

Medical leadership:

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

Ioanna S.M. Psalti

Dime Limited, Oxford, UK

Conference on inequalities in doctors' working conditions in the EU

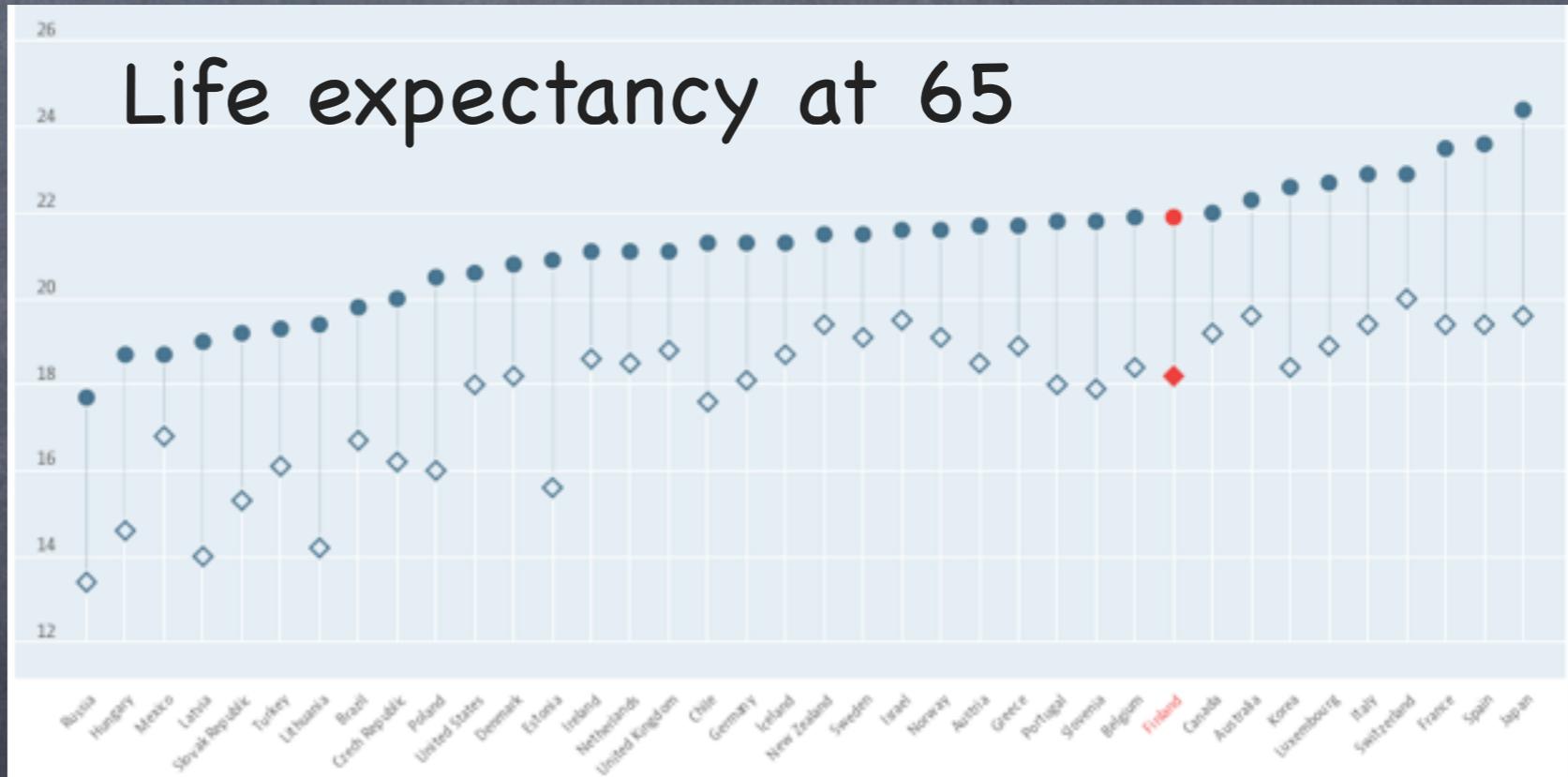
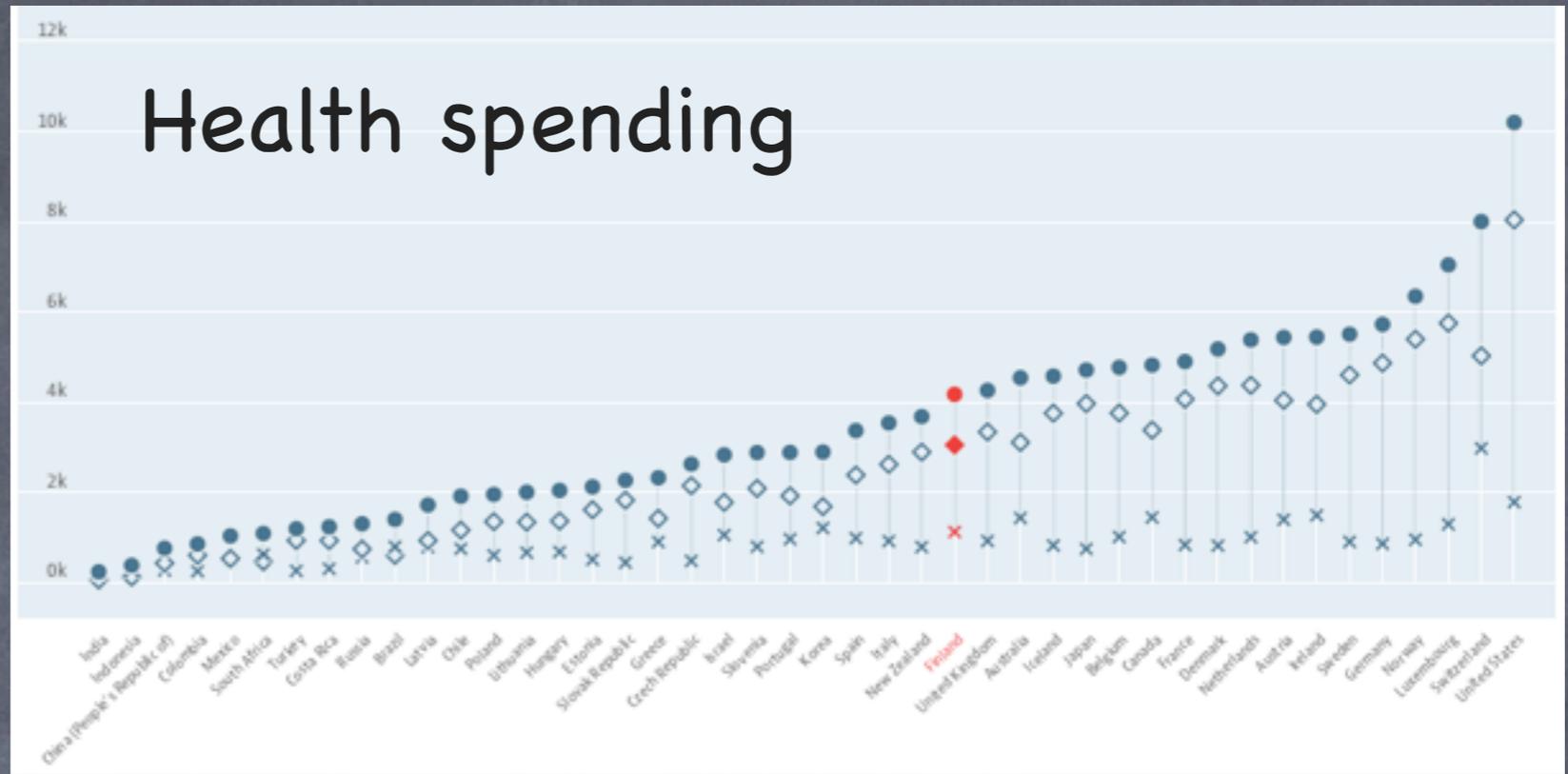
21 September 2018

EESC – FEMS



Finland

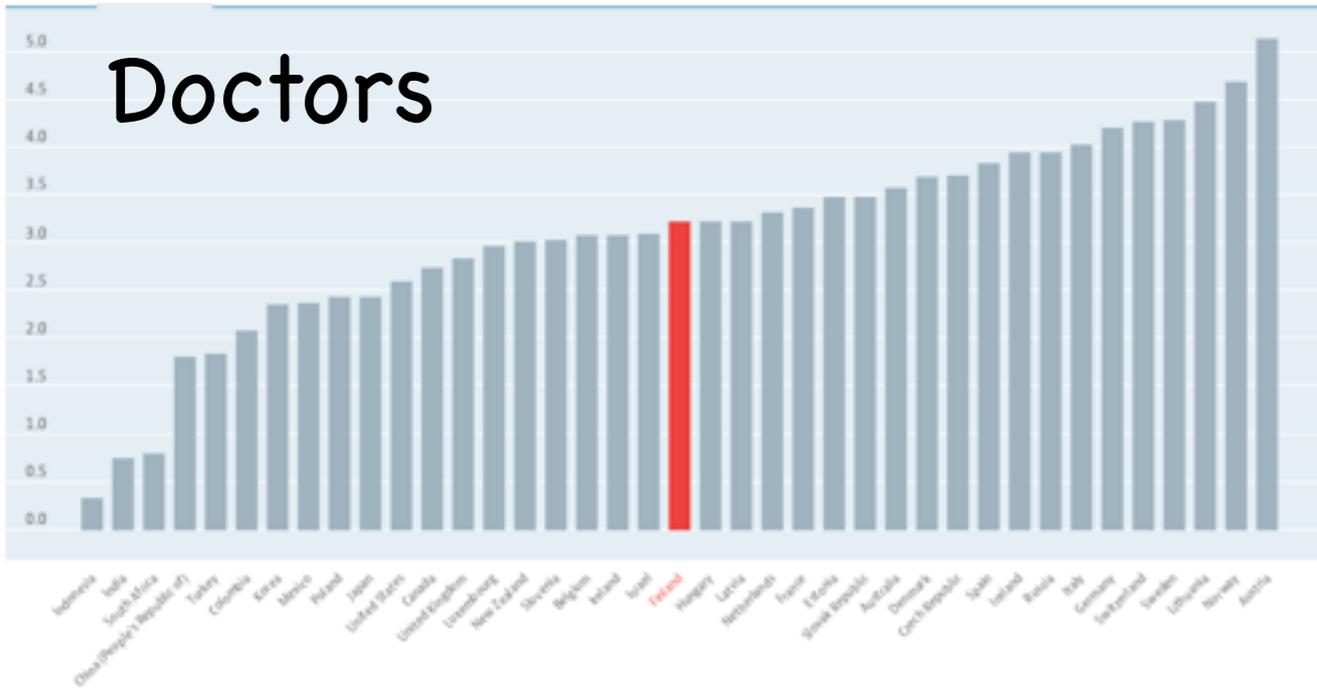
universal coverage



OECD (2018), Health spending (indicator). doi: 10.1787/8643de7e-en (Accessed on 01 September 2018)

OECD (2018), Life expectancy at 65 (indicator). doi: 10.1787/0e9a3f00-en (Accessed on 02 September 2018)

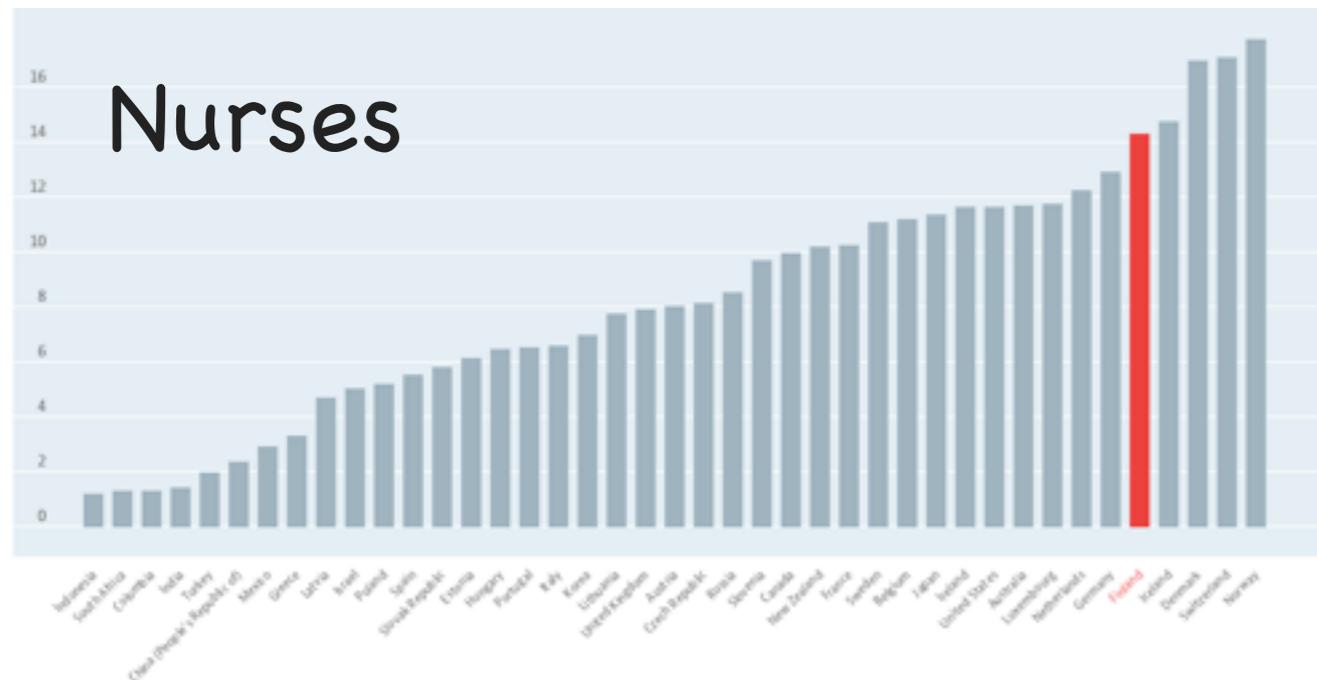
Doctors



Low migration figures to and from Finland compared to Germany

Graphic representation at: Hervey G. The EU exodus: when doctors and nurses follow the money. POLITICO September 2017. Original figure can be accessed at <https://www.politico.eu/article/doctors-nurses-migration-health-care-crisis-workers-follow-the-money-european-commission-data/>

Nurses



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.

OECD (2018), Doctors (indicator). doi: 10.1787/4355e1ec-en (Accessed on 02 September 2018)

OECD (2018), Nurses (indicator). doi: 10.1787/283e64de-en (Accessed on 02 September 2018)

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

Public & Private

Service fragmentation

Shortage of ophthalmologists

Outsourcing to private sector

Policy

2005 access to glaucoma care

Fee for service - cataract only

Population & Citizen

Long waiting lists

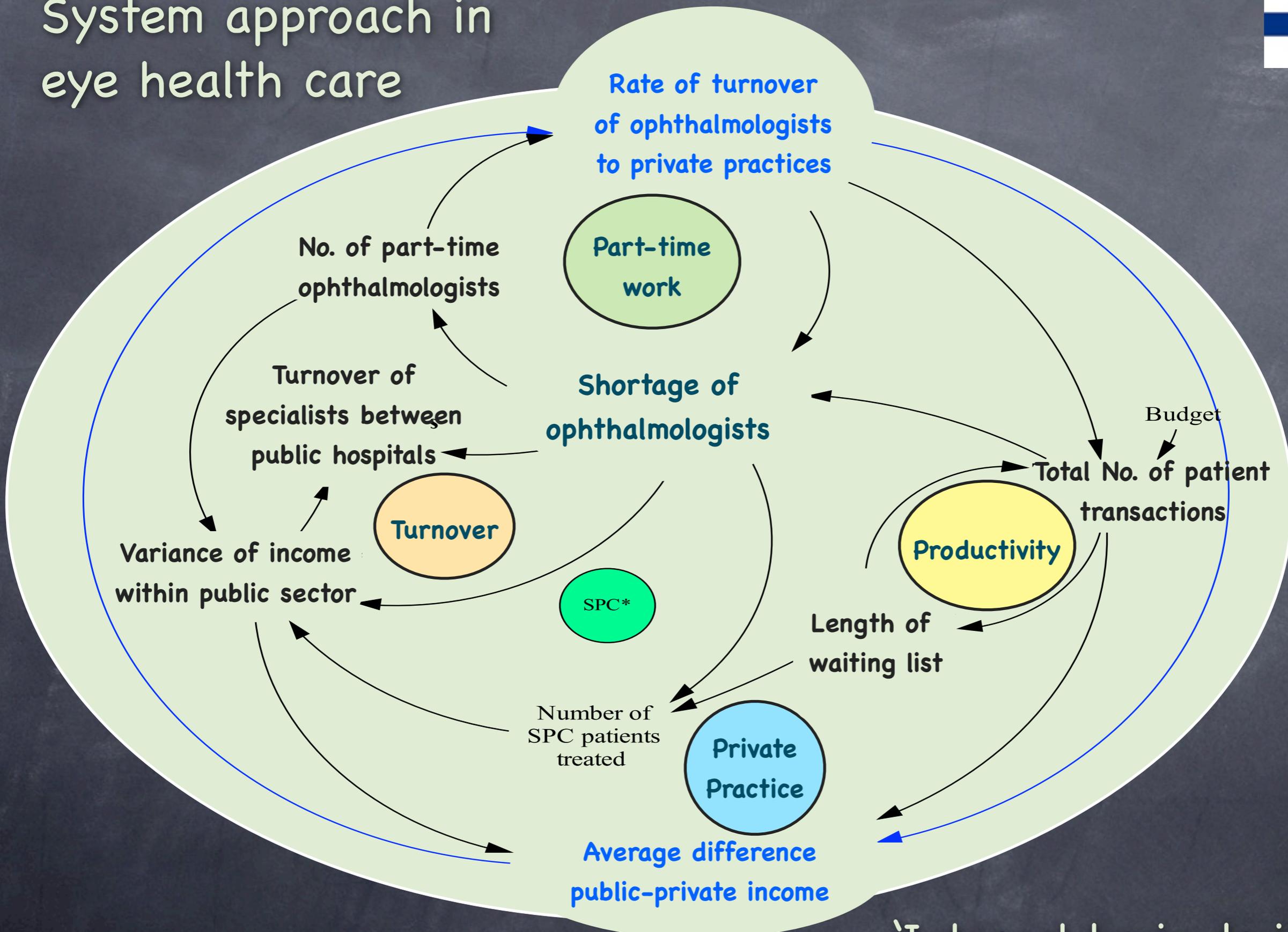
Suboptimal well-being & health outcomes


Disease

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

*Lehtonen L Tervo T 2012. Finnish public hospitals challenge outflow of specialists to private sector Ocular Surgery News Europe Edition

System approach in eye health care



'Internal brain drain' case (public to private)

Tuulonen A (2005). The effects of structures on decision-making policies in health care. Acta Ophthalmol Scand Oct;83(5):611-7

Unpleasant truths ... since 1980

- “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

Frost C. (1980) How permanent are NHS waiting lists? *Social Science & Medicine. Part C: Medical Economics*. Vol14:1, 1-11;

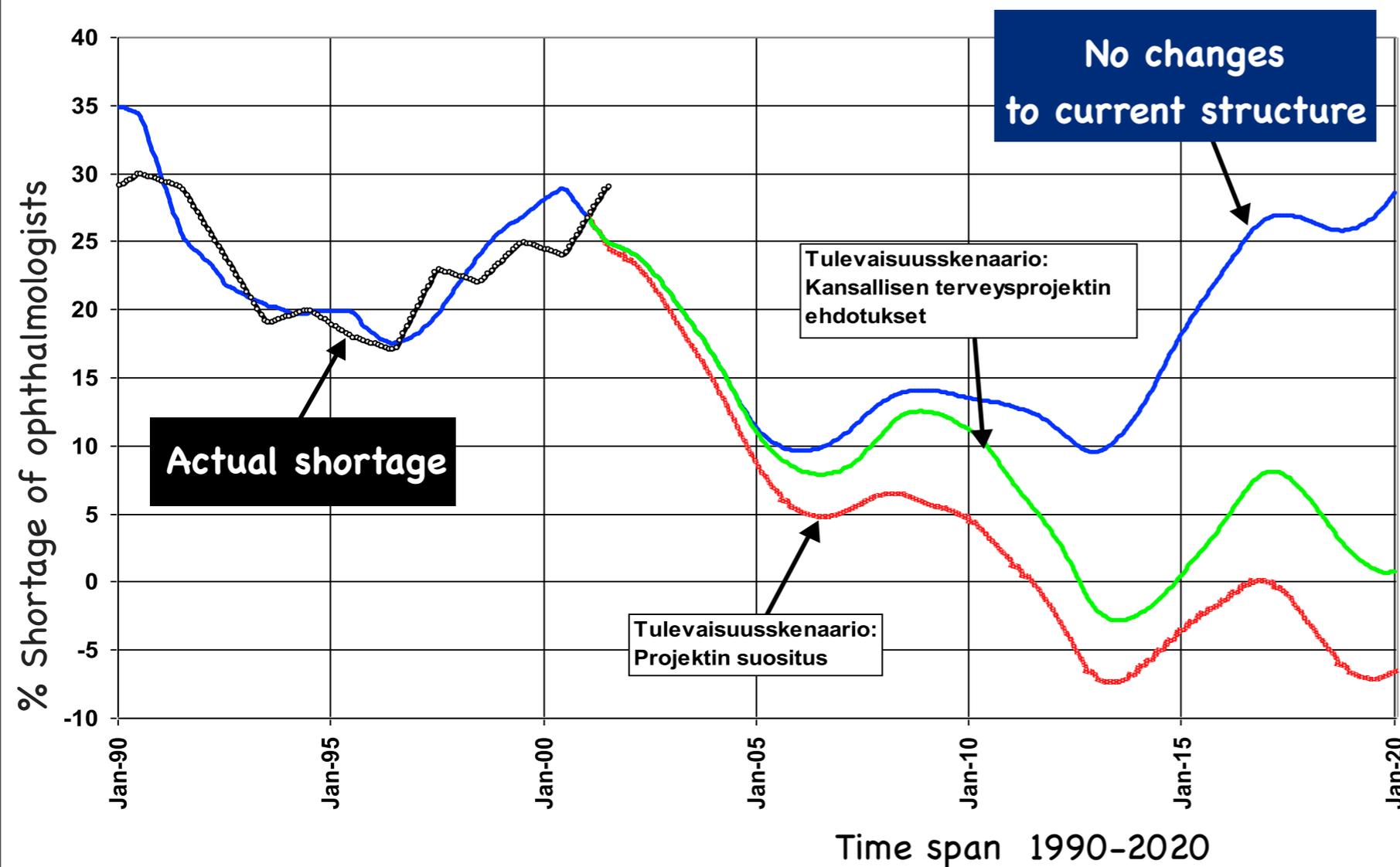
Garcia R., Gonzalez-Busto B. (1999) Waiting lists in Spanish public hospitals *System Dynamics Review* 15(3):201 - 224

Iversen T. (1993) “A theory of hospital waiting lists”, *Journal of Health Economics*, 12, 55-71

Yates J (1987). *Why Are We Waiting?* Oxford: Oxford University Press



Having enough good people is simply not enough



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

access to care criteria

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

Tuulonen A (2005) The effects of structures on decision-making policies in health care. Acta Ophthalmol Scand Oct;83(5):611-7;
Tuulonen A, Salminen H, Linna M and Perkola M. (2009) The need and total cost of Finnish eyecare services: a simulation model for 2005-2040. Acta Ophthalmologica, 87: 820-829



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



Disruptive Innovation in Disease Management

P5SE care model



Prioritisation

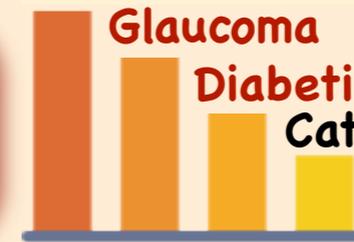
Disease ranking based on risk of progression (permanent blindness)

AMD

Glaucoma

Diabetic Retinopathy

Cataract



Stratification

Identifying patients at highest risk



Standardisation

Care and processes



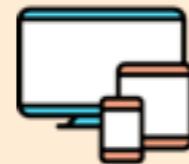
Sustainability

Annual capping on healthcare budget



Shared Care

Multidisciplinary teams



Self-care

Patient activation



Evaluation



Citizen level



System level

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

Impact on Regional Service Delivery 2012 - 2018

Tays Eye Centre, Pirkanmaa Hospital District, Tampere

Hospital Productivity Increase



Out-patient appointments 68 %



Surgical procedures 43 %



Imaging Visits 143 %



AMD injections 121 %

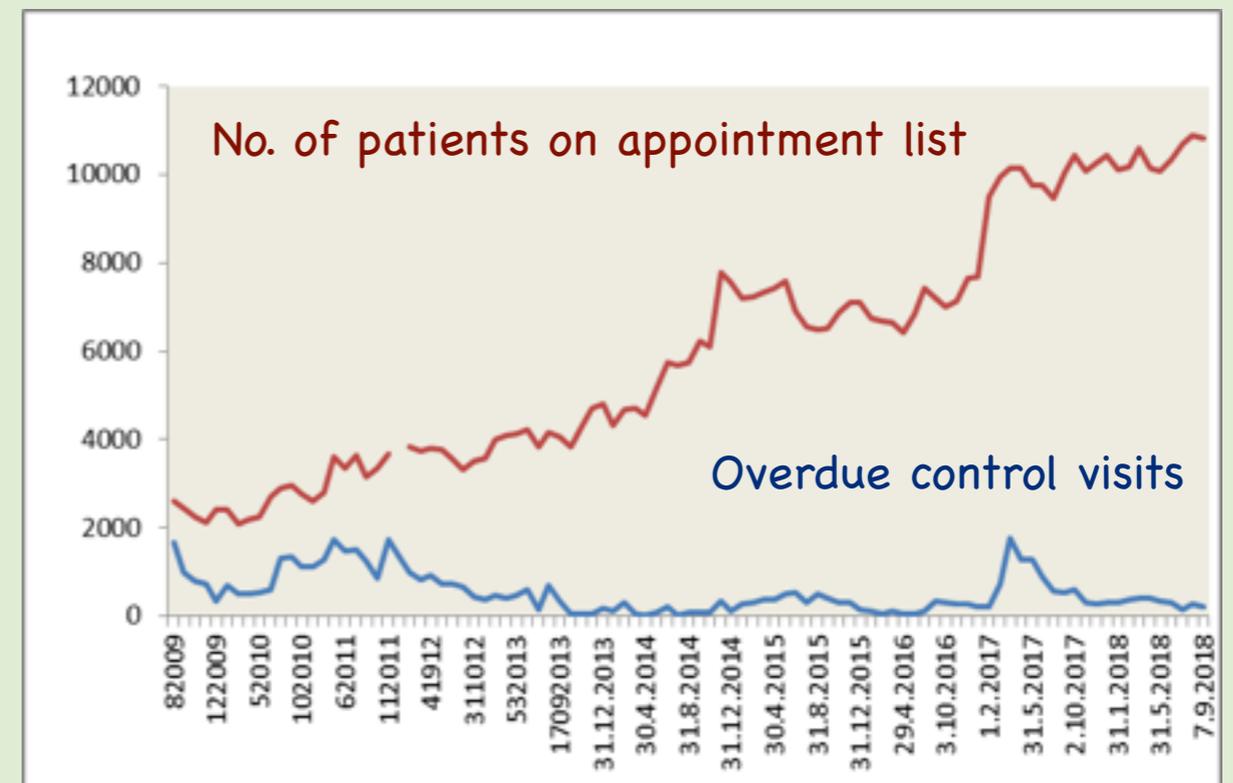
Resource Increase



Costs 13 %



Personnel 11 %



Tuulonen A, Kataja M, Syvänen U, Miettunen S, Uusitalo H. 2016. Right services to right patients at right time in right setting in Tays Eye Centre. Acta Ophthalmol. 94(7):730-735.

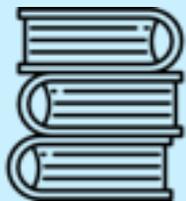
Tays Eye Centre out-patient clinic, 7.9.2018

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

P5SE



* Kauppila T, Tuulonen A Cost-effective steering of healthcare and social welfare services, Report Ministry of Social Affairs and Health 5:2016



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*

From idea
to practice:



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



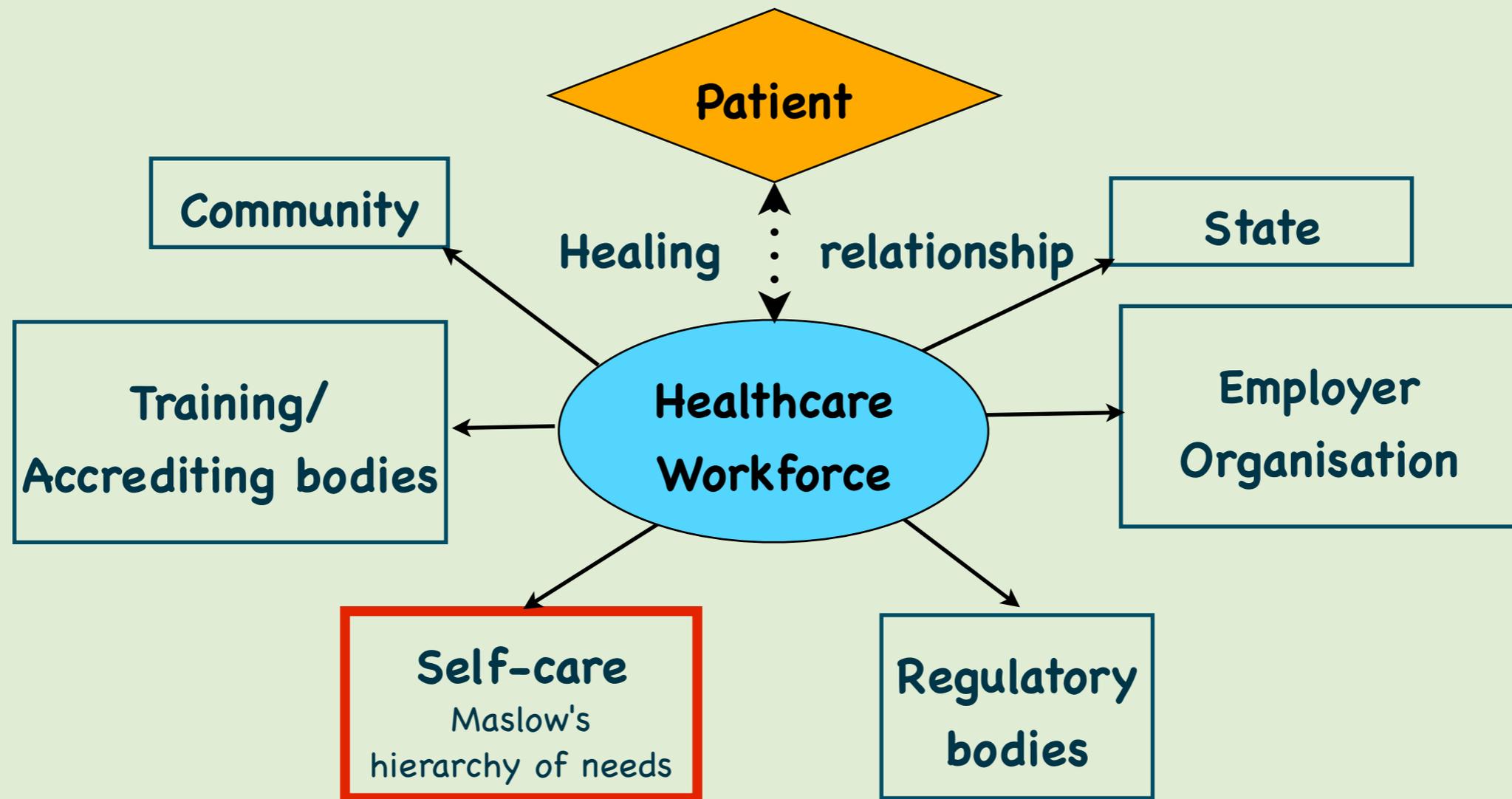
**EQUAL and SUFFICIENT
CARE, and PROMOTION
of WELL-BEING**

Constitution of Finland, 11 June 1999
(731/1999)1, Ch 2, § 6 & § 19)



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

*Christensen C, Waldeck A, Fogg R (2017) INDUSTRY HORIZONS How Disruptive Innovation Can Finally Revolutionize Healthcare A plan for incumbents and startups to build a future of better health and lower costs.



Moral atom

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

Modified from: Psalti I (2017) The moral atom: Mapping out the relational world of healthcare professionals. Ch.34. Handbook of Primary Care Ethics Papanikitas A Spicer J (Eds) CRC Press. Taylor & Francis.

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

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

Maslow, A H (1943) "A theory of human motivation" Psychological Review. 50 (4): 370-96.

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

Lashgarian Azad H R, Khorshidi H A, Hosseini S H and Mirzamohammadi S (2010) Int. J. Society Systems Science, Vol. 2, No. 3, 285
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!