Learning from elsewhere: what we know, what we don't know and what we should know

HOPE Agora 2019

Ljubljana, 3 June 2019

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

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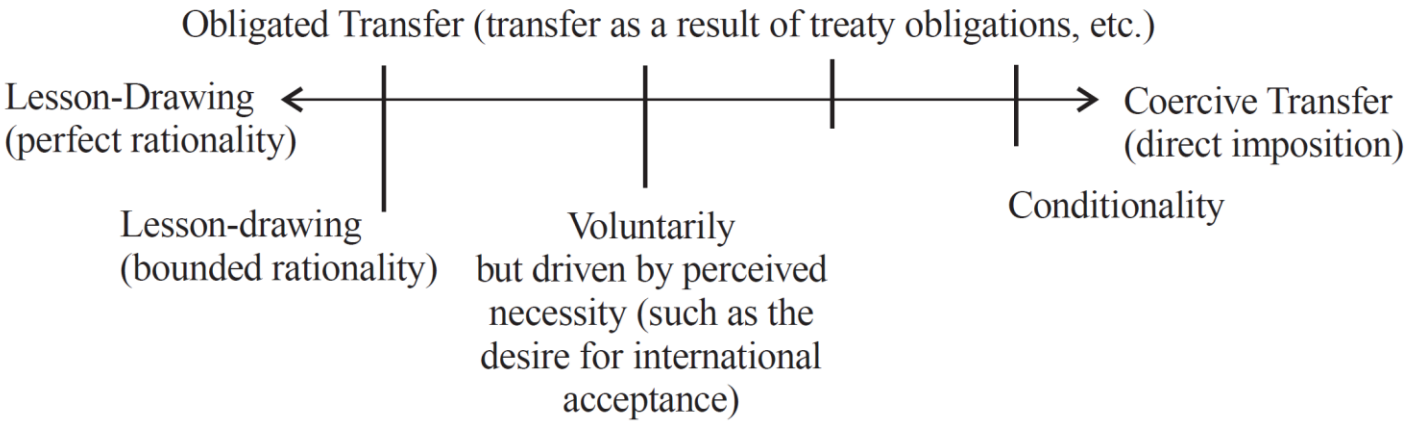
Health systems differ widely but face common challenges

- Differences in finance, organisation, outcomes
- Part of (and subject to) wider political, cultural, economic environment
- Challenges relate to
  - advances in health care that keep people alive while controlling their conditions ⇨ growing numbers of people surviving with chronic illness
  - rising number of older people, increasing the number of those with chronic health problems because of accumulated exposure to chronic disease risk factors over lifetime
  - accelerated advances in medical technology that provide potential for new methods of delivering and organising health care ⇨ need to ensure that they provide value for money
  - growing expectations
  - financial pressures on economies and health systems
- Common goals
  - Ensuring accessible health care of high quality that is responsive, affordable and financially sustainable

Potential for international learning

- Can provide "an experimental laboratory for others"
- Allows alternative options to be considered
- Allows for mutual learning
- Enables cross-fertilisation
- Provides opportunity to transfer models and ideas
- Confirms the positive/negative

Policy transfer continuum: from lesson-drawing to coercive transfer



Source: Dolowitz and Marsh 2002

- 'Idealised' continuum as in reality transfer will involve voluntary and coercive elements
  - 'coercive': Directive 2011/24/EU on patients' rights in cross-border health care
  - mixed: tobacco policies (Framework Convention on Tobacco Control); cancer screening (EU Council Recommendation 2003); EU Health Technology Assessment (HTA) Network
  - 'voluntary': diagnosis related groups, integrated care, disease management, regionalisation of stroke services

There are several challenges to international policy learning

- Definitions vary and contexts differ: Are we comparing like with like?
  - e.g. what is a 'nurse'? Does 'integrated care' mean the same in different countries?
- Availability, comparability and appropriateness of data: are we measuring what is important, not just what is available?
  - e.g. # hospital beds
- Timeliness of comparison
- Attribution of impacts to policies
  - e.g. impact of health care on population health; time lag policy-impact; disaggregating policy 'packages'
- Importance of context
  - e.g. different rationales for policies in different settings; feasibility and acceptability of policy change; potential for 'improvement'
  - need to consider situational (e.g. economic downturn), structural (e.g. institutional setting), and cultural factors (e.g. societal values)

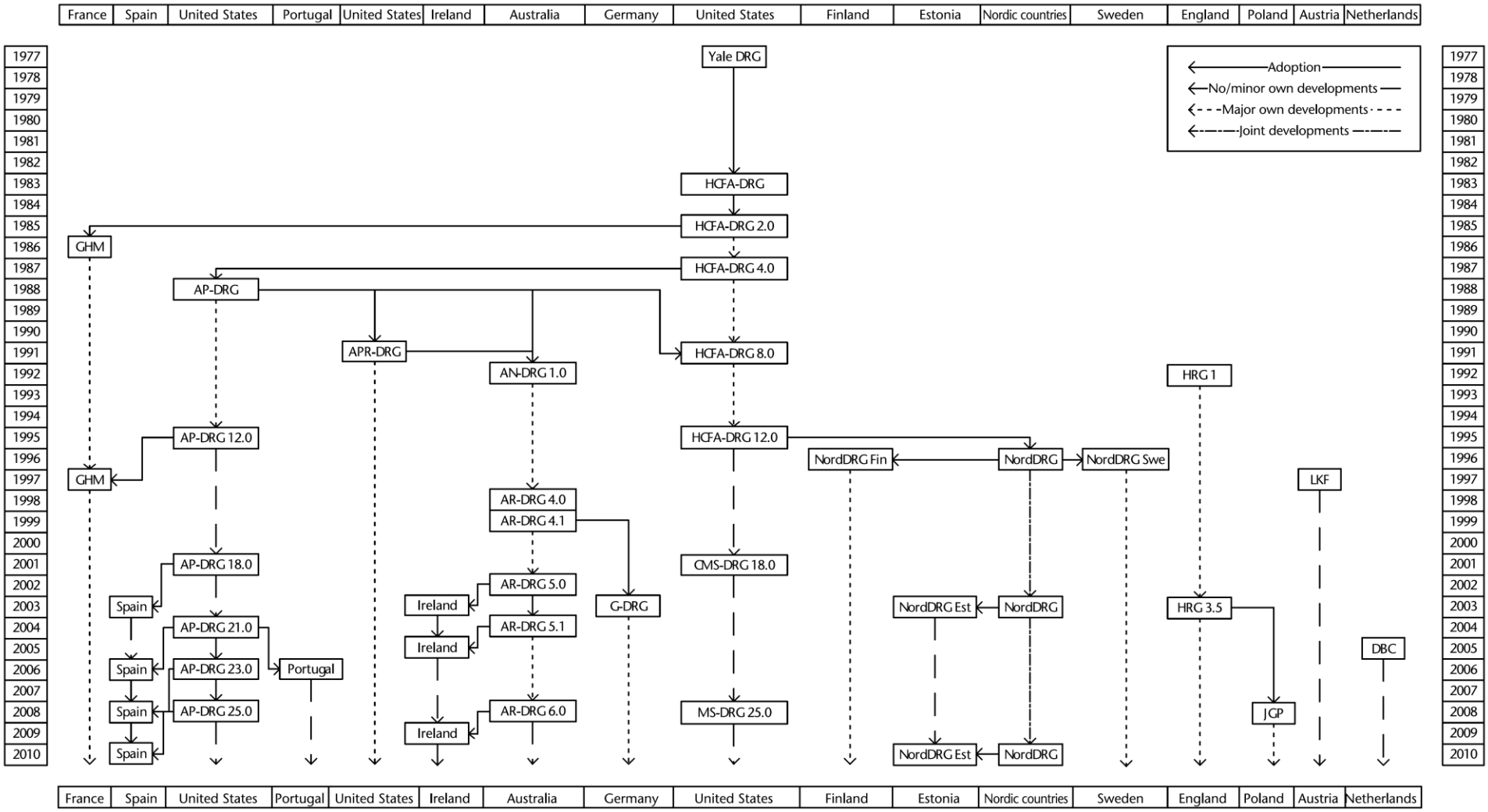
Source: Nolte et al. 2008

Why does policy transfer fail?

- *Uninformed transfer*
  - policies are transferred without sufficient knowledge about why and how they work in the country or system of origin
- *Incomplete transfer*
  - some features of the policy are transferred but not others. But it may be the 'other' features that are important for the policy to work in the receiving country or system
- *Inappropriate transfer*
  - contextual factors (cultural, political, economic) are very different between the 'donating' and the 'receiving' country or system
  - differences in outcomes in the two countries
- **But also**: Successful transfer of unsuccessful polices
  - E.g. pay-for-performance from the private to the public sector
  - Attaching pre-existing solutions to a 'new' problem or issue

Source: Dolowitz & Marsh 2000; Stone 2017

Learning from elsewhere: the historical development of diagnosis-related groups



Source: Kobel et al. 2011

The global diffusion of DRGs

- Introduction under Medicare in the USA in 1983 described as "the single most influential post-war innovation in medical financing" *(Mayes 2007)*
- Since adoption by Medicare, "DRG-based hospital payment systems have become the basis of paying hospitals and measuring their activity in most high-income countries, albeit to different extents" *(Geissler et al. 2011)*

…but as motivations for introducing DRGs varied so did their impact

Factors influenc

- flexible a… …al users
- both a se… …range of users
- adaptable to the local context → continuous adaption and change to meet requirements of a changing context
- *Networks of users:*
  - International meetings and collaborations in France (1984), Ireland (1986) and Portugal (1987) involving increasing number of European countries
- *Evolution of a DRG-focused 'research industry':*
  - 1987 meeting in Portugal led to formation of the Patient Classification Systems International (PCSI) network; EU research funding

Source: Wiley 1992; D'Aunno et al. 2008

The importance of context: Evercare approach to case management

- Developed in the late 1980s for the Minnesota government by UnitedHealth
  - Associated with reduced costs of care for older people living in nursing care homes through reduced use of health services (hospitalisations, use of emergency services)

- Adopted in England initially as pilots in 9 primary care trusts in 2003 (and rolled out nationally from 2004)
  - Expectation: to free up hospital resources through targeted case management of high-intensity users or people at high risk of hospitalisation
  - Evaluation of "Evercare pilot" failed to find the gains in lower emergency admissions and bed-days that would be expected based on the potential cost savings suggested for the Evercare model in the United States

Sources: Nolte & McKee 2008; Boaden et al. 2006; Gravelle et al. 2007

Towards a joint European research programme on health services and systems

Over the last decade, **European health systems** have faced growing **common challenges**: ageing related issues and continuous financial pressures call for innovative solutions on how to organise health care in an equitable and efficient manner. To address this situation there is an urgent need to bring **innovation and research evidence**, to identify more effective and sustainable ways to organize, manage, finance, and deliver high quality care to European citizens.

Why TO-REACH?

TO-REACH is a coordination and support action (CSA) to prepare a joint **European research programme** aimed at producing research evidence supporting health care services and systems to become more resilient, effective, equitable, accessible, sustainable and comprehensive (in Europe, and abroad).

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Objectives

- To produce the Strategic Research Agenda of the future joint research programme;
- To broaden the coalition of committed Member States and funding bodies;
- To design an efficient "structure" of the research network.

Read More

Get Involved

This website is a developing resource for publishing the plans, activity and outputs of the To-Reach project. To know more contact To-Reach at **info@to-reach.eu** or complete the form below.

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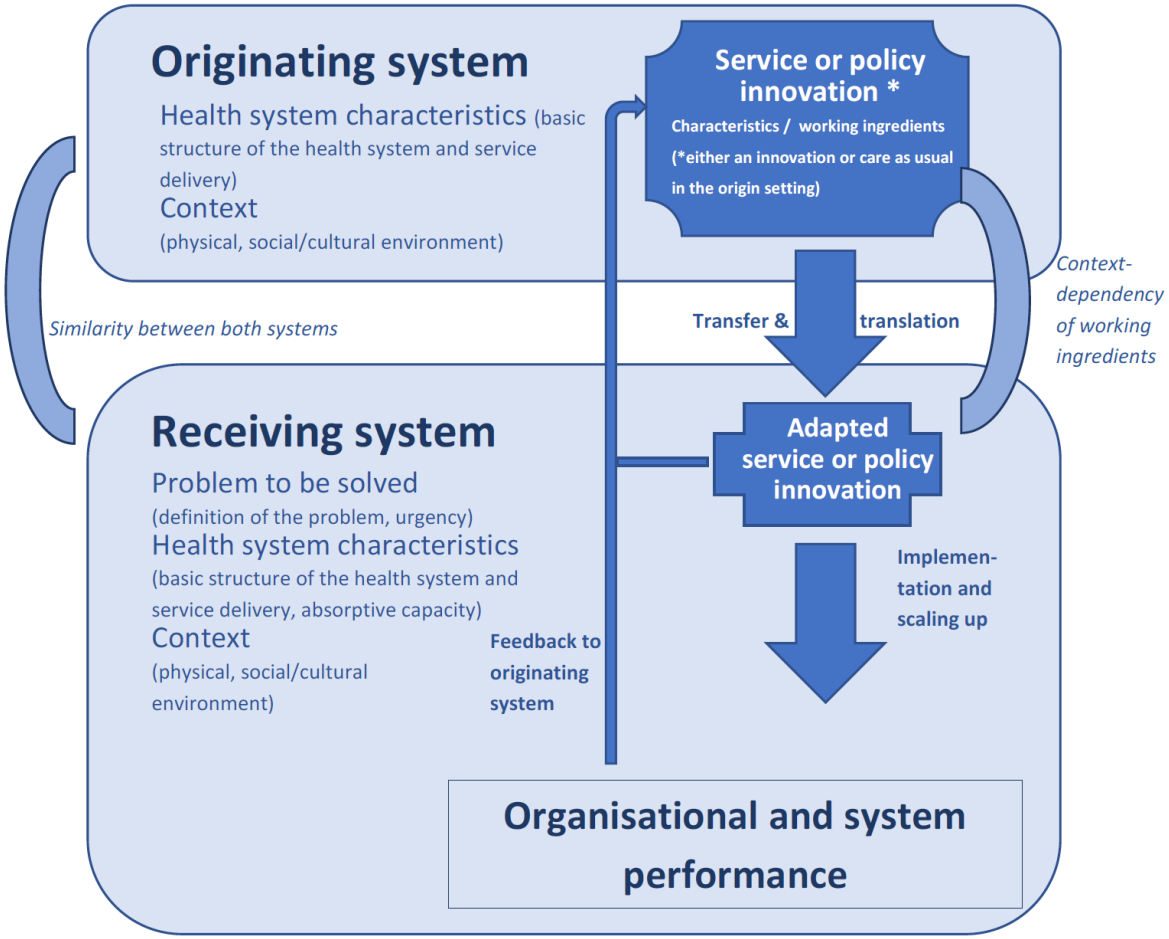
Developing a Strategic Research Agenda

1. Identifying priority challenges for health services and systems in Europe and elsewhere, through
    - mapping of policy documents and strategic roadmaps at national and international level, including from major international projects in health services and systems research
    - national roundtable expert consultations in TO-REACH partner countries, with 15 consultations covering 14 Member States
    - online consultation among the wider scientific and stakeholder communities, with over 600 responses from 40 countries, mostly Europe but TO-REACH partner countries USA, Canada and Israel
2. Reviewing what is known about transfer of service and policy innovation between countries and health systems and to identify key issues that are required for the successful transfer;
3. Combining and refining the priority challenges for health service and systems in light of the key issues to develop strategic European research priorities

A guiding framework for describing the transfer of service/policy innovations between systems

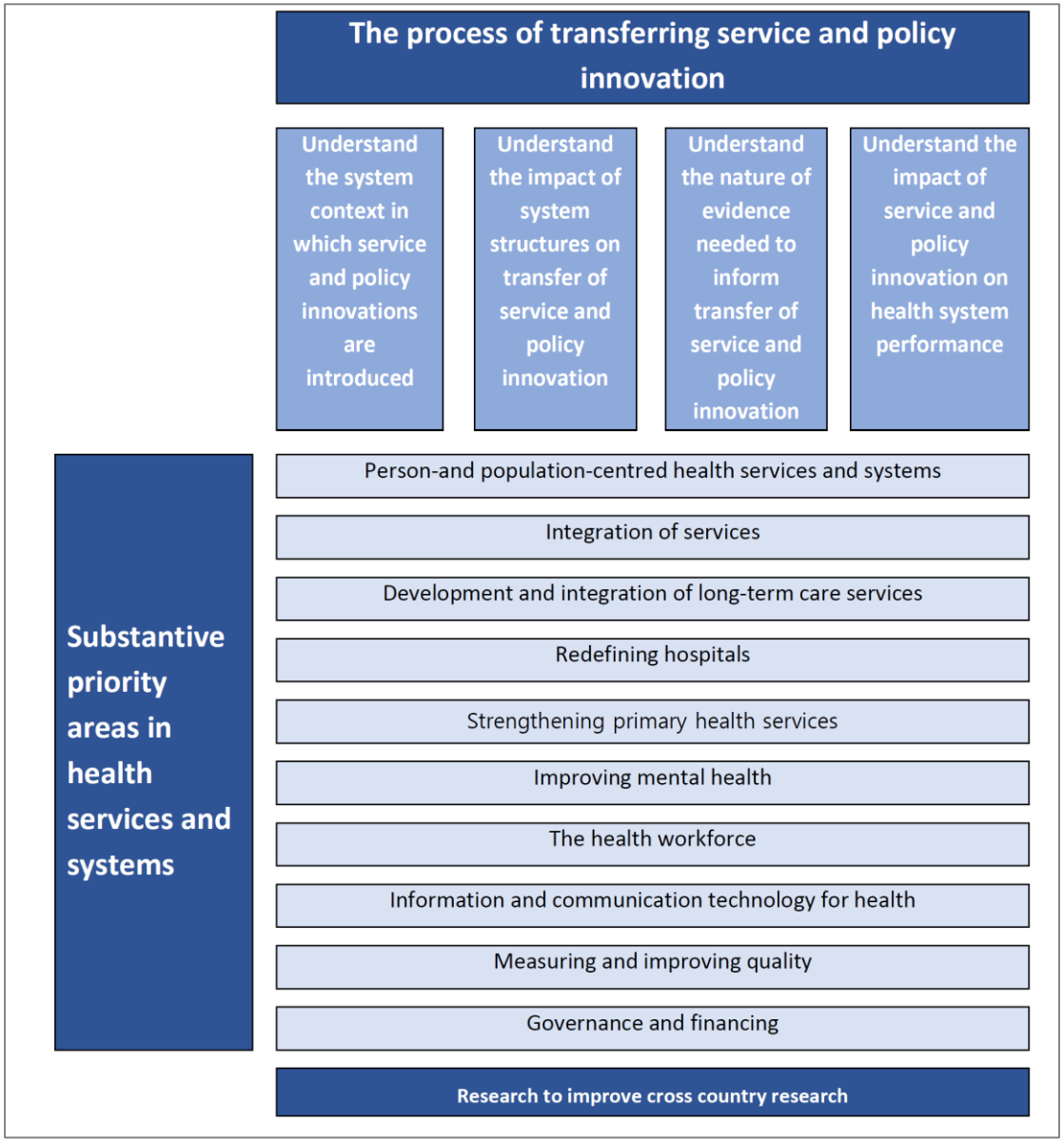


to-reach
transferring innovation in health systems

There remain gaps in our understanding about the transfer of promising service and policy innovations

- Context is important but what *aspects of context* are key for the successful transfer of service/policy innovations?
  - What is the role international institutions/organisations in facilitating transfer?
- What are the *specific features* of health systems that are conducive for the successful transfer of service/policy innovations?
  - e.g. what is the role of national level support structures?
- What *type* of evidence is needed to inform the successful transfer of service/policy innovations?
- What *factors* facilitate/hinder the implementation of innovations that originate from other systems?
  - e.g. what is acceptable and valued in one system may not be transferable to another one
- What is the *impact* of service and policy innovation on health system performance?
  - e.g. what is the risk of potential unintended consequences?

Main priority areas of the TO-REACH Strategic Research Agenda



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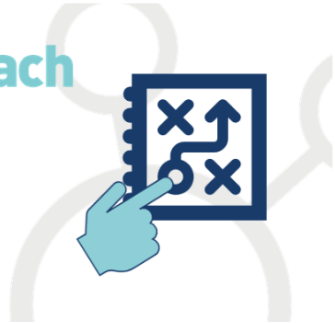
Discover the to-reach Strategic Research Agenda and join our consultation



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Thank you for your attention!

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