Medical leadership:
A role in improving effectiveness of healthcare system – an example from Finland

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Conference on inequalities in doctors' working conditions in the EU
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Finland

universal coverage


OECD (2018), Life expectancy at 65 (indicator). doi: 10.1787/0e9a3f00-en (Accessed on 02 September 2018)
Low migration figures to and from Finland compared to Germany


Please note: Permission for reproduction of the figure on the migration pattern of doctors in European Union was obtained only for the presentation itself and not for further dissemination to third parties. The figure has therefore been removed to comply with copyright laws and replaced with text and reference.

Hervey G. The EU exodus: when doctors and nurses follow the money. POLITICO September 2017. Graph reproduced by kind permission of POLITICO.
The Finnish reality of eye health

“Keeping the interest and loyalty to serve in public hospitals alive is a challenge.”
Lasse Lehtonen 2012*

Care Delivery
- Shortage of ophthalmologists
- Outsourcing to private sector

Policy
- 2005 access to glaucoma care
- Fee for service - cataract only

Population & Citizen
- Long waiting lists
- Suboptimal well-being & health outcomes

Disease
- Age-related Macular Degeneration (AMD)
- Glaucoma
- Diabetic retinopathy
- Cataract
- Permanent blindness

System approach in eye health care


‘Internal brain drain’ case (public to private)

Rate of turnover of ophthalmologists to private practices

Part-time work

Shortage of ophthalmologists

Turnover of specialists between public hospitals

No. of part-time ophthalmologists

Variance of income within public sector

Turnover

SPC*

Number of SPC patients treated

Private Practice

Average difference public-private income

Productivity

Total No. of patient transactions

Length of waiting list

Budget

Turnover of specialists between public hospitals

No. of part-time ophthalmologists

Variance of income within public sector

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Length of waiting list

Budget

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“waiting lists will remain a problem as long as consultants are guided by inappropriate incentive structure”
Frost 1980

wide regional variation in treatment rates in UK reflects a large subjective element in clinical decisions.
Yates 1987

If ‘money follows the queue’ and additional resources are withdrawn when waiting lists are reduced, longer waiting times may be adopted.
Iversen, 1993

“perverse incentives turn into opportunist behavior”
Garcia, Gonzalez-Busto 1999


75% increase in medical training by 2040 to JUST meet glaucoma needs in public sector in the absence of shared care approach

25% annual increase in specialists (2005–2020) EFFECTIVE ONLY with simultaneous definition and enforcement of:

access to care criteria +
5–7% annual capping also in economic upturn

No changes to current structure

Having enough good people is simply not enough
Disruptive Innovation in Disease Management

**P5SE care model**

**Prioritisation**
Disease ranking based on risk of progression (permanent blindness)

**Stratification**
Identifying patients at highest risk

**Standardisation**
Care and processes

**Sustainability**
Annual capping on healthcare budget

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**Policy Impact**
- Healthcare workforce
- Telemedicine
- Health information
- Patients’ well-being
- Patient empowerment
- Adherence
- Personalised health
- Health equity
- Population health outcomes
- Quality of care
- Cost effectiveness

Images sourced from Flaticon.com

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Hospital Productivity Increase

- Out-patient appointments 68%
- Surgical procedures 43%
- Imaging Visits 143%
- AMD injections 121%

Resource Increase

- Costs 13%
- Personnel 11%

Impact on Regional Service Delivery 2012 - 2018
Tays Eye Centre, Pirkanmaa Hospital District, Tampere

2012 P5SE model in regional eye services reforms

2015 National Benchmarking of Eye Services

2016 PRIORITISATION criteria adopted by ALL eye clinics of PUBLIC HOSPITALS

OFFICIAL SUBMISSION* of recommendations to national healthcare reforms

Commitment to B3 Action Group Integrated Care EIP Active Healthy Ageing

BUT .... more unpleasant truths ....

Creating a system that combines **cost-effective production of services** with **fair incentives** remains a challenge.

“Disruption requires an entirely new set of business models that includes fundamentally changing how care is delivered.”
Christensen, Waldeck, Fogg 2017*

**Leadership** – political & medical – and a **motivated healthcare workforce** are key elements in retaining focus on system’s purpose and reflect on responsibility and ethical choices for equitable care.

Who will **define (and how) what SUFFICIENT care is if and when resources are limited?**

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Moral atom

the healing relationship in relation to the needs and responsibilities of the healthcare workforce

Migration from Germany to Sweden

WHY?
labour conditions
natural environment
dissatisfaction with society of home country

EMIGRANT EXPECTATIONS:
earn less in country of migration
better work-life balance

Maslow's hierarchy of needs

Self-realisation
Esteem
Social
Safety
Physiological

Benefader V, den Boer K (2006) To move or not to move, that is the question! - The new phenomenon of BrainDrain within developed countries - A German and Dutch case study - Kristianstad University The department of Business Studies International Business Program December

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Motivation for Fight or Flight: a system approach to brain drain

Economics are only part of the parameters influencing motivation for staying in the source country.

Other parameters are:
- political development,
- policy makers effectiveness,
- attention to science and scientific condition,
- social justice

Lashgarian Azad et al 2010

Access the causal loop diagram of brain drain:
https://www.researchgate.net/profile/Hamid_Reza_Lashgarian_Azad2/publication/
235594821_Fight_or_flight_using_causal_loop_diagram_to_investigate_brain_drain_in_developing_countries/links/54ddca2e0cf2814662eb6303/
Fight-or-flight-using-causal-loop-diagram-to-investigate-brain-drain-in-developing-countries.pdf

Fight or flight: using causal loop diagram to investigate brain drain in developing countries;
System problems may need system solutions in REAL WORLD ....

... if the grass is always greener on the other side, maybe we should water our own grass.

The question is WHO is going to do it!

Thank you for listening!

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