Chapter 93

Introducing Healthcare System Change Strategies to Policy Makers in the Open Society and Digital Environment:
What Works Now, But May Not Work in the Near Future

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ABSTRACT

Information Society the authors are a part of is the environment requesting paradigm changes in many areas of their thinking and doing. Improvement of the functionality of healthcare systems and the success of implemented strategies is a function of the volatility of the environment where they are implemented and is extremely dependent on unexpected turning points. All healthcare projects always become a policy. The difference lies only in the size of the network that is affected and in the duration of the effect. The policy (learned and accepted code of attitudes, conduct and possibly of behavior) will initially affect only the population, which formed a part of the policy setting activity (project, training). Based on 22 policies oriented projects the author participated in years 1993-2013 and illustrated in three commented projects the acknowledgement and adoption of principles, processes and attitudes found beneficial for successful policy implementation in various healthcare environments is presented.

INTRODUCTION

The noun "policy" can be interpreted as a course or principle of action adopted or proposed by the government, party, business, or individual. Terms close to policy (synonyms) are plan, strategy, stratagem, approach, code, system, and guideline. On the basis of our experience with healthcare quality improvement projects (we present three selected healthcare quality improvement projects related to performance measurement). We also provide our understanding and comments on "policy introduction" and also some views about our anticipations of future evolvement of this area. A policy is a principle or protocol to guide decisions and achieve rational outcomes. A policy is a statement of intent and is implemented as a procedure or protocol. Policies can assist in both subjective and objective decision making (Wikipedia, 2014).

Based on the example of three Central and Eastern European and Turkish projects (selected from 22 policies oriented projects we have participated in during the period 1993-2013) we attempt to show, that at least in some situations a policy may be looked upon as a "code" imposed on the system to disrupt or disturb it in expectation of achieving system performance, behavior and attitude improvement. Often, for reasons we will try to reflect on, these expectations are not fully achieved. We propose steps we found beneficial to achieve successful policy implementation in order not to end up in the situation paraphrased by the former Soviet Prime Minister Alexander Chernomyrdin "We did all the best we could, and it ended up as usual". We deliberately worked with projects finished several years ago in order to demonstrate the level of impact the policies produced in their respective environments, but were aware of limited implications of historical lessons in future predictions. One main lesson learned was, that favorable acceptance on behalf of policy-makers is strongly context-dependent. Success is an emergent phenomenon born from "catastrophes" (from singularity), unexpectedly appearing in places, where in extreme conditions flaws were successfully identified and corrected. We would like to stress here, that a retrospective approach cannot lead to the identification of the causes of success – everyone is a general after the battle –and many paths lead to the same point. We thus use the three following presented "case-projects" not in order to identify a pattern, but to disclose perhaps some logic of the process of getting a policy across to policymakers and other stakeholders of healthcare systems and result in the policy implementation into everyday life possibly turning into habits of system behavior.

CASE PROJECT 1: CEEQNET (CENTRAL AND EASTERN EUROPE QUALITY NETWORK) UNIFIED CENTRAL AND EASTERN EUROPEAN SURVEILLANCE/MONITORING SYSTEM FOR HEALTHCARE QUALITY AND EFFICIENCY INDICATORS

Objectives of the CEEQNET Project

This four-year project (in full supported through the Programme of Community action in the field of public health (2003-2008) of European Commission DG Health and Consumer Protection, Grant Agreement Number – 2003105) offered to provide a unification methodology for efforts of five Central European countries (Austria, Czech Republic, Hungary, Poland, Slovak Republic) in the quest for standardization and harmonization of measurement methods used for evaluation of healthcare performance. Collaborating countries had a certain volume of data collected for various reasons in the process of providing health

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