Chapter 21

How to Make Your Work Really Influence Future Healthcare:
From Projects Through Policies to Integration Into Health Systems

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ABSTRACT

Future health systems, besides traditional areas defined and addressed since 1980, face the advent of Proactive, Predictive, Prospective, Preventive, Participative and Personalized health care (HC). Reliable e-health platforms can help us with these challenges. They should be designed and implemented in a way to help ordinary people achieve extraordinary results. Even the best projects addressing HC systems improvement are not automatically qualified for implementation unless adopted by policy makers. The introduction of strategies with a potential for healthcare systems improvement to policy makers is necessary but difficult because of the complexity of the addressed issue. Illustrated on four projects, selected from the 25 the author participated in, from 1993 to 2016, principles, processes and attitudes found beneficial for successful policy implementation in various healthcare environments, are presented, to help with the integration of reliable electronic healthcare platforms into coming healthcare systems.

INTRODUCTION

Since 1980 quality of care is a central issue of interest to HC systems (Donabedian, 1980). With the turn of the century the challenge of ensuring the quality of health care remains high on the public and political agenda internationally, as a result of published reports based on at that time already existing platforms of hospital electronic medical records. Existing deficiencies were exposed in NHS (Gray, 1996) and in USA (Kohn, et al., 1999), and developed healthcare systems realized, that they must become Safe, Effective, Patient-centered, Timely, Efficient, Equitable, according to the Institute of Medicine (IOM) defined health care (HC) criteria (Institute of Medicine, 2001). Even before identifying and implementing good policy solutions for the above-stated criteria we became faced with other emerging issues in our

quest to build robust and functional future HC systems. If we base the process of HC systems improvement on a deficient set of criteria, we will undisputably end in a situation best described by the former Russian Prime Minister Alexander Chernomyrdin in the 1990s - *We wanted the best, but it turned out like always.* (The Economist, 2010). Electronic Healthcare Platforms and use of digital healthcare data is one of the drivers leading to a paradigm change in HC services provision. This requests a shift from paternalistic, curative (industrial age medicine) into shared care services resulting from the collaboration of all HC stakeholders (information society medicine) and HC (Bourek, 2011). We must be aware of and take into account needs of future health systems. Apart from areas defined by IOM, we will have to assure proactive, predictive, prospective, preventive, participative and personalized HC. Improvement of functionality and outcomes of HC systems and the success of implemented strategies depends on the volatility of the environment where they are implemented and is extremely impacted by unexpected turning points. All HC projects (although this may not always be obvious) result in policies. The final difference of the impact lies only in the size of the stakeholder network that is affected and in the duration of such 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). Discovery, acknowledgment, and adoption of principles, processes and attitudes found beneficial for successful policy implementation in various healthcare environments are what determines how our improvement efforts and the work we do will influence future HC.

Health care and health systems improvement require a good understanding of two issues, namely of the "difficult problem" and the "policy." Both influence the success of what we are doing. The main attributes of difficult problems (complex issues) as elucidated by Dietrich Dörner (Dörner, 1975), and later by Joachim Funke (Funke, 1991) are - Complexity (large numbers of items, interrelations and decisions) with their enumerability, heterogeneity, connectivity with hierarchy relations, communication relations, allocation relations, - Dynamics (time considerations) with temporal constraints, temporal sensitivity, phase effects, dynamic unpredictability, - Intransparency (lack of clarity on the situation) with commencement opacity, continuation opacity, and - Polytely (multiple goals) with inexpressiveness, opposition, transience. The successful resolution of complex problems requires balanced addressing of each of these characteristics encountered. All mentioned characteristics are identifiable in HC systems and need to be considered to achieve improvement. The difficulty of such task is often demonstrated by a very quick turn-over rate of Ministers of Health who are, unjustifiably, blamed if "things end up as always". 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 are plan, strategy, stratagem, approach, code, system, guideline. The policy is in principle a practical activity aimed at changing a certain situation. It is a verbalized intent, helps with making decisions and is implemented by means of procedures or protocols. Analyzing the impact of 25 policies oriented projects the author participated in years 1993-2016 it became apparent, that at least in some situations a policy may be regarded as a "code" imposed on the system to disrupt or disturb it with expectations of achieving system performance, behavior, and attitude improvement. Often, for reasons addressed in the paragraphs "Project related observations and remarks" these expectations are not fully achieved. This article uses examples of finished projects in order to comment on the level of impact produced in their respective environments. It collates steps found beneficial to reach successful policy implementation and to avoid as much as possible situations where "though we did all the best we could; it ended up as always." An important lesson learned was that favorable acceptance on behalf of policy-makers is strongly context-dependent. Success is an emergent phenomenon born from "catastrophes" (from the singularity), unexpectedly appearing in places where

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