

# Strengthening Health Systems Governance: the TAPIC Framework Reflections for CRITERIA



**22 January 2018**

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# Outline

1. But... What is Governance
2. TAPIC Framework to assess and address Governance
3. Reflections on strategies for CRITERIA
  - Transparency
  - Accountability
  - Participation
  - Integrity
  - Capacity



# But... What is Governance? *Isn't it self evident?*



**Buon Governo**





# But.... What is Governance? *Isn't it self evident?*



## Mal Governo





# But.... What is Governance?

## *A Political theory?*



- Good governance is determined by the personal virtues, qualities and characteristics of the Prince.
- *“It is necessary for a prince to hold his own to know how to do wrong“ He has to be willing to set aside ethical concerns of justice and honesty to maintain the stability of the state.*



# But.... What is Governance? *A Pragmatic Theory?*

- ¿QUÉ ES GOBERNAR?  
- TRATAR DE IMPEDIR QUE  
GOBIERNEN LOS OTROS.





# But... What is Governance?

## Values, Sub-functions & Outcomes

Dimensions of governance	Authors chronologically																		
	UNDP (1997) [18]	World Bank (1999) [20]	WHO (2000)* [3]	Travis et al. (2002)* [6]	Islam (2007) [21]	WHO (2007) [4]	WHO/EURO (2008)* [8]	Siddiqi et al. (2009) [14]	Lewis & Pettersson (2009) [22]	Savedoff (2009) [23]	Mikkelsen-Lopez et al. (2011) [2]	HealthGovMonitor (2011) [37]	Baez-Camargo & Jacobs (2011) [12]	Kickbush & Gleicher (2012) [10]	Council of Europe (2012) [24]	Smith et al. (2012) [39]	Wendt (2012) [58]	Kaplan et al. (2013) [43]	MSH (2013) [45]
<b>Fundamental values</b>																			
Control of corruption																			
Democracy																			
Human rights																			
Ethics and integrity																			
Conflict prevention																			
Public good																			
Rule of law																			
<b>Sub-functions</b>																			
Accountability																			
Partnerships																			
Formulating policy/strategic direction																			
Generating information/intelligence																			
Operational adequacy/systems																			
Public participation/consultation																			
Risk management																			
Transparency																			
Efficiency																			
Equity																			
Quality																			
Responsiveness																			
Sustainability																			
Financial and social risk protection																			
Improved health																			

**How not to think about Governance**

Note: A shaded box is used to identify the explicit reference to a given element in the work of the corresponding author(s). The three groupings applied (fundamental values; sub-functions; outcomes) are the authors' own and therefore may not be explicitly used to characterize dimensions in the respective works.

\*Refer to health stewardship.



# But.... What is Governance?

## *A basic definition*

- *“The actions and means adopted by a society to promote collective action and deliver collective solutions in pursuit of common goals”*
- *“How societies make and implement collective decisions”*
- Key to **UHC, SDGs** and improving Health Systems Performance
- Governance vs **Resilience**: Poor governance reduces adaptive, learning and response capacities of systems



# GOVERNANCE FOR HEALTH IN

THE  
CENTRE

IMPLEMENTING A HEALTH  
GOVERNANCE FOR

THE 21ST  
CENTURY

Making it happen

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Strengthening Health System  
Strengthening Health System

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# Dimensions of Governance: TAPIC

- Transparency
  - Makes decisions & their grounds clear



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- **Transparency**
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- **Accountability**
  - Clear reporting to principals with sanctions



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  - Affected parties engaged in decisionmaking



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  - Weberian virtues: clear jobs, hiring, tenure etc.



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- **Policy Capacity**
  - Skills for policy analysis at center



# Strategies to ensure Good Governance

**Table 3.1** Strategies for good governance

Strategy	Attribute				Policy Capacity
	Transparency	Accountability	Participation	Integrity	
Standards and codes of conduct		O	R	R	
Conflict of interest policies		O		R	
Competitive bidding	R	O			
Contracts		O		R	
Financial mechanisms		O		R	
Choice mechanisms		O	R		
Regulation strategies		O		R	
Organizational separation		O			
Watchdog committees and inspectorates	O			R	
Reporting requirements	O	R	R		
Performance measurement	O	R	R		
Freedom of Information provisions	O	R			
Public Information efforts	O	R	R		R
Client surveys			O		
Stakeholder forums	R		O		
Advisory committees	R		O		
Consultations	R	R	O		
Representation (elected or appointed)	w		O		

Strategy	Attribute				Policy Capacity
	Transparency	Accountability	Participation	Integrity	
Legal remedies			O	R	
Partnerships			O	R	
Internal audits				O	
Budget	R			O	
Financial audit	R			O	
Legislative mandate			R	O	
Clear organizational roles and purposes				O	
Personnel policies			R	O	
Intelligence on performance					O
Intelligence on process				R	O
Research and analysis capacity					O
Staff recruitment and retention				R	O

O: indicates that this is where the authors chose to organize the strategy

R: indicates that the strategy is also relevant to this particular attribute



# Accountability

*“...in which the actor must inform the other of decisions, must explain decisions, can be mandated, and can be sanctioned”*

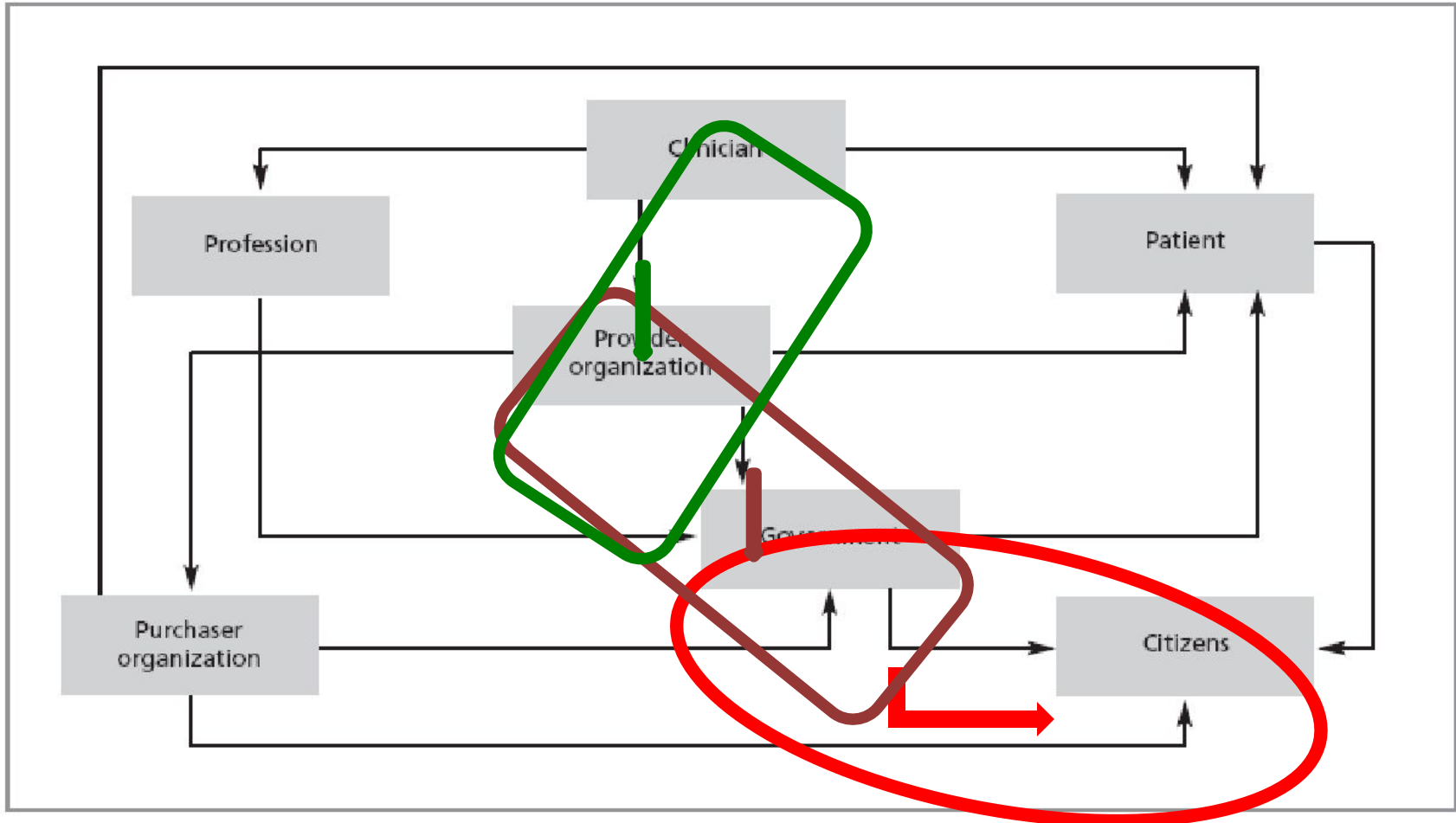
*“being held to account for having made an appropriate decision”*





# Accountability To Whom?

## Key principal / agent relationships



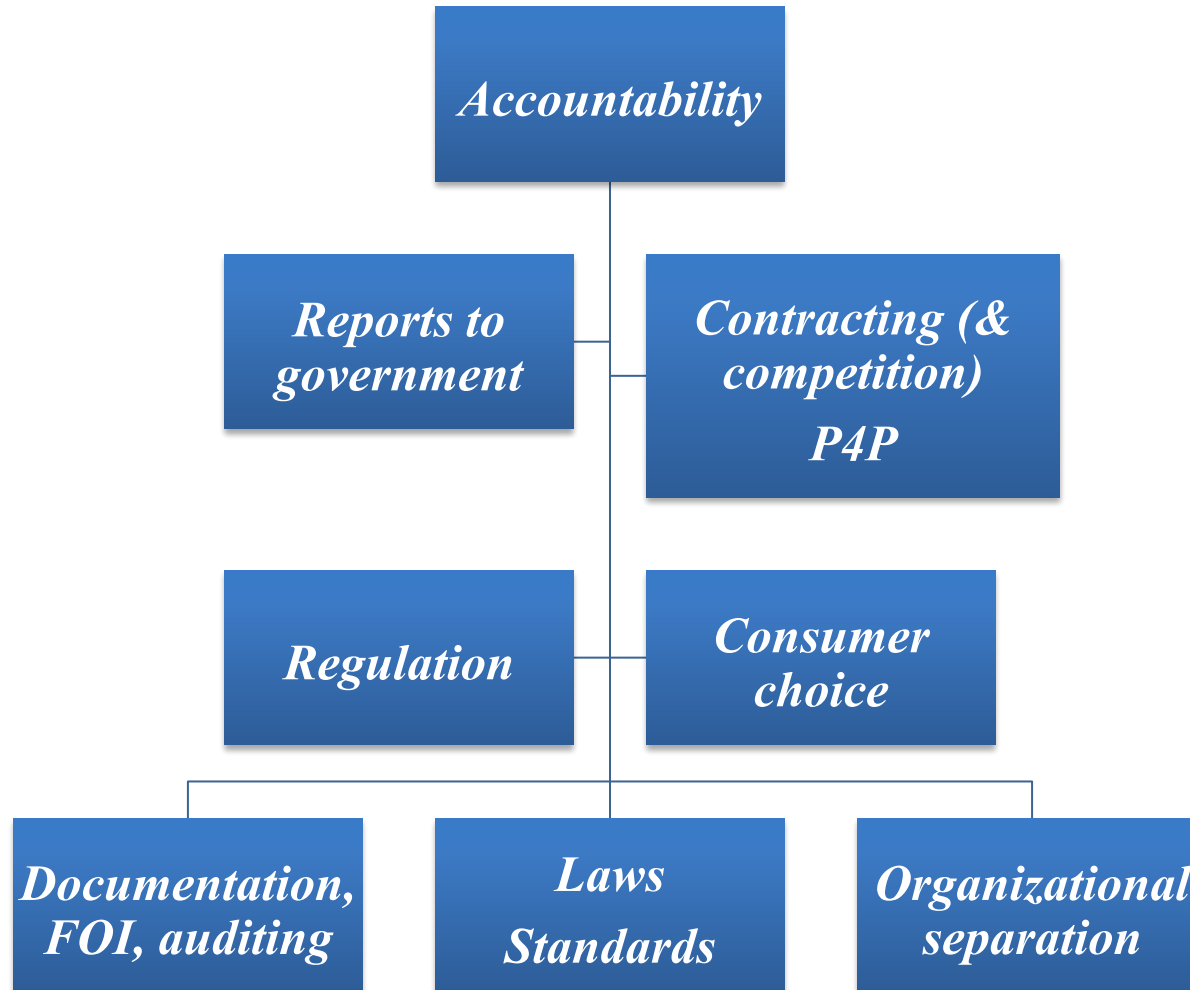


# Accountability To Whom?





# Accountability To Whom?





# Accountability: HTA Agencies Organization, Functions & Tools

EU Member States	Decision making process (Review, pricing and coverage)	HTA authority	Function of HTA authority
Sweden			Regulatory
Netherlands			Advisory
Denmark			Regulatory, Coordination
Germany			Regulatory, Coordination
UK			Regulatory, Coordination

## The Changing National Role in Health System Governance

29

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Edited  
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Richard



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TECHNOLOGY  
ASSESSMENT IN THE  
EUROPEAN UNION**  
STATE OF ART AND  
FUTURE SCENARIOS

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and Soc  
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# Accountability: HTA Agencies *Organization, Functions & Tools*

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## ENSURING VALUE FOR MONEY IN HEALTH CARE

The role of health technology assessment  
in the European Union

Corinna Sorenson, Michael Drummond,  
Panos Kanavos

Observatory Studies Series N° 11

### **Box 3.1. Methods for disseminating and implementing recommendations**

- Coverage/reimbursement policy
- Formulary restrictions
- Medical audit/peer review
- Clinical guidance
- Accreditation
- Standards
- Media campaigns
- Conferences/workshops
- Professional education
- Web sites and newsletters



# Changing clinical behaviour?

- **Priority Setting / Benefit Packages**
- **Stepping up negative lists (goods & services)**
- **Health Technology Assessment**
  - E.g. NICE UK, HAS FR, SBU SE, KCE BE, IQWiG DE
  - EUNetHTA (European Network of HTA)
- **Clinical guidelines and protocols (Audits)**
- **Financial and Regulatory Incentives**
- **Behavioural Change Campaigns e.g. *Choosing Wisely***



# Accountability : Hospitals

## Organizational arrangements

### Governing Public Hospitals

25

Reform strategies and the movement towards institutional autonomy

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**Table 4.2** Continuum of hospital governance strategies

Command and control	Restricted semi-autonomy	Considerable semi-autonomy	Maximal semi-autonomy	Fully independent private
	Norway ↔			
	Portugal ↔			
	Israel ↔			
	Estonia ↔			
	Czech Republic ↔			
		England ↔		
	Spain ↔			
			Netherlands ↔	



# Transparency

*“.... that institutions inform the public and other actors of decisions coming and decisions taken, and of the process by and grounds on which decisions are taken”*

- Watchdog Committees
- Regular Reporting
- Inspectorates
- Public Information (clear & actionable)
- Freedom of information Legislation
- Performance Assessment / Reporting

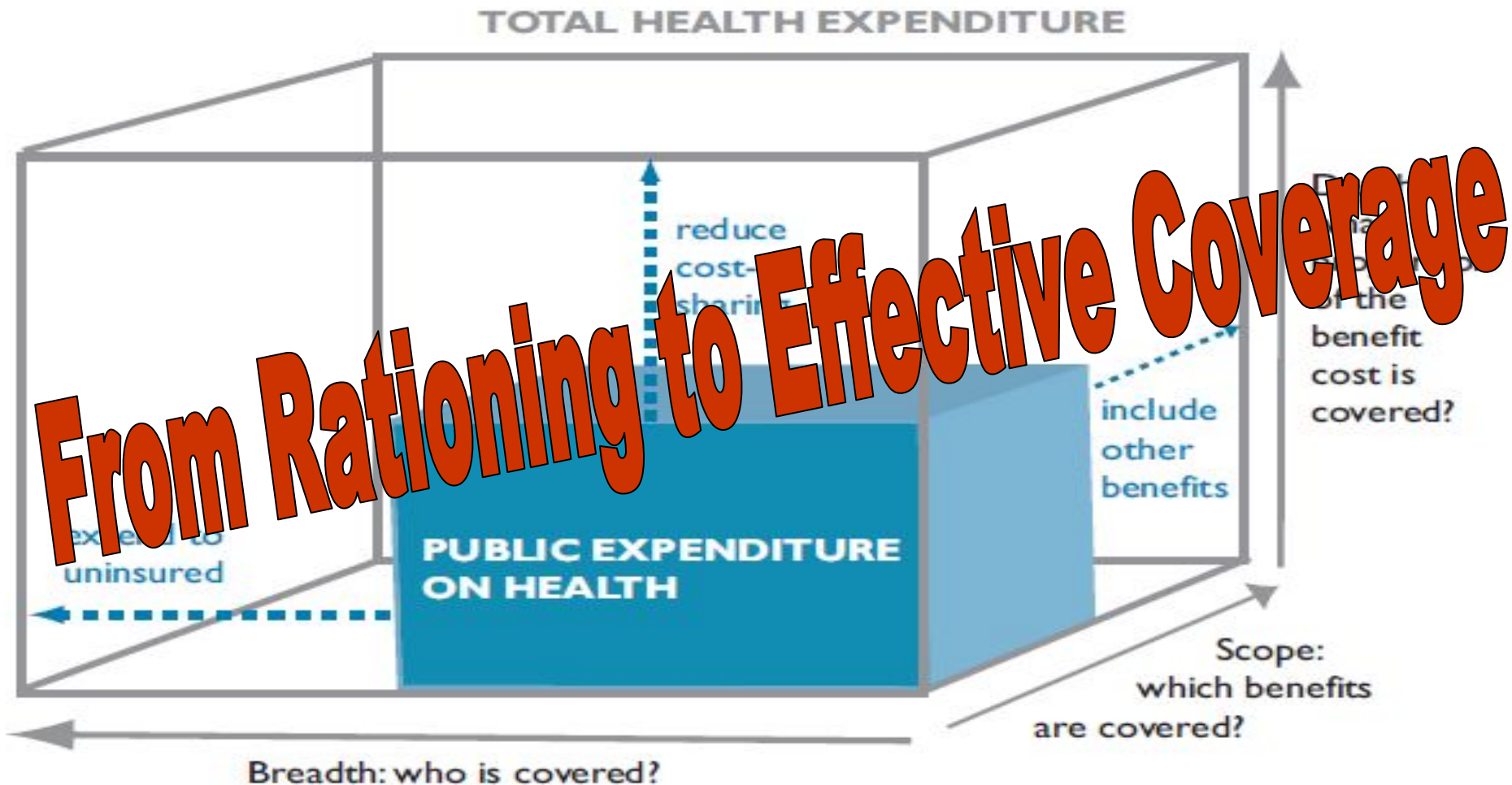
**Priority Setting  
Evidence**





# Basic Package of Care Coverage Decisions

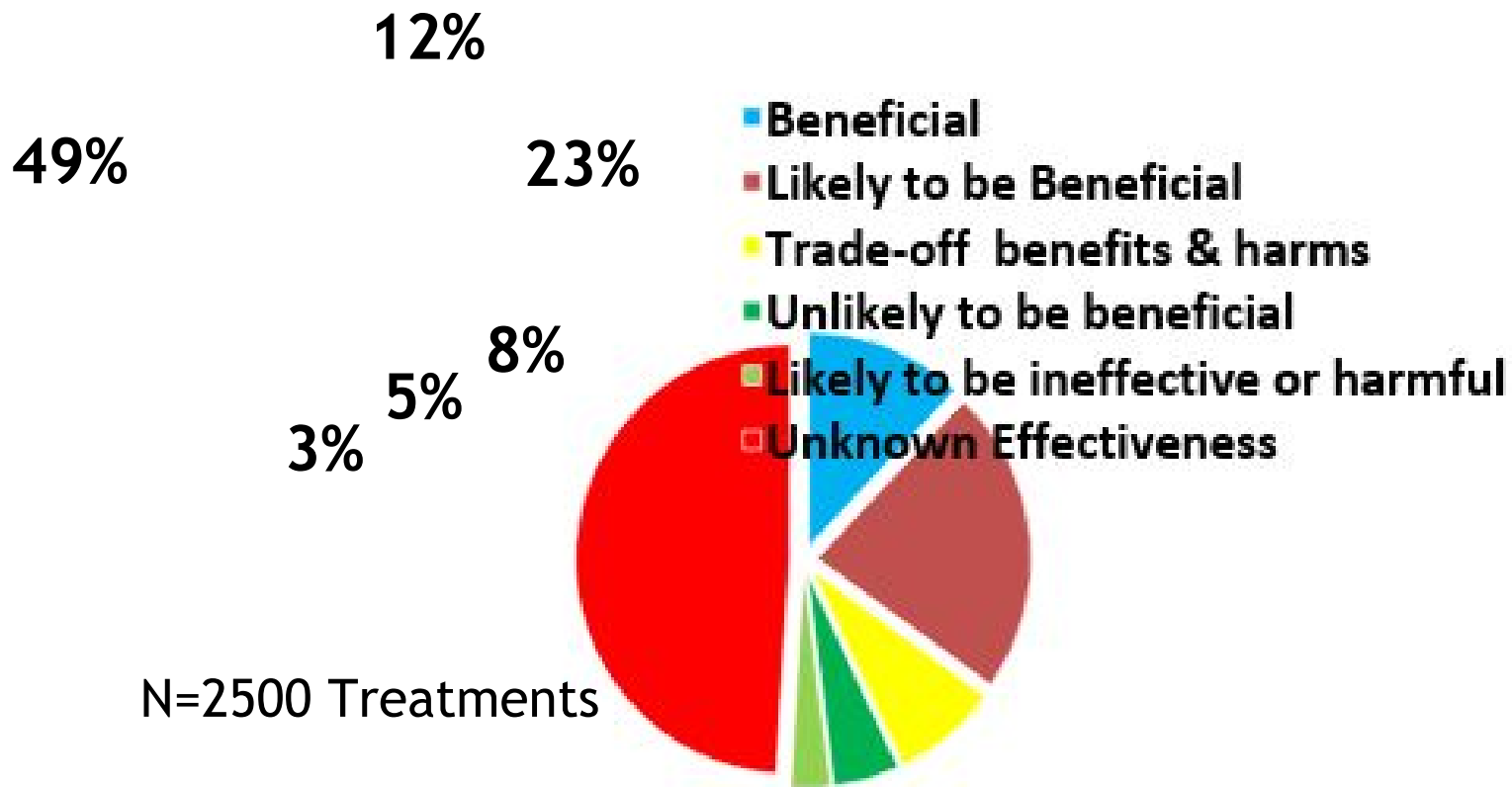
## Coverage Dimensions





# Up to 20% of expenditure Ineffective or Wasteful

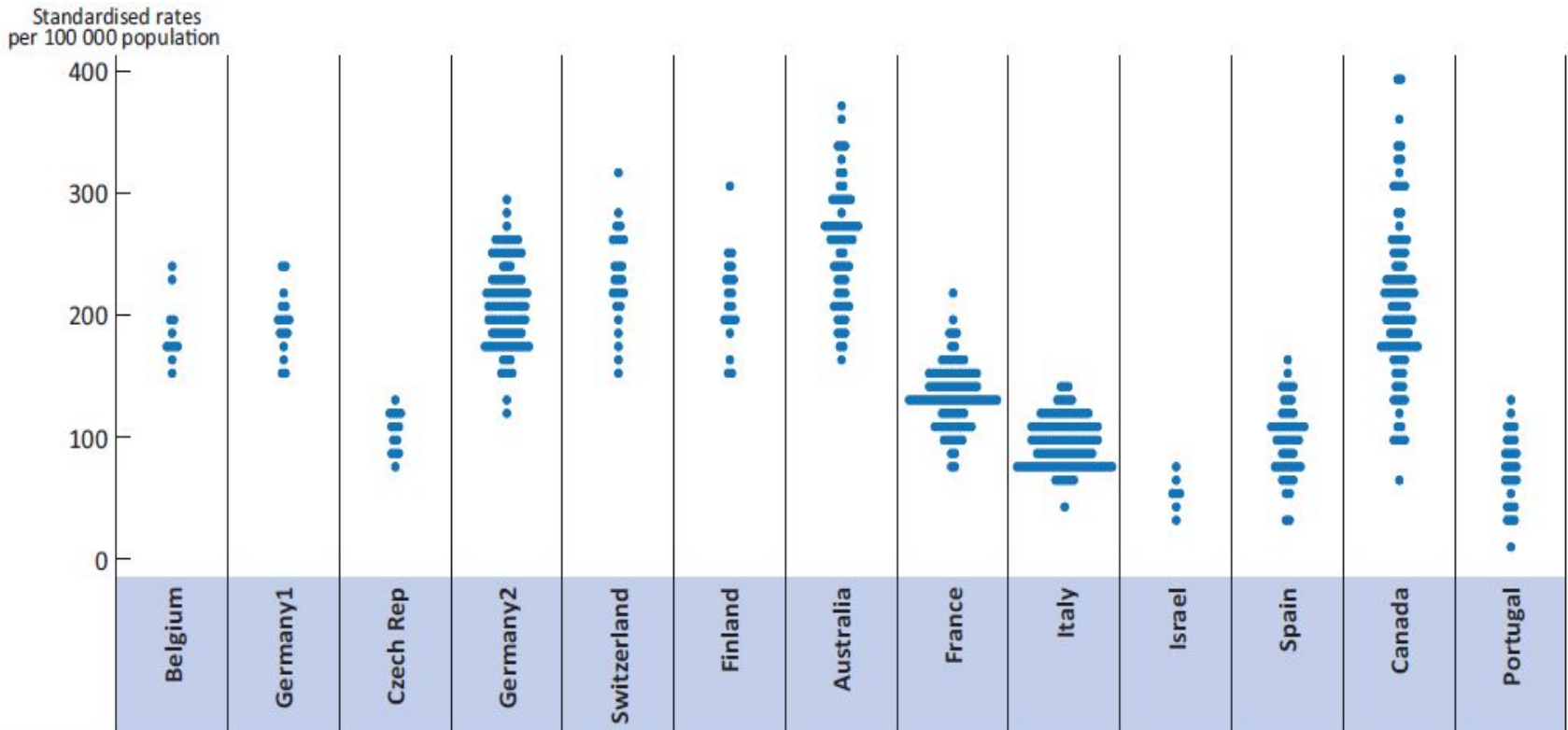
## Ineffective or Harmful Clinical Care





# Up to 20% of expenditure Ineffective or Wasteful

## Large Variations in Volume of Services

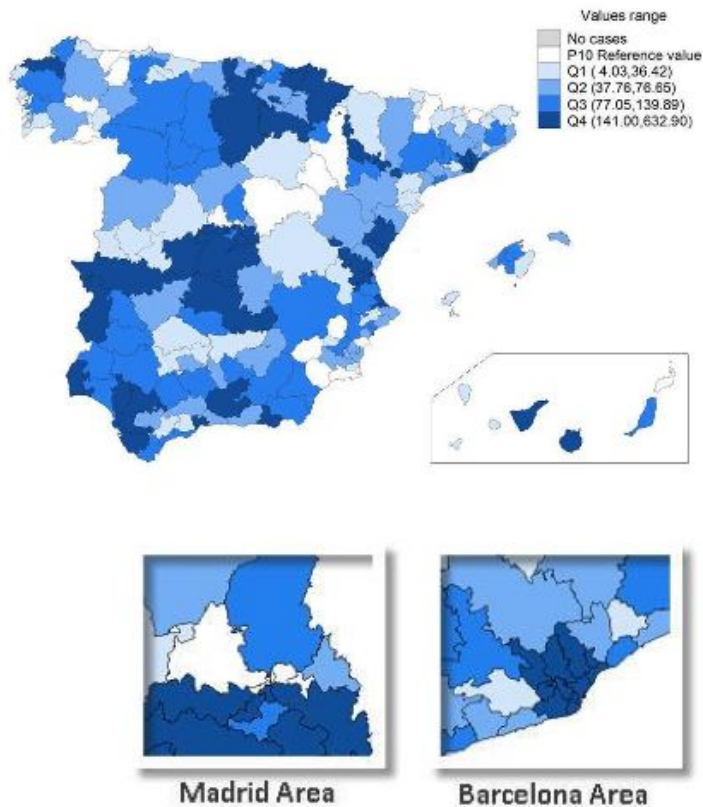


**Knee replacement rate across and within  
selected OECD countries, 2011 (or latest year).**



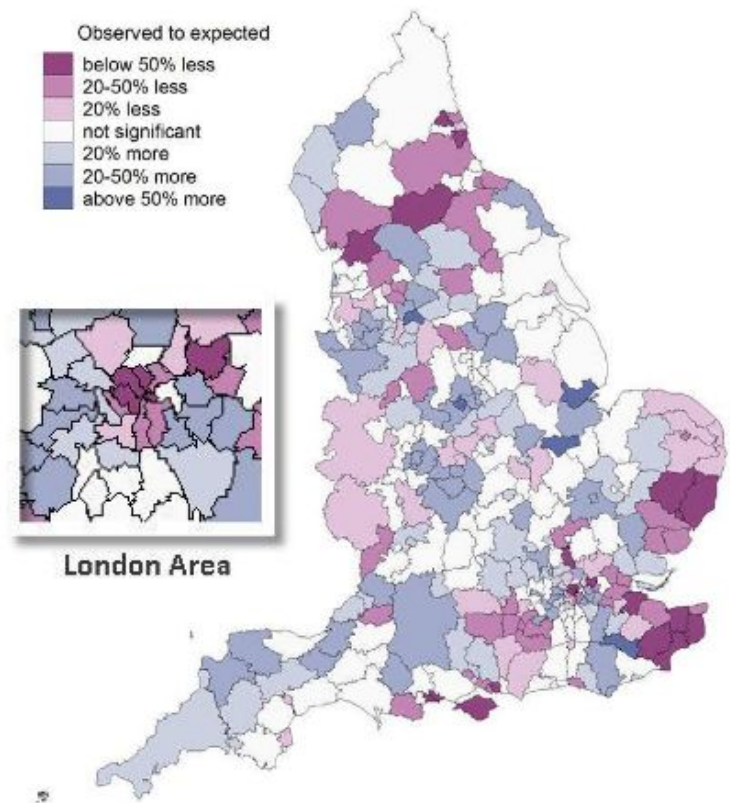
## Essentially ineffective care

[Tonsillectomy in children]



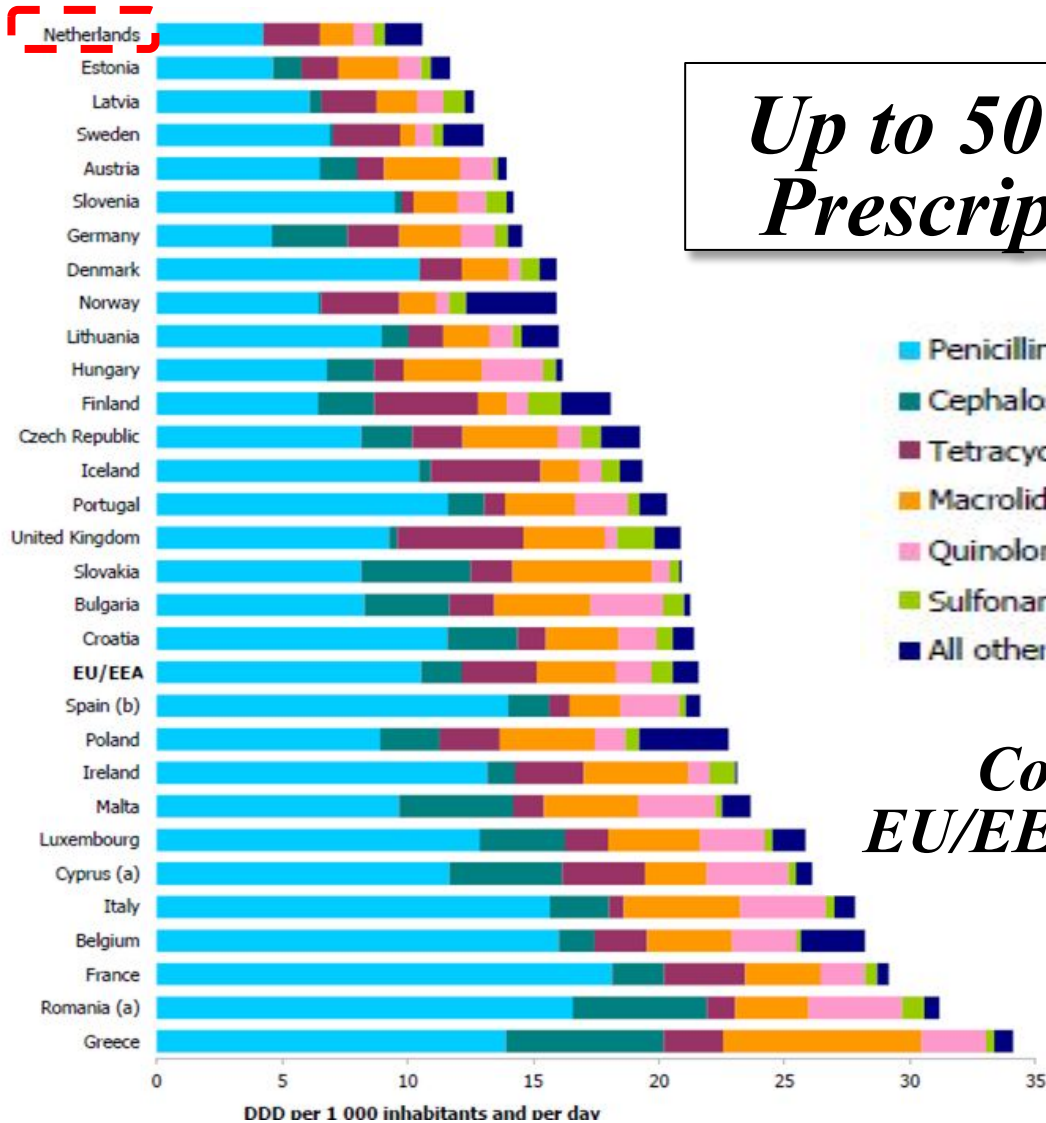
## Effective surgery in non-eligible patients

[C-section in low risk deliveries]

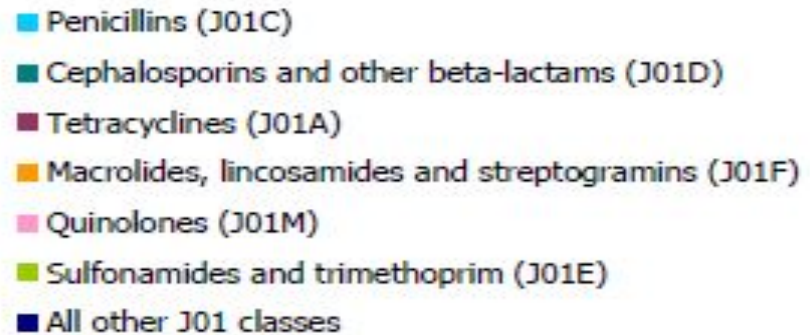




# Up to 20% of expenditure Ineffective or Wasteful



*Up to 50% of Antimicrobial Prescriptions Unnecessary*

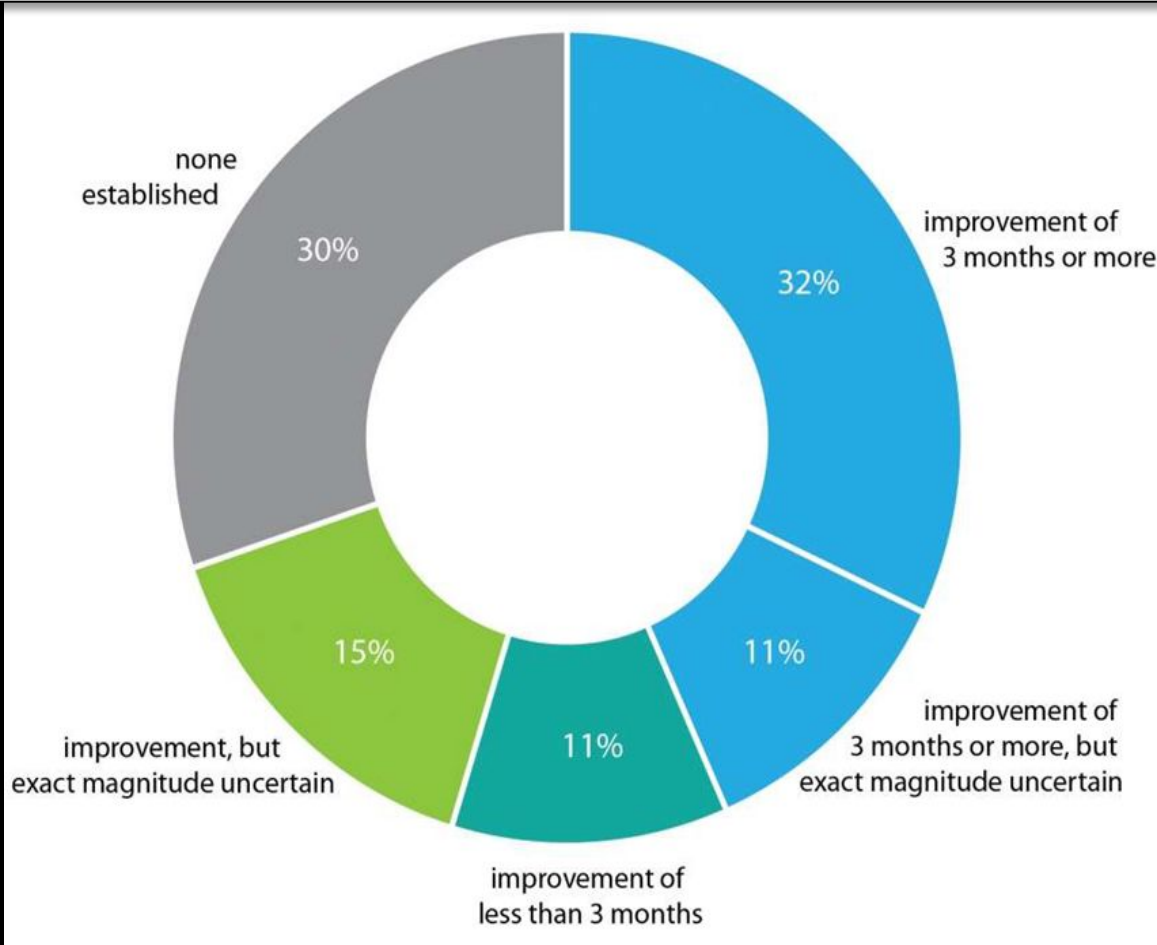


*Consumption of Antibiotics  
EU/EEA DDD per 1000 inhabitants  
per day*



# Up to 20% of expenditure Ineffective or Wasteful

## Benefits from Cancer Medicines licensed 2003-13 Improvements in Overall Survival





# Transparency

## *Whose objectives? Whose values?*

- Focus on Sustainability
- Cost containment (savings)  $\neq$  efficiency



**THE GOOD THE BAD AND THE UGLY**

- **The Good**
  - *Contain costs / increases efficiency*
- **The Bad**
  - *Contains costs / decreases efficiency*
- **The Ugly**
  - *Contains costs / decreases health*



# Assessing Performance Beware of Bias & Vested Interests

## Hospitals

Home > Health > Hospitals

- Health
- Hospitals
- Best Health Plans
- Best Nursing Homes
- Diseases & Conditions
- Diet & Fitness
- Living Well
- Women's Health
- Men's Health
- Children's Health
- Boomer Health
- Health Advice
- Drug Information
- Join a Community
- Therapist Finder
- Health Professionals

Hospitals | Children's Hospitals

## America's Best Hospitals

Browse Rankings by Specialty

- Cancer
- Diabetes & Endocrine Disorders
- Digestive Disorders
- Ear, Nose & Throat
- Geriatric Care
- Gynecology
- Heart & Heart Surgery
- Kidney Disorders
- Neurology & Neurosurgery
- Ophthalmology
- Orthopedics
- Psychiatry
- Rehabilitation
- Respiratory Disorders
- Rheumatology
- Urology

A-Z Best Hospitals Index

### Honor Roll: The Best

21 hospitals that scored big in six or more specialties.

- 1 Johns Hopkins Hospital  
Baltimore, MD
- 2 Mayo Clinic  
Rochester, MN
- 3 Ronald Reagan UCLA Medical Center  
Los Angeles, CA



### Who owns your Medical Record? Dr Foster at the Conservative conference

The public can and must learn that they will have to manage their medical records. Shadow Health Secretary Stephen O'Brien at the Conservative Conference fringe event on Information; who owns your medical records?

[Read more »](#)

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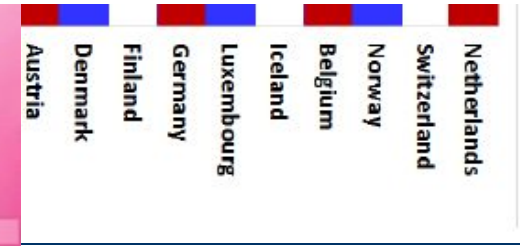
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# Assessing Performance Beware of Methodological Complexities

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## Death data surgeon

Publishing death rates will not spot poor because too few of study finds,

In June, the NHS in data, including death with nine more spec

But the paper says data was shown per

NHS England said transparency - not t

## The Telegraph

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Surgeon death rates may Relying upon the death rates of indi to "false complacency", researchers



theguardian

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News Society NHS

## Medics' NHS league table mortality figures mired in confusion

Death rates for 472 vascular surgeons revised after crude estimates for initial NHS table branded 'virtually worthless'

Randeep Ramesh, social affairs editor  
The Guardian, Saturday 29 June 2013 05.43 AEST



Home News

News Home

## The 30 tin death

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- Its publi
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By SOPHIE BO

PUBLISHED: 2:

Share

Patients in li on their surg

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The figures a there was sp



# Participation

*“... means that affected parties have access to decision making and power so that they acquire a meaningful stake in the work of the institution”*



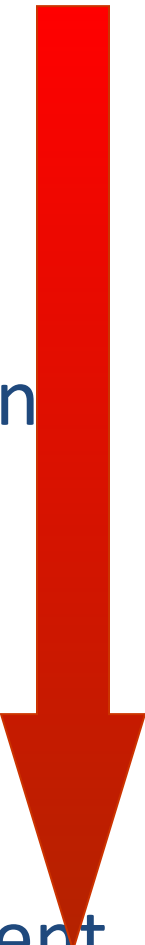


# Patient Participation *Dimensions*

- Health care rights & entitlements
- Advocacy (patient & consumer) groups
- Formal representation (purchaser & providers)
- Listening to public / patients views & perception
- Informing the public / patient: Public Reporting
- Increasing choice (insurer, provider, treatment)
- Patients rights legislation
- Clinical shared decision making / Self Management

**Collective - Public**

**Individual - Patient**





# Sources of information used by patients to help them choose

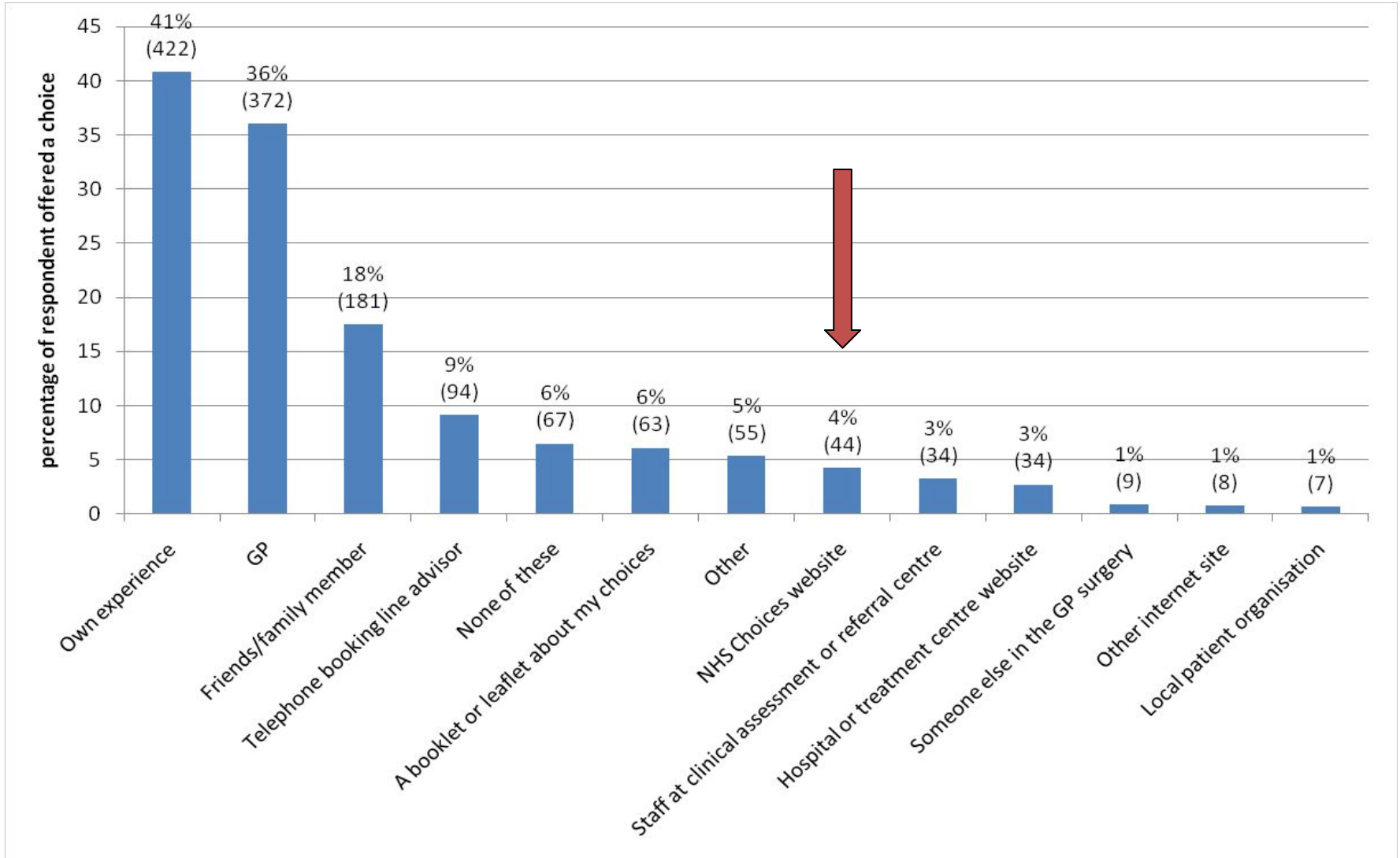


Table 1

Summary of questionnaire responses from online NHS Choices users, who reported using the website in relation to GP consultations (*n* = 1559)

Responses	Frequency	%	95% confidence intervals
<i>Most useful aspects of NHS Choices when thinking about consulting a GP</i>			
To find information on my symptoms/condition	1250	80.2	78.1–82.1
To learn about my treatment options	699	44.9	36.1–41.0
To help me decide if I am going to visit my GP	856	54.3	51.8–56.8
To be more confident about my GP	847	54.4	51.9–56.9
To help understand my condition	847	54.4	51.9–56.9
To help understand my treatment options	847	54.4	51.9–56.9
To help me find a GP	847	54.4	51.9–56.9
To search for a GP	847	54.4	51.9–56.9
To find out about services	847	54.4	51.9–56.9
To find out about services	847	54.4	51.9–56.9
To look at services	847	54.4	51.9–56.9
To look at services	847	54.4	51.9–56.9
<i>Effect on consultations</i>			
Decreases the number of consultations I make	515	33.0	30.7–35.4
Increases the number of visits I make	43	2.8	2.0–3.7
Makes no difference	839	53.8	51.3–56.3
Did not answer	162	10.4	8.9–12.0

**In spite of complexities & limited citizen use Transparency+ Participation The Only Way Forward**

Limited impact on patients and providers  
 Impact on providers  
 In primary services or Community?



# Citizens' Jury

The verdict reached by the jury was:

<u>QUESTION</u>	<u>VERDICT</u>
1. Are there circumstances where it is acceptable to not treat someone presenting at the ED?	YES
2. Should patients be given a choice over when they are treated, where they are treated, and by whom (type of health professional)?	SUPPORTED IN PRINCIPLE
3. Is it acceptable for patients to be treated by non-medical staff such as ambulance staff, nurses, and allied health professionals without seeing a doctor?	YES
4. Should ambulance staff be enabled to treat patients in their home without bringing them to the ED?	YES
5. Are there any circumstances that patients should pay towards the cost of treatment?	TEMPERED SUPPORT
6. Should patients with minor illnesses or injuries have a choice to pay to be seen in a priority queue?	UNANIMOUSLY NO



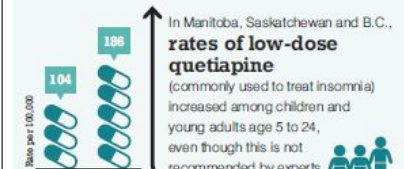
# Professionals & Patients Participation to identify and address Waste

## Unnecessary Care in Canada

### Key findings



had at least one unnecessary



## *Communication with and Participation of Professionals and Patients key in times of crisis*

- *Transparency and Benchmarking acceptable*
- *To identify & address waste*
- *Acceptability of reforms and cuts*



In Ontario, **23%** of inpatients with delirium had a potentially unnecessary head CT scan.



**Red blood cell transfusions** for elective hip (12%) and knee (8%) replacements **have decreased but continue to be done across Canada**, even though blood is a precious resource.



# Policy capacity

- **Financial**
- **Technical (e.g. IT, evidence,...)**
- **HR Skills**
- **Political**

- **Complexities of many structural reforms**
  - **Hospital closures and mergers**
  - **Integrated care reforms**
  - **Skill mix changes**
  - **Evidence base medicine**
  - **Health Technology Assessment**
  - **E Health technologies**
  - **Strengthen primary care**
  - **Public health strategies**





# Final Reflections

- Governance matters but not an end in itself
- Context (as always) also matters
- Choose policies in light of your system of governance. E.g.
  - Focus and prioritize reform in light of Policy Capacity
  - Identify ‘ High Risks for Governance’
- Governance is not only the values but importantly specifics:
  - Focus on the strategies to ensure TAPIC attributes



# Final Reflections

'Twas a dangerous cliff, as they freely confessed,  
Though to walk near its crest was so pleasant;  
But over its terrible edge there had slipped  
A duke and full many a peasant.

So the people said something would have to be done,  
But their projects did not hit all balls.  
Some said, "Put a wall round the cliff,  
Some "An arm of stone" to hold the valley."  
The epigrammists, "*The Ambulance in the Valley*," 1895

"sensible few, who are practical too,  
Will not bear with such nonsense much longer;  
They believe that prevention is better than cure,  
And their party will soon be the stronger."

**Governance: can turn Ambulances into Fences**



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