



EUROPE



Framework for assessing, improving and enhancing healthcare planning

A study funded by the Bertelsmann Foundation

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*9th Symposium, International Network Health Policy & Reform
4-7 July, Odense, Denmark*

Outline

- Background
- Aims & objectives
- The Framework
- Findings
- Implications



Background

- Healthcare planning is a core component of healthcare governance
- Decentralisation, market competition, pluralism vs. equitable, affordable & accessible healthcare
 - Planning as one tool to enhance coordination and efficiency
- Challenges
 - What is the ‘best’ approach to planning (is there one?)
 - What should be planned and how (is there an ‘optimal’ unit of planning)?
 - How is planning linked to other governance functions e.g. budgeting, contracting, regulation (do we need planning?)
 - What are the key features of planning, and what is the impact (can we measure this?)

Aims & objectives

To contribute to policy learning across countries through

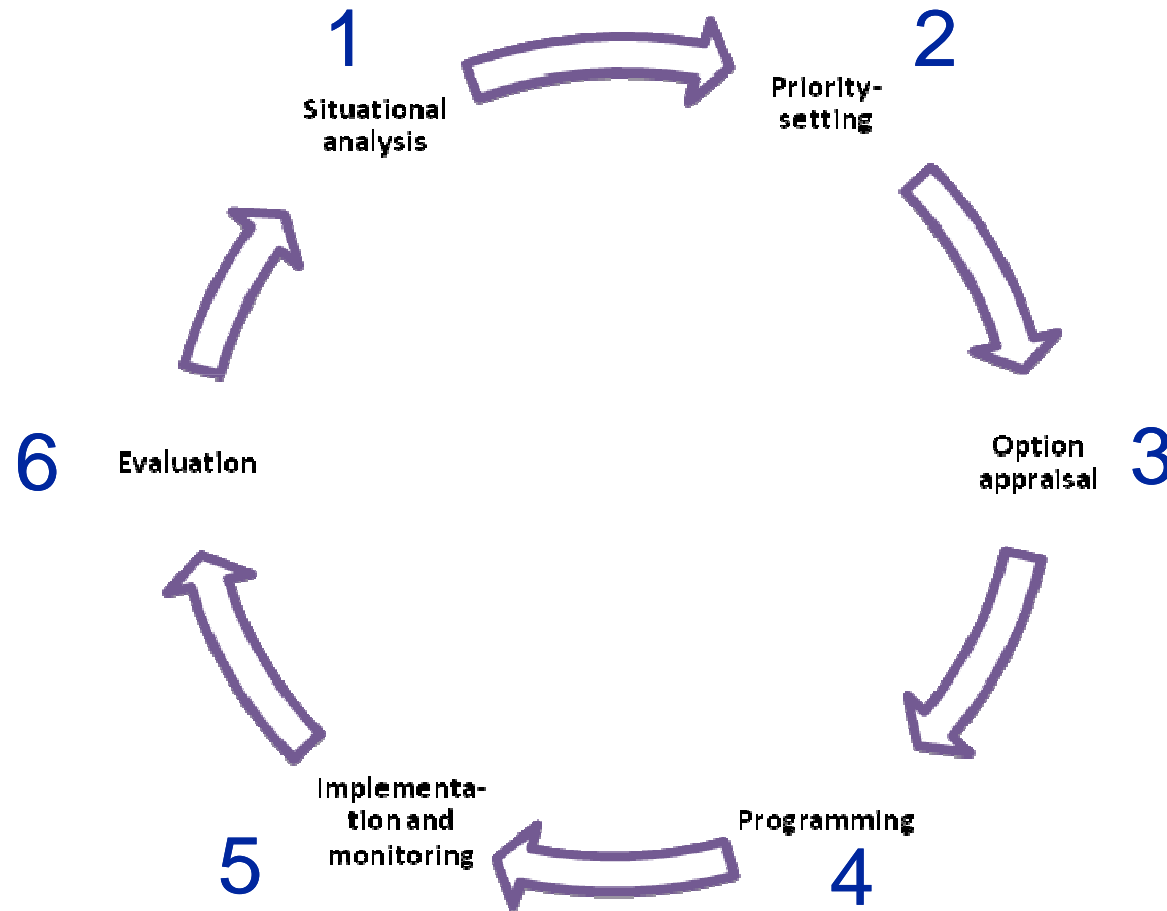
- Identifying the key components and functions of effective healthcare planning
- Assessing the outcomes of planning processes in a range of countries
- Developing a framework for assessing healthcare planning
- To contribute to a better understanding of the contextual factors that influence, enable or hinder the successful implementation of effective healthcare planning

Design

- Comparative case study approach
- Four countries: Austria, Canada (Ontario), Germany, New Zealand

	Main funding of publicly financed healthcare	Governance of the public health system
Austria	Combination of social health insurance (50%) and general taxation (32%)	Responsibility for the health system shared by federal, regional and local authorities and corporatist actors Responsibility for hospital sector mainly rests with the federal states (<i>Länder</i>)
Canada (Ontario)	General taxation (national and provincial)	Shared by the federal and the provincial / territorial governments with the provinces having extensive autonomy
Germany	Social health insurance covering 88 % of population plus supplementary and complementary private insurance	Responsibility for the health system shared by federal, regional and local authorities and corporatist actors Responsibility for hospital sector mainly rests with the federal states (<i>Länder</i>)
New Zealand	General national taxation and compulsory social insurance (injuries and accidents)	Healthcare governance is shared by the central government and 21 District Health Boards (DHBs)

Rationalist model of planning



Source: adapted from Green (2007)

Assessment framework

Planning is an explicit process of defining objectives and goals and to devise strategies of how these objectives can be met

Principles

1. guides health policy makers in drawing lessons by allowing for identification of the strengths and weaknesses of different planning approaches;
2. is applicable in diverse political, economic, social, and health contexts;
3. is based on a broad assessment of planning approaches and on evidence of their effectiveness, as far as it is possible;
4. highlights the interdependencies between different elements of healthcare planning and the wider context of health system governance; and
5. considers the interrelations between healthcare planning and its wider social and economic environment, for example, as it relates to education, migration and the labour market.

Assessment criteria for healthcare planning

1. Vision

goals and objectives of healthcare planning are aligned with the overall goals of health system governance, are reflected in all areas of the healthcare system and take a long-term perspective

2. Governance

decision-makers and implementers are assigned clear roles & responsibilities; planning is aligned with sanctions and incentives to support implementation; involvement of relevant stakeholders; consistent approach at different levels of planning

3. Intelligence

availability and appropriate analysis of relevant data; sufficient analytical and administrative capacity for these tasks to be carried out; continuous monitoring and measuring of progress against set objectives

Vision (Hypotheses)

- Setting explicit planning goals in line with overall health system goals is likely to contribute to effective planning ('strategic vision')
- Planning is likely to be more effective if a whole system perspective is taken, across different sectors of healthcare, inputs in service production and geographical areas ('whole systems perspective')
- Planning is likely to be more effective if planning timeframes include both a long- and short-term perspective, balancing long-term direction with short-term flexibility ('planning horizon')

Governance (Hypotheses)

- Planning will be most effective if the process is embedded in a governance framework that assigns clear roles in and responsibilities for planning, including lines of accountability for delivering planning objectives ('clear responsibilities & lines of accountability')
- Healthcare planning is likely to be more effective if planning is supported by sanctions and incentives ('sanctions & incentives')
- A balanced involvement and commitment of all relevant stakeholders is likely to lead to more effective planning ('stakeholder involvement')
- More closely integrated strategic goals and operational objectives are conducive to more coherent planning and thus to more effective healthcare planning ('consistency')

Intelligence (Hypotheses)

- Healthcare planning is likely to be more effective if planning rests on a solid information base, including data on population healthcare needs and the existing infrastructure of healthcare provision ('availability of high quality data')
- Healthcare planning is likely to be more effective if appropriate and up-to-date analytical tools are employed to support the situational analysis and the development of future scenarios ('availability of analytical tools')
- An adequate level of analytical and administrative capacity is required to support effective planning ('availability of capacity')
- Systematic monitoring and evaluation is conducive to more effective planning ('monitoring & evaluation')

Vision (Findings 1)

- Strategic vision

- Explicit goal setting is part of planning in each country. The scope and level of specificity of goals guiding planning varies
- Goals are typically formulated in general terms implying that actors broadly support them. While systems might strive for similar overarching goals, the means by which these are being arrived at through healthcare planning differ.

- Whole systems perspective

- Austria, Ontario (Canada) and New Zealand have begun moving towards a more integrated approach to planning; in Germany such an approach is still to be translated into practice
- Administrative and geographical divisions pose a key challenge; Austria and New Zealand are moving towards centralising some planning functions as a means to enhance coordination among regions

Vision (Findings 2)

- Planning horizon

- There appears to be no single optimal length and combination of planning time horizons. Strategic planning over a long-term time horizon may be more common in those systems where the government allocates funding so providing a road map for the overall direction of the system (Ontario, New Zealand). Austria and Germany tend to employ shorter time horizons; planning documents, while spanning a longer time frame, are frequently updated to account for changes in service provision.
- Flexibility of planning to accommodate unexpected events and/or emergencies seems to be more prominent in systems with limited excess capacity (Ontario, New Zealand) while those with levels of overcapacity in certain areas are less likely to view contingency planning as a necessary component of healthcare planning (Austria, Germany).

Governance (Findings 1)

- Clear responsibilities & lines of accountability
 - All countries reviewed have systems in place that clearly assign responsibilities for the implementation on plans. In Austria and Germany, responsibilities are set out by legislation. Ontario and New Zealand operate on the basis of accountability frameworks that set out the responsibilities of regional/local actors vis-a-vis the provincial/central government.
- Sanctions & incentives
 - Aligning resource allocation with planning likely to be one effective way to make healthcare plans influential on actor behaviour: Ontario and New Zealand rely on performance management and accountability frameworks to ensure implementation of plans.
 - Less easily applicable in systems where legislation and regulation is used as the main means to guide implementation and responsibilities explicitly devolved and/or delegated from central government to a range of actors (Austria, Germany).

Governance (Findings 2)

- Stakeholder involvement
 - All four countries seek to involve a wide range of actors. Formalised involvement is pursued by those with a tradition of consensual decision making (Austria, Germany) which also tend to rely on organised interests (but less so citizens or local communities). Optimal balance of stakeholders to be involved remains difficult to ascertain; involvement of a wide range of interests may mean incremental change only.
- Consistency
 - Defining an overall direction of the system at central level that is translated into operational plans at local level appears to be more common in systems where the government allocates funding (Ontario, New Zealand).
 - Defining specific goals and objectives for local actors at national or regional level may not be conducive for planning that takes account of local need. Germany (federal state of North-Rhine Westphalia) is moving towards a less prescriptive approach to planning hospital care.

Intelligence (Findings 1)

- Availability of high quality data
 - All countries reviewed engage in some form of routine data collection on supply and utilisation of healthcare services, while aiming at improving breadth and depth of data collection. The nature and scope of data available to inform planning varies. A key challenge remains the collection of data that enable assessment of population healthcare needs.
- Availability of analytical tools
 - Availability of adequate data remains key challenge that would allow for the assessment of needs. This is particularly the case in systems which draw, to considerable degree on measures of supply to inform planning (Austria, Germany) whereas in New Zealand the starting point for planning has been a health needs assessment.
 - The use of healthcare needs assessments is likely to be only successful if supported by political will to use results to inform planning.

Intelligence (Findings 2)

- Availability of capacity
 - It may be assumed that analytical capacity and administrative support systems are reasonably well established in all countries. There is some evidence that smaller planning units may face capacity constraints if not sufficiently supported by the centre, in particular where increasing emphasis is placed on local decision-making with increased stakeholder involvement, including the local community (Ontario, New Zealand).
- Monitoring & evaluation
 - Countries reviewed collect routine data but the extent to which these are used for systematic monitoring varies, as does the nature and specificity of data collected for this purpose.
 - Where government allocates funding systems are more likely to employ more systematic approaches to monitoring and evaluation as part of performance management and accountability frameworks to ensure implementation of plans (Ontario, New Zealand).

Challenges

- Diverse body of literature to draw on; lack of empirical evidence of recent approaches to healthcare planning in high income settings
- Countries reviewed
 - Selection may have influenced criteria
 - Small number
- Identification of ‘best practice’
 - Isolating effect of planning from other contextual factors (e.g. federalism)
 - Attribution of outcomes to specific healthcare planning activities => absence of counterfactual
- Emphasis of commonalities rather than differences
 - Consideration of systems that use alternative forms of steering (e.g. Netherlands)

Conclusions

- Framework aims to provide a tool for analysts and decision-makers
 - Assessment of whether the approach to planning adopted in a given setting supports its goals
 - Allows for analysis of strengths and weaknesses
- Consideration of wider governance structure for planning
 - Stakeholder interests
 - Requirement of supportive governance structure
- Role of wider socio-economic context
 - Potential tension between planning goals and wider economic considerations
- Next steps: further application of criteria to wider set of countries



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