PARTNERSHIP BETWEEN MANAGERS AND-doctors

AEMH (Associação Europeia de Médicos Hospitalares) Conference

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**SUSTAINABILITY**

The long term balance between income and expenses

Promoting quality of care and increasing efficiency

**ACCOUNTABILITY**

Proving, with criteria and objectivity, the accurate use of the resources

Creating a “common language” of performance indicators and benchmarking
RESPONSIVENESS
Capacity to answer to the patients’ expectations regarding the access, effectiveness of care and “amenities”

INNOVATION
The capacity to absorb and turning available for patients the advances in medicine and health care technologies

To select the new technologies appropriated to meet the health needs of the population and to avoid the under-or-oversupply
TO ANSWER TO THESE CHALLENGES THE HEALTH SYSTEMS NEED:

- More organization
- Integrated care approach
- Health maintenance strategies
- Accurate and permanent information (for professionals and patients)
- Health Technologies Assessment (HTA)
- Quality assessment / benchmarking
- Incentives for professionals
THIS IMPLIES MORE INTERRELATIONSHIP BETWEEN DOCTORS AND MANAGERS:

- A narrow collaboration between management and clinical practice
- More autonomy for the operational levels organized on a more comprehensive basis (“Business Units” / Clinical Budgets)
- Involving the professionals on the strategic decision-making process
- Implementing **Clinical Governance** methods
A CLASSICAL PERSPECTIVE

GENERAL ADMINISTRATION / TOP MANAGEMENT

CITIZEN Funding

Delivery

Allocation

Provider

SOURCE: Adapted from Mossialos, E. and Dixon, A.
A NEW VISION

Funding

Delivery

Allocation

Clinical Governance

Allocation

MIDDLE MANAGEMENT

Delivery

PROVIDER

Clinical Governance
- Number of doctors and their workload distribution
- Drugs and medical devices prescription policies
- Complementary examinations prescription policies
- Turn – over of beds
- Ambulatory care vs. Inpatient care
- Inclusion of new drugs
- Productivity analysis
- Continuous quality improvement activities
- Process and outcomes assessment
- Waiting lists
- Waiting times on current appointments
- Patient safety programs (Infection control, falls, other adverse events, informed consent)
- Integrated Care
- Clinical information rights
- The use of protocols and guidelines (EBM?)
- External and internal clinical audits / hospitals accreditation
- Priorities Definition
- Multidisciplinary teams
- Payment for Performance
- Disease / Case management
is to realize the hoped