FIVE KEY INITIATIVES
FOR HEALTHCARE IMPROVEMENT

KO AWATEA
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THE NEED FOR CONSENSUS ON IMPROVEMENT INITIATIVES

There is an urgent need for healthcare leaders to improve population outcomes, health system efficiency and patient experience. However, healthcare leaders struggle to identify quality improvement initiatives that work and to implement their own versions. A key challenge is achieving consensus among leaders on what should be implemented.

This paper identifies five key healthcare improvement initiatives, why they are important, and how they can be implemented.

ACHIEVING CONSENSUS

Ko Awatea used a multi-stage, modified Delphi study to reach a consensus among 24 health system leaders from eight countries.

Participating leaders listed their top five initiatives for healthcare system improvement, including why and how these should be implemented, in an online survey.

The leaders then attended a workshop at the 5th APAC Forum, where they worked in five small groups to discuss and refine ideas from the online survey. Ideas were shared among groups and compiled into a final list during a facilitated plenary session.

Post-workshop, the list was circulated among leaders by email for further comment and feedback.

INITIATIVE 1: EMBRACE DISRUPTION

Why?

Existing models of healthcare organisation and service delivery cannot provide the change we need to meet the challenges healthcare faces. Healthcare leaders must embrace change that disrupts the existing institutionalised organisation of healthcare and service delivery. New models and tools must include those that disrupt and change human factors, such as beliefs, culture and leadership, and that unlock the flow of information.

How?

Change information privacy laws and policies to promote information sharing for the benefit of patients. Current laws and policies prohibit healthcare systems from freely sharing information that would improve care and need updating to protect patients from the data-tracking capabilities of social media and big data algorithms.

INITIATIVE 2: TRAIN PROFESSIONALS IN TEAMS

Why?

Dealing with the complex health and social care needs we see today means working in interdisciplinary teams. However, most current healthcare workforce training does not prepare healthcare professionals to work in this way. An overhaul of professional training and work practices, from tertiary education to the workplace, is needed to prepare healthcare professionals to work in interdisciplinary teams.

How?

Start in the workplace, rather than in tertiary education, to achieve an immediate effect. Train staff who work, or should work, in teams to do so. This training should not be solely about learning how to work together; it should also equip teams to continually improve health and care services and to address problems.

To complement the training, leaders recommended giving employers responsibility for professional credentialing; breaking down barriers that separate the functions of doctors, nurses and managers; and using cross-disciplinary models of care.

INITIATIVE 3: CO-DESIGN SERVICES

Why?

Transformational change in healthcare culture and practices can only be achieved if it involves everyone. Patients, families and healthcare staff need to be equal participants at every level of health and wellbeing.

How?

Use co-design methods. In a co-design approach, patients, families and staff work in partnership and with shared leadership to gather, understand and improve people's experiences of healthcare. Co-design offers a method to bring people into healthcare as equal participants by ensuring that patients, families and staff are all included in a meaningful and genuine way and work as true partners in the design process.

INITIATIVE 4: SHIFT TO VALUE-BASED FUNDING

Why?

Funding should be based on the value that it creates and should not pay for poor quality or ineffective care. Value depends on results, so it should be measured by the outcomes achieved and not on the volume of services delivered.

How?

Contract for value across health and social care by holding providers accountable for outcomes beyond healthcare. This may include accountability for social outcomes, such as housing, education and welfare. Use co-design to enable the people involved to define the outcomes that represent value.

INITIATIVE 5: PUT EQUITY AT THE CENTRE

Why?

Equity of outcome and opportunity should be a systemic goal. There is strong evidence that working towards equity across the social determinants by focusing on prevention and wellness empowers communities and reduces the burden on health and social care systems.[1]

How?

Permit data from across the public, private and not-for-profit sectors to be used to address the needs of those with the most unequal outcomes. A growing number of organisations have data that can identify gaps in care, and community-wide efforts and coalitions are the key to achieving health equity.[2] This is a potentially radical disruption to existing privacy and consent models.

LINKAGE AMONG INITIATIVES

The five initiatives are inter-related and have the potential to reinforce each other. In selecting initiatives, healthcare leaders should consider how each initiative could reinforce one or more of the four other areas of focus. For example, Initiative 2: Train professionals in teams, could work with Initiative 3: Co-design services, to include patients and their families in team training for service improvement. Similarly, Initiative 5: Put equity at the centre, links with Initiative 1: Embrace disruption, because the information sharing that will tackle inequity is not held by any one sector alone. It also links with Initiative 3, as co-design can elicit what people want, need and understand, as well as helping to gain the trust of patients, families and staff affected by change.

CONCLUSION

In this study, healthcare leaders agreed on five interlinked areas that healthcare systems should focus on to improve quality, performance and patient experience.

REFERENCES

[1] Baicker K, Cutler D, Song Z. Workplace wellness programs can generate savings. Health Affairs. 2010; 29(2): 304-11.
[2] Laderman M, Whittington J. A framework for improving health equity. Healthcare organizations have tremendous potential to address disparities. Healthcare Executive. 2016; 31(3): 82, 84-85.