah Parker[a], Padraic Fleming[a], Sarah Barry[a], Steve Thomas[b]

Health Policy
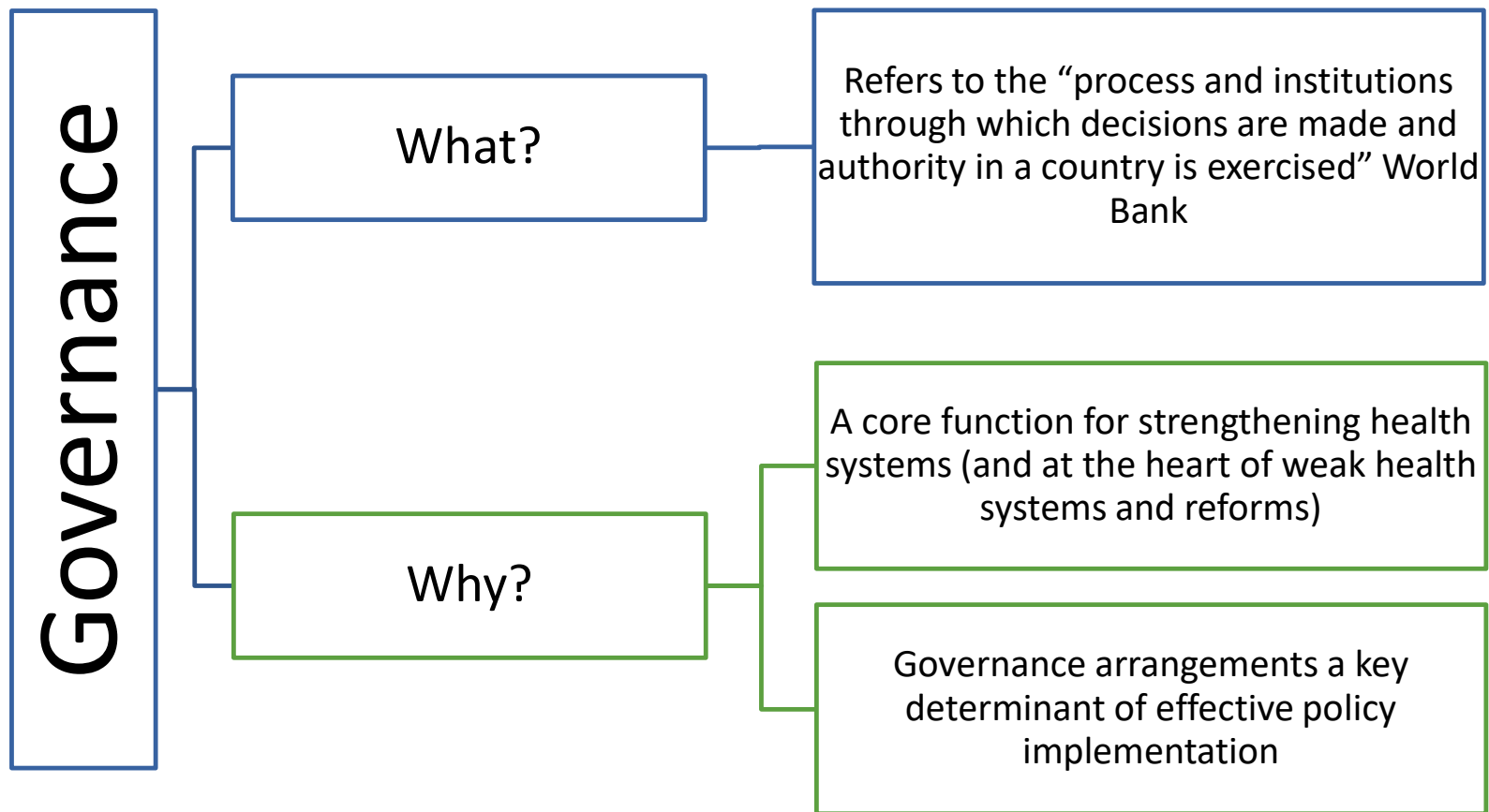
Volume 125, Issue 3, March 2021, Pages 277-283

ELSEVIER

Sláintecare implementation status in 2020: Limited progress with entitlement expansion ☆

Steve Thomas, Bridget Johnston, Sarah Barry, Rikke Siersbaek, Sara Burke

Analytic Lens – Governance & TAPIC

Design & governance of regional implementation

Governance

What? — Refers to the "process and institutions through which decisions are made and authority in a country is exercised" World Bank

Why? — A core function for strengthening health systems (and at the heart of weak health systems and reforms)

Governance arrangements a key determinant of effective policy implementation

Analytic Lens – Governance & TAPIC

Design & governance of regional implementation

Provision of information/justification on decision-making

Transparency

Involves explanation and sanction where mandate not met

Accountability

Policy capacity and technical resources to develop and implement policy

Capacity (Policy)

Governance

Affected parties have access to decision-making processes

Participation

Clear allocation of roles and responsibilities, clear formal rules

Integrity
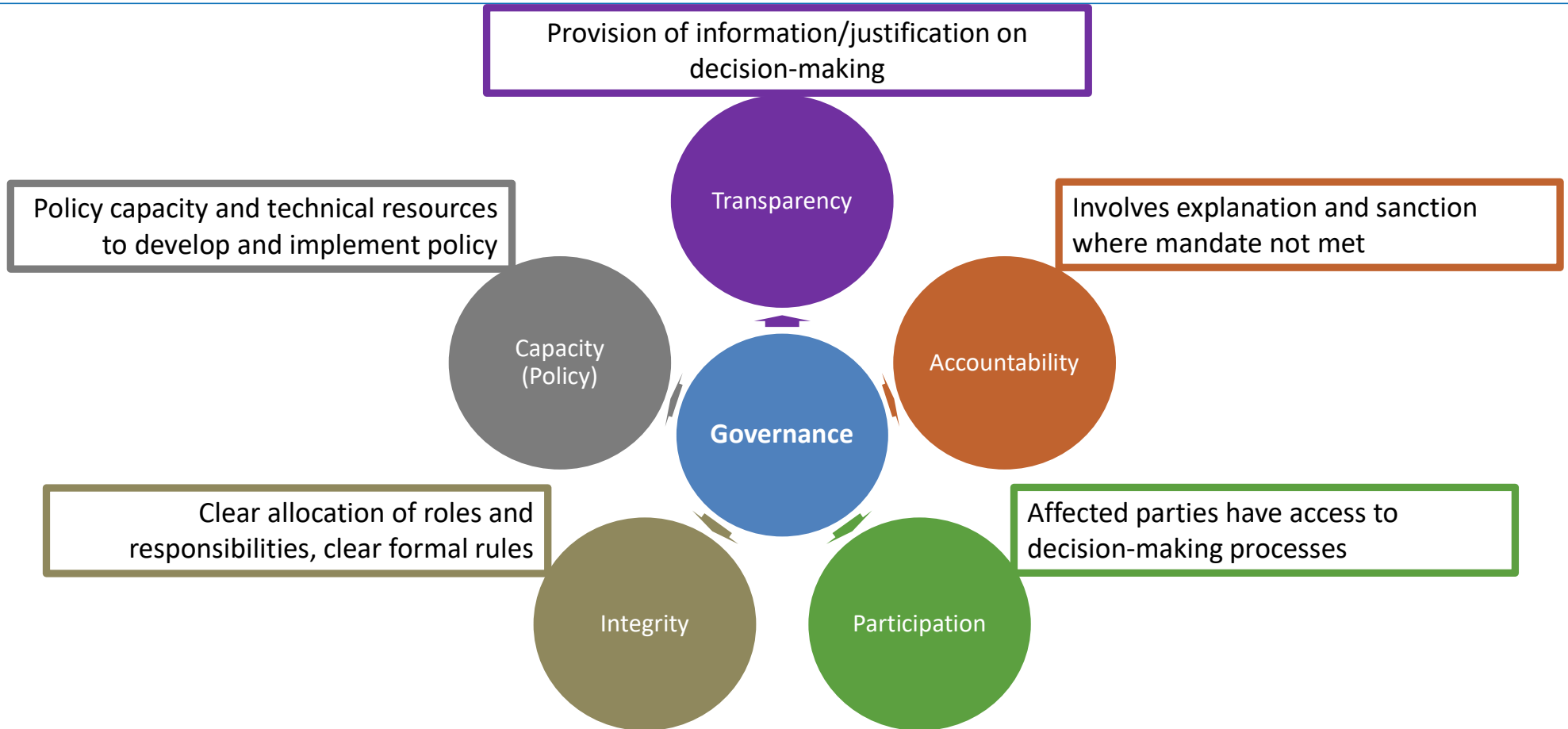
Findings using TAPIC governance framework

Process & institutions through which decisions are made & authority in a country is exercised

Transparency Inaccessible, lack of clarity & detail on decisions & specifics on design of the regions

Accountability Horizontal, unclear and competing lines with no sanctions

Participation V top-down, not inclusive

Integrity Low, shifting clarity on roles & responsibilities

Capacity across system, yet buying in. Needs to harness & ramp up for design & implementation of the regions

Critical decisions: what's in the centre & in the regions?

IF IT WAS
EASY
EVERYONE
WOULD DO IT

Findings in context of broader Sláintecare implementation

So what does our analysis of the policy process of design and governance of regional implementation tell us?

Those responsible for reform are given the authority (& resources) to deliver (giving away power)

Trust in people, staff, stakeholders (ordinary times)

Changing governance architecture, ongoing absence of clarity on roles & responsibilities leads one to question what's the right governance architecture?

Progress: Slow yet COVID19 health system response, health budget allocation & political priority for UHC

Reform fidelity (waiting list, workforce, entitlements)
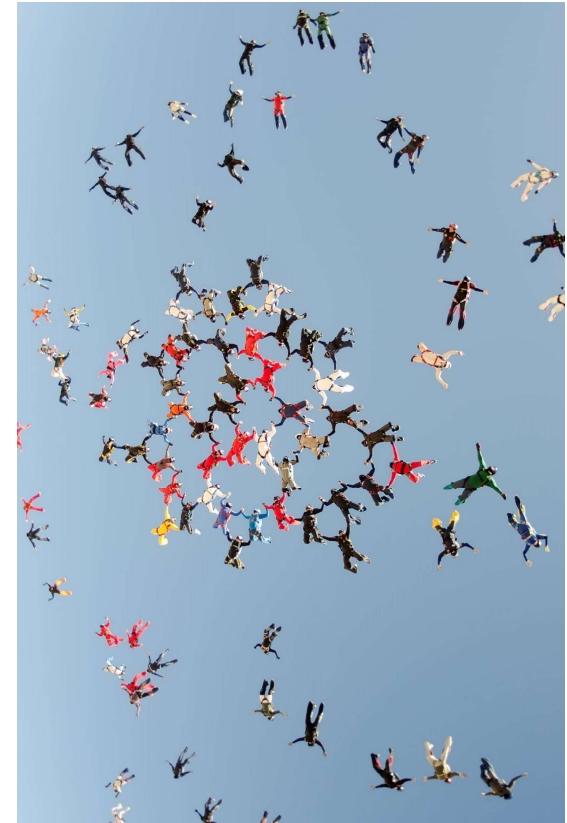
Political leadership on universal healthcare
The Post Podcast, Stephen Donnelly 12 November 2022

2.5 years from now what **I would love to see is universal healthcare being a reality**… it doesn't mean it is perfect, it doesn't mean that no one is waiting for care, but largely we are getting closer and closer to the Sláintecare targets and when children need help, operations, access to therapies, S&L, OT, physios, when adults neds access to cancer services, scans, when people get strokes there is actually a service for them when they leave the hospitals, wouldn't it be wonderful to be part of a gov and healthcare team that made sure children, women and men in Ireland get the healthcare they need when they need it**… I think universal healthcare is one of the most important unfinished projects of our republic…**

Thank you & questions