Towards health system sustainability

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The three factors that dominate modern debates about health systems:

Equity	Value	Sustainability
• Michael Marmott 2005	• Michael Porter 2006	• Or should it be stability?

Can health systems be sustainable without a focus on value and equity?

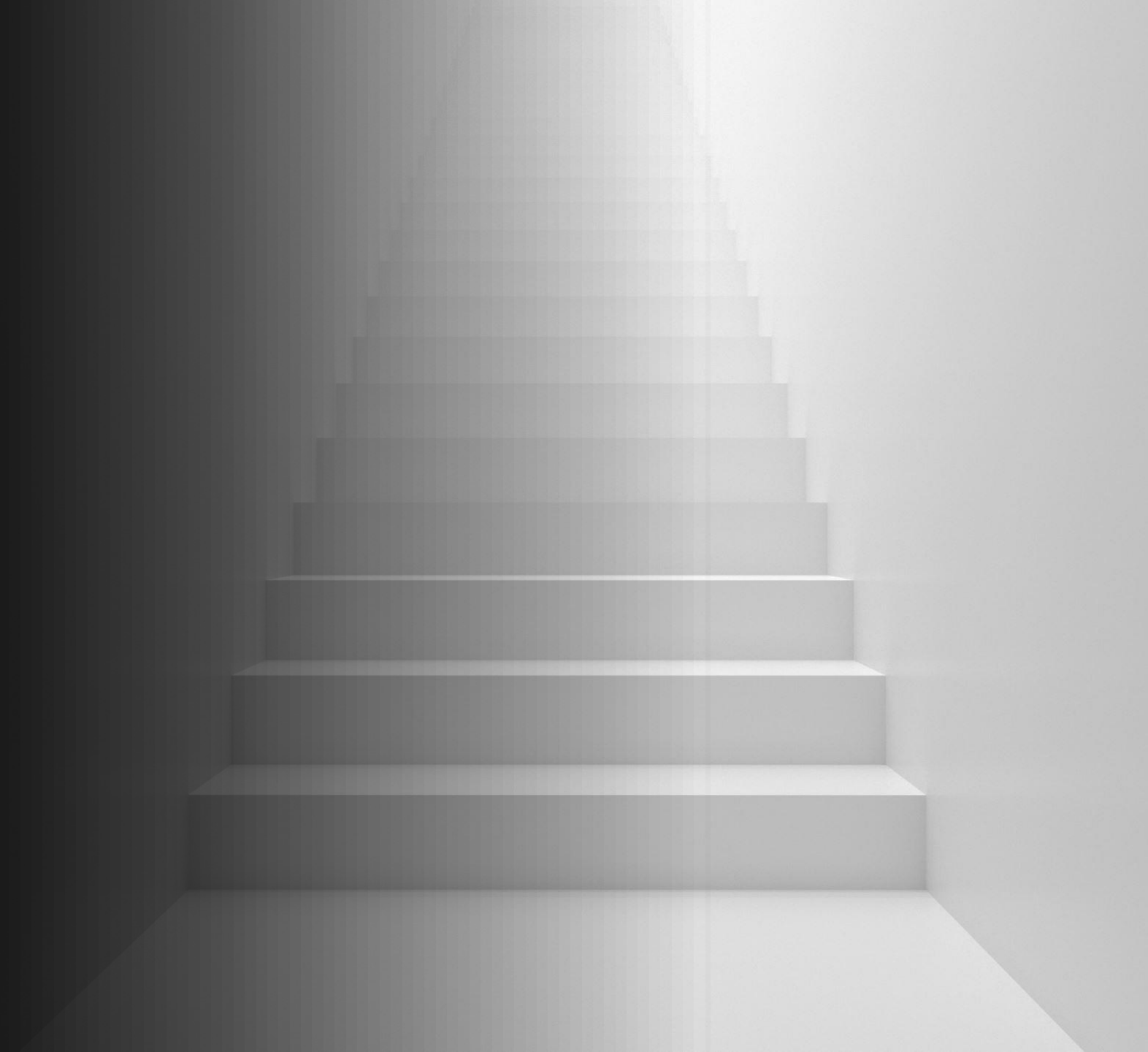
Threats to health system sustainability (stability).

1. Most people do not understand the health system that they rely upon.

2. Most jurisdictions do not have a fully-foward funded health system. What they have is a pay-as-you-go sickness and illness management system.

3. These sickness and injury management systems are maintained by the ways in which providers are remunerated and health systems are funded.

Steps towards health system stability.



Macro Factors:

1. Recognition that health systems are service industries and a consequent focus on user requirements and the customer experience.

Macro Factors:

2. Recognition that health systems exist in a broader social ecosystem.

Macro Factors:

3. Recognition that the behaviour of the many actors in healthcare is predictable but is frequently irrational such that there is an absolute need for the application of behavioural science principles.

Macro Factors:

4. Recognition that most of the productivity and quality gains will be obtained through a focus on community-based care and on a shift of the locus of responsibility to consumers.

Macro Factors:

5. A recognition that there needs to be a shift from pay-as-you-go reactive disease and injury management to as much as is possible a fully-forward-funded health system.

Macro Factors:

6. Attention to the legal and political risks to private health insurance and to the need for new products that do not solely promote consumption of health services.

Micro Factors:

1. The introduction of sophisticated purchasing, funding and commissioning – including a shift to tight loose tight approaches.

Micro Factors:

2. An agnostic perspective of health system structure.

Micro Factors:

3. The introduction of social commissioning.

Micro Factors:

4. The increased use of individual budget holdings for people with disabilities and chronic disease.

Summary and Conclusions.