Telemedicine and Sustainability - Inspection and Regulation in times of building Resilience: aligning with recent initiatives on telemedicine, Patient Safety, and preparedness

EPSO MALTA 2023

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EPSO European Partnership for Supervisory Organisation in Health Services and Social Care

SCSA SOCIAL CARE STANDARDS AUTHORITY

GOVERNMENT OF MALTA MINISTRY FOR ACTIVE AGEING

Current Challenges:

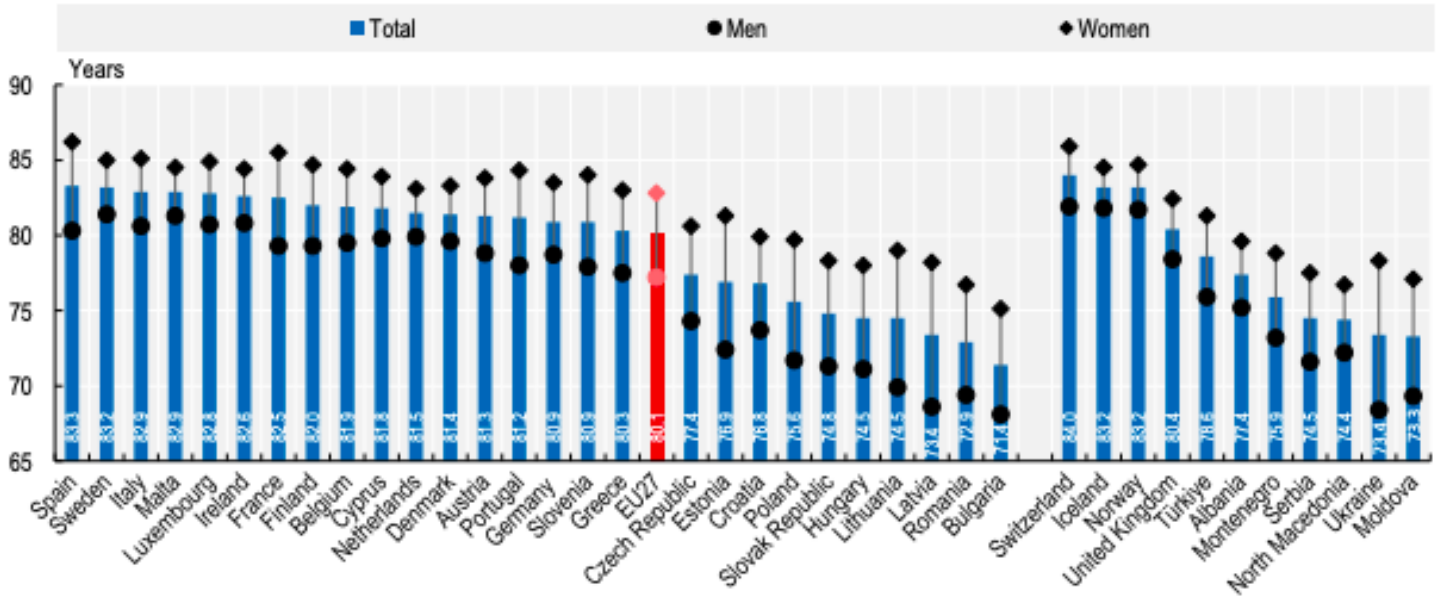
- Direct effects of the Covid-19 pandemic on health systems
- Indirect effects of the Covid-19 pandemic on health systems
- Economic Circumstances
- Migration
- Labour Market Shortages
- Patient Safety
- System Reforms (PHC, Integrated Care Delivery)
- Climate Change

The way to address them

- Resilient Health Care Systems
- Better use of data (digitalization / national data landscape)
- Learning Health Care Systems
- Responsive Governance

OECD's Health a a Glance (HAG Europe 2022)

Figure 3.1. Life expectancy at birth, by gender, 2021 (or nearest year)



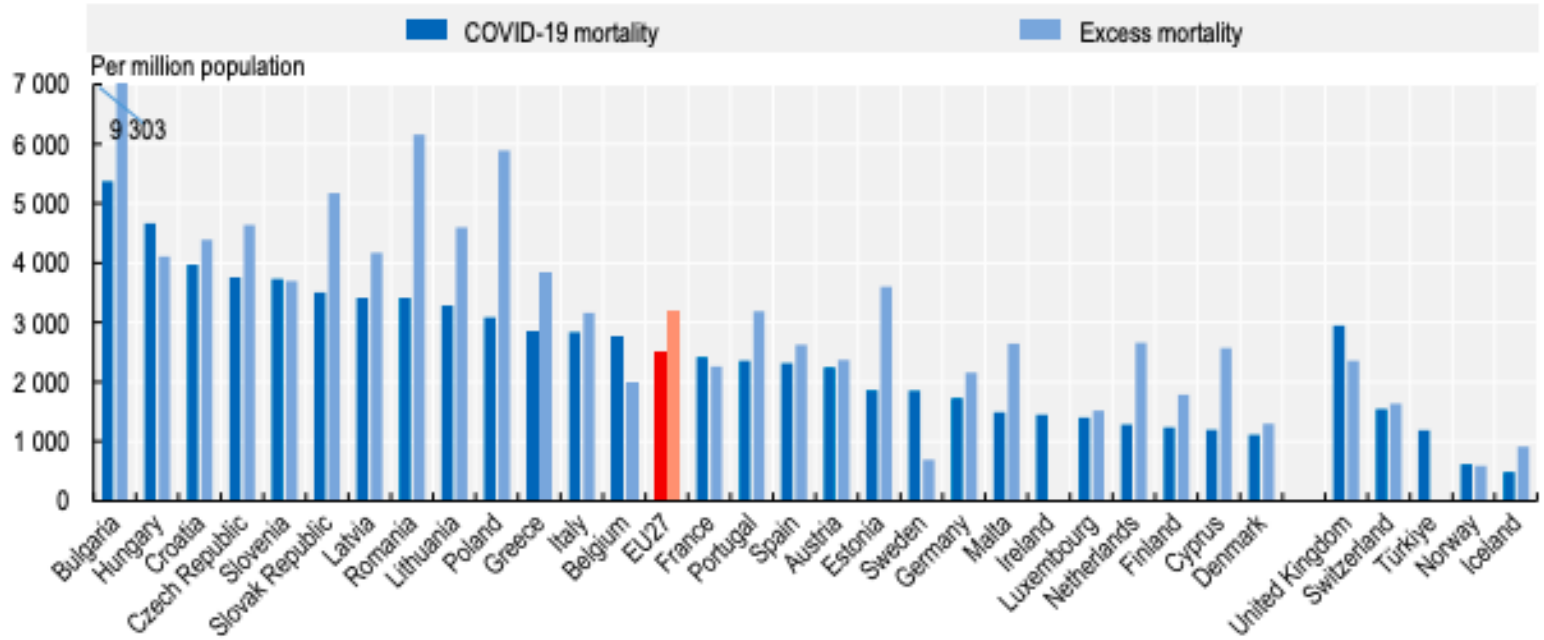
Note: The EU average is weighted. Data refer to 2020 for Ireland, Albania, North Macedonia, Montenegro, Serbia and the United Kingdom, and to 2019 for Moldova, Türkiye and Ukraine.

Source: Eurostat Database, complemented with OECD Health Statistic 2022 for the United Kingdom and Türkiye, and WHO for Moldova.

StatLink https://stat.link/uowhdr

OECD's Health a a Glance(HAG Europe 2022)

Figure 3.6. COVID-19 mortality and excess mortality, March 2020 to June 2022



Note: The EU average is weighted. Data on COVID-19 mortality are affected by countries' capacity to detect COVID-19 infections and recording and registration practices.
Source: ECDC for COVID-19 mortality and OECD based on Eurostat data for excess mortality (data for Ireland and Türkiye not available).

StatLink https://stat.link/9oucd8

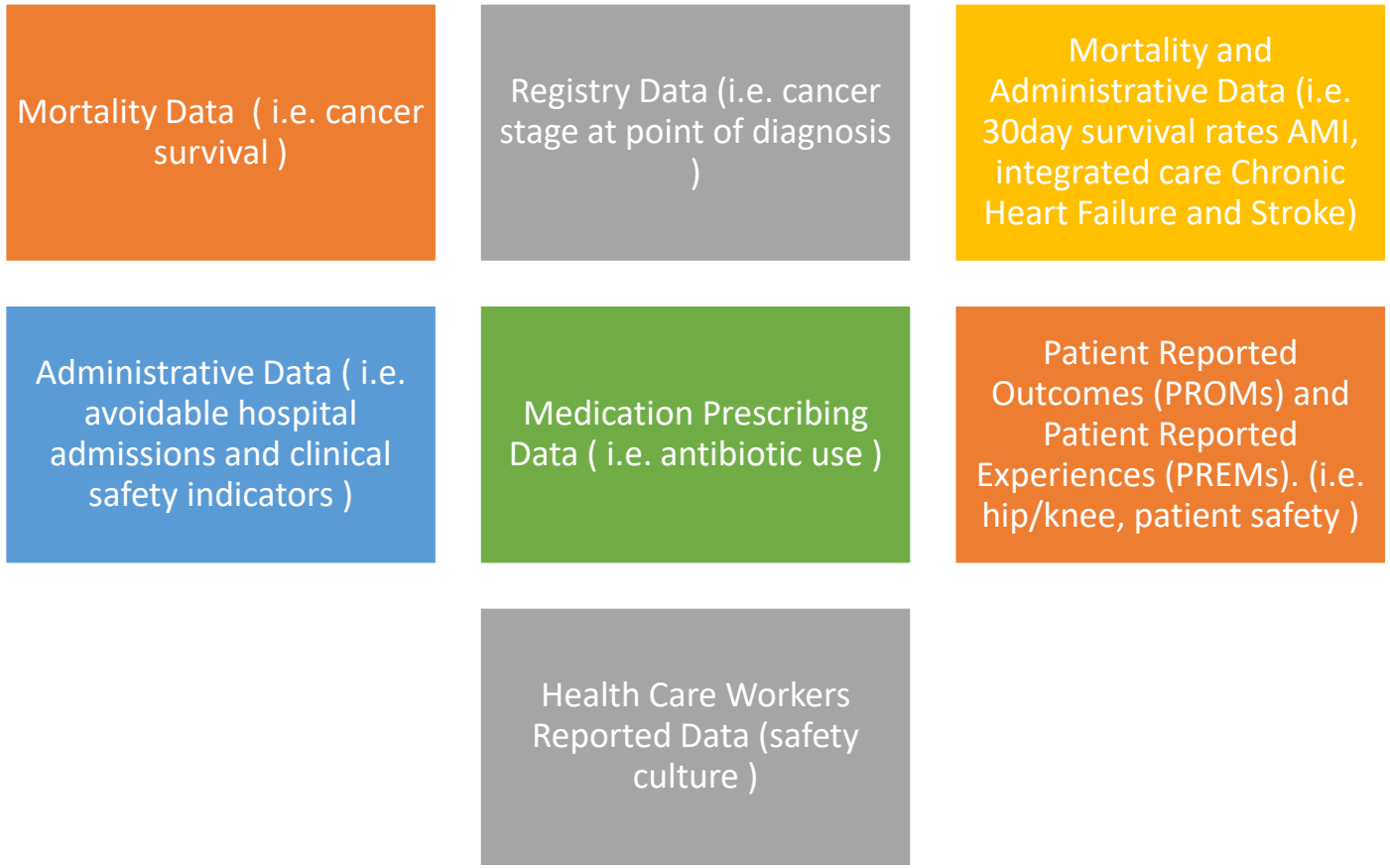
Where we are going …..

Deaths	• Mortality and life-expectancy • data source: death registries

Diseases	• Prevalence and incidence of diseases
	  • medical/clinical perspective
	  • data source: administrative & clinical data

Disability	• How health system deals with disabilities
	  • DALY, QALYs, SF36
	  • data sources: registries and surveys

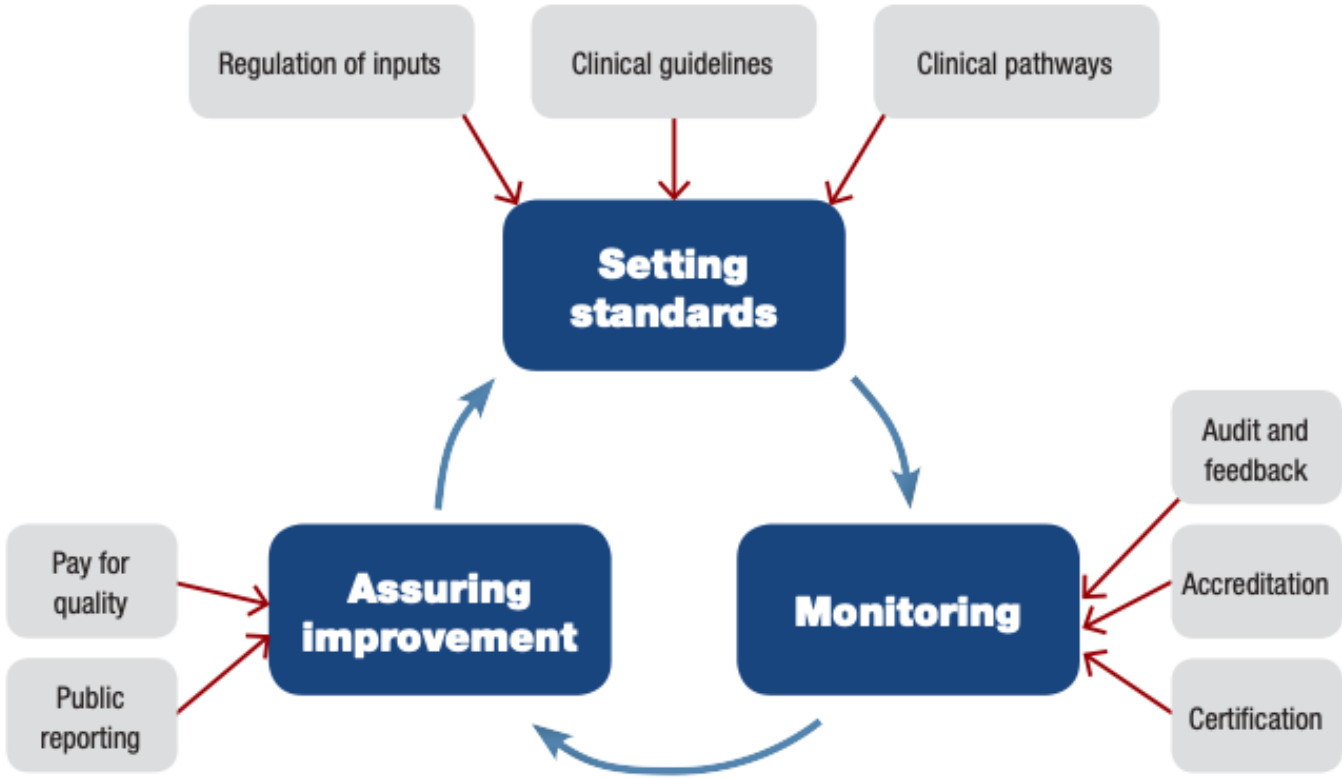
Wellbeing	• Things that matter to <u>patients, carers, families & populations</u>
	  • Wellbeing, function, pain,
	  • Quality of Life
	  • Generic (e.g. EQ-5d; SF-12; Picker) and disease specific (HOOS, Oxford….)
	  • <u>Validated, sensitive & objective tools</u>



Data used for OECD international comparative statistics on quality of care

Balancing standard setting, monitoring and assuring improvement

Fig. 2.3 *Three major activities of different quality strategies (with examples covered in this book)*

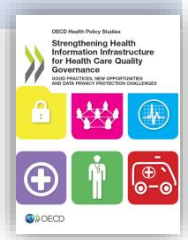


Source: authors' own compilation, inspired by WHO, 2018b

OECD work on health data and governance

2010
OECD Health ministers call for more effective use of electronic health data already collected

2013
Publication of study on health information Infrastructure

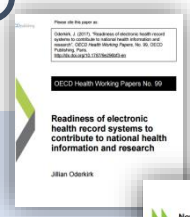


2015
Publication of report on Health Data Governance

2017
OECD Council Recommendation on Health Data Governance

OECD Health Ministers call for further work on digitisation

Publication of New Technologies report and Working Paper on EHR readiness



2017-present

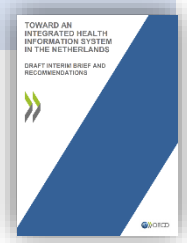
2019
High-level Policy Forum

Publication of report on Health in the 21st Century

2020-present

2021
Health data and governance survey results

2021
Review of the Netherlands health information system – Interim Recommendations



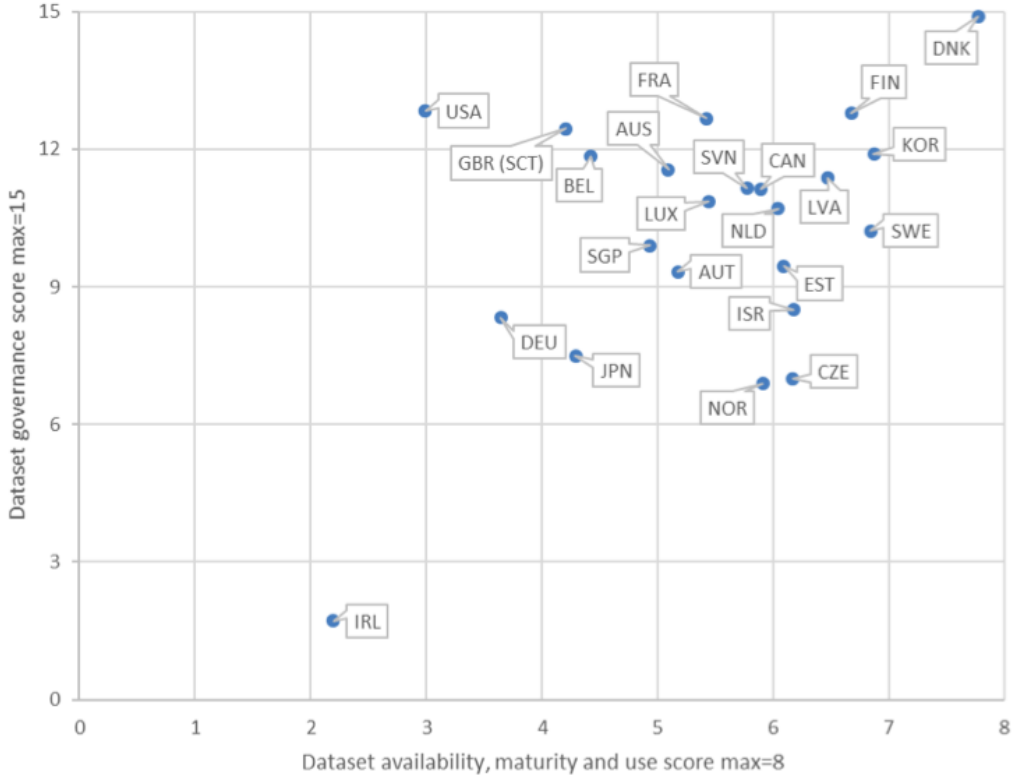
2022
OECD Council report monitoring adoption of the Recommendation on Health Data Governance

Survey of COVID-19 health data developments

2021
Progress report on EHR systems development, use and governance

Publications on AI and Blockchain in the health sector

Figure 4.1. Three countries score highly on both dataset availability, maturity and use and dataset governance



Note: Dataset governance score is the sum or the proportion of health care datasets meeting 15 dataset governance elements and the dataset availability, maturity and use score is the sum of the proportion of health datasets meeting 7 elements of dataset availability maturity and use. See Annex B.1 and B.31.
Source: Author.

Telemedicine/Digitalisation and Covid-19

- Increase tele-consultations
- Increase electronic health records (EHR) interconnectedness and personal health records
- Reimbursement tele-consultation
- Increased national discussions on information standards for interoperability
- Increased national discussions on secondary data-use

OECD Work on Patient Safety

- The OECD has been leading efforts to develop and establish internationally comparable patient safety indicators since 2007
- An average of 1 in 10 hospitalisations in high income countries result in a safety failure or adverse event.
- The cost of care related patient harm in hospitals is considerable, with 15% of hospital activity and expenditure estimated to be directly attributed to patient harm.

Find the brochure here: https://www.oecd.org/health/OECD-Work-on-Patient-Safety-Brochure-2019.pdf

OECD contributions to Patient Safety Ministerial Meetings

The OECD produced two reports on the Economics of Patient Safety in hospital and primary/ambulatory care for the Global Ministerial Summits in Bonn, 2017 and Tokyo 2018.

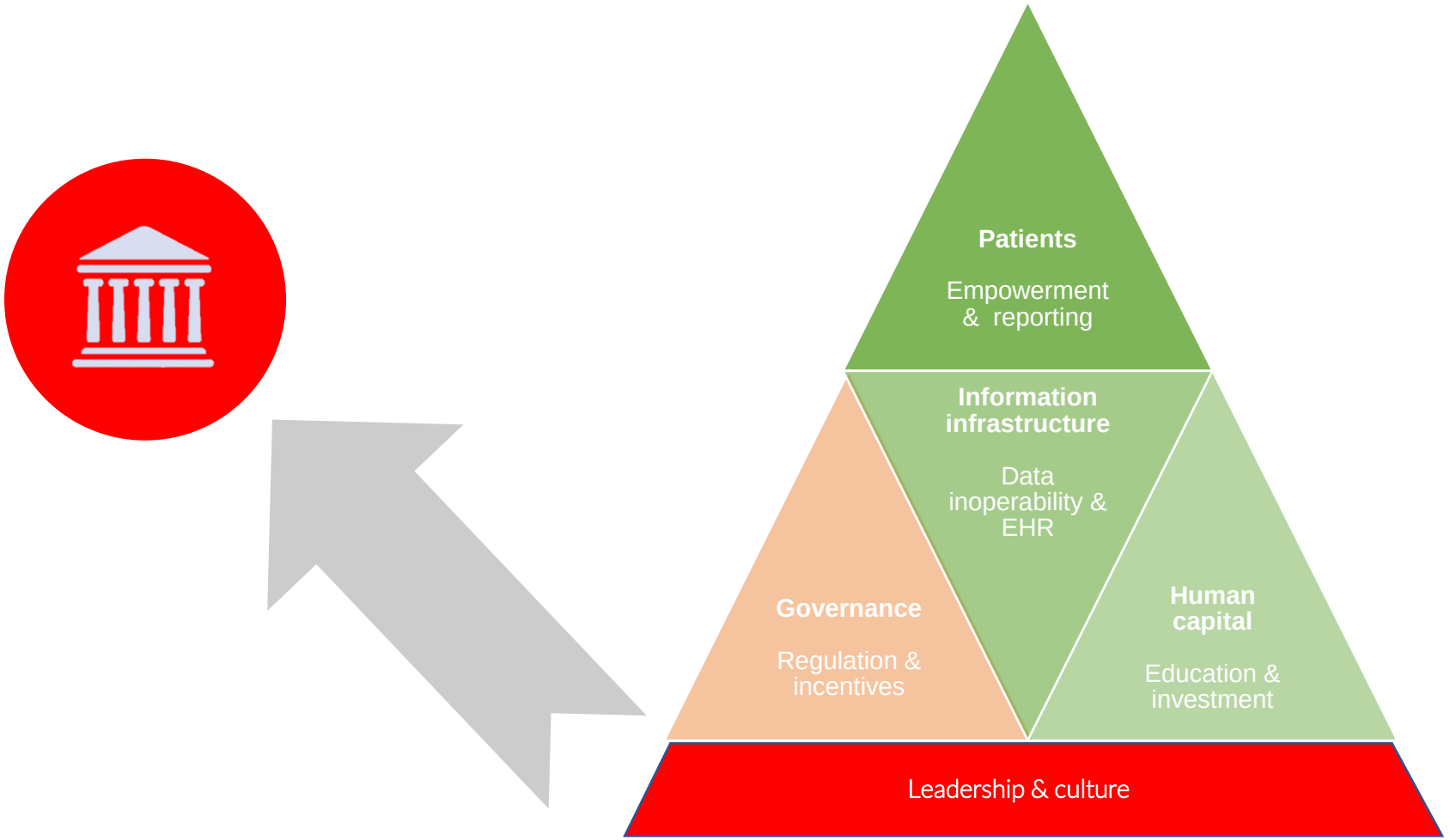
Two OECD reports prepared for the Global Ministerial Summit in Montreux (2020):

- The Economics of Patient Safety in Long-Term Care
- System Governance Towards Improved Patient Safety

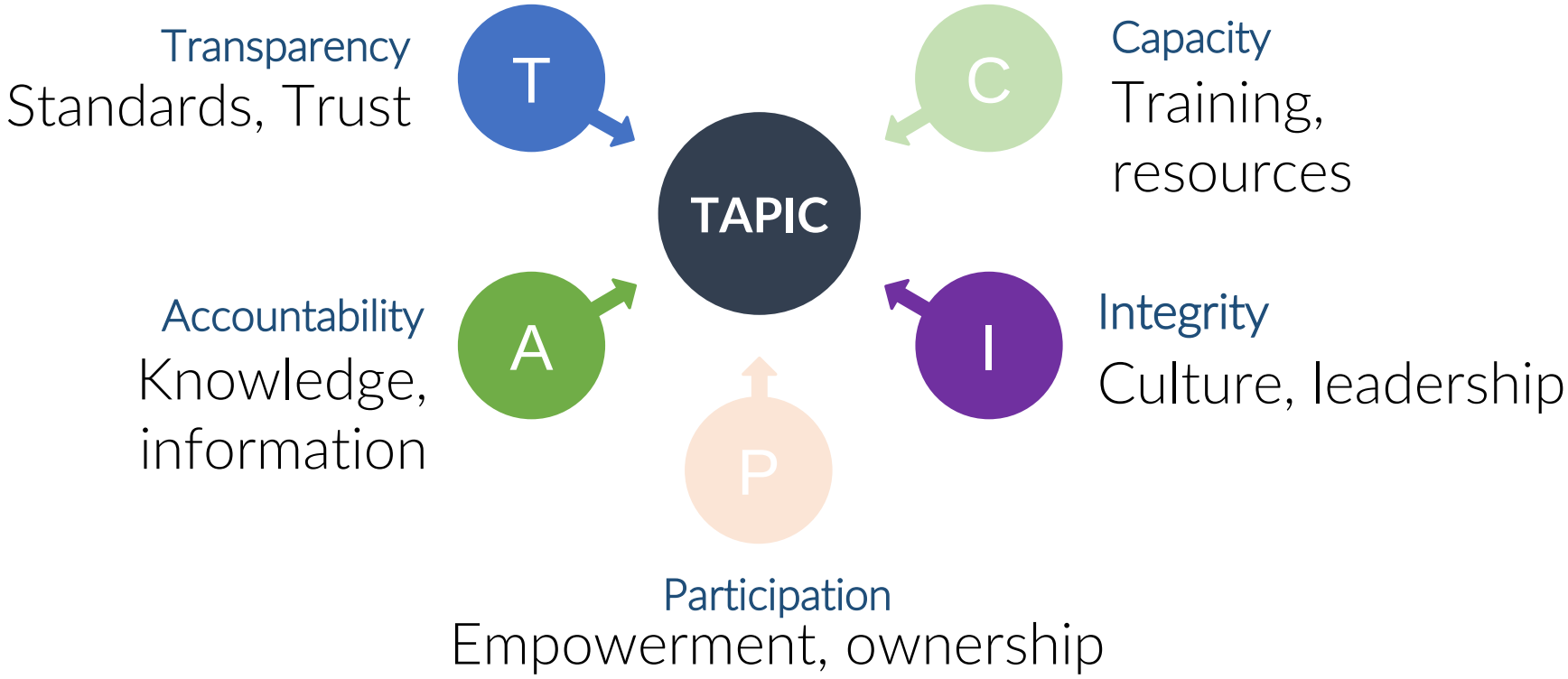
For a recent Ministerial (2023), we have prepared an update of the work on Governance in relation to the COVID-19 Crisis.

System governance is a lever for improving patient safety

Leadership and culture fundamental to patient safety



The TAPIC framework applied to Patient Safety Governance

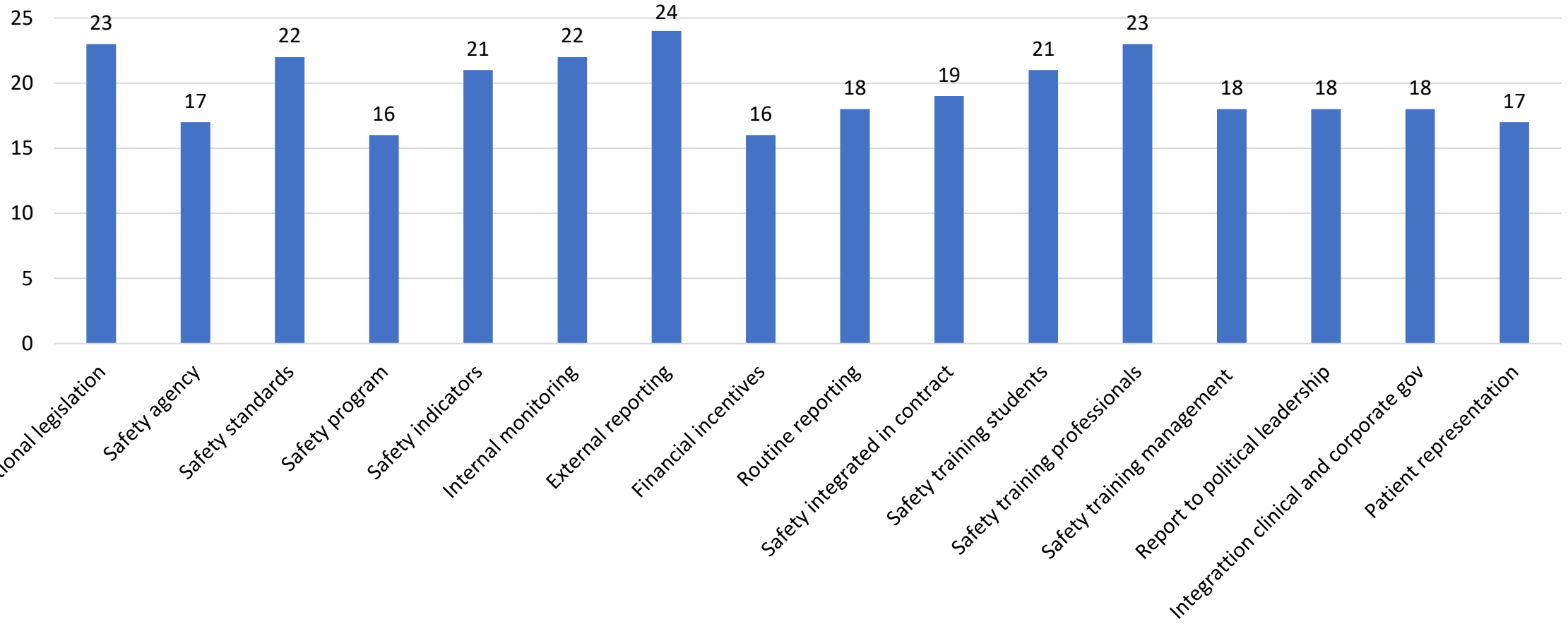


Patient safety is governed through a set of functions

1. Clearly defined nation/system wide roles and responsibilities	2. Systems for measuring and monitoring	3. Key accountabilities	4. Capacity-building to ensure right skills and competencies	5. Involvement of key stakeholders
National legislation on quality and safety	National set of indicators supporting safety standards have been established	Provider financial incentives and/or penalties applied to promote and ensure safety	Safety competencies built into curriculum of students in various health disciplines	System report by agency responsible for patient safety to government (e.g. minister)
National quality and safety agency	Internal monitoring of patient safety for continuous improvement	Routine public reporting of patient safety indicators and performance	Ongoing training as part of professional development of health care personnel	Healthcare-providing organisations integrating clinical governance with corporate governance
National safety standards	External accreditation, inspection or audit patient safety processes and outcomes	Contracting and/or commissioning arrangements include safety requirements	Leadership and management development to promote a patient safety culture	Patient representation in official roles and decision-making processes
National patient safety programme				

Source: 2019 OECD Patient Safety Governance Survey

All functions are implemented, but at varying degrees



1. Roles and responsibilities

2. Systems for measuring and monitoring

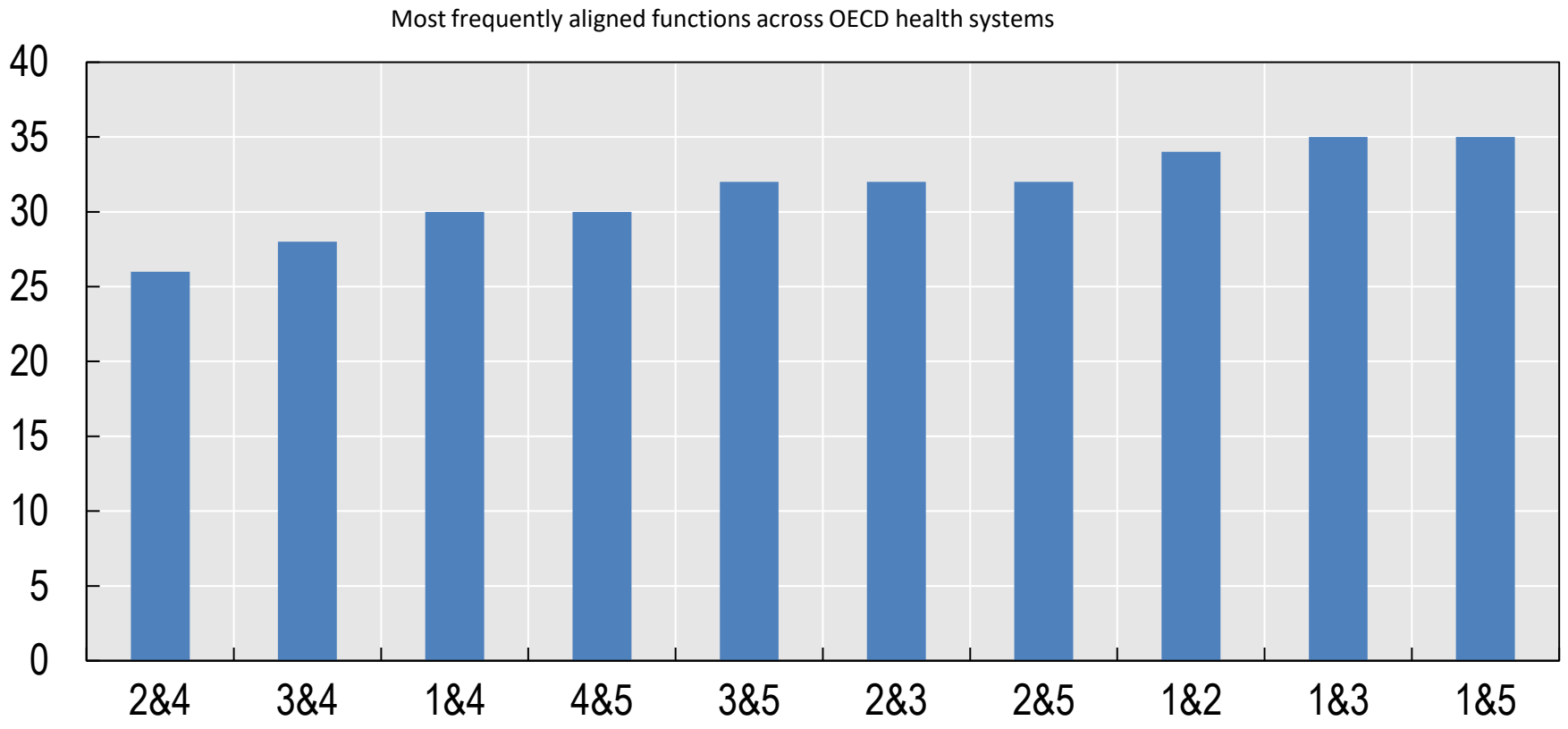
3. Key accountabilities

4. Skills and capacity-building

5. Involvement of key stakeholders

N= 25 responding countries
Source: 2019 OECD Patient Safety Governance Survey

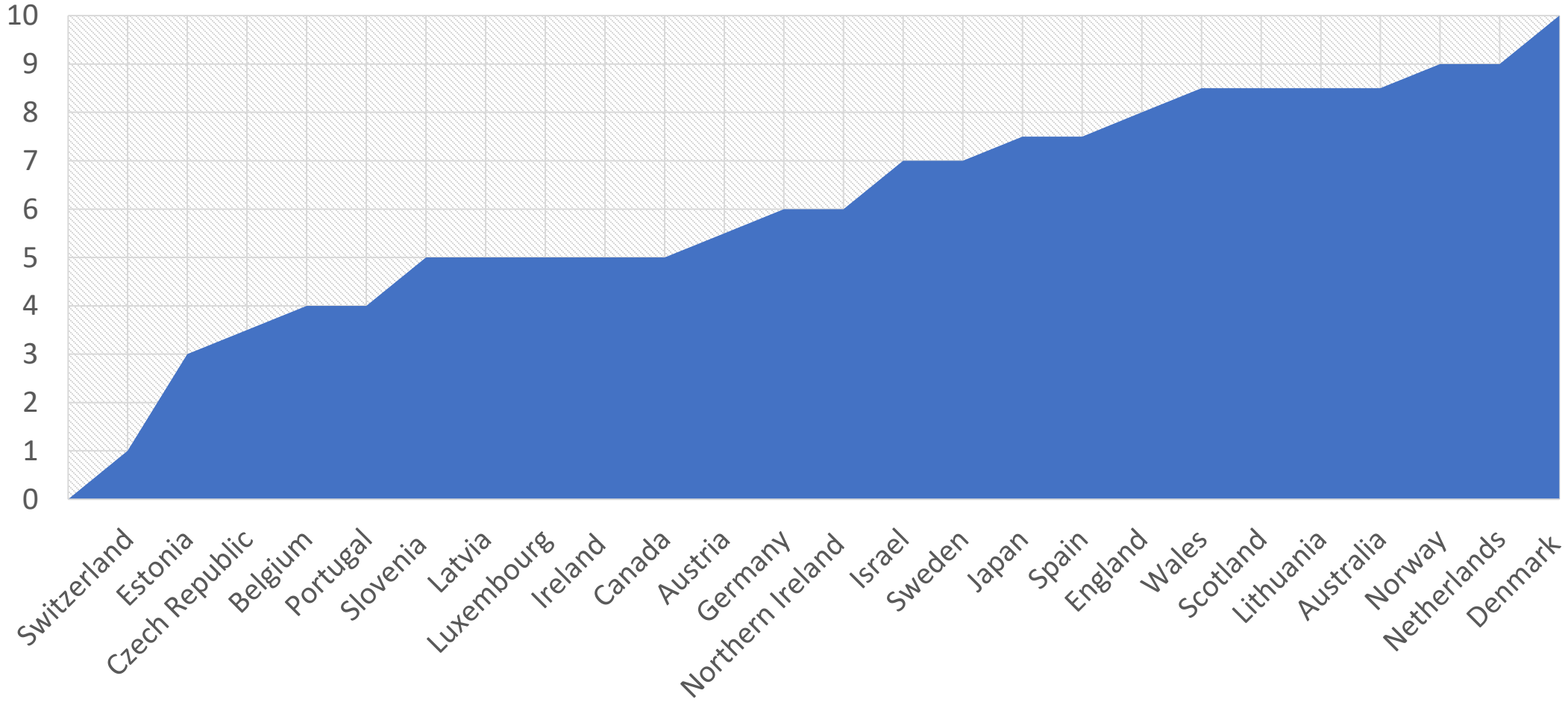
Safety legislation is the corner stone of governance models, but alignment remains a challenge



1. Roles and responsibilities
2. Systems for monitoring and measurement
3. Key accountabilities
4. Skills and capacity-building
5. Involvement of stakeholders

Note: N=25 responding countries
Scores calculated by assigning 2 points to functions that are fully aligned, 1 points to functions that are partly aligned, 0 points to no alignment.
Max possible score indicating for alignment for all responding countries is 48.
Source: 2019 OECD Patient Safety Governance Survey

OECD health systems' alignment of functions



Source: 2019 OECD Patient Safety Governance Survey

How did countries respond to COVID-19?

TAPIC Domain	Examples of COVID related challenges:	Examples of mainstreaming opportunities
Transparency Standards, Trust	Effectiveness of communications about safety protocols	Adoption of COVID-19 related safety indicators, new monitoring policies
Accountability Knowledge, information	Challenges in maintaining performance on safety indicators (both COVID and non-COVID related)	Changes in public reporting/financial incentives, and contracting terms
Participation Empowerment, ownership	Stakeholder involvement in decision making (infection control protocols)	Integration of clinical and corporate governance, health worker and patient safety, increased cooperation between agencies/ministries
Integrity Culture, leadership	Maintaining a strong safety culture at all levels of the health system	Updates to national legislation, organisation of governance at the national level, and standards.
Capacity Training, resources	Challenges in maintaining staffing levels/resources (including data infrastructure)	Increases to staffing capacity and data infrastructure

https://www.oecd-ilibrary.org/social-issues-migration-health/advancing-patient-safety-governance-in-the-covid-19-response_9b4a9484-en

T

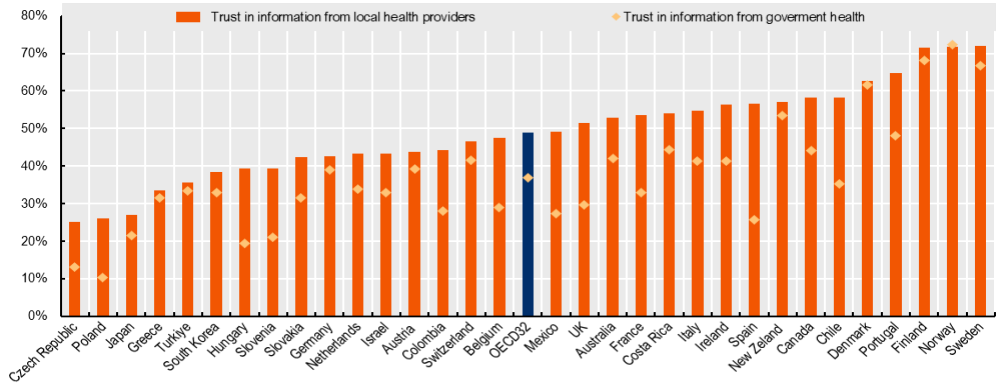
Transparency

Standards, trust

Over the course of the coronavirus pandemic, **countries have observed increasing levels of distrust in government capacity to handle the crisis** and implement coherent policies. According to survey data only 37% of people in OECD countries said they trusted COVID-19 information from the government in 2021.

- Effective communication about safety was a challenge prior to COVID-19
- New policies for sharing more timely, useful health related information have been implemented rapidly
- Few COVID-19 related safety indicators have been adopted, and in many cases patient safety measurement was not sustained

Percentage of people who trust COVID-19 information from local healthcare providers compared with information from the government



Note: Voluntary Facebook based random survey, data collection period Jan 2021 – December 2021, sample almost 30 million responders.
Source: COVID-19 Trends and Impact Survey (CTIS) (Fan et al., 2020[9])

A

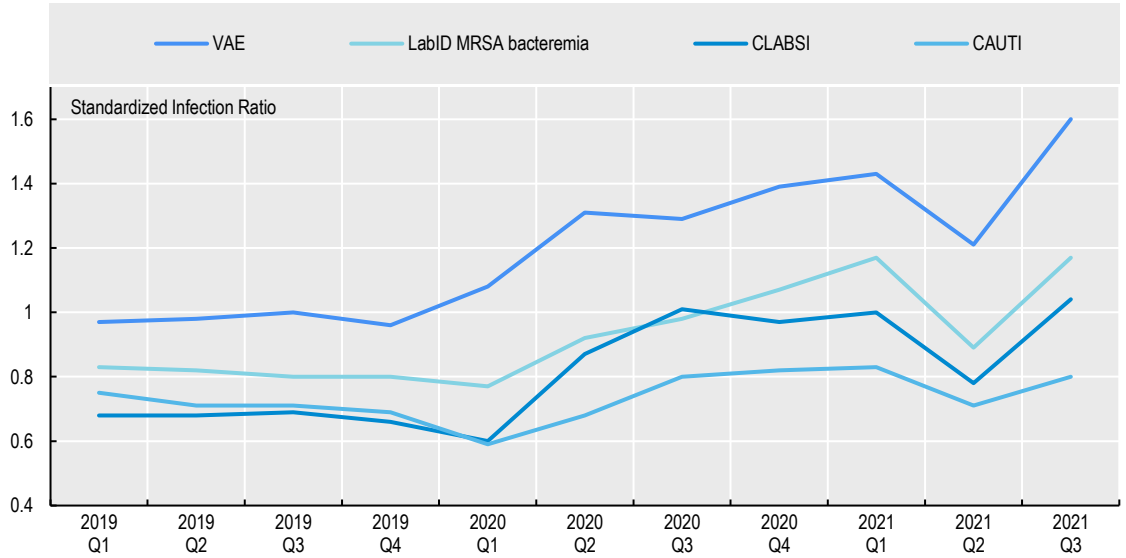
Accountability

Knowledge, information

Data availability on healthcare-associated infections (HAIs) during the COVID-19 pandemic is still generally scarce. Even so, data from the US shows that as of the third quarter of 2021 for a number of hospital acquired infections were higher than the 2015 baseline.

- COVID-19 patients were particularly vulnerable to healthcare-associated infections (HAIs)
- HAI prevalence overall during COVID-19 has seen mixed outcomes, likely related to changes in trends utilisation of healthcare services
- Maintaining safe care for non-COVID conditions was a challenge

Changes in select HAI types in the US in comparison to the 2015 Baseline



Note: SIR – Standardized Infection Ratios, VAE – Ventilator-associated events, LabID MRSA bacteremia - Laboratory–identified methicillin-resistant Staphylococcus aureus bacteremia, CLABSI – Central-line–associated bloodstream infection, CAUTI - Catheter-associated urinary tract infection. Source: (Lastinger et al., 2022[56])

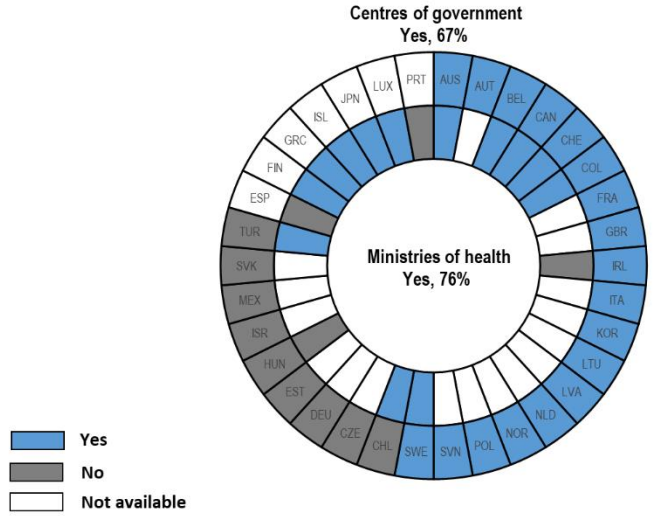
Participation

Empowerment, ownership

Among 57 patient organisations in Europe, nearly two-thirds indicated that there was **no patient involvement or consultation in management and decision-making processes during the pandemic**

- Participation underwent something of a metamorphosis… health services had no choice
- Stakeholder involvement in decision making still needs improvement
- Clinical governance and health systems management have become more aligned in some cases

Availability of standard protocols or procedures to respond to crises in OECD countries, 2019



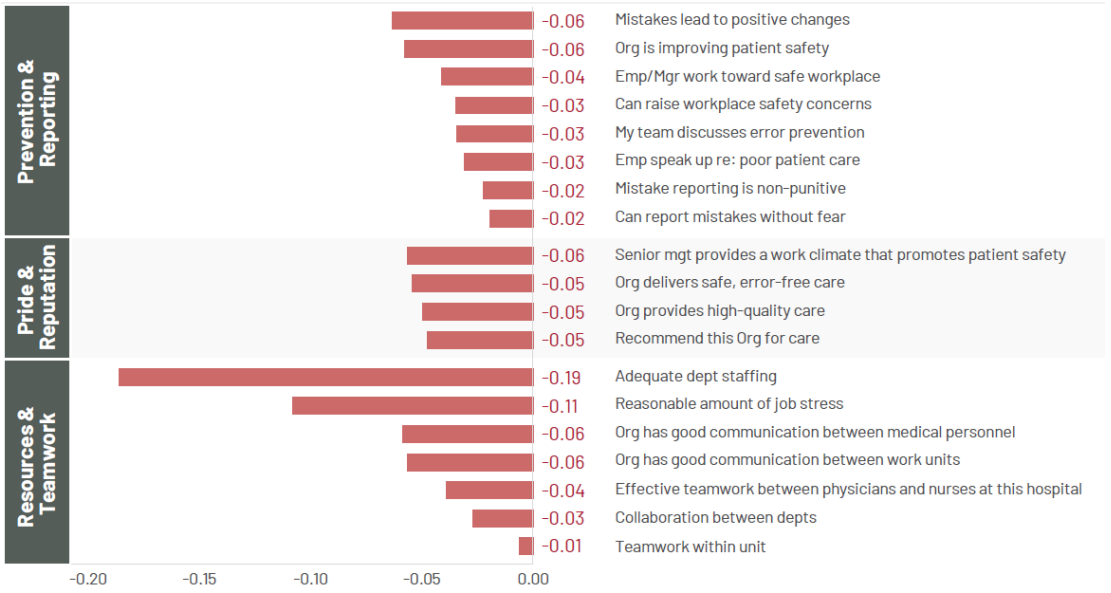
Note: Finland, Greece, Iceland, Japan, Luxembourg, Portugal and Spain provided data for MHs but not CoGs. Austria, the Czech Republic, Estonia, France, Germany, Israel, Italy, Korea, Latvia, Mexico, the Netherlands, Norway, Poland, Slovakia, Slovenia and the United Kingdom provided data for CoGs but not MHs. Data for Lithuania's Ministry of Health are not available. The outer ring shows the data for CoGs, and the inner ring the data for MHs.
Source: OECD (2020), Survey on Understanding Public Communication in Centres of Government (OECD, 2022[22])

I Integrity
Culture, leadership

During COVID-19, many **health systems countries lacked the needed resources to control the spread of COVID-19 in the hospital setting**. Studies show that as many of 30% of total confirmed COVID infections were acquired in the hospital setting during certain periods of the outbreak.

- Maintaining integrity throughout and after the pandemic will be key
- Ensuring a strong safety culture during the prolonged crisis has been easier said than done
- National-level reforms to legislation, organisation of governance and standards have been implemented

Safety culture among health workers in the United States has declined in recent years



Note: US health providers using Press Ganey Patient Safety Culture Questionnaire (2021 vs. 2019)
Source: (Press Ganey, 2022)

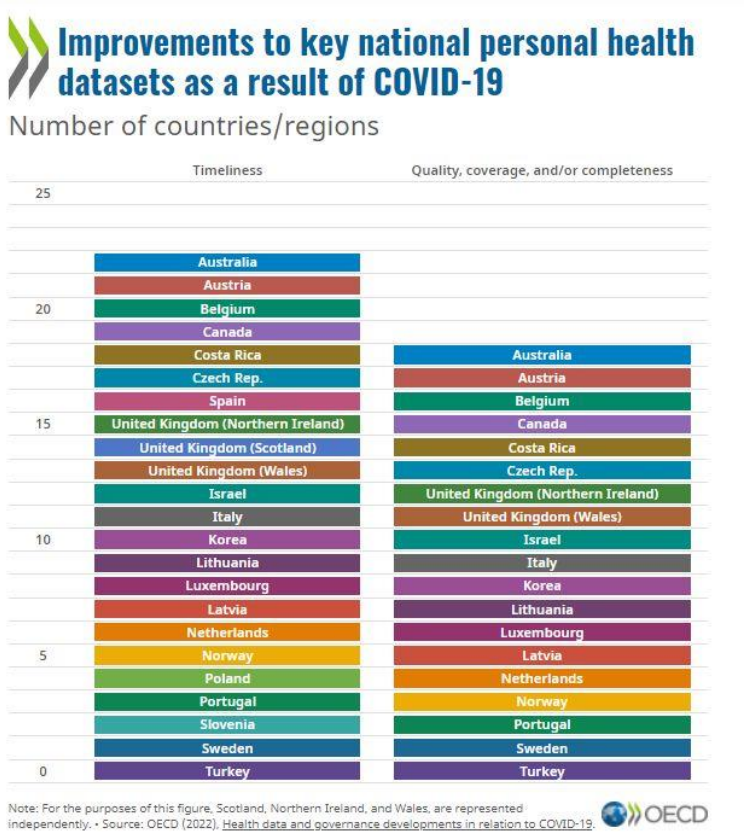
C

Capacity

Training, resources

Findings from the Commonwealth Fund show that **a majority of primary care doctors** in 11 high-income countries say they **are burned out and stressed, and that the pandemic has negatively impacted the quality of care**.

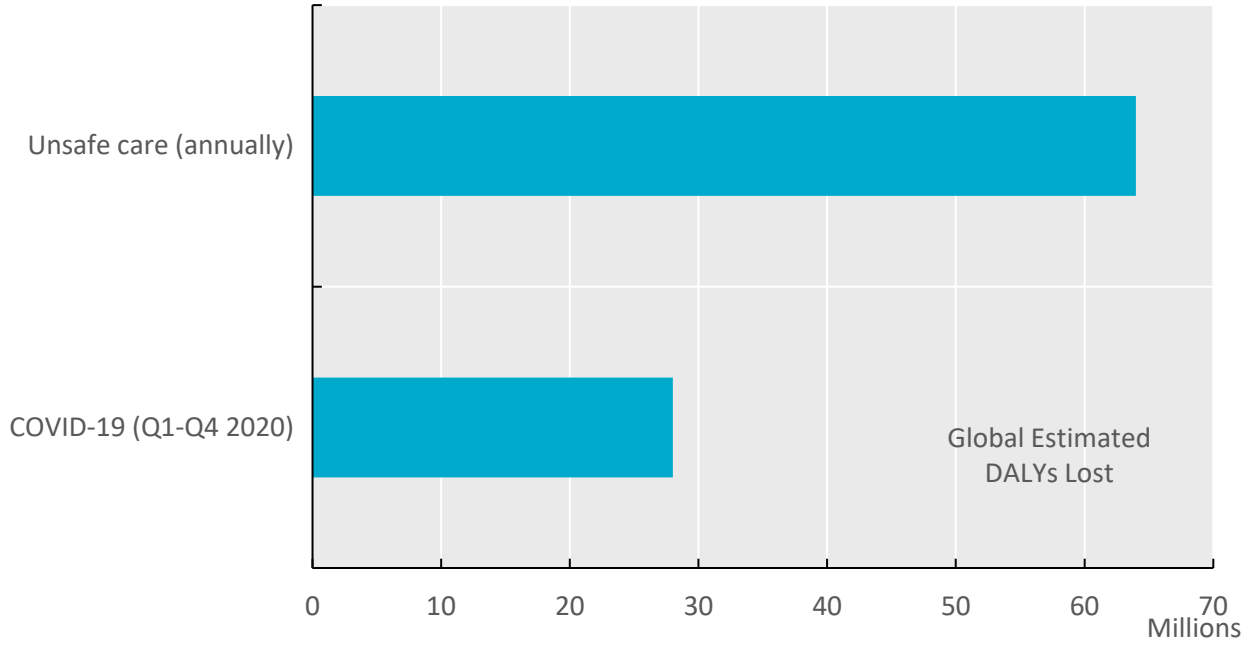
- COVID-19 has exposed shortcomings in health system capacity
- Countries are continuing to face challenges in ensuring health care worker capacity and appropriate matching of competencies to health system needs.
- However, improvements in underlying data infrastructure are promising



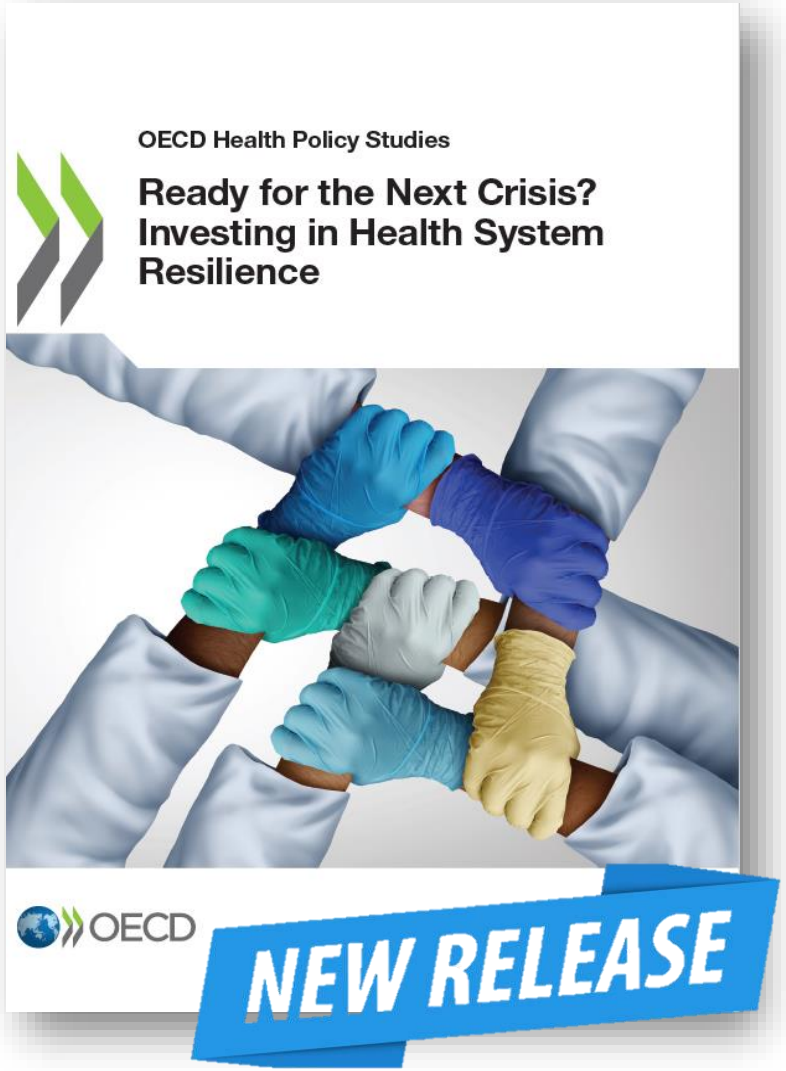
Stressed Out Burned Out: 2022 Intl Survey Primary Care Physicians | Commonwealth Fund

Key message: **Patient safety governance and health system resilience go hand-in hand**

Comparative disease burden of COVID-19 and Patient Safety Failures



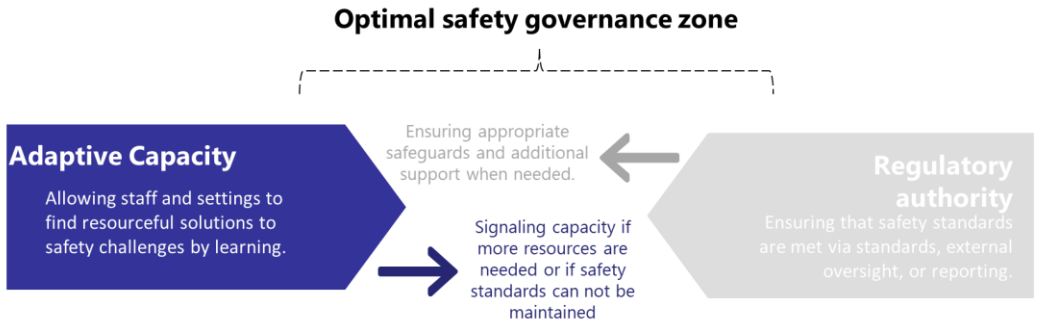
Source: (Fan et al., 2021[11]; WHO, n.d.[12]; WHO, 2019[13]). Note: Long-COVID not included in global estimate of DALYs lost.



The need to adopt a fit for the future patient safety agenda

- Optimal safety governance operates at the intersection of adaptive capacity and regulatory authority.
  - Leadership should implement appropriate safeguards and respond with additional support when needed.
  - Moving away from the plan and control paradigm.

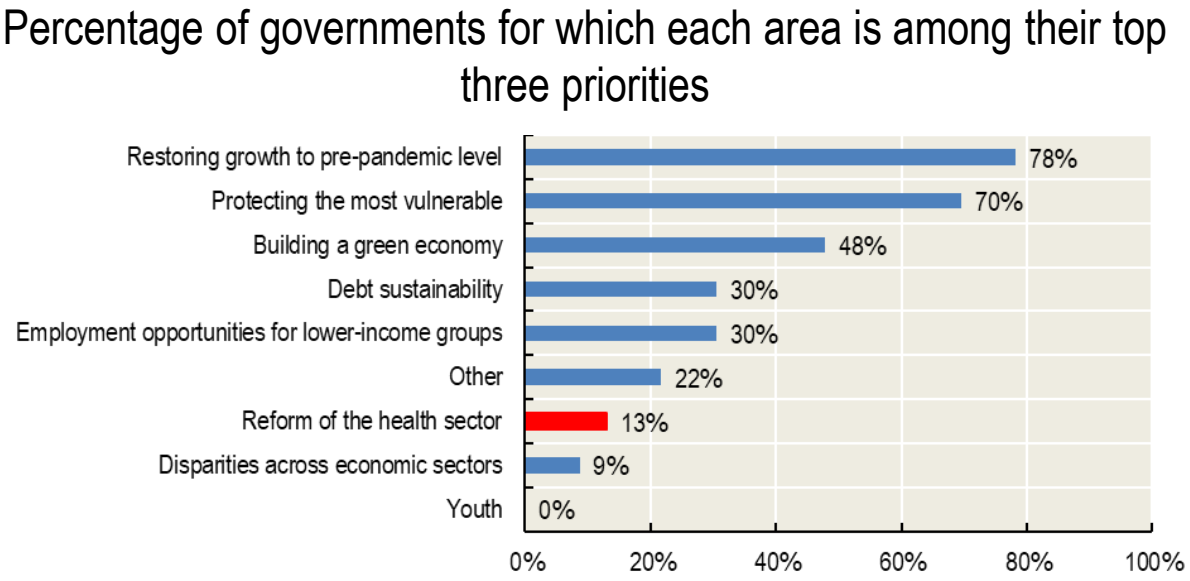
- Data infrastructure, trust and safety culture all must be developed in a way that they contribute to a responsive, learning health system.
  - Requires optimizing the use of data in complex systems.



Leadership is key

- Now more than ever political leadership should work to advocate for patient safety, and its place at the top of its health policy agenda as countries work to recover from the COVID-19 shock.
- The COVID crisis has stressed the need for co-operation, transparency, and collective learning→ the need for improved data infrastructure and a resilient workforce.
- Assessments of current safety plans, activities, and new digital infrastructures will need to be carried out on a continual basis as part of truly learning health systems.

Government priorities in support of the COVID-19 recovery effort



Note: Includes data from centres of governments in Belgium, Canada, Chile, Colombia, the Czech Republic, Denmark, Estonia, Finland, Germany, Hungary, Iceland, Israel, Italy, Korea, Latvia, Lithuania, Luxembourg, Mexico, Norway, Poland, Portugal, Sweden and Turkey.
Source: Presentation created for Government at a Glance 2021 using data from OECD (2021), Building a Resilient Response: The Role of Centre of Government in the Management of the COVID-19 Crisis and Future Recovery Efforts (OECD, 2021[21]).

Thank you

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Discussion points

- Participation of supervisory organizations in the resilience discussion
- Alignment of supervisory organizations with the strengthening of the national health data infrastructure
- Measurement activities of supervisory organizations on the performance of health care professionals and services that are fit for purpose and use
- Alignment of supervisory organizations with strengthening of learning health systems
- Leadership role of supervisory organizations in assuring and improving safety of patients and health care professionals

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