Strategic issues

1. Lessons learned from the COVID-19 crisis

GREECE :

The CoViD-19 outbreak made it crystal clear that, the health systems' structure is not resilient; and also raised questions about their capacity to meet contemporary public health challenges. The Primary Health Care didn't respond in its mission, which resulted in the fact of the unbearable pressure of hospitals and of healthcare workers. The number of humans who lost their lives globally is unacceptably high.

LITHUANIA :

Since the pandemic began and the first cases of Covid-19 virus were detected, many hospital staff members had to isolate themselves. The administrative staff were no exception, so the work of the hospital in these extreme conditions had to be organized remotely. This was a huge challenge as it required the right tools to organize remote work, as well as the preparation of a plan for communication infrastructure and information flow management, so that we could exchange relevant and constantly changing information smoothly and expeditiously with hospital staff, both with administrative staff or department heads, as well as all doctors and nurses.

We tried to keep our staff informed via the hospital website, emails, SMS messages, as well as provide relevant information through social networks (hospital and municipal web pages). However, it was not very effective because of the lack of feedback, we didn't know whether the information reached our employees, what questions they had, etc.

Therefore, in the future, institutions must be prepared to meet similar challenges and provide the internal communication network, i.e. to ensure access to work email for all responsible employees, set up and maintain the hospital's Intranet page with the most relevant information available to all hospital staff.

External communication has become equally important, because especially at the onset of Covid-19, medical institutions received an increased media attention and public information was interpreted in various ways. All this has had a great influence on public opinion and the motivation of the entire team. Managing the situation and counteracting the flow of particularly negative information has required additional resources, time, and energy, which is not usually characteristic of hospital activities under normal, non-crisis, conditions.

In summary, it is necessary to improve both internal and external communication in medical institutions, which is a common practice in other public and private sector companies.

AUSTRIA :

The disruption that has been expected for many years in the healthcare sector and is often associated with digitization was not triggered in 2020 by the use of a groundbreaking software product, but rather by the appearance of a previously unknown virus. In addition to the health, economic and social consequences that will occupy our nations for years or more, it is also important to identify and make visible the **collateral benefits** of the crisis.

In the clinics, the role of purchasing, materials management and logistics has changed fundamentally. Invisible helpers in the background have turned into sought-after specialists. A central insight for the future is therefore to see the procurement and availability of goods no longer as a supply chain, but rather as a **demand chain**. The specific and often very special requirements of the users move much more into focus. In future, the procurement route must be conceived from the point of view of the consumer and flow into national, European and global sourcing strategies. The first phase of the pandemic in particular showed that even within the EU, due to national regulations, products cannot be exported or even transported in transit in the event of a crisis.

Home office can also be implemented in areas of the healthcare system in which personal interaction with patients was previously considered as a necessity. **Tele-outpatient clinics, telephone admission** of elective patients, and video conferencing **to discuss cases** in many disciplines became routine. For this it was necessary to take the right security measures for external access and to procure sufficient hardware. Digitization and empathy, which is so important in healthcare, are not mutually exclusive. The use of digital technologies offers the opportunity to reconcile generations like Boomers and Y in the healthcare sector and to involve them together in the interest of the patient.

FRANCE :

First, the more collective the response to the crisis, the better. The lack of coordination and the withdrawal into oneself increase the deficiencies.

That's true to be abble to care everybody. During the first waves there is was not enough intensive care beds for people of Paris and East of France. But they treated and save because they were transferred to other French regions and in Luxembourg, Germany or Switzerland.

That true for supply. In my territory, we never had lack of individual protections for staff, because the hospitals shared their stocks. Some were better equipped from on protection, others for another.

That's true for staff. All the units and all the hospitals didn't have the same absenteeism at the same time.

The larger the territory, the rarer is it for everyone to be affected at the same time. So the better think to do is to all others which are in worst situation, before to be helped yourself.

Second, Europe is too dependent on others countries for its strategic health supplies. We must build some strategic stocks and keep production capacities abble to increase quickly. And Europe must share these stocks and production capacities.

Third hospitals must be abble to quickly change their organizations. And hospitals management must work regularly to respond to crisis situations. Maybe we have to imagine some kind of hospital wargames.

PORTUGAL:

The COVID-19 pandemic has united healthcare systems across the world with a common purpose: ensuring capacity to help those who have been affected by coronavirus and minimising its impact on the health and well-being of people and their communities.

Coronavirus crisis also acted as a catalyst for widespread acceleration and adoption of transformations:

1. organisations rapidly up-skilling staff and mobilising volunteer carers at scale;
2. reorganisation of the healthcare infrastructure/facility with creation of emergency structures and conversion of existing non-health structures;
3. breaking down of workplace silos to ensure patients receive integrated care;
4. creative architectural solutions to manage flows of people in and out of hospitals as part of infection control;
5. critical care services being run virtually using digital technologies.

Moving beyond COVID-19 focus:

1. address the backlog of care and unmet need caused by the pandemic;
2. openness to radical innovation and learn from what made such a response possible;
3. use prediction and simulation models as a standard to optimize responses and resources

LUXEMBOURG :

COVID will change the perception of hospitals. We have to assume a permanent and open minded changing situation.

Gone are the days of begging for yourself. Certainly, in the European Union, the management of health systems remains the reserved domain of the Member States, but we must review our strategies and our priorities. Our way of managing crises needs to be reviewed; we must give ourselves a certain number of guarantees for good crisis management and better know how to take the right decisions.

Our health systems are fragile. In Luxembourg, the main pillars of the economy and especially the health sector are based on cross-border activity. A closure of the borders would constitute an unprecedented catastrophe. We must also give ourselves a strengthened capacity in intensive care beds and a better supply of medical devices and equipment.

Protectionism is certainly not the solution to be advocated, but we must strengthen the European identity and encourage the building of systems which interact. A spirit of solidarity, a common management of information and concerted decision-making are necessary to stem the current and future scourges. We have experienced great solidarity between certain Member States, with patient transfers. Luxembourg thus welcomed patients from the French Grand Est region.

Health systems need to be improved in consideration of lived experiences. In Europe we were surprised by the lack of adequate preparation at national level and a lack of a global vision of the preparedness and reaction plans of the Member States. We must give ourselves the necessary guarantees to allow our health systems to continue to function effectively and thus guarantee the survival of our economy and our society.

Health and the management of health systems are now of increased importance in Europe. The European institutions will reinforce their budgets devoted to health-related projects. They will do so through incentive actions on a scale never seen before.

2. Overflow Crossborder Healthcare and Visions for Healthcare systems in the future

GREECE :

European countries' health systems should be homogenized, through concrete and more structured and interventionist health policy at the European Union level. With health policies and systems increasingly interconnected the cross-border healthcare could reach further development and integration.

LITHUANIA :

The EU Directive 2011/24/EU on the application of Articles' rights in cross-border healthcare was adopted on 19 January 2011. It entered into application on 25 of October 2013. This directive clarifies the rules on access to healthcare across the European Economic Area (EEA) for all EEA citizens, including reimbursement.

The EU Directive gives the person insured with public health insurance in one EEA country the right to access healthcare services in another EEA country as long as the treatment is medically necessary and is also available in the country of affiliation. This directive shall apply to the provision of healthcare to patients, regardless of how it is organised, delivered and financed.

Therefore, if you decide to come to Lithuania to receive cross-border healthcare, first contact your competent institution in the country where you are insured and ascertain: What the requirements are in order to be reimbursed the cost? Whether you need prior authorisation for these services?

The best way to get this information is to contact your national contact point for cross-border healthcare where you can get all the information on patient rights and entitlements, terms and conditions for reimbursement including appeal and redress.

AUSTRIA :

Definition of **contact persons** in a network at the **operational level** and comparison with any national strategies and strategies of the countries with regard to **cross-border cooperation in regular operations and in the event of a pandemic or other disaster**.

Synchronization of the political strategies with the operators down to the location level.

FRANCE :

The covid crisis show that Europe must be more present on health problem. The freedom of movement in Europe do that there will be more and more crossborder workers. So the answer to the next health crisis should be on European level.

PORTUGAL :

Major Visions for future healthcare systems:

1. Harnessing digital technology to provide care focus on patient needs and expectations:

- ✓ Adoption of telehealth and telemedicine assuring the adequate infrastructure;
- ✓ Adoption and promotion of Innovative digital health solutions;
- ✓ Adoption of homecare and remote monitoring;
- ✓ Staff training programs to ensure clinical standards of care are maintained;
- ✓ Support for patients to take-up new digital models of care, particularly vulnerable or elderly groups.

LUXEMBOURG

It should be recalled that the establishment of a "European Health Union" was proposed by the President of the European Commission, Ursula Von der Leyen, in her State of the Union speech in November 2020.

This is a package of measures based in particular on Article 168 (public health) and on Article 114 (internal market) of the Treaty of the European Union (TFEU). The Commission proposal thus falls within the framework of the TFEU. It is not about fundamentally expanding the remit of the European Union. The COVID-19 pandemic has shown the need for more coordinated Union-wide action and has highlighted gaps. It is a question of providing answers to this observation and of strengthening the Union framework in terms of health security. The proposals presented by the Commission concern the management of health crises, preparation for crises, reaction to them and the capacity to bounce back from them.

Concretely, the proposals foresee revising the mandates and the legal framework of the European Center for Disease Prevention and Control (ECDC) and the EMA, to enable them to better contribute to the fight against cross-border threats to health. The Commission is also proposing to create a new European agency ("European Health Emergency Preparedness and Response Authority").

The improvement proposals at the level of the EMA and ECDC Agencies thus aim to promote monitoring and to pool information. We haven't enough vision on the availability of essential drugs in the context of the fight against the pandemic etc. The idea of creating a "European Health Emergency Preparedness and Response Authority" (HERA) based on the BARDA (Biomedical Advanced Research and Development Authority) model in the United States is also gaining ground.

Concrete proposals for improvements are welcome at the level of the Commission, which encourages stakeholders in the field to express themselves. EAHM must seize this opportunity.

3. Procurement (related to a possible crossborder vision of logistics - Cross-border logistics centres producing and storing in Europe).

GREECE :
Europe has to improve its production capacity in health supplies and goods, towards worldwide commerce competition, taking advantage of the comparative pros of its 27-members' national economies. A logistics system must be set up, located in different geographical parts of the continent, supported by a predetermined network of transport means and be under a transnational management and unified decision-making center.

LITHUANIA :

Like vaccines, tests and laboratory equipment, especially for detection of new Covid-19 mutations, could be ordered centrally.

AUSTRIA :
As a logistics expert, Lower Austria can contribute the experience of the pandemic in the operation of 2 logistics centers to supply 28 clinics and over 50 care and support centers. Experience in procurement, transport and storage in particular has shown that future concepts must be based on **resilience, redundancy, agility and flexibility**. In the first phase of the lockdown and the first bottlenecks, alternative procurement and production routes were planned and evaluated. For example, a smear medium was produced using **the 3D printing process** and further developed as a prototype so that it can be produced locally if necessary.

FRANCE :
The lack of individual protections at the beginning of the crisis, the joint procurement of vaccines that allowed all countries to be supplied at the same time and in the same proportions show that we need a common policy about procurement, stock and production of strategic health supplies.

PORTUGAL :
Procurement and supply chain management in the healthcare sector have faced unprecedented challenges: from shortages of commonly used medical supplies and drugs to quickly pivoting the distribution of different therapies as new clinical guidelines have emerged on the most effective coronavirus treatments. An European agile procurement and supply management is needed should be assure by:

- ✓ An European negotiation for healthcare essential goods and innovative technologies;
- ✓ Agreed protocol to process periodic inventories at national and hospital supplies to ensure sufficient 'buffer' stocks are in place for future unexpected healthcare crises;
- ✓ A database of consumables and equipment manufacturers critical in a pandemic, to better track and allocate limited resources across different departments and sites;
- ✓ Collaboration between supply chain partners is paramount for assuring an adequate supply of medication, devices, etc. during a public health event.

LUXEMBOURG :
A common reserve of medical equipment and the joint procurement of emergency response resources (gloves, masks, ventilators, certain drugs, antigenic tests, laboratory equipment, vaccines, etc.) are required. Last but not least, the European Union must adopt a common strategy on COVID-19 vaccines.

4. The skills needed for Hospital Managers

GREECE :

Serving a complex vision (human right for health + market terms) requires an interdisciplinary knowledge and corresponding skills. The autonomous profession of hospital manager must be recognized in Europe. One suitable postgraduate should be required, which will provide the necessary combination of basic knowledge (economics, sociology, design, organizational management, human resource management, promotion and prevention, statistics, nosology, biomedical technology, etc.), regardless of the first diploma of candidates. The career path of a manager should be evolving, from a health center to the hospitals group and the senior positions in the regional or central administration of a national or supranational health system. The overall exercise framework of this regulated and distinct profession of hospital manager must be defined at the European Union level (similar regulations are existing for doctors, nurses, pharmacists, etc.).

LITHUANIA :

Developing crisis and emergency management skills.

Restructuring infrastructure of healthcare facilities during the Covid 19 pandemic, good practices in EU countries.

Preparing healthcare institutions for changes and identifying / applying new management measures during the Covid-19 pandemic.

AUSTRIA :

The crisis showed that members of the crisis teams **with military training** and / or **training in civil disaster control** were better able to deal with the changed structures. The need for knowledge in the area of **personal resilience, digital structures and tools as well as an uniform basic training in staff work** would be a good basis for European hospital managers for further development in the interests of the entire healthcare system. In addition, elements of **design thinking** and **rapid prototyping** should increasingly be used in project work in the future.

FRANCE :

From the most important to the less :

- To have strategic vision and management skills.
- To be abble to well communicate.
- Knowing how to react to the unxepected.
- To have knowledge of organization of care, laws and economics.

LUXEMBOURG :

Hospitals are sensible expert organizations requiring highly competent leadership personalities showing human values and technical knowledge.

A manager must develop a high sensitivity towards the needs of society as well his medical and nursing staff. He must understand how metrics are produced.

Technical and professional knowledge is a condition but continuous education should also focus on our European societal values and education of the future generations of doctors and nurses.

Labeling can help advance a consistent quality approach. This is an approach more suited to the European context, than the adoption of mandatory common standards.

PORTUGAL :

Healthcare organizations face two key barriers to realizing the benefits of professional management. The first is the lack of adequate management preparation in the training of many healthcare leaders. The second is the fact that the role of healthcare manager is not recognized as a profession in all countries.

To professionalize healthcare management and produce highly competent managers is need a focus on six critical areas: accountability and transparency, service improvement, educational standards, integrity, a commitment to share leading practices, and equity in access to and delivery of care.

The International Hospital Federation (IHF) Consortium calls for the adoption of the Global Healthcare Management Competency Directory as the initial basis for healthcare management development frameworks and programs, for use by academic institutions and relevant licensing and accrediting bodies.

Recognizing the need for greater progress in the ongoing effort to build professional healthcare management capacity, the members of the Consortium agree that the following measures should be implemented according to national circumstances and needs:

- ✓ Adoption of the Global Healthcare Management Competency Directory to inform and align healthcare management development programs at all levels of undergraduate, postgraduate and ongoing education and professional development;
- ✓ Customization and incorporation of each of the competency requirements into formal credentialing systems, which should be based on independent evaluation and evidence of demonstrated competencies;
- ✓ Formal recognition at the national level of healthcare management as a profession;
- ✓ Implementation of merit-based career advancement along with a career path for healthcare managers and leaders;
- ✓ Recognition of healthcare managers' professional associations as key stakeholders for policy dialogue related to leadership and management and for the advancement of the profession.

The Competency Directory, categorized the competencies into five critical domains: Leadership, Communication and Relationship Management, Professional and Social Responsibility, Health and Healthcare Environment, and Business.

1. Leadership: The ability to inspire individual and organizational excellence, create a shared vision and successfully manage change to attain an organization's strategic ends and successful performance. Leadership intersects with the other four domains;

2. Communication and Relationship Management: The ability to communicate clearly and concisely with internal and external customers, establish and maintain relationships, and facilitate constructive interactions with individuals and groups;

3. Professional and Social Responsibility: The ability to align personal and organizational conduct with ethical and professional standards that include a responsibility to the patient and community, a service orientation, and a commitment to lifelong learning and improvement;

4. Health and the Healthcare Environment: The understanding of the healthcare system and the environment in which healthcare managers and providers function;

5. Business: The ability to apply business principles, including systems thinking, to the healthcare environment.