SURE Rapid Response

What is involved in an efficient relationship between the Ministry of Health and teaching hospitals in order for both institutions to effectively meet their objectives?

February 2011

This rapid response was prepared by the Uganda country node of the Regional East African Community Health (REACH) Policy Initiative.

Key Messages

Who requested this rapid response?

This document was prepared in response to a specific question from a Senior Health policymaker in Uganda.

! This rapid response includes:

- Summary of research findings, based on one or more systematic reviews of research on this topic
- Relevance for low and middle income countries

X Not included:

- Recommendations
- Cost assessments
- Results from qualitative studies
- Examples or detailed descriptions of implementation

What is the SURE Rapid Response Service?

SURE Rapid Responses address the needs of policymakers and managers for research evidence that has been appraised and contextualised in a matter of hours or days, if it is going to be of value to them. The Responses address questions about arrangements for organising, financing and governing health systems, and strategies for implementing changes.

What is SURE?

SURE – Supporting the Use of Research Evidence (SURE) for policy in African health systems - is a collaborative project that builds on and supports the Evidence-Informed Policy Network (EVIPNet) in Africa and the Regional East African Community Health (REACH) Policy Initiative (see back page). SURE is funded by the European Commission's 7th Framework Programme.
www.evipnet.org/sure

Glossary

of terms used in this report:
www.evipnet.org/sure/rr/glossary

How this Response was prepared

After clarifying the question being asked, we searched for systematic reviews, local or national evidence from Uganda, and other relevant research. The methods used by the SURE Rapid Response Service to find, select and assess research evidence are described here:

www.evipnet.org/sure/rr/methods

Background

According to the World Health Organization (WHO), a teaching hospital, sometimes referred to as a University Hospital or Training hospital, plays an important role in high-complexity or tertiary health care, is heavily involved in teaching and research activities, attracting a high amount of health resources (human and financial among others), and plays a relevant political role in the communities of which it is a part (1). This therefore puts these hospitals in a unique and important, and sometimes isolated position. However, they do need greater integration with the local health care network. This integration would be important to prevent wastage of resources, provide a platform for trying out new forms of health management and adapting teaching to the human resource qualification requirements so that the social and epidemiological (and even economic) community demands are met (2). An important development of the characterization of teaching hospitals is the recognition of the existence of multiple dimensions in each hospital – health care, teaching and research – whose performance and quality influence each other and the community served.

Often debate or concern is centred on how teaching hospitals would enhance their performance and meet their mission of education and research without sacrificing the quality of patient care which is the mandate of the health system under the health ministry. This paper looks at the factors that are important to the Ministry of Health among other stakeholders given the nature of the relationship shared by the two institutions. The information is adapted from a seminar titled “The proper function of teaching hospitals within health systems” that was prepared by the Institute for health policy studies and the World Health Organization in September 1995, involving experts from 22 countries of different backgrounds and income levels, thereby giving it a comprehensive perspective.

Summary of findings

Health care

It is generally agreed that the primary function of a teaching hospital is to care for the ill (1, 3); this is further reflected in how its resources are used; most of the expenditure is spent on patient care and a lesser fraction on teaching and research (1). Within this however, issues to consider include the scope or type of care to be provided, the quality of this care and access to it.

Type of care: it is obvious that these hospitals do provide curative treatment. However, there needs to be an agreement on what their responsibility or jurisdiction should be when it comes to preventive medicine and services. In some cases, this preventive role may be a matter of course during case management; however Ministry of Health needs to consider in the wider national health policy context, how these hospitals should participate in public health programs planned for the local communities. They may be important in health education and in distributing information among other things, on diverse subjects like family planning, HIV/AIDS and infectious diseases.

In addition, the scope and complexity of the care provided needs to be considered; while teaching hospitals do provide tertiary and complex medical management, they risk isolating themselves from other levels of care if they do not deliver or take part in the provision of simpler care. However another school of thought which prevailed at the Institute for health policy studies—IEPS/World Health Organization seminar, is that teaching hospitals should provide exclusively complex care since most simpler care could and should be provided by lower level health care units consistent with their function and role in the health system. This is based on the assumptions that economically speaking, treating simple cases in an environment designed for complex cases is a waste of resources, and considering quality, simple care is of a higher standard when provided in an environment tailored to its type.

Another issue to consider is that tertiary care increasingly requires less hospitalization and so how the ministry agrees with teaching hospitals on experimenting with different extra-mural types of care available in the health system is a point that needs consideration. These may include alternatives to hospitalization, like day admissions, home care, home hospitalization and others.

Quality of care: it is often assumed that a dense concentration of resources and highly trained personnel means high quality of services and this is what would be expected of a teaching hospital. However, this is not necessarily the case but ought to be especially when advanced technology and specialized knowledge are called for. The best equipment available in the country is usually in these teaching hospitals and its

use needs to be assessed systematically. There are very few studies that have looked at the efficiency of these hospitals and so a monitoring and evaluation system is necessary to ensure that the quality of care being provided is up to that expected for the level and resources of the hospital.
In addition, this is important because these hospitals in many cases also have an important role in setting national standards and drawing protocols for management in terms of resources, procedures and results. It is therefore imperative that they are providing standard and best practices although efficiently; this has got to be purposely monitored so that the institutions, that is, the ministry of health and the teaching hospital do not opt for the more convenient choice of controlling expenditure rather than ensuring quality of health care.

Access to health care: tertiary level care should be accessible to all those who need it, being availed in sufficient quantities. In addition it should be geographically, culturally, socially accessible. An efficient referral system should be set up to ensure that patients do not wait behind those who do not require the tertiary institution services, to serve as a gate keeper to these services, and to ensure that the secondary level is not by-passed leading to a waste of resources at that level yet over- and mis-use at the tertiary level. The Ministry of Health would be vital in raising awareness explaining to the population how to make use of the other levels of health care. The ministry would need to ensure that these levels exist and that they are well equipped to provide adequate health care at their level.

Training

Scope of training or focus of training: this is usually a responsibility of the training or teaching institution to determine together with the Ministry of Education. Focus of training tends to rely or concentrate in tertiary institutions basing on complex cases. This may be totally different from what the practitioners will encounter in their daily practice in lower units. The Ministry of Health may need to work with teaching hospitals on availing even lower facilities for training so as to provide a more comprehensive and realistic training experience for trainees. For example in Pakistan, in order to familiarize students with the daily medical experience, common diseases are taught in local health units which may not be part of the teaching hospital.

Numbers trained: the output of the medical training directly benefits the Ministry of Health in meeting its objectives of providing health care to the population and therefore how many trainees there are or how this is determined is or should be of concern to this ministry. Usually this should be calculated according to the country's needs and the Ministry of Health should be involved in considering the important factors like number of which cadre, in proportion to the population, health needs, geographical situations, and others.

Training other professionals: since these also impact the quality of health care provided, the ministry would need to work closely with teaching hospitals on determining what their role is in the training of other professionals like hospital managers, biomedical engineers, laboratory technicians, hospital auditors, hospital cleaners etc. These have been largely been left out of the domain of these teaching hospitals and the ministry needs to review what it means to the quality of health care provided.

Financing and other resources: it is vital to clearly map out who is responsible for providing which parts of the teaching hospital, that is, between the Ministry of Health, Ministry of Education and the training institution. There is need for cooperation between responsible sectors, and clear agreements with other stakeholders like health care funding bodies, communities, development partners and others. In many countries the training provided at these teaching hospitals is financed by the same budget that covers care although it is advisable that this training be financed separately so as not to compromise either of the two institutions' objectives.

Research

Research agenda: the sort of research conducted in teaching hospitals has largely been clinical research. Furthermore research was for a long time seen as an indispensable function of teaching hospitals being little present and sometimes a burden. The agenda was steered by the influence of individual professors and there was a slight link between research and medical progress. This picture is fast changing and the ministry needs to get involved in what sort of research is happening at teaching institutions. Aside from clinical research there is a lot of health system and operational research now, institutions have embraced research as part of their programs and no longer view it as a burden, and many are frequently linking research done to the health system policies and practices. The Ministry of Health needs to foster a relationship with the teaching institutions to be a part of the research agenda setting and in using the findings to strengthen its system and meet its objectives of providing quality health care. The ministry may consider funding or finding funds for research especially for topics it considers vital and have the teaching institution do the research since they do have the capability.

Other issues

Monitoring and evaluation

Quality of care provided: the ministry of health is directly responsible for the quality of health care provided in all facilities, teaching or not, and should therefore be a major party or driver of the

monitoring and evaluating of activities in teaching hospitals along with other stakeholders, ensuring that these meet the quality of care expected of all health care facilities at that level.

Economic implications: Some studies have been done in different countries (mostly upper and middle income) to compare the cost of teaching hospitals to that of general hospitals of the entire health system and the entire economy. The cost of running a teaching hospital is approximately 20% (9%-25%) of overall hospital running costs. Teaching hospitals also represent 10% (5%-21%) of overall health expenditure representing 0.1-1.4% of GNP. The ministry of health would be important in determining whether such costs are too much or not enough on behalf of the government and how to work out cost effective (not just cost cutting) strategies along with the institution and other stakeholders.

It has also been suggested in some studies that there is an additional cost in teaching hospitals of between 10% and 30% (1, 4). There is a need to find out what the situation is in Uganda's context and to put a meaning to it; does it mean that treatment of a given illness is more costly in teaching hospitals and if so, is the cost attributed to the actual severity and seriousness of the illness or simply to the fact that the teaching environment results in unwarranted costs? And what is the effect of this on the population that is meant to be served by the healthcare facility?

Legal implications

Public or private; Profit or non-profit making: Teaching hospitals usually either belong to a university or are affiliated to one. Whether these are private or public may affect the experience of the trainees and so the stakeholders would need to look at how to give these a more comprehensive experience so as to get quality output of health workers. Furthermore the same may apply for these institutions being profit or non-profit making as the selection of students and patients may be affected.

Accreditation and standards: regulations and criteria for teaching hospitals have to be agreed upon by stakeholders and clearly documented; a copy of these should then be seen by the ministry of health. Criteria include issues like minimum size, range of disciplines, etc. Such criteria in addition to accreditation can result in an ever greater complexity and in escalating costs and so there should also be measures designed to limit direct access to these hospitals, in a non-discriminatory manner.

Equal access guaranteed by law: Stakeholders including the ministry of health need to ensure that equal access to teaching hospitals is guaranteed by law despite obstacles like distance, cost, waiting lists, preferential treatment and others.

Political implications

One teaching hospital, two ministries: there are usually conflicts of responsibility and decisions between the two ministries that are direct stakeholders of a teaching hospital, that is, the ministry of health and that of education. A harmonious working relationship is needed for both of these and the institution to meet their objectives effectively and this would be fostered by a clear description of roles agreed upon by stakeholders from the beginning, and a clear description of how any conflicts would be handled.

Teaching hospitals are symbols of success and are a nation's pride: these are the places where the nation's most modern technology and best brains usually are and thus they are bound to be used to enhance the nation's reputation if their performance is good. In contrast if they do not satisfy the public, they quickly become a symbol of political failure both at national and local levels. The ministry of health is a direct beneficiary of this symbolism as the nation's provider of health services.

Medical power: by their very nature teaching hospitals enjoy a prestigious position in the country and are indispensable to many people including professors and physicians. This places them amongst the country's elite class and results in power which may reach well beyond the borders of medicine and beyond the power wielded by other stakeholders. In many cases teaching hospitals, among other things, may be involved in defining the national health objectives together with the ministry of health because of their position. This power if misused for example in bad decision making and diversions in budgets may result in the institutions not being able to meet their objectives. The teaching hospital is very closely linked with the politics of the country and so should be protected by law against political interference.

Conclusion

The ministry of health needs to take direct interest in the activities of teaching hospitals as these are vital for it to meet its main objective of providing quality and sometimes complex health care to the population.

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Conflicts of interest
None known.

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