

Challenges for decision makers in the inpatient health care sector (acute care, psychiatric care, rehabilitation)

SGAIM SSMIG SSGIM - Health Symposium 21

Thursday, november 18th, 2021

Annamaria Müller,
President HFR - hôpital fribourgeois | freiburger spital
Owner “Amidea GmbH – New health Care solutions”

Challenges for decision makers in the inpatient health care sector

Challenges

Planning for the future,



while managing the present



with tools and action patterns from the past



MAZE RUN
DIE AUERWÄHLTEN - IM



Finances

Challenges

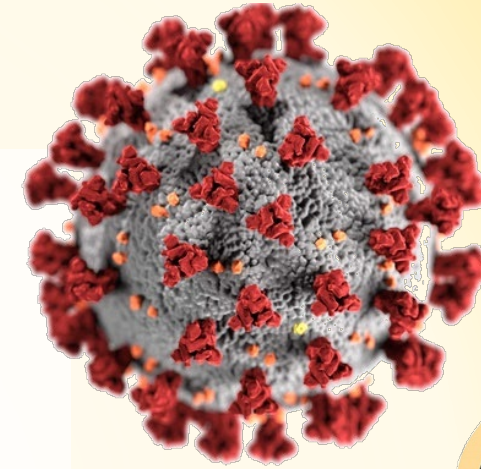


Resources

- Healthcare personnel → shortage, rising costs
- Infrastructure → old, not transformable, high end driven
- material, equipment, pharmaceuticals → shortages, extremely high costs
- Technology, skills, knowledge → outdated, not compatible, slow to adapt



- increasing requirements from cantons
 - hospitals list & performance mandates (SPLG/GPPH)
 - operating permits, construction and operation requirements
- Pressure on tariffs from insurance companies
 - Sinking Baserates (DRG, Tarpsy, ST-Reha)
 - De-valorization of cost weights
 - Revision of complementary insurance services and their prices
- Funding restrictions from cantons (AVOS)
- Reduction of payment for public goods and services (GWL/PIG)
 - rising costs, sinking revenues, pressure on service production

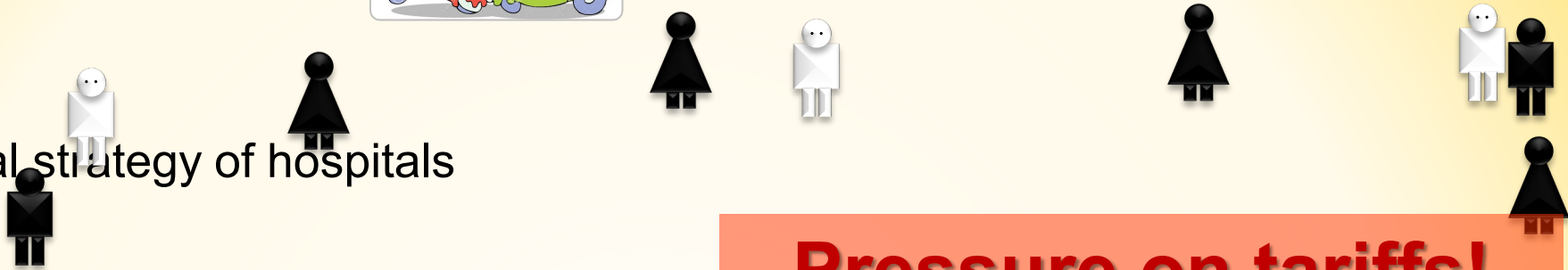


Market

- Fierce competition (too many acute care hospitals) → Competing for healthcare staff, resources and funding
- Management outflux of patients (reduction of length of stay) → lack of places for aftercare
- Pressure on quality and reliability → «beauty pageant»

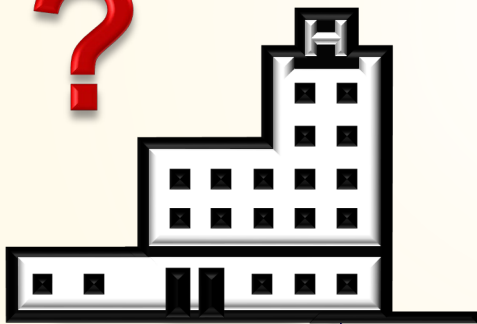


Current survival strategy of hospitals

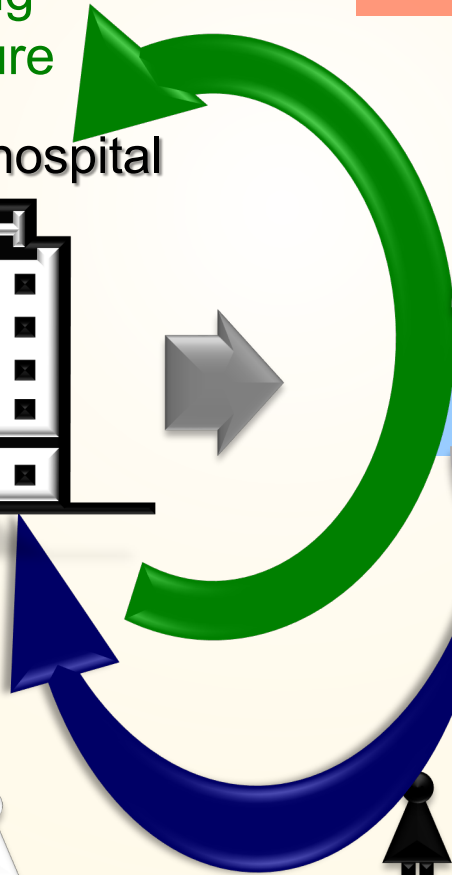
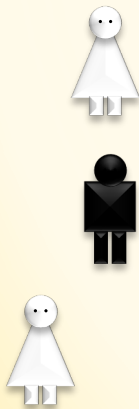


Maintaining Infrastructure

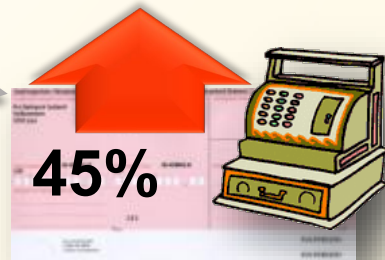
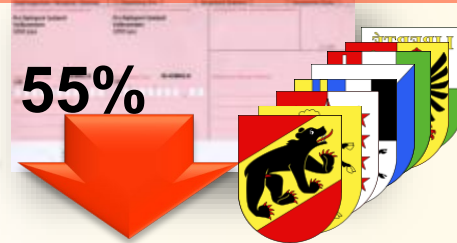
Listed hospital



Financing operations

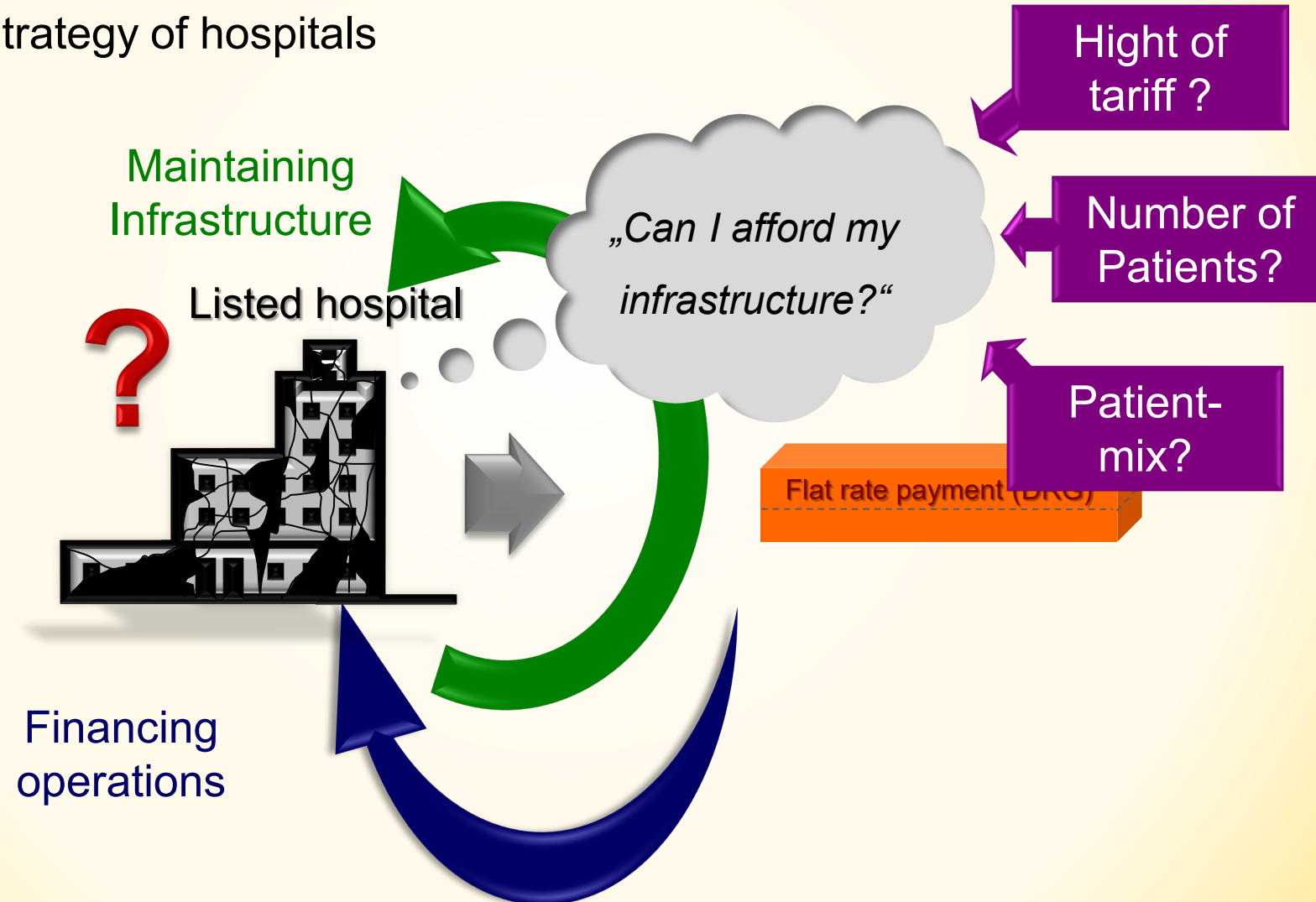


Pressure on tariffs!



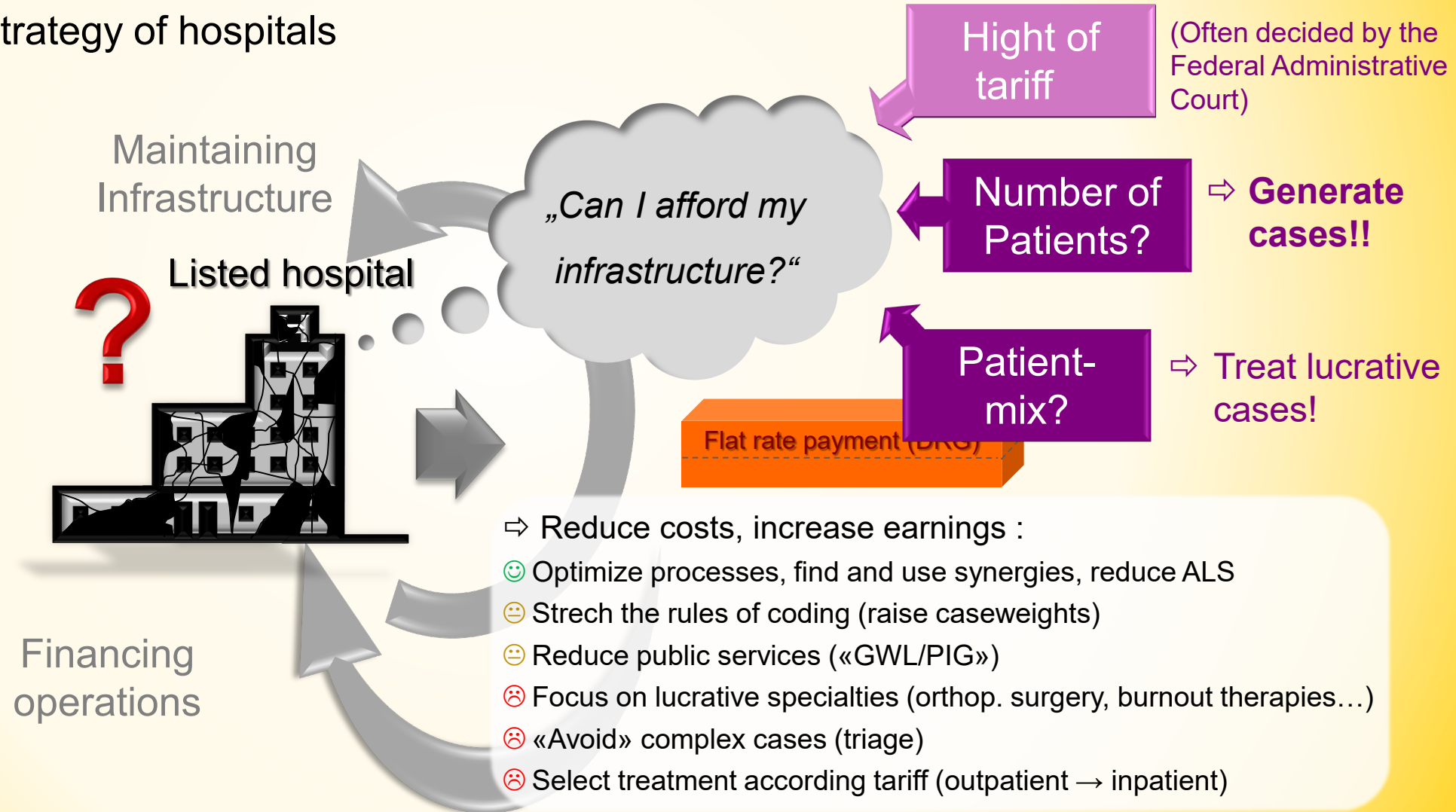


Current survival strategy of hospitals





Current survival strategy of hospitals





Current survival strategy of hospitals

Hight of

(Often decided by the
Federal Administrative



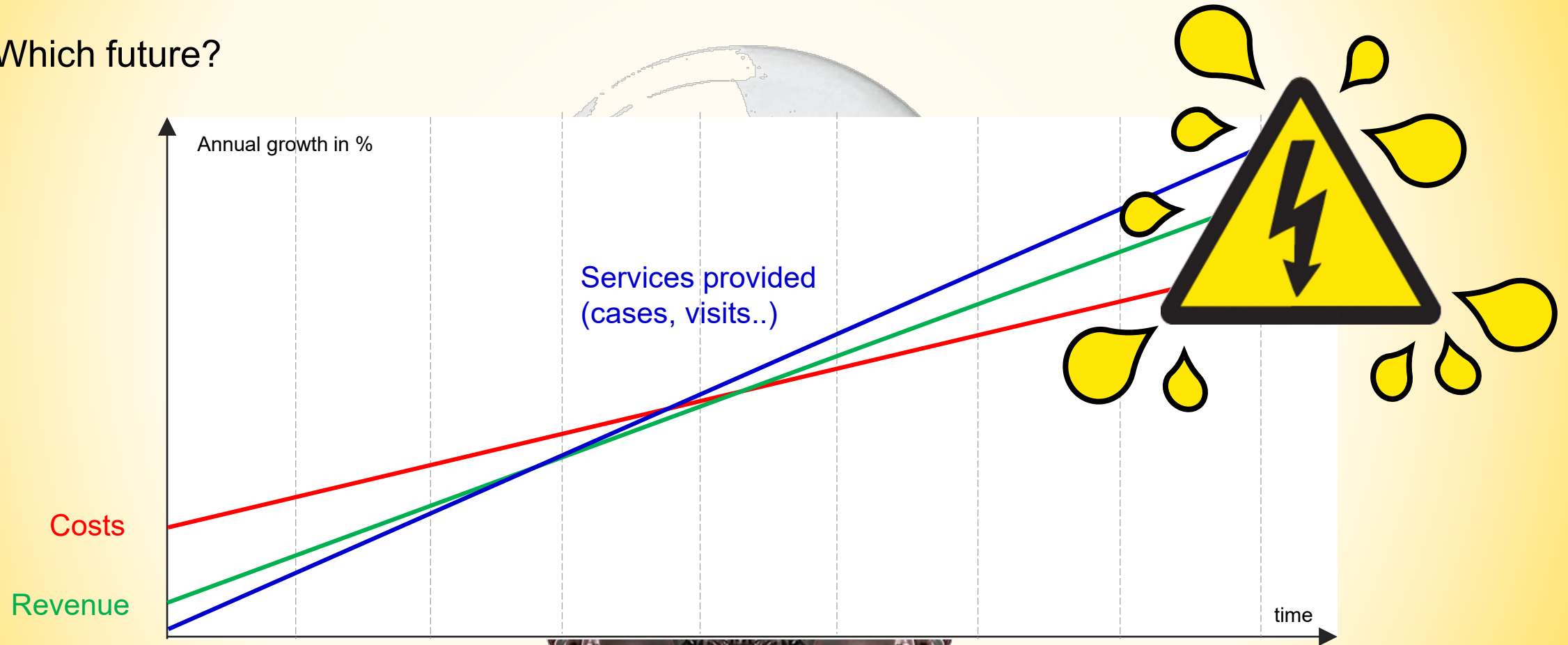
enerate
ses!!

t lucrative
es!

pies...)

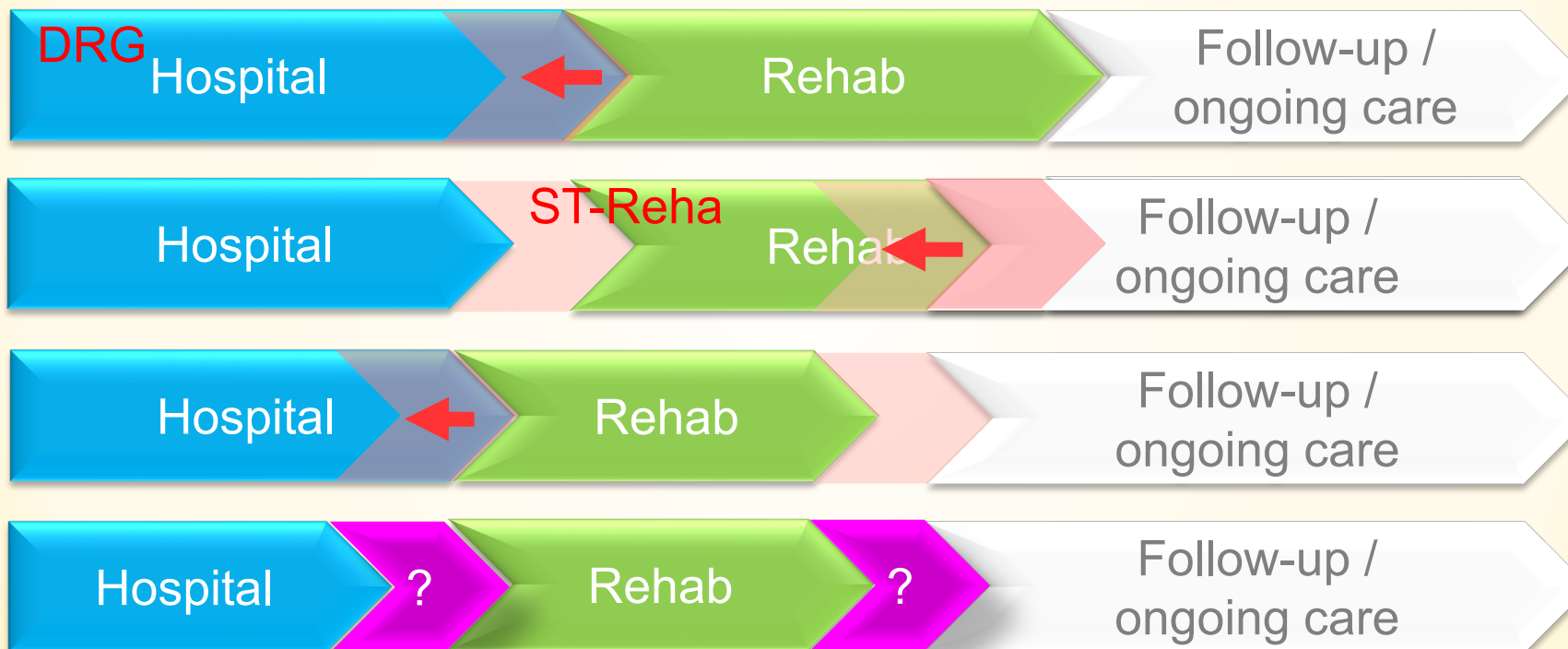


Which future?





Some facts:



Flat rate payments induce pressure on the adjacent care systems

⇒ Needs to connect with upstream and downstream services !

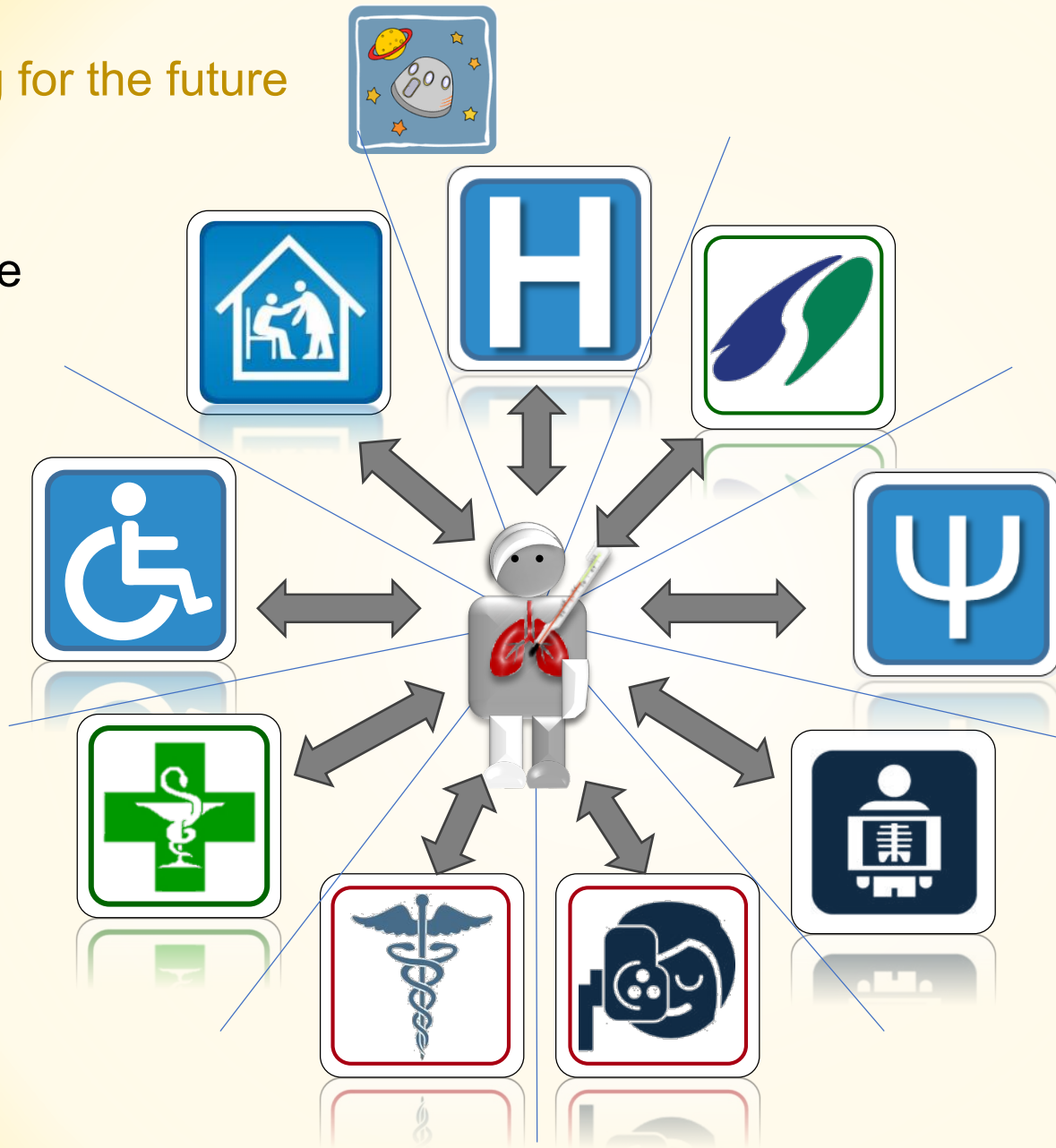
Planning for the future

Coordinated care



Mutual arrangements,
joint planning

Coordinated care



Mutual arrangements,
joint planning

... BUT in reality:
relations with the patient
remain separated

Integrated Care



«mutual» relation

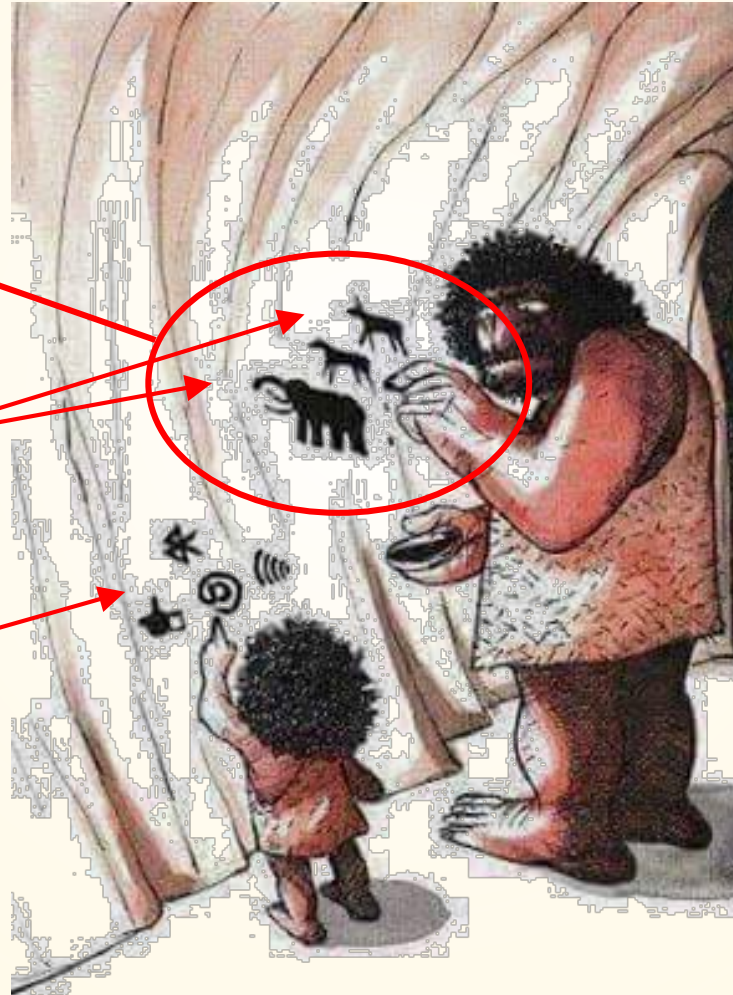


Principal bottlenecks:

Healthcare System

Population, politics

Digital development



Attitudes and cultures of Healthcare professionals



The «System»

sectors of healthcare

outpatient

inpatient

acute

chronic

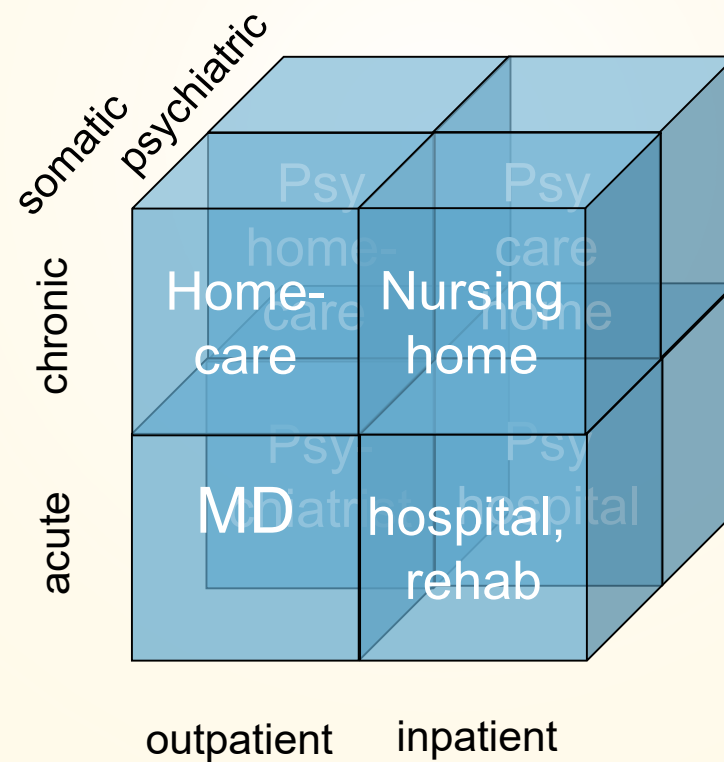
somatic

psychiatric



The «System»

shaped like a «healthcare dice»

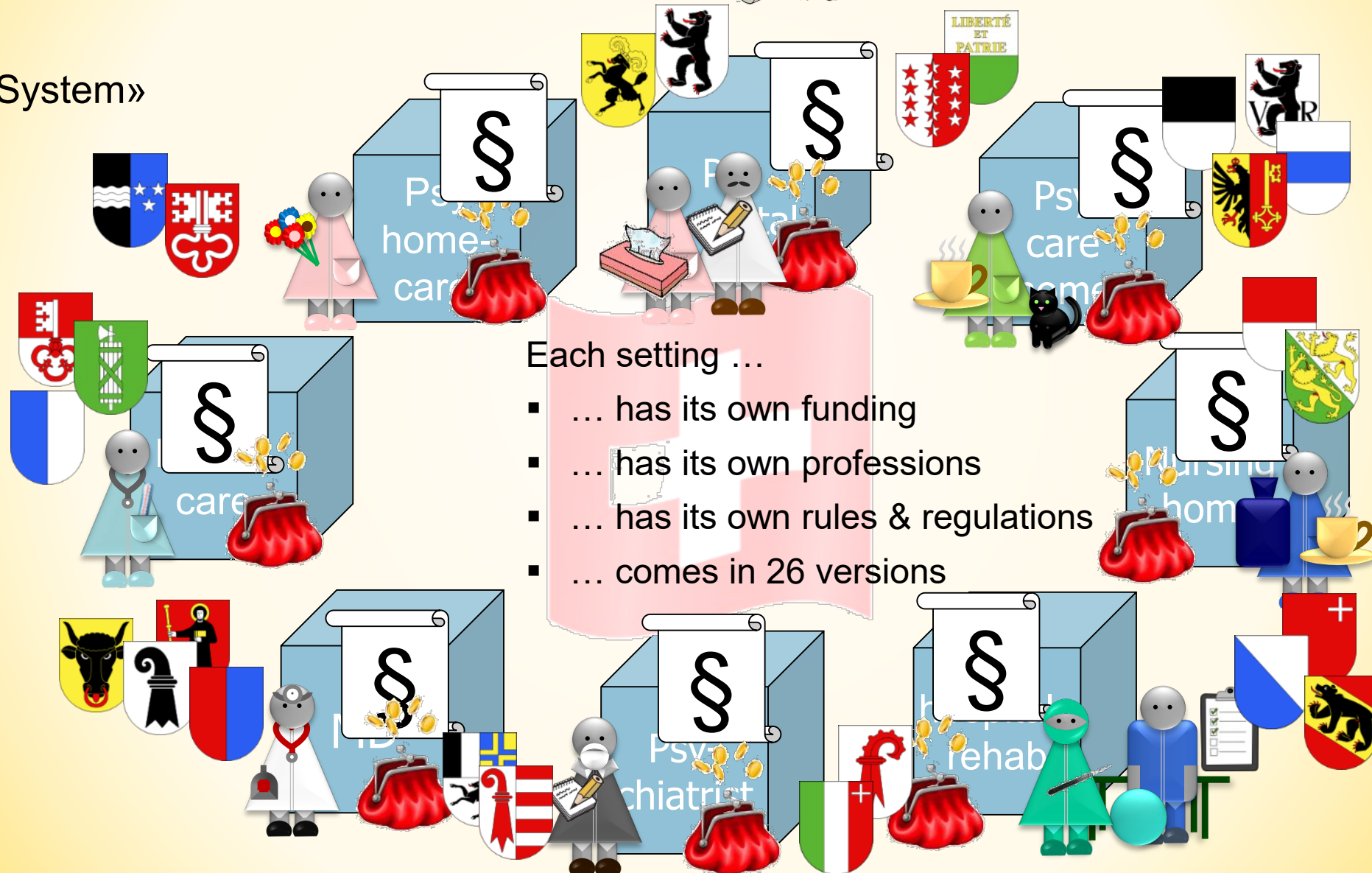


... its elements also called «silos»

Tools and action patterns from the past



The «System»





Population and politics

Keep all
emergency
wards!

Keep all
hospital
sites!

**Who Moved
My
Cheese?**



SPENCER JOHNSON

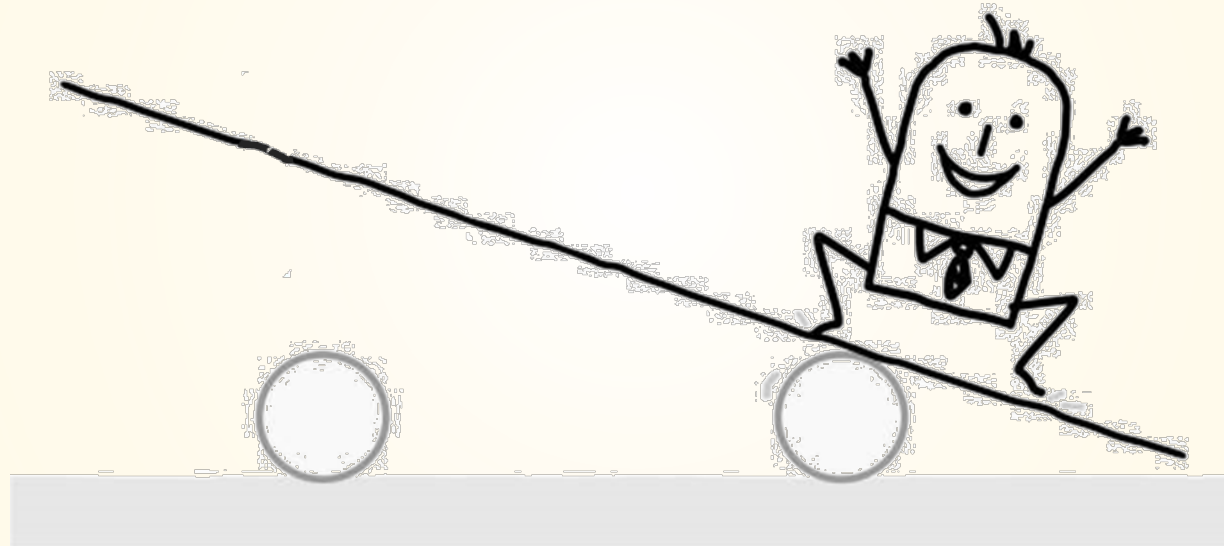
No mergers
or trans-
formations !





Population and politics

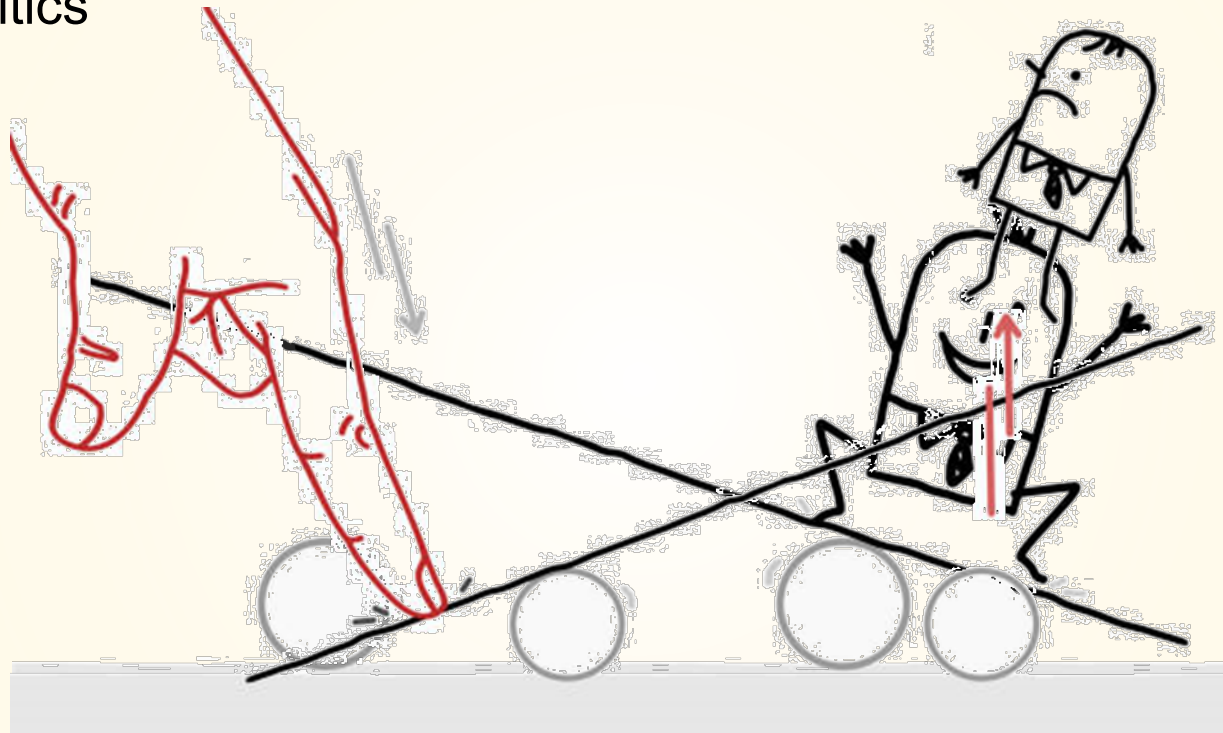
election...





Population and politics

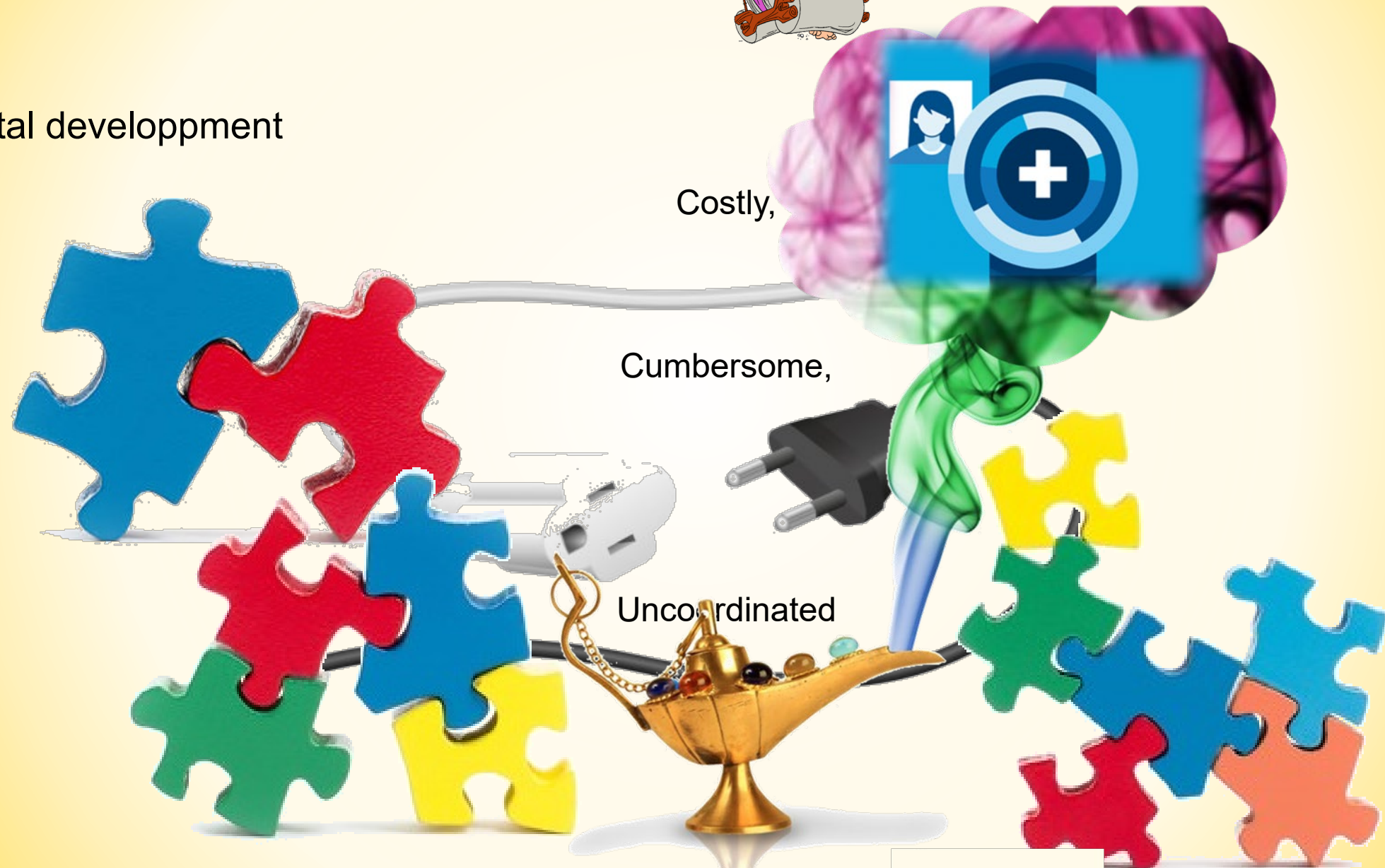
election...



= ejection...



Digital development



Costly,

Cumbersome,

Uncoordinated

Tools and action patterns from the past



Health Care professionals



«mutual» relation ...

... not that simple !

Tools and action patterns from the past



Interprofessionality



Tools and action patterns from the past



Identification with institution



«mutual» responsibility ...

... for outcomes AND institutional wellbeing !

Tools and action patterns from the past



Entrepreneurial responsibility



Wishes of decision makers



Kontakt

Amidea GmbH
Aarhaldenstrasse 8
3084 Wabern / Schweiz

+41 79 751 94 01

www.amidea.ch

annamaria.mueller@amidea.ch

