

## PANORAMA PEOPLE

### Interview with the WHO inter-regional taskforce on hospitals

*Edited by the WHO European Centre for Primary Health Care*

*Members of the WHO inter-regional taskforce on hospitals (alphabetical order): Nima Asgari-Jirhandeh (Asia-Pacific Observatory on Health Systems and Policies), Anjana Bhushan (formerly WHO Regional Office for the Western Pacific, currently WHO Regional Office for South-East Asia), Eric de Roodenbeke (International Hospital Federation), Nino Dal Dayanghirang (WHO Regional Office for Africa), Nigel Edwards (Nuffield Trust), Jerry La Forgia (Aceso Global), 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), 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).*

#### About the WHO inter-regional taskforce on hospitals

In working towards a fresh view on the position of hospitals in the health system, and particularly their role and functioning in efforts to achieve universal health coverage, WHO headquarters established the inter-regional taskforce on hospitals in 2016. Over the course of 2017, meetings of the taskforce were convened, supported by the WHO Regional Office for the Western Pacific in Tokyo, Japan (23–25 March 2017) and the WHO Regional Office for Europe in Almaty, Kazakhstan (21–22 June 2017). Close collaboration continued on the joint development of a WHO position paper on hospitals. The WHO European Centre for Primary Health Care, Almaty, Kazakhstan, also convened a meeting (23 June 2017) on integrated service delivery, which was attended by focal points from Member States of the WHO European Region, together with global experts and other country representatives, to discuss development of the hospital sector. On this occasion, participating representatives from Member States provided invaluable feedback on the initial draft of the position paper. The case studies described here are built on the experiences shared during these events.

In this discussion piece, the collective thinking of the taskforce is presented, extending from the rationale for rethinking the role of hospitals and their position in the health system to explaining how they can become key actors driving the transformation to health systems based on primary health care. This piece anticipates a forthcoming position paper setting out a vision for community- and person-centred hospitals, along with the policy levers and system enablers to make it happen.

#### What is the importance of ensuring that hospitals are part of the conversation during this 40th anniversary year of primary health care?

The 1978 Declaration of Alma-Ata was a turning point in the history of global health, the moment when primary health care was adopted as the cornerstone of WHO's goal of health for all. This landmark was immediately followed by an international conference on the role of hospitals in primary health care (Islamabad, Pakistan, 1981). As the long-serving WHO Director-General, Halfdan Mahler, said in 1981, "A health system based on primary care cannot be realized without support from a network of hospitals"<sup>1</sup>. Today, Mahler's words ring as true as ever. The key to dealing with today's challenges is not to change strategic direction – primary health care is the path to universal health coverage and ultimately health for all – but to transform the way health and social services are planned, delivered and funded, to reinvigorate primary health care values and principles, and to support the health-related Sustainable Development Goals.

In this vision, hospitals deliver people-centred care and better meet the needs of all their users, including the underserved, the aged and the chronically ill, who occupy the highest proportion of beds. They not only cater to patients' outcomes and experience, but also look beyond their walls to improve the population's health by working in partnership with health

<sup>1</sup> Mahler H. The role of hospitals in primary health care. Report of a conference sponsored by the Aga Khan Foundation and the World Health Organization, 22–26 November 1981, Karachi, Pakistan. Karachi: Aga Khan Foundation; 1982.

care teams at the first level of care and local communities to create a culture of health. When relevant, hospitals also deliver services outside their walls to make them more accessible or responsive and provide support, training and supervision services to alternative care settings.

### **Successful primary health care development depends on the capacity of hospitals to distribute resources and knowledge in the community and across providers: but how do we make it happen?**

Generations of health professionals are trained, vital research is carried out and great advances in organizational practices are achieved in hospitals. They are a concentration of the health workforce, technologies and financial resources. They are not only places where vital care is delivered but are also often a key employer in a town, city or region. They can often be a source of civic pride and serve as a symbol of regional development. They also reassure the population that they will be taken care of should they fall critically ill or should natural or human-made disaster strike.

This gives hospitals great visibility and potentially the political, economic and social power to defend the status quo in how health systems are financed and organized. This was recognized and highlighted in the *World health report 2008 – Primary health care, now more than ever*, in which it was suggested that hospitals were one factor hindering progress towards primary health care. According to the report, “health systems do not spontaneously gravitate towards primary health care values”, partly because of “a disproportionate focus on specialist, tertiary care, often referred to as ‘hospital-centrism’”<sup>2</sup>.

But this also means that hospitals have great potential to drive a reorientation of the health system towards primary health care. Hospitals should be perceived as a key component in the social development of their local areas. This is underpinned by collaborations between hospitals and other sectors (e.g. water, hygiene and sanitation, energy and education).

Strong leadership is needed, with policies in place to overturn the centripetal force of the hospital-centric system, to ensure that hospitals become key contributors to primary health care development. This is necessary to unlock the transformative potential of hospitals. To achieve the goals set out in 1978 in Alma-Ata, and reiterated in 2018 in Astana, Kazakhstan, hospitals must become an essential part of the solution.

<sup>2</sup> The world health report 2008: primary health care now more than ever. Geneva: World Health Organization; 2008.

Numerous examples demonstrate that this change of paradigm is already happening and that it works in a variety of settings: hospitals are proactively engaging with their patients to reorient them towards primary care for follow-up care and to avoid unnecessary admissions; they are collaborating with primary care providers to develop their capacity and reduce referrals; they are working with their own staff to enhance the perception of primary care within the hospital; they are in some cases demanding a certain volume and quality of care from primary care providers; and so on. Changi General Hospital in Singapore is an example of how this change in paradigm has already been achieved (Box 1).

#### **BOX 1. ILLUSTRATION OF HOSPITAL-BASED INTERVENTIONS FOR REORIENTING A HEALTH SYSTEM TOWARDS PRIMARY HEALTH CARE**

A comprehensive set of measures was implemented by Changi General Hospital in Singapore to deal with the high proportions of emergency hospitalizations from self-referrals. As highlighted by Changi General Hospital’s manager: “this has driven a better understanding that hospital-centric care is not sustainable and needs to adapt to the changing population needs and demands, while also acknowledging that a community-centred model of care is not viable without integrating hospitals”. To address this, the hospital worked closely with general practitioners (GPs) to improve the availability and accessibility of services in primary care, including by setting up community health centres that provide diabetic foot and eye screening and physiotherapy services that support GPs nearby. The hospital also introduced the GP First programme, whereby patients with mild to moderate medical conditions are encouraged to see their GPs first, instead of going directly to the hospital’s emergency department. If subsequent assessment by their GP reveals that they require emergency department attention, patients who come through this route are prioritized and their fees subsidized. This has resulted in a 9.7% decline in the number of self-referred patients and a 92% satisfaction rate among those following the GP-referral route<sup>3</sup>.

#### **What is the role of community-centred hospitals in building healthy and cohesive communities?**

This change of paradigm – from hospitals working in isolation to community- and person-centred hospitals – begins with the recognition that a primary health care approach applies equally to all health and social care providers and hence includes hospitals. In other words, “hospitals should transition from being ‘the last link in a chain’ of health service providers to being

<sup>3</sup> 4th Annual Meeting Report of Integrated Health Services Delivery Focal Points. 22–23 June 2017, Almaty, Kazakhstan. Copenhagen: WHO Regional Office for Europe; 2018 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0019/362620/IHSD-FPs-2017.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0019/362620/IHSD-FPs-2017.pdf?ua=1), accessed 3 December 2018).

actively engaged with their communities and with providers of primary care. Altering the traditional model starts with discarding an emphasis on ‘filling the beds’ in favour of a new role of hospitals as part of collaborative networks<sup>4</sup>. The key is to build on hospitals’ existing strengths while dissolving the walls that separate them from the rest of the health system. Hospitals need to become fully embedded in the communities they serve, working closely with others to go beyond a focus on “delivering health care to individuals” to a focus on “health outcomes”.

Hospitals have strong leverage to transform the health of local communities. For instance, village health committees in Kyrgyzstan often work in partnership with hospital providers on early disease detection initiatives, enabling better population outreach. Going one step further, hospitals can embrace social responsibility principles, as illustrated in Box 2. In the Caribbean, PAHO/WHO’s “safe, green and ‘smart’ hospitals” programme exemplifies how hospitals can also apply the “first, do no harm” motto in their communities.

#### BOX 2. ILLUSTRATION OF HOSPITAL’S RESPONSIBILITY FOR ENVIRONMENT, ECONOMIC AND SOCIAL SUSTAINABILITY

In England, the Wrightington, Wigan and Leigh National Health Service (NHS) Foundation Trust, recognizing its responsibility for environmental, economic and social sustainability, developed a vision “to be a strong, stable backbone of the community, using a position of influence to increase the well-being of all society”. In 2013, it formed a social responsibility group to implement this vision; the group has undertaken various initiatives, including work placements to enhance the confidence and life skills of the long-term unemployed, a youth congress to engage and inspire local young people about hospital services and careers within the NHS, and a programme of cardiopulmonary resuscitation training in schools<sup>5</sup>.

**Hospitals striving to “leave no one behind” will go beyond their walls to reach the most vulnerable**, for example by designing innovative ways of delivering services, such as mobile clinics and medical trains or even floating hospitals (e.g. mercy ship hospital<sup>6</sup>).

<sup>4</sup> PAHO director urges hospital transformation to support progress toward universal health [website]. Washington (DC): WHO Regional Office for the Americas; 2015. ([https://www.paho.org/hq/index.php?option=com\\_content&view=article&id=11351:paho-director-urges-hospital-transformation-uh&Itemid=135&lang=en](https://www.paho.org/hq/index.php?option=com_content&view=article&id=11351:paho-director-urges-hospital-transformation-uh&Itemid=135&lang=en), accessed on 7 December 2018).

<sup>5</sup> The WWL Way [website]. Wigan: Wrightington, Wigan and Leigh NHS Foundation Trust; 2018 (<http://www.wwl.nhs.uk>, accessed 11 June 2018).

<sup>6</sup> Mercy Ships [website]. (<https://www.mercyships.nl/>, accessed on 7 December 2018).

**Hospitals, as in other settings like schools and workplaces, should use every opportunity to engage users (patients and their relatives), as well as staff, in health-promoting activities.** Health promotion in hospitals can be understood as a strategy to improve current practices, with a view to improving the outcomes of services provided. It can also be considered as the provision of health promotion activities that were traditionally not part of hospitals’ core services. These should be locally designed to be adapted to local public health problems and to ensure that these services are positioned most appropriately (e.g. in hospitals and/or other settings)<sup>7</sup>.

**Hospitals should empower patients in taking responsibility for their health and health care** by improving their capacity for self-care, co-production of diagnosis and therapy, illness management and healthy living. For example, the ParkinsonNet network in the Netherlands is coordinated by specialist hospitals, but the goal is to support patient self-management and minimize the need for hospital care. Around 3000 professionals in 69 regional groupings work according to a standard guideline that was developed with patients with Parkinson disease. Patients can also use an online tool to manage their care and exchange information with each other and with health professionals in the network.

#### **How can we overcome the primary care and hospital dichotomy through person-centred hospitals?**

People’s use of services extends across a wide variety of care providers, from various types of health facilities (conventional medicine), to traditional healers and prayer rooms. The time for disciplinary medical speciality “silos”, strict hierarchies, and rigid categorization by level of care has passed. In addition, given the ageing of the population and the increasing burden of chronic diseases, models of care need to be rethought, from responses to acute episodes to the establishment of comprehensive health pathways.

It is therefore essential to stop dichotomizing between primary care (first-level care) and hospitals (referral care). Universal health coverage will not be achieved through one *or* the other but rather through one *and* the other: quality primary care requires quality referral care and vice versa. Demarcation lines between settings where first contact care and referral care are delivered are becoming increasingly blurred as hybrid models (e.g. extended

<sup>7</sup> Putting HPH Policy into Action: Working Paper of the WHO Collaborating Centre on Health Promotion in Hospitals and Health Care. Vienna: University of Vienna; 2006 ([http://www.hph-hc.cc/fileadmin/user\\_upload/HPH\\_BasicDocuments/Working-Paper-HPH-Strategies.pdf](http://www.hph-hc.cc/fileadmin/user_upload/HPH_BasicDocuments/Working-Paper-HPH-Strategies.pdf), accessed 3 December 2018).

primary care centres and home-based hospitalization) become in large part enabled by more portable technologies and digital health. With new work arrangements constantly emerging and fast-evolving modalities of health services provision enabled by portable or mobile technologies, hospitals can take on an increasingly broad spectrum of roles that strengthen public health approaches and primary care services.

From the supply side, the reorientation of the model of care towards primary care requires better coordination across providers and levels of care, a rethinking of the existing hierarchies by levels of care and finding new ways of working as a team. The lack of communication between GPs and hospital providers often leads to uncoordinated services delivery, duplication and inefficiencies. Moreover, GPs' perceived lack of capacity (in terms of equipment or knowledge) or confidence in treating patients with complex health issues increases the risk of unnecessary referrals or hospital admissions.

These issues can be tackled through various approaches, including interventions at the hospital level. Joint admission reviews between hospitals and primary health care centres help increase understanding of the causes of unnecessary hospital admissions, and in identification of bottlenecks in primary care centres and ways to resolve them. Numerous organizational innovations facilitate patient transitions between settings, such as "planned hospitalization centres" in the Russian Federation that connect all actors involved in the hospitalization process. Spain has focused on improving the interoperability of patient records across settings as a critical enabler. Professional chats between GPs and hospital physicians are used in Israel. Consultation liaisons in primary care, whereby specialists and primary care practitioners meet to decide on referrals and to manage ongoing care, aim to increase the skills and confidence of generalists<sup>8</sup>. They have been found to lead to fewer referrals and diagnostic tests in secondary care in the Netherlands.

The University Medical Centre Ljubljana, Slovenia, has also established joint consultations between care levels; this has proved to be useful and could be replicated on a larger scale. Telemedicine consultations (e.g. videoconference or teleconference links between a specialist, another medical professional and a service user) offer another venue for supporting primary care through interventions by hospital-based specialists. A case from Germany illustrates how this dimension is now integrated into planning for new hospital

infrastructure, looking ahead at the "hospital of the future" (Box 3). In this example, information technology is a vital component of new ways of working across care settings and with patients and relatives.

From the demand side, the potential role of hospitals in enhancing the confidence of users in primary care providers and reorienting users towards primary care should not be underestimated. As highlighted in Box 1, this was one of the areas for improvement at Changi General Hospital. Moreover, mechanisms for sustaining trust between hospitals and the communities that they serve are critical. These require strengthening communication between hospital managers, frontline health professionals, users of services and their communities. Communities should be made aware of where to access which type of services and of any modifications (e.g. opening of new services, such as ultra-sounds and scanners, or temporary interruptions to services).

### BOX 3. INFORMATION TECHNOLOGIES AND CARE INTEGRATION IN A NEW HOSPITAL INFRASTRUCTURE PROJECT IN GERMANY

The newly built Röhn Klinikum, Campus Bad Neustadt, in Germany illustrates recent developments in hospital infrastructure investments. The campus aims to ensure integrated care across sectors, including curative and preventive components, especially in the case of complex and often causally linked multimorbid clinical cases. Patients with complex and long-term diseases will be helped by a patient navigator to manage their care. Though Germany's health sector is characterized by a separation between the inpatient and outpatient sector, the centre will integrate both. It presupposes a future of intensive networking among GPs, clinics and other health-care providers in the hospital's region. Such cooperation will be made technically possible by using innovative information technology solutions. The Campus will be digitalized through telemedicine councils and a universal digital archive, to allow the expansion of networking between sectors. Another component is the use of electronic patient files.

Besides incorporating regional physicians, this model will strengthen the information available to both patients and experts in the region. For instance, an information bus will raise awareness among citizens through education and targeted information on diseases to strengthen health literacy and establish a basis of trust in the medical services. Patient-oriented platforms for exchange of information will be developed. These will include patient portals for transparent clinical comparability, and patient evaluation and feedback portals.

<sup>8</sup> Can VJ, Lewin TJ, Reid ALA, Walton JM, Faehrmann C. An evaluation of effectiveness of a consultation-liaison in psychiatry services in general practice. *Aust N Z J Psychiatry*. 1997;31:714–25.



### Making it happen: what will it take to transform hospitals?

A radical transformation of hospitals' structures and functioning is already under way in a number of countries. Individual hospital leaders, in both the public and private sector, are taking initiatives to drive their organizations to become truly community- and person-centred. In research undertaken by the King's Fund, several trust leaders in the United Kingdom described a new understanding of their role in the health system, not limited to managing an institution but incorporating a wider concern for the performance and the sustainability of health services across the local system: "What is important is that this process does not descend into territorial squabbles between 'primary care led' and 'hospital led' models of integration. Hospitals should be neither demonized nor dominant but will certainly need to be part of the discussion"<sup>9</sup>.

However, high political, economic and social stakes might create strong inertia. These should not be underestimated when hospital transformations are being considered. Hence, initiating and sustaining a system-wide paradigm shift towards community- and people-centred hospitals will require decisive and coherent policy interventions. This can be achieved through two approaches:

- (re)defining the position, roles and functions of hospitals, and setting clear objectives, thereby fostering a new health and social care model with an appropriate role for hospitals;
- (re)organizing hospitals internally and optimizing the production process to strengthen their internal performance and delivery of patient-centred care.

The two approaches are closely interrelated: a hospital's internal organization and the way in which production processes are defined across care-level boundaries are constrained by its position, role and function in the system. Conversely, a hospital that is poorly governed or chaotically managed, that does not collect, analyse or present performance data, that focuses on volume and profits or that provides low-quality and risky care with poor infection control, will be in no position to take on and sustain new roles for PHC development. In a context of severe shortages in hospital capacity (e.g. one or two doctors running a hospital, or limited availability of power), it will not be possible to extend a hospital's functions.

WHO's position paper, *People-centred hospitals towards universal health coverage*, outlines a variety of measures to assist health systems to achieve this transformation, including: (i) clarifying countries' vision of their hospitals' contribution to service delivery objectives; (ii) strengthening system design and institution; (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's regional offices are also producing their own supportive technical guidance on hospital planning and management, and it is hoped that key stakeholders, such as ministries of health and local health authorities, will learn from such guidance and share it widely.

**Disclaimer:** The interviewees alone are responsible for the views expressed in this publication and they do not necessarily represent the decisions or policies of World Health Organization. ■

<sup>9</sup> Naylor C. Integrated care: the end of the hospital as we know it? [website]. London: The King's Fund Blog; 19 March 2015 (<https://www.kingsfund.org.uk/blog/2015/03/integrated-care-end-hospital-we-know-it>, accessed 7 November 2018).