

THE TRANSFORMATIVE ROLE OF HOSPITALS IN THE FUTURE OF PRIMARY HEALTH CARE





THE TRANSFORMATIVE ROLE OF HOSPITALS IN THE FUTURE OF PRIMARY HEALTH CARE



© World Health Organization 2018. Some rights reserved. This work is available under CC BY-NC-SA 3.0 IGO licence.

Acknowledgements

This document was produced as part of the Technical series on primary health care on the occasion of the Global Conference on Primary Health Care under the overall direction of the Global Conference Coordination Team, led by Ed Kelley (WHO headquarters), Hans Kluge (WHO Regional Office for Europe) and Vidhya Ganesh (UNICEF). Overall technical management for the Series was provided by Shannon Barkley (Department of Service Delivery and Safety, WHO headquarters) in collaboration with Pavlos Theodorakis (Department of Health Systems and Public Health, WHO Regional Office for Europe).

This document was produced under the technical direction of Ann-Lise Guisset and was built on 'People-centred hospitals towards universal health coverage: a WHO position paper'(in press) and 'A global vision for person- and Community centered hospitals in a PHC-based health system' (in press) that were developed through the inter-regional taskforce on hospitals. We acknowledge the principal writing team of these foundational documents: Anjana Bhushan (WHO Regional Office for the Western Pacific), Nino Dal Dayanghirang (WHO Regional Office for Africa), Eric de Roodenbeke (International Hospital Federation), Nigel Edwards (Nuffield Trust, WHO consultant), Tarcisse Lokombe Elongo (WHO Regional Office for Africa), Ricardo Fabrega (WHO Regional Office for the Americas), Ann-Lise Guisset (WHO headquarters), Indrajit Hazarika (WHO Regional Office for the Western Pacific), Jerry La Forgia (Aceso Global, WHO consultant), Vivian Lin (WHO Regional Office for the Western Pacific), Hernan Montenegro (WHO headquarters), Hamid Ravaghi (WHO Regional Office for the Eastern Mediterranean) and Juan Tello (WHO Regional Office for Europe).

Valuable comments and suggestions to the first draft were made by WHO collaborating partners and regional and country office staff, in particular, Shannon Barkley (WHO), Ghazanfar Khan (Consultant, WHO headquarters).

The views expressed in this document do not necessarily represent the opinions of the individuals mentioned here or their affiliated institutions.

The 1978 Declaration of Alma-Ata represented a turning point in the history of global health, when primary health care was adopted in pursuit of health and well-being for all. In 1981, a long-serving Director-General of WHO, Halfdan Mahler, commented, "A health system based on primary care cannot be realized without support from a network of hospitals."

Dr Mahler's words still ring true: primary health care remains the path to universal health coverage. But with far-reaching social, economic and clinical changes over the past four decades, health systems, including hospitals, are working in a vastly different context. Hospitals can play a powerful role in supporting and amplifying the benefits of primary health care. This requires building on hospitals' unique strengths while dissolving the walls that separate them from the rest of health systems – and from the people they exist to serve.

This brief builds on the work by the *informal WHO Inter-regional Taskforce for hospital planning and management* to review the literature, gather country experiences and build a consensus for a renewed vision for hospitals and identification of key policy levers and interventions at the organizational level to drive hospitals transformation. Those are presented in more details in WHO position paper "*People-centred hospitals towards universal health coverage*" and its accompanying advocacy brochure "*Promise and legacy: The vital role of hospitals in achieving universal health coverage*". Promising practices presented in boxes throughout the brief illustrate only few of the extremely rich interventions implemented globally in a wide variety of contexts.

Ending an outmoded dichotomy

Hospitals are powerful institutions: while they have the political, economic and social weight to block change, they are also uniquely positioned make change happen. The 2008 World Health Report Primary Health Care: Now More than Ever¹ noted that "health systems do not spontaneously gravitate towards PHC values, in part because of a disproportionate focus on specialist, tertiary care, often referred to as 'hospital-centrism'". However, with strong leadership and a clear policy direction, hospitals can transform themselves into key contributors to primary health care development.

The key step in transformation is a conceptual one: to end the dichotomy which imposes increasingly counter-productive barriers between hospitals (tertiary or referral care) and primary care (first level care). The time for disciplinary medical specialty "silos", strict hierarchies and rigid categorization by level of care must be addressed for at least the following four essential reasons.

Primary health care approach applies to all providers in the health care ecosystem. For hospitals, it means a paradigm shift from being dominant, technocratic, and relatively isolated institutions to becoming community and person-centred.

From the people's perspective, their experience with health and social care providers cuts across a variety of settings. Care coordination and integration across health pathways is critical especially for the rapidly growing number of frail people suffering from multiple chronic diseases.

When properly integrated, both hospital-based referral care and primary care services benefit from the success of the other. For example, effective primary care reduces unnecessary admissions and service congestion in hospitals. Equally, integrated hospitals allow primary care services to offer patients truly comprehensive care, ensuring continuity of services before and after hospitalization. The result is that people benefit from more humane, effective and efficient health services.

Hospitals often are an essential setting for healthcare workers' education. This is where generations of doctors, nurses and allied professionals receive a substantial component of their pre-certification training. Hence, hospitals shape the future of health professions, including those who will be work in primary care settings.

¹ The World Health Report 2008: Primary Health Care (Now More Than Ever) [Internet]. World Health Organization: 2008. Available from: http://www.who.int/whr/2008/en/







Guided by PHC precepts, the vision for people-centred hospitals features transformation occurring in three ways. First, hospitals will move away from their traditional definition as physical buildings (bounded by walls and beds) and instead see themselves as flexible organizations that pull together scarce resources and function as a public good. Second, they will leave behind their isolating status as institutions uniquely responsible for individual patients requiring highly specialized acute care, and instead embrace joint responsibility with other care providers for population health. Third, they will broaden their focus from immediate, acute episodes to a wider and ultimately more effective focus on integrated care pathways.

In this transformative vision, hospitals are fully embedded in the communities they serve, working closely with other health care and social providers, and responding to users' needs and preferences. Applying a primary health care approach to everything they do, they not only treat specific medical conditions but continuously strive at improving the overall health of the people they serve – including the aged, the chronically ill, and population groups that are currently under-served. They consider patients and relatives as partners, engaging and empowering them in their health and health care decisions. Placing people's comprehensive needs and preferences at the centre, they provide comprehensive social, psychological and spiritual support and identify opportunities to integrate traditional medicine where relevant to the local context. They don't miss on opportunities for promotion and prevention; incorporating health education and sensitization messages for patients and their carers as they go through recovery and rehabilitation. Hospitals also contribute to public health services such as for instance disease surveillance activities.

Certainly, in this vision, caring for patients requiring high-intensity, multi-specialty care services, and complex technologies continues to be among the core activities of hospitals, and this is where their unique value-added lies. However, they regularly re-assess what services they deliver to better respond to local needs and capacities. Rather than directly delivering every possible service themselves, they specialize in some areas while re-orienting other services towards more out-patient, home- and community-based care. Taking full advantage of portable and mobile technologies and thinking "outside the box" to embrace innovations such as rotating staff with other providers, hospitals can take on a broad spectrum of roles to support service provision formerly thought to be in the strict realm of public health and primary care.

Finally, in this vision, hospitals also lead by example in sustainable development by embracing social responsibility principles, leading on improved working conditions, and reducing their impact on the environment. They are striving to 'leave no one behind', going beyond their walls to reach the most vulnerable in need of referral services, for instance, designing innovative ways of delivery, such as mobile clinics and medical trains. They are full partners in reducing the vulnerability of individuals and families to catastrophic health costs, for instance by providing free lifesaving surgeries and other services.

Sharing responsibility: the networked hospital

This means hospitals will need to transform how they are run and what services they deliver. In some cases, they will directly deliver certain primary care services; in others, they will assist other providers – clinics, care homes, community centres – to take on services that were once assumed to be strictly the preserve of the tertiary level. Much will depend on their determination –and the enabling factors in the policy environment and system architecture– to work with other parts of local health systems.

In some fields, hospitals have an opportunity to contribute to integrated people-centred services, even if these are not under hospitals' direct responsibility. Examples include supporting the management of frail older people in residential and nursing home care, and contributing to palliative and end of life care. Whatever the field, hospitals will help to mainstream prevention and health promotion as "everybody's business".

Rapid scientific change in how long-term conditions are managed means that primary care doctors, nurses and other clinicians need support in their work and in keeping up to date. This creates opportunities for hospital specialists in endocrinology, respiratory medicine, nephrology, mental health, and many other fields. Rather than being the last link in the clinical chain, they will be transformed into key players in networks that manage chronic conditions such as diabetes, heart failure and asthma, oversee the administration of complex treatments, and help with quality improvement. This will require a different approach to consultation, and a change in the relationship between hospitals, primary care providers and patients.

Promising practices: networked hospital

In *South Africa*, a partnership between the pharmacy of RK Khan Hospital and local organizations permits facilities such community halls, temples and churches to be used for issuing medicine to patients with chronic conditions.

In *Netherlands*, hospital-based specialists support the ParkinsonNet network which enables patient self-management and minimizes need for hospital care. Patients with Parkinson's disease can use an online tool to manage their care and exchange information with each other and with professionals.

Pathways to transformation

The success of this vision depends not only hospitals themselves, but on health system decision-makers at the national level, in provinces and states, and municipal governments. They are responsible for creating a legislative and regulatory environment to translate the vision for concrete transformation from hospitals operating in isolation to hospitals fully embedded in their communities and their local service delivery "ecology".

Two intertwined approached to dissolving external and internal walls

In broadest terms, transforming hospitals will require work from two directions. *Externally*, hospitals' roles and functions will be re-defined within a networked, partnership model that embraces both health and social care. *Internally*, hospitals will be re-organized in ways that strengthen their clinical and administrative performance, deliver patient-centred care, and open their doors both to pre- and post-hospitalization partners.

The two approaches are closely intertwined: a hospital's internal organization and ability to work across institutional boundaries are constrained by its position within the system. Conversely, a hospital that is poorly governed, does not collect performance data, focuses on volume and profits, or provides low-quality care, and cannot take on new roles that benefit society as a whole.

While governments can align incentives and create an enabling environment, it is the managers' and clinicians' role to improve performance at the individual hospital level. Similarly, governments can set regulatory standards but implementation depends on how hospitals operate.



What health authorities can do at the system level

Decision-makers at the national and subnational levels can create the conditions to drive, enable and sustain a paradigm. To do so, they must think of themselves as system architects as well as supervisors. Only they will ensure that health policy allows the voices of patients', including the most vulnerable, and patient organizations to be heard, and that private sector health services serve (or do not oppose) public health goals and standards. Above all, they must ensure that policies and incentives that govern hospitals are coherent and aligned with primary health care principles, and that they support the health-related Sustainable Development Goals 2030.

Implementing the national vision of the role of hospitals and their contribution to primary health care (both as level of care and as an approach) requires simultaneously strengthening system design and institutions; putting in place feedback mechanisms, regulations and provider payment systems (performance drivers); and ensuring adequate infrastructure, technologies, human resources and information systems (performance enablers).

First and foremost, measures to ensure functionality of hospitals are needed, including safe and adequate environmental conditions, availability of standard precaution items, and proper maintenance of existing facilities. In health systems with severe shortages of human resources, deployment of health professionals between health care settings (for example, referral hospital in the capital versus provincial hospitals, or between primary care and specialized care) requires difficult allocation decisions, which need to be informed by solid evidence in order to optimize the current capacity.

Local health systems matter

Local health systems are the very heart and soul of any integrated and people-centred strategy. There will be no well-functioning local health systems without well-functioning hospitals, and vice versa. An initiatory local approach has been adopted in a number of very diverse contexts, such as China and the United Kingdom.







For more detailed information

WHO's upcoming position paper "People-centred-hospitals towards universal health coverage" details a variety of measures to assist health systems to achieve the transformation. It focuses on on four main action areas: (i) clarifying countries' vision of hospitals' contribution to service delivery objectives; (ii) strengthening system design and institutions; (iii) introducing new performance drivers such as feedback mechanisms, regulations and provider payment mechanisms; and (iv) guaranteeing performance enablers including adequate infrastructures, technologies, human resources and information systems.

WHO Regional Offices are producing their own supportive technical guidance on hospital planning and management, and it is hoped that stakeholders (from Ministries of Health to local health authorities) will obtain and share these documents as widely as possible.



