

CONFERENCE ABSTRACT

Integrating the Integrated Care Organisation – Optimising Resources, Operations, and Services to Create Real Value

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Introduction: Implementing Integrated Care to promote and protect the health of organisations is massively complex. Historically, healthcare practitioners thought in terms of single patient acute care encounters within healthcare facilities, and seek to help the patient become “apparently well” again. With an ageing population, multiple morbidities, complex socioeconomic factors, and increasing costs, we must now reconsider our paradigms.

In Singapore, the focus has been on our “models of care” and “pilots”, and less on the organisational adaptations to purposefully steer, sustainably support, and coherently integrate these efforts for maximal impact.

This presentation describes a generic framework for organisational strategic management with which one charitable organisation, long operating as and recognised as a medical clinic-based care service provider, is reinventing itself.

Background: The organisation, originally focused on a single disease, had shifted in the recent decade towards general medical clinic services, including laboratory testing, statutory examinations, and walk-in acute primary care. It also built a substantial network of care facilities and financial reserves.

To return to its foundational mandate of serving the underprivileged in the current milieu, it set itself the overarching goal of “creating the largest impact for its available resources”.

To do so, it would have to optimise (a) how it uses its resources, (b) how well it runs its services, (c) what services it chooses to run, and (d) how beneficial the services actually are to its clients. There are however cautionary tales of projects that were well-meaning but tangentially driven, well-designed but poorly implemented, well-run but not scalable, and well-implemented but with little actual impact.

Method: Intuitively, “impact created with available resources” is “impact” divided by “resources”, not very useful because impact is hard to measure and the single number is not illuminating.

By inserting additional terms (which cancel each other out) into the quotient, a simple equation was constructed: “expenditure/resources * activities/expenditure * outcomes/activities *

impact/outcomes”. The terms correspond respectively to “utilisation”, “efficiency”, “efficacy” and “value”.

Result: The generalisable matrix coherently and comprehensively relates utilisation, efficiency, efficacy and value.

“Utilisation” is the proportion of total resources, both financial and operational, in use for the benefit to its patients. The business and investment arms add to available resources, while the charitable services seeks its maximal deployment.

The next two concepts – “efficiency” and “efficacy” – are analysed by services lines by computing their respective budgets, expenditures, volumes, costs of delivery, average outcomes, and other parameters.

Lastly, the “value” generated by each service line is estimated by assigning intuitive weights to various outcomes. This component that most relies on judgement will be both separate and yet articulated with the other measures.

Discussion: The framework allows for a coherent and comprehensive conversation on the services delivered. It is now possible to discern the well-performing services that have little impact, and the challenged ones that would, and directs attention to the improvements required to maximise benefit to the population.

The discussion also describes how this management control framework can be used by for-profit and not-for-profit agencies.

Keywords: strategic management; management controls; value
