

DISCOVERY AND MANAGEMENT OF EXCELLENCE IN HEALTH CARE

National contests of good health care management
in the Philippines and their impact on health care policy

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1. Objective / problem

The quality of health care is a matter of recurrent debate. When we started to strengthen the Health and Management Information System (HAMIS) in the Philippines we decided not to teach textbook lessons. We were guided by a Russian saying: "stupid people teach, smart people learn". We knew that there should be good health care managers in the Philippines. Yet, we did not know them. A contest for discovering good health care management was our choice. A contest is based on a classical paradigm: "panem et circenses", i.e., bread and circus.

2. Discovering good management

We conducted three consecutive national contests on good health care management until now – 1991, 1994, 1997. A 2000 contest is being prepared, already. For the contests we issued this message: "We are looking for innovative improvements in health care which contribute to increase

- * **Effectiveness** meaning better outcomes from delivery of health care
- * **Efficiency** meaning better management of resources for health
- * **Equity** meaning improved access to health care for the poor."

Details were given in posters and flyers. Extensive launching campaigns were undertaken. All applications were submitted to a standardized three- or even four-fold peer review. Peer reviewers were directors of the Department of Health (DOH), prestigious representatives of non-governmental organizations (NGO), members of the organizing HAMIS project and - later on - former winners of the contest. They scored the written applications according to six criteria: quality, innovativeness, effectiveness, efficiency, equity and sustainability. As many high score projects as possible were visited by a team of at least one DOH, NGO and HAMIS staff member. A checklist of actually 73 yes/no criteria looked into details of management: quality, innovativeness, effectiveness, equity, efficiency and sustainability. Examples:

- acceptable standards are maintained
- utilizes resources and capacity available in the area not fully considered before
- deals with underprivileged or marginal population

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- [] promotes improved productivity of services
- [] involves minimal overhead only
- [] is initiated from own resources

Members of the site visit teams had to find a consensus with the reviewee on the applicability of each criterion on the project reviewed. The Selection Committees included the Minister or Secretary of Health, Undersecretaries, Congressmen, Senators, NGO-representatives, university professors and the HAMIS manager. Members of the Selection Committee joined the final site visit screening of most of the top ranking projects. The presidents of the Philippines themselves awarded the very best - after three contests 160 ongoing local initiatives are awarded. Altogether, there were five awards the winners got at the same time: (1) prize money for strengthening and/or replicating the project, (2) national recognition as outstanding showcase of good health care management, (3) membership in the Federation of the HAMIS Winners, (4) sharing budgets from the Department of Health allocated for the Federation, (5) the use of the HAMIS Federation's Reassurance Fund in case of emergencies. The winners were associated and organized mutual visits and learnings, thematic clubs, pressure groups, policy dialogues by an elitist national federation of good health care managers. Appropriate follow-ups by an "outsider" were decisive to build up this organization of good health care managers until they got self-reliance and sustainability.

3. What is good management?

The winners of three HAMIS contests give us *many examples* of good health care management and tell us some lessons that we shared with many health managers. Examples are

- a drug cooperative of a garbage recycling community that demonstrates that self-organization and cooperation can save money for all in the catchment, not just for the members,
- a voluntary association of diabetic patients that brings about private and public savings,
- a network of health oriented mother clubs of small islands communities that underlines that good health care management should be comprehensive and comprehensiveness, sustainability and expansion is achieved if people understand and share it.

Impressions on good management: When trying to discover the "gestalt" of the winners we got to know that good management does not content itself with improving health care with resources that are already on hand and obvious. Good health care management does the right things despite scarcity of resources and immobility of institutions and people, or better: it does not accept the notions of scarcity and immobility but discovers untapped resources and forces to move ahead. It

- 1 discovers untapped resources in the sense of financial, material, moral and time resources, as for example through innovative ways of fund raising or using herbal plants or converting charity into economics or using the time of mothers of malnourished children,
- 2 mobilizes human and intellectual resources, as for example via empowerment of mothers and health workers and through better use of knowledge and information,
- 3 combines existing resource patterns resulting in multiplicative effects, as for example university training and health services or private and public health services or radio stations,
- 4 reconfirms productivity gains through self-organization and banding together, as for example through patient associations and drug cooperatives.

Good health care management in this sense is the more productive use of otherwise overlooked resources for the benefit of those in need.

Analyses of good management: Case studies on quite a number of HAMIS winners by five research groups from universities of the Philippines can be resumed in the following way. Good management can be found within a challenging or a supporting context. It can originate within an

especially poor array of resources or with good resources at hand. It can start alone and from scratch, or might be reinforced by a wider and broader program, i.e. an institutional network or a comprehensive health and livelihood approach. Community organizations and volunteers can provide a proper back up. Such reinforcement, we see, can stem from many different realities. Nevertheless, the context seems to be not the decisive factor to predict good management. It is rather the human factor. It is the proper personality traits and leadership qualifications of the managers. Leadership means empowerment of partners, staff and target groups. One who excels in clarifying or even simplifying goals and objectives, especially at the earlier stages of a project. One who keeps the processes going on through smooth follow up and motivation. In the Philippines it is women that often play this role of a "guiding star" or "moving spirit" behind good health management. This - in a nutshell - are the findings of the extended case studies on some of the winners.

3. Managing good management

We tried to learn ourselves from the winners. We used the winners as resources to improve health (care) management in different ways – this is the most decisive aspect of our approach.

- *Mutual learnings*: Mutual bilateral visits among winners already had their impacts in several projects: replicable elements of some were implemented in others as e.g. a cooperative extends into health insurance and herbal medicine. The number of HAMIS winners involved in herbal medicine increased from four during the screening of the applications to 20 just 20 months thereafter. This is what we cultivate as "healthy epidemics of infectious good ideas". Most of the HAMIS winners are replicating elements of other winners. Some of the winning health management components were replicated as national programs: databoards, incentives for volunteer health workers, community drug insurances, water for life projects.
- *Thematic clubs*: Indirect support to the winners is being given by establishing what we call "HAMIS Clubs", i.e. groups of similar projects which might learn from each other, e.g., through newsletters and visits and conferences or lobbying. These Clubs dealt with herbal medicine, community health workers, drug cooperatives, community health care financing and local health insurances. They were strong and smart enough to influence local and even national health policies, e.g. the national agenda on herbal medicine, the shaping of national bills regarding incentives for community health workers and the national health insurance law. HAMIS Clubs organize their own meetings, fora and conferences. All winners were invited to give their training offers and training needs into a databank that helps composing HAMIS Clubs. It also helps to identify trainers and trainees for specific topics. An Academy of the HAMIS Winners of the Philippines was built up, too, to disseminate the winners' ideas.
- *Associations of winners*: The winners federated in 1993 into the Federation of HAMIS Winners in the Philippines, Inc. with the aim of networking and reinforcing the members, replicating achievements, and disseminating the message of good health care management. The Federation serves as a network for strengthening local centers of managerial excellence and for disseminating the messages on good health care management.
- *Policy papers and policy pushes*: The Department of Health commissioned the Federation of the HAMIS winners to draft policy papers on local health care financing, design licensing standards for private hospitals based on the winners experiences and test a strategy for expanding the HAMIS information tools. In addition to the special project funds mentioned, a regular line item in the budget of the Department of Health included funds for the operational

expenses of the Federation. Additionally, a GTZ sponsored Reassurance Fund was build up to maintain, strengthen and/or replicate the projects that were awarded by the HAMIS Contests.

- *Towards an elitist organization:* Performance monitoring of the winners and their award money spending is being supported through a kind of peer review, i.e. through the sharing of experiences with other winners. The diamond winners are now entitled to audit other winners. The Northern and the Southern Winners and the Federation convene regularly to get updates on project achievements. Bilateral visits of the winners thereafter are a kind of social control within the winners networks. Economic incentives are used: the upgrading of the best of the winners during the next contests and the sharing of a revolving reassurance fund as long as they are accepted to be members of their corporate networks. All projects participate in the selection of the next winners and in a mutual monitoring, which gets stricter as time goes by.

When we did our first national HAMIS Contest in 1991 we did not expect that we had to award 52 projects and programs from all over the Philippines and representing all subsectors of health care. We discovered them as untapped resources and then we learned from them to mobilize the available resources, to combine them and to get productivity gains through self-organization and banding together. The Federation of the HAMIS Winners learned these lessons from the individual winners and turned them into social processes. This network gained productivity by banding together. Many of the winner's ideas are now not only being replicated in the other winning projects but were already declared to be national programs, endorsed and supported by the Department of Health. The Federation is a consultative body of the Department and has its office in the Department and a budget from the Department. Grass-root managers turned to be advisors for national health policies and health law making in the name of the six basic criteria: quality, innovativeness and sustainability to achieve effectiveness, efficiency, and equity.

4. Discussion

“Stupid people teach, intelligent people listen and learn.” This Russian saying is a decisive yardstick towards discovery and management of good health care. Total quality management should adopt the notion that there are many excellent and innovative ways to improve the quality of care when looking at the fingertips of managers – not just in situations of deprivation and poverty as in the poorest countries of the world. One of the most often overlooked resources are the good health care managers at the grass roots or in far flung areas. To discover them and to bring them to the fore is a productive use of these resources. To combine them and to band them together and to give them the chance to influence health policies and law making is another way to use the available resources more productively and to sustain them. The European Movement of Quality Management in Health Care can learn from what we started in the Philippines long before the high noon of this actual fashion in health care: discovery is good, learning is better, best is organization and policy impact.

5. References

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