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LA TROBE UNIVERSITY
School Of Public Health
FACULTY OF HEALTH SCIENCES

POPULATION HEALTH PLANNING IN THE NEW PHC ENVIRONMENT

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HOW MANY PLANNERS DOES IT TAKE TO CHANGE A LIGHT BULB?

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OUTLINE: PLANNING AS TECHNICAL AND SOCIAL PROCESSES

- Identifying health needs
- Understanding service systems
- Tools
- Developing partnerships
- Governance - communication and participation
- Planning for implementation

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MEDICARE LOCALS' OBJECTIVES

- Identify health needs of local areas and develop services, including focus on prevention and early intervention
- Improve patient journey through integrated and coordinated services
- Support clinicians and providers to improve care, particularly chronic disease
- Implement successful programs
- Efficient and accountable governance and management

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PLANNING AS PROBLEM-SOLVING

1. Identify situation of concern
2. Identify issues/problems
3. Identify underlying/fundamental problem
4. Identify ways to address problems
5. Identify criteria by which options can be assessed and best solution can be found
6. Develop action plan based on best solution

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HEALTH NEEDS – Central to population health planning and prevention

- Groups! – health is not randomly distributed
- People live, work and play in context – demographic, social, economic, cultural factors matter
- Objective measures + subjective status – perceptions are realities
- Health hazards and risks – present and future
- Relativities - comparison with peer communities/population groups

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UTLISATION AND SERVICE SYSTEMS – understanding from population perspective

- Diverse patient journeys
- Falling through the cracks
- Parallel primary care systems
- Financial, cultural, psychological barriers to care seeking
- Level of health literacy

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TOOLS – Social and technical

- Analysis of stakeholders
- Forecasting
- Making choices
  - Appraisal of options
  - Economic evaluation
  - Social assessment
  - Feasibility analysis (technical and political)

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PARTNERSHIPS – balancing efficiency & effectiveness

- Health services
- Social services
- Local government
- Community and consumer/patient organisations
- Private sector
- Frontline staff

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GOVERNANCE – Managing the course of events

- Participation ladder: information – consultation – collaboration – ownership
- Who participates – advisory or decision-making? Who decides in the first place? Accountability to whom? And how?
- Successful partnerships – safe environment, clear decision-making procedures, focus on joint priorities, win-win, draw on complementarities, share the credit

PLANNING FOR IMPLEMENTATION FAILURE

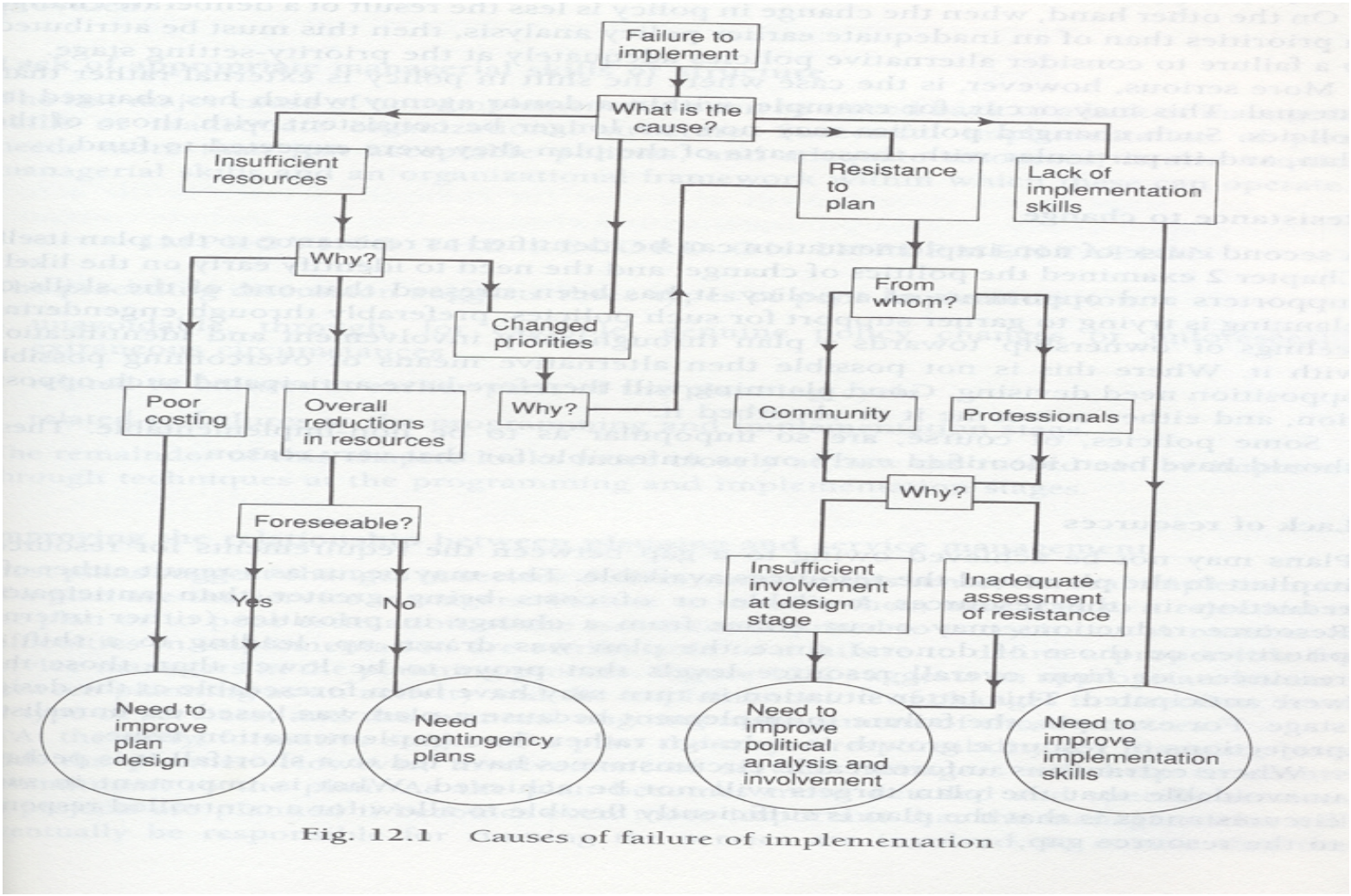

Fig. 12.1 Causes of failure of implementation

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THE TEXTBOOK PART

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PLANNING FOR HEALTH

1. Identify health issue of concern or assess health status of population/community
2. Identify causes/risks and assess level of risk in population/community
3. Identify intervention options and assess potential benefit
4. Compare needed programs with existing programs
5. Select preferred option and adjust resources
6. Evaluate

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PLANNING FOR HEALTH SERVICES

1. Identify services of interest
2. Determine current demand
3. Forecast potential demand
4. Compare forecast with present resource capacity
5. Adjust resources
6. Evaluate

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USES OF DATA IN HEALTH PLANNING

- Define the health problem
- Identify the associated risk factors
- Identify current utilisation of health services
- Assess adequacy of present efforts to meet future needs
- Monitor services/interventions to assess their impact and efficiency
- Evaluate service effectiveness

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INFORMATION CHALLENGES FOR HEALTH PLANNING

- Understanding health needs and in particular populations (or settings)
- Documenting health interventions/encounters - events and processes
- Linking inputs (human and financial resources) to outputs and outcomes
- Forecasting future needs and demands

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DATA FOR HEALTH PLANNING

- Demographic and socioeconomic
- Epidemiological
- Hospital and health services activity
- Health care costs and expenditure
- Health needs - perceptions and preferences
- Efficacy and effectiveness of health interventions

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HEALTH NEEDS

Traditional (Bradshaw)

- Normative – based on expert opinion
- Expressed – inferred - demand; use of services
- Comparative – between geographic areas or populations (beds, financial and human resources, health status)
- Felt – perceived; subjective

(range of data and data collection methods used)

Alternative approaches

- Health potential – need as 1) potential to avoid decline in state of health (through prevention and health care), 2) potential to improve health status
- Ability to benefit from health care – need as mechanism to ration scarce resources

(measurable gain or normative and contestable construct reflecting conflicting interests and values?)

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ASSESSING HEALTH NEEDS – Epidemiological Approach

- Health status measurement - life expectancy, mortality, morbidity (incidence, prevalence), disability, functional status, quality of life
- Perceived health status - self-reported health status, life satisfaction, reported needs or priorities
- Health services use - as proxy - hospitalisation, primary care contacts
- Costs and effectiveness of services

(Requires comprehensive and good quality data and presumes existence of ideal state)

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ASSESSING SERVICE DEMAND – Basis for clinical service planning

- Service activity - separations, occasions of service, casemix-adjusted admissions, occupancy, length of stay
- Service access - patient origin, patient flow, insurance status, gender, age, ethnicity, referral source
- Service market - range of services available, substitutability between services, pricing, quality, physical assets

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ASSESSING HEALTH RISKS – Basis for planning preventive services

- Consider determinants of health - lifestyle, health care, environment, genetics
- Data? - behavioural risk factors, health services use, environmental (social and physical) exposures, genetic and biomedical markers
- Literature review (and meta-analysis)
- Expert panel
- Specific studies
- Perceived risks

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FORECASTING

WHAT

- Level of risk - population-at-risk, exposure to hazards, intervention effectiveness
- Service demands - demographics, service location and travel patterns
- Cost - service cost, social cost

HOW

- Computer modelling - forecast, simulation, optimisation
- Nominal group process
- Delphi study
- Trends in leading health indicators

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COMPARATIVE ANALYSIS OF NEEDS & FORECASTS

- Compares services availability, accessibility, and utilisation between areas or populations
- Compares health status (mortality, morbidity) between areas or populations

(Comparison against ‘peer’ community or against average population)

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COMPARING NEEDS & RESOURCES

- Benchmarking against standard
- Between group comparisons - population, communities, health services
- Peer group comparisons - health services, population groups, communities
- Historical comparisons

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TYPES OF INTERVENTIONS

- Primary prevention, early detection, acute care, rehabilitation, palliation
- Health service - clinical vs non-clinical; individual vs group
- Health policy or public policy
- Community action/activity in settings (schools, workplaces, social groups) - organisational, environmental, and social mobilisation

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APPRAISING EVIDENCE FOR INTERVENTION PLANNING

- Literature search (Cochrane library, Medline, ERIC, etc) and review
- Consider methodological issues - appropriateness of study design, strength of association, magnitude of effect
- Consider relevance (for application) - population, setting, workforce, resources
- Balance costs and benefits - for whom, over what period of time

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ASSESSING POTENTIAL INTERVENTIONS

- Is prevention is better than cure?
- High-risk, targeted strategy vs population strategy?
- Multiple criteria - efficacy and effectiveness, technical feasibility, cost and economic benefit, political acceptability, ethics and values
- Difficult to obtain data and predict return on investment for each of the criterion

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SELECTING INTERVENTIONS

- Convene decision-making group (ie decision-making processes involve judgment and values)
- Define criteria and weight to be given to each criteria (eg health benefit, cost, acceptability, professional preference)
- List interventions and evaluate by stated criteria
- Reflect on “score” and consider implications for the future

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TOOLS - STAKEHOLDER ANALYSIS

1. Identify all those whose interests may be affected (especially people who compete for resources or are key actors)
2. Specify the specific interests and concerns of the key groups
3. Make judgments about what key groups will be looking for and how their interests can be met

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TOOL - SOCIAL ASSESSMENT

1. Identify groupings of key informants (age, gender, occupation, etc)
2. Conduct household interviews or focus groups discussions (use tools such as lists and drawings) to identify key issues, ideas, and ideals
3. Determine impact of proposed plan and further means of participation

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FORMAL CRITERIA WEIGHTING AND SCORING

1. Determine criteria - health status improvement, cost, professional preference, political acceptance, implementation feasibility
2. Give weight to each criteria
3. List options
4. Compare options against all criteria
5. Add all weights for each option to arrive at total score for the option

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PROCESS FOR PRIORITY-SETTING

1. Convene decision-making group (of key stakeholders)
2. Clarify the decision context
3. Specify the major objectives to be pursued
4. Define the criteria for decision-making and the weights associated with the criteria
5. Identify all options and evaluate options against criteria
7. Calculate weighted score
8. Reflect and confirm decision