



Cost of Care – Can we manage more effectively?

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Structure of Presentation

- What is the scope for improving efficiency in the Irish health system?
- What are the key changes that would help improve efficiency
- What are the challenges and opportunities for rehabilitation services.



What is the scope for doing more for less?

- The average performance in health systems compared to the best suggests 15-20% saving is usually feasible without damaging care
- Annual scope for gains is around 2-4%
- Even within countries efficiency usually varies by 10-20%.



How do we improve performance?

- Pure efficiencies
- New technology or techniques
- New ideas and understanding
- The third is probably the most important.



Pure efficiencies

Cutting out obvious waste

- two people doing one person's job
- unnecessary buildings or equipment

Changing the mix to the cheapest way of doing a job

- More or less staff, more or less equipment, more or less vehicles



New technology or techniques 1

- Contrary to the common belief, technology can only lower the cost of any given achievement
- New technologies can shorten the treatment time, shorten the stay in hospital, speed the recovery time, reduce incorrect diagnoses
- New technologies can allow a shift to less trauma, less side effects, and better experience for patients.



New technology or techniques 2

Some well known examples

- Short course chemotherapy for TB
- Angioplasty and stenting for coronary artery disease
- TURP replacing open prostatectomy
- Ablation replacing drug treatment or conventional surgery in gynaecology and cardiology
- Active and timely rehabilitation for stroke and MI.



New ideas and understanding – the big one 1

Changes in skill mix –

- more delegation
- more use of assistants and technicians such as dental hygienist and operating theatre technicians
- more use of allied professionals
- nurses substituting for doctors
- more sub-specialisation and less sub-specialisation
- Providing training in what people actually do
- Making bundles of skills fit for purpose.



New ideas and understanding – the big one 2

More use of available technologies including ICT

- Phone calls replacing outpatient attendances
- Automated cytology – using pattern recognition technology
- E prescribing and drug management
- Remote monitoring and diagnostics
- Electronic patient records and patient management.



New ideas and understanding – the big one 3

Changes in configuration of service

- Hospitals becoming supportive to primary and community care
- Moving the service to patients
- More centralisation, more decentralisation
- The hospital as part of the dynamics of care - the end of the current notion of the hospital?



New ideas and understanding – the big one 4

- Using electronic records we can move to proactive management of some chronic diseases
- Protocols and care pathways are becoming more common
- Each part of the care pathway is logically linked to the one before and the one after
- Partial demise of clinical judgment and freedom.



New ideas and understanding – the big one 5

- Recognising that managing chronic conditions is an ongoing and continuous process and organisation of services must recognise this
- Overwhelmingly we are in the business of managing chronic conditions
- Problems are managed and reduced but not solved.



Buildings, equipment and training

- There is good evidence that suitable buildings can save money, and poorly configured ones cause unnecessary costs
- Having the right (not necessarily best) technology can save money
- Investing in THE RIGHT skills can save money
- We tend to use the wrong buildings with the wrong equipment and with staff with too few or the wrong skills.



Implications for Rehabilitation services 1

- Rehabilitation is set in the longitudinal sequence of services
- Its contribution is an end in itself and a means to other ends
- It cannot be justified and evaluated out of context
- It is important to look at how things are done as well as what is done
- It has had difficulty capturing the public imagination.



Implications for Rehabilitation services 2

- Sensible ways to fund services recognise that what must be funded is a pathway
- At best increased focus on rehab can lower costs and improved out comes, and is likely to do one or other
- There is need for the complex evidence that is needed to be strengthened – the fact that evidence is missing does not mean it is ineffective.



Changes in models of funding

- As money starts to follow the patient we need to ensure good linkages of the different parts of the journey
- Episodic funding leads to episodic care.



The risk of complacency

- Much of the work of rehab services is excellent value for money
- Nevertheless we need to look critically at all that is done and how effective and cost-effective it is
- As resources get tighter the need for good evidence gets greater
- We need new ways to engage the public and political interest.



End

Thank you for your attention