

# Leadership in transition or health system in transformation.....?

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# Way we need leaders in health care?

- Leadership is a global job
- Health systems are changing
- Health systems are multidimensional
- Health systems became too complicated for many stakeholders
- Media (public opinion?) like health stories

# ELEVEN DIMENSIONS\*

1. HEALTH GAIN

7. SOCIAL RESPONSIVENESS

2. EVIDENCE

8. LOCAL EMPOWERMENT

3. EFFICIENCY

9. SUSTAINABILITY

4. INVESTMENT IN HEALTH

10. INTERSECTORAL  
GOVERNANCE

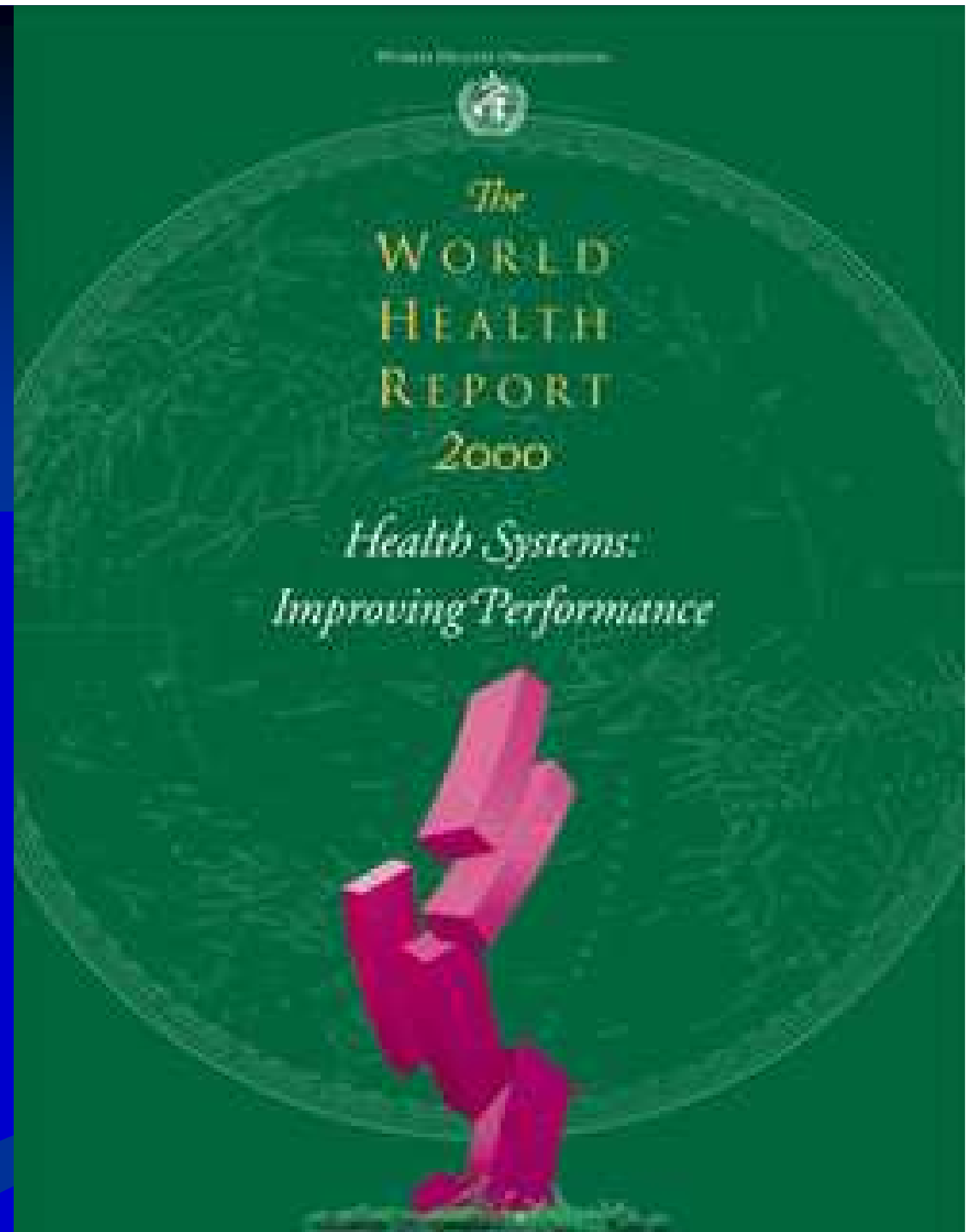
5. EQUITY & FAIRNESS

11. COMPLEXITY &  
CREATIVITY

6. INDIVIDUAL CHOICE

\*Madrid framework ELEVEN DIMENSIONS OF HEALTH POLICY & GOVERNANCE

Where is a HS champion?



# Who is leader in health care?

- Doctors?
- Nurses?
- Politicians?
- Hospital Managers?
- Public health officers?
- Health insurance administrators/managers?
- Researchers?
- Industry managers?
- Patients?

# Critical factor...time



# TTT-Transition, Transformation and Time

- Doctors/nurses/pharmacists vs. Entrepreneurs
- Hospitals administrators vs. Hospital managers
- Inspectors vs. Public health officers
- Politicians vs. Health politicians
- Researchers vs. Opinion leaders
- Insurance administrators/managers – New jobs
- Media vs. Public Opinion
- Patients vs. Consumers



# Hospital manager as a leader

- How to manage health professionals?
- How to manage trade unions?
- How to define the best development strategy?
- How to work with public or private owner?
- Who is a client?
- Competition on the hospital market
- New technology
- Outsourcing
- New role for the hospital in XXI century
- Money, money...

Best services.....in the hospital

## Outsourcing w ochronie zdrowia

Usługi laboratoryjne dla szpitali

Informacyjne usługi outsourcingowe

Outsourcing – doświadczenia Zespołu Opieki Zdrowotnej  
w Suchej Beskidzkiej

Telemedycyna – uwarunkowania i zastosowanie

Profilaktyczna opieka zdrowotna wśród dzieci i młodzieży  
w miejscu nauczania



# Doctors/nurses/pharmacists vs. Entrepreneurs

- Ownership
- Contracts with payers
- New management skills
- Individual choice vs. EBM
- Professional team vs. professional pyramid
- New technology (medicines, devices, diagnostic tools, IT, Internet)
- Freedom to work or sell services on the EU market
- „New patient”?

Freedom to  
move....

zdrowie / zarządzanie



zdrowie / zarządzanie

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### Pielęgniarstwo w Polsce

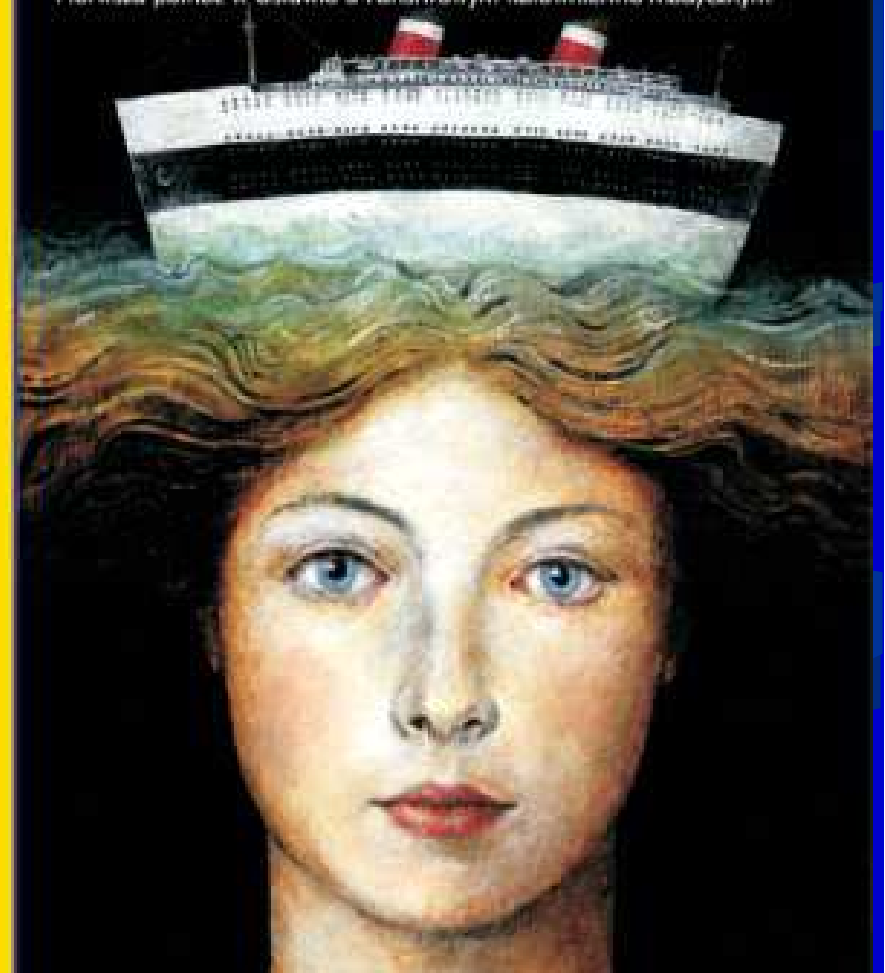
Zmiany w systemie kształcenia pielęgniarek – licencjat, kształcenie  
podyplomowe, proces integracji z Unią Europejską

Zawieranie umów na usługi pielęgniarskie

Oczekiwania pacjentów wobec personelu pielęgniarskiego

Wydatki na ochronę zdrowia ze środków prywatnych

Pierwsza pomoc w Ustawie o Państwowym Ratownictwie Medycznym



tom III, nr 5/2001

# Insurance managers and leaders

- New job market in many EU countries
- New job profile
- Leaders in creation of a new health systems?
- Health market leaders?
- Money, money....

# Politicians could be a health leader...

- They were, are or will be in the power/government
- It is good to have a new ideas
- Health related issue help build a “big picture”
- They can compare what they are doing with others (countries, regions, cities and countries)
- Health problems...close to people
- Health problems...a business for serious politicians

# But...

- Often is a short...love (election..?)
- Lack of vision and knowledge...and learning by doing...mistakes
- Short time in the office...and problems with priorities
- Poor or conservative administration...lets change people in the office
- They are calling experts for quick respond...days/months...and getting nothing or poor quality results
- There are always some other battels to win...

I publicly promised  
to improve our  
National Economy and...  
I too a public salary  
for it...



# Researcher could be a leader...

- New field for the study
- A chance for the interdisciplinary work
- A good connection between the science and practice
- A chance to play role in the health policy process
- Public relations
- Could become a politicians in the future

# But...

- They are not ready for quick respond
- Is not easy to build a team to do it in the short time
- Good research need...time and money
- Fast access to good quality data is a problem
- Waiting for long term investment
- Better wait...next change will come soon

# Media as a leader?

- New function for many media
- Health and media language...who knows better?
- Easy way of communication...and too many information
- Headline stories and...experts vs. politicians
- Community and individual needs vs. media and policy reality...show

## Welcome nurses!

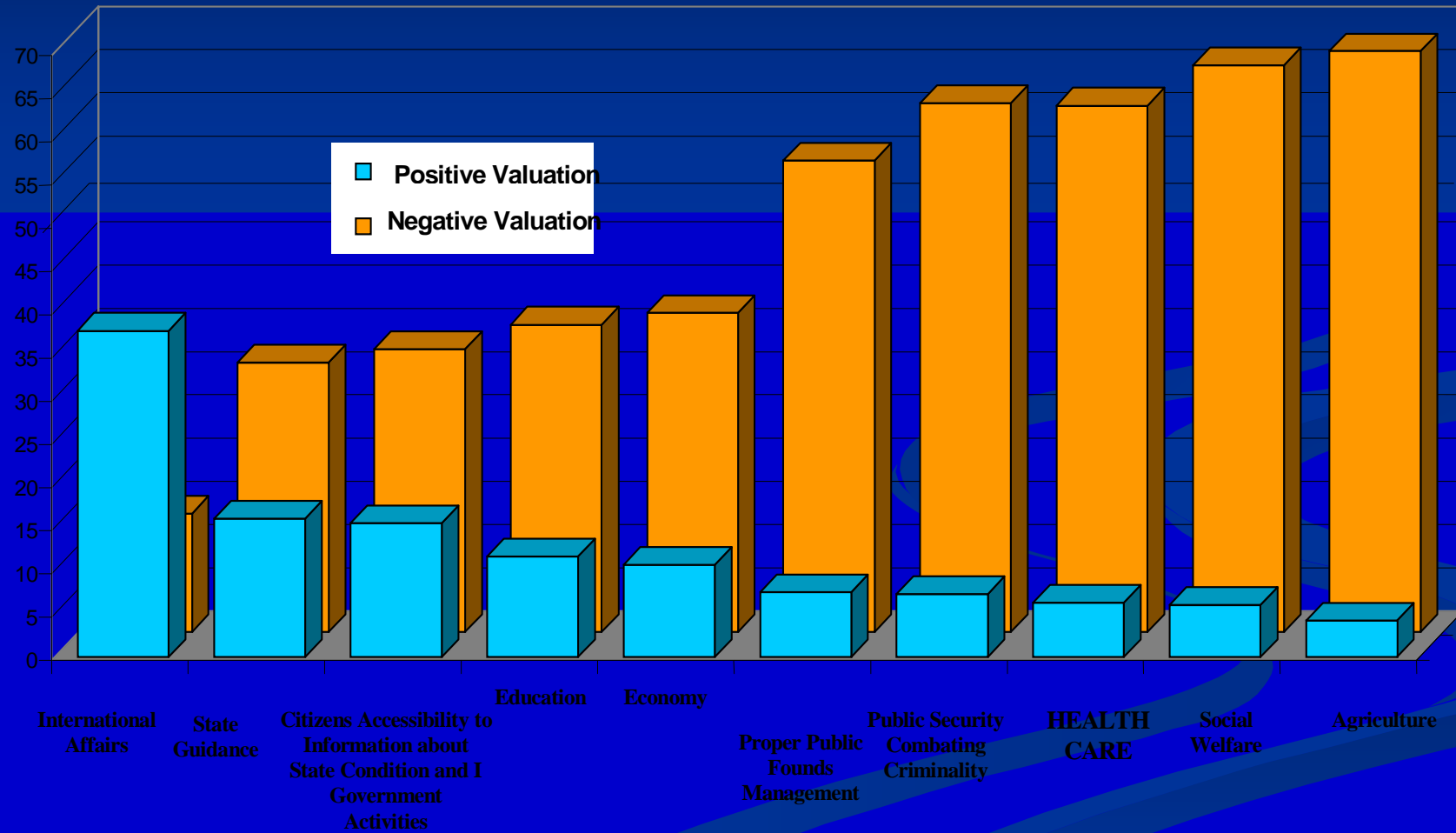
*„There are waiting 500 000 work places for nurses in USA.*

*600 nurses from Poland have already registered and recruitment has been in only two cities. Americans are thinking about buying a school for nurses in Poland and educate Nurses for their market's needs...”*

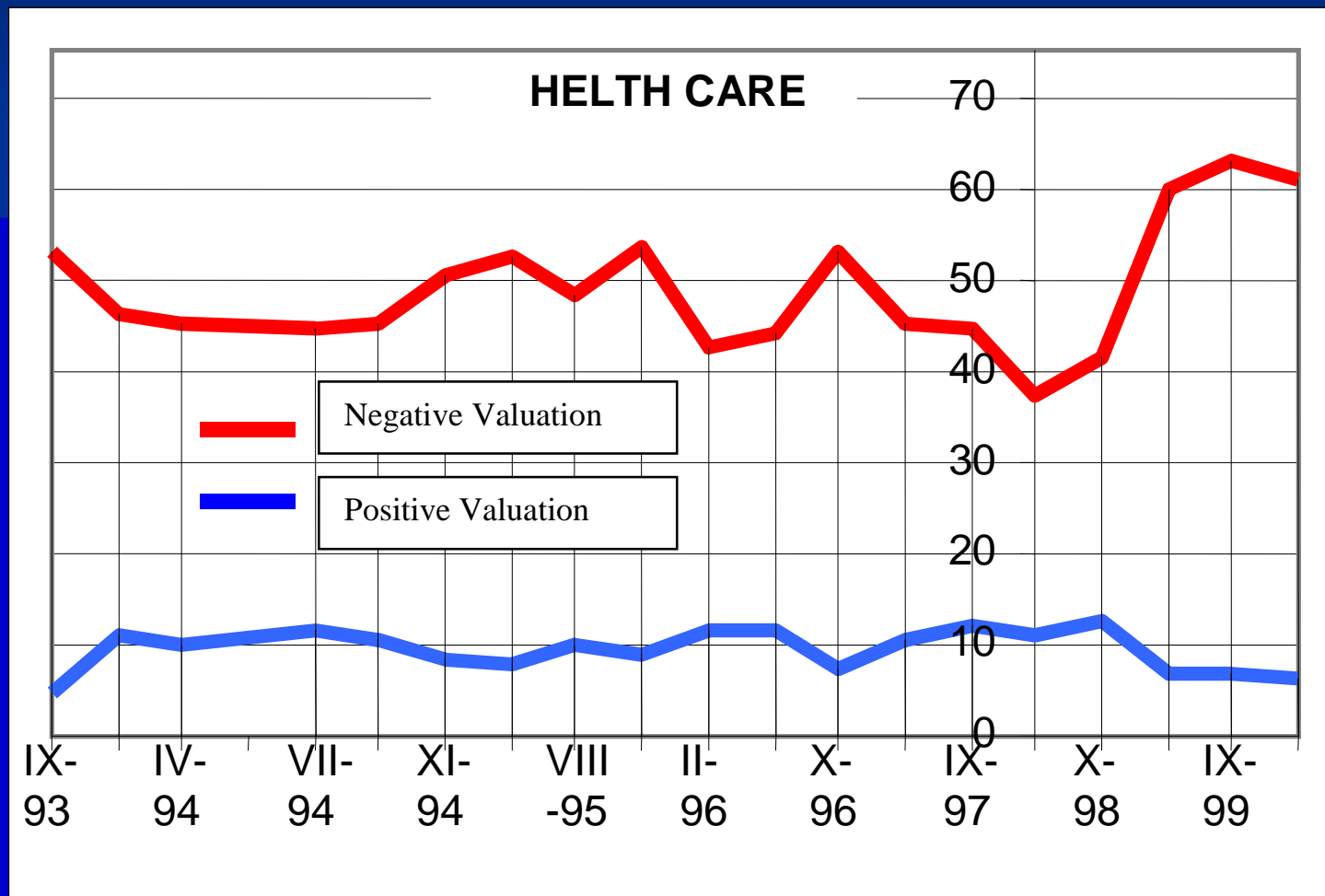
GAZETA WYBORCZA, August 2004



# Government Activities Estimation in Public Opinion

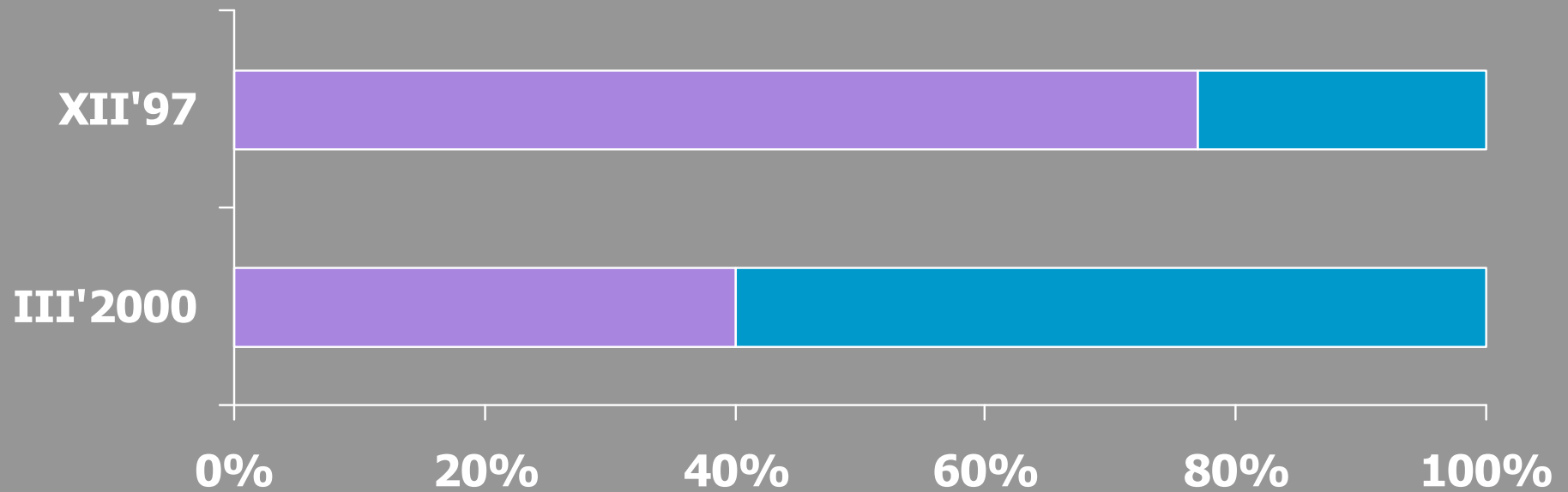


# Health Care in Public Opinion (February 2000)

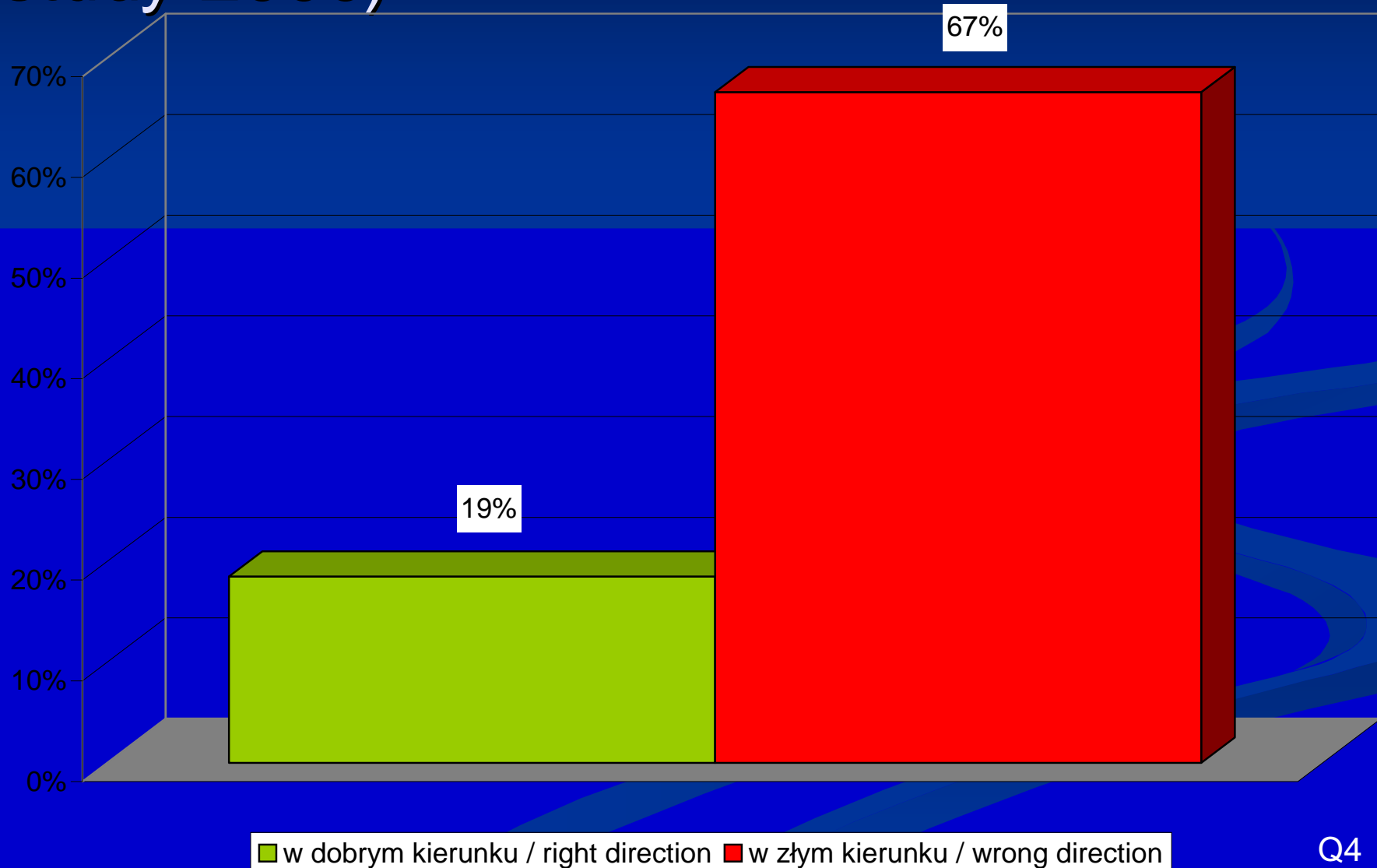


# Who drives reform's?

## We need health care reform

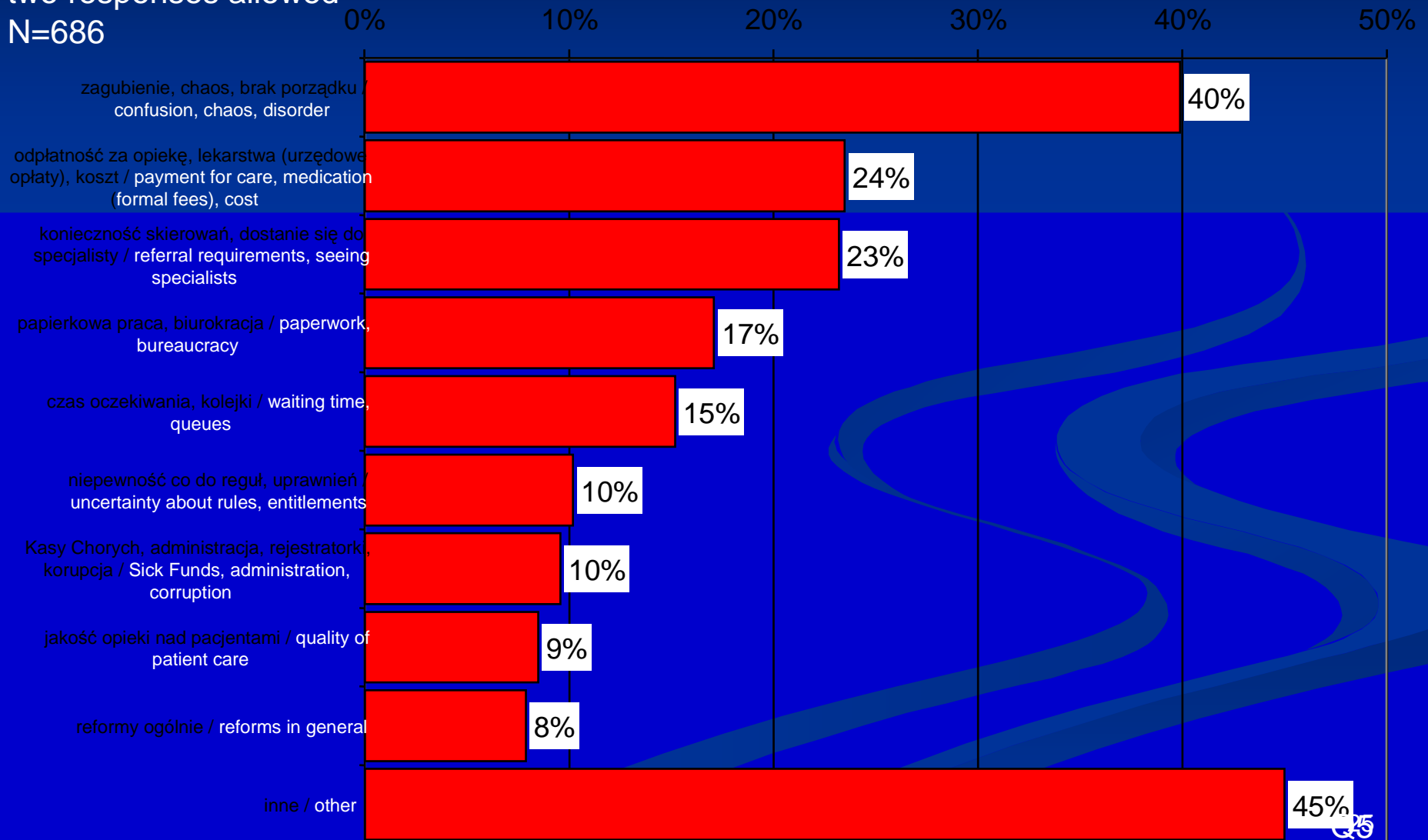


# What is your opinion: Is Polish health care system going on good or wrong direction? (study 2000)

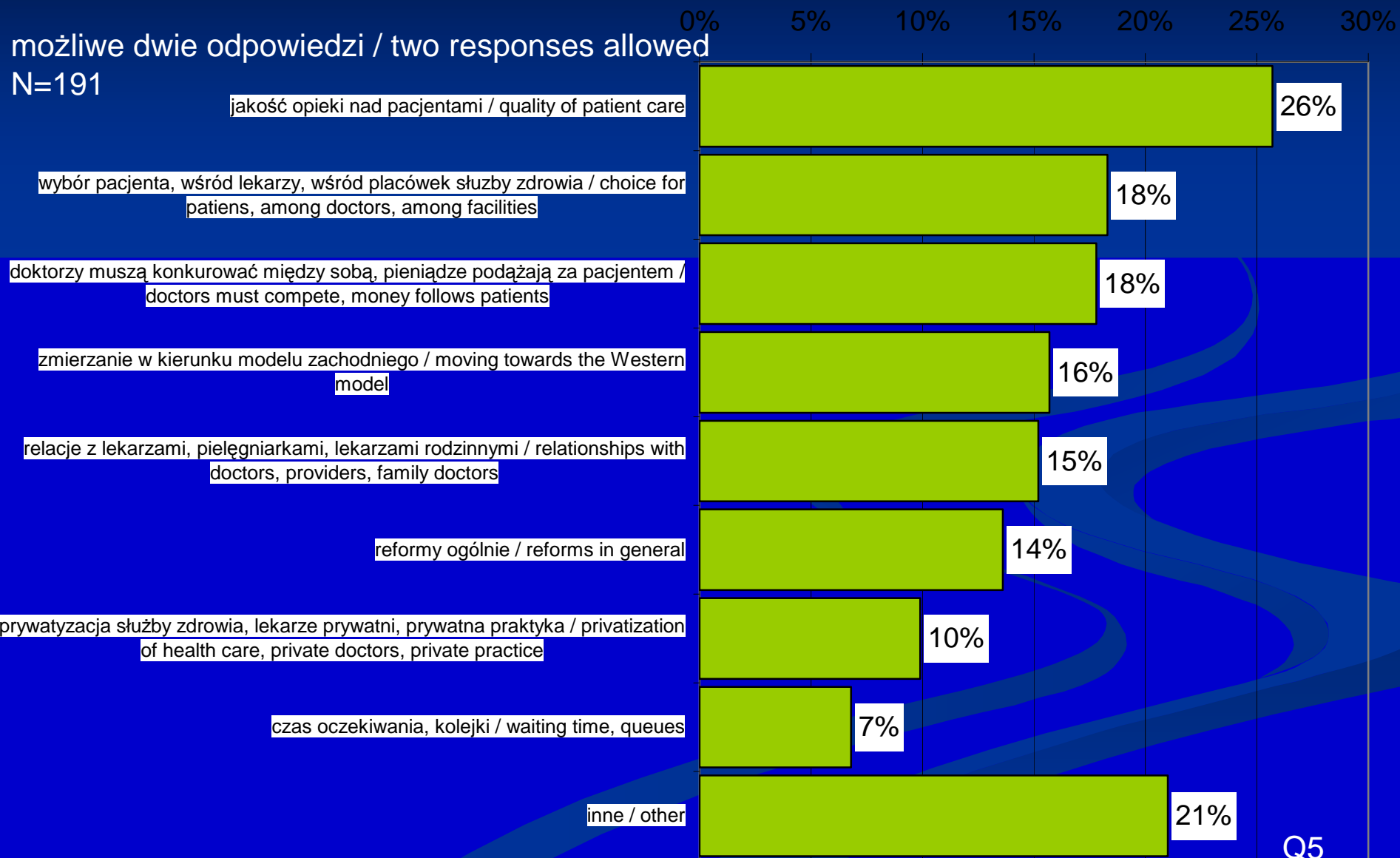


# Way it is a wrong direction?

two responses allowed  
N=686



# Way it is a good direction?



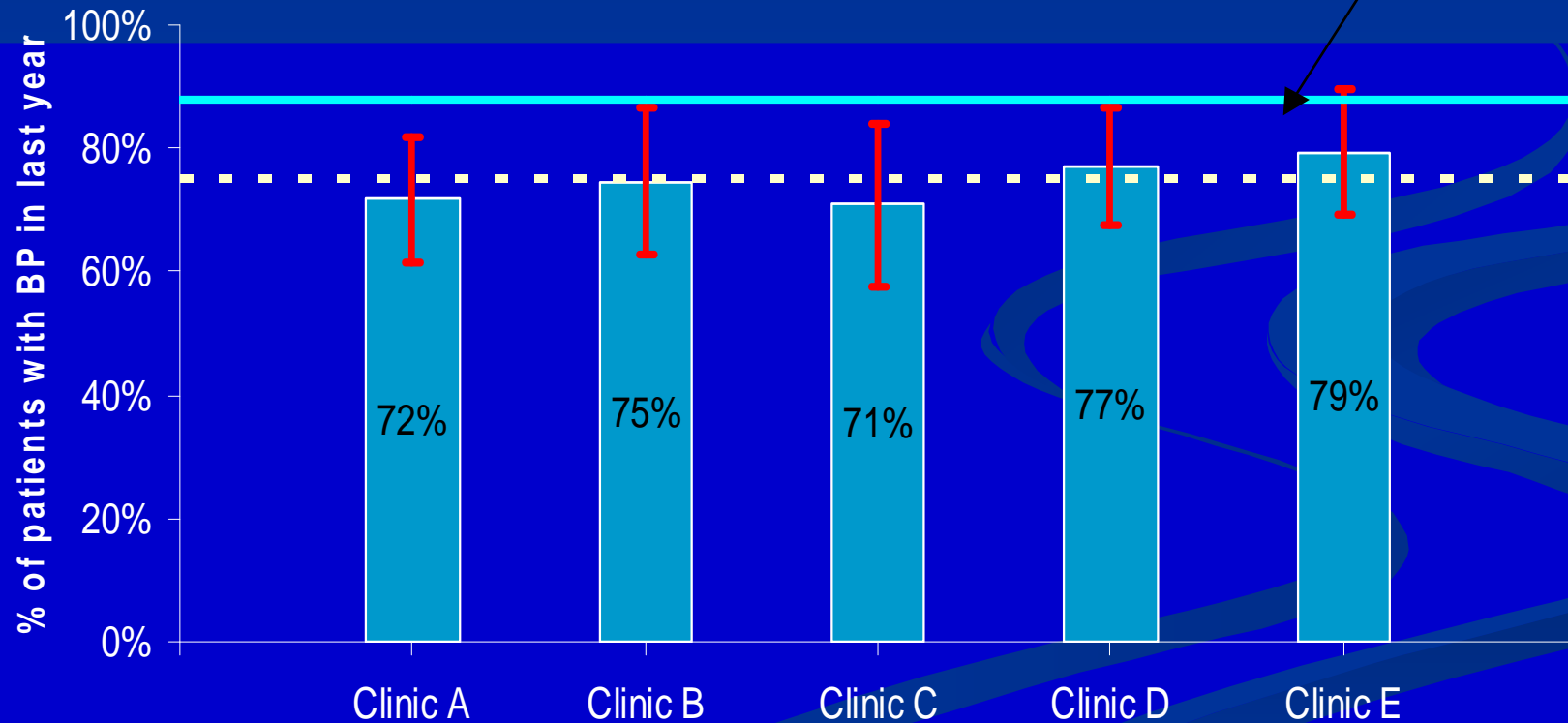
# Patients as a leader?

- Clients' priorities and participation
- New systems of providing health care
- More transparency in health system
- More effective Quality programs
- More useful information for the patients (access and language)
- Quality agenda on all level of health systems
- More common indicators and better quality data
- NGOs

# Benchmark Example

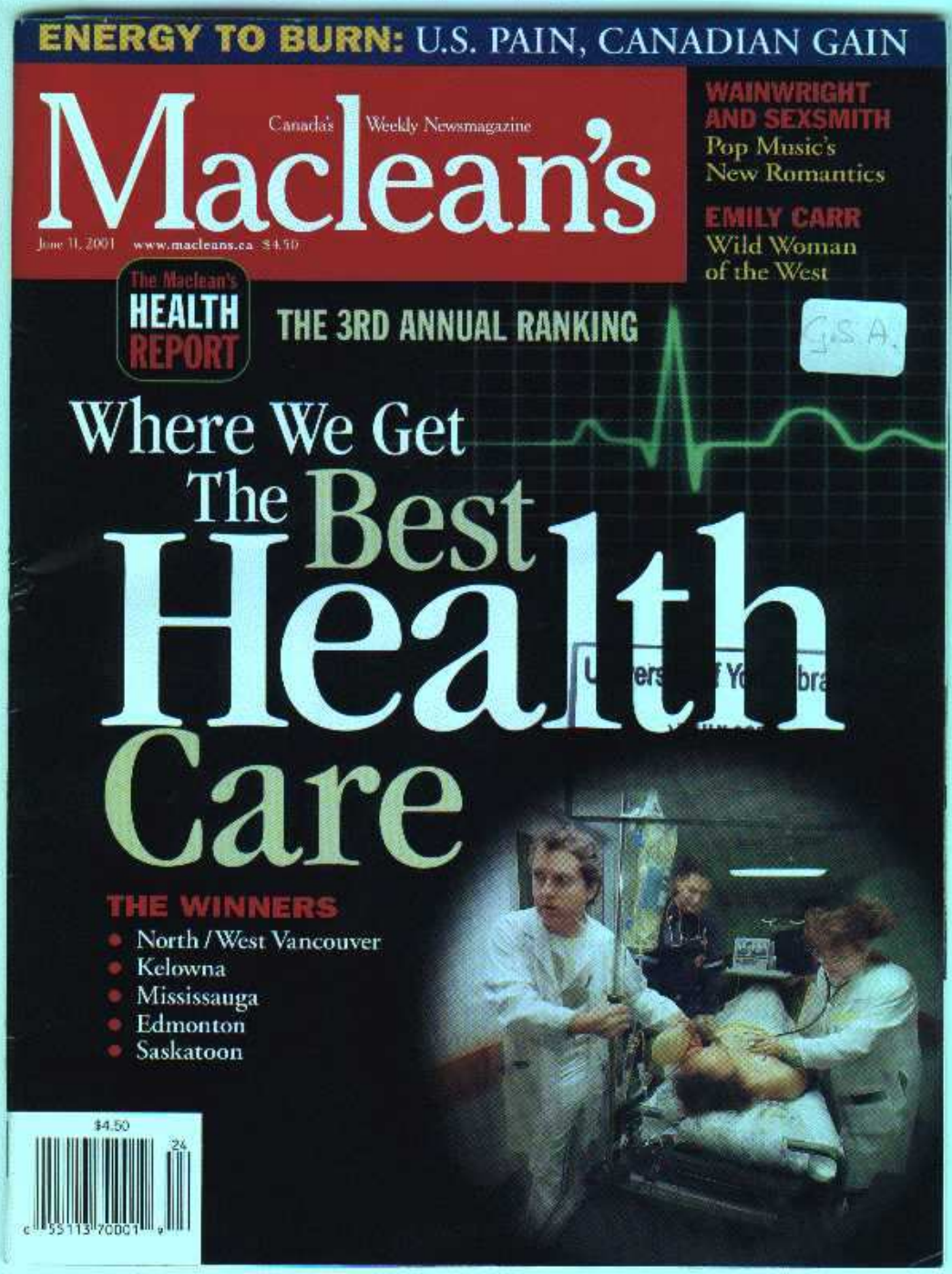
Patients with Blood Pressure Measured in Last Year, Age 21+

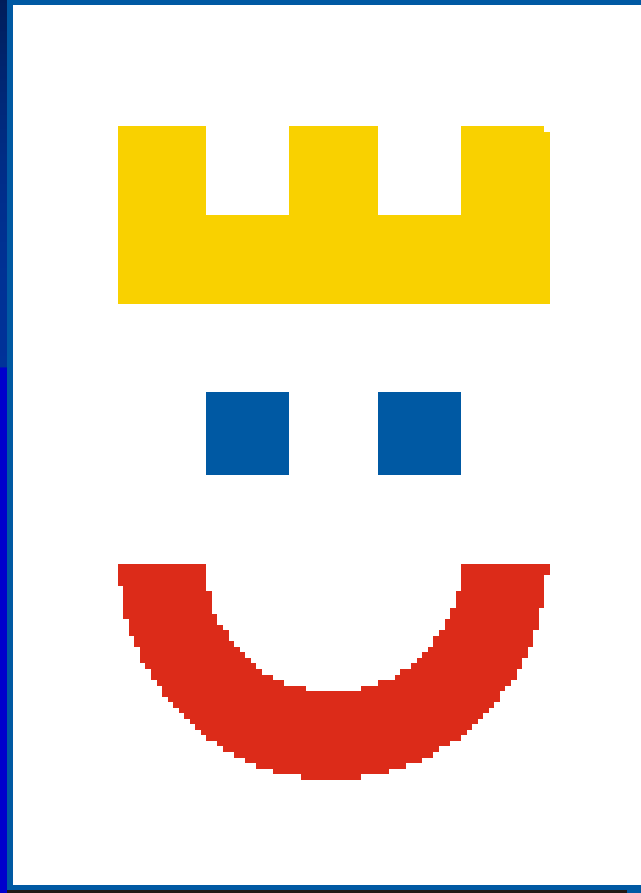
"Best Practice"  
Benchmark  
87.9%



Overall clinic average    City average    "Best Practice" benchmark

Who is Number 1...?





**The best clinic in Krakow –**  
*campaign organized by Health Department, City of Krakow*

# Universities can help create leaders, but...

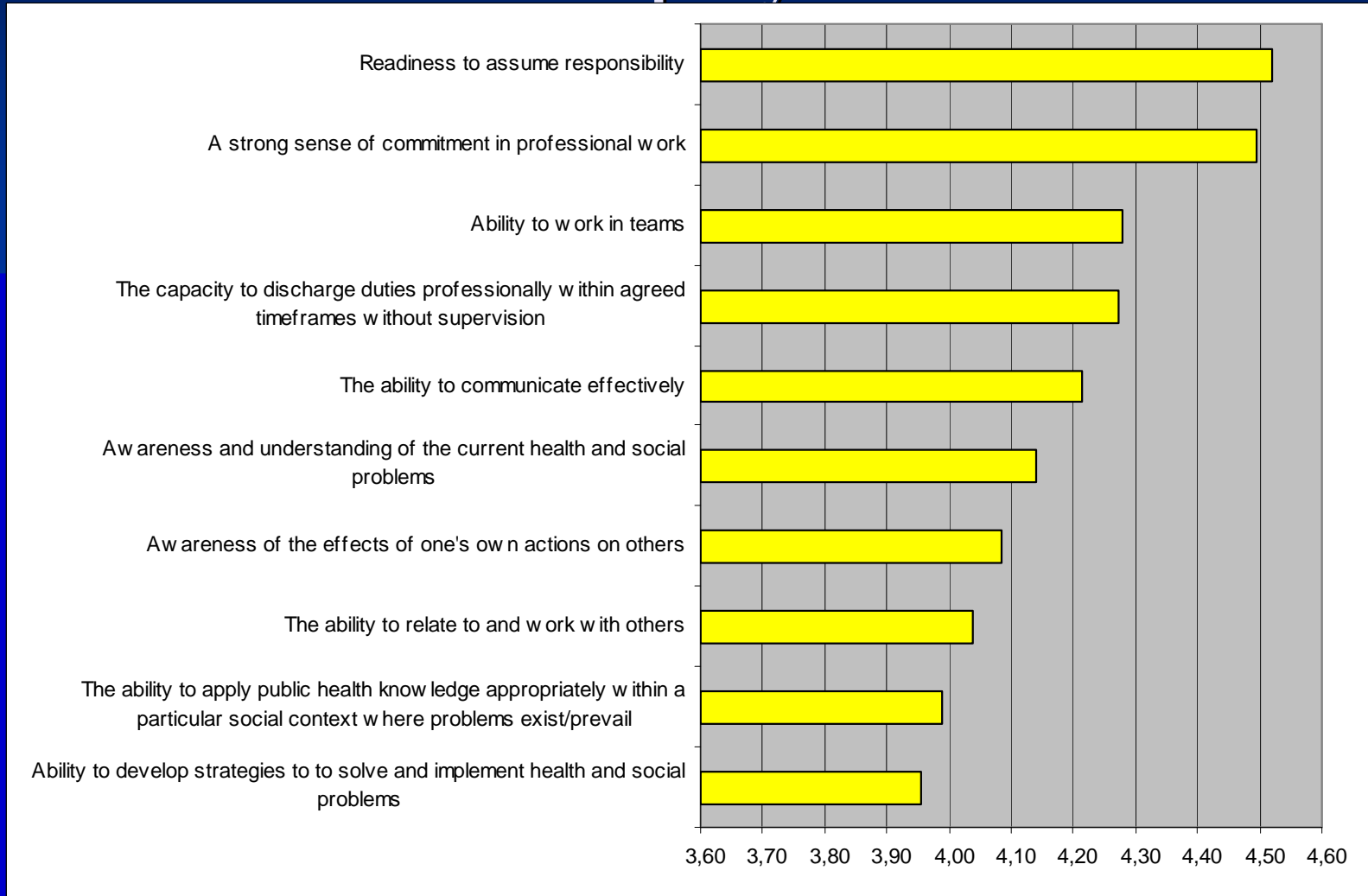
- Education system strongly relates to the health system
- Great challenge for the University education forcing it to actively react to changes on the job market, indirectly engaging it in the employment policy\*
- Partnerships between the academic institutions, employer organizations, graduate/alumni associations and policy makers to strengthen and join forces supporting changes towards more coherent education system\*

*\*Study 2003 „Improving Employability of Public Health Graduates”;  
The Institute of Public Health Jagiellonian University, Maastricht University, ScHARR The University of Sheffield*

**In the beginning  
I am going to  
explain what kind  
magic words and  
amulets will secure  
you in the business...**



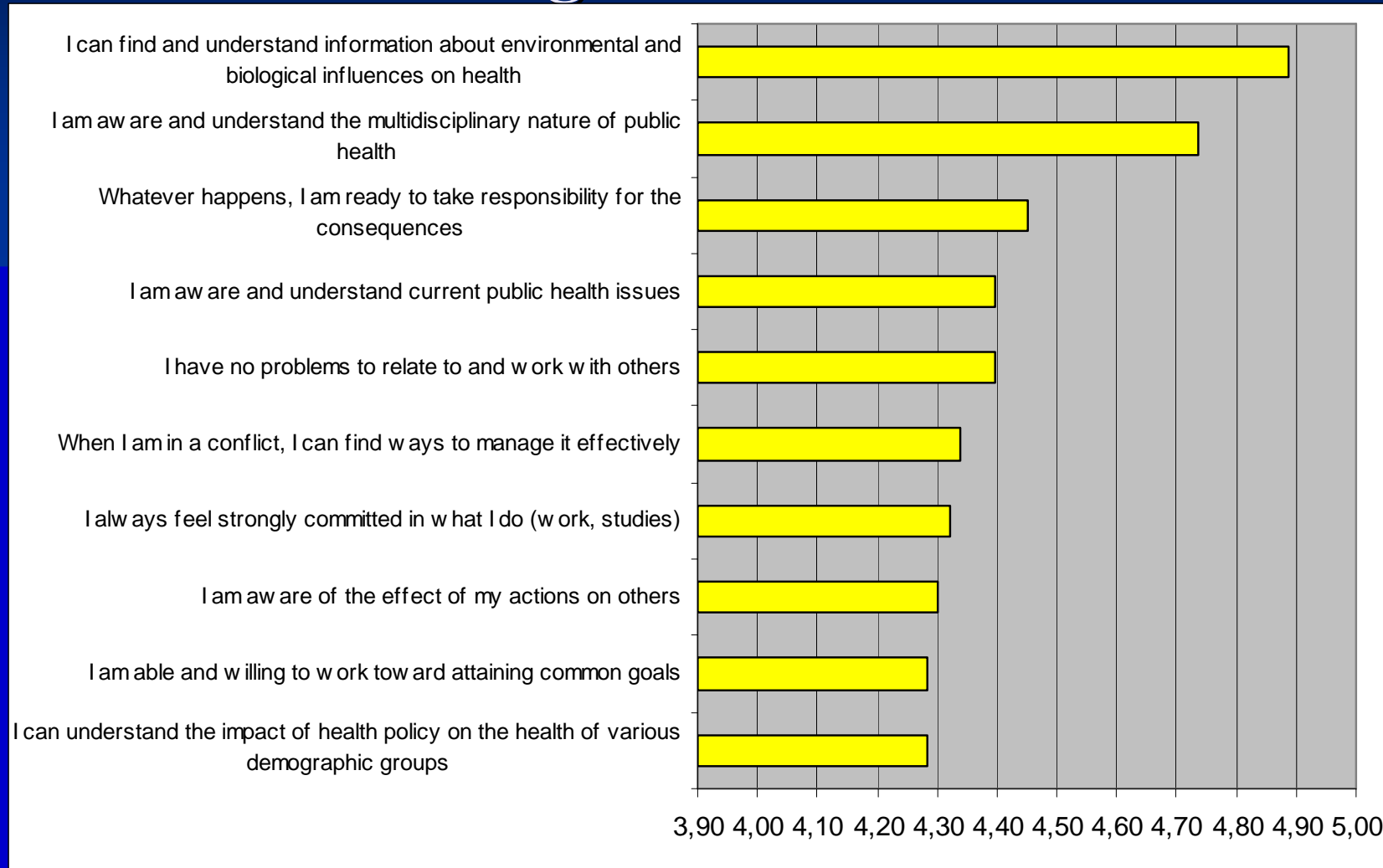
# Ten top competences preferred by the employers



Study 2003 „Improving Employability of Public Health Graduates” [mean]

*The Institute of Public Health Jagiellonian University, Maastricht University, ScHARR The University of Sheffield*

# Ten top competences indicated by the graduates

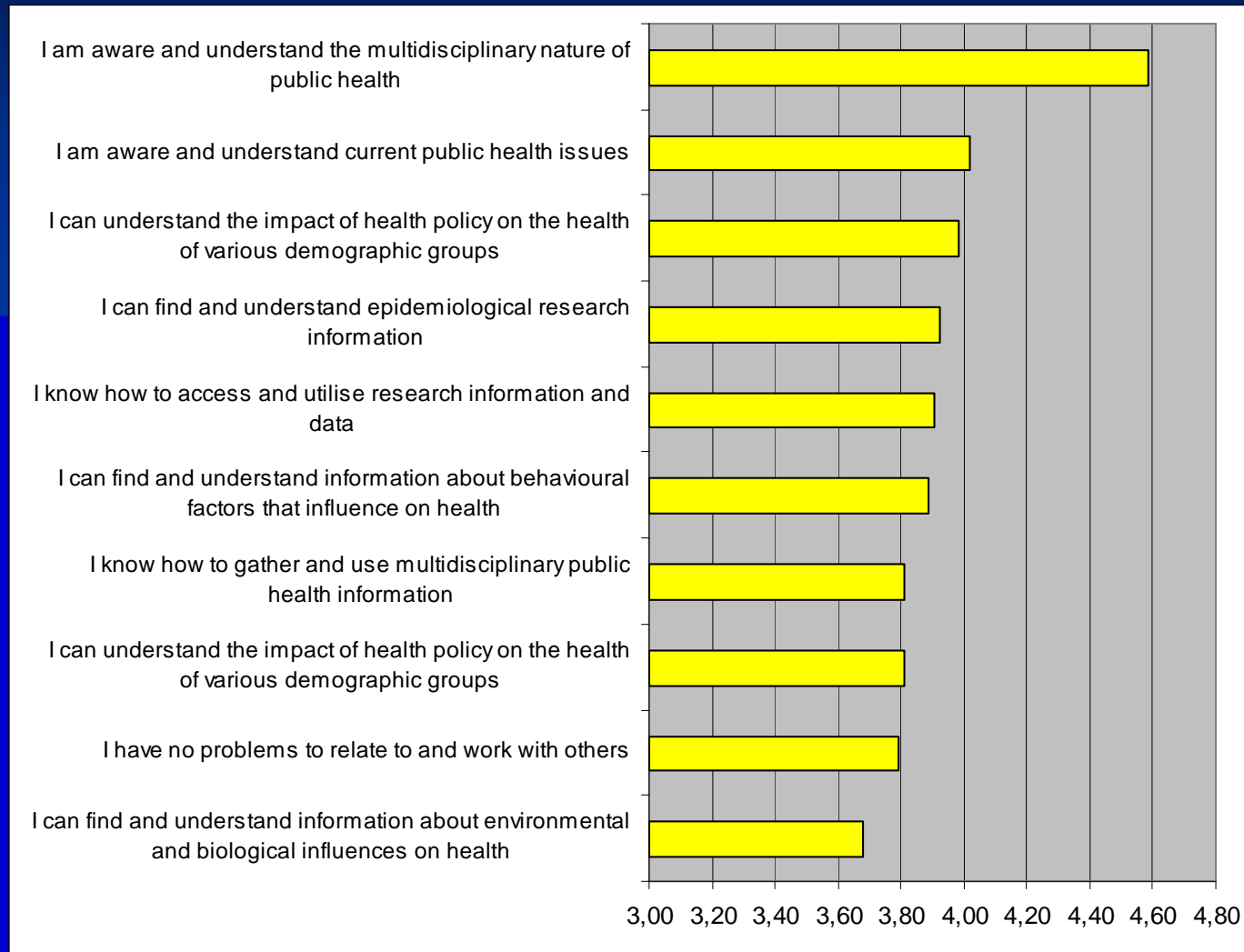


Study 2003 „Improving Employability of Public Health Graduates”;

*The Institute of Public Health Jagiellonian University, Maastricht University, ScHARR The University of Sheffield*

[mean]

# Ten top competences indicated by graduates as most developed by studies



Study 2003 „Improving Employability of Public Health Graduates”;

*The Institute of Public Health Jagiellonian University, Maastricht University, ScHARR The University of Sheffield*

# Preferred competences by Health employers

- Readiness to assume responsibility
- A strong sense of commitment in professional work
- Ability to work in teams
- Awareness and understanding of the current health and social problems
- The capacity to discharge duties professionally within agreed timeframes without supervision
- The ability to communicate effectively
- The ability to apply public health knowledge appropriately within a particular social context where problems exist/prevail

Study 2003 „Improving Employability of Public Health Graduates”;

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## Competences which overlap in self-assessment and employer survey (from 10 most valued)

- Readiness to assume responsibility
- A strong sense of commitment in professional work
- Ability to work in teams
- Awareness and understanding of the current health and social problems
- Awareness of the effects of one's own actions on others

Study 2003 „Improving Employability of Public Health Graduates”;

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## Competences (from 10 mostly valued) most frequently possessed by graduates, but not developed during studies

- I am aware and understand social and health issues
- When I am in a conflict, I can find ways to manage it effectively
- I always feel strongly committed in what I do (work, studies)
- I am aware of the effect of my actions on others
- I am able and willing to work towards attaining common goals

Study 2003 „Improving Employability of Public Health Graduates”;

*The Institute of Public Health Jagiellonian University, Maastricht University, ScHARR The University of Sheffield*

## Deficit competences (from top 10) most preferred by employers, but scored low in self-assessment by graduates

- capacity to discharge duties professionally within agreed timeframes without supervision
- ability to communicate effectively
- ability to relate to and work with others
- ability to apply public health knowledge appropriately within a particular social context where problems exist/prevail
- ability to develop strategies to solve and implement health and social problems

Study 2003 „Improving Employability of Public Health Graduates”;

*The Institute of Public Health Jagiellonian University, Maastricht University, ScHARR The University of Sheffield*

# New Europe Union for TT health leaders

- Free movement of professionals
- Free movement of patients
- Free movement of goods
- Free movement of services
- Free movement of capital

