Using crises as catalysts for change: Legacies and resilience amidst shocks to the health care system

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Transforming Health System Resilience into Health Reform: Annual research seminar of the RESTORE project
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Aim:
Examine & compare qualitative data from two crises
Reflect on learnings in order to build health system resilience

Structure of presentation

• Shock model – a recap
• Resilience & sustainability
• Qualitative findings
• Reflections & questions

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https://www.tcd.ie/medicine/health_policy_management/research/current/restore/
**Resilience:** A health system’s ability to prepare for, manage (absorb, adapt and transform) and learn from shocks
- This sets resilience in the context of a dynamic shock cycle
- Not just the ability to respond to acute shocks but “everyday resilience” (Barasa et al 2017)

**Sustainability:** A health system must be able to continually deliver its key functions of stewardship, generating resources and providing services, in pursuit of improved population health

*Based on Thomas et al 2020*
Qualitative Findings – Contrasting responses to crises

- Economic shock: The 2008 financial crisis and austerity years
  - Financial constraint & impact on capacity and infrastructure
  - Shift in governance / Blaming Brussels
  - Workforce shortages and low morale

  - Legacies that remained from austerity
  - Financial injection
  - Agile and flexible decision-making
  - New pathways of care and increased access
Austerity: Financial constraint

‘That period, the [austerity] period, was a period of massive extraction of resources from healthcare.’ – Participant 4

‘I think the [financial] crisis did delay a series of reforms that we needed. ... the investments that were needed were delayed during the financial crisis ... in primary care, integrated care, on infrastructures, on better conditions for professionals.” – Participant 2
Austerity: Shift in governance/Blaming Brussels

‘I think the civil servants, I think the politicians were grateful for Troika because Troika allowed them to do things that would not be palatable on a national level. And **blaming Brussels was a very useful thing.**’ – Participant 2

‘The Troika hosted the roundtable meetings and it was always very clear that while the external parties were doing their own analysis and coming forward with some interesting, well informed, objective analysis on some strengths and weaknesses of our spending controls … the meetings were largely being used by DPER to drive its agenda [which] could then be blamed on the Troika.’ – Participant 4

‘I think the experience was too over-centralised, and that puts **too much of a burden on the centre that was too far removed from service** and disables decision-making locally … I think the net effect really is to disconnect people from, **there's a danger that you create an insensitivity to the patient and service user experience, because an incapacity to cope.**’ – Participant 3
‘An awful lot of leaders left the system. I think people struggled or had a huge emotional impact, which has left quite a lasting legacy.’ – Participant 4

‘I think 2010 was a time when we lost 2,000 people within a six-week period, as I recall, and that in its own way was both a service and an emotional shock to the system.’ – Participant 3

‘Our health workforce is not holding, and mental health issues are rampant. I think that is an inheritance of the financial crisis, with the additional huge pressures of Covid.’ – Participant 2
‘The negative side is that the health system went into Covid very much diminished and under huge pressure, and morale was low and finances were tight.’ – Participant 1
‘And the pandemic period has been a period of massive and rapid injection of resources in the healthcare field’ – Participant 4

‘And since Covid, the budget has been completely a work of fiction because the Covid part of the budget is not included in the main line. **So you're told essentially to spend what you need to spend then come back to us and then negotiate to get it back.** So the financial controls have got weaker because with Covid there is no reality in the core budget you have.’ – Participant 1

‘For the times in which they made the decisions they were prudent decisions ... Did they communicate effectively? Yes, they did. **Did they make decisions at speed and apply resources to their priorities?** I think they can see that in the vaccination process, and many other examples. There is no criteria, however, that says you have to get everything right. **Because if you take long enough to be certain that the decisions you're making are right, then you've taken too long.**’ – Participant 4
‘What I mean is, I suppose [this is] a slower [shock], as opposed to Covid, which was a very dramatic thing that happened, and the economic crisis was also, the financial crisis was very dramatic. And I think the cost-of-living crisis has just sort of happened, with a more stealthy, sort of slow onset.’ – Participant 7

Are we facing a future with no time for reflection and learning?
Reflections & questions

- It takes a shock to highlight weaknesses AND provide opportunities for change
  - What do the contrasting financial approaches teach us?
- If we face a future of permacrises, how do we ensure and protect health system resilience and sustainability?
  - Do we need a new module for the shock cycle?
  - Does the cycle need to be re-weighted (focus on Stages 1 & 4)?
  - We have to be future-facing in Stage 3 if we no longer have the luxury of Stage 4
Thank you