

Building Management & Clinical Process Capacity Across Caribbean Service Providers to ***Serve Residents***, Tourists and Medical Travelers

15th Caribbean Conference on National Health Financing Initiatives



HOSPITAL
INTERNACIONAL
DE COLOMBIA

Medical
complex of the



Mary Miller Sallah, MHA

2009 / +14
+20
7

Operator

Improvement Partner

Technology Navigator

Surveyor

Advocate for Knowledge Transfer

Realistically Aspirational

Key Topics Covered

- **Management and Clinical Process Capacity Across the Region Today** - the reality of what you can do today...
- **The Critical Nature of Health Financing as an Improvement Instrument Across the Health Sector** - an operator's perspective...
- **Financial & Life Safety Risk Across the Region** - the perpetual cycle and a new way of using an old tool...
- **Positioning the Caribbean as Competitive Service Providers in the Regional Medical Travel Marketplace** - let's have a realistic conversation...

THE CARE PROCESS

Management and Clinical Process Capacity is not equal in their requirements across the Care Process in the Caribbean.

1

PREVENTION

Any action to keep people healthy and well, and prevent or avoid risk of poor health, illness, injury and early death.

2

DIAGNOSIS

The process of determining the nature of a disease or disorder and distinguishing it from other possible conditions.

3

TREATMENT

The result of a provider's decision to control a health problem, lessen or resolve completely.

WORKFORCE STRENGTHENING ALLOCATION OF INVESTMENT

+++ = Catastrophic
 ++ = Critical
 + = Marginal

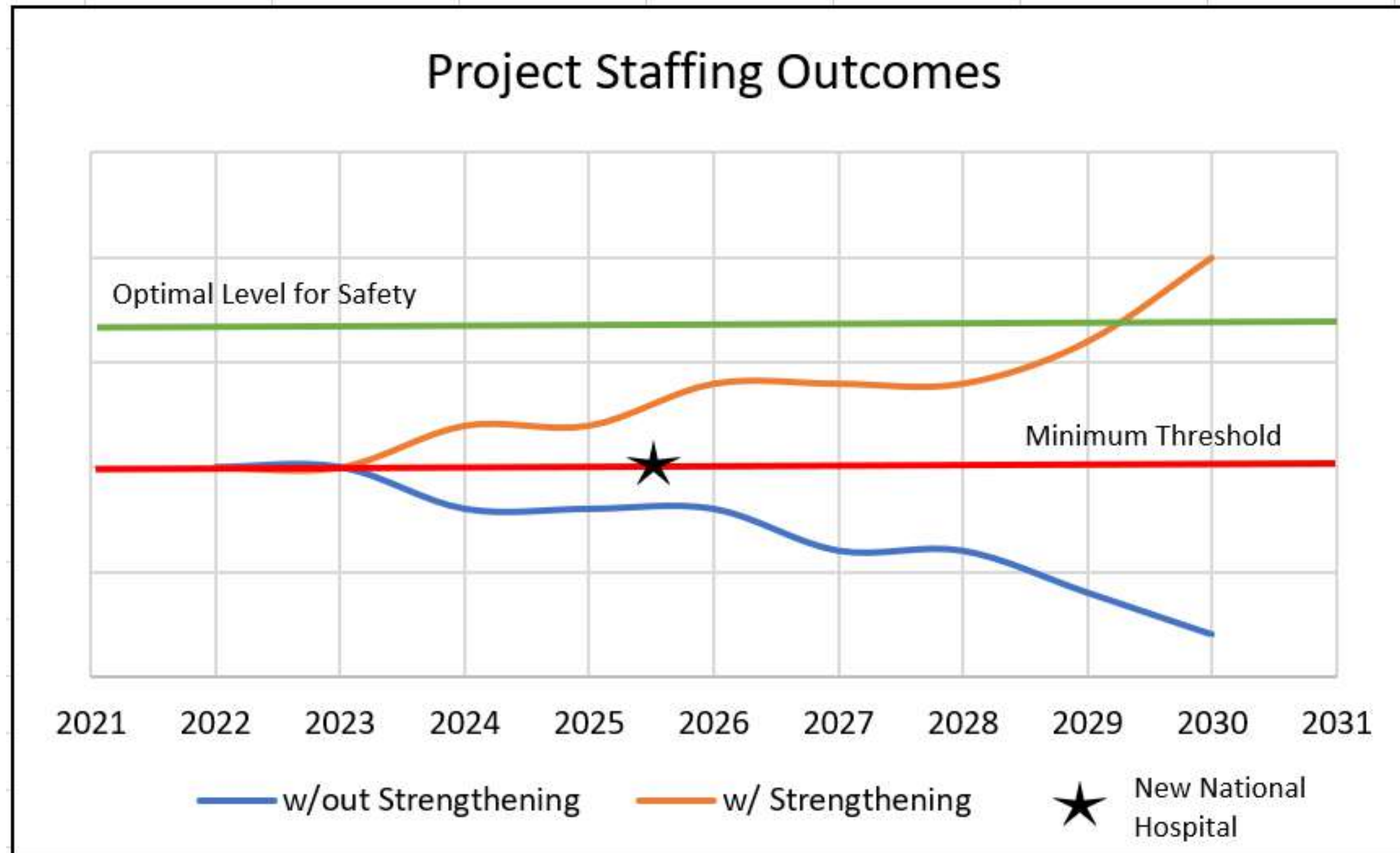


SAMPLE

WHO Classifications	MoH	PM	Secondary Care	Primary Care	Long-Term Care	Community Health
Health Professionals Health professionals study, advise on or provide preventive, curative, rehabilitative and promotional health services based on an extensive body of theoretical and factual knowledge in diagnosis and treatment of disease and other health problems. They may conduct research on human disorders and illnesses and ways of treating them, and supervise other workers. The knowledge and skills required are usually obtained as the result of study at a higher educational institution in a health-related field for a period of 3–6 years leading to the award of a first degree or higher qualification.		++	+++	+++	+	+
Health Associated Professionals Health associate professionals perform technical and practical tasks to support diagnosis and treatment of illness, disease, injuries and impairments, and to support implementation of health care, treatment and referral plans usually established by medical, nursing and other health professionals. Appropriate formal qualifications are often an essential requirement for entry to these occupations; in some cases relevant work experience and prolonged on-the-job training may substitute for the formal education.			+++	+++		
Personal Care Workers Personal care workers provide direct personal care services in health care and residential settings, assist with health care procedures, and perform a variety of other tasks of a simple and routine nature for the provision of health services. These occupations typically require relatively advanced literacy and numeracy skills, a high level of manual dexterity, and good interpersonal communication skills.			++	+	+	+
Health Management and Support Personnel Health management and support personnel include a wide range of other types of health systems personnel, such as health service managers, health economists, health policy lawyers, biomedical engineers, medical physicists, clinical psychologists, social workers, medical secretaries, ambulance drivers, building maintenance staff, and other general management, professional, technical, administrative and support staff.	+++	++	++			

WORKFORCE STRENGTHENING

THE RISK OF NOT DOING ENOUGH



INTRINSIC CONNECTIONS

Pacing Health Finance Reform with Deployment of the Health Information System

Finance Reform

Determination of:

- Essential Basket of Services
- Categories of Users
- Revised Fees
- Revenue Cycle Management Practices
- Utilization Review Parameters
- Claim Management
- Legislative Reform

Billing Methodology

Medical Coding

Implementation of ICD-11

Point of Service/Sale Procedures

Information Management Policies & Procedures

Out of Country Case Management

HIS

Deployed across Secondary and Primary Care Levels.

Workflow Automation

(Mostly) Paperless Work Environment

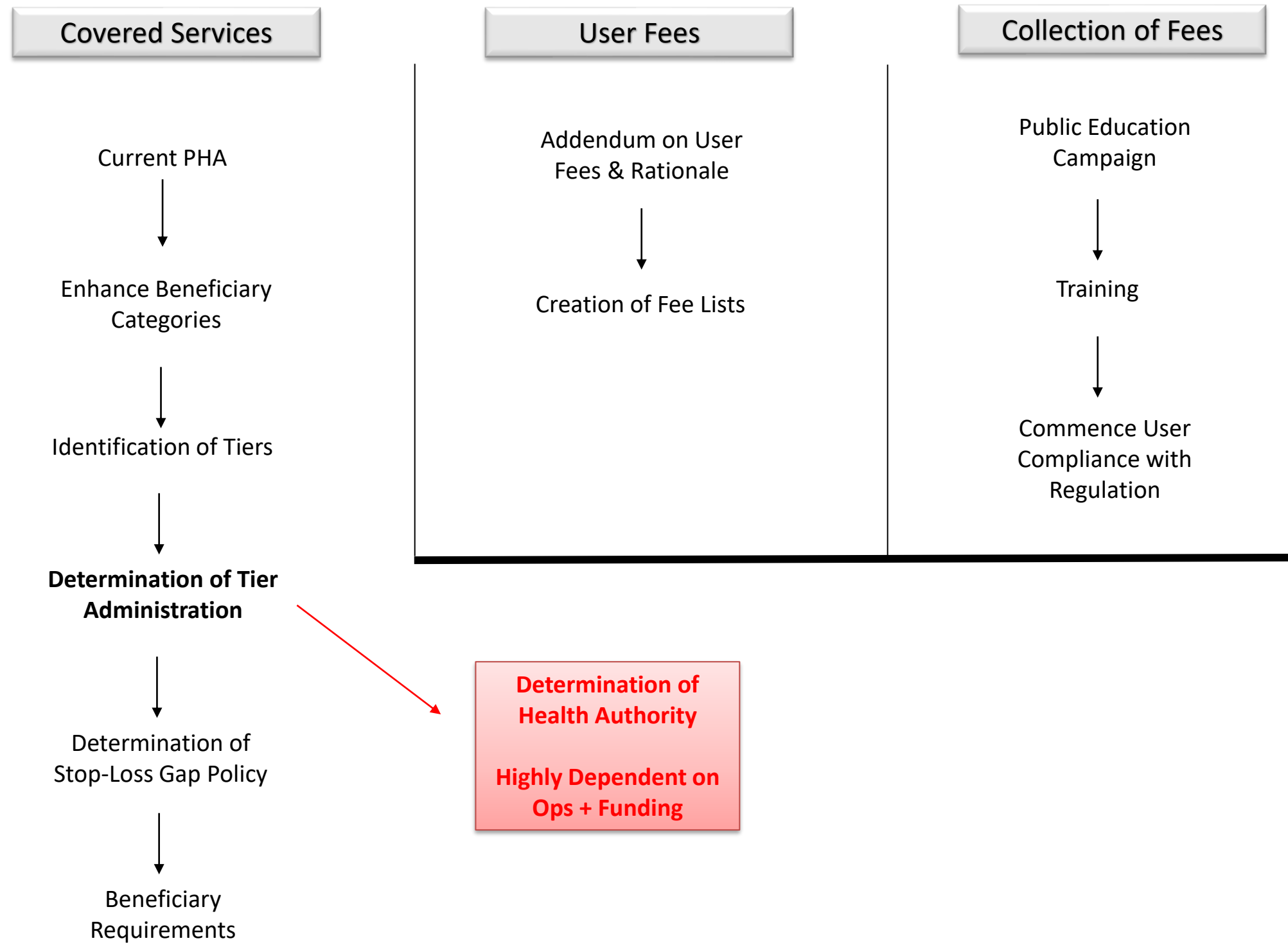
Electronic Health Record

Electronic Clinical Documentation

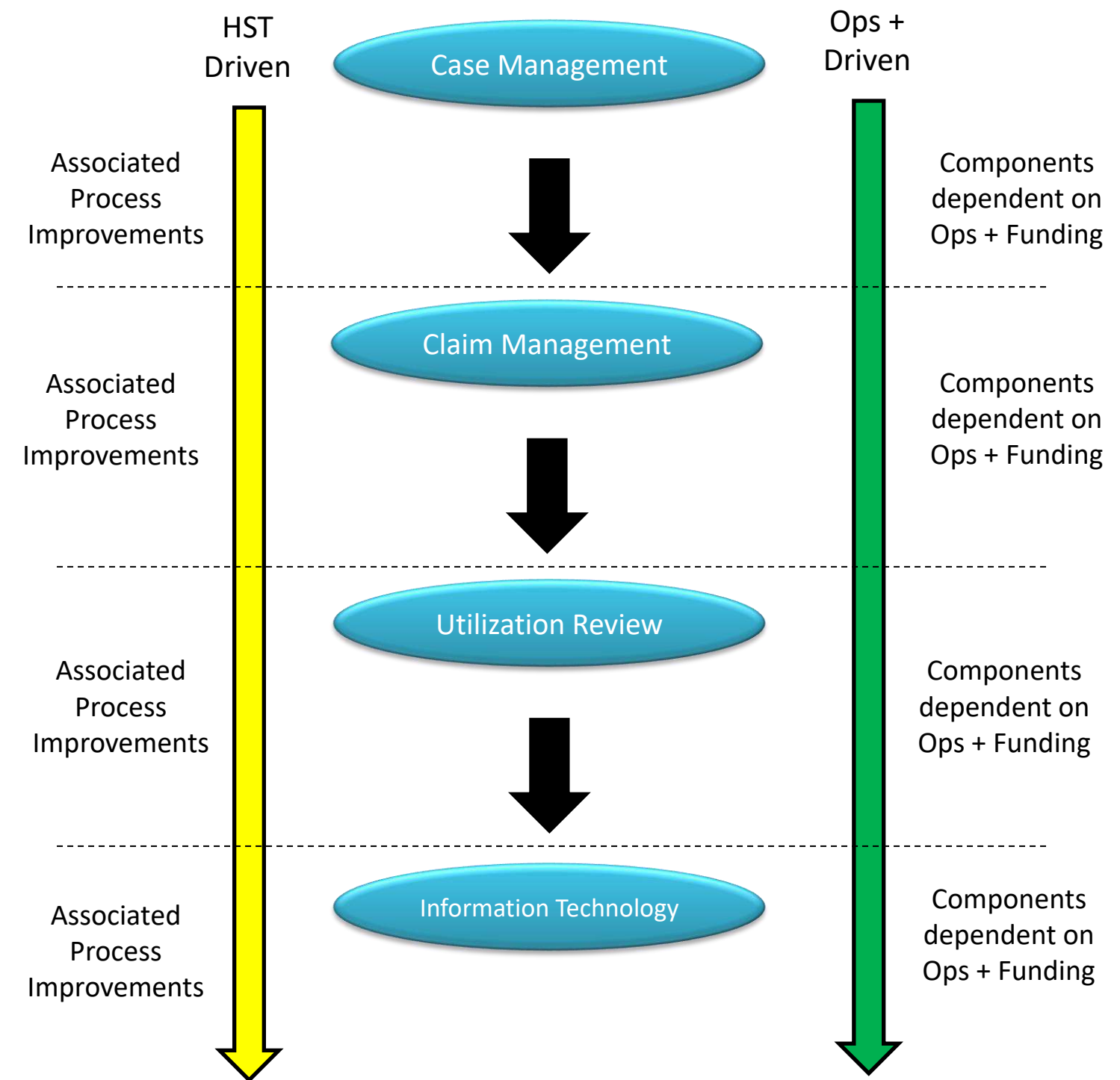
Health Finance Reform – An Operator’s Perspective

Work Streams & Decision Milestones

Associated Finance Reform



Associated Operational Reform





We must stabilize in order to normalize. Once we normalize, we can then create a platform for improvement in a public Caribbean hospital.



Financial & Life Safety Risk in the Region...

Are we prioritizing strategic procurement planning against operational plans and novel ways to cost engineer...

What is our goal 5 years from now and liquidity capability today...

How are areas different economic sectors contributing to the stabilization of health?

Financing healthcare can not be an existential question in the Caribbean...it is a practical matter that must have restricted, consistent funds that are aligned with the medical community, technology and therapeutics for the region's demographics. (ex. CBI, real estate and development, yachting world)

Health Security (acute public health events) versus Health & Security.

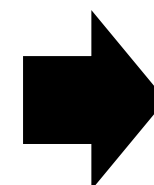
SAMPLE OUTCOME

INVESTMENT IN LIFE SAFETY CRITICAL EQUIPMENT



EOC Life Safety Risk Matrix – Medical Equipment Procurement

		Severity of the Potential for Harm (Absence of or Inadequate Equipment)				
		Negligible Could result in one or more of the following: injury or illness not resulting in lost work.	Marginal Could result in one or more of the following: injury or illness resulting in one or more lost days work.	Critical Could result in one or more of the following: permanent partial disability, injuries or illness may result in hospitalization.	Catastrophic – Expected Could result in one or more of the following: death, permanent total disability, irreversible significant impact or monetary loss.	Catastrophic – Unexpected Any catastrophic event expected but unrelated to the information possessed or discussed to date.
Low Risk (4)						
Moderate Risk (3)						
High Risk (2)						
Extremely High Risk (1)						
Likelihood of an Adverse Event Happening	Almost Certain 5	5	10	15	20	25
	Will Probably Occur 4	4	8	12	16	20
	Possibly Occur 3	3	6	9	12	15
	Remote Possibility 2	2	4	6	8	10
	Extremely Unlikely 1	1	2	3	4	5



1. Life safety measures relate to all potential life safety risks when patients are unable to move by themselves and/or when access to emergency response or diagnostics is required.
2. Environment of Care (EOC) refers to any site where patients are treated, including inpatient and outpatient settings

STARTING POINT

Transformational Initiative

Accountability & Improvement

Workforce Strengthening

Sustainable Operational Capacity

Applicability

- Financial Savings
- Care Management
- Reduced Liability

- Professional Development
- Employee Satisfaction
- Retention

- Retention
- Recruitment
- Tools to Enhance Responsibility

Outcome / Impact on Patients

- Improved Clinical Protocols
- Life-saving interventions

- Prepared Staff
- Improved Diagnostic Capabilities

- Enhanced operational capacity for Primary & Secondary.
- Risk to Life Safety Minimized.

SAMPLE OUTCOME

INVESTMENT IN LIFE SAFETY CRITICAL EQUIPMENT



	Itemized Consequences	Risk Score
1	Delayed or inadequate diagnostic testing	20
2	Delayed or inadequate clinical decisions	16
3	Delayed medical evacuation	9
4		
Total Risk Score		45




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Procurement Prioritization Matrix		Solutions		
Criteria	Weight	Option 1: Procure CT	Option 2: Increase funding for off-island CTs	Option 3: No change
Reduction in Life Safety Risk	3	9	6	3
Peripheral Costs	2	8	8	4
Availability of Solution	1	2	2	0
Total Procurement Prioritization Scores		19	16	7
Scoring Key				
Reduction in Life Safety Risk	1 = No Reduction; 4 = Complete Reduction			
Peripheral Costs	1 = No other related costs; 4 = significant or multiple related costs			
Availability of Solution	1 = 12 months or more; 4 = Available within 90 days			

Equipment	Total Risk Score	Procurement Option 1	Procurement Option 2	Procurement Option 3
CT	45	19	16	7
Oxygen	37	19	20	5
Mammography	37	17	16	7
Crash Carts & Defib+Monitor	60	21	12	5
Transport Incubator & Ventilator (Neonatal)	60	17	5	n/a
Portable Suction Machine	60	21	12	5
Total Risk Maximum Score		75 *the higher the total risk score, the greater the risk to life safety and system		
Procurement Maximum Score		22 *the highest option achieves the highest alignment with weighted criteria		



Cross-border delivery;
*Cross-border movement
of consumers, professionals
and capital.*

THE REGIONAL MARKETPLACE.

TRADE IN HEALTH SERVICES.

YOUR INVENTORY. YOUR SCORECARD.

PEOPLE....

PROCESS...

PERFORMANCE...

Brooks Health Group | OCTOBER 2023

Regional history...

Medial Tourism...2011 / 2012

2016...redefining Medical Tourism

With respect to infrastructure, the past 15 years have been busy.

Noting the accredited facilities, the gap that remains for the majority are standardized clinical guidelines, the benefits of technology, preventative maintenance, and strategies to mitigate the brain drain.

Perceived capacity will drive payer and consumer choice. We all know this. We often make decisions to go elsewhere.



LET'S CONSIDER...

- Available skills and infrastructure.
- Available accommodations.
- Available pre and post operative care resources.
- Cost.
- Seasonality.
- Regional & International Flight Paths.
- Prognosis.
- Clinical Outcomes/Quality.

HOW CAN CARE PATHWAYS INFLUENCE HEALTH FINANCING?

CARDIAC,
ORTHO,
NEURO,
ONCOLOGY, ETC...

TELEHEALTH...



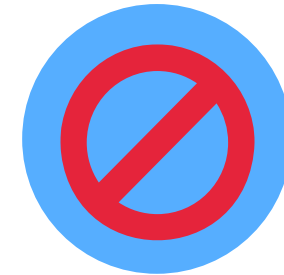
The Caribbean Medical Travel Marketplace

International Elective - Quality, Comfort & Safety.

International Non-elective - Cost, Quality & Language

Regional - Experience, Cost and Quality.

Emergencies - Time, Cost and Connections.



Service Unavailability

The definition of service unavailability is as it sounds – the service is not present.



Perceived Quality

The notion of perceived quality is not only a quantifiable fact, it is a psychosocial priority to cultures across the Caribbean region.



Cost

Cost can have far-reaching consequences and is always a core element of decision making.

CONCLUDING THOUGHTS

When considering operational capacity, are those deficits, particularly secondary and tertiary, reconciled against standardized clinical procedures? Do you have prepared leadership to know and manage such?

Who bears the responsibility in financing the delivering of services versus the access to services, and where? Does this all make sense against operational capacity?

As a market, are you receiving patients or sending more out? How stable are those referring relationships? Who and what is supporting the administration of such?

Streamlining Life Safety helps mitigate financial risk but the fundamentals of achieving the minimum standard of care (for condition or injury) will require more?

The Caribbean Medical Travel Marketplace has existed for decades, and has gone through major reform and improvement over the past 15 years. In 2023, it is really imperative that any individual market understands the realistic position and capacity of its health system to determine its competitive position.

Finally, the existence of quality and safe healthcare will always contribute to confidence in economic growth, investment and tourism.

