Health (Hospital) systems resilience. Lessons for future ERN developments.

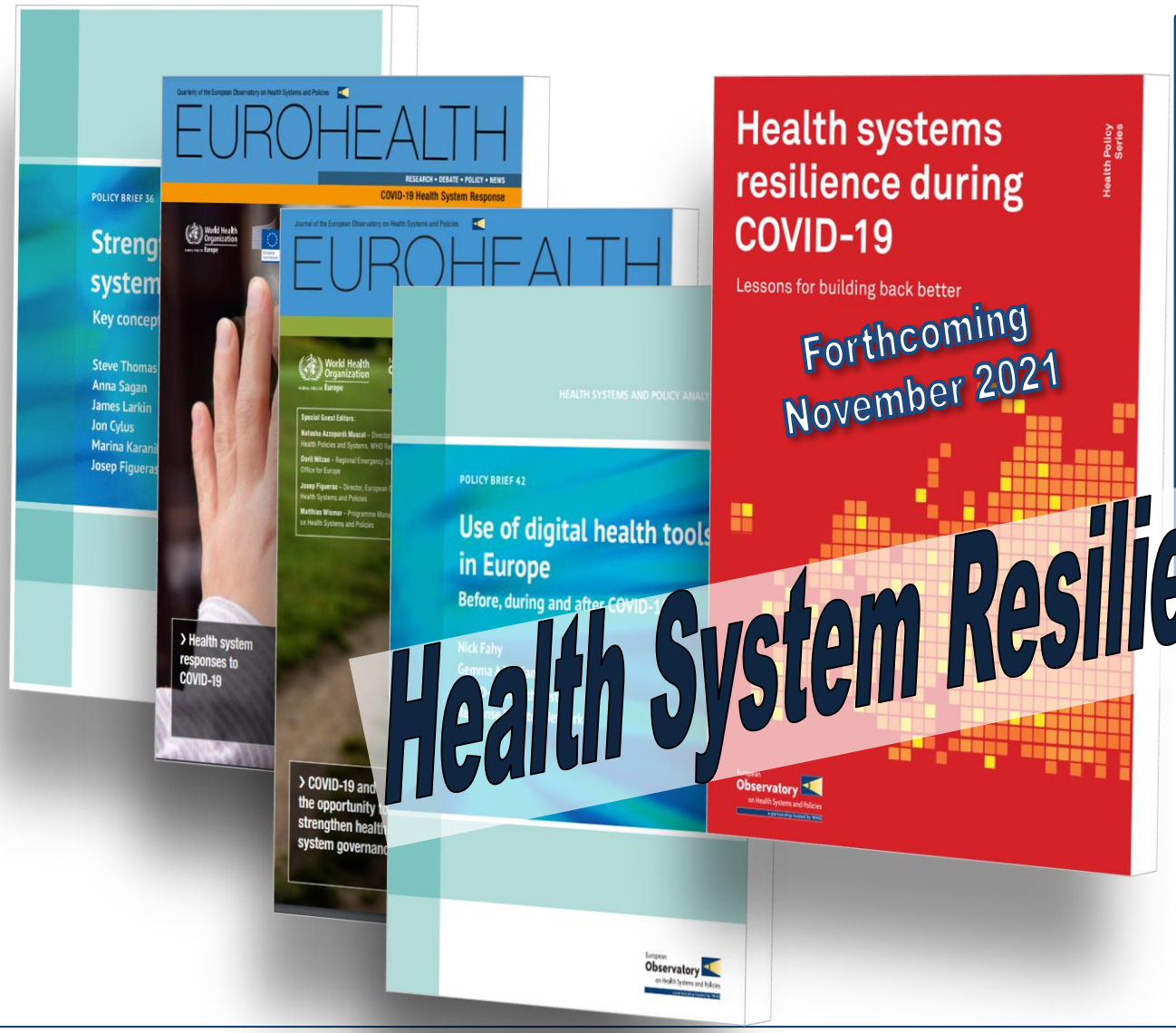
4th Hospital Managers' meeting
'Bridging the gaps and creating opportunities'
European Reference Networks
Gdansk

Josep Figueras,

22nd October 2021

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

Strengthening Health Systems Resilience
Lessons from COVID-19



Health System Resilience Strategies (20)

- **Health system resilience**: ability to prepare for, manage (absorb, adapt and transform) and learn from shocks.
- **Shocks**: sudden and extreme (severe) changes which will impact on a health system

Scaling-up, repurposing and (re)distributing existing capacity to cope with sudden surges in COVID demand (19)

- Creating and **repurposing hospital beds**
  - Increases in ICU capacity: Germany (20%), Italy (65%) and Belgium (45%)
  - Spare bed capacity: asset or inefficiency?
- Tapping resources from the **private sector**
  - 14 WHO EURO countries used private hospitals such as for elective surgery
- **Redistributing patients** across regions and national borders
  - Cross border transfer: a show of European solidarity
  - Germany received patients from France (130), the Netherlands (55) & Italy (44)
- **Real time data systems on** capacity for effective **redistribution of resources**
  - Countries with pre-existing monitoring systems at an advantage
  - E.g. ICU registries in Finland, Netherlands, Norway, Sweden, UK,..

Adapting or transforming service delivery by implementing alternative & flexible patient care pathways / interventions (20)

- New care **pathways** to enable **dual delivery**
  - Shift to outpatient systems (Ireland) separation of floors/ departments (Spain, Italy) priority list (Netherlands) color wards (England)
- **Guidelines** for treatment and prioritization of care
- **Accessing up-to-date** diagnostic and treatment information
  - By professional bodies, **horizontal hospital networks**
  - **Online training**, active feed back
  - International collaboration on treatment options COVID-NMA
- Key role of Primary Health Care

Adapting or transforming service delivery by implementing alternative & flexible patient care pathways / interventions (20)

Area of application | Digital technology | Examples of

Remote ma… COVID-19

Remote co…

Supporting… hospital ca…

Digital Health

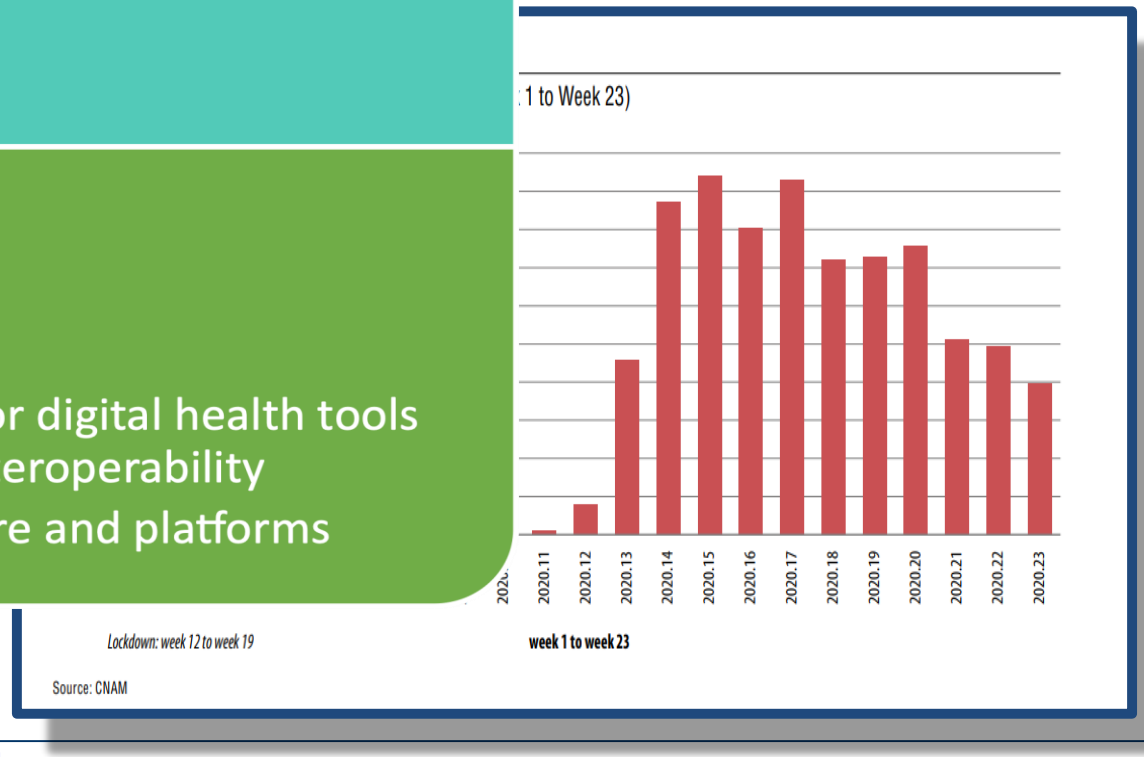
Digital health

Regulation
- Legal framework for digital health
- Licensing of digital health tools

Financial
- Payment for digital health services
- Incentives for adoption

Quality
- Guidelines on use of digital health
- Skills and training

Technical
- Standards for digital health tools including interoperability
- Infrastructure and platforms



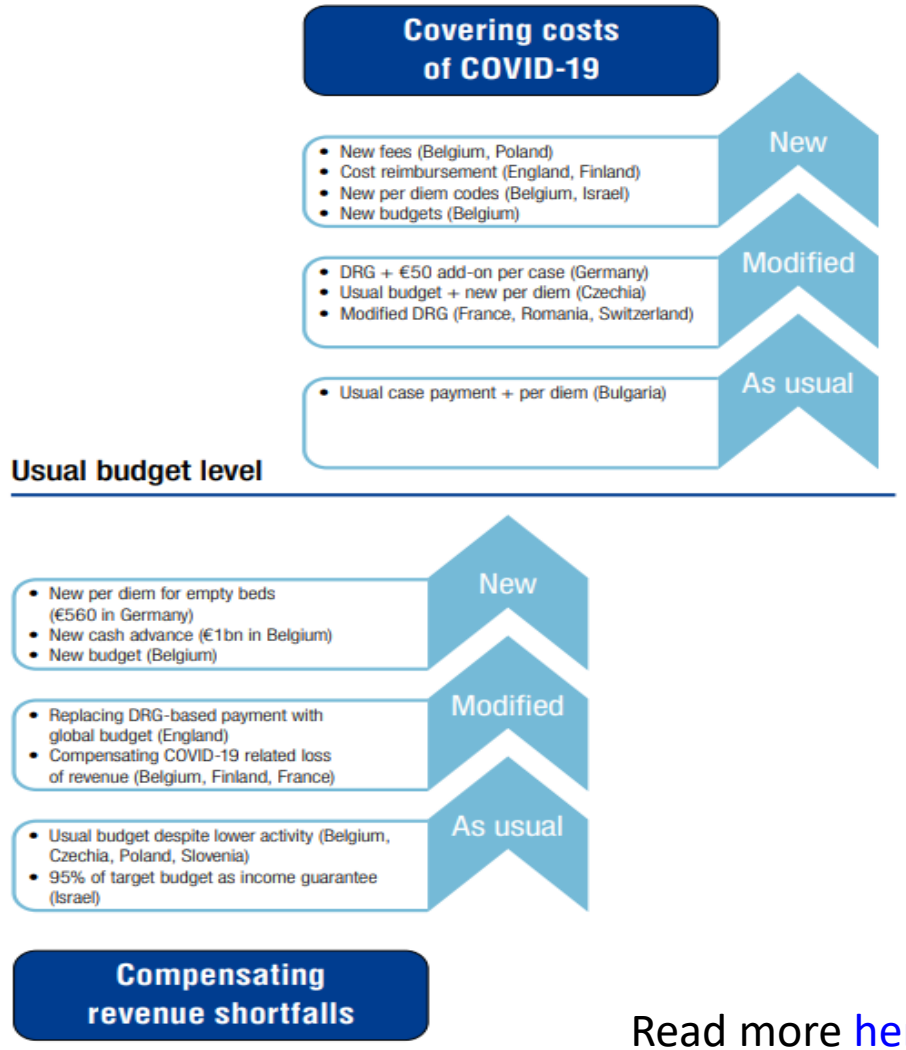
Fahy N; Williams G, 2021

Adapting purchasing, procurement and Payment Systems to meet changing needs (11)

Financing Hospital Care: New Models

- Belgium and Germany made substantial additional resources available to hospitals, both to pay for COVID-19 and to compensate for revenue shortfalls.
- The Czech Republic and Poland continue to pay the usual monthly instalments to hospitals, effectively compensating for revenue shortfalls in the short-term.
- England discontinued its normal (DRG-based) payment system in favor of global budget allocations and cost-based reimbursement.

Figure 1: Hospital payment approaches in response to COVID-19



Read more here

Mobilizing and Supporting the Workforce

Changes in skill mix during the COVID-19 Pandemic (13)

	MOBILIZING AND SUPPORTING THE HEALTH WORKFORCE
13	Implementing alternative and flexible approaches to using existing workforce
14	Increasing workforce levels by scaling up existing capacity, training and recruiting additional health workers
15	Ensuring physical, mental and financial support for health workers

Providing specialist outpatient care	• Individuals able to perform nursing tasks if supervised by a coordinating nurse (Belgium) • NSH trusts share waiting lists across local health and social care regions to more effectively manage elective care (UK)
Providing inpatient care	• Physicians from other departments with critical care expertise, such as internists, fellows, and anaesthesiologists, assist with staffing (US)[214] • Physiotherapists trained to work in acute respiratory teams (Australia) • Registered Nurses (RNs) trained to operate ventilators to support respiratory therapists (Canada)[215] • Dentists, especially with sedation skills, redeployed to support the NHS during COVID-19 surges (UK)[216]

ERNs: Future Developments?

- Strengthen collaboration on individual patient cases
- Expand ERNs scope into (other) high complexity areas
- Expand Training for highly specialised care
- Increase research collaboration: networks, funding applications
- Sharing evidence on new treatments & procedures, joint HTA
- Strengthen guideline development
- Scale up integration in national health systems

Transferability to other disease areas

- Mixed reception by interview partners
- Some perceived it as prototype model for leveraging expertise across countries in an established collaborative manner’
- Concerns about suitability for higher prevalence conditions and unintended consequences for focus on rare diseases
- Necessity of sustainable financing model for current system