2012

[HEALTH MANAGENT CAPACITY BUILDING IN EUROPE]

A REPORT ON EHMA'S 2012 WORK PROGRAMME

EHMA
European Health Management Association

Table of content

Please send comments or suggestions to Paul Giepmans (Paul.Giepmans@ehma.org).

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Executive Summary

This report summarizes the discussions, findings and evidence created by the European Health Management Association's work programme 2012, which was supported by an operating grant within the framework of the Second Public Health Programme.

This year EHMA's activities focused not only on building capacity for health management through peer networks and a range of agenda setting activities, but also on exploring the case for health management and health management capacity building.–Why is this important? A simplified conclusion would be that health systems with good management perform better than systems with bad management and that capacity building is a necessity to ensure good management. A more detailed assessment indicates that the need for good management presents itself in many of the challenges health systems are currently facing. Modern, responsive and sustainable health systems are not only the result of systems, structures and processes but also the result of health professionals and managers implementing policies, while facing the complexities we know exist in healthcare delivery. Patient safety and quality, eHealth, workforce management and many other aspects of healthcare services delivery begin and end with good management.

Within the framework of this work programme, EHMA has been able to highlight and further discuss health management in implementation (eHealth solutions), building health management capacity in the CEE region, health management in change management processes for community based care services in mental health and the role of health management in improving working environments and increasing health workforce recruitment and retention.

1. Preface

Jeni Bremner, Director of EHMA

This publication summarises the activities of the European Health Management Association (EHMA) in 2012. It does not pretend to be a scientific piece of work, but it shows how the Association actively contributed to making change happen in a turbulent time in which change is demanded but complex. We want to share our activities and our learning from the discussions, and we hope they prove to be an inspiration.

This year EHMA's policy work programme received financial support from the European Commission through an operating grant, for which we are very grateful. The work programme had a strong emphasis on implementation and change at local level, parallel to a focus on health management capacity. By working with managers, policy makers and academics, while engaging strongly with EU health policy debates, EHMA's activities sought to contribute to changing practice, and ensuring that the experience of local managers and clinicians was fed back to the EU level. This helped us move beyond high level discussions on theories, and provided wonderful (but challenging) insights into change management in practice, capacity building and practical strategies. Our activities showed that management capacity is critical in addressing the challenges resulting from the economic crisis and demographic changes.

In practice this means, for example, that we were able to bring stakeholders in mental health in Poland together to discuss implementation and decentralisation challenges. It was the first time this group met to discuss how community-based services can become a reality.

We supported the implementation of the Action Plan for the health workforce by setting up a taskforce on the workforce, consisting of experts, stakeholders, policy makers and managers. In Budapest we discussed the next steps for one of the key challenges in the health workforce debate – recruitment and retention – and clear next steps for continuing the debate were formulated in which stakeholders and different EU initiatives all have a place.

We have made our Transitional Countries Network more interactive, with more feedback from the network members giving them more space to develop the network themselves. This resulted in discussions on the use of Structural Funds and around leadership and accountability in our healthcare systems.

eHealth, change management and management of implementation processes remain challenging for policy makers, health professionals and managers alike, and, for this reason, EHMA is increasingly focussing on this subject. Supported by a symposium to consult our members what they think EHMA should do, eHealth is back on the top of our agenda. That this is timely was demonstrated by an

excellent webinar that was successful both in terms of the number of participants, and the quality of the session itself.

Our work this year has also shown that there is still much to do. Though the need for management capacity is evident, more activities are required to ensure that capacity is built. Policy dialogues to discuss issues remain important, but involving more specific target groups for training or bringing different stakeholders together to push for cooperation are necessary to make our challenged systems and organisations more flexible and sustainable. Fostering management capacity will lead to better organisations more attractive to the sector's most important resource – its workforce. It will increase innovation, and engaging with managers and local actors will bring diversity and practice to our attention that would otherwise easily be overlooked. EHMA is committed to this cause, and we will continue our process of continuous internal development to support the change that is needed.

If you worked with us this year you have contributed to this publication as well. Therefore I would like to thank all the EHMA members and participants in our activities for their engagement and contributions. And for those who did not participate this year – we hope to involve you in 2013 and the years to come!

2. Literature review

The literature review is presented in a separate document to increase the readability of both documents. Please find below the summary of the review.

Summary

The health sector is continuously undergoing change and structural reforms, resulting from rising demands of care for chronically ill, ageing populations, co-morbidity, fast advancing technology, as well as changes in inter-professional delivery models (Armstrong & Kendall, 2010). These changes and reforms, combined with the current lack of economic growth indicate that the existing structures of health systems and their traditional ways of functioning are no longer viable and cannot meet current and future health demands. This is resulting in the need for more capacity building to address the underlying challenges. However, Potter and Brough (2004) have argued that it is not diagnostically useful to say 'there is a need for capacity building' instead emphasising the need for the term 'capacity building' in health organizations to be analysed from a more practical point of view in order to avoid different interpretations.

Inter alia, the lack of managerial capacity has been blamed for most health systems' inefficiencies (WHO, 2007). Healthcare systems need strong leadership if they are to be sustainable and responsive to the health needs of the future (Ireri et al., 2011). According to the WHO (2007), effective leadership and management in the health services is the key to using the available resources effectively and achieving measurable results. However, the development of adequate management, leadership skills and competencies which are needed in order to strengthen healthy services, have been shown less attention in the current literature (Rowe et al., 2010).

This study, as part of the European Health Management Association's activities under the Operating Grant 'EHMA-FY2012', begins with identifying the different dimensions of the health systems' 'capacity building'. It supports and re-emphasizes the importance and value of health management capacity in order to address effectively current health systems' challenges and provides suggestions for its development based on the available literature. It moves beyond health management competencies, thus comprising a collection of useful information for policy makers as well as current and future health managers.

3. The work programme's contribution to the Health Programme 'Together for Health'

Overall contribution

The European Commission DG SANCO Health Programme 'Together for Health' (2008-2013) sets out three objectives: to improve citizens' health security; promoting health and including the reduction of health inequalities and generating and disseminating health information and knowledge.

This work programme's primary contribution is to the third priority of the WP 2011, to 'Generate and disseminate health information and knowledge' and in particular to 'foster the exchange of knowledge and best practice'. In addition to the programme's contribution to the Health Programme it also dovetails with the Smart Growth priorities of knowledge and innovation. All of the programme's activities have an emphasis on knowledge exchange and sharing innovation, either between managers from different regions or Member States, between managers and policy makers, or between managers and researchers. Given the differences between health systems and their structures, and the diversity of roles, values and beliefs of different actors in the system, knowledge exchange is not simple. However, EHMA's experience over more than 30 years means that it is well-equipped to implement activities that allow practitioners and policy makers to exchange expertise and learning.

The dissemination of health information and knowledge is two-way: from EU level to the shop floor, and from organizational practices into wider EU policies. EHMA's activities are focused on practical implementation and helping to translate policy intentions into reality. It is a perennial challenge to connect the priorities of EU policy to local action. By working with managers and also engaging strongly with EU health policy debates, EHMA's activities aim to bridge this gap, contributing to changing practice, but also ensuring that the experience of local managers and clinicians is fed back to the EU level. This ensures that EHMA's activities move beyond high level discussions on theory to look at change management in practice, capacity building and practical strategies.

EHMA's activities also have synergies with the second priority of the WP 2011, to 'Promote Health', and particularly to ensure equity in access to healthcare. EHMA's activities in Mental Health have a particular focus on ensuring that high quality services are available to all, and on practical strategies to deliver services. Its activities on eHealth implementation are also framed by a concern that patients should have equitable access to the benefits of eHealth solutions.

Implementation

The 2012 work programme builds on EHMA's existing position and track record in connecting EU health policy priorities with health management. EHMA's network of managers, researchers and policy makers and commitment to the cross-cutting themes of leadership and knowledge transfer are key to the successful delivery of all elements of the work programme.

1. Transitional Countries' Network (TCN)

Building health management capacity is an urgent need in new and neighbouring MS. Launched in 2009, the aim of TCN is to pool evidence on building management capacity, and to work with managers and officials directly through its activities. The means used are workshops and training, implemented through a range of webinars in autumn 2012. In 2012 TCN focused on strategies to build high quality management education and increasing capacity to respond to health threats. Target groups are senior managers and officials within transitional countries. Expected outcomes included increased management capacity within the institutions and systems represented in the network; greater understanding at EU level of capacity gaps.

2. European Mental Health Systems Network

The aim of the Network, launched with the support of the EHMA FY2010 OG, is to contribute to a new agenda for the future of European mental health systems, through providing a European forum for senior policy makers, managers and researchers to share expertise. The means used are network meetings supported by briefings, virtual networking and targeted dissemination to key decision makers. Target groups are senior mental health managers, policy makers and researchers. Expected outcomes are greater knowledge at local and EU level on improving the quality of mental health systems and implementation of new service models.

3. Change Management in Practice – eHealth implementation issues

Activities focused on exchanging best practice on change management. The focus was on eHealth, looking at major implementation issues (health professional acceptance, citizen participation, equity of access etc) to share best practice from systems adopting eHealth successfully. The means used are workshops, feeding in to EHMA's Annual Conference and Winterschool on Health Leadership. The target group includes senior managers (Heads of Operations and IT) and policy makers at EU and regional/national level. Expected outcomes are increased capacity to implement change.

4. Taskforce on Managing the Future Workforce

Understanding the needs of the future health workforce is key for sustaining health systems. The method is consultation of a panel of European experts and

health managers. The aim is to create a consensus on key challenges (including issues such as capacity gaps, recruitment and retention, skill mix and flexible work options for older people). The feasibility of instruments and solutions will be discussed. The taskforce worked with targeted expert meetings, supported by policy briefs and discussion papers. Expected outcomes include a stronger consensus at EU level on key future workforce management, and support for managers in identifying key workforce priorities and strategies.

4. The role of Health Management Capacity in Transitional Countries

Introduction

In March 2009 EHMA launched a peer network across Central and Eastern Europe (CEE), the Balkans and other transitional countries for senior health managers and health policy makers. Its main aim is to build health management capacity across transitional countries and to address common health management challenges.

2012 marked a turning point in the life of the EHMA's Transitional Countries Network (TCN). After three years of evolution the network became actively involved in translating issues related to Transitional Countries and health system transformation to the EU level policy agenda, and helped TCN members to use the support the of EU policy and financing mechanisms in their quest for change.

An informal working group was launched which worked through the year on the development of the TCN agenda. To this end a kick-off meeting was organised in Brussels, a second TCN working meeting took place at the EHMA Annual Conference in Bern, while during the autumn a series of virtual meetings took place.

Challenges and opportunities for health management in Central and Eastern Europe

The working group recognized the need for reform in all countries, irrespective of where the need for change comes from (e.g. from EU level or local demand), while recognizing that countries have different political and policy agendas. A distinction was made between objectives for change and enablers for change. Objectives for change included support for the older population, reduction of hospital centricity, meeting workforce challenges, and improving quality of care. Identified enablers for change were accessible data, skills and culture supportive for change and reflection, eHealth solutions, cooperation and accountability between stakeholders.

A discussion paper preceding the first meeting concluded that (building) the capacity for the implementation of programmes and effective use of resources is as important as providing funding for health systems and services improvement itself.

Management in transitional countries

1. Health management is key in building sustainable, accessible and efficient health systems.
2. Historically strong cultures of centralization and lack of individual accountability/ responsibility challenge the development of a strong management tradition.
3. Building capacity and leadership start with education and peer support.
4. Structural funds are a strong financing mechanism, but several hurdles need to be overcome in order to make these means more accessible.

However management capacity is considered traditionally weak in Central and Eastern European (CEE) countries for several reasons. From a cultural perspective it is argued that CEE countries' heritages of collectivism and lack of individual responsibility challenge the capacity to changes. As modern health systems are expected to decentralize their tasks and responsibilities this supposed lack of responsibility would be increasingly troublesome. In addition it is argued that not only the achieving the end result (i.e. transformed sustainable, effective and efficient health systems) is a challenge, but also the process of getting there *together*, breaking with the history of collectivism. Some, if not most, countries of Eastern European region acknowledge a lack of information exchange and cooperation among different departments and stakeholders in a country. This means frequent overlap of activities of similar projects and inefficient use of time and resources.

However such decentralization processes do not only imply a shift of tasks, roles and responsibilities, but also *the capacity* to carry out these tasks. It has been widely reported, including in the Health Systems in Transition series of the WHO, that there has been a lack of management capacity. In combination with rather abrupt processes of decentralization this has had some adverse effects in several CEE countries, including new barriers to access, under-financing of services and perceived low quality of primary care services. In short, decentralization requires additional capacity on multiple levels including the system and organizational level. Decentralization also results in the (classic) organizational challenge of coordination and collaboration. McKee and Fiddler (2004) have argued that transition processes too often focused on individual elements of health systems (e.g. primary care, hospital reform, healthcare financing). As healthcare systems are complex, with many interrelated sub-policy areas, the interconnectivity between areas are important for the increase in performance of the overall system. Additionally, processes of decentralization resulted in fragmentation and blurring of responsibilities

Research and practice (including Briggs et al 2010) show that the most effective approaches to building management capacity and improving managers' access to knowledge can be achieved collaboratively with different stakeholders. Cultural partnerships across the health sector serve this aim, in particular when participants can find agreement in the identification of the needs and challenges, and when they work together on bringing in the best solutions for the health management services. Ensuring the best health system outcomes requires a well-balanced input from all relevant stakeholders including government, professionals, communities, and patients. This in turn requires leadership and individual responsibilities.

Building capacity through education

Many transitional countries have a strong tradition around 'clinicians into management' due to the absence of a strong management tradition. Frequently managerial tasks have been considered as additional work on top of an already

high clinical work load. Consequently, management tasks have been considered as of secondary importance. The lack of such management tradition also implies that those who carry out managerial tasks do not necessarily have adequate management experience or relevant qualifications. It is reported that as a result, based on their clinical education, clinicians often perform their tasks with a narrow, discipline-based perspective (Briggs et al 2010).

Health management education (i.e. bachelor, master and MBA programmes) is considered not to have a very strong tradition. However the number of courses and universities offering programmes is increasing and it would be an interesting exercise to monitor this development, and to analyze the content provided and, although not focusing on management of health systems in general, education in health management has found its way in health areas such as public health education.

The EU and the Structural Funds as enabling factors

The European Structural Fund, as outlined in the first meeting's discussion paper, ought to be one of the financial sources to support management capacity building since aims to reduce structurally (social) inequalities between Europe's regions. In order to make health sectors in transition modern, responsive and sustainable with adequate management capacity and the necessary resources in place, both the rationale and the capacity to secure these sources need to be strengthened.

However the working group noted two additional challenges. First of all it is necessary to understand inequalities between regions, as funding often 'sticks' to central regions that better understand how to apply for funding. As implementing regulation is set by Member States ,this could be a debate that is worth having at EU level. However the European Commission seeks to increase a better allocation of funding over regions, but MS not necessarily used the improved processes available. Secondly, it is not only a challenge to bring health into the structural funds, but it is additionally challenging to bring in the complex health models that might be required.

TCN webinars on change management, future developments and leadership

In the autumn of 2012 EHMA organised a series of webinars on leadership, change management and developments in (public) health. The aim of the webinars was to present a number of challenges for (CEE) Member States, to discuss the current developments in public health and healthcare, and to offer a lecture on leadership development.

The first lecture was delivered by Prof. Malcolm Whitfield (Sheffield Hallam University) on drivers for change in health systems in Europe (e.g. the unsustainability of current life styles and healthcare systems' expenditures).. As noted during the first TCN meeting, it is important to discuss how focus and

resources can be shifted from further investments in healthcare systems and into prevention.

The second lecture, delivered by Prof. Helmut Brand (Maastricht University), focused on the current development of European Public Health. It described the successes of the EU in terms of cooperation and legislation, and it questioned what future steps need to be taken.

After describing the need for change (first session) and the context in which this should take place (second session), the third webinar – presented by Dr. Kenneth Rethmeier, focused on the role of leadership in the organisation, and how leaders can drive change in their direct environment. This lecture is discussed in more detail here.

The need for a new healthcare organizational model which moves from a hierarchical, top-down decision making model towards a more collective and collaborative one – that would allow for increasing staff engagement – was analysed. Dr. Rethmeier preferred the "Fair process model" as, according to him, it best represents the alignment of the timeless concepts of universality, solidarity, cost effectiveness and quality together with social values such as equity, justice and responsibility. In addition, it fits well with the new environment of the European healthcare as it offers a clear linkage between cooperation and economic performance.

The "Fair Process model" consists of the following key steps:

- Step 1: Seeing, engaging and framing.
- Step 2: Implementation, exploring and eliminating options.
- Step 3: Deciding, explaining and setting expectations.
- Step 4: Acting and executing.
- Step 5: Evaluating, learning and adapting.

Although the "Fair Process model" was the suggested model to guide leadership in a modern healthcare organization, Dr. Rethmeier made clear that the leadership style should be adapted to the circumstances. Management transitions open up the opportunity to tap into the collective knowledge and motivation of staff to establish a culture of sustained superior performance. To achieve this, a number of personal qualities are essential at the different stages of the leadership cycle. New and different ways of thinking, building on shared authority, responsibility and accountability are required. Knowledge, integrity and above all trust were reported as the new leadership competencies, accompanied by the will to bring change.

Conclusion

The history and development of (health and social) systems in most Central Eastern European countries do not provide a fertile soil for health management development. The institutional arrangements –hierarchical systems with originally limited responsibility for individuals (e.g. managers) – require not only a change in structures but also in mindsets and approaches. However this is more demanding than 'copying' aspects of better functioning health systems. Education in health management and 'fitting' values are necessary, also for clinicians moving into management. Within this group it needs to be acknowledged that management positions are of significant importance and requires leadership – they are not merely an additional set of administrative tasks.

Next steps

- EHMA will continue to provide a peer network for academics, policy makers and health managers from CEE countries. The Winterschool is identified as an instrument to support capacity building and nurture leadership.
- Together with other EU stakeholders and the network the case for using the ESF to invest in healthcare services and management needs to be made.

Peer support and financial investment to train health managers who can steer healthcare organisations through demanding and complex changes are key needs emerging from the work that was carried out.

5. European Mental Health Systems Network: building (management) capacity for sustainable systems and services

Introduction

Despite common challenges, there are few opportunities for managers, researchers and policy makers to exchange learning on system change and service reconfiguration in mental health. EHMA's European Mental Health Systems Network offers such a platform. Launched in 2010, it provides a meeting place where the sustainability and future of mental healthcare provision can be discussed. The network's activities focus both on the introduction and implementation of community-based mental healthcare, and on discussions around the sustainability and future of current services. Management emerged as an important factor in the process of introducing community services (managing change management), and as a prerequisite for running responsive and high-quality mental services that centre on the service user.

Challenges for managing change in mental health systems

The past decades have seen significant changes in many countries' mental health systems, in particular a broad shift from inpatient psychiatric provision to greater emphasis on services provided in the community. At the end of 2011 it was decided that the network wanted to support developments in mental health in Poland, following a case study discussed at the network's meeting that year.

During the first meeting of 2012, EHMA together with Maudsley International, discussed a toolkit developed by EHMA member Asklepios. This foundation, in developing an answer to a request for support for change management in mental health, does not rely on one "superior" concept to help set up a system of provision. It believes in offering as much treatment, support and improvement of social participation and rehabilitation as possible in the social surroundings of the client, but will not make an offer of support that does not do justice to the views of the person (or patient) receiving the support. Their

Change management in mental health

1. Current reforms in mental health services include deinstitutionalisation, increased interest in community care, and (ideally) a balanced approach between inpatient and community care, with mental, social and community services integrated.
2. Not only systems and structures require attention – a shift in culture needs to support the change on the ground.
3. Different stakeholders within systems need to meet and build platforms for cooperation and peer-learning in order to learn effectively and to foster innovative solutions.
4. Strong management and effective tools support the change process.

experience in guiding change management processes includes a large number of countries, including Spain, Latvia, the Russian Federation, Bulgaria, Romania, Ukraine, Turkey, and, in particular, Greece. It was decided that the second meeting needs to provide support for management and implementation of change processes and that the toolkit could provide the necessary guidelines for that meeting, in addition to the Maudsley International's experiences.

Challenges and opportunities for change management in Mental Health – a tool kit proposed by ASKLEPIOS

The toolkit offers various forms of intervention and points of application. The toolkit is not presented in detail in this report, but includes the following aspects:

- Improvement of professional processes within service providers: This generally happens through individual coaching, team coaching and training offers. Initial direct feedback on the application of new skills is highly effective and will lead to quicker implementation in the early stages.
- Guidance through management support in realizing change processes in the cure and care providers: Direct feedback – and preferably on location – will be provided while implementing the change management process. Support helps local managers still 'own' the process in the reflections and progress.
- Support of professional associations: Professional associations can be supported in setting up programmes for the further development of skills and expertise (and their maintenance) in any particular group of professionals.
- Assistance in the development of client participation and client representation: client and patient participation can prove to be important sources of changes and inspiration for implementation. However, peer experiences in how to shape this process might be valuable.
- Involving national, regional and local authorities in improvement processes: Depending on the size of the support programme, government authorities are approached at the relevant level. When change processes are not initiated bottom-up but are the result of a top-down process, their involvement might be required in the implementation processes.

Change management in practice: bringing stakeholders together in Poland

A conference organised in November 2012 provided an opportunity to exchange ideas for developments and improvements in Polish mental health care and to consider possible applications of community based services and related lessons on managing change through effective stakeholder engagement. The envisioned outcome was an action plan to take forward priority objectives and to identify support available.

Dr. Sławomir Murawiec, local change agent and co-organiser of the conference, provided an overview of the situation in psychiatric health care in Poland,

including current strategies, programmes, and some strengths and weaknesses of the measures. The Polish National Mental Health Programme stresses that mental health should be high on policy agendas and that mental health policy and care delivery are challenges for social and health policies of the state and local government agencies. The current programme was accepted by the Council of Ministers in December 2010. One cross-cutting aspect is that it pushes departments for health, labour, justice, home affairs and education to increase their cooperation. More specifically, a number of objectives are set out in this programme:

- Objective 1: Mental health promotion and mental disorder prevention
- Objective 2: Ensuring that people with mental disorders have access to integrated health care, and other support necessary to live in the community (including family and workplace)
- Objective 3: Research and development of information systems in the field of mental health

Some of the emerging issues appear to be closely related to decentralisation and the introduction and revision (2010) of the Mental Health Plan. Though some resources have been shifted, they are not always considered to be sufficient. As the power and different levels of governance still need to be calibrated, many challenges are those often seen in any process of decentralisation. Again, similar to other countries and situations, the energy, willingness, and enthusiasm are higher on the organisational and local levels. Local managers and policy makers may therefore be ahead of national plans, sometimes conflicting with the existing top-down structure. Some regions are already doing better navigating the changing landscape, but performance (and the emergence of innovations) appear to correlate with flexibility allowed by regional policy makers.

The participants worked in different groups mapping barriers and opportunities, including front runners, for change. The need and opportunities for further cooperation and knowledge sharing became clear during the conference.

The group's strength was that is included representatives from many different groups, areas and regions. Learning from each other on how to manage the implementation of the national programme can support the dissemination of effective innovations and ways of addressing barriers to change.

Conclusion

The conference in Warsaw showed how important it is to share experience across borders and the need to bring different system stakeholders around the table. EHMA is proud to bring the different actors from various regions together, and believes it supported the start of a platform that – without a doubt – will contribute to peer-learning and sharing of innovative practices.

With the Joint Action for mental health starting in 2013 EHMA hopes to contribute, together with its network, to complementary local capacity building and better management through well-placed interventions.

Next steps

- The European Mental Health Systems Network will continue to provide a unique platform function for managers, policy makers and academics involved in mental health.
- EHMA will continue to work with its network members on specific cases, and to support the building of local capacity in Member States.

6. Managing health workforce shortages

Introduction

EHMA's taskforce on workforce, launched in 2012, aims at (1) creating consensus on key challenges (including issues such as capacity gaps, recruitment and retention, skill mix and flexible work options for older people) and at (2) increasing cooperation between different stakeholders. The taskforce has a strong focus on management issues in health workforce, and recruitment and retention in particular.

Challenges for health workforce: the need to discuss the management of 'a scarce resource'

The growing need for retention in health workforce has become increasingly clear over the last decade. Member States need to address shortages in their workforce, including regional imbalances, and will need to do so even more in the future. Increasing evidence also points out that the care sector is not always an attractive place to work, resulting in staff leaving the sector thus increasing shortages and possibly affecting the delivery of care.

EHMA has scoped the need for better managerial interventions and strategies to improve the working environment and conditions in a book chapter delivered in the framework of the EU funded PROMeTHEUS study. Together with the taskforce, relations between health management and policy and regulators have been further mapped and developed. As a result, through the workforce taskforce, better insights were created in the relation between management and policy structures.

Management of the health workforce

1. Evidence shows that well-functioning organisations and health systems are imperative for retaining the health workforce.
2. In addition to a number of policy options, strong organizational and HR management resulting in good working environments is essential in achieving this end.
3. As health workforce shortages are a key subject of debate in the healthcare sector, many stakeholders are involved. There is a need not only to cooperate, but also to increase one another's 'language'.

During the first meeting members of the taskforce explored how they engage with their direct working environment, and investigated from a very personal perspective as individuals what needs to be in place if they want to do their work well, and how this relates to interactions within organisations and health systems. The results were gathered under a number of themes including amongst others management capacity building, forecasting & education, 'experiencing work', working environments, outcomes and system incentives, and wider system changes. But as important is how these themes and the gathered experiences and

formulated needs interrelate. Trust, both within the organisation (or unit) and between different organisations) support from management, courage and support to take leadership and clarity between roles were mentioned as factors that are important for positive working experiences.

These aspects were put in the context of recruitment and retention, and in particular how this discussion could be expanded including more stakeholders in a working conference.

This working conference was held in November and brought insights in both good theoretical and actual practices in recruitment and retention and cooperation between stakeholders in the system. Participants were encouraged to participate in 'country groups' and worked with country templates which outlined priorities and possible scope for action and processes for implementation, including leadership and accountability. The conference explicitly sought to link to the European Commission's Action Plan for the Health Workforce and the Joint Action on Workforce planning and forecasting.

Challenges and opportunities for health management in health workforce management

The conference aimed to discuss the complexities in the recruitment and retention of health workers, the challenges of coordination and cooperation between different stakeholders in the field and of bringing stakeholders within and across countries together. The following needs were recognized:

- Building more capacity in the system: When addressing health workforce challenges it is important not to lose sight of the central issue of quality car for the patient. There are many mismatches within the system, for instance in the skill mix of health workers and the services healthcare organisations provide. Current structures of health systems find their roots in the 60s and might not be well-equipped to meet future challenges. There is a strong need for more prevention and to shift from hospital to community care and from specialised care to general care – the question is how managers can best lead their workforce in times of change? As systems change there is a need to build in more adaptability and flexibility. All this requires increased capacity for education, planning (e.g. through the Joint Action on workforce planning) and management. To make the health sector an attractive sector, with 'magnet professions' rather than working places, investments in good management are required.
- Addressing the functioning of the labour market for the health workforce: As countries invest in the costly education and training of their health workers, they expect some return on investment. Providing financial incentives for newly trained health workers or having the ability to make sure they work for a given period of time in the country in which they trained might be options to regulate this.

- Addressing the need for coordination and collaboration between different stakeholders: Country participants showed a great willingness to focus on starting or improving inter-sectoral collaboration. Better communication and shared decision making is needed to ensure the right number of health workers are trained and not to make costly investments resulting in oversupply.

To address these needs the following actions were identified:

- To improve data and indicators, as well as access to data sets and the products of forecasting exercises. Information on outflow of professionals will need to come from source countries and if an increase in exchange of information and data is needed, then this will require compatibility of data.
- To increase our understanding on recruitment of health workers and mobility in general, more information on the motivations of health workers to move and their profiles are required. Concerning recruitment, what can be learnt from commercial companies and their profiling techniques in order to support HR managers?
- To stimulate cooperation between stakeholders in the system. There is a need to identify common interests in specific contexts for more stability, and to build platforms for dialogue between the education and healthcare sector about the training of (different groups of) health workers.
- To build management capacity and make working environments better, there is a need to scope ways of promoting respect for the different health workers' roles, to involve them in decision-making, and to discuss the role of doctors/specialists and their tasks (and how this may relate to strengthening the nursing profession).
- To motivate health workers to move and work in under-served areas. Hungary found that just financial incentives were not successful, and it was reported that support for relocation of the family as well as the individual was a particular lack in the plan. Norway embraced telemedicine as an alternative (technical solution) for some issues.

During the closing panel participants gave their views on what they learned and a few were invited to reflect on the discussions of the last 2 days and to extract key messages. Among other things, it was stated that the right metrics, the right incentives and the right management and leadership skills are needed in order to prepare for a future in which the healthcare systems will have to do more with less. It was also reiterated that in the end healthcare and care are about people, patients and quality of care. Culture and language are important for the quality of care, and when discussing health workforce mobility this remains an important point. Lastly, we should not lose sight of the importance of supporting staff as they make significant contributions to social and healthcare delivery.

Conclusion

The conference underlined the excellent timing of the Joint Action on health workforce forecasting. The platform for cooperation between Member States should also result in better coordination in Member States, leading to better planning and better informed decision-making around training of nurses, doctors and specialists.

The Action Plan for the health workforce, delivered by the European Commission in April 2012, also outlines other areas for work, and recruitment and retention in particular. This is for good reasons, and from a European perspective the main activity is to share good practices and to support the capacity of management to implement these practices. Recruitment could benefit from better human resource management, and much could be learned from the commercial sectors.

To retain health workers having good working environments is key, and better health management is required to deliver those environments. Not only would it be useful to have evidence on the cost-effectiveness of retention practices, there is a need to learn how the equip managers with the right tools and skills to implement strategies that address multiple factors that currently lead to the loss of many health workers.

Next steps

- Implications for health workforce forecasting are included in the work of the Joint Action. EHMA will seek to contribute to setting up national platforms for successful planning.
- Recruitment and retention remain on the agendas of both EHMA and the European Commission (as part of the Action Plan).
- EHMA will seek the means to pursue further scoping of retention and recruitment strategies and practices, and to facilitate the learning between different stakeholders within the Member States.
- Targeted capacity building with health managers is considered a strong option.

7. Health management in eHealth implementation processes

Introduction

The 2012 work programme included a range of activities focusing on exchanging best practice on change management with eHealth as an initial priority. While assembling a group of experts willing to work with EHMA now and in the future on eHealth implementation challenges, major implementation issues (health professional acceptance, citizen participation, equity of access etc) were discussed that are related to systems adopting eHealth successfully.

Setting the agenda:

The potential benefits of eHealth solutions are well documented. Numerous examples of successful pilot studies exist. However, often eHealth solutions do not make it to large scale implementation due to the complexity of the design of many projects and/ or the high up- front investment costs it requires.

Managing implementation processes in eHealth

1. Contributing to successful implementation processes are: realistic strategic blue prints, the involvement of both patients and health professionals, focus on core issues, and proof of cost-effectiveness of the innovation.
2. Experiences from Sweden showed the need for a solid legal framework, and the involvement of patients, professionals and managers in an early stage of the development process.

The European Health Management Association organized a preconference symposium to provide a forum for discussion, sharing and learning about the successes and challenges of eHealth implementation in Europe and in the global context. The preconference symposium took place on the members' day of the Annual Conference and brought together a sizeable group of researchers, policy makers and health managers. Examples of eHealth implementation were introduced from Stockholm and the region of Catalonia and a global report on eHealth implementation was shared as a discussion starter by KPMG/Manchester Business School.

Challenges and opportunities for eHealth implementation and pointers for further discussion

There are many issues and challenges around the implementation of eHealth solutions. Four different topics to debate were selected for further discussion:

1. What are concrete examples of eHealth projects that have been a considerable success? What were the characteristics of the projects and the technologies that made them successful?

2. How do we implement eHealth in an era of austerity?
3. What is the role of the patient in enhancing the implementation of eHealth solutions?
4. What might be the areas of interest and focus for an eHealth network facilitated by EHMA?

The financial crisis provides a specific context to the implementation of eHealth, which could be seen as an opportunity to create change. The different discussions held during the symposium resulted in several shared conclusions. Firstly developing a strategic plan (as opposed to an ad-hoc approach) should contribute to a successful implementation. Additionally focusing on core issues that matter to both the patient and the professional also increases the chance of a success. Involvement of health professionals remained one of the crucial points for discussion – their active participation and contributions are the key to success. The ability to find a common language is of paramount importance in the process as it enhances collaboration and creates the willingness to implement the new technological solutions. Health managers should play an active role in finding a common language and facilitating the changes. New technologies and approaches may present a challenge to older health professionals who were educated in different times with a different approach to technologies and implementation strategies should take this into account.

Implementation of eHealth in the current financial climate demands better insights on economic evaluation and evidence on effectiveness. Stakeholders need to become better in finding the evidence on financial gains and improved patient outcomes. However the cost effectiveness of eHealth could only be achieved if the new technologies replace the less effective existing solutions and not added as an extra service or cost, as experience shows that in practice eHealth solutions often become optional or additional, rather than being accepted as a more effective alternative for the processes they seek to replace.

The role of the patient is very important. However patients are not a homogenous group and their approach to eHealth differs to a great extent. Younger patients who are more comfortable with IT come up with ideas and solutions themselves, while older people may need more information, assistance and guidance. Nonetheless all patients and service users can function as drivers for change, showing their enthusiasm for applied eHealth solutions.

Introducing an e-National Patient Summary in Sweden: lessons from practice

The new National Patient Summary puts critical patient information at the doctors' fingertips (with patients' consent) and will improve patient care, reduce medical error, avoid unnecessary treatments, and help with the integration of care in Sweden. But the implementation process has not been easy in Sweden's decentralised healthcare system where such information is stored in many different places. Andreas Mårtensson (Region Västra Götaland) has been intimately involved in the development of the Swedish summary and will discuss

the technical and political aspects. Robert Sinclair will comment on the usability of the solution and its impact on patient care.

But there are challenges as well There is a considerable time commitment required if all the relevant managers are to understand the system and to appreciate how it could increase quality of care and make it more effective and efficient. Many managers have a heavy workload and competing priorities and may be unwilling to take on additional work. On the positive side, in a survey carried out at the end of 2011 by a Market Research company, the healthcare staff of the municipality of Örebro (southern Sweden) rated the National Patient Summary service highly. Nine out of ten NPS users were 'satisfied' or 'very satisfied'; more than 60 percent believe that it has been highly or very highly beneficial for their work; almost three out of four surveyed persons said they will be happy to recommend NPS to their colleagues, and as many of them indicated that they trust the system, which they find reliable and of high quality and only a few of the respondents (10 percent) believe that NPS's usefulness for their work is limited.

Conclusions

The European Health Management Association seeks to improve inter-professional dialogue between different stakeholders in the area of eHealth. The Association has the opportunity to provide a platform to engage policy makers, researchers, health professionals, educators and patients, supporting collaboration and the development of a shared language.

This platform can also facilitate 'glocal' learning: global or larger solutions tailored to local contexts. EHMA members are interested in contributing to such a network. Research questions and perhaps projects may result from these exchanges. It is important to bring the eHealth agenda to other communities, and to support change management with the help of eHealth solutions.

Next steps

- EHMA has the opportunity to provide a platform to engage policy makers, researchers, health professionals, educators and patients, supporting collaboration and the development of a shared language. This platform can also facilitate 'glocal' learning: global or larger solutions tailored to local contexts.
- Together with Members and experts potential topics for further discussion will be explored.

EHMA has been involved up to now in the eHealth Governance initiative that seeks to shape the EU policy agenda and the deployment of interoperable eHealth services among national healthcare systems and is part of the eHealth stakeholder group that was moved by the European Commission and in particular is involved in several European funded research projects and thematic networks around pilot studies and eHealth implementation.

This preconference symposium is a milestone in promoting EHMA's work on this important area, at the same time an opportunity to learn about the needs and interests of the membership in eHealth initiatives and facilitate collaboration between members involved. The feedback from the EHMA membership confirmed the need for further follow up on eHealth implementation practices in Europe and the creation of a new EHMA network focusing on eHealth.

8. Conclusions

The original intention of this report was to outline evidence created on health management capacity building. As discussed in the literature review, capacity building is difficult to 'catch', and even stating learning outcomes of educational programmes – also in health management education –it is challenging to measure or quantify the essential learning processes for health managers and other actors in the system.

However, the work programme did confirm a number of hypotheses.

First of all, *activities and discussions around the different aspects of improvement of healthcare systems reemphasised the importance of health management*. Meetings related to implementing community-based mental health in Poland showed that high-quality and well-informed management is important in linking the implementation of top-down programmes with the creation of enough space for interpretation and innovation. Working with the Workforce Taskforce illustrated the importance of health management in working environments, and therefore its role in retaining health workforce. Additionally, the wider system capacity can be increased by aligning different stakeholders to cooperate. The lack of management capacity in Central and Eastern European countries remains an important challenge, and underlines the fact that management skills are required for increasing the wider system's capacity as well.

Secondly, *implementation of the work programme confirmed the efficiency of different activities in supporting the development of management capacity*. The meetings in the framework of the European Mental Health Systems Network showed the power of national and international peer-learning. Cross-country learning only works when possible solutions are directly discussed in the local context. National cooperation requires time in which different stakeholders can 'get the measure of eachother' before they become more comfortable to discuss their challenges. But capacity in the wider system can also be supported by bringing but different stakeholders in the system together, as well as peers,. Facilitating better understanding between groups of stakeholders – each with their own aims and values – can contribute to better cooperation and collaboration. Building platforms, discussing shared problems and interdependencies in delivering solutions need to be part of such activities as they can contribute to increased system capacity. The Transitional Countries' Network was once more showed to be a valuable network for addressing multiple aspects of health management challenges, adapting a combination of cross-country learning and peer learning, and applying both informing (the webinar series) and dialogue models (the first meeting and conference session).

Thirdly, *some countries may still lack the embedment of instruments that allow for structural improvements in health management*. These may include health management education programmes, accreditation of management courses and programmes and the necessary financial means to advance these prerequisites.

The fourth and last conclusion is that *the European Health Management has an important role to play in building health management capacity in Europe*. Not only may this be a business opportunity – it is also a responsibility. Taking stock of the networks and platforms developed over the years and continuous learning about the activities and methodologies behind these activities the Association becomes increasingly better positioned to fully take this responsibility. The Transitional Countries Network and Programme Directors Network support general capacity building for health management, while specialised networks allow for cross-country country learning and peer-support. Peer groups are a dimension the Association might need to explore even further: though challenging, working more with particular types of health managers and really focusing on their needs might contribute to health systems' development more than problem-setting policy dialogues.

Annex: Discussion papers and reports related to the EHMA FY2012 Operating Grant

Deliverable 1

- Discussion paper first TCN meeting: http://www.ehma.org/files/D1%20TCN%20Discussion%20Paper%20meeting%201.pdf (PDF, 692kb)
- Discussion paper second TCN meeting: http://www.ehma.org/files/D1%20TCN%20Discussion%20Paper%20meeting%202.pdf (PDF, 384kb)

Deliverable 2

- Report on the first TCN meeting: http://www.ehma.org/files/D2%20TCN%20Public%20Report%20meeting%201.pdf (PDF, 527kb)
- Report on the second TCN meeting: http://www.ehma.org/files/D2%20TCN%20Public%20Report%20meeting%202.pdf (PDF, 398kb)

Deliverable 3

- Discussion paper first EMHSN meeting: http://www.ehma.org/files/D3%20MH%20Discussion%20Paper%20meeting%201.pdf (PDF, 72kb)
- Discussion paper second EMHSN meeting: http://www.ehma.org/files/D3%20MH%20Discussion%20Paper%20meeting%202.pdf (PDF, 568kb)

Deliverable 4

- Report on the first EMHSN meeting: http://www.ehma.org/files/D4%20MH%20Report%20meeting%202.pdf (PDF, 362kb)
- Report on the second EMHSN meeting: http://www.ehma.org/files/D4%20MH%20Report%20meeting%201.pdf (PDF, 555kb)

Deliverable 5

- Discussion paper first workforce taskforce meeting: http://www.ehma.org/files/D5%20WFTF%20Discussion%20Paper%20meeting%201.pdf (PDF, 605kb)
- Discussion paper second workforce taskforce meeting: http://www.ehma.org/files/D5%20WFTF%20Discussion%20Paper%20meeting%202.pdf (PDF, 717kb)

Deliverable 6

- Report on the first workforce taskforce meeting: http://www.ehma.org/files/D6%20WFTF%20Report%20meeting%201.pdf (PDF, 556kb)
- Report on the second workforce taskforce meeting: http://www.ehma.org/files/D6%20WFTF%20Report%20meeting%202.pdf (PDF, 402kb)

Deliverable 7

- Report on the first change management workshop: http://www.ehma.org/files/Preconference%20symposium%20Public%20Report%20FINAL.pdf (PDF, 659kb)
- Report on the second change management workshop: http://www.ehma.org/files/Webinar%20Public%20Report;%20Introducing%20an%20e-National%20Patient%20Summary%20in%20Sweden.pdf (PDF, 316kb)

Deliverable 8

- Final report on discussion and evidence created in the work programme

Deliverables 9 and 10

- Dissemination plan (not publically available)
- Evaluation plan (not publically available)