

HOPE Agora Conference 2019
Evidence-Informed Decision-making in Healthcare
Management

Dušan Keber

Evidence – informed
healthcare management: a
side view

Ljubljana, 2 – 4 June, 2019

Evidence-based decision: one-size-fits-all solution?

Evidence-informed decision-making is the process of distilling and using **the best available evidence** from research, practice and experience to improve health policy and practice.

Due to different conditions in different surroundings, evidence does not produce identical solutions in each single setting.

But: will solutions merge over time to one best solution?

It is already so in the evidence-based medicine

- Principles of health care become more and more similar all over the world.
- Medical procedures (e.g. in acute myocardial infarction, early detection of cancer, prevention of hospital infections, rational use of antibiotics) run almost identical course.
- Increasing number of countries use the same consensus statements, programmes, protocols, care pathways and algorithms for individual health conditions.
- When health professionals speak about health and disease they use the same language.

Why does „best evidence“ not result in similar decisions in health management?

Evidence-based managerial decision

Case 1: Nostrum Pharmaceuticals

Nostrum Pharmaceuticals has recently raised the price of an 65 years old drug nitrofurantoin from about **\$500** per bottle to more than **\$2,300**.

Nirmal Mulye, founder and CEO of Nostrum Pharmaceuticals:



“I think it is a moral requirement to sell the product for the highest price.”

Interview to Financial Times

Evidence-based managerial decision

Case 1: Nostrum Pharmaceuticals

Was this decision evidence-based?

- Yes** The mission of of a private enterprise is as much profit as possible.
- Yes** High demand for the drug and monopolistic position of producer enable any price that a patient in need can afford.
- Yes** Neoliberal economy found a theoretical apology for such a robbery by contemplating that in a long run every-body benefits from the profits of stakeholders.

Was this decision ethical?

- No** - according to 99% of mankind
- Yes** - according to CEO of Nostrum Pharmaceuticals and 1% of mankind

Evidence-based managerial decision

Case 2. Croatia: reform of primary health care (PHC)

- In 1997 Ministry of Health of Croatia started privatization of primary health care.
- By 2000, most primary health care practitioners became private entrepreneurs (paid by public fund) who rent rooms and equipment from previous health centres.
- This reform ruined the network of public health centres which was an „evidence-based“ good example for many countries all over the world.

Evidence-based managerial decision

Case 2. Croatia: reform of PHC

Consequences after 5 years

- Referral to specialists increased from 200 to 300 per 1000 patients (Great Britain 47/1000, Norway 81/1000, Slovenia 100/1000)
- Triple reduction of preventive services in PHC
- 35% reduction of home visits

Croatian experts' comment:

- General/family medicine has become a passive healthcare activity that only treats diseases and does not actively affect positive health changes in the population.
- These data point to multiple harmful consequences of the implemented reform.

Evidence-based managerial decision

Case 2. Croatia: reform of PHC

Was this decision evidence-based?

- No** Majority of literature has foreseen the bad consequences of total privatisation.
- Yes** Minor part of literature supports privatisation of public health sector.
- Yes** Highly paid experts cruise around eastern Europe and preach over benefits of privatisation of public sector.

Was this decision ethical?

- No** The reform was not done for the best interest of citizen but for the vested interest of physicians who expected that privatisation will increase their earnings.

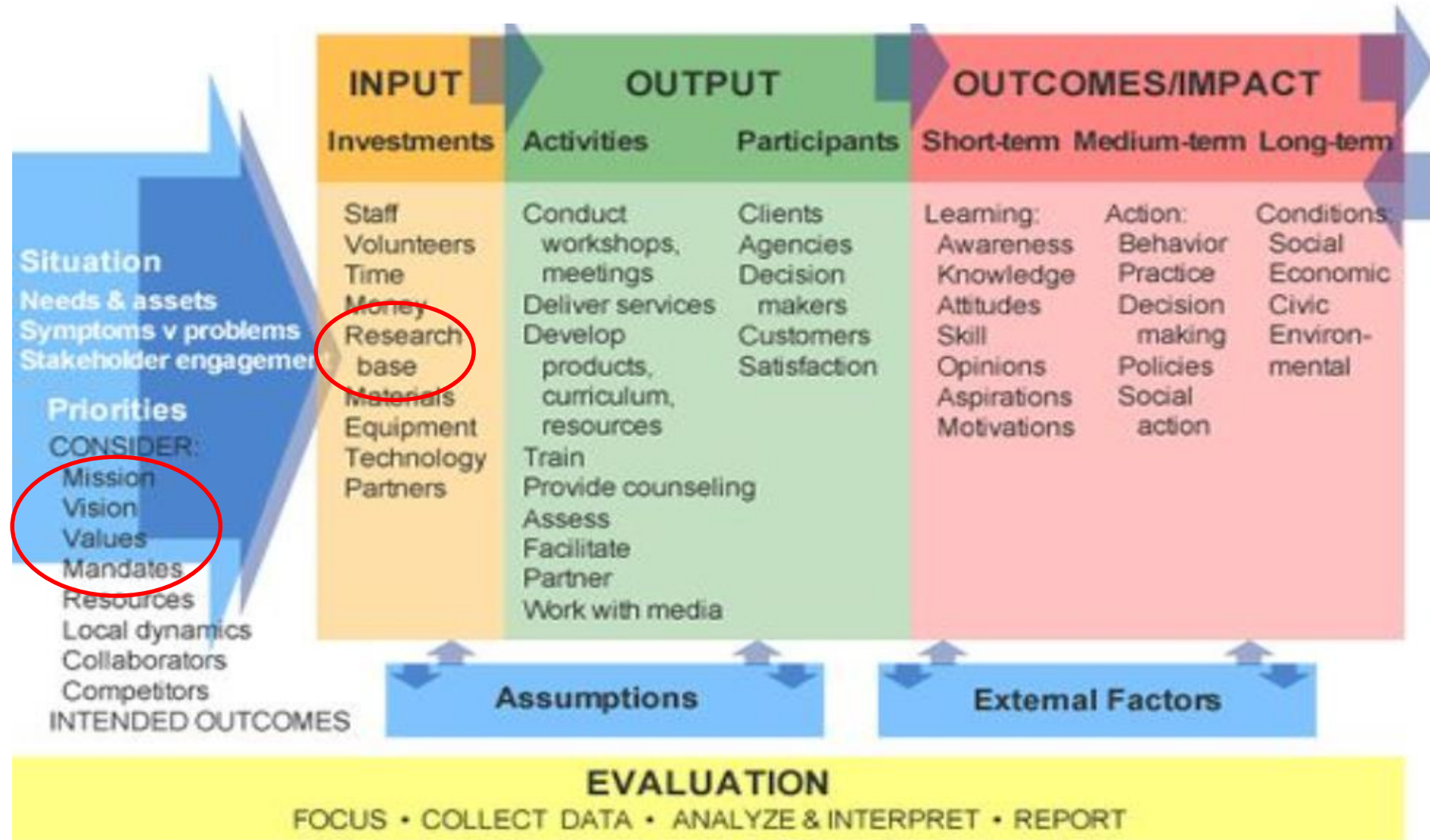
Diferent source of evidence in private and public health care

- There is a conflict between understanding health services as goods for sale, and as value-driven services that should be universally accesible.
- The goal of private health care is to increase efficiency, competition and economic profit.
- The goal of public health care is good health and equal care for the whole population.

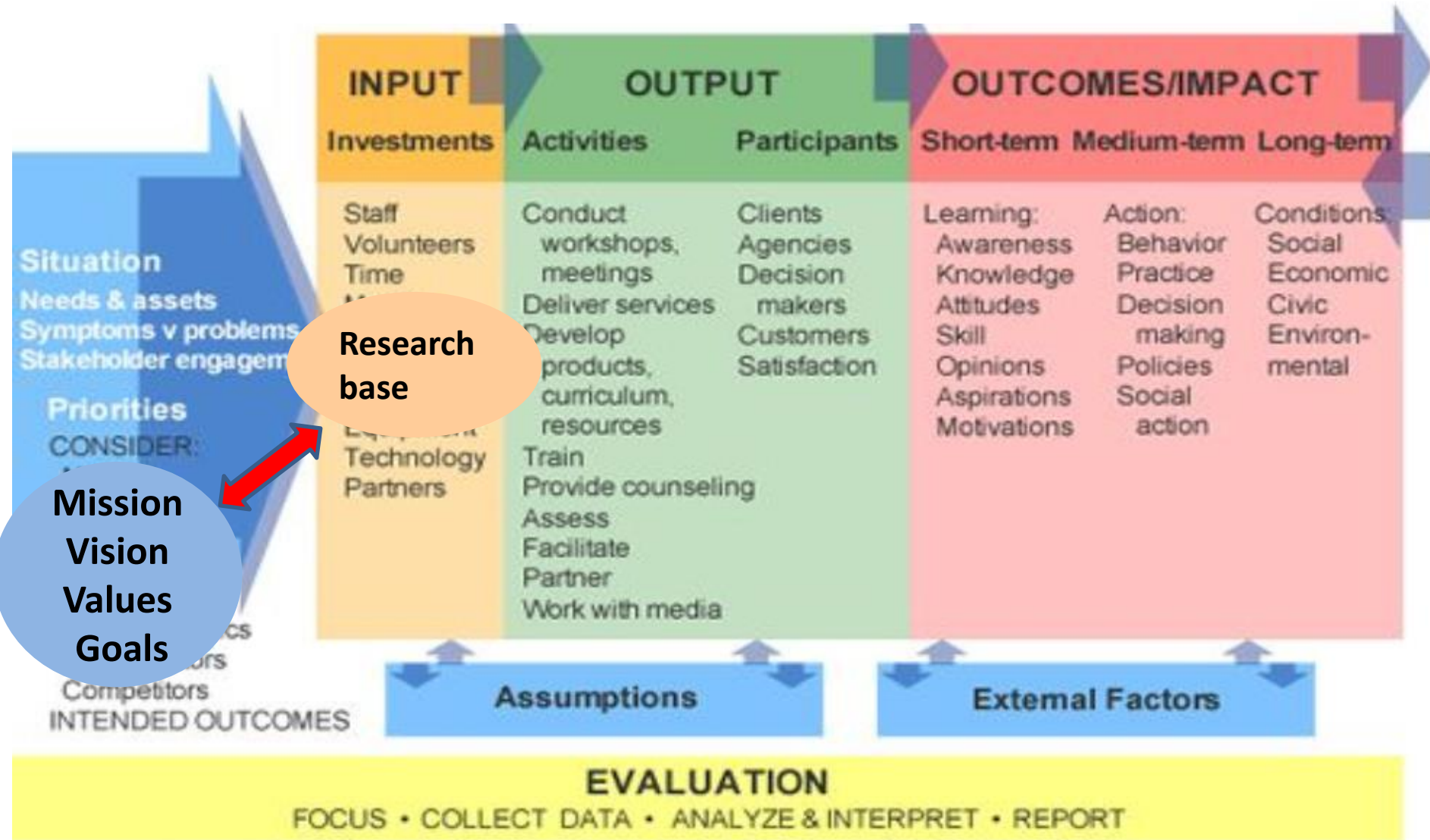
In health management not all evidences are „neutral“.

Before searching for evidence we must define our mission.

Logical Framework: a tool for planning, implementing and monitoring projects and policies



Logical Framework: a tool for planning, implementing and monitoring projects and policies



Situation analysis and evidence analysis

Field of analysis Sources of evidence to consider

Mission, vision, values, goals	<ul style="list-style-type: none">• basic company documents
Type of business, ownership	<ul style="list-style-type: none">• non-profit, profit• public, private
Research evidence	<ul style="list-style-type: none">• the most relevant, high-quality evidence available• research findings from relevant disciplines and sectors
Community health issues, local context	<ul style="list-style-type: none">• surveillance data and community health status reports• significance of the issue vs other health concerns
Community and political preferences and actions	<ul style="list-style-type: none">• needs and interests of community members• support or opposition from the public/gov officials• current political climate• current organizational/corporate climate
Resources	<ul style="list-style-type: none">• financial resources• human resources• materials

Goals, mission and ethical values of health care

Case of social state: Sweden

Goal

The goal of Swedish health care is good health and equal care for the whole population.

Mission and ethical values in health care

- equity in health for the whole population
- respect for the patient's integrity, autonomy and right to participation in decision-making
- health care should be democratically governed and solidary financed
- care should be given out of need, not ability to pay.

Formal status of ethics in health care management

Case of nonsocial state: USA

- A study¹ found similar highly ethical mission statement in both for-profit not-for-profit US hospitals.
- According to the author the mission statement should capture the organization's unique purpose and niche in the competitive healthcare environment.

¹Douglas S. Bolon (2005) Comparing Mission Statement Content in For-Profit and Not-For-Profit Hospitals: Does Mission Really Matter?, Hospital Topics, 83:4, 2-9

Commentary:

- Mission statements of for-profit hospitals avoid to show a profit-making orientation.
- Making profit from somebody's suffering is not politically correct.
- In search for evidence it will be sometimes difficult to recognize experts' orientation.

Actual status of ethics in health care management: Case of Sweden

- Although ethics has a high status in theory, evidence indicate that it has a lower status in practice in health care management.
- The interviewed politicians, civil servants and CEOs prioritize financial requirements above ethics.
- This development had been enforced by the marketization of the health care system.

Anna T Hogelund, Erica Falkenstrom (2018) The status of ethics in Swedish health care management: a qualitative study. BMC Health Serv Res 18: 608

Mission in health care and health management

Health care:

Benefit of citizen/patients

Health management:

Benefit of citizen/patients

Benefit of owners/provideres

Conclusions

- The conflict between missions explains why evidence is less uniform in health management than in health care.
- An evidence can be selectively used to justify a decision that has already been made for other tactical or political reasons.
- Without mission every evidence is a good evidence.
- Evidence from institutions and experts with similar mission and values should be given priority.
- Similar solutions are based on similar values and mission.
- Health manager in public health care should judge what is right and what is wrong, and only in the second place what is cost- efficient and what is not.